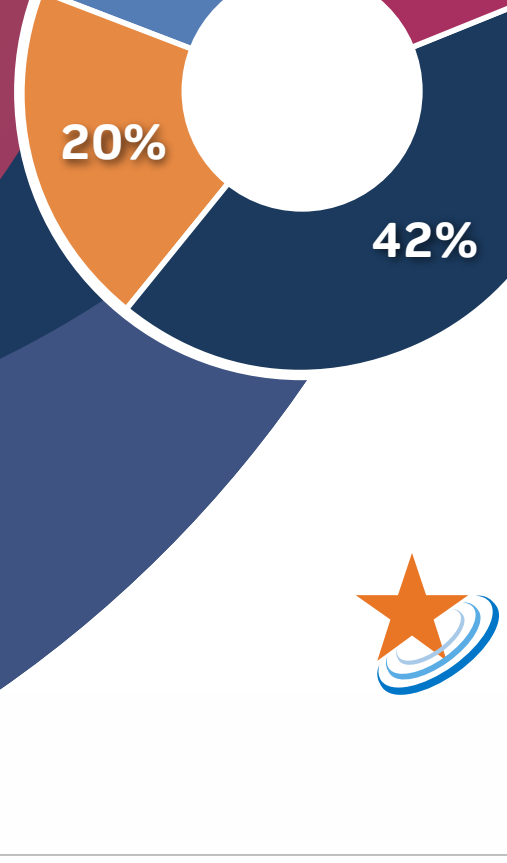


Employer Health Benefits Trends & Priorities – 2026

MBGH conducted the Pulse of the Purchaser Survey in July of 2026 in collaboration with the National Alliance of Healthcare Purchaser Coalitions and its fellow coalition members. Over 408 employers responded.

This infographic highlights the top health benefits priorities and strategies of 47 MBGH employer members. Each year, we ask how they view their role as purchasers of health care benefits.

62% identify as a Catalyst for Change or Early Adopter – up from 54% in 2025.



Employers' Strategic Approach

- Early Adopter
- Catalyst for Change
- Follow the Leader
- Wait and See

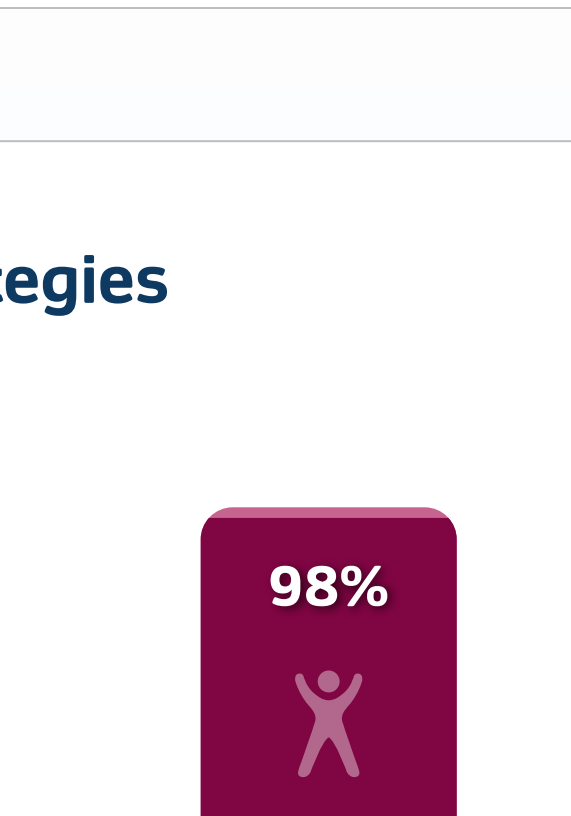


National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Industry and Size

Respondents span all employer sizes, from small to jumbo. Top industries represented include health care/social assistance, manufacturing, federal, state or local government, and retail/wholesale trade.

Over 76% of survey respondents have 10+ years of health benefits experience.



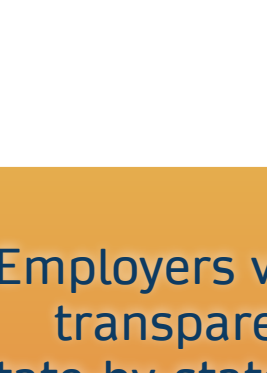
- 50,000+
- 25,000-49,999
- 10,000-24,999
- 5,000-9,999
- 1,000-4,999
- 500-999
- < 500

Employee population size of survey respondents



Cost Priorities and Strategies

Health Care Benefits



Rising health care costs will impact competitiveness



Attracting and retaining employees is a top priority



Health and wellbeing benefits will play a crucial role in employee attraction and retention



Rising health care costs will lead to cost-shifting to employees

Significant Threats to Affordability



Drug prices



High-cost claims



Hospital prices



High-cost cell & gene therapies

Employers view lack of transparency and state-by-state regulatory compliance burden as additional threats.

States disregarding ERISA law have a huge impact on our benefit and plan design.

Hospital prices, drug prices and high-cost claims are what keep us up at night.



Pharmacy Benefits Priorities and Strategies

Employers' Primary PBM Contracts are with:

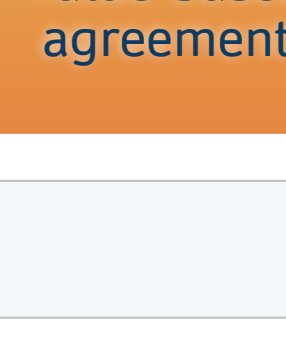


For employers with the Big 3 PBMs, 6 in 10 are shopping vs. fewer than 2 in 10 already using another PBM. 60% of these employers are looking to achieve:

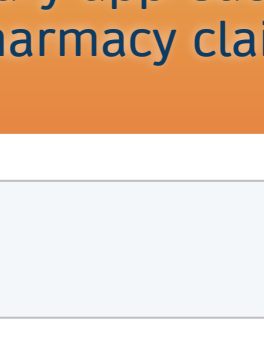
- Better pricing
- More transparency
- Formulary control
- Greater flexibility

We want to take a look at what else is out there to see if another PBM may allow more flexibility to better meet our needs and grow with us.

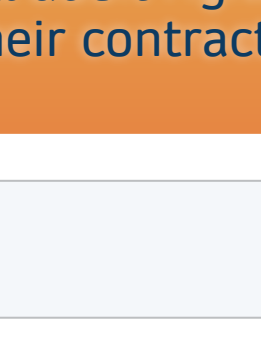
PBM Contracts and Arrangements



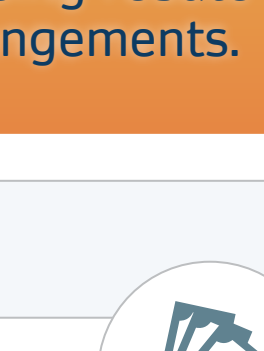
100% Rebate pass-through to the plan sponsor



Administrative fee structure disclosure



Claims-level pharmacy data access



No spread pricing

Approximately one-third of employers include lowest-net-cost or value-based formulary approach and full audit rights, (including rebate agreements and pharmacy claims) in their contracts or arrangements.



High-Cost Claims

Strategies to Mitigate High-Cost Claims



Purchasing stop-loss coverage for high-cost claims



Navigator & enhanced case management



Reviewing pharmacy claims run through the medical benefit



Enhanced screening & early detection



Disease-specific vendors

There was a slight increase to 40% of employers who are eliminating or streamlining low-value or unnecessary prior authorization requirements.



Medical and Pharmacy Claims Data

Data Storage



Health plan/TPA



Consultant data warehouse



Independent data warehouse

Vendor Conflicts

38% have partners who refused to provide complete access to data.

36% do not have complete access to all health data fields (down from 41% last year).

31% are not allowed to conduct audits of complete data files.



Hospital Pricing

Only 13% indicate they are using hospital affordability, price, and quality information to inform benefit, network, vendor, or contracting decisions.

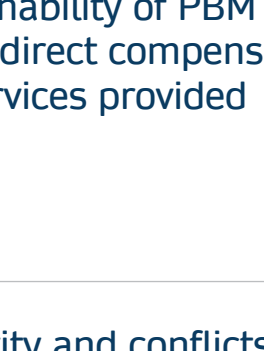
Biggest Barriers:



Limited ability to influence carrier or TPA contracting



Limited internal staff capacity

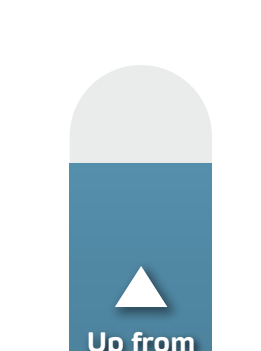


Difficulty accessing data

Top Pricing Strategies Currently Being Utilized



Centers of excellence



Steering members to higher-value sites of care



Evaluating network performance by both price and quality

Only 17% are currently utilizing direct contracting with providers, while 50% are considering tiered networks and 46% are steering members to higher-value sites of care.



Fiduciary Duties

Top Concerns



Integrity and conflicts of interest in hospital billing practices



Reasonability of PBM direct and indirect compensation for services provided



Reasonability of hospital charges for the services provided



Integrity and conflicts of interest in PBM administration

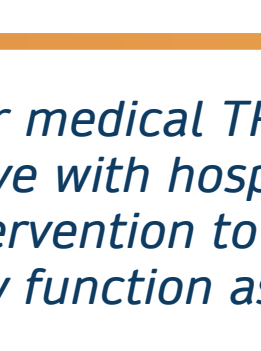
Fiduciary Oversight and Cost Management Activities



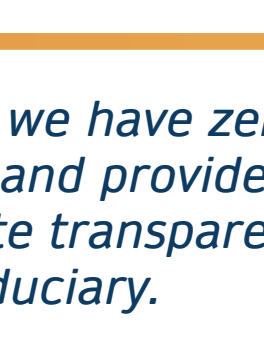
Identify trends and negotiate better contracts



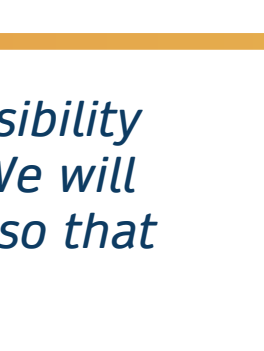
Optimize plan design to improve health outcomes



Prevent overpayments and identify hidden fees



Ensure plan expenses are reasonable



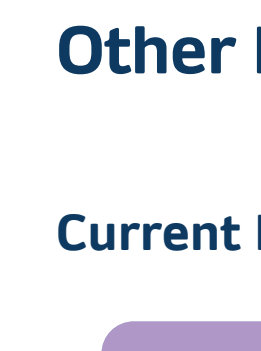
Prevent spread pricing and ensure transparent payments

We are concerned with our medical TPA as we have zero visibility into the contracts they have with hospitals and providers. We will need federal legislative intervention to create transparency so that we can fully function as a fiduciary.



Policy Reform

Reforms that can improve transparency and fair pricing include:



PBM reform (transparency, spread pricing, rebate pass-through)



Hospital price transparency



Drug price regulation (capping list price of high-cost drugs)



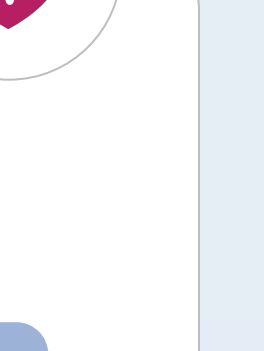
Hospital rate regulation



HSA Reforms (first-dollar coverage for primary care)



Protecting ERISA pre-emption



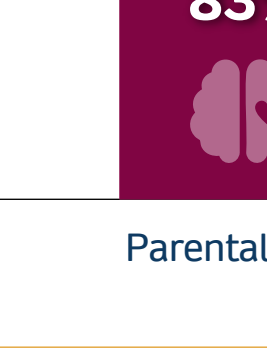
Amend surprise billing laws

Even though employers are supportive of policy reform, only 39% indicate they have engaged in federal or state healthcare legislation efforts. The most common reasons for not engaging were limited internal capacity or staff time, and a lack of clear opportunities to engage.



Other Health Benefits Priorities

Current Mental Health Strategies



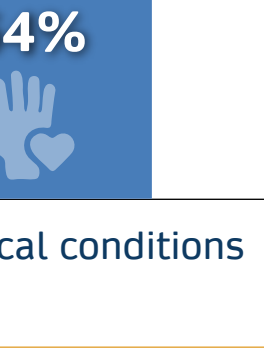
Ensuring services are in compliance with parity requirements



Communicating available benefits and services



Offering programs that educate on stigma/bias



Integrating behavioral health into in-network primary care

56% are currently establishing vendor accountability through performance metrics, with another 22% considering it.

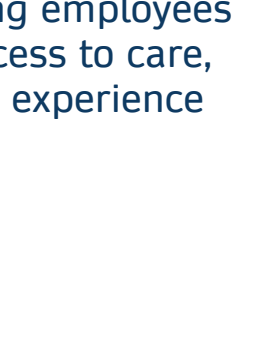
Current Women's Health Strategies



Parental leave



Maternity support services



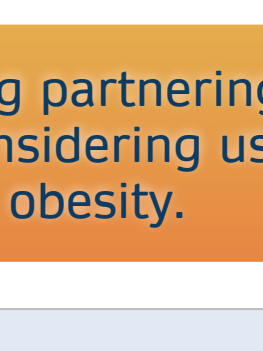
Gynecological conditions

Top strategies being considered: menopause support, caregiving assistance for dependents, and mental health specific to women's health.

Current Health Equity Strategies

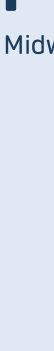


Engaging various departments to discuss company strategy



Considering surveying employees about perceived access to care, quality and patient experience

Current Obesity Management Strategies



Provide lifestyle programs (exercise and nutrition programs)



Cover bariatric surgery



Reduce bias and stigma through communications, messaging in programs



Cover branded GLP-1s for obesity

In the next 1-3 years, 44% are considering partnering with a point solution vendor and 38% are considering use of centers of excellence to address obesity.

