AON

Healthcare Cost-Containment Strategies

County Commissioners Association of Ohio

December 3, 2025



Agenda

1

Current Healthcare Cost Trends



2

Employer Strategies to Contain Healthcare Costs



3

Alternative Health Plan Models to Increase Value-Led Healthcare





1

Current Healthcare Cost Trends



Aon Health Solutions



Innovation and Specialty Solutions



49

U.S. Offices Support Health Solutions 300+



actuaries, actuarial students, and underwriters

200+

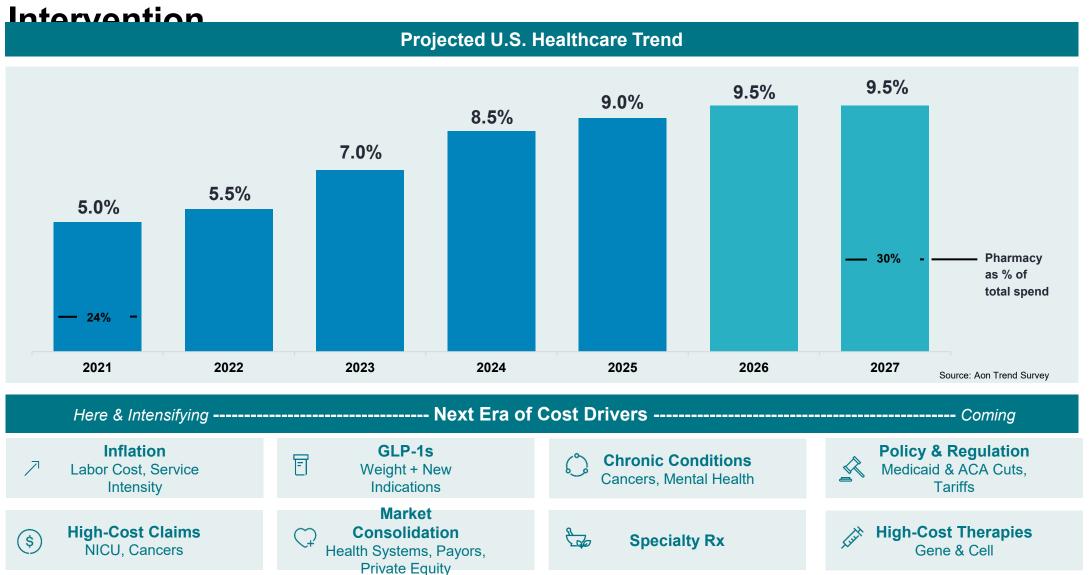
colleagues focused on:

- Time away & life solutions
- Health transformation team
- Health analytics intelligence
- Legal & compliance
- Voluntary benefits
- Pharmacy
- Audits
- Executive benefits
- Delivery system transformation

*Headcount as of April 2025



Next Era of Cost Drivers To Sustain Trend Without Direct





Market Landscape

Health Cost Pressures Deteriorating Affordability

18 years

Since last saw 9.5% trend, the projected 2026 level Change in number of U.S. states with affordable care (CWF)

40 to **13**

(Aon)

Legislation Adding Cost & Access Issues, Unevenly Felt

12M

Increase in uninsured over next

10 years (CBO)

of rural hospitals to close in next 10 years due to Medicaid eligibility changes & ACA pandemic subsidies ending (AHA)

300+



Artificial Intelligence To Improve Cost, Access, Experiences

13%

40%

Reduction in payor medical spend from GenAl Adoption (McKinsey) Employer comfort with AI making treatment recommendations

(Aon)

Under Prepared National Infrastructure

27

Hours needed in a day for primary care to manage current patients

(AAMC)

35%

Increase in population 65 and older over next 10 years

(AAMC)

Pace of Clinical Innovation Adding Cost & Coverage Concerns

12.5%

2026 projected pharmacy trend

(Aon)

Additional indications GLP-1s are being studied for

approval

(Aon)

Momentum Aligning Around Key Strategies

2.5x

Increase in employers adopting emerging health plan models YoY

(Aon)

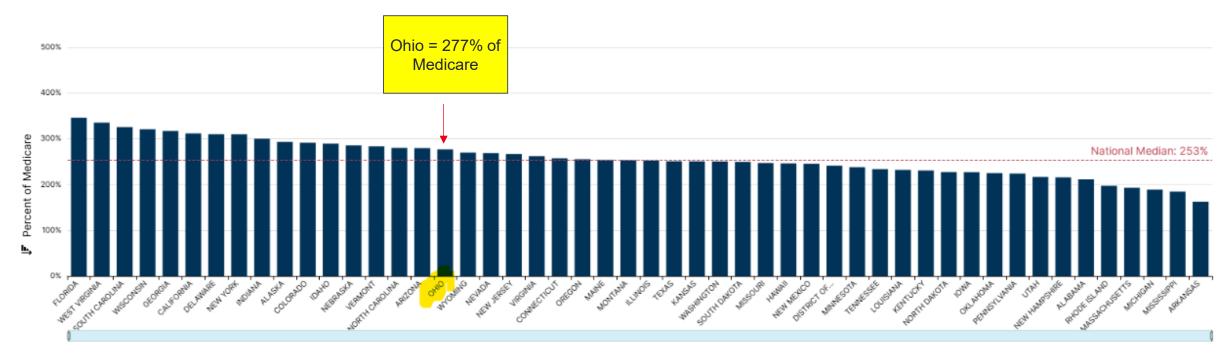
300+

Payor network contracts employers now have view into (Aon)



National Comparison: Total Facility Plus Physician Commercial Price as a % of Medicare

Source – Sage Transparence 2.0 Tool (Rand 2022 Data)



Sage Transparency

Sage Transparency is a free, public-facing tool designed to offer a clear, unbiased view of hospital price, cost, and quality data, as well as price data for ambulatory surgery centers (ASCs) and physician-administered medications. Sage Transparency 2.0 includes new dashboards, data, and features. It aids employers, policymakers, researchers, and the general public in making informed, evidence-based decisions.



I

Aon GLP-1 Experience Through Q3 2025 (through August)



Percentage of Members with a Prescription Fill



Note: 2025Q3 with data through August is excluded because it does not capture a full quarter's worth of utilization and is not a good comparison point to prior quarters

- Growth of GLP-1s slowed at the end of 2023 as supply issues constrained utilization
- Through 2024 utilization moved higher, particularly in the anti-obesity class as supply constraints have loosened
- Spend on GLP-1 drugs continues to increase into 2025

Obesity GLP-1s up 76% from 2024 through Q3 to 2025 through August

Diabetic GLP-1s up 14% from 2024 through Q3 to 2025 through August

Entire GLP-1 class up 37%

- YTD through 2025Q2, 6.8% of members filled a GLP-1 script over 20% increase to the percentage of members from 2024 (5.3%)
- Average GLP-1 gross PMPM spend moved from \$12 in 2022 to \$24 in 2023 to \$37 in 2024 to \$48 in 2025 through August
- Average GLP-1 percentage of gross drug spend moved from 8% in 2022
 to 13% in 2023 to 17% in 2024 to 20% in 2025 through August



GLP-1 Future State — Anti-Obesity and Diabetes GLP-1 Coverage

GLP-1 Gross Cost PMPM Projection for Average Client



- Utilization increase slowed at the end of 2023 but grew substantially in 2024 and continuing into 2025.
- Current spend as of Q3 2025 is \$52 PMPM; mid-estimate projects increase to \$61 PMPM by end of 2026.
- Growth tailwinds include approvals for new indications (e.g. Wegovy for HFpEF in 2025Q4, Semaglutide for Alzheimer's disease in 2026, OA of the knee, and PCOS) and release of oral formulations for obesity (Orforglipron in Phase III trials).
- New pricing schemes (e.g., direct-to-consumer) and pressure from payors may give way to lower pricing, leading to lower overall cost in 2026 and beyond.



GLP-1s Reshaping Treatment Beyond Diabetes and Weight loss

Anti-inflammatory effect is speculated as a key mechanism

Ozempic approved to help treat **kidney disease**; January 2025

Study results for semaglutide effect on early **Alzheimer's** disease expected in late 2025

Wegovy approved for nonalcoholic form of **liver disease** linked to obesity (NASH); August 2025



FDA Approved

Active Research Efforts



Early research for personalized management of **polycystic ovary syndrome**



May help reduce alcohol consumption

 Wegovy approved to lower the risk of major CV events (MACE); March 2024

Zepbound approved to treat **sleep apnea** in adults with obesity; December 2024



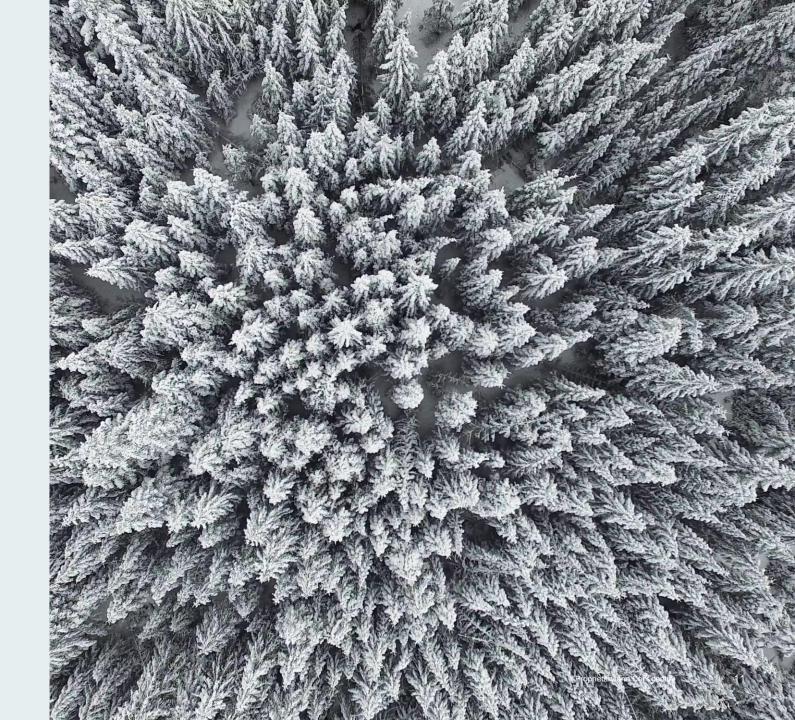


Early research shows people are less likely to seek help for tobacco use disorder



2

Employer Strategies to Contain Healthcare Costs



Healthcare Cost-Containment Strategies

Plan Design, Cost Management & Eligibility

	Strategy	Savings Potential	Employee Perception	Administrative Impact
Q,	Negotiate Administrative Fees & Shared Savings Programs	\$	None	Low
Q	Review Stop Loss Deductible & Terms	\$	None	Low
	Add / Increase Tobacco Surcharge	\$	Neutral	Low
Q	Conduct Dependent Eligibility Verification Audit	\$\$	Negative	Medium
	Condition Specific Management Program	\$\$	Positive	Medium
Q	Identification of future High-Cost Claimants	\$\$	Neutral	Medium
Q	Change Medical/Rx Plan Design & Evaluate Medical/Rx Employer Contribution %	\$\$\$	Negative	Medium
	Implement Spousal Surcharge or Carveout	\$\$\$	Negative	Medium
	Spousal Medical Expense Reimbursement Plan (MERP)	\$\$\$	Positive	High

Savings Potential	%			
\$	< 2%			
\$\$	2 – 5%			
\$\$\$	5 – 10%			
\$\$\$\$	> 10%			





Healthcare Cost-Containment Strategies

Pharmacy, Carve-Outs, and Voluntary Benefits

	Strategy	Savings Potential	Employee Perception	Administrative Impact
Q	Subrogation Carve-Out Vendor	\$	None	Low
	Vision Carve-Out (Voluntary)	\$	Negative	Low
	Dental Carve-Out (Voluntary)	\$\$	Negative	Low
Q,	 Rx Strategies Narrow Pharmacy Network Specialty Coupon Program Value Formulary / Biosimilars Fully Customized Formulary 	\$ - \$\$\$\$	Varies	Varies
Q	Medical Rx (Site of Care Steerage)	\$	Neutral	Medium
Q	Evaluate/Market Pharmacy Benefit Manager (PBM) or join Rx Coalition	\$\$\$	Neutral	Medium

Savings Potential	%			
\$	< 2%			
\$\$	2 – 5%			
\$\$\$	5 – 10%			
\$\$\$\$	> 10%			





Healthcare Cost-Containment Strategies

Network, Provider, and Access Strategies

	Strategy	Savings Potential	Employee Perception	Administrative Impact
Q	Near Site Clinic (Advanced Primary Care)	\$\$	Positive	Low
	Evaluate OON Coverage & Reimbursements	\$\$	Negative	Low
	Surgical Network COE	\$\$	Neutral	Medium
Q	 Alternative Health Plans Steerage to High Quality Doctors High Performance Network Plans Variable Co-Pay Only Plans Virtual First Plans PCP-Directed Plans 	\$ - \$\$\$\$	Varies	Varies
Q	Evaluate Medical Network Discounts	\$\$\$\$	Neutral	Medium
	Individual Coverage Health Reimbursement Arrangements (ICHRA)	\$\$\$\$	Negative	High
	Referenced-Based Pricing Health Plan (RBP)	\$\$\$\$	Negative	High

Savings Potential	%
\$	< 2%
\$\$	2 – 5%
\$\$\$	5 – 10%
\$\$\$\$	> 10%





3

Alternative Health Plan Models to Increase Value-Led Healthcare



Opportunities to Reduce Total Cost of Care

Shifting to Value-Led Care Via Alternative Health Plan Models

	Provider Steerage	Surgery Network Incentives	High Performance Network	Variable Co-Pay Model	Virtual First Health Plan	PCP-Directed Plan	Reference-Based Pricing
Description	Identifies and steers to the highest quality/ lowest cost providers within existing carrier network through differentiated plan design or incentive design	Steers to curated network of high-quality surgeons and facilities with a single bundled payment for all services associated with the procedure	nrovidors found in the	Differentiated, fixed co- pay plan design based on quality and cost effectiveness of providers and sites of care	Advanced Primary Care (APC) models that leverage virtual care & plan design to incentivize primary care coordination	Primary care coordinated plan that partners with a high performing health system in specific MSAs to deliver all care for a member	Reimburses providers on a percent of Medicare lower than traditional health plans
Representative Vendors	embold garner™	C carrumhealth LANTERN The Specialty Care Platform transcarent	Anthem. BlueCross BlueShield United Healthcare	COUPE HEALTH SIMPLEPAY HEALTH SUREST. e	fireflyhealth myVirtualCare-	CENTIVO.	ClaimDOC A HST imagine360
Savings Potential	1-15%	2-8%	5-18%	2-10%	5-10%	10-15%	20-30%
Employer Adoption ¹	31%	22%	14%	9%	9%	9%	2%
	29% considering	24% considering	21% considering	17% considering	21% considering	18% considering	7% considering
¹ Aon 2025 Health Surv	vey results		Currently Offering	Considering for the Fu	iture		



Value-Led Strategies: Spectrum View

	Traditional or Regional Carrier with Broad Network	Surgery Network/COE	Provider Steerage	Variable Copay Plan	Virtual- First Plan	PCP-Directed Plan	Direct Contracting	Traditional Carrier with High Performance Network	Reference- Based Pricing
Sample Vendors	BUCA or Regional Carriers	Carrum, Lantern, Transcarent	Garner, Embold	Coupe, Clearity, SimplePay, Surest	Firefly Health, myVirtual Care Access Plan	Centivo	Regional Health Systems	BUCA carriers	HST, Imagine360
Savings Potential	Minimal	2-5%	1-15%	2-10%	5-10%	10-15%	3-5%	5-18%	20-30%
Steerage to Quality Providers	•	•	•		•	Varies by market	•	Varies by carrier/market	•
PCP at Center	•	•		•		•	•	Varies by carrier	•
Addresses Affordability	•	•	•	•	•	•	•	•	•
Member Disruption		•	•	•		•	•	•	
Consistency Across Markets	•	Varies by Market and Condition	•	•	•	Not in every market	•	Varies by market	•
Administrative Complexity	•	•	•	•	•	•	•	•	•
Communication Needs	•	•	•	•	•	•	•	•	•



Less Disruptive

More Disruptive

Q&A

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The Advantage of CEBCO Health & Wellness



Financial Stability

- New members have first year renewal protection with increase no larger than trend
- Minimum and maximum renewal rates after initial year provide stability for members
- CEBCO's historical average rate renewal is 5.21% for member counties
- Members can leave with no financial penalty at the completion of each three-year participation agreement

Predictability

- Funding rates at each renewal provides budgetary certainty for members throughout the vear
- Members realize renewal rating provided by actuarial approved pricing for consortium and impact of high-cost claims

Administrative Efficiency

- COBRA administration
- PCORI fee payment each year
- Annual ACA 1094 filing after confirmation of enrollment
- Wellness Program Benefits
- Annual Wellness Grant for members include \$4,000 and \$30 per employee annually
- CEBCO Rewards 200-our wellness program which rewards employees and their spouses up to \$200 each for completing wellness activities
- Members Can Utilize Enhanced Services Provided at No Charge

To learn more about how CEBCO may benefit your county please contact:

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