



Delivering on demand:

What employers expect from
health plans now

Introduction

In the US health care market, needs are shifting as employer groups look for solutions that go beyond traditional cost and network considerations. Rising costs, evolving technologies, and a growing emphasis on employee well-being have created new opportunities—and challenges—for the health plans seeking to retain and expand their commercial group business.

To better understand these changing needs, Deloitte surveyed a sample of chief human resources officers (CHROs) and other key decision-makers for employee health benefit solutions from a broad mix of groups.¹ The findings demonstrate that while core value levers such as price and network access remain critical, plan sponsors are increasingly focused on well-being offerings, flexible coverage, and a more direct relationship with carriers.

In this report, we explore how these changing employer expectations help to inform health plan strategies, products, and solutions going forward. The survey participants focused on the six topics featured in figure 1. In the report that follows, we examine each topic in more detail. See methodology and endnotes for details.



Six key factors that matter most to employers

Our research shows that six main factors shape employer preferences when selecting or replacing a health plan:²

Figure 1: Employers are driven by six key factors



Deloitte's perspective

Health plans should balance traditional drivers—cost and network access—with emerging needs such as expanded mental health coverage, flexible plan structures, and opportunities for direct employer engagement.

Why affordability and provider choice remain deal-breakers

Despite industry shifts, cost management and provider network access remain at the heart of employer values. Our survey data shows:⁴

- 52% cite affordable premiums as a top reason for choosing their current carrier.
- 50% emphasize the importance of maintaining employees' preferred providers.
- 45% value plans that help keep office visits and prescription costs low.

Why it matters

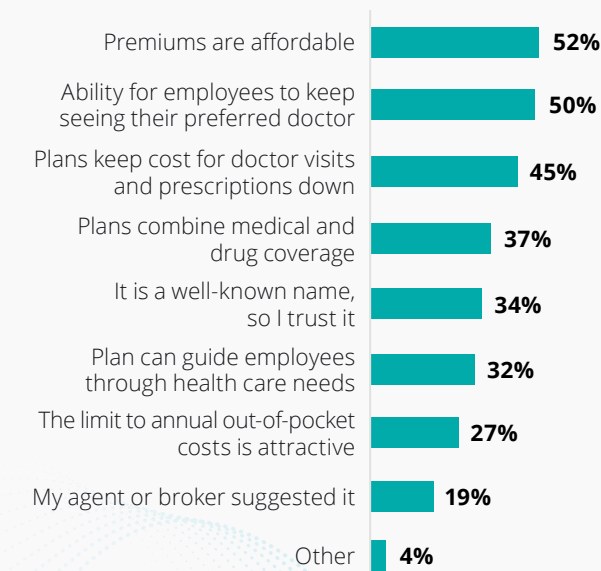
Affordability: Premiums and member out-of-pocket costs remain top of mind for employers. Employers expect carriers to manage these costs proactively or risk losing business. Carriers that can demonstrate year-over-year trend control—without shifting costs to members for routine services—are likely to see greater long-term success.

Provider networks: Network access—having a sufficient quantity and choice of providers—and the ability for employees to continue seeing their regular providers are critical values. It's incumbent on the medical plan to continuously evaluate the access for members.

Comprehensive benefits: More than 30% of survey respondents favor carriers that offer integrated medical and drug coverage—an opportunity for carriers to demonstrate the value of bundling pharmacy and medical benefits.

Figure 2: Traditional drivers will always be a priority

Top reasons for selecting a carrier to provide health benefit coverage ranked by % of respondents*



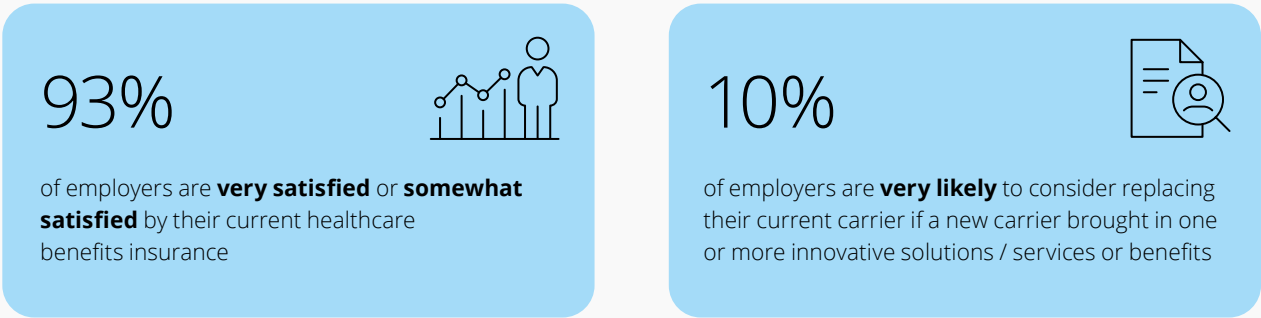
*Respondents could select more than one answer.

Voices from the survey

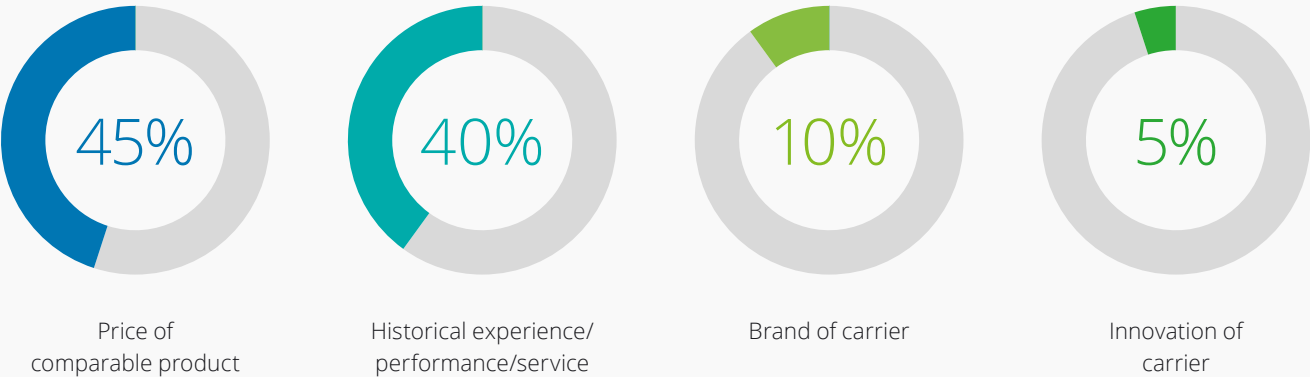
"The cost to the employer is so great that it's difficult to pass on high costs to employees and expect to retain them."

"We want the ability to customize networks—we're unable to remove low-performing doctors or get new doctors in the network easily."

Figure 3: Likelihood of switching carriers



Factors ranked as most important in potentially changing carriers



Deloitte's perspective

Employers are open to switching carriers if they see a compelling reason—whether that's cost, access, or value-added features. Given that only 10% of the survey respondents considered brand among their top three selection criteria, carriers with historically strong brand reputations should continually demonstrate tangible innovations and cost advantages to maintain market competitiveness.

Leveraging tech and flexibility for competitive advantage

Employer dissatisfaction with traditional plan options signals an opportunity for carriers to differentiate through customization, innovation, and technology-driven experiences.

Survey insights:

- **93%** of employers are “very satisfied” or “somewhat satisfied” with current carriers.
- More than **20%** of respondents indicated that even a \$5 variation in premium cost could spur them to switch carriers if more innovation was offered.

Voices from the survey

“Plans should be more flexible and innovative. It feels like we’ve had the same type of plans for 15 years.”

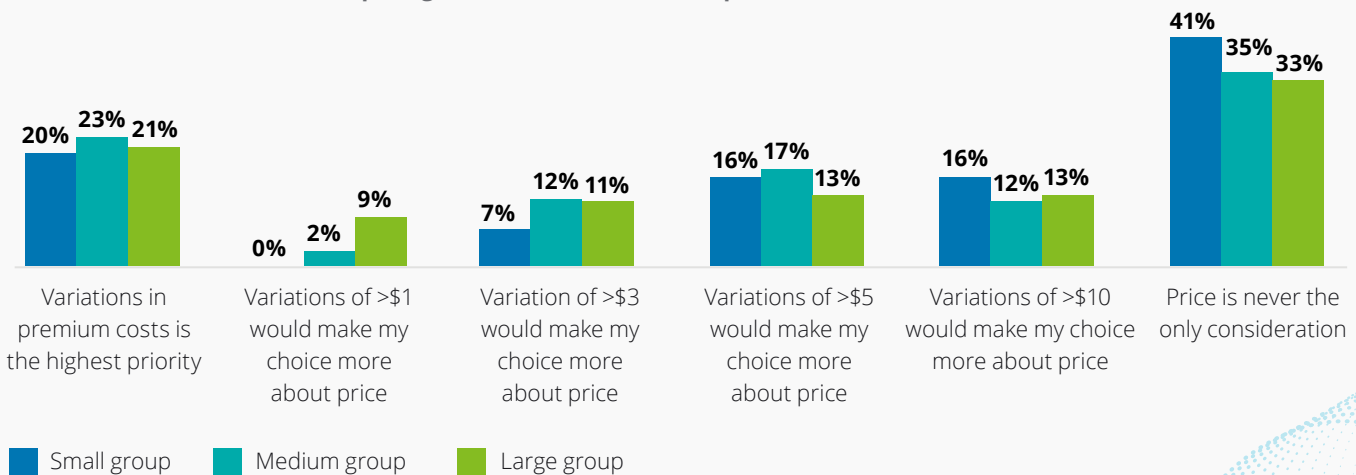
When asked about their key challenges, employers identified:⁵

- High pricing and affordability issues.
- Limited or rigid plan choices (including mental health, fertility, and weight management coverage).
- Complex portals and insufficient educational resources.
- Provider network customization constraints.

“Better service and customer response time would be appreciated.”

Figure 4: Push for innovation and engagement to drive differentiation

Price considerations when comparing two carriers with similar products



Deloitte's perspective

Given the mixed market response between satisfaction and the criteria for change, employer decisions can be swayed by a variety of influencers, including advisors and industry peers. Even a modest percentage of employers “very likely” to switch represents a significant risk for incumbents but opens a window of opportunity for competitors. As buyers grow more sophisticated, carriers seeking growth should emphasize flexible product design and enhanced digital tools.

Positioning well-being programs as a strategic advantage

More employers now see comprehensive well-being programs as a strategic differentiator:

- **46%** of survey respondents say wellness programs are “very important,” even at a higher cost to them.
- Up to **90%** of survey respondents value additional mental health support; **67%** value gym or fitness benefits; and **46%** value nutrition services.

Defining well-being

In this report, “well-being” refers to a holistic approach to health—covering physical, mental, emotional, and social dimensions. Employers increasingly embrace programs that support all aspects of an individual’s life, from mental health counseling to nutrition advice.

Why it matters

Whole-person support: Employers are increasingly offering benefits that support the “whole person,” including physical, mental, and emotional health.

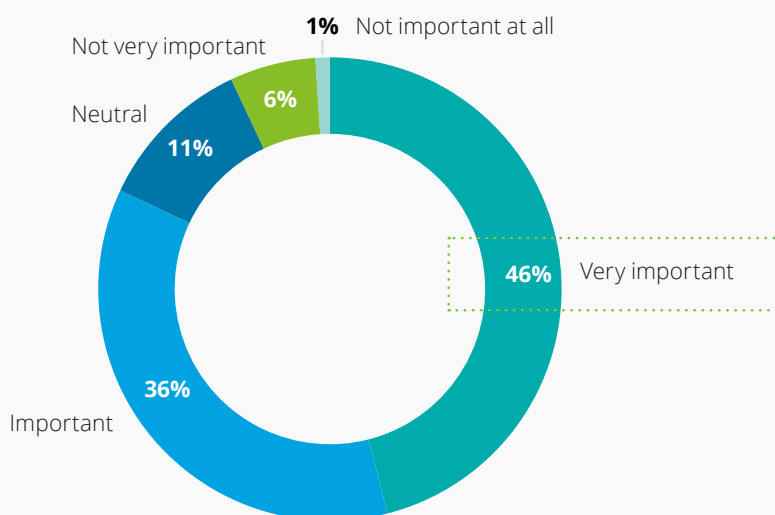
Tailored well-being solutions: Health plans can grow membership and strengthen partnerships by integrating tailored well-being options that address a range of employee demographics and needs.

Voices from the survey

“There’s an increasing need for mental health care, especially for young professionals.”

Figure 5: Employers show a high willingness to pay for well-being related solutions

Importance of wellness programs even if respondents must pay more for them



Deloitte’s perspective

Employers are willing to invest in these programs. Carriers that offer expanded benefits and demonstrate meaningful impact in areas like well-being and mental health will likely gain an edge.

Evolving role of advisors

Although brokers and consultants remain the primary channel, larger employers show a growing appetite for direct engagement with carriers.⁶

Broker reliance

- Between **76%** and **98%** of survey respondents still select independent brokers as their “go-to” for health plan decisions.

Changing expectations

- Up to **31%** of large employers prefer to work directly with carriers during the sales process.

Why it matters

Broker/consultant influence: Brokers and consultants remain a dominant channel, offering trusted guidance on plan selection.

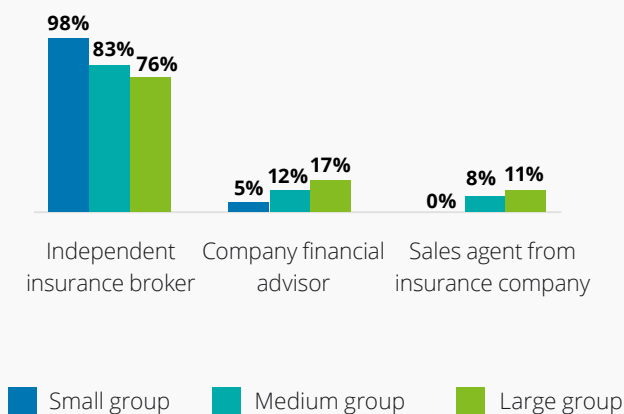
Direct relationship opportunities: Carriers can deepen relationships by demonstrating their value proposition directly with larger clients while maintaining strong broker/consultant partnerships. This is an opportunity for better client engagement.

Voices from the survey

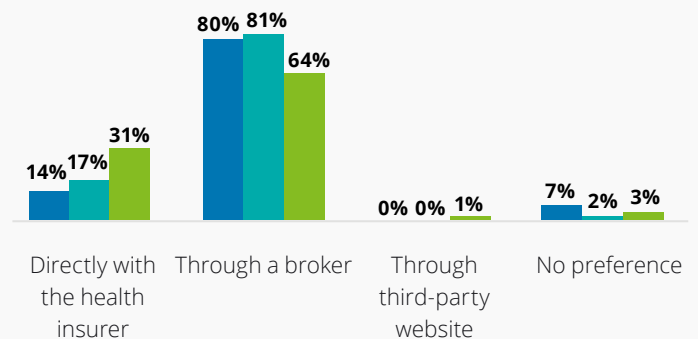
“Traditional brokers are the backbone of this industry and help drive strong channels of engagement for employers.”

Figure 6: Shifting readiness to engage beyond Independent advisors with health

% of respondents that selected the answer as their “go-to” resource when it comes to making decisions about employee’s coverage



Preference to engage when signing up for employee health benefits



Deloitte’s perspective

Health plans should maintain strong broker/consultant relationships while also developing consultative ties with larger, more sophisticated employer decision-makers and influencers. This dual approach can expand market access and reinforce the carrier’s brand as a trusted advisor.

Implications for health plans: Steps to consider

As employer needs continue to evolve—spanning cost containment, employee well-being, and more direct engagement—health plans have new opportunities to differentiate themselves in the market. By pivoting toward flexible, holistic solutions and adopting innovative digital tools, carriers can position themselves as trusted collaborators that deliver tangible value.

Navigate these shifts and strengthen your industry advantage with these actions:

- **Tailor product design to help drive affordability.** Incorporate cost controls and strong provider networks, while layering in specialized well-being and mental health offerings that meet the needs of today's workforce.
- **Leverage data and analytics to improve population health.** Demonstrate historical performance—particularly cost savings, patient engagement, and wellness impact—to build employer confidence and strengthen renewals.
- **Balance broker and direct relationship models.** Larger employers may prefer deeper, more consultative relationships with carriers. Develop direct engagement strategies without compromising broker partnerships.
- **Invest in optimizing provider networks.** Offer employers the ability to customize their provider networks while providing transparency around provider quality, accessibility, and performance.
- **Amplify service, customer experience, and engagement.** Enhance call centers, digital portals, and educational resources to help build a more “trusted advisor” role with employers and their workforces.



Get in touch

Ready to elevate your health plan offerings and position your business as a leader in a rapidly changing market? Deloitte can help you develop strategies that differentiate your organization—whether it’s refining network design, innovating product portfolios, expanding well-being solutions, or evolving your broker/consultant relationship models. Let’s start a conversation.

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Endnotes

1. The survey included 166 US employers, primarily CHROs and other key decision-makers, across a variety of industries and regions.
2. Responses were ranked based on selected answers to key question of why respondents chose a specific carrier to provide health benefit coverage.
3. Responses based on analysis for the following questions: “What health care offerings do you provide to your employees? On a scale of 1 to 10, with ‘1’ meaning not at all important and ‘10’ meaning very important, how important are each of the following reasons as to why your company offers health benefits to your full-time employees? Do you offer benefits that support the health and well-being of your employees beyond those covered by health insurance?”
4. Analysis based on responses to the following questions “If a new health insurance carrier had offerings/ solutions/benefits that no other carrier was providing or offering as an option, how willing would you be to consider this new carrier, assuming that overall benefit pricing for the health insurance products were similar?” and “When potentially changing carriers, what factors are most important in that decision (rank in order)?”
5. Ibid.
6. Based on responses to the following questions: “Which of the following, if any, is your ‘go-to’ resource to help you make your decision about your employee’s health insurance coverage? (Depending on prior answer) Would you prefer to engage directly with the health insurer, or a broker, when signing up for employee health benefits? If you had an offering brought to you that was more equitable in design, how likely/willing would you be to offer it or consider it as an option for you in their benefits?”

Methodology

To understand employer perspectives on health plan selection and engagement, Deloitte conducted a survey of 166 US employers in April 2024. The survey responses reflect a cross-section of industries, employer sizes, and revenue ranges, offering a representative view of current employer opinions and behaviors in the commercial health plan market.

Respondent demographics

Employer size: 26% small (<500 employees), 31% medium (500–2,499 employees), 42% large (2,500+ employees)

Type of corporation: 20% local/regional, 38% national, 42% multinational

Revenue distribution: 23% with less than \$49 million, 16% between \$50 million–\$99 million, 58% at \$100 million or more, 3% unsure

Industry representation: technology, media, and telecommunications (19%), energy, resources, and industrials (15%), life sciences and health care (14%), consumer and retail (13%), financial services and real estate (9%), travel and hospitality (4%), other (26%)

Roles and responsibilities

Nearly 90% of survey respondents identified themselves as primary or key decision-makers for employee health benefit solutions, including CHROs and directors or managers of employee benefits. Of all survey respondents, 42% serve as the primary decision-maker for their employer's health plan; 51% share decision-making responsibilities; 7% hold an advisory role.

All survey data was weighted to reflect the overall balance of employer size, type, and industry in the US market, ensuring a broad understanding of how commercial health plan strategies align with employer demands. Where possible, open-ended questions were used to capture qualitative insights on topics such as plan design, network flexibility, well-being, and direct engagement with carriers.



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