



# Simplifying employee benefits: A better approach to continuous engagement

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**Employee benefits are a critical component of compensation packages and key to attracting and retaining the right talent for any business. For many organizations, benefits are expanding to include wellness programs, mental health coverage, digital apps, and more.**

However, employees often find it challenging to navigate complex benefits systems and enrollment processes, leading to frustration and underutilization of available resources—not just during enrollment, but throughout the year. Dealing with claims procedures, understanding complex policy documents, and not knowing where to start when accessing care can all negatively impact utilization rates.

When employees find it difficult to use their benefits it can lead to gaps and delays in care, impacting their productivity and raising overall costs—outcomes no employer wants. A simplified, employee-first benefits experience, with emphasis on clear communication and streamlined access, can help drive higher engagement, improve health outcomes, and foster a workplace where employees can thrive.

# How complexity creates barriers to care

Supporting employee health and well-being is one of the main goals of offering employee health benefits. But many benefits programs are overly complicated and difficult to navigate. Even when care is accessible, billing surprises that result from unclear policy documents or complex claims processes can leave many people wary of using their benefits.



of U.S. adults struggle to pay unexpected medical bills

In fact, roughly half of U.S. adults said they “would not have or are not sure they would have the money to pay an unexpected medical bill of more

than \$1,000 that they thought would be covered by insurance.”<sup>1</sup> While a third of respondents to the same survey said they would proceed to pay out of pocket, 14% said they would simply be unable to pay the bill. Ten percent of respondents



said they would avoid or delay essential purchases, such as food or rent.

Additional factors that often create confusion for employees include high deductibles and prior authorization requirements. With high deductibles, employees may choose plans based on lower premiums, only to be caught off guard by high out-of-pocket costs. On the other hand, prior authorization requirements for treatments or prescriptions can lead to delays, leaving employees frustrated and uncertain about the process.



Without clear communication, employees may struggle to understand their benefits or face unexpected medical bills, causing them to feel unsupported and dissatisfied. A simplified benefits experience that includes features like intuitive paths to get care, cost transparency tools, and provider matching can help boost satisfaction, build trust and loyalty, and reduce turnover. Reducing surprises means a more pleasant experience for employees—one where their needs and preferences are heard.

By selecting a benefits provider that prioritizes simplicity and accessibility, employers can ensure their employees have a seamless and supportive benefits experience. The right support makes it easier for employees to navigate their options and seek the care they need, however it suits them.



To help overcome these kinds of challenges, Cigna Healthcare® is adding new concierge teams to work directly with care providers to resolve information gaps, helping to prevent stress or confusion around things like prior authorization and claims payments.

# Boost year-round engagement with continuous support

Benefits clearly play a significant role in making employees feel valued and more involved in their health care. However, ensuring that employees understand and use their benefits is not limited to enrollment—it is an ongoing process. Employees who feel informed and supported year-round are more likely to seek preventive care and make cost-effective healthcare decisions.

**Nearly two-thirds of employees in one study reported they aren't completely confident they know all of their available benefits, and 45% mentioned not fully understanding their benefits package. On the other hand, the research noted, employees who feel more confident in their knowledge of available benefits are 16% more likely to be engaged at work.<sup>2</sup>**

Employers play a key role in choosing a benefits provider that prioritizes accessibility and engagement. Although it is not possible to control every aspect of the benefits process throughout the year, including how employees choose to access care, selecting a partner that offers transparent communication and proactive support can help employees navigate their healthcare options more effectively.

Cigna Healthcare focuses on delivering simplified employee benefits, enabling easy access to support and encouraging proactive health management for employees. A strong benefits program removes obstacles and empowers employees to make informed decisions about their health. And when employees get stuck, care advocates are available to provide expert assistance with empathy.





**Millennials and Gen Z are increasingly vocal about their need for mental health support, with more than a third prioritizing these resources (37% and 42% respectively). Baby Boomers and Gen X, on the other hand, are more focused on long-term care.<sup>3</sup>**

**A streamlined experience relies on a few core principles:**

## **01** Integration

When employee benefits and data is split across multiple systems or portals, it creates a fragmented experience that can impact the quality of care and resources available. A unified platform that consolidates whole-person health details into a single view can remove this friction and enhance accessibility, ensuring employees can easily find information and get comprehensive support, however they prefer.

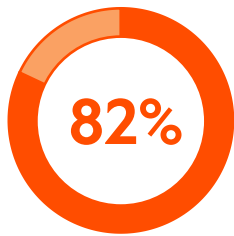
## **02** Personalization

Traditional employee benefits can feel “one-size-fits-all” and do not take employees’ specific needs and circumstances into consideration. If everyone is getting the same resources, some of them probably cannot or will not use them. This approach also doesn’t consider generational differences and preferences. Recommendations for preventive care, ongoing health management, and clear guidance on using benefits should all take into account a person’s unique preferences and health needs.

## **03** Navigation

Managing any kind of health concern is already difficult, but trying to figure out where to go for health care information can be an added layer of stress. Navigation assistance helps guide employees to fully understand their benefits and make informed decisions about their care. Plan features such as providing 24/7 access to expert representatives along with a unified digital portal for self-service enables employees to get answers when a health concern arises, easing some of their burden.

# Delivering digital-first access with flexible options

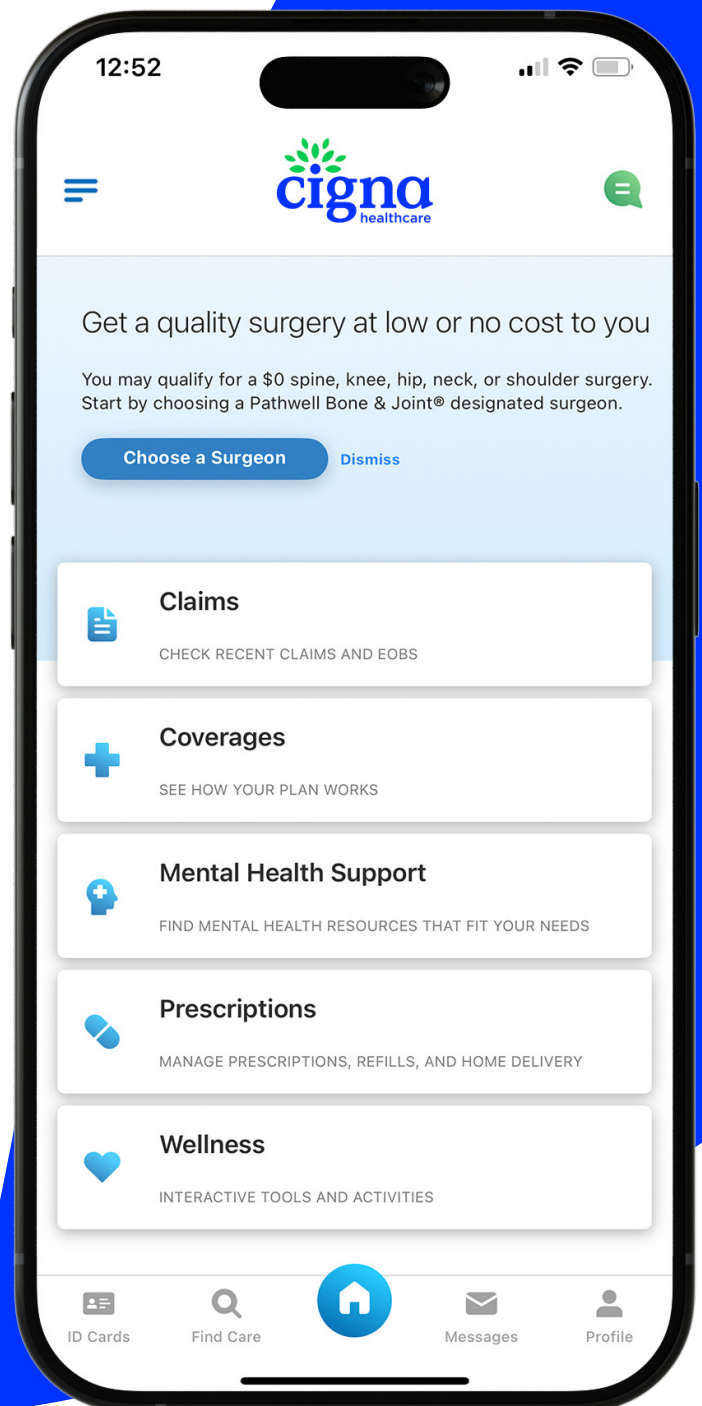


of employees prefer managing benefits online

Enabling all of this requires a robust digital presence that accounts for how people interact with their benefits today. A majority of employees

(82%) in one study emphasized the importance of being able to manage their benefits online.<sup>4</sup> As such, providing digital options for task completion can be beneficial, particularly during high-volume periods like open enrollment, when phone lines may be busier. Plus, with 15% of U.S. adults relying solely on smartphones for internet access, ensuring benefits materials are on mobile-friendly platforms is essential.<sup>5</sup>

**A single-login app with push notifications for preventive screening reminders and personalized wellness resources—and providing options for paperless records whenever possible—can help simplify how employees interact with their benefits.**





However, a fully digital approach may not be appropriate for all employees. It's important to maintain non-digital options to ensure inclusivity. For example, some employees may still prefer or require speaking to an actual person, so a digital-only approach would cause further disengagement. Non-digital options may also be ideal for employees who speak English as a second language or who do not have a high degree of health or digital



literacy. A 24/7 customer service line—which can also include language assistance—ensures that all employees, regardless of their technological proficiency or preferences, can receive the help they need.

Beyond this, virtual care options, such as telemedicine or digital mental health



services, empower employees to seek care at their convenience. They also provide greater access to health care services for employees living in rural regions without many brick-and-mortar options. Virtual care offers a remedy to prolonged waits to see a doctor and money spent traveling to a different city. Employees are given the flexibility of scheduling appointments around their needs, removing the burden of taking time away from work or other responsibilities.





# Measuring employee engagement and satisfaction

Lastly, establishing and tracking clear metrics around utilization ensures that the benefits experience adapts as employee expectations evolve. This helps identify any pain points and improves service delivery to ultimately increase satisfaction and engagement. Cigna Healthcare supports reporting through a few methods:

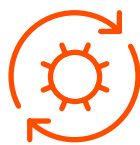


## Post-call surveys

Asking employees to stay on the line and rate their experience when finishing a call with customer service to gather immediate feedback.

## Tracking scores

Comparing benefits utilization rates with survey responses to assess the effectiveness of the benefits experience.



## Client-level reporting

Analyzing digital engagement patterns to optimize resources and reduce unnecessary inquiries.



Regardless of how companies might partner with Cigna Healthcare to assess utilization, benefits programs require ongoing evaluation and refinement as new insights are gained. Regularly analyzing employee feedback and tracking engagement trends help inform adjustments to improve the benefits experience, which, in turn, enhances both employee satisfaction and organizational performance.

# Simplified benefits. Happier employees. Better business.

A health benefits program should empower employees to take charge of their health. Overly complex systems are difficult to navigate and can cause employees to disengage, leading to poor health outcomes, decreased performance, and higher overall costs.

Simplifying the benefits experience doesn't just mean making benefits easier to use, it also means enabling employees to be proactive about their care. Integrating benefits into one cohesive system minimizes frustrations, and personalizing the experience to meet employees' unique needs ensures they can access the right resources with ease. Cigna Healthcare prioritizes clear communication and continuous support to remove barriers, helping employees access care swiftly and in line with their personal preferences. Increased utilization and improved health outcomes? That's a win-win scenario for everyone.



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

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