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Specialty Care Accounts for Sustainable GLP-1 Cost Management

How Employers can replace open-ended pharmacy risk with a defined, predictable funding model

Hormone
Therapies

GLP-1 &
Weight Management

More Specialty
Care Benefits

Powering Great Workplaces® with Personal Benefits Employees Love

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What Employers Are Experiencing

GLP-1 demand is rising, and traditional benefit models are straining to keep pace.

As awareness grows, utilization is accelerating faster than anticipated. Under traditional medical coverage, each participant can add \$10K–\$15K in annual cost, creating open-ended financial exposure as utilization grows.

Employers are left balancing employee expectations with the need for predictable, sustainable benefits.

- GLP-1 utilization accelerating faster than forecast
- \$10K–\$15K estimated annual cost per participant
- Pressure from employees and finance
- Fear of cutting access and triggering backlash



Cost Tension

Traditional medical plan model:

- Open-ended claims exposure
- Rising utilization with no natural ceiling
- Budget volatility year over year

Defined Contribution via Specialty Care Accounts

Rather than continuing to fund GLP-1s through open-ended medical claims, some employers are rethinking how the benefit is funded. A defined-contribution approach replaces unpredictable exposure with a clear annual maximum, while preserving employee access and choice.



GLP-1 funding moves out of medical claims



Employer sets a defined annual maximum



Employees retain provider choice



Employer pays only when funds are used



Insight

By changing how GLP-1s are funded, not whether or not they're offered, employers regain control without taking something away.

Modeled Employer Scenario 1

The Situation

A national financial services employer offered GLP-1 medications for weight management through its medical plan with broad eligibility. As awareness and normalization increased, employee utilization grew steadily across the workforce.

The Pressure

GLP-1 utilization reached approximately 16% of employees. At an average cost of ~\$12,000 per participant per year, GLP-1s became one of the fastest-growing drivers of pharmacy spend, exceeding \$15 million annually with no natural ceiling.

Finance flagged the trend as unsustainable, while HR and leadership were concerned that restricting access would damage employee trust and retention.

The Impact

GLP-1 funding moved from open-ended medical claims to a Specialty Care Account with a defined annual contribution.



Measurement	Outcome
Per-Participant Exposure	Shifted from ~\$12,000 to a capped \$2,200 annually
Total GLP-1 Exposure	Reduced from \$15M+ to less than \$3M across the same member base
Employer Cost Risk	Predictable, defined maximum
Employee Access	Maintained across digital, retail, and in-person providers (including DTC)
Leadership Alignment	Finance and HR aligned on a sustainable model

Modeled Employer Scenario 2

The Situation

A growing data and analytics employer did not offer GLP-1 medications through its medical plan. As awareness increased across the market, employee feedback made clear that access to weight-management support was becoming an expectation. Many employees were already exploring direct-to-consumer GLP-1 options independently.

The Pressure

Leadership wanted to respond meaningfully without introducing open-ended pharmacy risk. Internal modeling showed that adding GLP-1s through traditional medical coverage could expose the company to \$10,000-\$15,000 per participant annually, with costs expected to rise as utilization increased.

The challenge was clear: how to support employee demand without locking in an unsustainable cost structure.

The Impact

The employer acted early—delivering a competitive benefit while maintaining fiscal discipline and long-term flexibility.



Data
and analytics



3,200
employees

Measurement	Outcome
Cost Avoidance	~\$2-4M in initial annual cost avoidance, with scalable savings over time
Annual Contribution	Up to \$2,200 per participating employee
Employer Cost Risk	Capped and predictable from day one
Initial Adoption	Estimated at 10-12% of workforce
Long-Term Flexibility	Designed to scale as utilization grows

A Better Way to Fund Specialty Care



For Finance

- Predictable, capped exposure
- Scales linearly as utilization grows



For Leadership

- Sustainable and repeatable
- Expandable to other specialty care categories



For HR

- Preserves employee trust
- Avoids backlash from benefit cuts

Beyond GLP-1s

The same defined-contribution structure can support other high-cost specialty areas:

- Hormonal health
- Fertility add-ons
- Specialty mental health
- Diagnostics & emerging therapies



→ **Connect with our team to explore how this fits into your benefits strategy.**

Specialty Care Accounts integrate into existing benefits with minimal operational complexity.

