

springbuk®

Employee Health Trends 2025





Evolution of Benefits

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Healthcare Cost Drivers

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Prescription for Clarity

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The Diabetes Dilemma

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GI's Cost Impact



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Meet the Springbuk Experts



Janet Young, M.D.
Clinical Analytics Advisor

With more than 30 years of experience, Janet Young has provided clinical expertise to the development of healthcare analytics used in provider, payer, employer, and government sectors. Janet joined the Data Science and Methods team at Springbuk in Dec. 2019, and has been responsible for clinical oversight of methods and models. Janet received her M.D. from Yale University School of Medicine.



Chris Gagen
Senior Director, Solution Management

For the last 20 years, Chris Gagen has worked with benefits leaders and clients analyzing their healthcare claims data with a focus on financial and plan design modeling. He's gathered experience across collaborations with business leaders, product managers, data scientists, and software engineers to define and solve healthcare business problems. Since joining Springbuk in 2019, Chris has served in various roles throughout the organization. In his current role as Senior Director of Solutions Management, he leads the Analytics and Strategic Consulting team, driving impactful, data-driven strategies for clients.



Nicole Belles
Senior Vice President, Product

Nicole Belles brings over 20 years of experience in healthcare data and analytic solutions. She has used data and analytics to meet the strategic needs of stakeholders across the healthcare ecosystem, including health plans, employers, pharmacy benefit managers, and providers. Her expertise spans consulting, practice leadership, predictive analytics, and product management. Since joining Springbuk in 2021, Nicole has led the Product team, driving the vision and strategy to deliver lasting value to clients.

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Each year, for our annual Employee Health Trends report, we dive deep into the Springbuk platform to uncover the stories our data tells. **For the 2025 edition, we've analyzed health benefits data from our book of business, which currently includes 6,400+ employers,** to reveal where Springbuk believes the industry is headed – and what it means for you.

We create this report to give you, champions of employee health, the actionable insights needed to drive meaningful change. Whether you're looking to enhance health outcomes, optimize spending, or measure program effectiveness, this analysis transforms data into decisive action.

A Quarter Century of Change: **Healthcare's Evolution & What Lies Ahead**

Stepping into 2025, we have a unique vantage point—allowing us to look back across 25 years of healthcare transformation. This quarter-century of information combined with Springbuk platform data provides both historical context and predictive power for what lies ahead. From shifts in medical and Rx cost drivers, to new treatment options, and reimagining the role of GLP-1s, the insights in this report will help you navigate the coming years with clarity and confidence. **Inside, we explore:**

- › 2000 vs. 2024: A Seismic Shift in Employee Benefits
- › Unpacking 2023 & 2024's Healthcare Cost Surge
- › The Hidden Story in Rx Spending
- › Diabetes Drugs: Revolution or Crisis?
- › Gastrointestinal Disease Costs: More Than Meets the Eye

2025

Looking Back: The Evolution of Employee Benefits

In 2000, traditional health insurance was king, wellness meant a gym membership, and employers made decisions based mainly on intuition.

Fast-forward to 2024, and the transformation is remarkable.
How we approach employee health has fundamentally changed:



From **standardized packages** to **personalized solutions**



From **reactive** care to **proactive**, whole-person wellness



From **gut feelings** to **data-driven** decisions





The Dawn of a New Millennium

2000

- › **Focus Areas:** Traditional health insurance was the cornerstone of employee benefits in 2000, with employers offering surface-level medical, dental, and vision plans. Wellness programs, when they existed, typically amounted to weight loss challenges or discounted gym memberships.
- › **Market Landscape:** Health insurance meant choosing from a handful of plan options offered by industry giants like Aetna, UnitedHealthcare, and Cigna with programs typically structured as one-size-fits-all.
- › **Digital Tools:** Digital tools? Those barely existed beyond basic intranet sites and printed benefits guides.
- › **Cost Management:** Employers were primarily focused on controlling premium increases, and high-deductible health plans (HDHPs) were just starting to emerge as a cost-saving tool.



Today's Benefits Landscape

2024

- › **Focus Areas:** Today's benefits landscape stretches far beyond basic healthcare coverage. Mental health support, financial wellness programs, fertility benefits, and chronic condition management aren't just nice-to-haves—they're becoming standard offerings.
- › **Market Landscape:** Traditional insurers now share the stage with innovative health tech platforms. The focus has shifted from one-size-fits-all to personalized, data-driven care delivery.
- › **Digital Tools:** The digital revolution is in full swing. From wellness apps like Calm and Headspace to comprehensive health platforms, technology has transformed how employees engage with their benefits. Virtual care, remote monitoring, and digital health tracking are the new normal.
- › **Cost Management:** As healthcare costs continue to climb, employers have sophisticated tools at their disposal. Value-based care models, preventive services, and data analytics help drive smarter spending decisions, while HSA-qualified plans have become a mainstream strategy.



HR Benefits: From Standard to Comprehensive

2000

Traditional Coverage

- › Standard health insurance plans (HMOs and PPOs)
- › Basic dental and vision coverage
- › Simple retirement plans (401(k) with limited investment options)
- › Minimal work-life balance initiatives

2024

Holistic Employee Well-being

- › Customizable benefits packages
- › Health Savings Accounts (HSAs) and High-Deductible Health Plans (HDHPs)
- › Diverse retirement options, including Roth 401(k)s and financial wellness programs
- › Emphasis on work-life integration (flexible hours, remote work options)
- › Expanded coverage including mental health support, fertility treatments, and holistic well-being programs



Wellness Programs: From Basic to Sophisticated

2000

Physical Health Focus

- › Basic gym membership discounts
- › Occasional health fairs
- › Smoking cessation programs
- › Weight loss challenges

2024

Multi-Dimensional Well-being Approach

- › Mental health support (Employee Assistance Programs, therapy apps like Calm and Headspace)
- › Mindfulness and stress management resources
- › Financial wellness education
- › Personalized health coaching
- › Gamified fitness challenges and wearable device integration
- › Chronic disease management programs
- › Virtual fitness classes and telemedicine options



Healthcare Costs: Rising Expenses & Innovative Solutions

2000

Employer-Centric Cost Model

- › Lower overall healthcare costs
- › Employers bore a larger percentage of premiums
- › Limited employee cost-sharing
- › Focus on premium cost containment

2024

Shared Responsibility & Value-Based Care

- › Significantly higher healthcare costs
- › Increased employee cost-sharing (higher deductibles, copays, and coinsurance)
- › Widespread adoption of HDHPs with HSAs
- › Focus on preventive care and outcomes-driven solutions to reduce long-term expenses
- › Implementation of value-based care models



Digital Transformation: From Paper to AI-Powered Platforms

2000

Manual Processes & Limited Technology

- › Paper-based enrollment and claims processes
- › Basic company intranets for benefits information
- › Limited self-service options

2024

Digital-First, Personalized Approach

- › AI-powered benefits recommendation engines
- › Mobile apps for benefits management and health tracking
- › Telemedicine and virtual health consultations
- › Blockchain for secure health data management
- › Integration of wearable devices and health apps (e.g., Fitbit, Apple Health)
- › Virtual reality (VR) for employee training and stress reduction



Market Landscape: From Traditional Insurers to Tech-Driven Ecosystems

2000

Insurance Company Dominance

- › Major players: Blue Cross Blue Shield, UnitedHealthcare, Aetna, Cigna
- › Limited competition and innovation
- › One-size-fits-all approach to care delivery

2024

Integrated Health Tech Ecosystems

- › Tech giants entering healthcare (Amazon, Google, Apple)
- › Rise of digital health startups (Livongo, Omada, Virgin Pulse, Springbuk)
- › Consolidation of traditional insurers and pharmacy benefit managers
- › Emergence of specialized platforms for mental health, fertility, and chronic disease management
- › Integration of data analytics for personalized care recommendations

The Past & Future of Healthcare: How We Got Here

With a picture of our past and present healthcare realities, it begs the question:

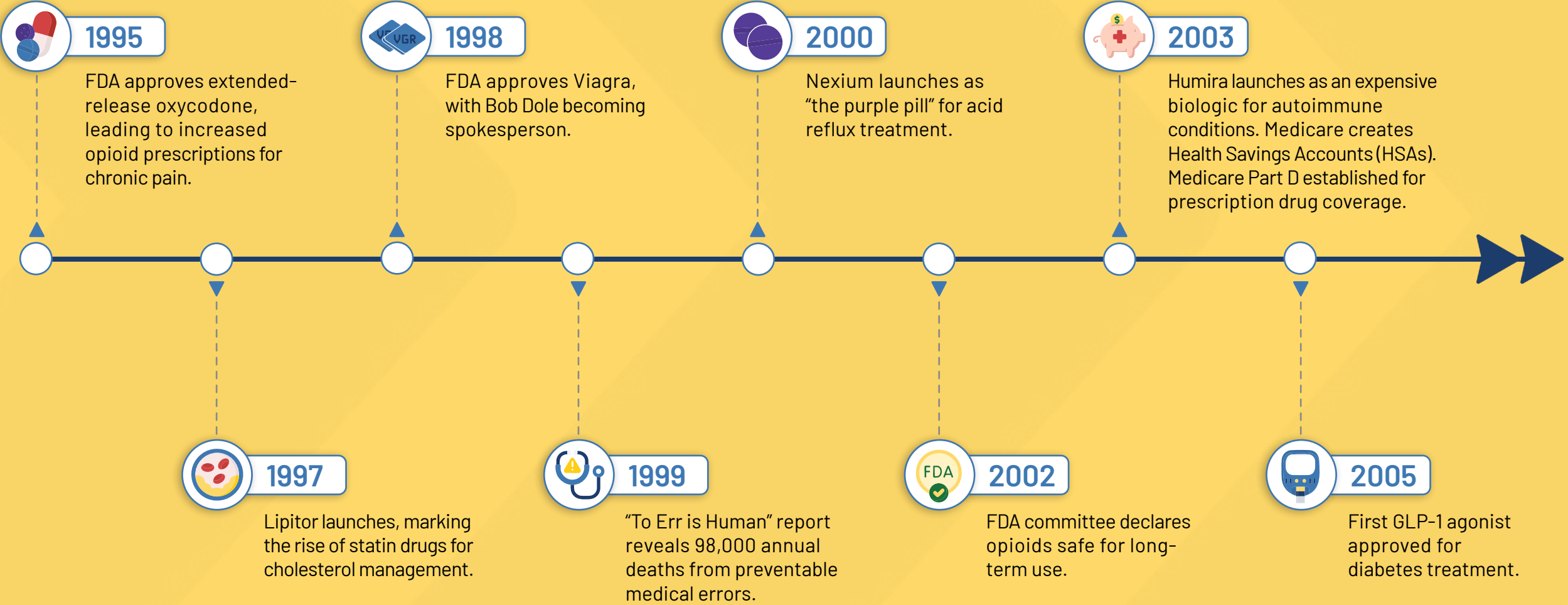
? How exactly did we get here? What developments, advancements, twists, and turns pushed the progressive narrative?

With our historian hats on, we found key events quickly presented themselves, building a timeline of drug development, health plan shifts, and world events all shaping the healthcare industry we know today.



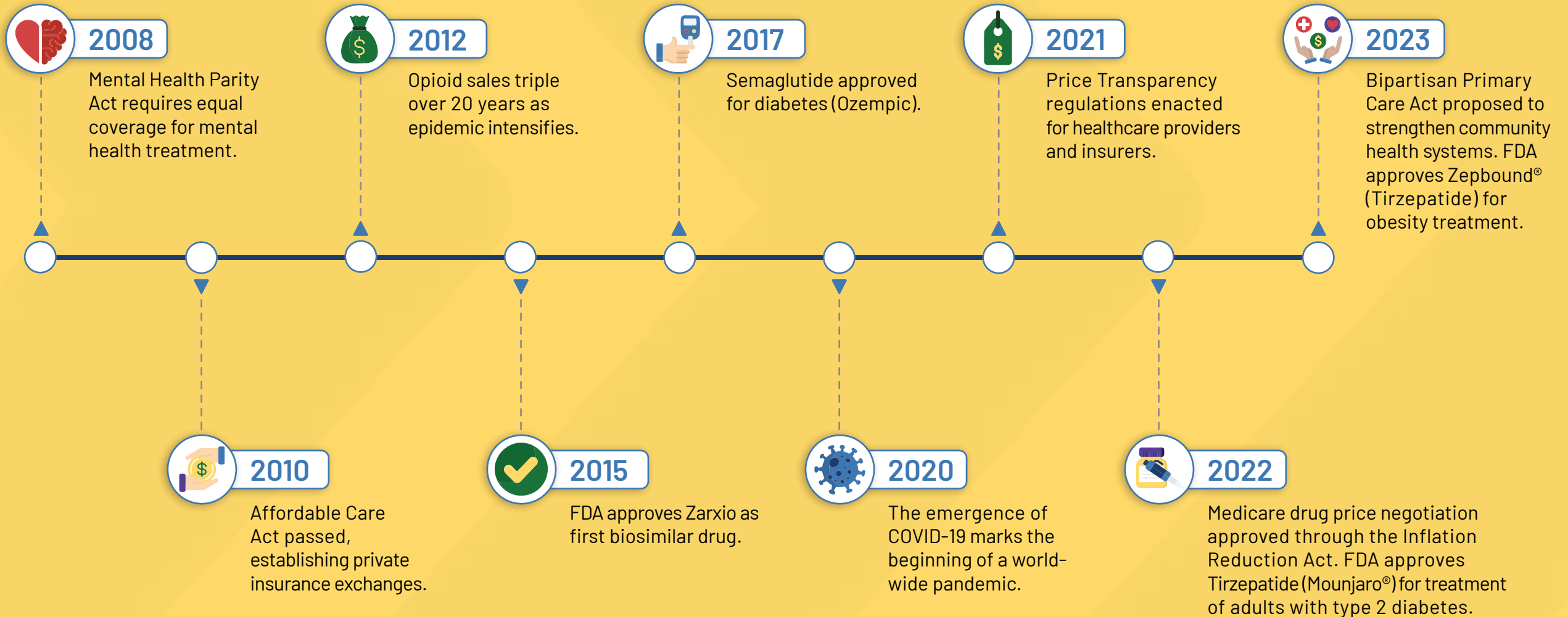
Healthcare Timeline: Key Events & Developments

1990's - Early 2000's



Healthcare Timeline: Key Events & Developments

Early 2000's - Present



Key Healthcare Trends Through 2030:



Demographics

- › Aging population with increasing chronic conditions
- › Mental health crisis in Gen Z, particularly anxiety and depression
- › Millennials showing higher rates of chronic conditions than Gen X



Technology

- › Artificial Intelligence (AI) and Machine Learning (ML) implementation in healthcare
- › Virtual Reality for Surgical Applications
- › Digital therapies and personalized medicine
- › Genomics advancement



Market Changes

- › Provider consolidation among hospitals/health systems
- › Declining numbers of primary care providers
- › Value-based care transformation
- › Digital care adoption



Financial & Regulatory

- › Price transparency requirements from ACA/CAA
- › Medicare drug negotiations starting 2026
- › Rising costs affecting employers and insurers
- › ERISA fiduciary lawsuits increasing



Pharmaceuticals

- › Expensive new therapies including cell and gene treatments
- › PBM scrutiny with new solutions for pricing transparency
- › High-cost drugs impacting employer benefits

Shaping Tomorrow: 2025 & Beyond

The story of employee benefits from 2000 to 2024 reflects how we've evolved in our understanding of employee well-being.

As we peer around the corner, several key trends are shaping the future of benefits:

- › Technology isn't just part of the solution – it's revolutionizing how we deliver and manage health benefits
- › Mental health support has moved from the sidecar to the driver's seat of benefits strategies
- › One-size-fits-all is out; personalized benefits packages are in
- › Prevention and long-term health outcomes are taking center stage
- › Virtual care options are here to stay, transforming how employees access healthcare



What does this mean for the road ahead?

We're moving toward a future where benefits are more flexible, comprehensive, and technologically sophisticated than ever before. In the sections that follow, we'll dive deep into our analysis of current trends, backed by aggregate data from thousands of employers. These insights will illuminate not just where the industry stands today, but where it's headed—and how your organization can lead the way.





1

CHAPTER 1

Unpacking Healthcare Cost Drivers: From Pharmacy Peaks to Medical Spikes

As we conclude our 25-year market analysis and examine 2023 and 2024 Springbuk data, a clearer picture emerges of what lies ahead.

Breaking down the overall cost trends across our BoB revealed a stark reality: instead of the moderation we hoped for, healthcare costs kept soaring. Like a rollercoaster frozen on its upward track, there was no peak in sight—just a relentless climb.

? In this chapter, we explore the key drivers behind overall rising healthcare costs, including trends in pharmacy spending and medical claims.

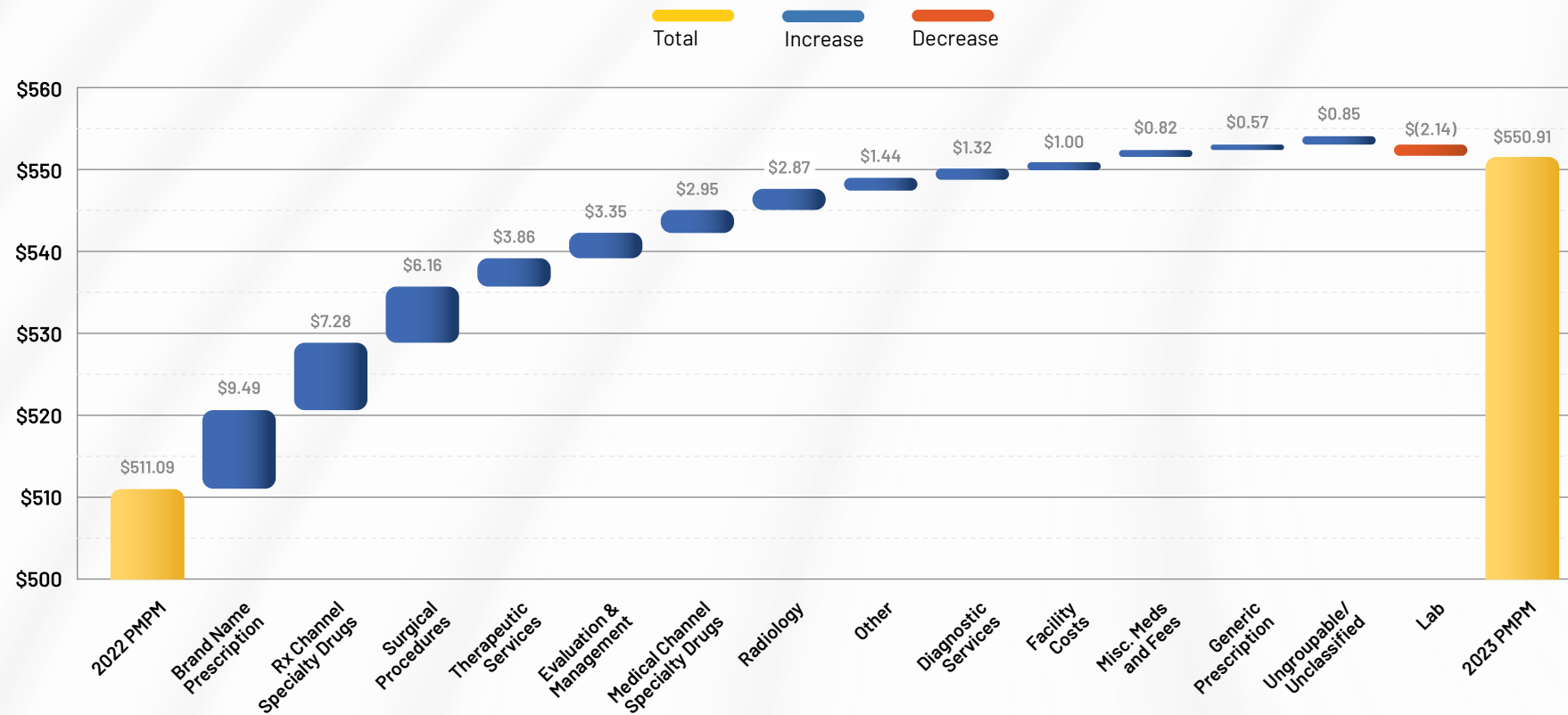


In 2023, prescription drug spending was driven by two key categories:

- › GLP-1 Agonists were responsible for the growth in spend within brand name prescription drugs
- › Within specialty drugs, Skyrizi, Humira, and Dupixent were the top drivers of spend

Note: A detailed analysis of pharmaceutical trends follows in the next section.

2022 - 2023 Incurred PMPM Change by Service Classification



The total Medical and Rx Plan Paid trend rose 7.8% in 2023 after another year of dramatic increases in brand name and specialty pharmacy drug spend and utilization.



Question for the Expert

What's the outlook for healthcare costs in 2024, and how does it differ from previous years?

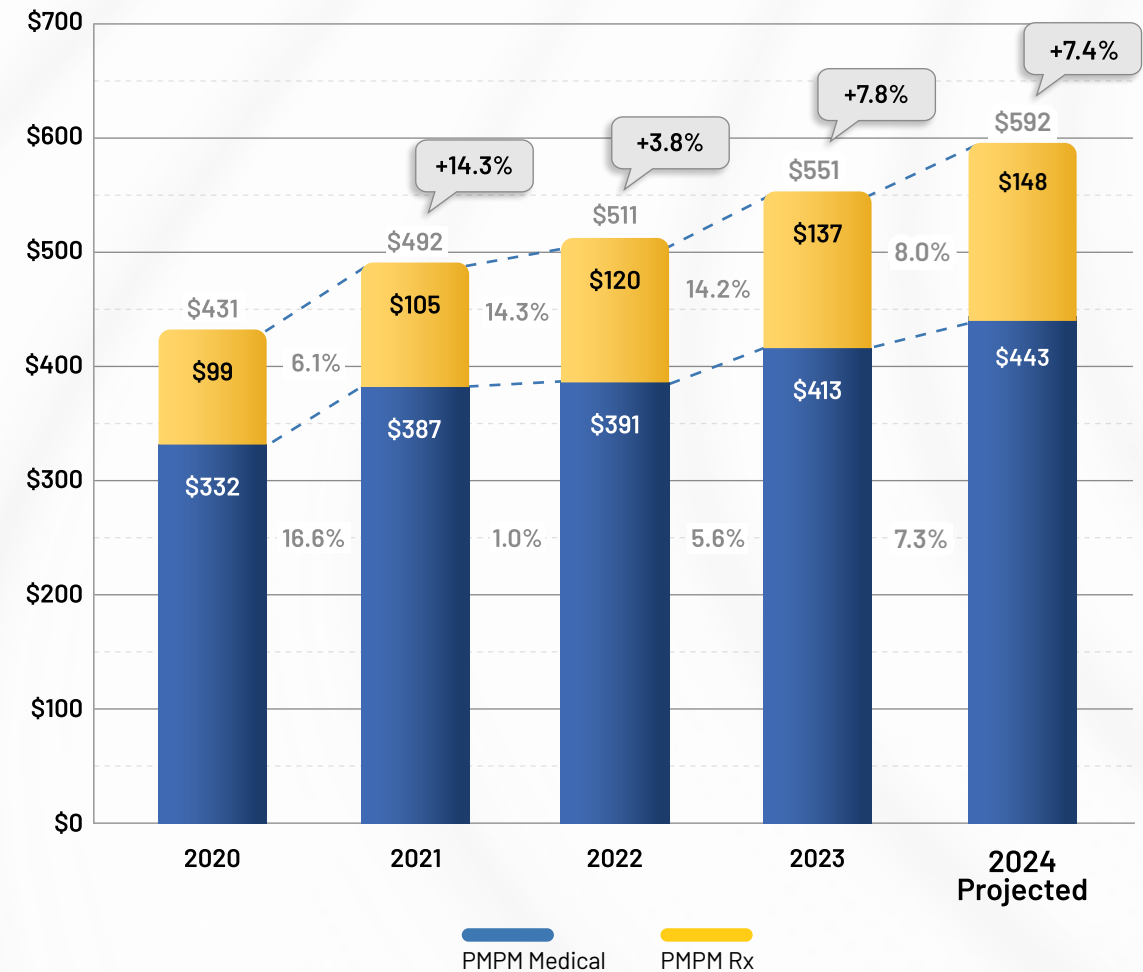
“Looking ahead, our projections for 2024 show a continued upward trajectory in healthcare costs, with some reshuffling of the top drivers. While we anticipate another significant increase of 7.4% overall. Compared to 2023, this year's trend is being impacted more equally between medical and pharmacy costs.”




Chris Gagen

Sr. Director, Solution Management

Total Plan Paid PMPM Incurred Years





Comparing the first half of 2023 to 2024 reveals current trends in the evolving healthcare landscape. Springbuk claims data paid through August 2024 points to three key areas driving cost increases:

- 1 Rx Channel Specialty Drugs:** The specialty drug trend is not going away and is the top driver of PMPM increases. We will dive deeper into specialty drugs in the next chapter of the report, but **the top drugs driving the trend in 2024 are:**
 1. Skyrizi
 2. Dupixent
 3. Rinvoq
- 2 Surgical Procedures:** This increase is primarily driven by musculoskeletal and gastrointestinal procedures. But the story isn't about more patients seeking surgery—rather, the same procedures simply are costing more.
- 3 Medical Channel Specialty Drugs:** Similarly, specialty drug expenses continue climbing not because more patients are receiving them, but because the drugs themselves are becoming more expensive.

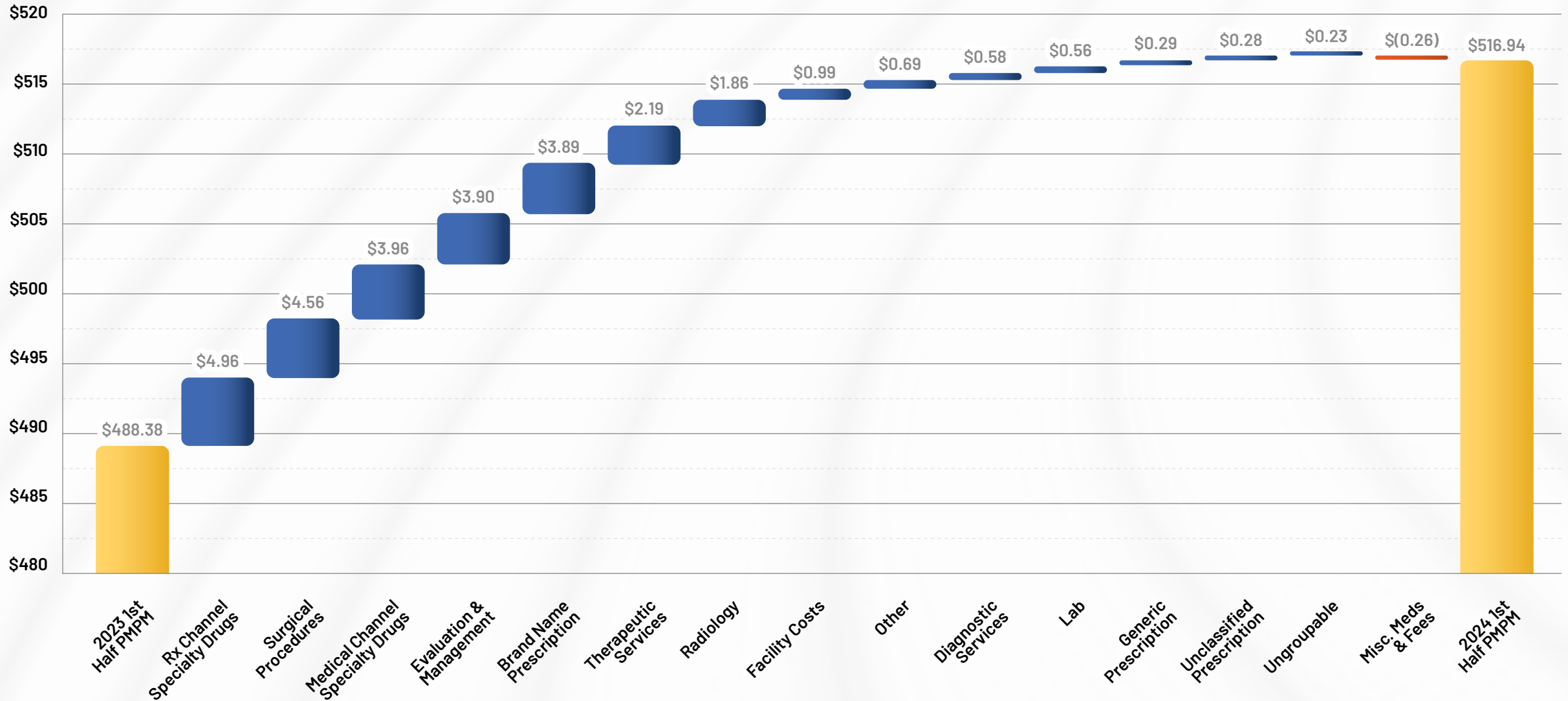


Note: See supporting graph on next page.

First Half PMPM Change by Service Classification 2023 vs. 2024 Plan Paid

Incurred 1/1 - 6/30; Paid through 8/31 each year

█ Total
 █ Increase
 █ Decrease



Employer's Roadmap: Navigating Another Year of Increasing Costs

With healthcare costs continuing to rise, employers face mounting pressure to manage their budgets effectively. Leveraging data-driven insights is critical to navigating these challenges and building proactive strategies for the future.

2023

A Year Dominated by Rx Costs

The total increase of 7.8% (\$39 PMPM) tells only part of the story:

- › Medical Spend increased by 5.6% (\$22 PMPM)
- › Rx Spend increased by 14.2% (\$17 PMPM)
- › Rx Spend increased at 2.5x the rate of medical

Within pharmacy:

- › Brand Name prescriptions responsible for 56% of the Rx increase (\$9.5 PMPM)
- › Rx Channel Specialty Drugs responsible for 43% of the Rx increase (\$7.3 PMPM)

2024

Trends Returning to Mix of Medical & Rx

While we project another 7.4% overall increase (\$41 PMPM), the underlying drivers has shifted: Top 3 areas of spend increase so far in 2024 (compared to the same time in 2023)

1. Rx Channel Specialty Drugs
2. Surgical Procedures
3. Medical Channel Specialty Drugs

The overall trend is driven more equally between Medical and Rx spend increases:

- › Medical Spend projected to increase by 7.3% (or \$30 PMPM)
- › Rx Spend projected to increase by 8% (or \$11 PMPM)

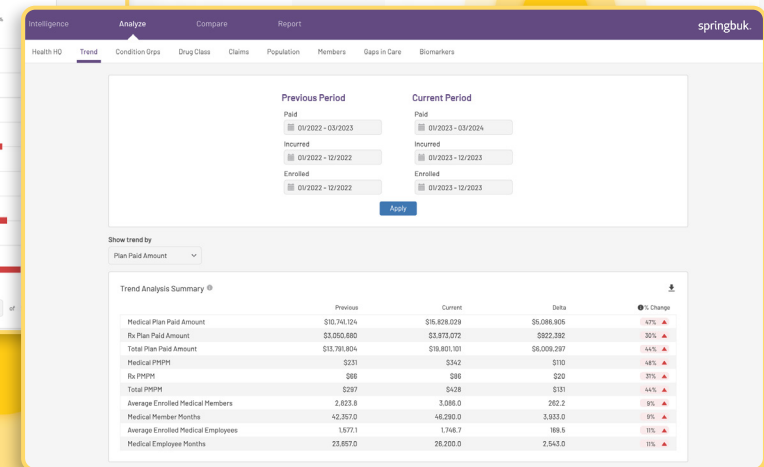
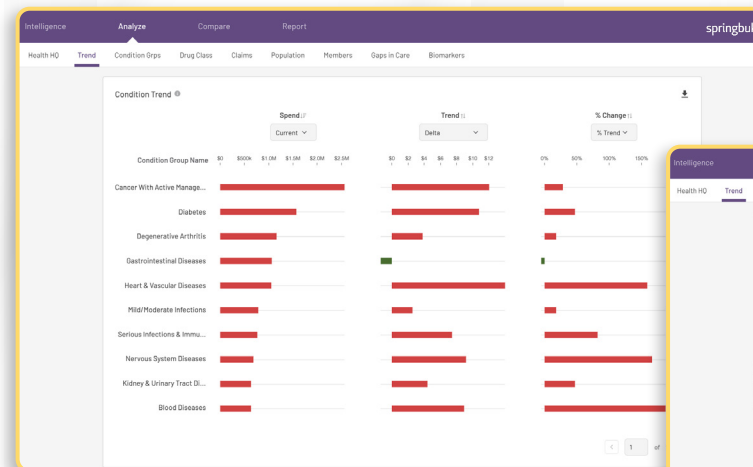
Employer's Roadmap: Navigating Another Year of Increasing Costs (Cont'd)

With shifting trends, employers may feel that they are devoting time to addressing yesterday's issues while failing to nip today's cost drivers in the bud. Information on what is happening now is critical to understand and address emerging trends driving cost.

Springbuk doesn't just track overall health cost trends; it uncovers the underlying factors driving these changes. **Starting in Q1 of 2025, new Dashlets will offer timely insights into the key contributors to rising costs, including:**

- › Specific health conditions
- › Drug categories
- › Sources of care, such as inpatient services
- › Service classes, like surgical procedures

These insights will help you stay ahead of emerging trends and make informed decisions.



CHAPTER 2

Prescription for Clarity: What Your Medical & Rx Drug Data Reveal

Each year, as benefits leaders design their annual health plans, questions quickly begin swirling in conversations:

2



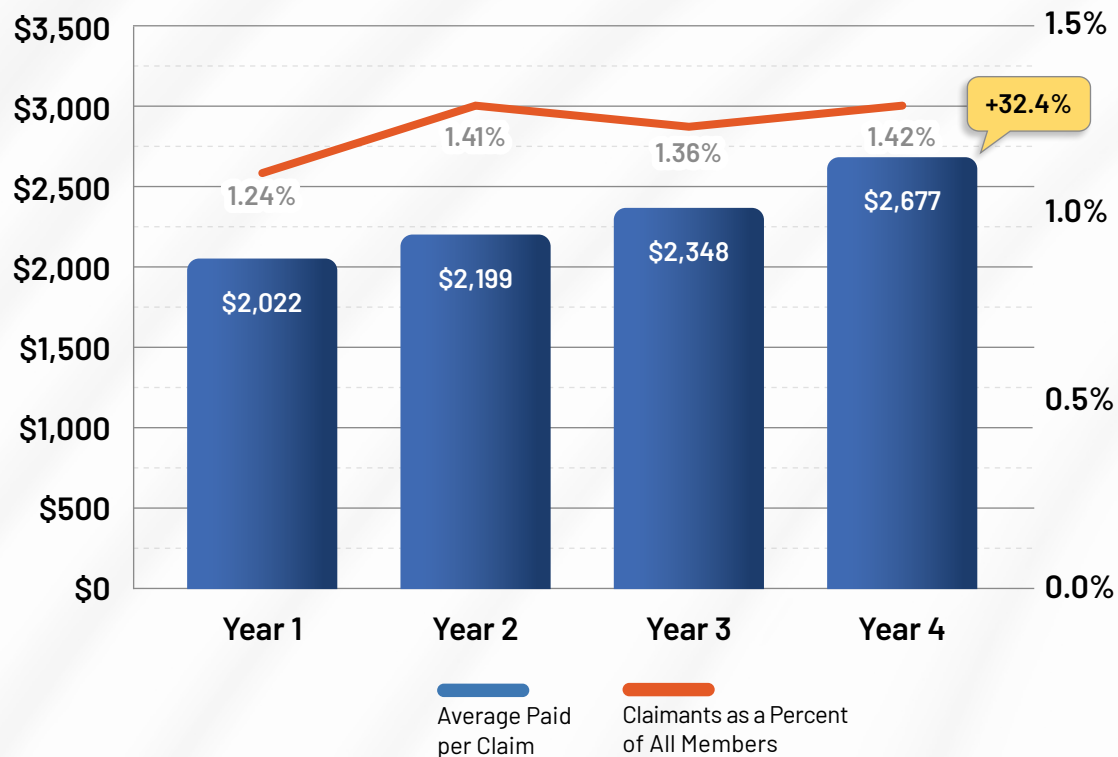
1. “How have prescription costs evolved over the last year?”
2. “Have utilization patterns shifted? What conditions are driving these changes?”
3. “How are specialty drug costs impacting our monthly spend?”
4. “Which emerging drug therapies should we evaluate for our plan design?”

Making high-stakes decisions about your organization’s biggest investment shouldn’t feel like throwing a dull dart at a distant bullseye. Yet, without data-driven insights, that’s often the reality.

To answer these critical questions and more, our team conducted a comprehensive analysis of the trends and patterns driving today’s Medical and Rx costs—from broad shifts to subtle signals that could reshape your strategy.

Medical Channel Specialty Drugs

Plan Paid per Claim vs. Claimants as Percent of All Members



Specialty Drug: One that typically has one or more of the following attributes: high cost, biologic in nature, used in the treatment of rare or complex chronic conditions, or requires special handling or administration.

Medical Channel Insights

During the initial analysis, the Springbuk team prioritized casting a wide net to uncover the diverse stories our data could reveal.

As they analyzed whether the increased specialty drug costs were due to a higher percentage of members taking these drugs or an increase in the drugs' prices, they found that most of the increase was driven by higher drug costs, **resulting in a 32.4% increase in cost per claim over the past four years.**

- Year 1:** July 2020 - June 2021
- Year 2:** July 2021 - June 2022
- Year 3:** July 2022 - June 2023
- Year 4:** July 2023 - June 2024

Scope of Analysis:

Time Frame: 4 years (July 2020 - June 2024)

Data Source: Medical and Rx claims data



To better understand the dynamics behind this surge, they zeroed in on medical channel specialty drugs spend by top condition groups.

50%

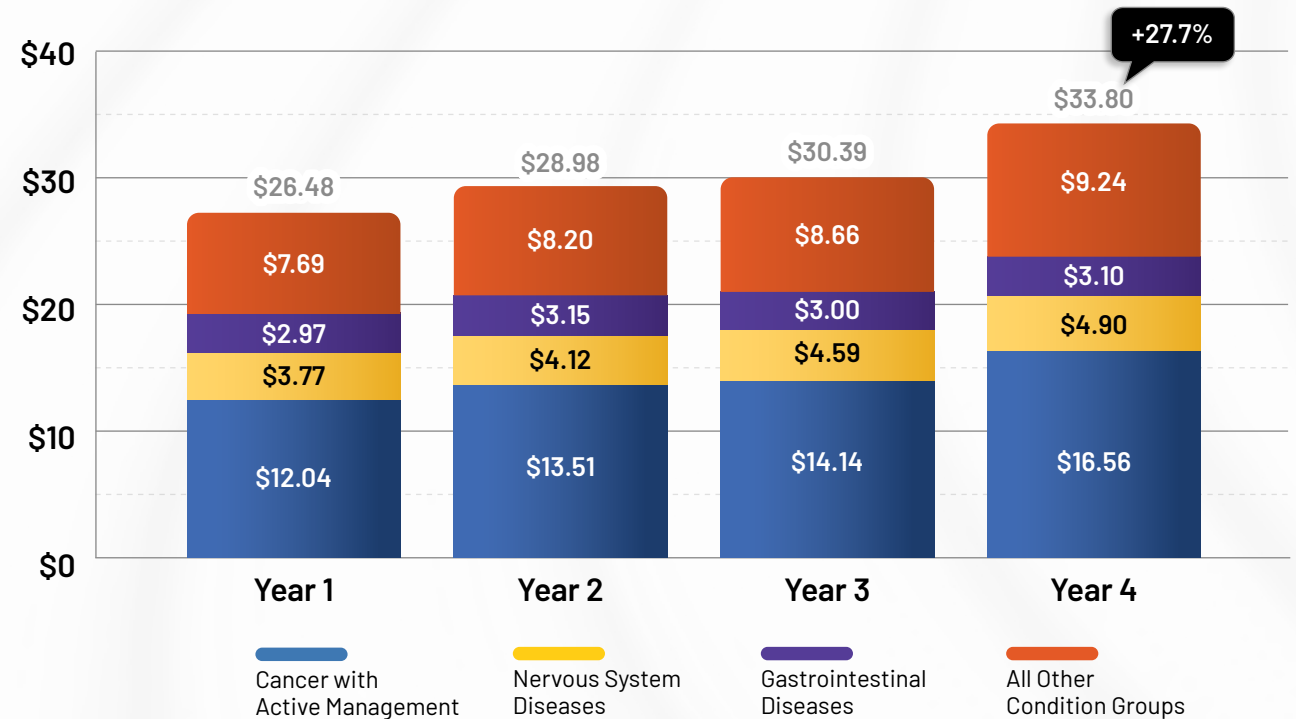
Cancer treatments dominate specialty drug spend in the medical channel, making up **nearly 50% of total costs.**

Further analysis revealed:

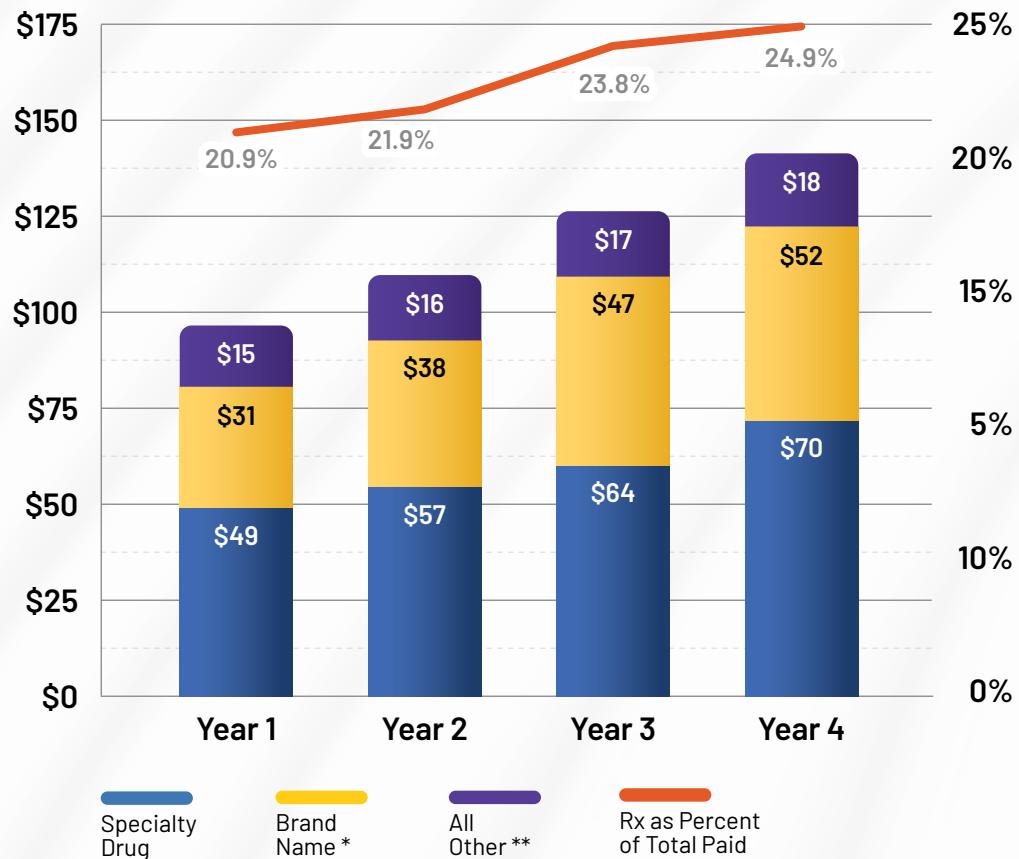
- Medical channel specialty **drug spend climbed 27.7%** over the last four years, with nearly half of this increase occurring in just the past two years
- Approximately 75%** of the medical channel specialty drug spend increases over the past two years are attributable to cancer management therapies
- Higher costs per claim** are the primary drivers of the spend surge rather than an increase in the number of claimants

Med Channel Specialty Drug Spend PMPM by Condition Group

Plan Paid



Rx PMPM by Drug Type



*Brand name drugs excluding vaccines. These are excluded due to their outsized impact on stats for utilization, cost per claimant, etc.

**Includes supplies, generic drugs and vaccines.

The Rx Channel Evolution

Despite efforts to end the ongoing battle between employers and Rx costs, there doesn't appear to be a peace treaty in sight.

In fact, [the Business Group on Health's 2025 Employer Health Care Strategy Survey](#) stated that about 76% of respondents said they are "very concerned" with Rx costs—and our data validates these concerns.

25%

Rx spending now accounts for nearly 25% of total healthcare spend. When looking at overall Rx spend, these costs are still climbing, but at a slower pace than we saw between years 2 and 3.

Startled by this insight, our team broke down key insights from over the last two years and found:

- › Overall Rx spend increased by \$11.41
- › Rx Specialty drug spend increased by \$5.26 PMPM
- › Brand Name (excluding vaccines) increased by \$4.98 PMPM



Brand Name Drug: A drug sold by a drug company under a specific name or trademark that is protected by a patent. Brand name drugs may be available by prescription or over the counter.



Question for the Expert

What's driving Rx specialty drug spend, and how is utilization shifting costs?

“Rx specialty drug data indicated that the 2.1% of members taking specialty drugs account for about 50% of total drug cost. Over the last four years, most of the specialty drug spend growth is due to an increase in the percent of members taking at least one of these drugs (26% increase) and to a lesser degree, an increase in cost per script (5% increase).”



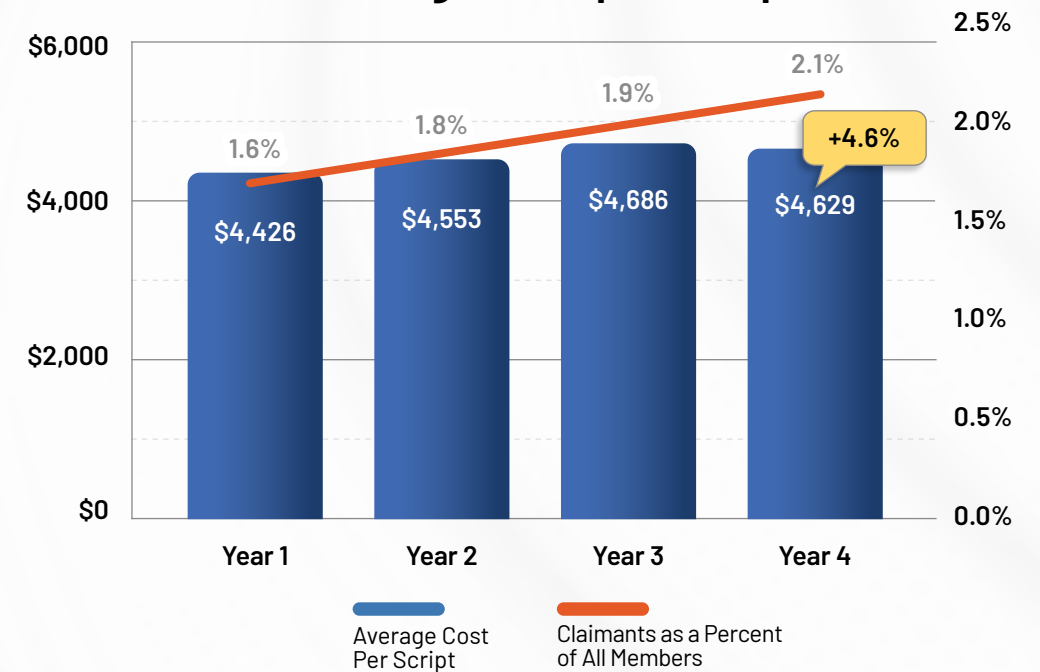
Janet Young, M.D.,
Clinical Analytics Advisor

Understanding the Cost Drivers: A Deeper Look

The traditional narrative around high Rx spend has focused on increasing drug costs. But our analysis reveals a more complex picture that includes both price and utilization. **Reasons for the increase in members taking these drugs could include:**

- › A higher prevalence of autoimmune/inflammatory conditions
- › New indications not previously treated by specialty drugs
- › Providers becoming more comfortable prescribing
- › Growing patient demand due to increased awareness related to drug advertising

Rx Channel Specialty Drug Utilization & Average Cost per Script



Brand Name Drugs: Cost Per Script Drives Spending Growth

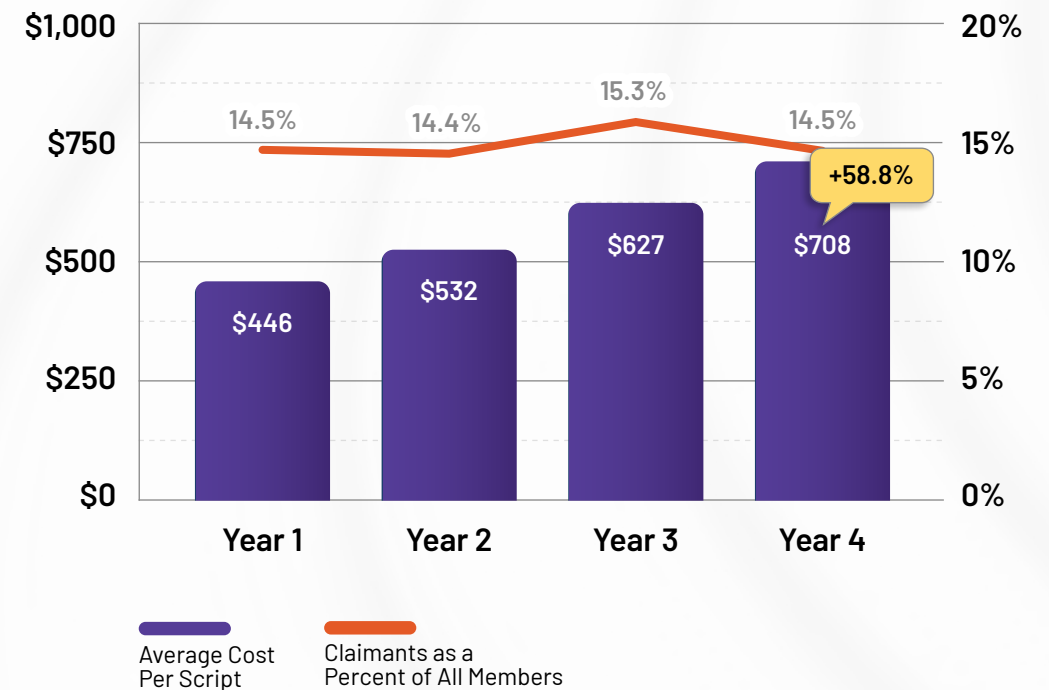
In contrast to specialty drugs, brand name drug utilization shows a different pattern.

59% Brand name drug spend has surged over the last four years, **driven primarily by a 59% increase in cost per claim.** Member utilization rates have held steady during this period.

Note: An increase in cost per script likely reflects a change in the drug mix (e.g., the use of more costly brand name drugs like GLP-1 agonists) and increased drug prices. GLP-1 agonists are classified as brand name drugs throughout our analyses.

Brand Name Drug Utilization & Average Cost per Script

Excluding Vaccines



Condition-Specific Impact: The Deeper Trends at Play

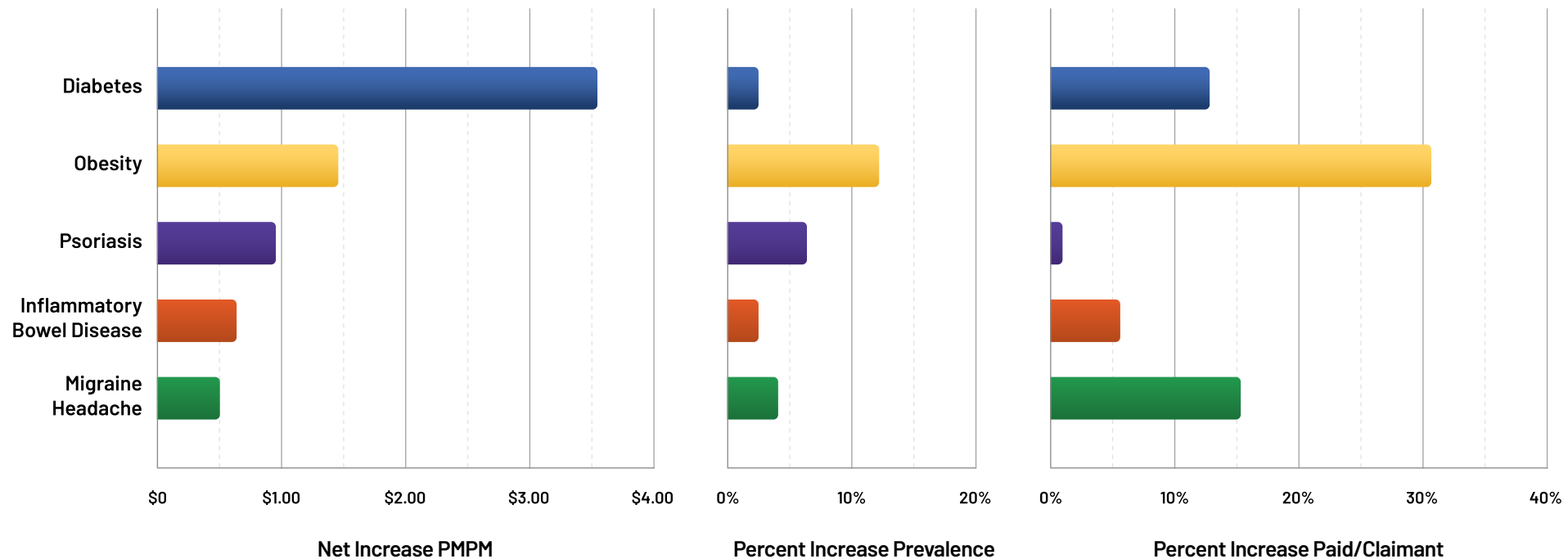
In the last two years, five conditions are responsible for about 2/3 of the increase in Rx PMPM. These include: Diabetes, Obesity, Psoriasis, Inflammatory Bowel Disease, and Migraine Headache.

Each condition tells its own story:

- › With the exception of psoriasis, this overall increase is mainly due to the increased paid per claimant, suggesting a more costly mix of treatments
- › Diabetes and obesity increases are largely driven by GLP-1 Agonists
- › Inflammatory Bowel Disease and Psoriasis: Newer drugs like Rinvoq and Skyrizi may be displacing less expensive drugs
- › Migraine Headache: Driven by drugs like Nurtec ODT, Ubrovelvy, Qulipta
- › Increased prevalence is also a factor, particularly for obesity

Top Conditions Based on Net Change Rx PMPM

July 2023 - June 2024 Compared to July 2022 - June 2023



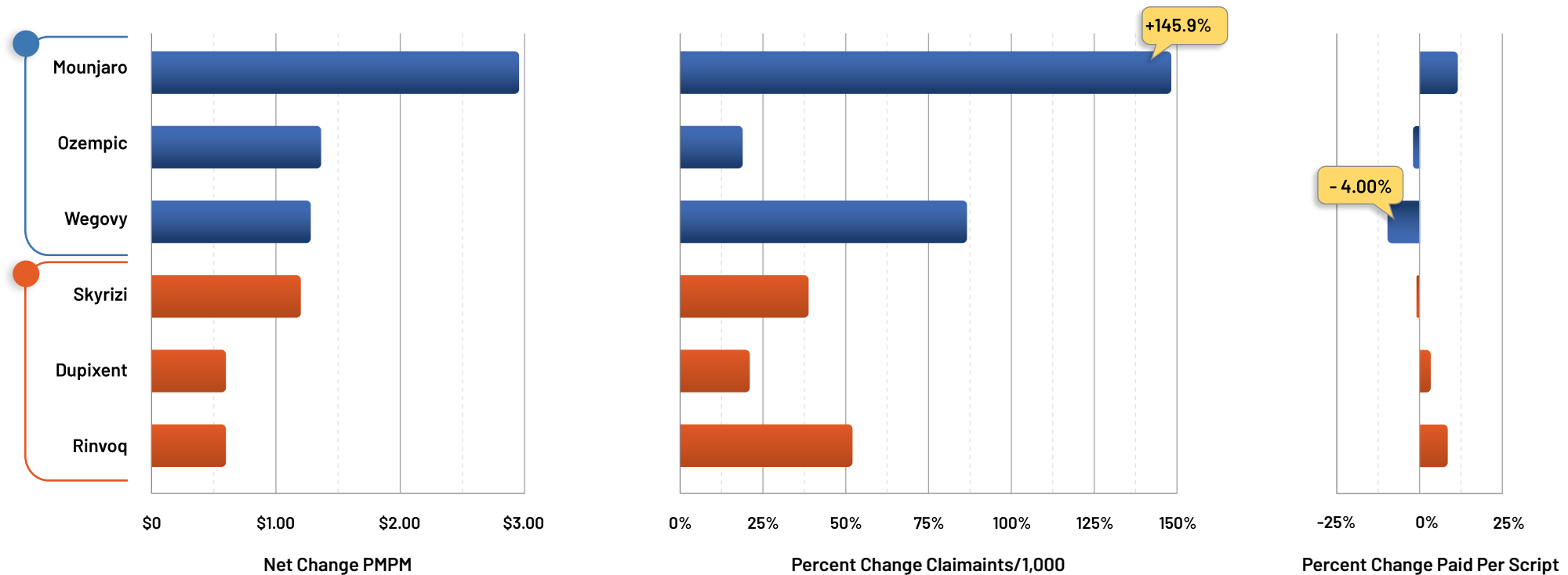


Following the Dollars: A Deeper Look at Prescribing Patterns

As we continued to connect the dots, our analysis revealed an important link: **the PMPM surge isn't about rising drug prices—it's about a fundamental shift in prescribing patterns**, with a remarkable increase in members now receiving GLP-1 agonists or one of several costly drugs used in management of inflammatory conditions.

Top Drugs Based on Net Change Rx PMPM

July 2023 - June 2024 Compared to July 2022 - June 2023



The top 3 drugs are GLP-1 Agonists used in treatment of diabetes and/or obesity.

The next 3 drugs are used in treating inflammatory conditions, such as psoriasis, inflammatory bowel disease, and eczema.




Exploring the Growth & Impact of Specialty Medications in Chronic Conditions

The expansion of indications for specialty drugs like Dupixent, Rinvoq, and Skyrizi reveals a complex narrative: while these medications open new treatment pathways for members with complex and chronic conditions, they also drive increased healthcare costs when used for conditions where less expensive drugs or biosimilars are available.

The timeline on the following page illustrates how these innovative therapies have evolved, offering hope and improved outcomes while highlighting the need for thoughtful cost management across an expanding range of conditions.

- › **Dupixent** has shown significant growth in pediatric indications and complex conditions like COPD and eosinophilic esophagitis
- › **Rinvoq and Skyrizi** are expanding in immunology, covering conditions like Crohn's disease, ulcerative colitis, and various forms of arthritis

 Note: See supporting chart on next page.

Expansion of Indications Contribute to Increased Utilization Over Time for Dupixent, Skyrizi, and Rinvoq

| | Pre 2020 | 2020 | 2021 | 2022 | 2023 | 2024 |
|----------|---|--|---|--|---|--|
| Dupixent | <ul style="list-style-type: none"> Eczema, Ages 12 and over Asthma, Ages 12 and over Rhinosinusitis with Nasal Polyposis, Adults | <ul style="list-style-type: none"> Eczema, Age 6 - 11 | <ul style="list-style-type: none"> Asthma, Age 6 - 11 | <ul style="list-style-type: none"> Eosinophilic Esophagitis, Ages 12+ Eczema Ages 6 mos - 5 years Prurigo Nodularis, Adults | | <ul style="list-style-type: none"> Eosinophilic Esophagitis, Ages 1 - 11 Chronic Rhinosinusitis with Nasal Polyps, Ages 12 - 17 COPD, Adults (9/24) |
| Rinvoq | <ul style="list-style-type: none"> Rheumatoid Arthritis, Adults | | <ul style="list-style-type: none"> Psoriatic Arthritis, Adults | <ul style="list-style-type: none"> Eczema, Ages 12 and over Ulcerative Colitis, Adults Ankylosing Spondylitis, Adults | <ul style="list-style-type: none"> Crohn's Disease, Adults | <ul style="list-style-type: none"> Psoriatic Arthritis, Ages 2 - 17 Active Polyarticular Juvenile Idiopathic Arthritis, Ages 2+ |
| Skyrizi | <ul style="list-style-type: none"> Plaque Psoriasis | | | <ul style="list-style-type: none"> Psoriatic Arthritis, Adults Crohn's Disease | | <ul style="list-style-type: none"> Ulcerative Colitis |

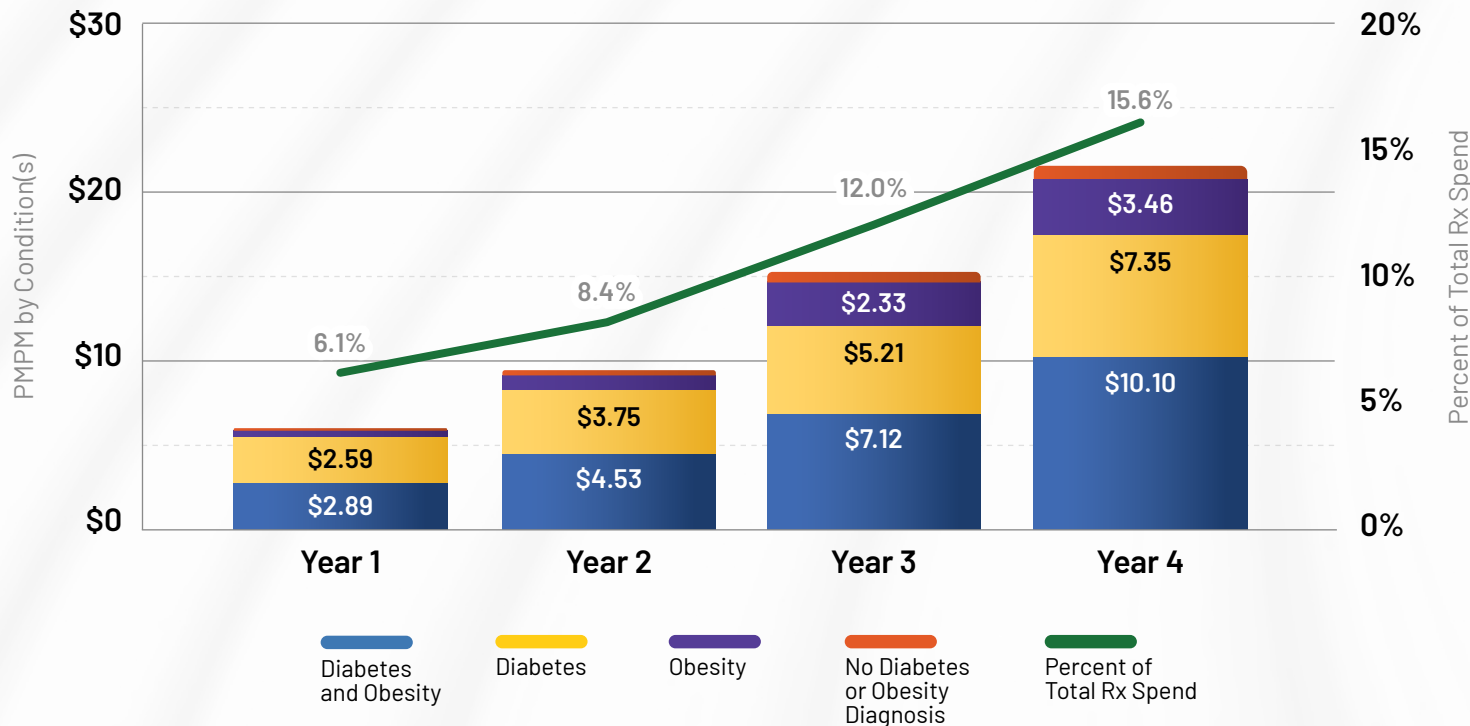


The GLP-1 Revolution: A Case Study in Drug Evolution

The rise of GLP-1 agonists represents more than just another drug trend—it marks a paradigm shift in how we treat chronic conditions and highlights the growing intersection between different therapeutic areas.

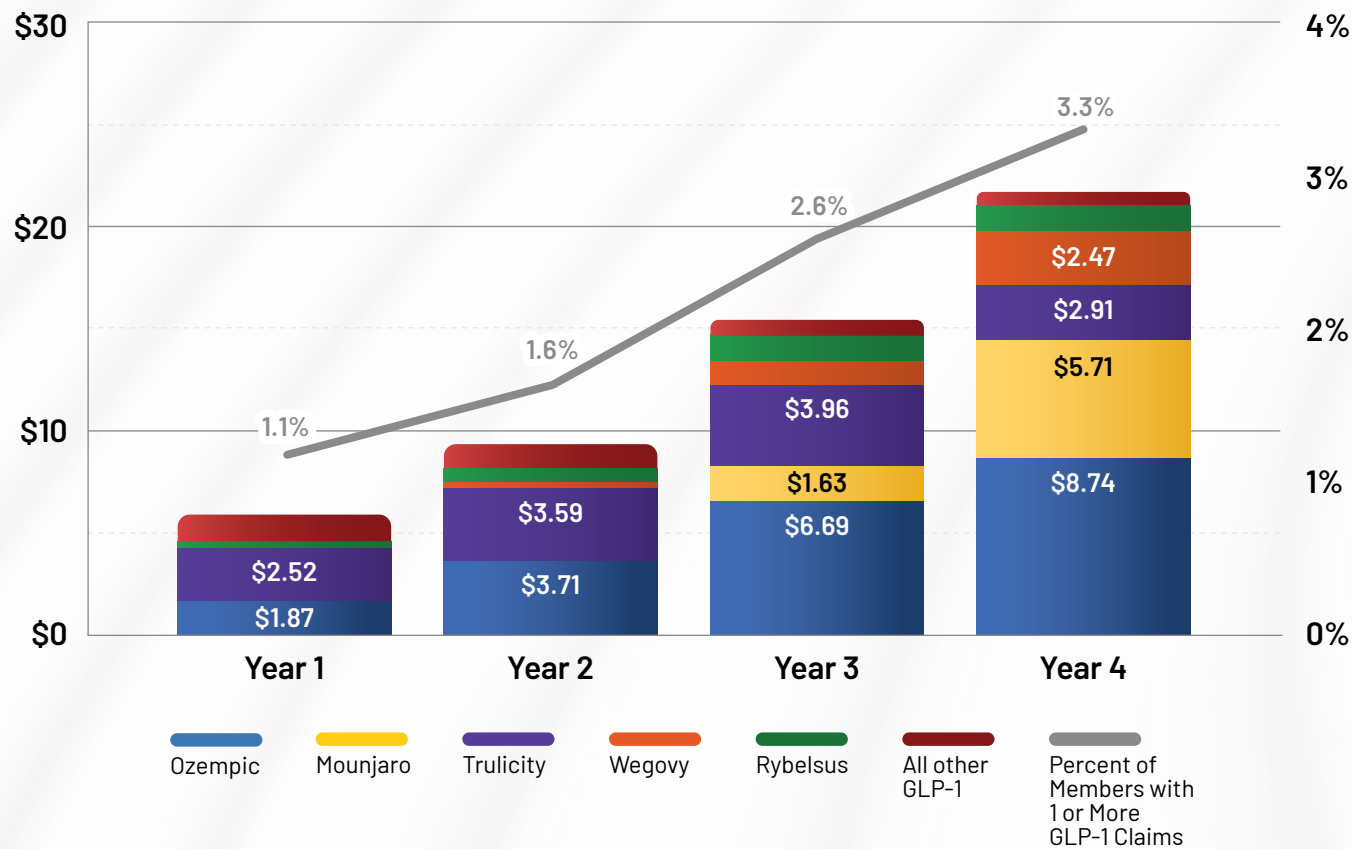
While media coverage often focuses on weight loss treatment, **our data reveals that most spending on these drugs continues to be driven by members with diabetes.**

GLP-1 Agonist PMPM Attributable to Conditions vs. Percent of Total Rx Spend



PMPM for GLP-1 agonists rose close to 42% (\$6.41) in the last two years, and a whopping 272% (\$15.89) in the last four years. GLP-1 agonists now account for close to 16% of all Rx drug spending.

GLP-1 Agonist PMPM by Brand Name vs. Percentage of Members with One or More GLP-1 Claims



Key Players in the Market

Different conditions and drugs are shaping this trend:

- Diabetes Management:** Ozempic and Mounjaro, drugs that are indicated in diabetes treatment, have seen the greatest growth based on PMPM
- Obesity Treatment:** Wegovy, a drug used for obesity, has shown momentum in the weight management space
- Zepbound** was not approved until year 4, so the impact will be clearer in the next year



In the most recent year, just over 3% of members had claims for GLP-1 agonists.



Each additional 1% of members receiving a GLP-1 agonist would result in about a \$6.50 increase in Rx PMPM.



Question for the Expert

What percent of members use GLP-1 agonists?

“Slightly over 3% of members had claims for GLP-1 agonists in the last year. This included about 40% of members with type 2 diabetes and 16% of members with obesity.”



Janet Young, M.D.,
Clinical Analytics Advisor



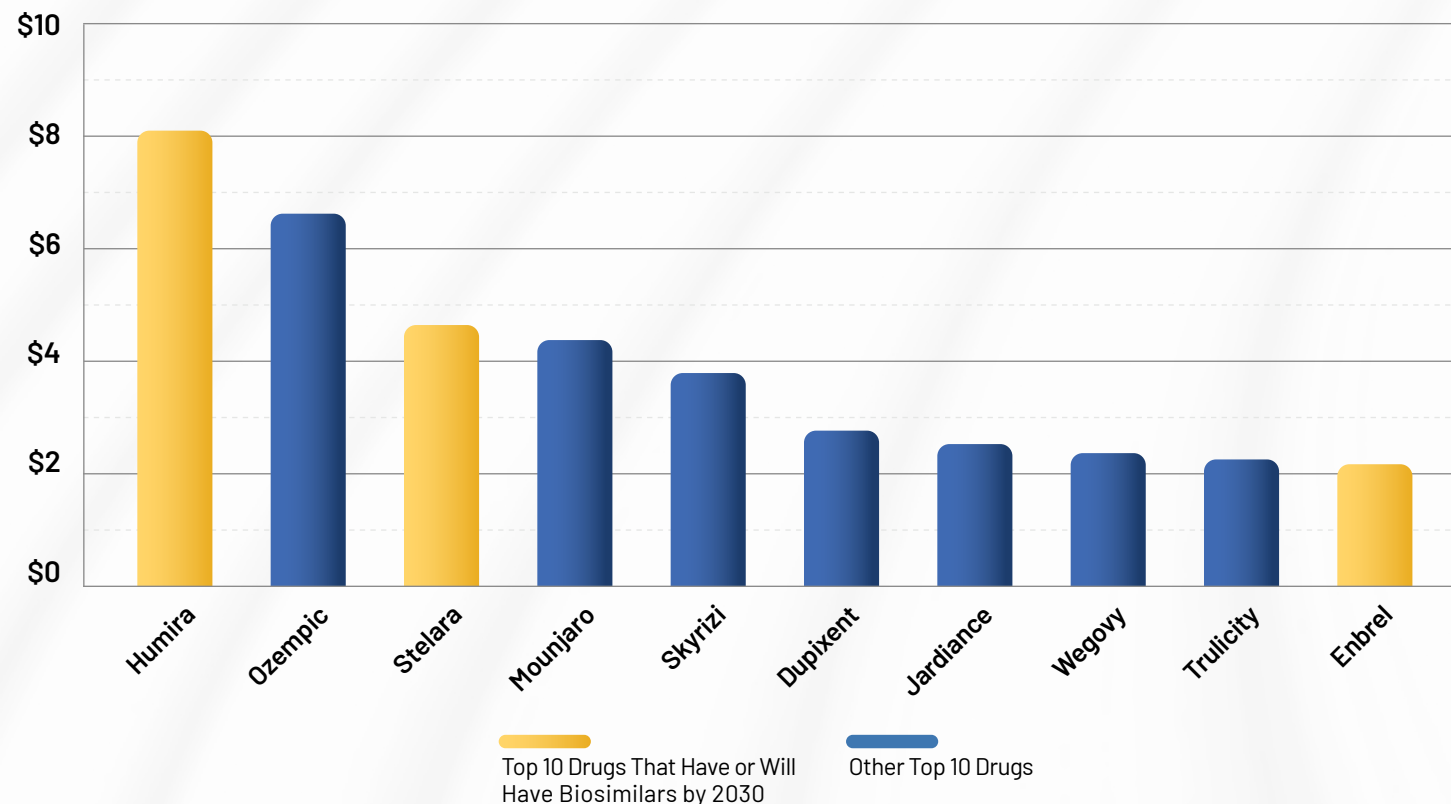


Looking Ahead: The Biosimilar Opportunity

As the market continues to watch GLP-1 costs climb, **biosimilars are emerging as a potential cost-saving opportunity in the specialty drug landscape.** However, incorporating them requires careful planning and strategy.

Top Rx Channel Drugs by PMPM

July 2023 - June 2024



Among the top 10 drugs driving drug costs, three drugs have or will have biosimilars within the next few years.

- Humira biosimilars were launched in 2023
- At least seven biosimilars for Stelara are expected to launch in 2025, with the first one expected to launch in January
- In addition to Stelara, other biosimilars expected to launch in 2025 include biosimilars for Prolia/Xgeva and Soliris
- Biosimilars for Enbrel are expected to launch in 2029

Biosimilars are drugs that are very similar to and equally effective as the original biologic drug, and are generally offered at a lower list price.

Launch of at Least 7 Stelara Biosimilars in Early 2025

1. Wezlana (Jan 1, 2025)
2. Selarsdi (Feb 21, 2025)
3. Pyzchiva (Feb 22, 2025)
4. Otulfi (Feb 22, 2025)
5. Imuldosa (Feb 22, 2025)
6. Steqeyma (Feb, 2025)
7. Yesintek (May 15, 2025)

› **Optum Rx:** Wezlana, an interchangeable biosimilar to Stelara to be offered as a Nuvaila private label product, at parity with Stelara; A \$0 copay assistance program will be available

› **Express Scripts:** An interchangeable biosimilar of Stelara will be offered by private label Quallent with a \$0 copay assistance program



Question for the Expert

What conditions have the potential to be impacted by these biosimilars?

“Top conditions treated by Humira, Stelara, Enbrel, and their biosimilars include Inflammatory Bowel Disease, Psoriasis, and Adult Rheumatoid Arthritis.”



Janet Young, M.D.,
Clinical Analytics Advisor



As biosimilar options expand, we can use the various Humira biosimilars utilization data as a framework to gain insights on how Stelara biosimilars may impact cost over the next year.

Despite the availability of lower-cost Humira alternatives since 2023, market dynamics have proven complex. Even with these biosimilars available, **Humira continues to lead the market**—revealing how drug pricing and market control really work.

- › About 85% of members taking Humira use high concentration (40mg/.4 ml)
- › Very little utilization of high concentration Humira biosimilars occurred in the 6 months following their launch, despite some being available at 85% less than Humira’s list price

Humira stays on top because of AbbVie’s incentives:

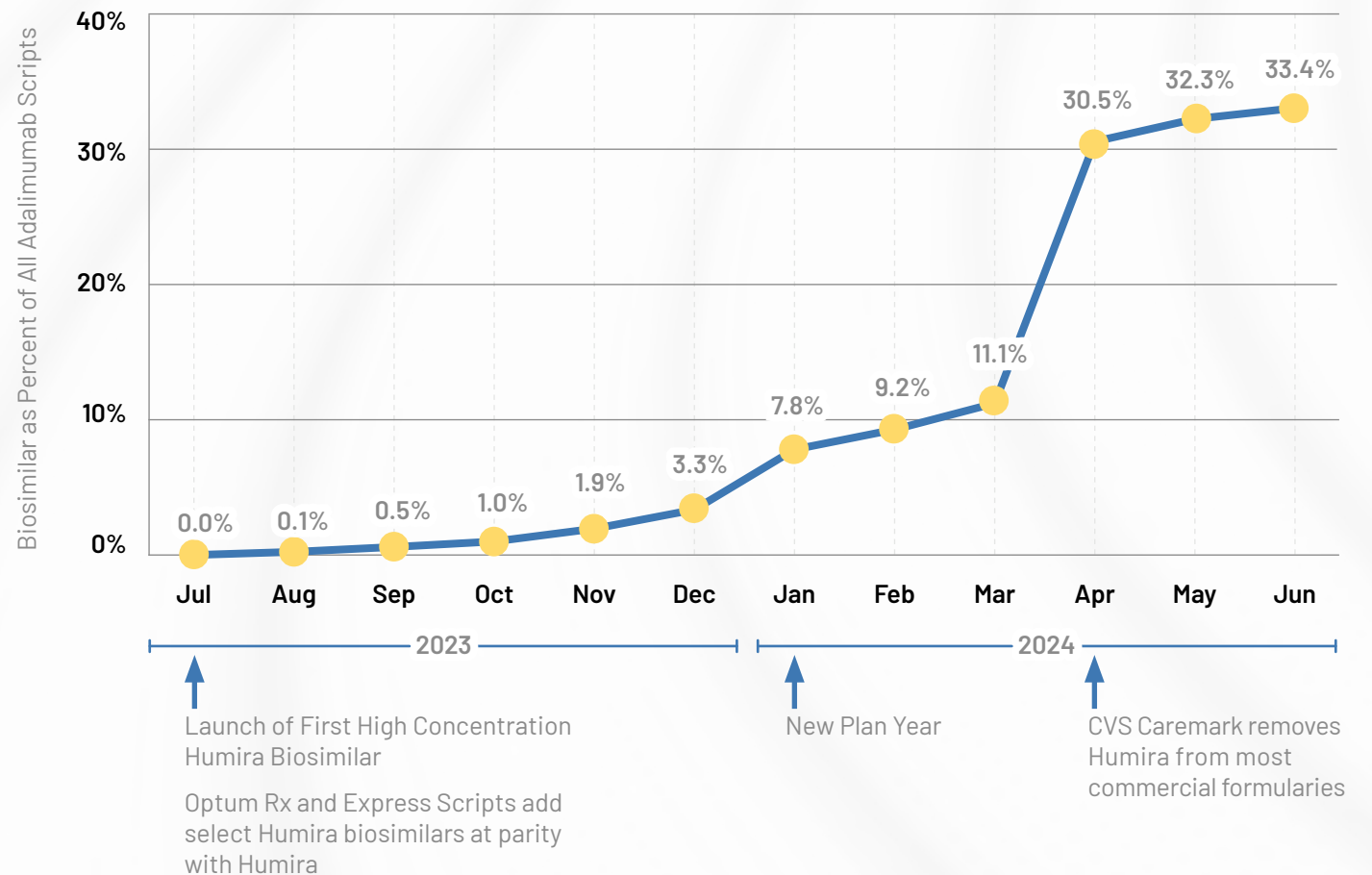
- › Estimated rebate offers Humira 40-60% off list price
- › Many patients pay \$0 out-of-pocket, so they have no reason to switch
- › The big rebates often help keep total plan costs down



Significant uptake of Humira biosimilars did not occur until CVS Caremark removed Humira from most commercial formularies.

Update of Humira (adalimumab) Biosimilar High Concentration (40mg/0.4 ml)

July 2023 - June 2024



Employer's Roadmap: What to Expect in 2025

- › Increased uptake of Humira biosimilars
 - › Express Scripts is removing Humira from its largest commercial formularies in 2025 in favor of biosimilars
 - › 1/1/25 - new users
 - › 7/1/25 - all users
 - › Optum Rx will exclude Humira in favor of biosimilars in individuals new to this therapy. It will not require those already taking Humira to switch. Optum Rx has contracted with Amgen to private label the Amjevita/adalimumab product as Nuvaila
- › Express Scripts, Optum Rx, CVS all have agreements to co-produce or co-brand biosimilars with manufacturers
 - › Express Scripts: Quallent
 - › CVS Health: Cordavis
 - › Optum Rx: Nuvaila
- › Payer formulary decisions will impact uptake rate of newly launched Stelara biosimilars and related savings
- › We are likely to continue to see increased utilization of GLP-1 agonists in untreated members with qualifying conditions and potentially for new indications under investigation as studies support more indications for these drugs
- › Newer specialty drugs will continue to drive up costs due to expansion of indications, patient demand, and provider comfort in prescribing these drugs

Employer's Roadmap: Recommendations for 2025

› Preventive Health Initiatives

- › Implement comprehensive wellness programs targeting root causes of chronic conditions
- › Develop nutrition education and healthy eating programs
- › Create physical activity incentives and workplace fitness opportunities
- › Establish smoking cessation programs with support resources
- › Launch weight management initiatives with personalized coaching

› Pharmacy Cost Management

- › Educate members about biosimilars and generic medications through targeted communications
- › Implement step therapy and prior authorization protocols
- › Structure formularies to incentivize cost-effective medication choices
- › Review PBM contracts for favorable terms and transparency
- › Develop specific strategies for managing GLP-1 agonist prescriptions and costs

› Member Education and Support

- › Create comprehensive education campaigns about generic medications and biosimilars
- › Provide resources for understanding medication options and effectiveness
- › Develop clear communication about formulary structure and preferred medications
- › Offer support services for medication adherence and management

Story Frame Up: Social Vulnerability Index

The next chapter builds on an important foundation: individual and population health outcomes extend far beyond medical intervention, with barriers to improvement often residing in unexpected areas. While medical care influences about 20% of overall health, the remainder is driven largely by other external factors, such as **Social Determinants of Health (SDoH)**. These environmental conditions—where people are born, live, work, and age—profoundly shape health and quality of life.



Simply put, **Social Determinants of Health (SDoH)** are the nonmedical factors that influence health outcomes. These factors can result in health inequities and disparities.



At the core, Social Determinants of Health (SDoH) are about improving the underlying social and economic conditions within communities to improve health for all. **They generally fall into one of five overarching categories:**



Social and Community Context
(demographics, culture)



Economic Stability
(employment, income level)



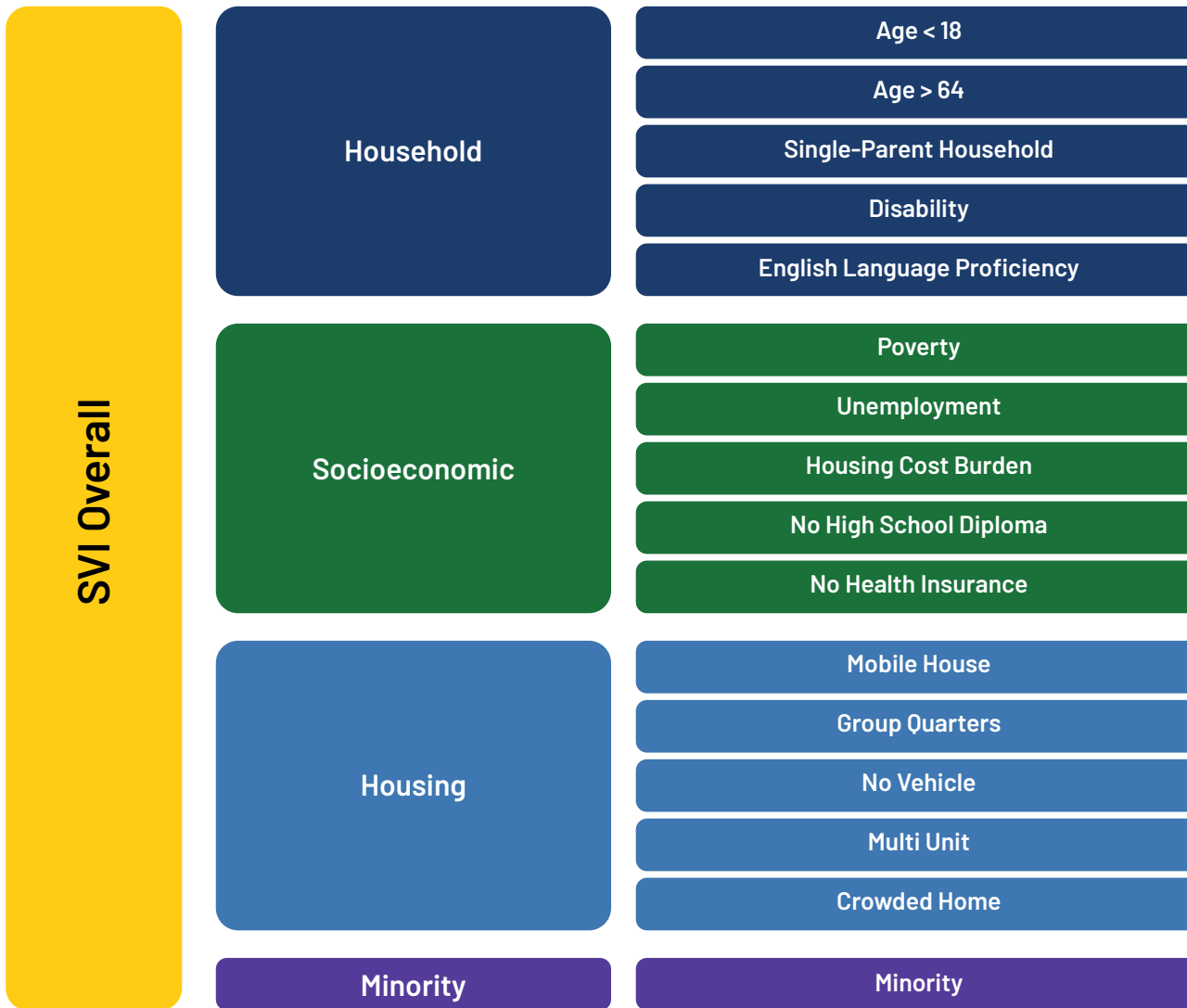
Education Access and Quality



Healthcare Context (health behaviors, health status, access to care, insurance status, mortality rate)



Neighborhood and Physical Environment Factors (housing, transportation, environment, crime, food access)



Integrating Social Factors into Health Insights

Springbuk integrates Social Determinants of Health (SDoH) data from the Centers for Disease Control and Prevention (CDC), including the Social Vulnerability Index (SVI), which is available as a filtering option throughout the Springbuk platform.

The CDC Social Vulnerability Index (SVI) groups 16 U.S. census variables into four categories related to social vulnerability, including:

1. Socioeconomic Status
2. Household Characteristics
3. Racial and Ethnic Minority Status
4. Housing Type and Transportation

Each of the four categories is weighted equally to determine an overall score, which is reported as a percentile ranking for each census tract. **For example, a census tract with an overall score of 35 means that 35% of all U.S. census tracts have less social vulnerability, and 65% have greater social vulnerability.**

Springbuk categorizes social vulnerability into five categories as follows:

1. Lowest social vulnerability: 0 - 20
2. Low social vulnerability: 21 - 40
3. Medium social vulnerability: 41 - 60
4. Medium-High social vulnerability: 61 - 80
5. High social vulnerability: 81 - 100



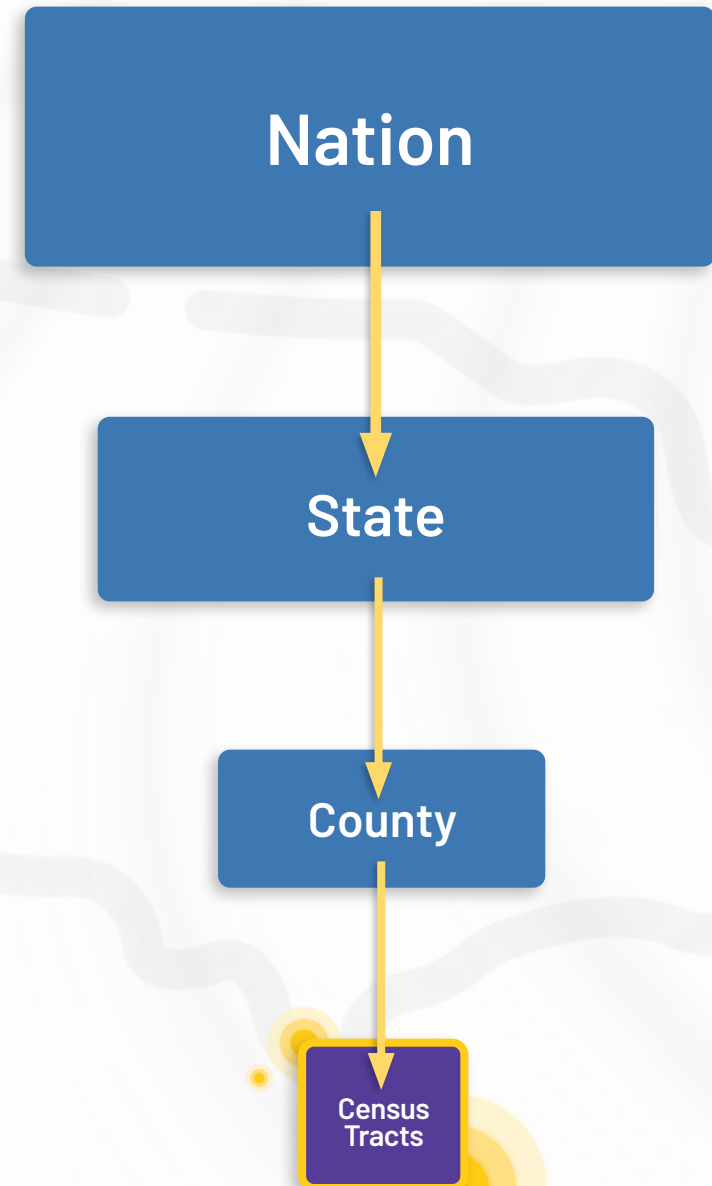
Question for the Expert

How do we measure social vulnerability for individual members of our population?

“Social vulnerability at the member level is determined by mapping each member’s address to their census tract, using geocoding. The score assigned to the member represents the social vulnerability of the community in which the member lives. All members within the same census tract have the same social vulnerability index.”



Chris Gagen
Sr. Director, Solution Management



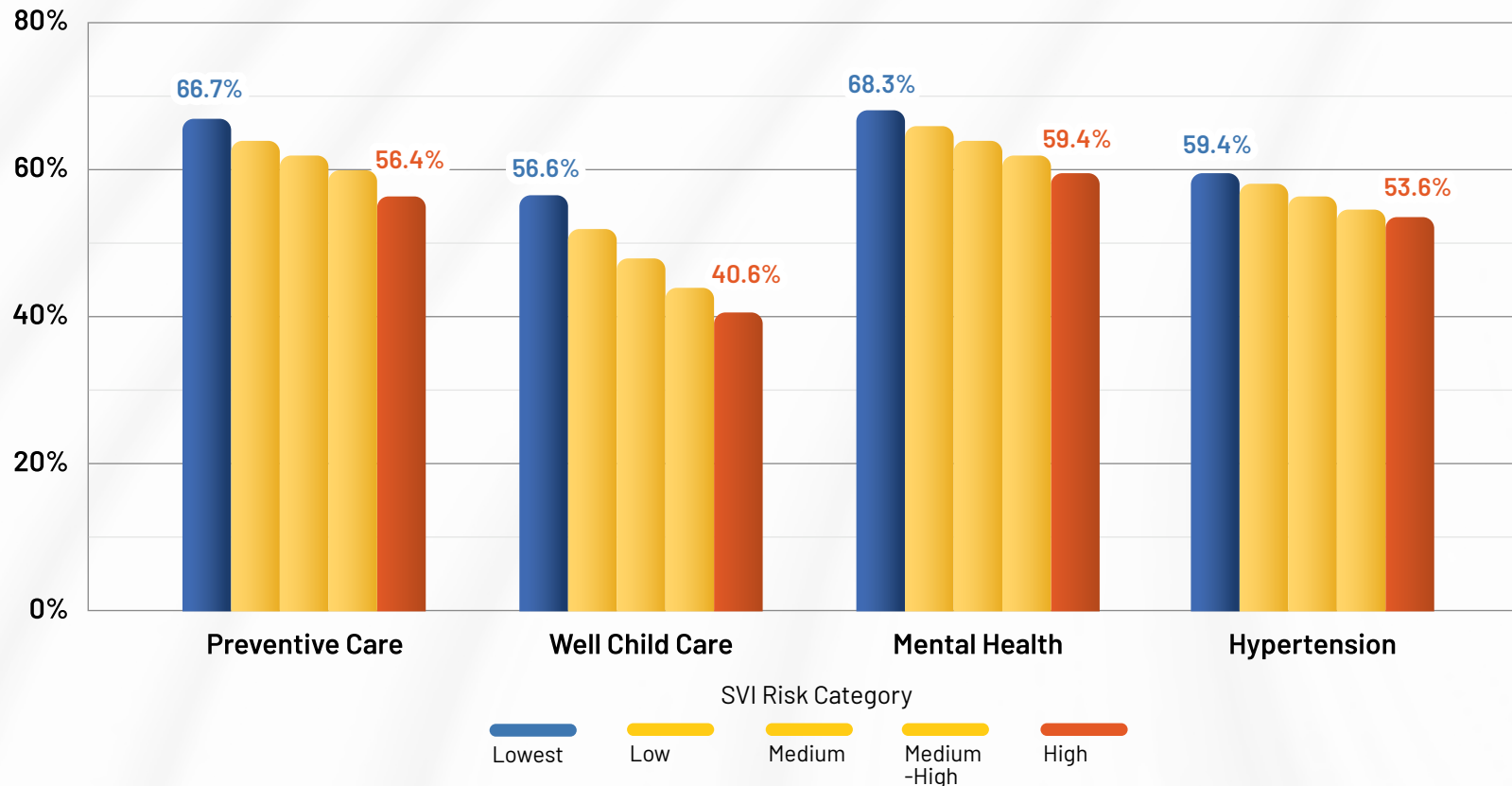


Health Equity in Action: How Social Vulnerability Impacts Compliance

Gaps in Care compliance is extremely important to measure as closing these gaps generally leads to improved patient health, reduced risk of complications, and therefore lower healthcare costs for more expensive treatments in the future.

There are notable differences in compliance rates based on where a person lives, potentially increasing the risk for those most vulnerable populations.

2023 Gaps in Care Compliance Rates by SVI Risk Category



Within the Springbuk Book of Business, we find members with the highest risk of social vulnerability have significantly lower compliance rates than those with the lowest risk, and there is often a step-down pattern for risk groups in between. We see this in preventive gaps - such as Preventive Care and Well Child Care - as well as chronic gaps such as Mental Health and Hypertension.

ER Utilization Spikes Among High-Risk Populations, Revealing Key Trends

In addition to compliance rates, there is often variability within key utilization measures between the highest and lowest vulnerability populations.

For example:

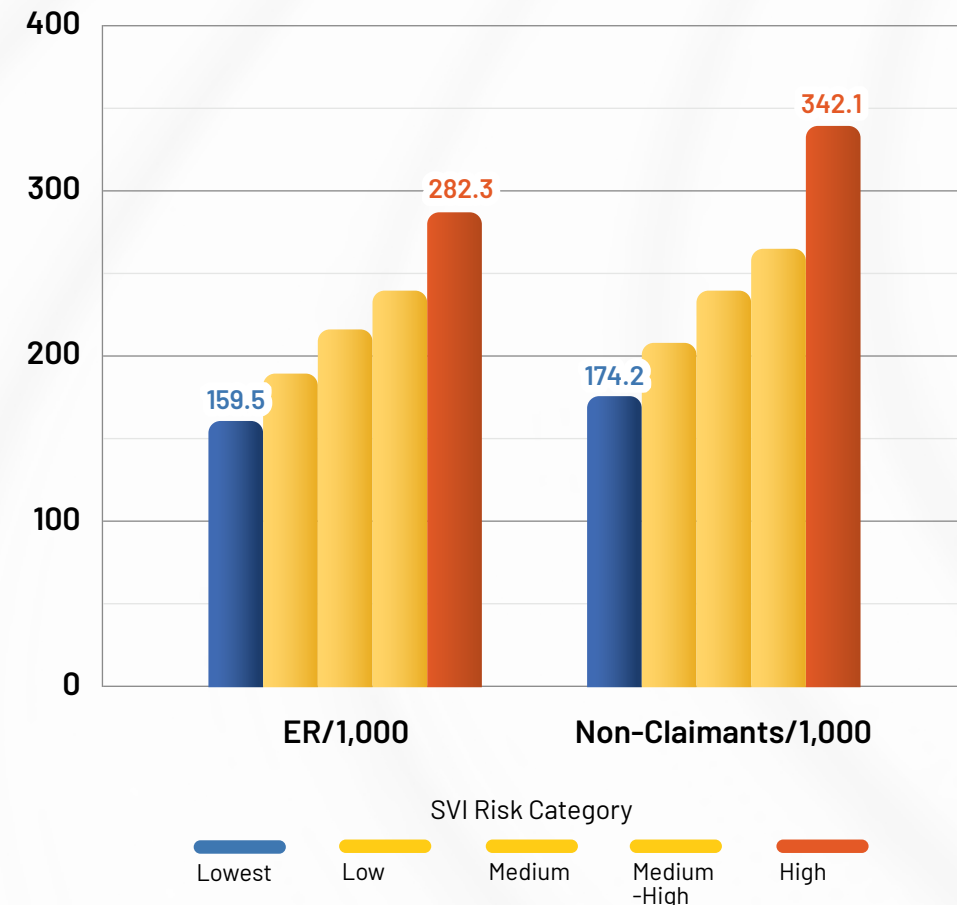
- › The Emergency Room utilization rate per 1,000 members is **77% higher in the highest-risk population** vs. the lowest (282.3 vs. 159.5)
- › Non-Claimants per 1,000 in the group with the highest social vulnerability risk is **almost twice that of the lowest (342.1 vs. 174.2)**



The high non-utilizer rate is another indicator that the most vulnerable populations are not engaging in basic preventive services **which could lead to high risk and costly future claims.**

Additionally, we find that the **future risk of avoidable ER visits is almost 20% higher for those in the highest-risk group** compared to the lowest.

2023 ER Utilization & Non-Claimant Rates by Overall SVI Risk Category



Story Snapshot: Top Conditions Driving Cost Increases

The top five condition groups in terms of Plan Paid Amount PMPM (Medical and Rx) are:

1. Cancer with active management (\$54.0)
2. Diabetes (\$32.7)
3. Gastrointestinal diseases (\$31.7)
4. Degenerative arthritis (\$30.0)
5. Nervous system disease (\$27.0)

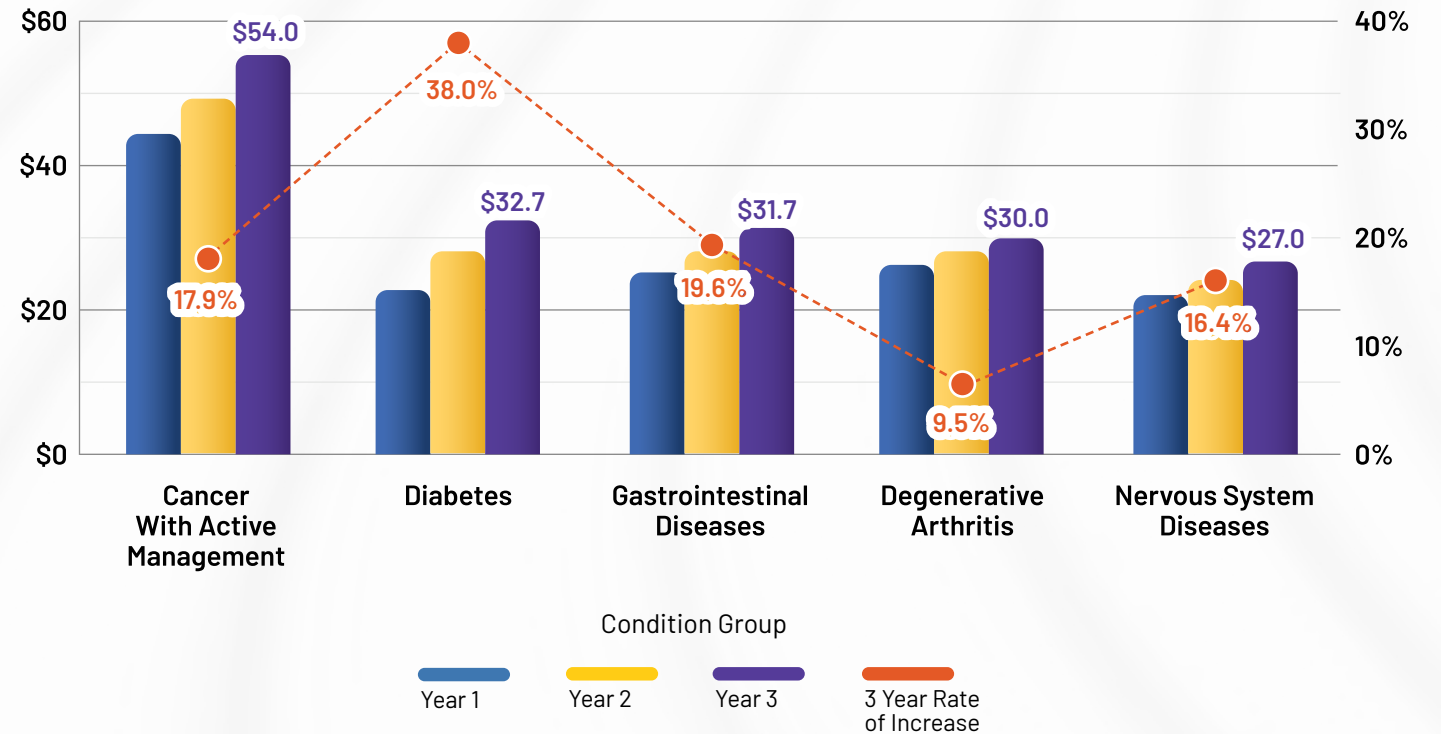
Of the current top five cost drivers:

- › Diabetes spend has increased at the fastest rate over the last three years - up an incredible 38%
- › Diabetes spend is increasing almost twice as fast as the next highest condition
- › The second fastest-growing cost driver is gastrointestinal diseases at 19.6%



The following section examines these conditions in detail, exploring their rising impact and relationship to social vulnerability factors. Links are placed throughout for you to come back to this information if needed.

Top 5 Condition Groups by PMPM Over Time with 3 Year Rate of Increase



Year 1: July 2021 - June 2022; Paid through 8/2022
Year 2: July 2022 - June 2023; Paid through 8/2023
Year 3: July 2023 - June 2024; Paid through 8/2024



CHAPTER 3

The Diabetes Dilemma

“Something’s different about diabetes this year.”

This comment surfaced repeatedly during our analysis.

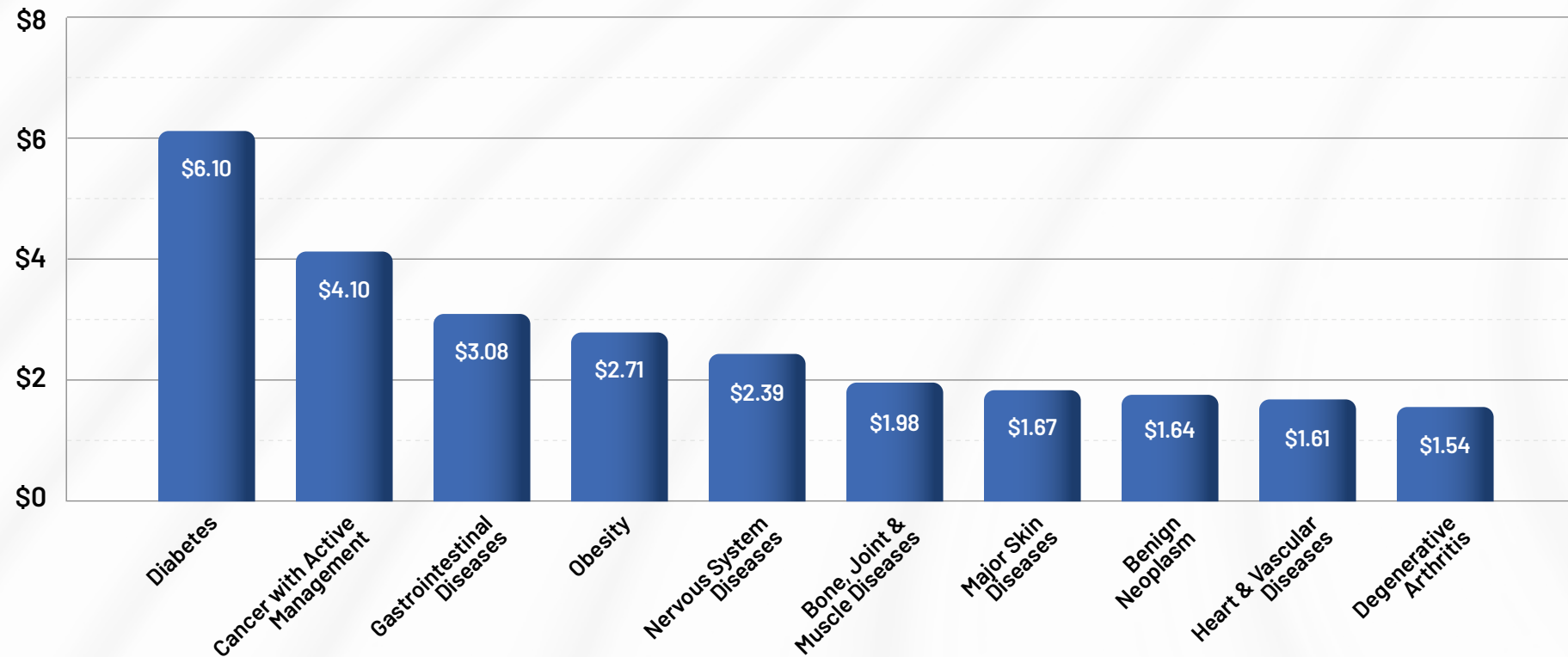
While we may expect conditions like cancer or musculoskeletal to dominate costs, **diabetes emerged as the surprising leader in PMPM growth between 2022 and 2023.** Knowing the constant tug-of-war employers play with high-cost claims, our team saw this as an opportunity to go beyond the surface-level ‘what’ to understand the comprehensive ‘why.’



This chapter explores the drivers behind rising costs, increasing prevalence, and the evolving treatment landscape of diabetes.

PMPM Increase CY2022 to CY2023

Top 10 Condition Groups

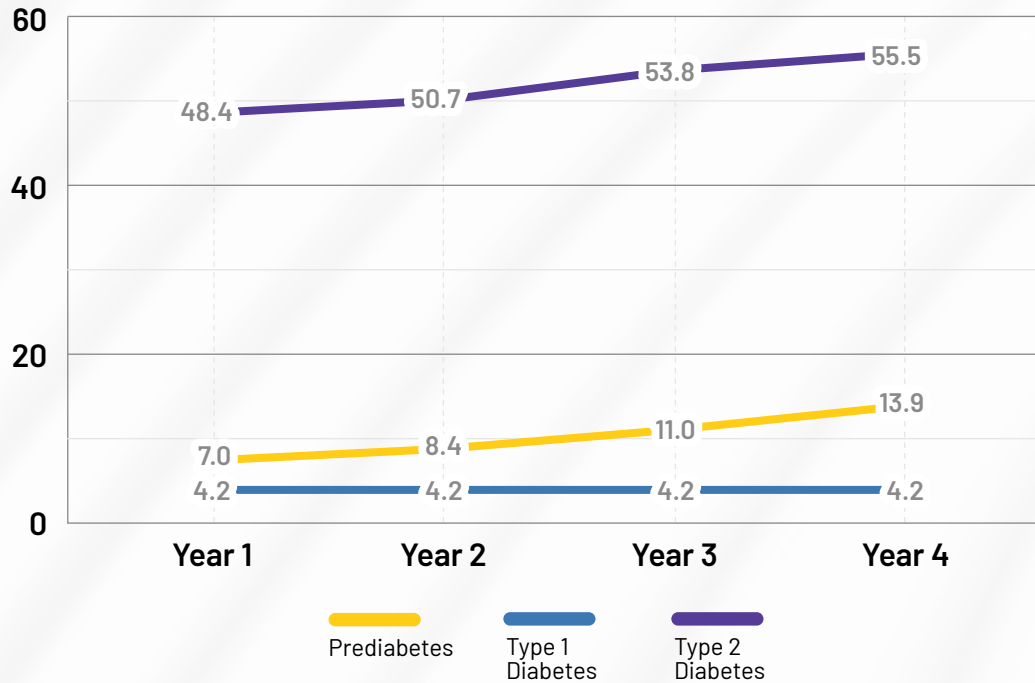


\$6.10

Diabetes PMPM soared by a whopping \$6.10 – outpacing even Cancer with Active Management in year over year trend impact. To understand whether diabetes costs will continue to skyrocket, it is important to understand the treatments driving these costs, and the size of the population without these treatments who may be eligible for them in the future.

Diabetes & Prediabetes Prevalence

Claimants per 1,000 Members



Year 1: July 2020 - June 2021
Year 2: July 2021 - June 2022
Year 3: July 2022 - June 2023
Year 4: July 2023 - June 2024

Digging Deeper into the Data: The Diabetes Story Goes Beyond Dollars & Cents

- Type 2 diabetes has been increasing in prevalence**
 - The increased prevalence means that not only is the average cost to treat type 2 diabetes increasing, but that this cost is applicable to more members, leading to an even greater impact on a population's total spend
- The prevalence of members with prediabetes, who are at high risk for developing diabetes, has almost doubled since year 1;** this large increase may be due in part to delay in diagnosing members with this condition during early COVID years
- Increasing prevalence of prediabetes suggests that we are likely to continue to see increasing Type 2 diabetes prevalence, as members with prediabetes progress

| | | |
|---|---|---|
| 1 Type 1 Diabetes | 2 Type 2 Diabetes | 3 Prediabetes |
| <ul style="list-style-type: none"> Body doesn't make enough insulin Treated with insulin injections | <ul style="list-style-type: none"> Body doesn't respond to insulin Managed with drugs and lifestyle changes | <ul style="list-style-type: none"> Higher than normal blood sugar, but not high enough to be type 2 diabetes At high risk of developing type 2 diabetes |

To better understand the contributing factors in overall prevalence, we broke it down by Social Vulnerability Index (SVI) category and age group. Through this lens, we see increases with age and social vulnerability.

However, it's important to call out:

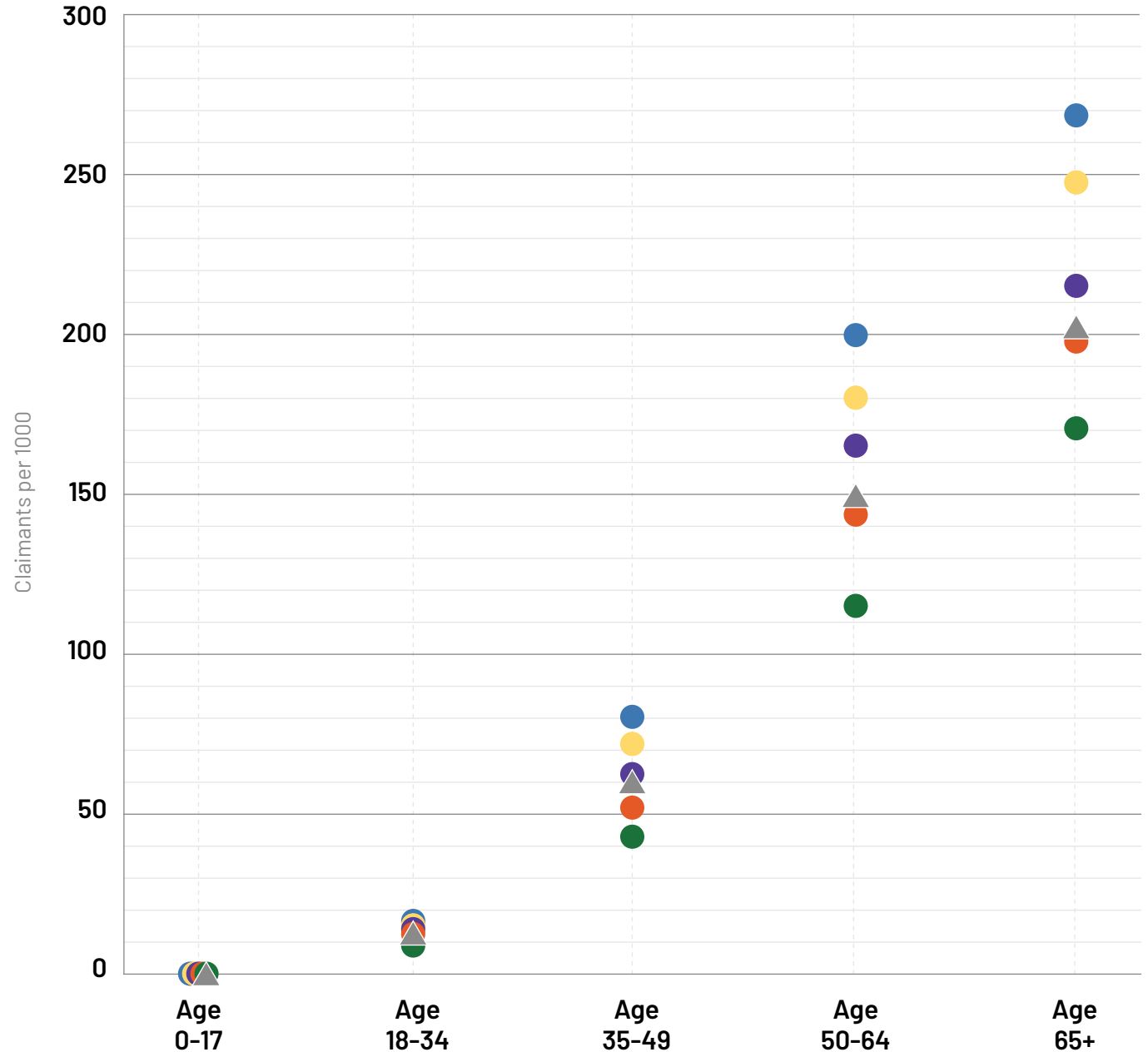
- Prevalence within an employer's population will vary based on these characteristics
- Turnover may impact prevalence based on changes in the characteristics of members

For more information on social vulnerability, [click here](#) to review the previous section.



Diabetes Prevalence

Group and Social Vulnerability Index (SVI) in Year 4





Question for the Expert

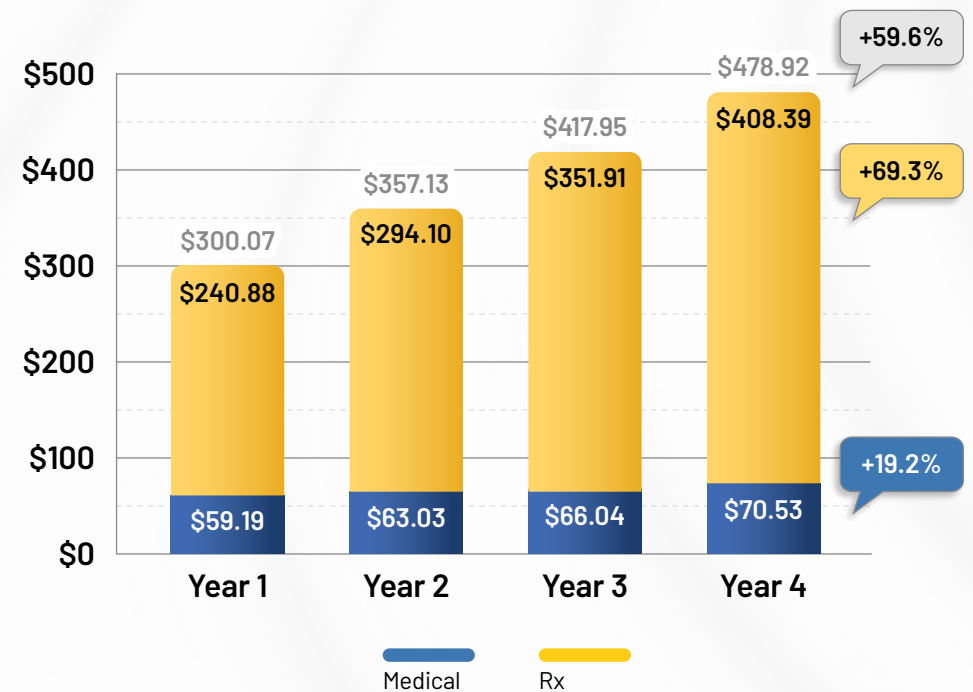
What's driving the dramatic rise in diabetes treatment costs alongside growing prevalence?

“The average monthly plan paid among diabetic claimants has increased by \$179 per month (from \$300 to \$479) over the last four years. \$157 (88%) of the increase is attributable to GLP-1 agonists. Most of this is due to an over two-fold increase in GLP-1 agonist recipients, but also due to a 24% increase in cost of these drugs.”

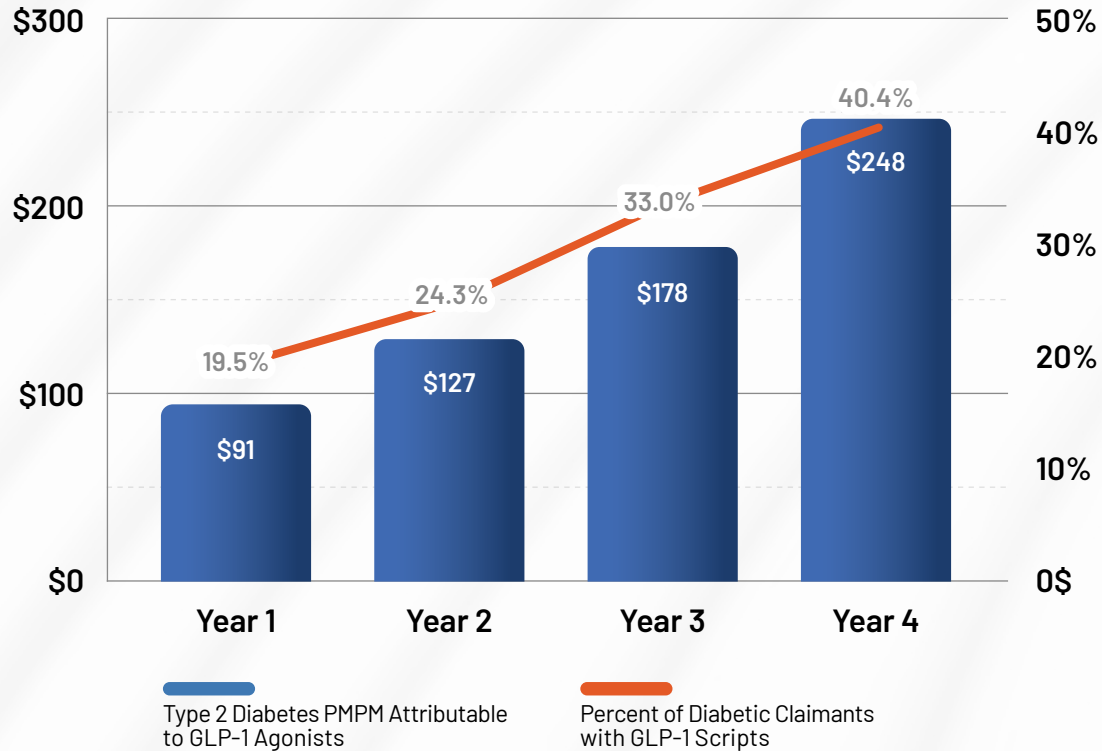


Janet Young, M.D.,
Clinical Analytics Advisor

Diabetes Treatment: Paid per Type 2 Diabetic Claimant per Month



GLP-1 Agonist Utilization by Members with Type 2 Diabetes



GLP-1 agonists are a class of brand name medications that help lower blood sugar (glucose) levels in people with type 2 diabetes. Some GLP-1 agonists can also help treat obesity. They are most often injectable medications, meaning you inject a liquid medication with a needle and syringe.

GLP-1 agonists may be an appropriate treatment in members with type 2 diabetes AND at least one of the following:

- › Atherosclerotic cardiovascular disease (reduces risk of myocardial infarction, stroke, and death)
- › A1C (glycosylated hemoglobin) well above goal
- › Treatment goal of weight loss
- › Treatment goal of hypoglycemia avoidance
- › Presence of CKD in members with contraindications to SGLT2 inhibitors

Given statistics indicating that 90% of people with type 2 diabetes are obese or overweight, there are many members currently not receiving GLP-1 agonists who may be eligible, suggesting that the percent will continue to rise.



We estimate that for each additional 10% of members with type 2 diabetes who receive a GLP-1 agonist, there will be a **\$61 increase in monthly paid amounts among diabetic claimants.**



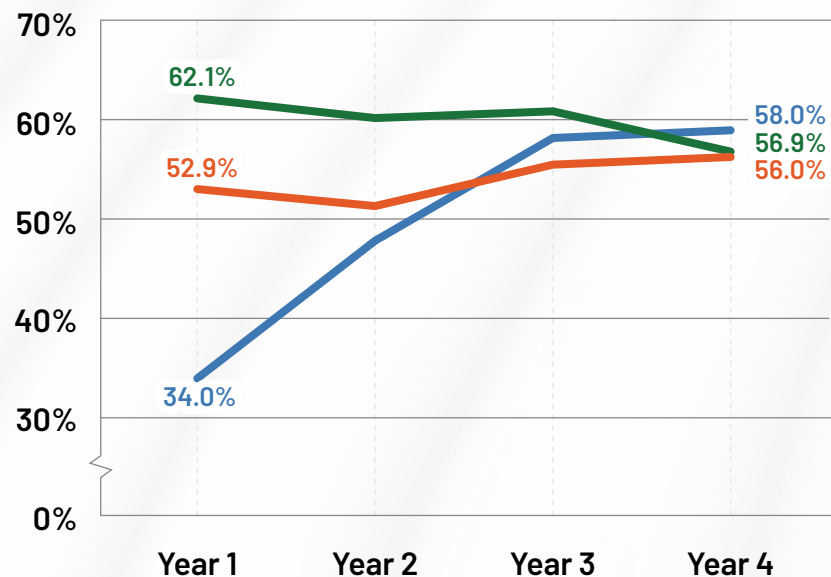
Understanding A1C: A Key Measure of Diabetes Control

Tracking A1C outcomes over time tells an interesting story:

- Among members with type 2 diabetes who were enrolled all 4 years (Orange Line), there has been a 3.1% increase in the percent whose most recent A1C result was less than or equal to 7.
- The members who first received a GLP-1 agonist in year 2 and continued use through year 4 (Blue Line) were much less likely to meet the A1C goal in Year 1. By year 4, the percent of these members reaching goal was 58% compared to only 34% in year 1. Furthermore, they were more likely to reach goal than members who had not received a GLP-1 agonist.
- There is a drop in members meeting this threshold among those who never received a GLP-1 agonist (Green Line) from 62.1% to 56.9%.

Relationship of GLP-1 Agonist Use & Meeting A1C Goal*

Members with Type 2 Diabetes Enrolled All 4 Years



— GLP-1 Last 3 Years
— Overall
— No GLP-1
*A1C Goal <= 7

Glycosylated hemoglobin (A1C) provides information on the average blood glucose over the last three months.

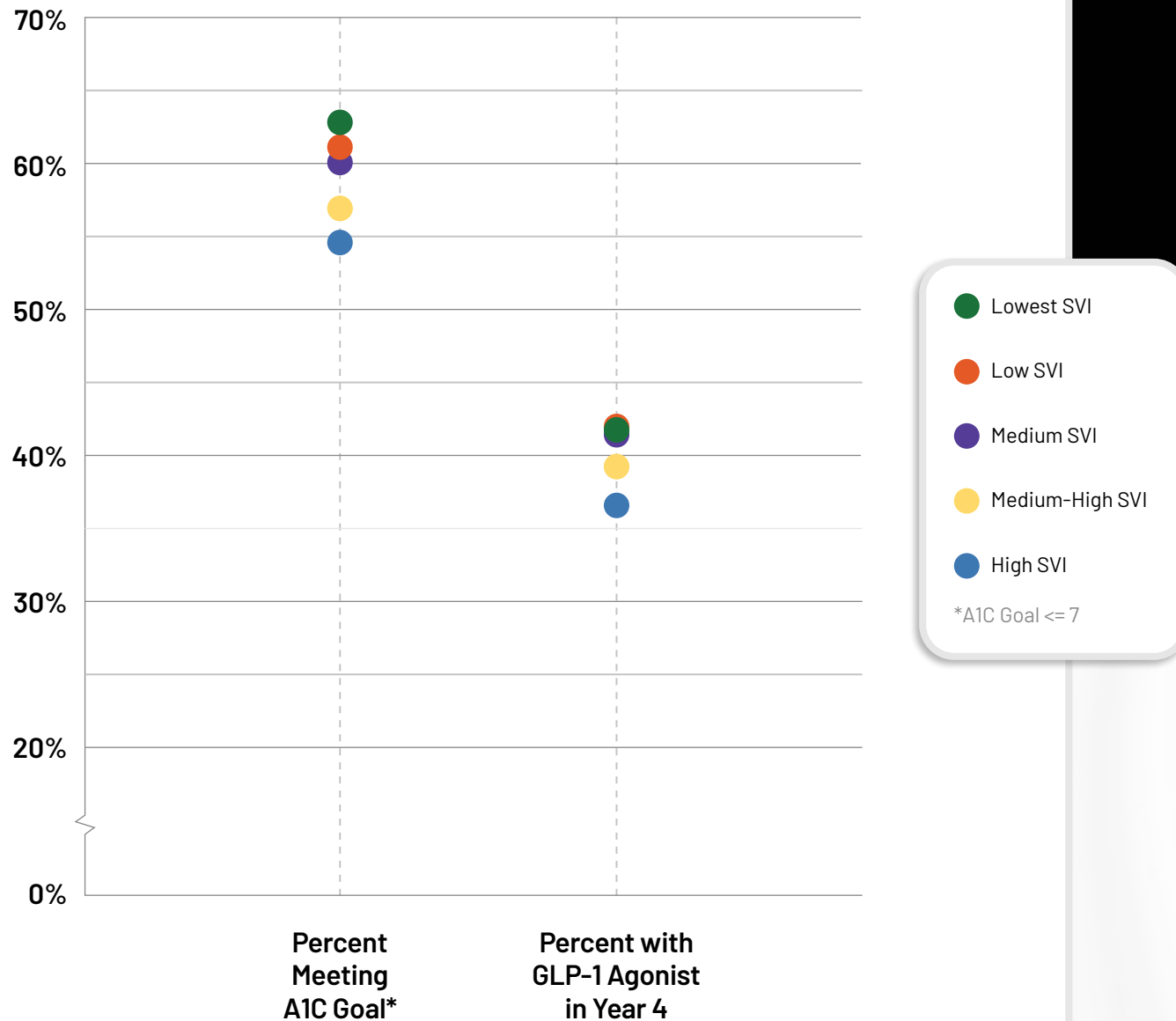
So, what's an A1C Goal?

- <7.0% for most nonpregnant adults with diabetes
- A1C goals are individualized
- Higher values may be targeted in individuals with issues like hypoglycemia and limited lifespan
- Improved glycemic control, as measured by A1C, results in fewer microvascular complications (eye, kidney, nervous system)



Association Between SVI & Meeting A1C Goal* or Receiving GLP-1 Agonist

Members with Type 2 Diabetes



SDoH

When we think back to the Social Determinants of Health, we see their direct impact: **members with higher social vulnerability are less likely to meet their A1C goal.**

- They are also less likely to be using GLP-1 agonists, which can be effective in helping diabetic members reach their A1C goal
- Lower use of GLP-1 agonists could be a result of provider bias in prescribing and/or members choosing not to use GLP-1 agonists due to high out of pocket costs

For more information on Social Determinants of Health (SDoH) and Social Vulnerability, [click here](#) to review the previous section.

Treatment on the Rise: Continuous Glucose Monitoring

Among various monitoring options, Continuous Glucose Monitoring (CGM) is on the rise, and understandably so:

- › These devices decrease the need for multiple daily finger sticks to determine insulin dosing in members with type 1 diabetes and members with type 2 diabetes who are taking insulin
- › They provide biofeedback in real time to help individuals adjust diet, exercise, or insulin
- › Studies show reductions or delays in short and long-term complications of diabetes

Type 1 Diabetes: CGM has the potential to significantly positively impact those with type 1 diabetes. It has been shown to reduce hypoglycemic episodes and increase time in range. Time in range is different from A1C—it shows the amount of time a person's glucose level is within suggested limits.

Type 2 Diabetes: CGM is appropriate for members with multiple daily insulin injections or those with hypoglycemic episodes. Intermittent use may be beneficial to all members with type 2 diabetes for feedback on impact of diet, exercise, and changes in medication.



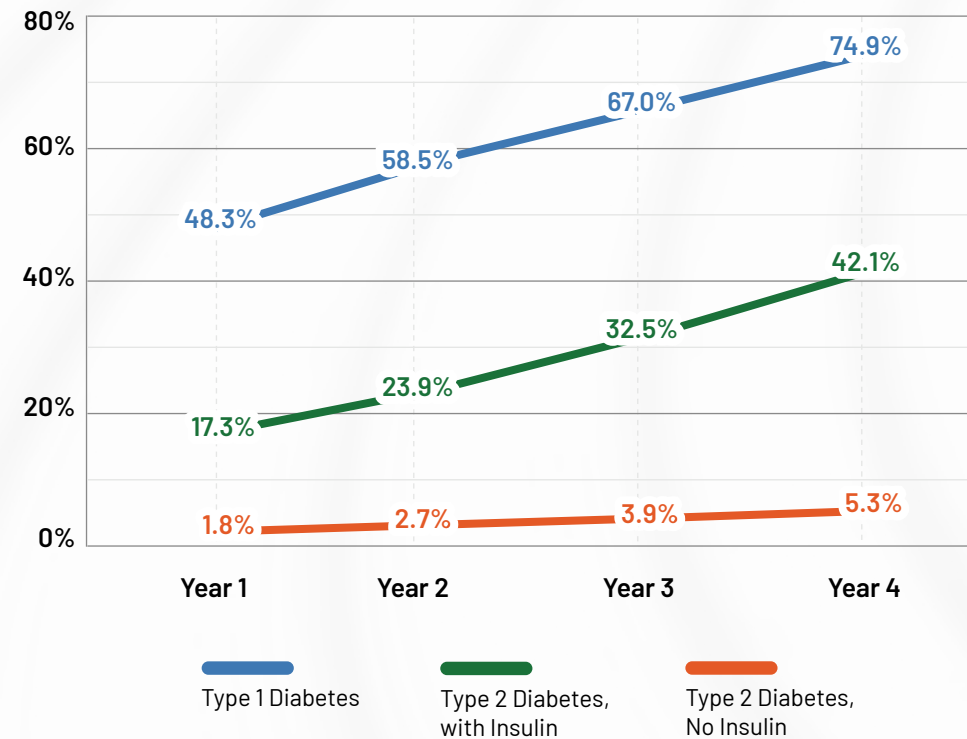
Trends in CGM adoption

Recent data from Springbuk reveals several key trends in Continuous Glucose Monitoring (CGM) adoption:

- CGM (Continuous Glucose Monitoring) usage is showing a consistent upward trend among patients with both type 1 and type 2 diabetes, specifically among those who require insulin therapy
- The adoption rate in year 4 is much higher for members with type 1 diabetes (75%) compared to those with type 2 diabetes taking insulin (42%)
- While there has been some growth in use of CGM among members with type 2 diabetes who do not take insulin, the percent of these members in year 4 with CGM remains low (5%)

Continuous Glucose Monitoring Utilization

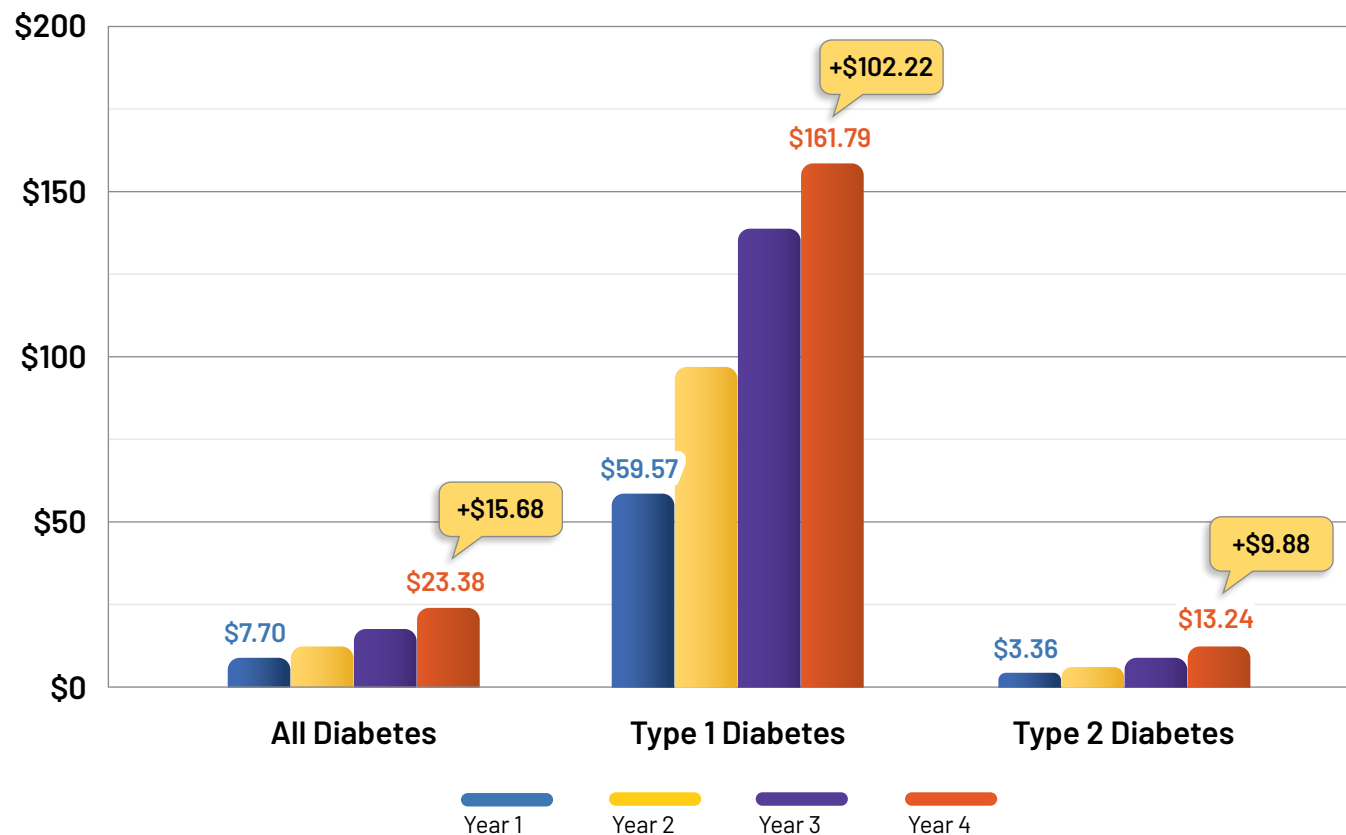
Percent of Members



15%

According to Springbuk's data analysis, approximately 15% of type 2 diabetes patients are currently using insulin as part of their treatment regimen.

Monthly Paid per Diabetic Claimant for Continuous Glucose Monitoring



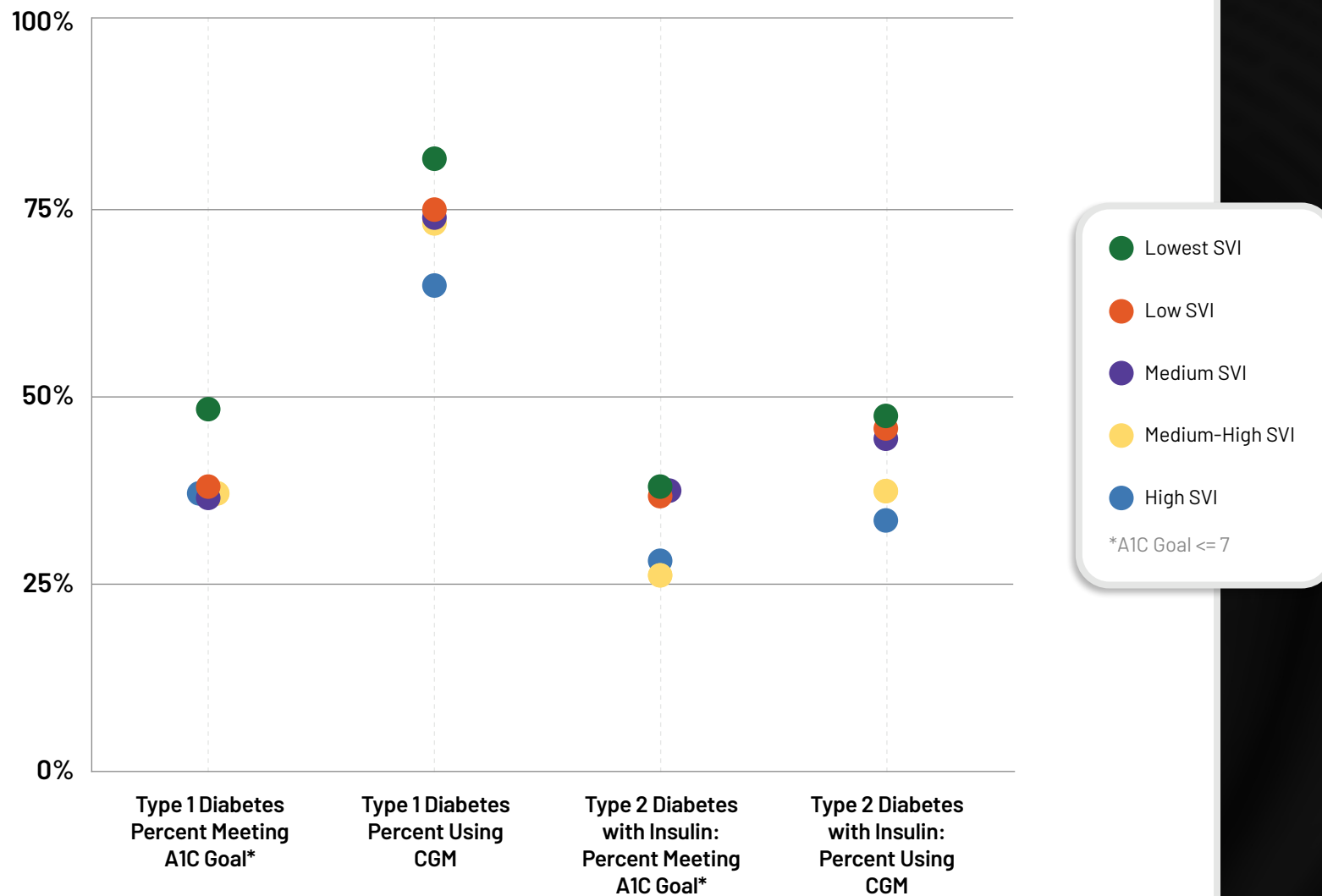
When reviewing the cost breakdown, this adds another dimension to the story. **Data indicate that Continuous Glucose Monitoring has resulted in ~\$100 increase in monthly paid for members with type 1 diabetes over the last four years, but only a \$10 increase for members with type 2 diabetes.**

Since most members with diabetes have type 2 diabetes where CGM is used much less frequently, the impact across members with either type 1 or type 2 diabetes has been much smaller—about a **\$16 increase in average monthly paid over this time period.**



Continuous Glucose Monitoring may be charged through the medical channel or pharmacy channel.

Association Between SVI & Meeting A1C Goal* or Receiving CGM



Social Vulnerability's Impact on Diabetes Management

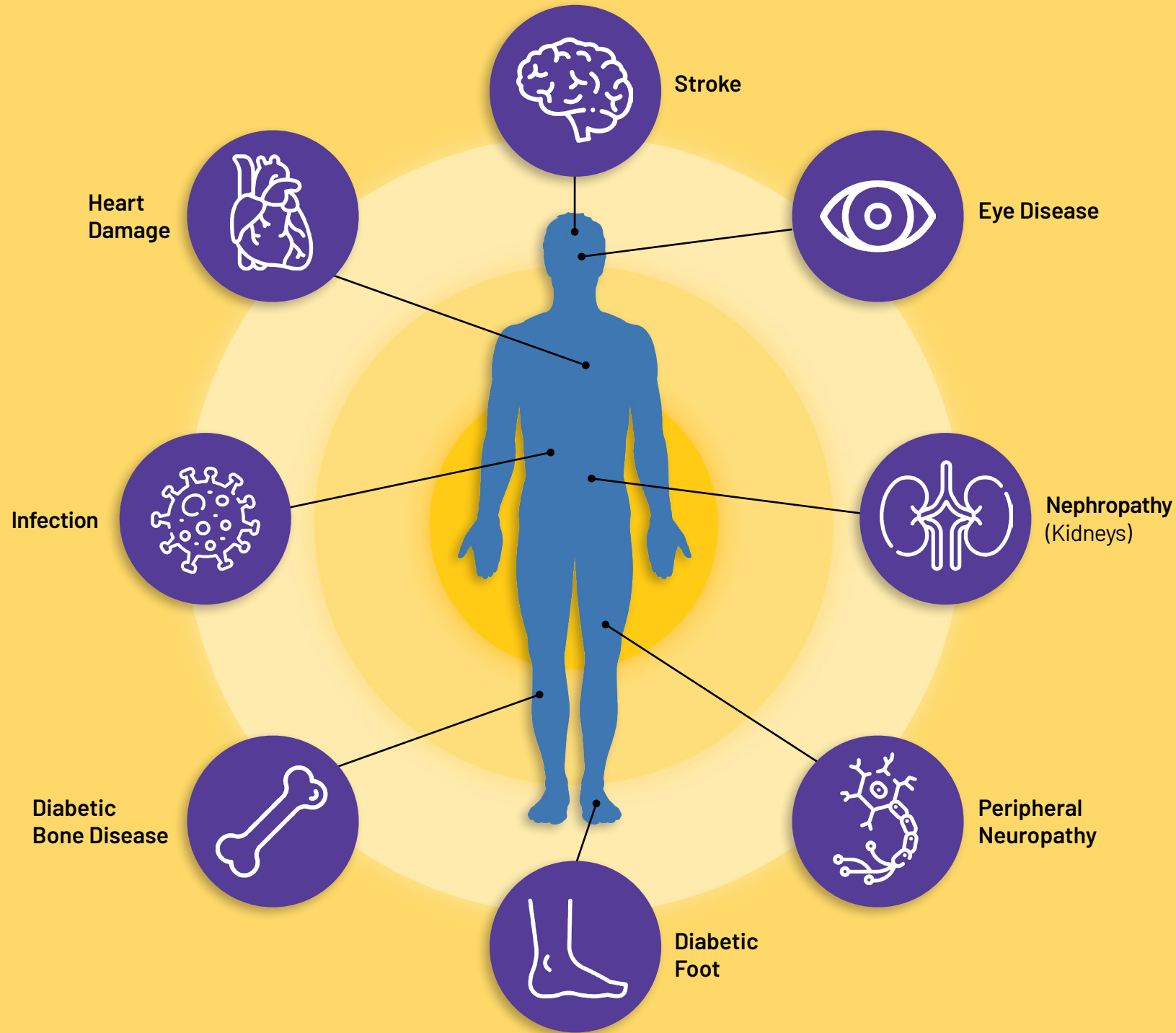
Due to various factors, members with higher social vulnerability face greater challenges in managing their diabetes effectively. **Our analysis reveals two concerning patterns:**

- › Insulin-dependent type 1 and type 2 diabetic members taking insulin in vulnerable populations are less likely to meet treatment goals
- › Members with higher social vulnerability are also less likely to be using continuous glucose monitoring

Since CGM use is linked to better blood sugar control (lower A1C), this technology gap may be widening health disparities.



The imbalance in CGM adoption could stem from a result of provider bias in prescribing and/or members choosing not to use CGM due to high out-of-pocket costs.



Beyond Blood Sugar: Understanding Diabetes Complications

The rising cost of diabetes care tells only part of the story. **To understand the full impact, we must look beyond diabetes treatment costs to examine the cascade of potential complications associated with diabetes, from stroke and eye disease to heart damage and kidney disease.**

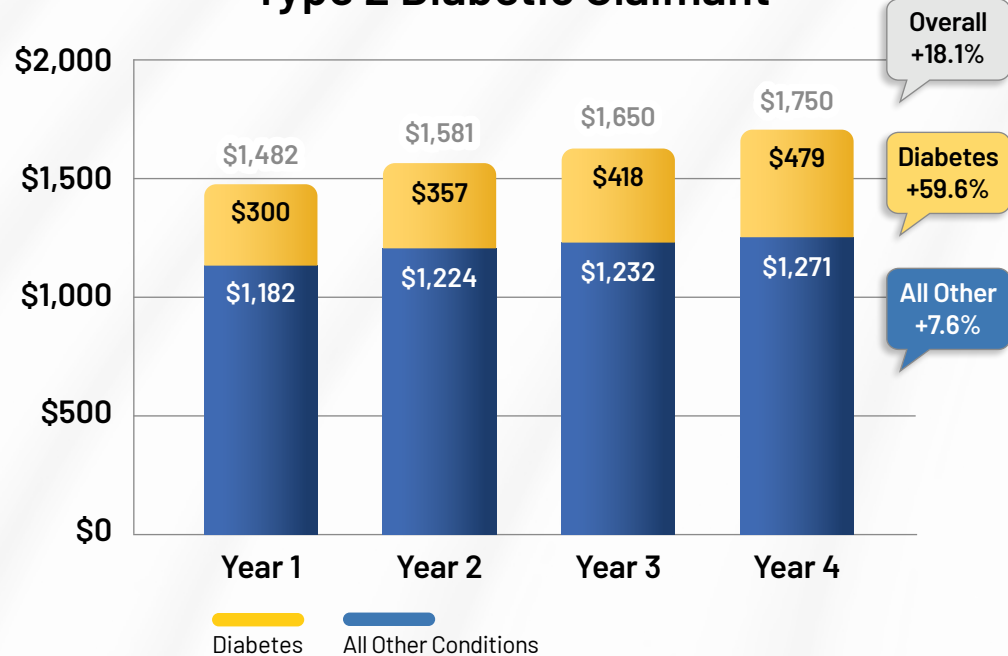
Through early interventions and vigilant preventative measures, members can be better positioned to avoid these severe, life-altering conditions.

From Analysis to Action

This understanding of complications led our team to a critical question: how does the diabetes cost dynamic intersect with overall healthcare spending? **Our analysis revealed three key insights:**

- › The overall plan paid PMPM for type 2 diabetes has **increased by 18% since year 1**
- › Most of the increase is due to diabetes treatment, where monthly paid **has increased by 60%**
- › The increase in PMPM for all other conditions for members with diabetes has only **increased by 8%**, however, the substantial decrease in costs due to COVID needs to be taken into account

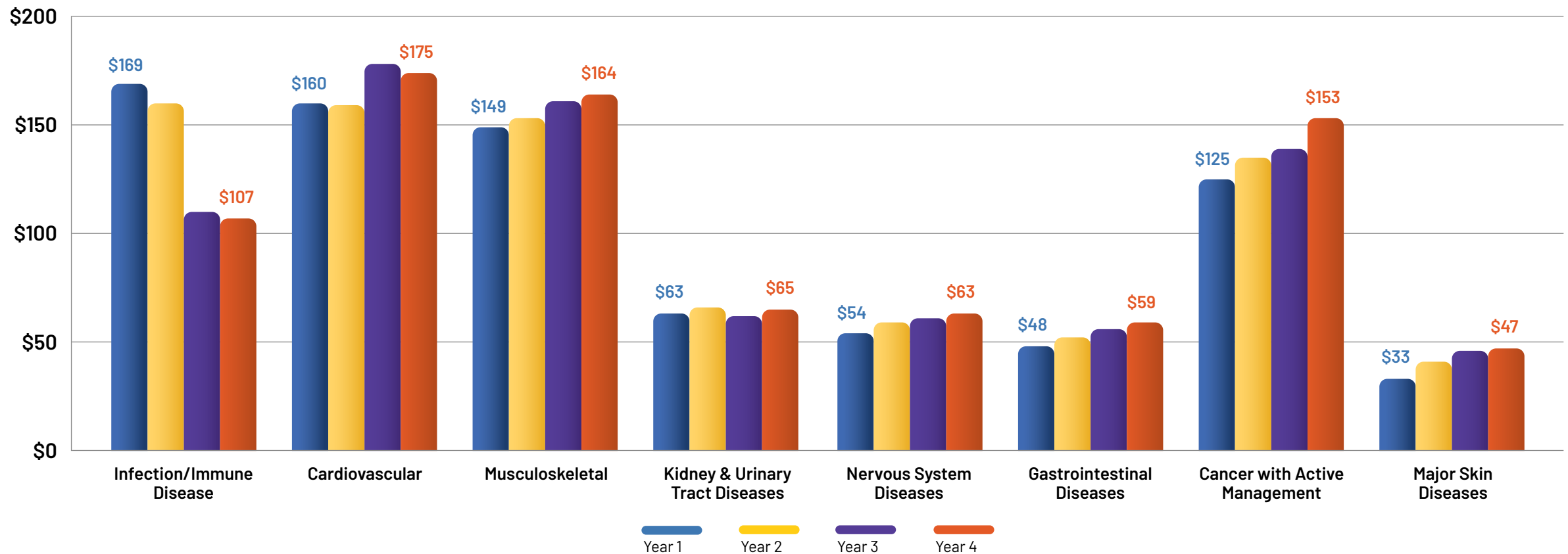
Total Monthly Paid Per Type 2 Diabetic Claimant



Breaking down costs further, we see trends vary by condition:

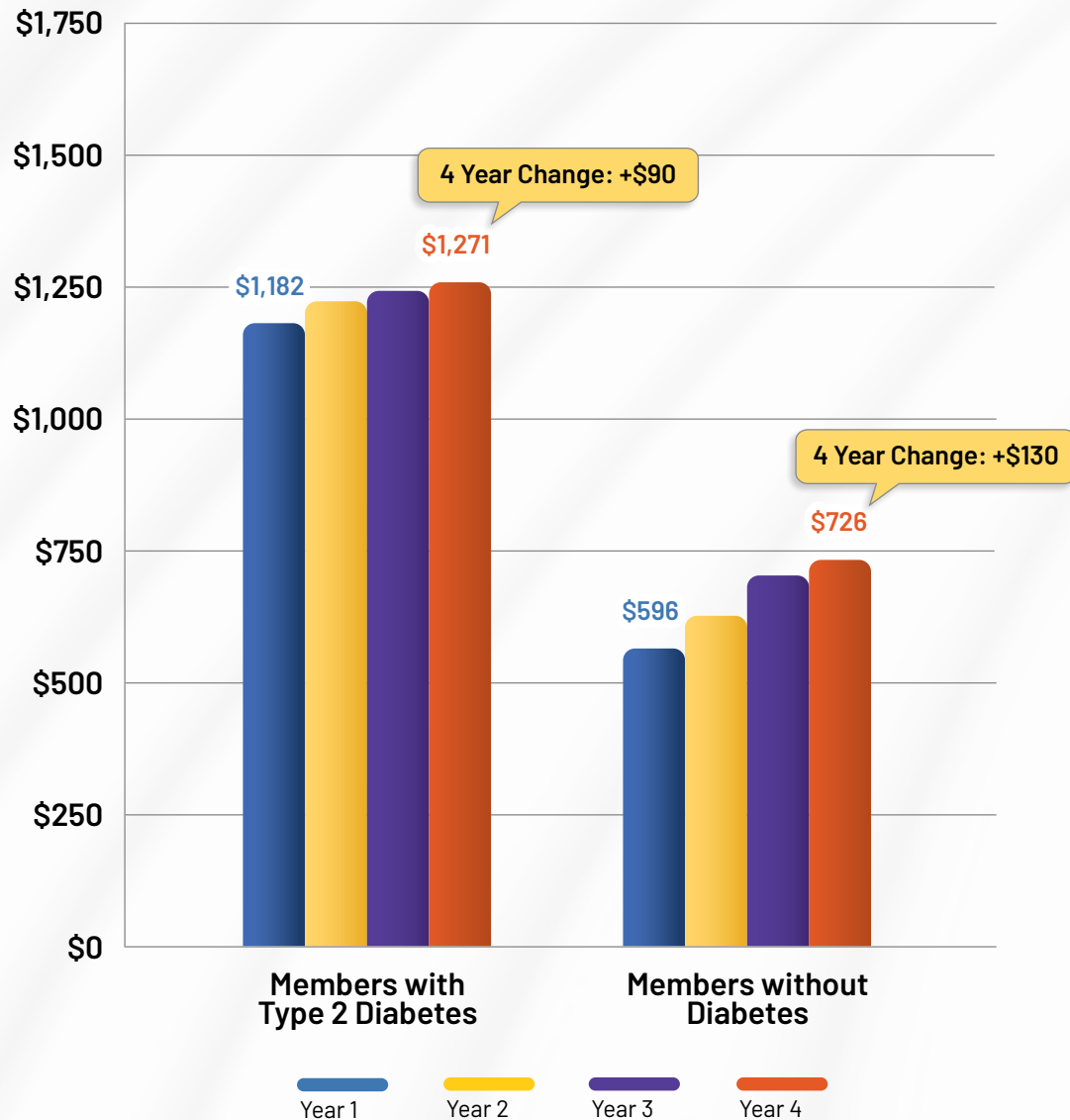
- › Large decrease in PMPM attributable to infection (mostly COVID-19) are offset by increases in PMPM for other conditions
- › The largest increase in PMPM is in cancer with active management
 - › Members with diabetes are at increased risk for certain cancers, including breast, colon, pancreas, uterus, liver, and bladder
- › After a large jump in cardiovascular PMPM between years two and three, cardiovascular costs have gone down
 - › GLP-1 agonists have been shown in clinical studies to reduce major cardiac events, so we will see in years ahead whether the use of these drugs ultimately lowers cardiovascular costs
- › Kidney PMPM has remained stable. GLP-1 agonists, which have been shown to slow progression of diabetic kidney disease, may play a role

PMPM Trend for Other Conditions in Type 2 Diabetic Claimants



Diabetic Claimants vs. Non-Diabetic Claimants

PMPM for All Conditions Other Than Diabetes, Age-Adjusted



Keeping in mind that members with type 2 diabetes tend to be older than members without diabetes, we age-adjusted the non-diabetes population to reflect the age distribution of the diabetes population.

Next, we compared the four-year change in PMPM for all conditions other than diabetes.

While it is encouraging to see that the four-year net increase for type 2 diabetic claimants is much lower than that of non-diabetic claimants, much of this difference is due to a large drop in PMPM attributable to COVID for diabetic members over the four years

Employer's Roadmap: Navigating Diabetes Treatment - What's Important to Keep in Mind?

Where We're At

- › Diabetes has emerged as the leading driver of PMPM changes in 2022–2023, marked by both rising costs and increasing prevalence
- › **Two key treatment trends are reshaping diabetes care:**
 1. GLP-1 agonists: Driving 88% of cost increases but showing promising A1C outcomes
 2. CGM technology: Significant impact on type 1 diabetes management, minimal cost impact on type 2
- › Social vulnerability creates a concerning disparity in both treatment access and outcomes
- › While diabetes-specific treatment costs have surged, costs for diabetes-related complications show mixed trends, with some encouraging signs in cardiovascular and kidney spend, conditions that have been shown to be positively impacted by GLP-1 agonists

Where We're Going

- › Prepare for continued growth in GLP-1 adoption given the large pool of potentially eligible patients not yet using these medications
- › Address social vulnerability gaps in treatment access - particularly for GLP-1s and CGM technology
- › Monitor cancer screenings and prevention given the higher risk profile of diabetic members
- › Consider early intervention strategies that could help offset long-term complication costs
- › Balance the high near-term costs of modern treatments against their potential to prevent costly complications

CHAPTER 4

The Real Gut Check: Understanding GI's Cost Impact

4

When we think of symptoms of gastrointestinal (GI) diseases, temporary discomforts like heartburn or indigestion usually come to mind. Many think that these everyday discomforts can be written off by having a sensitive stomach or overindulging in spicy foods. Yet in reality, GI diseases affect millions of Americans, ranging from brief flare-ups to chronic, life-altering conditions.

And when you consider the wide spectrum of impact, it's no wonder GI diseases now rank in the top three highest-cost conditions for Springbuk employer clients.

This revelation isn't just another data point—it's a wake-up call. **Instead of waiting for GI diseases to surface in claims data, we must ask:**



How can we support these issues before it impacts both employee well-being and your bottom line?

Beyond Heartburn: Understanding the Rising Costs of GI Care

Gastrointestinal (GI) diseases refer to diseases involving the gastrointestinal tract, namely the esophagus, stomach, small intestine, large intestine, and rectum. In this section, we will explore GI overall and three specific conditions to understand what is driving the increase.

Many conditions fall under the GI umbrella, and several services support their treatment. These are important parts of the overall story, helping to add important details that contribute to the overall trend.



The image on the right shows a detailed diagram of the gastrointestinal system.

Esophagus

Liver

Stomach

Gallbladder

Pancreas

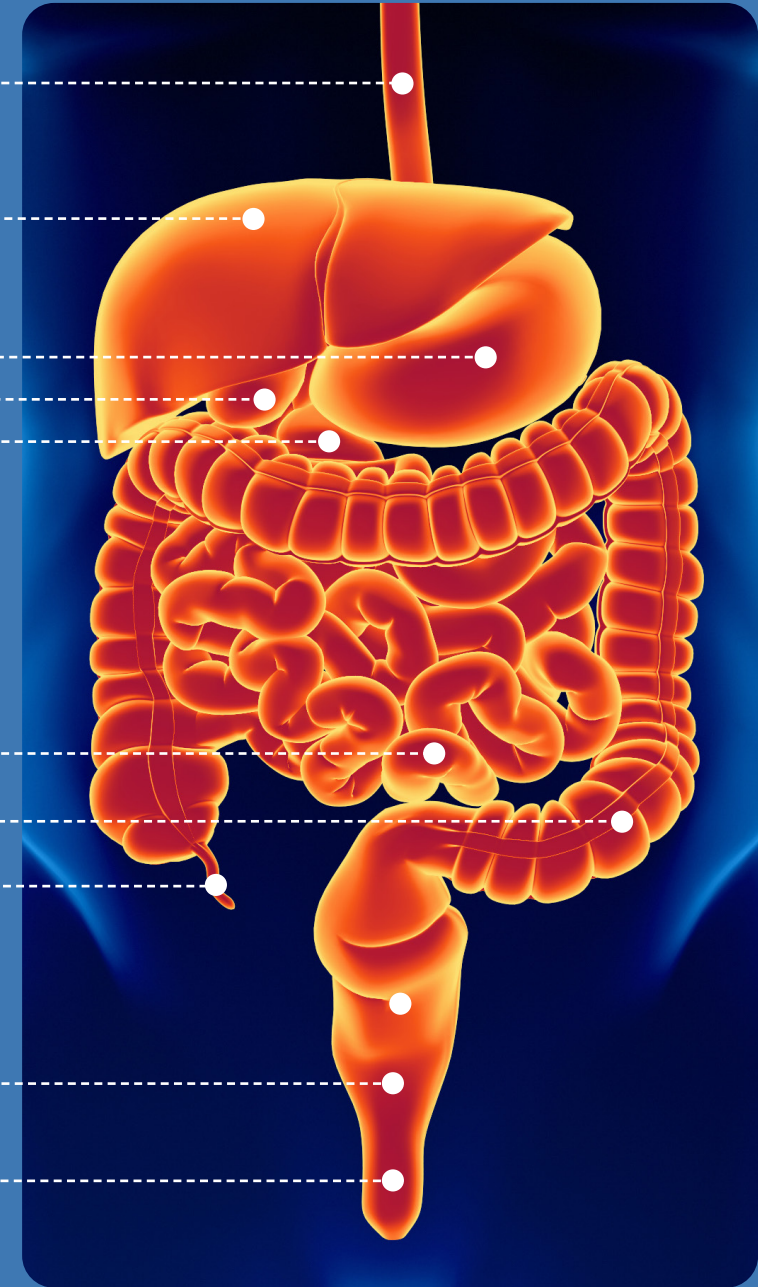
Small Intestine

Large Intestine

Appendix

Rectum

Anus





Question for the Expert

What is the current scope and financial impact of GI conditions?

“Springbuk data indicate that in this most recent rolling 12 months (incurred 7/2023 - 6/2024; paid through 8/2024) **GI issues account for \$31.7 PMPM in total plan paid dollars (medical and Rx) and impacts 128.3 members per 1,000.** This translates to roughly 6% of all healthcare spend and impacts roughly 12.8% of the average membership”



Chris Gagen

Sr. Director, Solution Management



Across the Springbuk Book of Business:



Looking first at the overall cost, the top three most costly GI conditions by PMPM are:

1. Inflammatory bowel disease (IBD): \$14.92 PMPM
2. Inflammation of esophagus: \$4.42 PMPM
3. Hernias: \$3.20 PMPM



Expanding this trend, the top three most prevalent GI conditions overall are: (excludes catch-all "Other" categories)

1. Inflammation of esophagus – 53.0/1,000 Members
2. Hemorrhoids – 13.9/1,000 Members
3. IBD – 7.3/1,000 Members



When we examine the cost at an individual level, the most expensive GI conditions per claimant per year are:

1. IBD: \$24,522
2. Vascular diseases of intestines & abdomen: \$8,512
3. Bowel obstruction: \$6,497



Looking at trends over time, the main drivers of the increase in overall PMPM over three years are (excludes "Other" categories):

1. IBD: \$2.47 (a 19.8% increase)
2. Inflammation of esophagus: \$0.72 (a 19.5% increase)
3. Hernias: \$0.40 (a 14.3% increase)





Medical vs Rx: What's Fueling GI Spend?

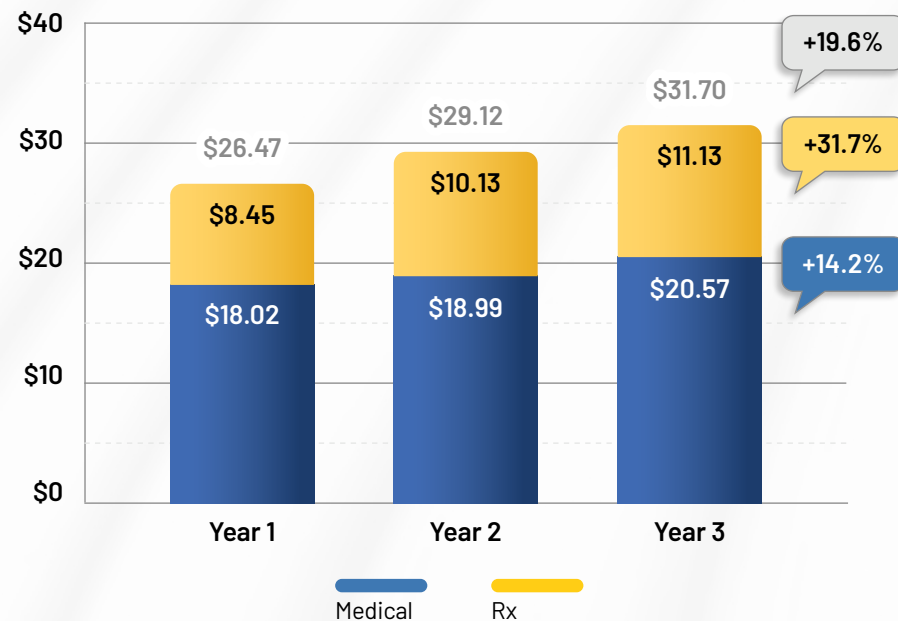
When comparing the Medical channel to the Rx channel, we find a clear driver:

› Rx spend for GI diseases has increased **31.7% over the last three years**, more than twice as fast as medical

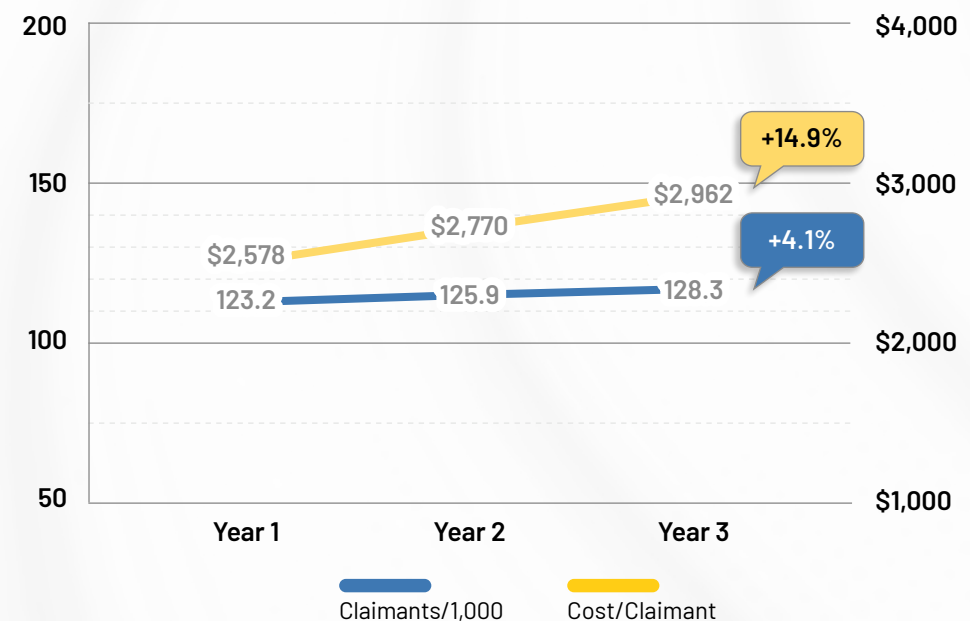
› In Year 1, Rx accounted for 31.9% of GI spend, it now accounts for **35% of the spend**

› The overall cost per GI claimant has increased **14.9%** over the last three years, compared to just a 4.1% increase in GI claimants/1,000

Gastrointestinal Diseases PMPM Trend



Gastrointestinal Diseases Utilization vs. Cost Trend





Specialty Drugs & Surgical Costs Drive Rising Healthcare Trends

Over the past three years, Rx channel specialty drugs and surgical procedures and facility costs accounted for **80.4% of the overall trend**. With specialty drugs contributing **more than half (53.2%)**, these categories underscore the need for targeted strategies to manage high-cost drivers and ensure sustainable healthcare spending.

| | Year 1 | Year 2 | Year 3 | 3 Year Trend (\$) | Percentage of 3 Year Trend (%) |
|--------------------------------------|----------------|----------------|----------------|-------------------|--------------------------------|
| Rx Channel Specialty Drug | \$6.77 | \$8.47 | \$9.55 | \$2.78 | 53.2% |
| Surgical Procedures & Facility Costs | \$7.71 | \$8.32 | \$9.13 | \$1.42 | 27.2% |
| All Other | \$11.99 | \$12.33 | \$13.02 | \$1.03 | 19.7% |
| | \$26.47 | \$29.12 | \$31.70 | \$5.23 | 100.0% |

80.4% of the three-year trend comes from Rx Channel Specialty Drugs (53.2%), Surgical Procedures and Facility Costs (27.2%)



Building on these findings, our team adopted a more granular approach to break down costs by condition, starting with the leading GI disease: Inflammatory Bowel Disease (IBD). **Here's what we discovered:**

- › PMPM: \$14.91, a 19.9% increase
- › Rx PMPM: \$9.41
- › Medical PMPM: \$5.50
- › Per claimant per year: \$25,522
- › 3-year PMPM trend: Increase of \$2.47

63.1%

63.1% of IBD PMPM is Rx spend. That's up from 57.7% in Year 1.

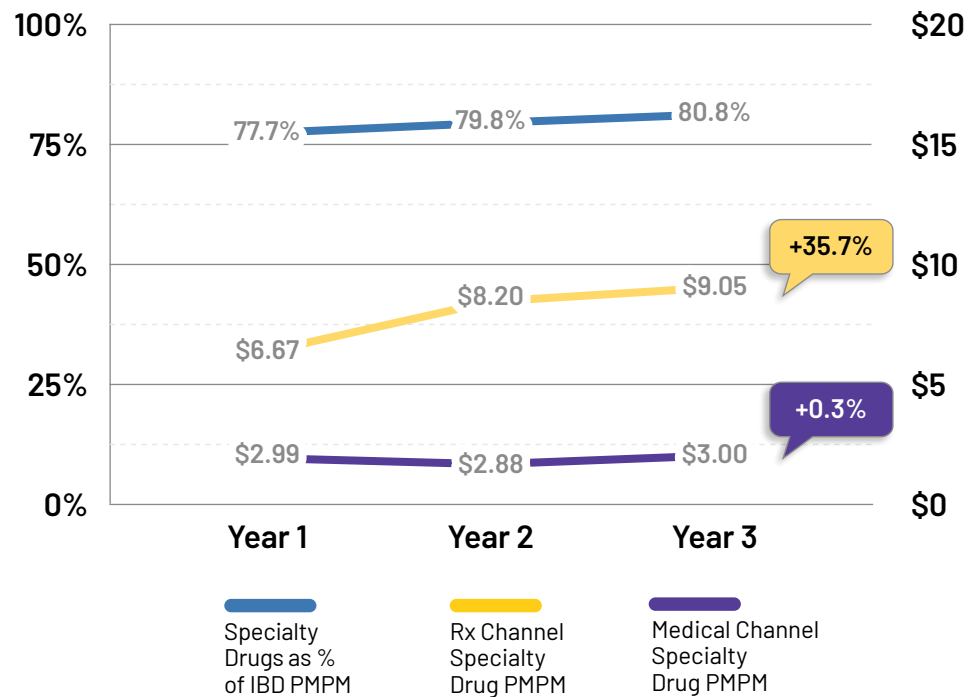
Inflammatory Bowel Disease PMPM Trend



Inflammatory Bowel Disease (IBD) refers to diseases that cause chronic inflammation in your gastrointestinal (GI) tract. Its symptoms may come on suddenly (flares) and cause intense stomach cramps and diarrhea, among other issues. But IBD can affect more than your gut – it can affect your overall physical health, emotional well-being and even your mental health. [\(Cleveland Clinic\)](#)



Medical & Pharmacy Specialty Drugs and IBD



Rx PMPM is growing roughly 7x faster than medical over the 3-year period (31.1% vs 4.6%), revealing a stark contrast in cost drivers. Further analysis showed:

80%

Specialty drugs make up most of the PMPM for IBD, roughly 80% of the total spend

35.7%

Rx Channel Specialty Drug PMPM has trended up 35.7% over the past 3 years

0.3%

Medical Channel Specialty Drug PMPM is relatively flat

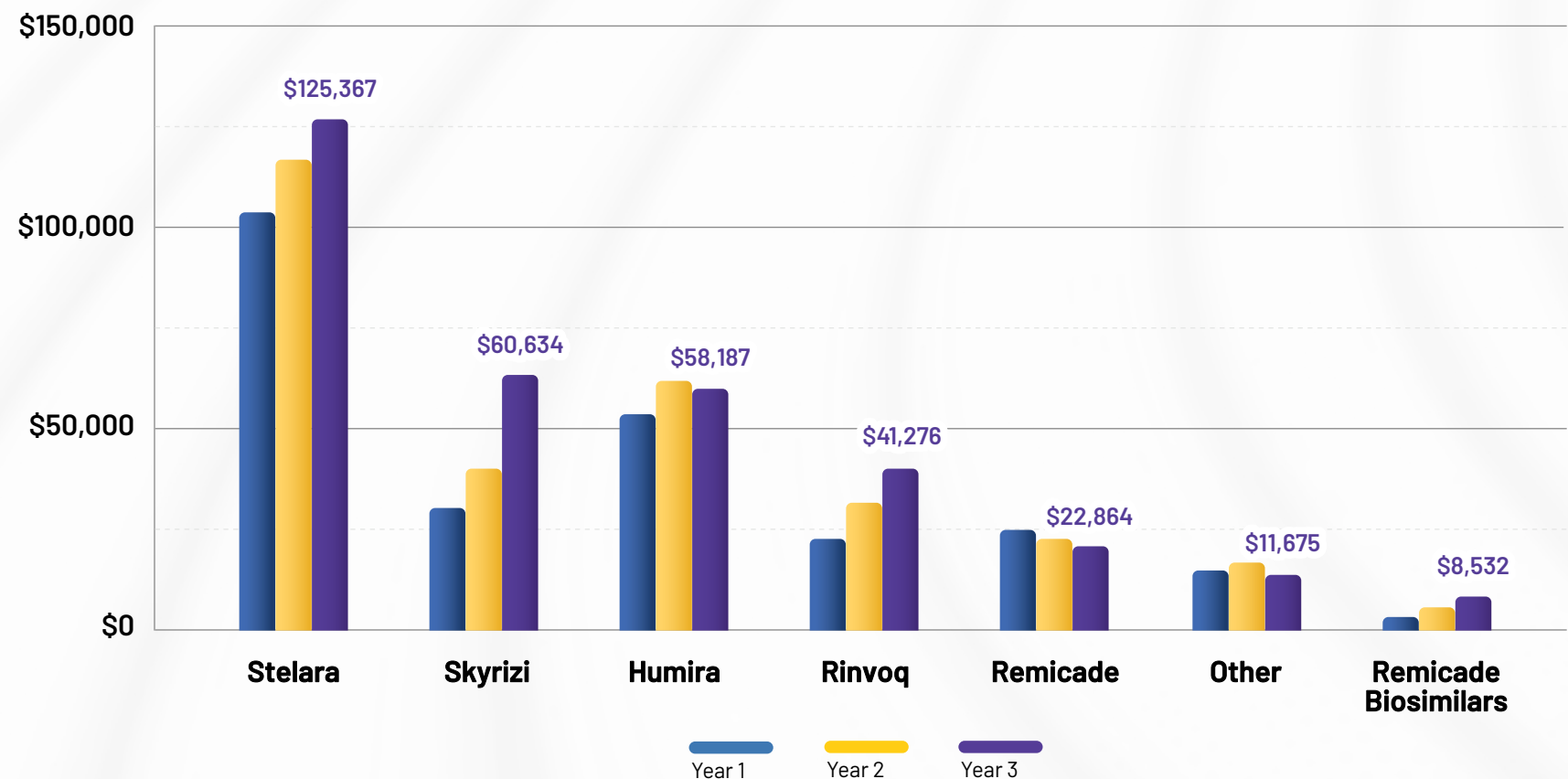
Drilling down to the member level, we find that members with IBD are often high-cost claimants. The numbers tell a compelling story:

- › The cost per IBD claimant per year for Rx Channel Specialty drugs is \$70,105 in Year 3
- › This is driven by the annual cost per claimant for:
 - › Stelara (\$125,367)
 - › Skyrizi (\$60,634)
 - › Humira (\$58,187)

Through all this, there is a potential silver lining:

- › Stelara will have a biosimilar available in 2025
- › Humira also has biosimilars available
- › Remicade has several biosimilars available as well

Rx Channel Specialty Drug per IBD Claimant per Year

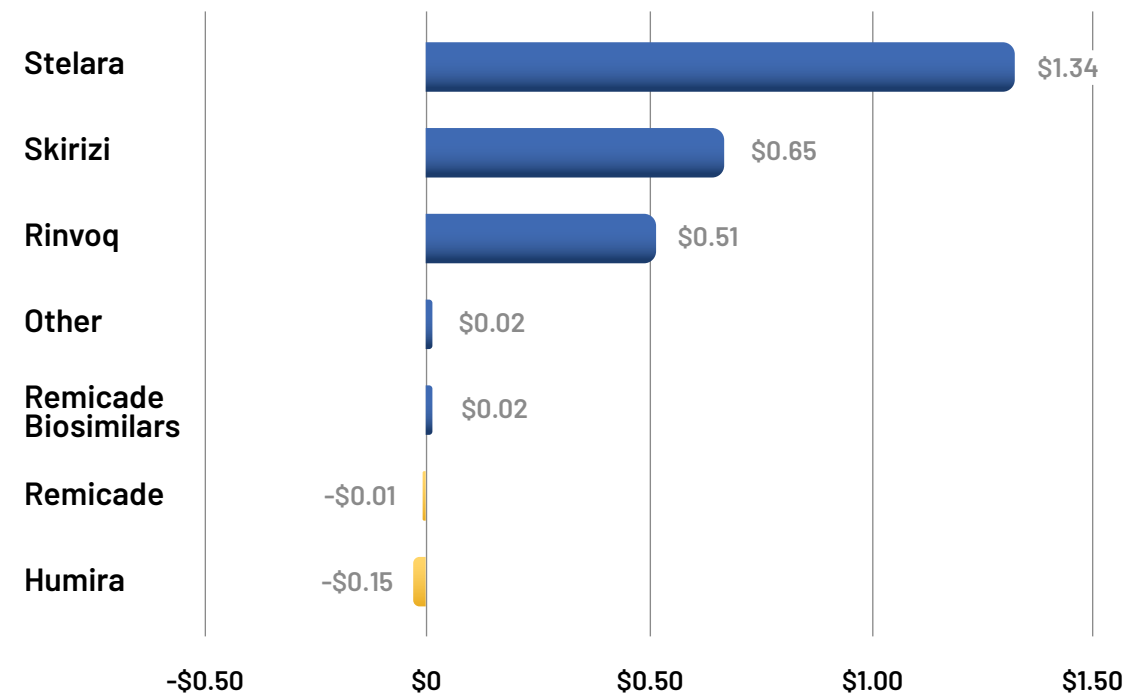




Taking a closer look at Rx Channel Specialty Drugs PMPM over the last three years, **the top three drugs are:**

- 1 Stelara (\$1.34)
- 2 Skyrizi (\$0.65)
- 3 Rinvoq (\$0.51)

3-Year PMPM Trend per Rx Channel Specialty Drug

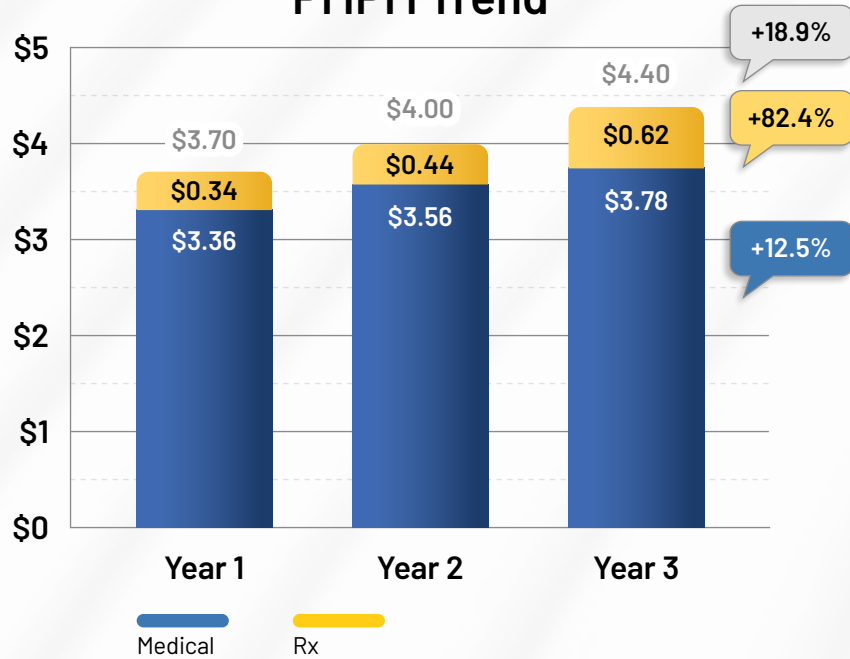


Surprising twist: Although Humira is still expensive (\$58,187 per IBD claimant per year) it is offsetting the upward trend by **reducing PMPM by - \$0.15.**

Moving down our cost hierarchy, we examined Inflammation of the Esophagus, the second most expensive GI condition in our analysis.

While reviewing the specific condition, although roughly 86% of the spend for inflammation of the esophagus is driven by the medical channel, the Rx trend is up 82.4% over the last three years.

Inflammation of Esophagus PMPM Trend

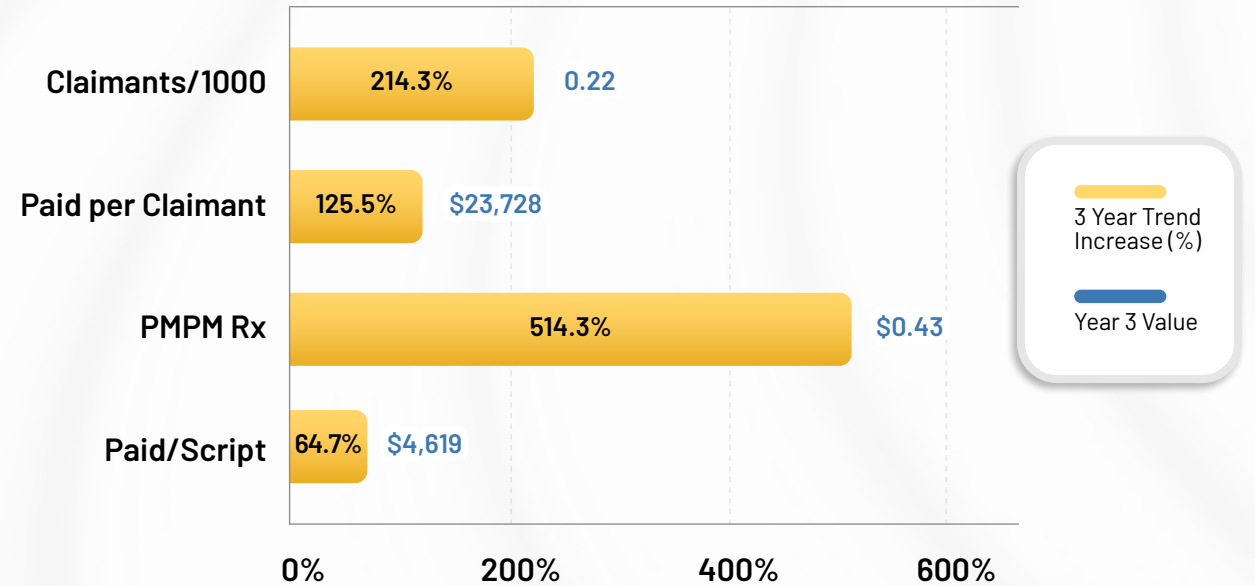


Inflammation of the Esophagus is swelling and irritation of the tissues that line the esophagus. The most common condition within the Springbuk BoB under this umbrella term is gastro-esophageal reflux.

At the center of this specialty drug increase: Dupixent.

-)] Dupixent now accounts for **69.4% of all drug spend** for inflammation of the esophagus (\$0.43 PMPM)
-)] There is roughly a **215% increase in claimants/1,000** driving the increase, but the cost per script is also contributing to the increase, up roughly 65%

Dupixent - Inflammation of Esophagus



As we previously noted in the drug analysis, Dupixent has recently been approved for the treatment of eosinophilic esophagitis (EoE).

Unpacking Hernia Trends: Costs, Utilization, & Impact

As we round the final turn in our top gastrointestinal disease analysis, we reviewed cost and utilization patterns within Hernias (except hiatal).

A hernia occurs when part of your insides bulges through an opening or weakness in the muscle or tissue that contains it. Most hernias involve one of your abdominal organs pushing through one of the walls of your abdominal cavity. Hernias can occur gradually as you get older and regular wear and tear on your muscles begins to add up.

Source: [Cleveland Clinic](#)



Within Springbuk data, we find hernias (except hiatal) are the third highest driver of the overall GI trend across three years, contributing \$0.38 to the overall PMPM increase of \$5.23.

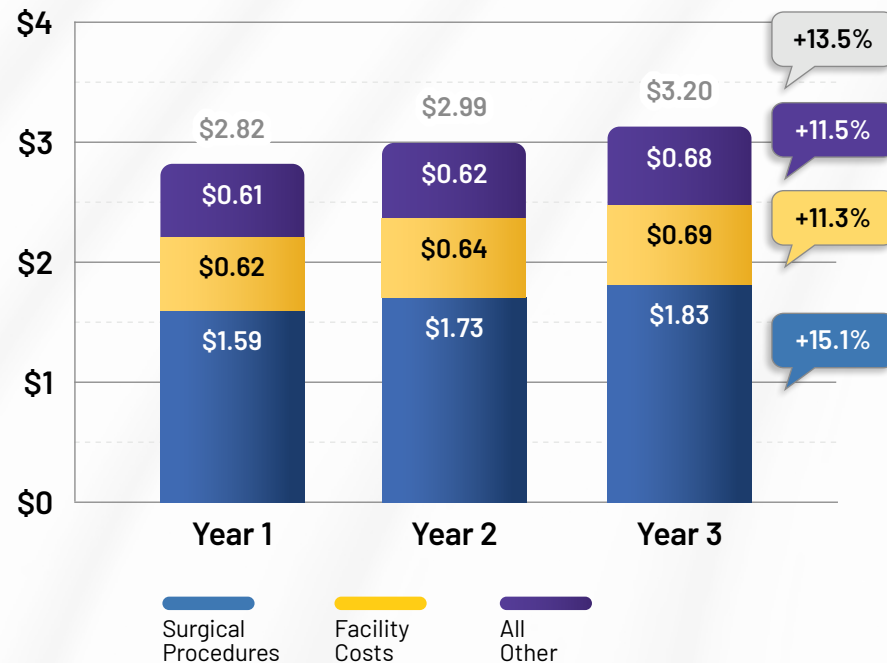
Unlike the other two conditions covered in this section, this increase is driven by medical costs and procedures

- › Surgical procedures are the number one driver, followed by facility costs and these two items make up about 78% of all cost
- › Surgical procedures are being driven by cost (+13%), not an increase in people treated for this condition (+1.7%)

Over the coming years, it will be important to monitor the prevalence and progression of hernias (except hiatal). By applying a proactive approach, employers will be well-positioned to anticipate potential employee health challenges and associated cost implications – whether it's through plan changes, interventions, or risk-mitigation strategies.

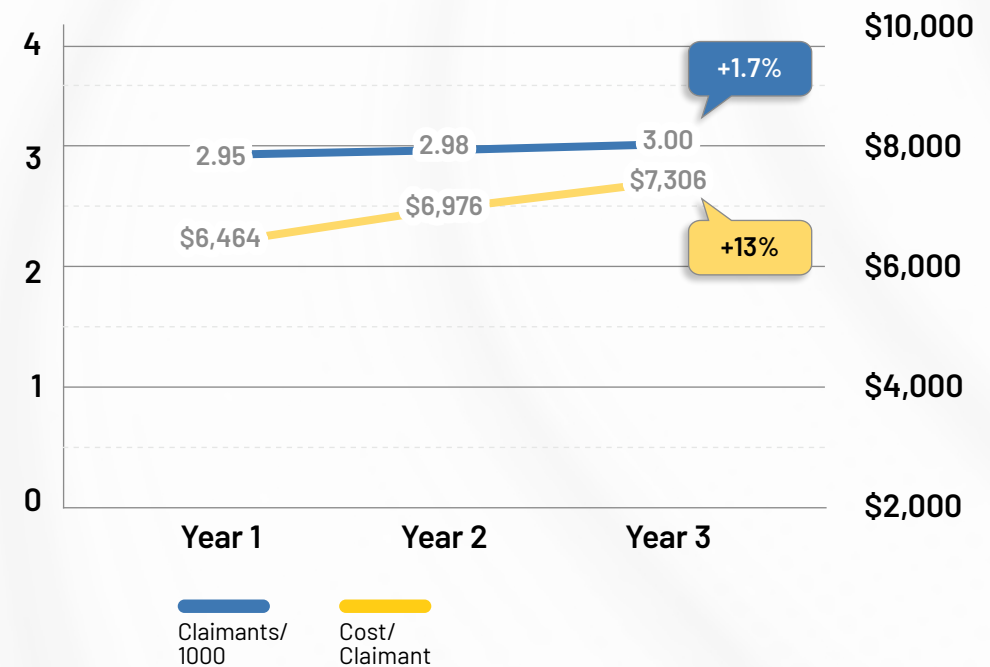
Hernias PMPM Trend

Except Hiatal



Hernia Surgical Procedure Utilization vs. Cost Trend

Except Hiatal



The Evolving Wellness Landscape: Uncovering Links Between Mental Health & Other Health Trends

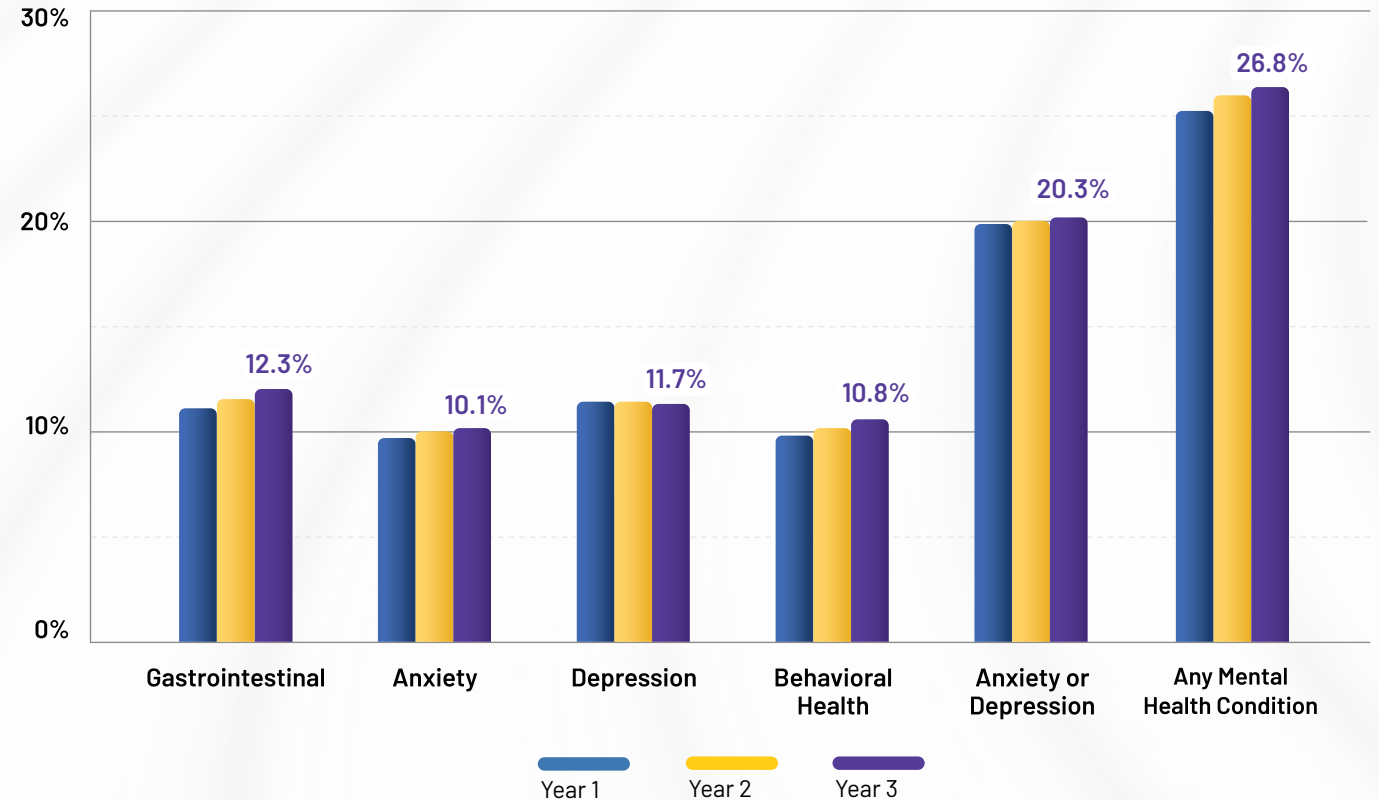
Through each Employee Health Trend report, we've highlighted the expansion of mental health support and resources. Once a sideline issue, mental health has become a reoccurring focus, underscoring its importance in overall wellness and the need for ongoing, comprehensive support.



We define **"Mental Health"** to encompass specific conditions such as anxiety, depression, and behavioral health. In general, your risk of having a GI condition increases when you have a mental health condition.

Prevalence Trends of GI & Mental Health Condition Groups

Adults Only





Our latest study explored **the link between various mental health conditions and gastrointestinal (GI) diseases**, revealing that these two areas are closely intertwined across the Springbuk Book of Business.

2.3x's

For example, members with any mental health condition are **2.3x's more likely to have any GI condition**

One of the most highly correlated risks we observed relates irritable bowel syndrome (IBS) and members who have anxiety or depression.

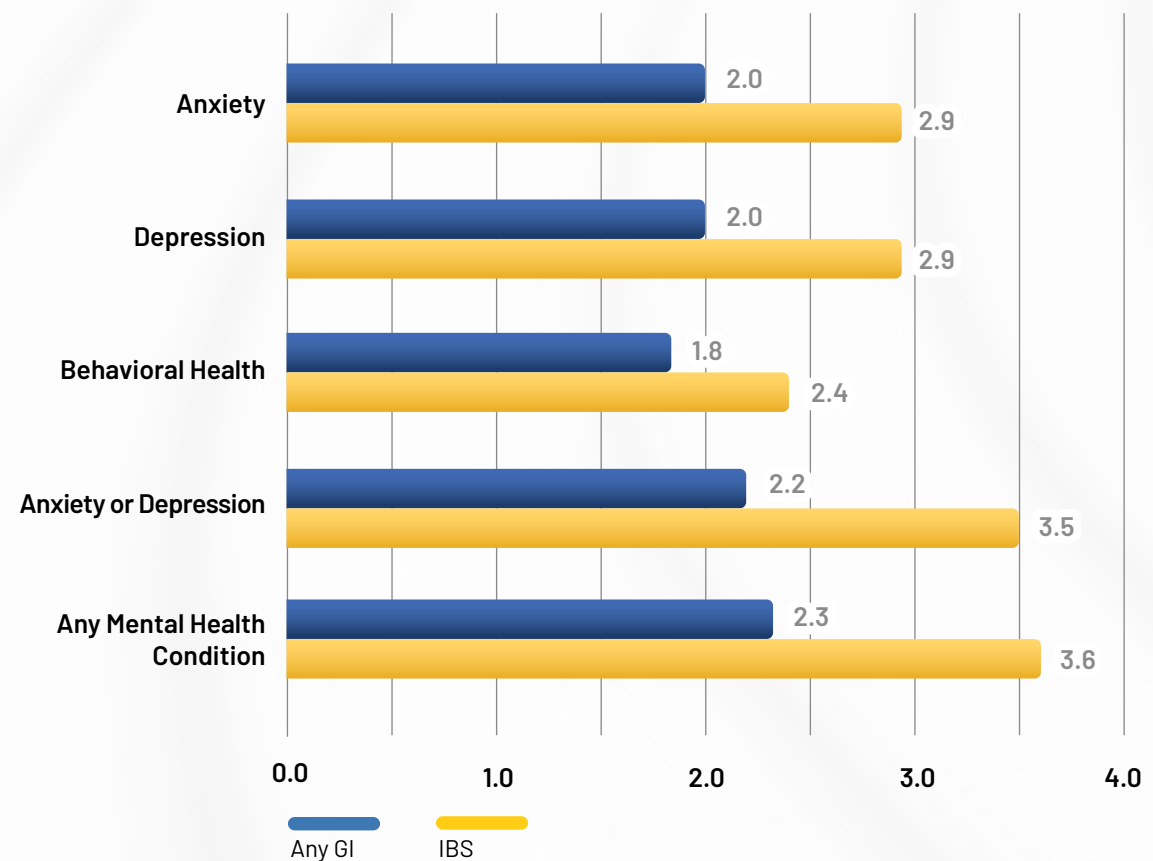
3.5x's

Members with either of these mental health conditions are **3.5x's as likely to have IBS** compared to members that do not have either condition

These insights highlight that, like many other aspects in health, mental health conditions are closely tied to additional complications. Keeping this in mind can empower employers to continue a progressive narrative around mental health, ensuring that support resources remain a critical priority rather than diminishing into a "nice-to-have" benefit.

Risk of GI Condition Given a Mental Health Condition

Year 3 - Adults Only



Employer's Roadmap: Navigating GI Disease Support

Where We're At

- › Gastrointestinal (GI) diseases are now among the top 3 most costly condition groups for employers, and second only to diabetes in terms of PMPM trend increases over the last 3 years
- › Three years ago GI ranked as the 4th highest condition in terms of pharmacy channel specialty drug spend, it is now number 2
 - › Inflammatory bowel disease (IBD) is an expensive and debilitating autoimmune disorder and is the main driver behind GI spend and trend increases
 - › Ulcerative colitis and Crohn's disease are the main conditions which require specialty drug therapy
 - › Specialty drug PMPM increases are being driven by the pharmacy channel (+35.7% over 3 years)
 - › Medical channel specialty drug trends remain flat over the same period—increased utilization is offset by lower cost of drugs
 - › Eosinophilic esophagitis (EoE) is a chronic inflammatory disease of the esophagus which has seen a large increase in cost and utilization of the specialty drug Dupixent
- › There is a strong connection between mental health and GI conditions
 - › Adult members with any mental health condition are more than twice as likely to have a GI condition
 - › Roughly 3.5x as likely to be struggling with irritable bowel syndrome (IBS)



Employer's Roadmap: Navigating GI Disease Support (Cont'd)

Where We're Going

- › Humira and Remicade biosimilars are helping to lower the cost for GI disease treatment—Stelara will have biosimilars available in 2025. Review strategies and education material to help members use biosimilars when possible, especially new patients.
- › Steer patients that are utilizing medical channel specialty drug infusions toward lower cost office settings, infusion centers or to home administration when clinically appropriate.
- › Members with IBD are likely to meet their annual deductible and have high out of pocket expenses, it is important to consider plan design options and strategies to help support medication adherence.
- › Members with mental health conditions may have a harder time caring for their health, partner with vendors that can assist with managing members with complex needs.

2025 & Beyond: Raising the Bar on Employee Wellness

Over the past 25 years, we've witnessed the evolution of workplace benefits, and now we stand at the threshold of a revolution—one that truly puts employees first.

When reviewing [Healthiest Employers](#) 2024 Application data, it's clear employers are seizing the opportunity to create more flexible, comprehensive, and technologically sophisticated benefits offerings. This real-world data shows that the future we described isn't just aspirational—it's already taking shape across forward-thinking employers who are reimagining benefits for the modern workforce.

Over the past decade, the Healthiest Employers® has celebrated the [Healthiest 100™ Workplaces in America](#) as part of their national awards program, administered by Springbuk. This program honors the “best of the best” in corporate health and wellness. [All companies on the list participated in a regional application process, which include an assessment comprising six categories:](#)

1. Culture & Leadership Commitment
2. Foundational Components
3. Strategic Planning
4. Communications & Marketing
5. Programming & Interventions
6. Reporting & Analytics

 HEALTHIEST
EMPLOYERS®

Below, we highlight the **primary trends from the 2024 Healthiest Employers Application data:**



Workplace Structure & Employee Support: The Hybrid Revolution

› The New Normal of Work

- › 43.8% operate on hybrid schedules, reflecting a major shift in workplace culture
- › 39.2% offer selective work-from-home opportunities, showing flexibility based on role requirements
- › Only 13.6% require full-time office presence, marking the end of traditional office-centric work
- › 3.4% are fully remote, representing workplace evolution

› Family-Centric Benefits Expansion

- › Family planning benefits reached 59% (up 6.6% from 2023), showing increased recognition of work-life integration
- › Childcare assistance grew to 42.2% (up 3.4% from 2023), addressing a critical employee need
- › These trends indicate employers' growing understanding of personal life impacts on workplace performance



Mental Health Investment: Beyond Basic Coverage

› Comprehensive Support Infrastructure

- › Near-universal EAP adoption at 97.8% shows mental health is no longer optional
- › Virtual counseling at 94.8% reflects adaptation to modern accessibility needs
- › Mental wellness app access surge to 67.4% (up 9.9% from 2023) demonstrates investment in preventative care

› Expanded Condition Coverage

- › High coverage across common conditions:
 - › Stress (98.6%) and Anxiety (97.8%) nearly universal
 - › Depression coverage at 96.6% shows serious commitment
- › Significant progress in serious condition support:
 - › Bipolar disorder coverage up to 76.4%
 - › Substance misuse coverage at 85.8%
 - › Eating disorder support at 80.6%
 - › PTSD coverage reaching 81.2%



Financial Wellness: A Holistic Approach

› Professional Financial Guidance

- › 92.2% provide financial advisor access, recognizing financial stress impacts
- › 91.4% offer educational seminars, focusing on long-term financial literacy

› Tangible Financial Benefits

- › HSA/HRA contributions increased to 81.4%, supporting healthcare cost management
- › Tuition reimbursement at 80.6% shows investment in employee development
- › Student loan assistance growing at 32.8%, addressing modern financial burdens



Data-Driven Decision Making: The Analytics Revolution

› Sophisticated Data Infrastructure

- › 66% now use data warehouses, up 5.1% from 2023
- › 86% track medical claims, enabling detailed health trend analysis
- › Benchmarking data use at 81.2%, dramatic increase from 49.8% in 2020

› Strategic Health Analytics

- › 82% track total healthcare spending
- › 78% monitor prescription spending
- › Chronic conditions prevalence tracking at 73%
- › Vision and dental data integration growing (61.2% and 67% respectively)



Disease Management & Innovation: Targeted Health Interventions

› Comprehensive Condition Management

- › Diabetes management leads at 89%
- › Mental health conditions (stress/anxiety) at 81%
- › Obesity programs at 79.6%

› Revolutionary Weight Management Approaches

- › First-time tracking of GLP-1 coverage shows industry evolution:
 - › 31.6% currently don't cover
 - › 28.6% cover with health conditions
 - › 17.4% offer comprehensive coverage
 - › 17.8% actively developing coverage strategies



Social Determinants of Health: Understanding the Whole Person

› Dramatic Shift in Health Assessment

- › Healthcare resource evaluation jumped to 74.8% from 32.8% in 2020
- › Individual behavior tracking increased to 57% from 25.6% in 2020
- › Only 19.6% lack evaluation programs, down from 63.1% in 2020

› Expanded Evaluation Criteria

- › Demographics tracking at 50%
- › Salary consideration at 53.8%
- › Physical environment assessment at 44.4%
- › Social environment evaluation at 46.4%

Empower Smarter Decisions: Transform Health Data into Better Benefits and Cost Savings

Your health data isn't just numbers—it's a strategic compass that connects benefits to your employees' needs while strengthening your organization's financial foundation.

Driving benefits strategy requires both innovative tools and actionable intelligence. By uncovering your unique care and cost patterns, you replace guesswork with confidence, laying the groundwork for targeted, impactful plans and programs.

With **Springbuk's Health Intelligence™** platform, you gain the insights needed to reshape workforce health strategy. Our advanced analytics transform complex data into clear, actionable direction—empowering you to optimize investments, improve health outcomes, and foster a stronger, more resilient workforce.

Ready to unlock the full potential of your health data and discover how Springbuk's platform drives smarter decisions?



Discover more at springbuk.com



Glossary

| | |
|--|---|
| A1C Test | The A1C test can be used to diagnose diabetes or help you know how your treatment plan is working by giving you a picture of your average blood glucose (blood sugar) over the past two to three months. (American Diabetes Association) |
| Biologic Drugs | Large molecules made by living cells. It is not possible to make an exact copy. |
| Biosimilar | A biological drug that is very much like another biological drug (called the reference drug) that has already been approved by the U.S. Food and Drug Administration (FDA). To be called a biosimilar drug, a biological drug must be shown to be as safe as, work as well as, and work in the same way as its reference drug. It must also be used in the same way, at the same dose, and for the same condition as the reference drug. |
| Book of Business (BoB) | A list of clients or accounts managed within a business. For example: Springbuk's 5,900 employer clients as of December 2024. |
| Census Tract | <p>A small, relatively permanent statistical subdivision of a county or equivalent entity in the United States, designed to represent relatively homogeneous populations with respect to economic status, living conditions, and other demographic characteristics.</p> <p>Key features include:</p> <ul style="list-style-type: none"> › Size: Census tracts typically encompass populations of about 1,200 to 8,000 people, with an optimum size of 4,000 residents. › Purpose: Used by the U.S. Census Bureau for organizing and presenting data about neighborhoods, such as income, education, and housing statistics. › Boundaries: Generally follow visible geographic features (e.g., roads, rivers) or administrative boundaries but can change over time to reflect population shifts. (U.S. Census Bureau) |
| Continuous Glucose Monitoring (CGM) | CGMs continually monitor your blood glucose (blood sugar), giving you real-time updates through a device that is attached to your body. (American Diabetes Association) |
| Cost or Spending | The plan paid amount. |
| Eosinophilic Esophagitis | Eosinophilic esophagitis is an allergic condition that happens in the esophagus. The esophagus becomes inflamed and does not contract properly. It can get narrowed and develop rings or abscesses. The symptoms happen when your immune system makes white blood cells in reaction to an allergen. The white blood cells are called eosinophils. (Johns Hopkins) |
| Gap in Care | The discrepancy between recommended health care best practices and the care that is actually provided. |
| Gastrointestinal (GI) Diseases | Diseases involving the gastrointestinal tract, namely the esophagus, stomach, small intestine, large intestine, and rectum. |
| GLP-1 Agonist | GLP-1 agonists are a class of medications that mainly help manage blood sugar (glucose) levels in people with type 2 diabetes. Some GLP-1 agonists can also help treat obesity. GLP-1 agonists are most often injectable medications, meaning a liquid medication is injected with a needle and syringe. (Cleveland Clinic) |

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Glossary

| | |
|---|--|
| Hernia | Occurs when part of your insides bulges through an opening or weakness in the muscle or tissue that contains it. Most hernias involve one of your abdominal organs pushing through one of the walls of your abdominal cavity. Hernias can occur gradually as you get older and regular wear and tear on your muscles begins to add up. (Cleveland Clinic) |
| Hiatal Hernia | Another common type of hernia that you acquire during your lifetime. It happens when the opening in your diaphragm – where your esophagus passes through – widens, and the top of your stomach pushes up through the opening into your chest. (Cleveland Clinic) |
| Inflammatory Bowel Disease (IBD) | Inflammatory bowel disease (IBD) refers to diseases that cause chronic inflammation in your gastrointestinal (GI) tract. Its symptoms may come on suddenly (flares) and cause intense stomach cramps and diarrhea, among other issues. But IBD can affect more than your gut – it can affect your overall physical health, emotional well-being and even your mental health. Crohn's disease and ulcerative colitis are forms of inflammatory bowel disease. (Cleveland Clinic) |
| Inflammation of the Esophagus | Inflammation of the esophagus is swelling and irritation of the tissues that line the esophagus, the swallowing tube that runs from your throat down to your stomach. It may feel sore, swollen, raw, or burning. Inflammation in your tissues occurs when your immune system has been activated to destroy an infection or allergen or to repair tissue damage. Erosive substances, such as stomach acid and certain medications, can injure your esophageal tissues. (Cleveland Clinic) |
| Irritable Bowel Syndrome | Irritable bowel syndrome, or IBS, causes uncomfortable or painful abdominal symptoms. Constipation, diarrhea, gas, and bloating are all common symptoms of IBS. IBS doesn't damage your digestive tract or raise your risk for colon cancer. Symptoms of IBS can often be managed through medications, diet, and lifestyle changes. (Cleveland Clinic) |
| Per Member Per Month (PMPM) | A financial metric used in healthcare revenue cycle management to calculate the average cost or revenue generated per individual enrolled in a health plan within a given month. (MD Clarity) |
| Prediabetes | Prediabetes is a condition that causes a person's blood sugar level to be elevated, but not high enough to warrant a diagnosis of type 2 diabetes. The American Diabetes Association first introduced the diagnostic criteria for prediabetes (and type 2 diabetes) in 1980 to determine the likelihood of developing bonafide diabetes. (Johns Hopkins) |
| Prevalence | The number of cases of a disease, number of infected people, or number of people with some other attribute present during a particular interval of time. It is often expressed as a rate. For example, the prevalence of diabetes per 1,000 people during a year. (CDC) |
| Specialty Drug | One that typically has one or more of the following attributes: high cost, biologic in nature, used in the treatment of rare or complex chronic conditions, or requires special handling or administration. |
| Social Determinants of Health (SDoH) | Social Determinants of Health (SDoH) are conditions in the environments where people are born, grow, work, live and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They generally fall into one of five overarching categories: <ul style="list-style-type: none">)] Social and Community Context (demographics, culture))] Economic Stability (employment, income level))] Neighborhood and Physical Environment Factors (housing, transportation, environment, crime, food access))] Education Access and Quality)] Healthcare Context (health behaviors, health status, access to care, insurance status, mortality rate) |

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Glossary

Social Vulnerability

The potential negative effects on communities caused by external stresses on human health. These stresses can include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

The CDC's Social Vulnerability Index (SVI) uses U.S. Census data to determine the social vulnerability of every census tract. The SVI ranks each tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. ([ATSDR/CDC](#))

Time Periods Used in Chapter 2 & 3

Year 1: July 2020 - June 2021
Year 2: July 2021 - June 2022
Year 3: July 2022 - June 2023
Year 4: July 2023 - June 2024

Time Periods Used in Chapter 4

Year 1: July 2021 - June 2022
Year 2: July 2022 - June 2023
Year 3: July 2023 - June 2024

Type 1 Diabetes

Type 1 diabetes is a chronic (life-long) autoimmune disease that prevents your pancreas from making insulin. It requires daily management with insulin injections and blood sugar monitoring. Both children and adults can be diagnosed with type 1 diabetes. ([Cleveland Clinic](#))

Type 2 Diabetes

Type 2 diabetes happens when your body can't use insulin properly. Without treatment, type 2 diabetes can cause various health problems, like heart disease, kidney disease, and stroke. You can manage this disease by making lifestyle changes, taking medications, and seeing your healthcare provider for regular check-ins. ([Cleveland Clinic](#))

