Employer Brief

Selected findings for CEOs, benefits leaders, and plan sponsors

This brief summarizes selected findings from the 2026 Baseline Edition of *The State of Metabolic Health in America* for benefits and financial decision-makers. It does not recommend any vendor, program, or plan design, and does not estimate return on investment for any intervention.

Cost Trajectory

- $5.3 trillion — U.S. national health expenditures in 2024 ($15,474 per person; 18.0% of GDP).
- $26,993 — average employer-sponsored family premium in 2025, up 6%: the third consecutive year of 6%+ growth, the first time that's happened in two decades.
- Mercer projects a further 6.7% increase in 2026 (to more than $18,500/employee) — the fastest projected increase in fifteen years — with prescription drug spending, and GLP-1 medications specifically, identified as the principal driver. WTW projects a 9.1% increase before plan changes, 8.0% after, for 2026.
- Specialty drug cost per member per year rose from $1,333 (2023) to $1,641 (2024) in PSG's commercial book of business, though gross specialty trend slowed from 14.4% to 9.6%.

Coverage Design Is Shifting

- 61% of firms with 10+ workers offered health benefits in 2025 (97% among firms with 200+ workers); 67% of covered workers were enrolled in self-funded plans (80% at firms with 200+ workers).
- GLP-1 coverage estimates vary materially by survey population: IFEBP reported 36%, Business Group on Health 67% (weight management, 105 large-employer members), and WTW 66% (294 clients, 2.8 million+ members). This range reflects differences in who was surveyed, not necessarily disagreement.
- Approximately 34% of firms covering GLP-1s for weight loss now condition coverage on a lifestyle program, dietitian visit, or case manager — a shift from the binary include/exclude decisions common through 2024.
- 19% of firms with 200+ workers cover GLP-1s primarily for weight loss, rising to 43% among firms with 5,000+ workers.

The Cost of Doing Nothing

- A modeled Integrated Benefits Institute analysis (2019 data) estimated $575 billion in illness-related employer productivity losses annually — 61 cents lost for every dollar spent on health benefits.
- Obesity raises absenteeism by an estimated 3.0 days/employee/year (a 128% increase vs. normal weight); national productivity losses were estimated at $13.4–$26.8 billion (2016 data).
- Reduced employment and on-the-job performance together account for more than $64 billion of diabetes' annual indirect costs.

Evidence Quality — What to Watch For

- This report's only example of durable, multi-year employer-vendor outcome data — Virta Health's 5-year type 2 diabetes results — is company-funded and company-authored, with no independent control group. That doesn't make the results meaningless, but it hasn't been independently verified.
- This report could not identify a comparable independent, multi-year evaluation for any employer condition-management vendor category. The evidence base for this entire purchasing category remains

substantially vendor-reported.

- Before relying on vendor outcome claims, ask whether the data is independently authored, whether it reports beyond one year, and whether it distinguishes cost/utilization change from clinical outcome change — this report found these frequently conflated across the industry.

Derived from: Knox, James M. The State of Metabolic Health in America — 2026 Baseline Edition. Tampa, Florida: Eagles Benefits by Design, Inc.; August 2026. Full sourcing, methodology, and data-gap disclosures for every figure above appear in the complete report.

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