



From fragmentation to integration: A smarter health benefits strategy

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Managing different aspects of health across fragmented benefits systems can be complex, costly, and even overwhelming for many employees. Without an integrated approach, critical health data remains disconnected, creating barriers to care and inefficiencies that drive up costs. As a result, employees may struggle to navigate their benefits, leading to delays in care, unmanaged chronic conditions, and increased stress.

For employers, these challenges impact not only workforce health, but also contribute to rising health care costs, inefficiencies in benefits management, and avoidable turnover. Without a more connected, data-driven benefits strategy, organizations may face mounting expenses and administrative burdens, while employees encounter barriers to care and support.

An integrated and holistic approach to health benefits connects medical, behavioral, and pharmacy data to help tackle these challenges, ensuring a more seamless and coordinated experience. This allows for more personalized, proactive support, helping employees access the right care at the right time while also improving cost efficiency.

Fragmented benefits delay care and drive up costs



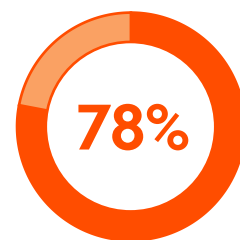
Despite evolving employer solutions, fragmented benefits and disconnected systems continue to create barriers that delay care and increase costs. Employees navigating separate medical, behavioral, and pharmacy benefits often struggle to access timely and appropriate care, leading to gaps in coverage, delayed treatments, and worsening health conditions—negatively impacting both workforce well-being and organizational costs.

These inefficiencies also drive up employer expenses through inconsistent pricing, limited visibility into claims data, and additional administrative complexity. As a result, organizations may experience higher turnover, increased absenteeism, and reduced performance.

A recent survey found that 90% of employees link their job satisfaction to their benefits package.¹ More than three-quarters (78%) would even consider switching employers for a better coverage—underscoring the need for a simplified, integrated benefits experience.



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Simultaneously, the U.S. mental health crisis continues to escalate, leading to long wait times, undertreated conditions, and preventable emergency department (ED) visits. When behavioral health services remain siloed from medical care, opportunities for early intervention that could prevent more serious conditions are missed. The result? Unnecessary medical costs, overburdened resources, and employees struggling to manage their well-being—ultimately affecting their ability to stay engaged and productive at work.

1 in 5 “One in five American adults experienced symptoms of anxiety and depression in 2023.”

– Centers for Disease Control and Prevention²

\$4B↑ “The changing landscape of health care during COVID-19 placed focus on increasing accessibility to mental health resources other than the emergency department (ED), with potential savings of over \$4 billion in annual costs and improvements in patient outcomes.”

– American Journal of Managed Care³



A more effective approach begins with integration. Bringing together medical, pharmacy, and behavioral health services allows providers and care teams to access a more complete view of an employee’s health needs. When benefits are integrated on the back end, employees receive more timely, appropriate care—helping them stay engaged in their health while driving better outcomes and long-term cost savings.

Choose an integrated health care experience

Selecting a benefits carrier with an integrated health solution enables better support for employee needs while improving health outcomes.

Real-time access to hospital claims, behavioral data, medication records, and more reduces delays and friction when urgent attention is required. Proactive engagement from clinical teams further ensures that members receive preventive care, helping to drive better long-term well-being and sustainable workplace performance. Instead of navigating

disjointed systems, employees can seamlessly access in person or virtual care services across primary and specialty providers, leading to a more connected health experience.



Employers who choose an integrated health care solution can also eliminate the hassle of dealing with multiple vendors or teams. A single reporting package, one support team, and one portal streamline benefits management.

In the following sections, we'll explore key components of an integrated health solution, including data integration, predictive analytics, proactive outreach, and whole-person health.

The role of data integration in providing seamless care

Data integration is the backbone of a more effective health care experience. When medical, behavioral, and pharmacy data are connected, providers gain a more comprehensive view of an employee's health, enabling more informed, proactive care. Without integration, critical health insights remain siloed, leading to fragmented experiences and missed opportunities for early interventions.

For example, if an employee calls about a pharmacy question or concern, the representative can identify related medical

needs and provide the member with recommended next steps. Identifying these gaps early ensures timely intervention—whether it's for an employee who missed a preventive screening or one who stopped taking a maintenance prescription. Either of these scenarios, if left unaddressed, could result in more serious health concerns down the line.

An integrated health plan connects data and actionable insights to help support better provider collaboration and greater cost efficiencies for employers. With real-time access to relevant health information, care teams can close gaps and ensure employees receive the right support at the right time.



How predictive analytics enable actionable and personal care

Integrated data is valuable, but when combined with predictive analytics, it becomes even more powerful. While traditional health engagement strategies rely on reminders and general outreach, predictive analytics enables a more targeted, data-driven approach—identifying at-risk employees before symptoms escalate and allowing for timely interventions.



A person's health journey consists of numerous data points and sources that paint a picture of their needs, but without the right tools to interpret and model this information, crucial insights can be lost, resulting in delayed care and increased costs.

It's important to note the distinction between predictive analytics and proactive engagement. For example, preventive screenings for cancer, such as mammograms and colonoscopies, play a critical role in early detection, yet employees can sometimes delay these appointments due to confusion about coverage or lack of awareness. Proactive

outreach helps identify those who have missed preventive screenings and triggers targeted communications before serious conditions develop.

Predictive analytics, on the other hand, enables a more forward-looking approach. By analyzing patterns in claims data, health assessments, and other sources, it can identify employees who may be at risk for developing chronic conditions. For instance, an employee with a history of high cholesterol and a health assessment showing an elevated BMI could be flagged for lifestyle coaching, nutritional counseling, or clinical follow-up.



Both proactive outreach and predictive analytics play a significant role in behavioral health. Employees actively seeking care receive support through outreach efforts such as health coaching or case management. For more serious cases, direct engagement ensures employees receive timely access to licensed counselors and behavioral health clinicians.

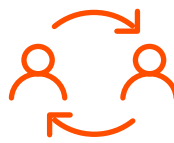
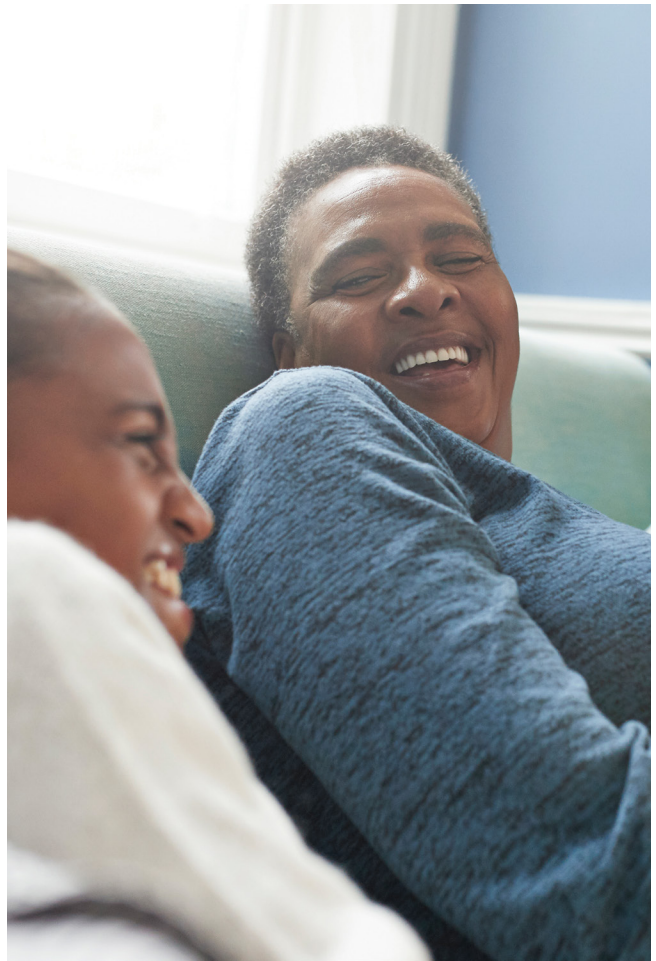
Predictive analytics, however, helps identify members showing signs of risk, such as patterns of untreated diagnoses, gaps in mental health treatment, and missed or discontinued prescriptions. By recognizing these early indicators, care teams can initiate targeted interventions, reducing the likelihood of crises and ensuring employees receive the right level of behavioral health support before conditions escalate.



Considering whole-person health at every touchpoint

An integrated health benefits experience cannot be complete without a core focus on whole-person health. Employees don't experience their health needs in isolation—physical, mental, and preventive care are interconnected. Fragmented benefits create gaps in care, increasing costs and reducing productivity. A whole-person approach ensures all aspects of employee health are considered together, helping to drive better outcomes and long-term cost savings.

Pharmacy benefits, for example, are a top health care expense for employers. Helping employees stay on track with their medications is essential for managing chronic conditions like diabetes and high blood pressure. Integrated pharmacy benefits connect prescriptions across providers, reducing the risk of drug interactions, improving adherence, and ensuring timely medication delivery. What's more, personalized outreach, such as refill reminders and educational material about medications, supports employees in managing their treatment more effectively.



In a traditional system, an employee with diabetes may visit their primary care provider (PCP), a specialist, and a pharmacist—all of whom don't have the full view of their condition. An integrated approach enables providers to see the patient's complete health data and collaborate with each other, ensuring the employee gets personalized treatment, appropriate screenings and medications, and proactive support.



Oral health also plays a key role in overall well-being. Studies show that gum disease increases the risk of heart disease and stroke.⁴ Additionally, poor dental health can impact the efficacy of medications for some chronic conditions like diabetes, creating another critical touchpoint for preventive care.



The Oral Health Integration Program (OHIP) offered by Cigna Healthcare®

demonstrates the value of integrating dental care into a health benefits strategy. Doing so can help educate employees about the connection between dental health and overall wellness to encourage regular checkups and cleanings. For example, an employee with gum disease can be flagged for follow-up care to manage potential risks for heart disease or other cardiovascular issues.

Whole-person health extends beyond standard medical care. Benefits covering dental, vision, musculoskeletal, dermatological, and other services as part of a holistic strategy ensure employees have access to the full spectrum of care needed to maintain their health and well-being.

These are not merely “supplemental” benefits as they’ve been traditionally coined—they play an essential role in preventing serious health issues.

Routine vision exams can detect early signs of diabetes or hypertension, while musculoskeletal care can help employees manage pain and mobility issues before they become debilitating. An integrated approach connects these services within a broader benefits strategy, reducing gaps in care, improving outcomes, and lowering employer costs.

Designing a healthier future with integrated employee care

As health care needs evolve, integrated benefits solutions are no longer just a competitive advantage. They're essential for ensuring employees receive the right care at the right time while controlling costs and improving workforce resilience. A disconnected benefits structure can lead to missed early interventions, rising costs, and workforce strain.

By prioritizing data integration and whole-person health, employers can create a more efficient, effective benefits strategy—one that reduces costs, enhances employee satisfaction, and streamlines administration.

Advanced technologies like predictive analytics, combined with seamless care coordination, enable a more proactive and connected benefits experience. This ensures employees can engage with their health benefits without stress while employers achieve better cost management and workforce performance.

Organizations seeking to provide an attractive health benefits package that delivers meaningful value need to look no further. Integration can help pave the way for a healthier, happier, and more productive workforce while driving sustainable business growth.

Improving outcomes
through integrated data. That's
better by design

Sources

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