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## Springfield Public Schools

# SPS 2026 GLP-1 Weight Loss Medication Coverage Update

## Frequently Asked Questions

**What's changing in GLP-1 coverage?** Starting January 1, 2026, GLP-1 medications primarily prescribed for weight loss—such as Wegovy and Zepbound—will no longer be covered under the SPS health plan. We understand this may be a significant change for some members and the decision was not taken lightly.

## Why is this change happening?

Due to rising demand and high monthly costs (often exceeding \$1,000 per person), many health plans—including SPS—are reevaluating coverage for GLP-1 weight loss drugs. The financial strain has become unsustainable.

- In 2024, SPS paid \$1.75 million for these medications.
- By June 2025, costs rose to \$2 million, with projections nearing \$4 million by year-end—a 128.5% increase.

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- Utilization grew from 400 members to over 475 by July.

Continuing coverage would require substantial premium increases, which the plan aims to avoid.

The district broker, Lockton, recommends the District implement an alternate strategy surrounding Anti-Obesity medications (AOM's).

### **What's the new strategy?**

To minimize disruption, SPS will exclude GLP-1 weight loss drugs from the prescription formulary but offer reimbursement of up to \$2,400 annually.

- 1) **Manufacturer savings:** Manufacturer programs may offer discounted access.
  - a) Zepbound: Self pay options available  
([www.zepbound.lilly.com/coverage-savings](http://www.zepbound.lilly.com/coverage-savings))
  - b) Wegovy: Self-pay options available  
([www.wegovy.com/coverage-and-savings/save-on-wegovy.html](http://www.wegovy.com/coverage-and-savings/save-on-wegovy.html))

Pay for your prescription upfront. Submit your receipt for the cost of medication to Point C (formerly MedPay) and you will be reimbursed to your bank account through automatic deposit \$200/month or \$600/qtr. Point C (formerly MedPay) will use a **Health Reimbursement Account (HRA) to process the reimbursement**.

### **What is an HRA and how does it work?**

An HRA (Health Reimbursement Arrangement) account is an employer-funded plan where the employer contributes money to an account that employees can use to pay for eligible expenses. The employer sets up the HRA and decides the annual dollar amount the account will be funded with.

### **How it Works**

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- **Employer Design:** The employer sets up the HRA and decides the annual dollar amount the account will be funded with. SPS is funding for GLP-1 Weight loss medication \$200 monthly/\$600 quarterly/\$2400 annually.
- **Employee Payments:** Employees use their own money to pay for eligible expenses. SPS is providing the HRA for GLP-1 Weight loss medication reimbursement only.
- **Reimbursement:** The employee provides proof of these expenses to the HRA administrator.
  - SPS is also partnering with [KORB Health](#) to provide an option for employees to not pay upfront or submit receipts. Korb Health will do this on your behalf if you choose this option.
- **Employer Reimbursement:** The employer then reimburses the employee from the HRA for those qualified costs, up to the set annual limit.

## Key Features

- **Employer-Funded:** Unlike FSAs or HSAs, employees cannot contribute to an HRA; all funds come from the employer.
- **Tax-Advantaged:** Employer contributions and reimbursements for eligible expenses are tax-free.
- **Flexibility:** Employers can tailor HRAs for different types of coverage, such as:
  - **Individual Coverage HRA (ICHRA):** Allows employees to purchase their own individual health insurance.
  - 
  - **Integrated HRA (GCHRA):** Works with a group health plan to cover expenses not paid by the plan, like deductibles or co-pays.
  - 
  - **Excepted Benefit HRA (EBHRA):** Provides limited benefits for dental, vision, or other costs alongside a primary group plan.
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- **Ownership:** The HRA is owned by the employer.

**Can employees use FSA/HSA funds and still be reimbursed through the HRA?**

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No, you cannot be reimbursed by an HRA for an expense you have already paid for with HSA or FSA funds, as this is considered "double-dipping".

However, you may be eligible for reimbursement for any portion of your payment in which you paid out of pocket (not using pre-tax dollars).

### **What are my options for continuing weight management?**

- **Talk to your doctor:** Explore alternative medications or strategies.
- **Look into discount programs:** Ask about alternative medications, lower-cost generics or manufacturer assistance.
- **Use other benefits:** Behavioral health counseling, weight management programs, and Health Saving Account (HSA) and Flexible Spending Account (FSA) funds can help cover costs.
- **Telehealth platforms:** [Forbes Health](#) - Listed are several of the most popular telehealth platforms for obtaining prescription weight loss medications online. Choose the best fit for your goals and lifestyle.

### **How will HRA reimbursements occur? Is this a paper process or can employees submit receipts electronically?**

Members may submit via paper, email, fax, mail, online portal, or mobile app. Detailed procedures will be available prior to the new plan year.

### **As far as reimbursements, can employees be reimbursed electronically via ACH, or would they have to wait for a check in the mail?**

Members may be reimbursed via check or direct deposit. Members may enter their direct deposit information in the Point C Wealthcare portal for this type of reimbursement, or it reverts to check automatically.

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### **Will there be further communication regarding GLP-1's for weight loss?**

Capital RX will be mailing notices to members currently utilizing these medications to inform them of the exclusion of these drugs on the SPS health Plan formulary. Detailed procedures will be communicated and posted on the SPS Benefits website on how to submit for reimbursement by mid to late October 2025.

### **Does this affect GLP-1s prescribed for diabetes?**

No. GLP-1s like Ozempic and Mounjaro, when prescribed for FDA-approved conditions such as Type 2 diabetes, will remain covered.

### **Is coverage for GLP-1s legally required?**

Currently, there are no federal mandates requiring group health plans to cover GLP-1s for any purpose. Coverage decisions are made by employers and insurers, though exclusions may be subject to legal scrutiny if deemed discriminatory.

### **What happens if I stop taking my GLP-1?**

Always consult your healthcare provider before discontinuing any medication. They can help you transition safely and explore alternatives.

### **Are there support groups available?**

Yes. Online and in-person support groups can help you manage the emotional and physical effects of stopping GLP-1 treatment.

### **Benefits include:**

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- Reduced isolation. A support group connects you with others who share similar experiences, which can help you feel less alone or judged.
- Improved coping strategies. Hearing from others who have gone through the same challenges can help you learn new strategies for managing cravings, appetite changes, and weight fluctuations.
- Empowerment and motivation. Participating in a group and making progress can boost your confidence and sense of control over your health.
- Access to expert-led advice. Groups led by professionals, such as therapists or registered dietitians, often provide practical, expert-led advice on diet and mental health strategies.

### **What are alternative weight management options?**

- **Other medications:** Ask your provider about FDA-approved alternatives.
- **Comprehensive programs:** Lifestyle coaching, dietitians, and behavioral counseling.
- **Bariatric surgery:** Discuss with your provider if appropriate.

### **How can I reduce prescription costs?**

- **Patient Assistance Programs (PAPs):** Offered by manufacturers based on income.
- **Discount cards:** Sites like GoodRx provide coupons.
- **Manufacturer savings:** See prior question

### **What if I'm on Medicare or Medicaid?**

Medicare does not cover weight-loss drugs but will cover GLP-1s for approved conditions like diabetes. Medicaid coverage varies by state. Recent federal policy prohibits Medicare and Medicaid from covering anti-obesity drugs.

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