personify HEALTH

The real GLP-1 cost crisis

Why short-term use drives long-term costs — and what employers can do about it

GLP-1s promise outcomes and ROI that most employers will never see

GLP-1s are everywhere right now, and it's easy to see why. For employers navigating rising rates of obesity, diabetes, and cardiovascular risk (not to mention the projected 9% spike in healthcare costs in 2026) they seem like a smart investment.

But there's a story behind the headlines that doesn't always make it into the ROI conversation. And that's the fact that most people don't stay on GLP-1s long enough to see lasting results. Over half stop taking them within the first year. And the cost of that early drop-off? It doesn't just erase progress. It resets the risk. Because when people stop taking GLP-1s, it's not just the weight that comes back. It's the blood sugar spikes. The rising A1Cs. The sleep apnea. The hypertension. The claims.

And that promised ROI? It doesn't begin until months 19–24. Which means most employers are investing heavily but seeing little to no return. In many cases, they're left footing the bill for the very conditions they were hoping to prevent.

So yes, GLP-1s are expensive. But the real cost crisis? It's what happens when the medication stops and nothing sustainable takes its place.

Because while these drugs can jumpstart progress, they don't build the habits that protect it. They don't change the late nights, the skipped meals, or the high-stress routines that led to chronic disease in the first place.

GLP-1s are powerful. But they're not the whole solution. And treating them like one is how short-term gains become long-term costs.

In this guide, we'll explore:

- **Why short-term GLP-1 use often backfires**
- **How early drop-off creates a rebound cost spiral**
- **Why most employers never see the ROI they're paying for**
- **And the strategic shift required to make GLP-1s work sustainably**

First, let's take a closer look at what really happens when people stop taking GLP-1s and what it takes to build a strategy that sticks.

GLP-1s are a blockbuster. But what happens when the script runs out?

Few medications in modern history have captured the public imagination or employer attention like GLP-1s. Once confined to diabetes care, drugs like Ozempic, Wegovy, and Mounjaro are now everywhere — reshaping how Americans think about weight loss and how employers think about cost control.

And for good reason. In an industry defined by slow progress, GLP-1s deliver something rare. Visible, measurable results. Clinical studies show average weight loss of 15%, with some patients reaching as high as 21% on Zepbound. For people who've struggled for decades, it feels like finally — finally — something works.

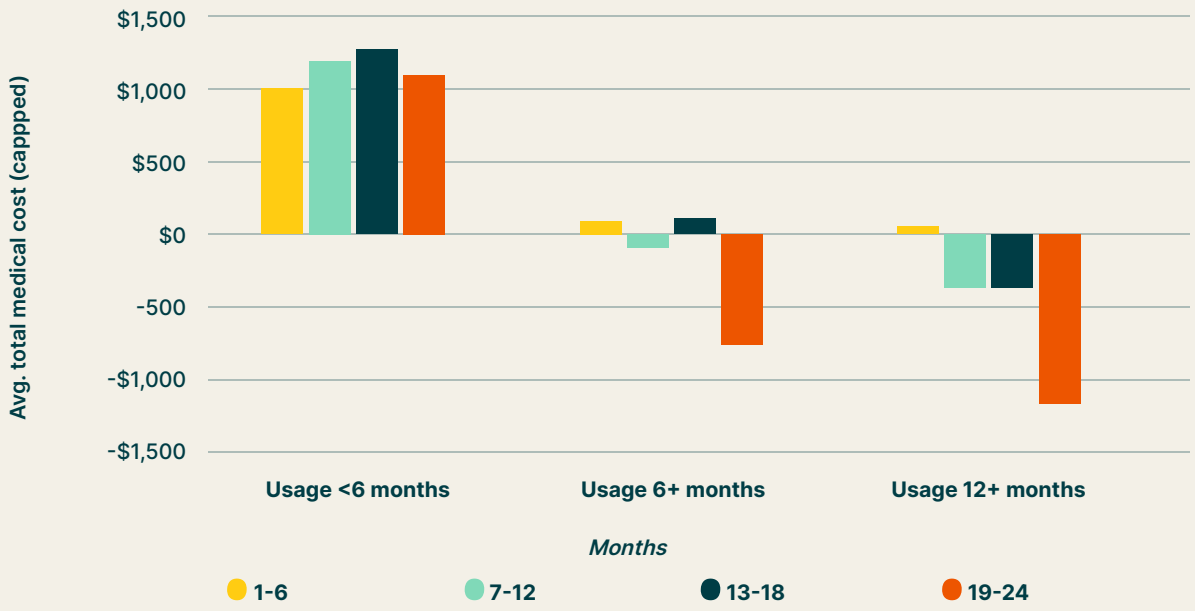
And employers feel it, too. With obesity, prediabetes, and cardiovascular risk climbing, GLP-1s can feel like a lifeline. A shot at lowering future claims. Maybe even a path to flattening the cost curve.

But here's the thing. GLP-1s are designed to treat chronic conditions, which means they're meant to be taken long-term. So they only work if people stay on them. And most don't. In fact, more than 30% of people discontinue GLP-1s within their first four weeks, and over half stop within the first year. Some stop because of side effects like nausea, fatigue, or digestive issues that wear them down. Others run into cost barriers, insurance denials, or supply shortages. Whatever the reason, the result is the same: short-term use, short-lived results.

This is the true cost crisis

The real problem with GLP-1s isn't what they cost to start. It's what they cost when people stop.

Because when adherence drops, employers don't just miss out on ROI — they often end up paying more. More claims. More complications. More comeback conditions like hypertension, diabetes, and sleep apnea. The savings these drugs promise? They don't kick in until months 18–24, according to a Cigna Healthcare study. And yet, most people stop well before then. Which means you're not just paying for the drug. You're paying for the rebound.



Source: Cigna Healthcare study of integrated plan customers, January 2021 – October 2024

Let's put that into perspective.

Say you're an employer with 1,000 people. Research shows that more than half of U.S. adults meet the criteria for GLP-1 treatment, so it's not a stretch to estimate that 400 or more of your employees could be eligible.

At $1,000/month, if just 100 of those people enrolled, that's $1.2 million a year in drug costs alone. If half those employees stop before year's end, and many will, most will regain weight. And with it, the conditions like hypertension, diabetes, and sleep apnea, you were trying to prevent in the first place.

400 employees qualify for GLP-1s in a 1,000-person company

If 100 enroll: $1000/ month = $1.2M/year

If half stop, most regain weight — and the cycle begins again

So instead of lowering costs, early drop-off turns GLP-1s into a revolving door of expense. Short-term use doesn't just fail to deliver ROI. It generates the next round of claims.

Now scale that across a workforce of thousands. Without the right support, GLP-1s don't just become a sunk cost — they become a compounding one. Because without the habits and infrastructure to make results stick, you're not solving the problem. You're just hitting pause.

You don't have a GLP-1 problem. You have a strategy problem.

Wondering whether to cover GLP-1s in the first place?

Before you decide to cover GLP-1s for your employees, it helps to know if GLP-1s are even the right investment for your population.

Download our GLP-1 Guide: *Should your organization invest in GLP-1s for employee weight loss?* to get insights from over 100 client consultations and a 5-step framework for evaluating GLP-1s in your benefits strategy.

Download our GLP-1 guide →

GLP-1s are a starting point, not a strategy

GLP-1s are scaffolding. They help people begin the work of change by reducing appetite, improving insulin sensitivity, and even sparking motivation. For many people, it's the first-time that progress feels possible.

But scaffolding only works if you're building something solid underneath. Without a true foundation, the kind found in daily habits, behavioral support, and lifestyle tools, the moment your employee stops taking the drug, everything else collapses. That's not a failure of willpower. It's a failure of design. Because GLP-1s were never meant to fix the root causes of chronic disease, only reduce the symptoms. And yet, we've treated them like a strategy when in reality, they're just a starting point.

So, if we want better outcomes, we can't just prescribe the scaffolding because no matter how effective these drugs seem in the short term, they'll never be able to deliver sustainable health outcomes for our people and long-term cost savings for our businesses. The only proven strategy for achieving both of those goals is to build the foundation that makes change stick and create systems that make health sustainable.

What are GLP-1s really solving for?

If GLP-1s are only managing symptoms, we should be asking: what's the root cause behind the conditions they're treating?

In 2023, the U.S. spent $4.5 trillion on healthcare. And 90% of that was spent on treating and managing chronic conditions.

Enter GLP-1s. These drugs have exploded in popularity, demand, and new use cases because they effectively target the symptoms of these chronic conditions.

They're now being tested, and in some cases approved, for everything from cardiovascular disease and kidney dysfunction to sleep apnea, addiction, and even cognitive and mood disorders, offering hope where traditional treatments fall short. But symptom relief isn't the same as root-cause resolution.

“Obesity isn’t the root problem. It’s a symptom. A symptom of a system and a lifestyle that overwhelms the body’s ability to regulate itself.”

- Dr. Jeff Jacques, Chief Medical Officer, Personify Health

The real culprit? Systemic chronic inflammation (SCI), a persistent, low-grade immune response that never fully resolves. Unlike acute inflammation that aids healing, SCI quietly undermines the body’s self-regulation, disrupting insulin sensitivity, cardiovascular function, mood, hormones, and metabolism.

It’s the biological thread linking the conditions that drain employer budgets and healthcare resources.

It’s the red thread running through nearly every major chronic condition. In fact, systemic chronic inflammation is the root cause of 70% of all chronic conditions

Which means that as long as we keep treating symptoms instead of solving for systemic chronic inflammation, we’ll keep paying for the same problems again and again.

We’ve built an entire care model around treating symptoms and not the behaviors that cause them. It’s a system built around prescriptions, not prevention. Around short-term wins, not lasting change. And systemic chronic inflammation thrives in that gap, not just because of biology, but because of skipped meals. Late nights. Stress that never shuts off. And processed food that always seems more convenient than real food.

If we want to reverse chronic disease, we have to go upstream. That starts by changing what we do every day. The small, consistent choices that either lower inflammation or keep it simmering. That starts by changing behavior.

Because no drug, not even a blockbuster one, can replace the power of daily choices.

So, what's the real GLP-1 strategy?

If inflammation is the root cause, behavior change is the lever employers need to pull to unlock lasting results and protect their investment in GLP-1s.

GLP-1s can help people lose weight, improve insulin sensitivity, and reduce inflammation but only as long as people are on them. They don't retrain routines. They don't rewire habits. And they don't address *the* daily choices that keep systemic inflammation active in the first place.

That means if you want real cost control and long-term outcomes, symptom management alone will never get you there. Behavior change isn't just part of the solution — it is the solution. Without a foundation of sustainable habits, GLP-1s are just a short-term fix with a long-term price tag.

The good news? Behavior change isn't just possible. It's scalable and cost-effective.

And when it's done right, it not only improves outcomes; it reduces the need for high-cost, long-term pharmacotherapy.

Because health is personal, your GLP-1 strategy should be too.

About Personify Health

By bringing industry-leading third-party administration, holistic wellbeing, and navigation solutions together, all in one place, we have created the industry's first and only personalized health platform.

With decades of experience and global operations, we empower diverse and unique businesses – and diverse and unique people – to engage more deeply in health at a lower cost. Through our proprietary combination of data-driven personalization, science-backed methodology, and concierge-level clinical expertise, our end-to-end platform makes it easier to proactively address people's needs across their lives.

With a personalized, holistic, and powerfully simple experience, we are redefining industry expectations and what it means to manage health.

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