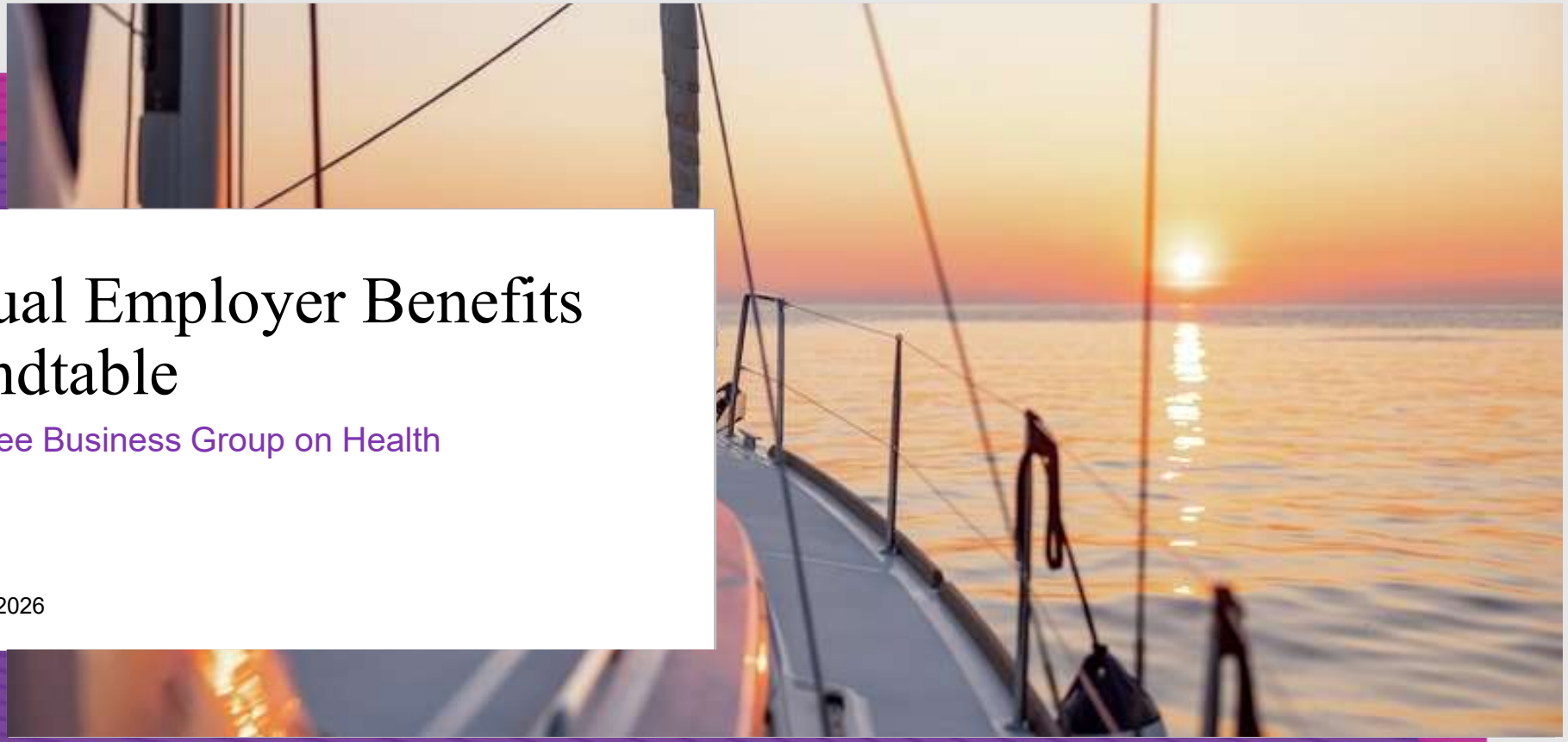

Annual Employer Benefits Roundtable

Milwaukee Business Group on Health

February 3, 2026

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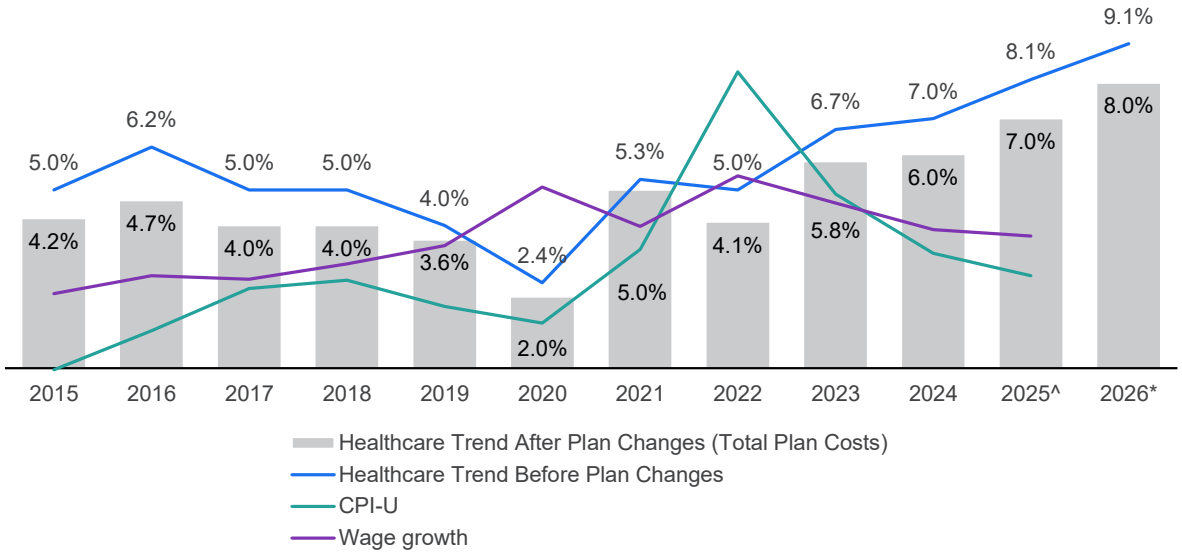
Healthcare cost increases are at the highest point in over a decade and significantly outpace wage growth

Cost pressure



73% **of companies are feeling more cost pressure today than at any point in the past 10 years**

Note: Percentages of healthcare trend are median numbers. ^Expected; *Projected.
Sources: WTW 2025 Best Practices in Healthcare Survey; Bureau of Labor Statistics, Consumer Price Index for All Urban Consumers (CPI-U), Current Employment Statistics (CES).

Health and welfare benefit trends for 2026 and beyond

The new normal, the forces that disrupt, and the signals for what is next

The New Normal *What we can't ignore*	Disruptive Forces *Trends that could reshape benefits in the near future*	Emerging Trends *Signals for what is coming next*
Health costs at decade highs, outpacing wages: sustained budget pressure and hard tradeoffs	**Pharmacy-first cost curve** (GLP-1s, specialty, gene/cell) creates benefit design and financing shifts	**Personalization & choice architectures** redefine the employee experience
Fiduciary & vendor governance expanding: more oversight and accountability required	**Tech acceleration** (AI and digital health) offers new models for analytics, benefit ops and navigation	**Demographic rebalancing** (aging, caregiving, diversity, migration) reshapes the core package
Behavioral health as core operations: access, outcomes, and governance now table stakes	**Medical carrier/PBM market flux** creates space for new entrants and plan design/financing models	**Climate & resilience** move from fringe to baseline across all wellbeing pillars

Health care trend – what is in your control?

Components of Trend

Utilization	▪ Services per 1,000 ▪ High-cost claimant prevalence
Technology	▪ Technological advances ▪ Prescription drug innovation
Excess Inflation	▪ Additional inflation due to medical services ▪ Government payer program cost shifts
CPI Inflation	▪ General inflation ▪ Wage increases

You can influence these components of health care trend – typically 1-2 percentage points of total health care trend

Market forces outside ABC Corp's control – typically 3-4 percentage points of total health care trend

Trend components	Current economic conditions	WTW initial capital market assumptions	WTW normative capital market assumptions
CPI Inflation	3.00%	3.00%	2.50%
Excess Inflation	1.00%	1.00%	1.50%
Technology	3.00%	2.50%	1.50%
Utilization	1.00%	1.00%	0.50%
Total	8.00%	7.50%	6.00%

Expect the long-term trend to be a minimum of 4%

Future of Healthcare: Ecosystem

Healthcare	▪ Artificial Intelligence will play an increasingly large clinical role ▪ Telemedicine will seriously disrupt conventional medical systems ▪ Pharmacogenomics will drive prescribing ▪ mRNA technology will be used for indications beyond vaccinations
Pharmacy	▪ Hyper-individualized treatments: immunizations for cancer, cell and gene therapies rolling out in record time ▪ Transparency ▪ Downsizing of brick and mortar ▪ Per year volume of drugs seeking approval outpaces historical norms
Providers & Health Systems	▪ Clinicians will increase use of monoclonal antibodies, allowing immune treatment for diseases that were previously refractory to treatment ▪ Provider consolidation will continue ▪ Gaps in contracting with carriers will become the norm
Carriers	▪ Carriers will continue to adopt the PBM business model of maximizing intermediary revenue ▪ Fee for service will remain the dominant form of provider payment ▪ Technology evolution to accommodate expanded claims inputs from various platforms (DTC, coupon/cash pay, Amazon, etc)
Member Experience	▪ Increase in self-screening and in-home care (infusions) ▪ AI will improve navigation and AI agent to manage prescriptions ▪ Profound changes in worker demographics

Higher quality care with better outcomes

Cost inflation will continue

Improved access but equity gap may widen

Cost pressures are driving employers to consider disruptive changes

Companies consider disruptive changes

Organization's top priorities over the next three years

#1	**Company medical costs**	**95%**
#2	**Company pharmacy costs**	**85%**
#3	**Affordability for employees**	**82%**
#4	Employee wellbeing	48%
#5	Employee experience	46%
#6	Healthcare delivery	37%
#7	Program offerings	36%
#8	Compliance and transparency	33%
#9	Analytics, forecasting and risk assessment	24%

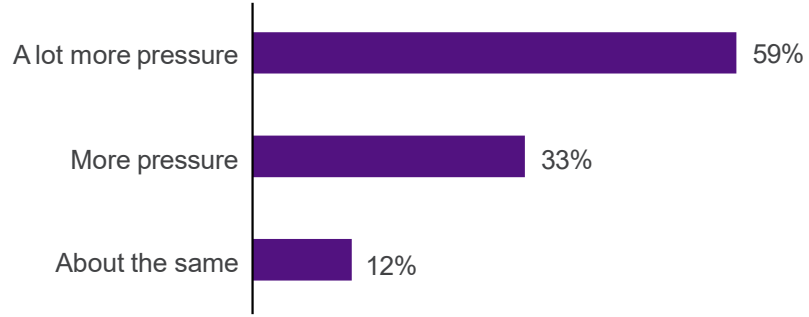
Note: Percentages indicate ranked "top 5".
Source: WTW 2025 Best Practices in Healthcare Survey.

1 in 3 think it is necessary to make **disruptive changes** to healthcare program in the next three years

Past three years **14%**

Next three years **34%**

Organizations with higher cost pressure are more likely to make disruptive changes over the next three years



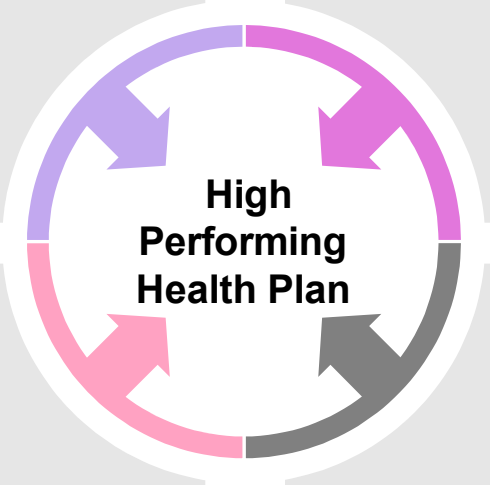
Near term strategic levers

Cost Management

- Plan Design and cost-sharing
  - Network
  - New Designs
  - Cost-Sharing overall
  - Dependent cost-sharing
- Pharmacy
- High-Cost Claimants and Clinical Pathways
- De-Risk options

Optimize Experience

- Understand current state and options
- Evaluate the member experience
- Identify where there is savings opportunity
- Connected wellbeing and mental health



Plan Management & Fiduciary

- RFP Strategy
- Compliance adherence
- Audit and clinical review prioritization

Analytics and Measurement

- Cost and budget monitoring
- Predictive Analytics
- Vendor Performance and ROI analysis Transparency

AI – Expectations, Leverage and Governance

Levers to lower healthcare spending: Disruptive Changes

Participation

- Eliminate spousal coverage/spousal surcharge/spousal incentive plan
- PT coverage restrictions

Plan design and cost sharing

- Reference-based pricing
- Restrict formulary
- Remove drug classes (e.g., GLP-1 coverage for obesity)
- Narrow or high-performance medical/Rx networks Only
- Restrict site of service
- Virtual-first plans
- Restrict/remove OON
- Mandatory COE
- 100% of cost increases will get passed to the member
- 100% pass through cost sharing for dental and vision

Population health programs

- Increase prior authorization
- Genetic testing management
- Incent "effective" coverage (e.g., FIT versus colonoscopy)
- Enhanced case management
- Eliminate wellbeing incentives or shift to DC design
- Carve-out medical side of Rx solutions

Carrier and PBM efficiency

- Direct provider contracts
- Alternative Rx pricing models
- Shift to TPA adoption
- Move away from big 3 PBMs
- Hybrid centers of excellence (COE) program

Disruptive Changes

Levers to lower healthcare spending: Incremental Impact

Participation

- Dependent audits

Plan design and cost sharing

- Cost shift: premium/out-of-pocket (OOP) cost increases, coinsurance versus copay
- Rx copay maximizer or accumulator
- Option for Narrow or high-performance medical/Rx networks
- Optional COE
- Managed care (e.g., PCP required)

Population health programs

- Re-bid, consolidate or eliminate underperforming point solutions
- Telemedicine
- Onsite/Near-site
- Expert opinion
- Navigation/Concierge
- Pharmacy navigation
- Cell and gene therapy programs
- Clinical point solutions survive but continue to consolidate
- Shift towards dedicated models for UM and CM

Carrier and PBM efficiency

- Re-bid carrier or PBM
- Direct provider contracts
- Alternative Rx pricing models
- Payment integrity audit
- Market checks
- Employer group purchasing coalition (Rx or Rx + Med)
- ASO or level-funding

Incremental Impact & Plan Management

Balancing the employee experience with savings strategies

Healthy to managed care
80% of the population/20% of the cost

Medically fragile
20% of the population/80% of the cost

Awareness, engagement			
Navigation portals	Spoke and hub technology	Decision support tools	Personalized communication

Access		
Transparency tools	At home screening	Multi-modality service platforms (digital and telephonic)

Objective advocacy support	
Virtual medicine	Robust mental health solution and integration

Support and empowerment

- Dedicated service support
- Modernized performance guarantees
- Emphasis of physical focused wellness
- Commitment to preventative

- Dedicated service support
- Dedicated clinical management (CCMU)
- Optimal clinical point solutions
- Navigation and advocacy
- Financial wellness support

- High touch disability and caregiving support
- Tailored communication and portals on disease state

AI is also transforming the delivery of healthcare

Full speed ahead

Healthcare systems already deploying AI

- Medical ambient documentation tools (aka transcription)
- Triage
- Back-office administration
- Telehealth and remote patient monitoring

Full speed ahead

Human oversight to address disparities and help members overcome identified barriers

- Patient advocacy and navigation
- Identification and outreach
- Delivery of personalized recommendations

Extreme caution

Human-led care will remain prioritized for

- Patients with complex clinical needs
- Patients with clinically sensitive diagnoses
- End-of-life care
- Informed consent process

Strategy Discussion

- What top areas are you focusing on for this year and future years?
- How are you working with finance and leadership on financial monitoring?

Plan Design

Current health care plan design: what needs to be fixed

Employee perspective

28%

Employees delayed care

2X

More likely to be on the wrong track for managing physical and mental health if delayed care

42%

Of employees who delayed care are struggling financially

45%+

Abandonment rate of drugs when out-of-pocket costs exceed $125

Sources: 2024 WTW Global Benefits Attitudes Survey, United States Full Time
https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/medicine-spending-and-affordability-in-the-us

Employer perspective[1]

45%

Increase in prevalence of claims over $100K since 2019

$9,200

Largest 2025 OOP maximum allowed under the ACA. Rising to $10,150 in 2026.

33%

Increase in members exceeding a $9,200 OOP maximum since 2019[2]

$300

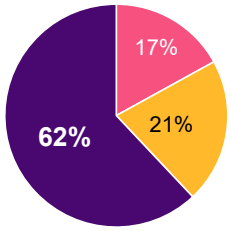
Annual increase in per-member cost-share necessary to offset increase in employer costs exceeding $9,200 OOPM

[1] Calculations from WTW's HealthMaps software utilizing claims continuance tables developed from historic Truven MarketScan database data
[2] Assuming a $2,000 deductible and 20% member coinsurance

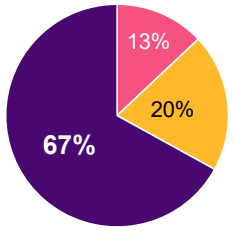
Employers have responded to these trends by largely absorbing the cost increase, and contribution strategies need to be revisited

Employers have absorbed plan design leveraging by taking on a higher share of total costs

2019 Health Care Total Cost Share: $8,008 employer net cost



2025 Health Care Total Cost Share: $10,710 employer net cost



Employer cost | Employee contributions | Employee OOP costs

Employer subsidies are higher for spouses due to using premium cost-share strategies versus defined contribution strategies

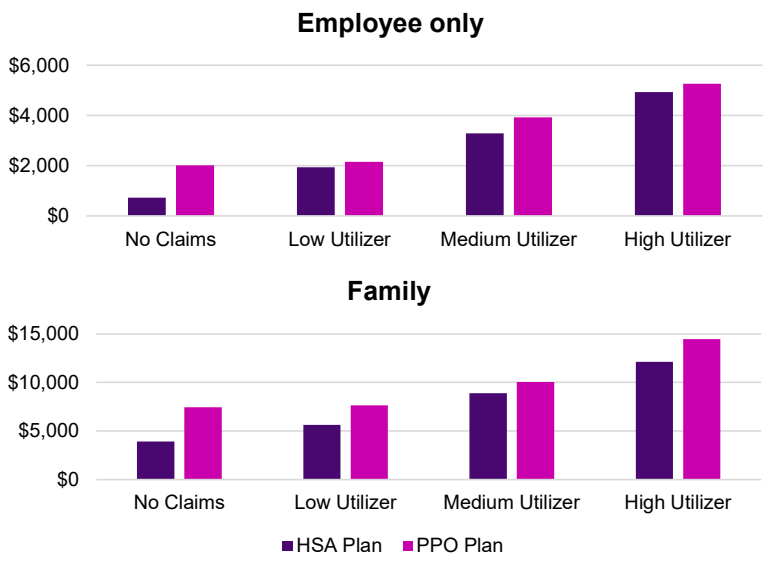
Employer subsidies – 4-tier rates	2019	2025
Employee only	$4,665	$6,600
Spouse	$5,215	$7,240
% Difference	12%	9%

Modernizing plan designs in 2025+ prioritizes financial protection for members, cost-sharing before the deductible for high value services, and a re-balanced cost-share

Sources: 2019 and 2026 WTW Healthcare Financial Benchmarks Survey: Consumer Goods with 5,000+ employees

The linkage between health care plan design, contribution strategy and decision support

Employee out-of-pocket costs: 2024 benchmark HDHP and PPO plan/contributions[1]



The average HSA plan is better for all employees based on how the plans are currently designed and subsidized

Decision support tools based only on expected claims utilization combined with misaligned design leads to suboptimal enrollment decisions

Employees input expected claim utilization

↓

HSA plan is recommended

↓

Employees financial means are not considered

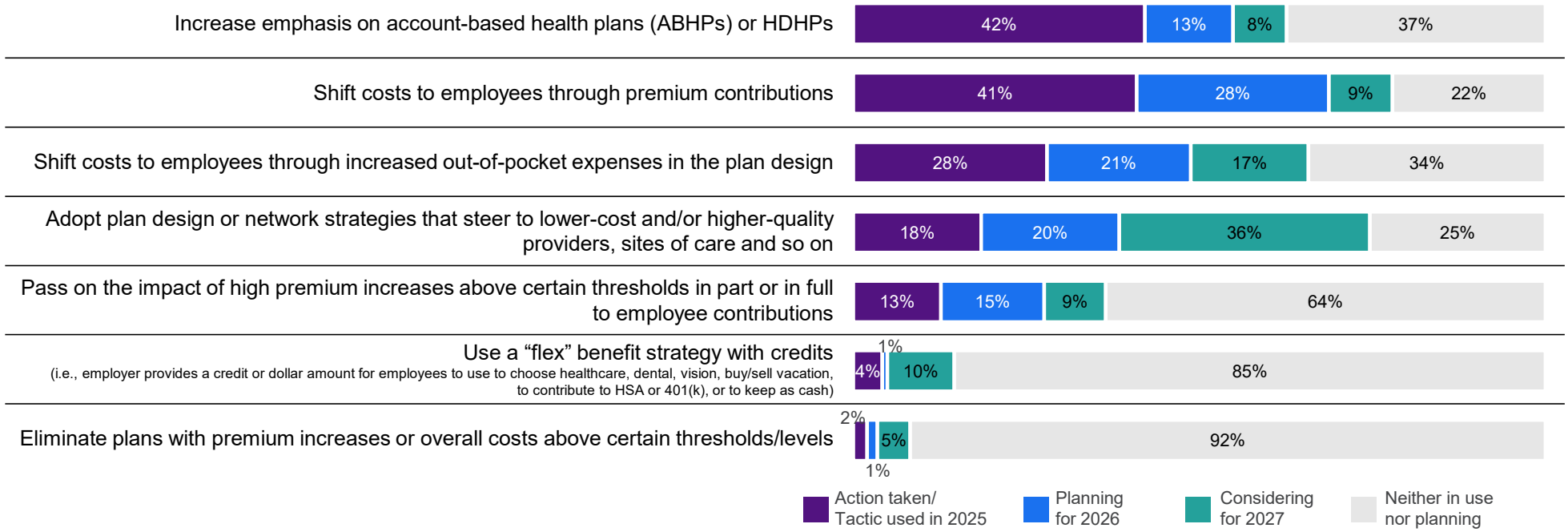
↓

Employee enrolls in a high deductible plan, and it may be challenging to afford care before the deductible

[1]Based on WTW 2024 Health Care Financial Benchmarks Survey average design and employee contributions - Claims utilization scenarios and assumptions are in the Appendix

Actions taken on plan design and subsidization

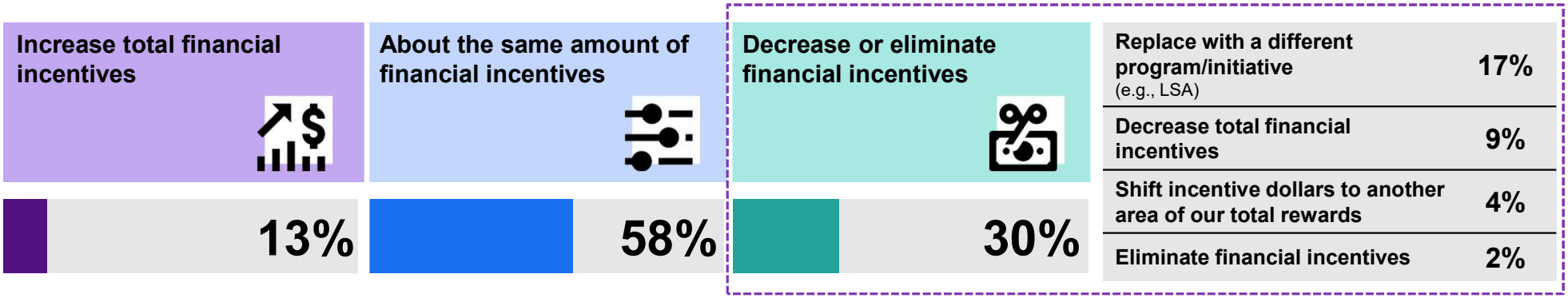
Subsidization and Designs: What actions has your organization taken or plan to take for healthcare contributions, premiums and benefit designs?



Note: Percentages may not sum up to 100% due to rounding.
Source: WTW 2025 Best Practices in Healthcare Survey.

Increasingly, companies are reducing or eliminating wellbeing incentive programs

How do you expect your wellbeing financial incentive program to change in the next three years? (n = 200)



Note: Percentages may not sum up to 100% due to rounding.
Sample: Companies that offer financial rewards or penalties based on program participation or biometric outcomes.
Source: WTW 2025 Best Practices in Healthcare Survey.

The traditional health plan market is in flux

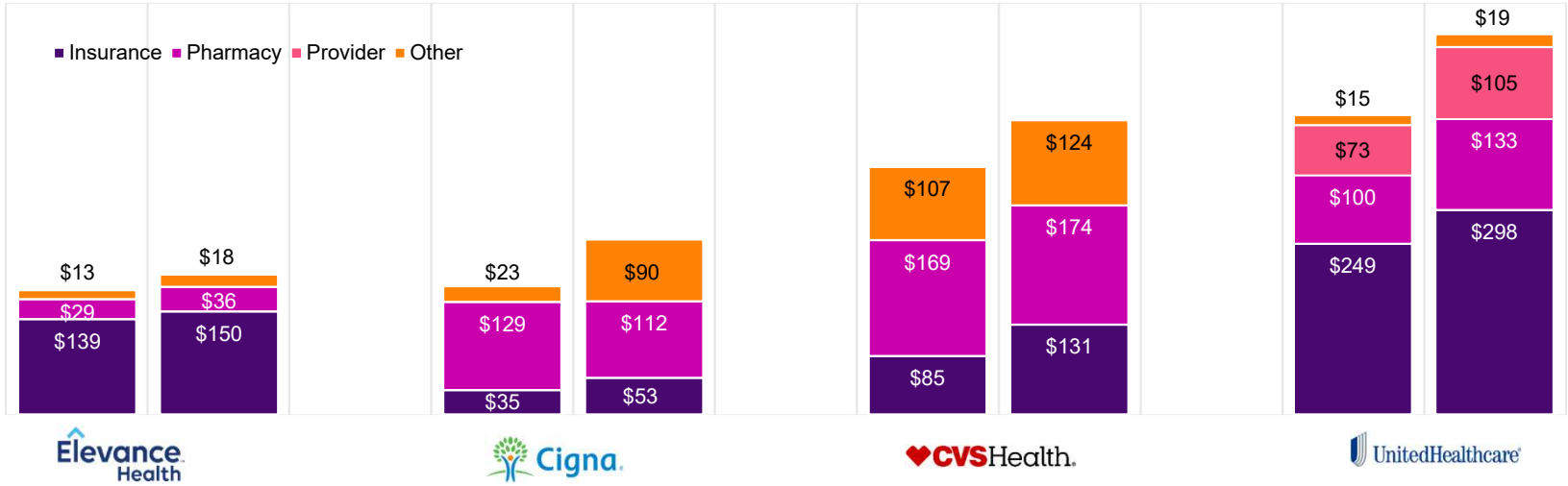
National carriers are less focused on core medical administration services for growth

- More than three-quarters of U.S. commercial members are enrolled in BUCA (Blues, United, Cigna and Aetna) plans.
- These 'health plans' are growing revenue from alternative service offerings — pharmacy benefit management provider groups, retail locations and noninsurance assets – while insurance margins face pressure from utilization, government programs and GLP-1 trends

Pressure Points

- Government programs: Medicaid redeterminations and Medicare Advantage rate dynamics
- PBM pricing and regulatory challenges
- Membership shifts from Medicaid redeterminations and ACA exchanges exits
- Regulatory and legal challenges
- Public perceptions and transparency

2022 vs. 2024 Revenue by Segment ($B)



NPS of medical plan carrier

(Promoters − Detractors)

All industries

+10

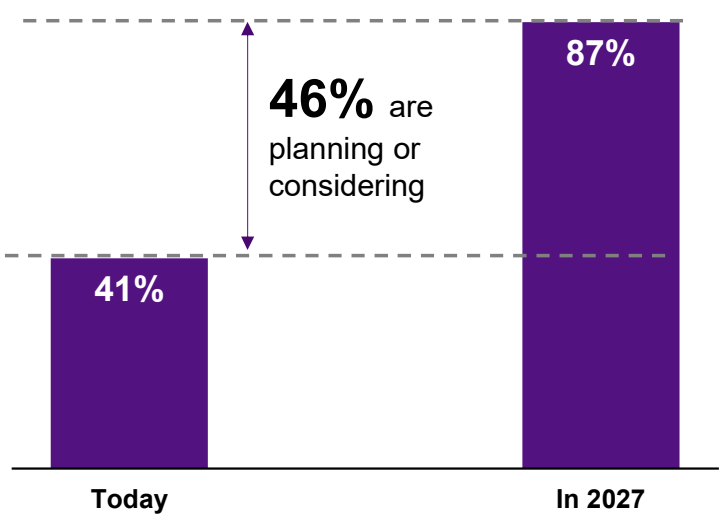
Healthcare

−2

Source: FY 2022 and 2024 10-K annual reports from the respective companies. Source: WTW 2025 Best Practices in Healthcare Survey. NPS score based on "How likely are you to recommend your medical plan carrier or administrator to a friend or colleague at another company?"

Growing momentum for alternative plan designs

Employers adopting alternative plan designs



Source: WTW 2025 Best Practices in Healthcare Survey.

Features of alternative plan designs

Alternative providers
26% use network designs to limit or restrict access to select providers, with another 20% planning or considering

Transparency
23% offer a health plan that confirms coverage and provides details on out-of-pocket costs prior to scheduling an appointment, another 32% planning or considering

Navigation
35% offer enhanced care navigation to relay provider quality information, another 26% planning or considering

Use of technology
26% use technology to provide information on local provider quality, another 23% planning or considering

Advanced primary care
5% offer an advanced primary care plan, another 17% planning or considering

Alternative health plan designs are gaining traction in the market

Integration of design and delivery to transform care

93% of healthcare employers are considering **alternative plans for 2027**, up from 59% today

- Alternative providers
- Transparency
- Navigation through technology
- Advanced primary care

Narrow Network Models

- Primary care-centric design
- No deductible
- "Direct contract in a box" where providers bear risk for Centivo members
- Network is dramatically narrowed around high-quality, low-cost providers

Steerage Models

- Functions like a tiered network, with lower cost sharing for using preferred providers
- Steers members to efficient providers, while maintaining optics of a broad network
- Function as an overlay to current designs

Health Plan Models

surest
A UnitedHealthcare Company

- Variable copay-based design
- No deductible
- Lower copay for services provided by more efficient providers
- Uses UHC's broad network

Other players in each category

XO Health
imagine HEALTH
EHN Employers Health Network

embold HEALTH
Healthcare Bluebook
Proximal

SIMPLEPAY HEALTH
COUPE HEALTH

Source: WTW 2025 Best Practices in Healthcare Survey, Healthcare.

Strategy Discussion

- What are you considering for your plan design and cost-sharing for 2027 and longer-term?
- What are you looking for from your medical carrier partner?

Pharmacy

PBM market forces

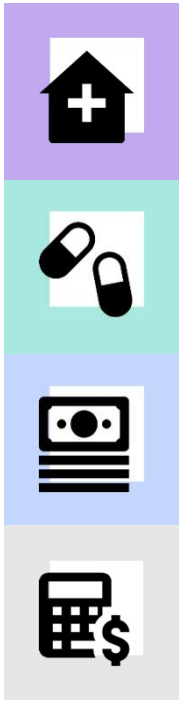
Escalating drug prices

Increased transparency demands

Legislative and regulatory momentum

Employers driving transformation

The magnitude of the situation

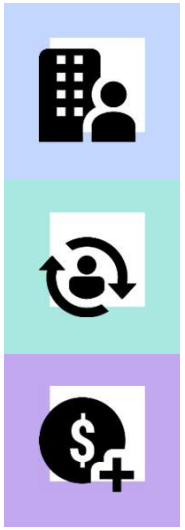


$1B spending on retail prescription drugs at list price

7B prescription drugs in 2024 up 14% from 2019

$30B in spending on advertising by pharmaceutical companies

$749M in spending on lobbying by pharmaceutical companies



143M Americans with private or employer-sponsored prescription drug coverage

~60 approximate number of PBMs in the U.S.

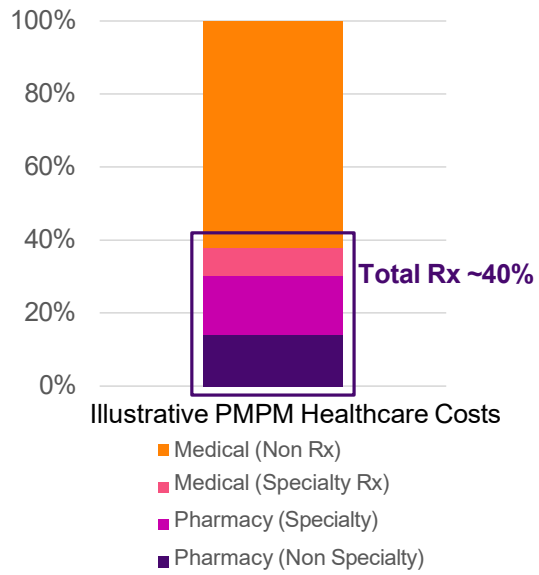
$31M in spending on lobbying by PBMs

IQUVIA – Understanding the use of medicines in the U.S. 2025

We are headed towards a pharmaceutical-based healthcare system

Drug treatments will eclipse focus on procedures to treat conditions and reshape benefit strategies

Pharmaceuticals account for 40% of total healthcare spend for some employers today



Reshaping Benefits	*Emerging Strategies*
GLP-1s (weight loss….and beyond) The expanding use and cost of GLP-1 drugs is increasing overall pharmacy costs and **reshaping how employers think about formulary design and coverage decisions**	• Wrap-around clinical support • Narrow prescribing networks • Direct contracting • Health care reimbursement account
Cell and Gene Therapies Cost and value questions arise with new high cost, often curative, single treatment therapies (gene therapy, cell therapy, CAR-T, etc.) that will **create new financing and contracting models**	• Predictive analytics and forecasting • Carve-out and risk pooling Value-based contracting • Specialty networks
Specialty Medications (Medical Plan) Often overlooked and increasing in cost, specialty medications dispensed through the medical plan are creating a **new area of focus and accountability for medical carriers (or others)**	• Predictive analytics and forecasting • Site of care redirection • Carve-out infusion networks • Revise TPA contract terms

LANTERN

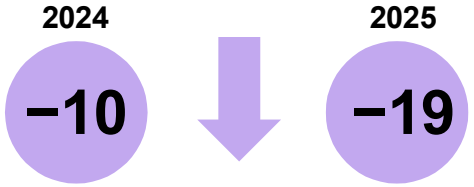
FlyteHealth

ETS℠

PBM dissatisfaction warrants change and aligned incentives

Employers are frustrated with their PBM's performance

Net Promoter Score (NPS): Pharmacy benefit manager (PBM)



How does your PBM support your company in the following ways?	2024	2025	Changes
Obtains advantageous pricing	54%	42%	▼ –12
Leads to high-quality, low-cost care	56%	46%	▼ –10
Has an advantageous rebate program	66%	59%	▼ –7

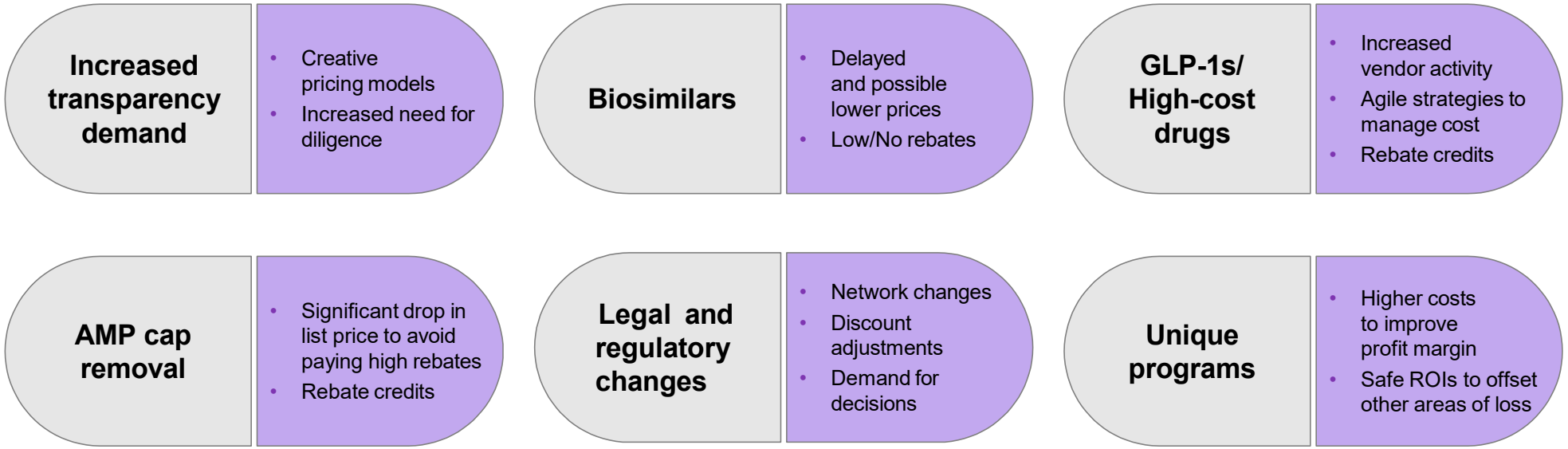
(percentages reflect "agree" or "strongly agree")

Companies are increasing governance and reevaluating their PBMs

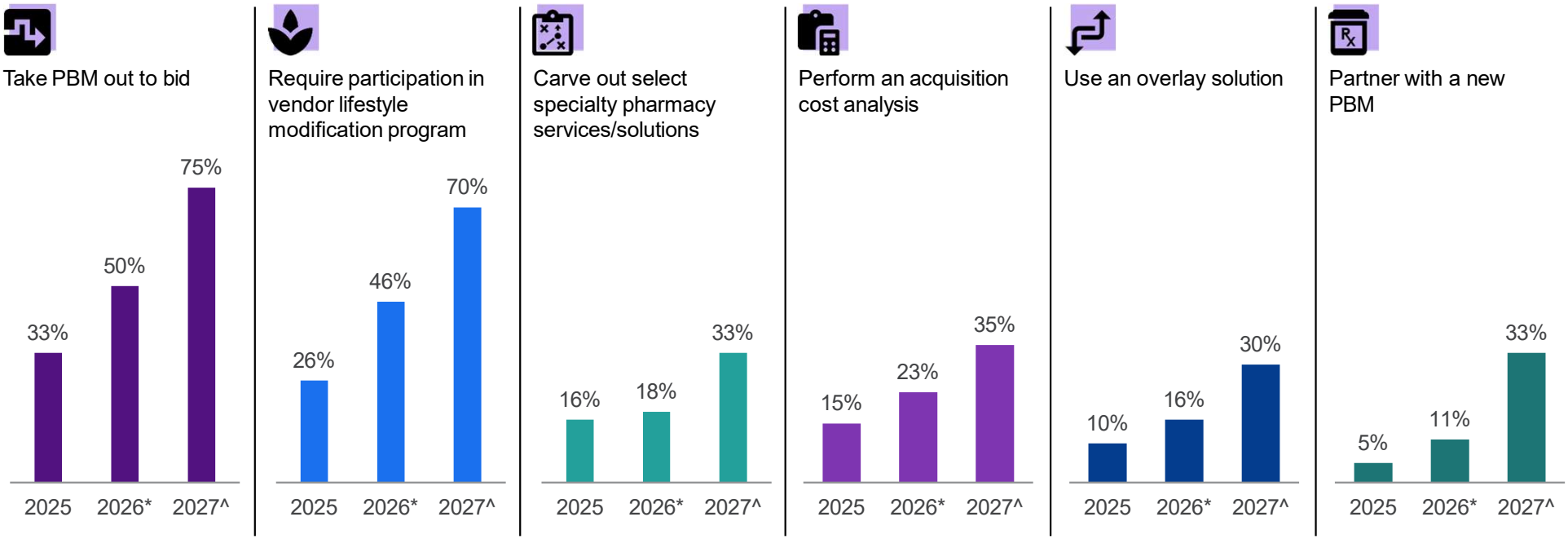
Out to bid	**75%** of employers have or will take their PBM out to bid
Contracting	**49%** use transparent and pass-through contract structures, with another **22%** planning or considering **25%** use acquisition cost structures, with another **26%** planning or considering
Auditing	**58%** have recently audited their pharmacy benefits. Best practice is to conduct an audit every one to three years.

Source: WTW 2024 and 2025 Best Practices in Healthcare Survey.

PBM tactics: Changing rules



Highlights: Emerging PBM strategies



Note: *Planning for 2026, ^Considering for 2027.
Source: WTW 2025 Best Practices in Healthcare Survey.

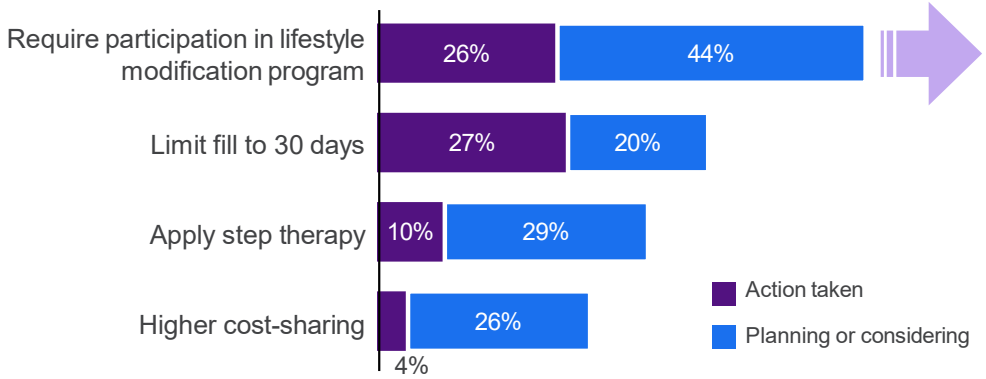
Employers are considering the removal of coverage and other strategies to address unsustainable GLP costs

57% of employers cover GLPs for weight loss (up by 5% points from 2024)

15% of employers are either considering removing coverage (9%) or have done so in the past year (6%)

Three-quarters (78%) would cover, if costs were lower

Most common management around GLP-1 coverage for obesity



76% of employers use PBM standard prior authorization criteria, while **9%** use a different body mass index (BMI) criteria than the PBM standard

Expanded use of lifestyle modification program requirements

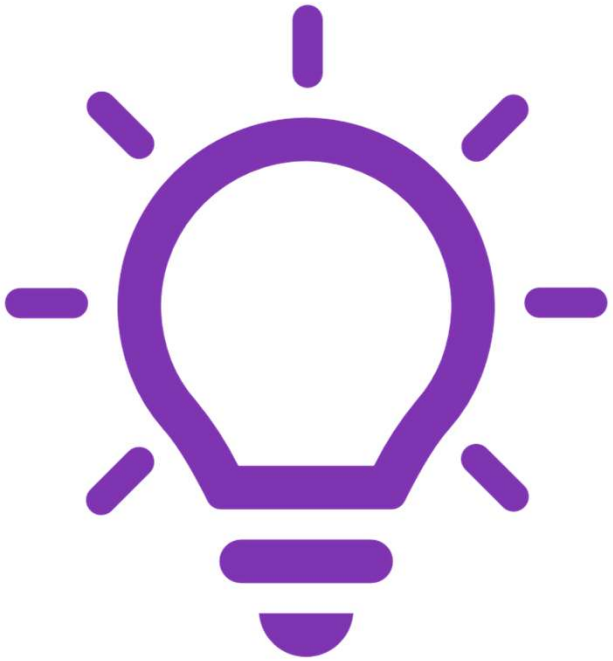
Common vendor partnerships:

- PBM program (33%)
- Omada (28%)
- Vida (5%)
- Virta (5%)

Direct-to-consumer offerings are preferred to compounded solutions when GLP-1 coverage is not offered or removed

Sources: WTW 2024 and 2025 Best Practices in Healthcare Survey.

Strategy Discussion



- What is your top pharmacy focus?
- Share your point of view on emerging solutions and direct-to-consumer

Vendor Governance and Clinical Strategy

Companies can gain better value from their benefit spend and protect themselves from lawsuits through increased focus on vendor performance

US employers are managing 10-12 vendors across their benefit ecosystem

A fiduciary has a duty of loyalty and prudence to **guard** the interests of plan participants and beneficiaries, and to ensure that plan assets are used for their benefit.

To **guard** the plan, the fiduciary must act with care to create a thoughtful governance strategy.

Audits

43% are increasing efficiency through medical claims audit with another **34%** planning or considering

Fraud and waste

10% have increased evaluation of fraud, waste and abuse with another **25%** planning or considering

Vendor performance

Continuous focus on evaluating vendor effectiveness: **53%** are taking extensive actions today

Plan oversight

31% have conducted reviews of prior authorizations or evaluated qualifying payments for out-of-network services with another **26%** planning

Source: WTW 2025 Best Practices in Healthcare Survey, Healthcare.

Clinical strategy considerations

Clinical advances will continue to drive clinical strategy

Cancer

- Number one clinical condition spend across employers
- Employer strategies include:
  - Carve-out expert medical opinions (EMOs) and expansion of COEs
  - Cancer-specific advocacy
  - Prevention strategy
  - Pharmacy strategy
  - Cell and Gene Therapy Strategy

Women's Health & Family solutions

- Addressing maternity within holistic family solutions lens, including family building, support and reproductive care
- Women's health expansion (e.g., menopause support, pelvic floor)

Musculoskeletal

- Second highest spend across the industry
- Employer strategies include:
  - COE
  - Digital physical therapy
  - Connection to mental health
  - Connection to safety and occ health

High Cost Claimants

- Top focus area for cost management
- Significant trend pressure in the upwards of 30%+
- Employers strategies:
  - Adoption of higher dedicated models at carriers
  - Prior authorization reviews
  - Enhanced navigation and steerage

Cardiometabolic

- Expansion of strategies including diabetes, obesity and cardiac
- GLP-1s now the largest pain point in all clinical considerations
- Employers evaluating coverage and point solutions

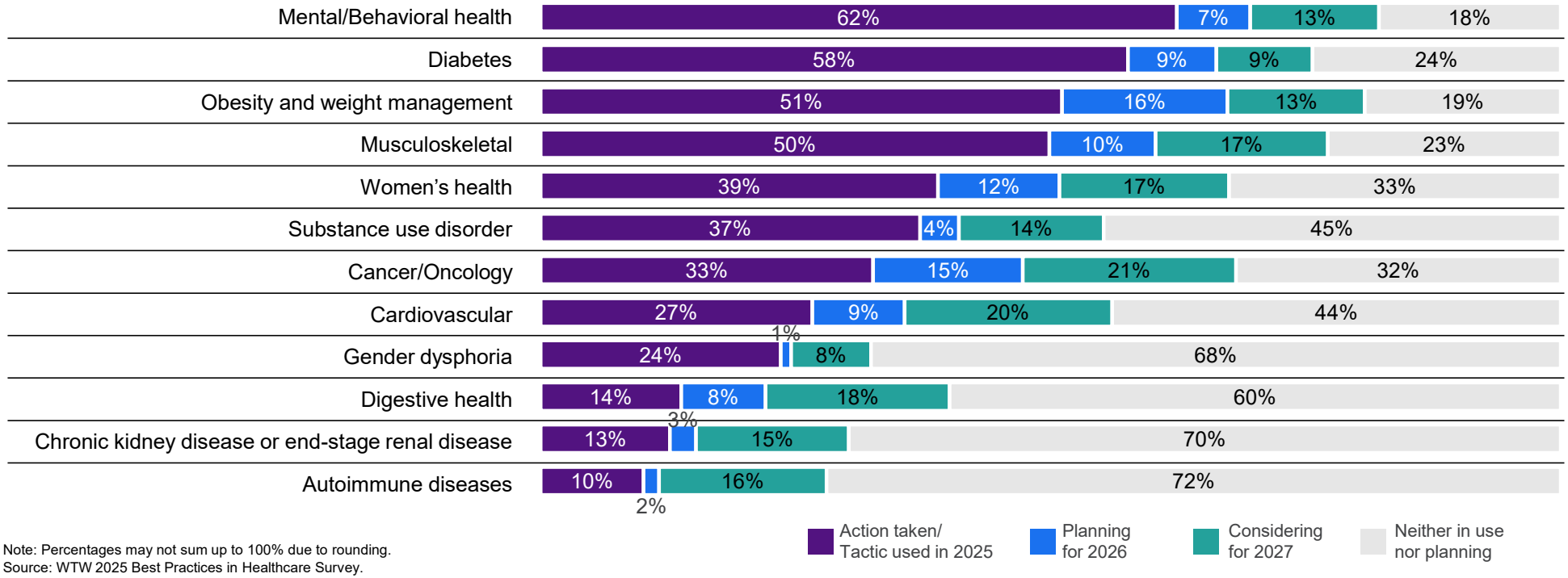
Mental health

- Top clinical condition of focus
- Employer strategies include:
  - EAP evolution and digital first models
  - Substance use disorder COEs, including new digital models

Source: WTW 2024 Best Practices in Healthcare Survey

Employers are committed to evolving their clinical strategy

Which of the following clinical areas has your organization acted on or planned to act on as a means of improving member health?
Actions can include revising medical or pharmacy benefits, evaluating your network strategy, offering enhanced navigation or adopting other medical management vendor solutions.



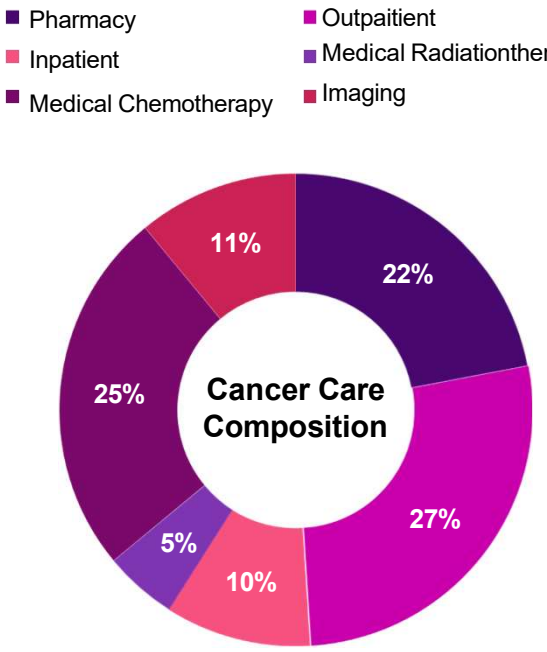
Note: Percentages may not sum up to 100% due to rounding.
Source: WTW 2025 Best Practices in Healthcare Survey.

Venture capital is accelerating AI use cases and the IPO market is thawing

- Annualizing the first half of 2025, we are seeing a **modest increase in digital health venture funding** compared to the past 2 years; this signals a **steady venture market** after post Covid boom
- We are seeing **fewer deals, but the deal size is growing** – investing in later stage companies and paying AI premium
- **AI-enables startups** captured 62% of funding
- **Thawing of IPO market and adjusted valuations –** Hinge Health and Omada Health (just 2 digital health IPOs in past 3 years); Hinge Health IPOd at $3B vs. $6B valuation in 2021

Source: Rock Health, October 2025

Oncology: Understanding and establishing strategic levers



Coordinated effort that addresses three areas

- Early identification and risk screening
- Diagnosis confirmation and treatment plan alternatives
- Access to high quality care and mitigate financial burden to the plan and member

Merative WTW BoB Active Population, representing 358,824 average member lives

1 The Costs of Cancer 2020
2 Cost Differences Associated with Oncology Care
3 Ways to Curb the Sky-high Costs of CAR-T Cell Therapy

Oncology marketplace service comparison

Market leaders have emerged in the focus areas of each stage with overlap in other areas; these are all stand-alone products.	Screening	Diagnosis	Intervention and treatment support		
	Focus: early detection	Focus: EMO	Focus: treatment at COE	Focus: Navigation and treatment support	Comments
GRAIL, color, skinIO see more	■				• Grail: multi-cancer early detection (MCED) for 50+ types of cancer (45+ without recommended screening test) • Color: Early detection for cancers with screening guidelines and genetic testing to identify hereditary risk; also provide treatment management and survivorship
Health Advocate, alight., 2nd.MD, Teladoc HEALTH		■			• Traditional EMO: member-initiated, confirm diagnosis and treatment • 2nd.MD: acquired by Accolade
access hope, Included HEALTH		■		■	• AccessHope: traditional EMO and nontraditional claims — triggered EMO (contingent upon carrier utilization management [UM] data; cancer support nurseline) • Included Health: EMO (previously Grand Rounds) and treatment management support (launched 2025)
transcarent, carrumhealth, LANTERN		■	■	■	• Transcarent: utilizes Accolade for EMO • Carrum: utilizes AccessHope for EMO
Cleveland Clinic, Memorial Sloan Kettering Cancer Center | MSK Direct, MAYO CLINIC			■		• Mayo Clinic and Cleveland Clinic: nontraditional EMO with invitation for in-person treatment • Memorial Sloan Kettering (MSK) Direct: CCMU cancer EMO partner; in-person treatment
Jasper, navisa, OSARA HEALTH				■	• Navisa: attends appointments with member • Osara Health: Behavior change program to support positive treatment outcomes

Cell and Gene Therapy Risk Management Opportunities

Risk Management Solutions

Alternative Payment Arrangement

Amortized Loan Products

Instalment Payment Plans

Subscription Based Payment

octaviantFINANCIAL

CVS specialty

Quantile Health

Alternative Contracting

Value Based Contracting

340b/Direct Contracting

BIOMARIN

bluebirdbio

carrumhealth

Reinsurance

Insure risk with third party

Insure risk through a captive

Public/private risk pooling fund

aetna

synergie medication collective

BCS

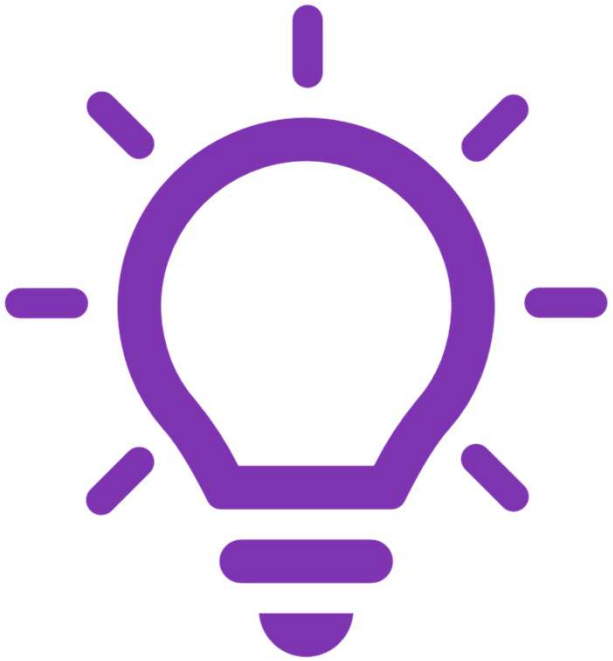
End to End Solutions

Combines clinical and financial management, predictive analytics, clinical navigation, provider contracting, claims repricing, risk pooling

Aradigm

ETS

Strategy Discussion



- Where are you focusing on your clinical strategy?
- How do you define value with point solutions?

Thank you!