Benefits Canada
HEALTHCARE SURVEY 2025

TEST OF TIME

Members and sponsors share their views to help solve for the sustainability of health benefits plans

Benefits Canada HEALTHCARE SURVEY 2025

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MEETING THE MOMENT

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BENEFITS CANADA

It's a pivotal time for benefits plan sponsors.

Over the past few years, the *Benefits Canada Healthcare Survey* has shown that many are attempting to strike a balance between supporting plan members' health and keeping their plan sustainable, while facing increasing expectations that they backstop an overtaxed public health system. This year, that balancing act is only made more challenging amid growing indications of poor financial health among plan members and geopolitical and economic upheaval from trade war with the U.S. that's undoubtedly affecting many plan sponsors' core businesses.

Interestingly, there are signs that cost concerns are less pressing than they were last year. Plan sponsors are once again far more likely to be adding or improving coverage than reducing it and their top concern about their plan this year was its competitiveness. Wellness programs are also a continued focus area, with half reporting they now have a documented wellness strategy.

But as members of our multi-stakeholder advisory board pointed out in a two-day roundtable discussion in April, plan sponsors can't add coverage indefinitely. And doing so doesn't address the benefits knowledge gap among members: several results in this year's survey suggested many plan members don't understand what their plans cover, as well as the intention and value of their plans. As our board discussed, for benefits plans to stand the test of time, plan sponsors will require coverage that's tailored to the needs of their workforce and will also need to crack the particularly tough nut of effective plan communication.

At *Benefits Canada*, we wanted to ensure our own report meets the test of time and continues to bring readers relevant insights. This year, we've introduced or brought back questions on topical issues, including plan sponsors' access to utilization data and coverage for health-care navigation and plan members' views on their employer's role in illness prevention, preferred provider networks and proactive health-related nudges from their plan providers.

We hope these and other insights contained in the report paint a clearer picture of the industry's efforts to meet a challenging moment.

HEALTH CHECK-UP

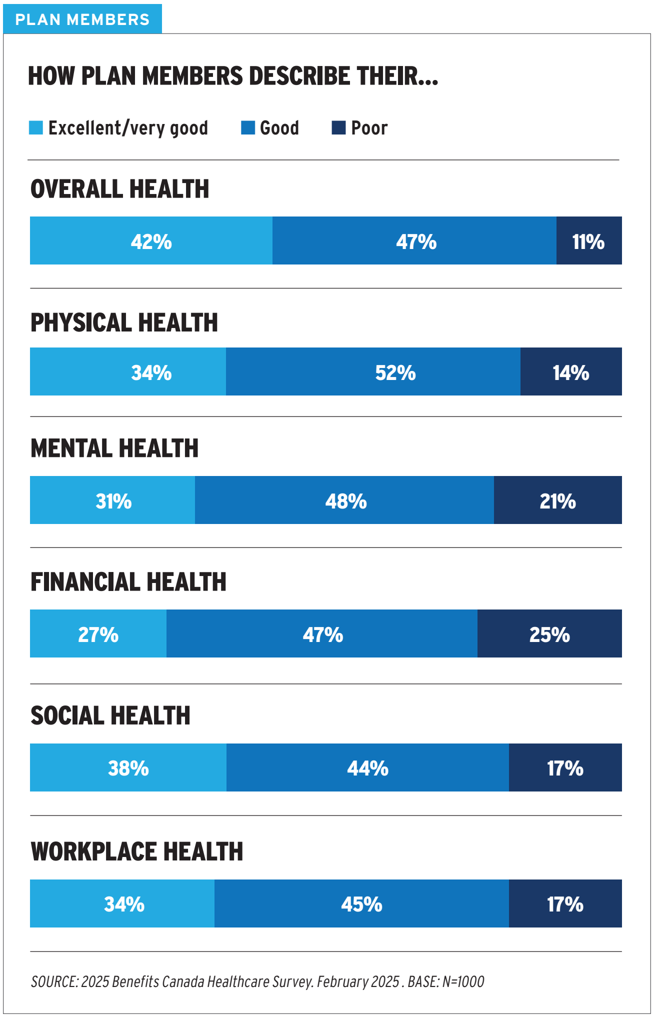
While most plan members said their overall health was good, the share who reported excellent or very good mental health declined and one in four rated their financial health as poor. A record number of plan members reported high to extreme daily stress, continuing a three-year trend. Two-fifths said they're overdue to see a doctor. Exercise, better sleep and eating better were plan members' top desired lifestyle changes. Nearly six in 10 plan members are currently dealing with at least one chronic condition and roughly two in five are living with chronic pain. One in five respondents said they take three or more prescription drugs regularly. Most plan members get their medication at the same pharmacy all or most of the time and are largely receptive to preferred provider networks.

OVERALL HEALTH POSITIVE

- Nine in 10 (89%) plan members described their overall health as excellent (10%), very good (32%) or good (47%).
- As in previous years, 11% described their overall health as poor, which jumped to 60% among those whose physical health was poor, 32% among those who described their benefits plan quality as poor and 28% who described their workplace health – or the quality of their work environment and its impact on their health – as poor.
- Poor personal health was also higher among plan members who described their social health – or the quality of their social network and relationships – as poor (26%), who take three or more prescription drugs (26%) and who described their mental health as poor (25%).
- The majority (86%) of plan members also described their physical health as excellent (7%), very good (27%) or good (52%).
- Fourteen per cent felt their physical health was poor, shooting up to 83% among those in general poor health, 39% among those who felt their benefits plan quality was poor and 39% among heavy mental-health benefits users.
- Plan members who didn't understand what their benefits plan covers were more likely to describe their overall health (25%) and physical health (28%) as poor.

MENTAL HEALTH ON THE DECLINE

- Approximately one in three (31%) plan members described their mental health as excellent or very good, a drop from a consistent two in five over the past three years. A large proportion of that decline was due to members reporting their mental health as just good (48%, up from 42% in 2024).



- One in five (21%) said their mental health was poor, a slight increase from 17% last year. Plan members who felt their benefits plan quality was poor were the most likely to report being in poor mental health (58%).
- The other dimensions of health have a demonstrated impact on mental health: plan members with poor social health (56%), poor physical health (51%), poor workplace health (50%) and poor financial health (43%) were more likely to rate their mental health as poor.
- Self-reported poor mental health was also higher among heavy users of mental-health benefits (42%), plan members who don't understand what's covered by their plan (38%) or who felt their plan doesn't meet their needs (36%), those who reported suffering from high to extreme daily stress (34%) and members who reached the annual maximum for their mental-health benefits (31%).
- One in five (20%) plan members had a diagnosed mental-health condition, such as depression or anxiety and, among this group, 47% self-reported poor mental health in the past year.

STRESS LEVELS REMAIN HIGH

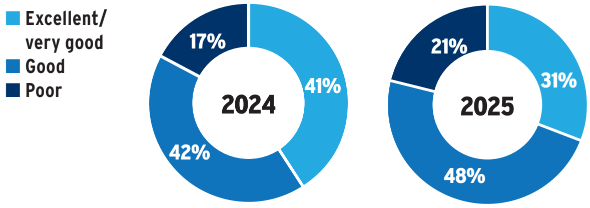
- Four in 10 (39%) plan members reported experiencing high to extreme levels of stress daily over the last three months, roughly consistent with 2024 (36%) and 2023 (38%).
- The share was much higher among plan members who reported reaching the maximum for their mental-health coverage (68%), who were in poor mental health (66%), who said the quality of their plan was poor (65%) and who said their workplace health was poor (64%).
- Newcomers to Canada (55%), 18- to 34-year-olds (49%), plan members experiencing chronic pain (48%) and those with caregiving responsibilities (45%) were also more likely to report high to extreme levels of stress.

FINANCIAL, SOCIAL AND WORK HEALTH

- Three-quarters (74%) of plan members described their financial health as excellent, very good or good, down slightly from 79% last year. Commensurately, the share of plan members who felt their financial health was poor increased to 25%, from 21%.
- Self-reported poor financial health was higher among plan members in poor general health (54%), who rated the quality of their plan as poor (49%), felt the plan didn't meet their needs (43%), had a diagnosed mental-health condition (43%) and those who didn't understand their plan's coverage (42%).
- Eight in 10 (82%) plan members described their social health as excellent, very good or good and roughly the same percentage (79%) described their workplace health positively.
- Nearly a fifth (17%) of plan members described their workplace health as poor, rising to more than half (54%) among those who rated the quality of their benefits plan nega-

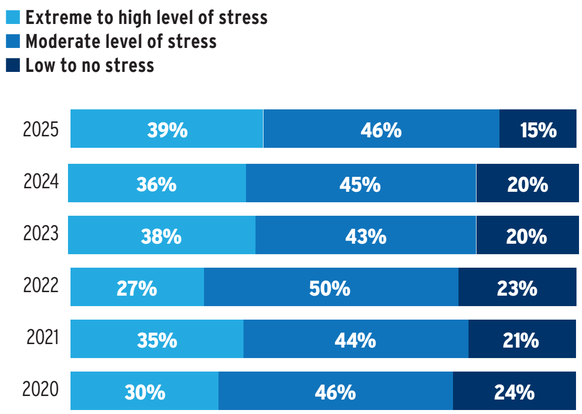
PLAN MEMBERS

MENTAL HEALTH IN THE PAST YEAR HAS BEEN...



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1,000

TYPICAL DAILY STRESS LEVELS



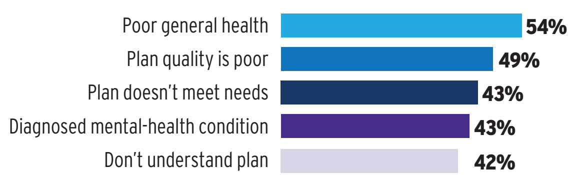
SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: 2020 N=1,500, 2021 N=1,000, 2022 N=1,000, 2023 N=1,004, 2024 N=1,001, 2025 N=1,000

> "Seeing the 18 to 34 demographic feature prominently in a few of the mental health-related questions aligns with what we're seeing in our internal data. We're also seeing an increase in chronic disease in those under the age of 30; that seems to be the highest growing category for chronic disease and we know that mental health is a common comorbidity. It underlines the need to look at plan member health holistically."
>
> — *Kate Kilganan, Sun Life*

PLAN MEMBERS

25%
Plan members in poor financial health

MORE LIKELY WHEN



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People protecting people

tively, 40% of those who felt their benefits plan doesn't meet their needs, 38% who said their workplace doesn't have a wellness culture and 37% of those who don't understand what's covered by their plan.

- Plan members who were able to work remotely in some capacity felt more positively about their social and workplace health. Excellent or very good social health was higher among plan members who worked remotely (46%) than among those who don't or can't work remotely (34%).
- Similarly, 40% of majority remote workers (three to five days per week) and 33% of partially remote workers (up to two days per week) reported excellent or very good workplace health, compared to 31% of onsite workers.

MAKING CHANGES

- In step with previous years, nearly all (95%) plan members said they'd like to make at least one lifestyle change to improve their health.
- Increased exercise or physical activity was the top desired change (50%), a spot it's held since 2019, followed by getting better sleep (41%), eating healthier (39%), losing weight (36%) and managing stress (33%).
- Just over one in four (28%) members said they wanted to improve their mental health, a percentage that jumped to nearly six in 10 (58%) among those who described their mental health as poor and 51% of those who were heavy users of mental-health benefits.
- Four in 10 (41%) 18- to 34-year-old plan members said they wanted to improve their mental health, compared to just one in 10 (11%) of those 55 or older.

> "More than ever, Canadians say financial stress impacts their mental health and, in today's economy, the impact of financial insecurity is only growing. As an industry, we must respond with targeted tools, education and resources that can help plan members manage uncertainty and protect their overall well-being."
>
> — *Stephanie Carlson, Alberta Blue Cross*

PUBLIC SYSTEM CHALLENGES

- More than two in five (44%) plan members said they're overdue to see a family physician for any reason, such as a check-up visit or a diagnostic test. Fifteen per cent strongly agreed with the statement.
- Feeling overdue for a check-up was higher among plan members without a family doctor (70%), newcomers to Canada (66%) and 18- to 34-year-olds (54%). Men (49%) were more likely than women (39%) to feel this way.

- One in two (50%) plan members who said they had caregiving responsibilities felt overdue to see a doctor.
- Among plan members who have a family doctor (78%), 37% said they were in need of a visit.
- Interestingly, half (50%) of plan members who reported no chronic condition or major injury in the last year and nearly the same share (46%) of those in excellent or very good health said they were overdue.

HEALTH CONCERNS

- Plan members were asked for the first time about the health issues they were most concerned about impacting them personally in the next five years. Three in four (74%) identified at least one health concern.
- Plan members were most concerned about mental-health conditions (25%) and heart disease, including heart attacks (24%), followed by diabetes (19%), chronic pain (19%), arthritis (18%) and obesity (15%).
- The share of plan members worried about diabetes was higher among those who take four or more prescription medications (36%), who have been told by a doctor to lose weight (30%) and those in poor physical health (27%).
- Women were almost twice as likely (24%) as men (13%) to be concerned about chronic pain.
- One in 10 plan members said they were most concerned about cancer. Of those who answered that way, 40% were specifically concerned about breast cancer (55% of women), 13% cited prostate cancer (39% of men) and 11% mentioned skin cancer. Other types of cancer, including bowel, lung, ovarian and pancreatic, were identified as a concern by fewer than one in 10 who were most concerned about cancer.

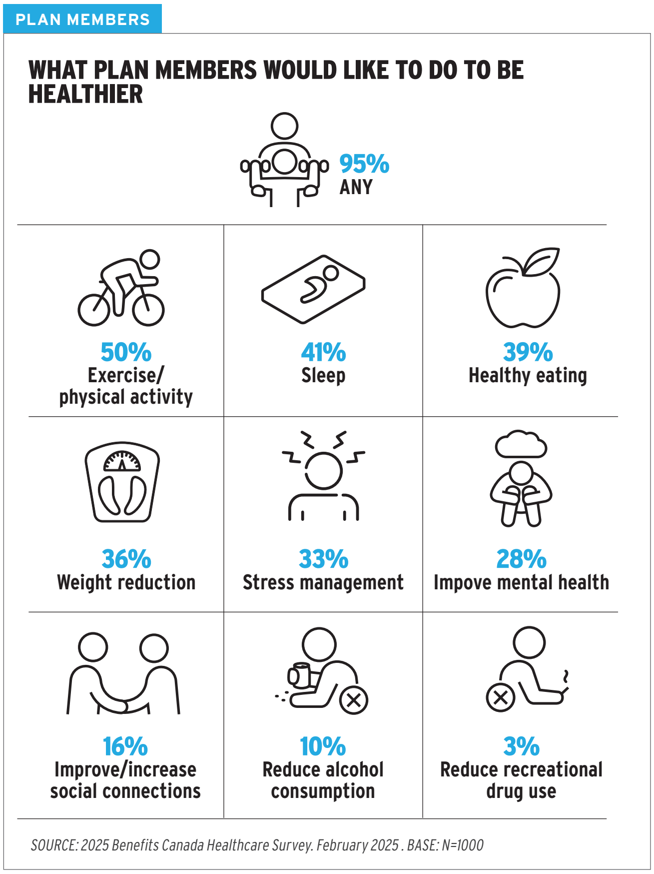
KEY TAKEAWAYS

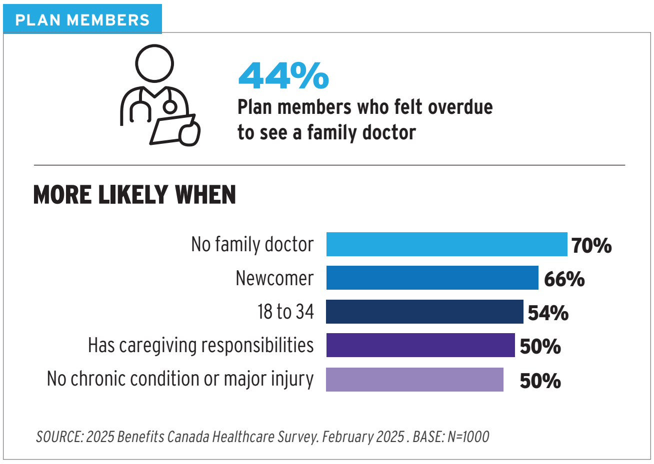
1. Nine in 10 plan members said their overall health was excellent, very good or good. However, plan members reported declining mental health and financial health this year. One in four reported their financial health was poor.

2. Despite a years-long industry-wide focus on improving employee mental health and well-being and a decline in mental health-related disability leaves, board members noted the share of plan members reporting high to extreme daily stress has remained elevated over the last few years. Some speculated that plan members may feel unable to wade through the sheer amount of mental-health resources and information available to them. They also suggested stress related to larger societal issues may be factoring in.

3. The findings on plan members' stress levels demonstrate the need for better education on what resources are available in their plan, the board said, as well as early intervention, either through the benefits plan or workplace accommodations.

> "Access to primary care is about more than having a family doctor. Socioeconomic factors, caregiving responsibilities and not feeling supported by one's doctor are among the factors that can impede an individual's access. Solving this isn't simply a supply and demand conversation, there's a need for creative solutions to remove some of those barriers, like virtual care for example."
>
> — *Barbara Martinez, Canada Life*





> "The common challenge facing plan members who want to make lifestyle changes is finding the time. Many plan members seek a variety of support and resources through different channels to help them integrate these changes into their work and personal lives. This is a fantastic opportunity for employers to step in and offer meaningful support."
>
> — *Rachel Wong, Symcor*

CONTINUED DISCONNECT ON CHRONIC CONDITIONS

- Six in 10 (59%) plan members are currently dealing with at least one diagnosed chronic health condition, approximately the same as 2024 (58%). A third (34%) of plan members reported dealing with multiple conditions.
- Three-quarters (77%) of plan members 55 and older had at least one chronic condition and women (64%) were more likely than men (53%) to have a chronic condition.
- Heavy users of mental-health benefits (89%), prescription drug benefits (83%) and chiropractic benefits (78%) were more likely to have at least one chronic illness.
- Mental-health conditions, such as depression or anxiety, were the most common chronic condition, at 20%, followed by high cholesterol (14%), hypertension (14%), chronic pain (13%) and arthritis (12%).
- One in 10 plan members are currently dealing with diabetes (10%) and a similar share with diagnosed obesity (9%).
- For the first time, the survey included autoimmune diseases among the list of chronic conditions plan members could select from. Five per cent reported living with an autoimmune disease.
- Plan sponsors continue to underestimate the percentage of their workforce living with chronic illnesses. Their average estimate for the share of their employees with at least one chronic condition was 38.5%, down slightly from 41% in 2024.

KEY TAKEAWAYS

4. Plan members aged 18 to 34 were among those most likely to report high to extreme daily stress and to want to improve their mental health, something board members said align with what they're seeing in mental-health claims data.

5. While the majority of plan members said they have a family doctor, a third of those respondents still felt overdue for a visit — highlighting that access to the public health-care system is about more than just having a family physician, advisory board members noted. Socioeconomic realities, caregiving responsibilities, job demands, doctors' schedules and more can impact access. Creative solutions such as virtual care can help to remove some of those barriers, according to the board.

6. Board members also noted younger plan members, those in self-described good health and those with no chronic conditions also felt overdue for a visit, suggesting an appetite among plan members for proactive and preventative health care.

PLAN MEMBERS

HEALTH ISSUES PLAN MEMBERS WORRY MOST ABOUT

Men	Health concerns	Women
69%	**ANY**	79%
21%	Mental-health conditions	29%
26%	Heart disease	22%
19%	Diabetes	20%
13%	Chronic pain	24%
16%	Arthritis	19%
13%	Obesity	18%
12%	Infectious diseases, e.g., COVID, influenza	14%
7%	Cancer	13%
5%	Autoimmune conditions	14%
8%	Neurological or degenerative disorders	11%
8%	Chronic lung disease	9%
2%	Other	3%
31%	**No specific health concerns**	21%

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

"As people manage chronic conditions over time, there's an increasing likelihood they'll begin experiencing a secondary mental-health issue. In our disability block, we often see that when someone is on disability for more than six months, a mental-health condition often develops as well. It's an important area that requires thoughtful support."

— *Tony Bruin, RBC Insurance*

PLAN MEMBERS | PLAN SPONSORS

59%
Plan members with at least one chronic condition

38.5%
Plan sponsors' estimated share of their workforce with at least one chronic condition

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Plan sponsors N=500, Plan members N=1000

"We look at aggregate drug utilization reports every year and put them into disease categories to understand what the health story is when it comes to our employee population. This is one lever plan sponsors can pull to ensure their benefits plan design is targeted and aligned with actual employee needs."

— *Laura Carter, Healthcare of Ontario Pension Plan*

KEY TAKEAWAYS

7. Plan sponsors continue to underestimate the share of their workforce with at least one chronic disease: they estimated an average of 38.5% of their employees, while 59% of plan members reported having at least one chronic condition.

8. Board members speculated the persistent disconnect may be due to a combination of plan sponsors not having data on the conditions in their workforces, invisible chronic conditions such as autoimmune diseases (reported by 5% of plan members) and a lack of knowledge about what conditions fall under this bucket.

9. Three-quarters of plan members 55 and older had at least one chronic condition and women (64%) were more likely than men (53%) to have a chronic condition.

10. Plan members were most concerned about the possibility of mental-health conditions, heart disease, diabetes, chronic pain, arthritis and obesity impacting them personally in the next five years.

TREATMENT APPROACHES

- Six in 10 (61%) plan members with a chronic condition other than a mental-health condition and 58% of plan members with a diagnosed mental-health condition were using medication to treat their condition.
- Plan members with chronic conditions other than mental-health diagnoses also commonly used regular exercise (41%) and healthy eating (40%) to treat their condition.
- Just 17% of plan members used paramedical services to deal with their non-mental health condition.
- Plan members with diagnosed mental-health conditions most commonly used regular exercise (37%), counselling from a licensed mental-health professional (36%), meditation and other stress management techniques (29%) and healthy eating (28%).
- Just nine per cent of plan members with a mental-health diagnosis and five per cent of plan members with other chronic condition diagnoses used counselling, coaching and educational services such as life coaches or dieticians.

LIVING WITH PAIN

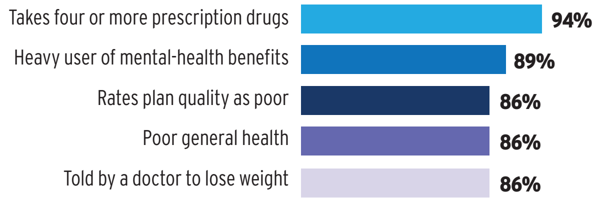
- Plan members who did not identify being officially diagnosed with chronic pain were also asked whether they ever experienced pain that persists for three or more months or that flares up occasionally, such as a migraine or lower back pain.
- Three in 10 plan members not officially diagnosed with chronic pain reported experiencing chronic pain, bringing the share of plan members with both diagnosed and undiagnosed chronic pain to 39%, almost identical to last year (38%).

> "Chronic pain and mental-health concerns are very often comorbid conditions. I'm not surprised that, with the ongoing escalation of mental-health challenges in the workplace, chronic pain is often accompanying that. It's complex and needs to be addressed through numerous channels, but as a plan sponsor, there's an opportunity to influence that."
>
> — *Darian Low, Vancouver Airport Authority*

PLAN MEMBERS

59%
The percentage of plan members with at least one diagnosed chronic health condition

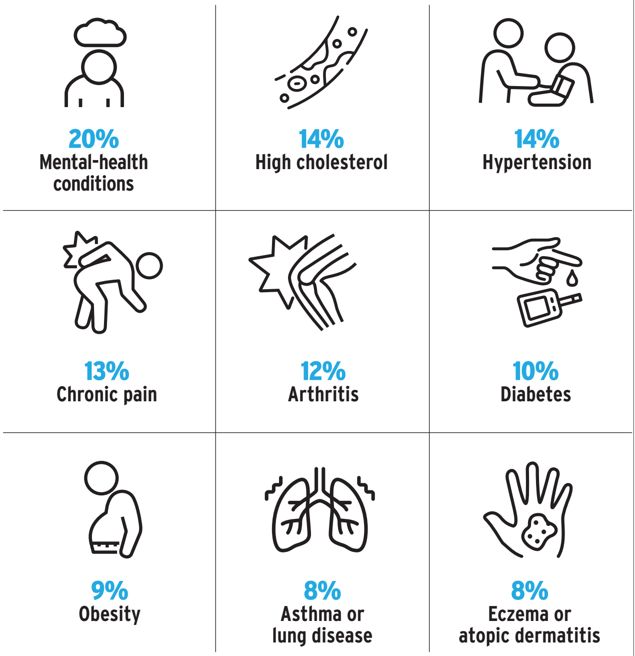
MORE COMMON WHEN



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Plan members N=1000

PLAN MEMBERS

TOP DIAGNOSED CHRONIC CONDITIONS



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

- Seven in 10 (70%) plan members who experienced a major injury in the last 12 months and two-thirds (66%) of those who reported poor physical health said they had either diagnosed or undiagnosed chronic pain.
- The likelihood of reporting chronic pain was also higher among plan members who indicated they had reached their maximums for chiropractic (62%), prescription drugs (58%) and massage therapy benefits (57%).
- Women (46%) were significantly more likely than men (31%) to have diagnosed or undiagnosed chronic pain.

KEY TAKEAWAYS

11. Women were both more likely than men to report diagnosed or undiagnosed chronic pain or to report worrying about it affecting them within the next five years.

12. That finding is something the board noted is reflective of women's historical lack of representation in health research and the resulting limited treatment and diagnostic practices specific to the female body.

MAJOR INJURIES AND ILLNESSES

- Sixteen per cent of plan members reported experiencing a major injury or illness in the past 12 months.
- Five per cent said they've experienced a major injury requiring surgery and rehabilitation, 7% experienced an injury that required rehabilitation and 7% experienced a major illness requiring significant time off work.

PERSPECTIVES ON WEIGHT LOSS MEDICATION

- For the first time, plan members were asked to describe their current weight. While 33% said they felt comfortable with their current weight, half (51%) felt they needed to lose some weight and 12% said they'd been told by a doctor they need to lose some weight.
- Fifty-eight per cent of plan members who'd been diagnosed with obesity have been told by a doctor they needed to lose weight, while 28% of heavy chiropractic benefits users and 28% diagnosed with diabetes have also received the same instructions.
- Plan members' attitudes toward weight-loss medications have shifted in the past 20 years: 65% of plan members said they agree prescription medications are an important part of treatment for those diagnosed with obesity, compared to 49% in 2006 when the question was last asked.
- Plan members who'd been told by a doctor they need to lose weight (84%), those with an obesity diagnosis (77%), plan members in Atlantic Canadian (77%), plan members overdue for a doctor's appointment (72%) and those with a diabetes diagnosis (72%) were more likely to agree.

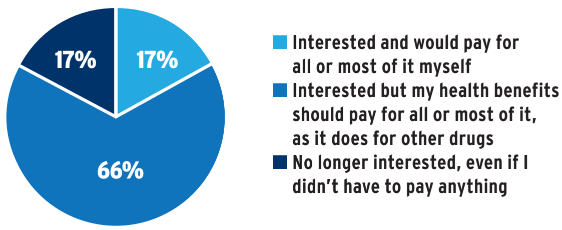
> "Forty-six per cent of women live with chronic pain, compared to 31 per cent of men. This speaks to a broader issue: while women disproportionately face higher incidence of certain diseases, they remain under-researched and underrepresented in health care. To move the needle in women's health, we need to close these systemic gaps."
>
> — *Shelley Sjoberg, Canada Life*

PLAN MEMBERS

51%

Plan members who felt they need to or have been told by a doctor to lose weight who also said they're interested in taking prescription medications for weight loss

INTEREST WHEN INFORMED OF COST AND NEED TO TAKE MEDICATION CONTINUOUSLY FOR YEARS, IF NO LIFESTYLE INTERVENTIONS



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: n=318

> "Weight management medications tend to be the most effective when combined with lifestyle changes. A comprehensive approach that also includes mental-health support and wellness initiatives, such as nutrition counselling and fitness programs, can improve plan member outcomes."
>
> — *Karen Kesteris, Shoppers Drug Mart*

- Half (51%) of plan members who felt or have been told they need to lose weight said they'd be interested in taking new prescription medications for treating weight loss, with 22% very interested. Six per cent said they were already taking weight management medications.
- Interest was higher among members in poor physical health (66%), those in Manitoba and Saskatchewan (65%) and those in poor mental health (63%).
- When informed that new weight loss medications cost approximately $500 per month and may need to be taken continuously, likely for years in the absence of lifestyle changes, among those who expressed interest in taking the drug, 66% reported still being interested but felt their health benefits plan should cover most or all of the cost, in line with coverage for other drugs.

- Equal shares of this group of plan members said they were still interested and would be willing to pay most or all of the cost themselves or were no longer interested even if the cost was fully covered by a benefits plan (17% each).
- Plan members with a formal obesity diagnosis (90%), unionized plan members (82%) and medium users of prescription drug benefits (77%) were most likely to say they're still interested but only if their plan pays.

REGULAR PRESCRIPTIONS

- Nearly six in 10 (58%) plan members take at least one prescription drug on a regular basis, the same as 2024. A combined 21% take three or more prescriptions.
- Plan members in poor physical health (31%), those 55 or older and heavy users of prescription drug benefits (29%) were most likely to report taking four or more prescription drugs.

KNOWLEDGE OF DRUG PLAN

- Eight in 10 (78%) plan members taking at least one prescription drug reported they know the full price of their prescription medications and what's covered by their workplace drug plan, with 31% saying they know it very well.
- One in five (22%) said they don't know the full price well.
- Plan members who'd reached the maximum coverage for their mental-health benefits (95%), were in excellent or very good health (89%), were private sector employees (85%), who said they have an excellent or very good understanding of their benefits plan (84%) and non-union (82%) were more likely to feel they understood the cost of their prescriptions and their drug plan coverage well.
- Almost all (92%) plan sponsors said they explain how the costs of the plan are paid for by their organization when communicating with employees about the health benefits plan. Half (55%) said they shared this information in detail and 37% shared it partially.

KEY TAKEAWAYS

13. Half of plan members who'd been told by a doctor to lose some weight were interested in weight management medication. After being told the hefty price tag and the likely need to take it continuously for years in the absence of lifestyle changes, 66% of those respondents said they were still interested but only if their benefits plan covers the costs.

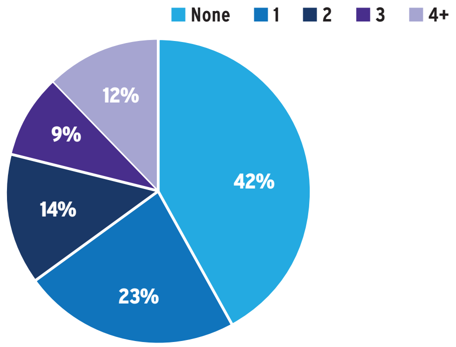
14. One in six plan members experienced a major injury or illness in the past 12 months.

15. Nearly six in 10 take at least one prescription drug on a regular basis; one in five take three or more prescriptions.

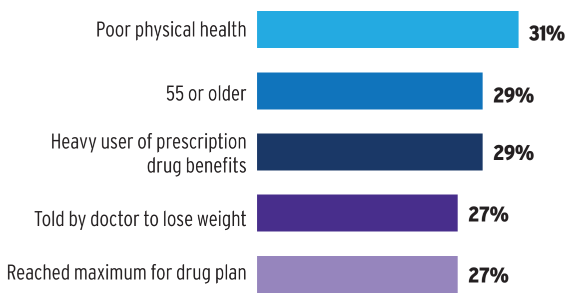
> "One in three Canadians live with obesity, yet data shows few use obesity medications. While new treatments can be costly, they offer something many never had before: effective, evidence-based care. For the first time, patients feel seen—and that's truly life-changing."
>
> — *Neda Nasseri, Desjardins Insurance*

PLAN MEMBERS

HOW MANY PRESCRIPTION MEDICATIONS PLAN MEMBERS TAKE ON A REGULAR BASIS



FOUR OR MORE PRESCRIPTIONS MORE LIKELY WHEN



Source: 2025 Benefits Canada Healthcare Survey, February 2025 N=1,000

PREFERRED PROVIDER NETWORKS

- The majority of plan members said they get their medications from the same pharmacy every time (59%) or most of the time (31%).
- Just 11 per cent of plan members only went to the same pharmacy some of the time or never went to the same pharmacy.
- Going to the same pharmacy some of the time or never was higher among newcomers to Canada (29%), plan members who don't understand their plan coverage (23%), who don't have a family doctor (22%) and who don't take any prescriptions on a regular basis (21%).
- Plan members were asked whether they'd be willing to use a preferred network of providers if it was part of their benefits plan. While most plan members (85%) said yes, the share was slightly lower than 2017 (91%) when the question was last asked.
- Half (50%) said they'd use it if it saved them money, 40% if it was convenient for them and 18% if their regular provider was included in the network.
- Fifteen per cent said they wouldn't be interested in a preferred provider network, up from 9% in 2017.
- Reluctance was higher among plan members 55 and older (23%), those who felt the plan doesn't meet their needs (22%) and those who don't understand their plan (22%).

KEY TAKEAWAYS

16. The majority of plan members said they understand what their drug plan covers and the cost of their own medications well or very well.

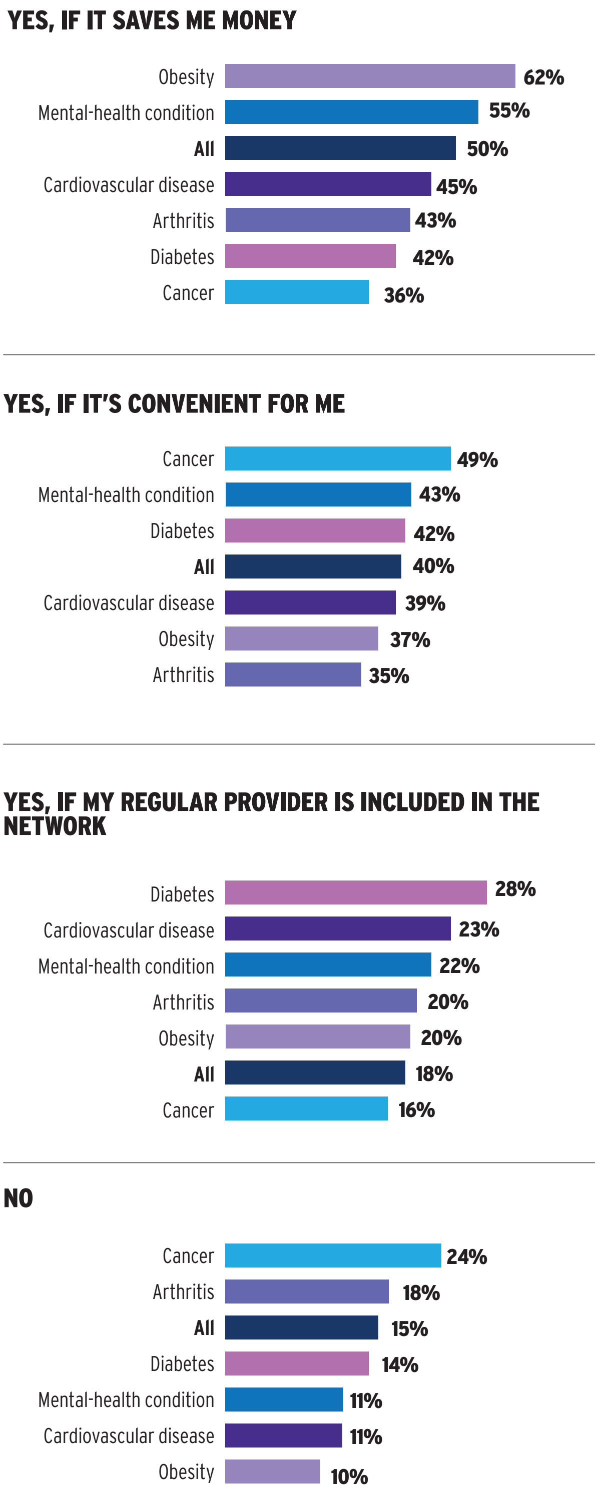
17. Nearly all plan sponsors explain to employees how the costs of the plan are paid for by their organization, but only half explain it in detail.

18. Two-thirds of plan members said they consider medication as an important part of the approach to treating obesity, which board members said aligns with a broader attitude shift in society toward understanding obesity as a chronic disease rather than a result of individual choices.

19. Board members weren't surprised to see plan members were broadly open to preferred provider networks. They noted that when they've directly linked those networks to being able to redistribute benefits dollars to other offerings, such as upgrading paramedical coverage or reducing the drug plan co-pay, plan members have been even more supportive.

20. However, the board also stressed any discussions around PPNs should highlight that such networks won't lead to a deficiency in the quality of advice or support plan members receive.

INTEREST IN PREFERRED PROVIDER NETWORKS, ALL PLAN MEMBERS COMPARED TO THOSE WITH SPECIFIC CHRONIC CONDITIONS



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

Addressing access to care challenges with virtual-care platforms

Emilie Inakazu
DIRECTOR, BENEFITS AND WELL-BEING
KPMG IN CANADA

> "Sometimes, there's a relatively quick thing you just want to check and say, 'This feels a little bit off. Should I go to the emergency room? Do I just need antibiotics.?' Virtual care helps makes the ease of access more streamlined for people."

As employees face challenges accessing the public health-care system, KPMG in Canada invested in virtual-care offerings last year, including a specialty paediatric platform.

While around one in five Canadians don't have a family doctor, Emilie Inakazu, the organization's director of benefits and well-being, says even Canadians who do have a primary care physician may struggle with access.

"Sometimes, there's a relatively quick thing you just want to check and say, 'This feels a little bit off. Should I go to the emergency room? Do I just need antibiotics?' Virtual care helps makes the ease of access more streamlined for people."

According to 2024 data from the Canadian Institute for Health Information, one in seven visits to the emergency department were for issues that could potentially be managed in primary care and more than half of those could potentially be managed virtually.

KPMG in Canada initially had a more pared down virtual-care offering with a previous provider, but Inakazu and her team heard from employees that they needed greater support. As a result, the company rolled out traditional virtual care in early 2024, followed by a paediatric offering in June 2024.

Plan members who register for the main platform have unlimited access, paid for by the employer, and are able to schedule appointments with nurse practitioners for traditional primary care concerns. They can also use the platform to schedule same- or next-day appointments with a care team, renew prescriptions, connect with mental-health specialists and obtain specialist referrals or lab requests.

"We wanted to offer open access to both programs to ensure everyone can receive the care they need," says Inakazu.

In the first eight months since the company launched the main platform, 12 per cent of eligible employees signed up and 51 per cent of those users have accessed services and support.

The paediatric platform allows plan members to schedule appointments with registered nurses who can diagnose, provide treatment plans and prescribe for urgent care and health conditions, as well as consult on questions related to mental health, growth and development and feeding and nutrition.

"The care that children need can be different and the approach to how you support children is different," she says. "If you talk about the mental-health space, for example, usually, if you're seeking out a treatment provider, they'll specify if they work with children or not because the skillset or support required is different.

"The paediatric virtual care is really leaning into that expertise. And I think your experience as a parent trying to care for children is different than an adult, with or without children, trying to care for themselves."

While it's too soon yet to know about uptake, she says, "the feedback from employees has been positive, in terms of their access and options to register."

Wellness program for airport workers tackling unique physical, mental-health challenges of the job

Darian Low
MANAGER, WORKPLACE WELL-BEING, PEOPLE AND CULTURE
VANCOUVER AIRPORT AUTHORITY

When British Columbia's Lower Mainland was hit by a series of winter storms in December 2022, the Vancouver International Airport experienced an unprecedented wave of snowfall concentrated over a three-day period.

During the event, the Vancouver Airport Authority's staff worked tirelessly to maintain operations and support passengers. The VAA, the airport's governing body, provided employees with resources such as meal vouchers and complimentary transportation to and from the airport to reduce stress.

Following the event, it brought in a massage therapist for eight weeks to support employees' physical health, including on the tarmac to reach airfield staff who are less able to take breaks.

It's just one way the VAA creatively supports the health and wellness of its workforce, which includes office workers, a fire and rescue team and airfield operations, infrastructure and maintenance employees that work out on the tarmac.

"In addition to organization-wide programming and initiatives, there's specific attention to specific business units because our workforce is quite diverse and each team may encounter specific challenges and have different health needs," says Darian Low, the VAA's manager of workplace well-being.

Since he joined the organization in May 2022, Low has been rebuilding the organization's workplace well-being portfolio for a post-pandemic reality. The aviation sector was hit hard by the coronavirus pandemic and the VAA was no exception, he says. When travel rebounded and the organization further developed its resources, programs and infrastructure, its workforce more than doubled to roughly 1,000 employees, up from 400.

"With this immense change, along with ongoing economic and political volatility, climate concerns and rapidly evolving passenger demands placed on the aviation sector, our workforce faces unique challenges as we look towards the present and future," says Low.

"Employee well-being is at the heart of this and is integral to the success of our organization as we collectively navigate these considerations moving forward."

to lead sessions on topics such as posture and mobility for ageing workers, as well as sessions focused on specific roles, such as customer service agents who spend extended periods of time on their feet.

Since the winter storms in December 2022, Low's team has held numerous focus groups with various business units across the organization to gain insight into employee health trends and evolving needs. Mental health has emerged as a priority topic.

"We are slowly making inroads on this complex topic and have hosted things like mental-health awareness campaigns, lunch and learns with guest speakers specific to frontline workers and regularly provide complimentary one-to-one sessions with mental-health counsellors to our employees."

"Employee well-being is at the heart of this and is integral to the success of our organization as we collectively navigate these considerations moving forward."

With a continuum of care approach, the VAA's workplace well-being portfolio falls into two main categories: injury and disease prevention and medical management. The delivery approach follows three major tenents: health promotion, education and resources accessibility.

For example, it has a wellness facility inside the terminal available 24/7 for employees. In addition to cardio and strength equipment, it also offers regular free yoga, Zumba and high-intensity training classes. It has also hosted injury prevention classes for employees, bringing in physiotherapists

Most recently, the VAA provided mental-health first aid training to select business units and is already seeing positive engagement, says Low. Looking to the future, he says the organization is aiming to enhance its alignment with the National Standard for Psychological Health and Safety.

"Our overarching approach to health and wellness is to remain agile and to respond to the emergent needs of our workforce."

BRIDGING THE KNOWLEDGE GAP

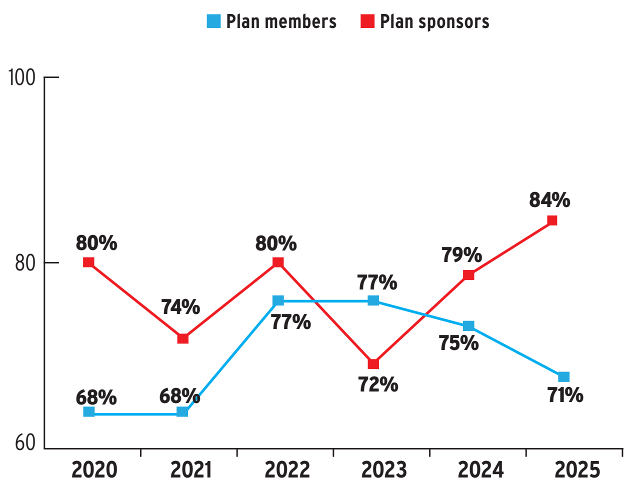
Plan sponsors are feeling confident about the quality of their organization's benefits plans, but plan members are less effusive. The majority of plan sponsors see their plan as important in this economic climate and are more concerned about its competitiveness than costs and sustainability. Two-fifths of plan sponsors added at least one benefit in the last year. Plan members are relying more heavily on health-care spending accounts and wellness accounts, but use of virtual care is plateauing. Four in five plan members feel it's unacceptable for their employer to make cuts to benefits and only half would be willing to pay for additional benefits coverage. While plan members' self-reported understanding of their benefits increased year over year, the survey advisory board said plan members' answers to numerous survey questions indicate a need for better education around the value of a plan.

DIVERGING OPINIONS

- After a few years of elevated results, plan members' assessments of their employer-sponsored benefits plans dropped somewhat. A combined 71% rated their plan as excellent (19%) or good (52%). Between 2022 and 2024, approximately three-quarters (between 75% and 77%) rated their plan this highly. This year's results are closer to 2020 and 2021 (68%).
- Satisfaction with the plan was highest among plan members who felt the plan met their needs (97%) and those who had coverage under a second plan (85%).
- A quarter (24%) felt their plan was adequate and five per cent described their plan as poor, a percentage that hasn't budged in the past five years.
- In contrast, four in five (84%) plan sponsors rated their organization's health benefits as excellent or good, a steady year-over-year increase from 2024 (79%) and 2023 (72%) and the happiest plan sponsors have been with their plans since 2022 (80%). Just one per cent ranked their plan as poor.
- Plan sponsors with flex plans were significantly more satisfied with their plan (94%) than those with traditional plans (78%).
- Just over half (56%) of plan members felt their plan met their needs extremely or very well, unchanged from last year and the lowest point since 2018; however, it matches plan members' views a decade (56% in 2015) and two decades (56% in 2005) ago.
- Plan members who rated the quality of their plan as excellent or very good were most likely (90%) to feel it met their needs.

PLAN MEMBERS

PLAN MEMBERS WHO RANK THEIR BENEFITS AS EXCELLENT OR GOOD, COMPARED TO PLAN SPONSORS



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Plan members 2020 n=750, 2021 n=498, 2022 n=510, 2023 n=520, 2024 n=509; Plan sponsors 2020 n=253, 2021 N=524, 2022 N=553, 2023 N=721, 2024 N=653, 2025 N=500

> "A big piece that's missing from benefits plan communication is the value of benefits and the differentiation between true insurance —catastrophic coverage — versus coverage for day-to-day things that help you stay healthy. Plan members may not fully understand or appreciate the value of catastrophic drug or disability coverage and how important it is if they get sick."
>
> — *Sofia Colaiacovo, Equitable*

- As in past years, plan members' health influenced their perspectives on the plan. Those who rated their financial (83%), workplace (82%), mental (80%), physical (79%) and social health (78%) as excellent or very good were more likely to rate their plan highly and to say it meets their needs extremely or very well (74% for those with excellent/very good workplace health, 73% for financial health, 72% for mental health and 70% for social health).

BENEFITS OR CASH?

- Half of plan member respondents were asked whether they'd rather receive their benefits plan or an extra $5,000 in cash per year, while the other half were asked whether they'd pick their benefits or an extra $10,000. Against the lower cash amount, 57% said they'd prefer their benefits plan. However, when faced with an extra $10,000 per year, 60% opted for the cash.
- Heavy users of physiotherapy benefits (83%) and those who take four or more prescriptions regularly (70%) were more likely to choose the plan over $5,000, as were those in excellent or very good financial health (65%).
- Plan members who reached their annual maximum for physiotherapy (75%), chiropractic services (72%) and dental services (66%) were more likely to desire the extra $10,000.
- Likelihood to opt for the plan over $10,000 was higher among respondents who took four or more prescription drugs (57%), who rated their plan as excellent or very good (51%) and who felt the plan met their needs extremely or very well (48%).
- In both scenarios, plan members 55 and older were the age cohort most likely to choose benefits over extra cash (64% chose the plan over $5,000; 53% chose it over $10,000), while 18- to 34-year-olds were the most likely to choose cash (51% selected $5,000; 64% selected $10,000). Most plan members aged 35 to 54, which encompasses the sandwich generation, chose their benefits over the smaller cash amount (59%) and $10,000 over benefits (63%).
- The share of plan members who'd choose any cash amount over their benefits plan has steadily grown over the years the question has been asked. In 2009, the first time the question was asked with the $10,000 amount, just 38% said they'd rather have the cash, increasing to 56% by 2020. Similarly, in 2003 when the question was first proposed regarding an extra $5,000, 33% of respondents preferred the cash, increasing to 42% in 2020.

IMPORTANCE TO PLAN SPONSORS

- Asked about the importance of the benefits plan to their organization in today's economic environment, 83% of plan sponsors ranked it as extremely or very important, a jump from 77% in 2024.

PLAN MEMBERS

71% Plan members who described the quality of their health benefits plan as excellent or good

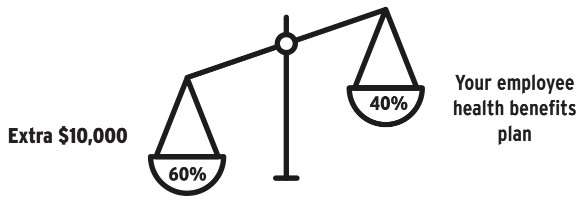
97%	Plan meets needs	Plan does not meet needs	2%
85%	Has coverage under a second plan	Do not have coverage under a second plan	65%
83%	Excellent/very good financial health	Poor financial health	59%
82%	Excellent/very good workplace health	Poor workplace health	44%
80%	Understands plan	Does not understand plan	29%

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

> "Financial concerns have become more common in recent surveys and this trend will likely continue given the current economic climate. While there's an opportunity to educate members on the value of a plan, financial pressures may still drive some to choose cash over a benefits plan, as reflected in the survey responses."
>
> — *Lancelot Lambert, Desjardins Insurance*

PLAN MEMBERS

WOULD YOU RATHER HAVE...?



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Extra $5,000 n=501, Extra $10,000 n=499

- Among plan sponsors who believe the benefits plan is important to their organization, their primary reasons included protecting employees against undue financial burden due to health needs (64%), attracting and retaining employees (63%), helping to prevent chronic conditions or pain that impact employee well-being (42%) and ensuring the day-to-day productivity of employees (41%). All are virtually unchanged from last year, except the last, which is an increase of six points from 2024.

- One in four (26%, up five points from 2024) said it was important because it reduces the number and/or duration of disability claims.
- When asked what factors more into their benefits decision-making, supporting the health of plan members or controlling costs, half (51%) said the health of plan members, up from 44% last year. The increase comes mostly from a decrease in those who reported both were important factors (23%, down from 31% last year.)
- The share focused on controlling costs remained virtually unchanged year over year (24% versus 25% in 2024).

PRESSING CONCERNS

- Asked about their organization's major areas of concern regarding their health benefits plan, 40% indicated they were worried about the competitiveness of their plan, a notable jump from 28% in 2023, when the question was last asked.
- Plan sponsors with more than 500 employees (48%) and those based in Alberta (46%) and Ontario (45%) were more concerned about the competitiveness of their plan than the average.
- Competitiveness knocked the impact of inflation on the effectiveness of the benefits plan to the second-place spot (35%, but still up from 31% in 2023), followed by overall sustainability (27%, up from 21%), sustainability of the dental plan (26%, down one point) and sustainability of the drug plan (24%, up two points).
- Twenty-one per cent each said they were concerned about the levels of absence and disability and benefits fraud or misuse of benefits.

KEY TAKEAWAYS

1. Plan sponsors were more likely than plan members to rate their benefits plan highly. Advisory board members said the difference of opinions wasn't entirely surprising given plan sponsors' greater awareness of their organization's benefits investments.
2. Plan members' self-reported health across all five dimensions of well-being influenced their perception of their benefits plan, with those in good health more likely to rate it highly.
3. Just over half of plan members felt their benefits plan meets their needs. The advisory board noted this number was the same as both a decade and two decades ago, despite significant adoption of new benefits and ancillary services from plan sponsors in that period.
4. Plan members were more likely to say they'd rather receive an extra $10,000 than keep their benefits plan, something the board said speaks to the myriad financial pressures employees are facing right now.

> "In today's economic environment, employers are increasingly focused on managing costs while still providing valuable benefits. Existing benefits packages can be optimized to ensure they meet employees' changing needs effectively. And communication about available benefits is key. Many employees don't know what's in their plans, so an easy way to showcase their value is to develop a communication plan that doesn't stop at employee onboarding."
>
> — *Krista Hogan, Sun Life*

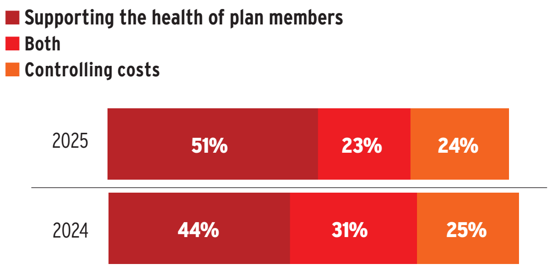
PLAN SPONSORS

WHY THE PLAN IS IMPORTANT	
Protects employees against undue financial burden due to health needs (i.e., major illnesses or injuries)	64%
Helps attract and retain employees	63%
Helps prevent chronic conditions/chronic pain that impact employee well-being	42%
Helps ensure the day-to-day productivity of employees	41%
Is part of a broader organizational/employee health strategy	38%
Reduces sick days	33%
Reduces the number and/or duration of disability claims	26%

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Plan sponsors who feel benefits are extremely/very important n=415

PLAN SPONSORS

WHAT FACTORS MORE INTO PLAN SPONSORS' DECISION-MAKING



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: 2024 N=653, 2025 N=500

> "Benchmarking has become an essential tool for organizations in today's competitive labour market. It not only allows employers to compare their benefits plans to industry standards, but it also provides the data-driven insights necessary to attract and retain top talent. The workforce has diverse needs, spanning multiple generations, cultural backgrounds and life stages. Without benchmarking, organizations risk offering outdated or misaligned benefits that fail to meet these evolving expectations."
>
> — *Gordon Hart, Selectpath*

COST OF PLAN

- Nearly two-thirds (64%, up four points from 2023 when last asked) of plan sponsors reported their costs have increased over the past year, the highest result since 2016 (66%). Seventeen per cent indicated their costs had increased significantly.
- Plan sponsors in Ontario (70%) and British Columbia (70%), as well as plan sponsors with more than 1,000 employees (73%) were more likely to say their costs had gone up.
- Three in 10 (31%) said their costs remained about the same, while 5% said they'd decreased.
- The majority of plan sponsors (63%) believed inflation was the main culprit, followed by an increase in the overall cost of drugs (49%), a general increase in prescription medicine claims (39%), increased costs and fees for providers such as carriers, benefits advisors and contracted consultants (39%) and higher dental service fees (39%).
- Plan sponsors estimated 41% of their total benefits costs are the result of chronic diseases or conditions, up from 36% in 2020, when the question was last asked.
- Two in five (39%) plan sponsors estimated their organization's review of its health benefits costs had increased relative to three years ago. Just over half (55%) said it remained unchanged, while 4% said it decreased.

KEY TAKEAWAYS

5. The board noted plan members' answers to several survey questions indicate there's still plenty of education to do around what their plan covers, as well as the value of and intent behind the plan. They felt plan members may be undervaluing the role of their benefits as insurance in the event of a catastrophic illness or injury.
6. They also suggested total rewards statements that outline the full cost of their compensation, including salary, bonuses and the cost of their benefits, could help to bridge this knowledge gap and educate plan members on the value of their plans.
7. More than four in five plan sponsors said their plan is very or extremely important in this economic climate, citing protecting employees against undue financial hardship and attraction and retention as their top reasons. Advisory board members noted that protecting employees from undue financial hardship likely continues to remain a top reason due to the ongoing conversations about the impact of financial stress on productivity.
8. Competitiveness was plan sponsors' top concern about their benefits plan. Advisory board members said this squares with the massive increase in interest in benchmarking data they're seeing among employers.

PLAN SPONSORS

41% Plan sponsors' average estimate for how much of their total benefits costs relate to chronic diseases or conditions

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=500

PLAN MEMBERS **PLAN SPONSORS**

53% Plan members who felt they understand their plan's coverage extremely or very well

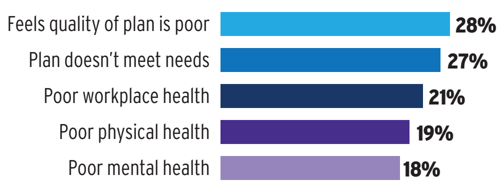
70% Plan sponsors that felt their organization effectively communicates what is and isn't covered by the benefits plan

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Plan members N=1000, Plan sponsors N=500

PLAN MEMBERS

10% Plan members who don't understand their plan's coverage

MORE LIKELY WHEN:



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

KNOWLEDGE OF PLAN

- The share of plan members who felt they understand their plan's coverage extremely or very well increased slightly to 53%, up from 47% last year but still down from 65% in 2018, when the question was first asked. Plan members who understood the plan somewhat well decreased to 37% (down from 44% last year).

> "I think we vastly underestimate the complexity of benefits plan communication. Few are doing this well and it's a huge opportunity from an employee education and engagement perspective. Digital innovation and AI are powering exciting opportunities for progress in this space – helping us serve up bite-sized pieces of information that can stick with people in the right moment, fuel better benefits plan understanding and help optimize plan value as a driver of health, wellness and prevention."
>
> — *Nicole Welbanks, Manulife*

- One in 10 (10%) plan members said they don't understand their plan's coverage, jumping to 28% among those who felt the quality of the plan is poor and 27% who felt the plan doesn't meet their needs.
- Understanding of the plan was highest among respondents who described themselves as having excellent or very good physical (73%), financial (68%), mental (66%), social (66%) and workplace (66%) health, as well as plan members who reported little or no daily stress in the last three months (69%). Reaching maximums for any benefit (58%) and being a medium user (four to 10 claims per year) of physiotherapy (64%) or heavy user (10 or more claims) of massage therapy (74%) or chiropractic (67%) benefits was also correlated with greater understanding of the plan.
- In contrast, 70% of plan sponsors said they feel their organization effectively communicates what is and isn't covered by the health benefits plan, well up from 58% last year. A quarter (24%) felt their organization was somewhat effective, while five per cent felt they weren't effective.

PLAN COMPONENTS

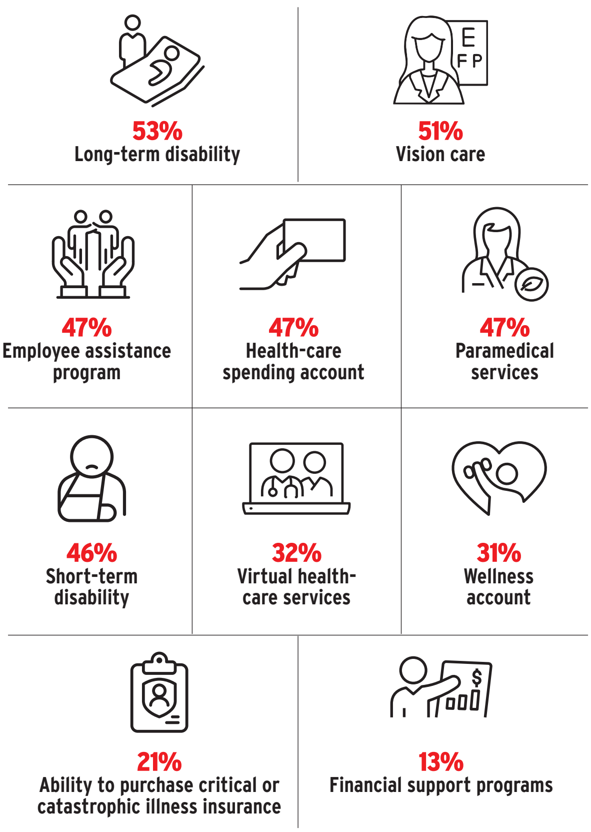
- Sixty per cent of plan sponsors have a traditional plan and 40% have a flex plan, a share that has remained consistent since 2023.
- Half (53%) of plan sponsors have a long-term disability plan and 46% have a short-term disability plan. The share of plan sponsors with an LTD plan has steadily increased from 48% in 2023.
- Nearly half (47%) of plan sponsors have an employee assistance program, higher among those with more than 500 employees (55%), those with unionized workforces (55%) and public sector plan sponsors (52%). After dropping from 62% in 2021 to 42% in 2022, EAP coverage has been steadily climbing year over year. (See chart for more on the components of health benefits plans.).

LEVERAGING SPENDING ACCOUNTS

- The percentage of plan sponsors with health-care spending accounts jumped to 47%, up from 40% in 2024 and 38% in 2023. The share with wellness accounts was 31%, virtually unchanged since 2022.
- Overall, among all plan members with a HCSA, the average amount of annual funds used was 66%, the same as in 2024, though it's worth keeping in mind that many HCSAs have a one-year roll-over of unused funds. Among only those plan members who actually made a claim against their HSCA, the figure rose to 69%, up significantly from 62% last year.
- Plan members in Alberta used an average 81% of their HCSA funds, heavy users of massage therapy benefits used an average 79% and plan members who reached their annual maximum for a benefit used 74% on average.
- Plan members aged 55 or older used more of their HCSA funds on average (73%) than 18- to 34-year-olds (60%).

PLAN SPONSORS

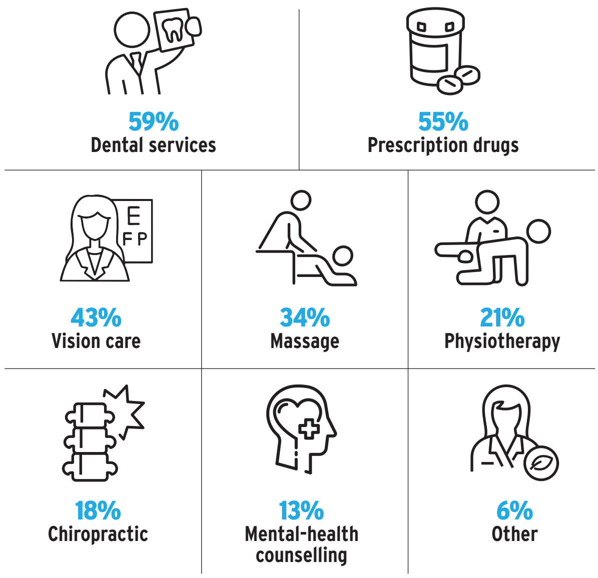
PLANS WITH THE FOLLOWING COMPONENTS



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=500

PLAN MEMBERS

WHAT PLAN MEMBERS USED HCSA FUNDS ON



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Those who used their HCSA funds n=334

- Among plan members who used their HCSA funds, they were most commonly spent on dental care (59%), prescription drugs (55%) and vision care (43%). (See chart for the rest of their allocations.)
- Overall, plan members' wellness account usage jumped to an average 69% of their annual funds, up from 63% in 2024 and 59% in 2023. Among members who actually made a claim to their wellness account, on average they used about three-quarters (75%) of the funds, up from 67% last year and 62% in 2023.
- Plan members with a household income of $150,000 or more spent an average of 82% of their annual wellness account funds, those who reported having caregiving responsibilities for a parent or other relative used an average 77% and plan members who worked remotely for the majority of the week used 77% of their funds on average.
- Women used a larger percentage of their annual wellness spending account (76%) than men (63%) and plan members aged 35 to 54 used more of their account (73%) than their younger (69%) or older counterparts (54%).

KEY TAKEAWAYS

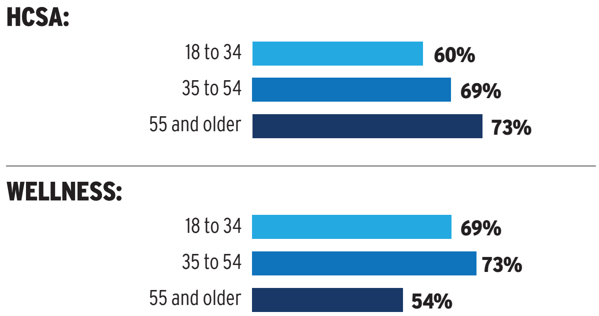
9. The health of plan members was the primary benefits decision-making factor for half of plan sponsors, with the controlling costs the main factor for just a quarter. The rest said both factor equally.
10. Two-thirds of plan sponsors saw their benefits costs increase, which most attributed to inflation, the overall cost of drugs and more prescription drug claims.
11. Half of plan members said they understand their plan extremely or very well, up from last year but down from 65% when the question was first asked in 2018. Plan sponsors also expressed more confidence in how effectively they communicated to employees what's included in their plans.

VIRTUAL CARE PLATEAUS

- For the second year in a row, just three in 10 (28%) plan members reported they'd used some form of virtual healthcare services, well down from a high point of 43% in 2021.
- The share of virtual care users was higher among medium to heavy users of mental-health benefits (65%) and those who had experienced a major injury in the past year (55%). (See sidebar for other virtual care users.)
- Just a quarter (23%) of plan members who used virtual care in the past year did so through their benefits plan. Half (52%) said the virtual care was provided by their family physician and 26% by another regular health-care provider, such as a physiotherapist, pharmacist or counsellor. One in 10 (9%) paid for a service out of pocket.

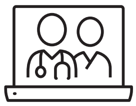
PLAN MEMEBERS

PROPORTION OF OVERALL HCSA AND WELLNESS ACCOUNT FUNDS USED, BY AGE

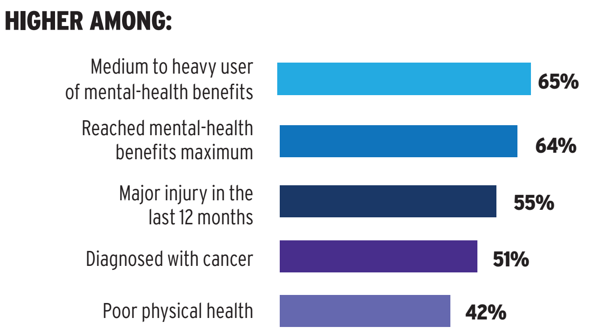


SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

PLAN MEMBERS

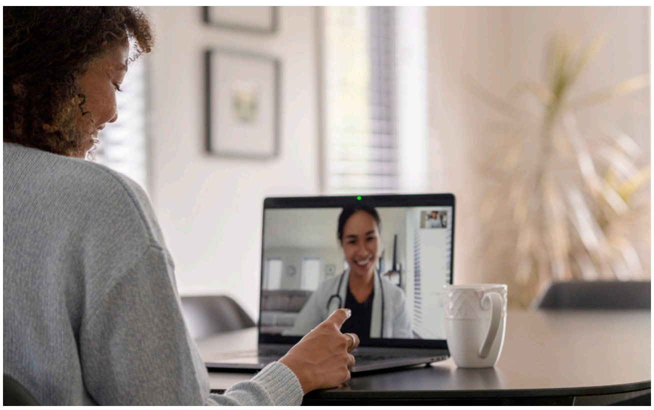


28%
Plan members who used virtual health care in the past year



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

- Quebec plan members (40%), those who don't have a family doctor (39%) and who don't take any prescriptions regularly (39%) were more likely to use their employer-provided virtual care.

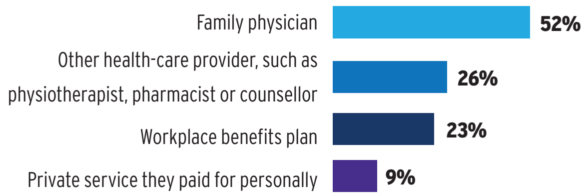


MENTAL-HEALTH MAXIMUMS UP

- Half (52%) of plan sponsors with coverage for paramedical practitioners have annual per-practitioner maximums and 44% have a combined annual maximum for all practitioners.
- The average annual per-practitioner maximum was $858, while the average combined maximum was $1,462.
- Asked specifically about mental-health coverage, almost half (47%) reported they provide coverage through an employee assistance program, up from 41% in 2024. Just shy of a third provide coverage through an HCSA (31%), while slightly fewer (28%) said it's a separate benefit within the plan with its own coverage maximum. A quarter (25%) covered mental-health providers as part of their paramedical benefits, with a combined coverage maximum for all paramedical services, down from 33% last year.
- One in 10 (11%) indicated they have no coverage for mental-health counselling, the same as last year (12%).
- Among plan sponsors that cover mental-health counselling as a separate benefit, coverage amounts increased year over year. The average reported annual maximum was $2,583, a jump from $1,743 in 2024. Two in five (40%) provided an annual maximum of between $1,000 and $4,999, up from 31% last year, while 13% indicated an annual maximum of $5,000 or greater, similar to 2024 (11%).

PLAN MEMBERS

WHERE PLAN MEMBERS GET VIRTUAL CARE



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Plan members who used virtual care n=269

> "We keep hitting roadblocks around paramedical coverage — whether it's educating plan members or increasing limits. But if cost-containment is the goal, limiting access to non-pharmacological care often backfires. Without it, chronic pain and related conditions drive up drug costs — including opioids — and lead to more absenteeism, disability and lost productivity. In the end, employers pay more by not investing earlier in paramedical care."
>
> — *Dr. Ayla Azad, Canadian Chiropractic Association*

DRUG PLAN DESIGN

- One in five (21%) plan sponsors have an annual maximum for their prescription drug plan, the same as in 2019 but up slightly from 17% in 2018, when the question was first asked. The average annual maximum this year was $5,512. The majority (57%) of plan sponsors haven't implemented an annual maximum and 21% said they didn't know if their drug plan had one in place.
- The share of plan sponsors that reported knowing if they have a variety of drug plan cost-containment strategies in place has dropped across the board since the question was last asked in 2017. Just 25% reported having per prescription co-pays for plan members (down from 35% in 2017), 25% said they have mandatory generic substitution (down from 47%) and 24% indicated annual deductibles or co-pays (down from 37%). (See chart for more.)
- One in five (18%) reported having maximums in place for specific drug categories, such as fertility, erectile dysfunction, smoking cessation or chronic weight management. This was the first year this question was asked.
- The only measure or program that saw an increase was knowledge regarding preferred pharmacy networks for either high cost or other prescriptions. This year, 17% of respondents said they had a PPN for high cost as well as for other prescriptions, up from 14% and 13%, respectively, in 2017.
- Almost all (91%) plan sponsors said they feel more needs to be done to reduce the burden of higher-cost specialty drugs on private drug plans, such as by claims pooling, more coverage by public drug plans, etc. Two in five (40%) strongly agreed.

KEY TAKEAWAYS

12. While the share of plan sponsors with annual drug plan coverage maximums has stayed consistent from 2019 to 2025, board members noted that new high-cost diabetes and weight management medications are prompting more conversations in the industry about annual maximums and finding ways to integrate private plan coverage with other funding mechanisms such as provincial drug plans or a pharmaceutical company's patient assistance program.
13. Insurers on the advisory board said the low share of plan sponsors reporting their plan had common drug plan management strategies including prior authorization, mandatory generic substitution and pooling likely indicates respondents aren't fully familiar with the drug plan component of their benefits plans due to their broader plan responsibilities, as all three strategies are now extremely widespread. Carriers may need to provide more education around these cost-containment mechanisms, they said.

PLAN SPONSORS

ANNUAL MAXIMUMS FOR SEPARATE MENTAL-HEALTH BENEFITS

Base: PLAN SPONSORS THAT HAVE MENTAL HEALTH AS A SEPARATE BENEFIT	2024	2025
$0	2%	2%
$1 - $499	25%	14%
$500 - $999	31%	32%
$1,000 - $4,999	31%	40%
$5,000 - $9,999	7%	6%
$10,000 or more	4%	7%
MEAN	**$1,743**	**$2,583**

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . Plan members reported mental health as a separate benefit with own maximum 2024 n=164, 2025 n=137

PLAN SPONSORS

KNOWLEDGE OF DRUG PLAN MEASURES/PROGRAMS IN PLACE, 2025 COMPARED TO 2017

	2017	2025
Per-prescription co-pays	35%	25%
Mandatory generic substitution	47%	25%
Annual deductibles and/or co-pays	37%	24%
Annual or lifetime dollar limits for prescription drugs	24%	21%
Capped pharmacy dispensing fees	29%	19%
Maximums for specific drug categories (such as fertility, erectile dysfunction, smoking cessation or chronic weight management)	-	18%
Prior authorization	38%	17%
Case management support for higher-cost specialty pharmaceuticals	21%	16%
Managed/restricted formulary	24%	13%
Stop-loss or pooling insurance	37%	9%
Pharmacy preferred provider networks - other prescriptions/high cost	13%/14%	17%/17%

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: 2025 N=500, 2017 N=461

NAVIGATING THE SYSTEM

- A third (33%) of plan sponsors said their organization's plan helps members navigate financial assistance programs that fall outside of the workplace health benefits plan, such as patient support programs offered by pharmaceutical companies or government programs.
- While 62% said their plan doesn't offer this service, 26% said they plan to introduce navigation support.

ADDITIONS AND SUBTRACTIONS

- Nearly two in five (38%) plan sponsors said they added at least one benefit or improved current coverage levels in the past year, a continued upward trajectory from 34% in 2024 and 28% in 2023. Just eight per cent said they removed a benefit or reduced coverage levels. Half made no changes.
- Plan sponsors were most likely to say they planned to improve or increase their mental-health counselling coverage (38%); benefits in support of diversity, equity and inclusion, such as fertility, gender affirmation or women's health coverage (31%); and their wellness accounts (30%). (See chart for more benefits enhancements.)
- Plan sponsors planning to reduce or remove coverage were most likely to do so to DEI benefits (14%), the employee assistance program, insurance coverage such as life or critical illness, the health-care spending account and paramedical coverage (12% each).

KEY TAKEAWAYS

14. Plan members are using greater shares of their flexible spending accounts, which may speak to their desire for more autonomy over how they use their benefits, the board noted. They cautioned that plan sponsors should be careful about granting too much autonomy or cutting back on other benefits that can protect members from major health-related expenses to pay for flexible spending accounts.

15. Greater use of wellness accounts, in particular, is likely connected to plan members' interest in having more cash in their pockets, as well as customization by plan sponsors over the years to include an increasing number of products and services for reimbursement, according to the board.

16. Just three in 10 plan members reported they'd used some form of virtual health-care services and only a quarter of them accessed virtual care through their benefits. Plan sponsor representatives on the board said major promotional campaigns for virtual-care offerings have led to increased sign-ups and better usag of these tools.

17. Annual mental-health practitioner maximums increased year over year among plan sponsors that offer a separate mental-health benefit.

> "Plan sponsors should carefully evaluate the implications of covering weight loss medications. This includes considering costs, potential usage and the overall impact on the benefits plan. Given the prevalence of discussions about weight loss drugs on social media, it may be beneficial to treat these medications as a separate category within the plan."
>
> *— Sylvia Tran, Co-operators*

PLAN SPONSORS

PLANNED BENEFITS CHANGES

	Will improve and/or increase	Will reduce and/or remove	NET INCREASE
Mental-health counselling	38%	9%	+29
Vision care	28%	8%	+20
Virtual health-care service	29%	10%	+19
Wellness account	30%	11%	+19
Drug plan	26%	9%	+17
Dental plan	28%	11%	+17
Benefits in support of diversity, equity and inclusion (e.g., fertility, gender affirmation, women's health)	31%	14%	+17
Employee assistance program	29%	12%	+17
Long-term/short-term disability	26%	10%	+16
Insurance (e.g., life, critical illness, etc.)	28%	12%	+16
Health-care spending account	28%	12%	+16
Paramedical services excluding mental-health counselling (e.g., chiropractic, massage, physiotherapy, etc.)	26%	12%	+14

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Plan sponsors that have the individual benefit in their plan range of n=373 to n=486

> "There is no longer a one-size-fits-all solution—advice must be tailored to each client's needs. Carriers have extensive knowledge of the latest solutions that can positively impact members' health and help plan sponsors make decisions that aren't just based on what's trending or what a survey said, but are on what will actually impact their people."
>
> *— Janie Bilodeau, iA Financial Group*

- For their part, plan members said that, among the benefits in their plan they'd be most upset if their plan reduced or removed, paramedical services was the top answer, at 25%, followed by the health-care spending account (23%), vision care (19%), long-term disability coverage (9%), the employee assistance program (8%) and the wellness or personal spending account (7%). (See chart on pg. 27 for more results.)

- Not unexpectedly, plan members most likely to be upset about the loss of paramedical coverage were heavy users of massage therapy (48%), chiropractic (46%) and mental-health (45%) benefits, as well as the plan members who reported reaching the annual maximum for each of those benefits.
- Plan members with a household income of more than $150,000 (36%) and those with a diagnosed mental-health condition (35%) were also more likely to be upset about a reduction or loss in paramedical coverage.

DESIRE FOR CHRONIC DISEASE MANAGEMENT SUPPORT

- Nine in 10 (88%) plan sponsors said they want their organization's health benefits plan to do more around supporting plan members who have chronic diseases, the same as 2020 but up from 82% in 2019 and 79% in 2018. A third (33%) strongly agreed.
- Nearly the same proportion (86%) indicated they'd like their insurer to make chronic disease management-related products and services automatically available in their organization's benefits plan, if they were based on health-care best practices, rather than waiting for the organization to request or opt into a new benefit. These products and services could include sessions with a registered dietician or increased maximums for psychotherapy.
- The findings were virtually the same as 2020 (88%), when the question was first asked. However, the intensity of agreement is slightly higher this year, with 35% strongly agreeing compared to five years ago (31%).

PERSPECTIVES ON CUTS TO BENEFITS

- Four in five (80%) plan members felt it was unacceptable for their employer to decrease employee health benefits due to increasing plan costs, a share that has increased notably from 72% in 2004, when the question was first asked. However, the intensity of this view has declined, from 52% in 2004 to 41% this year.

> "I think plan members are open to getting oriented to different providers or partners because there's a lack of knowledge of what's available through the different services. As an example, the employee assistance program sometimes provides access to health-care professionals who can help plan members with chronic condition management, but members aren't aware. There's a need to better educate the plan members on what's already available."
>
> — *Valérie Fernandez, Beneva*

- Respondents who were more likely to feel it was OK for their employer to cut back on benefits due to increased plan costs were from Quebec (30%), had coverage under a secondary plan (30%) and would be willing to personally pay extra for additional benefits under their plan (30%).
- Plan members aged 18 to 34 (26%) and those who worked in an organization that had fewer than 250 employees (26%) were also more likely to accept benefits reductions in the face of rising costs.

PAYING FOR EXTRA COVERAGE

- Plan members were close to evenly split on the question of whether they'd pay personally for extra health coverage through their employer, such as for a higher level of medical, drug or dental coverage: 53% said they'd be interested and 48% said they wouldn't. Agreement is up slightly from 2006 (47%) when the question was first asked and 2014 (49%) when it was last asked.
- Not unexpectedly, openness to paying for additional coverage was highest among those who agree it's acceptable for their employer to reduce their benefits due to higher costs (76%), as well as heavy users of chiropractic benefits (74%), plan members who've been diagnosed with cancer (72%), plan members who've reached the maximum for either prescription drugs (69%) or mental-health benefits (66%) and those who've been told by a doctor they needed to lose weight (65%).

KEY TAKEAWAYS

18. Plan sponsors were once again far more likely to add a new benefit or improve coverage levels than to reduce or remove benefits.

19. Organizations were most commonly improving their mental-health counselling coverage, benefits in support of diversity, equity and inclusion and wellness accounts.

20. Plan members would be most upset if their plan scrapped or reduced coverage for paramedical services, the health-care spending account and vision care.

21. A third of plans help members navigate outside financial assistance programs for prescription drugs, such as patient support programs offered by pharmaceutical companies or government programs.

22. Almost all plan sponsors wanted their benefits plan to do more to support employees with chronic diseases and also said they're open to their carrier adding services to their plan without asking if they're in line with best practices for chronic disease management.

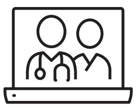
PLAN MEMBERS

BENEFITS PLAN MEMBERS WOULD BE MOST UPSET TO LOSE

Paramedical services	25%
Health-care spending account	23%
Vision care	19%
Long-term disability insurance	9%
Employee assistance program	8%
Wellness/personal spending account	7%
Short-term disability insurance	4%
Virtual health care	3%
Ability to purchase critical/catastrophic illness insurance	1%

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: Those with the individual benefit in their plan. Range of n=228 to n=615

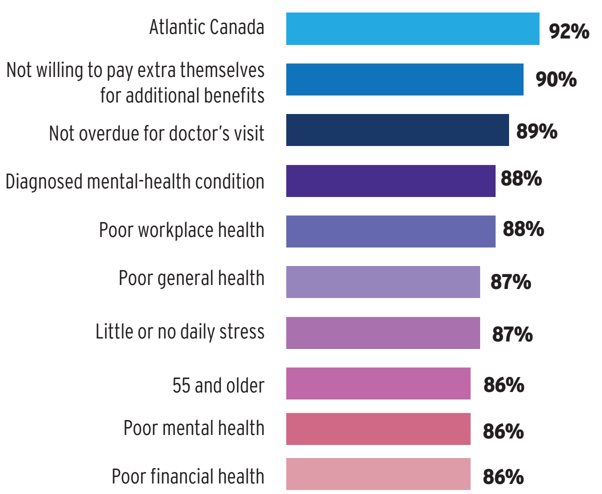
PLAN MEMBERS



80%

Share of plan members who felt it's unacceptable for their employer to decrease employee health benefits due to increasing plan costs

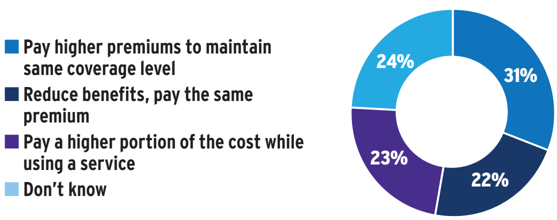
MORE LIKELY WHEN:



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

PLAN MEMBERS

IF PLAN SPONSOR COULDN'T/WOULDN'T PAY FOR THE INCREASED COST OF BENEFITS, PLAN MEMBERS WOULD...



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

- If the cost of their employer's health benefits plan increased and their employer was unable or unwilling to pay the increase, 31% would be willing to pay higher premiums themselves to maintain the same level of coverage, 22% said they'd rather reduce the benefits they receive but pay the same premium and 23% would pay a higher portion of the cost when actually using a medical service.
- The share of plan members willing to pay higher premiums has steadily declined since 2009, from 43%, while openness to reducing benefits while maintaining premiums has fluctuated from 23% in 2009 to a high of 30% in 2014.
- Respondents were more likely to say they'd pay higher premiums if they'd reached the maximum for their mental-health benefits (45%), had been told by a doctor they had to lose weight (44%), were in excellent or very good financial health (41%), were 55 or older (40% versus 28% of those 35 to 54) or would choose the plan over cash (40%).

A CLOSER LOOK AT UTILIZATION

- Forty per cent of plan sponsors reported plan members' utilization of their plan increased in the past year, while 49% said it has remained the same and 5% said it has decreased.
- Higher utilization was more commonly reported among plan sponsors in Manitoba and Saskatchewan (49%) and those with 500 or more employees (48%).
- Among plan members, the prescription drug plan was, again, the most commonly used benefit. A combined 51% of plan members identified as either a heavy user (11 or more claims during their last benefits year) (29%) or a medium user (four to 10 claims) (22%). That number was up slightly from a combined 44% last year.

KEY TAKEAWAYS

23. Carrier representatives on the ad board said adding chronic disease management services without opt-in from plan sponsors would present challenges. However, there are creative options that don't add costs to plans, such as negotiating discounted rates for non-covered professionals and tapping into under-utilized resources, such as the employee assistance plan, can help with chronic disease management.

24. Two in five plan sponsors said the utilization of their plans increased year over year. The board speculated this could be a combination of a post-pandemic return to normal, a greater normalization of preventative health practices and a desire among employees to get the most value out of their total rewards packages.

25. For plan members, the drug plan remains the most-used benefit and the average number of claims per employee increased for the second year in a row.

PLAN MEMBERS

SELECT AVERAGE ANNUAL CLAIMS PER MEMBER WHO USED BENEFIT VS AT LEAST ONE CHRONIC CONDITION

■ Used benefit ■ At least one chronic condition

Benefit	Used benefit	At least one chronic condition
Prescription drugs	9.2	10.8
Chiropractic	6.1	6.5
Mental-health therapy	6.0	6.9
Physiotherapy	5.9	6.2
Massage therapy	5.7	6.1
Other paramedical services	5.0	5.2

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025. BASE: Plan members who used the individual benefit 2024 range from n=343 to n=842

> "Utilization of mental-health coverage has evolved significantly across demographics over the years. Before the pandemic, mental-health benefits were often viewed as support primarily for those in crisis or with ongoing needs. However, post-pandemic, we're seeing a shift – particularly among younger professionals, who are now integrating therapy into routine self-care."
>
> — *Sarika Gundu, BMO Financial Group*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- Among just plan members who had used the prescription drug plan, the average number of claims was 9.2, up from 2024 (8.0) and 2023 (8.7).
- Massage therapy remained the second most-used benefit, with a combined 21% of plan members identified as heavy or medium users. Dental (16%), physiotherapy (15%) and chiropractic (15%) rounded out the top five.
- While just 12% of respondents were heavy (6%) or medium (6%) users of mental-health benefits, those benefits had the third-highest annual claims average among plan members who'd used the benefit (six claims on average, just behind 6.1 for chiropractic and 9.2 for the drug plan). However, the number of mental-health claims has dropped year over year since 2023 (6.7).
- Average annual mental-health claims across all respondents were higher among those who'd reached the maximum for the mental-health benefit (7.8), who had a diagnosed mental-health condition (4.6), were heavy users of the massage benefit (4.2) and those in poor physical health (4.0).

UTILIZATION WORRIES

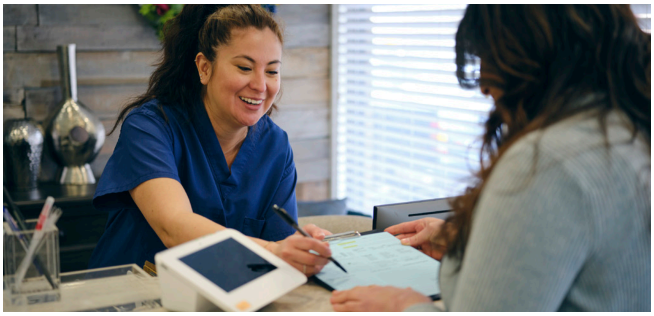
- Plan sponsors seem to be less concerned with the utilization of various aspects of their plan. Just 36% said they're concerned about the utilization of their short-term disability plan usage, a 20-point drop from 2022 (56%) during the height of the pandemic, while 43% were concerned about utilization of their long-term disability plan, down from 51% in 2022.
- For the first time, plan sponsors were asked whether they were concerned about the utilization level of their employee assistance plan; 36% said yes.

KEY TAKEAWAYS

26. Plan sponsors on the advisory board noted that mental-health claims data is being influenced by a changing approach to mental health, particularly among younger employees, which involves regular appointments with a therapists as part of self-care, rather than to address a moment of crisis.

27. Fewer plan sponsors were concerned about the utilization levels of their disability plans. The post-pandemic disability leave boom hasn't materialized as expected, the board pointed out, and plan sponsors' preventative health measures may be having an effect. One board member noted that, historically, disability leaves decrease during economic downturns as employees feel financial pressure to remain at work, so the anticipated spike in leaves may instead appear in the coming years.

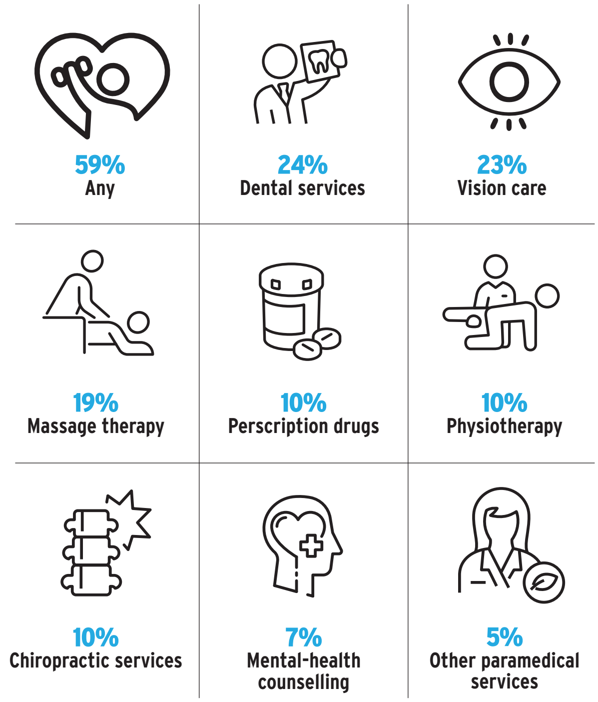
28. Four in five plan members felt it's unacceptable for their employer to make cuts to their benefits due to higher costs, something the advisory board noted is reflective of employees' growing expectations of employers.



> "At Samsung, we prioritize employee well-being and continuously cultivate opportunities for growth, innovation and support, ensuring every individual excels in a rewarding work environment. Our communication is out there, it's up front with employees and, as a result, we've seen employees' engagement with their benefits is elevated."
>
> — *Merlyn Sequeira, Samsung Electronics Co. Ltd.*

PLAN MEMBERS

PLAN MEMBERS WHO REACHED AN ANNUAL MAXIMUM FOR



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025. BASE: N=1000

> "It's surprising how many respondents say they run out of coverage before completing their treatment plan. There's clearly a disconnect — employers may believe they're providing adequate support, but the care employees actually need often exceeds what their benefits cover. That gap forces people to pay out of pocket or go without care, which undermines the whole purpose of offering health benefits in the first place."
>
> — *Juan Quinonez, Canadian Chiropractic Association*

HITTING THE MAXIMUM

- Just over half (56%) of plan members reported hitting the maximum coverage level for at least one benefit.
- They were most likely to report reaching the annual maximum for dental services (24%), vision care (23%) and massage therapy (19%). (See chart for a full list.)
- Heavy users of chiropractic (96%), massage therapy (90%) and physiotherapy (84%) benefits were most likely to have hit an annual maximum, as well as medium to heavy users of mental-health benefits (71%) and those with a diabetes diagnosis (71%).
- There were some notable differences in demographic groups: women (61%) were more likely to have hit an annual maximum than men (50%), as were plan members who reported a household income of $100,000 or more (62%) versus those with an income below that threshold (53%). Caregivers (64%) were more likely to hit a maximum than those who reported no caregiving responsibilities (51%) and respondents aged 35 to 54 (60%) were the most likely age cohort to max out a benefit.
- When coverage runs out for a treatment or service, 34% of plan members said they'd stop treatment until their coverage resumes in the next benefit year, up from 27% last year. A quarter (26%) would pay the full cost but possibly reduce the number of treatments, 19% would pay the full cost for all recommended treatments and 16% would stop treatment altogether.
- One in 10 (11%) reported they'd start a different treatment or service that's covered, higher among medium users of mental-health benefits (27%), newcomers (24%) and heavy users of chiropractic benefits (21%).

KEY TAKEAWAYS

29. A little more than half of plan members hit the annual maximum for at least one benefit, most commonly for dental services, vision care and massage therapy. Women were more likely than men to hit an annual maximum and respondents aged 35 to 54 were the most likely age cohort to max out a benefit.

30. When coverage runs out for a particular health provider, a third of plan members would stop treatments until the benefits year resets, something advisory board members said has worrying implications for health outcomes and could lead to incomplete treatment plans or inconsistent care due to provider shopping.

KEEPING TRACK

- Nearly four in five (78%) plan sponsors said their insurance company, plan provider, benefits consultant or advisor provides them with analyses of their plan's claims data to understand how many plan members reach maximum levels for each benefit.

> "We want our employees to be healthy — mentally, physically and financially. Where we struggle as plan sponsors is having clear data to demonstrate return on investment when it comes to support through the benefits plan. To better support plan sponsors, it comes back to ROI and leveraging data that shows meaningful impact and clearly demonstrates value to help gain organizational buy-in on the cost for plan design changes."
>
> — *Tracey Riccardi, Gateway Casinos*

- Twenty-four per cent said they receive that data on a regular basis, 26% receive data only when they specifically request it, 21% got it occasionally and 7% had to pull their own data from the carrier's website if they needed it.
- Of the remaining 22% who said their carrier doesn't provide this information, 13% said they want them to.
- Slightly fewer (72%) plan sponsors said their carrier provides them with claims data analyses to identify the main disease states in their workforce and better understand the use of their plan and just 19% said they received that data on a regular basis.
- Fifteen per cent said they didn't receive that type of analysis from their carrier but would like to.

INTEREST IN EXTRA COVERAGE

- Asked which benefit they'd most like to receive additional coverage for, dental services topped the list for plan members (29%), followed by vision care (18%) and massage therapy (13%). (See chart for additional results.)
- Desire for greater dental coverage was higher among respondents who felt the plan didn't meet their needs (41%), medium users of dental benefits (41%) and those who reached the maximum for that benefit (40%).

BENEFITS FRAUD

- A fifth (22%) of plan sponsors said their organization has seen an increase in the fraudulent use of their benefits plan, either by plan members, service providers or organized crime.
- A third each saw no change (33%) or no fraudulent use of their plan (32%), 5% saw a decrease and the remainder weren't able to say (8%).

KEY TAKEAWAYS

31. When it comes to whether they'd be willing to pay personally to get more benefits, plan members were almost evenly split.

32. Effective plan communication is a particularly tough nut to crack, the advisory board noted. They suggested plan sponsors spend more time on the delivery format of benefits materials and personalizing where possible, so the right message reaches the right person at the right time.

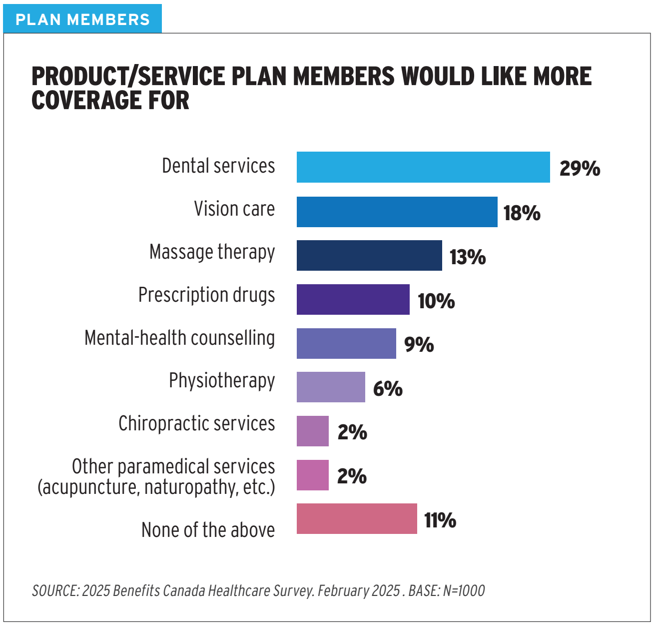
33. Plan members were most interested in additional coverage for dental services, vision care and massage therapy.

34. A majority of plan sponsors receive data from carriers about which benefits plan members hit the annual maximum for and the disease states in their workforce, but just a quarter or fewer receive these reports regularly.

35. Board members said data privacy rules constrain what information can be shared, particularly with smaller organizations, and often puts plan sponsors in the position of making reactive rather than proactive decisions.

36. Carrier representatives on the advisory board said advancements in artificial intelligence present exciting opportunities for better benefits data analysis.

37. A fifth of plan sponsors said they've seen a rise in benefits fraud, a finding board members said was likely much lower than the reality and may reflect plan sponsors lacking a mechanism to track suspected fraud or not looking for it. Multiple plan sponsor and consultant representatives on the board said benefits fraud was a significant area of concern for them.



> "Benefits fraud has been on the rise across the industry, with noticeable increases since the pandemic. Unfortunately, some plan members and providers are actively exploiting benefit plans for personal gain. This underscores the need for all carriers to invest in strong analytics capabilities and work collectively — through organizations like CLHIA — to stay ahead of emerging fraud patterns."
>
> — *Jerry Rudelic, Alberta Blue Cross*

Supporting financial wellness with first-time home buyer assistance program

Janet Hughes
ASSOCIATE AND DIRECTOR, HUMAN RESOURCES
C.F. CROZIER

C.F. Crozier and Associates Inc.'s president, Nick Mocan, started hearing lunchroom conversations with employees that they were regularly losing out on home-bidding wars or couldn't envision ever being able to get into the housing market, so he began thinking about how the firm could help.

The result was the organization's first-time home buyer assistance program, which it launched in 2021. Through the program, Crozier – a Collingwood, Ont.-based consulting firm that specializes in civil, water resources, transportation and building engineering – gives employees $10,000 plus 10 per cent of their salary, up to a combined maximum of $20,000, toward the purchase of their first home.

Since it launched the program, the organization has helped more than 30 employees purchase their first homes. The firm sets aside funds to be able to support an average of 12 employees per year.

"The program was really well-received and continues to be," says Janet Hughes, director of human resources. "I have three applications in my inbox right now. It's amazing the loyalty it spurs on for people when you help them with such a big milestone in their lives. I really enjoy hearing their stories and what it's meant for them to get into the housing market."

The benefit is open to any Crozier employee, as long as they have been with the firm for at least 12 months.

"Almost every employee comments on the benefit putting them in a better financial position, from the ability to increase their down payments to helping them qualify for a higher purchase price," says Hughes. "While employee retention is part of the equation, the main goal of this program was to help our employees enter the housing market. We want to be an employer that helps employees in all phases of lives and this is just one example of that."

> "While employee retention is part of the equation, the main goal of this program was to help our employees enter the housing market. We want to be an employer that helps employees in all phases of lives and this is just one example of that."

Through the program, employees who are looking to purchase their first home apply with a letter to Mocan and Hughes outlining their goals and where they hope to purchase a home. Many employees have relocated to one of the five Ontario cities in which Crozier has offices, fallen in love with their new community and are looking to put down roots.

Employees also need to demonstrate they're able to combine the funds with the federal first-time home buyer initiative, which allows Canadians to withdraw a maximum $60,000 from their registered retirement savings plan toward the purchase of their first home and repay the amount within 15 years.

When Crozier approves an application, it deposits the funds into the employee's RRSP. The organization has a group RRSP program with an employer match that almost all employees participate in, but Hughes says it would be able to deposit the funds into a personal RRSP if requested.

Crozier requests that applicants purchase their first home within 24 months of receiving the funds, to ensure employees who aren't as far along in the house-hunting process don't prevent those who are ready to buy from qualifying in a given year.

"We understand that things happen – maybe you had an offer on a place and it fell through for whatever reason, so you have to start your search again and that takes time. We're flexible," says Hughes.

Employees are also asked to remain with the firm for three years after they receive the benefit or they're expected to pay it back in full.

"Committing to the company has never been an issue. Appreciation goes both ways," she says. "This is one way of showing our people that we care about their personal well-being just as much as we do about their professional development."

Annual data reviews lead to more inclusive benefits plan, expanded mental-health support

Laura Carter
ASSOCIATE DIRECTOR, BENEFITS
HEALTHCARE OF ONTARIO PENSION PLAN

The Healthcare of Ontario Pension Plan has been doubling down on data to inform its benefits plan design.

The organization started conducting annual data reviews four years ago to ensure the program was effectively targeting employee needs. The initiative came as a response to a workplace landscape changed by the coronavirus pandemic, the rise in remote work and an increased focus on employee mental health and diversity, equity and inclusion, says Laura Carter, associate director of benefits.

Every year, her team assesses aggregate reports on drug, benefits and employee assistance program utilization data to understand the most prevalent health trends in the employee population. The team also examines benchmarking reports provided by its benefits broker, reviews exit interview data and hosts focus groups with employee resource groups to ensure the plan aligns with the HOOPP's DEI principles.

"The data review has really led to an inclusive benefits program that addresses true employee needs," she says. "We keep DEI at the forefront when reviewing all that data to understand if we have any blind spots. If we see notable data pop up in various channels, we research further to understand if the numbers support a business case to revise the benefit."

> "We keep DEI at the forefront when reviewing all that data to understand if we have any blind spots. If we see notable data pop up in various channels, we research further to understand if the numbers support a business case to revise the benefit."

The data reviews prompted the HOOPP to expand its mental-health program, which netted the organization a win at the 2024 Workplace Benefits Awards in the mental-health category. The organization provides an annual psychological benefit of $2,500 for employees and their dependants. It also partnered with a virtual therapy platform that allows employees to book appointments within a few days, at about half the cost of a typical therapy appointment, in response to employee feedback about challenges with access to practitioners and costs for those needing long-term support.

The HOOPP also integrated mental-health training into its manager training curriculum and makes a mental-health consultant available for coaching when a people leader wants support in navigating sensitive situations where their staff are managing mental-health challenges.

"We know it's difficult — managers aren't always sure what they should or shouldn't say," says Carter. "And they can easily over-extend themselves while juggling the balance of providing that support, managing other team members, work objectives and their own mental health. A conversation with a manager can be pivotal; if someone feels comfortable asking their manager for support, they're more likely to stay at work and remain engaged, versus feeling isolated, disengaged or even going off on leave. We see managers as an important part of the process."

The HOOPP's data-driven approach also led the organization to add gender affirmation and fertility coverage, as well as the recent addition of a wellness spending account, which reimburses employees for alternative practitioners not covered under traditional benefits, such as Chinese medicine practitioners and Indigenous practitioners.

It also enhanced its parental leave top-up. Previously, the program gave birthing parents 17 weeks of top-up pay at up to 93 per cent and eight weeks for non-birthing parents. Now, birthing parents receive 26 weeks of top-up pay at 93 per cent and non-birthing parents receive 12 weeks.

The additional support for non-birthing parents has led to an increase in fathers taking parental leave, says Carter. "We've had a communications campaign running for several years that features different wellness champions within HOOPP. Last year, we featured a dad who took time off and that was one of the most popular stories on our intranet site.

"It's all about normalizing the behaviour so employees feel empowered to use the resources available to them."

GREAT EXPECTATIONS

Around seven in 10 plan members agree their employer has a wellness culture, with plan members in good health across all five dimensions more likely to concur. Plan members are largely receptive to receiving personalized health information from their benefits providers but are more divided over how involved their employer should be in their health in the name of illness and injury prevention. More than eight in 10 plan sponsors are trying to influence at least one area of employee wellness and half have a formalized wellness strategy. Flexible work arrangements, reasonable workloads and work hours and wellness-supporting human resources policies top plan members' wish-lists for how plan sponsors can support their well-being. Plan sponsors are primarily focusing their future wellness investments on mental and workplace wellness.

IN THIS SECTION

- WELLNESS CULTURE
- PERSONALIZED INFORMATION
- EMPLOYER INVOLVEMENT IN HEALTH
- EMPLOYER SUPPORT FOR OVERALL WELL-BEING
- REMOTE WORK
- WELLNESS STRATEGIES
- WELLNESS INVESTMENTS
- REGISTERED SAVINGS PROGRAMS

THOUGHTS ON WELLNESS CULTURE

- Seventy-two per cent of employees agreed (20% strongly) their organization's overall workplace culture encourages health and wellness, a slight decline from 76% last year and the lowest share since 2019 when the question was first asked.
- Agreement was highest among respondents from organizations with between 250 and 499 employees (90%), those who believe it's acceptable for their employer to reduce benefits in the face of rising costs (84%) and those who work a majority of their time remotely (82%). (See chart for more.)
- Three in 10 (28%) plan members felt their organization's culture doesn't encourage health and wellness.
- Disagreement was much higher among those who reported poor workplace health (63%), who felt their health benefits plan didn't meet their needs (60%) and those with poor self-reported mental health (43%).
- As in previous years, there was a correlation between plan members' self-reported health across multiple dimensions and their answer to this question, with those in excellent or very good health more likely to agree (79%) and those in poor health more likely to disagree (34%).
- Plan members who described their benefits plan as excellent or very good (81%) and who felt it met their needs (81%) were also more likely to say their employer had a wellness culture.

GETTING PERSONAL

- Plan members were more receptive to receiving personalized information about health issues based on their benefits usage: 72% said they'd be open to receiving this information from the their health benefits plan provider (20% strongly in favour), the highest share since 2018 (66%)

PLAN MEMBERS

72%
Plan members who agreed the workplace culture supports health and wellness

HIGHS+LOWS **PLAN MEMBERS**

90%	Organizations with 250 to 499 employees	Organizations with 5,000+ employees	65%
84%	Agree it's acceptable for employer to reduce benefits	Disagree it's acceptable for employer to reduce benefits	69%
83%	Excellent/very good workplace health	Poor workplace health	38%
82%	Working majority remotely	Can't or doesn't work remotely	68%
82%	Excellent/very good mental health	Poor mental health	57%
75%	Private sector	Public sector	67%

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

when the question was first asked. The question clarified that respondents' employers wouldn't be aware of any information shared by the insurance company.

- Interestingly, recent newcomers to Canada were much more receptive (92%) than respondents who grew up in Canada (69%).
- Openness to personalized health information was also higher among respondents who feel it's acceptable for their employer to reduce benefits in the wake of higher costs (83%), who described their plan quality as excellent or very good (82%) and who were willing to personally pay extra for additional coverage under their plan (81%).
- There were notable age and gender divides, with 18- to 34-year-olds more open to receiving this information (78%) than those 35 and older (69%) and men (76%) more receptive than women (69%).

PREVENTATIVE HEALTH VS. PERSONAL PRIVACY

- Plan members were asked which of three statements most reflected their perspective on how involved their employer should be in their health in the name of illness and injury prevention.
- Just 23% of plan members said they don't have a problem with their employer encouraging disease, illness and injury prevention and felt it would be appropriate for their employer to actively help them manage their health, down from 35% in 2008 when the question was last asked. This was higher among recent newcomers (39%), Quebec respondents (34%) and plan members who don't have a family doctor (30%).
- Nearly half (46%) said they don't have a problem with their employer encouraging disease, illness and injury prevention but didn't want them to have access to or be able to use their personal health information (down from 61%). This viewpoint jumped to 64% among plan members with a diagnosed mental-health condition, 55% of Albertan respondents and 53% each among those with a household income of more than $100,000 and who reported poor mental health.
- Eight per cent said they have a problem with the idea of employers encouraging such preventative efforts because they don't feel their employer has a right to be involved in their personal health, up from 3% in 2008.
- The remainder (23%) said none of the statements described their view on employers' disease prevention efforts. In 2008, just one per cent volunteered this position.

GREAT EXPECTATIONS

- The vast majority (84%) of plan members agreed (35% strongly) they expect their employer to support their health and well-being beyond offering a benefits plan – such as through offering access to fitness programs, flexible work options and/or hosting social events.
- Agreement was highest among recent newcomers (94%), plan members experiencing high to extreme daily stress

KEY TAKEAWAYS

1. **Almost three in four plan members agreed their employer's workplace culture or environment supports health and wellness.**
2. **Seventy-two per cent of plan members said they were open to personalized information about their health issues based on their benefits usage. While advisory board members said this finding was in line with their organizations' internal data, they noted there's often a disconnect between plan members' stated preferences around personalized communications and their receptiveness to such missives when they receive them, with many finding the notifications unsettling. They suggested tailored information within the benefits provider's portal may be received more favourably than emails or phone notifications.**

PLAN MEMBERS

72%

Plan members open to targeted communications from their insurer about health issues, based on their benefits claims

HIGHS+LOWS PLAN MEMBERS

92%	Newcomers to Canada within last 5 years	Grew up in Canada	69%
83%	Agree it's acceptable for employer to reduce benefits	Disagree it's acceptable for employer to reduce benefits	70%
82%	Describes plan quality as excellent/very good	Describes plan quality as poor	53%
81%	Willing to personally pay extra for additional coverage under plan	Not willing to pay extra for additional coverage under plan	63%
80%	Plan meets needs	Plan doesn't meet needs	52%

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

> "I think the delivery mechanism for reaching out is important. It's very different to feel like your phone is listening to you and is now feeding you information than to go into an app where your health information is stored and receive a prompt about it. That's an entirely different feeling and where we're seeing a positive response."
>
> — *Emilie Inakazu, KPMG in Canada*

(90%), respondents who agreed it's acceptable for their employer to reduce their benefits due to rising costs (90%), 35- to 54-year olds (89%) and those in excellent or very good financial health (88%).

- When asked to select the three most important things their employer could do to support their personal health and well-being from a list of 10 options, plan members most commonly selected flexible work arrangements, such as flexible hours, job-sharing and remote work opportunities (49%), reasonable workloads or work hours (49%) and human resources policies that support wellness, such as a vacation policy and paid personal days (44%), among their top three.
- Flexible work arrangements was also most likely (22%) to be ranked as their No. 1 choice.
- An official wellness program at low or no cost (such as fitness challenges, healthy weight management programs, flu shots at work and health education sessions) was ranked in the top three by 29% of respondents. But that jumped to 44% among plan members diagnosed with cancer, 37% among those told by a doctor to lose weight and 35% of respondents diagnosed with obesity.

KEY TAKEAWAYS

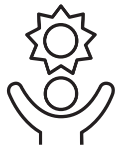
3. **While most plan members said they don't have a problem with their employer encouraging illness and injury prevention, some expressed concerns about their employer having access to or being able to use their personal health information.**

4. **More than eight in 10 plan members indicated they expect their employer to support their health and well-being beyond offering a benefits plan.**

BACK TO THE OFFICE

- More employees appear to be heading back to the office or worksite. Plan sponsors reported a decreasing proportion (average 40%) of their workforce worked from home or remotely, a drop from 48% last year and a high of 58% in 2021 and 2022 during the height of the pandemic. Just seven per cent said none of their employees work remotely.
- On average, plan sponsors reported hybrid-working employees worked remotely just over half of the week on average (54%). The greatest share (52%) of respondents estimated their employees worked from home between two and four days per week.
- For their part, 41% of plan members said they work from home at least one day per week, in line with plan sponsors and a drop from last year (47%). Respondents reported working an average of 3.2 days remotely.
- A quarter (24%) indicated they don't work from home and 30% reported their job can't be done remotely. Just six per cent said their employer doesn't allow it.

PLAN MEMBERS



84%

Plan members who said they expect their employer to support their health and well-being beyond offering a benefits plan

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

PLAN MEMBER

WHAT EMPLOYERS CAN DO TO SUPPORT MY HEALTH AND WELL-BEING (TOP 3 RANK)

Flexible work arrangements (e.g., flexible hours, job-sharing available, able to work from home)	49%
Reasonable workloads/work hours	49%
HR policies that support wellness (e.g., vacation policy, paid personal days off, etc.)	44%
Good leadership from immediate supervisor/manager and senior executives/owners	31%
Official wellness programs at low or no cost (e.g., fitness challenges, healthy weight management programs, flu shots at work, health education sessions, etc.)	29%
Well-designed personal workspaces (e.g., good lighting, ergonomic design, etc.)	24%
Areas to take breaks, socialize, relax (e.g., lunchrooms, areas with comfortable seating)	20%
Programs to help with personal finances (e.g., debt repayment plans, budgeting, saving plans for home purchase, retirement, etc.)	18%
Healthy foods and snacks in cafeteria, in vending machines, at gatherings/meetings, etc.	18%
Social activities at work or outside of work (e.g., potluck lunches, participation in community events)	17%

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

PLAN MEMBERS

41%

Plan members who worked from home at least one day per week

3.2

Average days plan members worked from home

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=1000

> "We don't have a mandate for in-office attendance. We do invite leaders and team members to have an open dialogue around what makes sense for the work they do. Our observations suggest that time in the office can positively impact well-being, as it can correlate with more varied activity and increased interaction. We respect each individual's autonomy around what makes sense for them and their work."
>
> — *Kerilee Snatenchuk, ATB Financial*

MORE PLAN SPONSORS CREATING WELLNESS STRATEGIES

- Eighty-five per cent of plan sponsors reported they're trying to help employees in at least one area of wellness (physical, mental, financial, social and work health, the latter also known as psychological health and safety in the workplace) beyond what's offered in their benefits plan. That number is up from 81% last year.
- Supports for mental health (58%) were most common. The share of plan sponsors providing additional support for physical health (53%) and work health (48%) were both up from last year (48% and 42%, respectively). (See chart for full breakdown.)
- Half (50%) of plan sponsor respondents that are trying to improve in at least one of the wellness areas reported they have a documented, long-term wellness strategy in place, up from 44% last year. An additional 33% said they're working on one.
- Wellness strategies were more common among plan sponsors in Quebec (60%), in the public sector (59%) and with unionized workforces (62%).
- More organizations of all sizes reported having a wellness strategy relative to last year: 64% of plan sponsors with 500 or more employees (up from 57%), 47% of those with 50 to 499 employees (up from 38%) and 24% of organizations with fewer than 50 employees (up from 20%) had one in place.

KEY TAKEAWAYS

5. Wellness programming is a clear focus area for many plan sponsors. Eighty-five per cent of plan sponsors reported they're trying to help employees in at least one area of wellness and four in five anticipate dedicating funding or staff resources to at least one area of wellness in the next three years, the highest response in six years.

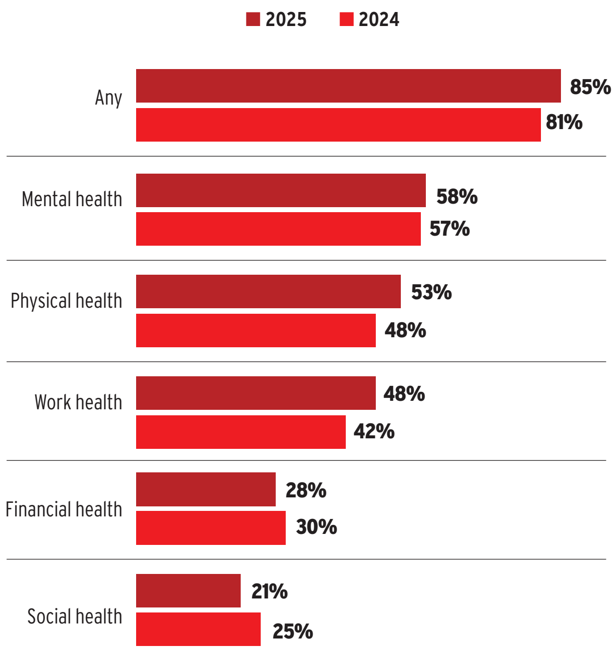
6. Half of plan sponsor respondents that said they're trying to help employees in at least one wellness area reported they have a documented wellness plan in place, an increase from 44% last year and a result the advisory board found encouraging. An additional third indicated they're working on a strategy now.

7. Advisory board members stressed the importance of connecting the wellness strategy to the business. They noted wellness and benefits teams often operate in silos, but working together under a unified strategy could lead to more meaningful and measurable outcomes for both plan members and their business.

> "Plan members have access to wellness benefits, but usage is lower than expected. Survey results point to a stronger demand for flexibility, like remote work and flexible hours. Meeting that need first can pave the way for better engagement with existing services."
>
> — *Michael Kondrat, Beneva*

PLAN SPONSOR

PLAN SPONSORS WELLNESS EFFORTS, 2025 VS 2024



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025. BASE: 2025 N=500; 2024 N=653

PLAN SPONSORS

PLAN SPONSORS WITH A DOCUMENTED WELLNESS STRATEGY

SOURCE: 2025 Benefits Canada Healthcare Survey. BASE: Plan sponsors who indicate they are trying to improve in any wellness area. April 2024 n=529; February 2025. n=423

> "Internally, Crozier has a wellness program where we host events and offer resources focusing on the six dimensions of wellness. This can be as simple as a step challenge, yoga and meditation classes or financial planning sessions so our people can feel confident about their future. We want to make sure our employees are focused on their whole selves."
>
> — *Janet Hughes, C.F. Crozier*

MENTAL, WORK HEALTH TARGETED FOR INVESTMENT

- Four in five (79%) plan sponsors said they anticipate their organization will dedicate funding and/or staff resources, outside of their benefits plan, to at least one wellness area in the next three years.
- For the seventh year in a row, plan sponsors were most likely to be planning investments into emotional or mental health (46%), followed closely by work health (42%).
- While more plan sponsors reported expecting to make investments in those two spaces, other wellness areas appear to be getting less focus. The share of respondents planning investments in the areas of physical fitness (29%, down eight points) and social health (22%, down five points) declined year over year, while illness prevention and chronic health condition management (27%), financial health (23%) and musculoskeletal (12%) remained virtually the same as last year.
- Plan sponsors with flex plans were more likely than those with traditional plans to be making investments across most areas of wellness (emotional or mental health: 56% for flex plans, compared to 40% for traditional; physical fitness: 34% flex, 25% traditional; financial health: 29% flex, 19% traditional; social health: 27% flex, 18% traditional).

FOCUS ON SAVINGS PROGRAMS

- Three-quarters (77%) of plan sponsors have at least one registered savings program set up for employees.
- A group registered retirement savings plan was most common (41%), followed by a defined contribution pension plan (28%), defined benefit pension plan (24%) and group tax-free savings account (24%). (See chart for more responses.)
- Organization size had a significant impact on results: 94% of those with at least 500 employees and 85% of those with 50 to 499 employees had at least one savings program in place. Just 44% of those with fewer than 50 employees had a program in place.

KEY TAKEAWAYS

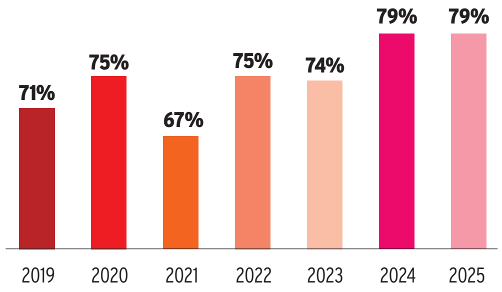
8. Employee mental health topped plan sponsors' planned wellness investments for the seventh year in a row, followed by work health.

9. Advisory board members were surprised to see plan sponsors not increasing their focus on — or investments in — financial wellness efforts, despite plan members' declining financial health.

10. Three in four plan sponsors have at least one registered savings vehicle for employees, with group RRSPs the most common option.

PLAN SPONSOR

PLAN SPONSORS PLANNING TO DEDICATE FUNDING AND/OR STAFF RESOURCES TO AT LEAST ONE AREA OF WELLNESS



SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: 2019 N=403, 2020 N=516, 2021 N=524, 2022 N=553, 2023 N=721, 2024 N=653, 2025 N=500

PLAN SPONSOR

GROUP SAVINGS PROGRAMS CURRENTLY OFFERED BY PLAN SPONSORS

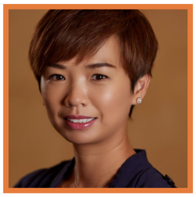
Group registered retirement savings plan	41%
Defined contribution pension plan	28%
Defined benefit pension plan	24%
Group tax-free savings account	24%
Deferred profit-sharing plan	10%
Registered education savings plan	8%

SOURCE: 2025 Benefits Canada Healthcare Survey. February 2025 . BASE: N=500

"I was surprised to see the share of plan sponsors trying to influence plan members' financial wellness didn't increase, given today's economic reality. We've talked about the difficulty with communicating a benefits plan's value, but money is a relatively easy way to grab someone's attention. In my experience, there's a conscious shift towards financial well-being support because there is that appeal of dollars in your pocket that people will pay attention to."

— *Ayman Alvi, Rio Tinto*

Putting wellness at the centre of a people strategy



Rachel Wong
VICE-PRESIDENT, TOTAL REWARDS AND HR TECHNOLOGY
SYMCOR INC.

Symcor Inc., a technology provider of payment, security and data services, is making employee wellness a core part of its employee value proposition and people strategy.

The organization — a private corporation created as a joint venture by the Bank of Montreal, Royal Bank of Canada and TD Bank Group — builds an annual wellness calendar with sessions on topics that matter to its employees.

In 2025, Symcor decided to try something new, launching a two-month campaign on the key themes of chronic disease and women's health, which it identified as particularly important to its workforce. "We asked our employees to tell us about their key concerns and areas they want us to bring forward to Symcor's wellness program," says Rachel Wong, the organization's vice-president of total rewards and human resources technology.

Symcor's own internal health data underscored the importance of focusing on chronic disease. With an average employee age of 49 — higher than the market benchmark of 43 — arthritis and diabetes are among its top health claims. "We can offer all of the drugs necessary, but we want to be proactive about managing chronic disease," she says.

To that end, Symcor partnered with its insurer to deliver tools and multiple educational sessions in May and June, with topics such as how plan members with diabetes can make the most of their benefits coverage and addressing difficulty with accessing professional help. It also brought in medical experts to speak about chronic diseases.

For its focus on women's health in September and October, Symcor will collaborate with its insurer and virtual health provider to bring in a series of educational sessions led by medical experts. These sessions will include awareness and information sessions on menopause-related topics, with leaders speaking about how to support colleagues going through the transition. Other topics covered in these sessions will be the higher rates of cancer among women and strategies for balancing work and family, among many other topics related to women's health.

> "We've seen increases in engagement and culture scores. Employees value broader mental-health coverage, gender affirmation support and more paid time off. It tells us we're heading in the right direction."

In addition to chronic disease and women's health, the organization is also hosting a range of wellness sessions throughout the year to continue its focus on employee well-being. In January and February, the company partnered with a major Canadian bank to deliver financial wellness content, focusing on savings and investment products. In March, it featured sessions led by its employee assistance program provider, promoting access to mental-health and virtual-care services. In April and July, the spotlight shifted to psychological safety and digital overload.

Looking ahead, Symcor plans to recognize World Mental Health Day in October with a workshop on managing anxiety. It will also host a financial literacy session to coincide with annual bonus payouts, educating employees on how to maximize their earnings, including how to maximize contributions to registered retirement savings plans.

The organization has been on a journey to evolve its benefits and wellness offerings over the past few years, says Wong, with mental health and financial wellness remaining top priorities, guided by ongoing employee feedback.

In recent years, it has expanded its mental-health practitioner benefits to include a broader range of providers. After a year, it saw a significant rise in usages. It also introduced fertility and gender affirmation benefits and added flexibility in how employees can use their benefits coverage by allowing them to purchase additional vacation days with any unused credits.

"The impact is real," says Wong. "We've seen increases in engagement and culture scores. Employees value broader mental-health coverage, gender affirmation support and more paid time off. It tells us we're heading in the right direction."

Three-year wellness strategy focusing on four pillars of well-being

Merlyn Sequeira
SENIOR DIRECTOR, TOTAL REWARDS PROGRAMS
SAMSUNG ELECTRONICS CANADA

While Samsung Electronics Canada has been on a well-being journey since 2012 with no shortage of initiatives to support employees' holistic health and wellness, its efforts weren't fully integrated, says Merlyn Sequeira, the company's senior director of total rewards.

"We wanted to bring it under an umbrella with some direction from the top."

In 2022, the company worked with its consultant to launch a formal three-year strategy covering the pillars of mental, social, financial and physical well-being, with the overarching goals of fostering a positive and supportive culture, boosting employee engagement and recruiting and retaining top talent.

Now at the end of that three-year period, Samsung was recognized by *Benefits Canada* at the 2024 Workplace Benefits Awards in the health and wellness category for the strategy.

A crucial component of this success was leadership support, says Sequeira, noting her team secured an executive sponsor for mental well-being and the leadership team is supportive of the company's commitment to fostering a psychologically healthy and safe workplace and embedding mental well-being into decision-making processes. Leadership also committed to "walk the talk" on mental health, she adds.

Samsung made mental-health training mandatory for all employees. Managers receive a full day of training and the rest of the employees complete a half day. The company also created a team of mental-health first aiders – comprised of people team members and employees who volunteer – who managers can consult with.

"We want to create an environment where employees can talk about mental health openly and equip managers with the tools and resources to help them [foster] that environment," says Sequeira.

> "We want to create an environment where employees can talk about mental health openly and equip managers with the tools and resources to help them [foster] that environment."

In addition to those efforts, the company has progressively increased its annual mental-health spend to a current $4,000 per employee per year.

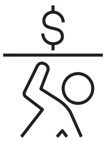
To support the other well-being pillars, Samsung updated its benefits plan to give employees greater flexibility to mix and match the benefits that best suit their diverse needs, as well as additional flex dollars depending on their coverage selection.

The company also introduced greater choice in its group savings program, allowing employees to contribute to a combination of a tax-free savings account, registered retirement savings plan or even a non-registered savings plan, all while receiving an employer match up to five per cent, to allow its five-generation workforce to save for the financial goals most relevant to them.

Additionally, Samsung has an onsite gym and an ongoing partnership with a gym chain that gives employees discounts on gym memberships. It also hosts onsite flu shot clinics for employees and their families and has massage therapists come into the office on a quarterly basis.

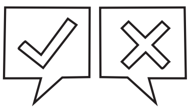
5 TALKING POINTS FROM THE 2025 BENEFITS CANADA HEALTHCARE SURVEY

1. FINANCIAL STRAIN A GROWING CONCERN



Amid the ongoing trade war, which has given inflation a boost and stalled expected interest rate cuts, and still coping with the post-pandemic increase in the cost of living, a growing share of plan members are feeling pinched. When asked to describe their perception of their health across five elements of well-being (physical, mental, financial, social and workplace health), plan members were least likely to rank their financial health as excellent, very good or good, while one in four said it was poor. Three in five plan members would choose an extra $10,000 over their benefits plan and two in five would choose an extra $5,000. As well, the share of members who would stop treatment for a covered health service once they hit the annual maximum increased to one in three, up from one in four last year.

2. DIFFERENCE OF OPINIONS

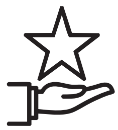


After a few years of rating their health benefits plans quite highly, plan members were more moderated in their assessments this year and just over half said it met their needs — the same as 10 and 20 years ago. Meanwhile, more than four in five plan sponsors gave their organization's benefits a standing ovation, the happiest they've been with their plans since 2020. *Benefits Canada*'s advisory board suggested these and other survey results point to a persistent knowledge gap among plan members about not only what's included in their benefits plans, but the value and intent of their plans.

3. COMPETITIVENESS TRUMPS PLAN COSTS

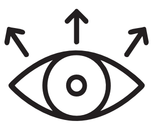
Plan costs and overall sustainability was top of mind for plan sponsors last year, but this year it seems to be of lesser importance. Four in five said the plan was extremely or very important to their organization in today's economic climate and respondents said their top concern related to their health benefits plan was its competitiveness. Plan sponsors were more likely to be adding or improving coverage than reducing or taking it away and were also more likely to say the health of plan members was their top decision-making factor regarding their plan, relative to controlling costs.

4. PLAN MEMBERS EXPECT MORE



It's clear plan members have high expectations for their employer's health benefits plan and wellness offerings. Four in five said it would be unacceptable for their employer to make cuts to their benefits due to higher costs and the same share said they expect their employer to support their health and well-being beyond offering a benefits plan. The advisory board noted plan members are demanding more from their employers after seeing them boost coverage and add benefits during the pandemic and the subsequent war for talent, as well as to fill in the gaps created by a strained public health-care system.

5. PERSPECTIVES ON PERSONALIZATION



Plan members are open to receiving personalized health information that could help them proactively manage their health — but it depends on who's offering it. Seven in 10 said they'd be receptive to receiving personalized information about health issues, based on their benefits claims, from the insurer that manages their health benefits plan, the highest share since the question was first asked in 2018. But just one in four plan members said they don't have a problem with their employer encouraging disease, illness and injury prevention and feel it would be appropriate for their employer to actively help them manage their health. And nearly half are OK with their employer encouraging preventative health, but don't want them to have access to their personal health information.

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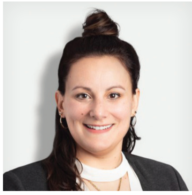

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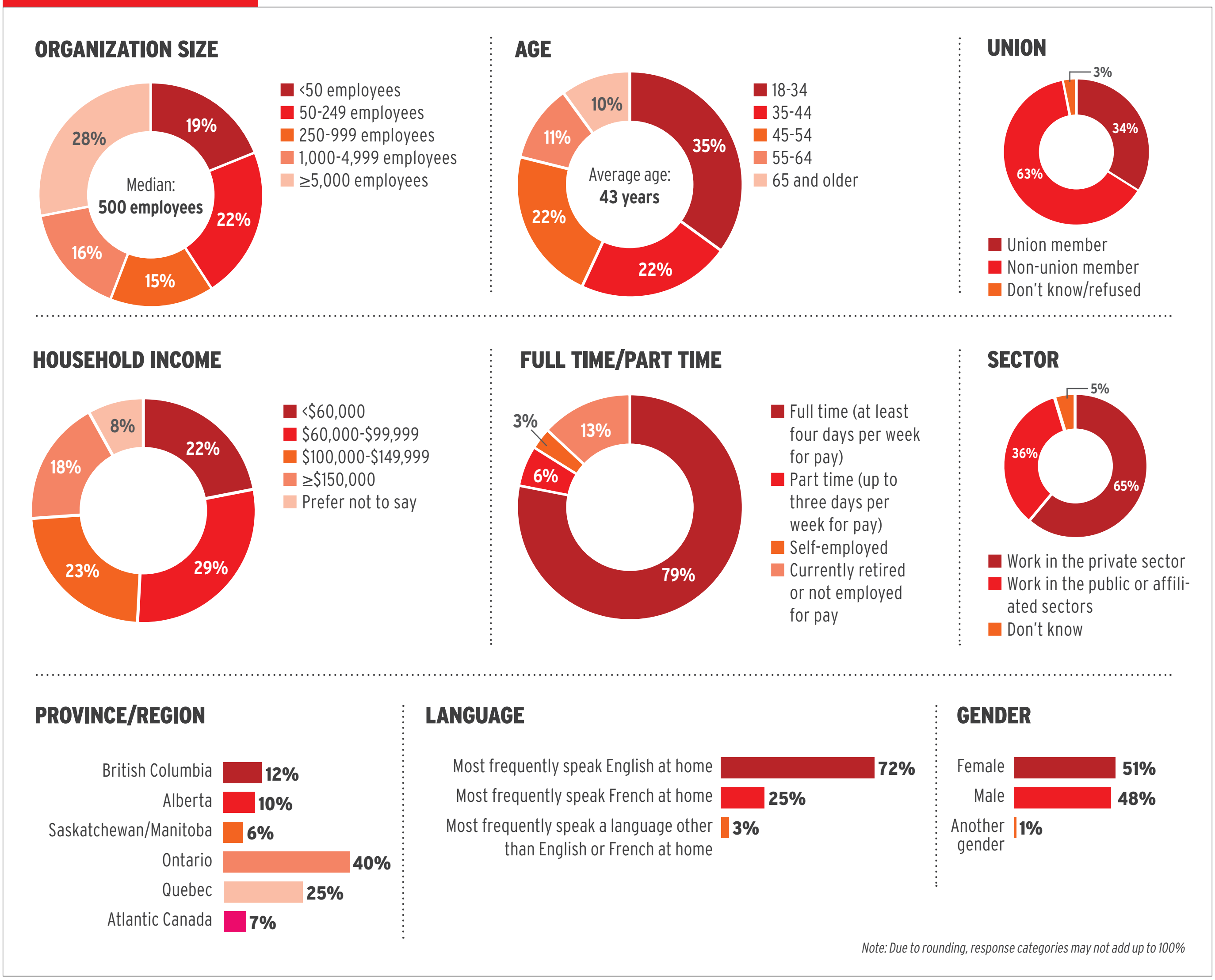
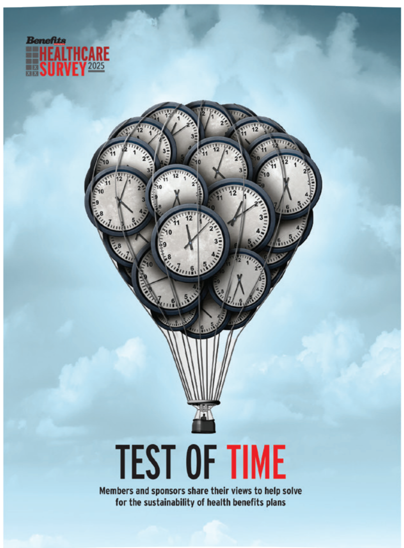
METHODOLOGY

Ipsos fielded the plan member survey on behalf of Contex Group using an online (Internet survey) methodology from Feb. 13-20, 2025. In total, a national sample of 1,000 primary holders of group health benefits plans completed the study. At the time of each interview, these adults were the primary holders of employee plans with a health benefits portion. The online completes were conducted using a random sample drawn from the 200,000+ members of the Ipsos Canadian i-Say Panel. The total results of a probability sample of this size would be considered accurate to within +/- 3.1%, with 95% certainty of what they'd have been had the entire population of Canadian plan members been polled. It's important to note, though, that the margin of confidence for smaller sub-sample respondent groups would be higher. The data has been statistically weighted to ensure the age, gender and regional composition of the sample reflects those of the adult working population according to the 2020 Census data. Additionally, some response categories in this report don't add up to 100% — this is due either to the rounding of numbers or questions that allowed plan members to provide multiple responses.

In addition, Contex Group and Maru/Blue fielded a separate online survey for Contex Group research with 500 benefits plan sponsor decision-makers from across the country, from Feb. 12-20, 2025. The data was statistically weighted to accurately reflect the geographic distribution of business and business size according to Industry Canada.

PLAN MEMBER DEMOGRAPHICS





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