

2025 RESULTS REPORT

CALIBRATE DELIVERS LONGITUDINAL REAL-WORLD OUTCOMES

With Sustained Weight Loss and
Metabolic Health Improvements

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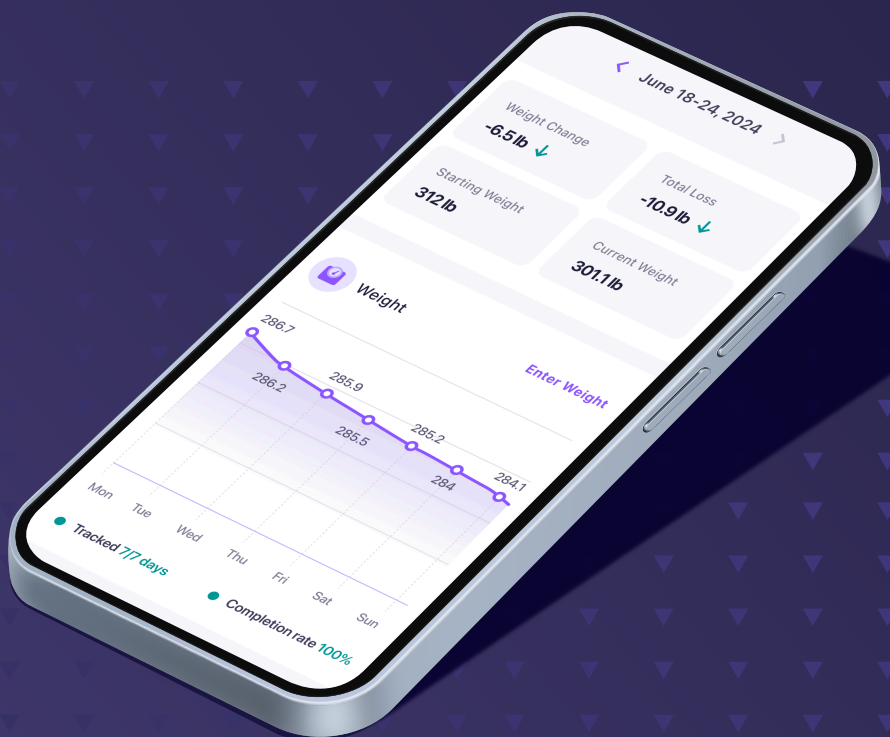
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1 | Executive Summary

At Calibrate, we provide a comprehensive obesity treatment program, the Metabolic Reset, which integrates intensive lifestyle intervention (ILI) with medication when appropriate, to deliver sustained, clinically significant outcomes. **By pioneering this life-changing program**, we are steadfast in our mission to change the way the world treats weight. Our physician-guided, value-based model represents the groundbreaking approach to obesity treatment. Each year, we publish an annual results report, showcasing real-world data from our member cohorts.

With proven results for over 17,000 members at one year of treatment and sustained weight loss success extending to 36 months, Calibrate continues to set the standard for sustainable obesity treatment.

The Metabolic Reset uniquely combines GLP-1 receptor agonist (GLP-1) medications with proprietary ILI, personalized coaching, and progress tracking to achieve exceptional results, demonstrating its effectiveness in real-world settings.

Calibrate's approach delivers benefits beyond those provided by GLP-1 medications alone. By leveraging ILI and coaching, we drive meaningful shifts in key health behaviors, empowering members to achieve and maintain significant health improvements—even with minimal or no reliance on GLP-1 medications.

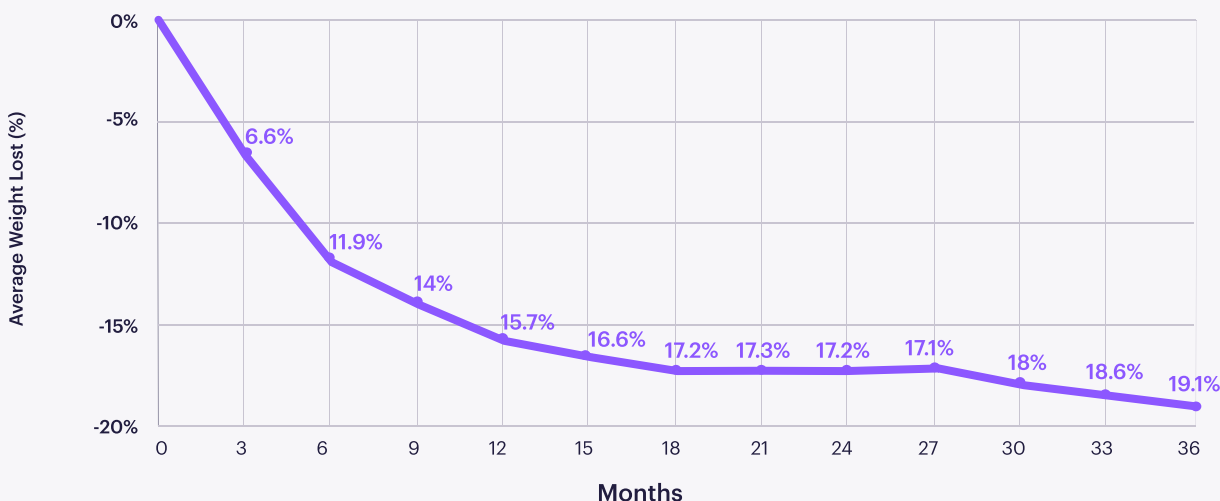


Real-World Outcomes

In a real-world cohort of 17,475 members, including both direct-to-consumer and enterprise populations, **Calibrate produced remarkable outcomes with sustained results extending to three years.** Average weight loss was 15.7% at 12 months (n=17,475), 17.2% at 24 months (n=5,137), and **an impressive 19.1% at 36 months** (n=442) (Figure 1).

Calibrate average weight loss		
<p>16%</p> <p>at 12 months (n=17,475)</p>	<p>17%</p> <p>at 24 months (n=5,137)</p>	<p>19%</p> <p>at 36 months (n=442)</p>

Average percent body weight loss over time (full cohort)

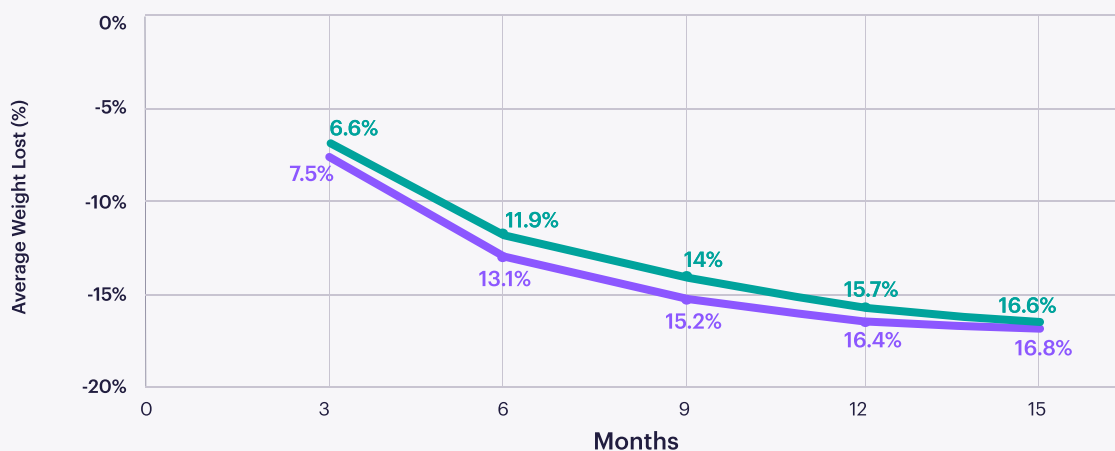


Month	3	6	9	12	15	18	21	24	27	30	33	36
n	20,967	20,335	19,673	17,475	11,137	7,346	6,719	5,137	3,213	1,637	1,116	442
% Lost	6.6	11.9	14	15.7	16.6	17.2	17.3	17.2	17.1	18	18.6	19.1

Figure 1. Average percent body weight loss trajectory over 36 months in the Calibrate program.

Our 2025 report marks several significant milestones in Calibrate's evolution and impact. We present comprehensive data from our enterprise members, demonstrating comparable and often superior outcomes to our direct-to-consumer population. **Enterprise members achieved 16.4% average weight loss at 12 months (n=145).** This success in the enterprise space particularly highlights our program's ability to deliver consistent results both in our direct-to-consumer and enterprise channels. (Figure 2).

Average percent body weight loss over time (full cohort and enterprise)



Enterprise					Full cohort						
Month	3	6	9	12	15	Month	3	6	9	12	15
n	150	150	149	145	134	n	20,967	20,335	19,673	17,475	11,137
% Lost	7.5	13.1	15.2	16.4	16.8	% Lost	6.6	11.9	14	15.7	16.6

Figure 2. Average percent body weight loss trajectory over 15 months in the Metabolic Reset: full cohort (green) and enterprise population (purple).

Beyond sustainable weight loss, Calibrate’s positive health impact is evident through significant improvements across key metabolic markers at 12 months: **98% of members with lab values at intake and one year improved on at least one metabolic marker, 80.9% of members improved their hemoglobin A1c**, 71.8% showed better insulin levels, and 66.9% reduced their LDL cholesterol.

Additionally, 72.5% of members experienced a decrease in triglycerides, while liver enzymes improved for the majority (60.7% for AST and 67.9% for ALT). **Inflammation**, measured by hs-CRP, **improved in 82.9% of members**. Members experienced an **average reduction of 6.1 inches in waist circumference**, with 35% of at-risk members achieving normal measurements by 12 months. These positive outcomes were consistent across both direct-to-consumer and enterprise populations, demonstrating the program's effectiveness in different settings.

Waist circumference reduction, improvement to visceral adiposity (n=8,317)

6”

average reduction in waist circumference at 12 month

35%

of members improving from “at risk,” meeting waist circumference criteria for metabolic syndrome, to “normal”

Metabolic health lab improvements at 12 months (n=4,004–4,756)

77%

of members who started with abnormal liver function tests had improved ALT, and 90% had improved AST
(Suggesting improvement to NAFLD)

76%

of members who started the program with prediabetes or diabetes were able to achieve normal hemoglobin A1c levels at 12 months

83%

had reduced inflammation
(As measured by hs-CRP)

72%

had improved fasting insulin

73%

had improved triglycerides

58%

had improved HDL

67%

had improved LDL cholesterol

As emphasized by the Metabolic Reset ILI curriculum and coaching, health behaviors substantially improve. From baseline, members demonstrated **positive changes across the board to habits critical for weight and metabolic health, such as food, exercise, sleep, and emotional health** (eg. 86% improvement for food habits). The most significant changes to these health behaviors were seen in higher BMI categories (Figure 3).

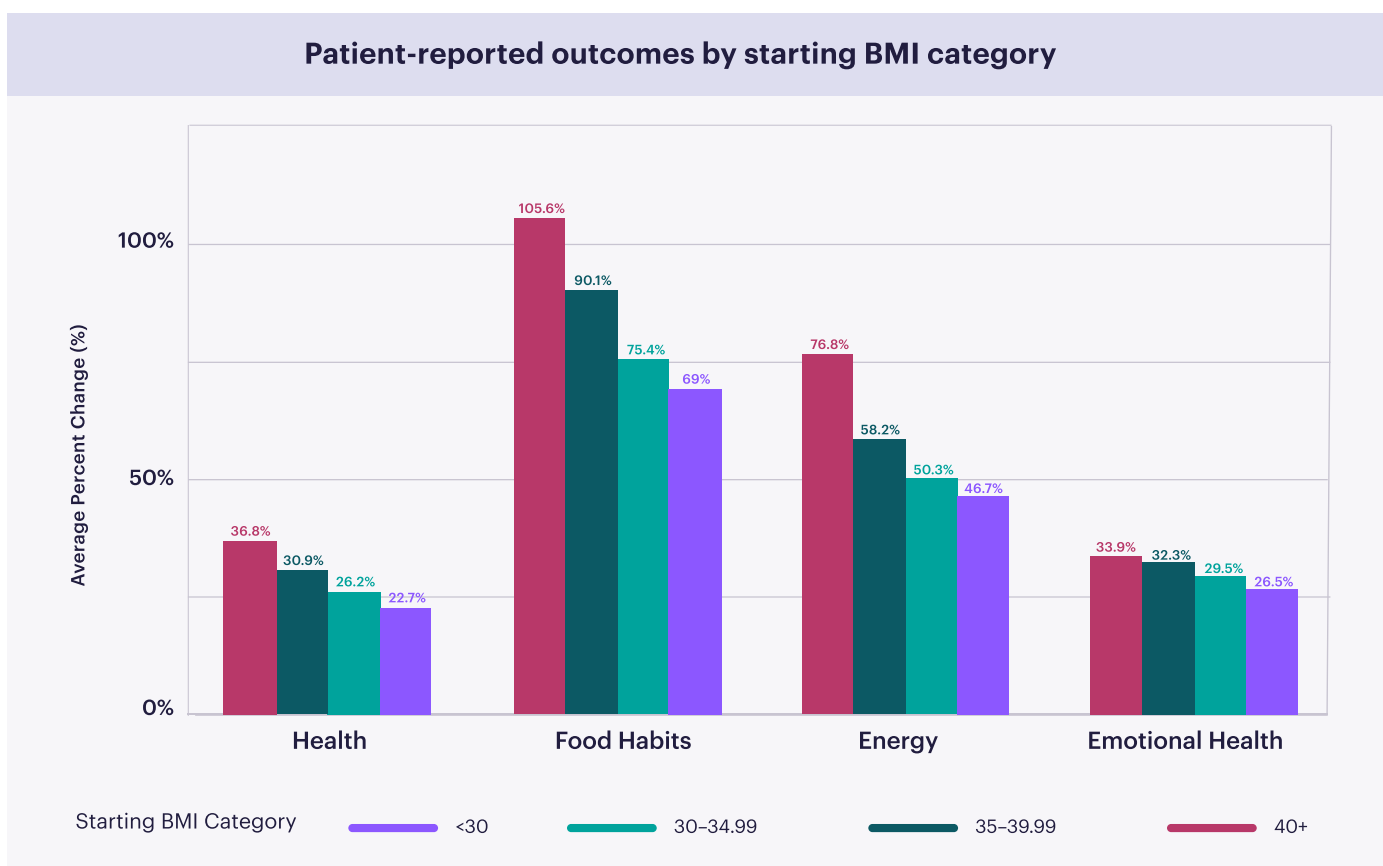
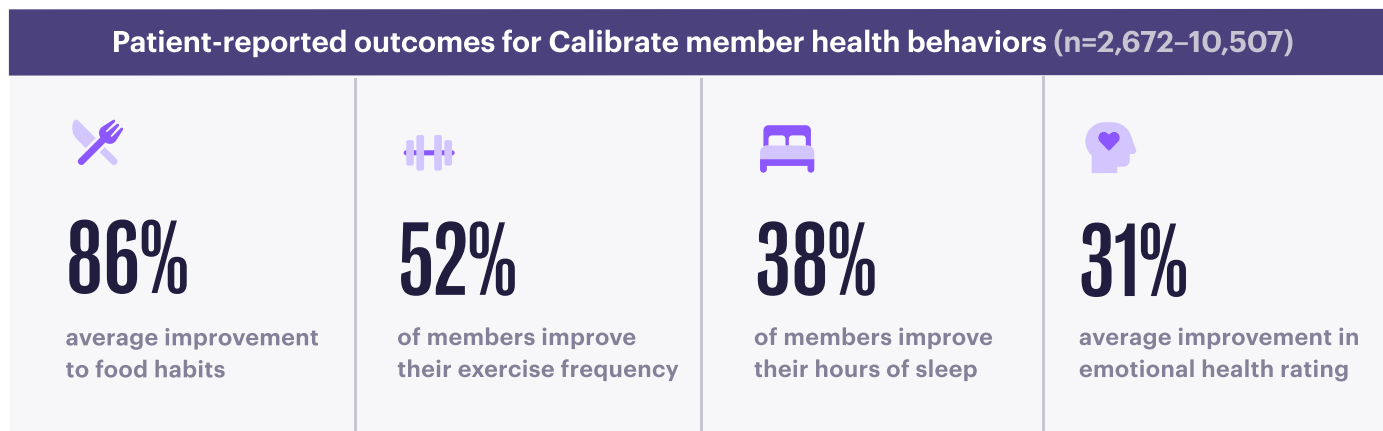


Figure 3. Average percent improvement from baseline to 12 months in patient ratings for self-perceived assessment of health, food habits, energy, and emotional health, shown by starting BMI category.

The Metabolic Reset offers coaching that results in sustainable healthy change for Calibrate’s members, with **87% reporting improved quality of life and 86% saying they have better overall metabolic health**. Enterprise members reported even higher satisfaction levels, with 93% noting improved quality of life and **96% committing to maintaining lifestyle changes after the program ends**. Additionally, **86% of enterprise members felt Calibrate delivered better results than medication alone**, and **78% felt equipped to sustain their results without medication**. These outcomes underscore Calibrate’s effectiveness in fostering long-term, holistic health improvements.



Calibrate’s results are achieved in real-world settings, highlighting the effectiveness of the full Metabolic Reset rather than relying solely on GLP-1 medication. While the industry faced medication shortages, Calibrate members still had sustainable weight loss outcomes.

A subanalysis on medication access found Calibrate members achieved significant weight loss outcomes despite widespread industry medication access challenges. Members averaged 8.2 GLP-1 fills in the first year, and members who only had 1-3 fills achieved nearly 10% weight loss at 12 months. **Members with as few as 4 GLP-1 fills lost >15% at 24 months. Calibrate members who never took a GLP-1 but participated in ILI and coaching had an average weight loss of 9% at 12 months** (n=495).

Additionally, Calibrate presents industry-leading data on medication tapering, with a small **subset of members sustaining an average weight loss of 22% at 52 weeks post GLP-1 cessation** (n=42), an important milestone in Calibrate’s work to provide comprehensive, personalized care for each member.

2 | Background

Obesity landscape

The obesity landscape has reached an inflection point, driven by unprecedented clinical trial results, expanding therapeutic options, and growing momentum for insurance coverage.^{1,2} Increasing evidence demonstrates the effectiveness of GLP-1s in treating obesity and associated metabolic conditions.^{3,4,5} However, a critical paradox persists: while scientific advances offer new possibilities for effective treatment, nearly 200 million American adults who qualify for obesity care face significant barriers to receiving comprehensive treatment.^{6,7} Access continues to be a significant challenge, with only one obesity-trained doctor for every 30,000 Americans living with overweight or obesity and less than 2% of qualifying adults receiving pharmacologic obesity treatment, despite FDA approval of effective therapies.^{7,8}

Impact on employers

The impact on employers is substantial and well-documented. Employees with obesity cost their organizations twice as much as those of normal weight, with costs increasing as obesity severity rises.^{9,10} Furthermore, employees with a BMI >40 miss 77% more work days than those with a normal BMI of <25, and are 76% more likely to file short-term disability claims.^{11,12} To address these challenges, Calibrate has developed a comprehensive, medically supervised digital program known as the Metabolic Reset, available in all 50 states and D.C. Calibrate's Metabolic Reset combines the power of GLP-1 medications with a proprietary intensive lifestyle intervention, 1:1 coaching, and digital tracking.

Calibrate maintains its position as a key clinical thought leader through its impressive record of real-world research, adding seven accepted abstracts in 2024, including research presented at the American Diabetes Association Scientific Sessions, the American Heart Association Scientific Sessions, Obesity Week, and the Endocrine Society ENDO conference, bringing its total to sixteen since 2022.

3 | Methods

Full population cohort

The results report analysis includes data from several Calibrate member cohorts. For full population weight outcomes, we evaluated 21,214 individuals who had received at least one month of a GLP-1 medication and completed at least 12 months of the Metabolic Reset, 17,475 of whom had a valid 12-month weight, as well as smaller subsets from this group who continued in the program and had valid weights at 24 months (n=5,137) and 36 months (n=442). This cohort included a subset of enterprise members who had reached 12 months in the program (n=150) and had weights at that time point (n=145). This expanded dataset represents our largest cohort to date and provides unprecedented insight into the long-term effectiveness of our comprehensive approach to obesity treatment. The data for metabolic markers, patient-reported outcomes for health habits, program satisfaction, and member engagement come from members in this cohort who completed specific metabolic lab tests or surveys (with the relevant n's provided for each set of metrics).

Distinct cohorts

Distinct cohorts were used to evaluate medication access, outcomes without GLP-1 medication, and members who tapered off GLP-1 treatment. Some members included in the GLP-1 cessation analysis were also part of the full population weight outcomes cohort, as they did have GLP-1 access; however, the analysis also included some members who had not yet made it to 12 months in the program. To evaluate medication access, from the cohort of 21,214, we assessed a subset of members who had GLP-1 prescriptions and fills from partner pharmacies (n=6,392). Focusing on members filling through partner pharmacies was done because it provided improved visibility into GLP-1 fill status (albeit imperfectly, as some may have still received fills from local pharmacies or outside of Calibrate).

We also evaluated distinct cohorts for a “no GLP-1” and “taper” analysis. Members included in the “no-GLP-1” evaluation (n=969) never had access to a GLP-1 medication and participated in the Metabolic Reset for at least six months; 495 of these members were in the program for at least 12 months and had valid 12-month weights. Finally, we identified 706 members who initiated cessation of GLP-1 (at any point in the program) and had partner pharmacy fill data. Weight, program, and medication status were followed for these members.

At enrollment, every Calibrate member's weight was verified on a cellular-connected scale, and subsequent weights were also captured with a cellular-connected scale, synced via device/app, or self-reported. Members in all cohorts except for the “no-GLP-1” group were treated with semaglutide (as Ozempic® or Wegovy®, or as oral medication Rybelsus®), tirzepatide (as Mounjaro™ or Zepbound®), liraglutide (as Saxenda® or Victoza®), and dulaglutide (as Trulicity®) with medication decisions determined by clinical appropriateness based on physician evaluation followed by insurance coverage and medication availability/inventory. Appropriate members were also treated with adjunct metformin. Baseline, 12-month, and 24-month metabolic labs were collected.

The Intensive Lifestyle Intervention (ILI) was a comprehensive, evidence-based curriculum for incremental change to food, sleep, exercise, and emotional health based on the best evidence for hormonal, microbiome, and behavioral impact on metabolic health, including core tenets of the insulin model of obesity. Members met with an accountability coach in 1:1 video sessions and participated in regular tracking of weight and lifestyle factors. Additional support and content were provided through online community and events.

Cohort Demographics					
		Full population (n=21,214)		Enterprise subset (n=150)	
		Average	SD	Average	SD
Starting BMI		36.6	6.4	31.7	6.4
Age		46.6	9.0	48.1	8.3
		n	%	n	%
Sex	Female	18,176	85.7	113	75.3
	Male	3,038	14.3	37	24.7
		n	%	n	%
Race	Asian	667	3.1	2	1.3
	Black	1,318	6.2	8	5.3
	White	17,344	81.8	125	83.3
	Latinx	892	4.2	10	6.7
	Native American or Alaska Native	91	0.4	1	0.7
	Native Hawaiian or Pacific Islander	40	0.2	0	0
	Other unknown	397	1.9	1	0.7
	No answer	465	2.2	3	2.0

Table 1. Baseline Characteristics: Full cohort and enterprise members enrolled in a real-world cohort undergoing medical management for obesity and overweight with a comorbidity using medication and intensive lifestyle intervention..

4 | Results

Weight Loss Outcomes

Calibrate’s Metabolic Reset program demonstrated consistent and sustained weight loss across multiple time points. **Members achieved average weight loss of 15.7% at 12 months** (n=17,475), with continued improvement to **17.2% at 24 months** (n=5,137) and **19.1% at 36 months** (n=442). These results are particularly noteworthy given they were achieved in a real-world setting with variable medication access (Figure 1).

Enterprise members showed comparable or superior results to our direct-to-consumer population, achieving **16.4% weight loss at 12 months** (n=145) and **17.2% weight loss at 18 months** (n=96). This success validates Calibrate’s ability to deliver consistent results in both the direct-to-consumer and enterprise channels. (Figure 2).

Consistent with clinical trials, females showed a higher average percentage of weight loss than males (16.2% vs. 13.0% at 12mo; 17.6% vs. 13.9% at 24mo); discrepancies were less pronounced for enterprise at 12 months. Members who start with a higher BMI experienced more weight loss through the Metabolic Reset. At 24 months, the subset that began with a BMI of 40+ (class III obesity) lost 19.2% (n=1,217), those who started with a BMI of 35-39.99 (class II obesity) lost 18.7% (n=1,502), those who started with a BMI of 30-34.99 (class I obesity) lost 16% (n=1,990), and those who started with a BMI <30 lost 12.9% (n=428) (Figure 4).

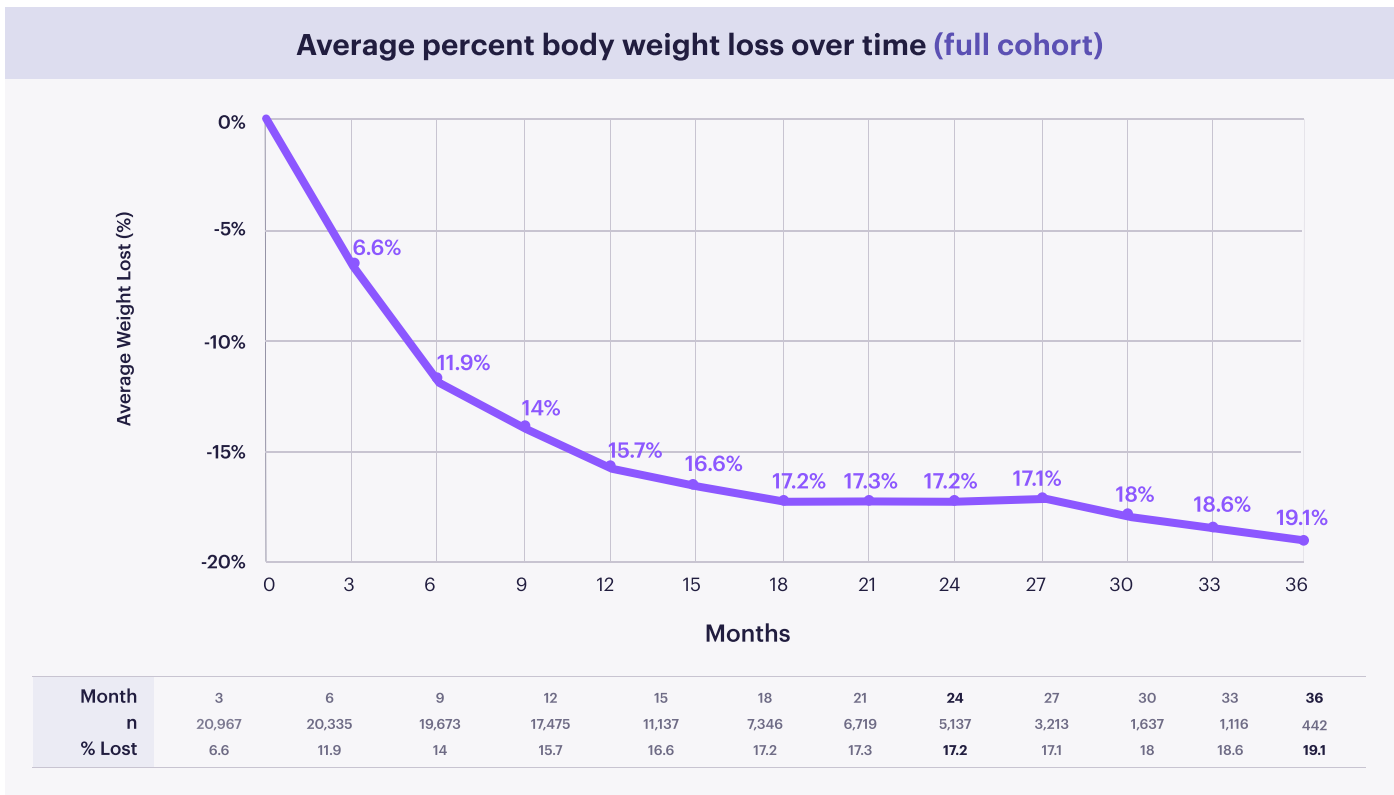


Figure 1. Average percent body weight loss trajectory over 36 months in the Calibrate program.

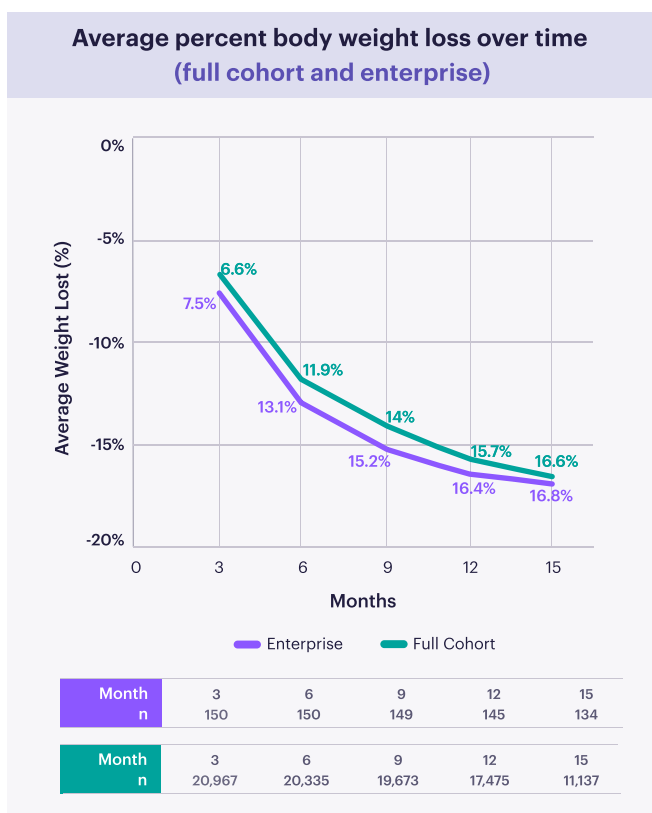


Figure 2. Average percent body weight loss trajectory over 15 months in the Metabolic Reset: full cohort (green) and enterprise population (purple).

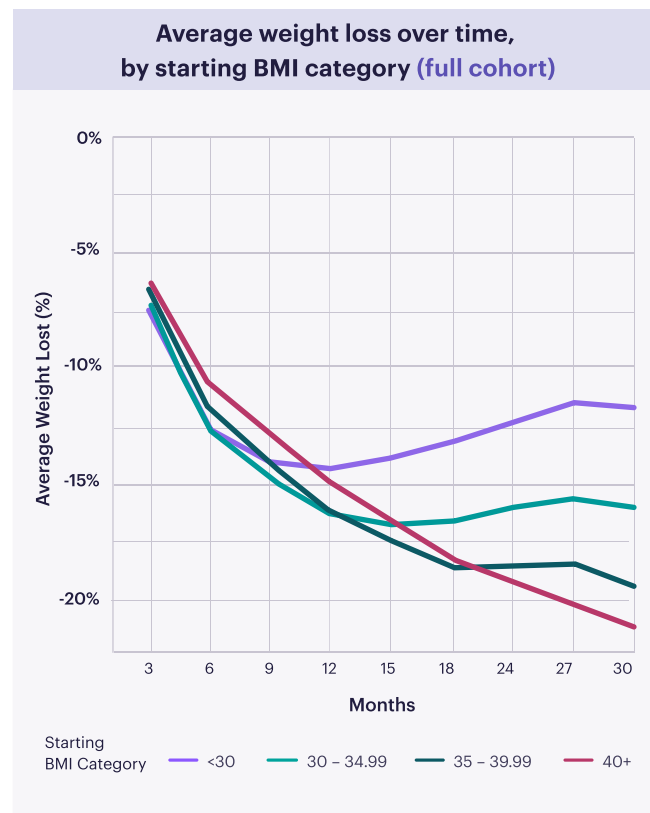


Figure 4. Average percent weight loss from baseline to 30 months shown by starting BMI category.

Medications were well tolerated with n=327 (5%) dropping out because of medication intolerance. Five additional members (0.7%) developed a contraindication to GLP-1s and withdrew from the program. **Program adherence was excellent, with only 22% of members with GLP-1 access stopping the program in the first year (n=7,012).** These data are important given external research suggests that over 2/3 of people taking GLP-1s do not continue beyond the first year and fewer than 30% take the medication as directed.

Metabolic Health Improvements

Calibrate’s impact extends well beyond weight loss, with significant improvements observed across key markers of metabolic health.

Waist circumference and BMI changes

Waist circumference, a critical indicator of metabolic health and cardiovascular risk, showed remarkable improvement, with **an average decrease of 6.1 inches over 12 months (n=8,317)**. This reduction is particularly significant as 95% of members started with waist circumferences that put them at elevated risk for metabolic disease (>35 inches for females, >40 inches for males). After 12 months of the Metabolic Reset, **35% of these at-risk members had achieved normal waist circumference measurements**, representing an average 13.9% overall reduction in waist size (Table 2).

	Total n	Average W.C., intake	Average W.C., 1 year	Average change	n at risk, intake	% at risk, intake	n at risk, 1 year	% at risk, 1 year
All members	8,317	43.2	37.1	-6.1	7,908	95.1	4,960	59.6
Female	7,346	42.7	36.7	-6.02	7,016	95.5	4,484	61.0
Male	971	46.7	40.3	-6.4	892	91.9	476	49.0

Table 2. Waist circumference (W.C.) change from baseline to 12 months for members who have waist circumference data available at both time points. Table shows raw numbers for waist circumference change and the improvement from “at risk” categorization.

Body Mass Index (BMI) improvements were equally impressive. With an average starting BMI of 36.6, 90% of the entire cohort began the program with obesity, categorized as a BMI ≥ 30 (n=21,214). For enterprise members, 98% started with a BMI ≥ 30 (n=147). At the end of 12 months, 58% of members who started with a BMI ≥ 30 at intake achieved a BMI < 30 (n=19,110). **Most remarkably, 16.4% of members with weights at 12 months achieved a BMI ≤ 25 ,** representing a return to the normal weight category (n=2,872). These categorical improvements in BMI status have significant implications for long-term health outcomes and healthcare costs (Figure 5A, 5B).

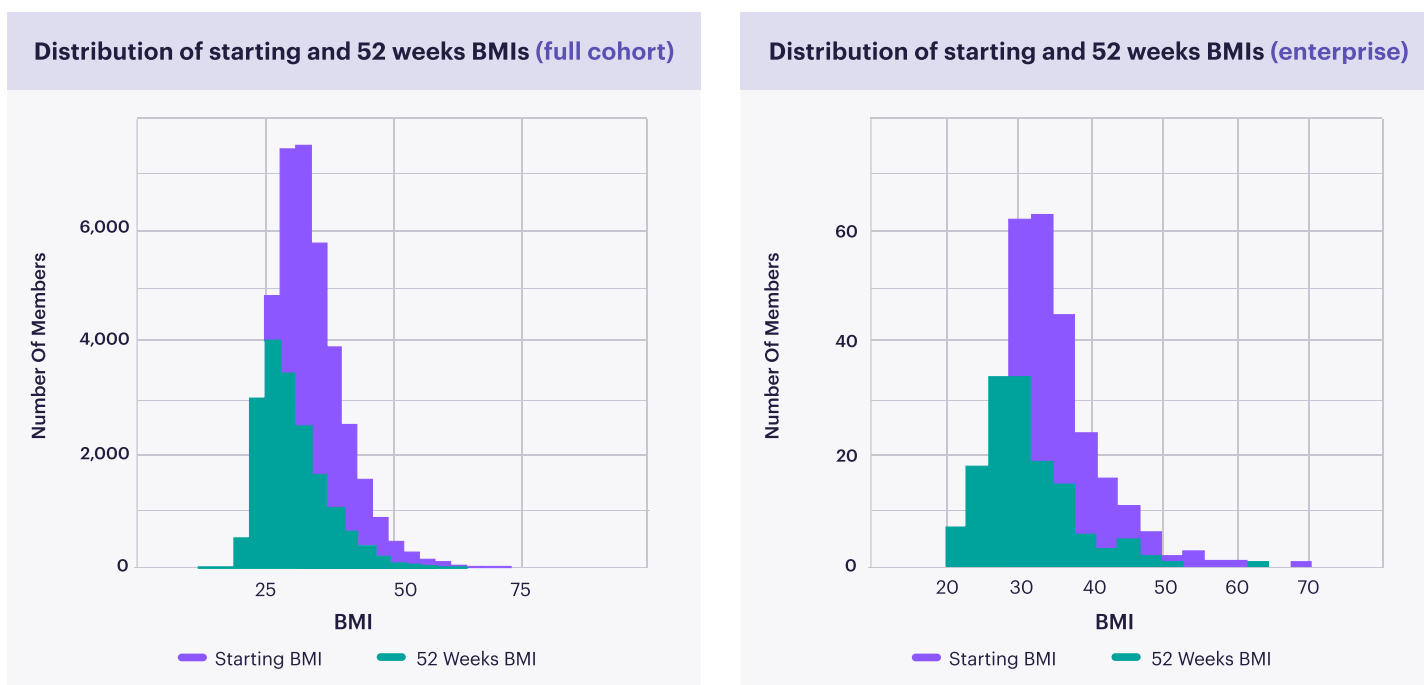


Figure 5. Distribution of BMI at both program start (purple) and following 52 weeks in the Metabolic Reset (green) for (A) the full cohort (n=21,214) and (B) enterprise members (n=150).

Lab results

The Metabolic Reset resulted in significant improvements to metabolic metrics at 12 months, with results sustained for those who continued with Calibrate. For members with lab data (n=4,004–4,756), statistically significant improvements ($p < 0.05$) were seen across all eight measured metabolic markers: **80.91% improved HbA1c**, **72.54% reduced triglycerides**, **66.88% improved LDL**, **82.94% reduced hs-CRP**, and **71.78% reduced insulin levels**. Liver enzyme markers AST and ALT also showed substantial improvement, with 60.67% and 67.93% of members, respectively, achieving reductions (Table 3).

Calibrate members experienced a notable impact in transitioning metabolic markers from abnormal to normal levels by one year. Perhaps most significantly, among members who started the program with diabetes or prediabetes, 76% achieved normal HbA1c levels (<5.7%) by program completion; **90% of members who have diabetes at baseline showed improvement in their disease categorization** (Figure 6). For members with abnormal AST and ALT, 89.95% and 76.94%, respectively, resolved to normal ranges. Positive changes were also seen in cardiovascular risk markers such as LDL, HDL, and hs-CRP. These outcomes highlight the Metabolic Reset's effectiveness in achieving broad, clinically significant metabolic health improvements (Table 4).

Enterprise members (n=58-64) demonstrated greater improvements in metabolic markers compared to the general cohort, with notable differences in hs-CRP and insulin levels. Among **enterprise participants, 91.38% improved hs-CRP** (from 8.22mg/L to 3.41mg/L), and **88.52% improved insulin levels** (17.65uIU/mL to 11.44uIU/mL). Other markers, including HbA1c (85.94% improved) and triglycerides (77.42% improved), also showed higher rates of improvement, underscoring the program's strong impact in employer-sponsored settings (Table 5).

A subset of the cohort (~4.5%) had laboratory data extending to two years, offering insights into the durability of metabolic improvements achieved through the Metabolic Reset. **All metrics improved, in particular, HbA1c improved in 73.7% of participants** (n=177); high-sensitivity C-reactive protein (hs-CRP), a marker of systemic inflammation, improved in 91.0% (n=178), with levels declining dramatically from 5.7 to 2.2; and triglycerides improved in 74.9% of members (n=174), dropping from 125.8 to 95.7. These data underscore the sustained and, in some cases, enhanced metabolic health improvements over two years, emphasizing the program's long-term efficacy (Table 3).

Full cohort lab averages and improvement

Lab	1 year				2 years			
	n with lab, intake & 1 year	Average, intake (has intake, 1 year)	Average, 1 year	% improved, intake to 1 year	n with lab, intake & 2 year	Average, intake (has intake, 2 years)	Average, 2 years	% improved, intake to 2 years
HbA1c	4,677	5.5	5.2	80.9	910	5.5	5.3	73.7
HDL Cholesterol	4,756	57.5	59.9	57.7	899	56.9	63.2	73.5
LDL Cholesterol	4,731	124.2	113.5	66.9	895	124.6	110.5	72.5
Triglycerides	4,748	127.4	99.5	72.5	899	125.8	95.7	74.9
AST	4,742	21.4	19.0	60.7	907	21.6	19.0	58.2
ALT	4,736	24.8	19.4	67.9	908	24.5	18.5	69.6
HS-CRP	4,067	5.7	3.3	82.9	822	5.7	2.2	91.0
Insulin	4,004	15.5	11.0	71.8	840	16.4	11.6	71.1

Full cohort lab abnormal to normal resolution

Lab	1 year			2 years		
	n abnormal at intake (who have intake & 1 year)	n normal, 1 year	% improved who had intake & 1 year	n abnormal at intake (who have intake & 2 year)	n normal, 2 year	% improved who had intake & 2 year
HbA1c	1,366	1,041	76.2	295	222	75.3
HDL Cholesterol	644	346	53.7	122	82	67.2
LDL Cholesterol	3,549	817	23.0	679	178	26.2
Triglycerides	1,240	838	67.6	230	159	69.1
AST	199	179	89.9	33	32	97.0
ALT	772	594	76.9	150	126	84.0
HS-CRP	2,270	1,215	53.5	466	343	73.6
Insulin	629	482	76.6	135	105	77.8

Enterprise subset cohort lab averages and improvement

Lab	n with lab at intake & 1 year	% improved	Average, intake	Average, 1 year	n abnormal, intake (who have 1 year)	n normal, 1 year	% improved who had intake & 1 year
HbA1c	64	85.9	5.7	5.3	30	21	70.0
HDL Cholesterol	62	59.7	54.9	56.8	6	5	83.3
LDL Cholesterol	62	69.4	123.5	109.9	51	15	29.4
Triglycerides	62	77.4	130.7	95.3	18	14	77.8
AST	62	58.1	21.0	19.4	2	2	100.0
ALT	62	71.0	26.6	21.8	10	5	50.0
HS-CRP	58	91.4	8.2	3.4	32	20	62.5
Insulin	61	88.5	17.6	11.4	10	8	80.0

Table 5. Metabolic lab changes for enterprise cohort.

Proportion (%) of members who achieved HbA1c of Diabetes, Prediabetes or Normoglycemia at 12 months

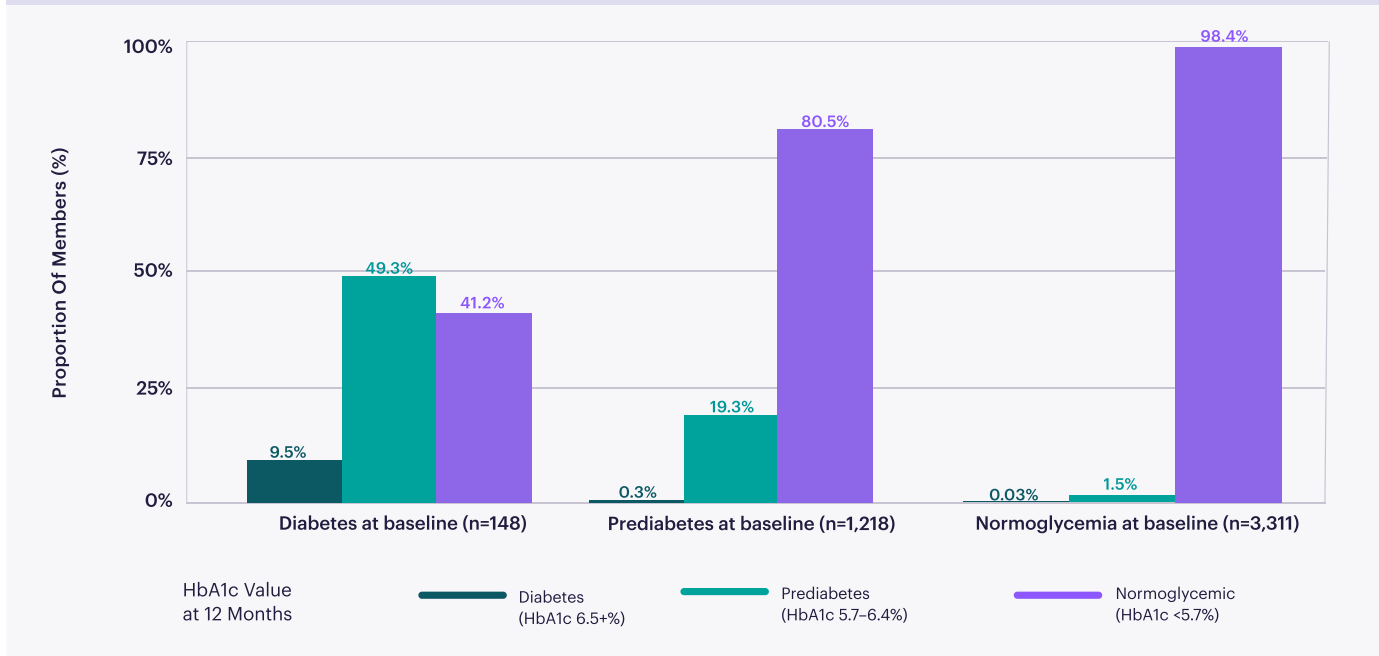


Figure 6. Proportion of members with HbA1c lab values at both baseline (purple) and 12 months (green) who achieved normoglycemia, prediabetes, or diabetes (dark green) HbA1c status at 12 months grouped by their baseline HbA1c status.



Medication Access: Results in the Real World

To evaluate utilization patterns and outcomes associated with GLP-1 access, we conducted a subanalysis of n=6,392 members who exclusively utilized partner pharmacies for their prescriptions. This subgroup's demographics were consistent with the broader Calibrate population: 84.5% female with an average age of 46.2 years, with similar income, racial, and educational distributions. Nearly all members (99%) were direct-to-consumer (DTC) participants, with only 1% enrolled as enterprise members.

Members began GLP-1 therapy at an average of 5.46 weeks into their program and received an average of 8.21 GLP-1 fills in the first year and 10.44 fills throughout the program (range: 1–39, Table 6). Enterprise members, supported by employer coverage, demonstrated higher utilization with an average of 11.87 fills in the first year. On average, members accessed 1.36 different GLP-1 medications (range: 1–5), with Ozempic® being the most commonly filled medication (55%), followed by Wegovy® and Mounjaro™.

In this subanalysis, 72.5% of members (n=4,633) experienced at least one medication disruption (defined as at least 13 weeks without GLP-1 access) and 11.1% experienced multiple disruptions. However, even with disruptions, weight loss outcomes remained clinically significant; disrupted members achieved an average weight loss of 13.7% at 12 months and 14.9% at 24 months, compared to 17.0% at 12 months and 20.1% at 24 months for those without disruptions (Figure 7). This resilience to medication disruption highlights the strength of Calibrate's comprehensive approach.

Clinically significant weight loss was achieved with fewer GLP-1 fills. Calibrate members who only had 1-3 fills in their first year achieved 9.7% weight loss at 12 months (n=397). When looking at 24 months of medication access, members who had 4-6 GLP-1 fills over that timeframe lost 15.4% at 12 months (n=62), 19% at 24 months (n=31); members with 7-9 fills lost 17.2% at 12 months (n=137) and 16.4% at 24 months (n=54); and members with 10-12 fills over 24 months lost 16.9% at 12 months (n=293) and 15.2% at 24 months (n=141). (Figure 8).

Timeframe analyzed	Total GLP-1 fills (mean±SD)	Distinct GLP-1s filled (mean±SD)
Month 0-12	8.2±3.3	1.3±0.53
Month 0-24	15.3±5.4	1.5±0.73

Table 6. Real-world GLP-1 access with total and distinct GLP-1 fill numbers for patients in a commercial program. Data are shown by months 0-12 only and for the entire program (out to 24 months).

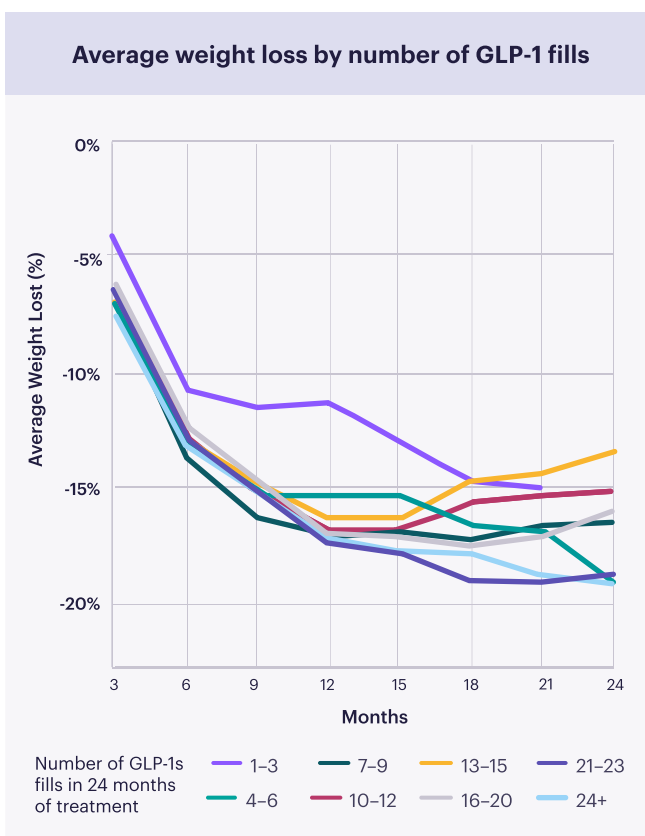
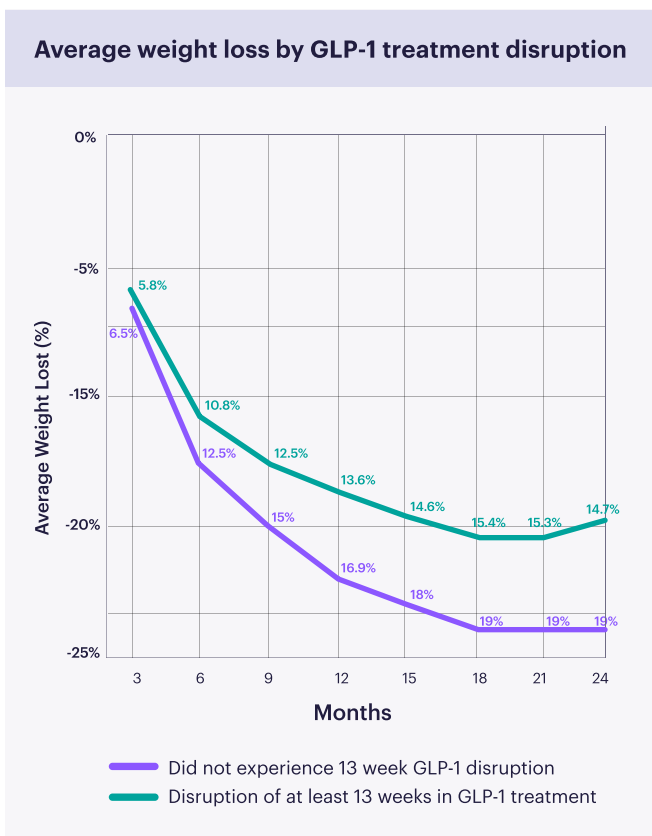


Figure 7. Average percent body weight loss from baseline to 24 months separated by whether a member had a lapse in GLP-1 medication of at least 13 weeks at any point during their time in the program.

Figure 8. Average percent body weight change from baseline to 24 months as shown by the number of GLP-1 fills patients had during that time frame.

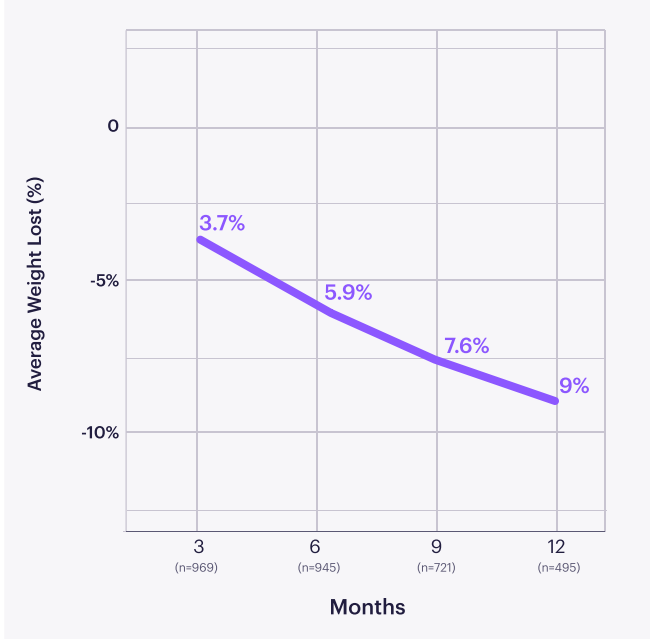
Results Without GLP-1s: “ILI-Only”

Calibrate’s intensive lifestyle intervention (ILI), coaching, and tracking deliver clinically meaningful results even without GLP-1s. Evaluation of members who participated in the Metabolic Reset without GLP-1 medications provides important insights into the independent efficacy of Calibrate’s model. In a distinct cohort of 969 members who never received GLP-1 medications during their first program year, we observed clinically significant weight loss achieved through behavioral intervention alone or with metformin therapy.

Members who did not take GLP-1s but participated in the Metabolic Reset demonstrated consistent progress, achieving 9.0% weight loss at 12 months (n=495) (Figure 9). In this analysis, the use of metformin did not appear to improve results beyond ILI alone; rather, members who received ILI without metformin achieved 9.1% weight loss at 12 months (n=234), while those with adjunct metformin therapy showed 8.9% weight loss (n=261) (Figure 10).

This demonstration of clinically significant weight loss in the absence of GLP-1 medications underscores the value of Calibrate’s comprehensive intensive lifestyle intervention, particularly for populations where medication access may be limited.

Average percent body weight loss for members who did not access a GLP-1



Average percent body weight loss for members who did not access a GLP-1 by Metformin fill status

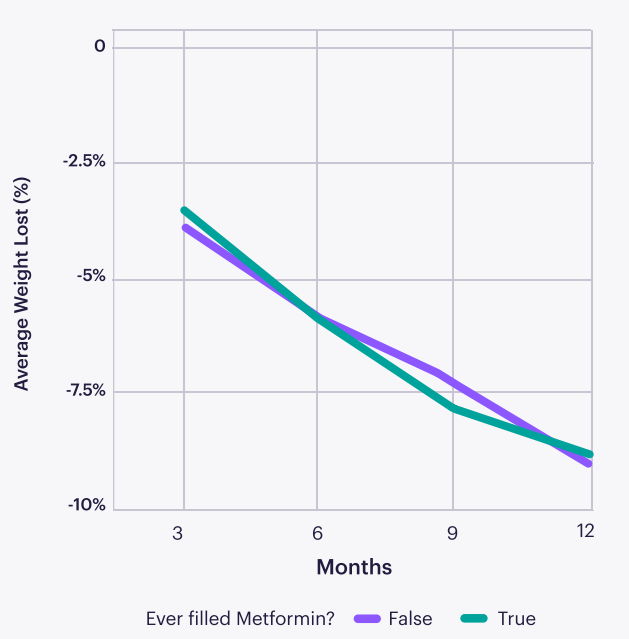


Figure 9. Average percent body weight loss from baseline to 12 months for members participating in the Calibrate program who never accessed a GLP-1.

Figure 10. Average percent body weight change from baseline to 12 months for members participating in the Metabolic Reset who never accessed a GLP-1; shown as ILI only (purple) or ILI and metformin (green).

↓ Tapering Success

The decision to taper involves a thoughtful discussion between the clinician and the member, guided by a shared decision-making process. This discussion takes into account the member’s medical history, potential side effects, weight loss goals and objectives, personal preferences, and situational factors including insurance coverage and costs. The primary aim is to ensure that members achieve significant, sustainable metabolic health and weight loss outcomes. It’s crucial to understand that no Calibrate member is compelled to taper if continuing the medication is deemed clinically indicated, safe, and appropriate.

Evaluating the durability of weight loss after GLP-1 medication is stopped represents a critical frontier in obesity treatment. From our total member population, we identified 706 members with partner fill data who initiated GLP-1 tapering. The taper cohort demonstrated strong outcomes prior to medication cessation. These members started with a lower average BMI (31.6) compared to the general program population and achieved substantial weight loss averaging 23.4% before initiating taper. **At the time of GLP-1 cessation, the average BMI was 23.9, with 86.4% of members having achieved a BMI below 30.**

We tracked outcomes following GLP-1 cessation. At the 52-week mark, 271 (38.4%) members had resumed GLP-1 medication (with 55.4% resuming within 6 weeks), 299 (42.4%) had exited the program, and 73 (10.3%) remained off medication, though weights were unavailable for 31 of these members. Notably, 63 (8.9%) members had not yet reached the 52-week post-taper timepoint at analysis.

Members who maintained cessation of GLP-1 had excellent results. At 6 months post-taper, these members preserved an average weight loss of 21.6% (n=143). This success continued through 12 months, with an average weight loss of 22.4% (n=42) (Figure 11). At 52 weeks post-cessation, 92.9% (n=39) maintained at least 10% weight loss from their starting weight, and 83.3% (n=35) maintained 15% or greater weight loss (Table 7). **Even those who resumed medication maintained substantial weight loss, with 90.4% maintaining greater than 10% weight loss from their program start.** Members who resumed medication still had an average of 20.4% weight loss at the time of returning to GLP-1s (Table 8).

These data support Calibrate’s work to utilize different strategies for maintenance, including ILI and other AOMs, as well as potentially using different dosing intervals to deliver results that are sustainable from a patient adherence and cost-effectiveness perspective.

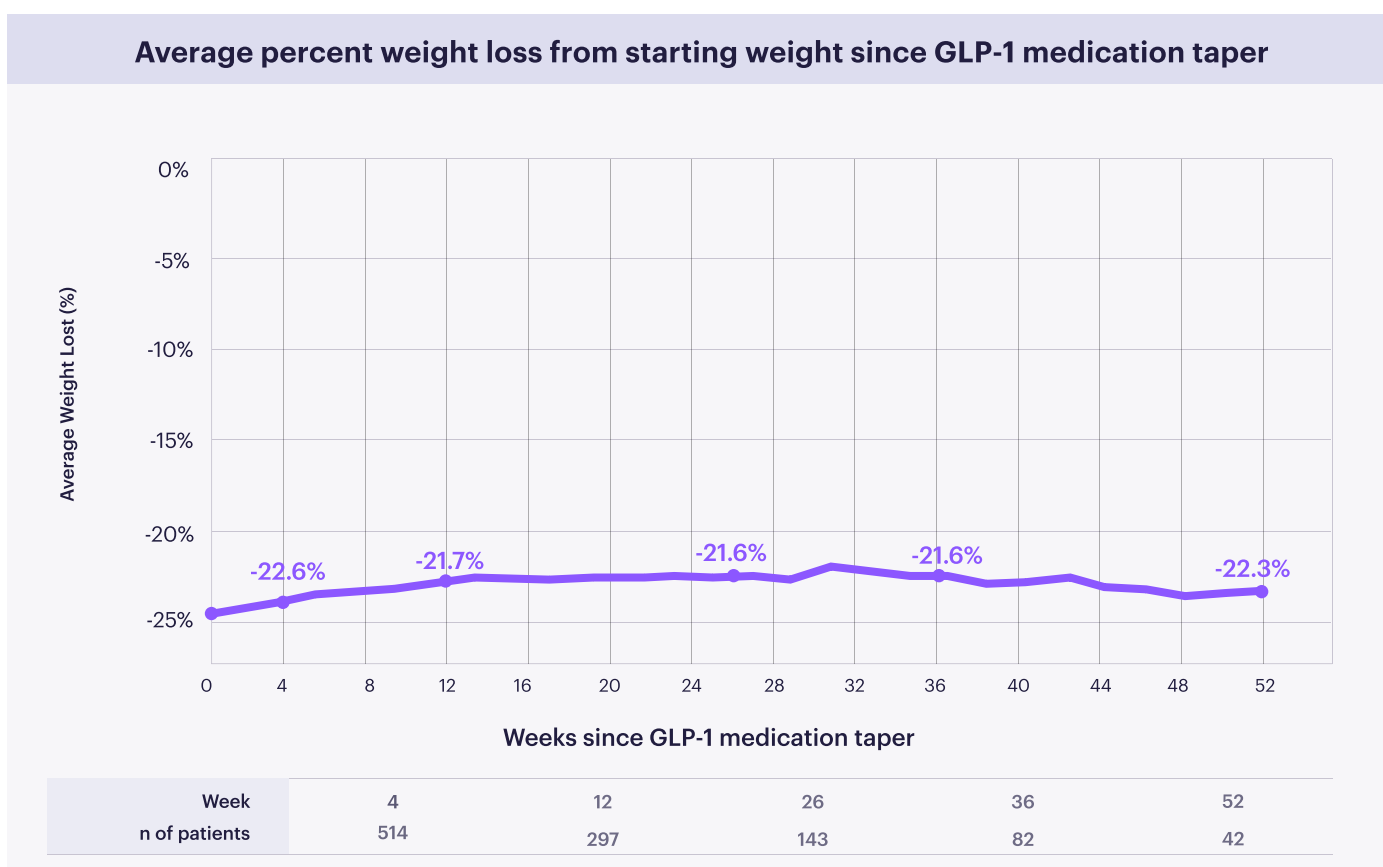


Figure 11. Average percent body weight change from baseline to 12 months for members who stay off GLP-1 medication with weights available at each time point. Exact average weight change and n of members available for analysis (predicated on reaching that point in the program, staying off GLP-1, and having an available weight) listed at each time point.

Weeks post GLP-1 cessation	n still off GLP-1 medication	Keeping off $\geq 10\%$ of program start weight*		Keeping off $\geq 12.5\%$ of program start weight*		Keeping off $\geq 15\%$ of program start weight*	
		n	%	n	%	n	%
0	706	657	98.4	630	94.3	599	89.7
4	563	496	96.5	471	91.6	443	86.2
12	351	279	93.9	268	90.2	245	83.5
26	191	131	91.6	124	86.7	115	80.4
36	129	76	92.7	72	87.8	65	79.3
52	73	39	92.9	38	90.5	35	83.3

Table 7. Weight change at distinct intervals post GLP-1 cessation for patients who continue to stay off GLP-1s and have available weights at that time point (defined as week +/-28 days). N and % who have achieved weight loss of 10%, 12.5%, and >15% are shown.*

*Of note this is a small percentage of total patients who initially stopped GLP-1 medication.

% weight change when GLP-1 medication is resumed	As measured from program starting weight		As measured from weight at the time of GLP-1 cessation	
	n	%	n	%
Gained >20%	0	0	11	4.1
Gained 10% – 19.99%	1	0.4	18	6.6
Gained 5% – 9.99%	0	0	41	15.1
Gained 2.5% – 4.99%	0	0	27	9.7
Gained 0% – 2.499%	1	0.4	72	26.6
No change (no loss or gain)	0	0	20	7.4
Lost up to 2.499%	3	1.1	35	12.9
Lost 2.5% – 4.99%	0	0	10	3.7
Lost 5% – 9.99%	19	7.0	3	1.1
Lost 10% – 19.99%	100	36.9	0	0
Lost 20% – 29.99%	119	43.9	0	0
Lost >30%	26	9.6	0	0
Weight not available	2	0.7	34	12.5

Table 8. Weight change relative to program starting weight and also GLP-1 medication cessation weight at the time of resumption of GLP-1 medication.

Changes to Health Behaviors

Calibrate’s comprehensive ILLI and coaching program are important contributors to lifestyle transformations and health improvements. Our analysis reveals meaningful changes across key health behaviors, energy levels, and overall well-being.

Members reported improvements across all patient-reported outcomes (n=9,516–10,507). Importantly, food habit ratings improved by 86%. Energy levels increased by nearly 60%, hours of sleep improved for 37% of members, 52% of members improved their exercise frequency, and emotional and overall health also showed significant gains (Figure 12 A, B, C). Importantly, members who started at a higher BMI (>40) consistently demonstrated more significant improvements in patient-reported health behaviors with Calibrate’s Metabolic Reset. For example, this group reported a 106% improvement in food habits (Figure 3).

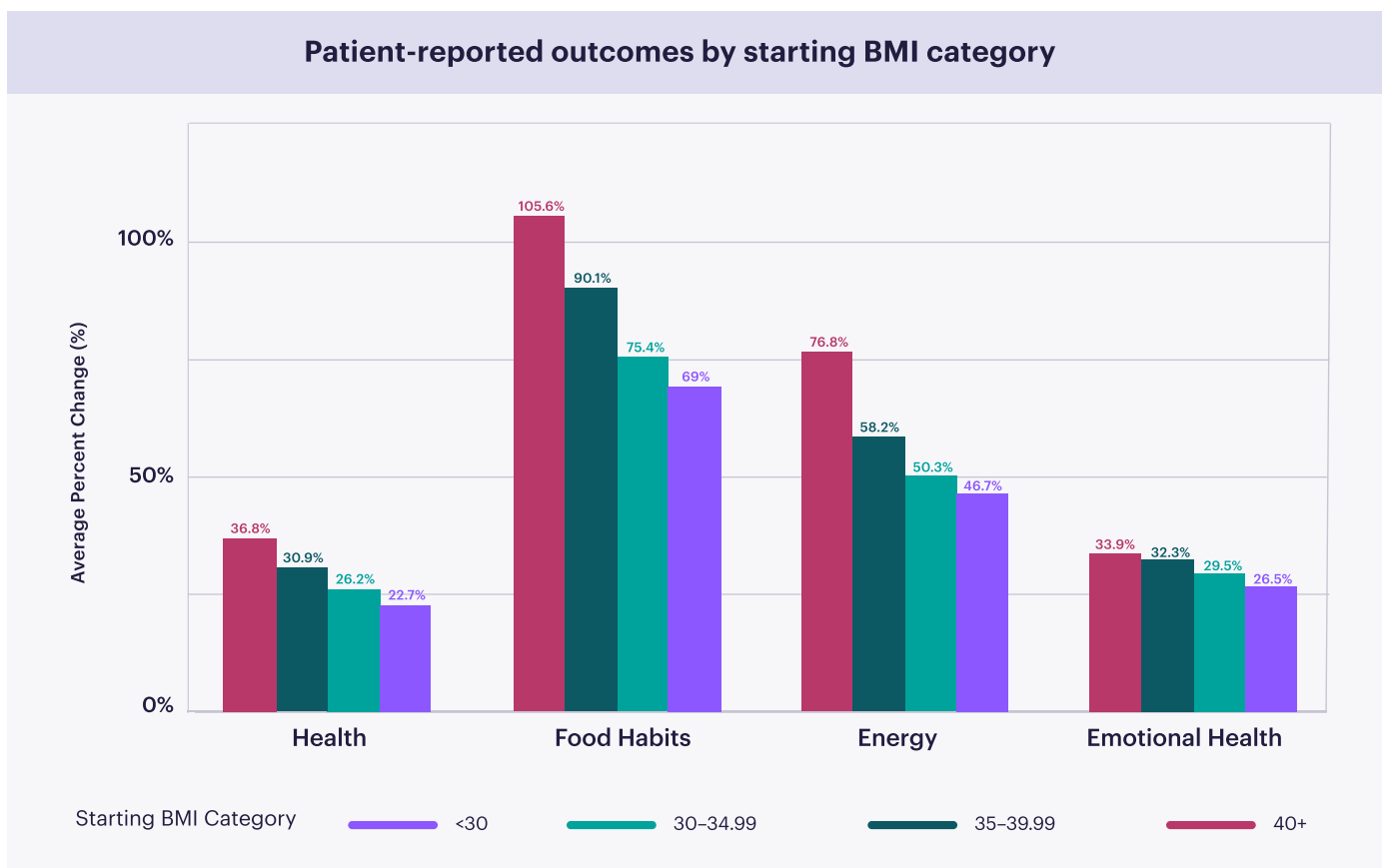


Figure 3. Average percent improvement from baseline to 12 months in patient ratings for self-perceived assessment of health, food habits, energy, and emotional health, shown by starting BMI category.

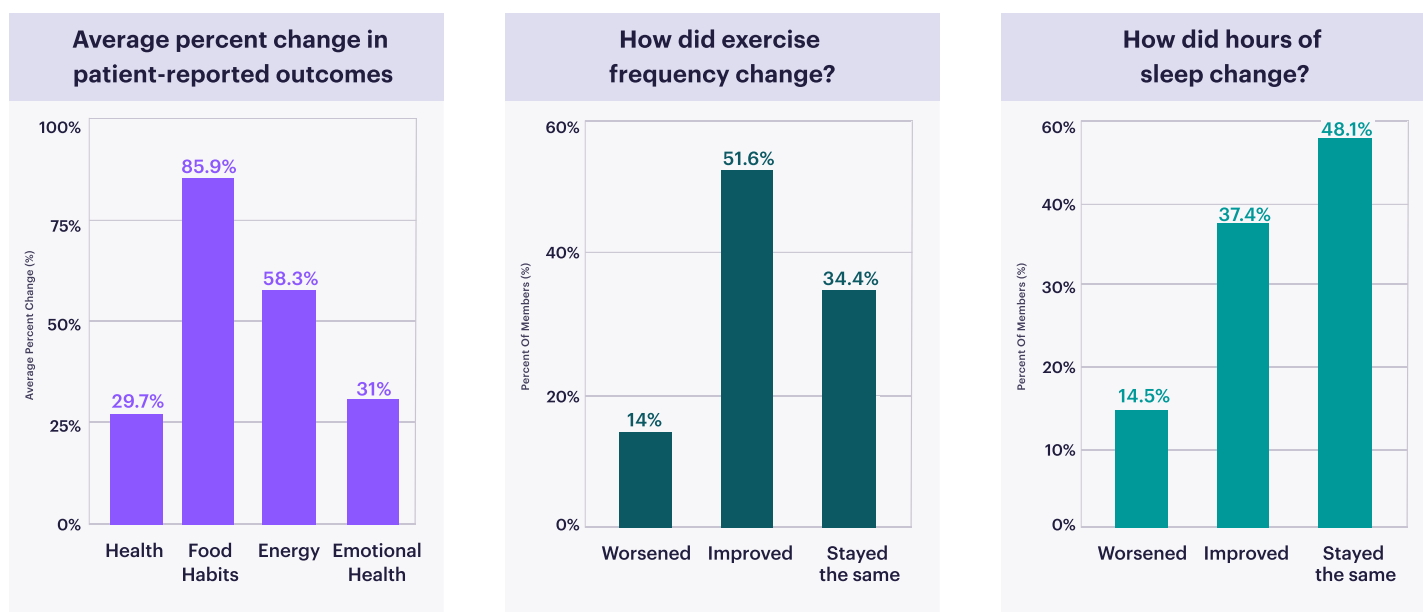


Figure 12. Members' self-assessment of changes to health habits (A), exercise frequency (B), and hours of sleep (C) relative to baseline after 12 months of program participation.



Engagement

Members stay engaged in Calibrate's Metabolic Reset, with 92% of enterprise members (n=132) and 62% of the full population (n=12,789) demonstrating program engagement and continued enrollment at 12 months (defined as having weighed and tracked within the last month). As anticipated, some members discontinue the program due to involuntary reasons, such as no longer meeting the eligibility criteria. These disenrollments are excluded from this data. Biweekly coaching session attendance averaged 80% in the first six months and 70% across the first year.

Member engagement is further demonstrated by active tracking of key program components; members consistently logged at least one health metric (weight, energy levels, or food choices) three or more times per week for 67.2% of 52 weeks. On average, enterprise members attended two more coaching sessions per year and were more likely to track weight at least three times per week.

Most significantly, the data reveal that consistent engagement drives better outcomes: members who tracked their weight and behaviors more frequently achieved substantially better results than those who tracked less often (Table 9).

Calibrate’s Metabolic Reset engagement						
Metric, tracked at least 3x/week	Average percent for metric tracking	Above Average		Below Average		p-value from t-test
		n	Average weight change at 52 weeks	n	Average weight change at 52 weeks	
Weight	63.3	11,939	-17.1	8,988	-13.2	5.98e-175
Red Foods	44.6	10,200	-17.2	10,727	-14.0	6.65e-133
Energy Level	45.1	10,117	-17.2	10,810	-14.1	2.74e-129
Tracking 1+ metrics	67.3	12,319	-17.1	8,608	-12.9	3.65e-194
Tracking 2+ metrics	46.7	10,228	-17.2	10,699	-14.0	1.51e-133
Tracking 3 metrics	39.0	9,728	-17.2	11,199	-14.1	2.83e-136
Coaching Attendance (2x/month)	69.9	12,056	-16.5	8,871	-14.4	7.44e-52

Table 9. Habit tracking, including weight, red foods, and energy as well as coaching session attendance for members in the Metabolic Reset. Members who tracked or participated at or above average had statistically significant greater weight loss.



Satisfaction & Success Beyond Calibrate

Calibrate’s Metabolic Reset has a transformative impact on members’ health and habits. In survey responses from a subset of 1,802 members, **87% reported improved quality of life** and 86% noted better overall metabolic health. Importantly, 85% of members found the program’s lifestyle changes gradual and easy to integrate into their daily lives, and 89% plan to continue these changes beyond the program.

Enterprise members reported even greater satisfaction and impact: 93% of enterprise members experienced improved quality of life, and 96% intend to maintain the lifestyle changes they learned beyond Calibrate.

Furthermore, 86% believed the program achieved better results than medication alone, and 78% felt they gained the tools to sustain their results without ongoing reliance on medication. These figures highlight the program’s effectiveness in fostering independence and long-term health resilience.

The program’s influence extends beyond individual members, with 87% of enterprise members reporting that Calibrate had a positive effect on their family’s health habits. Calibrate drives enduring health interventions by making health improvements achievable, maintainable, and impactful beyond the individual (Table 10).

Satisfaction survey question	Full Cohort	Enterprise Cohort
	% of members who agree or strongly agree with statement (n=1,802)	% of members who agree or strongly agree with statement (n=94)
Achieve better results than medication alone	73%	86.1%
Calibrate improved overall quality of life	87.1%	92.6%
Calibrate provided more effective treatment than medical care	78.5%	89.4%
Changes positively affected family health habits	76.6%	87.3%
Changes were gradual and easy to integrate	85.3%	91.5%
Happy with results from Calibrate	84.5%	93.7%
More effective than other programs	79.7%	91.4%
Not restrictive, easy to maintain	81.8%	90.5%
Overall metabolic health improved	86%	92.5%
Provided tools to sustain results without meds	64.9%	77.6%
Will continue lifestyle changes after Calibrate	89%	95.8%

Table 10. Members from both the whole cohort and enterprise only subset who agree or strongly agree with satisfaction questions about the Calibrate's Metabolic Reset.

5 | Conclusion

The 2025 Results Report reinforces Calibrate's position as a leader in obesity treatment, highlighting exceptional three-year longitudinal outcomes from our largest cohort to date.

Key milestones in Calibrate's evolution include the successful expansion into enterprise populations, and Calibrate's success in driving results beyond the scale, with significant improvements across critical metabolic markers—HbA1c, insulin, LDL cholesterol, and inflammation—that reduce risks associated with chronic metabolic conditions.

Importantly, this report demonstrates the broader value of the Calibrate's Metabolic Reset. **Beyond GLP-1 medications, Calibrate achieves clinically significant results even without GLP-1s or during medication disruptions.** Through ILLI, coaching, and tracking, the Metabolic Reset delivers greater impact when GLP-1s are used in combination with therapy to achieve significant weight loss without GLP-1s. Early, industry-leading data on tapering further establishes real-world possibilities for sustainable results. Calibrate members on the Metabolic Reset experience significant improvements in health behaviors, quality of life, energy levels, and emotional well-being, with most achieving sustainable lifestyle changes that support long-term health resilience.

The findings in the 2025 Results Report solidify Calibrate's position as a leader in the industry, combining a holistic, evidence-based approach with rigorous research and a scalable program design. These results demonstrate sustained weight loss and metabolic improvements relevant to diabetes and cardiovascular health. While also presented at premier conferences such as the American Diabetes Association, the American Heart Association, and the Obesity Society's Obesity Week, Calibrate's findings highlight our impact on health outcomes and our role in advancing obesity care, aligning with our mission to change the way the world treats weight.

With nearly 200 million Americans affected by overweight or obesity, the economic and societal burden is immense. Traditional models reliant solely on high-cost medications are unsustainable. **Calibrate offers a scalable, sustainable alternative that not only sets a new standard for obesity treatment but actively shapes the future of accessible care.**

As the pioneers of comprehensive obesity treatment, Calibrate remains dedicated to innovation and integrity. We focus on enhancing engagement, tracking, and habit change interventions while sharing real-world data with the industry to help the broader scope of obesity treatment continue to evolve. By developing predictive models for weight loss and exploring the program's impact on chronic conditions, we're paving the way for personalized, cost-effective care.

6 | References and Acknowledgements

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