DIRECT PRIMARY CARE & VALUE-BASED PAYMENT · EMPLOYER CASE STUDY

Employer-Aligned Direct Primary Care

What one employer's results tell every self-funded plan sponsor. An evaluation of Direct Primary Care, direct contracting, and high-value navigation, based on the Gamber Johnson 2022–2026 healthcare program data.

PUBLISHED
July 2026

EMPLOYER
Gamber Johnson · Wisconsin manufacturer · 166 enrolled members

DPC PARTNER
Anovia Health

DATA PERIOD
2022–2026 YTD (through March 2026)

KEY FINDINGS — GAMBER JOHNSON 2025 PROGRAM PERFORMANCE (166 ENROLLED MEMBERS)

−30.2%
Below Book of Business benchmark
vs. BOB benchmark, medical + Rx, year-end 2025

$684,779
2025 verified savings
Across all seven tracked care categories

0.98
2025 episode-of-care total index
BOB benchmark: $7,159 PMPM (2025)

100%
DPC member utilization
vs. 33% industry benchmark

Executive Summary

AT A GLANCE

Healthcare costs for self-funded employers have risen 5–8% annually for over a decade. The Book of Business (BOB) benchmark for employer medical and pharmacy costs now sits at $7,159 per member per month — up 35.8% since 2021. Gamber Johnson, a mid-sized Wisconsin manufacturer, took a different path: a Direct Primary Care foundation layered with direct contracting and high-value navigation.

Four years of claims data and independently verified utilization reporting show a program that has not just held costs steady, but improved year over year. Key findings:

- Medical and pharmacy costs of $4,999 per member per month in 2025 — 30.2% below the BOB benchmark, and down 14.7% since 2021 even as BOB rose 35.8%
- $684,779 in verified 2025 savings; $1,174,289 in cumulative savings vs. BOB since 2022
- 100% of enrolled members engaged with Anovia Health in 2025, more than triple the 33% industry benchmark
- 2025 episode-of-care total index of 0.98 — down from 1.34 in 2024 and 1.42 in 2023
- Anovia NPS of 62.3, well above the 20–40 range typical of healthcare providers
- 81.3% of members reported improved quality of care and 70.4% reported lower out-of-pocket costs in 2025

Introduction: The Problem Every Employer Knows

Healthcare costs for self-funded employers have risen at 5–8% annually for over a decade. The Book of Business (BOB) benchmark for employer medical and pharmacy costs now sits at $7,159 per member per month — and has climbed 35.8% since 2021, rising from $5,274 to $7,159. Most employers accept this trajectory as gravity. They adjust plan designs, shift costs to employees, change carriers, or layer on point solutions — and then watch costs climb again the following year.

There is a different approach, and it is no longer theoretical. Gamber Johnson has sustained medical and pharmacy costs at $4,999 per member per month — 30.2% below the BOB benchmark — as of year-end 2025. That figure

has declined 14.7% since 2021, even as the BOB benchmark rose 35.8% over the same period. As of March 2026, the rolling annual figure stands at $5,385 — 26.0% below the BOB benchmark of $7,275. The company generated $684,779 in verified savings in 2025 alone, and a precisely documented $1,174,289 in cumulative savings compared to what a Book of Business benchmark employer would have spent on the same population.

This paper examines what Gamber Johnson did, why it worked, what the episode-level data reveals about trajectory, and what it means for any employer willing to rethink how primary care, specialist navigation, and direct contracting can work together.

Part I: The Foundation — Direct Primary Care as Infrastructure

Most employers think of primary care as a commodity. In the traditional model, the front door to the healthcare system is also where employees get routed into expensive downstream care — with no financial accountability and no stewardship over where they go or what it costs.

Direct Primary Care (DPC) changes this fundamentally. Under a DPC arrangement, the employer contracts directly with a primary care provider — bypassing insurance billing entirely — for unlimited access, extended visit times, and a care team that is not incentivized by referral volume. The DPC provider's job is to keep patients healthy, manage conditions proactively, and navigate employees toward the highest-value specialists and facilities when outside care is needed.

Gamber Johnson partnered with Anovia Health as its DPC provider. The results, documented across four years of medical and pharmacy claims data and independently verified utilization reporting, provide a detailed picture of what a mature DPC program actually delivers.

> *In 2025, 100% of Gamber Johnson's enrolled members engaged with Anovia Health — more than triple the industry benchmark of 33%.*

Across 166 enrolled members, Anovia delivered 1,024 total visits in 2025, compared to a benchmark of just 136. Of the 177 unique patients seen, 139 had two or more visits, and 35 had ten or more — a high-acuity cohort receiving intensive longitudinal care through primary care rather than cycling through emergency rooms and specialists.

100%	1,024
Member utilization vs. 33% benchmark	Total 2025 visits vs. 136 benchmark
177	35
Unique patients seen vs. 55 benchmark	Members with 10+ visits in 2025

This level of engagement is not accidental. It is the product of access design. When employees can reach their care team without copays, without scheduling barriers, and without the friction of traditional insurance billing, they use primary care the way it was intended: continuously, preventively, and relationally.

Part II: Direct Contracting & Navigation — Where the Savings Live

DPC is the foundation, but it is not the complete picture. The larger savings opportunity lies in what happens after the primary care visit: the referrals, the imaging, the surgical procedures, the pharmacy decisions. This is where most self-funded plans lose the most money — because no one is stewarding those decisions with the employee's or employer's financial interest in mind.

Gamber Johnson layers direct contracting and high-value navigation on top of its DPC foundation. The 2025 results across seven care categories demonstrate what this looks like in practice.

Surgical Savings: $201,973 — The Navigation Model in Action

Surgical savings accounted for nearly 30% of total program savings through bundled pricing and Surgery Center of America (SCA) contracting — achieving an average discount of 44% against market-rate facility costs across 24 episodes. These are not theoretical savings. They represent actual procedures:

- A cervical fusion that would have cost $54,735 at market was delivered for $36,691
- An ACL repair priced at $31,304 in the market cost $12,842
- A complex retroperitoneal fibrosis procedure priced at $44,485 was managed for $12,875
- Three Renflexis injections at $11,275 each in the market were delivered at $2,194 each — saving $27,243

REAL STORY — CORRECT DIAGNOSIS + RIGHT PROVIDER = $30,000 SAVED AND A LIFE CHANGED

A female dependent on the Gamber Johnson health plan had suffered for years with recurring pain, irregular periods, and unresolved symptoms. Despite multiple consultations within traditional large hospital systems, she kept receiving the same ineffective answers. When she enrolled in the Gamber Johnson plan, she was connected to Anovia Health and the onsite navigation team, who referred her to The Kaldas Center — a Tier One women's health specialist. Within one week she had an appointment. Testing revealed a uterine mass, a prolapsed bladder, and stage four endometriosis with potential cancer concerns. Surgery was performed successfully. The plan saved over $30,000. A Tier One financial incentive fully offset the employee's out-of-pocket costs.

TAKEAWAY Navigation to the right specialist — not just any specialist — is the difference between years of misdiagnosis and a life-changing diagnosis in one week.

These savings are not the result of benefit cuts or employee cost-shifting. They are the result of knowing where to go and having the infrastructure to get there.

Imaging, Pharmacy, and Ancillary Services

The same direct contracting model extended across every major care category:

- **Imaging:** MRI scans at $650 vs. market rate of $3,500. Twenty-six MRIs in 2025 generated $74,100 in savings alone.
- **Pharmacy:** $128,620 in savings through prior authorization review ($95,103), CanaRX international sourcing ($11,294), and additional international procurement ($22,224).

REAL STORY — $84,000 SAVED ON A SINGLE CROHN'S DISEASE MEDICATION

A Gamber Johnson plan member required a brand-name specialty medication for Crohn's disease. MedOne's Patient Care Coordinators identified that sourcing the medication internationally would be dramatically more affordable. The member accessed the drug at a $0 copay — and the plan still captured its rebate through the pass-through model. Retail pharmacy cost: $20,303. International pharmacy cost: $6,382. Total annual plan savings on this one member alone: approximately $84,000.

TAKEAWAY International sourcing of a single specialty medication can generate more savings than entire ancillary service lines combined.

- **Physical Therapy:** $120 per visit vs. $225 market. 336 total visits in 2025.
- **Behavioral Health:** $140 per session vs. $375 market — a 63% discount across 95 sessions.
- **Laboratory Services:** $78,476 in savings through direct-contracting and pass-through lab pricing, eliminating the typical 4× institutional markup.

REAL STORY — PROACTIVE TRANSPARENCY TURNS A HARD CONVERSATION INTO A WIN

A newly hired Gamber Johnson employee was concerned about a high-cost medication they were already taking. Rather than waiting for a claim denial, MedOne ran test claims proactively and communicated the findings before the employee enrolled. The medication would not be covered under the plan design — but MedOne outlined several alternative pathways. The employee chose to remain on their spouse's plan and was satisfied. VP of HR Phillip Blair: "A new hire hearing their medication was not going to be covered has the potential to be a really hard conversation. We gave them so much information and several different routes they could go down… and they were happy."

TAKEAWAY Proactive transparency is what separates a high-performance plan from a frustrating one.

Anovia's own ROI analysis — comparing CPT-coded visits at Anovia against the same codes billed at local health system rates — found $1,143,943 in total savings under a moderate scenario, including $646,122 in direct cost savings and $501,143 in avoided urgent care, ER visits, and unnecessary specialty referrals.

Part III: The Episode-of-Care Lens — A New Standard of Measurement

Individual service savings are meaningful. But they can obscure important patterns. A bundled surgical rate may look efficient while an upstream pattern of unnecessary imaging or poorly managed chronic disease creates costs that never appear in the surgical line. Episode-of-care (EOC) analysis solves this by evaluating the total cost of a complete medical journey — from first encounter to resolution — and indexing it against a national benchmark of 1.00.

A score below 1.00 means better-than-average care at lower-than-average cost. A score above 1.00 identifies where total episode spending exceeds expectations and where intervention will have the highest impact.

Gamber Johnson's four-year EOC analysis covers 1,411 complete episodes across 2022–2025. The data tells a compelling story about trajectory — and about what DPC-anchored navigation delivers over time.

The Trend: From Overage to Outperformance

In 2022, the program's total index was 0.98 — slightly below expected. In 2023 and 2024, as the population grew and higher-acuity members engaged more deeply, the medical index climbed to 1.48 and 1.43. But 2025 marks a clear inflection point.

0.98 2025 total EOC index — below expected spend	**0.86** 2025 Rx index — 14% below expected
1.02 2025 medical index — near benchmark efficiency	**1.40** BOB benchmark (med+rx), for context

The 2025 medical index of 1.02 — down from 1.43 in 2024 — reflects the maturing impact of Anovia's surgical bundling strategy, human steerage model, and direct primary care coordination. The program did not merely hold costs steady. It improved year over year, and 2025 represents the strongest outperformance in program history.

Across four years, compared to what a Book of Business benchmark employer would have spent on an equivalent population, Gamber Johnson saved a precisely documented $1,174,289 in medical and pharmacy costs.

Where Opportunity Remains: The Episode Drill-Down

The EOC analysis is equally valuable for identifying where intervention is most needed. Three areas stand out as priority targets for 2026:

- **Inflammatory Bowel Disease** (7 episodes, $160,763 overage, Rx index 1.82): Nearly all excess spend is driven by specialty biologics. Biosimilar substitution, CanaRX sourcing, and prior authorization review are the highest-leverage interventions.
- **Ischemic Heart Disease** (8 episodes, $148,097 overage, Rx index 5.22): A small number of members with specialty cardiovascular medications are generating outsized Rx costs. Formulary optimization and cardiologist steerage to high-value specialists are priority actions.
- **Routine Exam** (356 episodes, $64,091 overage, medical index 1.67): At nearly 360 episodes, this is the highest-volume opportunity. Routine preventive care is routing through higher-cost facilities than necessary. Shifting this volume to Anovia and contracted network sites would eliminate the overage entirely.

On the success side, the episode data confirms where the DPC model has already driven measurable improvement:

PRACTICE AREA	2025 INDEX	CUMULATIV SAVINGS
Orthopedics & Rheumatology — largest cumulative overage area over four years, now surgically bundled and SCA-navigated	**1.07**	**$195,635**
Psychiatry — contracted behavioral health pricing plus early DPC intervention	**0.62**	**$120,810**
Dermatology — contracted specialist pricing and primary care management	**0.45**	**$82,299**

Cumulative savings reflect total variance vs. expected spend, 2022–2025 combined (negative variance in source data shown here as savings). Index below 1.00 = better than expected.

> *The episode lens reveals what individual service savings cannot: this model improves over time. The 2025 results are better than 2024, which were better than 2023. The infrastructure compounds.*

Part IV: Employee Experience — The Dimension Employers Overlook

Cost containment that degrades the employee experience is not a sustainable strategy. Employees who feel their benefits have been cut create hidden costs in turnover, absenteeism, and disengagement that never appear in the claims data.

Gamber Johnson's employee experience data runs counter to the assumption that cost efficiency requires sacrifice.

62.3 Anovia NPS score — "excellent" territory	**81.3%** Reported improved quality of care in 2025
70.4% Reported lower out-of-pocket costs	**3.50/4.0** PCPCM score — Access 3.82 | Coordination 3.63

Healthcare providers typically achieve NPS scores in the 20–40 range. A score above 60 indicates that employees are not merely satisfied — they are actively recommending their care provider to colleagues and family members. This is the behavioral signature of a benefit that employees perceive as genuinely valuable.

REAL STORY — A FORMULARY CHANGE DONE RIGHT: NO COMPLAINTS, REAL SAVINGS

When Gamber Johnson transitioned to MedOne, diabetic members who relied on blood glucose monitors were moved to a different preferred device. The previous PBM's monitor cost $8,252–$8,832 annually. MedOne's preferred system accomplished the same clinical function at $3,342.84 — roughly 60% less expensive. Rather than simply switching coverage, MedOne proactively notified all affected members by letter before the January 1 effective date. Despite the significance of the change, satisfaction held strong. VP of HR Phillip Blair: "I think we have gotten equal if not better reviews with MedOne."

TAKEAWAY Proactive member communication turns potentially disruptive plan changes into trust-building moments — while capturing real savings.

On the Patient-Centered Primary Care Measure, the access score of 3.82 out of 4.0 and coordination score of 3.63 — including a 3.66 on the item "refers to highest quality and best cost providers" — confirm that employees trust

Anovia to navigate them toward high-value care. That trust is the behavioral foundation of a high-performance health plan.

Conclusion: What This Means for Every Self-Funded Employer

The Gamber Johnson program is not a pilot. It is a four-year, fully documented demonstration that direct primary care, direct contracting, and transparent navigation — deployed together with discipline and aligned incentives — can structurally reduce healthcare costs while simultaneously improving the employee experience.

The numbers tell a clear story. Medical and pharmacy costs 26–30% below the Book of Business benchmark. $684,779 in verified 2025 savings. $1,174,289 in cumulative savings over four years vs. the BOB benchmark. A 2025 episode-of-care total index of 0.98. A 100% DPC utilization rate. An NPS of 62.3.

But the more important story is in the trajectory. Each year, the program performs better than the last. The surgical navigation model that generated $201,973 in savings in 2025 took time to build. The episode analytics infrastructure now coming online will direct DPC intervention precisely where it creates the most value — targeting IBD biologic costs, cardiovascular pharmacy spend, and routine care routing before those episodes generate excess cost.

For employers who are tired of accepting benchmark costs as inevitable, the Gamber Johnson data provides both a model and a proof point. Direct Primary Care is not an alternative to a health plan. It is the foundation of a smarter one.

> *The opportunity is measurable. The results are real. The only question is whether your organization is ready to act on them.*

Appendix: Supporting Data

A.1 Cost Per Member Per Month vs. National Benchmarks (2022–2026 YTD)

YEAR	GJ COST (PMPM)	BOB BENCHMARK	VS. BOB
2022	$5,860	$5,966	TBD
2023	$4,442	$6,596	**−32.7%**
2024	$4,799	$6,915	**−30.6%**
2025	$4,999	$7,159	**−30.2%**
2026 (Mar)	$5,385	$7,275	**−26.0%**

Table A.1: Medical and pharmacy cost per member per month (PMPM), rolling 12-month, vs. Book of Business (BOB) benchmark. vs. BOB column = GJ outperformance vs. BOB.

A.2 2025 Estimated Savings by Care Category

AREA OF CARE	ESTIMATED SAVINGS	% OF TOTAL
Surgical (Bundled/SCA Procedures)	$201,973	29.5%
Primary Care (Anovia + Network)	$131,585	19.2%
Prescription Drug Management	$128,620	18.8%
Imaging (MRI, CT, Radiologic)	$86,520	12.6%
Laboratory Services	$78,476	11.5%
Physical Therapy	$35,280	5.2%
Behavioral Health	$22,325	3.3%
TOTAL	**$684,779**	**100%**

Table A.2: 2025 total estimated savings by care category.

A.3 Episode-of-Care Actual-to-Expected Index by Year (2022–2025)

YEAR	RX VARIANCE	MED VARIANCE	TOTAL VARIANCE	RX IDX	MED IDX	TOTAL IDX	EPISODES
2022	**−$30,254**	**+$10,295**	**−$19,960**	0.84	1.01	0.98	588
2023	**+$42,727**	**+$299,414**	**+$342,141**	1.22	1.48	1.42	554
2024	**−$1,337**	**+$332,830**	**+$336,493**	0.99	1.43	1.34	729
2025	**−$49,297**	**+$21,660**	**−$27,637**	0.86	1.02	0.98	682
Total	**−$38,162**	**+$664,199**	**+$631,037**	**0.96**	**1.19**	**1.14**	**1,411**

Table A.3: Annual EOC variance and index. BOB med+rx benchmark = $7,159 (2025). EOC index ≤1.10 = efficient; 1.10–1.30 = moderate; >1.30 = opportunity.

A.4 Episode-of-Care Performance by Major Practice Area (2022–2025)

PRACTICE AREA	TOTAL VARIANCE	2025 INDEX	TOTAL INDEX
Gastroenterology	**+$203,373**	0.97	1.70
Cardiology	**+$161,155**	1.13	1.09
Preventive & Administrative	**+$75,951**	1.45	2.11
Obstetrics	**+$53,551**	1.40	1.10
Endocrinology	**+$46,435**	1.27	1.30
Urology	**+$39,534**	1.14	1.13
Otolaryngology	**+$30,170**	0.66	1.33
Ophthalmology	**+$21,803**	1.44	1.24
Gynecology	**+$17,023**	1.24	1.12
Hepatology	**+$10,836**	0.58	2.19
Neurology	**−$19,277**	1.08	0.98
Neonatology	**−$23,807**	0.85	0.49
Dermatology	**−$82,299**	0.45	0.75
Psychiatry	**−$120,810**	0.62	0.65
Orthopedics & Rheumatology	**−$195,635**	1.07	0.83

Table A.4: Practice area variance and index. Negative variance = savings vs. expected.

A.5 Top Episode Categories by Dollar Overage — Priority Intervention Targets

EPISODE (ETG)	TOTAL VARIANCE	RX INDEX	MED INDEX	TOTAL INDEX	EPISODES
Inflammatory Bowel Disease	**+$160,763**	1.82	0.41	1.61	7
Ischemic Heart Disease	**+$148,097**	5.22	1.40	1.46	8
Non-malignant Neoplasm (GI/ Abd)	**+$80,719**	1.84	1.98	1.98	30
Non-malignant Neoplasm (Female GU)	**+$72,203**	1.15	1.93	1.91	13
Routine Exam	**+$64,091**	0.40	1.67	1.66	356
Pregnancy, with Delivery	**+$61,567**	0.40	1.35	1.34	9
Other Metabolic Disorders	**+$59,909**	1.02	6.21	4.21	17
Autoimmune Rheumatologic Diseases	**+$42,117**	4.34	0.81	3.32	4
Diabetes	**+$37,113**	1.24	0.58	1.11	62
Migraine Headache	**+$18,934**	2.01	0.54	1.48	35

Table A.5: Top episode categories by cumulative dollar overage (all years combined).

A.6 Anovia Health 2025 ROI Analysis — Costs vs. Local Health System (166 Members)

COST CATEGORY	ANOVIA	CONSERVATIVE	MODERATE	AGGRESSIVE
Primary Care	$107,276	$241,109	$361,664	$482,218
Labs	$18,908	$126,054	$151,265	$189,082
Imaging	$30,231	$201,540	$241,848	$302,310
Other	$6,823	$45,486	$54,583	$68,229
Total Direct Costs	$163,238	$614,189	$809,360	$1,041,838
Avoided Urgent/ER	—	$64,986	$163,223	$333,254
Avoided Specialty Referrals	—	$168,960	$337,920	$506,880
Total Indirect Costs	—	$233,946	$501,143	$840,134
TOTAL SAVINGS	**—**	**$712,545**	**$1,143,943**	**$1,774,030**

Table A.6: Anovia 12-month ROI analysis. Moderate scenario (primary estimate): $1,143,943 in total savings.

A.7 Anovia Health 2025 Utilization Summary (166 Members)

METRIC	RESULT	BENCHMARK
Member Utilization — Last 12 Mos	100%	33%
Unique Patients Seen	177	55
Members with 2+ Visits	139	—
Total Provider Visits	459	136
Total Visits (all types)	1,024	—
Members with 10+ Visits	35	—
NPS Score	62.3	~30 (industry avg)
PCPCM Overall Score	3.50 / 4.0	—

Table A.7: Anovia 2025 utilization and experience summary.

REPORT DETAILS

Published: July 2026

Employer: Gamber Johnson (Wisconsin manufacturer)

Members: 166 enrolled

DPC Partner: Anovia Health

PBM Partner: MedOne

Data Period: 2022–2026 YTD (through March 2026)

Method: Claims, pharmacy, and vendor utilization/ROI reporting

Note: Based on program data self-reported by Gamber Johnson, Anovia Health, and MedOne; not independently audited by Phyx Primary Care.

KEY DIFFERENTIATORS

$1,174,289

Cumulative savings vs. BOB, 2022–2025

62.3

Anovia NPS score

0.98

2025 episode-of-care total index

100%

DPC member utilization

CONTENTS

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Sources & Methodology

This case study is based on Gamber Johnson's 2022–2026 employer-sponsored medical and pharmacy claims data, Anovia Health utilization and ROI reporting, MedOne pharmacy benefit management records, and episode-of-care (EOC) analytics benchmarked against national Book of Business (BOB) and episode-treatment-group (ETG) standards. It is not a peer-reviewed study and has not been independently audited by Phyx Primary Care.

1. Gamber Johnson 2022–2026 medical and pharmacy claims data, rolling 12-month PMPM vs. Book of Business benchmark.
2. Anovia Health 2025 utilization summary and 12-month ROI analysis (166 enrolled members).
3. MedOne pharmacy benefit management records, including prior authorization review, CanaRX international sourcing, and international procurement savings.
4. Episode-of-care (EOC) actual-to-expected index analysis, 1,411 complete episodes, 2022–2025, benchmarked to a national index of 1.00.

5. Net Promoter Score (NPS) survey of Anovia Health members, 2025.

6. Patient-Centered Primary Care Measure (PCPCM) survey results, Gamber Johnson enrolled members, 2025.