# Benefits Insights

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## The Medicare GLP-1 Bridge and Health Plans

Medicare's glucagon-like peptide-1 (GLP-1) short-term pilot program launched July 1, 2026, giving eligible Part D beneficiaries access to certain GLP-1 medications for $50 a month through Dec. 31, 2027. While the Medicare GLP-1 Bridge (Bridge) is federally run and requires nothing from employers, there are still implications. The Bridge is already generating employee questions, shifting benefit expectations and raising strategic decisions that every employer with a Medicare-eligible workforce will need to navigate in the months ahead.

This article explains the Bridge and how it interacts with employer-sponsored health plans.

### What Employees Are Already Asking

Medicare-eligible employees, including retirees and COBRA participants, are likely to hear about the Bridge. Employees may ask whether they can get their GLP-1 medication through this program. The answer depends heavily on their individual situation, and giving the wrong one could create confusion or unintended consequences.

As such, benefits teams should understand these key points before those conversations begin:

- **Prior Medicare Part D GLP-1 use is disqualifying.** Employees already receiving GLP-1s through a Part D drug plan, including employer group plans with Part D coverage, are not eligible. This is one of the most common misconceptions among employees.
- **The Bridge does not coordinate with the group plan.** It is not a copay supplement, a secondary payer or an add-on benefit. It operates in complete isolation from employer-sponsored coverage. Employees cannot use both simultaneously for the same drug.
- **Part D enrollment is required.** Many Medicare-eligible employees are not enrolled in Part D because their employer drug plan pays primary under Medicare Secondary Payer rules. Those employees cannot access the Bridge until they have qualifying Part D coverage.

### How the Bridge Interacts With Employer Plans

Whether the Bridge affects an organization comes down to one factor: whether the employer's plan currently covers GLP-1s for weight loss. It's a decision most employers have already confronted. That plan design determines whether the Bridge represents a communications obligation, a benefit access opportunity, or both:

1. **The current plan covers GLP-1s for weight loss**. Expect questions, even though the Bridge changes very little for an organization. Most Medicare-eligible employees will lean on their current provider for managing their weight loss programs, so there isn't much incentive to pursue the Bridge. In general, expect the demand for GLP-1 access to continue. According to the International Foundation of Employee Benefit Plans, 36% of employers now offer coverage for both diabetes and weight loss programs. Tracking these trends and continuing to support the workforce through the current benefits package are the keys to staying on course amid the constant flow of GLP-1 changes.

2. **The current plan does not cover GLP-1s for weight loss**. The Bridge is a meaningful new access point for Medicare-eligible employees who also carry standalone Part D coverage and meet the clinical criteria. Proactively sharing this information is a low-cost, high-value action that adds employee benefits without touching plan design or budget.

## Key Employer Considerations

Beyond fielding employee questions, employers may want to consider the following areas as they assess the potential implications of the Bridge:

- **Creditable coverage notices**—Employers are required to notify Medicare-eligible employees annually whether their drug plan provides creditable coverage. With the Bridge drawing new attention to Part D enrollment decisions, these notices matter more than ever. Employees who do not understand their Part D status cannot make informed decisions about whether the Bridge is even accessible to them. Employers should review their notice process and ensure it is timely and clearly written.

- **Behavioral support**—GLP-1 access is only part of the equation. Regardless of whether employees obtain these medications through the group plan or the Bridge, employers have a direct interest in supporting long-term health outcomes. Employers can assess whether their existing wellness, nutrition and behavioral health programs are structured to complement GLP-1 use and reinforce sustainable results across the workforce.

- **Compliant communications**—When communicating about the Bridge, the focus should be on providing factual, neutral information that helps employees understand their options and directs them to the right resources. Medicare-eligible employees can access program details via Medicare.gov. Any employee-facing materials should be reviewed and consistent with the employer's broader benefits communications.

- **2028 benefits planning**—The Bridge is a temporary program with a firm end date of Dec. 31, 2027. Its intended successor, the BALANCE Model, has been delayed indefinitely. There is no confirmed path to permanent Medicare coverage for GLP-1s approved for weight loss after 2027. Employers should begin evaluating their GLP-1 coverage position and understanding their Medicare-eligible population now, so that benefit decisions for 2028 are deliberate instead of reactive.

## Conclusion

The Bridge is a federal program, not an employer benefit, but its implications extend into every organization that employs Medicare-eligible workers. Employers who treat the Bridge as an opportunity to demonstrate informed benefits leadership rather than a procedural obligation will be better positioned to support their workforce, communicate with confidence and navigate the uncertainty that follows the program's expiration at the end of 2027.

Contact us for more information.