



OUTCOMES & IMPACT

How leaders responsible for cost, outcomes, and member experience are reducing women's health spend

\$3,429

total cost of care savings per member in six months

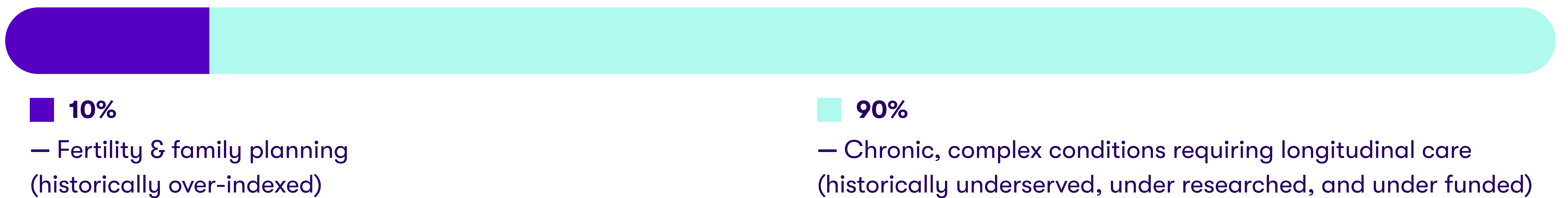
For leaders accountable for healthcare cost, outcomes, and member experience, women's health remains one of the most persistent and misunderstood drivers of medical spend.

This analysis shows what changes when fragmented care is replaced with coordinated, longitudinal care for women with complex conditions.



Why women's health costs remain high

The healthcare system has historically prioritized fertility and family planning, despite these categories representing only about 10% of women's total health needs. The remaining 90% consists of chronic, complex conditions that are best managed through a whole-person, longitudinal framework rather than episodic, symptom-based care.¹



THE RESULT OF FRAGMENTED CARE

Women with gynecologic, hormonal, metabolic, and weight-related conditions often move through a fragmented healthcare ecosystem, presenting with overlapping symptoms, multiple comorbidities, and no single clinician accountable for the full picture. As a result:

1 Disconnected care across the healthcare ecosystem

Care is fragmented across multiple specialists, and costly sites of service, with no clinician coordinating the full patient journey.

2 Higher specialist referrals and rising spend

Patients are referred across multiple specialists and settings, increasing utilization, duplicative workups, and total cost of care.

3 Premature surgery

Surgical intervention is often introduced before evidence-based conservative medical management is fully tried.

VISANA MEMBER DATA

Additionally, Visana Insights Exchange analysis indicates that women come to Visana with **5-6 comorbidities** on average, and over **50% lack an established OB-GYN or primary care** provider at time of enrollment.

For benefit decision-makers responsible for cost stewardship, this creates a compounding risk: **rising spend without a clear owner of outcomes.**

5-6

comorbidities on average per Visana member (source: Visana Insights Exchange)

50%+

lack an established OB-GYN or primary care provider at time of enrollment

¹ McKinsey & Company. Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies. January 2024.

| What changes with a comprehensive, longitudinal care model for women

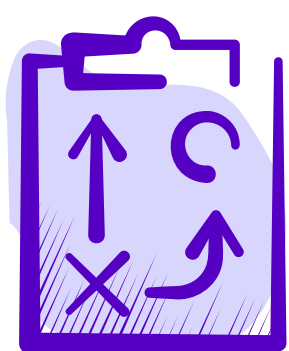


Visana operates as a medical home for women, not a point solution.

By gathering a full clinical history, identifying underlying causes, and creating a focused treatment plan, Visana clinicians move beyond symptom-by-symptom treatment toward whole-person care for women who often have overlapping or multifactorial needs.

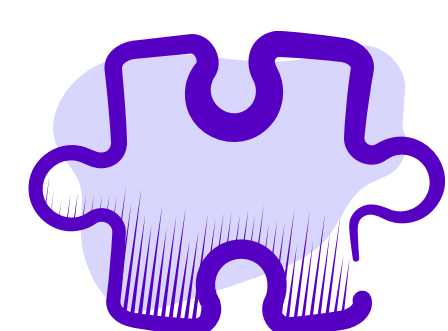
Care is comprehensive, minimizing specialist referrals and avoiding escalations to unnecessary procedures. Care is coordinated across providers and sites of services across all life stages. When care is coordinated, patients are less likely to experience fragmented pathways that lead to repeat testing, unnecessary specialty visits, or reliance on high-cost sites of service ultimately lowering avoidable downstream spend.

Visana expands the model beyond point solutions for reproductive or menopause care through:



Lifelong Care

Continuous medical support that evolves with patients across every stage of life.



Integrated Management

Coordinated treatment of hormonal, metabolic, and gynecologic conditions as connected systems.



Evidence-First Treatment

Conservative, research-backed medical management before considering surgical intervention.



Accountable Clinical Teams

One unified team responsible for outcomes, coordination, and thoughtful resource use.

For payers, this means fewer downstream surprises and more predictable cost control.

The outcome that matters

Lower total cost of care while improving access and experience

For employers managing healthcare trend, consultants validating ROI, TPAs administering self-funded plans, and health plans accountable for population performance, this result matters because savings were driven by structural changes in care delivery, not utilization denial.

GROSS SAVINGS

\$3,429

per member in six months

THE SOURCE OF SAVINGS

01

Lower high-cost facility utilization

Through earlier, coordinated care

02

Fewer specialist-driven encounters

Through longitudinal, comprehensive management of complex needs

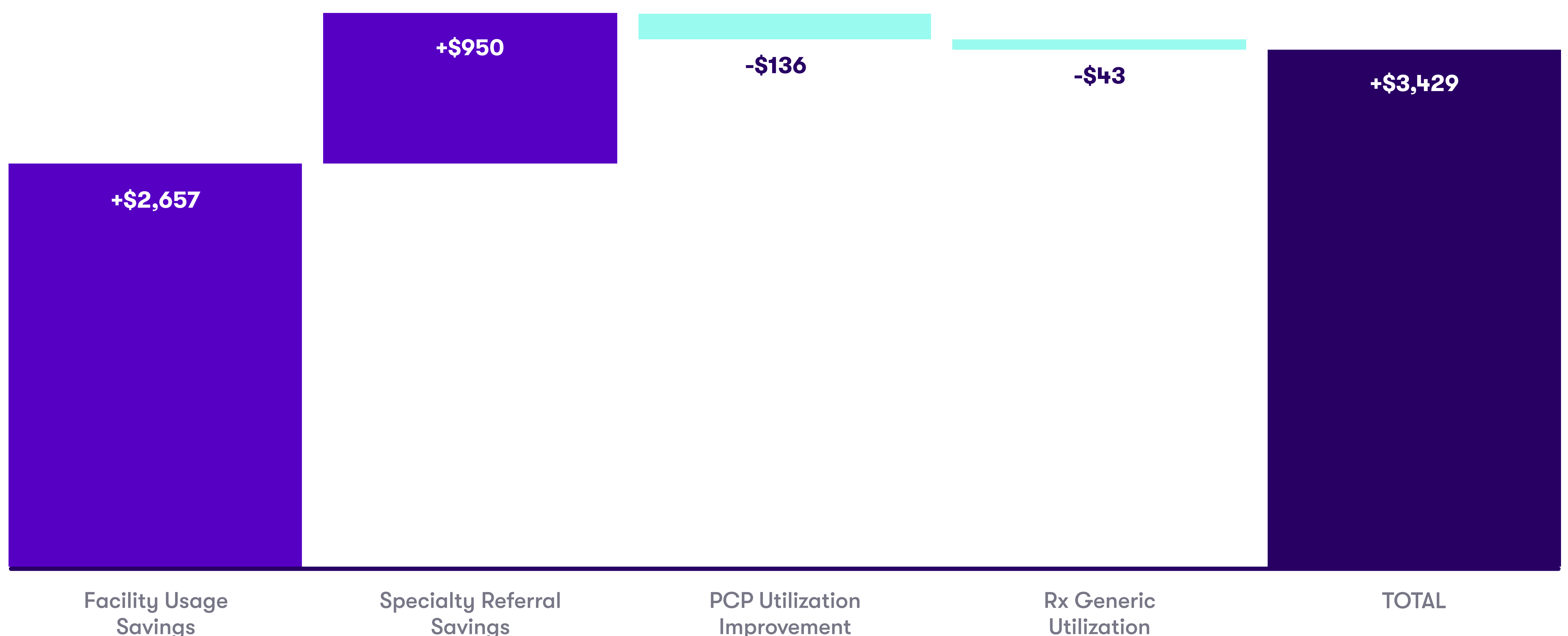
03

Avoidance of unnecessary procedures and surgeries

Through an evidence-based, conservative-first approach

COST SAVINGS BY CATEGORY (\$ PER MEMBER IN 6 MONTHS)

■ Cost reduction ■ Cost increase ■ Net total



The study behind the results

SCOPE

A retrospective, propensity score-matched cohort study using de-identified commercial claims data from May 30, 2023 – May 30, 2025.

INCLUSION

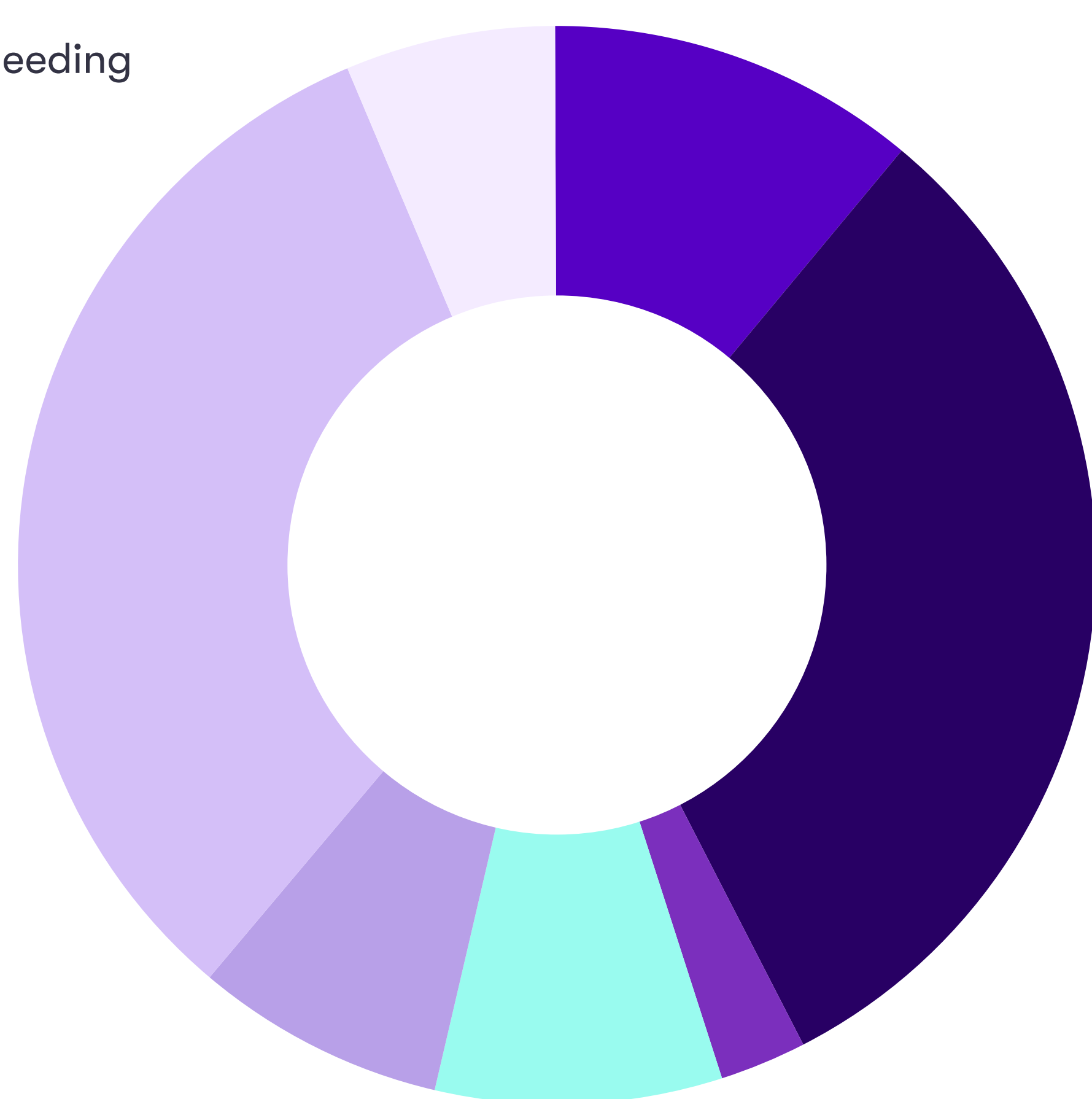
All Visana patients with 2 or more visits and continuous enrollment. 600 Visana members were matched at 1:5 to a control group of non-Visana members in the population of a large health plan.

ANALYSIS

Index event (first Visana visit) included initial claim date with baseline time period 6 months prior to index event and follow-up period up to 6 months post index event.

DEMOGRAPHIC MATCHING BY CONDITION

- 11.1% Endometriosis
- 31.4% Fibroids/Heavy Bleeding
- 2.6% Dyspareunia
- 8.6% Thyroid
- 7.5% PCOS
- 32.5% Menopause
- 6.3% Weight



These are the exact cohorts disproportionately impacting total cost of care across commercial populations today.

THE OPPORTUNITY

Visana enables payers to:

- ✓ Defend decisions with third-party validated data
- ✓ Reduce total cost of care in high-impact populations
- ✓ Improve member experience without adding complexity

That's how accountable leaders move from managing cost to actually changing it.

OUTCOMES MEMBERS EXPERIENCE WITH VISANA

+91 NPS Score
Trusted, personalized care

93% Symptom Relief
Within four months

78% Reduction
In unnecessary surgeries

WHAT SETS VISANA APART

- ✓ Medical care delivered comprehensively and longitudinally with substantial clinical and financial outcomes.
- ✓ Billed through claims with no PMPM or administrative fees
- ✓ Operates nationwide across all 50 states
- ✓ Integrates alongside existing benefit and network structures
- ✓ No incremental administrative burden for self-funded employers

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THE RISK OF MAINTAINING THE STATUS QUO

- ✗ Fragmentation continues
- ✗ Surgery remains overutilized
- ✗ Menopause-related costs stay hidden until irreversible
- ✗ Employers and plans absorb downstream complications instead of preventing them

Most women's health solutions won't change this dynamic. **Visana Health already has.**