State of Connecticut

FlyteHealth Program Evaluation

March 2026

Doc #: 10224135

Segal

FlyteHealth Program Evaluation

Scope of Analysis & Methodology

- A review of the FlyteHealth program (Flyte) offered to members of the State of Connecticut Health Plan (SoCT) was performed to determine the effectiveness of the program.
  - Members enrolled in Medicare are excluded from the analysis.
- Flyte was implemented in July 2023. Based on enrollment data through June 2025, 11,567 members have enrolled in Flyte since inception.
- The report focuses on members enrolled through July 2024 and requires 6 months pre-enrollment and 12 months post-enrollment experience. There were 5,673 participants enrolled through July 2024 with 4,980 participants having the required experience before and after enrolling.
- Of the 4,980 members with the required pre- and post-enrollment experience, Propensity score matching (explained on following page) was utilized to adjust for treatment selection bias by matching participants to three different comparison cohorts:
  - Cohort #1: Matched all 4,980 program participants based on demographics and pre-program costs.
  - Cohort #2: Matched program participants to non-participants based on demographics, underlying risk, pre-program costs, and pre-program GLP-1 use, which resulted in 4,167 program participants (83.7% of 4,980) being matched one-to-one to non-participants.
  - Cohort #3: Matched program participants to non-participants based on demographics, underlying risk, pre-program costs, pre-program GLP-1 use and post-program enrollment GLP-1 use, which resulted in 2,271 program participants (45.6% of 4,980) being matched one-to-one to non-participants.
- The comparison cohort only includes members aged 18 to 80 as that was the age range for program participants.

FlyteHealth Program Evaluation

Scope of Analysis & Methodology (cont'd)

- Propensity score matching (PSM) is a statistical technique that pairs participants in an intervention program with non-participants who have similar predicted probabilities (propensity scores) of receiving the intervention, based on observed characteristics. This helps reduce selection bias and create comparable groups for evaluating program impact.
- The three different comparison cohorts used the following variables in the PSM process:

Variable	Cohort #1	Cohort #2	Cohort #3
Age	✓	✓	✓
Gender	✓	✓	✓
Enrollment Date[1]	✓	✓	✓
Type II Diabetes		✓	✓
Obesity Class[2]		✓	✓
High-Cost Claimant[3]		✓	✓
Pre-Program GLP-1 Use[4]		✓	✓
Post-Program Enrollment GLP-1 Use[5]			✓
Pre-Program Medical Costs[6]	✓	✓	✓
Pre-Program Prescription Drug Costs[7]	✓	✓	✓

[1] *Enrollment Date: The first date of Flyte enrollment for participants. Non-participants were assigned an enrollment date based on the month in which they initiated GLP-1 therapy, or if no GLP-1 therapy was initiated, the midpoint of the dates in which the member was treated for type II diabetes and/or obesity with a minimum of two treatment dates required.*

[2] *Obesity Class: overweight (BMI between 25 and 30), obese (BMI between 30 and 35), and morbidly obese (BMI 35+)*

[3] *High-Cost Claimant: Any individual with at least $150k in medical expenses in the six months prior to enrolling in Flyte*

[4] *Pre-Program GLP-1 Use: Any member with at least two GLP-1 prescriptions in the six months prior enrolling in Flyte*

[5] *Post-Program Enrolling GLP-1 Use: Any member with at least three GLP-1 prescriptions in the 12 months following enrollment in Flyte*

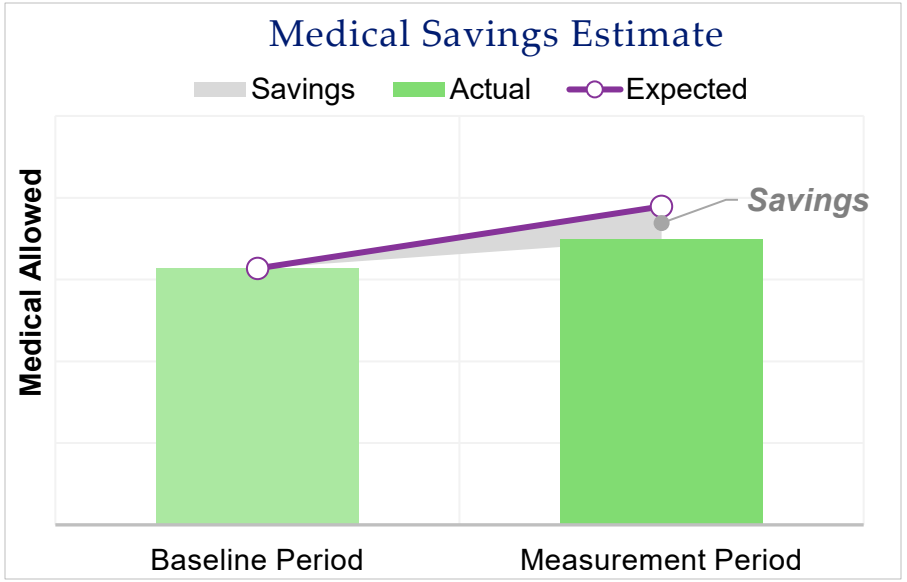
[6] *Pre-Program Medical Costs: Medical costs in the six months prior to enrolling in Flyte, capped at $150k per individual*

[7] *Pre-Program Prescription Drug Costs: Prescription drug costs in the six months prior to enrolling in Flyte, capped at $75k per individual*

FlyteHealth Program Evaluation

Estimated Savings Calculation

- Difference-in-differences comparison of participant per member per month (PMPM) medical costs to matched non-participant PMPM medical costs used to derive program savings.
- **Program Savings** = (Measurement period costs for participants - Baseline period costs for participants) – (Measurement period costs for non-participants - Baseline period costs for non-participants)
  - Baseline period = 12 months prior to Flyte enrollment
  - Measurement period = First 12 months following Flyte enrollment (excludes enrollment month)
  - For non-participants, “enrollment date” is based on when a member was treated for obesity and/or type 2 diabetes or initiated therapy with a GLP-1 medication.
  - Medical costs exclude certain costs where Flyte is unlikely to make an impact and are defined in the Appendix. Medical costs are capped at $150,000 per individual.



FlyteHealth Program Evaluation

Key Findings

- Enrollment in Flyte continues to increase. There were an average of 274 monthly participants enrolling in Flyte in 2023, 531 in 2024, and 592 in 2025 year-to-date through June.
- About 79% of program participants are female.
- Over 75% of program participants have a documented BMI of 30 or above (i.e., obese or morbidly obese).
- There are early signs that the program is working as intended. Although we utilized three different cohorts in our analysis, all three cohorts are showing medical savings of approximately $105 per participant per month. Other indications of the program working as intended include (stats based on cohort #3):
  - Lower medical cost trends (12.3% vs. 26.1%), including lower cost trends for all service categories aside from emergency room, urgent care, outpatient gastrointestinal (GI) services, professional lab/pathology, and professional mental health treatment.
  - Lower utilization trends for all service categories aside from inpatient mental health, urgent care, and professional lab/pathology.
- For the 4,980 participants with at least 6 months pre-program and 12 months post-program enrollment experience, the SoCT spent $14,437,700 on either GLP-1s or non-GLP-1 anti-obesity medications in the first year of the program.
  - If the 3,253 participants without diabetes but on an anti-diabetic GLP-1 had instead been prescribed Wegovy, it's estimated to cost the SoCT an additional $23,744,600.
  - If the 145 participants on non-GLP-1 anti-obesity medications had instead been prescribed Wegovy, it's estimated to cost the SoCT an additional $500,900.
  - If the 1,028 participants who were treated through Flyte without GLP-1 medications or other non-GLP-1 anti-obesity medications taken Wegovy, their total annual costs are estimated to be $5.7 million, assuming an average therapy duration of six months.
  - Overall cost avoidance is estimated at $29,744,600, which is mainly driven by the difference in the cost of Wegovy ($1,028 per 30 days supply) compared to Ozempic ($346 per 30 days supply).

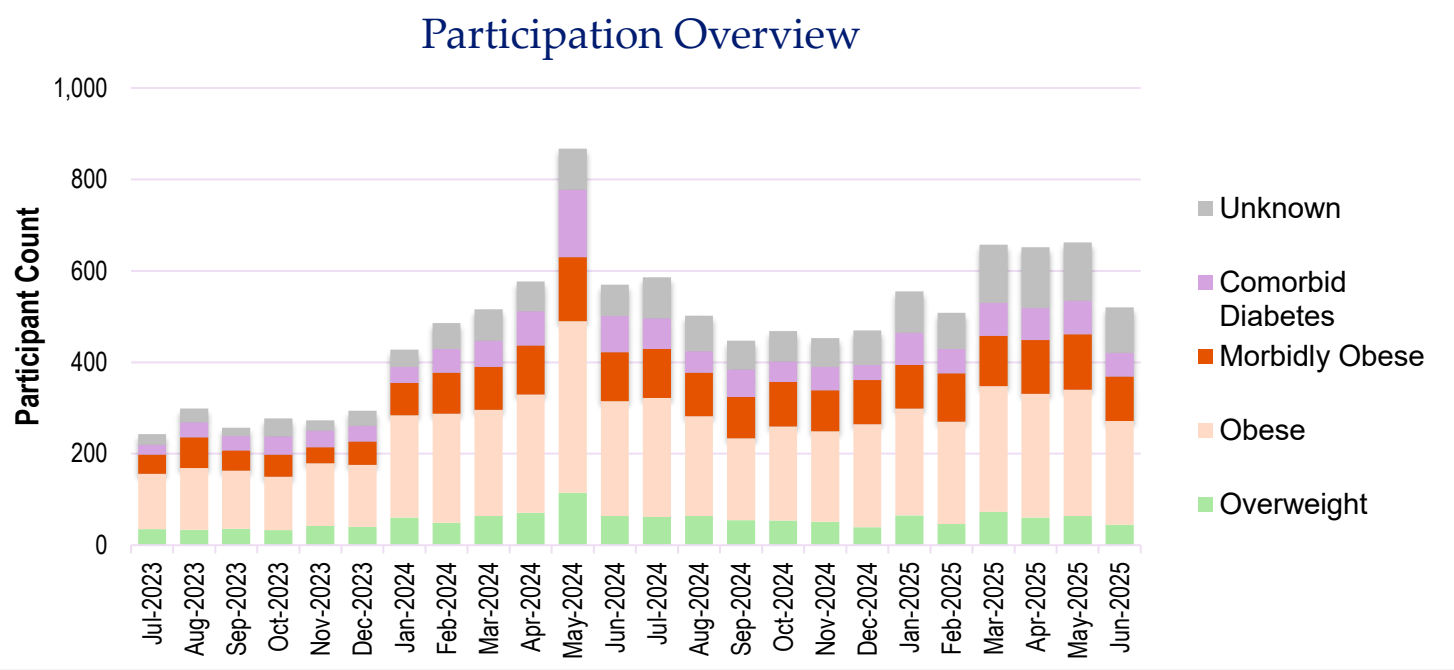
FlyteHealth Program Evaluation

Disclaimer

- Segal considers the following evaluation an acceptable methodology in calculating return on investment (ROI) for population health management programs such as FlyteHealth.
- Although the methodology is validated by Segal and propensity score matching aims to reduce selection bias, there are likely important differences between members who decide to enroll in the program versus those who do not that have not been adjusted for. Examples include:
  - Members are motivated to enroll after a major health event
  - Members who are motivated to improve their condition are more likely to enroll
- Due to this, true savings associated with the FlyteHealth program may be higher or lower than what is shown in this report.

FlyteHealth Program Evaluation

Participation



Observations

- The chart on the left shows monthly participation broken down by comorbid diabetes or weight class.
  - There were an average of 274 monthly participants enrolling in Flyte in 2023, 531 in 2024, and 592 in 2025 year-to-date through June.
- Table on the right shows the participation breakdown by age, gender, and obesity class.
  - Females aged 30-49 diagnosed with obesity or morbid obesity had the highest participation rates.

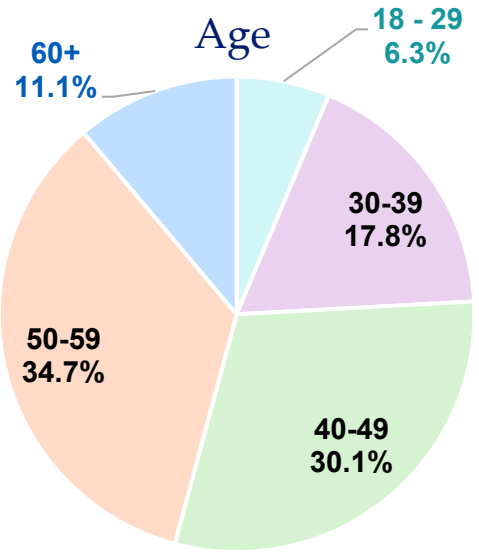
Participant Breakdown

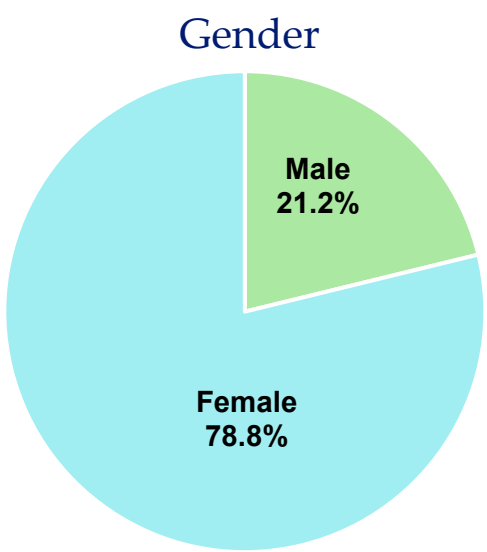
	Female		Male	
	Count	% of Eligible[1]	Count	% of Eligible[1]
Overweight				
Age 29 and Under	71	11.1%	7	1.8%
Age 30-39	201	24.5%	30	6.7%
Age 40-49	388	29.1%	62	8.1%
Age 50-59	444	22.2%	69	5.7%
Age 60+	182	12.8%	17	1.5%
Total	**1,286**	**20.3%**	**185**	**4.6%**
Obese				
Age 29 and Under	354	23.8%	64	9.0%
Age 30-39	802	35.5%	231	19.2%
Age 40-49	1,294	37.6%	423	19.4%
Age 50-59	1,437	30.1%	456	12.9%
Age 60+	508	17.1%	205	7.4%
Total	**4,395**	**28.8%**	**1,379**	**12.9%**
Morbidly Obese				
Age 29 and Under	193	27.8%	50	14.7%
Age 30-39	384	38.9%	151	28.4%
Age 40-49	469	36.1%	186	21.9%
Age 50-59	516	28.3%	232	17.1%
Age 60+	194	16.0%	88	9.7%
Total	**1,756**	**28.5%**	**707**	**17.2%**
Unknown				
Age 29 and Under	115	49.6%	26	26.8%
Age 30-39	268	71.3%	72	39.3%
Age 40-49	363	58.1%	121	24.2%
Age 50-59	346	33.0%	92	8.1%
Age 60+	113	12.1%	39	2.9%
Total	**1,205**	**36.6%**	**350**	**10.5%**

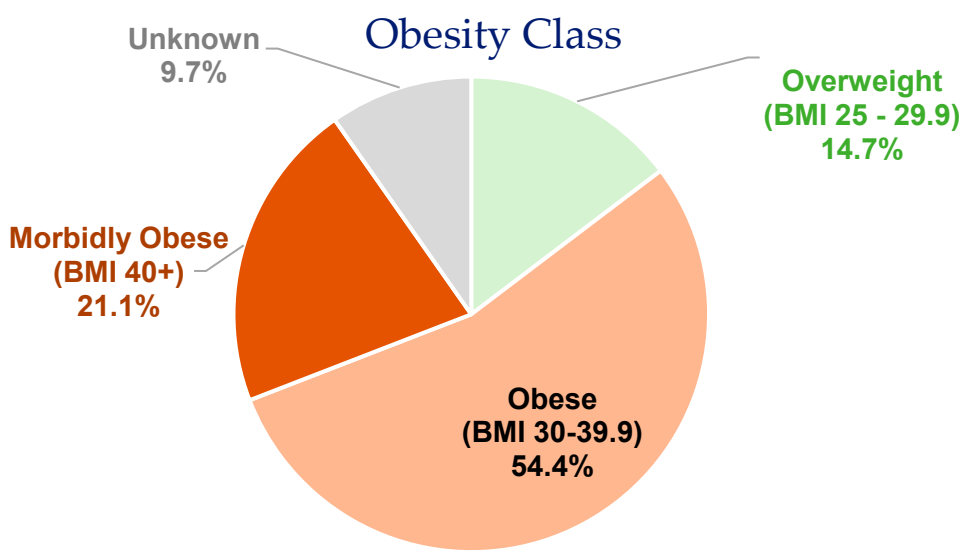
[1] *Eligible members include anyone treated for obesity and/or starting a GLP-1 prescription during the experience period.*

FlyteHealth Program Evaluation

Demographics



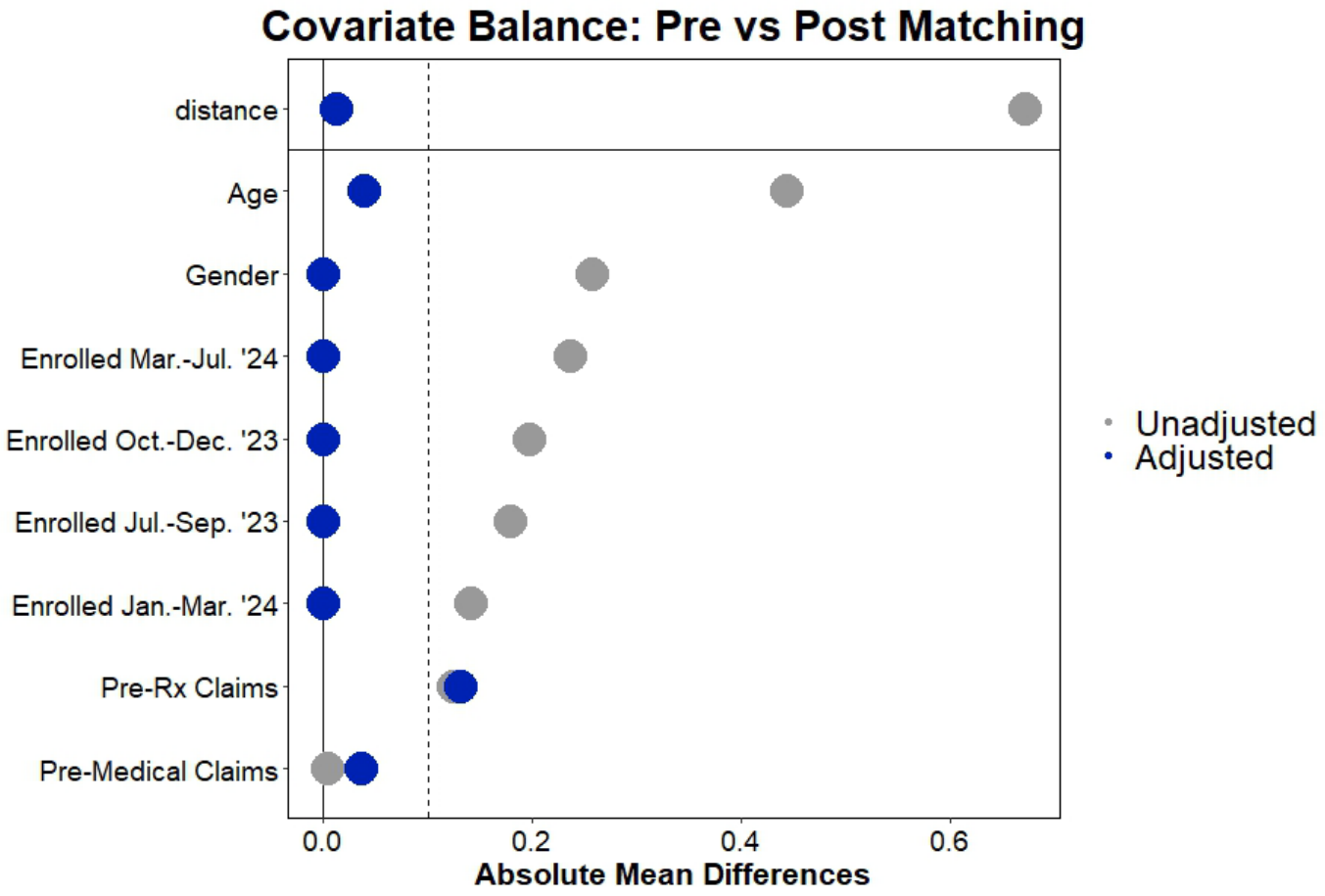




Observations

- About 46% of program participants are over the age of 50 with members aged 50-59 representing the biggest share of 35%.
  - The youngest participant is 18 and the oldest is 80.
- 79% of program participants are female.
- Over 75% of program participants have a documented BMI of 30 or above (i.e., obese or morbidly obese).
- About 25% of program participants have a BMI between 25 and 29.9 (i.e., overweight) or no documented BMI in their medical claims history (i.e., Unknown). Of these members, about 93% have diabetes and/or hypertension.

Cohort Comparison #1

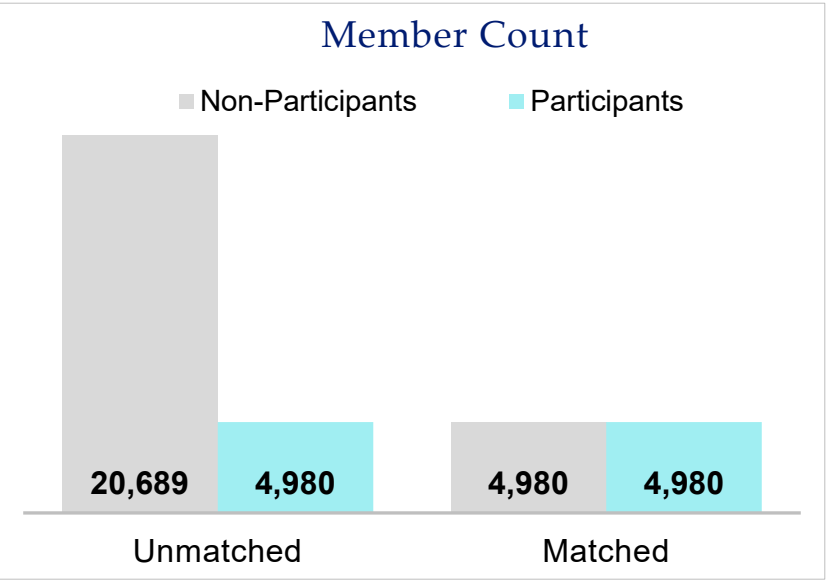


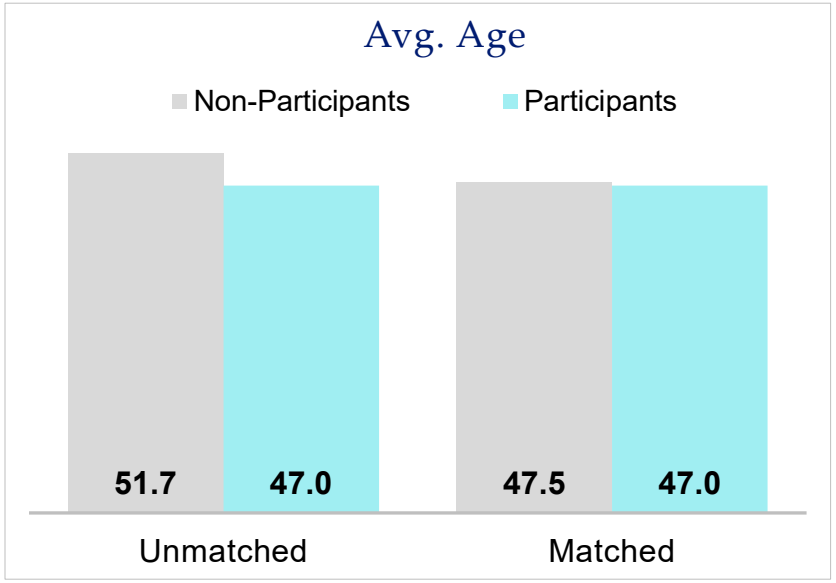
Covariates Matched

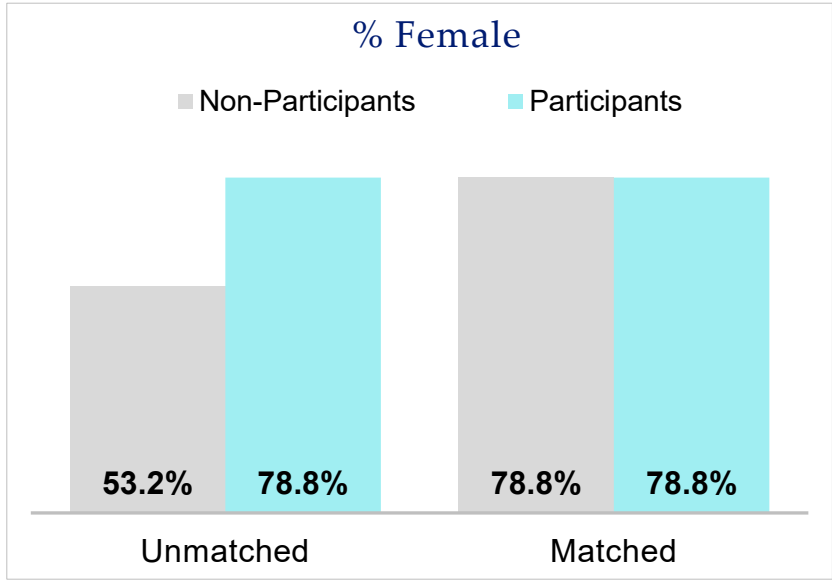
- ✓ *Age*
- ✓ *Gender*
- ✓ *Enrollment Month*
- ✓ *Pre-Program Medical Costs*
- ✓ *Pre-Program Rx Costs*

FlyteHealth Program Evaluation

Cohort Comparison





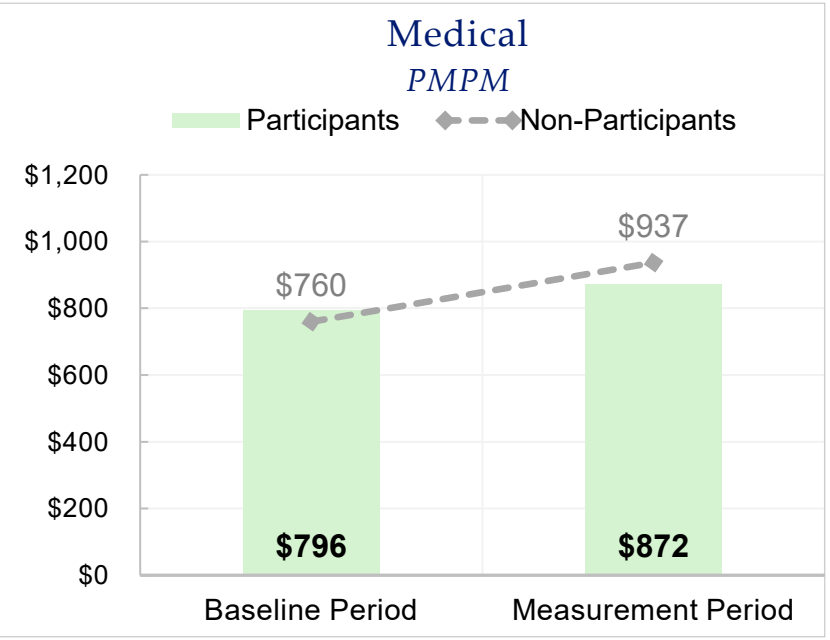


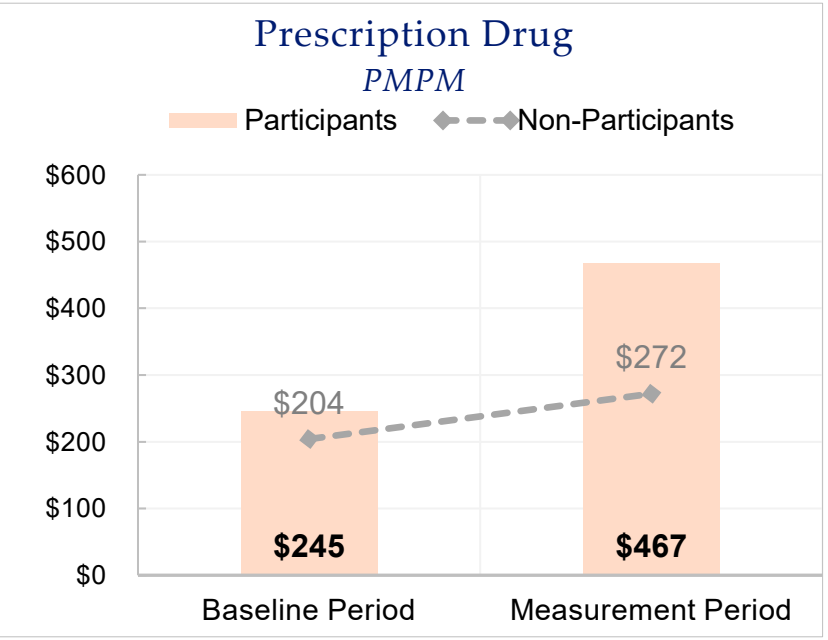
Observations

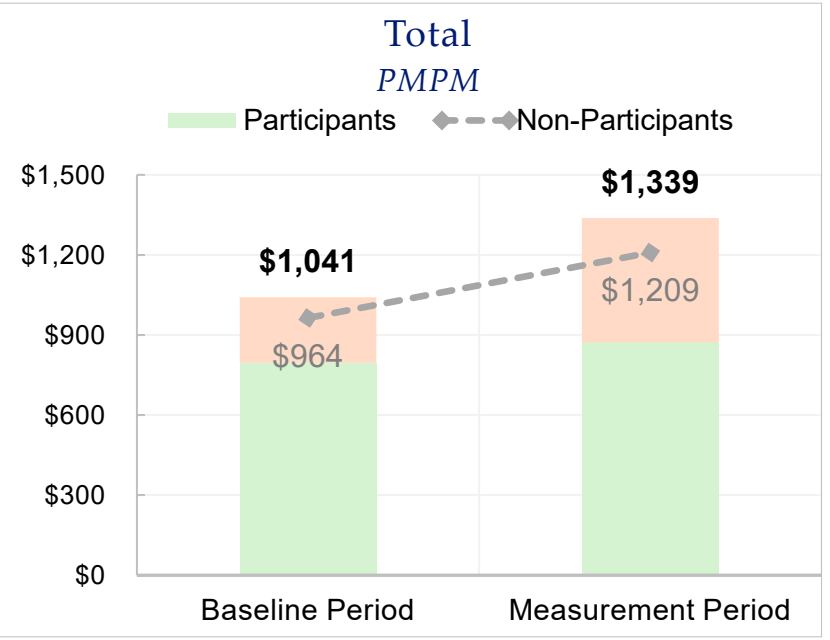
- Of the 5,673 members enrolled during or before July 2024, 4,980 members had 6 months of experience pre-program enrollment and 12 months of experience post-program enrollment.
  - This cohort was designed to include all members with the required pre- and post-program experience. Thus, the "statistical twins" that program participants were compared to were selected to be as close as match as possible without losing any participants.
  - Participants were matched one-to-one with similar non-participants. There were 20,689 members identified as eligible for Flyte but who did not enroll, of which 4,980 were included in this cohort comparison.
- Participants were younger on average than non-participants (47.0 years vs. 51.7 years) and also more likely to be female (78.8% female vs. 53.2% female).
  - The matching process removed the difference in both of these variables.

FlyteHealth Program Evaluation

All Costs





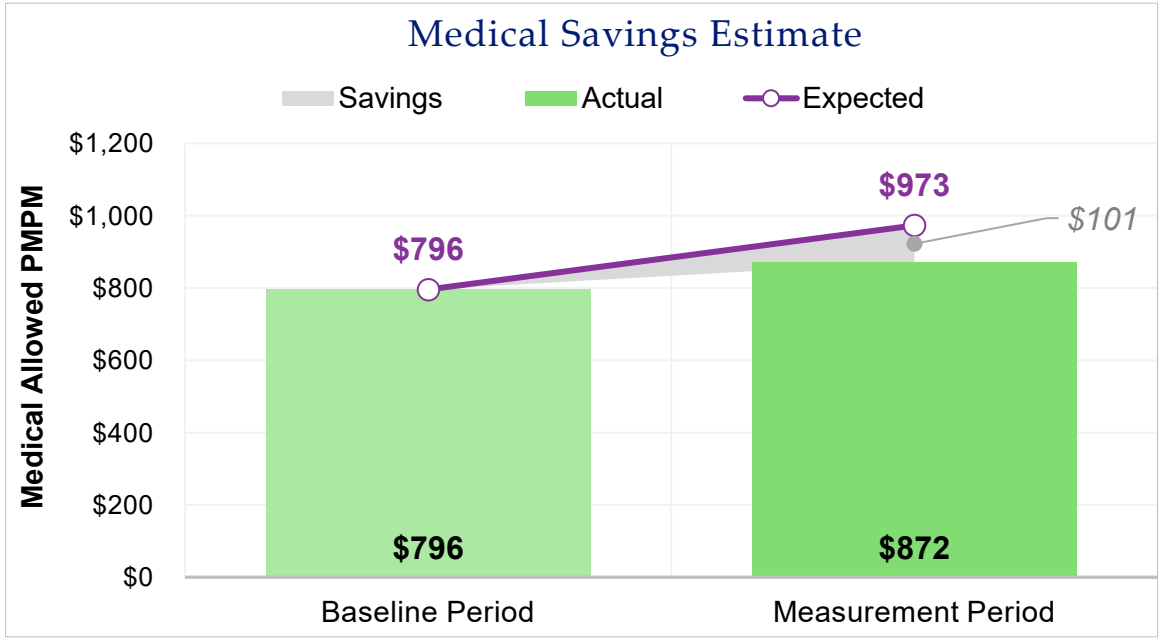


Observations

- The charts above break out medical costs, prescription drug costs, and total costs (medical + prescription drug) for program participants compared to matched non-participants.
  - The baseline period is defined as the 12 months prior to program engagement and the measurement period is defined as the first 12 months following program engagement.
  - Medical claims were capped at $150,000 per individual and prescription drug claims were capped at $75,000 per individual.
  - Both medical and prescription drug claims exclude certain claims where a program like Flyte is unlikely to have an impact as defined in the Appendix.
- Flyte participants had lower medical trend (+9.5% vs. +23.3%) but higher prescription drug trend (+90.4% vs. +33.3%) than non-participants.

FlyteHealth Program Evaluation

Estimated Medical Savings



Risk Group	Member Count	% Using GLP-1s	Monthly Savings/(Cost) Estimate		
			GLP-1 Users	Non Users	All
Comorbid Diabetes	661	64.1%	$951	($169)	$32
Overweight	639	63.4%	($56)	$4	$38
Obese	2,359	62.1%	($90)	$103	$120
Morbidly Obese	883	66.4%	($139)	$230	$138
Unknown	438	65.1%	($279)	($476)	($408)
Total	**4,980**	**63.6%**	**$287**	**$43**	**$101**

Observations

- The chart on the left shows baseline, actual, and expected medical costs for program participants.
  - Program participants had baseline medical costs of $796 per member per month (PMPM). Based on the observed increase for statistically similar non-participants, their medical costs were expected to be $973 PMPM in the measurement period. However, medical costs for program participants were only $872 PMPM in the measurement period, resulting in monthly savings of $101 per participant.
- The table on the right breaks down the savings estimate by comorbid diabetes and obesity class.
  - Participants utilizing GLP-1s with comorbid diabetes had the greatest savings of all risk groups.

FlyteHealth Program Evaluation

Medical Claims Detail - Costs

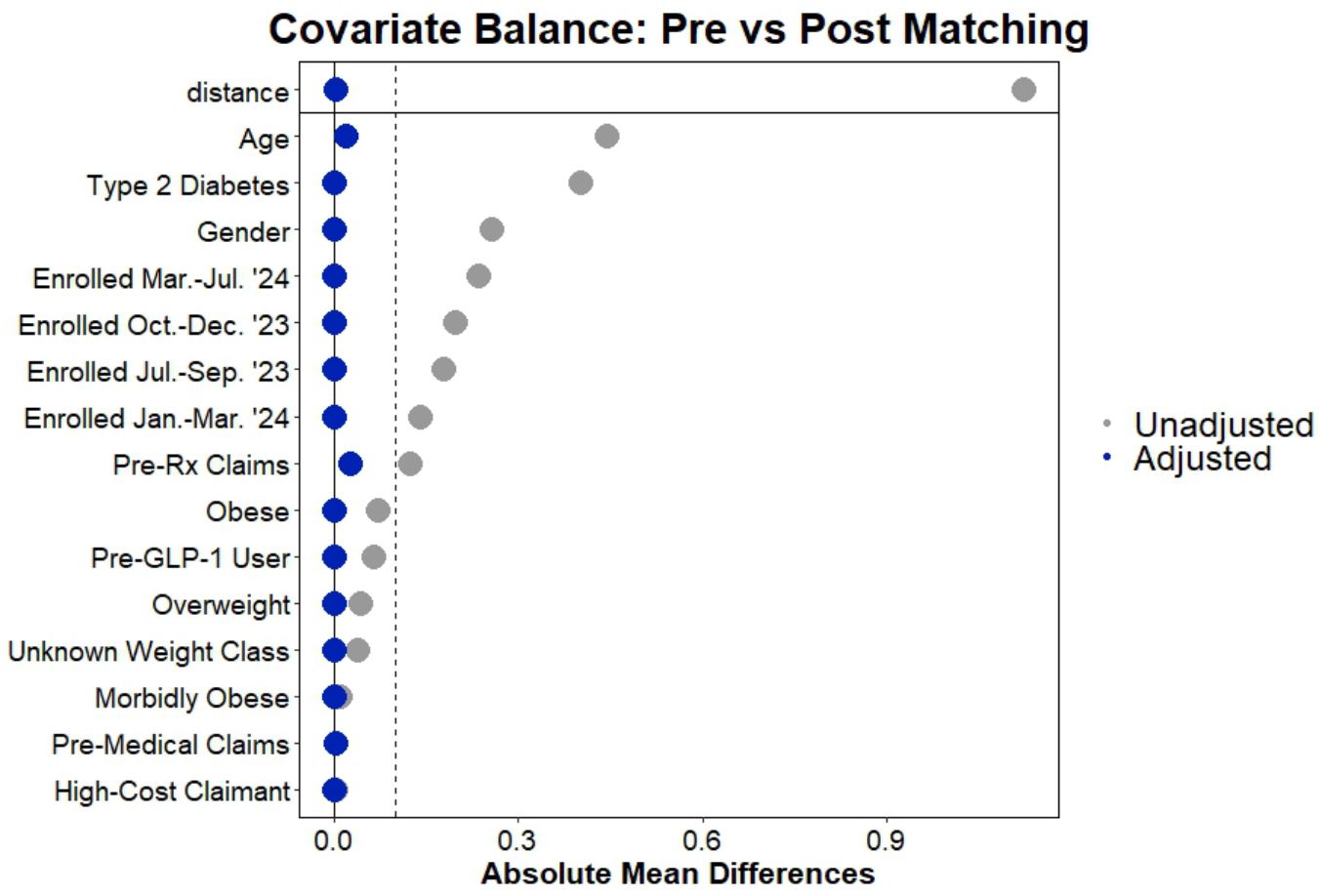
Medical Allowed Per Member per Month	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
Inpatient	**$98**	**$125**	**$113**	**$159**	**15.4%**	**27.7%**
Surgery	$59	$68	$67	$76	12.1%	11.3%
Mental Health	$10	$7	$8	$12	-19.1%	64.6%
Other	$29	$50	$39	$72	34.9%	45.0%
Outpatient	**$326**	**$283**	**$352**	**$362**	**7.8%**	**27.7%**
Emergency Room	$57	$67	$65	$74	14.4%	10.5%
Urgent Care	$9	$8	$8	$7	-12.2%	-3.9%
Cardiovascular	$12	$8	$9	$15	-28.8%	99.6%
GI Services	$6	$5	$8	$7	45.3%	31.6%
Lab/Pathology	$11	$11	$10	$12	-7.4%	7.0%
Mental Health	$10	$5	$7	$8	-32.5%	40.6%
Radiology	$17	$16	$18	$21	1.8%	30.7%
Surgery	$160	$120	$178	$161	11.6%	34.0%
Other	$49	$49	$55	$65	12.8%	33.2%
Professional	**$346**	**$329**	**$378**	**$385**	**9.4%**	**17.2%**
Evaluation & Management	$78	$71	$79	$89	2.0%	26.0%
Lab/Pathology	$23	$27	$25	$25	6.7%	-6.6%
Mental Health	$40	$31	$45	$38	15.0%	24.7%
Radiology	$26	$26	$28	$29	7.1%	12.5%
Surgery	$45	$48	$55	$54	22.2%	12.5%
Other	$130	$121	$139	$142	7.5%	17.3%
Ancillary	**$26**	**$23**	**$29**	**$31**	**10.3%**	**32.2%**
Total	**$796**	**$760**	**$872**	**$937**	**9.5%**	**23.3%**

FlyteHealth Program Evaluation

Medical Claims Detail - Utilization

Utilization per 1,000 Members	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
Inpatient	**44.0**	**61.6**	**53.4**	**87.1**	**21.3%**	**41.4%**
Surgery	14.3	18.6	16.1	20.9	12.5%	12.4%
Mental Health	12.6	16.9	15.3	22.3	20.7%	31.6%
Other	17.1	26.1	22.1	44.0	29.0%	68.3%
Outpatient	**2,887.3**	**2,644.6**	**2,736.5**	**2,916.9**	**-5.2%**	**10.3%**
Emergency Room	334.4	401.1	340.4	411.0	1.8%	2.5%
Urgent Care	520.6	443.1	422.3	380.3	-18.9%	-14.2%
Cardiovascular	92.6	95.1	93.0	117.1	0.4%	23.1%
GI Services	29.4	28.2	35.1	30.5	19.7%	8.4%
Lab/Pathology	750.2	716.5	706.4	776.3	-5.8%	8.4%
Mental Health	143.3	112.1	128.9	139.6	-10.1%	24.5%
Radiology	401.3	395.8	398.8	439.0	-0.6%	10.9%
Surgery	358.1	283.7	363.7	344.2	1.6%	21.3%
Other	584.6	541.3	560.6	683.7	-4.1%	26.3%
Professional	**23,518.0**	**21,655.9**	**24,093.8**	**24,505.6**	**2.4%**	**13.2%**
Evaluation & Management	7,668.0	6,799.0	7,155.8	8,042.4	-6.7%	18.3%
Lab/Pathology	4,024.7	4,081.2	4,157.6	4,329.7	3.3%	6.1%
Mental Health	3,648.7	3,021.2	4,108.6	3,580.5	12.6%	18.5%
Radiology	1,660.2	1,703.2	1,663.1	1,808.4	0.2%	6.2%
Surgery	975.3	882.4	1,034.7	985.1	6.1%	11.6%
Other	9,828.8	9,138.4	10,338.4	10,399.2	5.2%	13.8%
Ancillary	**1,223.0**	**1,000.4**	**1,488.0**	**1,289.2**	**21.7%**	**28.9%**

Cohort Comparison #2

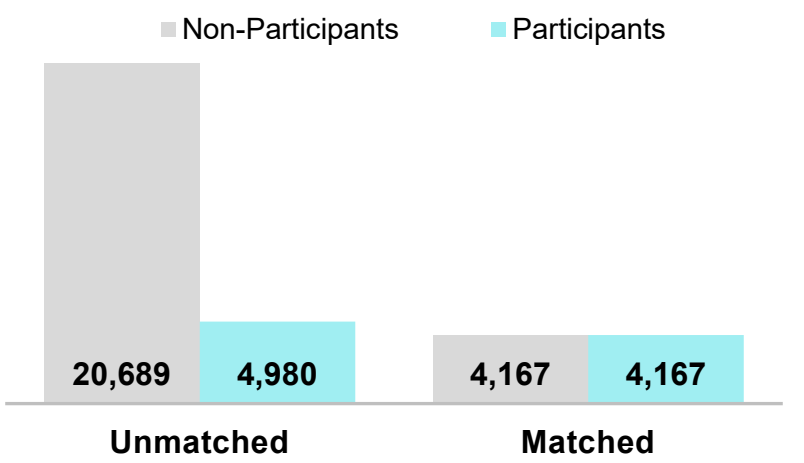


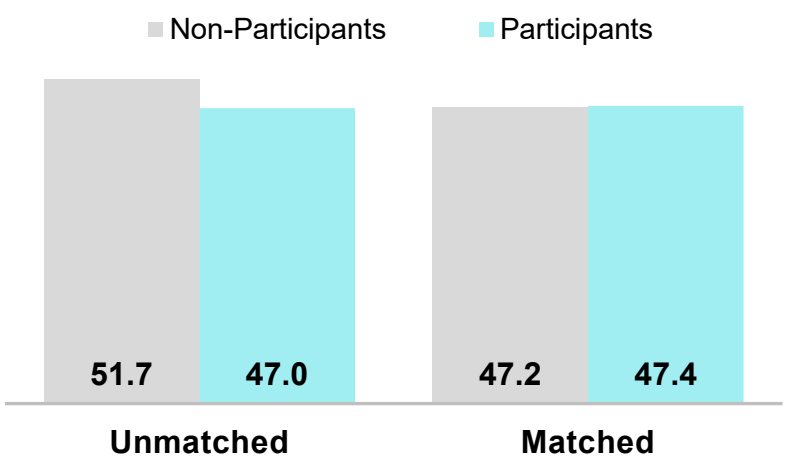
Covariates Matched

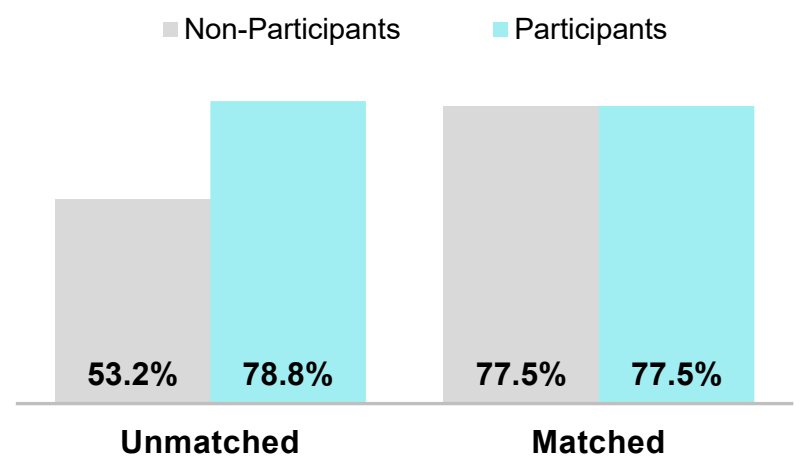
- ✓ *Age*
- ✓ *Gender*
- ✓ *Enrollment Month*
- ✓ *Type 2 Diabetes*
- ✓ *Obesity Class*
- ✓ *High-Cost Claimant*
- ✓ *Pre-Program GLP-1 Use*
- ✓ *Pre-Program Medical Costs*
- ✓ *Pre-Program Rx Costs*

FlyteHealth Program Evaluation

Cohort Comparison





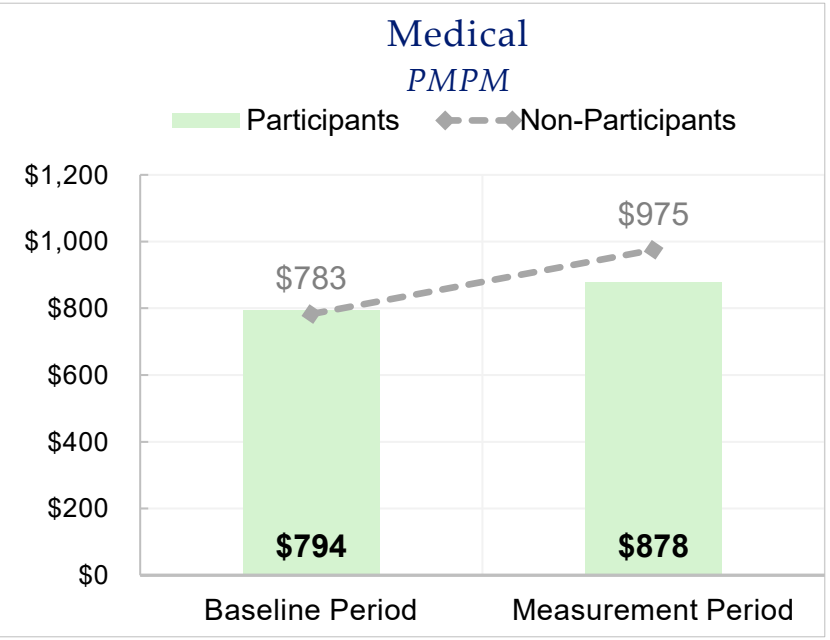


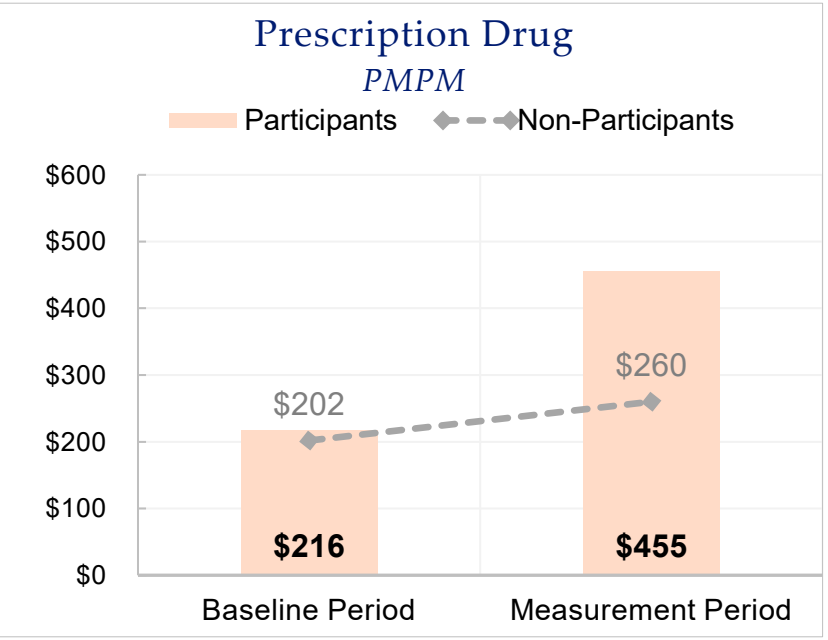
Observations

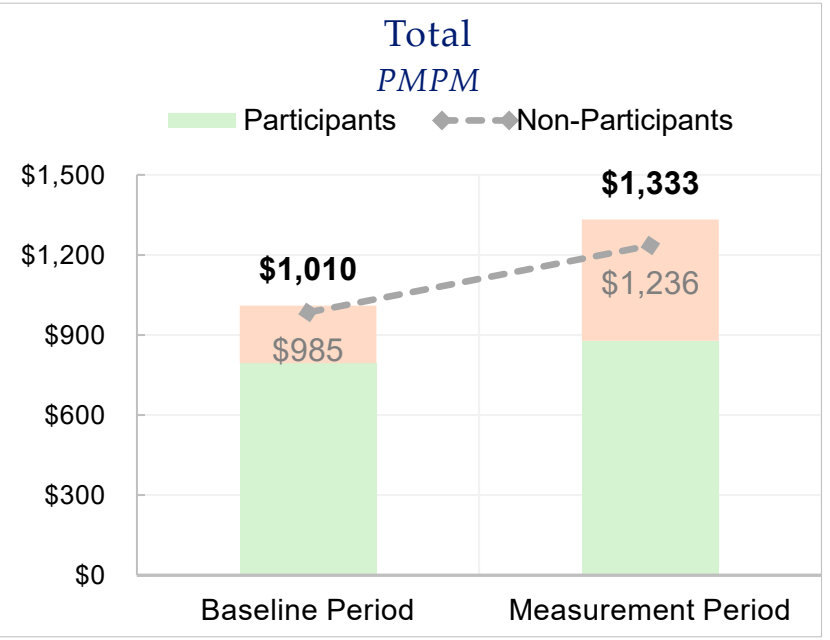
- Based on the criteria used for Cohort #2 (defined on previous page), we were able to find statistical twins for 4,167 of the 4,980 members enrolled in Flyte during or before June 2024 and with 6 months of experience pre-program enrollment and 12 months of experience post-program enrollment.
- Participants were younger on average than non-participants (47.0 years vs. 51.7 years)
- Participants were more likely to be female (78.8% female vs. 53.2% female).
- The matching process removed the differences in both of these variables.

FlyteHealth Program Evaluation

All Costs





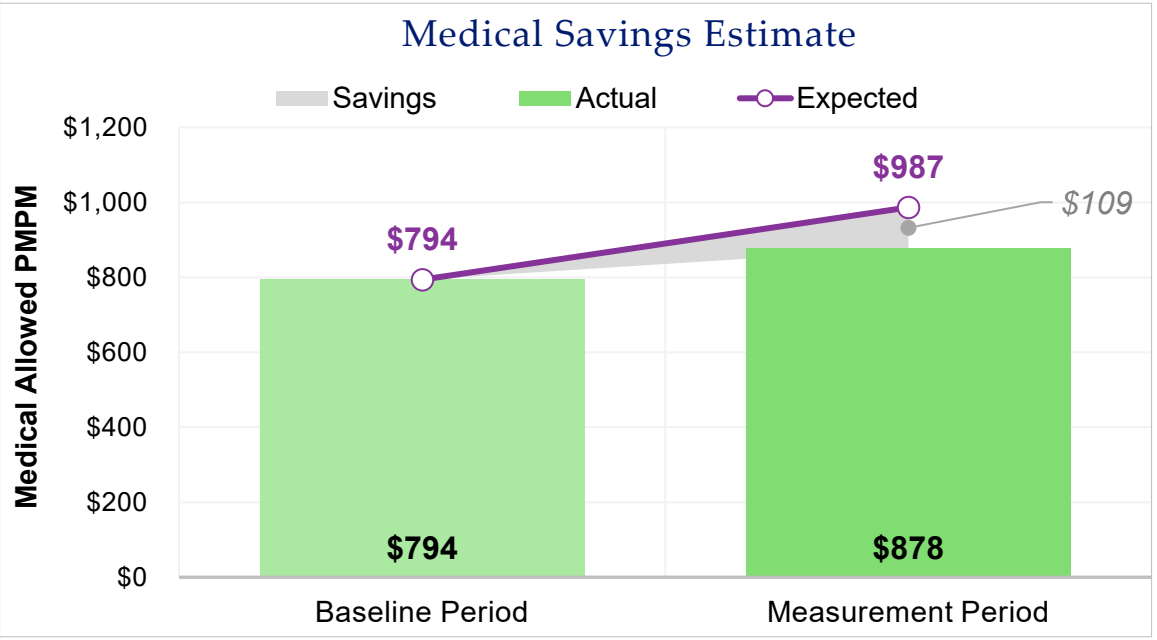


Observations

- The charts above break out medical costs, prescription drug costs, and total costs (medical + prescription drug) for program participants compared to matched non-participants.
- Flyte participants had lower medical trend (+10.6% vs. +24.6%) but higher prescription drug trend (+110.1% vs. 28.8%) than non-participants.
- Overall, Flyte participants' costs (medical + drug) increased 31.9% versus 25.5% for non-participants. The higher trend was mainly driven by higher utilization of Ozempic.

FlyteHealth Program Evaluation

Estimated Medical Savings



Risk Group	Member Count	% Using GLP-1s	Monthly Savings/(Cost) Estimate		
			GLP-1 Users	Non Users	All
Comorbid Diabetes	637	79.0%	$41	($385)	($73)
Overweight	577	68.3%	$14	($54)	$13
Obese	2,087	70.8%	$85	$109	$172
Morbidly Obese	757	78.9%	$16	$279	$154
Unknown	109	61.5%	$145	($56)	$143
Total	**4,167**	**72.9%**	**$85**	**$47**	**$109**

Observations

- The chart on the left shows baseline, actual, and expected medical costs for program participants.
  - Program participants had baseline medical costs of $794 per member per month (PMPM). Based on the observed increase for statistically similar non-participants, their medical costs were expected to be $987 PMPM in the measurement period. However, medical costs for program participants were only $878 PMPM in the measurement period, resulting in monthly savings of $109 per participant.
- The table on the right breaks down the savings estimate by comorbid diabetes and obesity class.
  - Morbidly obese participants not utilizing GLP-1s had the greatest savings of all risk groups.

FlyteHealth Program Evaluation

Medical Claims Detail - Costs

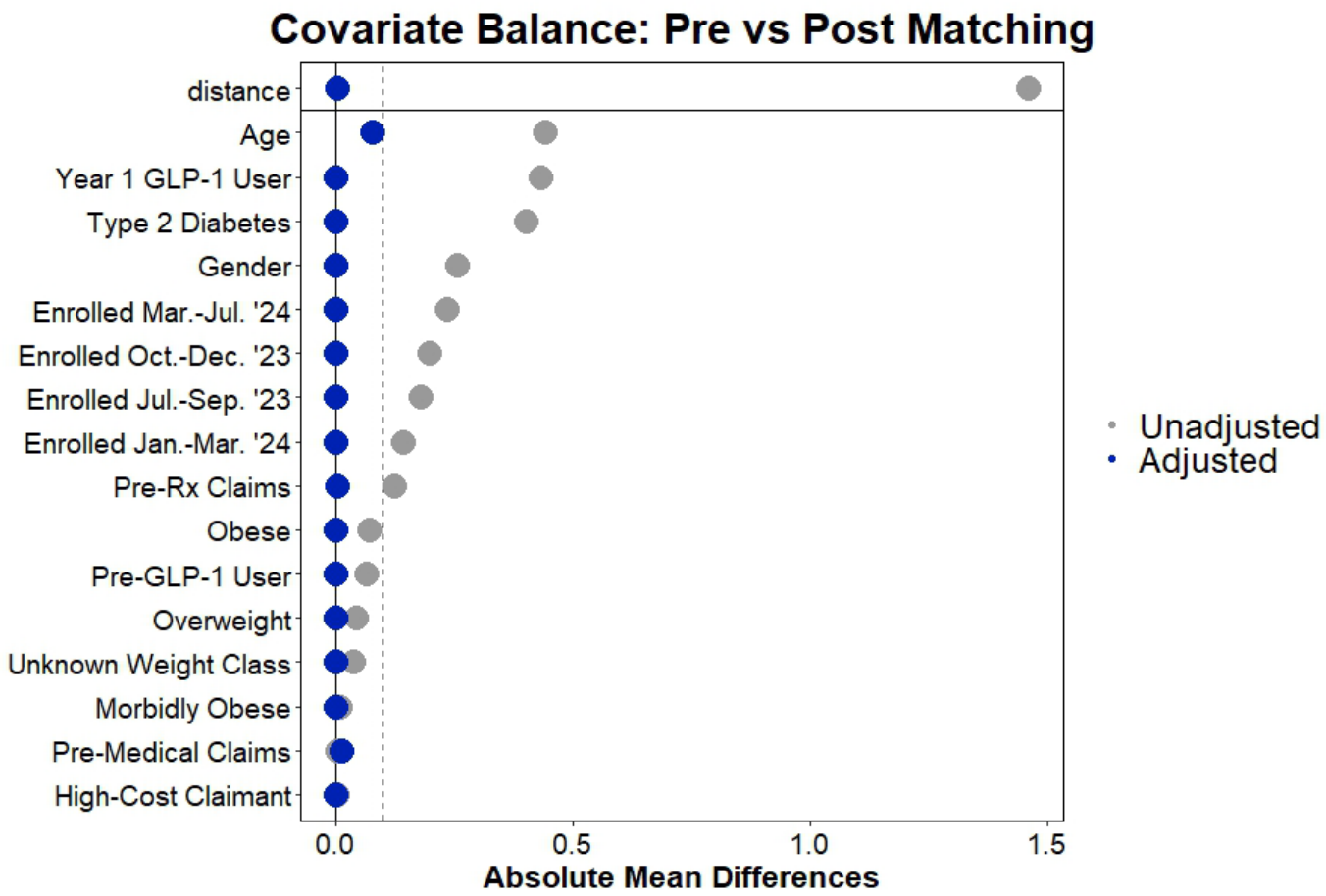
Medical Allowed Per Member per Month	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
Inpatient	**$96**	**$121**	**$113**	**$192**	**17.8%**	**58.0%**
Surgery	$60	$66	$64	$91	6.6%	38.5%
Mental Health	$7	$10	$8	$20	18.5%	98.2%
Other	$29	$45	$41	$82	41.2%	80.5%
Outpatient	**$323**	**$303**	**$353**	**$354**	**9.1%**	**16.7%**
Emergency Room	$56	$67	$66	$74	16.8%	11.1%
Urgent Care	$9	$8	$8	$8	-9.9%	-2.7%
Cardiovascular	$13	$11	$9	$20	-31.4%	90.4%
GI Services	$6	$5	$8	$8	50.3%	48.2%
Lab/Pathology	$11	$12	$10	$11	-5.4%	-1.6%
Mental Health	$8	$6	$6	$8	-25.6%	24.2%
Radiology	$17	$16	$18	$21	3.3%	31.4%
Surgery	$165	$136	$183	$155	11.3%	13.9%
Other	$44	$48	$51	$57	16.5%	18.9%
Professional	**$349**	**$333**	**$382**	**$395**	**9.6%**	**18.5%**
Evaluation & Management	$78	$74	$80	$90	2.7%	22.6%
Lab/Pathology	$23	$25	$25	$24	7.6%	-2.4%
Mental Health	$39	$34	$44	$41	15.0%	17.9%
Radiology	$26	$26	$28	$30	7.0%	12.9%
Surgery	$47	$46	$57	$54	22.2%	18.7%
Other	$131	$123	$141	$148	7.7%	20.6%
Ancillary	**$26**	**$25**	**$30**	**$35**	**13.7%**	**39.3%**
Total	**$794**	**$783**	**$878**	**$975**	**10.6%**	**24.6%**

FlyteHealth Program Evaluation

Medical Claims Detail - Utilization

Utilization per 1,000 Members	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
Inpatient	**44.1**	**60.0**	**52.3**	**115.9**	**18.6%**	**93.3%**
Surgery	14.9	18.8	15.1	26.6	1.7%	41.9%
Mental Health	11.5	15.8	13.9	43.2	21.5%	172.6%
Other	17.8	25.4	23.3	46.1	30.8%	81.7%
Outpatient	**2,836.3**	**2,719.3**	**2,725.0**	**2,910.5**	**-3.9%**	**7.0%**
Emergency Room	335.0	392.0	342.0	428.8	2.1%	9.4%
Urgent Care	503.9	473.9	425.2	424.8	-15.6%	-10.4%
Cardiovascular	93.4	100.9	93.6	125.5	0.2%	24.4%
GI Services	28.8	27.5	36.2	35.3	26.0%	28.1%
Lab/Pathology	737.7	720.2	695.7	745.4	-5.7%	3.5%
Mental Health	130.7	96.5	114.7	125.7	-12.2%	30.3%
Radiology	393.5	377.9	393.1	440.4	-0.1%	16.5%
Surgery	359.6	314.7	369.6	355.9	2.8%	13.1%
Other	580.2	568.5	564.2	642.2	-2.8%	13.0%
Professional	**23,574.8**	**22,216.7**	**24,249.3**	**25,142.8**	**2.9%**	**13.2%**
Evaluation & Management	7,668.5	7,097.3	7,255.6	8,185.5	-5.4%	15.3%
Lab/Pathology	4,060.6	4,169.4	4,230.6	4,295.9	4.2%	3.0%
Mental Health	3,570.8	3,378.0	4,040.3	3,935.0	13.1%	16.5%
Radiology	1,675.6	1,736.5	1,689.5	1,855.5	0.8%	6.9%
Surgery	994.2	911.3	1,047.5	1,002.6	5.4%	10.0%
Other	9,940.2	8,988.4	10,441.8	10,489.1	5.0%	16.7%
Ancillary	**1,268.0**	**1,070.7**	**1,564.2**	**1,447.6**	**23.4%**	**35.2%**

Cohort Comparison #3

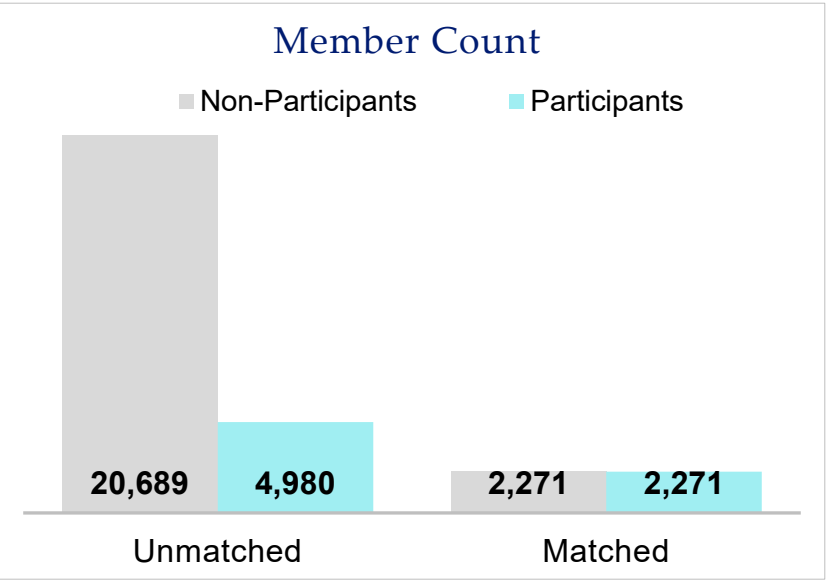


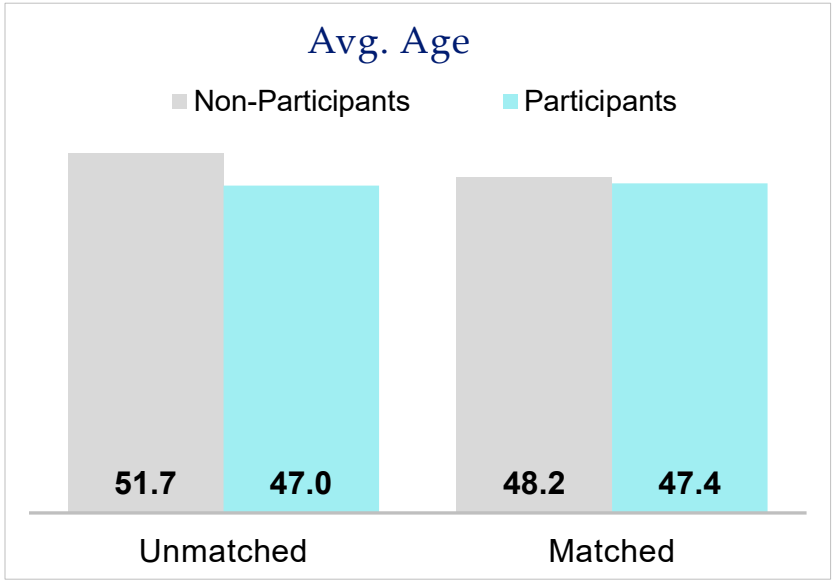
Covariates Matched

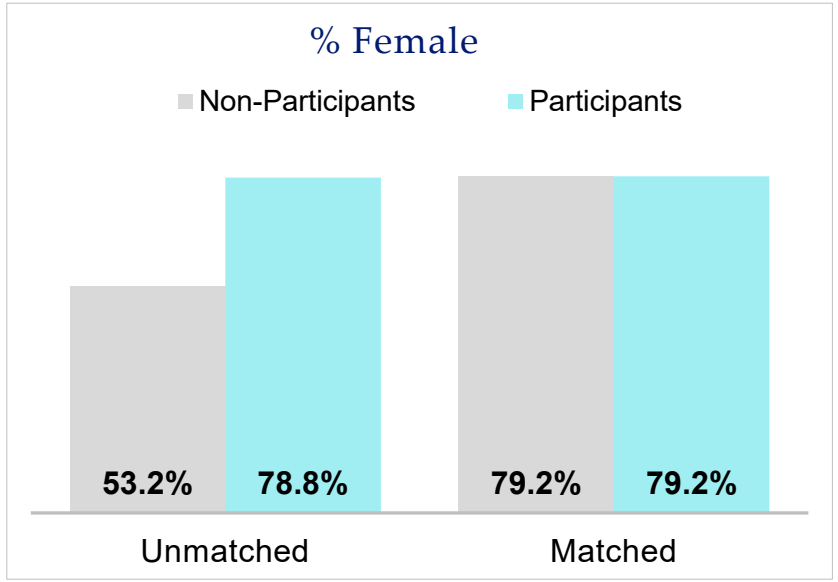
- ✓ *Age*
- ✓ *Gender*
- ✓ *Enrollment Month*
- ✓ *Type 2 Diabetes*
- ✓ *Obesity Class*
- ✓ *High-Cost Claimant*
- ✓ *Pre-Program GLP-1 Use*
- ✓ *Post-Program GLP-1 Use*
- ✓ *Pre-Program Medical Costs*
- ✓ *Pre-Program Rx Costs*

FlyteHealth Program Evaluation

Cohort Comparison





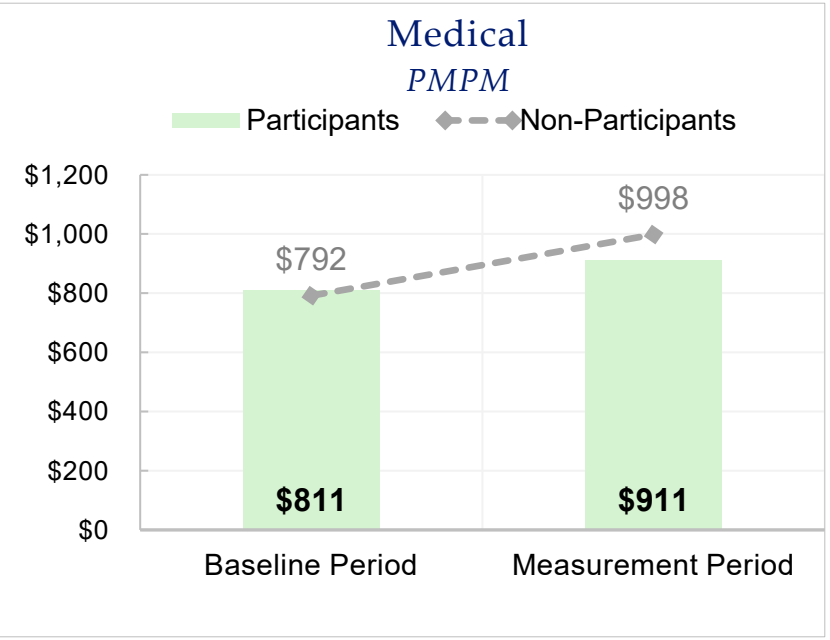


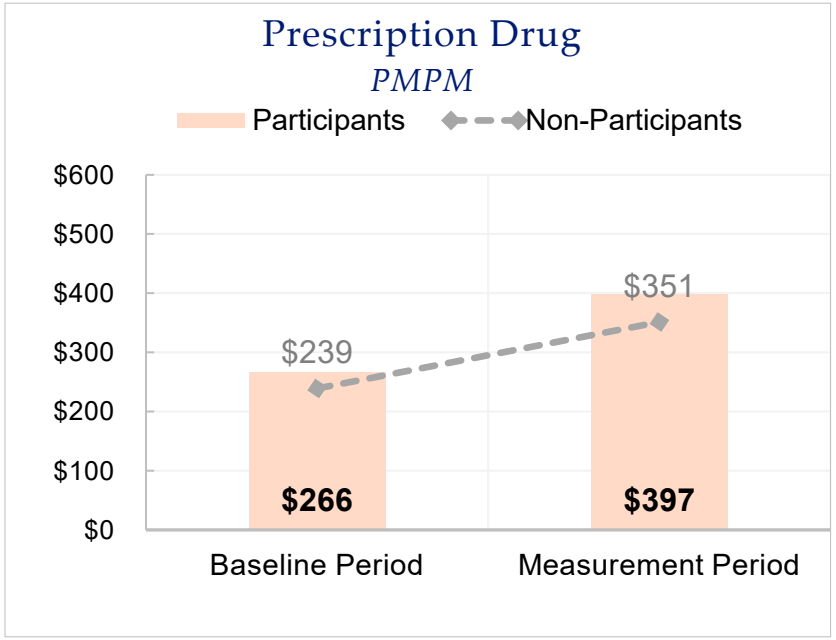
Observations

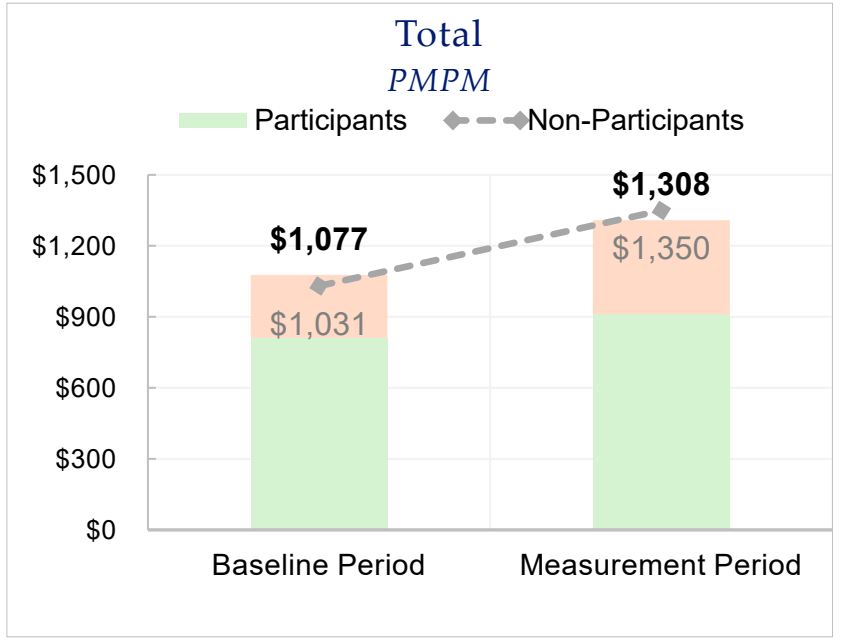
- Based on the criteria used for Cohort #3 (defined on previous page), we were able to find statistical twins for 2,271 of the 4,980 members enrolled in Flyte during or before June 2024 and with 6 months of experience pre-program enrollment and 12 months of experience post-program enrollment.
  - This cohort was designed to be the most precise. Unlike the other two cohorts, program participants who utilized GLP-1s after program engagement were only compared to non-participants who were also on GLP-1 medications during the measurement period.
  - Due to the stringent matching requirements, this cohort analysis only looks at about 46% of all participants with the required experience. However, the non-participants each participant is matched to is the most similar of all comparisons done.

FlyteHealth Program Evaluation

All Costs





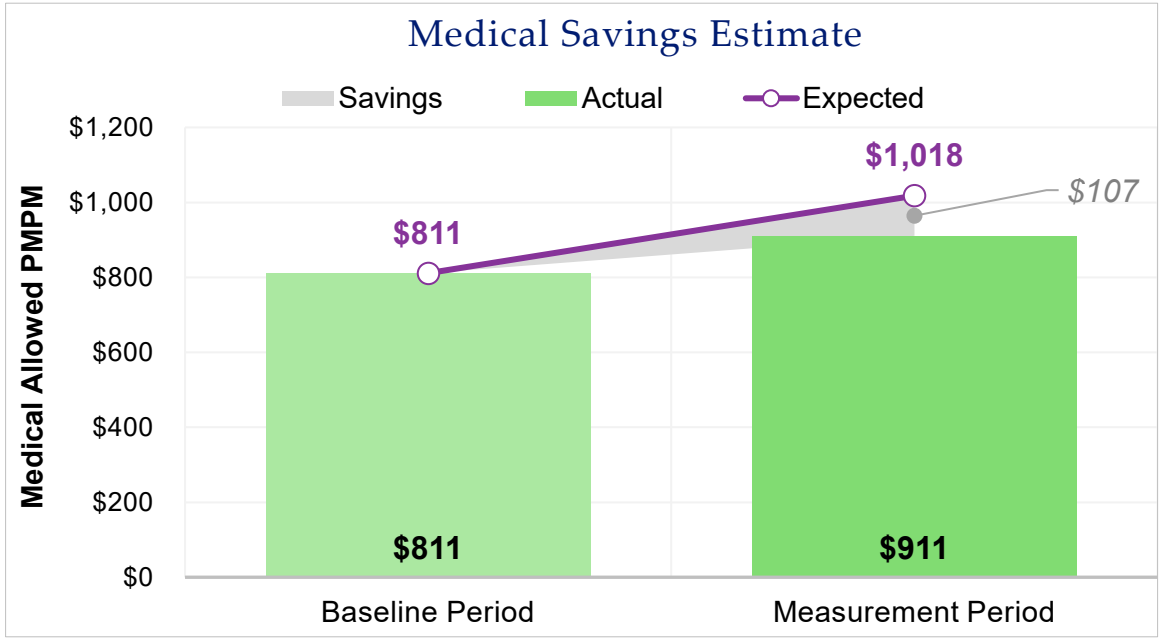


Observations

- The charts above break out medical costs, prescription drug costs, and total costs (medical + prescription drug) for program participants compared to matched non-participants.
- Flyte participants had lower medical trend (+12.3% vs. +26.1%) but slightly higher prescription drug trend (+49.5% vs. 47.0%) than non-participants.
- Overall, Flyte participants' costs (medical + drug) increased 21.5% versus 30.9% for non-participants.

FlyteHealth Program Evaluation

Estimated Medical Savings



Risk Group	Member Count	% Using GLP-1s	Savings/(Cost) Estimate		
			GLP-1 Users	Non Users	All
Comorbid Diabetes	614	77.5%	$160	($159)	$89
Overweight	268	31.3%	$108	$56	$72
Obese	979	33.7%	$128	$70	$89
Morbidly Obese	308	41.2%	$115	$453	$313
Unknown	102	11.8%	$106	($182)	($148)
Total	**2,271**	**45.3%**	**$139**	**$80**	**$107**

Observations

- The chart on the left shows baseline, actual, and expected medical costs for program participants.
  - Program participants had baseline medical costs of $811 per member per month (PMPM). Based on the observed increase for statistically similar non-participants, their medical costs were expected to be $1,018 PMPM in the measurement period. However, medical costs for program participants were only $911 PMPM in the measurement period, resulting in monthly savings of $107 per participant.
- The table on the right breaks down the savings estimate by comorbid diabetes and obesity class.
  - Morbidly obese participants not utilizing GLP-1s had the greatest savings of all risk groups.

FlyteHealth Program Evaluation

Medical Claims Detail - Costs

Medical Allowed Per Member per Month	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
Inpatient	**$92**	**$114**	**$124**	**$183**	**33.8%**	**61.2%**
Surgery	$52	$57	$83	$105	58.5%	84.5%
Mental Health	$10	$10	$7	$14	-35.8%	42.1%
Other	$30	$47	$35	$65	15.0%	38.6%
Outpatient	**$348**	**$312**	**$370**	**$384**	**6.2%**	**23.0%**
Emergency Room	$57	$72	$75	$87	31.6%	21.7%
Urgent Care	$9	$9	$8	$8	-6.7%	-8.6%
Cardiovascular	$12	$8	$9	$13	-25.8%	57.8%
GI Services	$7	$5	$9	$6	30.1%	22.0%
Lab/Pathology	$11	$12	$10	$13	-10.4%	9.1%
Mental Health	$12	$7	$6	$9	-44.3%	33.4%
Radiology	$17	$18	$19	$21	10.0%	20.2%
Surgery	$174	$142	$185	$182	6.1%	28.5%
Other	$53	$47	$55	$54	3.7%	15.9%
Professional	**$345**	**$338**	**$387**	**$396**	**12.3%**	**17.0%**
Evaluation & Management	$80	$78	$84	$95	4.4%	22.9%
Lab/Pathology	$23	$27	$26	$26	12.5%	-4.1%
Mental Health	$38	$33	$46	$39	19.6%	15.7%
Radiology	$26	$26	$28	$30	5.9%	17.3%
Surgery	$47	$51	$56	$61	18.6%	20.4%
Other	$125	$118	$140	$136	12.5%	14.9%
Ancillary	**$26**	**$28**	**$31**	**$35**	**16.7%**	**27.6%**
Total	**$811**	**$792**	**$911**	**$998**	**12.3%**	**26.1%**

FlyteHealth Program Evaluation

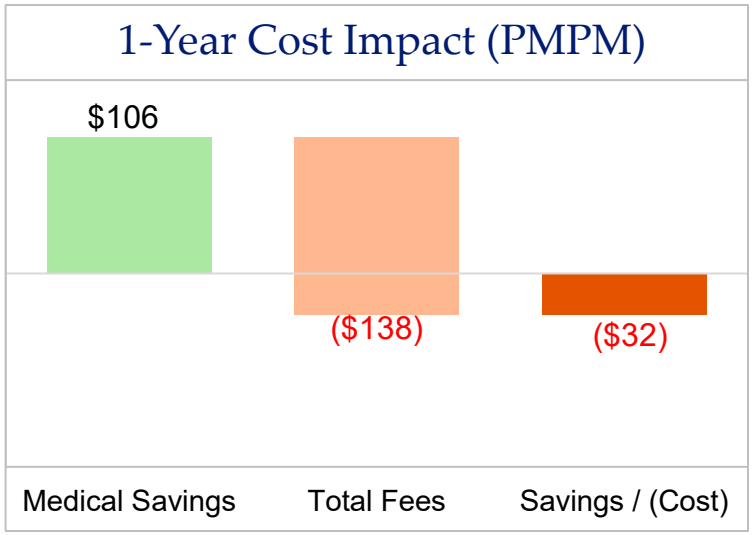
Medical Claims Detail – Utilization

Utilization per 1,000 Members	Baseline Period		Measurement Period		% Change	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
Inpatient	**41.5**	**65.6**	**59.0**	**98.6**	**42.2%**	**50.3%**
Surgery	14.7	15.6	18.5	30.4	25.6%	94.4%
Mental Health	6.7	23.7	16.7	27.7	150.0%	17.2%
Other	20.1	26.3	23.8	40.5	18.4%	53.8%
Outpatient	**2,910.4**	**2,810.8**	**2,873.6**	**3,097.8**	**-1.3%**	**10.2%**
Emergency Room	341.8	415.8	378.2	494.9	10.7%	19.0%
Urgent Care	500.2	506.0	439.0	435.9	-12.2%	-13.8%
Cardiovascular	89.2	107.6	92.0	127.7	3.1%	18.6%
GI Services	33.9	22.3	39.2	30.8	15.6%	38.0%
Lab/Pathology	767.5	803.4	736.7	811.5	-4.0%	1.0%
Mental Health	154.4	88.9	125.5	150.2	-18.7%	69.0%
Radiology	392.3	399.7	428.9	462.8	9.3%	15.8%
Surgery	354.3	325.6	386.6	392.3	9.1%	20.5%
Other	613.1	532.3	586.5	653.5	-4.3%	22.8%
Professional	**23,934.4**	**22,480.3**	**25,186.3**	**25,452.7**	**5.2%**	**13.2%**
Evaluation & Management	7,844.1	7,445.4	7,534.6	8,638.5	-3.9%	16.0%
Lab/Pathology	4,119.7	4,119.2	4,367.7	4,268.2	6.0%	3.6%
Mental Health	3,658.8	3,259.6	4,218.8	3,760.9	15.3%	15.4%
Radiology	1,650.2	1,733.2	1,744.2	1,967.9	5.7%	13.5%
Surgery	1,025.5	945.0	1,070.5	1,099.1	4.4%	16.3%
Other	9,950.8	9,132.5	10,815.9	10,476.0	8.7%	14.7%
Ancillary	**1,286.1**	**1,165.6**	**1,604.6**	**1,496.7**	**24.8%**	**28.4%**

Return on Investment

FlyteHealth Program Evaluation

Return On Investment



$$Year\ 1\ \text{ROI} = \frac{\$106}{\$138} = 0.77$$

Risk Group	Member Count	Monthly Savings/(Cost) Estimate	
		Gross	Net
Comorbid Diabetes	661	$89	($49)
Overweight	639	$72	($66)
Obese	2,359	$89	($49)
Morbidly Obese	883	$313	$175
Unknown	438	($148)	($286)
Total	**4,980**	**$106**	**($32)**

Observations

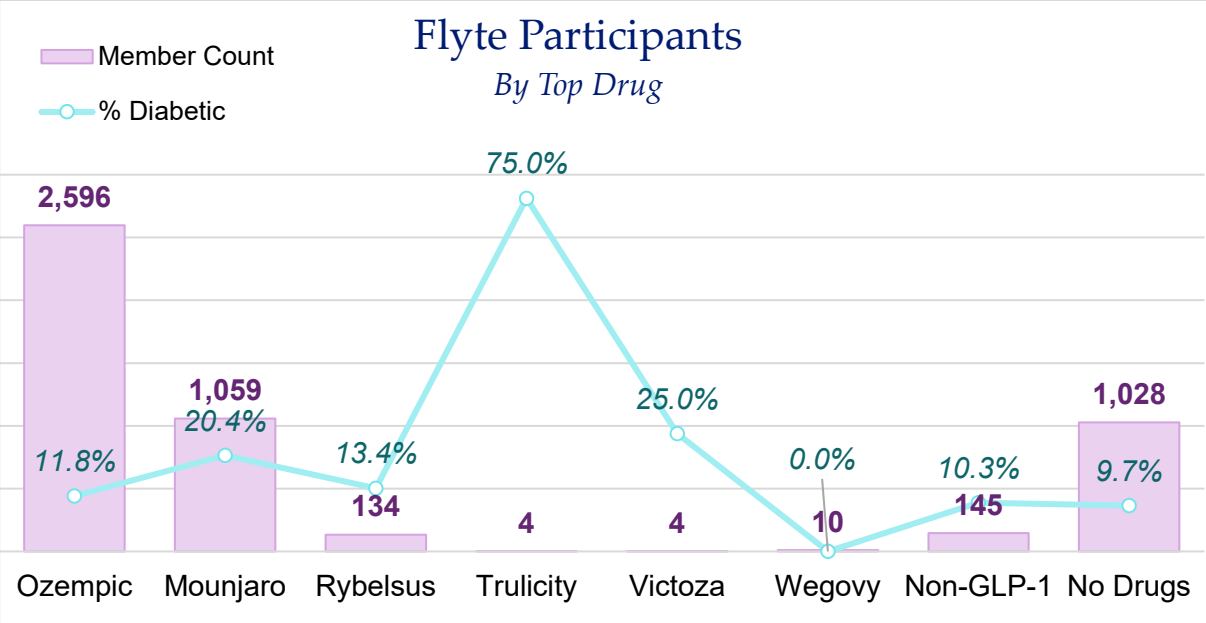
- Based on the savings derived from cohort #3 (see pg. 23) and the population distribution of the full cohort #1 (see pg. 11), it is estimated that the Flyte program saved approximately $106 per participant per month in the first year of the program. Fees associated with the program are estimated at $138 per participant per month, resulting in a net cost of the program of $32 per participant per month in the first year.
  - The return on investment (ROI) of the program is estimated at 0.77, meaning for every dollar invested the State saved $0.77 in the first year.
- Savings/(cost) varies significantly depending on underlying disease burden. Participants without diagnosed diabetes and/or obesity are estimated to cost $286 per month whereas participants diagnosed as morbidly obese had a net savings of $175 per month.
- Pharmacy savings are not included in the return on investment figures above. Although we are showing significant savings on the pharmacy side (see pg. 29), it's mainly due to prescribing anti-diabetic GLP-1s (e.g., Ozempic) with lower costs and higher rebates compared to the anti-obesity versions (e.g., Wegovy). This is possible because Flyte providers get a PA bypass to prescribe diabetic medications when members don't have diagnosed diabetes. Thus, we are not attributing this savings solely to the Flyte program.

Supplemental Analysis

- ***Pharmacy Impact***
- ***Cost Drivers***
  - *Surgeries*
  - *Emergency Room*
  - *Outpatient GI services*
  - *Professional Labs*
  - *Mental Health*
- ***Comorbid Conditions***
  - *Diabetes*
  - *Hypertension*
  - *Heart Disease*

FlyteHealth Program Evaluation

Pharmacy Impact



Top Drug	Average Cost per 30 Days Supply	Total Cost in Year 1	Estimated Cost if Wegovy Prescribed	Estimated Cost Avoidance
Ozempic	$346	$9,490,400	$26,003,900	$16,513,500
Mounjaro	$368	$4,339,300	$10,538,100	$6,198,800
Rybelsus	$335	$440,900	$1,231,400	$790,500
Trulicity	$344	$11,300	$17,000	$5,700
Victoza	$390	$10,700	$23,700	$13,000
Wegovy	$612	$49,900	$49,900	$0
Non-GLP-1 AOM	$150	$95,200	$596,100	$500,900
No Drugs	n/a	$0	$5,722,200	$5,722,200
Total		**$14,437,700**	**$44,182,300**	**$29,744,600**

Observations

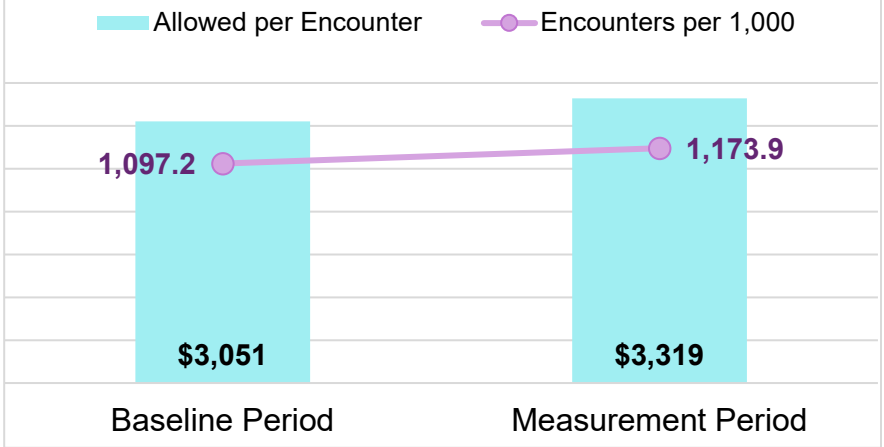
- Of the 4,980 members included in the evaluation with 6 months pre- and 12 months post-program enrollment, 3,797 (76%) used anti-diabetic GLP-1s as their primary pharmacotherapy, 145 (3%) used non-GLP-1 anti-obesity medications, 10 (0.2%) used anti-obesity GLP-1s, and 1,028 (21%) didn't use either GLP-1s or non-GLP-1 anti-obesity medications. Of the 3,797 members on anti-diabetic GLP-1s, only 544 (14%) have medically diagnosed type 2 diabetes.
- In the first year with Flyte, the SoCT spent $14,437,700 on either GLP-1s or non-GLP-1 anti-obesity medications.
  - If the participants without diabetes but on an anti-diabetic GLP-1 had instead been prescribed Wegovy, it's estimated to cost the SoCT an additional $23,744,600.
  - If the 145 participants on non-GLP-1 anti-obesity medications had instead been prescribed Wegovy, it's estimated to cost the SoCT an additional $500,900.
  - If the 1,028 participants who were treated through Flyte without GLP-1 medications or other non-GLP-1 anti-obesity medications taken Wegovy, their total annual costs are estimated to be $5.7 million, assuming an average therapy duration of six months.
- Overall cost avoidance is estimated at $29,744,600, which is mainly driven by the difference in the cost of Wegovy ($1,028 per 30 days supply) compared to Ozempic ($346 per 30 days supply).

FlyteHealth Program Evaluation

Cost Drivers – Surgeries

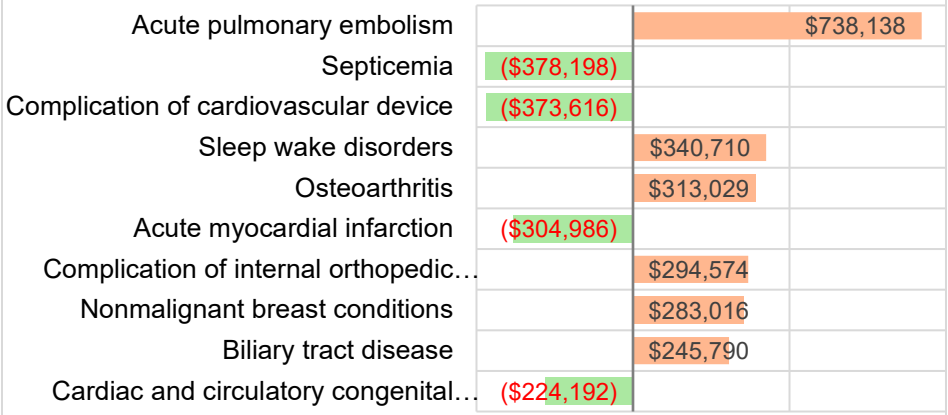
GLP-1 Users

Pre- and Post- Flyte Enrollment



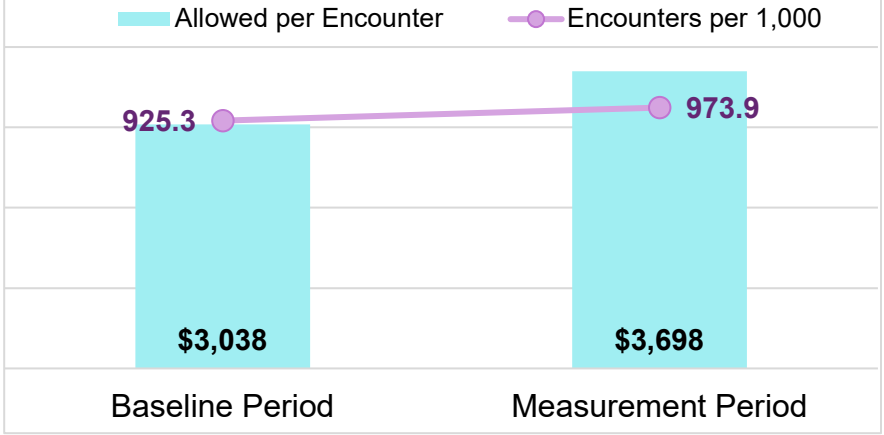
GLP-1 Users

Surgery Cost Drivers



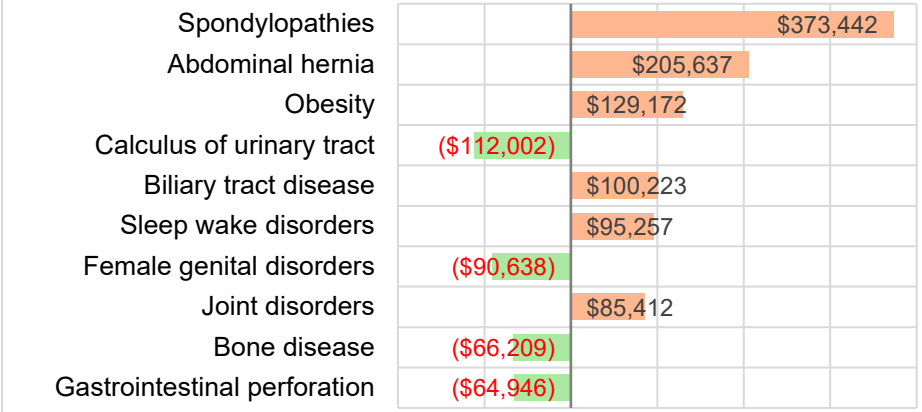
Non-GLP-1 Users

Pre- and Post- Flyte Enrollment



Non-GLP-1 Users

Surgery Cost Drivers



Observations

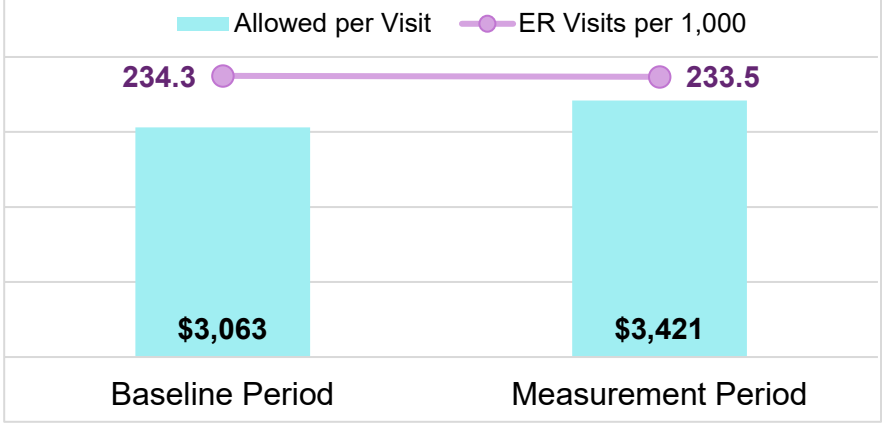
- Overall cost for surgeries increased 16% in the 1st year with Flyte compared to the year prior for participants on GLP-1 medications versus a 28% increase for participants not on GLP-1 medications.
  - Over 1/3rd of the increase for participants on GLP-1 medications was due to one member with acute pulmonary embolism.
  - For participants not taking GLP-1s, over 40% of the increase in costs for surgeries was due to spondylopathies (spinal disorders).
- Participants on GLP-1s had a slightly larger increase in surgery utilization with a 7% increase versus a 5% increase for participants not on GLP-1s.
  - The increase in utilization was driven by osteoarthritis (e.g., knee replacement surgery).

FlyteHealth Program Evaluation

Cost Drivers – Emergency Room

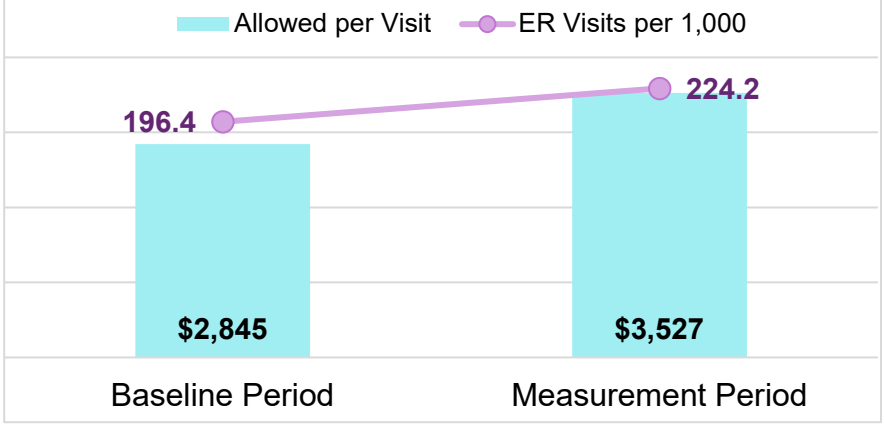
GLP-1 Users

Pre- and Post- Flyte Enrollment



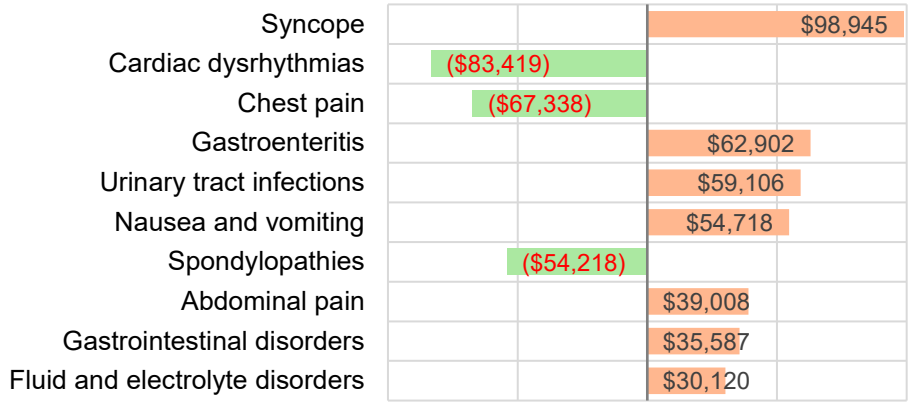
Non-GLP-1 Users

Pre- and Post- Flyte Enrollment



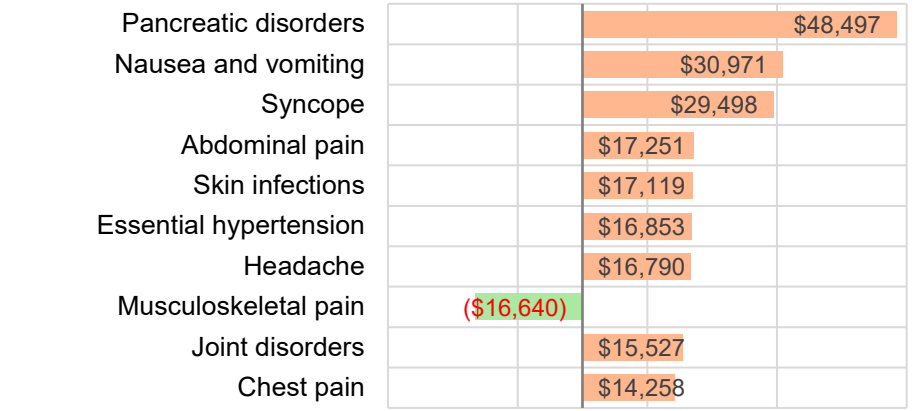
GLP-1 Users

Emergency Room Cost Drivers



Non-GLP-1 Users

Emergency Room Cost Drivers



Observations

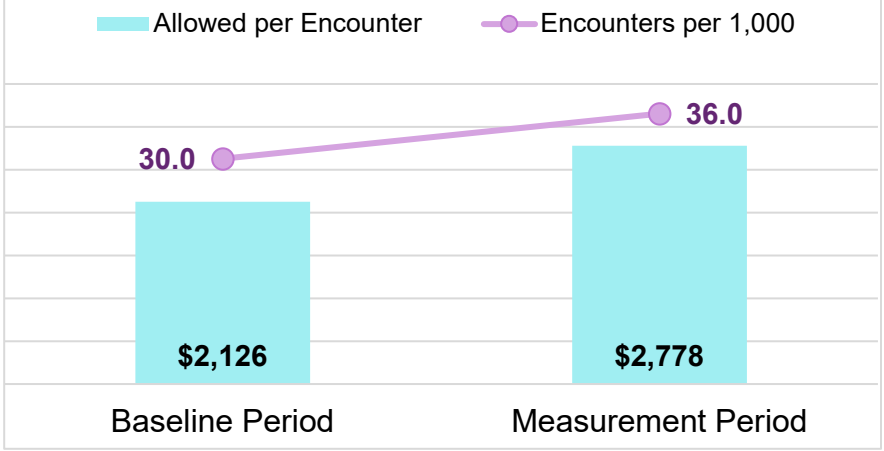
- Another area driving costs for Flyte participants is the emergency room, where costs increased 11% for participants on GLP-1s and increased 42% for participants not on GLP-1s.
- The majority of conditions driving costs for participants taking GLP-1s appear to be related to drug side effects, including syncope, gastroenteritis, nausea and vomiting, abdominal pain, gastrointestinal disorders, and fluid and electrolyte disorders.
- It is concerning to see significant cost increases in the emergency room for Flyte participants who are not on GLP-1 medications. There appears to be opportunity to better manage side effects inherent from lifestyle modifications brought on by the program.

FlyteHealth Program Evaluation

Cost Drivers – Outpatient GI Services

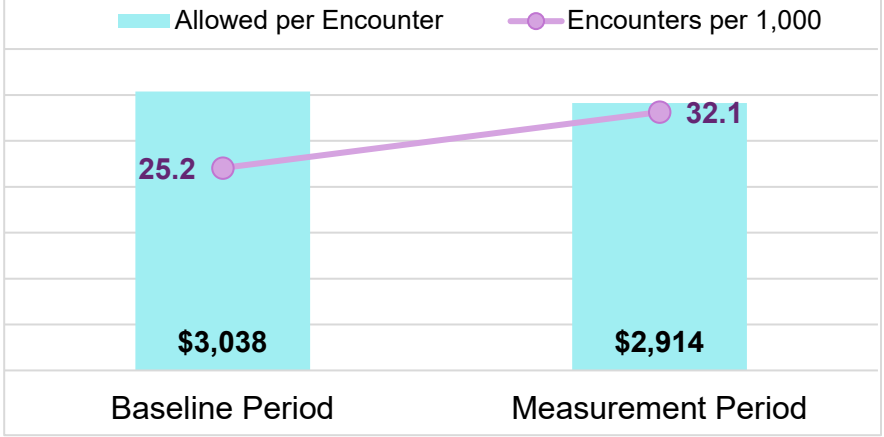
GLP-1 Users

Pre- and Post- Flyte Enrollment



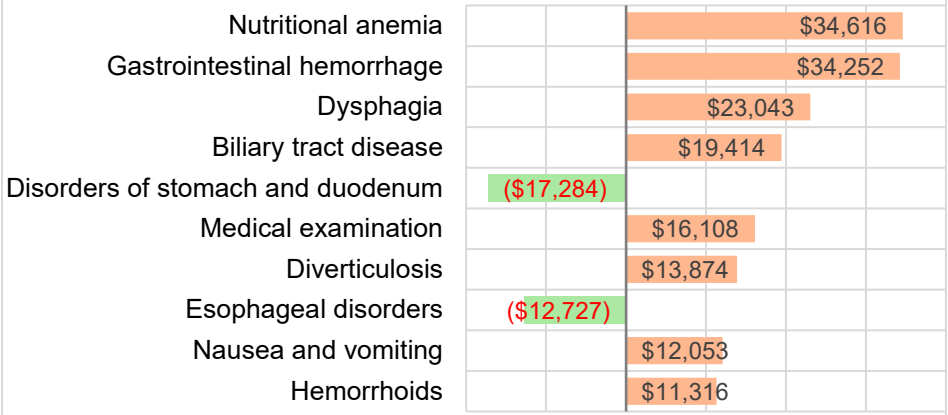
Non-GLP-1 Users

Pre- and Post- Flyte Enrollment



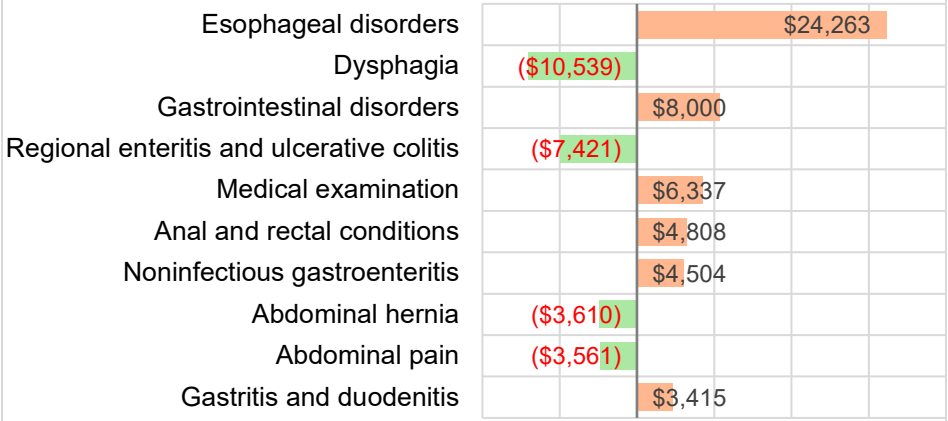
GLP-1 Users

Outpatient GI Cost Drivers



Non-GLP-1 Users

Outpatient GI Cost Drivers



Observations

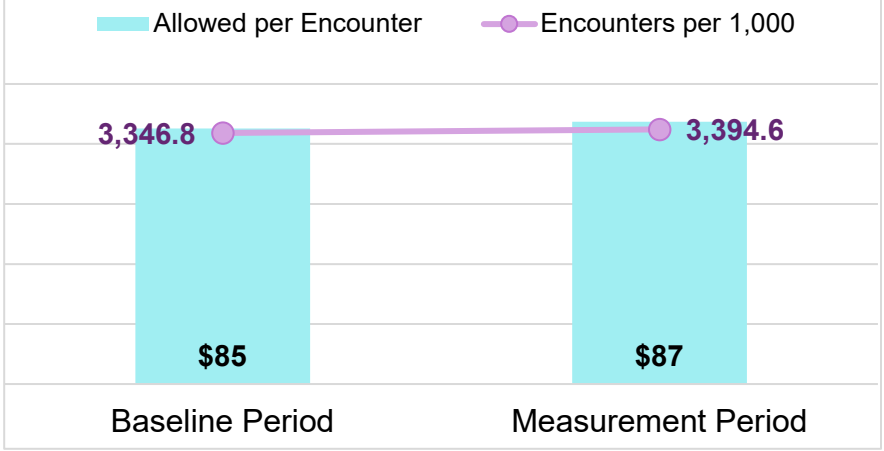
- Increases in gastrointestinal (GI) services are expected following engagement in a weight management program, especially when GLP-1s are utilized.
  - Costs for these services increased 57% for participants on GLP-1 medications versus 22% for participants not on GLP-1s.
- The main cost driver for participants on GLP-1s was nutritional anemia, which is caused by deficiency of one or more nutrients needed to make healthy red blood cells.
- The majority of the GI services driving costs are colonoscopies and associated biopsies.

FlyteHealth Program Evaluation

Cost Drivers – Professional Labs

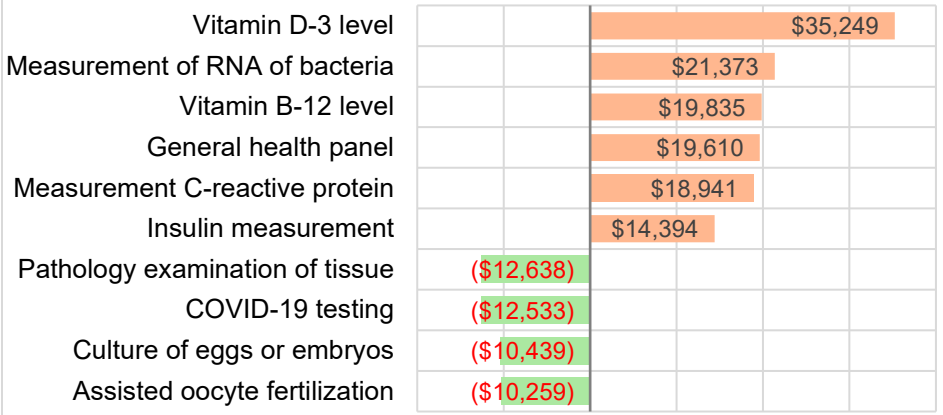
GLP-1 Users

Pre- and Post- Flyte Enrollment



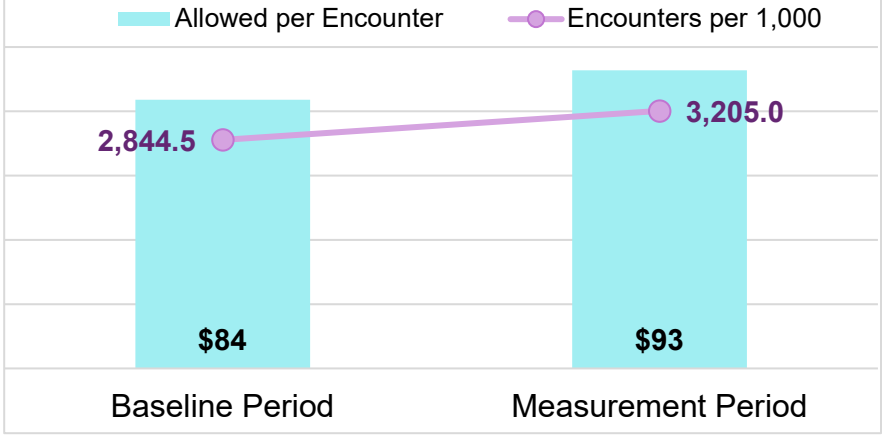
GLP-1 Users

Professional Lab Cost Drivers



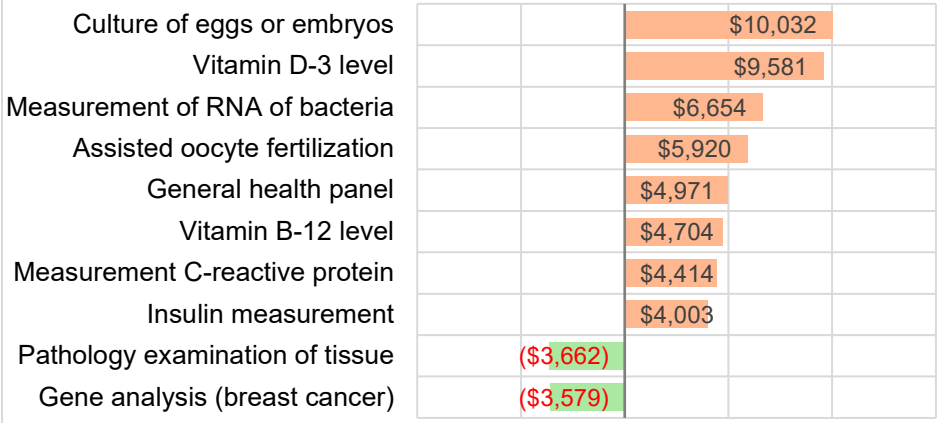
Non-GLP-1 Users

Pre- and Post- Flyte Enrollment



Non-GLP-1 Users

Professional Lab Cost Drivers



Observations

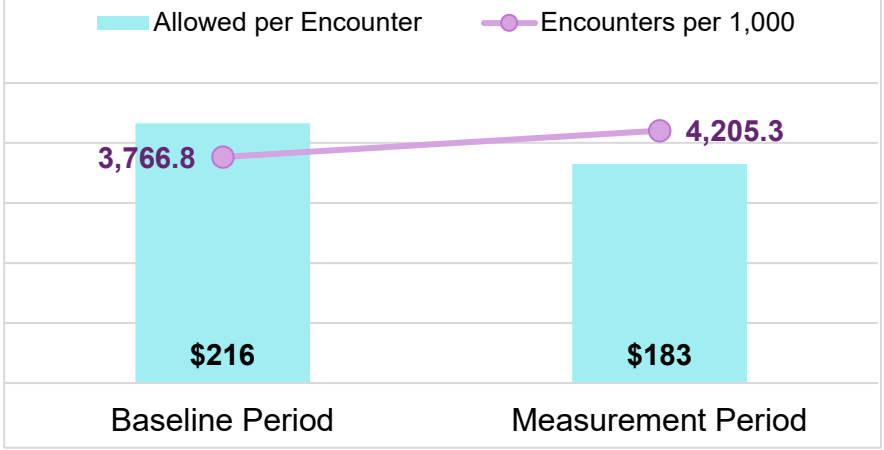
- Unlike the previous exhibits that focus on the conditions driving costs, here we have summarized the procedures driving costs in the professional lab category.
- Costs for professional labs increased by 4% for participants on GLP-1 medications and 25% for participants not on GLP-1s.
- It is expected for vitamin levels and other biometrics to be monitored as members adjust their diets to achieve weight-loss. Thus, these trends are not typically concerning. However, if they are driven by members not adjusting their diets appropriately resulting in health issues and subsequent diagnostic testing then these trends can be concerning.

FlyteHealth Program Evaluation

Cost Drivers – Mental Health

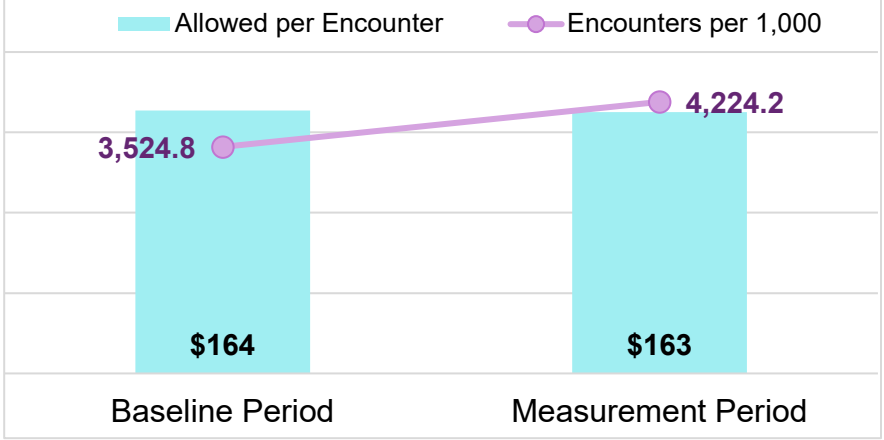
GLP-1 Users

Pre- and Post- Flyte Enrollment



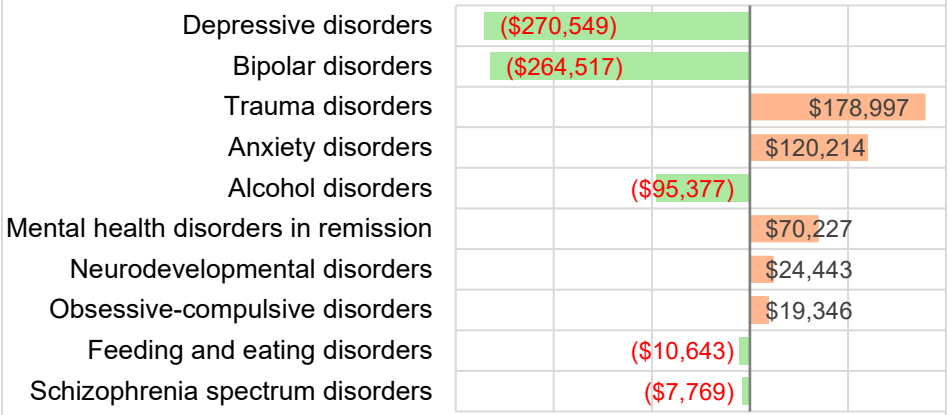
Non-GLP-1 Users

Pre- and Post- Flyte Enrollment



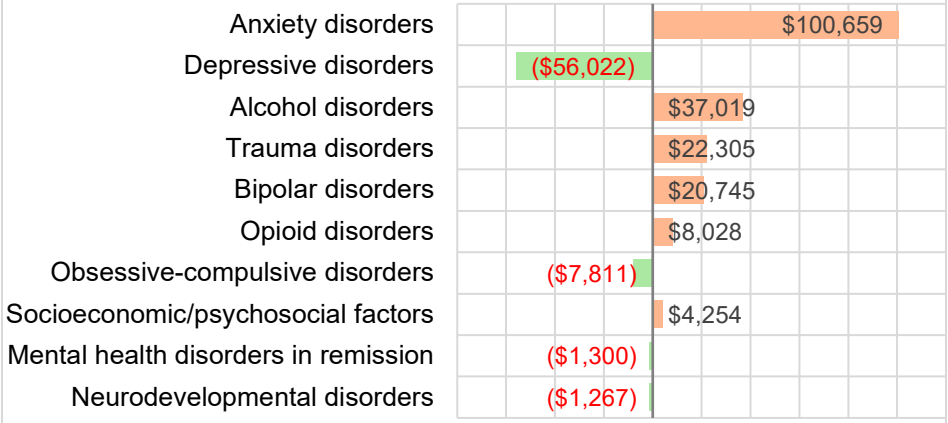
GLP-1 Users

Mental Health Cost Drivers



Non-GLP-1 Users

Mental Health Cost Drivers



Observations

- Mental health disorders have also been a cost driver for FlyteHealth participants. For participants on GLP-1s, costs decreased 6% but increased 19% for participants not on GLP-1s.
- Sustainable, health-focused weight-loss is often associated with improvements in mood, anxiety, self-esteem, and quality of life, all of which should improve both mental health disorders and substance use disorders.
- There have been improvements in depressive disorders for Flyte participants. However, there have also been large increases in costs for anxiety disorders.
- GLP-1 use appears to be having a positive effect on alcohol disorders. However, there haven't been improvements for Flyte participants not on GLP-1s.

FlyteHealth Program Evaluation

Comorbid Conditions

Comorbidity	Member Count	% Using GLP-1s	$ Change in Monthly Medical Costs in 1st Year			% Change in Medical Costs in 1st Year		
			GLP-1 Users	Non-Users	All	GLP-1 Users	Non-Users	All
Non overweight/obese	270	55.2%	$67	$87	$76	17.4%	17.2%	17.3%
No comorbidities	1,885	74.3%	$78	$139	$94	13.2%	25.3%	16.1%
Diabetes	186	74.2%	$89	$407	$171	10.0%	82.3%	21.6%
Hypertension	1,474	79.4%	$36	$33	$35	4.4%	4.8%	4.5%
Diabetes + Hypertension	318	83.3%	$162	$273	$181	18.0%	24.0%	19.2%
Hypertension + Heart Disease	649	81.5%	$148	$23	$125	9.7%	1.9%	8.6%
Diabetes + Hypertension + Heart Disease	198	89.9%	$12	$1,319	$143	0.8%	84.7%	10.1%
Total	**4,980**	**76.9%**	**$77**	**$131**	**$89**	**9.0%**	**18.9%**	**10.9%**

Observations

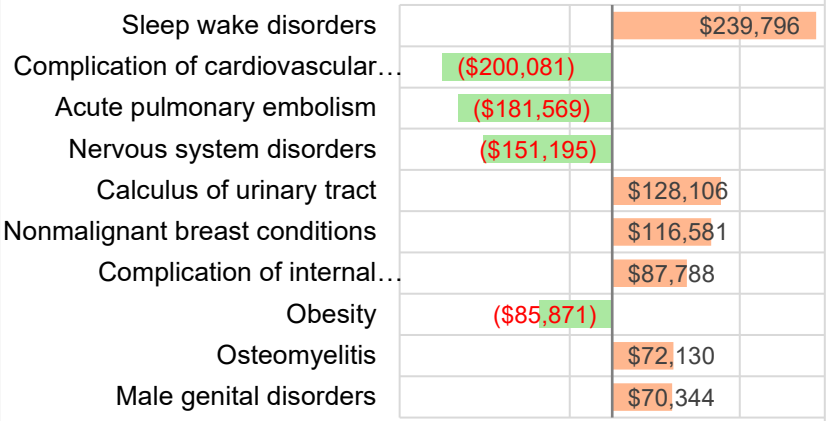
- The above table shows the change in costs in the 1st year in the Flyte program compared to the year prior to enrollment by comorbid condition.
  - Note that costs shown here will not match previous exhibits in the cohort analyses as the costs here are not capped, whereas in the cohort analyses medical costs were capped at $150,000 per individual for comparison purposes.
- All comorbidity groups experienced an increase in medical costs in the first year with Flyte, with participants on GLP-1s faring better than participants not on the drugs.
  - The smallest increase was experienced by participants with diabetes, hypertension, and heart disease who are also on GLP-1 medications. Other cohorts with favorable experience include participants with hypertension only and participants with hypertension & heart disease.

FlyteHealth Program Evaluation

Comorbid Conditions

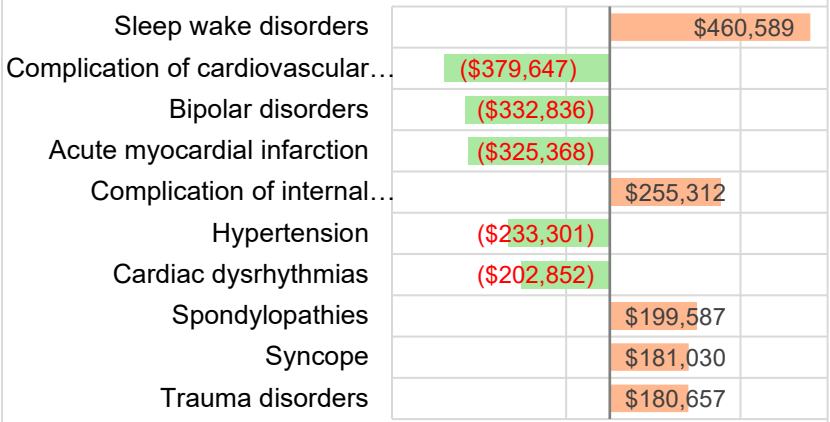
GLP-1 Users w/ Diabetes

Cost Drivers



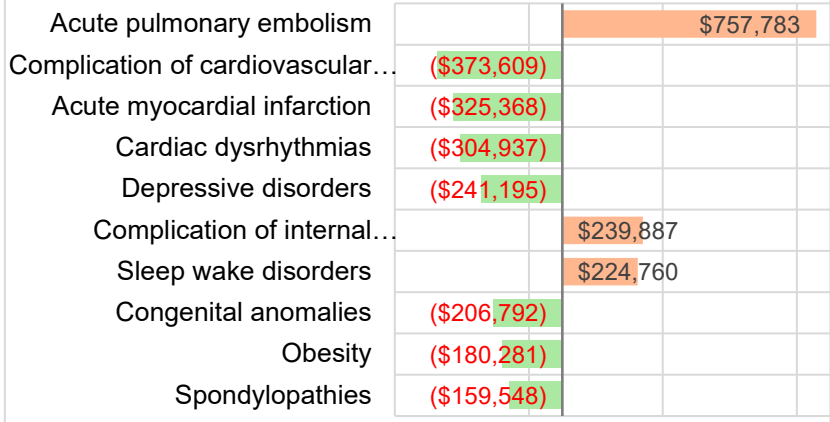
GLP-1 Users w/ Hypertension

Cost Drivers



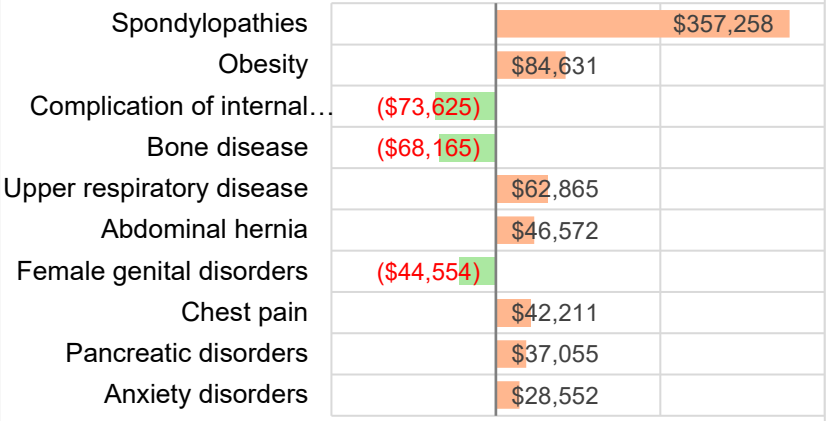
GLP-1 Users w/ Heart Disease

Cost Drivers



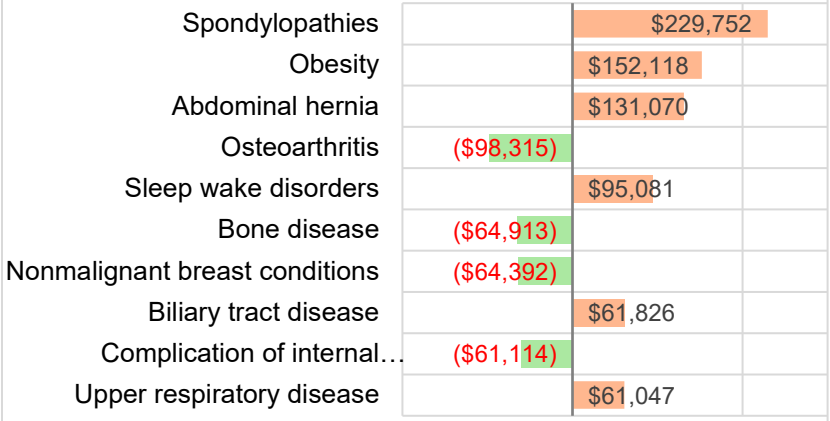
Non-GLP-1 Users w/ Diabetes

Cost Drivers



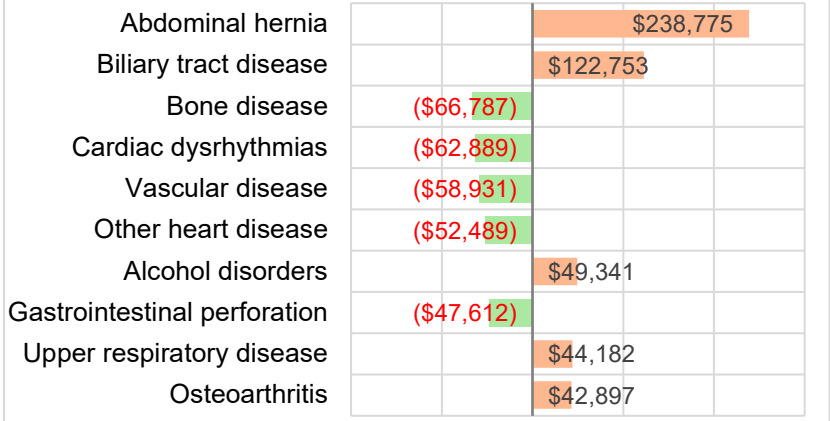
Non-GLP-1 Users w/ Hypertension

Cost Drivers



Non-GLP-1 Users w/ Heart Disease

Cost Drivers



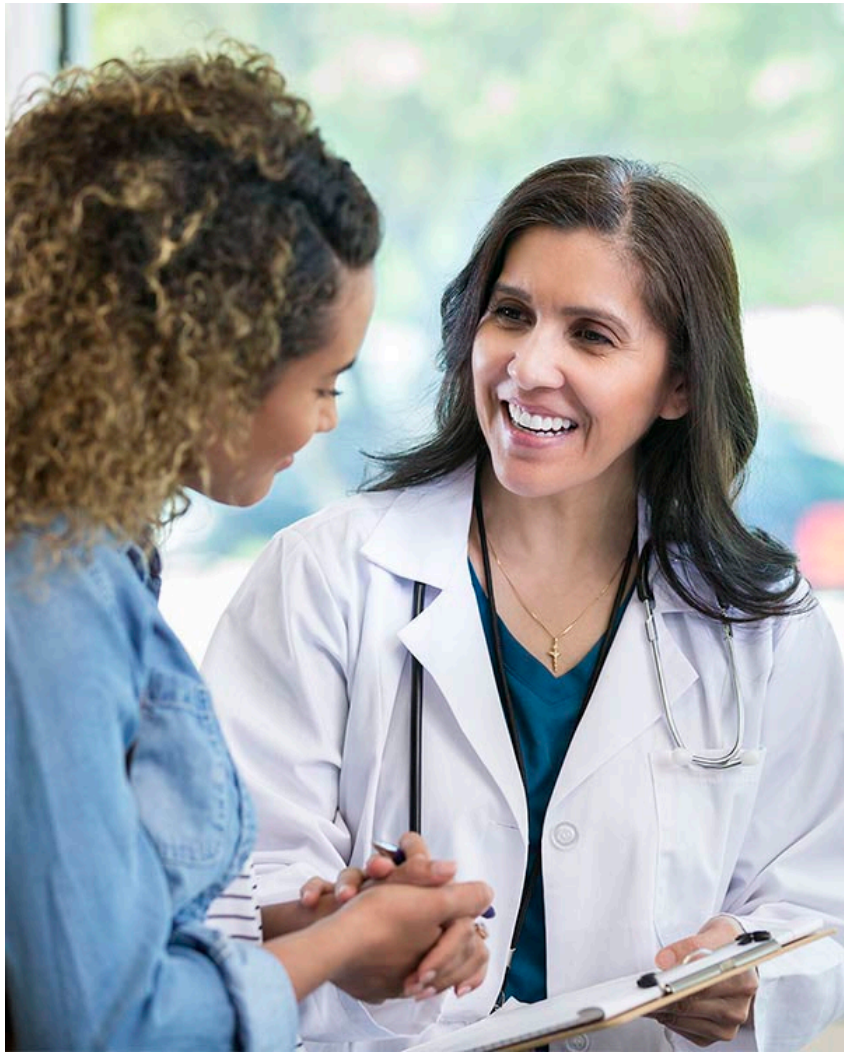
Appendix
Exclusions

Medical Exclusions
Cancer
Cerebral Palsy
Congenital Anomalies
Contraceptive and Procreative Management
COVID-19
Cystic Fibrosis
HIV/AIDS
Injuries
Multiple Sclerosis
Prenatal, Pregnancy, and Birth
Sickle Cell Disease
Transplants

Prescription Drug Exclusions
Cancer
Cystic Fibrosis
Fertility
Fibromyalgia
Gaucher Disease
Hemophilia
Hormone Therapy
HIV/AIDS
Lung Disease
Multiple Sclerosis
Parkinsons Disease
Prenatal, Pregnancy, and Birth
Rare Disorders
Transplants

Appendix
A Word About Privacy

- Data presented has been “de-identified”, which means it does not contain names or SSNs, etc.
- Specific medical conditions are identified.
- If the plan administrator knows the identity of individuals with a specific condition, that information is considered PHI.
- PHI is subject to the HIPAA Privacy Rule’s protections, which means it must be kept confidential and cannot be used for any reason other than health plan administration (e.g., using it for employment purposes, or by other benefit plans, is prohibited).



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