



ER impact: 3 ways to help employers manage ER utilization



Many people visit the emergency room (ER) when a health crisis occurs, but the ER is not always the most appropriate or cost-effective place to go.

Emergent visits increased 6% and accounted for two-thirds of all emergency department visits between the third quarter of 2024 through the second quarter of 2025, and this trend is expected to continue over the next decade.¹ By 2035, overall visits to emergency departments are projected to grow 5%, largely driven by an anticipated 8% rise in emergent visits.¹

And while the ER serves a critical function within the health care system, these types of visits come with a much higher price tag than other care settings.² That's why it's important that employees and their families know when it's the right place to go – and when it's not. In fact, \$8.3B is spent annually on trips to the ER that could have been treated more cost-effectively elsewhere.² For example, a non-emergent ER visit tends to cost UnitedHealthcare clients and members 10 times more than an urgent care visit.³

↑5% increase in overall visits to the emergency department projected by 2035¹

ER visits cost **↑10x** more than an urgent care visit, according to UnitedHealthcare data³

\$8.3B spent annually on trips to the ER that could have been treated elsewhere²

“From our standpoint, educating members about using the appropriate site of care is a continual effort. Our member Advocates help by pointing out different use case scenarios for the different sites of care, but often those ER visit decisions are made in the moment — that’s why the ‘employer as educator’ role is so important.”

Craig Kurtzweil

Chief Data & Analytics Officer
UnitedHealthcare Employer & Individual

1 Educate employees about appropriate ER usage

There are many reasons why employees may end up choosing to visit the ER. Employees may end up going to the ER as a default, assuming they can receive prompt treatment in times of need. Or they might turn to ERs if they have a limited understanding of their benefits coverage, if they think they'll receive quicker treatment or if they have insufficient access to alternative health care options nearby.

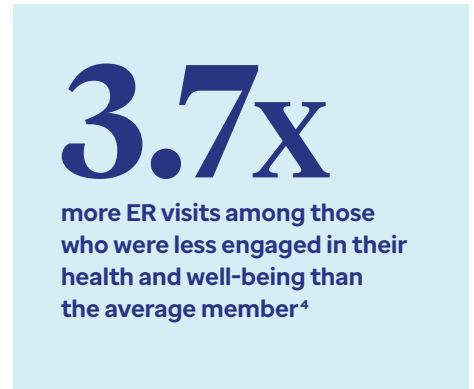
ER use may also be more common among employees who have low health care literacy – lacking understanding about how to access and use their health care benefits. In fact, generally healthy people with low health care literacy were 3.7 times more likely to visit the ER than those with high health care knowledge.⁴ That's why boosting health care knowledge may be critical to helping employees maximize their benefits and manage costs.

While **open enrollment** provides employers with an opportunity to communicate health care information when employees are making plan decisions, it's also important to offer benefits education throughout the plan year and as health events arise.

Employers can do that by dedicating time to benefits education in employee meetings or email communications that cover topics such as the differences between network and out-of-network providers, how prior authorizations can give insight into upcoming costs and where to go for care based on different health needs.

Other **best practices for engaging employees** with their benefits include:

- Varying communications based on employee preferences
- Listening to employee feedback about their experiences
- Reviewing claims data to tailor messaging to certain segments
- Aligning communications to current events or timely topics
- Diversifying education tactics to keep things interesting



Strategies in action

ER education campaign

Challenge: A trucking company was experiencing high rates of ER usage and decreased rates of virtual visits

Objective: To divert non-emergent ER visits to more convenient and lower-cost sites of care, including urgent care and primary care

Approach: Worked with UnitedHealthcare to deploy an educational campaign that included direct mail, email and a magnet that could be affixed inside the truck cabin that offered information on available and appropriate site of care options

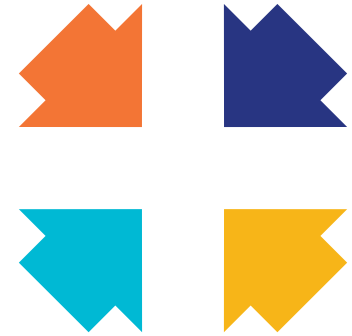
Preliminary results: 17% decrease in non-emergent visits⁵



2 Ensure employees have adequate access to alternative care settings

Employers may start to see reduced ER utilization when they address access-to-care challenges within their workforces. These could be community-level factors that shape a person's life and can be identified by the health care system and addressed in collaboration with community resources. These include nonmedical factors, such as economic stability, education and neighborhoods, which influence health and care-seeking decisions.

In geographic areas where care options are limited, employers can adopt a **network strategy** that includes a robust virtual network or access to **on-demand** care options. Employers can also encourage employees to establish an in-person or virtual relationship with a **primary care provider (PCP)** through wellness incentive programs that provide low- to no-cost preventive screenings. PCPs can also serve as a touchpoint for where to go for care, potentially preventing unnecessary ER visits.



3 Choose a carrier that helps navigate members to appropriate care settings

With one of the world's largest databases of health care information, second only to the Centers for Medicare and Medicaid Services, UnitedHealthcare is uniquely positioned to identify opportunities to drive engagement and more effective health care utilization within an employer's population.

For instance, by analyzing member claim data, **UnitedHealthcare Advocates** can proactively identify at-risk members with complex conditions and provide them with 1-on-1 support. This can include directing them to appropriate **sites of care** based on their specific health needs, or getting them enrolled in a care management program that may prevent them from needing the ER altogether.

Predictive models play a crucial role in optimizing ER utilization by identifying members who are at a higher risk of making non-emergent visits to the ER. For instance, at UnitedHealthcare, using diagnosis and claims history, ER utilization, demographics, plan information and other variables, UnitedHealthcare members were given a score related to their likeliness to use the ER for non-emergent care. These members with a high likelihood were then targeted for a communications campaign in 2024, which resulted in 3,100 redirected ER visits and \$76M estimated cost savings.⁷

UnitedHealthcare also has a post-ER-visit strategy that includes Advocates reaching out after a member seeks care in the ER. Real-time Admit Discharge Transfer (ADT) alerts facilitate the outreach of a registered nurse within a short time of discharge, who can help answer questions about post-visit care, connect the member to a PCP or specialist for follow-up and help them understand other site of care options for future health needs.



10%

drop in ER visits among members enrolled in Complex Care Concierge⁶

\$7.6M

in estimated cost savings based on 3.1K redirected ER visits driven from a UnitedHealthcare site of care campaign⁷

Knowing where to go for care may lower the total cost of care

A third-party study revealed that UnitedHealthcare delivered a more than 11% lower total cost of care for employers when compared to others in the market.⁸

Contributing to these overall savings were that UnitedHealthcare delivered lower-than-average outpatient costs, likely driven from efforts to help navigate members from higher-cost settings like the ER toward lower-cost settings when appropriate.⁸

[Download this study summary →](#)



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¹ Goforth, A. ER visits to grow 5% by 2035, driven by sicker patients, care barriers. BenefitsPRO, Oct. 17, 2025. Available: <https://www.benefitspro.com/2025/10/17/ed-visits-to-grow-5-by-2035-driven-by-sicker-patients-care-barriers/>. Accessed Oct. 29, 2025.

² Roemer, M. Costs of Treat-and-Release Emergency Department Visits in the United States, 2021. Agency for Healthcare Research & Quality, Sept. 2024. Available: <https://hcup-us.ahrq.gov/reports/statbriefs/sb311-ED-visit-costs-2021.pdf>. Accessed Oct. 29, 2025.

³ UnitedHealthcare Employer & Individual internal claims data across 1.5M National Account members. All values exclude preventive care and COVID DX codes and are limited to potentially inappropriate ER diagnosis codes. ER visits are limited to ER facilities, not free standing ERs.

⁴ UnitedHealthcare Employer & Individual internal data based on claims incurred between Jan. 1, 2024–Dec. 31, 2024, and paid through March 31, 2025. Based on members with below-average activation compared to members with high activation levels per the UnitedHealthcare Health Activation Index®.

⁵ National Account client internal data, May 28, 2025–Oct. 29, 2025. This case study is true. Results will vary based on client specific demographics and plan design. Outcomes are not guaranteed.

⁶ 2019–2020 UnitedHealthcare employer study including 387 clients, 4.8M members and \$19.2B in medical spend. Analysis completed on a continuous medical enrollment basis. Medical costs risk adjusted for age and gender. Value impact based on comparing clients by the adoption platform features vs. not (e.g., Enhanced vs. Core Advocacy). Actual client results may vary based on specific clinical programs the client has or maturity of implementation.

⁷ Results from a 2024 ER Core campaign targeting 19M eligible UnitedHealthcare Employer & Individual members.

⁸ Milliman Analysis of Total Cost of Care Benchmarks, March 2026. Based on UnitedHealthcare allowed medical claims and enrollment data using 2022 service dates compared to Merative® MarketScan® industry benchmarks across 50 U.S. regions, adjusted for difference in health status, demographics, geographic mix and excess large claims. Actual results may vary. Full white paper available: <https://www.milliman.com/en/insight/total-cost-care-benchmarks-ppo-health-claim-costs>.

Advocate services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.