

Vetting the Health Plan Experience

A Tool Kit for Brokers and Employers



Employers and brokers have traditionally evaluated health plans based on defined sets of criteria. They assess premiums, model cost trends and compare coverage options to determine plans' competitiveness. And though those efforts remain essential, they no longer provide a complete picture of how a health plan performs.

As healthcare costs rise and more of the financial burden shifts to employees, the health plan experience has become just as important as a plan's coverage.

A health plan may meet financial targets and still fall short when employees need to use it. Selecting a health plan today requires widening the evaluation lens to include whether the plan delivers a usable, reliable experience—one that supports employees when they navigate care and are managing the costs of that care.

Too often, employees are left to navigate these situations alone—through phone trees, chatbots and otherwise disconnected intermediaries, with no clear ownership or pathway to resolution. For many employees, the safest option becomes avoidance. In fact, a 2026 national survey conducted by Imagine360 found that 44% of US insured adults either delay or skip necessary medical care because of cost—and of those, 45% reported that their medical condition worsened as a result. The results underscore how uncertainty and financial fear shape healthcare decision-making.¹

Addressing the reality of what employees actually experience when they navigate their health plan benefits is a core challenge for employers and the brokers who advise them. Experience is no longer a secondary consideration when selecting a plan; it directly affects whether employees seek care, how they manage financial risk and how they evaluate the value of their benefits.

A strong health plan experience must support employees across their full journey by (1) emphasizing human advocacy over digital convenience and (2) managing both health and financial realities. Employees need support that helps them navigate care, access providers, manage transitions and resolve issues when they arise. Employees also need protection from financial harm, not just explanations of cost after the fact.

Ultimately, a good employee experience requires a shift in the ways health plans get evaluated and the ways brokers and employers advocate on behalf of employees. The question is no longer whether a plan offers this or that coverage or the convenience of digital tools; it is whether the plan delivers reliable and empathetic support, reduces uncertainty and builds confidence when it matters most.

This tool kit is designed to help brokers and employers evaluate health plans through that lens: by identifying the indicators of a strong employee experience, recognizing red flags and selecting models that support employees across the full health journey.

How some alternative health plans deliver a stronger experience

Traditional health plans are structured primarily to administer benefits. As a result, support is often fragmented across call centers, vendors and departments, with limited flexibility to intervene when complexity arises.

Leading alternative health plans are designed with a different operating model. Without the same structural constraints as traditional health plans, alternative plans have the ability to integrate advocacy, navigation and financial support directly into the employee's experience. This allows for a more flexible approach to care coordination, faster issue resolution and proactive intervention when employees face cost or care access challenges.

Vetting employees' health plan experience



I. Use data to baseline how employees are engaging with the health plan

Brokers and employers should conduct a data-driven assessment of whether the current health plan is delivering the experience employees expect in today's environment. A plan may appear competitive on cost and coverage but still fall short when employees need to use it.

Evaluating experience should begin with evidence—not assumptions—about how employees use the plan, interpret their coverage and access support in moments that matter.

Employers should track patterns and analyze data to determine how employees are engaging with the health plan. They should work with their brokers and other partners to track and interpret care utilization patterns, claims inquiries, 401(k) hardship withdrawals, payroll contribution changes, survey participation rates, and call center trends. The data should provide early signals of employees' financial stress or hesitation to seek care.

CHECKLIST

The experience audit: Leveraging data to identify red flags in health plan support

Evaluate the health plan experience through measurable indicators. The following patterns may signal gaps in support or employee confidence in the health plan.

- ✔ **High volume of claims-related questions or escalations**
Repeated inquiries about bills, coverage or providers might indicate employees' confusion or lack of clear ownership.
- ✔ **Low usage of support resources**
Limited engagement with advocacy or navigation services might signal that employees do not know where to turn for help.
- ✔ **Declining participation in surveys or feedback channels**
Reduced response rates might indicate disengagement or the belief that feedback does not lead to change.
- ✔ **Increases in financial strain indicators**
Trends such as 401(k) hardship withdrawals, delayed care or absenteeism might reflect cost-related stress associated with the health plan.
- ✔ **Concentrated issues during key moments such as onboarding, claims processing and high-cost events**
Spikes in call volume or complaints during those periods might indicate breakdowns in communication or support.



Understand workforce sentiment to validate employees' perceptions of the experience

A sustainable health plan experience requires disciplined insight into employees' needs, preferences and pressures. Assumptions about what employees value sometimes diverge from what workforce data reveals. By combining data with employee perceptions of a health plan, an employer can get a 360-degree view of how employees view the plan. Employers—with brokers' support—should establish consistent methods for capturing employee sentiment, identifying sources of financial strain connected to benefits and informing decisions via measurable evidence.

Workforce insights should be continuous throughout the year, not episodic. Regular pulse surveys can track benefit satisfaction, affordability concerns and employee confidence in navigating the health plan. Annual engagement surveys can include specific questions tied to employees' understanding of plan benefits and perceived value. Exit interviews should document whether cost exposure, coverage complexity or lack of support contributed to departure decisions. Stay interviews can be useful in identifying where the experience is strong—and where it is not—before issues affect retention.

Another crucial aspect of workforce sentiment is understanding employee sentiment by segment. Different employee populations experience a health plan in different ways. Early-career employees, for example, might prioritize predictable costs and contribution levels. Employees with families might focus on coverage stability and managing ongoing care. Caregivers and employees managing chronic conditions often require navigation support and financial support.

Surveys and satisfaction polls that evaluate whether a health plan adapts to those varied needs is critical to determining whether the plan is delivering a consistent experience across workforce demographics and role types.

CHECKLIST

✔ Capturing sentiment signals: What to track and how

Sentiment is the earliest indicator of a positive employee experience. It captures shifts in confidence and perceived value of the health plan's affordability and support, providing insight that operational data alone cannot.

✔ Ensure the health plan experience supports employees across their health journey

Evaluating a health plan requires looking beyond features to how well the plan supports employees across their full health journey—from routine interactions to high-stress moments.

Research shows employees value more than just digital tools when it matters most. A 2025 consumer experience report found that 60% of healthcare consumers prefer human

Ways to track

- Regular pulse surveys
- Satisfaction polls
- Annual engagement surveys
- Exit interviews
- Stay interviews
- Qualitative input through interviews, open-text feedback and face-to-face interactions
- Insights from pre-enrollment meetings, onboarding sessions and benefits events
- Town hall meetings and small group or team meetings

representatives, even as AI and digital tools play growing roles. ² Technology may support the experience, but it does not define it—especially when situations become complex, emotional or financially risky.²

Employees need advocates who can help them navigate care decisions, access providers and manage transitions throughout their health journeys. Employees also need protection from financial harm—in the form of support that steps in when bills do not make sense, coverage breaks down or cost transparency disappears. Health well-being and financial well-being are not separate experiences; they are interconnected throughout the journey.

This is where many traditional health plan carrier models fall short. Digital tools should support routine interactions, but they do not address the moments when employees make high-stakes decisions. Evaluating whether a health plan meets the needs of all employees—regardless of where they are in their health journey—requires understanding whether it delivers the right mix of digital convenience and human support at each stage.

What to track

- Benefits satisfaction and perceived value of the health plan
- Confidence in understanding coverages and costs
- Perceived affordability of the health plan
- Confidence in navigating care and in using benefits
- Awareness of where to go for help
- Trust that issues will be resolved if they arise
- Preference for human versus digital support
- Differences in perception across employee segments and demographics

Indicators of a strong health plan experience

Does the health plan provide the right levels of financial and care support for employees across all phases of the healthcare journey? Use this checklist to ensure the plan:

- **Supports employees across the full care journey** - from routine needs to complex or high-cost conditions—with clear navigation, coordination and follow-through.
- **Provides the right type of support at the right time** - via digital tools for simple tasks, with seamless transition to human advocacy when issues become complex, urgent or financially sensitive.
- **Adapts to the preferences of different employee populations** - including early-career employees, families, caregivers and those managing chronic conditions—rather than assuming a one-size-fits-all model.
- **Makes resolution ownership clear and consistent during complex situations** - a single point of contact that takes responsibility, remains engaged through to resolution and minimizes handoffs and fragmentation.
- **Reduces cost uncertainty** - via proactive cost guidance, bill review and support that helps employees manage expenses, not just explain them.
- **Provides advocates who are available to review bills, explain what's valid and intervene when something isn't** - by coordinating directly with providers and billing offices, negotiating when appropriate and staying involved until an issue gets resolved—not just explained.
- **Connects employees to additional financial resources** - by connecting employees to employer-sponsored programs, hospital financial assistance programs and short-term relief options to ensure that support extends beyond the bill itself.

GAIN A BETTER UNDERSTANDING OF YOUR EMPLOYEES' HEALTHCARE PREFERENCES³

The experience must be aligned to what members expect—by generation



GEN Z

Experience Seekers



MILLENNIALS

Value Seekers



GEN X

Reliability Seekers



BABY BOOMERS

Experience Traditionalists

Always or often experience burnout	32%	25%	21%	19%
Financial stress affects productivity	47%	37%	24%	18%
Mental health affects productivity	41%	35%	17%	11%
Value digital-friendly and personalized benefits	Very High	High	Moderate	Moderate
Prefer digital self-service as first step	High	High	Moderate	Lower
Prefer live human support for complex issues	Moderate	High	Very High	Very High



Shape the experience early—from the moment a new health plan gets introduced

The start of the employee health plan experience is typically associated with onboarding—when employees get introduced to the plan, review materials and receive information about how the plan's coverages work. This stage offers an important opportunity to establish clarity, reduce initial confusion and set expectations for the ways employees will engage with their benefits.

Onboarding should introduce not only what the plan includes, but how support works in practice—including navigation services, advocacy resources and clear escalation pathways. These elements should be clear, reinforced and easy to access, rather than embedded in materials that employees may not revisit.

Even though onboarding is an important milestone for education and engagement, shaping a strong experience begins well before onboarding. Employers and brokers should plan for employee engagement during pre-enrollment when communication provides an opportunity to reduce uncertainty, introduce how support works and reinforce where employees can go for help. This phase of employee education is crucial if the organization is changing the benefit mix, providing more choice or switching plans to a more affordable plan option like reference-based pricing.

A strong early experience does not depend on employees' retaining detailed health plan information. It depends on whether employees leave their pre-enrollment and onboarding interactions with a clear understanding of where to turn, how to get help and what to expect when they need support. That foundation shapes how employees will engage with the plan over time, and it influences whether the experience builds confidence or introduces hesitation.

The health plan should be able to help guide all phases of onboarding and reinforce communications throughout the year so employees feel confident using their benefits, have support when a health or financial crisis arises and know where to go for information.

CHECKLIST

Building employee confidence in the health plan before—and during—early engagement

Use this checklist to evaluate whether the health plan experience is being shaped effectively during pre-enrollment and onboarding. The checklist is especially important for organizations that are changing their benefit mixes, providing more choices or switching to more-affordable-plan options.

✔ Pre-enrollment: Supporting confident decision-making

- Do employees have access to guidance or support before selecting a plan?
- Does communication focus on the ways employees will be supported—not just by means of plan features and cost?
- Are common concerns addressed clearly with regard to access to care, cost expectations and what happens if issues arise?
- Do employees leave pre-enrollment confident that they understand how the health plan works and where to go for help if an issue or question arises?

✔ Onboarding: Reinforcing how the health plan works in practice

- Are advocacy, navigation and escalation

pathways introduced in a visible and practical way?

- Do employees know who owns issue resolution and how to get help quickly?
- Are support resources easy to find and access after onboarding is complete?

✔ Early experience: Building confidence in support

- Is support positioned as accessible and ongoing and not a onetime or reactive scenario?
- Are communication and reminders about support delivered beyond onboarding?
- Is messaging consistent about how support works across all touchpoints?

Experience starts with the right health plan model

Advocacy, affordability and support should be built into how a health plan operates. For instance, alternative health plan models integrate navigation, financial protection and human advocacy into the plan's design, which reduces friction, improves clarity and raises employees' levels of confidence.

Questions to ask about the model



Affordability and financial protection

- Does the plan proactively reduce out-of-pocket exposure—not just explain costs after care?
- Are mechanisms in place to review, challenge and resolve unexpected or incorrect bills?
- How does the plan support employees during high-cost events or ongoing care needs?



Support and advocacy

- Does the plan follow a dedicated advocacy model with clear ownership of issues through resolution?
- Do employees have a consistent point of contact for questions and support?
- Is support proactive and visible, or is it available only when employees seek it out?



Care navigation

- Does the plan guide employees to appropriate providers and care before decisions are made?
- Are care, billing and support coordinated, or are they fragmented across vendors?
- Is the employee experience consistent across the employee's health journey—from routine care to complex situations?

Conclusion: From health plan selection to experience advocacy

Employee health plan experience gets defined during moments of employee stress—when an employee hesitates to schedule care, receives a bill that does not make sense or faces a distressing diagnosis. Those moments determine whether the plan feels reliable or risky and shapes whether the employee trusts the plan's benefits and, by extension, the employer.

In today's environment, managing rising costs alone is not sufficient. Employers and the brokers who advise them are responsible for ensuring that cost discipline, workforce confidence and structured support operate together. That responsibility requires treating the employee experience as a measurable dimension of plan performance—one that gets reviewed, evaluated and reinforced alongside financial outcomes.

Employers and brokers that approach health plan decisions with that level of intention and responsibility move beyond evaluating cost alone; they act as advocates for the employee experience by selecting and stewarding plans that align with organizational objectives while delivering reliable support to employees when it matters most. In doing so, they shape a health plan experience that employees can trust when health and financial risks converge.

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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.

Backed by dedicated advocacy, legal protection and proven results, Imagine360 is reimagining what smarter healthcare can look like for organizations and their employees.

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