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terryberry

Enough is Enough

How focusing on the root cause of the chronic illness epidemic can solve your benefits crisis

CHRIS PIERRON & TERRYBERRY





About Your Presenter

Chris Pierron, GBA, FNS, CES

Dual-Career Expert in Employee Benefits & Fitness/Nutrition



21 Years in the Fitness Industry

Certified fitness professional with over two decades of experience in Master Personal Training, Nutrition specialist, gym management, Education Roles, and SPENGA Franchise Owner (3 locations). 6 total Certifications (NASM CPT, CES, FNS, PES, GFS and Cooper Institute).



16 Years in Employee Benefits

Seasoned benefits strategist holding the CEBS Group Benefits Associate (GBA) designation. Specializes in Self-Funded Plan Design centered around Aggressive Preventative & Health Optimization Strategies.

He has spent his career at the intersection of human performance and healthcare and is here to show you what's possible when you connect the two.

The True Cost of Chronic Disease

The United States faces an unprecedented healthcare spending crisis, with costs continuing to skyrocket year after year.

\$4.5 Trillion

That's the staggering amount spent on healthcare in the U.S. each year. But where does this immense sum actually go and what's driving it?

90%

From Chronic Illness

The vast majority of healthcare costs are directly attributable to chronic conditions like heart disease, diabetes, cancer, and autoimmune disorders.

60-70%

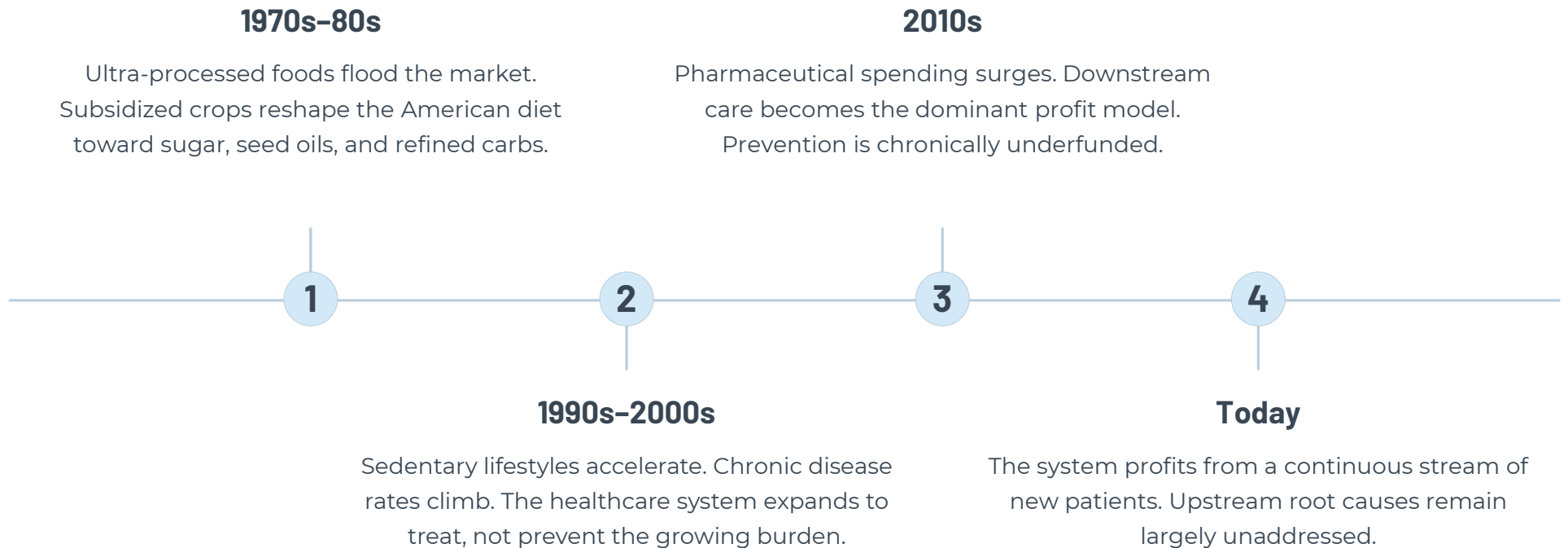
From Poor Nutrition & Lifestyle

A significant portion of these chronic illnesses are largely preventable, stemming directly from factors such as poor dietary choices, sedentary lifestyles, and chronic stress.

This highlights a critical disconnect in our healthcare system: we are spending trillions treating the symptoms and downstream effects, rather than investing in upstream prevention and root cause resolution.

What Changed Over 50 Years

The chronic illness epidemic didn't emerge overnight. Decades of systemic shifts in how Americans eat, move, and receive care built the conditions we're living with today.





ROOT CAUSE | FOOD

The Industrialization of Our Food System

Highly Processed Foods Replace Whole Foods

Ultra-processed products now make up over 60% of the American diet. Stripped of fiber, nutrients, and natural compounds — replaced with additives, preservatives, and engineered flavors that drive overconsumption.

Shelf Life Took Precedence Over Nutrients

Food manufacturers optimized for distribution and profit margins, not human health. The result: foods engineered to last on shelves for months, but not to nourish the body that eats them.

Convenience / Microwave Culture

The rise of fast food, frozen meals, and drive-throughs restructured how Americans eat. Speed and convenience replaced quality. Frequency of home cooking collapsed. Chronic exposure to low-nutrient, high-calorie meals became the norm.

Large Serving Sizes

Portion distortion became a public health crisis. Supersized meals, oversized packaging, and restaurant portions 2–5x recommended servings trained Americans to eat far beyond metabolic need.

⊗ The food environment didn't change by accident; it was engineered for profit. And your employees are living in it every day.



ROOT CAUSE | SUGAR

Sugar Addiction and Metabolic Disease

Hidden Sugars Everywhere

Sugar is embedded in over 74% of packaged foods, often disguised under 60+ different names. From salad dressings to bread to "healthy" yogurt, the average American consumes 17+ teaspoons of added sugar daily without realizing it.

Advertisements Targeting Children

Decades of aggressive marketing have conditioned children to crave ultra-sweet, hyper-palatable foods from an early age. Brand loyalty formed in childhood creates lifelong consumption patterns and lifelong metabolic consequences.

Blood Sugar Spikes and Crashes

Repeated glucose surges from high-sugar diets trigger insulin resistance over time. The cycle of spike-and-crash drives hunger, fatigue, brain fog, and cravings, keeping people locked in a loop of overconsumption and energy instability.

Type 2 Diabetes Explosion

Type 2 diabetes has grown from a rare condition to a global epidemic affecting 37 million Americans. It is now the 7th leading cause of death and one of the most expensive chronic conditions in any employer's benefits plan.

⚠️ Sugar is not just a dietary issue; it's a metabolic crisis hiding in plain sight on every grocery shelf and vending machine in your workplace.



ROOT CAUSE | INFLAMMATION

Seed Oils and Chronic Inflammation

The Low-Fat Era

In the 1970s and 80s, dietary fat was demonized based on flawed science. The food industry replaced saturated fats with cheap, industrially processed seed oils, vegetable, canola, soybean, and corn oil, which flooded the food supply and became the default cooking fat in restaurants, packaged foods, and homes.

Omega-6 Imbalance

Seed oils are extremely high in omega-6 fatty acids. The ideal omega-6 to omega-3 ratio is roughly 4:1, but the modern American diet has pushed that ratio to 20:1 or higher. This severe imbalance is a primary driver of systemic, low-grade inflammation throughout the body.

Inflammatory Response

Excess omega-6 linoleic acid oxidizes easily, producing toxic byproducts that damage cell membranes, disrupt mitochondrial function, and trigger the immune system into a chronic state of alert. This "silent fire" underlies nearly every major chronic disease.

Connection to Chronic Disease

Chronic inflammation is now recognized as the common root of heart disease, cancer, Alzheimer's, autoimmune disorders, and metabolic syndrome. Seed oils — consumed in massive quantities since the 1970s, are a key accelerant of this inflammatory cascade.

⚠️ The oils used to cook nearly every restaurant meal and packaged snack your employees eat are quietly fueling the inflammation epidemic.



ROOT CAUSE | TOXINS

Environmental Exposures

Pesticides & Herbicides

Glyphosate and other agricultural chemicals are now detectable in the blood and urine of nearly every American tested. These compounds disrupt the gut microbiome, impair detoxification pathways, and have been linked to cancer, neurological damage, and hormonal disruption. The foods most heavily sprayed are also the most commonly consumed.

Endocrine Disruption

Chemicals like BPA, phthalates, atrazine, and PFAS mimic or block hormones in the body. Even at low doses, endocrine disruptors interfere with thyroid function, reproductive health, metabolism, and immune regulation, contributing to obesity, infertility, and autoimmune disease at population scale.

Food Additives

The FDA's GRAS (Generally Recognized as Safe) designation has allowed thousands of synthetic additives into the food supply with minimal long-term safety testing. Artificial dyes, emulsifiers, preservatives, and flavor enhancers alter gut bacteria, increase intestinal permeability ("leaky gut"), and drive systemic inflammation.

Plastics and Microplastics

Microplastics have been found in human blood, lungs, placentas, and breast milk. Leaching from food packaging, water bottles, and cookware, these particles carry toxic chemical loads directly into tissues with emerging links to cardiovascular disease, cancer, and immune dysfunction.

⚠️ Your employees aren't just eating food; they're consuming a chemical cocktail that their bodies were never designed to process.



ROOT CAUSE | MOVEMENT

The Sedentary Lifestyle Epidemic

Sitting All Day – Desks, Vehicles, Couches

The average American now sits for 9–12 hours per day. Prolonged sitting suppresses metabolic function, reduces insulin sensitivity, increases cardiovascular risk, and accelerates musculoskeletal degeneration. "Sitting is the new smoking" is not hyperbole, it's physiology. Office workers, commuters, and screen-time consumers are all part of the same sedentary pipeline.

Lack of Movement and Time Outdoors

Less than 25% of Americans meet basic physical activity guidelines. Outdoor time, which supports vitamin D synthesis, circadian rhythm regulation, stress reduction, and immune function has collapsed alongside the rise of indoor, screen-based lifestyles. The human body evolved for constant movement and sunlight; modern life delivers neither.

Technology Dependence

Smartphones, streaming platforms, remote work, and on-demand delivery have engineered movement out of daily life. Every convenience that reduces friction also reduces caloric expenditure, social interaction, and physical engagement. Technology has made it easier than ever to never move, and the body is paying the price.

⚠️ Your workforce is sitting its way into chronic disease, and most wellness programs aren't designed to interrupt that pattern where it actually happens.



ROOT CAUSE | STRESS

The Stress Crisis

Chronic Stress Culture

Modern work culture has normalized perpetual urgency. Deadlines, always-on communication, financial pressure, and job insecurity keep the body's stress response chronically activated. Cortisol, the primary stress hormone, when elevated long-term, drives weight gain, immune suppression, cardiovascular disease, and accelerated aging.

Burnout

Burnout is no longer an edge case; it's a workforce epidemic. The WHO officially classifies it as an occupational phenomenon. Burned-out employees have significantly higher rates of cardiovascular disease, type 2 diabetes, musculoskeletal disorders, and mental health conditions, all of which translate directly into claims costs.

Sleep Deprivation and Caffeine Addiction

Over 35% of American adults are chronically sleep-deprived. Poor sleep disrupts hunger hormones (ghrelin and leptin), impairs glucose metabolism, weakens immune function, and accelerates cognitive decline. The cultural response, more caffeine, masks the deficit while deepening the physiological damage.

Nervous System Dysregulation

Chronic stress keeps the autonomic nervous system locked in sympathetic dominance ("fight or flight"). This state suppresses digestion, reproduction, immune repair, and cellular regeneration. Without adequate parasympathetic recovery ("rest and digest"), the body cannot heal regardless of diet or exercise.

Social Media Doom Scrolling and Comparison Age

Constant exposure to curated highlight reels, outrage content, and social comparison triggers cortisol and dopamine dysregulation. The average American spends 7+ hours daily on screens. This digital environment is engineered for engagement, not wellbeing, and it's rewiring the stress response of an entire generation.

✘ Stress is not a soft issue, it's a biological driver of your most expensive claims. And it's getting worse every year.

The "Three Bigs" That Turn Illness Into Margin

Three powerful industries have built profitable business models on the back of a never-ending patient pipeline created by the **Big Food companies**, etc..



Big Pharma

Revenue depends on lifetime prescriptions, not cures. Managing symptoms creates repeat customers. Prevention threatens the model.



Big Hospital Systems

Executive compensation tied to procedure volume and revenue, not patient outcomes. More illness means more billable interventions.



Big Insurance

Premiums scale with costs. Higher spend can mean higher administrative margins. Breaking the cycle isn't always in their financial interest.

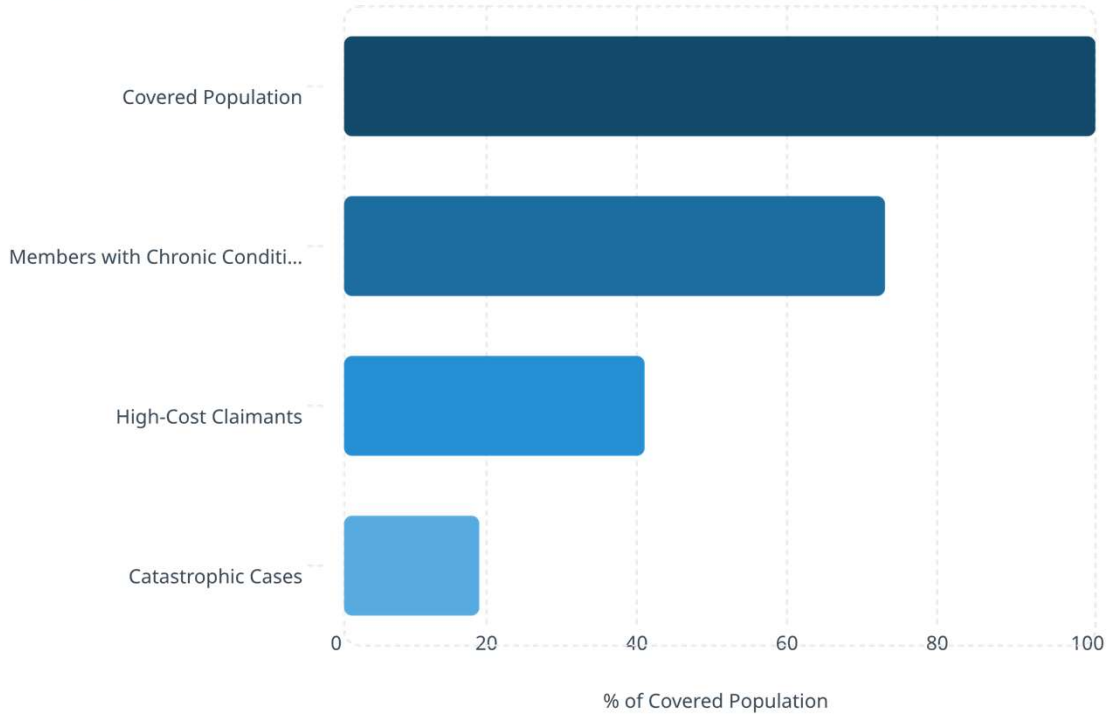
⚠ Your benefits plan may be subsidizing this loop rather than interrupting it.

THE PROBLEM

Benefits Costs Are Riding an Ever-Growing Patient Conveyor Belt

Chronic illness creates a relentless, self-replenishing pipeline of high-cost claimants. Three industries profit from keeping people on the belt and most benefits plans unknowingly fund the loop.

Population Segment



Nearly 3 in 4 employees carry a chronic condition. High-cost claimants drive the majority of spend. And the top 1%, catastrophic cases account for roughly 30% of total cost.

The Core Dynamic

A small, growing fraction of your population drives the majority of spend — and that fraction keeps expanding year over year. The conveyor belt doesn't stop. It accelerates.

Without structural intervention, premiums rise but you never get ahead of the curve.

What's Feeding the Belt

- **Big Food** — Ultra-processed diets create metabolic disease at scale
- **Big Pharma** — Symptom management over cures keeps patients dependent
- **Big Medicine** — Volume-based care rewards more procedures, not better outcomes



The Titans of Industry: Who Benefits from the Status Quo?

19 Companies highlighted in red represent those whose core business is directly tied to the healthcare system (insurance, pharma, PBMs) or whose products/services (processed foods, agricultural chemicals) are widely linked to chronic health issues.

4 Companies highlighted in orange who are also tied to the same, but it may not be the core business.

Fortune 50 Companies (1-25)

1. Walmart
2. Amazon
3. Exxon Mobil
4. Apple
5. UnitedHealth Group
6. CVS Health
7. Berkshire Hathaway
8. Alphabet
9. McKesson
10. Chevron
11. Cencora (formerly AmerisourceBergen)
12. Cardinal Health
13. Costco Wholesale
14. JPMorgan Chase & Co.
15. Microsoft
16. Marathon Petroleum
17. Home Depot
18. Elevance Health
19. Verizon Communications
20. Walgreens Boots Alliance
21. Ford Motor
22. General Motors
23. Centene
24. AT&T
25. Citigroup

Fortune 50 Companies (26-50)

- Pfizer
- State Farm Insurance Cos.
- Meta Platforms
- Target
- Valero Energy
- Johnson & Johnson
- Capitol One Financial
- Dell Technologies
- Fannie Mae
- Procter & Gamble
- Archer Daniels Midland (ADM)
- PepsiCo
- Intel
- Bank of America Corp.
- Merck & Co.
- AbbVie
- Freddie Mac
- Comcast
- Humana
- Wells Fargo
- Coca-Cola
- Altria Group
- Boehringer Ingelheim
- IBM
- UPS

Offense vs. Defense: A Complete Benefits Strategy

Most benefits strategies play defense — managing costs after illness strikes. A winning strategy plays both sides of the field: containing damage on defense while actively preventing it on offense.

Defense

Lowering Costs After Illness Strikes

Innovative strategies that reduce the financial damage of chronic illness already in the pipeline.

High-Performance Networks (Hybrid)

Customizable networks with lower contract rates that drastically reduce the unit cost of care without sacrificing quality. Steerage incentives guide members to top-performing providers with \$0 Deductibles and \$0 out-of-pockets for employees.

Transparent PBM Solutions

No spread pricing. Pass-through rebates. Drug formulary customization. Specialty drug carve-outs. Payor Assistance Programs (PAP). International sourcing. Full visibility into every dollar spent on pharmacy.

\$0 Out-of-Pocket Care Navigation (Hybrid)

Vendors with bundled contracts that eliminate member cost-sharing for high-value care pathways reducing barriers to treatment while controlling total plan spend.

GLP-1 Management Programs

Structured GLP-1 programs that educate patients through the full treatment journey covering proper use, lifestyle integration, and long-term sustainability. By partnering with compound pharmacies, these vendors dramatically reduce monthly costs to approximately \$100–\$300/month on average, compared to \$1,000+ through traditional channels.

Offense

Preventing Illness Before It Enters the Pipeline

Proactive investments that address root causes, build healthier employees, and reduce future claims before they're ever filed.

Direct Primary Care (DPC)

Concierge-level access to a primary care physician with no copays, same/next-day appointments, and a physician who has time to address root causes, not just symptoms.

Pharmacogenomics & Genetic Testing


DNA-based testing that identifies how an individual metabolizes medications eliminating trial-and-error prescribing, reducing adverse drug events, and optimizing therapeutic outcomes.

Removing Financial Barriers

Removing the financial barriers to care with \$0 deductibles and \$0 max out-of-pocket through High Performance Networks and Care Navigation will result in catching conditions sooner. Doing so will lead to smaller claims before they are catastrophic and life threatening.

Virtual & In-Person Fitness/Wellness Platforms

Accessible fitness solutions that meet employees where they are at home, in the gym, or on the road. Structured movement programs that address the sedentary epidemic directly.

 The goal isn't just to spend less on sick people, it's to have fewer sick people. Defense buys you time. Offense prevents it from happening in the first place..

The Foundation

Direct Primary Care

What Is Direct Primary Care?

Direct Primary Care (DPC) is a membership-based healthcare model where patients pay a simple monthly fee (typically \$50–\$125) for unlimited, direct access to a dedicated primary care physician. No insurance middlemen. No claims. No surprise bills. No 7-minute appointments.

What Makes DPC Unique

Unlimited Access

Same-day or next-day appointments, direct phone/text/video access to your doctor, no gatekeepers, no hold music.

Extended Visit Time

Appointments average 30–90 minutes vs. the national average of 7–12 minutes in traditional fee-for-service practices.

Deeply Personal Care

Your DPC doctor knows your history, your family, your goals and builds a genuine, long-term relationship with you as a whole person.

Proactive & Preventive

DPC doctors focus on root causes and prevention, not just managing symptoms. Health optimization is the standard, not a premium add-on.

The DPC Advantage at a Glance



Same-Day Visits

No waiting weeks for an appointment



No Per-Visit Fees

Flat monthly membership covers all primary care



Whole-Person Focus

Diet, sleep, stress, movement — all addressed together



Direct Communication

Text or call your doctor directly, any time

Direct Primary Care vs. Conventional Healthcare

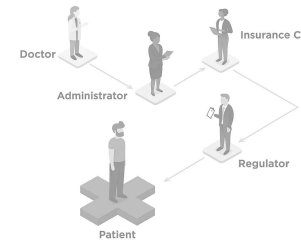
Direct Primary Care



- Flat monthly membership fee; **no copays or deductibles**
- Direct physician-patient relationship
- **Reduction in plan spend for self-funded employers**
- Average physician panel size: **~600**
- Average wait time to see provider: **0-1 days**
- Average appointment duration: **30-60 minutes**
- Full spectrum of services covering health, wellness, and prevention.
- **Emphasizes proactive "Health Care"**

vs.

Conventional Healthcare



- Fee-for-service model with Co-Pays and Deductibles
- Convoluted system controlled by insurance
- Average physician panel size: **~2,500**
- Average wait time to see provider: **26 days** ⁽¹⁾
- Average appointment duration: **13-16 minutes** ⁽²⁾
- **Promotes "Sick Care" and Symptom Treating**

A large portion of healthcare spend can be avoided with preventive care and lifestyle changes.
Every \$1 increase in primary care spending produces \$13 in savings downstream.

(1) *Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates (AMN Healthcare)*

(2) *Direct Primary Care: Evaluating a New Model of Delivery and Financing (Society of Actuaries)*

The Value of Direct Primary Care – Total Cost of Care Reduction

DPC Lowers Employers' Health Spend (1)

- Employees enrolled in DPC have:
 - 40%** Fewer ER Visits
 - 53%** Lower ER Spend
 - 20%** Fewer Hospitalizations
 - 8%** Lower Inpatient Spend
 - 5%** Lower Outpatient Surgery Costs
 - 12.6%** Lower Overall Claims Cost
- APC members with hypertension were **12%** more likely to have blood pressure controlled
- Among APC members with diabetes, blood pressure control rates improved **32%**
- APC members with diabetes were **39%** more likely to have their Hemoglobin A1c levels controlled

(1) Hint Health

Case Study

KerixHealth completed a risk-adjusted study with a 3rd party for a large employer client to quantify the value of our offering

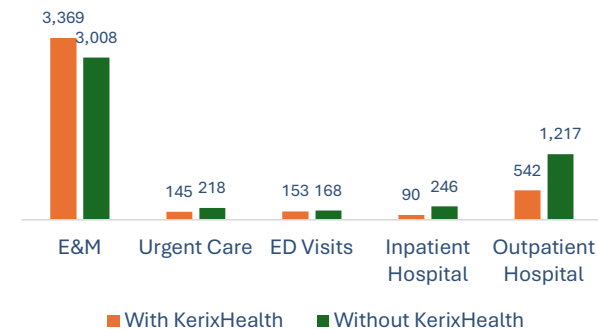
\$913

*Per-member, per-year (PMPY) savings for KerixHealth members vs. their non-APC counterparts, **net of KerixHealth's fee***

13%

***Reduction in claims incidence** outside primary care for KerixHealth members vs. their non-APC counterparts*

Annual Medical Utilization per 1,000 Lives



Integrating Direct Primary Care into Your Health Plan

DPC offers flexible integration models, allowing employers to tailor adoption based on their organizational structure and benefits strategy.

1

Voluntary Enrollment & Education

Empower employees with knowledge during Open Enrollment, inviting local DPC physicians to present service offerings and benefits. Employees opt-in independently and can use HSA \$\$.

2

HSA Integration & Employer Subsidy

Incorporate DPC into HSA-eligible plans. Employers can fully or partially subsidize DPC membership fees via HSA contributions, making it highly attractive.

3

Direct Employer-Paid Model

Employer directly covers the standalone DPC membership cost for employees. While straightforward, this option is generally less common due to perceived additional overhead.

4

Self-Funded Plan Integration

For self-funded, level-funded, or captive plans, the Third-Party Administrator (TPA) processes monthly DPC membership fees as claims, typically within the "Ag Factor Claims Bucket."

Momentum Builder

Human Movement, Performance, & Recovery

Why Do Some People Embrace Health – and Others Don't?

Motivation to exercise and eat well is far from universal. Research consistently shows that most Americans fall into predictable behavioral segments — and understanding *which group your employees fall into* is the first step to designing a program that actually works.



Key Insight: Only about 8% of Americans exercise consistently AND maintain a healthy diet without any external motivation or professional support — making proactive workplace wellness programs essential.

The Stakes: The largest single group — roughly 40% — won't act until something goes wrong. A well-designed DPC-anchored program can intercept this group *before* the medical scare happens.

The Fitness, Wellness & Nutrition Subscription Landscape

The marketplace for wellness subscriptions has expanded dramatically giving employers and employees a wide range of options to match every lifestyle, budget, and health goal. Below is a comprehensive view of the available categories and leading platforms.

Gym & Fitness Networks



- ClassPass — access to thousands of studios nationwide
- Gympass / Wellhub — corporate gym access platform

Digital Fitness Platforms



- Peloton for Business
- Apple Fitness+ (corporate tiers)
- Nike Training Club
- Future (AI personal training)

Mental & Mind-Body Wellness



- Calm for Business
- Headspace for Work
- Talkspace / BetterHelp (EAP-integrated)

Nutrition & Healthy Eating



- Noom for Business
- The Conscious Bite – Nutrition Education Seminars
- PlateJoy — personalized meal planning
- Registered Dietitian networks (Teladoc Nutrition)

Recovery & Preventive Body Work



- StretchLab corporate partnerships
- Hand & Stone spa corporate accounts
- Chiropractic network access (Joint Chiropractic)

Incentive & Engagement Platforms

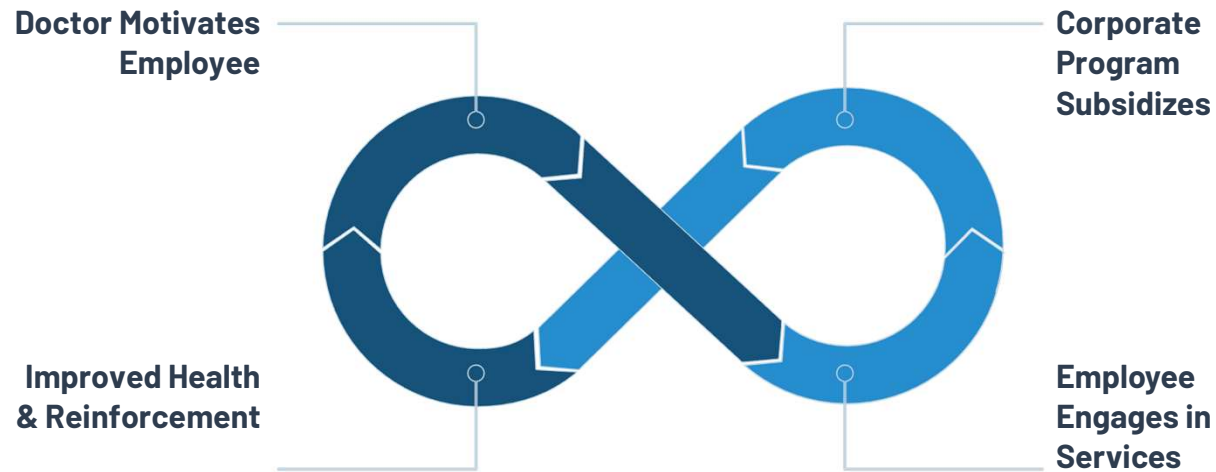


- TerryBerry Wellbeing — recognition-integrated wellness

REMOVING BARRIERS

Lower the Barrier, Build the Momentum

Once a DPC physician has motivated an employee to improve their activity level and lifestyle, the next critical question is: *what happens when they walk out of that office?* Cost and convenience are the two biggest obstacles between intention and action. A corporate-sponsored wellness access program eliminates both.



By subsidizing or fully covering access to gyms, boutique fitness classes, meditation apps, massage therapy, and nutrition counseling, employers transform doctor-driven motivation into sustainable behavioral change dramatically improving the ROI on their overall benefits investment.

Fitness Access

Subsidized gym memberships, group fitness classes, and boutique studios, removing the "\$100/month" friction point that stops most people from starting.

Mental Wellness

Employer-covered meditation apps (Calm, Headspace), yoga classes, and stress management workshops that complement physical health goals.

Recovery & Body Work

Subsidized massage therapy, chiropractic care, and physical therapy addressing the aches that stop people from staying consistent with exercise.

Nutrition Support

Access to registered dietitians, meal planning platforms, and healthy food delivery subsidies that make eating well as easy as eating poorly.

Why Wellness Platforms Perform Better When DPC Is the Foundation

Wellness platforms like **TerryBerry** are powerful engagement tools, but they consistently perform better when employees have a trusted clinical advocate encouraging them to use the platform. DPC changes that equation entirely.

The Missing Ingredient in Most Wellness Programs

Most corporate wellness platforms report **15–25% employee engagement rates** at best. The reason is simple: employees don't have a clinician actively recommending and reinforcing platform use during medical visits.

When a DPC physician is integrated as the clinical backbone of the wellness program, engagement rates on platforms consistently climb because the doctor becomes the *trusted voice* that says, "log your steps, track your sleep, book that massage, I'm watching your progress with you."

→ Clinical Credibility

Doctor recommendations carry far more behavioral weight than employer emails or app notifications. Employees act when their DPC doctor endorses the platform.

→ Accountability Loop

DPC doctors review wellness platform data during visits creating a continuous feedback loop that keeps employees engaged between appointments.

→ Personalized Goal-Setting

Rather than generic wellness challenges, the DPC physician sets individualized goals that map directly to the employee's lab results and health history.

→ Recognition Reinforcement

Platforms like TerryBerry tie wellness activity to recognition and rewards creating a positive reinforcement cycle that sustains momentum over time.

Incentives

Removing Barriers to Care

Today's Deductibles Are Keeping Employees Away from the Care They Need

Health insurance looks reassuring on paper until employees actually try to use it. The gap between having coverage and being able to afford care has never been wider, and it's quietly driving your workforce toward delayed diagnoses and worsening chronic conditions.

\$1,735

Average Individual Deductible

The average annual deductible for single coverage in employer-sponsored plans (KFF 2023) means employees must pay entirely out-of-pocket before insurance pays a dime.

\$4,000+

Average Family Deductible

Family deductibles routinely exceed \$4,000–\$8,000 annually, meaning most families pay entirely out-of-pocket for the majority of the care they receive each year.

\$7,500

Average Individual Max Out-of-Pocket

The 2024 ACA maximum out-of-pocket limit for individuals is \$9,450. Most employer plans cap between \$6,000–\$8,000, still catastrophic for the average worker.

38%

Skip Care Due to Cost

Nearly 4 in 10 Americans report skipping recommended medical care in the past year specifically because of cost concerns even when they had insurance coverage.

⊗ **The Real Cost of High Deductibles:** When employees avoid primary care, minor conditions escalate into expensive emergencies. A \$150 primary care visit avoided becomes a \$3,500 ER visit paid by both the employee and the employer's plan.

Medical Debt Is the #1 Driver of Bankruptcy in America – and Most Victims Had Insurance

This is one of the most alarming, least discussed realities in American healthcare. The system that was supposed to protect people from financial ruin is, in many cases, the direct cause of it.

The Numbers Don't Lie


- **Medical debt is the #1 cause of personal bankruptcy** in the United States surpassing credit card debt and mortgage defaults
- **~530,000 families** file for bankruptcy annually citing medical bills as a primary reason (American Journal of Public Health)
- **More than 100 million Americans** carry some form of medical debt at any given time
- **\$88 billion** in medical debt is currently in collections across the U.S.

The Insurance Illusion

- **Over 90% of those who filed for medical bankruptcy HAD health insurance** at the time their debt was incurred
- Deductibles, copays, coinsurance, and out-of-network costs combined to make even "covered" care financially devastating
- A single hospitalization averaging **\$15,000–\$30,000** can wipe out a family's savings even with a standard employer plan

What This Means for Your Workforce

Financial stress from medical debt is directly correlated with reduced productivity, increased absenteeism, and higher turnover. **Your employees' financial health and their physical health are inseparable.**

 **HR Leaders Take Note:** When employees are afraid of what a doctor's visit will cost them, they avoid care. When they avoid care, small problems become big ones. When big problems hit, the bills can end careers and destroy families even for insured workers.

"We have a system where people go bankrupt trying to stay alive. That's not a healthcare system; that's a financial trap." — Healthcare Policy Researcher

Three Core Strategies to Boost Access

1

Employer-Funded Direct Primary Care

Companies fully cover DPC membership fees, providing employees with **\$0 co-pays** and **\$0 for routine labs**. This removes upfront financial barriers, encouraging proactive and preventative health management from day one.

2

Customizable High-Performance Networks

Incentivize employees to utilize preferred providers contracted at lower costs through **\$0 deductible, \$0 out-of-pocket** plan designs. This guides individuals to quality, cost-effective care while eliminating financial deterrents. Some of these HPN's can be fully customizable.

3

Care Navigation with Bundled Contracts


Leverage specialized care navigation vendors offering bundled service contracts with specific providers. These arrangements include superior contract rates and are paired with **\$0 deductible, \$0 out-of-pocket** plans to actively steer employees toward optimal treatment pathways.

By proactively removing financial barriers to care, employees are empowered to seek medical attention at earlier stages. This shift not only improves health outcomes and quality of life but also significantly reduces the likelihood of minor issues escalating into severe, high-cost claims.

The Cost of Waiting: Early Detection vs. Late-Stage Diagnosis

Perhaps the single most compelling argument for DPC-anchored preventive care is the dramatic difference in outcomes and costs between catching a developing condition early versus discovering it only after it has progressed. The data is unambiguous and the implications for your workforce are profound.

Condition	Early Detection Outcome	Late-Stage Outcome	Cost Difference
Type 2 Diabetes	Reversed or fully managed through diet & lifestyle; avg annual cost ~\$2,500	Requires insulin, complications (neuropathy, kidney disease); avg annual cost ~\$16,750	6.7x more expensive late
Colorectal Cancer	Stage I: 5-year survival rate 90%+; treatment cost ~\$40,000	Stage IV: 5-year survival rate 14%; treatment cost ~\$250,000+	6x more expensive late
Hypertension	Managed with lifestyle; prevents stroke/heart attack; cost ~\$1,200/yr	Stroke or heart attack: avg cost \$100,000–\$300,000 in acute care alone	80–250x more expensive late
Breast Cancer	Stage I: 99% 5-year survival; treatment ~\$60,000	Stage IV: 28% 5-year survival; treatment ~\$300,000+	5x more expensive late
Chronic Kidney Disease	Early-stage: slowed or halted with diet, BP control; cost ~\$3,000/yr	End-stage renal disease: dialysis costs \$90,000+/yr or transplant	30x more expensive late

-  **The DPC Promise:** Because DPC physicians spend meaningful time with patients at every visit and run proactive labs and screenings, developing conditions are caught in Stage I or II when outcomes are dramatically better and costs are a fraction of late-stage treatment. This is not just better medicine. It is a financial imperative for every self-funded employer in America.

The Future is Here

Precision Medicine

Precision Medicine

One-size wellness is over. Pairing genetic insight with smarter plan design creates a system where prevention is personalized.

Pharmacogenomics

Genetic testing reveals how individuals metabolize medications, eliminating trial-and-error prescribing, adverse reactions, and wasted drug spend.

On average, only 20% of the employee population needs to be considered based on markers.

Genetic Testing for Wellness

Use biometric and genetic data to deliver interventions matched to each member's actual risk profile and biology.

Gives details of what specific foods and types of exercises is supported by genetics, and which ones will create adverse effects or negative reactions.

ADVERSE DRUG EVENTS

3RD LEADING CAUSE OF DEATH IN US

- ⚠️ ADEs Annually Cause:
- ⚠️ 1.5 Million ER Visits
- ⚠️ 500,000 Hospitalizations
- ⚠️ 250,000 Deaths



Questions?

Chris.Pierron@Baldwin.com

713-689-4994