

# Administrator

Important news and updates from your benefits professionals

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## Trends In Today's World

### AI for Healthcare

According to OpenAI, over 40 million Americans asked their chatbot about their health, medical coverage or our healthcare system last year. Most conversations took place outside of normal office hours, when provider offices are closed. More than half of all nurses and two-thirds of physicians also sought information on at least one case during the past year, up from the prior year.

### Caregiver Leave to Double

75% of U.S. employers will enhance leave programs over the next two years, according to a 2025 Absence, Disability and Medical Leave Survey by global advisor WTW. Most cite a need to improve the employee experience, attract new talent and boost retention. While administration remains a challenge, especially for multi-state employers, interest in unlimited PTO rose from 12% to 15%.

### Less Healthcare Hiring

While healthcare job gains drove overall U.S. employment growth in the 4th quarter and early 2026, the sector averaged 34,000 jobs per month in 2025 vs. 56,000 in 2024 according to the U.S. Bureau of Labor Statistics. While healthcare has

continued on page 2

## Why We Invest in Health Benefits

At a time when healthcare seems to present one challenge after another, we're taking this opportunity to remind readers that health benefits can still enhance employee and company well-being, even in the face of rapidly rising healthcare costs. The story involves an employer intent on making a course correction when hit with a staggering 70% proposed increase in plan rates.

Following engagement by the 1,500-member national retailer and a sit-down with HR and senior management, 90 Degree Benefits recommended an in-depth, member by member evaluation of the employee population. Our first order of business was to determine how many employees might be "over-enrolled" in plans that weren't aligned with their needs.

### Details Mean Dollars and Sense

Our team discovered that in three plan types available (Minimum Essential Coverage, Reference Based Pricing and PPO), plan incentives were misaligned, causing employees to choose plans that weren't appropriate for their income and demographics. Another factor driving costs involved a mix of specialty drugs, orphan medications and other treatments used to treat rare conditions. This knowledge enabled many employees to qualify for assistance from manufacturers or government programs. By restructuring plan designs, a majority of members were incentivized to select plans geared more directly to their needs. As out of pocket costs and employer contributions came down, member satisfaction went up along with employee retention and recruitment.

**2018:** 1,578 plan members  
\$714 projected PMPM

**2022:** 3,472 plan members  
\$375 PMPM



After creative plan design and 4 years of expert administration by 90 Degree Benefits, the employer saw their employee population more than double and costs drop to a level 46% below the projected rates.

In another case, analyzing data on claims spend enabled 90 Degree Benefits to supplement an existing major medical plan with a secondary Self-Funded GAP policy with a higher employer deductible. The savings from our GAP plan enabled the employer to add mental health benefits along with chiropractic and acupuncture services. Overall, this 360-member group has achieved total savings of \$1.7 million over the past 3 years.

At a time when many organizations are striving to balance cost and quality in their benefit programs, it's encouraging to learn that small and mid-size employers can still meet company objectives and enhance their employee experience in the process.



## Congress Passes PBM Reform

After years of controversial debate, legislators approved and President Trump signed a bipartisan health bill requiring that PBMs pass all drug rebates, fees and other funds to payers or face fines by CMS. One conclusion that has surfaced already is that the debate will not end with the law's passage.

While the largest lobbying organization representing PBMs says the new law favors drug manufacturers, PhRMA has been quick to emphasize that PBMs have long profited from medicines with little transparency or accountability. Employers and the ERISA Industry Committee (ERIC) that represents large health plan sponsors are welcoming the reform, calling it a significant win for their organizations and plan members.

The National Community Pharmacists Association has also spoken out, optimistic that reform will help independent pharmacies survive in a rapidly changing marketplace. Time will tell if the law can foster greater cost transparency, lower prices for consumers and additional reforms to come. Industry sources note that the Centers for Medicare & Medicaid Services will have the authority to impose fines if PBMs fail to comply.

## AMA to Review Vaccination Policies

The American Medical Association is challenging Health and Human Services Secretary Robert F. Kennedy Jr. by forming its own vaccination policy recommendation team. Consisting of infectious disease specialists from the University of Minnesota, the team will formulate a review process.

The AMA's undertaking is in response to a June decision by the Supreme Court which gave Secretary Kennedy the authority to modify the makeup of the panel to include members known to be skeptical of long-accepted federal vaccine guidelines. While the panel has sought to change the childhood schedule for measles and chicken pox immunizations, patients and physicians are still able to

follow old childhood vaccination schedules. Patients remain able to have these vaccinations classified as preventive services for purposes of the Affordable Care Act coverage requirements.

Employers will need to watch this status closely as it could create difficulty for programs that include HSAs with HSA-compatible, high-deductible health plans that typically cover preventive services backed by federal advisory panels and HHS without imposing deductibles or other cost-sharing requirements. To avoid confusion and added cost-sharing for plan members, self-funded health plan sponsors may want to proactively apply the same terms for all vaccinations recommended by the new AMA team.

## Trends continued

avoided job losses resulting from AI integration, large health systems are using it to streamline workflow and administrative tasks. Some systems in California have imposed layoffs citing cutbacks in federal funding and H-1B work visa sponsorships.

### Protein and More Protein

One fast food chain recently introduced lettuce-wrapped burgers as a substitute for carb-heavy buns. This

is just one of many ways restaurants are responding to the protein craze, driven in part by growing use of GLP-1 drugs. From cottage cheese and pizza crust to cups of chicken bits and cold foam on coffee, protein is being pushed everywhere. Even governmental dietary guidelines now recommend daily consumption of 1.2 to 1.6 grams of protein for every kilogram of body weight, which is up from 0.8 grams.

### Costly Commuting

According to MyPerfectResume®, U.S. workers average 223 lost hours per year commuting – almost six unpaid workweeks and \$8,000 in time value when federal wage data is applied. While distance and time vary and commuting doesn't actually reduce compensation, comparisons illustrate how return to the office requirements have impacted the economics of work for many.

## Transparency Rules: Are They Making a Difference?

While federal laws such as the Transparency in Coverage Rule and No Surprises Act have made more pricing information available, indications are that healthcare providers and payors are benefiting more than consumers. Observers say everyday users find these required machine-readable formats far too technical while providers and insurers are using the data to shop competitors and adjust their pricing strategies. Complexity has resulted in tools that are difficult to navigate and void of out-of-pocket costs consumers need to make apples to apples comparisons. So while the past 5 to 7 years have brought substantial progress, the ease of comparison shopping envisioned by those who fought for greater cost transparency has not yet been achieved.

### Care Connect is Helping

Pricing transparency tools have been proven far more effective when combined with data on quality. Fortunately, the CareConnect program from 90 Degree Benefits gives plan members easy access to an unmatched level of insight and support, including unbiased doctor recommendations, referrals into utilized physician only networks and information on hospital cost and quality. While most health plans leave members on their own to navigate a complicated maze of rules and procedures, CareConnect Advocates provide access to a high quality, fair priced facility in the easiest possible manner.

## 2027 COLA Up 2.8%



The Social Security cost-of-living adjustment for 2027 will include a 2.8% increase in benefits, up 0.3 percentage points higher than the January prediction and consistent with the 2026 COLA. According to the U.S. Bureau of Labor Statistics, the consumer price index for all urban consumers increased 0.2% in January.

The firm 2027 cost-of-living adjustment, to be announced in October, will be calculated using average annual inflation as measured by the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for July, August and September. This adjustment would increase the average monthly benefit for retired workers to \$2,133 from \$2,075, an increase of \$58 per month.

## TrumpRx.gov Debuts



While the President's prescription drug outlet opened for business in early February, many say it looks a lot like a coupon service. Most of the 40+ drugs made available on the launch date offered a manufacturer's discount coupon, redeemable at retail pharmacies, primarily those participating in the GoodRx card network.

Terms of use for coupons varied, with many prohibiting patients from using them with their employer sponsored health coverage. In contrast, the RightTurnRx pharmacy and medical optimization program from 90 Degree Benefits, maximizes coupon savings while prioritizing patient care. By combining clinical programs, alternative funding, accountability and leveraged industry relationships, RightTurnRx typically lowers the overall pharmacy spend by 30% or more.



## Going Beyond the Prescription

According to a 2025 report by Morgan Health, costs keep 14% of covered workers from taking drugs as prescribed and nearly 10% avoiding necessary treatment completely. Trends reflected in a WTW Benefits survey find that a large majority of employers expect to increase their investment in health benefits during the next two years. The only conclusion that can be drawn from these findings is that the availability of health benefits doesn't guarantee accessibility or effective utilization. So, what can be done to solve the disconnect?

### It's Time to Prioritize Patient Care

The 2025 State of Drug Access report shows that last year, 42% of Americans were prescribed a medication they couldn't afford. Is affordability the only cause? What about confusion about benefits or a lack of awareness about other help their plan may offer?

Given the digital tools available today, shouldn't someone help determine what the patient must pay and look for more affordable, covered options if needed? By comparing multiple PBMs quantitatively and auditing performance, RightTurnRX from 90 Degree Benefits balances financial efficiency and clinical interventions with minimal disruption. In the process, RightTurnRx continues to prioritize patient care while reducing drug benefit costs by 30% or more.

## GLPs Up, Bariatric Surgeries Down

GLP-1 therapies continue to reshape chronic disease treatment, fueling new clinical findings, increasing interest among regulators and unparalleled competition throughout the pharmaceutical market.

A recent study published in *Annals of Internal Medicine* reported that even though bariatric surgery outperformed GLP-1s in reducing A1C and weight among patients with Type 2 diabetes, GLP-1 prescriptions increased over 130% between 2022 and 2023 while the volume of bariatric surgeries fell by more than 25%. 90 Degree Benefits has solutions for weight loss and Type 2 diabetes, including affordable access to GLP-1 treatment including monthly virtual physician visits and coaching sessions to keep you on track. For details, visit <https://90degreebenefits.com/contact/>.



# Did You Know? New Ideas for Healthy Consumers

## Cancer in America Today

While the American Cancer Society's 2026 Cancer Statistics reveal that 70% of Americans diagnosed with cancer between 2015 and 2021 had a 5-year survival rate across all cancer types, the incidence of the following cancers continues to increase.

- **Breast**
- **Prostate**
- **Liver (female)**
- **Melanoma (female)**
- **Oral cavity**
- **Pancreas**
- **Uterine corpus (endometrial)**

Lung cancer is expected to claim the highest number of lives this year, more than colorectal and pancreatic cancer combined. Overall, the report states there will be nearly 6,000 cancer diagnoses each day. Of the 2.1 million new diagnoses expected in 2026, more than 600,000 deaths will occur. While cancer in children 14 and younger declined slightly between 2015 and 2022, a slight increase was reported among adolescents 15 to 19.

## Health Monitoring, AI Style

So many people have been asking OpenAI's chatbot for health advice that the company recently introduced ChatGPT Health, a new tool that allows you to upload medical records and wellness data from Apple Health and other apps. Designed with the help of human physicians with added security to protect medical data, ChatGPT uses your data to search for answers to common ailments. While ChatGPT Health will only be available to a small group of users initially, those on a waiting list will be added soon.

## A War on Sugar



Dietary Guidelines for Americans, 2025-2030, recently released by the U.S. Department of Health and Human Services (HHS) represent the biggest change in government nutrition policy in decades. These changes are clearly directed at diet and lifestyle, which are related to chronic disease responsible for up to 90% of our nation's healthcare spend.

In describing the need for households to prioritize whole, nutrient-dense foods over highly processed foods, HHS Secretary Robert Kennedy Jr. stated that the U.S. now spends 2.5 times more per capita on healthcare than other developed nations. To address this crisis, the updated guidance recommends that Americans choose high-quality proteins at every meal by incorporating...

- A variety of fruits and vegetables daily
- Whole grains over refined carbohydrates
- Full-fat dairy without added sugars
- Healthy fats from nuts, seeds, olives, avocados, meats, seafood and eggs over highly processed alternatives

Guidance also urges consumers to avoid added sugars and sugar substitutes by choosing water and unsweetened beverages to support hydration. To achieve better overall health, eating the amount of food appropriate for one's age, sex, body size and activity level is also recommended.

**Note:** This newsletter is not intended as a substitute for personal medical or employee benefits advice. Please consult your physician before making decisions that may impact your personal health. Talk to your benefits administrator before implementing strategies that may impact your organization's employee benefit objectives.



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