

A PERFECT STORM

FRONTLINE PERSPECTIVES TO HELP NAVIGATE NEW WATERS
FOR HEALTH BENEFITS AND WELLNESS INITIATIVES



Benefits
WELLNESS

HEALTHCARE
SURVEY 2024

OPENING MESSAGE

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GROUP PUBLISHER

Alison Webb

DIRECTOR OF SALES

Francesca Allman

EDITOR

Jennifer Paterson

SENIOR MANAGER CONTENT RESEARCH

Justin Graham

WRITER

Kelsey Rolfe

SURVEY AND CONTENT CONSULTANT

Karen Welds

PROJECT MANAGER

Christine Kinoshita

ART DIRECTOR

Shawn Samson, TwoCreative

HOW TO REACH US

EDITORIAL:

jennifer.paterson@contexgroup.ca

SPONSORSHIP:

francesca.allman@contexgroup.ca

alison.webb@contexgroup.ca

BROUGHT TO YOU BY



PUBLISHED BY



355 rue ste-Catherine West, Suite 501
Montreal, Quebec H3B 1A5

PRESIDENT

Pierre Marcoux, Contex Group Inc.

CONTROLLER

Jean-Sébastien Haché

CHOPPY WATERS



Jennifer Paterson
Editor
BENEFITS CANADA

Over the past few years, the *Benefits Canada Healthcare Survey* has found plan sponsors have gone above and beyond to support plan members, first in the wake of the coronavirus pandemic and then to compete for top talent. But there were inklings that plan sustainability was on sponsors' minds.

If those were the gathering clouds, then this year's results indicate the storm is upon us. Now in its 27th year, our survey found plan sponsors are trying to strike the right balance between offering competitive benefits plans that meet the diverse needs of their employees and ensuring the costs of those plans are manageable in the long run. While plan sponsors are more likely to be adding coverage than reducing it – and continue to prioritize support for plan members over cost containment in their decision-making – sustainability concerns account for four of the top five challenges

they're facing in delivering their health benefits plans. All the while, members of our multi-stakeholder advisory board said Canada's strained public health-care system is increasing plan members' expectations of their benefits.

During two in-depth advisory board meetings, members pointed to the need for consultants, insurers and other vendors to support plan sponsors by helping them interpret utilization data, introduce cost-containment strategies that don't negatively impact plan member outcomes and improve plan members' understanding of what's covered by their plan. They also cited the as-yet unexploited potential of health-care system navigation to help employees find the services they need and resolve their issues sooner.

We at *Benefits Canada* hope these insights help you chart your course through the storm.

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HOLISTIC PICTURE OF HEALTH

Financial, social and workplace health play their parts in good overall and mental health. A fifth of plan members described their mental health as poor, while roughly the same number have a diagnosed mental-health condition and almost two in five felt a sense of loneliness or disconnection from their colleagues and workplace. Physical activity, better sleep and weight loss were the top goals to improve health, but time, cost and motivation were barriers. Three in five plan members live with a chronic condition and one in five experienced a major injury or illness in the past year. Among those who used the health-care system extensively in the past year, almost half described the experience as extremely or somewhat difficult.

IN THIS SECTION	<ul style="list-style-type: none"> • OVERALL HEALTH • MENTAL HEALTH • STRESS • FINANCIAL, SOCIAL AND WORKPLACE HEALTH 	<ul style="list-style-type: none"> • SOCIAL DISCONNECTION • LIFESTYLE CHANGES • CHRONIC CONDITIONS • CHRONIC PAIN • MAJOR INJURY AND ILLNESS 	<ul style="list-style-type: none"> • TREATMENT APPROACHES • MEDICATION ADHERENCE • EXPERIENCE WITH HEALTH-CARE SYSTEM
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HEALTH GOOD OVERALL BUT ...

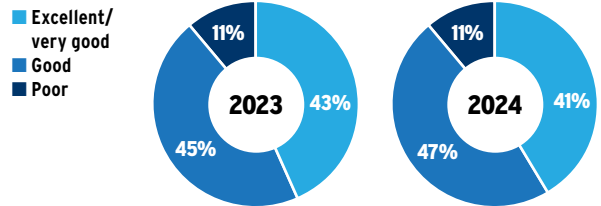
- Nine in 10 (88%) plan members rated their health as excellent (13%), very good (28%) or good (47%) in the past year.
- Since 2021, at least one in 10 described their health as poor. The result this year was 11%, a percentage that increases to 40% among those who described their mental health as poor or very poor. Results were also higher among those with poor social health (30%) and heavy users of physiotherapy (30%).
- Plan members who took three or more prescription drugs were more likely to rate their overall health negatively (32%).
- Plan members who felt their employee benefits plan doesn't meet their needs were also more likely to describe their health as poor (22%); however, this is an improvement over 2023 (32%).

MENTAL HEALTH CHECK

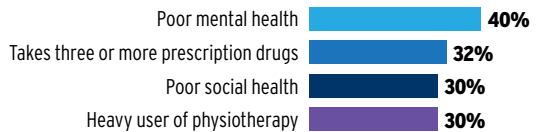
- Seventeen per cent of plan members self-reported their mental health to be poor in 2024, comparable to 2023 (18%) and down slightly from 22% in 2022.
- Twenty-two per cent of plan members reported currently dealing with a diagnosed mental-health condition, such as depression or anxiety. Among them, 54% rated their mental health as poor.
- Self-assessed poor mental health was more likely among plan members with poor personal health (56%), with poor social health (49%), who are heavy users of mental-health benefits (46%) and who rated their workplace health (44%) and work-life balance (41%) as poor.

PLAN MEMBERS

OVERALL HEALTH IN THE PAST YEAR HAS BEEN ...



IN 2024, POOR OVERALL HEALTH IS MORE LIKELY WHEN:



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

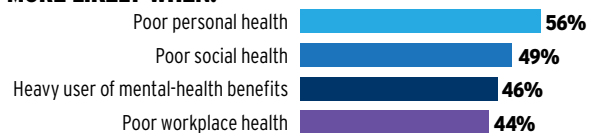
PLAN MEMBERS



17%

Plan members whose mental health has generally been poor over the past year

MORE LIKELY WHEN:



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

- The connection between social health and mental health is clear: poor mental health was higher among those who reported poor social health (49%), a sense of isolation or disconnection from the community (40%) and loneliness (39%).
- More than half (53%) of those with poor mental health felt their workplace environment doesn't support mental wellness.

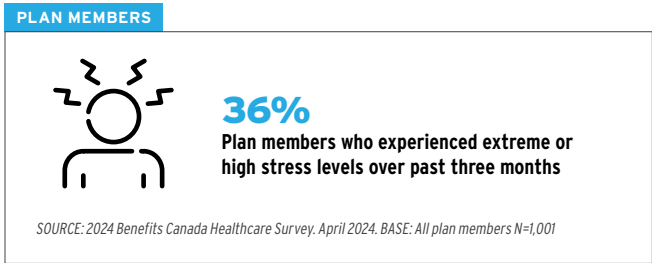
UNDER PRESSURE

- The percentage of plan members experiencing high to extreme stress on a typical day over the last three months spiked from 2022 (27%) to 2023 (38%) and remains elevated this year (36%). Since 2018, roughly a third of plan members have experienced such a high level of day-to-day stress.
- High daily stress increased to 57% among those who reported poor mental health and to 52% among those who reported poor financial health or poor workplace health.
- As well, 44% of plan members with caregiving responsibilities reported high to extreme levels of daily stress.
- Personal finances and workload have remained the top two sources of stress since 2018, when the question was first posed. Personal finances, the top stressor, has steadily ticked upward over the past three years, from 35% in 2022 to 43% this year. This year's result surpasses the previous peak of 39% in 2019.
- Personal or family health concerns (27%) was the third most-cited source of stress, knocking work-life balance out of the top three for the first time since 2018.

DIMENSIONS OF HEALTH

- For the first time, plan members were asked to describe their social health (i.e. quality of their social network with family, friends, co-workers and community), workplace health (i.e. quality of their work environment and impact on their well-being), financial situation and their work-life balance.
- Roughly a third of plan members rated their financial situation (28%) and their workplace health (33%) as excellent or very good; a higher percentage said the same about their social health (36%) and work-life balance (36%).
- Sixteen per cent rated their work-life balance as poor, a percentage that was higher among plan members with poor self-reported mental health (42%), who weren't satisfied with their job (37%) and those who felt their workplace didn't have a wellness culture (36%).
- Working remotely appears to have a positive impact on social health: 43% of those who worked from home at least one day per week described their social health as excellent or very good, compared to 31% of those who didn't work remotely. Onsite workers were slightly more likely to describe their social health as poor (18% versus 14% among those working remotely).

“” **SHELLEY SJOBERG** CANADA LIFE
 “What struck me is the importance of financial health and its impact on mental health. Personal finances are plan members’ most common stressor. I think this is an area our industry could focus on and share more meaningful information with plan members to improve their overall sense of well-being.”



PLAN MEMBERS

TOP 10 SOURCES OF STRESS, ALL PLAN MEMBERS COMPARED TO THOSE WHO FELT DISCONNECTED FROM WORKPLACE

All	Rank	Disconnected
Personal finances	43% 1	Personal finances 54%
Workload	30% 2	Personal relationships 42%
Health concerns (personal or family)	27% 3	Health concerns (personal or family) 36%
Balancing work and life responsibilities	26% 4	Balancing work and life responsibilities 34%
Personal relationships (e.g. with spouse, family members, etc.)	26% 5	Workload 33%
Interactions with people at work	20% 6	Interactions with people at work 31%
Other work-related issues (e.g. shift work, job insecurity, etc)	17% 7	Other work-related issues (e.g. shift work, job insecurity, etc) 25%
Parenting	15% 8	Commuting to work 20%
Commuting to work	14% 9	Parenting 17%
Caring for parents/elderly family members	11% 10	Caring for parents/elderly family members 14%

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001; Those who experienced isolation/disconnection from workplace n=168

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FEELING DISCONNECTED

- Over the past year, 38% of plan members experienced a general sense of loneliness, a sense of isolation or social disconnection from others in their community or society, or social disconnection from their co-workers and organization.
- This result increased significantly among those with self-reported poor mental health (76%), who had divorced or separated in the past year (74%), with poor work-life balance (66%) and poor personal health (62%).
- Plan members who weren't satisfied with their jobs (55%) and who were aged 18 to 34 (45%) were also more likely to have felt lonely or disconnected.
- The data demonstrates how strongly social health is tied to stress: 54% of plan members who experienced feelings of loneliness in the past year also reported high or extreme levels of daily stress over the past three months and 47% of those reporting poor social health said the same.

CHANGING FOR THE BETTER

- Almost all (93%) plan members want to make at least one lifestyle change to improve their overall health, consistent with previous years.
- The top desired lifestyle changes were increased exercise and physical activity (49%), improved sleep (41%), reduced weight (37%), healthy eating (36%) and better stress management (32%).
- The desire for weight reduction was highest among plan members who were officially diagnosed with obesity (74%), diabetes (53%) and hypertension (47%).

★ KEY TAKEAWAYS ★

1. For the first time, the *Benefits Canada Healthcare Survey* asked plan members about their social, financial and workplace health to capture a more fulsome picture of overall wellness. Clear connections and interdependencies emerged between all dimensions of health.
2. Plan members who felt their employee benefits plan doesn't meet their needs were more likely to describe their health as poor.
3. The number of plan members experiencing high levels of daily stress has remained elevated for a second year and is higher among those with poor mental, financial and workplace health as well as those with caregiving responsibilities.
4. Personal finances has widened its lead as the top source of stress. Workload continues to rank second.
5. Almost two in five plan members felt a sense of loneliness, isolation or social disconnection from others in their community or society or social disconnection from their co-workers and organization.

PLAN MEMBERS

A SUMMARY OF HOW PLAN MEMBERS DESCRIBE THEIR . . .

■ Excellent/very good ■ Good ■ Poor

OVERALL HEALTH



MENTAL HEALTH



FINANCIAL SITUATION



SOCIAL HEALTH



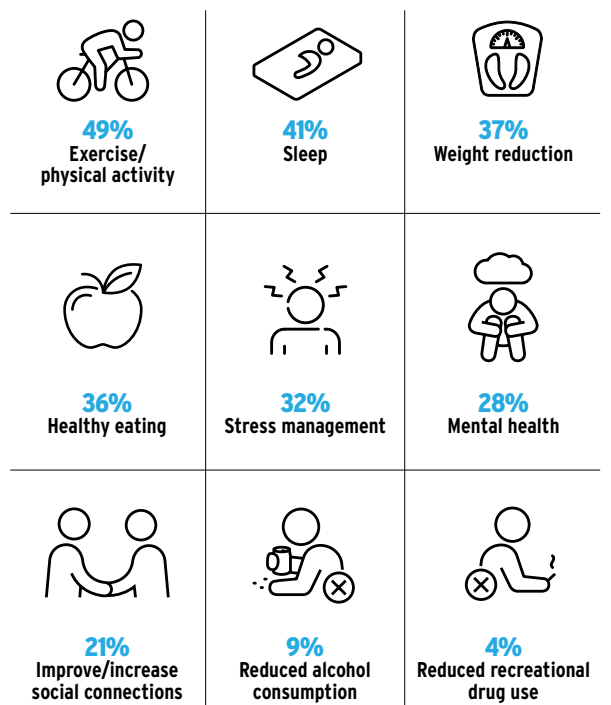
WORKPLACE HEALTH



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

PLAN MEMBERS

WHAT MEMBERS WOULD LIKE TO IMPROVE UPON TO BE HEALTHIER



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

8 PERSONAL HEALTH

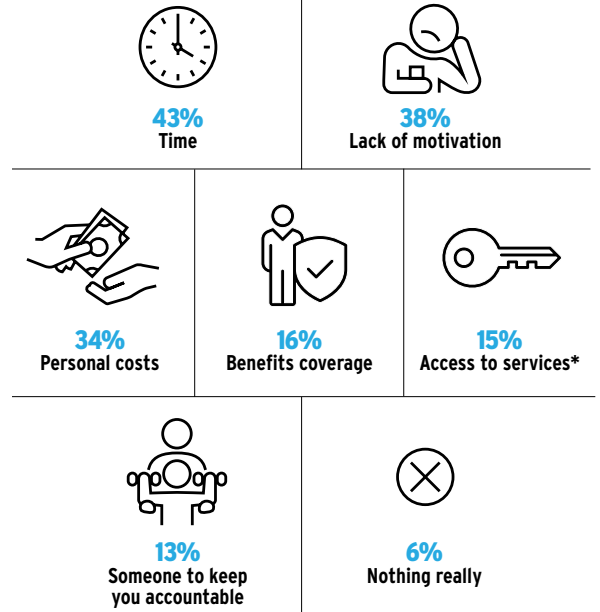
- A fifth (21%) said they'd like to improve or increase their social connections, a percentage that's higher among plan members who arrived in Canada in the last five years (37%), who rated their mental health as poor or very poor (33%) and who are caring for parents or other family members (32%).
- When asked what they're doing currently to improve their health, 62% indicated they were getting more physical activity or working out at a gym, while 50% said they were eating healthier. Thirteen per cent said they weren't doing anything at the moment to improve their health.

BARRIERS TO CHANGE

- Four in five (82%) plan members reported at least one barrier preventing them from making desired lifestyle changes. Time (43%), lack of motivation (38%) and personal costs (34%) were the most common barriers.
- Plan members who described their mental health as poor were more likely to cite barriers (91% compared to 73% among those with excellent or very good mental health).
- Personal costs were the biggest barrier for both plan members whose mental health was poor (58%) and for those whose overall health was poor (44%).
- Lack of motivation was considered more of a barrier for plan members who described their mental health as poor (48% compared to 30% among those with self-reported excellent or very good mental health).

PLAN MEMBERS

BARRIERS TO IMPROVING HEALTH



*Getting appointments, limited services/professionals close by
SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001



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- Sixteen per cent of plan members listed benefits coverage as a barrier, jumping to 33% among members who felt their benefits plan doesn't meet their needs, 29% among heavy users of mental-health benefits and 26% among those who had experienced a major injury in the past year.

A LOOK AT CHRONIC CONDITIONS

- Fifty-eight per cent of plan members have been diagnosed and are currently living with at least one chronic condition, up slightly from 54% last year, increasing to 72% among plan members aged 55 and older.
- Mental-health conditions such as depression or anxiety (22%) remain the top diagnosis, up from 18% last year. Rounding out the top five diagnoses are high cholesterol (13%), arthritis (13%), hypertension (12%) and chronic pain (10%).
- Chronic conditions were, unsurprisingly, more likely among plan members taking three or more prescription drugs (97%) and those who reported poor personal health (85%) or poor mental health (80%). They were also more likely among those who experienced a sense of isolation or disconnection from their workplace in the last year (76%).
- Plan sponsors, meanwhile, estimated that 41% of their workforce is living with a chronic condition, roughly the same as in 2023 (43%).

PAINFUL CONCLUSIONS

- Thirty-eight per cent of plan members reported living with chronic pain (defined as pain that persists for three or more months, or flares up from time to time, such as migraines or lower back pain) that was either officially diagnosed (10%) or self-diagnosed (28%).

★ KEY TAKEAWAYS ★

6. When asked what barriers were preventing them from tackling lifestyle changes to improve their health, plan members most commonly cited time, cost and lack of motivation.
7. Members of the advisory board noted that it's not necessarily the role of plan sponsors to address lack of motivation. However, incentivizing plan members with holistic well-being support outside of the traditional benefits plan, such as wellness spending accounts and educational sessions, could help lower that barrier.
8. Board members also stressed the value of tailoring benefits plan communications to employees' ages and life stages, given the different stressors and health conditions prevalent in each age cohort.
9. Just shy of one in five plan members listed benefits coverage as a barrier to improving their health, a percentage that increased notably among those who felt their benefits plan does not meet their needs.

“” **BARB MARTINEZ** CANADA LIFE

“Plan members want to improve their health, their healthy eating and increase their physical activity. Our industry has been offering coverage for some GLP-1 drugs, which is great in helping with the weight loss side, but we need to do more to help them maintain lifestyle and behavioural changes that lead to better health outcomes. We need to give people those added supports.”

PLAN MEMBERS PLAN SPONSORS

58%
Plan members who currently have at least one diagnosed chronic condition



41%
Plan sponsors' estimate of percentage of their workforce living with a chronic condition

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001; All plan sponsors N=653

PLAN MEMBERS

MOST COMMON CURRENT CHRONIC CONDITIONS*

 22% Depression, anxiety or other mental-health condition	 13% High cholesterol	 13% Arthritis
 12% Hypertension	 10% Chronic pain	 9% Asthma or lung disease
 9% Diabetes	 8% Obesity	 8% Eczema

*Results under 5% not shown
SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

PLAN MEMBERS



38%
Plan members with officially diagnosed or self-diagnosed chronic pain

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

- Slightly fewer than half (47%) of those aged 35 to 44 reported suffering from chronic pain, compared to 32% of plan members aged 18 to 34.
- Twenty-two per cent of plan members with diagnosed or undiagnosed chronic pain reported the pain made it harder to get things done on a daily basis; 29% indicated things were harder to do once or twice a week and 21% said it made things more difficult a couple of times per month.
- Half (49%) of plan members who felt their benefits plan didn't meet their needs reported either diagnosed or undiagnosed chronic pain.

OUT OF COMMISSION

- One in 10 (13%) plan members experienced a major injury in the past year, with 5% requiring surgery and rehabilitation and 9% requiring rehabilitation alone.
- Seven per cent reported a major illness that required a significant time off work.
- Combined, one in five (19%) plan members had suffered a major injury and/or a major illness in the past 12 months.

MAIN INGREDIENTS FOR TREATMENT

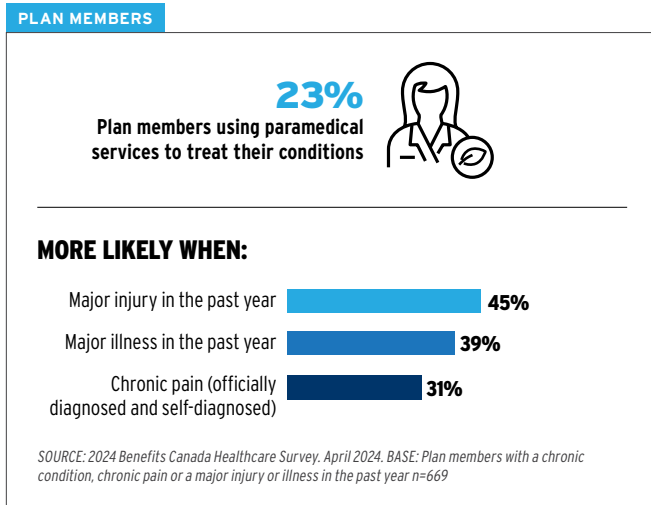
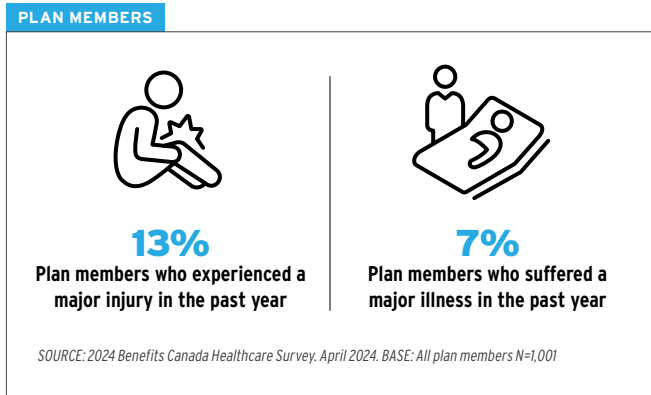
- Plan members with chronic conditions or major injuries or illnesses in the past year appear to be making more of an effort with lifestyle changes to treat their condition. Forty per cent said they're eating healthier, up from 35% in 2023, and 38% are doing more physical activity, up from 34%.
- While medication remained the top method of treatment at 41%, that's down from 46% in 2023 and just one percentage point ahead of healthier eating.

★ KEY TAKEAWAYS ★

10. More than half of plan members are living with at least one chronic condition and two in five experience chronic pain.
11. Mental-health conditions, such as depression or anxiety, remain the most common diagnosis for plan members living with a chronic condition.
12. Plan sponsors continue to underestimate the widespread incidence of chronic conditions in their workforce, although their estimates for the past two years were a little closer to the mark.
13. Advisory board members observed plan members living with chronic pain often have attendant mental-health challenges. They stressed the importance of discussing both openly to ensure plan members feel supported and seek treatment.
14. Advisory board members noted the prevalence of obesity is likely much higher than the survey result, since the condition is often not officially diagnosed.

“” **ANDREJKA MASSICOTTE** RBC INSURANCE

“Plan sponsors’ awareness of chronic conditions in their employee population is trending in the right direction. But there’s still work to be done to bring sponsors fully up to speed with the reality of the health of their employees and how they can better support them. It’s something to consider when engaging with plan members and educating them about their benefits program and what’s available.”



“” **DR. AYLA AZAD** CANADIAN CHIROPRACTIC ASSOCIATION

“We need to remove the stigma and address the comorbidity around chronic pain and mental-health disorders. My patients always tell me, ‘I wouldn’t want anyone to know this is happening to me. My manager and co-workers will roll their eyes, dismiss me or put me on a desk job I don’t want to do.’ These conversations need to happen in a safe environment and are really critical for their health.”

- These trends were consistent when members were asked what they'd like to do more of to treat their conditions: most pointed to more physical activity (48%, up from 37% last year) and healthier eating (43%, up from 39%). Medication followed at some distance (16%, down from 25% in 2023).
- The use of paramedical services to treat chronic conditions, major injury or illness increased to 23%, up from 16% last year, while the desire to use these services more remained about the same (25% compared to 22%).
- The use of paramedical services was highest among plan members who experienced a major injury (45%) or illness (39%) in the past 12 months and those with chronic pain (31%).
- Eighty-five per cent of plan members who had at least one chronic condition and 96% of those who experienced a major injury or illness reported barriers that prevented them from doing more to treat their condition, with time (46%), personal costs (42%) and lack of motivation (32%) being the most commonly cited barriers.
- Benefits coverage was a barrier for 24%, increasing to 35% among members who experienced a major injury and 33% among those with a major illness in the past year.

MEDICATION ADHERENCE

- Fifty-eight per cent of plan members reported taking at least one prescription medication on a regular basis, with one in five (20%) taking three or more.
- Thirty-two per cent of members currently diagnosed with at least one chronic condition take three or more medications on a regular basis. The use of three or more medications was also higher among those who described their personal health as poor (45%), those aged 55 and older (39%) and heavy users of physiotherapy (38%).

★ KEY TAKEAWAYS ★

15. Plan members who have chronic conditions or have suffered major injuries or illnesses appear to be making more efforts to change their lifestyle, such as by eating healthier, to treat their conditions.
16. Plan members who experienced a major injury were most interested in using paramedical services as part of their treatment. The advisory board noted that annual coverage maximums may fall short too soon for these members, increasing the risk of discontinued or reduced treatments or switching to another paramedical service that interrupts the prescribed care plan.
17. More than half of plan members regularly take at least one medication and one in five take three or more.
18. Plan members are more likely to adhere to their medications than they were in 2020. However, those who aren't as adherent are more likely to cite cost as a reason.

ALEXIS WISE SUN LIFE
 “It’s encouraging to see the pattern in movement year over year of more plan members looking toward changing their diet, improving their physical activity and accessing counselling to manage their chronic conditions.”

PLAN MEMBERS

WHAT PLAN MEMBERS WOULD LIKE TO DO MORE OF TO TREAT THEIR CONDITIONS, BY SELECTED CHRONIC CONDITIONS

MENTAL-HEALTH CONDITIONS	
54%	Physical activity
44%	Healthier eating
38%	Counselling for mental health
29%	Paramedical services
18%	Other counselling, coaching or educational services
DIABETES	
53%	Physical activity
52%	Healthier eating
23%	Paramedical services
22%	Medication
18%	Counselling for mental health
OBESITY	
63%	Physical activity
57%	Healthier eating
32%	Paramedical services
28%	Counselling for mental health
23%	Other counselling, coaching or educational services
12%	Medication
HYPERTENSION	
46%	Physical activity
46%	Healthier eating
20%	Medication
19%	Paramedical services
16%	Counselling for mental health

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: Plan members diagnosed and currently dealing with: Mental health conditions n=219; Diabetes n=86; Obesity n=84; Hypertension n=218

ANDREA BELVEDERE SUN LIFE
 “We hear feedback that plan members don’t necessarily know where to start and may be treating a physical condition without realizing that physical conditions can have a connection to mental health. Education and awareness about whole-person health has to come into play for people working through an illness, injury or chronic pain.”

- Among members who regularly take at least one medication, 35% agreed they sometimes don't take their medications, down from 43% in 2020 when the question was last asked. The result was highest among plan members who experienced a major injury in the past year (58%), those aged 18 to 34 (54%) and those with high to extreme daily stress (46%).
- Plan members most often cited forgetfulness (50%) as the reason for their medication non-adherence, which was also the top reason in 2020. Saving money (22%) was the second most common reason, rising from No. 5 in 2020 (15%) (see chart).

A "DIFFICULT" PUBLIC HEALTH SYSTEM

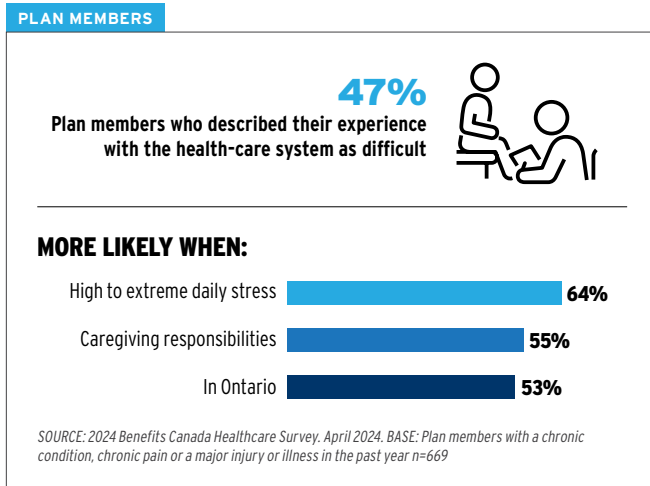
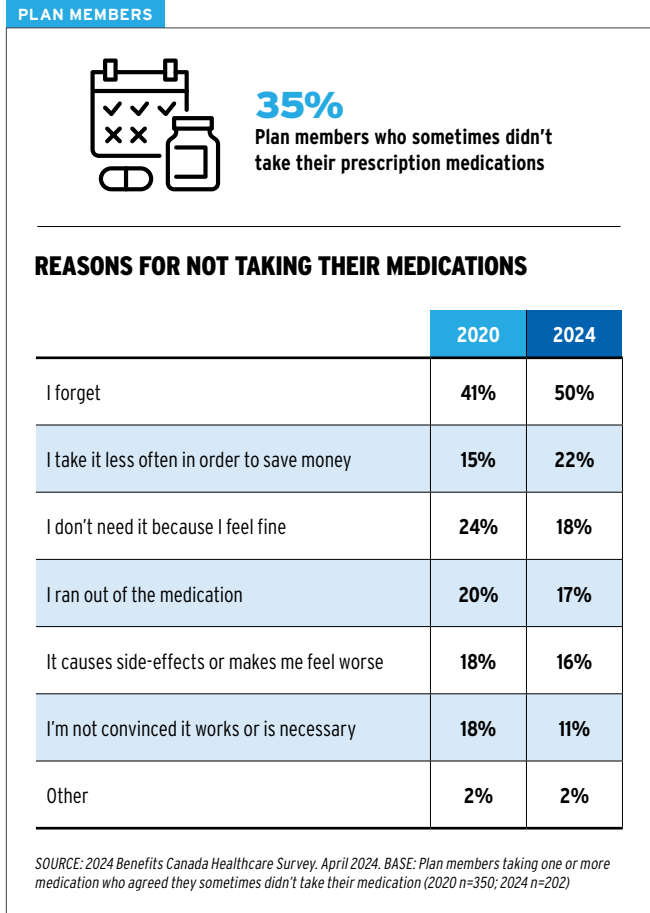
- Thirty-nine per cent of plan members reported using the health-care system extensively in the past year, for themselves, a family member or a friend.
- This result increased significantly among plan members who were heavy users of benefits for paramedical services, such as physiotherapy (67%), chiropractic (60%) and mental-health counselling (57%). Those who described their personal health as poor (65%), who experienced high to extreme daily stress (53%) and who take three or more prescription drugs (51%) were also more likely to use the public system extensively.
- Interestingly, younger plan members (aged 18 to 34) were more likely to report extensive use of the public health-care system than their older (aged 55 or older) counterparts (44% versus 33%, respectively).
- Almost half (47%) of plan members described their experience with the health-care system as extremely or somewhat difficult, increasing to 64% among those experiencing high to extreme daily stress and 55% among those with caregiving responsibilities.
- Regionally, plan members in Ontario (53%) were most likely to describe their experience as difficult and those in Alberta (36%) were least likely.
- It's also worth noting that a difficult experience was more likely for respondents who described their mental health as excellent or very good (59%) and who understand their workplace benefits plan (55%).

★ KEY TAKEAWAYS ★

- Two in five plan members used the public health-care system extensively in the past year and almost half of them described the experience as difficult.
- More than half of plan members in good mental health and who understood their workplace health benefits plan described their experience with the public system as difficult. While these results may seem counterintuitive, they speak to the complexity of engaging with the health-care system, even for those who are theoretically better prepared to do so, the advisory board noted.

ERIK LAROSE DESJARDINS INSURANCE

"Seeing the jump in the percentage of people who aren't taking their medications to save money is alarming. It's not clear yet if it's a sustained trend, but that could have significant impacts on employers, in terms of presenteeism and absenteeism, people going on disability or chronic pain becoming worse."



Wellness program rewards sustainable healthy lifestyle changes



Mara Notarfonzo

Vice-president, total rewards
CAA CLUB GROUP OF COMPANIES

CAA Club Group of Companies is going all-in on **proactive** wellness programs with its in-house wellness app that allows employees to accrue rewards points for healthy lifestyle behaviours and a new pilot program geared at helping plan members adopt and maintain positive lifestyle changes.

“One of my biggest focuses is getting in front of chronic conditions with preventative programs,” says

Mara Notarfonzo, CAA’s vice-president of total rewards.

The average age of CAA’s roughly 2,500 employees is 42, which she says is part of the reason that chronic disease prevention is such a priority.

“When I think about the medical field, your appointments with physicians are often five minutes long – ‘here’s your pill to help you in the moment’ rather than discussions and support to help you get to the root of the problem and make changes in the future.”

CAA’s human resources department’s ongoing pilot, which launched in 2023, is attempting to do just that. The organization partnered with a physician and 12 employees who volunteered to be part of the program met with him for a full physical exam and blood work to identify any markers or indications of potential health conditions that they weren’t aware of. The participants have access to a dietitian and clinical exercise physiologist to help them

make sustainable lifestyle changes if they were identified as being at risk of certain conditions.

A couple of participants were identified as being pre-diabetic and others were found to have high cholesterol (the company only sees anonymized

high-level data, so participants’ privacy is protected). Notarfonzo says she’s planning a midpoint review of the 12-month pilot to determine whether participants have found the recommended lifestyle changes feasible to

“One of my biggest focuses is getting in front of chronic conditions with preventative programs.”

maintain. If the program is ultimately successful, she has big ideas for how to build on it.

“Where I want to go with this is, how can we get more support in these benefits plans? A physician is usually covered under a health plan and dietitians and personal health coaches are covered under paramedical services. I’d like to see benefits carriers expand benefits programs to support more preventative solutions.”

The company has also partnered with its in-house nurses to run educational heart-health clinics where employees learn the importance of monitoring their blood pressure and the risks of high blood pressure.

CAA has been on a 10-year journey of developing preventative health and wellness programs, says Notarfonzo. In 2021, it linked its CCG Wellness App with its recognition platform to reward employees’ healthy lifestyle behaviours through ‘applause’ recognition points.

The wellness app has educational information and videos on topics like meditation, fitness, sleep hygiene and financial well-being. The recognition platform allows employees to applaud colleagues for good

work, post updates and participate in group activities and challenges. By linking the two platforms, wellness has turned into a social activity among employees.

Employees can log a wide array of healthy lifestyle activities in the platform, including walking, organized sports, yoga, meditation and cooking nutritious meals. The company also posts wellness challenges on the app. Earlier this year, it had a challenge to read for at least half an hour per day and last fall, employees were challenged to practice gratitude by giving thanks, engaging in acts of kindness, calling a friend or making a new social connection. Employees can sync the app with their health devices or manually input data like their daily step count.

Plan members can set goals for themselves within the app. It also meets them where they’re at by encouraging

them to stick to new healthy behaviours by progressively awarding more points as they build on new habits. For example, an employee looking to become more physically active could set a goal of walking 15 minutes per day and receive points for repeatedly meeting – and eventually exceeding – this target.

There are three tiers of applause badges on the platform: gold badges represent 1,200 points (worth \$50), silver represents 720 points (\$30) and bronze represents 480 (\$20) on a quarterly basis. Plan members get points toward their next badge level for logging healthy behaviours and engaging with their colleagues’ posts on the platform.

“It’s always fun to hear what people are redeeming. Some people are saying they bought a new fridge, new electronics, a new treadmill – or, if you’re like me, a luxury

item that I would otherwise never would have bought for myself,” Notarfonzo says with a laugh.

After linking the two programs, employee adoption and utilization of the wellness app increased by 85 per cent, while engagement increased

from 27 per cent to 50 per cent. Since 2022, more than 40 per cent of employees use and engage with the platform every month and the company has seen consistent increases.

In addition to encouraging healthy behaviours, the move to link their wellness app and recognition platform has yielded talent retention benefits. Employees who received and gave recognition on the platform had the lowest turnover rate (seven per cent), in comparison to those who only received recognition but didn’t give it (15 per cent) and employees who didn’t receive or give recognition (56 per cent). Employees who had received at least one badge on the app had a turnover rate of just eight per cent, compared to 15 per cent among those who had no badges.

“I’d like to see benefits carriers expand benefits programs to support more preventative solutions.”

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BALANCING ACT

While many plan sponsors consider their health benefits plan a key component of attraction and retention and agreed it's more important today than before the pandemic, costs and sustainability are significant concerns. Plan members generally rated the quality of their health benefits plan highly and their plan also factors heavily into their decision to stay with their organization. Fewer members understand their plan very well and the majority will stop or reduce treatments when coverage runs out.

IN THIS SECTION

- EVALUATION
- PERCEPTIONS OF VALUE
- IMPORTANCE VERSUS CHALLENGES
- DISABILITY BENEFITS
- CHANGES TO PLANS
- FEDERAL PROGRAMS
- PLAN DESIGN
- UTILIZATION
- SPENDING ACCOUNTS
- COVERAGE MAXIMUMS
- MENTAL-HEALTH COVERAGE
- BENEFITS TRADE-OFFS
- OUT-OF-POCKET COSTS
- UNDERSTANDING OF BENEFITS
- COMMUNICATION
- NAVIGATION

THE REVIEWS ARE IN

- Plan members on the whole are satisfied with their employer-sponsored benefits plans, with 75% rating it as excellent (24%) or good (51%). The percentage of plan members who rated their plan highly has remained elevated since 2022, increasing from 68% pre-pandemic in 2020 and in 2021.
- One in five (21%) rated their plan as adequate – consistent since 2022, but down from roughly three in 10 (29%) in 2020 and a quarter (26%) in 2021.
- A combined 5% of plan members rated their plan as poor or very poor, a percentage that has remained consistent over the past five years.
- There remains a gap in perception of plan quality depending on the health of plan members, with just 44% of those in poor health describing their plan as excellent or good, compared to 85% of those in excellent or good health. Similarly, those with poor mental health were less likely (60%) to rate their plan highly compared to those with excellent or very good mental health (79%).
- Health-care system navigation support, an understanding of what's included in the plan, a workplace wellness culture and support for mental health also influenced perceptions of the plan (see chart).
- Plan members with flex plans (78%) were slightly more likely to rate their plan as excellent or good compared to those who had a traditional plan (73%).
- Plan sponsors rated their plans more highly this year, with a combined 79% ranking it as excellent or good, up from 72% last year and more in line with 2022 and 2020 (80%). Only 2% felt their plan was poor or very poor.
- Plan sponsors with more than 500 employees (85%), with fully insured plans (84%), or flex plans (82%) were more likely to rate the quality of their plans highly.

PLAN MEMBERS

75% Plan members who described the quality of their health benefits plan as excellent or good



HIGHS+LOWS

98% Benefits plan meets needs	Doesn't meet needs	8%
87% Workplace offers health-care system navigation support	Doesn't offer navigation support	66%
86% Understand plan extremely/very well	Don't understand plan	38%
81% Workplace wellness culture	No wellness culture	55%
80% Workplace supports mental health	Doesn't support mental health	60%

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

“” CARLEE BARTHOLOMEW RBC INSURANCE

“I think some of the discrepancy between plan sponsors' and members' evaluations of their plans is due to the fact that insurers put a lot of emphasis on the plan sponsors – training them, giving them administrative ease, providing information. But perhaps we need to spend more time helping the members understand their benefits.”

- The percentage of plan members who felt their plan meets their needs extremely or very well dropped slightly to 56% from 60% last year, the lowest point since 2018 (62%).
- Those in excellent or very good health (74% versus 33% in poor health), who understand their plan (72% versus 25% who don't understand), who feel their employer supports mental wellness (63% versus 35% who feel it doesn't) or who say there's a wellness culture at work (62% versus 32% who say there isn't) were most likely to report their benefits plan meets their needs extremely or very well.
- Roughly one in 10 (8%) felt their plan doesn't meet their needs well, a percentage that was notably higher among plan members who rated their workplace health as poor (19%), experienced a major illness in the last 12 months (18%) or worked part time (16%).
- When asked to rank the importance of eight listed factors in their decision to stay with their current employer, 41% ranked their health benefits plan as first, second or third, ahead of flexible work hours (37%) and flexibility of work setting (34%) (see chart for full list).

HEALTH OR COMPENSATION?

- Plan members were almost twice as likely to view their health benefits plan as something to be used only when needed to take care of their own or their family's health (52%) than as extra compensation to be used as much as possible to get their money's worth (27%). One in five (21%) considered the plan a mix of both.
- Members' view of their plan has fluctuated over the course of nine years, when this question was asked three times: in 2016, 35% viewed their benefits plan as extra compensation, a number that dropped to 22% in 2020 and then climbed to 27% in 2024. Those who viewed it as something to be used only when needed jumped from 43% in 2016 to 60% in 2020, then declined to 52% in 2024.
- Respondents who are dissatisfied with their job (37%) or who are in poor health (38%) were more likely to view their benefits as extra compensation.
- Plan members in excellent or very good financial health (62% versus 45% in poor financial health) and those in excellent or very good personal health (58% versus 42% in poor health) were more likely to say the plan is to be used only to take care of their own and family's health when needed.

IMPORTANCE VERSUS CHALLENGES

- Three-quarters (77%) of plan sponsors indicated their health benefits plan was extremely or very important to their organization overall. At the same time, a large majority (80%) felt it's extremely or very challenging (36%) or somewhat challenging (44%) to provide benefits in today's economic climate.
- The top reasons cited for the plan's importance are to protect employees against undue financial burden due to health needs (67%) and for talent attraction and retention (61%). Forty-one per cent of plan sponsors said the plan was important because it's a component of a broader health strategy (see chart on next page for full list).

PLAN MEMBERS

IMPORTANCE OF THE FOLLOWING IN DECISION TO STAY WITH CURRENT ORGANIZATION (RANKED IN THE TOP THREE)

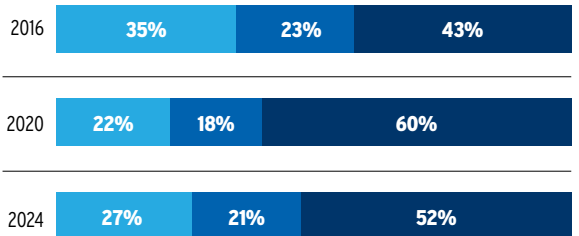
1	Wage/salary	71%
2	Health benefits plan	41%
3	Flexible work hours	37%
4	Flexible work setting	34%
5	Job responsibilities	34%
6	Relationship with boss/co-workers	33%
7	Control/autonomy over how work is done	28%
8	Values and workplace culture	23%

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

PLAN MEMBERS

PLAN MEMBERS VIEW AND USE THEIR HEALTH BENEFITS PLAN AS:

- Extra compensation, and try to use it as much as possible to get money's worth
- Both
- A way to help take care of health, and try to use it only when sick or to prevent illness or injury



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (2016 N=1,500; 2020 n=750; 2024 N=501)

LINE PORFON OPENCIRCLE

“An imploding public health system has already started to increase the expectations on plan sponsors. That’s only going to continue if the political landscape shifts as expected, possibly impacting the federal pharmacare and dental plans. Layer on new technology-powered health interventions and high-cost pharmaceuticals, and plan sponsors are facing a perfect storm. The fundamental question of the next few years is who will pay for health care.”

★ KEY TAKEAWAYS ★

1. Three in four plan members rated their employer-sponsored benefits plan highly, but plan members in poor personal or mental health were less likely to appreciate it.
2. Plan members' self-described health and their level of understanding of the benefits plan influenced whether they felt the plan met their needs.
3. Plan members were almost twice as likely to view their plan as something to be used only to take care of their own or their family's health rather than as extra compensation to be used as much as possible.
4. The fact that health benefits come second after wages as one of the top three reasons why plan members are staying at their current organization indicates that plans are doing their job as an attraction and retention tool, said the board.
5. That finding also represents an opportunity to emphasize to plan members that their benefits plan is part of their total compensation.

- Almost half (47%) of plan sponsors indicated their plan is more important today than it was before the pandemic. Forty-three per cent said it was as important and only 7% said it was less important. The size of the organization, type of plan and utilization levels are among the factors influencing these results (see chart).
- Costs are clearly on plan sponsors' minds. Among respondents who stated it's very challenging to provide a benefits plan, overall cost management was the top concern (51%) followed by drug plan costs (32%), the impact of inflation (31%), plan members' increased utilization of their benefits (30%) and their growing expectations of a plan as a condition of employment (28%).
- Two in five (40%) plan sponsors said it's more challenging to provide a health benefits plan today than before the pandemic. Forty-six per cent said it was as challenging and 14% felt it was less challenging.

CLOSER LOOK AT DISABILITY

- Fewer plan sponsors were concerned about the utilization levels of short-term and long-term disability benefits: 41% were somewhat or very concerned about the use of short-term disability (STD) coverage, down from 56% in 2022. The same percentage (41%) were concerned about long-term disability (LTD) utilization, down from 51% in 2022.
- Concern was notably higher among respondents with 500 or more employees (STD 63%; LTD 65%), and plan sponsors with ASO plans (STD 61%; LTD 69%).

DAVID TOMPKINS MANITOBA BLUE CROSS

"Plan sponsors are really well intentioned. They want to try to meet plan members' desires for flexibility, plan designs that fit their lifestyles and a wellness focus. But when you look at the challenges, every single one of them is about cost pressures. They're really grappling with how to balance those two and having a difficult time with it."

PLAN SPONSORS

77%
Plan sponsors that said their health benefits plan is extremely or very important to their organization overall

80%
Plan sponsors that indicated it's challenging to provide health benefits in today's economic environment

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

PLAN SPONSORS

WHY THE BENEFITS PLAN IS IMPORTANT

1	Protects employees from undue financial burden due to health needs	67%
2	Helps attract and retain employees	61%
3	Part of broader organizational/employee health strategy	41%
4	Helps prevent chronic conditions/chronic pain that impact employee well-being	40%
5	Helps ensure day-to-day productivity of employees	35%
6	Reduces sick days	35%
7	Reduces number and/or duration of disability claims	21%

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: Plan sponsors who rate their benefits plan as extremely or very important to their organization. n=353

PLAN SPONSORS

47%
Plan sponsors that indicated their health benefits plan is more important today than before the pandemic

HIGHS • LOWS

68% Plan utilization increased in past year	Utilization remained the same	33%
62% Unionized workforce	Non-unionized	40%
59% Flex plan	Traditional plan	40%
56% 500 or more employees	Fewer than 50 employees	30%

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

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★ KEY TAKEAWAYS ★

6. Plan sponsors are clearly attempting to balance competitive plans that support employees' health and wellness against cost concerns. Three in four consider the plan highly important, but four in five are experiencing challenges in the current economic climate.
7. Plan sponsors seem to primarily view the benefits plan as a reactive tool, noted members of the advisory board, since the No. 1 reason cited for their plan's importance was protecting employees from a health-related financial burden. The advisory board suggested a shift in mindset, toward treating the benefits plan as a preventative wellness tool.
8. Consultants and insurance companies can help plan sponsors make the best use of their benefits dollars by interpreting utilization data and ensuring they understand the full scope of what their program covers, said the board.
9. After seeing plan sponsors add coverage during the pandemic, plan members have higher expectations of their plans and are making more requests for additional coverage and new and innovative benefits, the board noted, adding plan sponsors now have to manage those expectations against what is financially feasible.
10. The wide range of asks from plan members likely reflects the diversity of the Canadian workforce, populated by four distinct generations with differing priorities, noted the board.
11. This year's data indicates plan sponsors are reaching a critical point where they'll have to make trade-offs, and more flexible elements in the benefits plan will likely win out, speculated the board.

MAKING CHANGES

- Thirty-four per cent of plan sponsors added at least one benefit or improved coverage levels in the past year, up from the previous three years (28% in 2023, 30% in 2022 and 11% in 2021).
- Ten per cent removed at least one benefit or reduced coverage levels, down from 14% a year ago and a high of 28% in 2021, in the midst of the pandemic. The remaining 54% reported no changes to their plan.
- Plan sponsors with flex plans (48%) and unionized workforces (48%) as well as those based in Quebec (43%) were more likely to have added benefits or increased coverage.
- In the year ahead, respondents' desired objectives are to reduce or control costs (39%), improve and/or increase

PLAN SPONSORS

40%

Plan sponsors that indicated it's more challenging to provide health benefits today than before the pandemic

HIGHS & LOWS

58%	Plan utilization increased in past year	Utilization remained the same	26%
47%	Unionized workforce	Non-unionized	37%
47%	500 or more employees	Fewer than 50 employees	32%

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

PLAN SPONSORS

WHY IT'S CHALLENGING TO PROVIDE HEALTH BENEFITS PLANS

1	Need to manage costs	51%
2	Controlling drug plan cost	32%
3	Impact of inflation on benefits plan's effectiveness for members	31%
4	Plan members' increased use of benefits	30%
5	Employees' growing expectations of benefits as conditions of employment	28%
6	Need for plan to be competitive within industry/sector	24%
7	Concerns over long-term sustainability	21%
8	Plan members' complaints about benefits	21%
9	Plan members' lack of awareness of benefits	17%
10	Competition against other internal priorities	15%
11	Complexity of administration	15%
12	Plan members misuse of benefits	15%

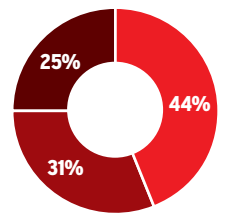
*Results below 15% not shown

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: Plan sponsors who rated it very or extremely challenging to provide their health benefits plan (n=235)

PLAN SPONSORS

WHICH OF THE FOLLOWING FACTORS MORE IN DECISIONS ABOUT HEALTH BENEFITS PLANS

- Supporting the health of plan members
- Both
- Controlling costs



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

“” AYMAN ALVI SCOTIABANK

“One of the challenges we face, and I don't think it's unique to us, is when we invest in these programs, we know they're good investments and we see uptake, but how do we see the throughline to return on investment? As we think about these things more and track more of our own anonymized employee data, seeing that value quantified will help us make the case to invest further.”

what benefits are offered (39%), better understand benefits utilization (33%) and costs (33%) and raise awareness among plan members of what's available (31%).

- When making decisions about their health benefits plan, two in five (44%) plan sponsors said supporting the health of plan members is the primary factor, while a quarter (25%) indicated they prioritize controlling costs. The remainder (31%) said they try to balance the two.
- Forty per cent of plan sponsors anticipated they would improve or increase mental-health benefits. Positive changes were also anticipated for paramedical benefits excluding mental health (30%), dental plans (29%) and employee assistance programs (29%).
- Meanwhile, those that expect to reduce or remove benefits are most likely to do so for the drug plan (29%), paramedical benefits (13%), benefits supporting diversity, equity and inclusion (13%) and the dental plan (12%) (see chart for full list).

BRACING FOR IMPACT?

- Rollout of the federal government's national dental-care program began in December 2023 and is scheduled to finish in January 2025. In the 2024 budget, the government announced more than \$1.5 billion to fund a pharmacare program.
- When asked, half of plan sponsors said they're taking the dental (51%) and pharmacare (49%) plans into account when considering their own offerings.
- A quarter (26%) indicated they aren't taking either federal program into account and roughly the same number (23% for dental, 25% for pharmacare) said it is too early to determine the impact.

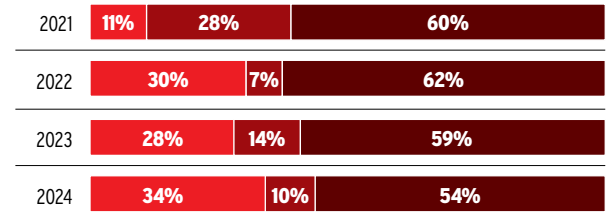
WHAT'S IN A PLAN

- More than one in three (36%) plan sponsors said they provide a flex plan, roughly consistent with 2023 (39%) and up from 2022 (29%) and 2017 (19%), when the question was first asked. The rest either provide a traditional plan (62%) or didn't know (2%).
- For their part, 29% of plan members said their benefits plan is a flex plan and 71% said it is traditional.
- Forty-seven per cent of plan sponsors with more than 500 employees have a flex plan, compared to just 23% of those with fewer than 50 employees. Public sector employers (46%) were more likely than private sector plan sponsors (33%) to have flex plans and such plans were also more common in unionized workforces (43% versus 34% for non-unionized).
- Half (49%) of plan sponsors have a long-term disability plan and 44% have a short-term disability plan.
- Forty-five per cent of plan sponsors have an employee assistance program, a percentage that increases among employers based in Quebec (54%) and Atlantic Canada (50%) and among employers with more than 500 employees (53%) (see chart on next page for more on the components of health benefits plans).

PLAN SPONSORS

CHANGES TO BENEFITS PLANS, 2021 - 2024

- Added a benefit(s) or improved coverage levels
- Removed a benefit(s) or reduced coverage levels
- No changes

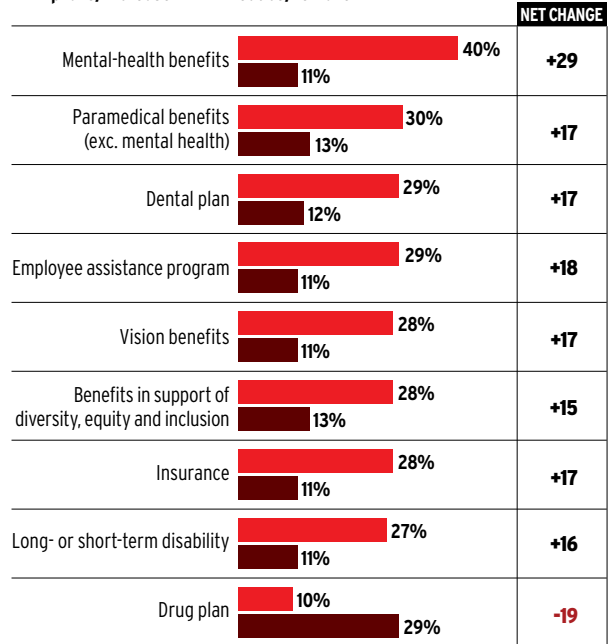


SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (2021 N=524; 2022 N=553; 2023 N=721; 2024 N=653)

PLAN SPONSORS

ANTICIPATED CHANGES TO THE HEALTH BENEFITS PLAN

- Improve/increase
- Reduce/remove

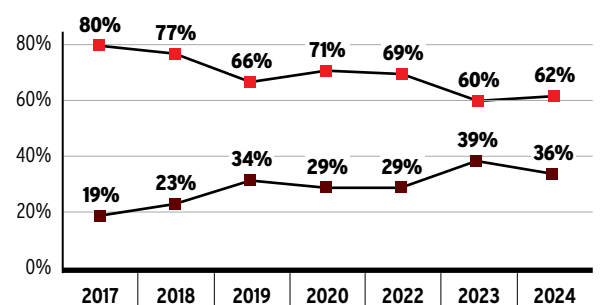


SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

PLAN SPONSORS

TYPE OF BENEFITS PLAN, 2017-2024

- Traditional plans
- Flex plans



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (2017 N=461; 2018 N=502; 2019 N=403; 2020 N=516; 2022 N=553; 2023 N=721; 2024 N=653)

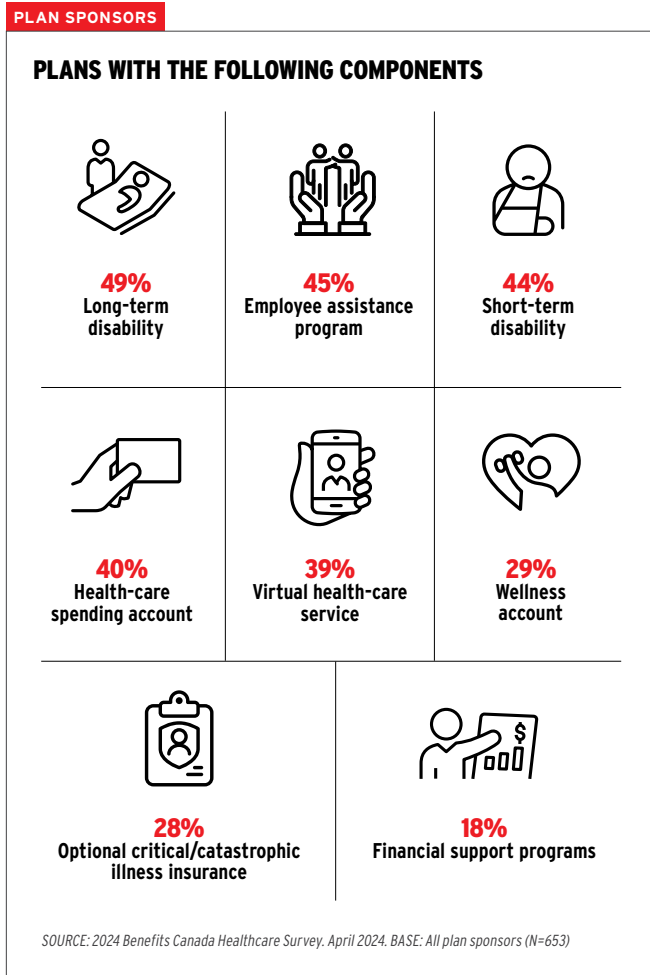
★ KEY TAKEAWAYS ★

- 12. Overall costs, drug plan sustainability and the impact of inflation topped plan sponsors' list of challenges affecting their health benefits plans.
- 13. Half of plan sponsors say they're keeping the federal government's national dental-care program and future pharmacare program in mind when considering their own offerings.
- 14. The fact that fewer plan sponsors are concerned about short- and long-term disability utilization levels was surprising, given the spike in disability claims since the pandemic and the delayed treatment of health issues leading to longer-duration leaves, noted the advisory board. On the other hand, the degree of concern could be evening out due to decreased stigma around people taking disability leave.
- 15. In the year ahead, plan sponsors expect to focus their attention on reducing or controlling costs while also improving their offerings and getting a better understanding of benefits utilization.
- 16. Plan sponsors were much more likely to add or enhance offerings than reduce or remove them.

DIVING DEEP INTO UTILIZATION

- Forty per cent of plan sponsors reported plan members' utilization of the plan had increased in the past year; 48% indicated it had stayed the same and 8% believed it had decreased.
- Higher utilization was more likely among plan sponsors with 500 or more employees (53%), unionized workforces (52%) and flex plans (50%).
- Among plan members, the prescription drug plan was the most-used benefit, with a combined 44% identified as either medium (four to 10 claims during their last benefits year) (20%), or heavy (11 or more claims) (24%) users of the benefit, consistent with last year.
- Massage therapy remained the second most-used benefit (21% heavy or medium users), followed by physiotherapy (16%) and chiropractic services (14%).
- Other paramedical services, such as acupuncture and naturopathy, were the least used benefit (10% were medium or heavy users). However, plan members who had experienced a major injury (16%) or serious illness (15%) in the past year were more likely to be categorized as heavy users of these specific benefits (compared to 4% of all plan members).
- Eighty-two per cent of plan members were light or non-users of their dental plan, using it between zero and three times per year.
- Interestingly, those with a mental-health condition were much more likely to be heavy users of the drug plan (44%) than of mental-health counselling (14%).

“” **NEDA NASSERI** DESJARDINS INSURANCE
 “Plan members are using prescription drugs the most out of their benefits and it’s the biggest cost driver for plan sponsors. But the majority of sponsors don’t feel the need to make changes to their drug plan. There’s an opportunity for benefits advisors, insurers and plan sponsors to look for ways to save money without impacting patient outcomes, particularly as new drugs come to market.”



“” **KAREN KESTERIS** SHOPPERS DRUG MART
 “With so many headlines about Ozempic and weight-loss management drugs, it’s increasing plan members’ desire for those options. Plan sponsors need to consider their philosophy around weight management and whether these drugs should no longer be classified as lifestyle drugs, because those discussions are coming to the forefront now.”

- Among plan members who actually used a specific benefit, the highest number of claims was for the drug plan, with an average of 8.3 claims in the last year, followed by mental-health counselling (6.1), physiotherapy (5.9) and chiropractic services (5.9). The average usage of all benefits decreased from 2023, except for massage therapy (see chart on next page).

MORE SPENDING ACCOUNTS

- Four in 10 (40%) plan sponsors reported having a health-care spending account as part of their benefits plans, while 29% indicated they have a wellness account. Both percentages have increased since the question was first asked in 2017, when the results were 31% and 14%, respectively.
- Plan sponsors with flex plans were more likely to have an HCSA (49%) and/or a wellness account (39%), as were those in Alberta (60% and 34%, respectively).
- For their part, 34% of plan members said their plan includes an HCSA and 26% said it has a wellness account.
- Utilization of both HCSAs and wellness accounts have ticked up. Keeping in mind that many HCSAs allow for a one-year roll-over of unused funds, plan members with an HCSA reported using an average of 66% of their allotted yearly amount during their last benefits year, up from 60% last year and 58% in 2017. Only 4% didn't use it at all.
- Regarding wellness accounts, plan members used an average of 63% of their yearly amount, up from 59% in 2023. Six per cent didn't use it at all.

PLAN SPONSORS

40%

Plan sponsors that reported utilization of their health benefits plan increased in the past year



MORE LIKELY WHEN:

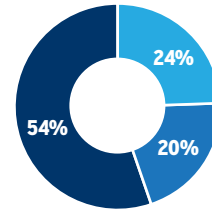


SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

PLAN MEMBERS

USE OF THE PRESCRIPTION DRUG PLAN

- Heavy users
- Medium users
- Light/non-users



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001



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- Plan members with household incomes of \$150,000 and above spent an average of 74% of their HCSA. Women spent an average of 70%, compared to 61% reported by men.

COVERAGE MAXIMUMS

- Two in five (39%) of plan sponsors said they don't provide coverage for paramedical services.
- Among those that do, 49% have a combined annual maximum for coverage and almost the same number (48%) indicated they have an individual maximum per paramedical service (leaving 3% who indicated "other").
- For those with a combined annual maximum, the average was \$3,353.
- Plan sponsors with individual maximums reported an average annual amount of \$1,045 per service.

FOCUS ON MENTAL HEALTH

- Forty-one per cent of plan sponsors indicated they cover mental-health counselling through their employee assistance program, 33% under the paramedical benefits umbrella with a combined annual maximum for all services, 29% through the health-care spending account and 25% as a separate benefit with its own coverage maximum. One in 10 (12%) indicated coverage isn't available.

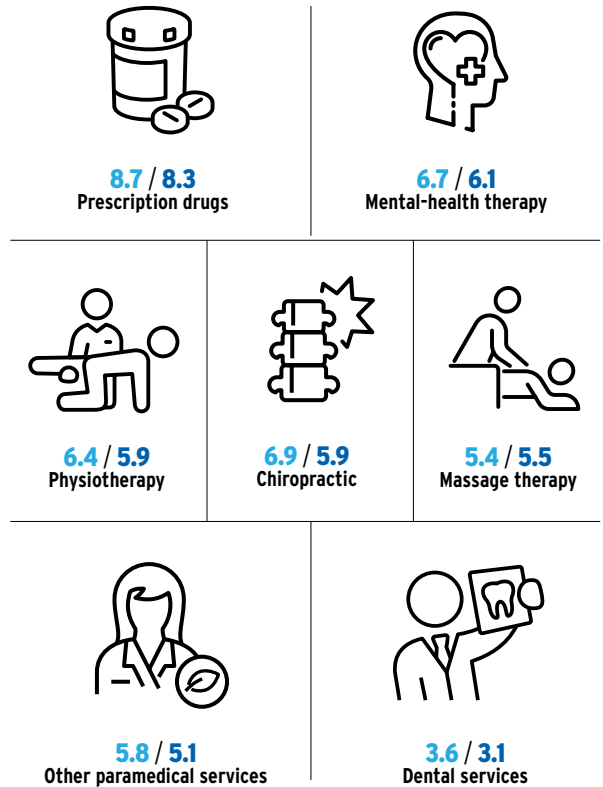
★ KEY TAKEAWAYS ★

- More than a third of plan sponsors offer a flex plan, a significant increase from one in five in 2017.
- Some advisory board members noted that while more plan sponsors are interested in flex plans, they're high-maintenance, costly to administer and can be difficult for plan members to understand. It wouldn't be surprising to see some plan sponsors return to traditional plans in the coming years, with elements such as wellness accounts to provide flexibility.
- Two in five plan sponsors said utilization of their plans had increased in the past year.
- The drug plan is the most-used benefit by plan members, followed by massage therapy, physiotherapy and chiropractic services.
- Despite this, plan sponsors were most likely to consider making cuts to their drug plans.
- Low utilization of the dental plan may mask a costly reality: advisory board members reported higher-cost dental-plan renewals and greater dental spends – a mix of higher utilization and increased costs of services – as well as complex dental-related disability claims.

PLAN MEMBERS

AVERAGE NUMBER OF CLAIMS PER YEAR, 2024 VS 2023

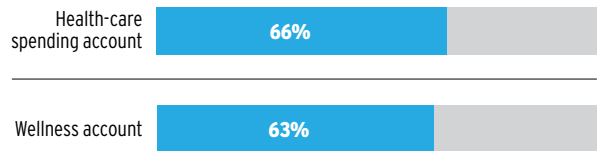
■ 2023 ■ 2024



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

PLAN MEMBERS

AVERAGE SPENDING ACCOUNT USAGE



SOURCE: 2024 Benefits Canada Healthcare Survey. April 2024. BASE: Plan members with benefit: HCSA n=285; Wellness account n=226

STEPHANIE WALKER GREEN SHIELD CANADA

"It's important to help plan members navigate their health and benefits experience without complication or confusion. They want accessible and convenient solutions. It's important to centre the coverage and care experience around plan members, making it as seamless as possible. With this holistic, integrated view, plan members can more easily find and take the best next action in their treatment plan."

- Among plan sponsors that cover mental-health counselling separately, the average annual maximum is \$1,743. This breaks down into a third (31%) with an annual maximum of between \$500 and \$999, a third (31%) with a maximum of between \$1,000 and \$4,999 and a quarter (25%) providing up to \$499 in coverage.
- One in 10 (11%) plan sponsors offer more than \$5,000 in coverage for mental-health counselling per year, including 4% with a maximum of \$10,000 or more.

USE OF VIRTUAL CARE DECLINES

- Thirty-nine per cent of plan sponsors reported their plan includes virtual health-care services, a significant jump from 29% in 2022 and 2023 and almost a return to the 41% recorded in 2021 during the height of the pandemic.
- Plan sponsors that said their plan is more important today than pre-pandemic (48%) and those in B.C. (47%) and Atlantic Canada (45%) were more likely to report offering virtual access to health-care services.
- Since the pandemic, plan members’ utilization of virtual care has steadily declined, from a high of 43% in 2021 and 41% in 2022 to 34% last year and 30% in 2024.
- The use of virtual care was much higher among plan members who had experienced a major injury in the past year (57%) or are heavy users of benefits for mental-health counselling (51%). Usage was also higher among those who used the public health-care system extensively in the past year and those who had arrived in Canada in the last five years (see chart).

THIS OR THAT

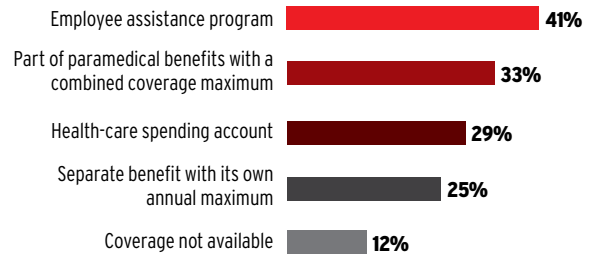
- When asked to choose one benefit for which they’d want improved coverage based on personal needs, plan members were most likely to single out major dental services (22%), such as orthodontics and root canals, a wish that has remained consistent since 2017 (25%)

★ KEY TAKEAWAYS ★

23. The number of plan sponsors that offer a health-care spending account and/or a wellness account as part of their benefits plan has steadily increased since 2017.
24. Utilization of both spending accounts has also increased among plan members who have access to them.
25. The advisory board underlined the difference between higher-income and lower-income plan members in the usage of wellness accounts, with the latter more likely to leave money on the table. The board suggested plan sponsors evaluate whether those programs are adequately communicated and easy to use for all members and review usage by job function.

PLAN SPONSORS

HOW PLAN SPONSORS PROVIDE COVERAGE FOR MENTAL-HEALTH COUNSELLING

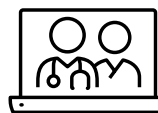


SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

“ VALÉRIE FERNANDEZ BENEVA

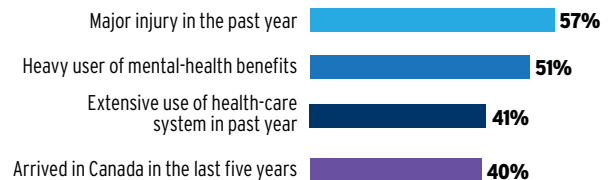
“We still need to improve our mental-health literacy. Mental-health issues are the most common chronic conditions, but they often don’t receive the priority they deserve when compared to the attention that plan members give to other lifestyle habits and those benefits are greatly under-utilized. While there has been increased conversation about mental health since the pandemic, we must continue to focus on reducing the stigma surrounding it.”

PLAN MEMBERS



30%
Plan members who used a virtual health-care service in the past year

MORE LIKELY WHEN:



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

“ JEFF BOUTILIER REXALL

“I’m surprised by the low virtual care utilization, but it may be that not everyone thinks of that first or knows it’s part of their plan. Awareness and visibility is key here, as is education around what can be handled through those platforms.”

when the question was first asked. Ten per cent asked for increased coverage for basic dental services.

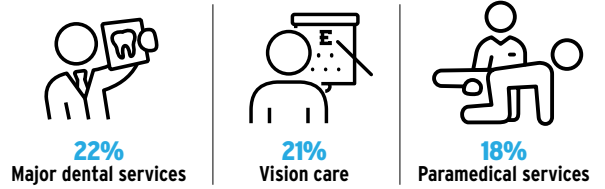
- Plan members were also interested in extra coverage for vision care (21%) and paramedical services (18%). They were least likely to want more coverage for prescription drugs (9%) and mental-health counselling (8%).
- The desire for more paramedical coverage increased among those who had experienced a major injury (33%) or serious illness (30%) during the past year and those living with chronic pain (24%).
- When then asked for which benefit they'd be willing to receive reduced coverage as a trade-off for higher coverage of their preferred benefit, plan members were most willing to cut back on mental-health counselling (30%) and paramedical services (24%).
- One in 10 (12%) plan members indicated that current levels of coverage are enough to meet their personal needs.

PAYING OUT OF POCKET

- Plan members spent on average \$1,172 above and beyond what their health benefits plan covered for seven listed services. The average out-of-pocket spend was highest for mental-health counselling (\$1,207), dental services (\$1,057) and physiotherapy (\$1,032).
- Heavy users of benefits for dental services (\$3,213), mental-health counselling (\$2,578), physiotherapy

PLAN MEMBERS

BASED ON PERSONAL NEEDS, PLAN MEMBERS WOULD MOST LIKE INCREASED COVERAGE FOR...



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

“” MEGHAN VALLIS EQUITABLE LIFE

“The trade-offs people are willing to make point to how personal their needs are. I think it highlights that while benchmarking data might be helpful in learning about what others are doing with their plans to help plan sponsors guide their decisions, they can’t take it as their only guide – just because another organization has something doesn’t mean your employee population will want that same thing.”



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(\$2,421), massage therapy (\$2,275) and chiropractic (\$2,113) had much higher average total out-of-pocket spends than the average plan member, as did those who felt the quality of their plan was poor (\$2,048).

- When asked what they usually do when coverage runs out for a treatment or service, 27% reported stopping treatment until their coverage resets and 23% indicated they pay the full cost themselves but may reduce the number of treatments. Fifteen per cent would pay the full cost for all recommended treatments, while 14% would stop treatment (see chart on next page for full list).
- Plan members with a diagnosed mental-health condition (36%) were more likely to stop treatment until the benefits year resets. Those aged 55 and older were more willing to pay the full cost for all recommended treatments (24% versus 12% among those aged 18 to 34 and 14% among those aged 35 to 54).
- Ten per cent of plan members reported starting a different treatment that's covered by their plan, increasing to 23% among those who had experienced a major injury

★ KEY TAKEAWAYS ★

26. The use of virtual care has steadily declined since the pandemic; however, usage is much higher among those who experienced a major injury or were heavy users of mental-health benefits.
27. Advisory board members said the low utilization drives home the importance of making plan members aware of what's covered by their plan and the advantages of virtual care.
28. Major dental services topped plan members' wish list when asked for which benefit they'd like increased coverage, based on their personal needs.
29. Plan members who experienced a major injury or serious illness were most likely to want better paramedical coverage.
30. Plan members were most willing to trade off coverage for mental-health counselling to receive increased coverage for another benefit based on personal needs. However, heavy users of mental-health benefits were much less willing to trade off this benefit.
31. While this finding surprised some advisory board members, particularly after the rush to improve mental-health coverage during the pandemic, others noted that health needs such as an eye exam or a dental procedure may be more pressing and have tangible results, whereas the results of mental-health counselling take time to materialize. Getting help is also more likely perceived as something that can be put off, in part due to stigma.

“JUAN QUINONEZ CANADIAN CHIROPRACTIC ASSOCIATION

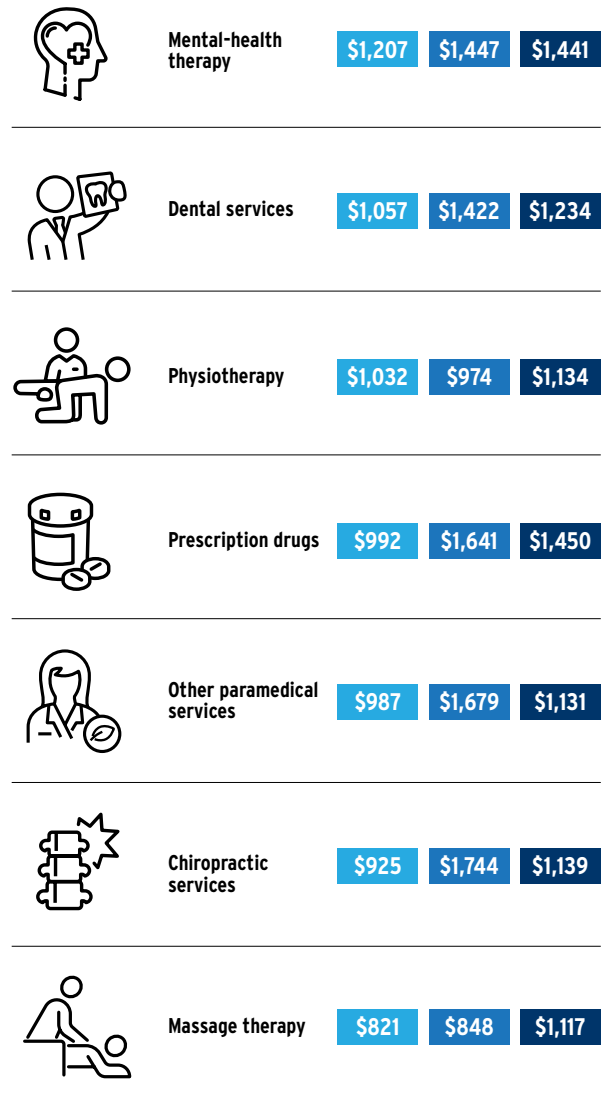
“One of the biggest issues with chronic pain is people need access to non-pharmacological pain management, including physiotherapy, chiropractic and massage therapy. But coverage runs out very quickly, so people start profession-shopping and as a result, aren't managing their pain effectively. We have to think about getting more innovative with our plans to prevent people hopping and ensure continuity of care.”

PLAN MEMBERS

AVERAGE OUT-OF-POCKET EXPENDITURES LAST YEAR

Overall vs plan members with poor health or chronic pain

■ Overall ■ Poor health ■ Chronic pain



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

in the past year. Heavy users of physiotherapy (19%) and members with combined household incomes of less than \$60,000 (17%) were also more likely to switch to another covered treatment.

KNOWLEDGE GOOD BUT NOT GREAT

- Fewer plan members said they understand their plan extremely or very well (47%) this year than last year (51%) or in 2018 (65%) when the question was first asked. Instead, the percentage who understand their plan somewhat well increased from 31% in 2018 to 44% this year.
- Plan members with combined household incomes between \$100,000 to just under \$150,000 were more likely to understand their plan extremely or very well (60% versus 36% among those with household incomes under \$60,000), as were those who used the public health-care system extensively in the past year (52% versus 44% among those without extensive interactions).
- One in 10 (9%) reported they don't understand their plan well, a percentage that rises markedly among employees who felt their plan doesn't meet their needs (21%) and those in poor mental (20%) or personal (19%) health.

CALL ME, BEEP ME

- Fifty-eight per cent of plan sponsors felt they effectively communicate what's covered by their health benefits plan, down from 63% in 2018. Thirty-four per cent (up from 26% in 2018) felt their communications were somewhat effective, leaving 8% who considered their communications to be ineffective.
- Thirty-three per cent of plan sponsors boosted their communications efforts in the past year, increasing to 45% among those with 500 or more employees (versus 15% among those with fewer than 50 employees.) Those with unionized workforces (43% versus 28% with non-unionized workforces) and flex plans (40% versus 28% with traditional plans) were also more likely to have increased communications.

★ KEY TAKEAWAYS ★

32. Plan members were most likely to pay out of pocket – above and beyond what their benefits plan covered – for dental services, prescription drugs and massage therapy.
33. Plan members in poor personal health, with a major injury or chronic pain had higher average out-of-pocket spends, as did those who described the quality of their benefits plan as poor.
34. When coverage runs out, plan members are most likely to stop treatment until the benefits year resets or pay the full cost themselves but cut back on the number of treatments.

SUNIL HIRJEE BENEVA

“There’s an opportunity to equip frontline managers to be better positioned to make employees aware of what’s covered under their plan. There are often multiple vendors involved as plan sponsors create more comprehensive benefits programs. EAPs, virtual health care, even spending accounts, can be provided via different suppliers. So, we need to be better at packaging this new reality to create a singular experience for plan members and employees.”

PLAN MEMBERS

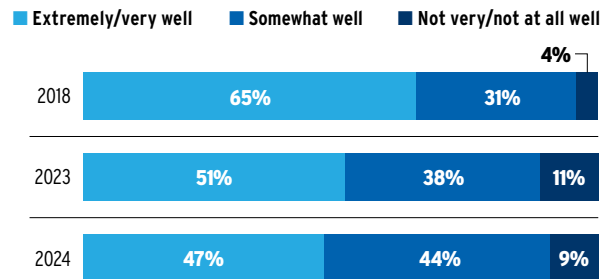
WHAT PLAN MEMBERS DO WHEN COVERAGE RUNS OUT FOR A TREATMENT OR SERVICE

Stop treatment until coverage starts again the next benefits year	27%
Pay the full cost but may reduce number of treatments	23%
Pay the full cost for all recommended treatments	15%
Stop treatment	14%
Start a different treatment or service that’s covered	10%
Use coverage from another benefits plan (i.e. spouse, family member or secondary personal benefits plan)	7%

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members N=1,001

PLAN MEMBERS

LEVEL OF UNDERSTANDING OF HEALTH BENEFITS PLAN



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (2018 N=1,503; 2023 N=1,004; 2024 N=1,001)

SARIKA GUNDU BMO

“Upon releasing the invitation for our benefits Q&A webinar, we quickly reached our maximum capacity of 1,000 attendees. While this level of engagement was encouraging, we observed that the answers to many of the questions posed were already available via email notifications and our HR intranet. It’s clear that, although people appreciate having information readily accessible digitally, they also seek more engaging forums that provide direct access to benefits leads.”







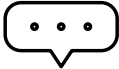








- Plan members indicated that email (55%) is the best way to communicate to them about their workplace health benefits plan, followed at some distance by the insurance company’s website (24%) and a smartphone app (19%). The organization’s intranet page, instant or direct messaging, in-person meetings, social media, virtual group meetings and on-demand videos or webinars all ranked lower than hard-copy mailings (see chart).
- While email is also the top choice for communications among employees aged 18 to 34 (51%), they were more interested (24%) than those aged 55 and older (9%) in a smartphone app.

★ KEY TAKEAWAYS ★

35. For the second year in a row, fewer plan members said they understand their benefits plan very well.
36. This finding indicates a need for better member education and tools that help them navigate their benefits plan, such as a one-stop-shop portal to connect them with the resources they need at the moment they need them, board members said.
37. Plan sponsors were generally positive – although less so than in previous years – when asked about how effectively they communicate what’s covered in the plan.
38. Plan members said email was the best way to communicate with them, followed by the insurance company website and a smartphone app.
39. Advisory board members weren’t surprised to see email come out on top, but noted that email is a passive form of communication and can often get lost or overlooked by plan members, who typically don’t look for information until they need it.
40. The board stressed the value and success of more engaging and proactive forms of communication, such as webinars and in-person education sessions.
41. The board also cited the potential of artificial intelligence and predictive analytics to improve plan communication and navigation in the future, by predicting plan members’ needs and providing information at their moment of need.
42. While more than half of plan sponsors said their organization helps members navigate the health-care system, a third of those respondents specified it was only available to members on disability leave.

PLAN MEMBERS

THE BEST WAYS TO COMMUNICATE ABOUT THE HEALTH BENEFITS PLAN

 55% Email	 24% Insurer’s website	 19% Smartphone app
 18% Printed booklet	 15% Mail	 13% Toll-free number
 12% Text messaging	 12% Intranet	 9% Instant/direct messaging
 8% In-person group meetings	 5% Automated phone calls	 4% Social media
 4% Virtual group meetings	 4% On-demand videos/webinars	 4% AI chatbot

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (N=1,001)

“SYLVIA TRAN CO-OPERATORS

“The health-care system is complex and challenging to navigate and the communication within it is quite poor. It’s not surprising that plan members seem to struggle with it. That’s where group benefits can come in – helping people navigate the system we currently have and giving them the tools and resources they need is very powerful.”

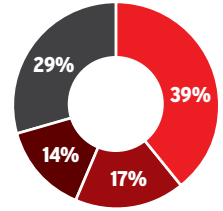
NAVIGATING THE SYSTEM

- Plan sponsors (56%) were twice as likely as plan members (27%) to report their organization helps members navigate the health-care system (such as coordinating treatment after a major injury).
- However, more than a third (35%) of plan members admitted they don't know if their organization offers such a service.
- Plan members who had a major injury in the past year (47%), who used the public health-care system extensively in the past year (37%) and who understand their plan (36%) were more likely to indicate their workplace can help them navigate the health-care system. Plan members aged 18 to 54 (36%) were also more likely to report such a service (versus 16% among those aged 55 and older).
- Plan sponsors with flex plans (72%), 500 or more employees (69%) and ASO plans (68%) were more likely to offer navigation services. Unionization and sector also factored into results (see chart).
- The 56% of plan sponsors that offer navigation supports is comprised of 39% that make it available to all plan members and 17% that make it available to members on disability leave only.
- Fourteen per cent of plan sponsors indicated they're planning to offer navigation-support services.

PLAN SPONSORS

ORGANIZATIONS THAT HELP PLAN MEMBERS NAVIGATE THE HEALTH-CARE SYSTEM

- Yes, available to all plan members
- Yes, available to those on disability leave only
- No, but plan to do so
- No



AMONG THOSE WHO OFFER:

HIGHS • LOWS

72% Flex plan	Traditional plan	47%
70% Unionized workforce	Non-unionized	50%
69% 500 or more employees	Fewer than 50 employees	36%
66% Public sector	Private sector	53%

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)



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Partnering with employees on benefits redesign yields greater engagement



Tara Ataya

Chief people and diversity officer
HOOTSUITE INC.

Tara Ataya likes to say that Hootsuite Inc.'s employees were the co-designers of its global benefits program.

The Vancouver-based social media management company undertook its most recent benefits redesign in 2021 to better reflect the needs of its employees during the pandemic. To

ensure that it introduced benefits that resonated with its global workforce, the company held a series of focus groups in each market where it operates, including Asia-Pacific, North America, Europe, the Middle

East, Africa and Latin America. Hootsuite also fielded employee surveys that asked plan members to rate how meaningful they'd find certain benefits.

"We actively listened to what people voiced they needed – it wasn't simply saying, 'What are the new, cool benefits that we should offer?'" says Ataya, Hootsuite's

chief people and diversity officer. "The program has been really well received because our benefits team wasn't working in a vacuum. We wanted our employees to participate in the process and become active consumers of their benefits."

"We wanted our employees to participate in the process and become active consumers of their benefits."

Flexibility has been a key part of the company's benefits program, she says. Employees across all of the company's markets can select the extended health and dental benefits that matter to them, whether they're a parent with kids

who need orthodontic work or someone in their early 20s who prioritizes the company's wellness spending account.

Benefits vary from country to country, depending on local factors. Employees in Romania weren't as interested in coverage for gender affirmation procedures given the country's legal landscape, but they did want greater

maternity benefits. In the U.K., employees voiced a greater demand for children's speech therapy support.

One benefit that remained consistent across all markets was coverage for mental-health counselling, which is now six-times the previous annual amount, says Ataya. The company arranged with its insurer to manage mental-health claims through an administrative services-only arrangement. If an employee hits the annual threshold, Ataya's team is notified to plan for it from a cost perspective but "we always approve it," she says.

"If someone needs mental-health care, we want them to have access to that. Our intention is to support our employees as best we can with robust mental-health benefits."

In Canada, Hootsuite boosted its family planning benefits. The company added a \$12,000 lifetime maximum for fertility treatments – including egg freezing, IVF treatments and vasectomies. The company also moved to unbundle fertility drugs from fertility benefits and move them under its drug plan.

The change was made to give employees more options for family planning. Sometimes in the course of taking hormones to prepare for IVF, people are able to get pregnant naturally, "so we thought it was important to include those in the actual pharmaceutical plan so it's just a normal course for people," she says, noting plan members have the option of using their flexible spending account for additional expenses over the lifetime limit.

Hootsuite also standardized its approach to parental leave with a six-month top-up for birthing, non-birthing, surrogate and adoptive parents.

"Our average workforce is now in an age bracket where a lot of them are thinking about having families, so it was really important to make sure we offered that coverage across the board," says Ataya, adding the organization's employees are, on average, aged 28 to 32.

"The most exciting time in a parent's life is welcoming a child into their lives, so we wanted to make sure we were giving the opportunity for time off – not just to birthing parents, but to any parent, whether they are non-birthing, adoptive, surrogates or otherwise."

The company also added gender affirmation coverage through an ASO arrangement with its insurer. Ataya says the change was greeted with excitement by employees and has had a broader impact outside the walls of Hootsuite. "An employee shared that a friend of his

who was transitioning was working at another organization and it wasn't covered. He went to his employer and said, 'Look at what Hootsuite is doing,' and the employer changed the benefits plan to help their employee."

Flexibility has also been a guiding principle

for Hootsuite's broader wellness strategy and work arrangements. Rather than mandating remote workers to return to the office, the company introduced its 'Perch Days' program to create opportunities for employees to come into the office for moments of connection, such as lunch and learns, team meetings and the company's annual kick-off meeting at the start of the fiscal year.

Since 2021, the company has held a company-wide wellness week, during which all employees are off from work. Hootsuite also offers half-day Fridays (southern hemisphere employees take their half days in January and February, while northern hemisphere employees enjoy theirs in July and August). An employee survey from earlier this year found both the wellness week and half-day Fridays were employees' most utilized and appreciated benefits.

Ataya recommends plan sponsors engage employees in the benefits redesign process. "I think organizations can be afraid to do that because it's hard and you don't know what you're going to get. But there's so much goodness that comes from that type of relationship."

"If someone needs mental-health care, we want them to have access to that. Our intention is to support our employees as best we can with robust mental-health benefits."

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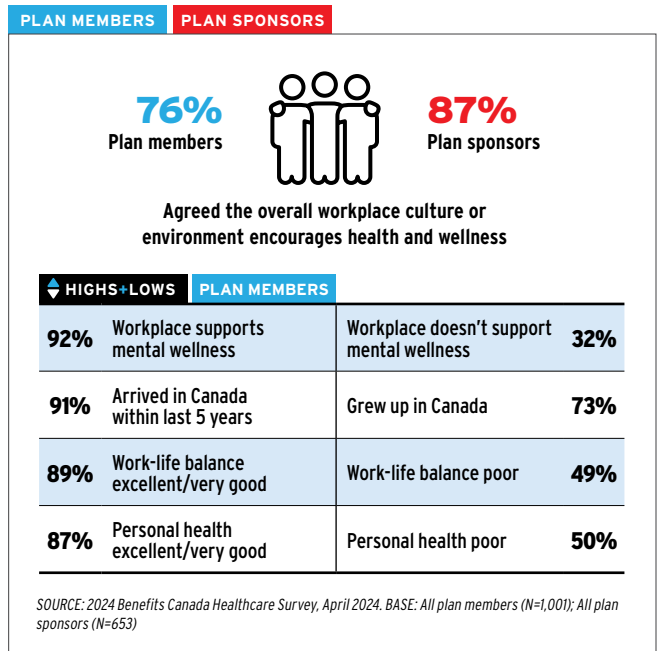
MAKING HEADWAY ON WELLNESS

Year after year, the survey demonstrates the benefits of a workplace culture that encourages health and wellness – and most plan members and plan sponsors were positive about their own culture. Four in five plan sponsors intend to invest resources and/or dollars in at least one area of wellness in the next few years, with mental health at the top of the list. However, as with their health benefits plans, plan sponsors are attempting to balance the importance of their wellness programs against the challenges of delivering them. Fewer than half of plan sponsors said they’re aware of Canada’s National Standard for Psychological Health and Safety in the Workplace.

IN THIS SECTION	<ul style="list-style-type: none"> • WELLNESS CULTURE • REMOTE WORK • MUSCULOSKELETAL HEALTH • DIMENSIONS OF WELLNESS 	<ul style="list-style-type: none"> • WELLNESS INVESTMENTS • MENTAL-HEALTH TRAINING • PSYCHOLOGICAL HEALTH AND SAFETY 	<ul style="list-style-type: none"> • HEALTH AND SAFETY MEASURES • IMPORTANCE VERSUS CHALLENGES
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IMPORTANCE OF WELLNESS CULTURE

- Seventy-six per cent of plan members agreed (20% strongly) that their employer’s workplace culture or environment encourages health and wellness, a figure that has remained constant since the question was first asked in 2019.
- Plan sponsors were more enthusiastic, with 87% agreeing (37% strongly) that their workplace environment supports health and wellness.
- Interestingly, plan members who had arrived in Canada within the last five years were significantly more likely to agree their workplace culture encourages health and wellness (91%). Mental-health supports and personal health also factored into results (see chart).
- Twenty-four per cent of plan members disagreed their workplace culture encourages health and wellness, increasing to 68% among those who felt their workplace didn’t support mental wellness. Those in poor personal overall health (50%) and poor personal mental health (48%) were also more likely to disagree.
- As in previous years, a wellness culture appears to influence results in other areas, including perceptions of the benefits plan, job satisfaction, psychological health and safety and personal health (see chart on next page).
- When asked specifically about mental wellness, 73% of plan members and 89% of plan sponsors agreed their workplace environment supports mental wellness. For plan members, results were highest among those who felt their workplace also had a wellness culture (89%) or who rated their financial health, social health and work-life balance as excellent or very good (87% each).
- One in four (27%) plan members disagreed their workplace environment supports mental wellness. Those with poor work-life balance (54%), in poor mental health (53%) or poor overall health (51%) were more likely to disagree.



VICTORIA CROFTS TORONTO

“The data demonstrates the importance and value of creating a culture of wellness by incorporating all facets of well-being for our employees. However, this requires dedicated resources, as we can’t do this work off the corner of our desks. It’s important to partner with the employees, carriers, providers and consultants to maximize the resources you have, regardless of whether you’re a large organization or a small one.”

★ KEY TAKEAWAYS ★

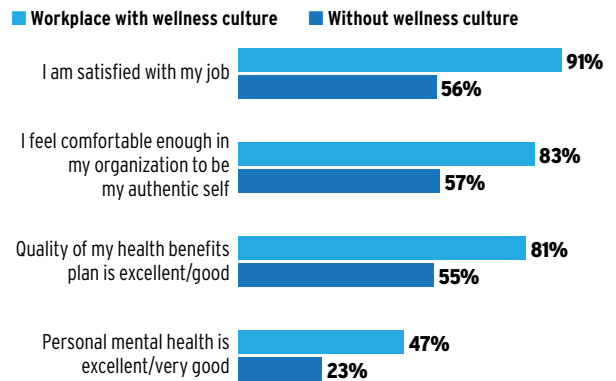
1. Most plan members agreed their workplace supports health and wellness and mental wellness.
2. Consistent with previous years, an organization's wellness culture impacts plan members' perception of their physical health, job satisfaction and benefits plan.
3. Advisory board members said these results underscore the value of a wellness strategy that incorporates all the facets of wellness. They also recommended plan sponsors partner with carriers, providers and consultants to maximize available resources and their impact.

REMOTE WORK POST-PANDEMIC

- Plan sponsors seem to have settled on their new normal regarding remote work, with an average of 48% of their workforce working from home or remotely, virtually unchanged from last year (49%) and down from 58% in 2021 and 2022 during the pandemic. Only 6% reported that none of their employees worked remotely.
- Plan sponsors estimated remote employees worked from home for 57% of the workweek on average. One in five (20%) said their employees were almost exclusively working from home or remotely (four or five days a week).
- For their part, 47% of plan members said they worked from home at least one day a week, which aligns with plan sponsors. Remote workers reported doing so, on average, 3.3 days per week. Both figures are consistent with last year's results (46% and 3.2 days).
- Respondents aged 18 to 34 (53%) were more likely than those aged 55 and older (40%) to work from home.
- Echoing plan sponsors' results, one in five (19%) plan members who could work at home did so four (4%) or five (15%) days a week.
- Twenty-nine per cent reported they don't have a job that can be done remotely, 16% indicated they don't work from home and 9% said their employer doesn't allow remote work.
- The majority (75%) of plan sponsors agreed that remote work has made it harder to influence their workplace culture and to encourage wellness and mental health, up from 68% last year.
- Plan sponsors with 500 or more employees (81%) were more likely to agree it is more difficult, as were those in Atlantic Canada (82%), Ontario (80%) and B.C. (80%).
- Notably, plan members who worked at least one day from home were more likely to agree their employer's workplace culture supports health and wellness (81% versus 70% among those who didn't work remotely). Similarly, 77% of remote plan members more often agreed their workplace supports mental wellness (versus 69% among onsite workers).

PLAN MEMBERS

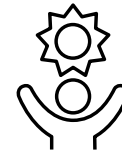
HOW A WELLNESS CULTURE INFLUENCES PERCEPTIONS



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (N=1,001)

PLAN MEMBERS PLAN SPONSORS

73%
Plan members



89%
Plan sponsors

Agreed the workplace environment supports mental wellness

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (N=1,001); All plan sponsors (N=653)

PLAN MEMBERS



3.3

Average days per week that plan members work from home

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (N=1,001)

PLAN SPONSORS



68%
2023

75%
2024

Plan sponsors that agreed remote work has made it harder to influence a workplace culture to encourage wellness and mental health

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (2023 N=721; 2024 N=653)

MARA NOTARFONZO CAA CLUB GROUP

"We've chosen a flexible work approach rather than mandating a return to the office or a minimum number of days in the office. If people are coming in to work in person, it's for something that's meaningful and builds connection. That conscious attempt to build those relationships is something we've found is working really well."

ACHES AND PAINS

- Two in three (63%) plan members agreed their workplace environment and/or set-up contributes to aches and pains in their body (such as sore muscles or stiff joints), virtually unchanged from last year (65%).
- Agreement increased among plan members who had experienced a major injury in the last year (80%), were heavy users of chiropractic services (78%), massage therapy (74%) or physiotherapy (73%) or who experienced extreme to high daily stress (72%).
- Results didn't differ significantly between those who can work from home (60%) and those who don't (65%).

FIVE DIMENSIONS OF WELLNESS

- The survey identified personal wellness as being comprised of five components of health: physical, mental, financial, social and work health (the latter also known as psychological health and safety in the workplace). It then asked plan sponsors whether, beyond what's offered in their benefits plan, their organization is trying to help employees achieve positive results in at least one of the five areas.
- Eighty-one per cent of plan sponsors said they're trying to help employees in at least one of the areas. Supports for mental health (57%) and physical health (48%) were most common, with work health (42%) following close behind (see chart for full breakdown).

★ **KEY TAKEAWAYS** ★

4. Roughly half of employees are working from home at least one day per week.
5. Plan sponsors and members have differing views on the impact of remote work on organizational culture. While plan sponsors largely felt remote work made it more difficult to influence their workplace culture or promote wellness, plan members who work remotely were more positive about their organization's wellness culture than those who always work on site.
6. Advisory board members noted that culture isn't something that can be mandated from the top down, nor does it come entirely from employees working onsite. Plan members' psychological health and safety, clarity of strategic direction, collegial relationships and the measurement of employees' performance based on outputs, rather than physical presence, all contribute to a supportive workplace culture.
7. Plan sponsors on the advisory board noted that remote work had prompted them to become more creative about building their organizational culture and strengthening relationships among employees, including by supporting asynchronous work and flexible hours and treating the office as a place for social events, connection and in-person collaboration.

PLAN MEMBERS



63%

Plan members who agreed their work environment contributes to aches and pains

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (N=1,001)

PLAN SPONSORS



81%

Plan sponsors trying to help employees in at least one of the five areas of wellness

BREAKDOWN OF EFFORTS IN FIVE AREAS OF WELLNESS



57%
Mental health



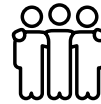
48%
Physical health



42%
Work health



30%
Financial health



25%
Social health

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

PLAN SPONSORS



44%

Plan sponsors with a wellness strategy

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

CRYSTAL ARNOLD LIFELABS

“It’s interesting to see more plan sponsors working on wellness strategies. I think there is now more awareness that you need a clear message, structure and approach aligned with broader strategic business priorities when it comes to your wellness program. These programs have become bigger and more thoughtful than one-off or infrequent initiatives, especially within the context of strengthening employee value proposition.”

- Forty-four per cent said they had a documented, long-term wellness strategy and 35% said they were working on one.
- Wellness strategies were more common among those with unionized workforces (53%) and Quebec-based plan sponsors (52%).
- Organization size was also a significant factor: a majority (57%) of plan sponsors with more than 500 employees had a wellness strategy, decreasing to 38% among those with 50 to 499 employees and 20% among those with fewer than 50 employees.

MENTAL HEALTH TOPS INVESTMENTS

- Seventy-nine per cent of plan sponsors said they anticipate dedicating funds and/or staff resources, outside of the benefits plan, to at least one area of wellness in the next three years, the highest result since the question was first asked in 2019 (71%).
- The result drops to 55% among organizations with fewer than 50 employees, down from 63% in 2023. Meanwhile, 93% of organizations with 500 or more employees plan to do more, up from 77% a year ago.

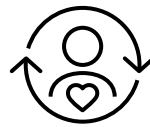
★ KEY TAKEAWAYS ★

- Two-thirds of plan members feel their work environment or set-up contributes to aches and pains, such as stiff joints or sore muscles.
- The advisory board noted that musculoskeletal health has been a continued challenge throughout and after the pandemic, in part due to lack of control over remote work set-ups. As well, at work sites, open-concept offices may hinder plan members' ability to concentrate, particularly for those with attention deficit hyperactivity disorder.
- Four out of five plan sponsors are trying to support employees in at least one of the five areas of wellness, with mental wellness being the most common area of focus.
- Two in five employers have a documented wellness strategy, something that's far more likely among those with more than 500 employees.
- The lower likelihood of a documented strategy among small employers may not necessarily indicate a lack of commitment to wellness, observed the board. Instead, this finding could be a function of disparate wellness activities that haven't been integrated into a strategy. Larger sponsors may also have more need for a formal strategy to communicate to employees across numerous business lines and locations, noted the advisory board.

“” SHANNON DARVILL PEOPLE CORPORATION.

“Financial health appearing low on the list of plan sponsor priorities is surprising. Some respondents may consider the need addressed because of programs in place. The data shows similar elevated daily stress levels when comparing those reporting poor financial health to poor mental health. We should not lose sight of the member lens which has consistently shown financial health as a prominent stress point.”

PLAN SPONSORS



79%

Plan sponsors that anticipated dedicating funds and/or staff resources, outside the health benefits plan, in the next three years to at least one of seven wellness areas

ANTICIPATED INVESTMENTS IN SEVEN WELLNESS AREAS



44%

Emotional or mental health



39%

Work health



37%

Physical fitness



28%

Prevention of illness and/or chronic health conditions



27%

Social health



24%

Financial health



14%

Musculoskeletal health



21%

None of the above

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)



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- Emotional or mental health (44%) continues to be the top area for investments, unchanged since the question was first asked. The result has hovered between 43% and 46% for most of the past six years, aside from a high of 51% in 2021.
- Work health was new to the list of options this year, landing in second position (39%) as an anticipated wellness investment. Physical fitness (37%), illness prevention and the management of chronic health conditions (28%) and social health (27%) round out the top five areas of investment (see chart on previous page for full list).

MENTAL-HEALTH TRAINING

- Fifty-five per cent of plan sponsors said they provide mandatory (31%) or voluntary (24%) training to managers and supervisors to help them recognize and address mental-health issues personally and among their direct reports.
- The availability of this training varies widely by size of organization, from a high of 73% (45% mandatory) among those with 500 or more employees to a low of 29% (12% mandatory) among those with fewer than 50 employees.
- Public sector plan sponsors (68%) and those with unionized workforces (71%) were more likely to provide mental-health training for managers than their private sector (51%) and non-unionized (47%) peers.
- An additional 11% of plan sponsors indicated they plan to provide mental-health training for managers.

★ KEY TAKEAWAYS ★

13. Four out of five plan sponsors also expect to dedicate funding and/or staff resources to at least one wellness area over the next three years – the highest result since the question was first asked.
14. Emotional or mental health continues to be the top target of resources and funding, with work health and physical fitness following closely behind.
15. Advisory board members were surprised to see that financial health wasn't a higher priority for future investments in wellness. They noted that a retirement savings program isn't enough to address plan members' high levels of stress regarding personal finances and recommended additional educational resources and sessions to provide broader support for financial health.
16. Half of plan sponsors provide mental-health training for managers and slightly more than half of them made it mandatory. Advisory board members agreed such training is much more effective when mandatory.

“SARAH MORDEN SELECTPATH

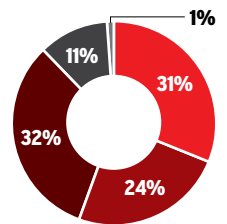
“When it comes to mental health, more and more employees are engaging their managers and leaders, a trend that will amplify as the younger generation continues to enter the workforce. It will be increasingly important for managers to have appropriate training and become more adept at engaging in these conversations. Mental health in the workplace is not going anywhere.”

PLAN SPONSORS

DOES YOUR ORGANIZATION PROVIDE MENTAL-HEALTH TRAINING FOR MANAGEMENT?



- Yes, it's mandatory
- Yes, it's voluntary
- No
- No but plan to
- No answer



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)



TALKING PSYCHOLOGICAL HEALTH

- Forty-four per cent of plan sponsors said their organization is aware of the National Standard for Psychological Health and Safety in the Workplace, developed by the Canadian Standards Association and Quebec's Bureau de normalisation and released in 2013.
- Awareness of the standard differed significantly between organizations with fewer than 50 employees (21%), with 50 to 499 (46%) and with more than 500 (60%) employees. Regionally, plan sponsors in Atlantic Canada (60%) and Quebec (56%) were more aware, while those in B.C. were least aware (34%).
- Of employers that are aware of the standard, 37% have implemented it in their workplace (equal to 16% of all plan sponsors) and 39% said they're in the process of doing so (17% of all). Twenty-one per cent (9% of all) said they plan to implement it.

PSYCHOLOGICAL HEALTH MEASURES

- This year's survey asked plan members a series of questions to get a sense of whether they feel psychologically healthy and safe in the workplace. The first, regarding job satisfaction, was first asked in 2007.
- Eight in 10 (83%) plan members reported they're satisfied with their job, unchanged from last year and

PLAN SPONSORS



16%

Plan sponsors that have implemented the National Standard for Psychological Health and Safety in the Workplace

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

PLAN MEMBERS

83%

Plan members who were satisfied with their jobs



HIGHS+LOWS

96%	Workplace health excellent/very good	Workplace health poor	49%
92%	Workplace supports mental wellness	Doesn't support mental wellness	58%
92%	Financial health excellent/very good	Financial health poor	65%
91%	Workplace culture supports health and wellness	Doesn't support health and wellness	56%
91% (both)	Social health/work-life balance excellent/very good	Social health/work-life balance poor	61% (both)

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (N=1,001)

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In Quebec any pharmacist consultation will be the responsibility of the pharmacist-owner chosen by the patient. Due to provincial regulations, the service offering may be different in Quebec, notably the Specialty Drug Management program or any measure that does not respect the Act respecting prescription drug insurance and the guarantees of the basic prescription drug insurance plan.

consistent with results since 2018 (80%). In 2007, 90% were satisfied.

- Workplace health, a wellness culture and workplace supports for mental wellness clearly influence employees' perception of job satisfaction (see chart). Those who felt their benefits plan meets their needs (87%) were also more satisfied than those who said it didn't (59%).
- Seventeen per cent reported not being satisfied with their job, a percentage that increases to 31% among those who also reported feeling isolated or disconnected from their workplace and to 27% among those feeling isolated/disconnected from their community.
- Self-authenticity is another measure of psychological health and safety. One in five (20%) plan members reported they don't feel comfortable enough in their organization to be their authentic self, virtually unchanged from when the question was first asked in 2022 (21%). Job satisfaction, workplace health and social health influenced these results (see chart).
- For the first time, plan members were asked whether they feel they can be honest when sharing their opinions at work. Twenty-seven per cent disagreed, increasing to 58% among those who describe their personal workplace health as poor, 56% among those who aren't satisfied with their jobs and 54% among heavy users of mental-health counselling benefits.
- When asked if they have reasonable control or influence on how they get their job done, almost one in five (17%) plan members disagreed, jumping to 43% among heavy users of mental-health counselling benefits, 42% among those who aren't satisfied with their job and 42% among respondents who reported poor workplace health.

IMPORTANCE VERSUS CHALLENGES

- Three in five (62%) plan sponsors considered their efforts to support employee wellness extremely or very important in the current economic climate, compared to 77% who said the same of their health benefits plan. A third (31%) considered employee wellness somewhat important.
- Alberta-based plan sponsors (77%) and those that said the utilization of their plan had increased in the past year (72%) were more likely to consider their wellness efforts highly important.
- When asked why, they pointed to attraction and retention (65%) and employee productivity (63%) as their top reasons (see chart on next page for full list).
- Plan sponsors saw greater specific potential from their wellness initiatives than their benefits plan to help reduce sick days (44%, compared to 35% for the benefits plan) and the number and/or duration of disability claims (43%, compared to 21% for the benefits plan).
- Forty per cent said their employee wellness efforts were more important today than before the pandemic and 49% said they were just as important.

“TARA ATAYA HOOTSUITE

“The data reveals a striking, and underrated, link between wellness culture, job satisfaction and autonomy – you can't have one without the other. The ability to have a sense of ownership over one's role is incredibly powerful and often undervalued and recognizing the significance of autonomy is essential to driving both employee satisfaction and well-being.”

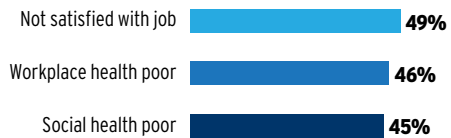
PLAN MEMBERS



20%

Plan members who don't feel comfortable enough to be their authentic self at work

MORE LIKELY WHEN:



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (N=1,001)

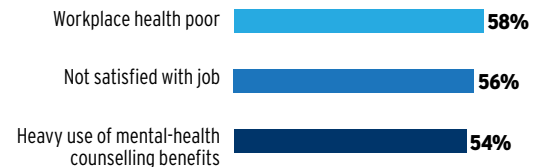
PLAN MEMBERS



27%

Plan members who don't feel they can be honest when sharing their opinions at work

MORE LIKELY WHEN:



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan members (N=1,001)

PLAN SPONSORS



62%

Plan sponsors that said their wellness efforts are extremely or very important

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

- Plan sponsors with flex plans (49%) were more likely than those with traditional plans (35%) to consider wellness efforts more important than pre-pandemic.
- More than four in five (85%) plan sponsors felt it was extremely (38%) or somewhat (47%) challenging to provide employee wellness supports in the current economic climate, similar to what they said about their health benefits plan (i.e. 80% described it as extremely [36%] or somewhat [44%] challenging).
- When asked why, plan sponsors most often cited the need to manage costs (42%) and the impact of inflation, which reduces the effectiveness of wellness offerings (36%). Almost one in three (29%) noted employees' growing expectations of wellness offerings as a condition of employment (see chart for full list).
- Thirty-seven per cent felt it's more challenging today than before the pandemic to provide wellness supports, increasing to 44% for organizations with more than 500 employees and unionized workforces. Half (52%) said it's just as challenging.
- When considering wellness efforts, 39% of plan sponsors said supporting the health of plan members factors more in their decision-making, while 27% stated controlling costs is the bigger factor. Thirty-four per cent indicated they try to balance the two.

★ KEY TAKEAWAYS ★

17. Slightly less than half of plan sponsors are aware of the National Standard for Psychological Health and Safety in the Workplace and fewer than one in five have implemented it.
18. While one in five plan members said they didn't feel they could be their authentic self at work, the majority felt they could – a finding that pleasantly surprised the advisory board. They suggested plan sponsors' growing recognition of the need for psychological safety in the workplace, evidenced by policies and health benefits that support diversity, equity and inclusion, play a role in this result.
19. One in five plan members feel they don't have reasonable control or influence over how they get their job done. The advisory board noted this could be related to digital connectedness and an "always-on" work culture, something that's often under-discussed in the broader wellness conversation.
20. The majority of plan sponsors consider their wellness efforts to be highly important, but four in five find it challenging to provide these supports in the current economic climate.

BRADLEY BRUCE CIBC

"Some challenges in the area of wellness can be managed with little or no cost. Securing leadership buy-in for these opportunities is key and can enhance wellness offerings in a meaningful way. This has been a focus area for us for the last several years."

PLAN SPONSORS

WHY WELLNESS EFFORTS ARE IMPORTANT

Help attract and retain employees	65%
Help ensure day-to-day productivity of employees	63%
Reduce sick days	44%
Reduce number and/or duration of disability claims	43%
As part of a broader organizational/employee health strategy	40%

SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: Plan sponsors who rated employee wellness efforts as very or extremely important (n=327)

PLAN SPONSORS

WHY EFFORTS TO SUPPORT WELLNESS ARE CHALLENGING*

Need to manage costs	42%
Impact of inflation, which reduces the effectiveness of offerings	36%
Employees' growing expectations of wellness offerings as condition of employment	29%
Need for offerings to be competitive within industry or sector	23%
Measuring results/calculating return on investment	23%
Competition against other internal priorities (e.g., sales targets)	20%
Increased utilization of wellness offerings	20%
Long-term sustainability	17%
Not enough time, internal resources and/or expertise	17%
Lower than desired impact on employee wellness	17%

*Results below 17% not included. SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: Plan sponsors who say providing wellness supports is extremely or very challenging (n=192)

PLAN SPONSORS

WHICH OF THE FOLLOWING FACTORS MORE IN DECISIONS ABOUT EMPLOYEE WELLNESS



SOURCE: 2024 Benefits Canada Healthcare Survey, April 2024. BASE: All plan sponsors (N=653)

Global standard of care evens the playing field for plan members



Ayman Alvi

Vice-president, global pension and benefits
SCOTIABANK

Since announcing its global inclusive standards of care strategy in June 2023, Scotiabank has been working to close health gaps for women and LGBTQ2S+ employees and their family members.

The strategy aims to create a more consistent benefits experience for Scotiabank employees in all 24 markets in which it operates by 2030, with a focus on mental health, women's health, expanded same-sex partner coverage, gender-affirming care and removing barriers to care for underrepresented or underserved groups within its employee population.

In 2022, Scotiabank announced a global minimum standard for parental leave, which will be implemented in all its markets by 2025. The bank will provide eight fully-paid weeks for all parents and an additional eight weeks for birthing parents.

"At its most fundamental level, we want the

experience of a Scotiabank employee to be as similar as possible regardless of where you are, in terms of the care you're receiving," says Ayman Alvi, the bank's vice-president of global pension and benefits. "There are gaps across the board, but advancements in women's and LGBTQ2S+ health will help everyone."

As a result of these global initiatives, Alvi says the organization has made changes to its Canadian benefits program as well. While the bank was in the process of reviewing its benefits offerings, it learned that its critical illness insurance provider

excluded coverage for those diagnosed with HIV in a non-occupational capacity, aligned with the industry standard. "When we looked at it, we were like, 'This is based on an outdated view, so we can probably do a little bit better than that.'"

"There are gaps across the board, but advancements in women's and LGBTQ2S+ health will help everyone."

The bank worked with its insurer to remove the limitation for existing policyholders, as well as on a go-forward basis for new policies. The policy update doesn't translate to higher premiums for members.

Based on employee feedback, Scotiabank also introduced a new benefits coverage selection option. Previously, the plan had three coverage options: one for a single employee, one for an employee and spouse and one for an employee and family. Single parents felt the employee and family plan was too costly relative to the level of coverage they needed, Alvi says. Given that children cost the plan slightly less than adult plan members do, the new option reduced the cost for plan members to less than that of the employee-plus-spouse plan. The bank has seen between five per cent and seven per cent of Canadian employees opt into the new coverage option.

Scotiabank also boosted its fertility coverage to a \$20,000 lifetime maximum. Previously, fertility coverage was set at a \$10,000 lifetime maximum, but Alvi says the global benefits strategy prompted his team to ask what that amount actually achieved for plan members.

"We came at it from the perspective of . . . not looking at the dollar amount but what we are providing for," he says, adding the bank intends to share in the cost of a certain amount of in-vitro fertilization cycles for employees across its global markets.

The bank's coverage amount varies in each market, depending on the country's health-care system. In the U.S., for example, it covers a lifetime maximum of US\$30,000 for fertility expenses. "We're trying to provide equitable care versus the same dollar amount. In some cases, it will be the same dollar amount, but the intent is to have the same level of access."

For plan members who are caregivers to a parent, sibling or extended family member, Alvi says his team negotiated a discount with its insurance provider for individual life insurance policies for adult family members of employees. While the initial goal was to make dependant adults part of what's called a 'family unit' in a life insurance policy, the Income Tax Act limits who can be included under employee benefits plans.

Scotiabank also created a central repository of resources on its intranet for employees who are caregivers, including navigators and health-care services.

Alvi says the bank is also looking to apply its mental-health counselling benefit for Canadian employees – a \$10,000 annual maximum per employee and per dependant – to other markets after seeing the "very positive impacts of its investment." The bank

arrived at \$10,000 as an ideal amount based on the average cost of a therapist or clinical counsellor at \$200 per session for 50 sessions.

In the two years since the expanded mental-health benefit was launched in Canada, Alvi says the bank has seen year-over-year increases in usage, particularly among plan members who were hitting the previous maximum midway through the year. "It was very clear that people were hitting some sort of financial wall and were likely continuing to seek help but with no financial support."

The bank has also seen a "consistent downward trend" in the number of new short-term disability cases related to mental health and a reduction in the duration of mental health-related STD leaves.

"It's not a one-to-one causation, but there's a very clear link," he says. "There's more usage and more spending on mental health, but that translates into something that overall is good for the organization."

"There's more usage and more spending on mental health, but that translates into something that overall is good for the organization."

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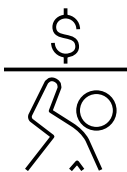
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5 TALKING POINTS

FROM THE 2024 BENEFITS CANADA HEALTHCARE SURVEY

1. INCREASING FINANCIAL STRAIN



While inflation is slowing and interest rates are expected to come down, plan members are still tightening their purse strings. When asked to describe their perception of five elements of well-being (physical health, mental health, financial health, social health and workplace

health), plan members were least likely to describe their financial situation as excellent or very good and personal finances remain their top source of stress. A fifth of plan members who take at least one medication said they sometimes skip doses to save money, a significant jump from 2020, when the question was last asked. While plan sponsors have typically tackled financial health through retirement savings programs, these findings indicate a need for other approaches, such as financial education.

2. OPEN TO LIFESTYLE CHANGES



Nine in 10 plan members want to make at least one lifestyle change to improve their health, from exercising more to improving their sleep to eating healthier and losing

weight. Plan members with diagnosed chronic conditions displayed a much greater interest in lifestyle-based approaches to managing their conditions, rather than relying on medication as the primary mode of treatment. While this is a promising sign, the impact is somewhat lessened by plan members' assertion that time, cost and lack of motivation are often preventing them from making positive lifestyle changes. Plan members who are in poor personal or mental health are also more likely to identify barriers to change.

3. STANDING OVATION FOR HEALTH BENEFITS



Plan members are maintaining a positive view of their health benefits plan and they're more likely to describe their plan as excellent or good rather than adequate. The benefits plan also ranks second after wages

as an important factor in deciding whether to stay with their current organization. However, plan members who consider their overall and mental health poor, and those who don't understand the plan well, are less likely to give top marks to their benefits plan.

4. STRATEGIC VISION



More plan sponsors are viewing their benefits and wellness plans as key components of organization-wide health strategies. Two in five considered their benefits plan extremely or very important

because it's part of a broader employee health strategy and an equal share said the same about their wellness plans. Plan sponsors also see potential in their wellness plans to reduce sick days and disability claims. Seven in 10 plan sponsors either have a documented long-term wellness strategy in place or are in the midst of working on one.

5. WALKING A TIGHTROPE



After years of going above and beyond for plan members during the pandemic and the subsequent war for talent, plan sponsors are increasingly struggling to balance supporting employees against the

cost pressures of their plans. Three in four plan sponsors consider their health benefits plan extremely or very important, but an even larger share consider it extremely, very or somewhat challenging to provide benefits in today's economic climate; indeed, plan sponsors' top five challenges with their plans were related to cost. Canada's strained public health-care system has only served to increase plan members' expectations of their benefits plans, advisory board members said. In the years ahead, it's likely that plan sponsors will attempt to find a middle ground between the greater demands being placed on their plans and sustainability concerns.

ADVISORY BOARD



Ayman Alvi
Vice-president,
global pension and benefits
SCOTIABANK



Crystal Arnold
Senior manager, wellness,
retirement and group benefits
LIFELABS



Tara Ataya
Chief people and diversity officer
HOOTSUITE



Dr. Ayla Azad
Chief executive officer
**CANADIAN CHIROPRACTIC
ASSOCIATION**



Carlee Bartholomew
Regional vice-president,
group insurance
RBC INSURANCE



Andrea Belvedere
Assistant vice-president,
health benefits and solutions
SUN LIFE



Jeff Boutilier
Vice-president, pharmacy
business development
REXALL



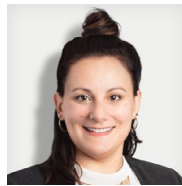
Bradley Bruce
Senior director,
benefits and well-being
CIBC



Victoria Crofts
Manager, total rewards
TOROMONT



Shannon Darvill
Managing consultant
PEOPLE CORPORATION



Valérie Fernandez
Organizational health senior
advisor, group insurance
BENEVA



Sarika Gundu
Head, Canadian benefits
and enterprise recognition
BMO FINANCIAL GROUP



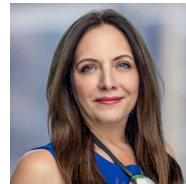
Sunil Hirjee
Vice-president, sales and partner
experience, Ontario, Western and
Atlantic Canada, group insurance
BENEVA



Karen Kesteris
Vice-president, payer
partnerships, Health Solutions
SHOPPERS DRUG MART



Erik Larose
Regional vice-president, business
development (Quebec and Atlantic)
DESJARDINS INSURANCE



Barb Martinez
National practice leader,
drug solutions
CANADA LIFE



Andrejka Massicotte
Head, group benefits
RBC INSURANCE



Sarah Morden
Group benefits advisor
**SELECTPATH BENEFITS
& FINANCIAL**



Neda Nasseri
Pharmacist and product director,
drug benefits
DESJARDINS INSURANCE



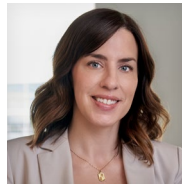
Mara Notarfonzo
Vice-president, total rewards
CAA CLUB GROUP



Line Porfon
Chief executive officer
OPENCIRCLE



Juan Quinonez
Senior manager, policy
**CANADIAN CHIROPRACTIC
ASSOCIATION**



Shelley Sjoberg
Assistant vice-president, group
product development and support
CANADA LIFE



David Tompkins
Vice-president, sales
MANITOBA BLUE CROSS



Sylvia Tran
Associate vice-president, group
benefits, specialty channel
CO-OPERATORS



Meghan Vallis
Group sales vice-president,
Western Canada
EQUITABLE LIFE



Stephanie Walker
Director, growth and
client service
GREENSHIELD



Adam Watson-Smyth
Benefits manager for Canada
AMAZON

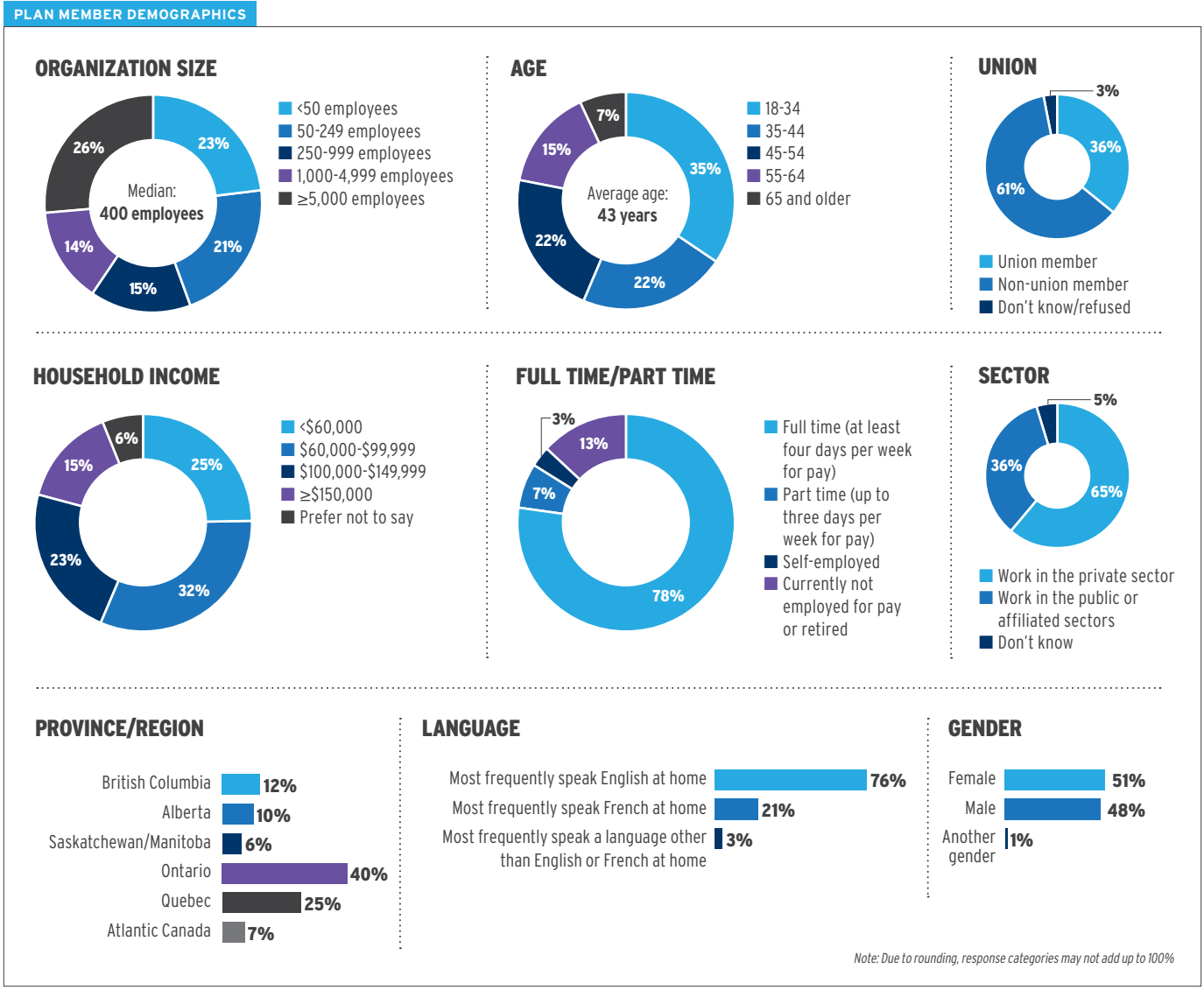


Alexis Wise
Vice-president, strategy and
sales enablement, group benefits
SUN LIFE

METHODOLOGY

Ipsos fielded the plan member survey on behalf of Contex Group using an online (Internet survey) methodology from February 28 to March 6, 2024. In total, a national sample of 1,001 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 would've 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 that 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 653 benefits plan sponsor decision-makers from across the country, from March 1 to 7, 2024. The data was statistically weighted to accurately reflect the geographic distribution of business and business size according Industry Canada.





The 2024 *Benefits Canada Healthcare Survey* is published by Contex Group Inc.

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