

In our annual State of Healthcare Affordability Report, we examine how rising costs are reshaping the U.S. healthcare system—and the results this year paint a sobering picture. The affordability of healthcare is now one of the defining economic challenges of our time. Costs continue to rise faster than wages, coverage gaps are widening, and out-of-pocket expenses are leaving more families unable to keep up. For many Americans, healthcare has become one of the most unpredictable and destabilizing household expenses, forcing difficult choices about when, how, and whether to seek care.

This year's report introduces findings from the 2025 PayZen–Censuswide Healthcare Affordability Survey, which reveal a system under increasing strain. More than one in three patients (38%) postponed or skipped needed care due to cost. Among the most frequently delayed services were follow-up appointments and specialist visits, and preventive care—the very care designed to keep people healthy and prevent costly complications later on.

Families are feeling the weight of these pressures most acutely. In just one year, the share of parents delaying medical care for a child or dependent under 18 due to cost more than tripled from 11% to 34%. Beyond healthcare, 69% of respondents said medical expenses caused them to delay major life milestones, such as moving, buying a home, or starting a family. And what was once a challenge primarily for the uninsured has evolved into a nationwide affordability crisis. Across demographics, Americans are expressing less confidence in their ability to afford care today—or in the years ahead.

The data tell a consistent story: affordability is no longer a peripheral issue. It defines how patients engage with the healthcare system, shapes their trust in providers, and determines whether they seek care early or wait until conditions worsen.

Each delayed visit represents more than a missed appointment; it reflects the impossible trade-offs people are making between their health, their families, and their financial security. The findings in this report sharpen the urgency and strengthen PayZen's resolve to create a more predictable, transparent, and sustainable model of healthcare affordability—one where cost is never a barrier to care.

Itzik Cohen, CEO of PayZen



A Growing Sense of Unease

In 2025, the landscape of healthcare affordability continues to shift under growing economic and policy pressures. The One Big Beautiful Bill Act (OBBBA) sets in motion future reductions to ACA marketplace subsidies and Medicaid funding, while enhanced ACA premium tax credits are scheduled to expire at the end of 2025. Together, these changes have sparked concern across the system, with the Congressional Budget Office (CBO) projecting that roughly 15 million people could lose health coverage and become uninsured by 2034.

At the same time, the cost of maintaining health insurance continues to rise. The 2025 KFF Employer Health Benefits Survey found that the average annual premium for family coverage climbed to \$26,993, up 6% from the previous year, while single coverage averaged \$9,325, a 5% increase—both outpacing wage growth of 4%. Looking ahead, analysts expect continued premium increases into 2026 as employers absorb deferred care costs and higher provider reimbursements. Premiums for ACA marketplace plans could more than double if enhanced premium tax credits expire, with subsidized enrollees projected to see average premiums rise 114%—from \$888 in 2025 to \$1,904 in 2026.

Against this backdrop, the 2025 PayZen–Censuswide Patient Healthcare Affordability Survey (2025 Patient Affordability Survey hereafter) examined the real-world impact of rising costs on patients. The survey included 1,001 Americans who had a hospital visit or surgery for themselves or a dependent within the past 24 months. The findings were troubling.

Healthcare is no longer viewed as a stable or predictable expense—it's one of the most pressing household stressors for Americans heading into 2026.

Concern about healthcare affordability is widespread.

78%

say that inflation has already made care harder to afford.

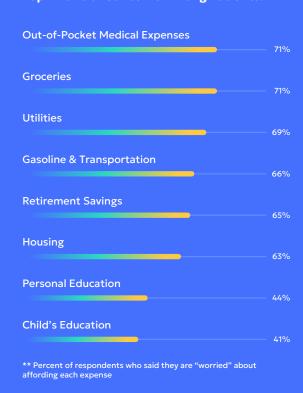
77%

expect it to get even harder in the year ahead due to policies of the new administration.

Patients Who Expect Affording Care to Get Harder, by Insurance Type

- 84% of employer-sponsored plan holders
- 83% of marketplace plan holders
- 69% of Medicare beneficiaries

Top Financial Concerns Among Patients:



The Healthcare Affordability Crisis is Deepening

The 2025 Patient Affordability Survey revealed two important year-over-year shifts that show just how quickly financial pressures on patients are intensifying.

ediation of a health p

38% or patients up from 36% in 2024. of patients delayed or skipped care this year—



National data helps explain why:

69%

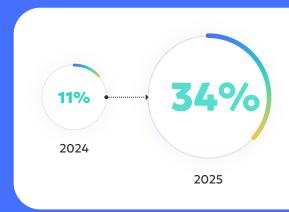
of Americans now live paycheck to paycheck, up from 60% last year.

37%

of adults cannot cover a \$400 emergency expense without borrowing or selling something.

For many families, a single unexpected medical bill can still upend financial stability. Despite steady employment and rising wages, healthcare costs continue to outpace household budgets, widening the divide between the price of care and what patients can afford.

Affordability Pressures Are Impacting the Next Generation



In just one year, the share of parents delaying care for a child due to cost tripled—from 11% to 34%.

Parents are often willing to sacrifice their own needs to ensure their child's well-being, which makes this finding especially sobering. When families begin to delay care for their children, it reflects how deeply affordability pressures are reshaping even the most essential healthcare decisions.

Postponed Care for Dependents in the Last 12 Months Due to Costs



Higher-income parents are now among those feeling the squeeze. These are families who earn too much to qualify for financial assistance yet still struggle to keep up with the cost of care, insurance premiums, and daily living expenses.

The financial trade-offs extend well beyond medical decisions.

69%

delayed a major life decision, from buying a home to starting a family, in the past year due to medical expenses.

Affordability is no longer just an adult concern— it is a family issue. And when families are forced to postpone a child's care or delay their own future plans, the consequences can ripple across generations.

The Cost of Skipping Essential Care

Preventative care, follow-up visits, and prescription adherence are the bedrock of a healthy population and a sustainable healthcare system. Yet, the 2025 Patient Affordability Survey reveals that millions of Americans are delaying or forgoing even these fundamental services due to cost.



When patients delay follow-up or specialist care, chronic conditions go unmanaged and recovery is disrupted, often leading to costly complications that could have been prevented. This is particularly concerning given that heart disease remains the leading cause of death in the United States, claiming more than 680,000 lives in 2023, while diabetes ranks among the top ten, accounting for over 95,000 deaths. Both conditions depend heavily on consistent preventive care, monitoring, and medication adherence to avoid serious complications.

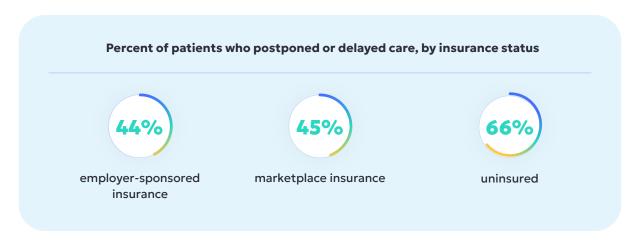
The rising rate of deferred care indicates an unsustainable pattern—one where the very services that maintain health and control costs are becoming increasingly inaccessible. Ensuring patients can afford this foundational care is essential to both public health and long-term affordability.



Insurance Is No Longer a Safety Net

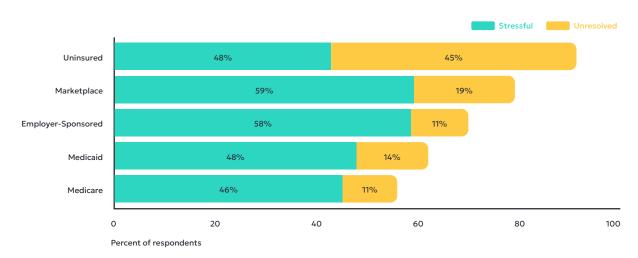
Health insurance was designed to make care more accessible and affordable; however, high deductibles, narrow networks, and shifting cost structures have eroded the financial protection that insurance was meant to provide. 72% of covered workers face an out-of-pocket maximum greater than \$3,000, and 21% face limits exceeding \$6,000.

Although 38% of patients delayed care this year, those with commercial insurance delayed at even higher rates — nearly matching the uninsured.



Insured patients are even experiencing financial stress post-care. When asked about their most recent hospital bill, 64% of respondents described the experience as stressful. About one in three said it was very stressful, or unresolved — with unresolved defined as still struggling to pay and unsure how they will cover the remaining costs. That emotional toll was consistent among commercial insurance holders while Medicaid and Medicare reported slightly less financial stress.

How Patients Describe Paying Their Most Recent Hospital Bill



These findings illustrate a growing reality: **even commercial insurance no longer guarantees financial peace of mind.** As healthcare expenses consume a larger share of household budgets, even those with insurance face difficult choices about when and whether to seek care.

When "Covered" Still Isn't Affordable

After a fall left her with a broken hip, **Kathy G. of Southeast Texas** faced weeks of recovery and physical therapy. Although she had insurance, her hospital visit came with a \$750 copay.

While Kathy could manage her smaller physical therapy bills out of pocket, the \$750 hospital copay was beyond her budget. When the billing team told her about PayZen, she was relieved to learn she could split the balance into manageable monthly payments.

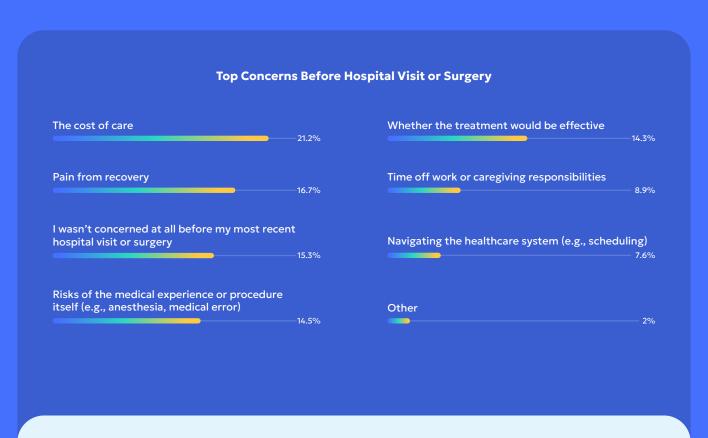


PayZen is so helpful, and an excellent way to pay your hospital bill over time... The entire process was transparent and easy to manage.

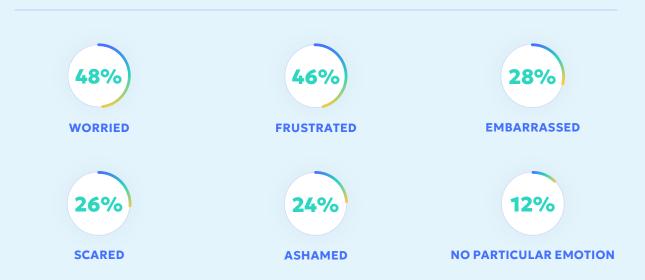


The Emotional Toll of Unaffordability

Even before treatment begins, patients are burdened by financial worry. In the 2025 Patient Affordability Survey, the cost of care ranked as the top concern before a hospital visit or surgery. For many, financial anxiety overshadows even the medical event itself. The stress of anticipating bills, not just paying them, is reshaping how patients experience care.







A Lifeline During Recovery

After undergoing several heart procedures, **Deborah B. from Portland, Maine**, faced a long recovery and mounting medical bills. Living alone, she felt overwhelmed until her hospital connected her with PayZen.

Through PayZen, Deborah consolidated multiple bills into a single, manageable plan. For Deborah, the difference wasn't just financial—it was emotional. She had a repayment plan that she could afford, bringing her peace of mind during her recovery.

It's a gift. Merging all my bills into just one payment is genius. It really removes the burden when you're having a medial situation.

Deborah B. from Portland, Maine

Patients Are Worried About Costs—But Few Are Offered Help

Despite widespread financial stress, support for affordability remains largely reactive. This disconnect leaves many patients uncertain about what their care will cost and whether they can afford it—fueling anxiety and avoidance.

Despite 71% of respondents saying they were worried about affording out-of-pocket medical expenses, only...



received a cost estimate before a scheduled treatment



were encouraged to apply for financial assistance, charity care or hardship programs.



were offered a payment plan

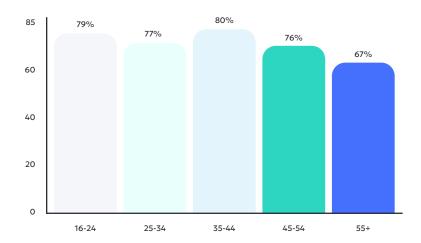


spoke with a hospital financial counselor



Fewer than three in ten patients were offered a payment plan or encouraged to apply for financial assistance.

Awareness of Payment Plans by Age



OLDER ADULTS ARE LEAST AWARE OF PAYMENT HELP

While three in four respondents reported being aware that some healthcare providers offer payment plans, awareness drops sharply with age.
Older adults, who have likely interacted with the healthcare system the most, are the least likely to know that these payment options exist.

Turning Anxiety into Assurance: Proactivity Strengthens Trust & Performance

Patients want clarity, financial support and payment options at every stage of care, not just before it begins.

When Patients Want Payment or Financial Assistance Options			
Before scheduling	— 26%	At the point of service	14%
During scheduling	16%	After care (bill sent)	13%



When patients understand their financial options up front, they're better able to plan, make informed decisions, and are less likely to delay care. But not every visit is scheduled, and not every cost can be addressed before care begins. These patients must anxiously wait for the bill.

Traditional revenue cycle processes have long relied on dunning: sending bills, waiting, and following up when payments are not received. Today, Al enables providers to replace the reactive model with intelligent engagement, identifying patient needs earlier and presenting the right payment or financial assistance options sooner.

It may be surprising, but this kind of proactive engagement isn't just the right thing to do for patients; it's also the smart thing to do for providers. When patients feel informed and supported financially, their trust deepens — and that trust directly influences loyalty.

Patients say:

83%

a clear, upfront cost estimate would influence their loyalty to a provider (47% "very influential").

81%

a simple financial aid application process would influence their loyalty

80%

interest-free payment plans (12+ months) would increase loyalty.

89%

they would **lose trust in providers that fail to communicate** about payment or assistance options.

And transparency and financial options don't just build loyalty—they drive action.

Patients say:

having repayment options with extended terms would make them more likely to pay.

monthly payments over a period longer than 12 months would make their bills more affordable.

(Source: 2024 Patient Affordability Report)

Data proves the point.



Improving the patient experience and unlocking affordability go hand in hand. By replacing reactive billing with proactive financial engagement, health systems can increase patient trust, improve outcomes, and achieve stronger financial performance.



Technology + Proactivity: Unlocking Affordability

Al and automation are transforming how health systems deliver affordability—bringing intelligence, speed, and personalization to a process that has long been fragmented and reactive.

By unifying financial and clinical data, these tools help providers identify the right options for each patient, from determining eligibility for charity care to recommending payment plans that reflect a household's true ability to pay. They also give financial counselors and front-line teams real-time insights to guide patients with greater confidence.

Looking ahead, PayZen and its partners are building toward a future where financial counseling can be delivered at scale through Al-powered tools that provide personalized payment guidance, reminders, and support through digital channels at the times that work best for patients.



We are solving a problem that was once seen we are some as too complex to fix.

- Itzik Cohen, CEO of PayZen

Today, PayZen's AI-powered platform helps hospitals and health systems identify patients who need support and connect them with the right financial pathway at every stage of care. The PayZen Care Card is one example of that vision in action, providing flexible, pre-service financing for planned procedures and giving patients access to tailored, interest-free payment plans at the point of need. Post-Care Payment Plans extend that same experience after treatment, helping patients manage unexpected or emergency costs with confidence and ease.

Together, these innovations are creating a financial experience as personalized and responsive as the medical one.

Closing the Gap with Action and Innovation

Across the healthcare system, financial pressures are mounting for both patients and providers. Rising costs, shrinking margins, and growing patient responsibility are reshaping how Americans make decisions about care and how that care is delivered. Yet within these challenges lies opportunity.

Health systems can act now to make care more affordable and sustainable by focusing on three key areas:

REIMAGINE THE PRE-SERVICE EXPERIENCE

Help patients feel confident they are getting the most affordable care, understand their costs up front, and have clear options to pay. For hospitals, this also creates opportunities to improve cash flow through partial payments collected before treatment.

OFFER AFFORDABLE PAYMENT OPTIONS

The data overwhelmingly shows that patients are willing to pay their medical bills when given affordable options and realistic repayment terms. Long-term, zero-interest payment plans reduce financial stress for patients while improving collection rates for providers.

USE DATA AND AITO PERSONALIZE AND GUIDE THE FINANCIAL JOURNEY

Soon, intelligent systems will be able to surface the right options for each patient, communicate clearly, and provide real-time answers to financial questions. Today, automation can already manage smart billing and account servicing—creating a seamless, end-to-end experience that increases collections and strengthens long-term relationships.

Technology alone will not solve the affordability crisis, but adopting these practices can make meaningful progress toward a more affordable, sustainable healthcare ecosystem today.

Give Patients a More Affordable Path to Care

With the right partner, you can offer more affordable payment options, reduce financial stress, and strengthen revenue performance. PayZen works with healthcare systems to create tailored programs that integrate seamlessly into billing workflows. If you're exploring ways to improve collections and make care more accessible, we'd be happy to help.

Get in Touch

ABOUT PAYZEN

PayZen is the AI healthcare affordability platform making care accessible for patients and sustainable for health systems. With the most comprehensive AI data platform and a patient-first mindset, PayZen delivers custom payment options tailored to the individual, helping patients afford the care they need while improving financial outcomes for providers. Recognized by KLAS Research as the top vendor in the space, PayZen is backed by leading investors and led by experienced technology leaders with a proven track record of helping millions of Americans overcome financial challenges. Learn more at payzen.com.

