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EHCONNECT

ARTICLES

What Plan Sponsors Should Know About GLP-1s and Direct-to-Consumer Programs

Unpacking Washington's Drug Pricing Plan

FEATURE

Client Spotlight

Colin Kunath
The Hillman Group

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Message From

Christopher V. Goff, Esq.
Chairman, President & CEO

We're just a few months into the year, and our team has been hard at work preparing for strategic discussions with clients during the upcoming annual review season. The team truly looks forward to meeting with each of you to discuss how your plan is performing and opportunities for additional value and savings. Please remember, we're here to answer any questions you may have about your plan's performance and want to ensure your team feels confident about any plan changes you may be considering.

This year, our clients are confronting a host of new and existing challenges, including legislative and regulatory changes, pressure from direct-to-consumer (DTC) platforms and pricing, as well as opportunities to provide patients with additional lower-cost biosimilars. As we navigate these industry changes, we are committed to providing market-leading pricing, favorable contractual terms and options to manage drug classes driving trend. The Employers Health team is here to keep you informed of the latest developments while advocating for your best interests.

Our upcoming two-day Annual Benefits Forum in Columbus, Ohio, is a great opportunity to engage directly with our team, connect with peers and learn from industry leaders. This highly anticipated event on March 24 and 25 is quickly approaching. If you are unable to attend, all sessions will be recorded and made available as webinars at a later time.

For 2026's first EH Connect edition, we have two articles on important industry topics that are top of mind for plan sponsors. On page 3, Alexis Sova, clinical advisor covers “What Plan Sponsors Should Know About GLP-1s and Direct-to-Consumer Programs.” You’ll also hear from Madison Connor, senior vice president, regulatory compliance and external affairs as she discusses drug pricing policies and federal PBM reform in Washington. Finally, we hope you’ll enjoy this edition’s client spotlight featuring Colin Kunath, director, payroll and benefits at The Hillman Group.

WELCOME TO OUR NEWEST CLIENTS

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Ascent Aerospace Holdings LLC

Braun Intertec

Capri Holdings

Cheyenne Regional Medical Center

City of Springfield, MO

Control Devices

EmpowerMe Wellness

EthosEnergy GmbH

Extra Space Storage Inc.

FirstService Residential

Helix Energy Solutions

Iowa Association of Electrical Cooperatives

iQor

Iron Workers Locals 40, 361 and 417

Liberty

Mazda North American Operations

Metropolitan Family Services

Milacron

Mom's Meals

NetApp

Noblesville Schools

Numotion

Ocean Spray Cranberries Inc.

PVH Corp.

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Schafer Industries

Scheels All Sports Inc.

Stepping Stones Group

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The Fresh Market Inc.

Yuma Area Benefit Consortium

Zelis Healthcare

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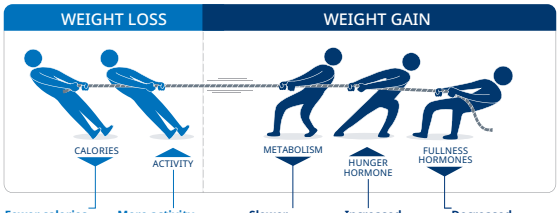
The Tug-of-War of Weight Management

The body's response to weight loss makes it hard to maintain progress

Science shows that after losing weight, the body tries to put it back on.

Following weight loss, the body's metabolism slows down and appetite hormones change, making you feel more hungry and less full.

Here is how it works:



Fewer calories
Limiting the calories you take in—by eating small portion sizes, for example—can help you lose weight

More activity
Doing regular physical activity—like taking a walk every day—can help burn calories. But when your body loses weight, it tries to gain it back

Slower metabolism
When you lose weight, your metabolism slows down and gets more efficient. It needs fewer calories to do its job

Increased hunger hormone
With weight loss, your body increases a "hunger hormone," which tells your body you're still hungry and can lead to consuming more calories

Decreased fullness hormones
You also have hormones that tell your brain that you're full. When you lose weight, these hormones are decreased

In a person with obesity, the body will try to put the weight back on for at least 12 months after weight loss

While healthy eating and increased physical activity are important, for many people it may not be enough to keep the weight off. Talk to your doctor to see how this may be affecting your efforts to lose weight.

For more information, please go to www.TruthAboutWeight.com.

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What Plan Sponsors Should Know About GLP-1s and Direct-to-Consumer Programs

Alexis Sova, PharmD
Clinical Advisor

Demand for weight loss medications continues to surge and shows no sign of slowing down. When GLP-1s first made headlines, many were concerned about the safety and efficacy of these products. Now, the conversation has shifted from safety to accessibility, with millions of Americans looking for ways to get their hands on weight loss medications.

Gaining access to these sought-after medications continues to be an issue. Significant shortages upon launch, in tandem with the entry of compounding pharmacies into the market, have created significant barriers for patients seeking FDA-approved treatments. In response, manufacturers Eli Lilly and Novo Nordisk created their own platforms for patients to access their branded products, Zepbound and Wegovy, through cash-pay models. These direct-to-consumer (DTC) platforms have sparked considerable discussion amongst employer groups, as plan sponsors continue to determine whether or how to cover these medications under their pharmacy benefit.

How DTC programs can help the right patient

Despite recent attention, DTC platforms are not a new concept. As early as the mid-2010s, manufacturers such as AstraZeneca offered medications like Nexium directly through the manufacturer's website. However, the rapid uptake of weight loss medications has brought renewed visibility to these models. Today's DTC platforms promise greater pricing transparency, potential discounts, virtual provider consultations and home delivery of prescribed medications. These options are attractive for those who are under or uninsured or living in rural areas with limited access to health care providers. Through bypassing insurance, DTC platforms offer an alternative pathway to treatment outside of the traditional pharmacy benefit, sometimes at a lower upfront cost to the member.

Why DTC programs might not always be the best option

It's important to keep in mind that these platforms are not without risk. While they are intended to address existing gaps in access and affordability, DTC models may inadvertently widen health disparities. Accessing medications through manufacturer-run platforms requires reliable internet access, adequate digital literacy and the ability to pay out of pocket. Although prices for obesity medications have declined over time, affordability remains a challenge. Currently, LillyDirect offers Zepbound at approximately $299 to $449 a month, while NovoCare lists Wegovy at $149 to $349 per month. To put it in perspective, the average annual out-of-pocket health care spending in 2023 was $1,514 per person. Even at the lowest monthly price point, a full year of treatment would exceed that average, still leaving treatments financially out of reach for many patients despite recent pricing improvements.

Beyond cost considerations, DTC access also raises important safety concerns for plan sponsors. When medications are obtained outside the pharmacy benefit, visibility into a member's full medication profile may be lost. Because these fills bypass pharmacy benefit managers and often fall outside traditional pharmacy and provider workflows, pharmacies and primary care providers may be unaware that a patient is taking weight loss medications. If members fail to disclose that information, the risk of drug interactions, duplicate therapy or unmanaged side effects increase. For plan sponsors and members, this lack of clinical visibility introduces both patient safety and care coordination challenges that warrant careful consideration.

As these DTC models continue to evolve, manufacturers are no longer the only players shaping this space. Since the launch and uptick in utilization of the NovoCare and LillyDirect platforms, more platforms have emerged with broader ambitions. Rather than offering access through a single manufacturer or for a single disease state, DTC platforms such as TrumpRx and America's Medicines aim to aggregate manufacturer programs and expand access by working directly with multiple manufacturers. These models represent a shift toward broader, market-facing pharmacy platforms that may further disrupt the traditional pharmacy benefit structures.

Areas of opportunity and risk need to be considered

Directing members to the DTC offering may reduce overall costs to the plan and limit the need to provide coverage or oversight of certain therapeutic classes. For members who would not meet coverage criteria, these platforms may provide an alternative pathway to access treatment. However, these benefits must be weighed against the concerns related to visibility into medication use, increased fragmentation of care and heightened member confusion, particularly when these medications are accessed through multiple manufacturers or platforms. One of the biggest concerns to keep in mind is that since DTC purchases do not flow through the pharmacy benefit, associated costs do not count toward members' deductibles or out-of-pocket maximums, which may inadvertently increase a member's total health care spending depending on comorbidities and long-term needs.

In response to these limitations, a new access model has emerged that is designed specifically for employers. These direct-to-employer (DTE) offerings, including those recently announced by Waltz Health and 9am Health in partnership with Novo Nordisk and Eli Lilly, are specifically designed for employers who do not currently cover obesity medications under the pharmacy benefit today. These approaches would bypass the PBM and require employers to carve out GLP-1-based obesity medications from their benefit, but promise fixed, pre-negotiated pricing. This may result in lower and more predictable net costs for employers; however, it may also require the employer to pay additional fees to third-party vendors. Third-party vendors, like Waltz Health and 9am Health, help to support these models by combining pharmacy navigation with holistic weight management support.

As access models continue to expand beyond the traditional manufacturer-led platforms to broader market aggregators, plan sponsors will need to thoughtfully assess how these DTC and DTE options align with their overall pharmacy strategy and commitment to equitable access. Proactive evaluation, clear member communication and guidance will be essential to ensure that the DTC models support safe, coordinated and sustainable care.

The Employers Health clinical team remains committed to supporting employers and their members in understanding the nuances of these evolving offerings and welcomes the opportunity to address any additional questions at clinical@employershealthco.com.

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Unpacking Washington's Drug Pricing Plan

Madison Connor, J.D., CEBS
Senior Vice President, Regulatory Compliance and External Affairs

As payors and patients continue to grapple with record-high health care spending, drug pricing has emerged as a key policy focus for the Trump administration, with several executive orders and proposed frameworks aimed at lowering prices for American patients. These efforts have ranged from the looming threat of pharmaceutical tariffs to promoting direct-to-consumer (DTC) options via TrumpRx. Many of these proposals are still taking shape, and substantial questions remain as to the applicability of these models and what they ultimately mean for employer-sponsored health plans.

As federal policymakers in Washington, D.C. pursue more aggressive drug pricing strategies, plan sponsors and benefits professionals need to understand how these policies may affect plan costs, vendor contracts and long-term affordability. Here is a closer look at the federal policies impacting the pricing and delivery of pharmacy benefits in early 2026:

TARIFFS

From May to October of 2025, the Trump administration leveraged the threat of tariffs – both at a broad baseline and industry-specific scale – to bring drug manufacturers to the table for voluntary negotiations on the prices of high-cost brand drugs. A 100% tariff on brand drugs was set to go into effect on October 1, 2025, but was ultimately delayed as negotiations commenced between the administration and the world's largest drug manufacturers. Manufacturers that entered into agreements with the administration have been granted a three-year reprieve from the 100% brand tariffs.

It appears unlikely that tariffs will come back into play, given that most manufacturers have reached agreements with the administration to voluntarily lower prices and invest significantly in domestic drug manufacturing. Generic drugs were broadly exempted from future tariffs, although imported ingredients from countries subject to broader baseline tariffs could still drive-up costs. Stand-alone tariff agreements with countries and territories may also change the calculation. For example, the United States and European Union trade deal would cap exports, including pharmaceuticals, at 15%.

MOST-FAVORED-NATION PRICING

Central to the administration's drug affordability plan is the implementation of most-favored-nation (MFN) pricing, as initially outlined in a May 2025 executive order. In late July, the president sent letters to the 17 largest drug manufacturers demanding that they lower drug prices to match what's paid in other developed countries. The MFN targets are the prices paid in economically similar countries with at least 60% of the U.S. gross domestic product per capita, i.e., Canada, Japan and the United Kingdom.

As part of the deals with the Trump administration, manufacturers have agreed to align U.S. pricing with global norms by making MFN pricing available to state Medicaid programs and guaranteeing MFN pricing for newly launched products. The regulatory framework for Medicaid pricing is currently being developed by the Centers for Medicare and Medicaid Services (CMS) via its GENErating cost Reductions fOr U.S. Medicaid (GENEROUS) model. The proposal targets high-cost brand drugs without generic competition.

The specific terms of these agreements have been deemed confidential and seem to vary by individual agreement. Substantial uncertainty remains as to the extent of drugs that will be offered under this new model and whether the MFN prices for newly launched products will be available to the commercial market. It also remains to be seen how this proposal will interact with the Medicaid Drug Rebate Program, which already requires manufacturers to offer state Medicaid plans the "best price."

TRUMPRX.GOV

Manufacturers have also agreed to offer discounts through TrumpRx.gov, a DTC website operated by the federal government where patients can access cash prices for certain prescription drugs. While TrumpRx does not purchase and sell drugs directly, the website provides access to discounted prices in three ways: through digital coupons that may be presented at participating pharmacies, through redirection to existing manufacturer DTC websites and through preferred mail order pharmacy networks.

According to the terms and conditions of the TrumpRx platform, these are prices for cash-paying customers and are not available through insurance. Thus, the patients most likely to benefit from TrumpRx are uninsured patients and patients seeking access to drugs not covered by their plan. Any patient spend through the website will not count towards a patient's deductible or maximum out-of-pocket.

MAXIMUM FAIR PRICE

While the administration's MFN agreements are primarily focused on Medicaid, some of the negotiated pricing will impact Medicare drug coverage. In November 2025, the administration announced deals with Eli Lilly and Novo Nordisk, whereby Medicare may cover GLP-1s for obesity if beneficiaries meet specific body mass index (BMI) and comorbidity criteria. As a result of these negotiations, Medicare will offer expanded coverage for Ozempic and Wegovy for around $245 per month.

Some plan sponsors may be wondering how these MFN negotiated prices interact with the maximum fair prices (MFP) determined under the Inflation Reduction Act's Medicare drug price negotiation program; Ozempic and Wegovy were chosen for negotiation under the program, with pricing set to take effect in 2027. This means that, for 2027, there will be two Medicare-negotiated prices available for these drugs: $245 per month under the MFN deal and $274 per month under the MFP negotiations through the Inflation Reduction Act.

It's important to note that these processes are distinct. The MFP negotiation is a statutorily established process where CMS is limited to certain factors for consideration during price negotiations. The MFN deals are voluntary commitments from the manufacturers, not required by law and not limited to any certain factors and will result in expanded coverage under Medicare in exchange for these price concessions. For avoidance of doubt, CMS has announced that the lower MFN price ($245 per month) will supersede the MFP price ($274 per month) for these selected products.

Other federal dynamics impacting pharmacy benefit plans in 2026:

FEDERAL PBM REFORM

Congress recently passed targeted PBM reform in the Consolidated Appropriations Act of 2026. The key provisions include a 100% rebate pass-through requirement, mandatory PBM reporting to plan sponsors and expanding the application of existing ERISA compensation disclosure rules to PBMs.

REGULATORY RULEMAKING

Most drug pricing policies continue to be driven by administrative guidance rather than federal law. The Department of Health and Human Services recently proposed rules that streamline reporting under the Transparency in Coverage monthly machine-readable file requirements, and the Department of Labor proposed rules implementing plan service provider compensation disclosures required under ERISA.

FEDERAL TRADE COMMISSION (FTC) CASE

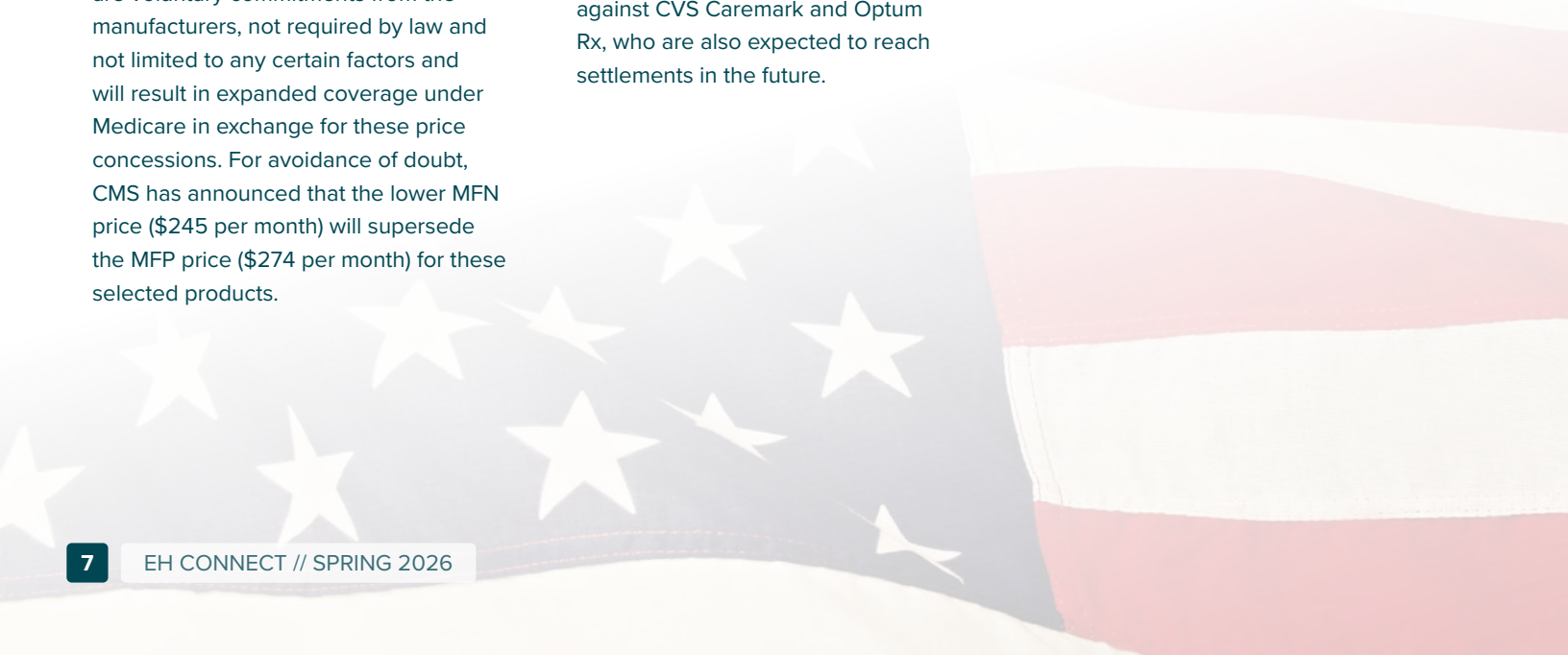
Express Scripts recently reached a settlement with the FTC in the Commission's ongoing litigation against the big three PBMs over insulin pricing. As part of its settlement, Express Scripts agreed to major structural changes to its standard offering to plan sponsors. The action will continue against CVS Caremark and Optum Rx, who are also expected to reach settlements in the future.

Closing thoughts

As Washington continues to prioritize transparency in the health care industry, anticipated regulatory guidance from the administration paired with the recent passage of the Consolidated Appropriations Act of 2026, will shift the way that plan sponsors contract with plan service providers, evaluate reasonability of fees and deliver pharmacy benefits to participants. As we continue to evaluate and analyze these recent developments, Employers Health is committed to keeping you apprised of the potential impacts to self-funded plan sponsors with timely resources like our podcast, Health Care Headlines.

To learn more contact, Madison Connor at mconnor@employershealthco.com.

Watch Health Care Headlines at employershealthco.com/resource-center/podcast/



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Noteworthy NEWS

Chris Goff, chairman, president and CEO, on behalf of The Greater Canton Martin Luther King, Jr. Commission, was honored with the 2026 Martin Luther King, Jr. Annual Mayors' Breakfast Business Service Award. This award recognizes an individual or business that exemplifies the philosophy, teachings and enduring spirit of Dr. Martin Luther King, Jr. throughout Stark County.

Nick Smith, client solutions executive joined the board of directors for the Jackson Local Schools Foundation and the National Alliance on Mental Illness of Stark County.

Chris Donley, regional vice president, business development completed the Master of Business Administration program at Eastern University.

Cassidy Burger, content marketing specialist joined the Stark Library Foundation board of trustees and the Career Apprenticeship and Mentorship Program (C.A.M.P.) advisory board. C.A.M.P. is a professional training and development program serving primarily at-risk and underserved students in Stark County.

Chad Sinkovich, senior accounting manager was elected president of the TomTod Ideas board of directors. TomTod Ideas is a youth development nonprofit based in Canton, Ohio that listens to, honors and advocates for middle schoolers — empowering middle schoolers to explore and launch ideas that put empathy and imagination into action.

Alexis Niemi, client solutions specialist was elected to the Canton Regional Area Health Education Center (CRAHEC) board for 2026. CRAHEC coordinates educational activities in community settings for local health professional students.

Liz Donley, client solutions executive is chairing the Stark County JRC's Women in History Fundraiser. This fundraiser helps fuel the JRC's mission of enriching, inspiring and empowering the lives of children and seniors in Canton, Ohio.

Alexis Sova, clinical advisor joined the Northeast Ohio Medical University dean's advisory council.

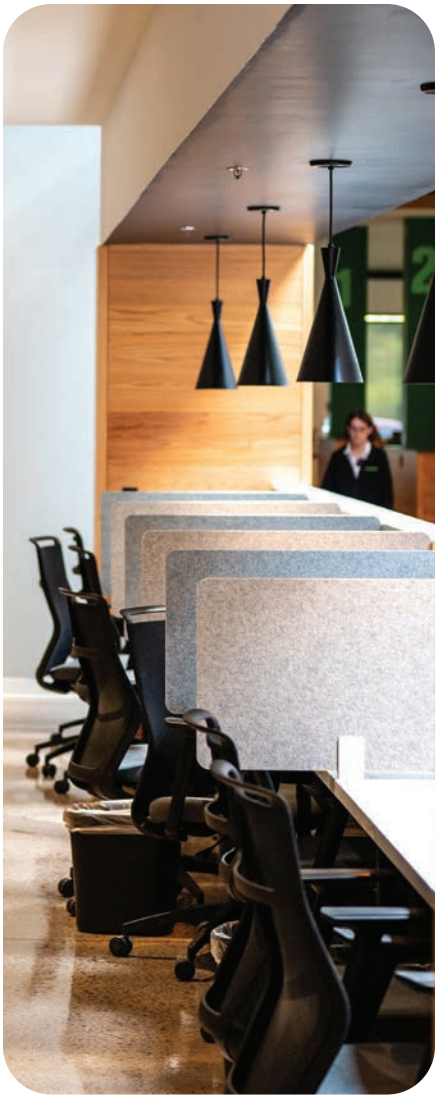
Taylor Conner, senior director, client solutions joined the Canton Symphony Orchestra Endowment Campaign Committee.

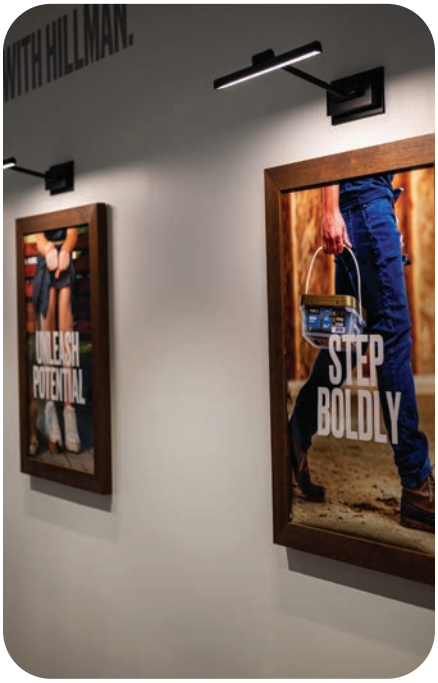
Client Spotlight

Interview with Colin Kunath

Director, Payroll and Benefits

The Hillman Group





The Hillman Group

Founded in 1964 in Cincinnati, Ohio, The Hillman Group is a leading provider of hardware-related products and solutions for home improvement, hardware and farm and fleet retailers across North America. Hillman's extensive portfolio includes hardware solutions (fasteners, screws, nuts and bolts), protective solutions (work gloves, jobsite storage and protective gear) and robotic and digital solutions (key duplication and tag engraving).
As thousands of employees worldwide contribute their expertise, the organization continues to grow its business and lead the way in innovative hardware solutions. We met with The Hillman Group's director, payroll and benefits, Colin Kunath to learn how his team's approach to benefits ensures they attract and retain top talent that fuels Hillman's mission.

How does The Hillman Group approach benefits and overall well-being for its employees?

The Hillman Group has always held a strong belief that benefits are a crucial component in both recruiting and retaining high-quality talent. Compensation and paid time off are no longer enough to attract and retain employees. Our team leverages this knowledge by focusing our benefit offerings on employee feedback.

With team members throughout the U.S., what communication strategies have you found most effective for reaching and engaging a geographically diverse workforce?

Communication is something we work on every day. We have experimented with text messages, emails, notification screens, handouts and mailings. Ultimately, there is nothing quite as effective as taking the time to equip our managers across the organization with a functional understanding of benefits. We don't ask them to be experts, but work to provide them with enough information to help their employees know when they can handle things on their own and when they should reach out to the benefits team.

The Hillman Group is committed to providing team members with benefits that add value to their lives now and in the future. Are there any specific initiatives or unique benefits your employees enjoy?

We have a very multifaceted population, with team members from all over the world. This has allowed us to soar to new heights, but it can sometimes pose challenges for the benefits team. When creating benefits for a global workforce, it is important to take into account employees' financial needs and cultural values. By doing so, we've created a strong base of medical, dental and vision plans, while leveraging point solution providers like Hinge Health and Lyra to deliver targeted enhancements to different groups. Our point solutions offerings tend to be very popular and sought after.

How does your benefits team determine that an initiative or a new benefit offering was successful?

Our approach has been to get beyond just numbers. Of course, we measure things like participation rates and offering engagement, but success is measured most meaningfully by the impact on employee quality of life. Ultimately, we use a combination of engagement statistics, sentiment surveys and direct feedback to measure true success. If we see strong utilization for a new offering, but don't hear anyone talking about it, we worry it may become a flash in the pan.

What do you feel is the biggest value your organization derives from Employers Health?

Our relationship with Employers Health has been a big part of our efforts to shift to a strategic benefits approach. It can be very easy to fall into a reactive mindset when you are overwhelmed with employee challenges. Employers Health helps us stay proactive so we can better plan and adjust our approach to offer our employees the best solutions to meet emerging challenges.

Keeping up with benefits trends and news can be overwhelming. What resources does your team utilize to stay up to date?

Benefits can be a whirlwind at times and knowing what trends to keep an eye on can be challenging. We have developed very strong relationships with our Fidelity Benefits Consulting team, as well as CVS and Employers Health. Together, they help our team make the most of our time when tracking trends.

What advice do you have for other benefits professionals?

One of the most formative books I have read is "The HP Way" by David Packard, the co-founder of Hewlett-Packard (HP). It highlighted how easy it is to become insulated from the realities that our employees face. Finding ways to stay in touch with as many employees and managers as possible throughout your organization is critical to understanding the problems that benefits could solve or aggravate. What helped build HP also fuels our benefits success at The Hillman Group: the practical, people-focused approach of management by walking around to see the first-hand impact our benefits have on our population.

From left to right: Amber Poore, Colin Kunath and Jan Caldwell

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Source: CVS Health Analytics, 2024. Weight Management Pilot Results. Data from August 2023 through September 2024. 265K Total Covered Lives, as of 9/30/24. Conditions for ROI guarantee apply, and full guarantee requires final sign-off by CVS Caremark Actuarial and Underwriting. Actual savings vary based on client benefit plan design, implementation, and promotion.

1. Reflects relative increase in total weight loss from weight management medication start before and after enrollment inCVS Weight Management.
2. Comparing pilot client to a comparable client peer group in Q3 2024.
3. Health Optimizer® diabetes capabilities are FDA-cleared ("Welldoc®"), intended for use by adults with type 1 or type 2 diabetes. For full labeling information, visit www.learn.welldoc.com/caremark. The other Health Optimizer app features are non-FDA-cleared and intended to promote general wellness and education/self-management of various cardiometabolic conditions.

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