

DECEMBER 2025

High-Cost Claimant 2025 Report

Where health claims are accelerating for employer plans



CONTENTS

Summary

The growing impact of \$100K+ high-cost claimants (HCCs) for employers

Strategic levers: Where employers can make an impact

Key data: HCC trends by the numbers

ABOUT THE STUDY

Leveraging Infolock®, the High-Cost Claimant Report analyzes 3.9 million members across 882 employer groups from 2022 to 2024 to reveal high-cost claimant trends and condition drivers.

Summary

Employer health plans are facing a new level of cost intensity and unpredictability as care becomes more complex, and high-severity claims rise. Facing higher financial risk, employers need forward-looking insight and earlier, more targeted intervention to manage costs and support members effectively.

In this environment, traditional cost controls are no longer sufficient. Employers must move upstream, pairing data-driven identification of rising risk with earlier clinical engagement and more targeted intervention. A proactive approach can redirect member trajectories, prevent escalation, and reduce exposure to high-cost claims.

Approximately 1% of an employer's health plan members have annual claims higher than \$100,000, but they account for **33%** of total spend. And claims are growing more severe, complex, and unpredictable.

Million-dollar-plus claimants are growing rapidly

The proportion of claimants with annual costs exceeding \$1M rose by more than **45%** from 2022 to 2024, with the steepest growth among million-dollar claimants, particularly those exceeding \$2M.

Volatility and uncertainty

What's changing is not only the magnitude of these claims, but also the instability. Only 21% of high-cost claimants (HCCs) persist year over year, increasing renewal uncertainty and complicating forecasting.

~1% of members
account for 33%
of total spend

Additional key highlights

The top 10 claimants in 2024 alone exceeded \$4M each, with the highest reaching **\$9.15M**.

Claimants exceeding \$100K have higher rates of multiple diseases, with **61%** having 3+ concurrent chronic conditions.

Cancer is consistently the top medical spend category across all HCC cost tiers.

Mental health spend among high-cost claimants rose **27%** year over year, and nearly 1 in 5 HCCs have depression or anxiety.

The growing impact of high-cost claimants (HCCs) for employers

As healthcare costs continue to rise, the challenge for self-funded employers is no longer just that a small subset of members drives a disproportionate share of spend. That’s been true for years. What’s new is the rapid growth within this high-cost segment, with million-dollar claimants increasing at the fastest pace, amplifying both financial risk and volatility.

Approximately 1% of members—those with annual claims exceeding \$100,000 — account for 33% of total plan paid. These high-cost claimants are not only expensive but also clinically complex, specialty-intensive, and increasingly unpredictable.

The human and financial story behind the numbers

The average annual spend per HCC is \$221,315, with medical claims accounting for \$166,122 and pharmacy claims for \$55,192. But behind these figures are individuals navigating serious health challenges — cancer, autoimmune diseases, cardiovascular conditions, and rare disorders — often while trying to maintain employment and family responsibilities.

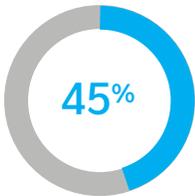
These members are older (average age 46), more likely to be employees or spouses, and significantly more likely to have multiple chronic conditions.

Nearly 80% have a specialty drug claim, and many receive infusions in high-cost hospital outpatient settings. Place of service distribution for medical specialty drugs:

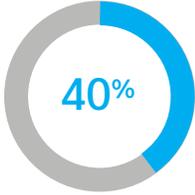
- Hospital Outpatient: 45%
- Physician Office: 40%
- Home Infusion: 13%
- Other: 2%

The top 10 claimants in 2024 alone exceeded \$4M each, with the highest reaching \$9.15M.

PLACE OF SERVICE DISTRIBUTION FOR MEDICAL SPECIALTY DRUGS



Hospital Outpatient



Physician Office



Home Infusion



Other

Source: Infolock 2024



Claims are accelerating in a volatile risk landscape

The HCC population is dynamic. Only 21% of HCCs persist across two years, while 6% are new entrants and 8% disenroll. This churn complicates forecasting and risk modeling.

Meanwhile, the greatest increases are occurring at the highest cost tiers — with million-dollar-plus claimants becoming more common.

- \$500K–\$750K: **44% increase**
- \$750K–\$1M: **41% increase**
- \$1M–\$2M: **45% increase**
- \$2M+: **47% increase**

This trend signals a structural shift in HCC risk exposure. Cancer remains the dominant cost driver across HCCs, followed by circulatory and musculoskeletal conditions. On the pharmacy claims side, dermatological and anti-inflammatory therapies are rising, reflecting the growing burden of autoimmune diseases.

What this means for employers

High-cost claimants are not just financial risks, they're strategic signals. Employers must shift from reactive protection to proactive prevention by:

- Leveraging data intelligence that integrates medical and pharmacy claims
- Optimizing benefit design and site-of-care
- Enhancing access to subspecialty care
- Activating early intervention programs like Lockton Nurse Advocate
- Promoting cancer screening and risk reduction strategies
- Addressing poor nutrition as a chronic disease driver through evidence-based nutrition therapy

The future of employer-sponsored health plans lies in transforming data into foresight — and using that foresight to lead. By understanding the human and financial dimensions of high-cost claimants, employers can design smarter strategies, reduce volatility, and improve outcomes for their members and their organizations.

Strategic levers: Where employers can make an impact

As severity and volatility rise, employers managing the impact need to focus on strategic and targeted intervention in key, high-impact areas.

Managing high-cost claimants requires a balance of cost discipline, clinical insight, and early intervention. The strategies below represent areas where employers can generate measurable impact today—reducing the likelihood of future high-cost events, improving outcomes, and influencing costs without compromising care.

1. Site-of-care optimization

Hospital outpatient settings account for **55%** of infusions—the most expensive site of care.

Shifting to home or office settings, when medically appropriate, can yield significant savings, and subcutaneous formulations (e.g., Darzalex Faspro) may offer alternatives to hospital-based administration.

2. Complex claims intervention

Lockton's Complex Claims Unit (CCU) identifies and investigates high-cost cases. Examples include:

- **Infusion cost optimization:** **\$849K** saved by shifting billing to pharmacy benefit.
- **Newborn coordination of benefits:** **\$148K** saved through plan enrollment correction.
- **Pediatric feeding therapy:** Avoided long-term enteral nutrition costs.

3. Precision diagnosis and specialty care access

Early intervention for members with complex, unresolved conditions both improves health and cost outcomes, with the Lockton and Mayo Clinic partnership resulting in **\$98K-\$202K** savings per patient while removing barriers to specialized care access.

4. Mental health and chronic disease management

Mental health PMPM costs among HCCs rose **27%** YoY, with depression or anxiety prevalent in nearly 1 in 5 HCCs. When mental health conditions occur alongside chronic physical illnesses, they significantly amplify both cost and risk—underscoring the critical need to integrate mental health into chronic condition management.

5. Gene therapy monitoring

While utilization of gene therapies remains lower than early market projections, the pipeline continues to expand—necessitating proactive planning for future exposure. For self-funded employers, securing adequate stop-loss coverage is critical to mitigate the financial risk of these high-cost treatments.

6. Cancer prevention and early detection

Cancer is the leading cost driver among HCCs, yet nearly 50% of cancers are still detected at late stages. An employer strategy for early detection and prevention should include:

- Engagement in validated screenings (e.g., mammography, FIT, HPV testing, low-dose CT)
- At-home screening options to improve accessibility
- Navigation support for abnormal results and diagnosis confirmation
- Education campaigns to normalize preventive care

7. Intervention before high risk becomes high cost

The impact of early intervention extends beyond cancer as well. Proactive clinical engagement and data-driven outreach identifies and supports high-risk members before they become high-cost claimants.

Key example: Lockton Nurse Advocate (LNA)

LNA uses Infolock® to identify members with chronic conditions, gaps in care, or emerging risk factors. Licensed nurses then engage these members through:

- *One-on-one health coaching*
- *Navigation support for care and benefits*
- *Education on treatment options and wellness activities*
- *Coordination with wellness vendors for incentive-based programs*

LNA monitors outcomes such as care gap closures, ER avoidance, and reduced medical spend. This early intervention model helps redirect members toward better health trajectories before costs escalate.

8. Focus on nutrition

Poor nutrition is a foundational driver of chronic disease and a major contributor to conditions that drive high-cost claims. Diet-related conditions such as type 2 diabetes, hypertension, cardiovascular disease, and obesity are increasingly prevalent among employer populations. Addressing nutrition is not only clinically effective, it's financially strategic.

Nutrition therapy, delivered by registered dietitians, is an evidence-based intervention that can:

- Improve glycemic control and reduce A1c levels in diabetic patients
- Lower blood pressure and cholesterol through dietary modification
- Support weight loss and reduce reliance on costly medications
- Enhance energy, mood, and productivity

Employers can integrate nutrition therapy into their benefits strategy by:

- Covering medical nutrition therapy as a reimbursable benefit
- Embedding dietitian services into primary care and virtual platforms
- Offering targeted programs for metabolic syndrome, prediabetes, and cardiovascular risk
- Promoting healthy food environments at work and in wellness initiatives

By treating nutrition as a clinical lever—not just a wellness perk—employers can address root causes, improve outcomes, and reduce the trajectory toward catastrophic claims.

Key data: HCC trends by the numbers

	\$100K HCC	<\$100K Group
Current Members	31,538 (1%)	3,120,231
Total Members	34,848	3,729,131
Average Age	46.1	34.0
Average Female Age	45.6	34.2
Average Male Age	46.7	33.8
Member-to-employee ratio	1.77	1.95
% < age 2	3.4	2.2
% age 2-19	8.5	23.3
% age 20-29	6.5	16.4
% age 30-39	11.1	17.7
% age 40-49	17.3	16.2
% age 50-59	25.8	14.7
% age 60-64	16.4	6.3
% age 65+	11.0	3.2
% Female	52.1	50.6
% Female Childbearing Years	16.9	24.2
Length of Enrollment on Plan (% 36+ months)	69.1	56.1
Age Gender Factor	1.47	1.00
% Employee	56.4	51.3
% Spouse	28.1	16.1
% Dependent	15.5	32.6
% of members with 3+ chronic conditions	60.6	14.1

Components of health plan trend

Utilization change vs. price change: Jan. 2023 - Dec. 2023, paid through March 2024 vs. Jan. 2024 - Dec. 2024, paid through March 2025



HCC threshold 100000
 HCC selection High cost claimants
 Category Multiple values



INFOLOCK BENCHMARK

© 2025 Lockton, Inc. All rights reserved.

v 2.2 | 12/8/2025

Top diagnosis categories

TOP FIVE DIAGNOSIS CATEGORIES IN MEDICAL CLAIMS

CANCER \$40.76 PMPM	CIRCULATORY SYSTEM \$21.30 PMPM	MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE \$16.48 PMPM	NERVOUS SYSTEM \$13.70 PMPM	DIGESTIVE SYSTEM \$8.59 PMPM
---------------------------	---------------------------------------	---	-----------------------------------	------------------------------------

TOP FIVE DIAGNOSIS CATEGORIES IN MEDICAL CLAIMS BY PMPM INCREASE YOY

NEOPLASMS \$2.78 PMPM (7.3% INCREASE)	CIRCULATORY SYSTEM \$2.13 PMPM (11.1% INCREASE)	MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE \$1.85 PMPM (12.6% INCREASE)	NERVOUS SYSTEM \$1.16 PMPM (9.3% INCREASE)	MENTAL DISEASES & DISORDERS \$0.97 PMPM (27.4% INCREASE)
--	--	--	---	---

Top procedure categories

TOP FIVE PROCEDURE CATEGORIES IN MEDICAL CLAIMS

FACILITY \$78.66 PMPM	CHEMOTHERAPY DRUGS \$12.61 PMPM	DRUGS ADMINISTERED OTHER THAN ORAL METHOD \$11.63 PMPM	MEDICINE \$10.24 PMPM	RADIOLOGY \$7.26 PMPM
------------------------------------	---	--	------------------------------------	------------------------------------

TOP FIVE PROCEDURE CATEGORIES IN MEDICAL CLAIMS BY PMPM INCREASE YOY

CHEMOTHERAPY DRUGS \$8.08 PMPM (178.2% INCREASE)	MEDICINE \$6.80 PMPM (197.9% INCREASE)	DRUGS ADMINISTERED OTHER THAN ORAL METHOD \$6.77 PMPM (139.5% INCREASE)	RADIOLOGY \$5.06 PMPM (229.8% INCREASE)	EVALUATION AND MANAGEMENT \$4.87 PMPM (254.3% INCREASE)
---	--	--	---	--

Top 10 most comorbid conditions among high-cost claimants with comparison to lower-cost claimants

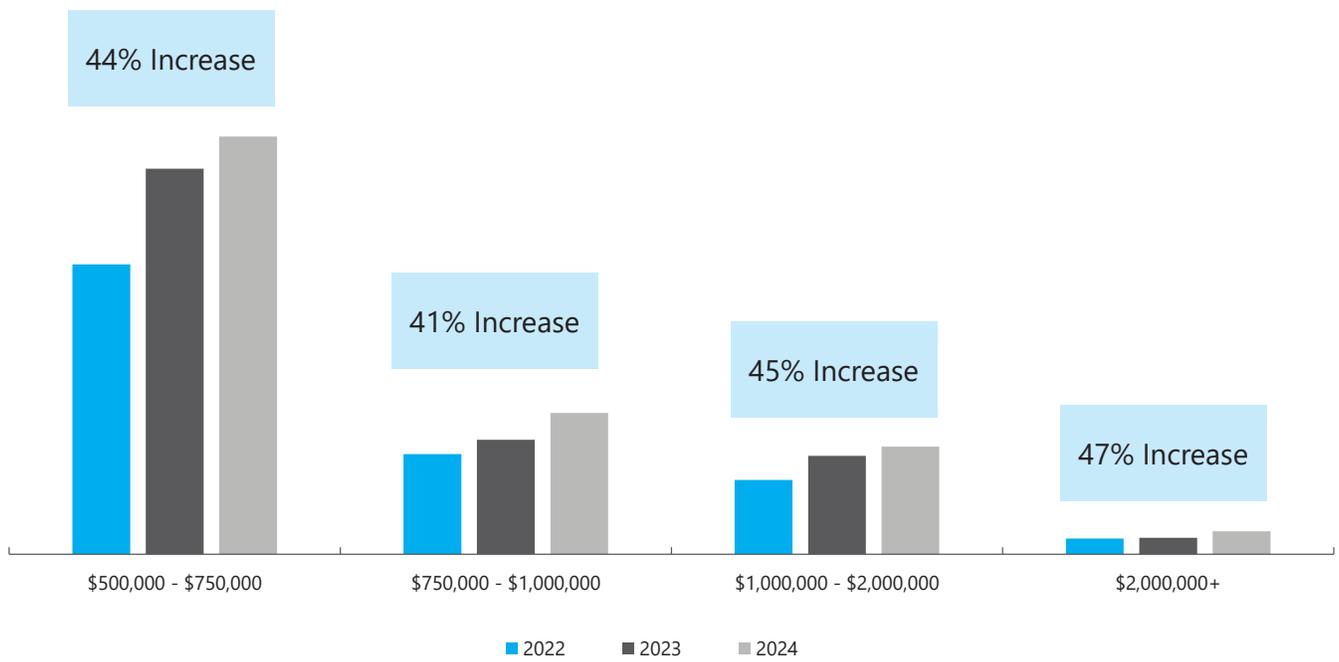
Condition Category	\$100K+(% with Condition)	<\$100K (% with Condition)	Prevalence Ratio
1 Hypertension	44.5%	13.9%	3.2x
2 Other Musculoskeletal	37.5%	24.8%	1.5x
3 Hyperlipidemia	31.4%	11.7%	2.7x
4 Diabetes	21.2%	5.6%	3.8x
5 Osteoarthritis	19.5%	4.2%	4.6x
6 Depression	19.5%	7.5%	2.6x
7 Back Pain	16.7%	4.8%	3.5x
8 Coronary Artery Disease	15.6%	1.9%	8.2x
9 Neck Pain	15.4%	5.6%	2.8x
10 Anxiety	13.2%	6.7%	2.0x

Paid claims category: High-cost claimants \$100K+

Condition/Disease/Disorder	2024 Total Spend	2024 Rank	2023 Rank	2022 Rank
Cancer	\$2,051M	1	1	1
Circulatory System	\$1,115M	2	2	2
Musculoskeletal System and Connective Tissue	\$860M	3	4	3
Dermatologicals (Rx)	\$855M	4	5	7
Analgesics – Anti-inflammatory (Rx)	\$729M	5	3	4
Maternity/Congenital/Neonatal	\$707M	6	6	5
Injury, poisoning and certain other consequences of external causes	\$609M	7	7	6
Digestive System	\$561M	8	8	8
Nervous System and Sense Organs	\$464M	9	9	9
Antineoplastics and Adjunctive Therapies (Rx)	\$401M	10	11	12
Genitourinary System	\$369M	11	10	11
Infectious & Parasitic Diseases	\$362M	12	12	10
Mental, Behavioral, and Neurodevelopmental Disorders	\$357M	13	13	13
Endocrine, Nutritional & Metabolic Diseases, & Immunity Disorders	\$251M	14	14	14
Psychotherapeutic and Neurological Agents (Rx)	\$196M	15	16	15
Respiratory System	\$192M	16	15	16
Blood and Blood-Forming Organs	\$173M	17	17	17
Endocrine and Metabolic Agents (Rx)	\$164M	18	18	18
Symptoms, Signs, and Ill-Defined Conditions	\$136M	19	19	20
Respiratory Agents (Rx)	\$127M	20	20	19



High-cost claimants per 1,000 by year



Paid claims category: Claimants \$1M+

Condition/Disease/Disorder	2024 Total Spend	2024 Rank	2023 Rank	2022 Rank
Cancer	\$156M	1	1	1
Circulatory System	\$120M	2	2	2
Musculoskeletal System and Connective Tissue	\$71M	3	3	3
Dermatologicals (Rx)	\$44M	4	4	5
Analgesics – Anti-inflammatory (Rx)	\$34M	5	8	14
Maternity/Congenital/Neonatal	\$30M	6	7	6
Injury, poisoning and certain other consequences of external causes	\$30M	7	11	10
Digestive System	\$27M	8	5	4
Nervous System and Sense Organs	\$24M	9	6	7
Antineoplastics and Adjunctive Therapies (Rx)	\$17M	10	9	9
Genitourinary System	\$15M	11	12	11
Infectious & Parasitic Diseases	\$13M	12	10	8
Mental, Behavioral, and Neurodevelopmental Disorders	\$7M	13	13	15
Endocrine, Nutritional & Metabolic Diseases, & Immunity Disorders	\$5M	14	15	16
Psychotherapeutic and Neurological Agents (Rx)	\$4M	15	14	12
Respiratory System	\$3M	16	N/A	20
Blood and Blood-Forming Organs	\$1M	17	16	N/A
Endocrine and Metabolic Agents (Rx)	\$1M	18	17	N/A
Symptoms, Signs, and Ill-Defined Conditions	\$1M	19	18	18
Respiratory Agents (Rx)	\$1M	20	N/A	13

Top 20 medical specialty

Medical specialty	2024 Total Paid	2024 Rank	2023 Rank	2022 Rank
Pembrolizumab	\$140,041,392	1	1	1
Ocrelizumab	\$86,492,103	2	2	2
Vedolizumab	\$76,234,104	3	3	3
Nivolumab	\$54,622,909	4	4	4
Daratumumab	\$46,416,897	5	5	6
Pertuzumab	\$37,257,758	6	6	7
Onabotulinumtoxin	\$30,322,591	7	10	11
Natalizumab	\$26,022,279	8	7	8
Levonorgestrel	\$24,846,052	9	13	13
Infliximab	\$24,268,125	10	8	5
Fam-Trastuzumab Deruxtecan	\$24,110,428	11	16	24
Immune Globulin	\$24,081,395	12	12	14
Gammagard	\$22,859,223	13	14	15
Teprotumumab	\$19,943,251	14	9	10
Ipilimumab	\$18,713,233	15	25	28
Ravulizumab	\$17,583,373	16	21	21
Risankizumab	\$17,048,583	17	44	N/A
Denosumab	\$16,574,775	18	18	17
Durvalumab	\$16,463,722	19	22	30
Aflibercept	\$16,427,670	20	17	16

Top 20 specialty Rx

Specialty Rx	2024 Total Paid	2024 Rank	2023 Rank	2022 Rank
Humira	\$422,609,922	1	1	1
Stelara	\$303,244,670	2	2	2
Skyrizi	\$270,744,348	3	3	4
Dupixent	\$215,749,670	4	4	3
Enbrel	\$128,616,942	5	5	5
Rinvoq	\$115,614,179	6	10	14
Tremfya	\$104,537,403	7	6	6
Biktarvy	\$96,509,203	8	7	7
Trikafta	\$91,746,227	9	8	8
Cosentyx	\$89,519,619	10	11	10
Taltz	\$88,175,518	11	9	9
Otezla	\$62,809,739	12	12	11
Descovy	\$51,959,784	13	13	15
Kesimpta	\$44,428,827	14	19	30
Verzenio	\$43,574,861	15	14	20
Xywav	\$37,444,876	16	20	22
Hemlibra	\$36,565,829	17	17	19
Xolair	\$34,343,292	18	24	25
Xeljanz	\$33,449,360	19	15	16
Cimzia	\$31,801,077	20	18	18



LOCKTON[®]

UNCOMMONLY INDEPENDENT