



Taking a holistic approach to employee health means considering all aspects – physical, mental, financial and overall wellness – when designing health plans.

Supporting employees with a whole-person approach to benefits



“The more robust a benefit package is, the more likely an employee is to stay with an employer, so employers really are enhancing their benefits.”

Broker

Supporting groups
with 2–4,999 employees

Characterizing a person’s overall health and well-being is complex, encompassing physical, mental, emotional and financial factors that function independently, yet are also fundamentally connected.

Addressing just one facet while neglecting others may result in suboptimal health outcomes and experiences, as well as higher costs. Conversely, a **whole-person approach** to employee health can reap benefits for employees – improved overall well-being and increased engagement and productivity; and for employers – reduced absenteeism, enhanced employer brand and talent attraction, and increased employee morale and loyalty.¹

And while developing a benefits package that addresses the whole-person health of employees may seem complex and costly to implement, the reality may prove the opposite – especially when integrating coverages under one carrier. In fact, this upfront investment may result in savings for employers by improving employees’ overall health, boosting productivity and mitigating the onset of costly conditions.²

Employers are taking notice, as 95% of surveyed employers agreed that benefits supporting whole-person health can improve the health care experience for employees and be viewed by employees as a better and more attractive benefits package.²

Taking a whole-person approach to employee benefits includes:

- Building a foundation of quality medical benefits and targeted clinical programs
- Integrating pharmacy benefits
- Expanding access to specialty benefits
- Offering a continuum of behavioral health support
- Investing in financial wellness benefits
- Providing wraparound wellness programs

>80%

of surveyed brokers, consultants and employers believe that one carrier is capable of offering and managing all whole-person health benefits under one roof³

A more complete picture of a person’s health is possible when benefits are managed under one carrier

When all health-related benefits are offered and managed by one carrier, better health outcomes, lower costs and a more connected experience – not to mention a more streamlined administrative process – may result.

In fact, despite some thinking that working with a variety of benefit vendors is more advantageous, 80% of surveyed employers and 88% of surveyed brokers and consultants said they believe one carrier is capable of offering and managing all benefits, with UnitedHealthcare voted as one of the “most capable” within market.³

“A whole-person approach to employee health considers physical, behavioral and social well-being. By understanding the full picture of a person’s health, we can identify risk factors earlier and manage conditions more effectively.”

Dr. Rhonda Randall

Chief Medical Officer
UnitedHealthcare Employer & Individual



Building a foundation of quality medical benefits and targeted clinical programs

Medical benefits were ranked the

#1

most important benefit

to include in group health insurance plans by surveyed employers³

Most employee health benefit plans start with medical benefits, which, at their most basic, cover the health care and services that are critical to maintaining one's physical health, and treating illnesses and injuries when they arise.

Medical benefits generally include coverage for certain services and procedures from primary care providers, specialty providers (like an endocrinologist for diabetes) and other medical professionals, as well as virtual visits and trips to urgent care facilities and emergency rooms. These benefits subsidize employee cost-share based on several factors including plan design, premiums, copays and deductibles.

Most medical plans allow employees to choose where they get their care and from whom – based on their plan's **provider network** and other factors. And employers often have a choice of several **health plan designs**, such as a high or low deductible plan or a newer plan design with a copay-only structure like the **Surest®** health plan.

Oftentimes, medical plans also offer access to preventive care at no additional cost, virtual visits at low or no cost and other programs that can help make health care more affordable and encourage employees to more proactively manage their health and well-being.

It's also becoming increasingly important that medical plans have a clinical or care management component to help employees impacted by a chronic or complex condition. Chronic diseases are the leading cause of illness, disability and death in America, accounting for \$4.5T of the nation's annual health care spend.⁴

Addressing costly conditions like heart disease, cancer and obesity requires looking at the whole person – from one's lifestyle and behaviors to the financial or behavioral health concerns an employee may be experiencing. Health plans that incorporate **clinical and care management programs** tailored to specific conditions can provide a data-driven, collaborative approach to helping employees better manage their conditions and get healthier.

These programs may also include access to **1-to-1 advocacy support** for employees who need help managing their condition and adhering to prescribed medications. Advocates also offer support on everything from site-of-care decisions to case management for closing gaps in care.

As Dr. Rhonda Randall, chief medical officer for UnitedHealthcare Employer & Individual, explains, "Clinical and care management programs are all about providing employees with end-to-end support across the entire health care continuum, which can result in better health outcomes and reduced costs."



Integrating pharmacy benefits

Pharmacy benefits
were ranked the
#2
most important
benefit

to include in group
health insurance plans
by surveyed employers³

Pharmacy benefits often play a key role in just about any care plan, whether members are facing a medical, behavioral, chronic or complex condition. As **pharmacy costs** continue to rise, offering these benefits as part of a broader package is becoming even more important for both employers and employees.

And when these **benefits are integrated with medical** and managed under one carrier, rather than carved-out or standalone, the opportunity to reduce costs and improve health outcomes often becomes more possible.

Integration can lead to advantages such as more access to patient data and clinical program information, which can provide a more complete picture of a patient's health and enable more informed decision-making for the plan and providers.

Consider specialty drug coverage: 60% of specialty drug spending tends to be covered under the pharmacy benefit, while the remaining 40% tends to be covered under the medical benefit.⁵ Implementing a cross-benefit drug management strategy can help determine when it's most appropriate and cost-effective to cover a medication or treatment under a member's medical or pharmacy benefit.

But if benefits aren't integrated, employers and members may miss out on the potential savings opportunities that cross-benefit drug management can provide, in addition to the other advantages that come with the ability to take a whole-person approach, such as providing members with a simpler and more connected health care experience and the potential for earlier identification of chronic or complex conditions. In fact, 80% of clinical program referrals start with pharmacy,⁶ and these occurred up to 44 days sooner with integrated benefits than without.⁷

"The power of managing pharmacy and medical benefits together is the data-driven, embedded decision-making and potential cost savings that can occur as a result," explains Susan Maddux, chief pharmacy officer for UnitedHealthcare Employer & Individual.

"If you buy your medical and pharmacy benefits together, you are more likely to end up with a better cost outcome than if you didn't otherwise."

Susan Maddux

Chief Pharmacy Officer
UnitedHealthcare Employer & Individual



Expanding access to specialty benefits

Specialty benefits
were ranked the

#3

most important
benefit

to include in group
health insurance plans
by surveyed employers³

Many employer-sponsored benefits also include dental, vision and hearing plans. Together, they're known as "specialty benefits" and are another way of encouraging employees to attend to all aspects of their physical health.

It's important for employees to have access to these types of benefits since oral, eye and ear health can be an indicator of overall health and well-being.

For instance, oral health exams include dental cleanings that can help prevent gum disease and X-rays that can detect cavities before they lead to more serious decay.⁸ Poor oral health is also linked to underlying health conditions, including cardiovascular disease, pregnancy and birth complications, and pneumonia.⁹

And vision impairment doesn't just impact one's ability to see; it can also affect mental health. Vision loss has been linked to loneliness, social isolation

and anxiety.¹⁰ And while regular eye exams are intended to gauge vision status and general eye health, they can also detect at least 20 diseases – like diabetes, stroke and certain cancers.¹¹

Additionally, untreated hearing loss can lead to an elevated dementia risk, sleep apnea and balance issues.¹² Regular screenings can help identify and treat hearing loss proactively and may help reduce associated complications.¹²

When employers bundle specialty with their medical and other core benefits, they can enable more holistic management of their employees' health and well-being, which may lead to better outcomes and lower costs. In fact, employers saw up to \$4–\$7 in per member per month (PMPM) medical cost savings when both their specialty and medical benefits were administered by UnitedHealthcare.¹³

“Taking a comprehensive approach to whole-person health by leveraging specialty benefits data and interventions supports a simplified member experience, helps flag and close gaps in care, and helps prevent disease before it starts.”

Adam Wojcik

Senior Vice President, Strategic Capabilities
UnitedHealthcare Specialty Benefits



Offering specialty benefits with medical plans can help close critical gaps in care and simplify the employee experience.

[Learn more →](#)

Offering a continuum of behavioral health support

12B

**working days
are lost annually**

due to depression and anxiety,
costing employers up to \$1T in
lost productivity globally¹⁵

“Our plans not only cover physical wellness, but also mental well-being. There’s a lot of different things that we’re trying to focus on to better offer a whole well-being approach to the employee.”

Chief Financial Officer

Energy and utilities company

Mental health is closely linked to one’s physical health. When an employee’s mental health is ignored or unaddressed, the initial issue may escalate into a more serious mental health condition, which could lead to physical problems requiring medical intervention. Depression, in particular, increases the risk for chronic conditions like diabetes, heart disease and stroke.¹⁴

All of this can have an impact on employers as well. In fact, it’s estimated that 12B working days are lost annually due to depression and anxiety, costing employers up to \$1T in lost productivity globally.¹⁵

Unfortunately, many employees may face barriers to care that are unique to behavioral health and make it difficult for them to seek treatment. For example, although 74% of U.S. employees think it’s appropriate to discuss mental health concerns in the workplace, only 58% say they are comfortable doing so.¹⁶

And there are real repercussions for employers when employees don’t seek care. Employees who aren’t comfortable talking about mental health at work are more likely to experience burnout than those who are – which could lead to loss of talent if unchecked.¹⁶

Building behavioral health benefits into a health plan can help. Employers can start by selecting a carrier that has an **expansive behavioral health network** with a mix of providers across a variety of specialties, with in-person and virtual options. It’s also important to offer **digital self-help tools** for lower-severity behavioral health needs – like **Calm Health**, an evidence-based mental health app, designed to help people navigate to personalized mental health support. The app also provides a library

of self-care content for employees looking to manage stress and anxiety, find better sleep and build life-changing habits.

Additionally, carriers with the ability to perform a proactive assessment to determine the level of behavioral health care needed can help ensure employees are receiving the right care for their situation and also help employers and employees avoid paying more for in-person care if a lower-severity solution is appropriate.

“Adding virtual health options into our network designs ignited the demand for members to access care when and where they wanted. This prompted us to start on a path towards revolutionizing our entire digital ecosystem of offerings, which now include several digital and self-paced options that can effectively address low-severity situations,” says Trevor Porath, vice president of behavioral health solutions for UnitedHealthcare Employer & Individual.

And when **behavioral health benefits are integrated** with medical and pharmacy benefits under one carrier, those systems and processes are even more interconnected and can help ensure mental health needs are addressed more thoroughly, from all angles.

Stacie Grassmuck, director of behavioral health product and innovation for UnitedHealthcare Employer & Individual, explains: “It’s typically the medical spend that increases when behavioral health is not addressed. When we work directly with members to get them into appropriate behavioral health treatment, employees are likely to see better health outcomes and lower overall medical costs.”



59%

of surveyed employers said they were concerned that financial stress is affecting their workplace²⁰

“Financial stress and economic hardships impact the overall health and well-being of employees. Employers that include financial wellness support benefits in their health plan demonstrate a commitment to achieving whole-person health for their employees.”

Dave Bailey

CEO, Financial Solutions Group
UnitedHealthcare Specialty Benefits

Investing in financial wellness benefits

More than half of U.S. adults are unable to cover an unexpected expense of \$1,000 from their savings.¹⁷ This deficit may be a cause of personal stress and distraction. Individuals spend an average of 8 hours per week managing personal financial issues, with half of those hours intersecting with their work day.¹⁸

This can not only affect productivity, but financial and economic hardships can also negatively impact an employee's mental health by causing depression, sleeplessness and anxiety, which are also associated with physical illnesses.¹⁹

Employers who provide **financial support resources and benefits** can help reduce stress and create better health outcomes for their employees, leading to greater productivity and a healthier workforce. Those benefits can span a wide range of resources, from tools that improve financial literacy to benefits that help cover unexpected medical bills.

For instance, employee hotlines or assistance programs can go beyond traditional offerings to connect employees to financial planning assistance like 1-on-1 financial wellness coaching, online educational programs and help with budgeting and tax return preparation.

Employers can also look for:

- Plans designed to reduce out-of-pocket expenses up front and empower employees to make more informed decisions
- Digital tools designed to help members estimate costs for services and providers
- \$0 copays for certain services like primary, urgent or virtual care visits

To help employees plan and save for health care costs, employers may consider including **health savings and spending account options** as well, whether that's a health savings account (HSA) that allows employees to put aside pretax contributions to pay for covered health care services and qualified medical expenses or a flexible spending account (FSA) that works similarly except the funds don't earn interest and must be used by the end of the year.

Employers can go a step further with both types of accounts by contributing to or matching employees' contributions or offering a health reimbursement account (HRA), which an employer opens and makes contributions to that employees can use toward premiums and qualified medical expenses.

And when employees experience unexpected added costs that accompany a major illness or accidental injury, supplemental benefits – such as accident protection, critical illness, hospital indemnity, disability plans and absence management solutions – as well as life insurance plans, can help provide employees additional financial security and relief.

To help ensure employees do not miss a potential benefit, UnitedHealthcare uses integrated data to proactively look for medical claims that may qualify for a supplemental health plan payment. The result is a personalized experience that lets employees focus on their health while UnitedHealthcare initiates the claim on their behalf.



Providing wraparound wellness programs

2.8-point
higher health
care activation

among UHC Rewards participants
than non-participants for

2.8%
lower average
medical costs²³

Many chronic diseases have underlying causes linked to certain behaviors and habits. For instance, in the U.S., nearly 41% of adults over 20 years old are overweight.²¹ By making healthier lifestyle choices, one can reduce the likelihood of developing a chronic illness while improving their overall quality of life. Establishing healthier eating habits, getting regular physical activity, quitting smoking, reducing alcohol intake and getting regular wellness checkups and preventive screenings can all help reduce risk.²²

Additionally, wellness coaching and self-help apps can help employees feel supported and accountable as they make healthier lifestyle changes, with personalized action plans and tools.

Incentive-based programs can also help employees build behaviors that benefit their health and well-being. Programs that reward members and their spouses for reaching goals through activities like tracking daily steps and completing one-time activities, such as a health survey or an annual appointment with a primary care provider, can encourage employees to establish healthier behaviors while generating cash awards or points.

Some of these programs connect multiple aspects of an employee's health plan together, which may lead employees to be more engaged in their overall benefit package. For instance, a weight-management program may include behavioral, medical and pharmacy components to support employees on a coordinated journey to help them navigate the system and ultimately drive better results.

Employers who want to support employee wellness even further can look to invest in on-site health centers, which may include a clinic, a pharmacy or even a fitness center. In fact, for one employer, this approach led to a 5.5% reduction in emergency room visits among employees who leveraged **their employer's on-site health center** compared to those who didn't.²⁴



Learn how UnitedHealthcare supports a whole-person health approach >



- ¹ Why Whole Employee Health Is the New Standard. JobSiteCare, June 28, 2024. Available: <https://jobsitecare.com/blog/whole-employee-health/>.
- ² 2024 Employee Health & Benefits Trends: The Evolving Workforce. Marsh McLennan Agency, 2024. Available: https://mma.marshmma.com/l/644133/2024-02-08/2jqv4p/644133/1707407360NIOU9BRU/EHB_Trends_Report_2024.pdf.
- ³ UnitedHealthcare Whole-Person Health Research conducted between February 20, 2024, and April 25, 2024. Based on 12 in-depth interviews with brokers and consultants and 2 mini focus groups with a total of 12 employers in addition to a survey of 200 brokers and consultants and 300 employers, facilitated by TRC Insights, a market research consulting company.
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- ⁵ Optum. Escaping the Specialty Drug Tunnel with Cross-Benefit Strategies. PharmaNewsIntelligence, Sept. 25, 2023. Available: <https://pharmanewsintel.com/news/escaping-the-specialty-drug-tunnel-with-cross-benefit-strategies>.
- ⁶ UnitedHealthcare internal data, 2023.
- ⁷ UnitedHealthcare and Optum, Personal Health Support analysis. June 2021.
- ⁸ What is a dental exam? National Library of Medicine. Available: <https://medlineplus.gov/lab-tests/dental-exam/>. Accessed: March 17, 2025.
- ⁹ How Your Oral Health Affects Your Overall Health. Cleveland Clinic, Oct. 19, 2022. Available: <https://health.clevelandclinic.org/oral-health-body-connection>.
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- ¹³ UnitedHealthcare Center for Advanced Analytics – Review of the impact of Specialty Integration on our National Account Book of Business 2022. Book-of-business performance for Key Accounts & National Accounts clients with integrated UnitedHealthcare Vision, Dental, Short-Term Disability and UnitedHealthcare Medical, 2019.
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- ¹⁵ Mental health at work. World Health Organization (WHO), Sept. 2, 2024. Available: <https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work>.
- ¹⁶ The 2024 NAMI Workplace Mental Health Poll. National Alliance on Mental Illness (NAMI), Jan. 2024. Available: <https://www.nami.org/support-education/publications-reports/survey-reports/the-2024-nami-workplace-mental-health-poll/>.
- ¹⁷ Gillespie, Lane. Bankrate's 2025 annual emergency savings report. Bankrate, March 26, 2025. Available: <https://www.bankrate.com/banking/savings/emergency-savings-report/#americans-would-pay-for-an-emergency-from-their-savings>.
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This case study is true. Savings calculated on book-of-business case rate savings for these programs. Savings for enrolled members are case specific. Results will vary based on client specific demographics and plan design.

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.

Calm Health is not intended to diagnose or treat depression, anxiety, or any other disease or condition. If participants feel their condition is severe and needs attention, they are instructed to contact their treating provider or mental health therapist for help. This program is not available to UnitedHealthcare E&I Fully Insured customers/members in District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Virginia and West Virginia due to regulatory filings.

The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

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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.

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