The Question: Should the County's health plan continue to cover anti-obesity GLP-1 medications prescribed **for weight-loss only** without other comorbid presenting conditions such as Type-2 diabetes?

Costs to Plan:

Year	# OF Rx	Rx Increase	Total Spend	$ Increase
2023	115		$625,500	
2024	149	↑ 29.6%	$1,264,000	↑102.1%
2025	187	↑ 25.5%	$1,539,100	↑ 21.9%

20.5%
2025 Share of total annual Rx spend

519.6%
Spend Allowed Over Benchmark

Cost to Employees: (estimated rates)

	Per MONTH									Per YEAR		Per Paycheck	
	2026	2027 w/ GLP-1	% Increase (w/ GLP-1)	EE $ Up (w/ GLP-1)	ER $ Up (w/GLP-1)	2027 No GLP-1	% Increase (No GLP-1)	EE $ Up (No GLP-1)	ER $ Up (No GLP-1)	EE $ Up (w/ GLP-1)	EE $ Up (No GLP-1)	EE $ Up (w/ GLP-1)	EE $ Up (No GLP-1)
single	$ 913.27	$1,020.08	11.7%	$ 21.36	$ 85.45	$ 965.28	5.7%	$ 10.40	$ 41.61	$ 256.34	$ 124.82	$ 9.86	$ 4.80
dual	$2,191.85	$2,448.19	11.7%	$ 51.27	$ 205.07	$2,316.68	5.7%	$ 24.97	$ 99.86	$ 615.22	$ 299.59	$ 23.66	$ 11.52
family	$2,739.81	$3,060.24	11.7%	$ 64.09	$ 256.34	$2,895.85	5.7%	$ 31.21	$ 124.83	$ 769.03	$ 374.50	$ 29.58	$ 14.40
hsa-single	$ 770.48	$ 857.90	11.3%	$ 17.48	$ 69.94	$ 811.67	5.3%	$ 8.24	$ 32.95	$ 209.81	$ 98.86	$ 8.07	$ 3.80
hsa-dual	$1,849.14	$2,058.96	11.3%	$ 41.96	$ 167.86	$1,948.01	5.3%	$ 19.77	$ 79.10	$ 503.57	$ 237.29	$ 19.37	$ 9.13
hsa-family	$2,311.44	$2,573.70	11.3%	$ 52.45	$ 209.81	$2,435.01	5.3%	$ 24.71	$ 98.86	$ 629.42	$ 296.57	$ 24.21	$ 11.41
	Per MONTH									Per YEAR		Per Paycheck	

Employee Sentiment:

The County should cover GLP-1 prescriptions soley for weight loss				
Strongly Disagree	Somewhat Disagree	Neither Agree/ Disagree	Somewhat Agree	Strongly Agree
17.94%	13.72%	23.48%	15.30%	29.55%
31.66%			44.85%	

39.95%
Employees who's top priority is keeping premiums lower

The **Kalamazoo County Health Care Coalition** recommends the County eliminate coverage of GLP-1 medications when prescribed solely for the treatment of obesity or weight management, while preserving coverage of GLP-1 medications prescribed for other medically accepted indications, including but not limited to the treatment of Type 2 diabetes or other conditions for which the medication is approved and determined to be medically necessary in accordance with the terms of the health plan.