

GLP-1s are redefining employer weight care strategies:

Here's how to prepare for the next phase



The explosive consumer interest in GLP-1s for weight loss isn't going away. Nearly nine in 10 Americans are now aware of these drugs, while the percentage of adults taking them to lose weight more than doubled, soaring from 5.8% in 2024 to 12.4% in 2025, according to a Gallup report. With the recent FDA approval of the first oral GLP-1 therapy and the emergence of new payment models, the demand is likely to increase in the coming months and years.

Dr. Christa-Marie Singleton, Senior Medical Director, Client Engagement and Virtual Care Outcomes Research at Teladoc Health, describes the ripple effect from rising awareness of GLP-1s to rising demand: "Employees are asking more and more: How can I get access to these medications? I see the commercials, I want to lose weight, I want to feel better. I want this as a benefit."

But as Dr. Singleton notes—and every HR and benefits director is aware—GLP-1s are quite expensive. An Aon research report pegged the approximate median gross cost of second-generation GLP-1s at about \$950-\$1,300 per month in 2025.

That economic reality is prompting many HR and benefits leaders to reassess their weight care benefit strategies. They're rethinking strategies, with GLP-1s as one component of a more holistic, personalized approach to this care. Employers are looking for ways to support successful weight management and better overall cardiometabolic health for employees. At the same time, they know that GLP-1 trends loom large in the health benefits space and need to be addressed.

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A Navigational Guide

This playbook will highlight some of the most significant developments in obesity care and explain the implications of these trends for employers' health benefit programs. It will guide HR and benefit directors to successfully navigate these changes by developing evidence-based, forward-thinking healthcare strategies.

You also will find expert insight on how to balance the objectives of improving health outcomes, meeting growing employee demand and controlling costs. You will learn why it's essential to take a comprehensive approach to weight care that includes elements such as mental healthcare, behavior change support and nutrition counseling. And you will learn the potential advantages of incorporating a clinician-led, digital health program into a weight care benefits strategy.

Let's start with an overview of some of the most impactful developments in the evolution of weight and obesity care.



The cardiometabolic connection

It's been more than a decade since the American Medical Association officially designated obesity as a disease at its 2013 annual meeting, following similar declarations by the National Institutes of Health in 1998 and the American Obesity Society in 2008. The link from obesity to diabetes and cardiovascular conditions such as high blood pressure, known together as cardiometabolic, is well established. Together those three are among the most prevalent chronic conditions in the U.S. workforce, Dr. Singleton notes.

"That's why employers now are recognizing the value of treating them all as a single package," Dr. Singleton says.

Obesity, like diabetes and hypertension, requires sustained, multi-modal management. Its successful treatment involves nutrition, behavior change, mental health support, physical activity and potentially the use of anti-obesity medications (AOMs)—including but not limited to GLP-1s.

The evolution of these medical perspectives on the nature and treatment of obesity over the last three decades or so has had a major impact on how employers approach their health benefit strategies.

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Expanding GLP-1 usage

As GLP-1s prove increasingly effective as AOMs, their FDA-approved indications are expanding to other conditions such as chronic kidney disease, Alzheimer's, Parkinson's, metabolic liver disease and sleep apnea. In addition, we're seeing new delivery options emerge, such as GLP-1 pills and adjustable injectable dosing. Meanwhile, payment models for GLP-1s have expanded beyond traditional health plan/pharmacy benefit manager partnerships to include direct-to-employer, self-pay and direct-to-consumer arrangements.

"The volume of people that could actually qualify for the medications is putting a lot of pressure on employers to figure out exactly what kind of strategy they should put in place in order to not only control costs, but also drive the best health outcomes if they are covering them," says Heidi Guetzkow, Vice President – Health Transformation Team at Aon.

As GLP-1 adoption increases, Dr. Singleton emphasizes the importance of ensuring equitable access across populations. For example, a blanket policy that limits coverage of the drug to people above a certain weight or body mass index might leave out employees in racial and ethnic groups that tend to encounter cardiometabolic at lower levels.

Changing healthcare expectations

Along with the trend toward more integrated treatment of obesity with other chronic conditions and the expanded use of GLP-1s, we're also seeing a shift in employees' expectations about their own cardiometabolic healthcare.

Employees are not only looking for a more holistic approach to that care, they also increasingly want a personalized care plan tailored to their particular health status, physical condition, culture and location. That includes an expectation for nutrition plans that sustainably support cardiometabolic health and accommodate food access challenges, food intolerances and diverse cultural traditions, as Dr. Singleton points out, as well as exercise approaches that include options for varying physical abilities and living environments.





What the Trends Mean for Your Health Benefits Program

Obesity care is changing, and employer health programs are feeling the pressure. HR and benefits leaders will need to consider these and other transformative trends as they design programs aimed at addressing both better employee health and increasing healthcare costs.

When it comes to the latter, perspective matters. The up-front cost of GLP-1 coverage, for instance, may look different when considered

as a long-term investment in employee health rather than a line item expense. Aon's research shows employers see a return on their investment within two years when GLP-1 coverage includes appropriate utilization management. At the same time, the widening indications for GLP-1 usage will bring additional cost management challenges for those that decide to cover the drug.

Discussions of cost and coverage should incorporate topics like the management of rebate structures, the organization's criteria for utilization management, health plan or PBM prior authorization, and the importance of risk stratification to identify which employees will respond best to GLP-1s and other AOM therapies.

Together, these trends point to a shift in how cardiometabolic health is defined, with weight care becoming a central component. This approach calls for health benefits that include evidence-based obesity treatment as part of a comprehensive cardiometabolic management program. Further, it requires coordinating GLP-1 therapy with nutrition therapy, behavioral support, physical activity guidelines and mental health resources.

The ongoing evolution of obesity care also points to the potential value of clinician-led virtual care as a critical access point for cardiometabolic healthcare, including obesity care. That can show up in the form of telehealth visits with clinicians, virtual nutrition and behavioral coaching, or connected devices that support members in monitoring and improving their health.

"Most specialists and primary care physicians in traditional brick-and-mortar healthcare settings are under so much pressure to deliver care within a very short visit with each patient," Guetzkow says. "Offering support that's available outside traditional office hours provides more flexibility and opportunity for people to engage."

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How to Build an Effective Strategy for the Next Generation of Benefits

Amid the whirlwind of constantly evolving trends and expectations, how do you as an HR or benefits leader help your organization adapt to what's happening now and prepare for what's coming next? Here are eight tips to help you build an obesity and weight care benefits strategy that meets those challenges:

1 Know your demographics.

Assess the health of your workplace population, using claims data on the prevalence of obesity, diabetes, hypertension and other cardiometabolic conditions. This data will enable you to align your spectrum of benefits with employee needs and make informed projections about the utilization and cost of benefits.

2 Determine your top priorities.

The second step in the process, according to Guetzkow, is figuring out what you most want to accomplish. Whether the answer is better health outcomes, lower health risk, greater access or lower cost, it should factor into which program solution you adopt.

3 Use evidence-based guidance.

Ground benefit design in expert clinical guidance, recognizing that GLP-1 therapies are intended to be used alongside lifestyle and behavioral support, not as standalone solutions.

4 Engage multidisciplinary stakeholders.

Take a team approach to developing your strategy, with HR and benefits leaders, medical directors, finance directors and employee representatives sharing information and weighing in with their expertise.

5 Prioritize equitable access.

Make sure your entire eligible workforce can benefit from your obesity care offerings, regardless of differences in race, gender, ethnicity, culture, income or geographic location.

6 Frame GLP-1s and other AOMs as long-term health investments.

When deciding whether and how to cover these therapies, it's important not to view them as either quick fixes or single drug cost line items.

7 Create seamless navigation of care.

When designing a strategy that incorporates virtual care, ensure that program members can easily navigate between virtual and in-person providers, and are supported in that navigation.

8 Determine how to measure value.

Based on your organization's goals and priorities, establish a process for tracking your program's achievements and for making the appropriate adjustments to reach its objectives.

A guide to selecting a vendor partner for weight care

Ask these questions when evaluating potential weight care solutions for your organization:

- How much clinical engagement and physician guidance is involved in the program?
- Does the program include nutrition counseling in coordination with AOM use?
- What is the average weight loss for participants? A good target is **≥5% within 3-6 months.**
- What is the medication adherence rate for members?
- What support does the program provide to help people stay on their medications and maintain clinical outcomes?
- What are the other key health outcome metrics you hope to achieve? —e.g., HbA1c reduction for members with diabetes and prediabetes, blood pressure reduction and cardiovascular risk reduction?
- How is engagement defined and maintained?
- What kind of member experience feedback does the program have, including level-of-satisfaction metrics, testimonials and success stories?
- Can the vendor assist with implementing changes in the program over time?

Employers are understandably concerned about the cost implications of wider GLP-1 usage, and many are reconsidering their coverage of the drug as part of a broader effort to curb healthcare costs. Yet research shows that both cost efficiency and health outcomes improve when obesity care is approached as an investment in employees' overall cardiometabolic health.

By developing and implementing an evidence-based benefits strategy that can evolve along with current clinical guidance and workforce needs, HR and benefits managers can help their organizations maximize the return on that investment.

Discover how Teladoc Health can help you redefine your weight management strategies and foster a healthier, happier workforce.

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