International Society
of Certified Employee Benefit Specialists

Why Weight? You Need to Know This Now!

Drug Coverage & Other Weight Loss Program Considerations

Eileen Pincay, R.Ph., National Pharmacy Practice Leader, Consulting Services, Vice President

Leonard Spangher, CEBS, MHP, Vice President and Senior Consultant, Corporate Health Practice

Northern NJ Chapter of ISCEBS
March 19, 2024

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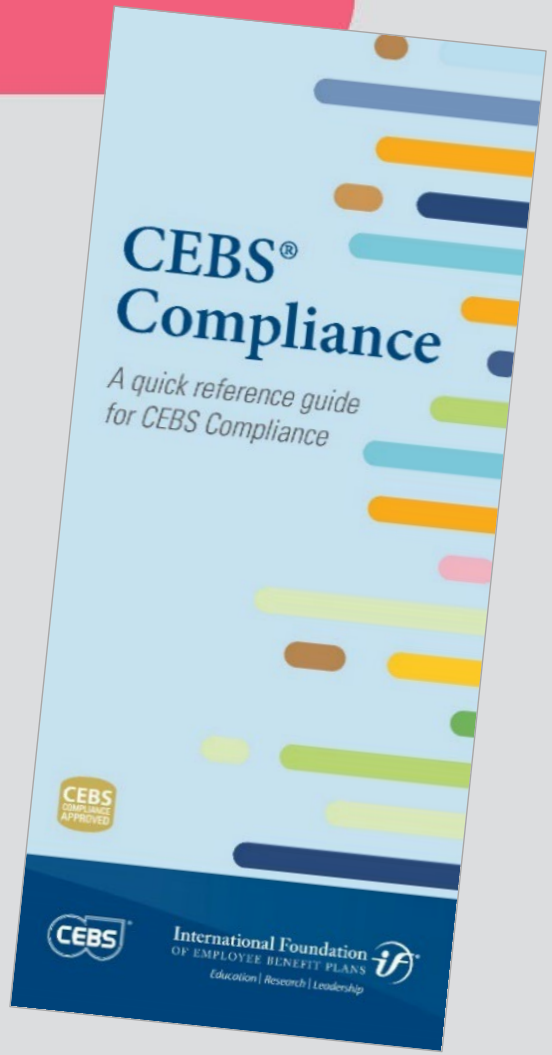

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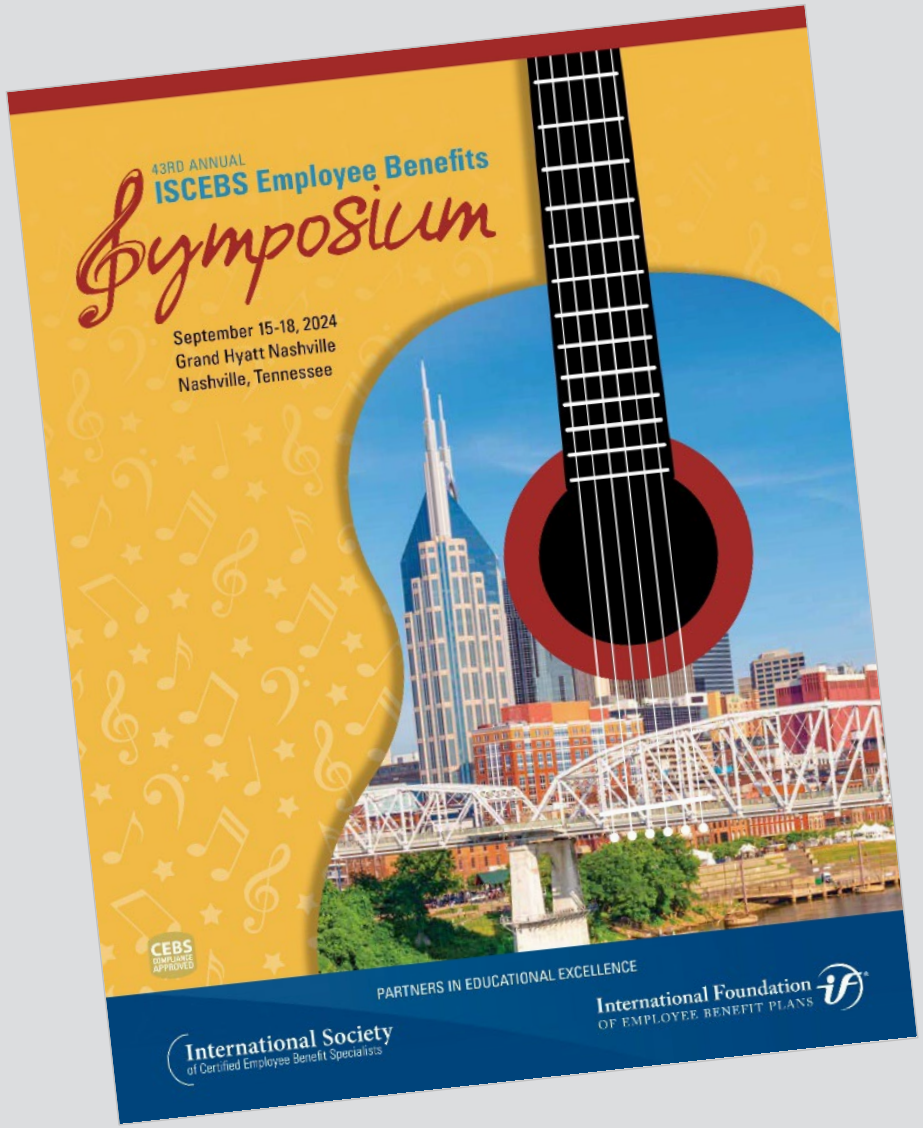

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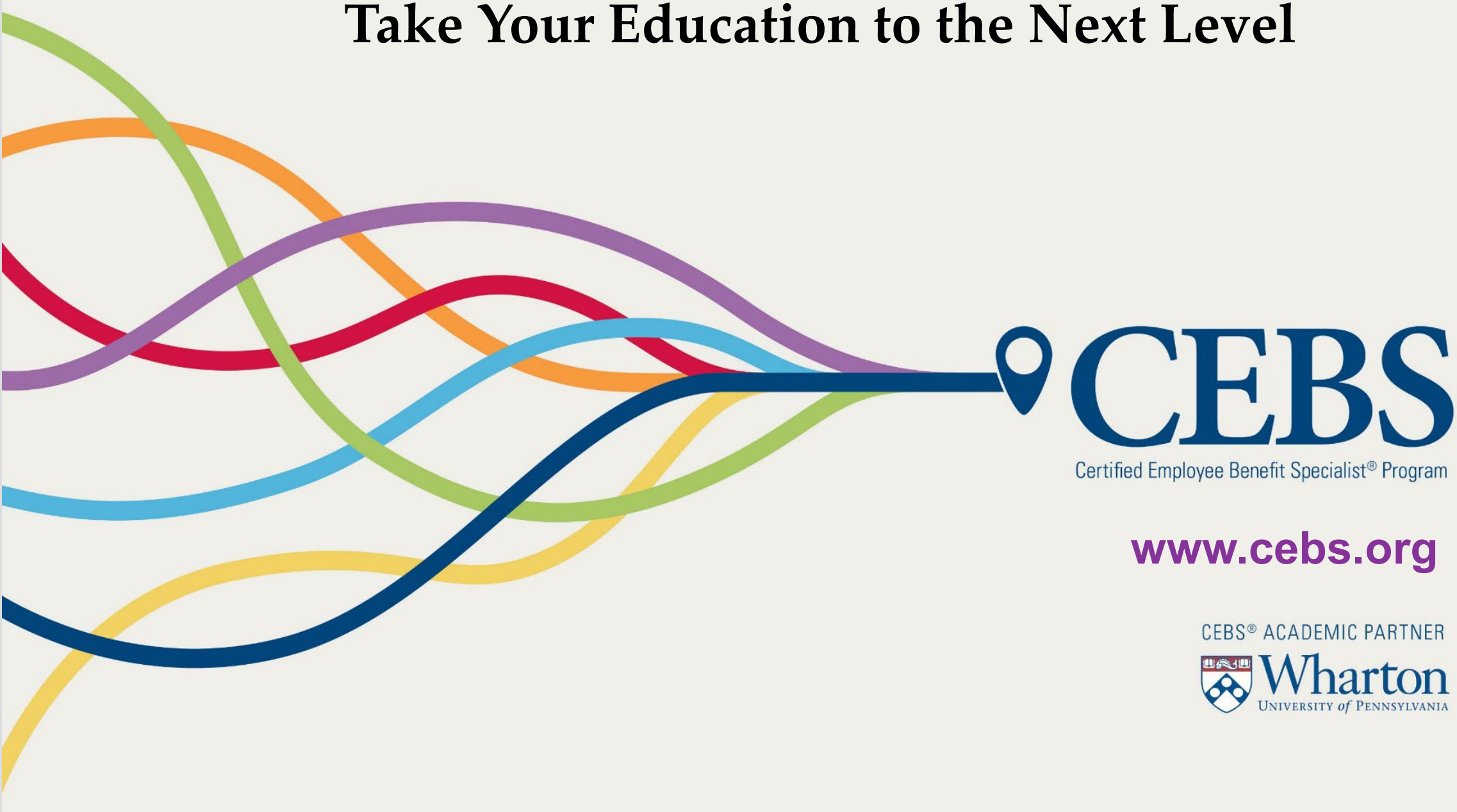

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Presented to the NNJ Chapter of ISCEBS

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Segal

Agenda

GLP-1 Medication Review

- What Are They?
- History of GLP-1 Medications
- Utilization Concerns
- Management Tools
- Coverage Considerations

Weight Loss Review

- The Business Case for Weight Management Programs
- Holistic Approach: Step Therapy
- Obesity Compliance Mandates
- Taking Inventory
- From "Natural" Steps to Guided Care / Monitoring
- Incentives and Compliance Constraints
- Pharmaceutical Therapy for Diabetes and Weight Control
- Bariatric Surgery Coverage: The Basics
- Communication / Education Needs
- Takeaway Studies – Other Helpful Tidbits About Weight Loss

Diabetes Prevalence

11.3% of total US population have diabetes.

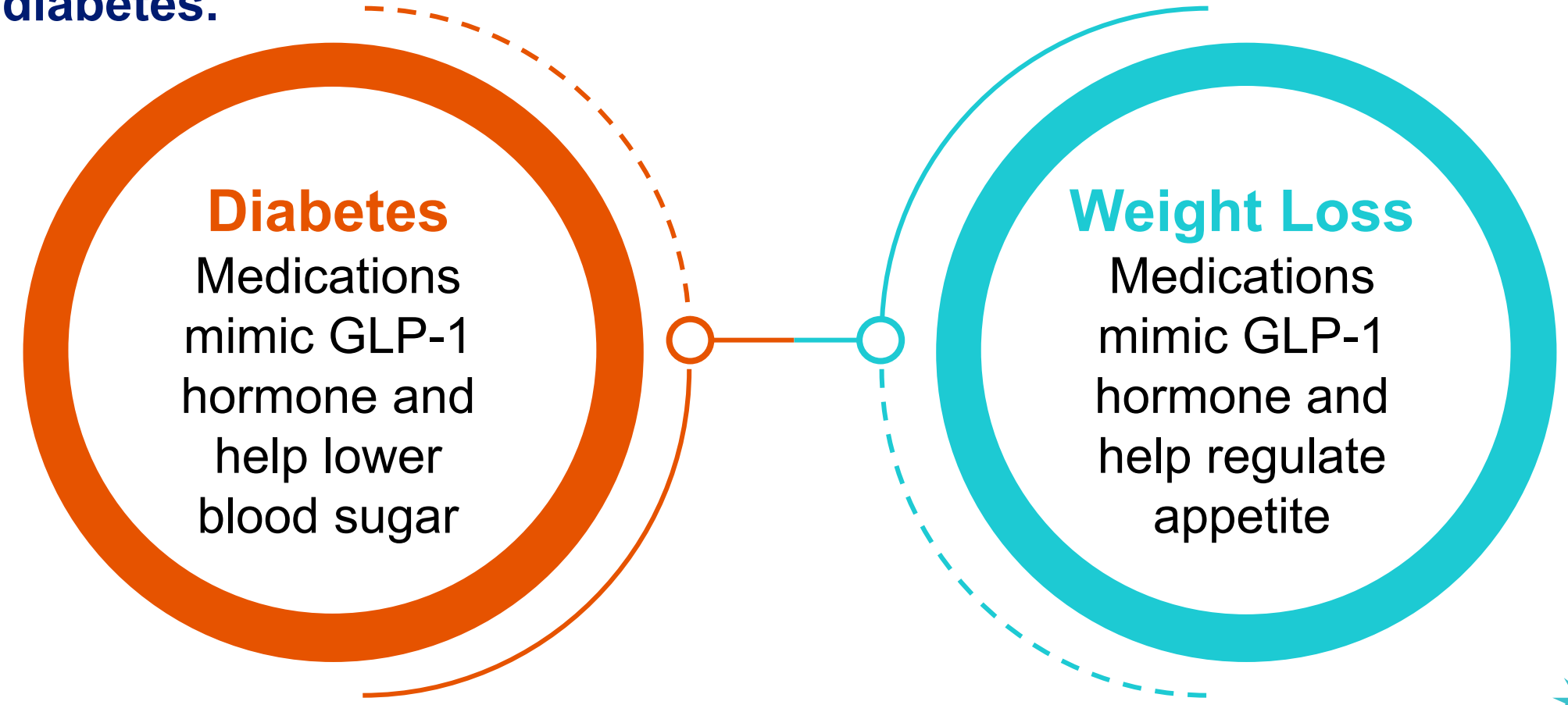
Losing 5-7% of their body weight and added 150 minutes of exercise per week can reduce risk of developing diabetes by up to 58%.

Potential market for new drugs is significant

Source: Centers for Disease Control and Prevention, 2017-2020 data

What are GLP-1 Medications?

GLP-1 is a hormone found naturally in our bodies that targets the area of the brain that regulates appetite and is insufficient in people who have type 2 diabetes.

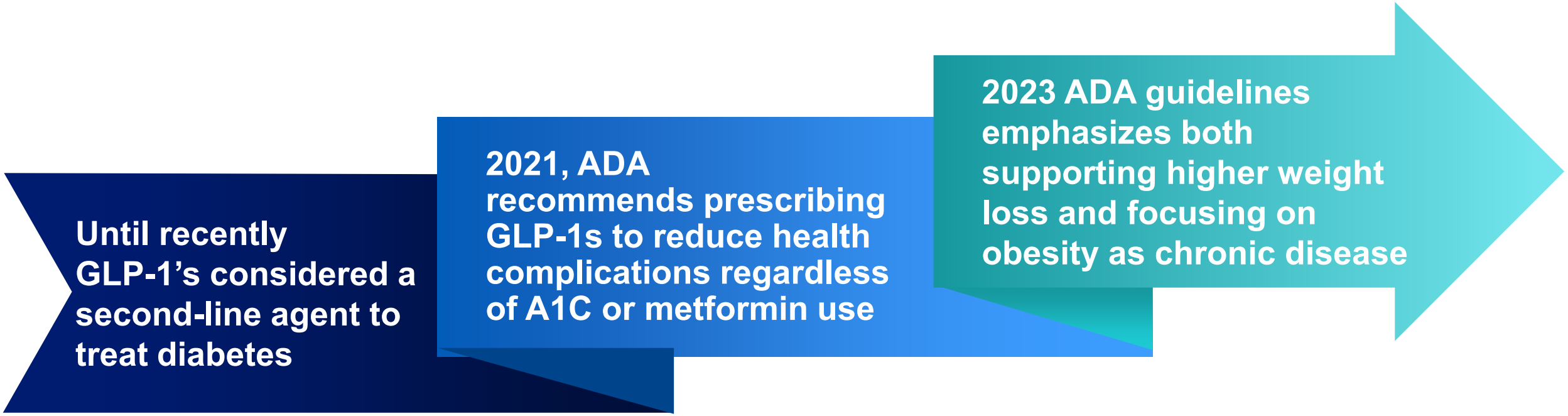


What Names do we Know for GLP-1 Agonists[1]?

- Diabetes drugs in the GLP-1 agonists class are generally taken by a shot (injection) given daily or weekly and include:
  - Dulaglutide (Trulicity) (Eli Lilly)
  - Exenatide (Bydureon BCise and Byetta) (AstraZeneca)
  - Semaglutide (Ozempic, Rybelsus oral) (Novo Nordisk)
  - Liraglutide (Victoza) (Novo Nordisk)
  - Lixisenatide (Adlyxin) (Sanofi)
  - Tirzepatide (Mounjaro[2]) (Eli Lilly)
- Pharma developing more medications based on the success of these medications in treating diabetes

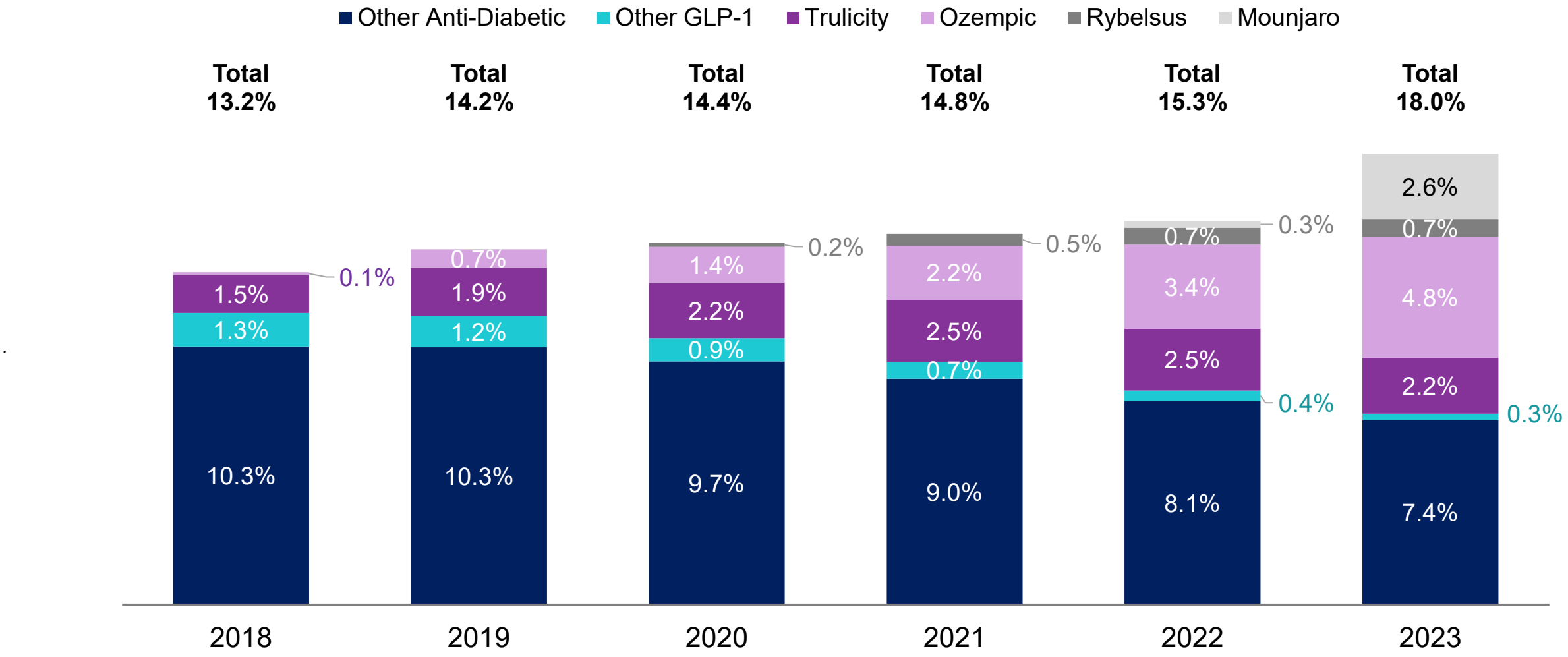
1. GLP-1 agonists are a class of type 2 diabetes drugs that improves blood sugar control.
2. Mounjaro is the only FDA-approved GIP and GLP-1 receptor agonist

History of GLP-1 Medications



Led to increased utilization of GLP-1s for diabetes AND weight loss

Plan Spending on Anti-Diabetic Medications with Weight Loss is Rising Steadily



Source: Segal SHAPE, Segal's data warehouse, 2018 to 2023

Utilization Concerns

- Off label use of diabetes GLP-1 therapies (i.e. Ozempic) for weight loss.
- Social media has been a big contributor to using Ozempic for weight loss which, in turn, has caused drug shortages.
- PBMs are offering utilization management programs to curb off-label spend for the GLP-1 medications.
- GLP-1s are in the top drug spend for many plan sponsors in 2024.

Potential market for new drugs is significant.
What does your current utilization look like?

Various PBM Cost Management Strategies

1. Use utilization management to ensure the diabetic GLP-1 drugs are only used for patients with diabetes
2. Smart logic to screen out patients who have diabetes. Smart logic utilizes both ICD diagnosis codes (if available) and prescription claims history to bypass PA requirements.
3. Doctor office to confirm diagnosis and “attest” to it in a PA case
4. Move from step therapy to prior authorization approach

Requiring documentation versus attestation for PA criteria

Requiring ICD-10 information as part of criteria

Be sure to consider any potential rebate impact

Obesity and the GLP-1 Effect

Obesity Prevalence

42% of US adults are obese

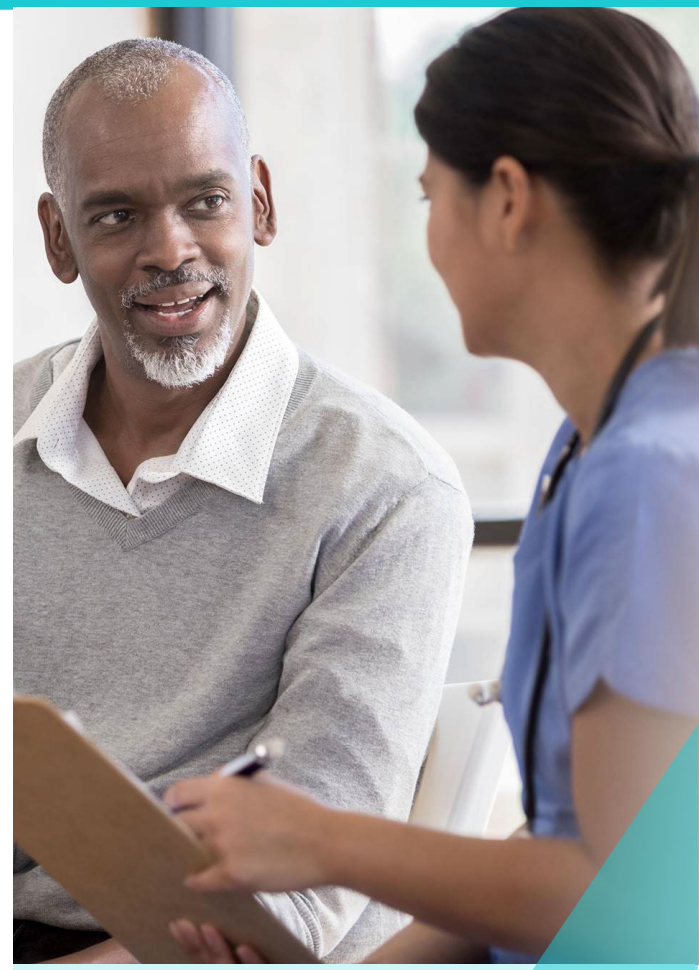
Obesity is recognized as a chronic disease since 2013

Potential market for new drugs is significant

Source: Centers for Disease Control and Prevention, 2017-2020 data and NY Times article

Are Plans Covering Weight Loss Drugs and What Is Impact?

- Employers Health, a large group-purchasing organization for pharmacy benefits for 2021 reported 60% of clients exclude obesity drugs and 25% cover them with a PA.
- Medicare does not cover obesity drugs, but does cover bariatric surgery and intensive behavioral therapy.
- Nearly half of large employers (49%) expect to cover the new weight loss medications as part of their health plans, according to the *2024 Large Employers' Health Care Strategy and Plan Design Survey* by the Business Group on Health, which queried 152 larger employers.
- The survey of 502 employers by Accolade a company that provides healthcare programs for employers, and research firm Savanta said 43% of the employers it polled could cover GLP-1 drugs in 2024 compared to 25% that cover them now. (Reuters)



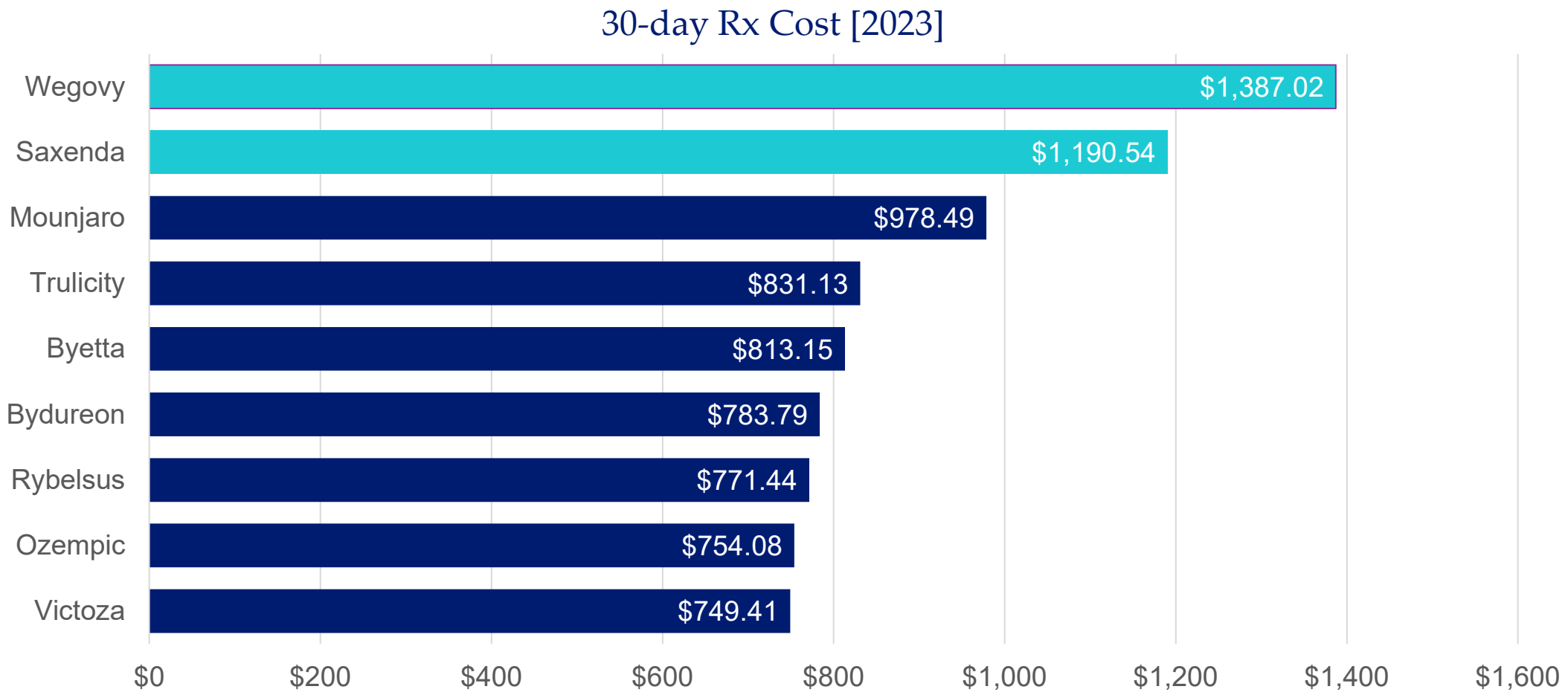
Should plans offer weight loss drugs?

What Drugs are the FDA Approved Anti-Obesity Medications?

FDA approved anti-obesity medications include the following:

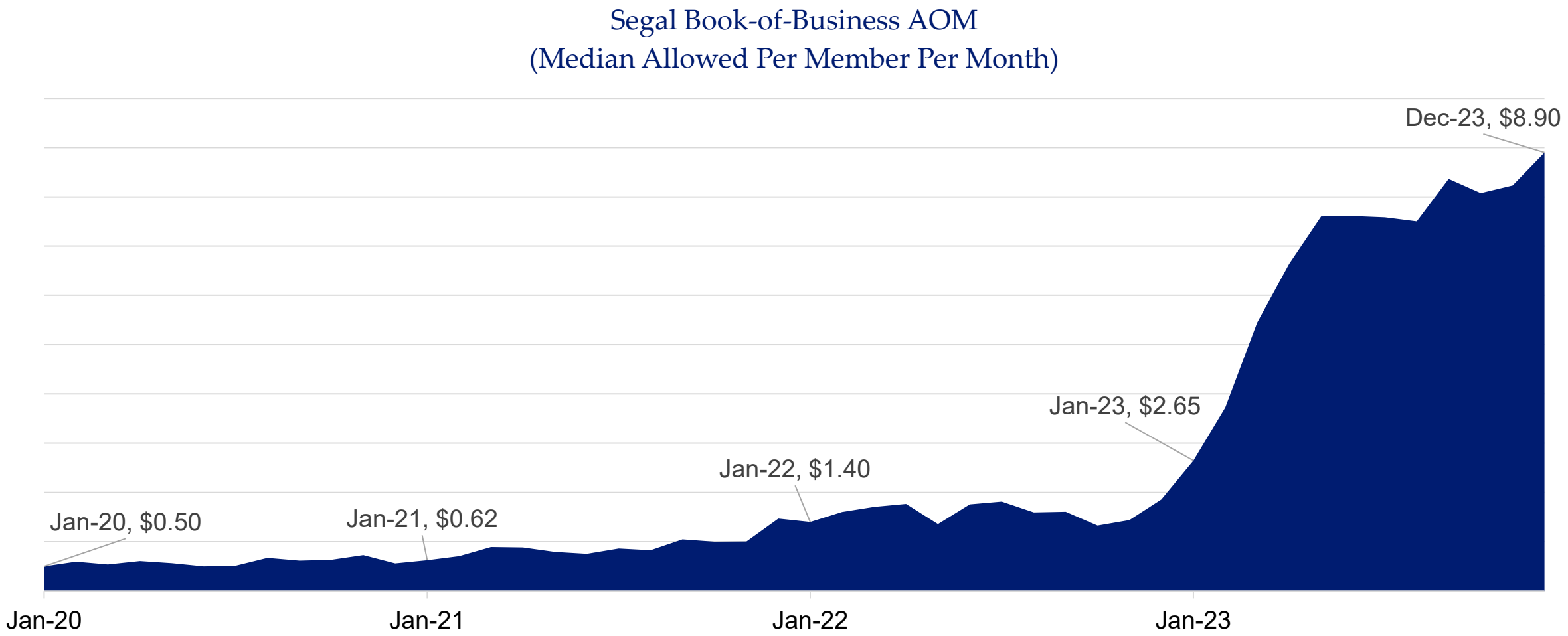
- Older Anti-obesity Medications (AOMs)
  - Phentermine (Adipex, Lomaira) (Teva Pharmaceuticals, KVK Tech)
  - Phentermine/ topiramate ER (Qsymia) (Vivus)
  - Naltrexone/bupropion HCL (Contrave) (Curax Pharmaceuticals)
  - Orlistat (Xenical, Alli – otc) (CHEPLAPHARM, GlaxoSmithKline)
- Newer Anti-obesity Medications (AOMs)
  - Semaglutide (Wegovy) (Novo Nordisk)
  - Liraglutide (Saxenda) (Novo Nordisk)
  - Tirzepatide (Zepbound) (Lilly)
- Imcivree (setmelanotide) (Rhythm Pharmaceuticals and Genpharm)

Obesity GLP-1 Medication Costs Compared to Diabetes GLP-1 Medications



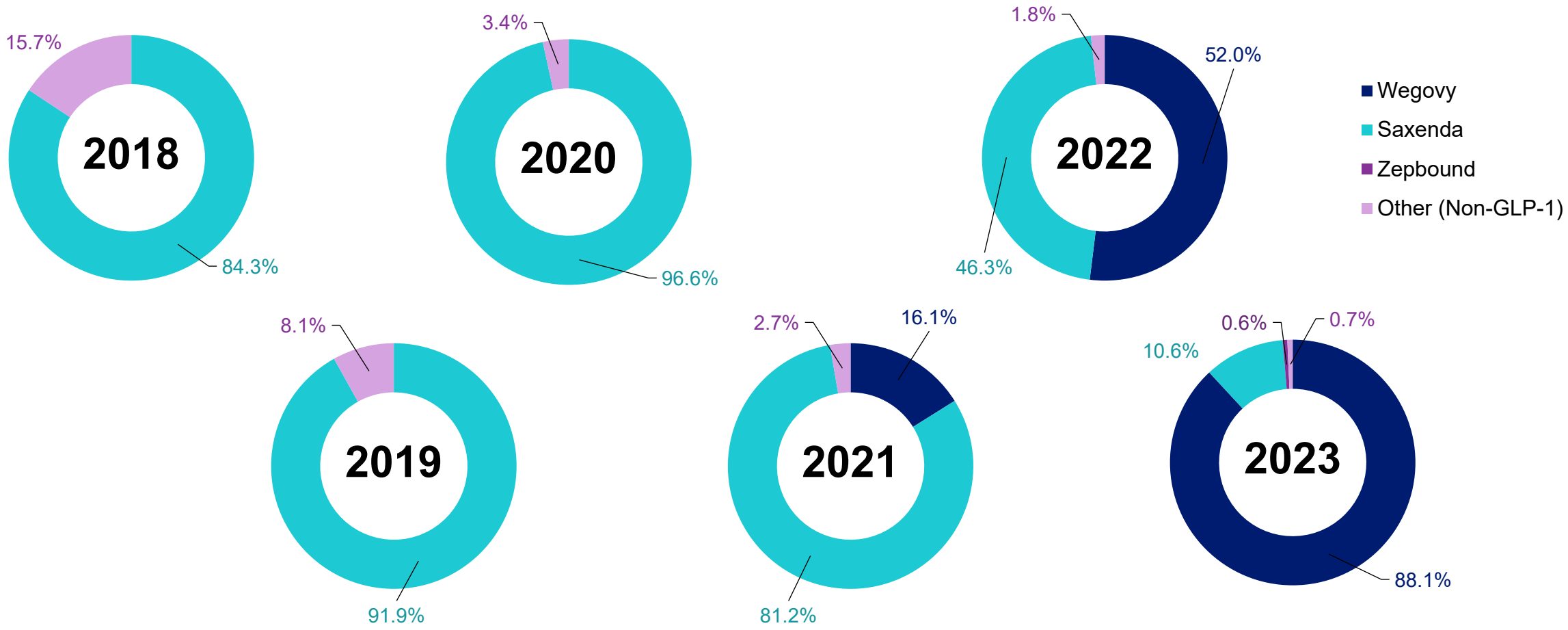
Note that prices listed are mean charges after PBM discounts but before rebate offsets

Dramatic Increase in Anti-Obesity Medication Spending due to GLP-1s



Source: Segal SHAPE, Segal's data warehouse, 2020 to 2023 for clients covering anti-obesity medications

Plan Spending on Weight-Loss Medication Continues to Shift Towards GLP-1s



Source: Segal SHAPE, Segal's data warehouse, 2018 to 2023

The Bigger Picture for Managing Obesity

- Negotiate lowest-net-cost PBM formulary changes.
- Provide educational support for appropriate and safe exercising.
- Offer access to virtual coaching.
- Implement accountability check-ins with patients.
- Consider implementing stricter coverage to target smaller group of plan participants.

The Bigger Picture for Managing Obesity

- Seek outcomes-based performance guarantees with PBMs when adding coverage of these high-cost anti-obesity meds tied to achieving minimum average weight loss amounts (e.g., at least 10% weight loss after 6 months use).
- Patients need whole person care, not just medication access.
- Health coaching is of paramount importance.
- Continue behavior change coaching for 1-2 years post treatment.
- Build and activate ongoing support network for each participant.

The Business Case for Weight Management Programs

Obesity Statistics and Morbid Obesity Defined

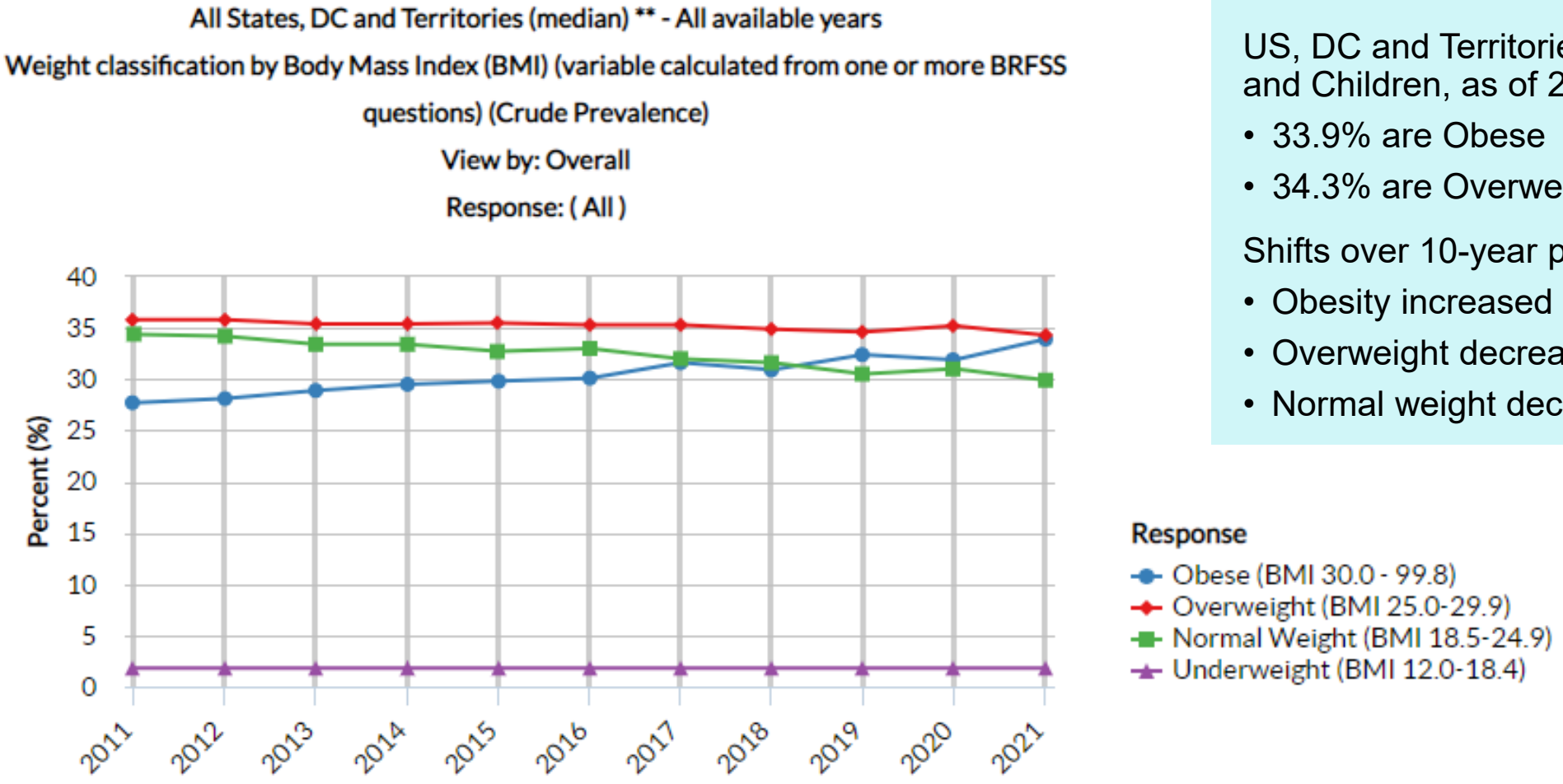
AMA recognized Obesity as a disease requiring medical treatment (as of June 2013); obligated to treat as a disease

CDC Weight Definitions:*	
Underweight:	BMI below 18.5
Healthy Weight:	BMI 18.5 – 24.9
Overweight:	BMI 25 – 29.9
Obesity I:	BMI 30 – 34.9
Obesity II:	BMI 35 – 39.9
Obesity III:	BMI 40+ (also known as Morbidly Obese)

* Centers for Disease Control and Prevention; https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html#InterpretedAdults; June 3, 2022

Obesity Statistics – CDC/BRFSS*

For All (Adults and Children)



US, DC and Territories – Combined Adults and Children, as of 2021:

- 33.9% are Obese
- 34.3% are Overweight

Shifts over 10-year period:

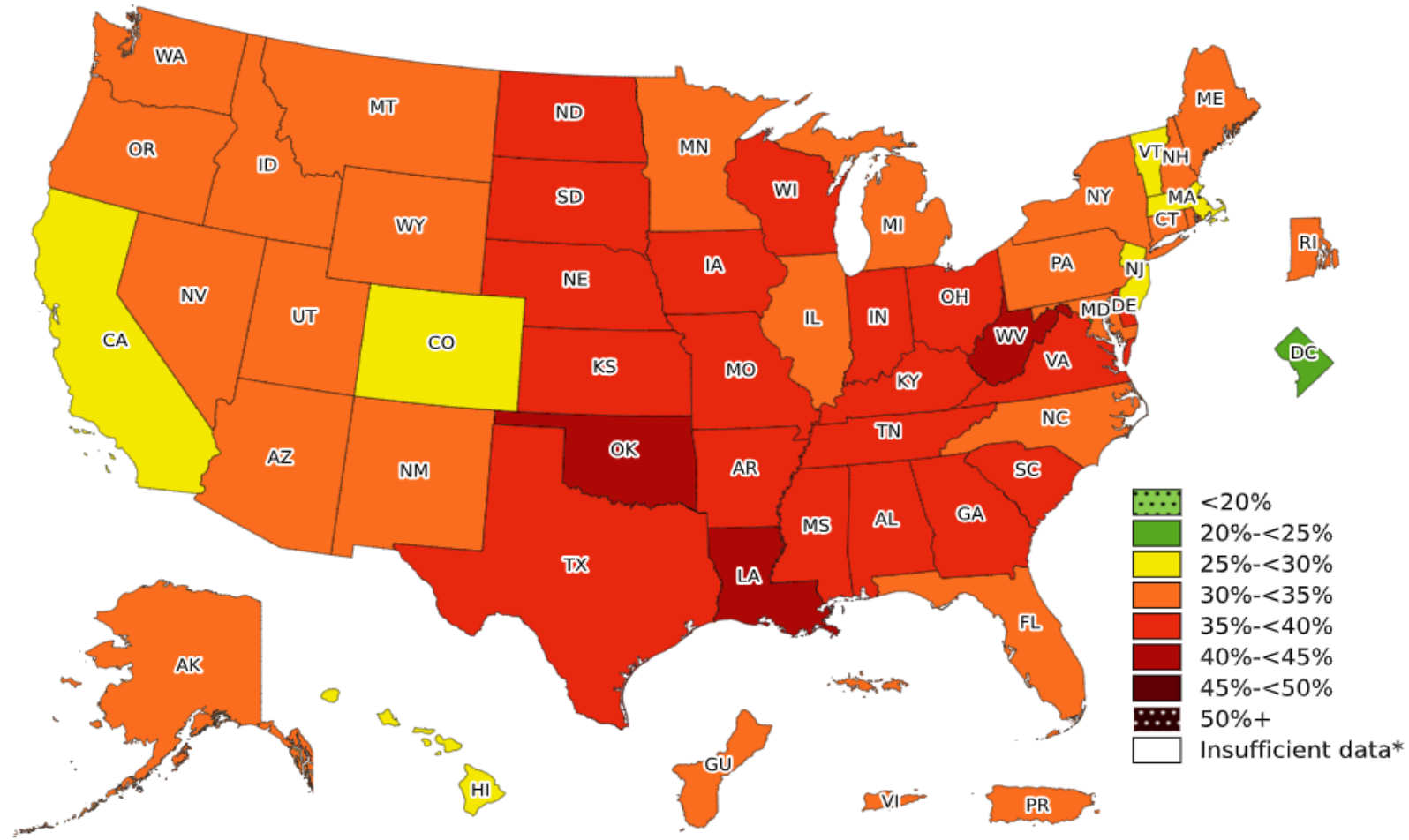
- Obesity increased by 6.2%
- Overweight decreased by 1.5%
- Normal weight decreased by 4.5%

* Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Jan 18, 2023]. URL: https://www.cdc.gov/brfss/brfssprevalence/
BRFSS = Behavioral Risk Factor Surveillance System

Obesity Statistics – CDC

Obesity Heat Map – All Adults Ages 18+

Prevalence† of Obesity Based on Self-Reported Weight and Height Among U.S. Adults by State and Territory, BRFSS, 2022

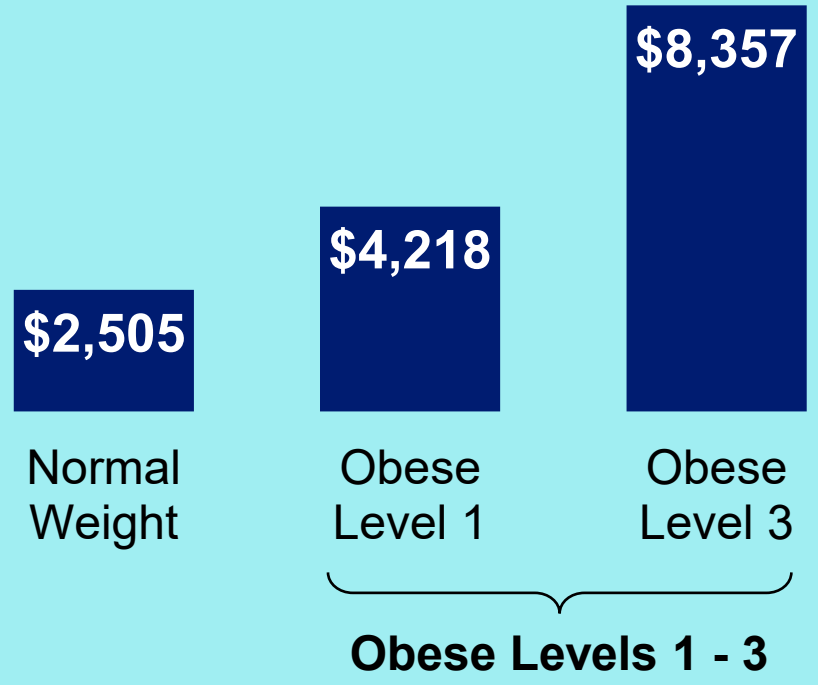


Source: Behavioral Risk Factor Surveillance System

Morbid Obesity and Obesity Statistics

To understand the impact of weight on health care spending, a recent study* (published in 2021) that somewhat updates the older and trusted study by James Moriarty** from 2014 shows;

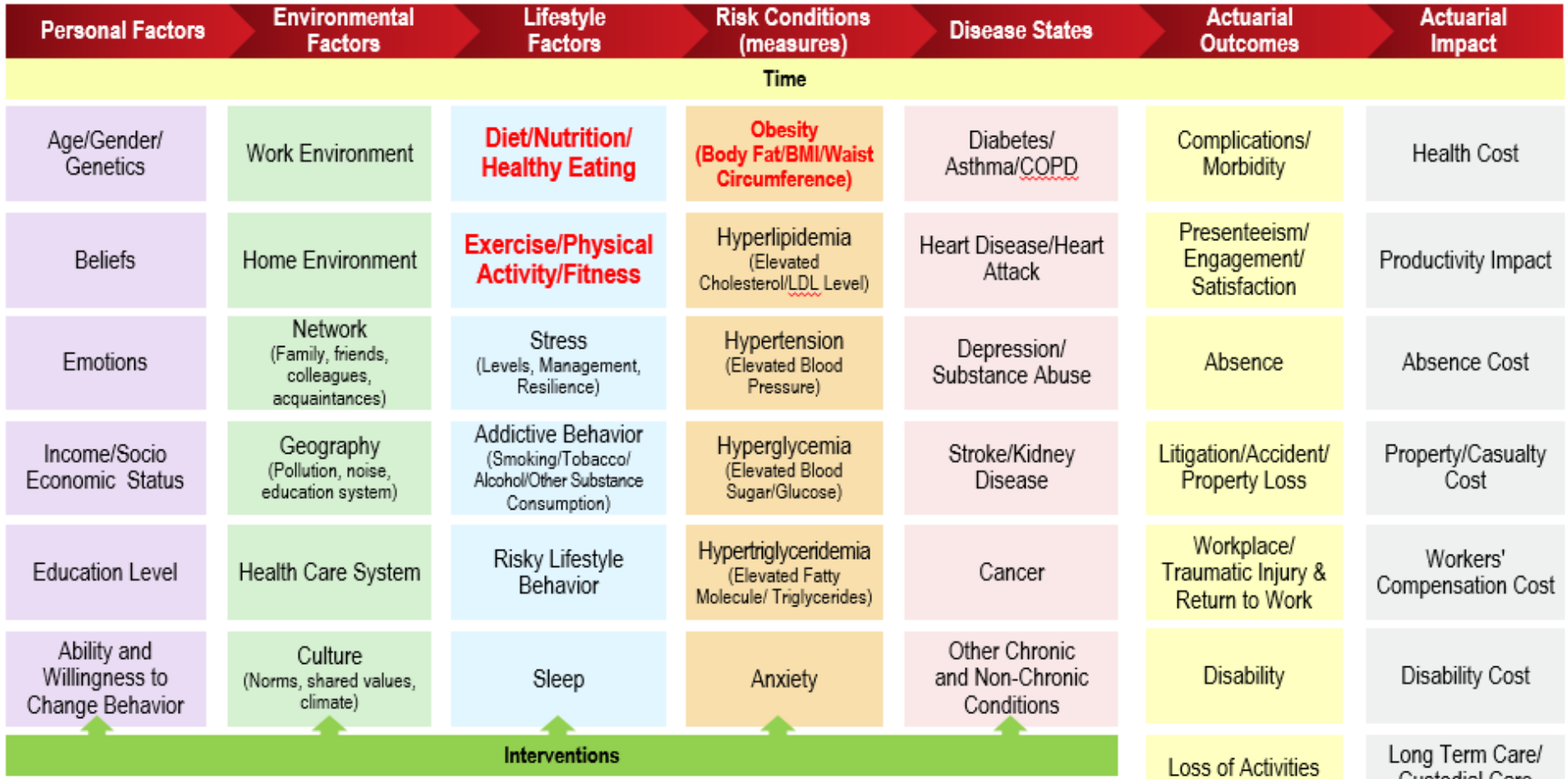
These amounts represent medical spend. Adults with obesity (all levels) in the US cost about $5,010 on average, compared with those of normal weight with an average medical costs of $2,505. Those who are obese, on average, cost about 100% more than the average cost of those at normal weight.



- Source: Cawley, John; Biener, Adam; Meyerhoefer, Chad; Ding, Yuchen; Zvenyach, Tracy; Smolarz, B Gabriel; Ramasamy, Abhilasha; "Direct Medical Costs of Obesity in the United States and the Most Populous States." *Journal of Managed Care Specialty Pharmacy, 2021 Mar;27(3):354-366. doi: 10.18553/jmcp.2021.20410. Epub 2021 Jan 20.*

** Source: Moriarty, James P. MSc; Branda, Megan E. MS; Olsen, Kerry D. MD; Shah, Nilay D. PhD; Borah, Bijan J. PhD; Wagie, Amy E. BS; Egginton, Jason S. MPH; Naessens, James M. ScD. "The Effects of Incremental Costs of Smoking and Obesity on Health Care Costs Among Adults: A 7-Year Longitudinal Study." *Journal of Occupational & Environmental Medicine* 54.3 (2012):286–291.

Progression of Health (Conceptual Wellness Model)



Each column represents a stage of the progression of health, from the environment in which we live and the lifestyle we choose, to the actuarial outcomes and impact that results. While there is an intricate web of interdependencies, some of which may impact factors in the same or prior columns, for simplicity sake, the model depicts the flow from left to right. Each factor may have a distribution for determining prevalence, probabilities, and impact (severity). The model follows the progression reflected in the red timeline (which are the column labels). Note it is not intended to imply any specific dependence across each row.

The rate of progression of a health condition is influenced by psychosocial factors such as self-efficacy / confidence, readiness to change, level of social isolation, motivation, and perception of one's health. These psychosocial factors can also be influenced by one's health condition.

SOCIETY OF ACTUARIES

Morbid Obesity Causes and Risks

Causes/triggers of severe obesity:

- Psychological
- Social
- Emotional
- Metabolic (Syndrome)
- Genetics (new information, and we keep learning more)

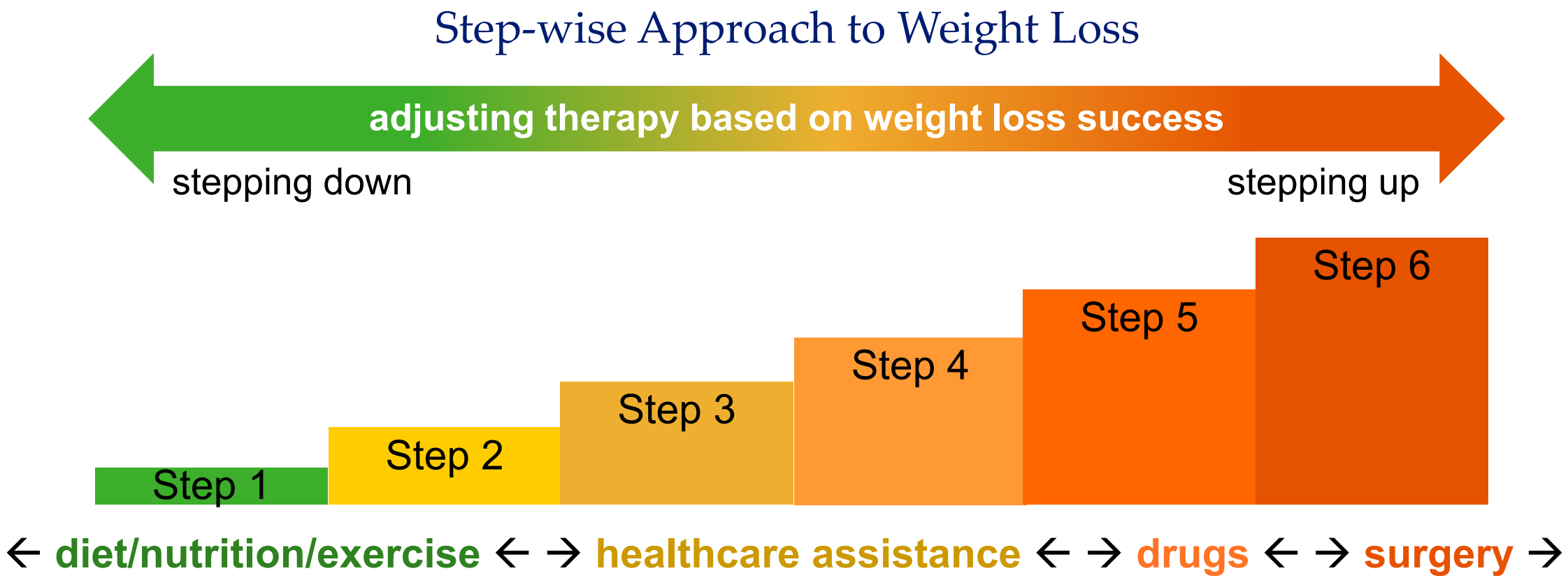
Bring About High risks of:

- Hypertension
- Diabetes
- Infertility
- Joint stress
- Sleep apnea
- Gallstones
- Infertility
- Varicose Veins
- Gout
- Deep Vein Thrombosis (DVT)
- Degenerative arthritis/ osteoarthritis
- Coronary Artery Disease (CAD)

Holistic Approach: Step Therapy

Step Therapy Approach

First try in step-therapy type of order:



Obesity Compliance Mandates

So, What Must Already be "In" Your Health Plan?

Required Preventive Services under ACA

- Applicable to non-grandfathered group health plans
- Required in-network preventive services must be provided without cost sharing (no deductible, copayments or coinsurance)
- Services include those with an "A" or "B" rating from the U.S. Preventive Services Task Force (USPSTF)
- Plan sponsors can use reasonable medical management techniques to determine the frequency, method, treatment or setting for a required preventive service to the extent the applicable guideline or recommendation does not specify these parameters
- Departments implementing the ACA have released some FAQs addressing required preventive services

ACA-Required Preventive Services

U.S. Preventive Services Task Force Recommendations Relating to Obesity and Weight Loss

Topic	Brief Description
Obesity screening and counseling: **adults**	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m^2 or higher to intensive, multicomponent behavioral interventions. **See FAQ on next slide for more details.**
Healthful diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Prediabetes and Type 2 Diabetic screening for the overweight or obese	The USPSTF recommends screening for prediabetes and Type 2 diabetes in adults aged 35 to 70 who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.
Obesity screening: **children and adolescents**	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.

ACA-Required Preventive Services

Obesity Screening and Counseling for Adults

FAQ #29 released Oct. 23, 2015; https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/aca-implementation-faqs

Cannot have general exclusion for weight management services for adult obesity

- Must provide screening for obesity for adults
- Must provide intensive, multicomponent behavioral interventions for adults with body mass index of 30 kg/m2 or higher, including, for example:
  - Group and individual sessions of high intensity (12 to 26 sessions in a year)
  - Behavioral management activities, such as weight-loss goals,
  - Improving diet or nutrition and increasing physical activity,
  - Addressing barriers to change,
  - Self-monitoring, and
  - Strategizing how to maintain lifestyle changes

Taking Inventory

First Steps: Take Inventory

Review any population data you may have:

Diagnosis

BMI

Risk scores

Pre-diabetic and diabetic prevalence

First Steps: Take Inventory

Find out what exists in the current client program structure

- Meet (ACA) requirements
- Wellness programs
  - Diet/nutrition/healthy eating
  - Exercise/physical activity/fitness
  - Behavioral therapists/counseling
  - Nutritional counseling/dieticians
  - Lifestyle coaching programs
  - Lifestyle electronic devices to monitor health
  - Alternative medicine/therapies
  - Digital therapeutics (lifestyle-related)
- Food security situation
- Healthcare availability
- Disease/condition management programs
  - Self-care coaching for Obesity
  - Pre-diabetic and Diabetes DM programs
  - Digital therapeutics (condition-related)
- Step therapy approach to combat Obesity
- Prescription weight-loss meds
- Bariatric surgery coverage

Ensure the Optimal Program Structure

Robust wellness approach (within financial constraints)

- Weight loss/Obesity treatment
- Telephonic (or in-person) coaching, set goals (intrinsic motivation)
- Replace bad habits with good habits
- Education and communication is vital
- Support groups
- Recognition
- Incentives (extrinsic motivation) can help

From “Natural” Steps to Guided Care / Monitoring

First Line Therapy

Medical Nutritional Therapy

The American Diabetic Association (ADA) recognized that through lifestyle modification and Medical Nutrition Therapy (MNT) type 2 diabetes (T2DM) can go into remission.

The ADA and the UK National Health Service (NHS), through Diabetes Remission Clinical Trial (DiRECT), have amended their recommendations to include MNT as front line therapy for T2DM.

How Employers are Promoting Diet/ Weight Loss Through Wellness Plans

Weight loss via diet/nutrition

- Weight loss/diet/nutrition/food shopping education and seminars
- Baby steps: Promote drinking more water (ex. of changing habits)
- Healthy foods in vending machines
- Healthy offerings in dining facilities
- Healthy lunch mandate for lunch meetings
- Subsidize healthy items in dining facilities (example: salads much cheaper than hamburgers)
- Post nutritional statistics about foods in vending machines and cafeterias

How Employers are Promoting Diet/ Weight Loss Through Wellness Plans

Weight loss via diet/nutrition

- Weight Watchers/Jenny Craig/Nutrisystem/ other commercial weight loss programs
- Weight loss Challenges
- Vitamin discounts/subsidies
- Healthy food coupon program
- Subsidized farm share
- Coach (lifestyle/DM)/nutritionist
- Weight Loss APPs / digital therapeutics
- Home weight scale

How Employers are Promoting Physical Fitness Through Wellness Plans

Physical activities

- Morning exercises
- Promote the use of stairs over elevators
- Walking meetings (1 on 1 or small group)
- Adjustable desks for sitting/standing
- Exercise events/competitions
- Onsite gym/exercise facility or offsite gym subsidy
- Yoga/exercise class (or subsidy for class)
- Sports/fitness leagues/groups/clubs
- Seminars and education materials on physical activity and exercise
- Telephonic lifestyle coaching (ex. Peloton bike, personal trainer, lifestyle coach, DM coach)

Commercial Weight Loss Programs

- Adding any local weight loss programs to an existing benefit can only help the overall objective of reducing obesity, which will produce positive health benefits and reduce comorbidities
- If a person is motivated and engaged in a weight loss program that provides continual support, weight loss can be successful and maintained through lifestyle and behavior change
- Studies report that even a modest weight loss of 5% to 10% of individuals' total body weight is likely to produce health benefits. While individuals may still be in the "overweight" or "obesity" range, this weight loss can decrease the risk for chronic diseases related to obesity. The studies also report behavior change through weight loss programs will provide positive results
- Studies show that with these commercial weight loss programs, average BMI is lowered
- It is best to offer a hybrid (virtual and in-person) approach for weight loss. Studies show in-person programs have a slightly higher percentage of weight loss than virtual
- Some of the available commercial weight loss programs include; National Diabetes Prevention Program, WW (WeightWatchers), Jenny Craig, Nutrisystem, Medifast, OptiFast, Lose It!, My Fitness Pal, and Taking Off Pounds Sensible. This list does not include other digital therapeutics in the space

Digital Therapeutic Solutions

You can use CBInsights to find more complete lists of digital therapeutic organizations

DPP Options

Virta

Livongo/Teledoc (also Hypertension)

Omada

Lark (also Hypertension and Behavioral)

Solera (also Behavioral)

CDC National Diabetes Prevention Program

Diabetes Options

Virta

Livongo/Teledoc

Omada (also Hypertension, MSK)

Onduo

DarioHealth

Vida Health

BeatO (Control/Reverse Diabetes)

Fitterfly (Diabetes, Pregnancy, Weight Loss)

Weight Loss

WonDr Health (formerly Naturally Slim) (Behavioral/Eating Skills)

Health Advocate (Healthy Activities/Coach)

Habitnu (Community/Weight Coach)

Noom (Diet & Chronic Cond. Coaching)

Burner (Community/Point for Activities)

Wellable (Challenges/Healthy Activities)

Vida (Mental/Condition/Cardiometabolic/Lifestyle Health)

Strive (Community/Fitness/Activities)

WW (formerly WeightWatchers) (Diet/Coaching)

PerfectBody (Diet / Fitness)

Atkins (Diet – Low Carb)

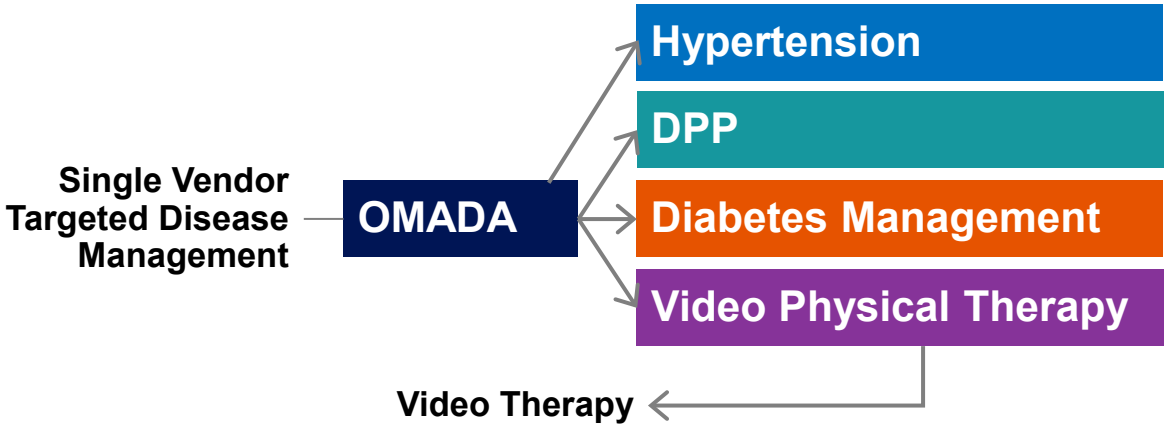
MayoClinicDiet (Diet / assoc. with Mayo Clinic Health Living Program)

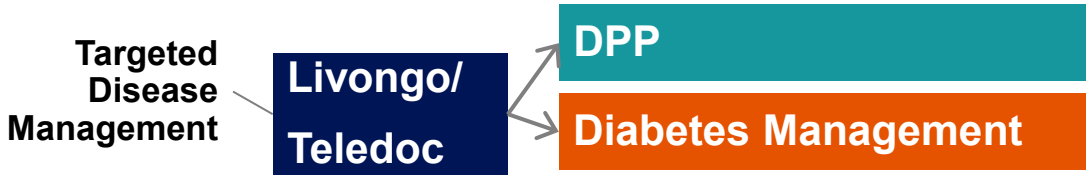
Rimidi (Total population health platform, weight loss, heart, etc.)

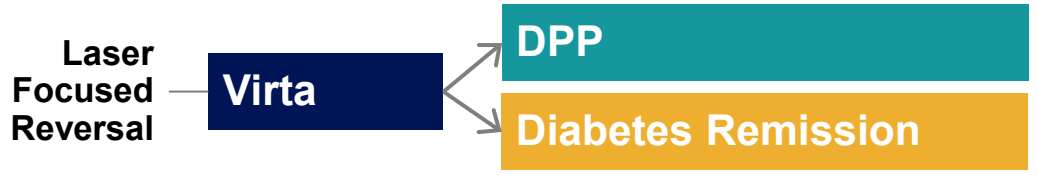
Vendor Selection

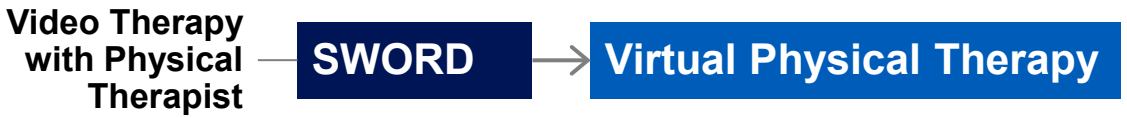
Options to Consider

- Single Vendor Solution
- Broad Management
- Clinical Rigor









Incentives and Compliance Constraints

Incentives for Weight Loss

This can be tricky — there are legal requirements

- Reasonable accommodations/alternatives are required
  - If offering incentives, plan must have an alternative way to achieve that incentive for those not able
- HIPAA/ACA, the ADA, and the Genetic Information Nondiscrimination Act (GINA) impose limits on the incentives that may be offered. What rules apply and what limits apply would depend on how the program is designed and who may participate. [Make sure Plan Counsel or outside compliance expert are consulted]
  - EEOC has issued proposed rules in Jan 2021, refers to HIPAA rules
  - HIPAA rules still cap incentives at 30% of plan cost, or 50% with additional 20% due only to tobacco cessation incentives

Incentives for Weight Loss

- Farm share subsidy
- Cookbooks, cooking equipment, food scale, cutting boards, etc.
- Point system for events/competitions/ activities to save points to win/purchase health-related items
- Prizes for competition winners and/or participants
- Gym subsidies/memberships as rewards or door prizes for weight loss/cooking seminars
- Shopping spree prize at a health food store
- Group/department/business unit/division healthy (family) picnic for the group that sheds the greatest percentage of weight
- Recognition – wall of fame, plaque, ask to become wellness champion
- Employee contribution relief to health plan cost
- Money/gift cards

Many of the above incentives will result in taxable income to the employee. Note that multiemployer plans cannot pay cash or give out gift cards.

Pharmaceutical Therapy for Diabetes and Weight Control

Diabetic Medications Impacting Weight Loss

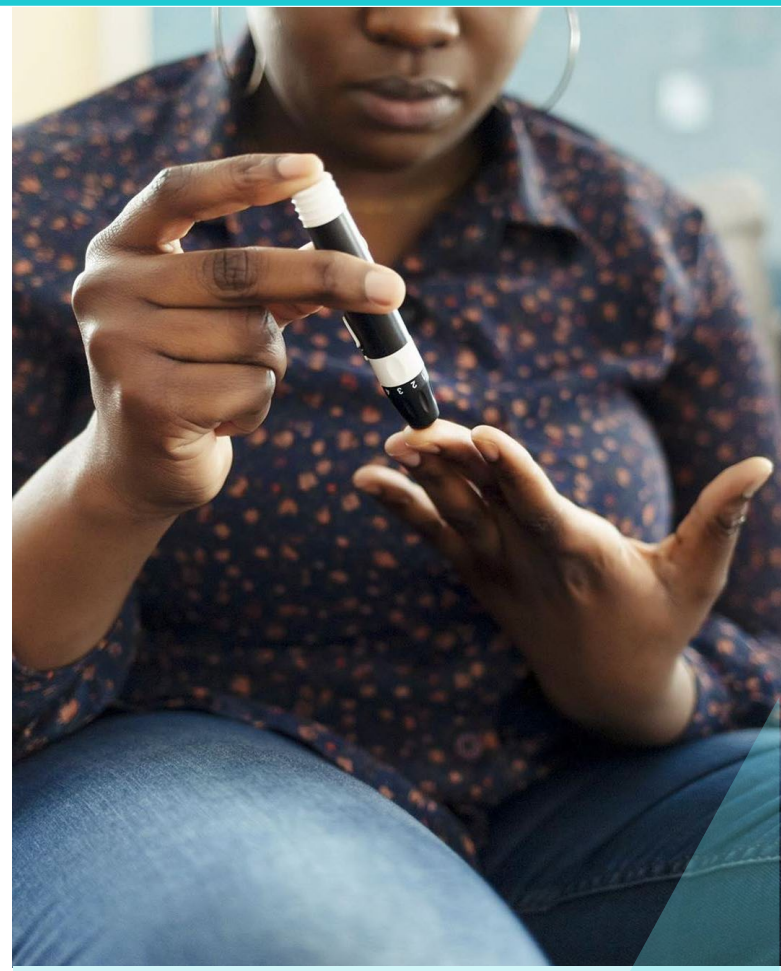
Medication used for weight loss in conjunction with Diabetes

Obesity management can slow the progression to T2DM and is highly beneficial for the treatment of it

- Medications with weight loss benefits are preferred in patients at high risk of weight gain
- If patient's response to weight loss medication is effective (>5% weight loss after 3 months), further weight loss is likely with continued use

Weight loss improves control of diabetes and cardiovascular risk

- Weight loss medications are effective as adjuncts to diet, physical activity and behavioral counselling
- Rx therapy is recommended when BMI exceeds 27 (kg/m2)



The Latest: GLP-1 Medications

- **You have already heard about the tough decisions to make about GLP-1 drugs**
- Most GLP-1s are currently approved by the FDA for **Diabetes** treatment; Ozempic, Mounjaro, Rybelsus, Trulicity, Victoza, Byetta, Bydureon BCise, and Adlyxin
- However, Wegovy, Saxenda, and Zepbound are approved by the FDA for obesity / weight loss treatment (with more to come!)

Bariatric Surgery Coverage: The Basics

Typical Current Bariatric Surgery Eligibility Conditions

Bariatric Surgery (including services related to surgical complications and follow-up surgery to remove excess skin) will be covered if:

- Of adult height and generally age (18 – 65, plus exceptions), and surgery is deemed medically necessary
- Failure of lesser therapies, incl. participated in a physician-supervised nutrition and exercise program of at least six months duration, occurring within the two years prior to the surgery
- BMI >/= 40 for previous 24+ months

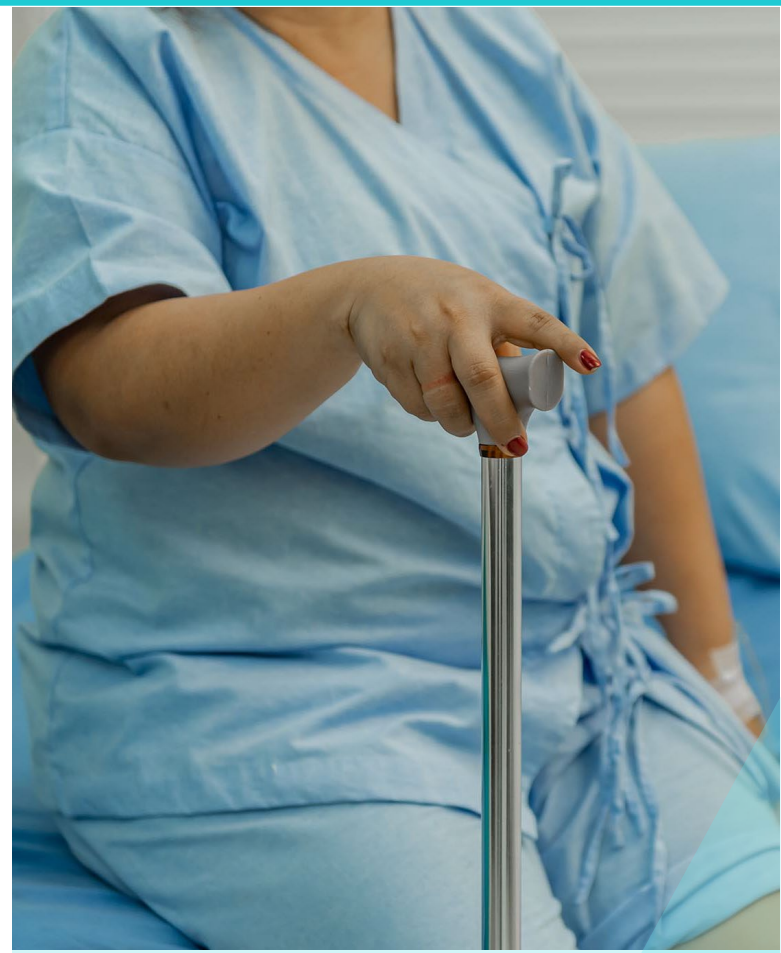
  Or BMI of at least 30 - 40 w/one (sometimes two) or more of the following conditions: CAD, Type II diabetes, high cholesterol, clinically significant obstructive sleep apnea, high blood pressure (over 140+/90+)
- Surgery is performed at Centers of Excellence (provision is growing more common) by board certified surgeon experienced with bariatric surgery

  Requires pre-certification — as medically necessary
- No medical or psychiatric contraindication to undergo bariatric surgery
- Procedure must not be experimental, investigative, or unproven
- Most health plan carriers will have standards to abide by

What Else Should be Considered/Included?

Follow up procedures will need to include:

- Lifelong medical surveillance
- Staples removed
- X-rays, lab tests
- Restricted diet with nutritional supplements
- Reconstructive surgery (for non-cosmetic reasons)
- Counseling/therapy
- Do not exclude bariatric surgery, medically necessary follow-up procedures
- Do not implement waiting periods for the benefit



Cost and Design Implications

How Best to Cover the Benefit

- Plan documents should detail eligibility and coverage levels
- Can employ reference-based pricing to limit the amount covered under the plan — employee pays the amounts above that reference price in addition to cost share
  - Costs over reference price applies to the patient's OOP Max for non-GF plans
  - Alternatively, costs over reference price do not have to apply to the OOP Max; however, ACA imposes certain rules that must be followed if this structure is used (so consult your compliance expert if you want to consider this approach)
- Can cover skin reduction surgery
  - Likely considered reconstructive, not cosmetic, and covered unless excluded or limited
  - Physicians will argue excessive skin poses other health risks (e.g., skin infections, etc.) so may be considered necessary and not cosmetic

Cost and Design Implications

How Best to Cover the Benefit

Bariatric Surgery	Average National Cost
Lap band	$8,900
Gastric sleeve	$9,000
Gastric bypass	$15,000
Duodenal switch	$22,000

Typical cost

- **$5K–$30K**, depending on type of surgery
- Post-surgery procedures can cost **another $15K – $60K**
  - Will increase medical costs in short term
  - Will increase stop loss costs, may increase STD costs as well

Graphic in top right corner: IBI Healthcare Institute, Ibikunle, A. Christopher; “How Much Does Bariatric Surgery Cost?”; February 18,2022.

Communication / Education Needs

Communications/Education

EEs need to know:

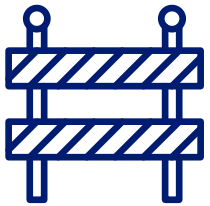
- ✓ This is important (and is a real medical problem)
- ✓ Who is eligible for what
- ✓ What is included in their health and well-being plan
- ✓ They are not alone, and a support system exists
- ✓ How to take steps to get involved in the initiatives – hand-holding/concierge
- ✓ Doctors and other health experts should guide their care
- ✓ Contact info for concierge, health coaches, and any other vendor / partner resources
- ✓ Where to go: Centers of Excellence and why they want to use them
- ✓ Health facts, and be educated on the tools and supporting materials that are available

Communications/Education

Employers will want to:

- ✓ Review all health and wellness (incl. incentive) programs for legal considerations
  - Update/amend plan documents and summaries
  - Program exclusions
  - ACA-required preventive benefits
  - Incentives and their limits
- ✓ Know the pros and cons of implementing each benefit
- ✓ Review the cost and possible VOI (Value of Investment)
- ✓ Communicate clearly and consistently everything in the prior slide

What You're Up Against



Status quo bias

(a.k.a. inertia and fear of change)

Complexity

(a.k.a. people just don't understand)

Hedonistic tendencies

(a.k.a. pleasure NOW)

Information overload

(a.k.a. too many notifications)

Thank You

Eileen O. Pincay, R.Ph.
National Pharmacy Practice Leader, Consulting Services
Vice President
Mo: 646.357.6500 / Epincay@segalco.com

Leonard Spangher, CEBS, MHP
Vice President, Senior Consultant
Mo: 646.345.2998 / Lspangher@segalco.com

Takeaway Studies – Other Helpful Tidbits About Weight Loss

May Help Enhance EE Education

Other Key Facts/Studies

"The Truth About Fat" [Nova, aired on PBS, early 2020]

Studies now show:

No matter what our lifestyle is, our body protects us by burning the same number of calories per day (within a narrow range). Bodies adjust to more active lifestyles.

So exercise does not allow one to maintain weight loss. Exercise alone won't make you thin. Obesity is not due to sedentary lifestyles — it is due to eating too many calories.

Obesity is impacted by the type of foods we produce today. The "ultra-produced" foods (more than 50% of our diet consists of these) are more caloric, low in fiber and high is fat, sugar, and salt [label "obesigenic"].

High fat & sugar foods flood the brain with dopamine, which makes you happy/"addicted" and want more. Take away the dopamine, and you can make better decisions about food. Obesity is not a matter of willpower, it's a chronic disease.

"Diet and exercise are two different tools with two different jobs. You need to exercise to stay healthy and to age well, but you need to watch your diet if you want to watch your weight."

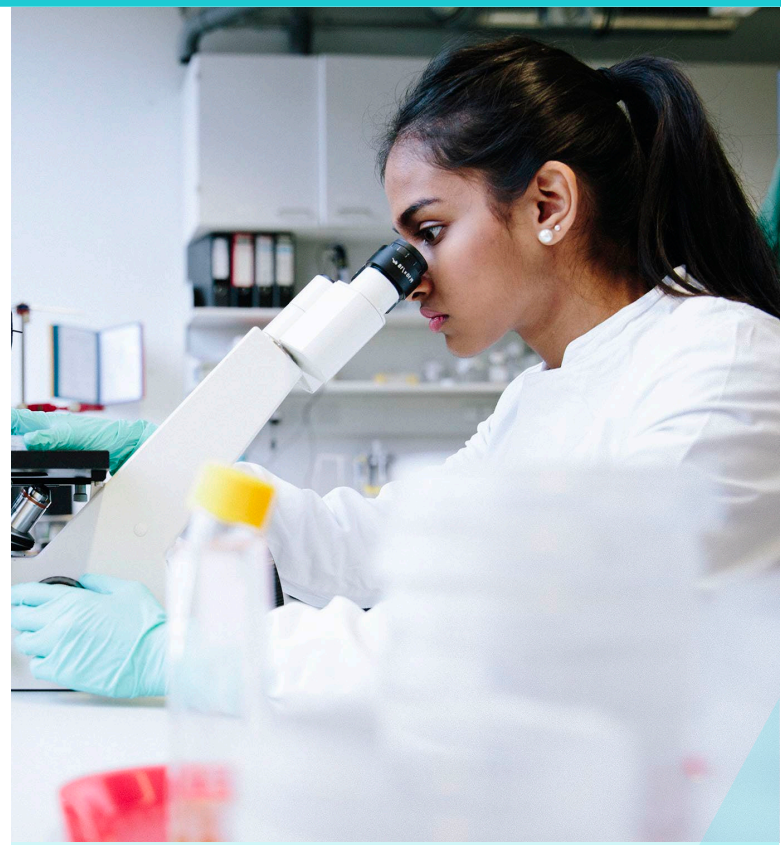
Other Key Facts/Studies

Genetics

Mutations in the Mrap2* gene (found in mice and humans) led mice to eat less but gain twice as much weight as they normally would. This mutated gene does not allow the body to break down fat for energy.

The Harvard School of Public Health says studies have identified over 30 genes on 12 chromosomes that are associated with body mass index.

Recently Leptin, Ghrelin, and Neuropeptide Y were all shown to influence eating behavior.* We are learning that genetics has a greater influence on weight than originally thought.



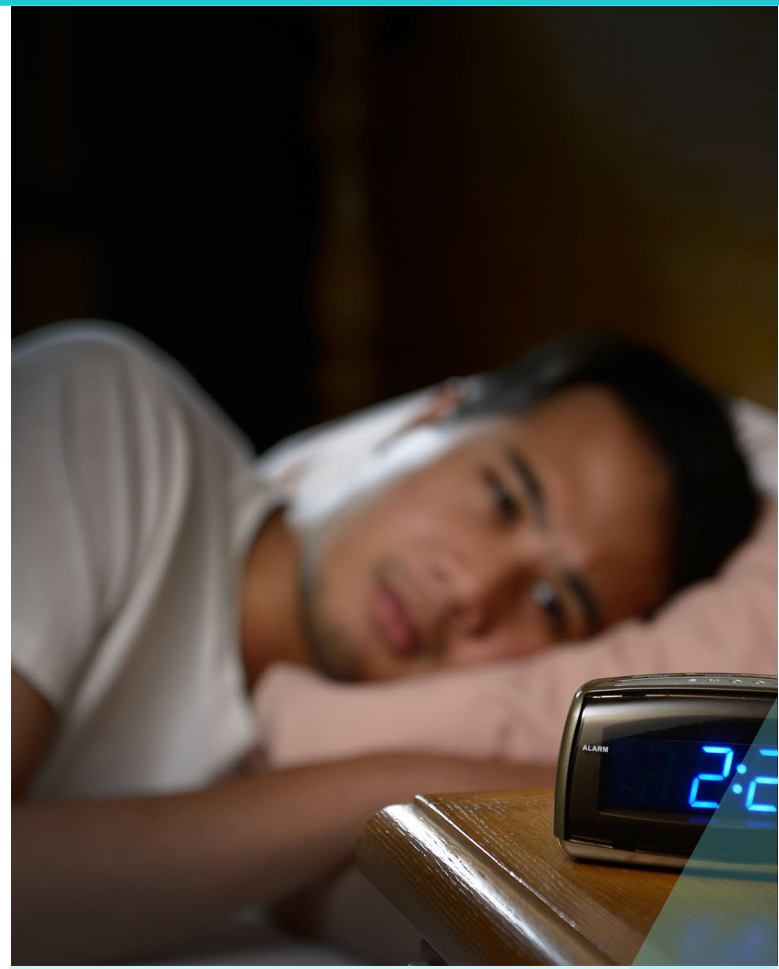
* Alexandra Sifferlin, *New Genes IDd in Obesity: How Much of Weight is Genetic*, Time, 7/19/2013

Other Key Facts/Studies

Sleep

"Lack of sleep can also lead to weight gain, which contributes to obesity in adults and children as well as serious health conditions, such as sleep apnea…

Not getting enough sleep — especially deep, restful sleep called slow wave sleep (nonrapid eye movement sleep) — also affects your "hunger hormones," leptin and ghrelin. Leptin, produced mainly in the fat cells, helps your body monitor energy needs, and high levels of leptin usually suppress hunger…"*

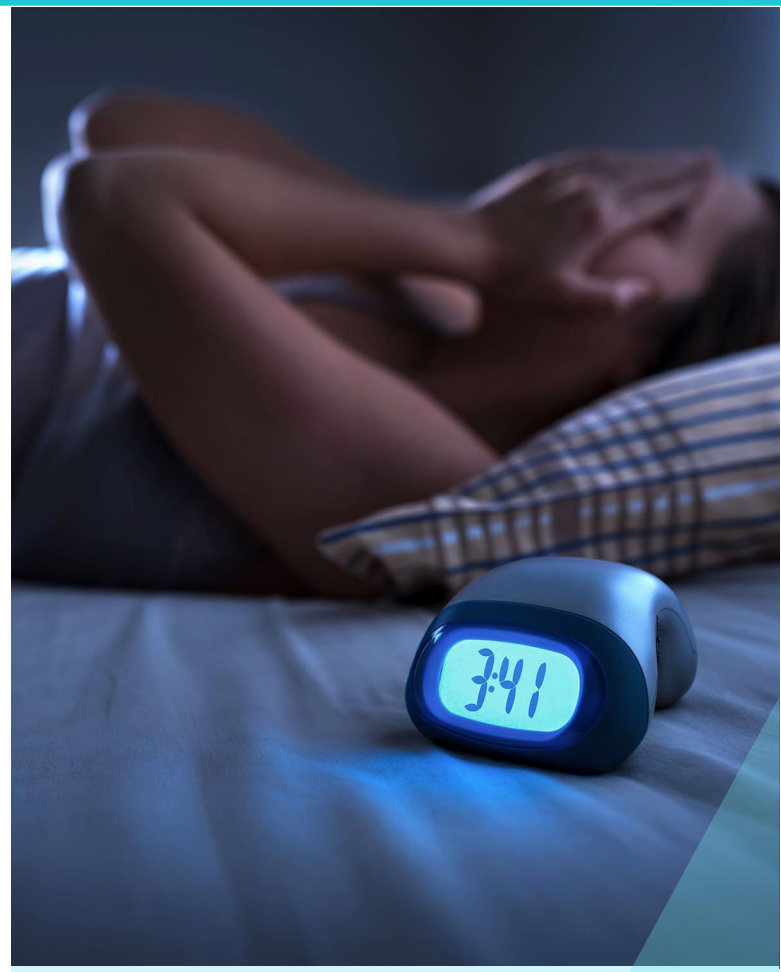


* Philip T. Hagen, M.D., *Sleep: The Healthy Habit That Promotes Weight Loss*, December 29, 2016, published on www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/sleep-promotes-weight-loss/art-20270122

Other Key Facts/Studies

Sleep

"…Ghrelin is a hormone produced mainly in the stomach, but also in the brain. It promotes hunger and encourages the desire to eat. As you may have guessed, ghrelin is at its peak when you are low on sleep…It's important to note that fragmented sleep has the same effect as too little sleep. If you don't get enough deep, restful sleep, your hunger hormones are likely to be activated, which can lead to weight gain."*



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Other Key Facts/Studies

*Self-Weighing/Food-Logging**

A new study showed that self-weighing correlates with successful weight loss and has been shown to significantly increase the odds of weight loss success within a 6-month intervention period.

A higher frequency of self-weigh-ins of more than once per week increases weight loss outcomes.

Also noted was that food-logging (tracking the food one eats) is critical for weight loss during a 6-month intervention.

* Stefanie Lynn Painter, LD,RD,DHEd; Rezwan Ahmed, PhD; Robert Kushner, MD; Richard Lundquist, MD; Scott Brunning, MS; Amy Margulies, LDN, CDE,RD, *What Matters in Weigh Loss? An In-Depth Analysis of Self-Monitoring*, Journal of Medical Internet Research, 2017, vol. 19, iss. 5, e160.

Other Key Facts/Studies

Self-Weighing/Food-Logging

The higher the number of food-logging days per week (with at least three being the minimum), the greater the adherence will be to behavior change as explained through self-regulation theory.*

So by weighing in and tracking one's diet regularly, one would be building a good habit/behavior that builds commitment to weight loss programs, producing higher degrees of success on average.

* Stefanie Lynn Painter, LD,RD,DHEd; Rezwan Ahmed, PhD; Robert Kushner, MD; Richard Lundquist, MD; Scott Brunning, MS; Amy Margulies, LDN, CDE,RD, *What Matters in Weigh Loss?* An In-Depth Analysis of Self-Monitoring, Journal of Medical Internet Research, 2017, vol. 19, iss. 5, e160.

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Join Us for Our Next Event!

- April 3rd
  - 38th Annual Mercer Benefit Survey Results, 12:00 Noon – 1:00 pm
- April 11th
  - Spring Social (Social #2): Archer Hotel, Florham Park, 5:30 pm – 8:00 pm
- Notices will be going out shortly – be on the lookout
- Visit our website: www.nnjiscebs.org
  - Check out the coming events
  - Find PDFs of past presentations

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