



# CHARTING NEW PATHS

The role of the workplace and health benefits plans to help navigate a post-pandemic world

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## 2022 BENEFITS CANADA HEALTHCARE SURVEY



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# On the right path



**Jennifer Paterson**

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**“The only constant in life is change” – how many times have we heard that phrase in our lives?**

Its truth is as resonant today as it was when first coined by philosopher Heraclitus thousands of years ago.

Yet I believe it carries extra meaning these days, thanks to, you guessed it, the SARS-Cov-2 virus.

Yes, change has accelerated. But it's more than that. The quality of change has, pardon the repetition, changed. For the benefits industry, results from the *2022 Benefits Canada Healthcare Survey* suggest this evolving nature of change is for the better.

Plan members reported feeling more positively about the quality of their health benefits plans – not unexpected given COVID-19's beating on the public health-care system. Indeed, the approval rating soared among those with access to virtual

health care through their benefits plans. For their part, one in three plan sponsors improved or added benefits in the past year, significantly more than the year before. And attraction and retention has pulled ahead as the No. 1 purpose for offering health benefits plans.

Of course, the path forward is far from easy. Long-standing concerns over sustainability remain, heightened by the unknown long-term repercussions of the pandemic.

Yet we know this: health benefits plans and workplace wellness supports have risen in stature at critical junctures for health care and the labour market. As noted by members of the survey's advisory board, which represents all stakeholders, now is the time to further prove their mettle as essential tools to help us finally navigate our way to a post-pandemic world.

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### DIAMOND



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# Time to move – literally

**Overall physical health appears to have been better during the last year, after taking a bit of a hit during the first year of the pandemic.**

However, one in five plan members described their mental health as poor, double the number of those reporting poor overall health. Meanwhile, more than half of members reported diagnoses of chronic conditions, increasing to two-thirds when chronic pain is added to the equation. Increased physical activity is the No. 1 thing plan members would like to do more of, both generally speaking and as part of treatments for chronic conditions. Access to health care is a huge issue, as half of respondents reported delays due to the pandemic. Fortunately, virtual care strengthened its position as a point of access, earning positive reviews for the second year in a row.

**IN THIS SECTION**

- Overall health
- Lifestyle behaviours
- Chronic disease
- COVID-19
- Mental health
- Stress
- Treatment
- Access to treatment
- Virtual care

## HEALTH ON THE REBOUND?

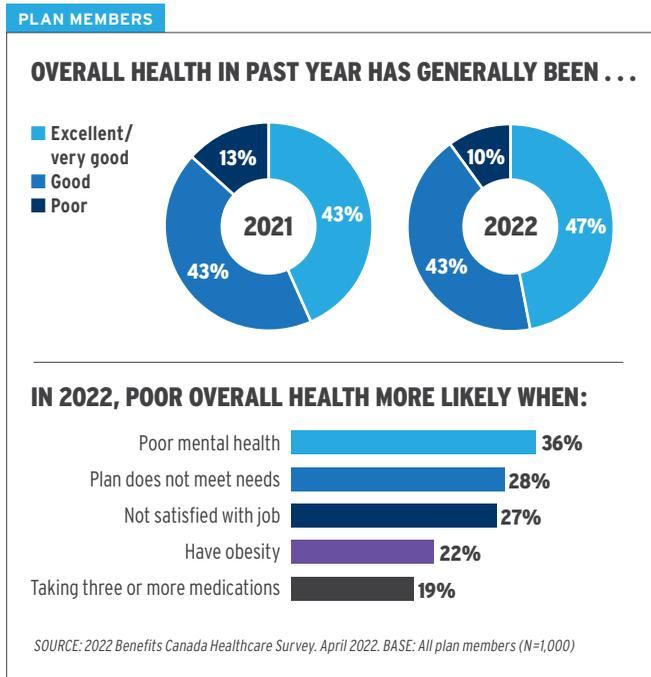
- Plan members felt better about their health during the second year of the COVID-19 pandemic: 47% reported their health was generally excellent or very good in the past year, up from 43% in 2021. Ten per cent reported being in poor health, compared to 13% in 2021 and similar to the results from the three years before the pandemic, when 8% or 9% described their health as generally poor.
- However, the result for poor health jumped to 36% among plan members who described their mental health as poor.
- As in previous years, job satisfaction and poor health appear to be intertwined: 27% of members who are not satisfied report being in poor health, compared to just seven per cent who are satisfied with their job. See chart for additional factors linked to poor health.

## FITNESS TOPS DESIRED LIFESTYLE CHANGES

- When asked what they'd like to improve upon to be healthier, plan members most often chose exercise/physical activity (42%), followed by weight reduction (33%), healthy eating (32%) and sleep (31%).
- As well, about one in four (26%) would like to manage stress better and one in five (21%) would like to improve upon their mental health.
- Fewer members appear to have experienced negative changes in behaviour or health-related issues during year two of the pandemic, particularly in the areas of weight gain (33% in 2022 versus 41% in 2021) and poorer eating habits (24% versus 31%). However, there was little or no improvement in the areas of decreased physical activity (32%), increased feelings of anxiety or sadness/depression (32%), increased trouble sleeping (25%) and decreased ability to concentrate at work (21%) (see chart).

**JENNIFER CURZON** | A FINANCIAL GROUP

“Plan members would like to do more physical activity and eat healthier, but behaviour change can be very difficult. So many people don’t know where to begin or how to keep it up. Taking a medication is so much easier and coverage is readily available. As an industry, we need to figure out how to provide more tactical support for behaviour change.”



PLAN MEMBERS

MAIN THINGS PLAN MEMBERS WOULD LIKE TO IMPROVE UPON TO BE HEALTHIER



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

PLAN MEMBERS

BEHAVIOUR CHANGES OR HEALTH-RELATED ISSUES EXPERIENCED IN PAST YEAR

	2021	2022
<b>BEHAVIOUR CHANGES</b>		
Decreased physical fitness	34%	32%
Poorer eating habits	31%	24%
Increased alcohol consumption	15%	11%
Increased use of recreational drugs	7%	8%
<b>HEALTH-RELATED ISSUES</b>		
Gained weight	41%	33%
Increased feelings of anxiety or sadness/depression	36%	32%
Increased trouble sleeping	29%	25%
Decreased ability to concentrate or focus on work	19%	21%
Increased physical pain or tension	22%	21%
Poorer interpersonal relationships	21%	17%
Poorer work-life balance	20%	16%

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (2021 N=1,000; 2022 N=1,000)

“” ANDREA FRANKEL SANOFI CANADA

“Plan sponsors underestimate the proportion of plan members who have been diagnosed with a chronic condition, by a margin of almost 40 per cent. Most use medications to manage their conditions, so they’re counting on their benefits plans to provide coverage. People also want to get moving again after two years of reduced physical activity, thus plans that support nutrition and fitness will be highly valued.”

- On almost all counts, plan members with a mental-health condition or obesity were more likely to report a negative behaviour change or health-related issue, such as weight gain (48% and 54%, respectively) and feelings of anxiety or sadness/depression (63% and 52%). They were also more likely to have increased trouble sleeping (45% and 33%), decreased concentration at work (37% and 26%) and increased alcohol consumption (17% and 23%).
- Nine per cent of members would like to reduce alcohol consumption. When limiting the respondents to just the 11% of members who increased alcohol consumption in the past year, one in three (33%) would like to decrease their consumption to improve their health.

SNAPSHOT OF CHRONIC DISEASE

- About three out of five (58%) plan members reported ever being told by a physician they have at least one chronic disease or condition, comparable to last year (60%) and previous years. The result jumped to 71% for those aged 55 to 64.
- Forty-one per cent said they experience chronic pain, down slightly from 2021 (45%). When combined with other chronic conditions, 67% of members said they have chronic conditions and/or chronic pain, increasing to 78% for ages 55 to 64.
- Plan sponsors continued to underestimate the proportion of their workforce with a chronic condition and/or pain: their estimate was 35% this year, comparable to previous years.

★ KEY TAKEAWAYS: PERSONAL HEALTH

1. Overall physical health appears to have rebounded somewhat during year two of the COVID-19 pandemic, as the proportion of plan members reporting poor health returns to pre-pandemic levels.
2. The survey clearly establishes the interplay between physical and mental health: those in poor overall physical health are much more likely to have poor mental health and vice versa.
3. Self-assessed poor mental health is twice as likely as self-assessed poor overall health.
4. While overall health may be improving for the majority, the sick are getting sicker, cautioned members of the advisory board for the 2022 Benefits Canada Healthcare Survey. Backlogged medical appointments, tests and treatments mean it will be years before the pandemic’s impact on people with serious or chronic illnesses will be known.

# Personal health

- The No. 1 diagnosed chronic condition, since 2019, is a mental-health condition such as depression or anxiety (22% in 2022). Other top conditions included high blood pressure (12%), high cholesterol (12%) and arthritis (11%) (see chart).
- Atlantic Canada stood out for higher rates of disease compared to the national average (see chart).
- Obesity (8%) was included on the list of chronic diseases for the first time this year. The condition was more likely in Atlantic Canada (13%), Ontario (10%), among plan members aged 45 to 64 (11%) and females (10%).

## COVID-19 STAKES ITS CLAIM

- Four per cent of plan members reported having had COVID-19, up from 2% in 2021.
- The incidence of COVID-19 was highest among those aged 35 to 44 (8%) and in Quebec (6%).
- Almost three out of four (71%) plan sponsors indicated some of their employees have tested positive for COVID-19, up from 50% a year ago.
- Nine out of 10 (92%) plan members said they are at least partially vaccinated against COVID-19, including 65% who have received both the initial two doses and the booster shot.
- Six per cent chose not to be vaccinated, 1% indicated they could not be vaccinated and 2% declined answering the question.

### ★ KEY TAKEAWAYS: PERSONAL HEALTH

5. Fewer plan members reported poorer eating habits and weight gain in 2022; however, the number reporting decreased physical activity did not change by much. Physical activity is also the area they'd most like to improve upon to be healthier.
6. Year after year, plan sponsors underestimate the presence of chronic conditions and/or chronic pain in their workforce.
7. A mental-health condition, such as depression, has solidified its position as the No. 1 chronic illness ever diagnosed among plan members.
8. The incidence of those with obesity is likely underreported given that many people with the condition are not formally diagnosed.
9. Nine out of 10 plan members are at least partially vaccinated against COVID-19, including 65% who have been triple vaccinated, consistent with reporting from the Public Health Agency of Canada.

## PLAN MEMBERS PLAN SPONSORS

**67%**  
Plan members who have ever been diagnosed with at least one chronic condition and/or have chronic pain

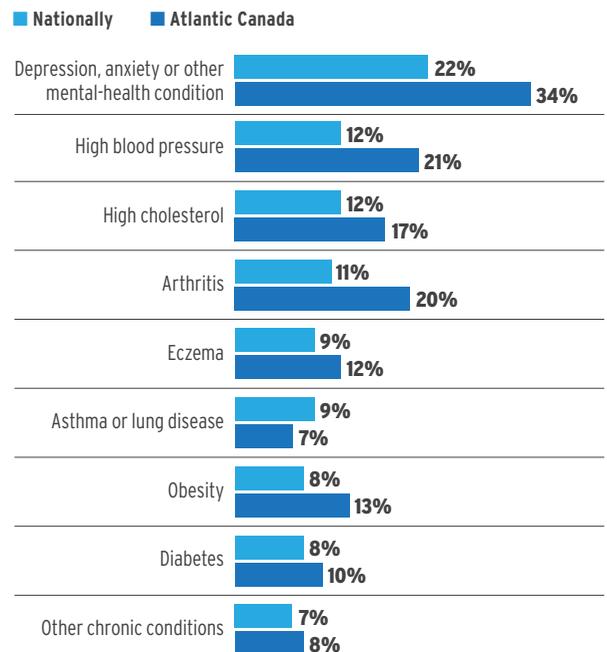


**35%**  
Plan sponsors' estimate of percentage of workforce with a chronic condition and/or chronic pain

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000); All plan sponsors (N=553)

## PLAN MEMBERS

### PLAN MEMBERS WHO HAVE EVER BEEN DIAGNOSED WITH THE FOLLOWING CHRONIC CONDITIONS, NATIONALLY AND IN ATLANTIC CANADA



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

### “” BILL PAPADIMITRIOU DESJARDINS INSURANCE

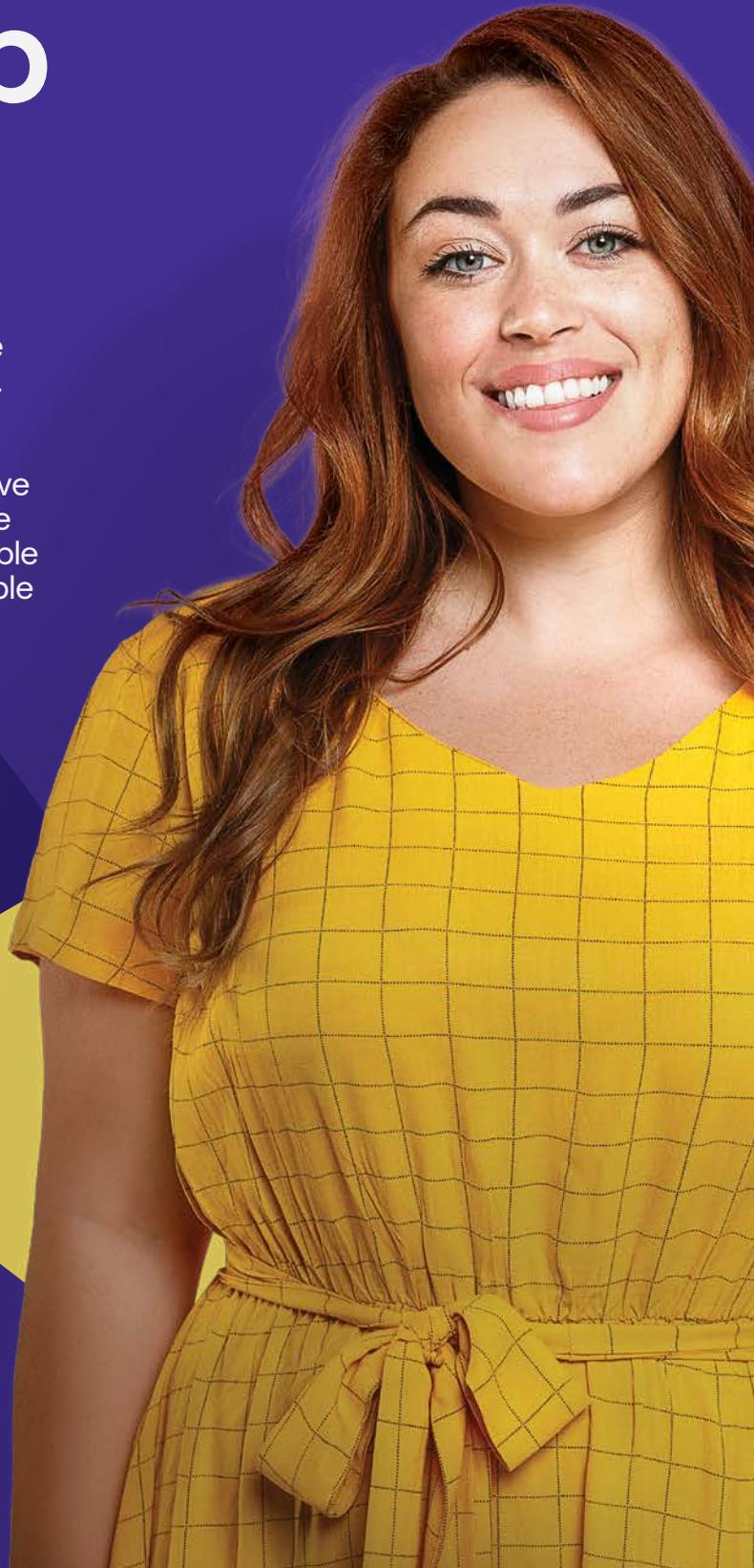
“Cancelled medical appointments, delayed treatments and the state of our health-care system have meant that people who were already struggling with their health are much worse off. And people who were in a simpler phase of their illness missed opportunities for treatment and their condition has deteriorated. We are seeing a ‘perfect storm’ of increased claims for mental health and claims for physical conditions, like cancer and hypertension, are catching up.”

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## MENTAL HEALTH POOR FOR ONE IN FIVE

- For the first time, the survey asked members about their mental health over the past year. Forty per cent reported it was generally excellent or very good and 39% said it was good.
- The remaining 22% said their mental health was generally poor, more than twice the number who reported their overall health was poor (10%, see [page 4](#)). This jumps to 75% among those who also described their overall health as poor.
- Job satisfaction appeared to strongly influence assessments of mental health: 47% of members who are dissatisfied with their jobs reported poor mental health, compared to 16% among those who are satisfied.
- A mental-health condition such as depression or anxiety was the most common diagnosed chronic condition in the workplace, reported by 22% of plan members (see [page 6](#)).

## WHAT'S STRESSING PEOPLE OUT

- Twenty-seven per cent of plan members experienced high or extremely high levels of stress on a typical day in the past three months, down from 35% a year ago and 30% in early 2020 (before the pandemic).
- However, members in poor mental health (56%) and poor overall health (45%) were much more likely to be experiencing high levels of stress.
- Year after year, personal finances (35%) and workload (30%) are the top two main sources of stress. Work-life balance (30%) reasserted its third-place position in 2022, after dropping to fifth in 2021. Personal relationships (27%) and health concerns (26%) follow, whereas last year they were somewhat greater sources of stress than was work-life balance.

### ★ KEY TAKEAWAYS: PERSONAL HEALTH

10. Fewer plan members experienced high levels of stress on a typical day.
11. Personal finances and workload remained the top two main sources of stress.
12. While interactions with people at work and commuting dropped in significance on the list of stressors during the pandemic, both are expected to climb in the rankings as more people return to work sites. The nature of interpersonal stress has also changed due to the unique issues associated with a lingering pandemic (e.g., differing opinions on safety measures).

“” MEGAN DOUGLAS SASKATCHEWAN BLUE CROSS

“Responses for stress levels over the years suggest a move from crisis mode into more of a sustained burnout or sustained strain mode. This is an interesting nuance considering the new stresses brought on by working at home and potential cultural disconnection or re-adjustments through returns to the office. How leaders manage proactive resilience in their workforce is now increasingly important.”

### PLAN MEMBERS



22%

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

#### MORE LIKELY WHEN:



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

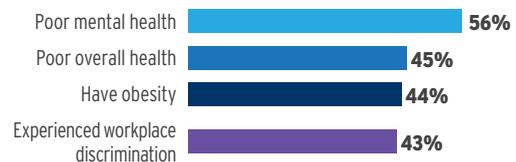
### PLAN MEMBERS



27%

Plan members who experienced high or extremely high levels of daily stress in past three months

#### MORE LIKELY WHEN:



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

“” JOHN ARMSTRONG CANADIAN KINESIOLOGY ALLIANCE

“Regular exercise can reduce the impact of dozens of chronic conditions, including mental-health issues, yet people often face real barriers to implementing appropriate clinical exercise to improve their health. Paramedical benefits like kinesiology can help to overcome the barriers with individualized, supported, short-term exercise programs. The data is pretty clear that when this happens, the outcomes for behaviour change are much stronger.”

# Evaluation delivers results for disability leaves



**Nicole Mellin**  
Executive director  
ASSOCIATION OF ONTARIO MIDWIVES BENEFITS TRUST

**Midwives help bring joy into people's lives, but their jobs** are physically and mentally demanding, with a high incidence of burnout, depression, musculoskeletal disorders and the potential for trauma when a birth doesn't go smoothly.

There can also be financial stress: about 83 per cent of midwives in Ontario are either primary or sole income earners. Most midwives are independent contractors compensated through "courses of care" billable after 12 weeks or more of care.

The challenges of the work, combined with the effects of a global pandemic, have led to high disability rates in the benefits plan managed by the Association of Ontario Midwives Benefits Trust on behalf of approximately 930 midwives and their dependants. To more fully understand what was happening and how to address it, the plan sponsor partnered with a consultant for a comprehensive evaluation of its disability program from May to November 2021.

"Often, we assume we're doing good work, because we can cite a laundry list of programs and supports and resources that we offer our members," says Nicole Mellin, AOMBT's executive director. "But are they having any impact? Are we engaging our members? And is the voice and choice of our members embedded in what we're doing?"

AOMBT sought to answer those questions, which can't be found in an analysis of disability claims.

## An action plan for change

AOMBT got the information it needed through a comprehensive program evaluation that included 30 one-on-one interviews with midwives and stakeholder interviews with its insurance carrier, benefits consultant and rehab consultant. The consultant also interviewed the academic heads of the midwifery programs at McMaster

**"If you are evaluating effectively, there is that return on investment because you know you're doing the right things for the right people at the right time."**

University and Toronto Metropolitan University. From there, it developed specific goals and strategies.

The first move was to analyze the data and understand the outcomes. The results, including an explanation of the impacts of rising disability leaves on the benefits plan and midwives' physical and mental well-being, were shared with key partners and stakeholders. Then AOMBT began working on proposals for future funding grants to be submitted in partnership with its sister organization, the Association of Ontario Midwives (AOM), to the Ontario Ministry of Health. These proposals include asking for funds for additional mental health supports and resources and subsidization of benefits premiums for newly registered midwives.

The plan sponsor is also creating a new position to be staffed by a midwife who will help other midwives navigate the complexities of the benefits plan and health-care system. This person will advocate for midwives who are on disability leave or returning to work, since the evaluation found a lack of consistency in the return-to-work process across the approximately 100 midwifery practices in the province.

Finally, AOMBT is tackling unanticipated challenges related to race, culture, ableism and gender, as well as the ways in which the Trust ensures it is meeting members' needs.

"We have a changing demographic, we have changing needs and diversity, accessibility and inclusivity issues that are not being met as well as they could be," says Mellin, noting lessons learned through the evaluation will help change that.

She highly recommends an independent, qualitative evaluation of the disability program to other plan sponsors. One of its biggest values is that it enables continuous improvement. "If you are evaluating effectively, there is that return on investment because you know you're doing the right things for the right people at the right time."

- Not unexpectedly, interactions with people at work (17%) has dropped in significance as a main source of stress compared to before the pandemic (27%), as did commuting (11% in 2022, 16% before the pandemic).

## TREATMENT GAP: EXERCISE

- Medication (46%) was the main component of treatment for plan members with chronic conditions and/or chronic pain, followed by healthier eating (32%) and more physical activity (30%).
- For the most common conditions, medication use was most often used by plan members with diabetes (66%), arthritis (59%), high blood pressure (58%) or a mental-health condition (55%).
- Twenty-two per cent of all plan members said they take three or more medications on a regular basis, increasing to 28% among those with chronic conditions and/or chronic pain.
- When asked what they would like to do more of to treat their conditions, plan members most frequently cited more physical activity (45%), healthier eating (40%) and paramedical services (23%).
- The desire for more physical activity rates was especially high among plan members with obesity (56%), high blood pressure (53%) or mental-health issues (51%). Members with obesity also felt more strongly about healthier eating (55%). The top responses for those with chronic pain were also more physical activity (42%) and healthier eating (38%) and this group is more likely than those with other conditions to want to use more paramedical services (30%).
- Fifteen per cent of plan members said they are currently not doing anything to treat their conditions, increasing to 28% among those with obesity.

## TREATMENT DELAYS CONTINUE, UNABATED

- Half (50%) of plan members delayed seeking treatment during the pandemic, similar to results from a year ago (48%). Delayed treatment was more likely among those with high stress levels (67%), in poor mental health (64%), in poor overall health (59%), aged 18 to 34 (59%) and who are caregivers for ageing parents or relatives (59%).

**BRAD LEPP** CANADIAN CHIROPRACTIC ASSOCIATION

“Coming out of the pandemic we are consistently seeing a significant number of plan members experiencing pain and chronic pain. This report shows that members want to increase their use of paramedical services and increase their physical activity. These are important steps to manage pain and support musculoskeletal health, but they often hinge on adequate levels of paramedical coverage.”

### PLAN MEMBERS

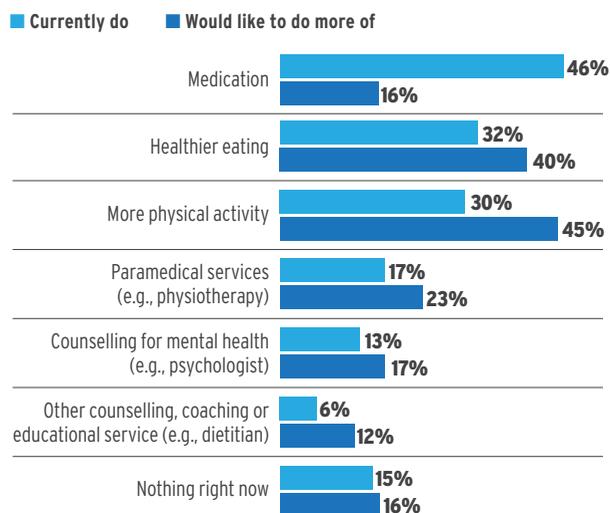
#### TOP 10 SOURCES OF STRESS, 2020 VERSUS 2022

2020 (pre-pandemic)		Rank	2022	
Personal finances	39%	1	Personal finances	35%
Workload	34%	2	Workload	30%
Work-life balance	32%	3	Work-life balance	30%
Interactions with people at work	27%	4	Personal relationships	27%
Personal relationships	23%	5	Health concerns (personal or family)	26%
Health concerns (personal or family)	22%	6	Interactions with people at work	17%
Other work-related issues (e.g., job security)	20%	7	Other work-related issues (e.g., job security)	15%
Commuting to work	16%	8	Parenting	13%
Parenting	13%	9	Caring for parents/elderly family members	11%
Caring for parents/elderly family members	12%	10	Commuting to work	11%

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (2020 N=1,500; 2022 N=1,000)

### PLAN MEMBERS

#### WHAT PLAN MEMBERS CURRENTLY DO AND WHAT THEY'D LIKE TO DO MORE OF TO TREAT THEIR CONDITIONS



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan members with chronic conditions and/or chronic pain (n=699)

### PLAN MEMBERS

**22%**  
Plan members who take three or more medications on a regular basis



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)



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- Fifty-seven per cent of members with chronic conditions and/or chronic pain delayed seeking treatment, with higher results for those with the following conditions: obesity (72%), asthma/lung disease (70%), chronic pain (63%) and a mental-health condition (63%).
- On a similar note, 51% of plan members agreed the pandemic forced the postponement of medical treatments or tests for themselves or family members, increasing to 64% among those with high stress levels and 57% among those with chronic conditions and/or chronic pain.
- When considered by medical condition, pandemic-induced delays of treatments or tests were more likely for members with obesity (68%), diabetes (64%), mental-health conditions (62%), asthma/lung conditions and arthritis (both 61%).

## VIRTUAL SERVICES A VALID OPTION

- Forty-one per cent of plan members received care virtually (by phone or computer) from a health-care provider in the past 12 months, comparable to one year ago (43%). Utilization was higher among those with chronic conditions and/or pain (52%), especially with a mental-health condition (64%) and asthma/lung disease (61%).
- Regionally, members in B.C. (54%) were most likely to use virtual care, while those in Alberta were least likely (24%).
- Age-wise, 48% of members aged 18 to 34 used virtual care, compared to 37% of those aged 35 to 64.
- Virtual care mostly occurred by phone, for 75% of the

### ★ KEY TAKEAWAYS: PERSONAL HEALTH

**13.** Survey results consistently suggest plan members' desire to change personal lifestyle behaviours for the better.

**14.** Plan members with chronic conditions and/or chronic pain would most like to do more physical activity as part of their treatment. However, due to the nature of their symptoms, increased physical activity may be difficult, at least to start, emphasized the advisory board.

**15.** Almost one in four plan members with a chronic condition and/or chronic pain would like to increase their use of paramedical services as part of treatment.

**16.** Paramedical services, used appropriately, should be regarded as more than an adjunct to treatment; rather, they can improve access to care and serve as a point of entry (e.g., to assess joint injuries), noted the board.

- members who had used virtual care, followed at some distance by video calls (43%). Nine per cent of members used secure texting or messaging.
- Plan members' usual family physician was the most likely source of the virtual care, at 56%; however, this is down from 76% in 2021. Virtual care through a workplace

“” **NEIL ROCHA** REXALL

“Striking the right balance between virtual and in-person care is essential to clear the backlogs in the health-care system more efficiently. Otherwise, the sick are going to keep getting sicker and the backlogs will get even worse. Ironically, while the pandemic caused the backlogs, it also fast-forwarded the acceptance of virtual care. We need to take full advantage of that silver lining.”

### PLAN MEMBERS



**50%**

Plan members who delayed seeking treatment or going to a health-care provider during the pandemic

### MORE LIKELY WHEN:



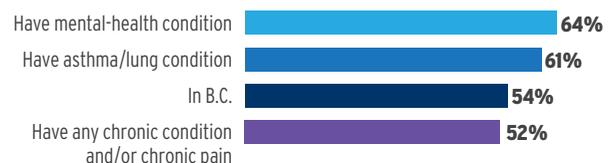
SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

### PLAN MEMBERS

### USE OF VIRTUAL HEALTH-CARE SERVICES IN PAST YEAR, 2021 AND 2022



### USE IN 2022 MORE LIKELY WHEN:



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

health benefits plan increased from 13% to 24%, as did the use of a private service, paid for by members, increasing from 5% to 17%.

- For all sources of virtual care, most plan members were positive about the quality of service received. Privately paid services were ranked most highly, with 88% describing the quality of services as excellent or good, followed by virtual care from a usual provider other than the family

**DR. ZAYNA KHAYAT** TELADOC HEALTH

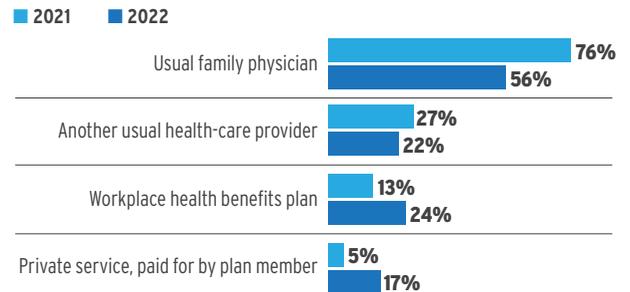
“The visit-based paradigm will not be the dominant model for health care, in Canada and globally. Although 1:1 visits will be required in certain situations, most of the value of health care happens between visits. Asynchronous care enables patients and providers to maintain engagement, whether by text or through an app or portal. Care is continuous and personalized, instead of episodic and one size fits all.”

physician (86%), from the usual family physician (83%) and from the workplace health benefits plan (78%).

- Regarding prescription drugs, 46% of plan members indicated they would likely order required medications online and have them delivered, up from 37% in 2021. Members aged 18 to 34 (54%) were more likely to do so than those aged 55 and older (31%), as are members in Quebec (54%).

PLAN MEMBERS

SOURCE OF VIRTUAL HEALTH-CARE SERVICES, 2021 AND 2022



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan members who used virtual health care (2021 n=431; 2022 n=393)

**THE WORLD HAS CHANGED.**  
**HOW ABOUT YOUR BENEFITS COVERAGE?**

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★ KEY TAKEAWAYS: PERSONAL HEALTH

17. Whether by choice or necessity, the pandemic delayed medical treatments and tests for half of plan members.
18. Two in five plan members obtained health-care services virtually and they were more likely to do so this year than last through their workplace health benefits plan or a privately paid service.
19. Plan members were very positive about the quality of care received from all providers of virtual care.
20. Despite the public's positive reception to virtual care, much still needs to happen before its potential can be fully realized, stated the advisory board. Coordination between public and private sector offerings is paramount to optimize access to care, as well as to prevent conflict between the sectors and confusion among patients.
21. Almost half of all plan members – and more than half of 18- to 34-year-olds – are likely to order prescription drugs online and have them delivered.

“” DANIEL MARTZ TELUS HEALTH

“The findings on virtual care echo other sources of research and strongly suggest that people are growing used to accessing care virtually. What’s interesting here is the growing number of plan members using a form of virtual care provided by their employer, and the finding that they’re much more positive about their benefits plan when it includes virtual care. That’s encouraging.”

PLAN MEMBERS

**PLAN MEMBERS WHO ARE LIKELY TO ORDER PRESCRIPTION DRUGS ONLINE AND HAVE THEM DELIVERED, 2021 AND 2022**



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

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# Wellness framework shines during COVID-19



**Joanne Campbell**

Senior vice-president and  
chief human resources officer  
**APOTEX**



**Joanne Patriarche**

Vice-president of human resources for global supply and  
manufacturing and Canada country head  
**APOTEX**

**Often, a picture is indeed worth a thousand words.** As part of its healthy workplace framework, pharmaceutical company Apotex is intentional about using simple and colourful visuals to help communicate the four pillars – mental, physical, financial and community – of wellness.

“It was really important for us to take a holistic viewpoint . . . so we created a health and wellness framework that was supported at the executive level and cascaded out through the organization,” explains Joanne Campbell, senior vice-president and chief human resources officer at Apotex. “It’s quite simple deliberately.”

The framework structures and brands the company’s wellness programs, which was very helpful when the pandemic hit and about half of employees were working from home while the other half were onsite in manufacturing roles. While the two groups had significantly different needs, the framework provided consistent reassurance that the company was committed to the health and wellness of all employees. Meanwhile, the colour-coding of the visuals helped communicate the breadth of the initiatives across the four pillars.

In mental health, these initiatives included webinars on how to manage anxiety, information on resilience and coping with isolation. As well, in direct response to an employee survey, managers were challenged to reduce the frequency, length and number of people at meetings. Apotex also committed to sending all people leaders in Canada, up to and including the president, to two half-day training sessions on how to support mental health in the workplace, developed by the Mental Health Commission of Canada.

On the physical health side, Apotex was one of the first pharmaceutical companies in Canada to implement a mandatory COVID-19 vaccination policy, supported by onsite vaccination clinics. In support of vaccination, the team arranged a webinar featuring an expert on vaccines and

viruses from a leading hospital. It also ran yoga classes at noon on Fridays, promoted step challenges with friendly competition and distributed information on topics such as good eating and sleep habits.

Financially, when the pandemic hit, Apotex implemented an “everyday heroes” stipend for on-site employees and provided supplemental pay for manufacturing employees who were isolating because a close contact tested positive, above and beyond sick leave for those who tested positive themselves. The team continues to provide financial webinars around, for example, planning for retirement, making a will and effective budgeting.

## **Drawing from philanthropic roots**

Many other organizations incorporate mental, physical and financial health into their programs, but community is a dimension Apotex considers just as important.

“Apotex, as long as I’ve been around, and frankly before that, has always been hugely philanthropic and community-focused,” says Joanne Patriarche, vice-president of human resources for global supply and manufacturing and Canada country head. “It is also part of who we are as an organization, around making connections with each other and ensuring that you work in a supportive workplace.”

It was especially important for people to retain that sense of connection to coworkers and to the community during the pandemic, so the wellness team publicized community-minded initiatives on its intranet – from employees hand-making masks, to the Brantford, Ont. plant retooling to manufacture hand sanitizer, to volunteers supporting charitable organizations like the United Way.

“Sometimes, some pillars might be more important than others, but it’s a balance,” says Patriarche. Campbell adds: “You have to look at things in a broader sense to be a better you.”

# Making headway, undeterred

**The pandemic does not appear to have had a lasting impact on plan sponsors' efforts outside of the health benefits plan to support employee wellness in the long term, in particular for mental health.**

In fact, it may have strengthened their resolve. Plan members who reported their employer supports employee wellness are not only more likely to be physically and mentally healthy, but also to be satisfied with their jobs. For the first time, the survey asked members about experiences of workplace discrimination and the ability to be their authentic self at work – and results speak to the need to build diversity, equity, inclusion and accessibility into a wellness strategy. Of note is the finding that employees with chronic diseases that may result in physical disability experienced high levels of discrimination.

**IN THIS SECTION**

- Wellness culture and job satisfaction
- Investments in wellness
- Mental-health supports
- Diversity, equity and inclusion
- COVID-19 vaccination policies

## TABLE STAKES: WELLNESS CULTURE, JOB SATISFACTION

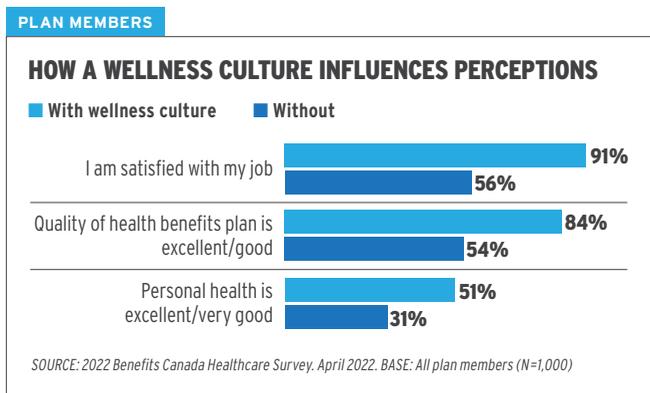
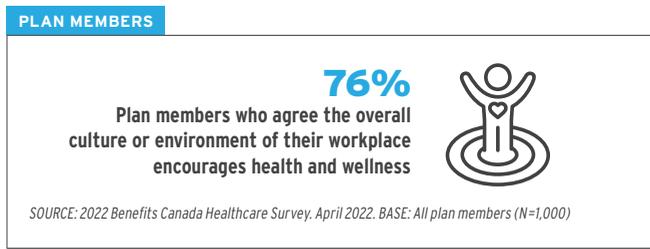
- Seventy-six per cent of plan members agreed the overall culture or environment of their workplace encourages health and wellness, unchanged from 2021 (76%) and comparable with previous years.
- A wellness culture appeared to consistently influence results in other areas, including plan members' perceptions of personal health, the health benefits plan and job satisfaction (see chart).
- For their part, 87% of plan sponsors agreed their workplace culture or environment encourages health and wellness, down slightly from 2021 (90%) and comparable with previous years. There are no notable variations by size, location or sector (public or private).
- Since 2018, four out of five (83% in 2022) plan members have consistently stated they are satisfied with their jobs. Mental health, a wellness culture and self-authenticity impacted results (see chart).

## HOW WELLNESS INVESTMENTS BREAK DOWN

- In the next three years, 75% of plan sponsors anticipate dedicating funds and/or staff resources, outside of the health benefits plan, to support employees in at least one of five areas of wellness. This is a return to the result reported in early 2020 (75%), before the pandemic, after a moderate decline in 2021 (67%).
- The size of employer and type of benefits plan were among factors that appear to influence results (see chart).
- Consistent with previous years, investments in emotional or mental health (46%) were most likely, followed by physical fitness (32%), prevention of illness and/or management of chronic conditions (30%), social health (28%) and financial health (26%).

**“” SUNIL HIRJEE BENEVA**

“Plan sponsors are taking a more formal approach. Traditionally, wellness initiatives are taken on by social committees, HR teams or sometimes a dedicated wellness person. Now we’re seeing committees with equal representation not only from all departments, but also all regions and all levels of staff. And they’re taking a much more rigorous approach when it comes to launching a program and measuring its uptake and impact.”



## PLAN MEMBERS

**83%**

Plan members who are satisfied with their jobs



### HIGHS + LOWS

<b>94%</b>	Excellent/very good mental health	Poor mental health	<b>62%</b>
<b>91%</b>	Have a workplace wellness culture	Do not have a wellness culture	<b>56%</b>
<b>91%</b>	Can be authentic self at work	Cannot be authentic self	<b>55%</b>

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

## PLAN SPONSORS

**75%**

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



### HIGHS + LOWS

<b>90%</b>	Unionized workforce	No union	<b>69%</b>
<b>89%</b>	500 or more employees	Fewer than 50 employees	<b>51%</b>
<b>87%</b>	Flex plan	Traditional plan	<b>70%</b>

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

## PLAN SPONSORS

### ANTICIPATED INVESTMENTS IN FIVE WELLNESS AREAS



**46%**  
Emotional or mental health



**32%**  
Physical fitness



**30%**  
Prevention of illness and/or management of chronic conditions



**28%**  
Social health



**26%**  
Financial health



**25%**  
None of the above

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

## “ KAREN KESTERIS SHOPPERS DRUG MART

“The pandemic certainly had an impact on chronic conditions in the workplace. In particular, we know diabetes is growing in prevalence and impacting employer drug costs across Canada. Opportunities exist to bring chronic condition management solutions to the table that would optimize affordability through chronic disease management, as well as prevention of onset and progression.”

## ★ KEY TAKEAWAYS: WORKPLACE SUPPORTS

1. Year after year, the survey has demonstrated the positive influence of a workplace wellness culture on job satisfaction and personal health.
2. Investments in wellness are somewhat more evenly distributed between physical fitness, prevention of illness/management of chronic conditions, social health and financial health, which is encouraging given the interrelationships between these areas, stated the advisory board. However, investments in mental health are well ahead of these four areas.
3. Financial health supports will increasingly be meaningful given the sharp increases in the cost of living this year and likely into 2023.
4. Plan members want to improve upon lifestyle behaviours such as physical activity, yet supportive tools do not fit neatly into traditional health benefits plans. Instead, they are taxable forms of compensation (for more on health benefits plans, see [page 25](#)).

- In 2021, anticipated investments in mental health (51%) far exceeded plans for the next area of wellness, which was the prevention of illness/management of chronic conditions (28%). In 2022, the gap closed somewhat between anticipated investments in mental health and the four other areas of wellness.

### A DEEPER DIVE INTO MENTAL-HEALTH SUPPORTS

- For the first time, the survey asked plan members and plan sponsors if they feel their workplace environment supports mental wellness. Seventy-five per cent of members and 86% of sponsors agreed that it does.
- Among plan members, agreement was much higher among those who also said their workplace has a wellness culture (91% versus 25% who do not have a wellness culture).
- When the work environment supports mental health, 45% of members described their personal mental health as excellent or very good, compared to 23% among members without such supports. Similarly, 52% and 28%, respectively, described their overall health as excellent or very good. Job satisfaction was also higher (see chart).
- As well, plan members were much more likely to describe the quality of the health benefits plan as excellent or good when workplace mental-health supports are available (84% compared to 54%).

# Workplace supports for health & wellness

- Sixty-one per cent of plan members indicated their employer is effective in helping employees manage stress, up from 50% when this question was last asked in 2017. When the same question is put to plan sponsors, 78% indicated they effectively help employees manage stress, up significantly from 2017 (49%).
- When respondents were asked specifically about depression, anxiety or other mental-health conditions, a gap emerges: 49% of plan members said their employer effectively helps employees manage these conditions, well behind the 75% of plan sponsors that said the same. Ten per cent of members did not know, leaving 40% who felt their employer is not effective.
- The number of plan members who said their employer is not effective in helping employees manage mental-health conditions soared to 79% among those who felt their work environment did not support health health. Job satisfaction and a wellness culture also affected results (see chart).
- Fifty-eight per cent of plan sponsors said they have training programs to help managers and/or employees recognize and respond to signs of depression or other mental-health conditions, up from 48% in 2021 and significantly up from 37% in 2018, when the question was first asked.
- Employee training programs drove the increase, climbing to 44% from 34% in 2021. Forty-one per cent of plan sponsors offered training for management, virtually unchanged from 2021 (40%).

## ★ KEY TAKEAWAYS: WORKPLACE SUPPORTS

5. The pandemic brought forward the significance of prevention and many employers stepped up and “threw everything out there” to support employees, noted members of the board. Now that the worst of the crisis is over, many of these employers are seeking to become more focussed and to adopt a formal wellness strategy.
6. The pandemic appears also to have helped galvanize the creation of wellness committees with representation from multiple departments, regions and levels of management. Input from a cross section of employees is a cornerstone of a wellness strategy, observed members of the advisory.
7. Literacy is as much a factor for wellness programming as it is for health benefits plans. A multi-faceted, creative communications strategy is as essential as the wellness strategy itself.

“” **VISHAL RAVIKANTI** TELUS HEALTH

“The interplay between medications and counselling for mental health cannot be overstated. Medications are often necessary for treatment, especially at diagnosis, then, as counselling does its part, medication may be adjusted. It’s important that these avenues for treatment work in conjunction. When there is limited coverage for counselling this results in members opting for medications alone for treatment.”

### PLAN MEMBERS

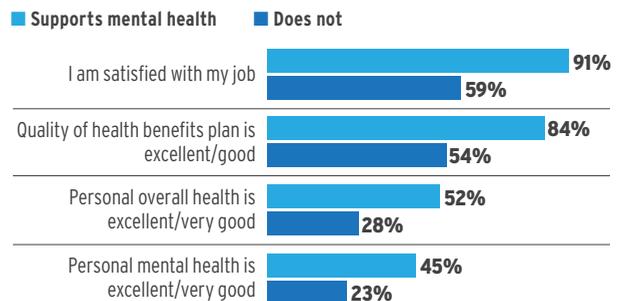
**75%**  
Plan members who agree their workplace environment supports mental wellness



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

### PLAN MEMBERS

#### HOW A WORK ENVIRONMENT THAT SUPPORTS MENTAL HEALTH INFLUENCES PERCEPTIONS



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

### PLAN MEMBERS

**61%**  
Plan members who say their employer effectively helps employees manage stress



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

“” **SHANNON DARVILL** PEOPLE CORPORATION

“Real-life stories work very well to improve awareness and uptake among plan members. When leaders and HR professionals share how they’ve personally used a service and how it helped them, this not only humanizes them, but it invites a culture of transparency. Plan members relate to these shared experiences and realize the organization’s leaders genuinely want them to use the service.”



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# Workplace supports for health & wellness

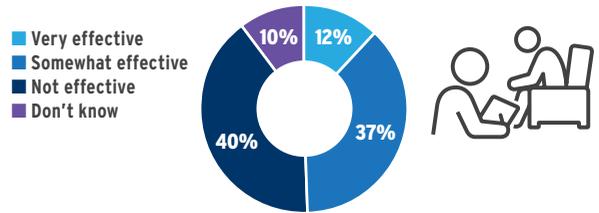
- Mental-health training was more likely among plan sponsors with a flex benefits plan (78% versus 50% with a traditional plan), a unionized workforce (78% versus 48%) or more than 500 employees (77% versus 28% when fewer than 50 employees) and also among those in the public sector (71% versus 53% in the private sector) or in Quebec (71%).
- About one in four (24%) plan sponsors recently increased their maximum level of coverage for mental-health counselling, up from 19% in 2021 and 18% in 2020. An additional 28% indicated they plan to increase their maximum, up from 18% in 2021 and comparable to 25% in 2020.
- Plan sponsors with more than 500 employees were more likely to have increased their maximum (39% versus 6% for those with fewer than 50 employees), as were those with a unionized workforce (44%) and a flex benefits plan (38%).
- The average annual maximum for mental-health counselling was \$2,006, up from \$1,294 in 2021. Expressed as a median, the amount dropped to \$750, with 61% of plan sponsors having a maximum of up to \$1,000 and 29% having a maximum of more than \$1,000 (including 4% with a maximum exceeding \$10,000).

## ★ KEY TAKEAWAYS: WORKPLACE SUPPORTS

8. The results on mental-health supports are encouraging, stated the advisory board. On top of more training programs and increased maximums for counselling coverage, board members have observed better leveraging of employee assistance programs, expanded lists of eligible care providers and the availability of internet-based cognitive behavioural therapy.
9. Increased physical activity can reduce the impact of anxiety and depression and be as effective as medication, noted some members of the advisory board.
10. Virtual care for mental health has been especially well received by employees and their family members, shared plan sponsors on the board.
11. The number of plan members who have experienced workplace discrimination is “startling,” agreed members of the board. Efforts to ensure diversity, equity, inclusion and accessibility in the workplace can be key to the success of a wellness strategy, particularly in the area of mental-health supports.

## PLAN MEMBERS

### VIEWS ON HOW EFFECTIVELY THEIR EMPLOYER HELPS EMPLOYEES MANAGE DEPRESSION, ANXIETY OR OTHER MENTAL-HEALTH CONDITION



### NOT EFFECTIVE RATING MORE LIKELY WHEN:



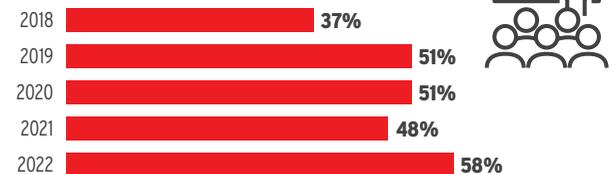
SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

## “” ALEXANDRA LAFLAMME-SANDERS SUN LIFE

“The data on mental health supports what we’re seeing in the market: more employers are taking a multi-pronged, full-spectrum approach to mental health. An employee assistance program, mental-health training, virtual care, increased maximums and an expanded list of eligible practitioners – in their totality, these factors overcome numerous barriers to prevention and treatment.”

## PLAN SPONSORS

### MENTAL-HEALTH TRAINING PROGRAMS FOR MANAGERS AND/OR STAFF



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

## PLAN SPONSORS

### RECENTLY INCREASED THEIR COVERAGE MAXIMUM FOR MENTAL-HEALTH COUNSELLING



**\$2,006**  
Average annual maximum coverage level

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

## DISCRIMINATION, AUTHENTICITY AND DEI

- 31 per cent of surveyed plan members identified themselves as Black, Indigenous or a person of colour (BIPOC).
- Overall, one in four (27%) plan members agreed they have experienced discrimination in the workplace, increasing to 35% among those who are BIPOC (compared to 22% of Caucasian respondents).
- Chronic diseases that are apparent or may result in physical disability also appeared to be a factor: 42% of members with asthma/lung disease, 41% with obesity and 38% with chronic pain have experienced discrimination in the workplace.
- Members who have been discriminated against were twice as likely to experience high or extremely high levels of stress (43% versus 21% among those not discriminated against).
- One in five (21%) plan members said they do not feel comfortable enough in their organization to be their authentic self.
- Members who cannot be their authentic self were less likely to be satisfied with their job or their health benefits plan and more likely to describe their mental health as poor (see chart).
- Nine out of 10 (91%) plan sponsors agreed they promote and support a diverse and inclusive workplace; 44%

### ★ KEY TAKEAWAYS: WORKPLACE SUPPORTS

12. Plan sponsors on the board urged their peers to invest the time to engage more fully with their insurance carriers to develop and execute wellness strategies that take advantage of existing programs and tools.
13. Insurers on the board spoke of the growing value of and need for a single point of entry to access the myriad of health-care services in both the private and public sectors, in conjunction with navigational support. Both are becoming feasible thanks to technology and increased digital literacy, they added.
14. New health-care companies offering niche services have emerged over the past few years. The role of insurers and advisors to vet and package these offerings as part of wellness programs or benefits plans is growing.
15. The survey indicates that vaccination policies – or the lack thereof – have served their purpose. On the other hand, public health safety measures to mitigate the spread of COVID-19 will likely continue to play a role for the foreseeable future, suggested the board.

### PLAN MEMBERS



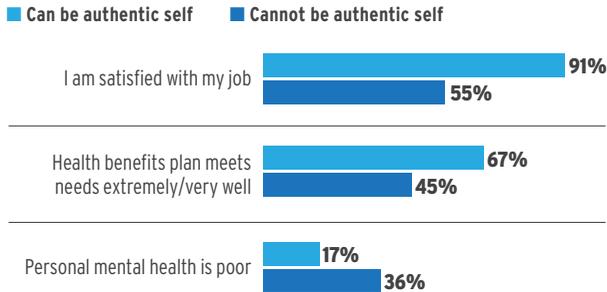
### “” NEIL PRASHAD ORIGIN GROUP OF COMPANIES

“The genie’s out of the bottle, particularly in the health-care sector. We are in a post-pandemic, post-George-Floyd era and many people have found their voice. Frontline care workers and marginalized populations are more opinionated about how they’re treated, whether within the health-care system or the work environment.”



## PLAN MEMBERS

### HOW THE ABILITY TO BE AUTHENTIC INFLUENCES PERCEPTIONS



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

## PLAN SPONSORS

**72%**  
Plan sponsors with a documented strategy for DEI in the workplace



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

## “ ” RIKKI BOTÉ SASKATCHEWAN GOVERNMENT AND GENERAL EMPLOYEES' UNION (SGEU)

“In an organization historically not very diverse, we’re now regularly having conversations about diversity, equity, inclusion and access. Our executive leadership team is half women and our step is more representative of the people we serve, which are big steps forward. We’re excited and motivated by the connections between DEIA, mental health, wellness and the overall success of our organization.”

strongly agreed with this statement. Results were consistent for the public (89%) and private (92%) sectors and unionized and non-unionized (91% for both) workforces.

- When asked if they have a documented strategy for diversity, equity and inclusion (DEI) in the workplace, 72% of plan sponsors agreed. Large employers with 500 or more employees (88%) were much more likely than small employers with fewer than 50 employees (45%) to have such a documented strategy, as are those in the public sector (81% versus 68% in the private sector) and with unionized workforces (88% versus 64%).



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- Among plan sponsors with a documented DEI strategy, the top two priorities were to support equity between males and females (61%) and across races/ethnicities (60%), followed by income equity (46%), gender identification (38%) and representation/participation of employees with visible or non-visible disabilities (37%).

## COVID-19 VACCINATION POLICIES

- Sixty-five per cent of plan members and 53% of plan sponsors said their workplace implemented a COVID-19 vaccination policy.
- Among plan sponsors, vaccination policies were more likely with unionized workforces (72% versus 44% among non-unionized workforces), in the public sector (65% versus 49% in the private sector) and employers with 500 or more employees (61% versus 40% with fewer than 50 employees).
- Very few plan sponsors felt the vaccination policy (5%) or lack thereof (4%) had a negative impact on their ability to attract and retain employees. The majority (56%) of those with a policy felt it had a positive impact and about a third (39%) felt it had no impact. The results were reversed among those without a policy: 38% felt this decision had a positive impact and 58% felt it had no impact.

“” **MATT GAUDRY** CANADA LIFE

“This year’s results are reason for optimism. Plan sponsors are focused on mental health without losing sight of other chronic conditions and wellness supports. The commitment to DEI is also encouraging, given the data on its connection to mental health.”

### PLAN SPONSORS



**53%**

Plan sponsors that implemented COVID-19 vaccination policies requiring proof of vaccination or valid medical exemption

#### MORE LIKELY WHEN:



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)



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# Employees engaged in steering DEI strategy



**Lynn Roger**  
Chief human resources officer  
BAYSHORE HEALTHCARE

**“Our fundamental belief is that if employees feel empowered, if they have a strong sense of belonging and they have a voice and feel included, their interactions with patients and their families will be that much better.”**

**Bayshore Healthcare is thrilled with how its diversity, equity and inclusion strategy is unfolding so far, most of all because of the positive responses from employees and their willingness to provide input.**

In February and March this year, the home and community health-care services provider and parent company of health navigation platform Carepath rolled out its first DEI survey to its 16,000 employees. Beyond the 7,000 comments received, approximately 500 respondents volunteered to join a focus group or have a one-on-one conversation about their lived work experience and how it could be made more inclusive.

“We’re doing an inside-out reflection on our culture and our approach to our employees and we had to start with really understanding our population better,” says Lynn Roger, the organization’s chief human resources officer. “The results are going to make a big difference in how we approach our employee experience. Now we know what areas to focus on.”

The survey results showed Bayshore has broad representation from many different cultures, with 70 different languages spoken by employees. It also revealed opportunities for improvement; for example, increased representation for Indigenous people and people with disabilities.

The organization will conduct the survey annually and has set a target of 85 per cent agreement levels for questions that gauge employees’ feelings around inclusion, representation and having a voice in decisions that affect their work experience.

“Some groups are there already, some groups are very close, and some groups have a bigger distance to travel,” says Roger. “We’ve declared our aspiration and we’re going to measure it, year over year. Our fundamental belief is that if employees feel empowered, if they have a strong sense of belonging and they have a voice and feel included, their

interactions with patients and their families will be that much better.”

## **Infusing DEI throughout organization**

An important part of Bayshore’s DEI effort is demonstrating commitment from the top.

The organization declared its intention to pursue DEI at its September 2021 leadership conference and appointed its first chief diversity officer in February 2022. It’s also reaching out to frontline workers through employee-led webinars and other educational initiatives to raise awareness of unconscious bias and encourage thoughtful curiosity and listening.

“Learning from differences is important for all our employees, including our Carepath nurse case managers, who are part of our virtual front-line community. Everyone must be sensitive to and understand the particular needs of our clients who seek navigation support through the healthcare system while dealing with serious or chronic illness,” says Roger.

Also critical is encouraging dialogue across a highly mobile workforce. Eighty-five per cent of Bayshore’s employees are health-care providers who work in home and community settings across Canada. To help generate connections and a sense of belonging, the One Bayshore digital app, launched in December 2021, provides messaging targeted to different roles, displays work schedules and gives access to clinical tools, employee resources and digital pay stubs. Importantly, it also facilitates discussions with local offices and peers.

“We’re experimenting with a lot of things and the thing about experimentation is if it doesn’t work then we’ll try something else,” says Roger. “This notion of continuous learning and including employees in the decisions that impact them the most is a big area of focus for us moving forward.”

# A positive outlook overall

## Plan members appeared to be more appreciative of their health benefits plan, especially when it includes virtual health care.

However, ratings from those in poor health continued to be lower. Plan sponsors were firm in their opinion that the main purpose of the benefits plan is to help attract and retain employees, yet this may become increasingly at odds with concerns around sustainability. The proportion of plans with health-care spending accounts and wellness accounts grew steadily, with both plan members and plan sponsors placing great importance on these components of their plan. Among benefits that may be new to plan members, or of which they may be unaware, plan members were most interested in health-risk screenings, immunizations and genetic testing to determine their risk of developing certain diseases.

**IN THIS SECTION**

- Evaluation
- Main purpose and top concerns
- Plan design
- Virtual care
- Impact of the pandemic
- Changes and future benefits

### REVIEWS MORE POSITIVE, FOR MOST PART

- Fifty-four per cent of plan members described the quality of their health benefits plan as excellent (17%) or very good (37%). This is up from 47% in 2021, though within the range of results from the previous 16 years. When the question was first asked in 2006, 59% described their plan as excellent or very good.
- Only 5% described their plan as poor, down from 10% in 2021. In 2006, just 4% felt the quality of their plan was poor.
- When asked in a slightly different way, with the option of the more neutral response of “adequate,” 30% of members said their plan as excellent, up from 22% in 2021, while just 18% said it was adequate, down from 26%. Forty-seven per cent described it as good, virtually unchanged from 2021 (46%).
- As in past years, members in poor health (52%) were far less likely than those in excellent/very good health (89%) to describe the quality of their health benefits plan as excellent or good. Virtual health-care services, a wellness culture and job satisfaction also appeared to influence results (see chart).

**JULIE GAUDRY** RBC INSURANCE

“It’s encouraging to see more people saying their benefits plan is excellent or good at a time when we’ve made considerable investments in virtual care and other supports for remote employees and those struggling with mental health. This is an important finding given the current tight labour market and our own research, which found that 64 per cent of employees would leave their current job for one with better benefits.”

### PLAN MEMBERS

**77%**

Plan members who describe the quality of their health benefits plan as excellent or good



#### HIGHS + LOWS

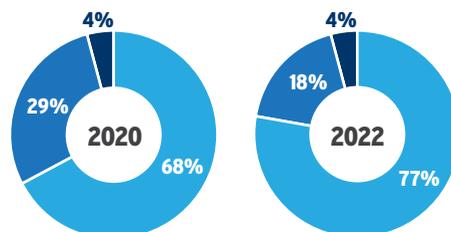
<b>92%</b> Virtual care included in benefits plan	Virtual care not included	<b>69%</b>
<b>89%</b> Personal health excellent/very good	Personal health poor	<b>52%</b>
<b>84%</b> Workplace wellness culture	No workplace wellness culture	<b>54%</b>
<b>83%</b> Satisfied with job	Not satisfied with job	<b>49%</b>

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

### PLAN MEMBERS

#### DESCRIPTIONS OF THE QUALITY OF THEIR HEALTH BENEFITS PLAN, 2020 VERSUS 2022

- Excellent/good
- Adequate
- Poor



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (2020 m=750; 2022 n=510)

# Health benefits plans

- Four out of five (80%) plan sponsors described the quality of their health benefits plan as excellent (29%) or good (51%), up from 74% in 2021 and back to the result for 2020 (80%).
- Employers with 500 or more employees (86%) were more likely than those with fewer than 50 employees (72%) to say their plans were excellent or good, as were those with a wellness culture (83% versus 58%).
- Sixty-one per cent of plan members reported their benefits plan meets their needs extremely or very well, compared to 57% in 2021. When this question was first asked in 1999, the result was 73%.
- Members with plans that include virtual care were much more likely to say the plan meets their needs (75% versus 52% among those without virtual care), as were those who agreed their workplace culture promotes wellness (68% versus 39%).
- Seven per cent said their plan did not meet their needs, compared to 10% in 2021. This increased to 17% among those in poor overall health and 15% among those in poor mental health.

## TALENT POOL DRIVES PURPOSE AND CONCERNS

- When asked to choose the one main purpose of their health benefits plan from a list of eight options, plan sponsors were most likely to say it is to attract and retain

### ★ KEY TAKEAWAYS: HEALTH BENEFITS PLANS

1. Plan members were more positive about the quality of their health benefits plan and that it met their needs.
2. People in poor health were much less likely to be positive about their health benefits plan, which can be seen as an opportunity to raise more awareness of the benefits available and possibly offer navigation support.
3. For all plan members, the advisory board emphasized the need to increase and perhaps modernize communications to reduce criticisms that stem from lack of awareness of what's available in health benefits plan.
4. Virtual care appears to significantly boost the likelihood of high scores for both quality and the meeting of needs.
5. Members of the advisory board also suggested plan sponsors' responses to the pandemic, including more openness about and investments in mental health, likely helped boost plan members' ratings.

### PLAN SPONSORS

#### MAIN PURPOSE FOR OFFERING A HEALTH BENEFITS PLAN

1	Attract and retain employees	21%
2	Provide coverage so employees are not under undue financial burden	17%
3	Keep employees healthy and productive	16%
4	Provide peace of mind	15%
5	Provide coverage for routine medical needs	13%

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

### PLAN SPONSORS

**83%**  
Plan sponsors with at least one major concern about their health benefits plan



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

### PLAN SPONSORS

#### MAJOR CONCERNS ABOUT THE HEALTH BENEFITS PLAN

1	Competitiveness	37%
2	Overall sustainability	31%
3	Sustainability of drug plan	31%
4	Sustainability of the dental plan	31%
5	Use of paramedical services	26%
6	Levels of absence and disability	23%
7	Benefits fraud/misuse of benefits	22%
8	Lack of time for long-term strategy, opportunities, etc.	17%
9	Growing number of appeals or complaints	15%
10	Inability to make major changes due to collective bargaining agreements	14%

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan sponsors with at least one major concern (n=451)

### “” BARB MARTINEZ CANADA LIFE

“The purpose of offering a health benefits plan is attraction and retention. That’s reflected in the top concerns as well – competitiveness is No. 1. But then plan sponsors are most concerned about sustainability. So we make our plans richer while asking ourselves, ‘Can we really afford to be doing this?’”

“” MEGHAN VALLIS EQUITABLE LIFE

“In some cases, the benefits plan truly does not meet the needs of people in poor health and we must strive to do better. But in other cases, it comes down to a lack of understanding of what’s available, when to use it and how to access it. We continue to take for granted that plan members understand the terminology.”

## PLAN SPONSORS

### PLAN SPONSORS CONCERNED ABOUT UTILIZATION OF THEIR . . .



#### HIGHS • LOWS

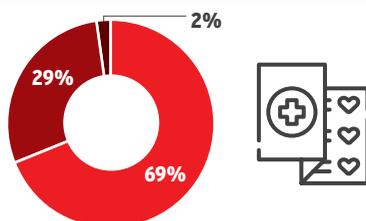
STD	LTD		STD	LTD
72%	65%	Unionized workforce	No union	47% 44%
65%	62%	Flex plan	Traditional plan	51% 46%
64%	61%	Public sector	Private sector	53% 47%
64%	63%	500 or more employees	Fewer than 50 employees	36% 28%

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan sponsors that offer a short-term disability (n=504); plan sponsors that offer a long-term disability benefit (n=508)

## PLAN SPONSORS

### TYPE OF HEALTH BENEFITS PLAN

Traditional  
Flexible  
Don't know



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

“” ÉRIK LAROSE DES JARDINS INSURANCE

“The group insurance environment is getting more and more complex. Today we’ve got virtual care, more options for flexibility and many new offerings to prevent or manage illness, especially for mental health. It’s very complex for us within the industry, so just imagine how confusing it could be for plan sponsors and plan members. Communication is key.”

employees (21%). Protecting employees from undue financial burden (17%), keeping employees healthy and productive (16%), providing peace of mind (15%) and covering routine medical needs (13%) round out the top five reasons for providing a plan.

- Eighty-three per cent reported having at least one major concern about their health benefits plan.
- For the first time this year, the list of possible concerns included “competitiveness of our health benefits plan.” This option shot to the top of the results, selected by 37% of plan sponsors that have concerns.
- Rounding out the top five concerns were overall sustainability of the plan (31%), sustainability of the drug plan (31%), sustainability of the dental plan (31%) and utilization of paramedical services (26%).

## ★ KEY TAKEAWAYS: HEALTH BENEFITS PLANS

6. On the one hand, the pandemic helped deepen plan members’ gratitude for their health benefits plan to support their health; on the other hand, it was a tipping point for many to improve their working conditions or change jobs, potentially increasing their scrutiny of benefits plans as part of compensation, noted the advisory board.
7. Plan sponsors’ top purpose for benefits plans – to attract and retain employees – is not only tied inextricably to their main concern of competitiveness but may also be a key driver for other top concerns around sustainability.
8. Plan sponsors appeared to be equally concerned about the sustainability of their drug plan and their dental plan.
9. The advisory board commented that high-cost specialty drugs continue to dominate discussions on sustainability, with guarded optimism that provincial drug plans’ switching policies (requiring patients on an originator biologic to switch to a lower-cost biosimilar), currently in place in B.C., Alberta, Quebec, New Brunswick, Nova Scotia and Northwest Territories, will have a positive ripple effect for private drug plans.
10. Plan sponsors’ concern about the use of paramedical services needs to be addressed given that a notable number of plan members with chronic conditions would like to increase their use of paramedical services as part of treatment ([page 10](#)).

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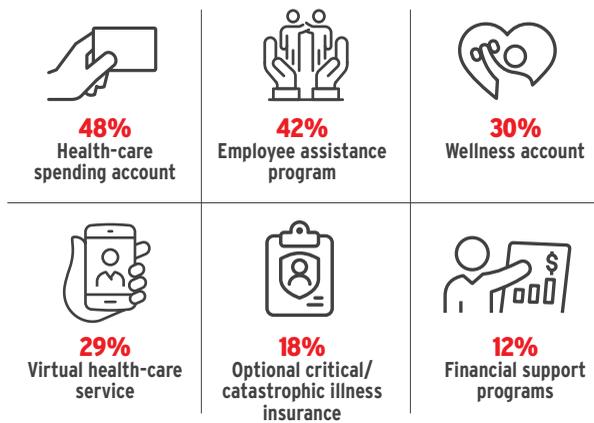
 **Carepath**  
DigitalHealth  
BY Bayshore®

“**SHAUN MCKEE** GREEN SHIELD CANADA

“A flex plan should be better able to meet the health needs of plan members, but too often members select the default plan option. This negatively impacts the value that a flex plan can have on the health outcomes of plan members. This can be mitigated with targeted plan member communication and education that is relevant, timely and easy to understand.”

## PLAN SPONSORS

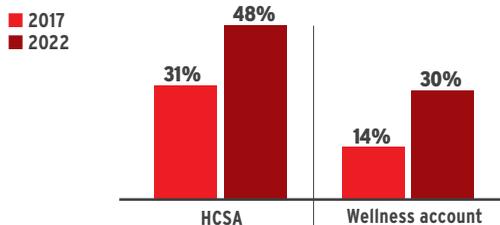
### PLANS WITH THE FOLLOWING COMPONENTS



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

## PLAN SPONSORS

### PLANS THAT INCLUDE A HEALTH-CARE SPENDING ACCOUNT AND WELLNESS ACCOUNT, 2017 VERSUS 2022



### IN 2022, MORE LIKELY WHEN:



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (2017 N=461; 2022 N=553)

- Regarding the use of paramedical services, plan sponsors in the public sector (31%) were more likely than those in the private sector (24%) to have concerns.
- Levels of absence and disability (23%) ranked sixth out of 10 possible major concerns, followed closely by benefits fraud/misuse of the benefits plan (22%).
- In separate questions focused on the utilization of disability benefits, 56% of plan sponsors that offer a short-term disability benefit were concerned about its use, up from 49% in 2021. Fifty-one per cent that offer a long-term disability benefit were concerned, compared to 46% in 2021. For both types of disability coverage, results varied by size, sector and type of plan (see chart).

## SPENDING ACCOUNTS ON THE RISE

- Sixty-nine per cent of surveyed plan sponsors said they provide a traditional benefits plan and 29% said they provide a flexible plan that enables employees to choose levels of coverage. Two per cent did not know. In 2021,

### ★ KEY TAKEAWAYS: HEALTH BENEFITS PLANS

11. While the number of plan sponsors with flex plans has grown since 2018, benefits advisors on the board don't anticipate the trend to accelerate. Instead, momentum grows to add flexible components, such as a health-care spending accounts, which may be less complicated and more viable for plan sponsors than a full-on flex plan.
12. Having said that, HCSAs and wellness accounts cannot be considered a substitute for a traditional or flex plan given they do not provide insurance coverage, reminded members of the advisory board.
13. Flex plans risk becoming overly complex and, as a result, the majority of plan members stick with the default plan design, which defeats the purpose of the flex plan.
14. Plan sponsors on the advisory board confirmed that the ability to self-determine benefits based on needs consistently rises to the surface from employee surveys. Wellness accounts can be especially effective to address needs tied to diversity, equity and inclusion, including spiritual needs.
15. While HCSAs and wellness accounts are rated very highly by plan members, rates of forfeiture are also high, noted insurers on the board. This speaks to the importance of ongoing education, including personal digital notifications, to encourage utilization.

# Leaders in the driver's seat for employee wellness



**Mara Notarfonzo**  
Vice-president of total rewards  
CAA CLUB GROUP

**“We will always develop corporate initiatives that hit the broader mass, but now we can also be very targeted in developing programs.”**

**At CAA Club Group, leaders at all levels are specifically** engaged to facilitate employee wellness. For example, they must complete the mental-health leadership certificate program available through Queen’s University. The total rewards team also strongly encourages leaders to propose health-promoting initiatives.

When CAA began its wellness journey in 2012, it initially targeted the three top drivers of drug claim costs at the time: diabetes, high blood pressure/cholesterol and musculoskeletal. Within two years, thanks to focused education and program development, diabetes had dropped from No. 1 to No. 3.

In the ensuing years, the wellness program evolved and expanded and, by the time the pandemic hit, much of today’s infrastructure was already in place, says Mara Notarfonzo, the organization’s vice-president of total rewards. A lot of the work in 2020 and 2021 focused on reminding people of the programs that were already available to them since before the pandemic – something leaders were best positioned to do with their direct reports.

CAA’s wellness app was especially popular, with engagement levels doubling during periods of lockdown thanks to leader support and employees’ greater need for social connection. Sensing the opportunity to build on success, the total rewards team added rewards to the app, offering points for achieving program badges that could be redeemed for merchandise or gift cards. One associate was able to accumulate enough points to buy a refrigerator.

“What we are doing for our associates allows them to live their best life, both at work and at home,” says Notarfonzo.

The organization has successfully built a culture in which leaders proactively approach the total rewards team when they need help. For example, leaders in the call

centre recently asked for a program to help associates manage the growing number of difficult calls due to pandemic-frayed nerves.

“Our leaders now reach out to us to provide sessions directly to their associates on things they’re noticing,” says Notarfonzo. “We will always develop corporate initiatives that hit the broader mass, but now we can also be very targeted in developing programs because we’re listening to people.”

The training put together for call centre associates addresses how to develop competencies and skills in response to problematic situations. It also encompasses the importance of taking time for yourself by stepping away, regrouping and engaging in meditation, yoga and other wellness-promoting activities.

Leaders also contribute to the creation and promotion of wellness activities by nominating wellness champions from their teams. Drawn from all lines of business, the wellness champions meet bi-weekly to imagine, develop and lead their own initiatives. Sometimes, these programs are adopted across the entire organization, with the wellness champions at the forefront of the rollout.

Notarfonzo emphasizes that CAA also pays attention to leaders’ wellness by developing programs to help them realize they need to take care of themselves before they can take care of others. There’s a big emphasis on resilience and adaptability and on leading with empathy.

To organizations that are just starting along this path, Notarfonzo warns it can be a slow process at first. However, she urges, “Never give up, because you reap the benefits. You may not see it quickly, but you will see it and you’ll see it in different things, such as attraction, retention and engagement. And when your employees know that you care, it’s linked directly to the work that they do.”

**GORD HART** SELECTPATH BENEFITS & FINANCIAL

“Personalization is the future. But communication is the No. 1 barrier. Too often, we assume that if you build it people will come. They won’t. Communication needs to revolve around advocacy and education so that people feel empowered and want to make decisions for themselves. However, individuals in charge of benefits are really strained. As providers and advisors, we can collaborate better to help our clients and drive better results.”

## PLAN MEMBERS



**94% and 86%**

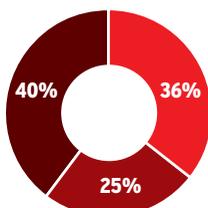
Plan members who agree that the health-care spending account and the wellness account, respectively, are important parts of their health benefits plan

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan members with a health-care spending account (n=455); plan members with a wellness account (n=189)

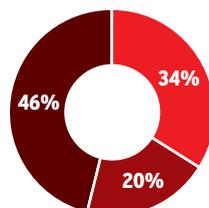
## PLAN SPONSORS

### PLAN SPONSORS CONSIDERING THE ADDITION OF A HEALTH-CARE SPENDING ACCOUNT OR WELLNESS ACCOUNT

- Yes, considering it
- Yes, but too many barriers (e.g., collective bargaining, lack of resources)
- No



HCSA



Wellness account

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan sponsors without a health-care spending account (n=287); plan sponsors without a wellness account (n=385)

**KAREN ADAMS** CLOUDMD

“The goal is to move away from transactional, fragmented products to an integrated, comprehensive program to better support employees’ mental health, physical health and occupational safety while at work and if and when they are off work. Employers want to have confidence that their health and wellness spend is delivering measurable outcomes – both clinical improvements and business ROI, such as reduced absences and increased productivity.”

78% provided a traditional plan and 22% a flex plan, and in 2017, when the question was first asked, the results were 80% and 19%, respectively.

- Among sponsors with a traditional plan, 40% were considering a switch to a flex plan and 24% would like to switch but said there are too many barriers (e.g., collective bargaining, lack of resources).
- Half of plan members (49%) said they have a health-care spending account (HCSA), which aligns with the 48% of plan sponsors that reported the same. In 2021, 39% of both members and sponsors reported the availability of HCSAs. In 2017, when this question was first asked, 26% of plan members and 31% of plan sponsors reported having HCSAs.
- One in five (21%) plan members and 30% of plan sponsors reported a wellness account is included in their health benefits plan. In 2017, 14% of plan sponsors offered a wellness account (note: the question was not asked of plan members).
- Employers with flex plans, a unionized workforce and 500 or more employees were more likely to offer HCSAs and wellness accounts (see chart).
- Plan members and plan sponsors alike were very positive about HCSAs and wellness accounts. Ninety-four per cent of members and 93% of sponsors agreed the HCSA is an important part of their health benefits plan; 49% and 56%, respectively, strongly agreed with this statement. Similarly, 86% of members and 95% of sponsors agreed (45% and 42% strongly) the wellness account is an important part of their plan.
- Among plan members without these accounts, 87% would like to have an HCSA and 89% would like to have a wellness account.
- Among plan sponsors without an HCSA or a wellness account, about a third (HCSA, 36%; wellness account, 34%) were considering its addition to their benefits plan. Others would like to consider adding them (HCSA, 25%; wellness account, 20%) but noted there are too many barriers (e.g., collective bargaining).



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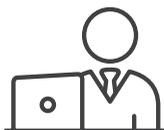


**“” NICOLE MELLIN** ASSOCIATION OF ONTARIO MIDWIVES BENEFITS TRUST

“We introduced virtual telemedicine to our members and their families about a year ago, with additional stress and mental well-being coverage for members. It’s been an extremely positive experience. Midwives are always on the go, often being on call, and being able to access care at any time of the day has been really, really valuable.”

## PLAN SPONSORS

**29%**  
Plan sponsors with a health benefits plan that includes a virtual health-care service



**88%**  
Plan sponsors satisfied with their virtual health-care offering

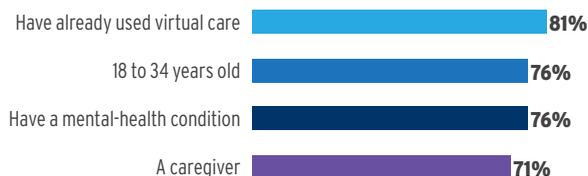
SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553); plan sponsors with a virtual health-care service (n=159)

## PLAN MEMBERS



**66%**  
Plan members who would likely use a 24-hour virtual health-care service that’s part of their health benefits plan

### MORE LIKELY WHEN:



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1,000)

**“” TYLER BERGH** SUN LIFE

“The pandemic showed the importance of the public and private systems working together for the health of Canadians. We saw how fast companies were able to develop vaccines and we’re seeing rapid innovations in other areas of health care. With an aging population and more chronic – and sometimes complex – disease management, an integrated, multi-stakeholder approach to health is more important than ever.”

## ALL SIGNS GOOD FOR VIRTUAL CARE

- Twenty-eight per cent of plan members reported their health benefits plan offers a 24-hour virtual health-care service; 32% did not know.
- Two-thirds of members (66%) indicated they would likely use a 24-hour virtual health-care service that’s part of their benefits plan, increasing to 81% among those who have already used a form of virtual care. Age, mental health and caregiving responsibilities also influence results (see chart).
- Seventy-eight per cent of members who used virtual care through their workplace benefits plan described the quality of the service as excellent or good (for more on the use of virtual care, see [page 12](#)).
- For their part, 29% of plan sponsors reported having a health benefits plan that includes a virtual health-care service, which is almost identical to the 28% reported by plan members. Such an offering is somewhat more likely in the private sector, at 31%, compared to 23% in the public sector. Small employers with fewer than 50 employees (30%) were as likely as employers with 500 or more employees (32%) to offer virtual care, whereas, interestingly, mid-size employers with 50 to 499 employees were less likely (20%).

### ★ KEY TAKEAWAYS: HEALTH BENEFITS PLANS

16. Not quite a third (29%) of plan sponsors included a virtual health-care service as part of their health benefits plan.
17. Virtual care not only offers choice in access to initial care, but it can also be a stepping stone to actively manage conditions in the long term, emphasized members of the advisory board.
18. Plan sponsors on the advisory board confirmed high levels of engagement with their virtual-care offering, particularly among younger plan members and those with mental-health conditions.
19. A critical milestone for the industry is the development of protocols to help navigate plan members to the right medium of care, whether virtual or in-person. As with traditional in-person care, plan members can get lost in virtual care.
20. Asynchronous care by secure texting or messaging is the next evolution in virtual care in Canada and where patients, health-care providers and payers alike may see the greatest value. However, Canada is still very much in the early days of availability and uptake.

# Collaboration key for multi-employer plan



**Cindy Daley**

Vice-president of benefits and compensation  
COLLEGE EMPLOYER COUNCIL

**“Modernizing a program that’s very mature is important, because things change and evolve – we need to ask, ‘What should be covered and how should it be covered?’”**

**Overseeing a multi-employer benefits plan in a** partially unionized environment with distinct offerings for academic, support and management staff is, without question, complex. But Cindy Daley, vice-president of benefits and compensation at the College Employer Council (CEC), says the need for collaboration leads to a stronger benefits plan.

For 50 years, the CEC has been the policyholder of the mandatory group benefits plans for all of Ontario’s public colleges. Today, 24 colleges serve as plan sponsors, administering the benefits negotiated by the CEC. Also deeply involved are two union employee groups for academic and support staff, represented by the Ontario Public Service Employees Union.

To integrate all of these interests, the CEC hosts monthly joint insurance committee meetings, which include representation from their insurer. A particular focus is to help resolve any long-term disability or other appeals with the insurer. Daley says OPSEU is especially adept at helping plan members navigate the health-care system to obtain any missing medical information.

“We’re working all together and we’re ensuring that the right people are being covered on our LTD programs and making sure that they’re getting the support they need,” says Daley.

## **Adding benefits is a balancing act**

The two different union groups also share what they’re hearing about the benefits plans from members, including areas where they’d like to see additional coverage.

“I find out from the unions what the demand is and then I do cost analysis,” says Daley. The challenge is the

college sector is covered under provincial legislation that has limited increases in compensation and benefits to one per cent annually for three years, expiring in October 2024 and September 2025. “When you’re limited to one per cent increases, it is tougher to meet demand.”

One solution is to introduce programs like prior authorization – an easy-to-implement administrative change – to protect the plan and ensure the right drug is being prescribed at the right time. Another is to close loopholes. For example, Daley was able to add coverage for blood glucose monitoring by better enforcing rules for the administration of orthopedic shoe benefits.

When the plan recently introduced coverage for medical cannabis, Daley stresses the educational component was critical to help plan members understand coverage was limited to treatments for five specific conditions to start (since increased to seven). That type of member education, too, is a collaborative effort, with the CEC providing information to the colleges and each college communicating directly with its employees.

One of Daley’s goals for the future is to find a way to enhance the plans’ mental-health coverage to curb a big driver of LTD claims. At present, mental-health practitioners are bundled in with the plans’ \$2,000 in annual coverage for paramedical services. She’d like to see mental-health coverage separated out and expanded, especially given the pandemic’s toll on mental health.

“Modernizing a program that’s very mature is important, because things change and evolve – we need to ask, ‘What should be covered and how should it be covered?’” says Daley. “We really try to focus on the most important thing: how do we keep our employees healthy?”

**KIM MACFARLANE** MANULIFE

“Advances in technology are unlocking our capabilities to deliver journeys digitally, both for benefits and health services outside of benefits. We are on the cusp of proactively engaging plan members, leveraging tech and data to create dynamic experiences that continue to evolve and adapt until their personal health needs are fulfilled.”

## PLAN SPONSORS

**78%**  
Plan sponsors concerned about COVID-19's long-term impact on the cost of health benefits plans



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

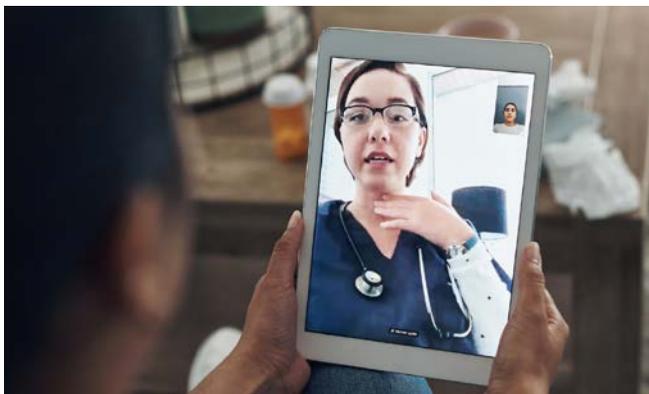
## PLAN SPONSORS

### VIEWS ON WHERE COVID-19 WILL HAVE THE LARGEST IMPACT ON BENEFITS COSTS OVER THE NEXT FIVE YEARS

Claims for:

2021		Rank	2022	
Mental health of employees, excluding those who contracted COVID-19	64%	1	Mental health of employees, excluding those who contracted COVID-19	46%
Mental health of employees' dependants	47%	2	Physical and mental health of those who contracted COVID-19	39%
Serious diseases or chronic conditions that may have worsened due to delayed diagnoses/treatments	43%	3	Serious diseases or chronic conditions that may have worsened due to delayed diagnoses/treatments	36%
Chronic conditions that may have been caused or worsened due to pandemic-related factors (e.g., lack of exercise)	37%	4	Mental health of employees' dependants	32%
Physical and mental health of those who contracted COVID-19	23%	5	Chronic conditions that may have been caused or worsened due to pandemic-related factors (e.g., lack of exercise)	25%

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan sponsors that feel COVID-19 will impact health benefits costs over next five years (n=450)



- The majority (69%) of sponsors with a virtual health-care service indicated it is part of the standard benefits plan and was added at no extra cost; the remaining 31% paid to add it to their plan.
- Eighty-eight per cent of plan sponsors were very (34%) or somewhat (54%) satisfied with their organization's virtual health-care offering, up from 74% in 2021. Large employers (96%) were more likely than small employers (77%) to be satisfied.

## PANDEMIC'S IMPACT ON COSTS

- Seventy-eight per cent of plan sponsors agreed they are concerned about the COVID-19 pandemic's long-term impact on the cost of health benefits plans, up from 71% in 2021. Thirty-one per cent strongly agreed with this statement, up from 23% last year.
- Employers with 500 or more employees (83%) were more likely than those with fewer than 50 employees (70%) to be concerned.

## ★ KEY TAKEAWAYS: HEALTH BENEFITS PLANS

21. Plan sponsors may be underestimating COVID-19's negative impact on serious or chronic diseases due to delayed tests, diagnoses and treatments, suggested members of the advisory board.
22. These delays will likely have a ripple effect on secondary conditions or co-morbidities: the longer a person has a condition that is not managed, the more likely they are to develop additional conditions (including mental-health conditions).
23. While disability claims may possibly be down today compared to before the pandemic, they are expected to rebound and then some due to the increased severity of diseases when finally diagnosed and treated, stated the board.
24. A higher incidence of late-stage cancer is of particular concern since private drug plans tend to cover the cost of drugs used during this stage.
25. The jury is out on the impact of long COVID, in part because the condition has yet to be fully defined for diagnosis.
26. Based on what is known about long COVID, treatment often addresses muscle pain and joint pain, brain fog, fatigue, anxiety and depression, noted some members of the advisory board.

# Health benefits plans

- On a similar note, 81% of sponsors felt the pandemic will impact the costs of benefits over the next five years, up from 77% in 2021. Again, large employers (90%) were more likely than small employers (65%) to feel this way.
- Within this group of plan sponsors, the majority (46%) said they believe the biggest cost impact will come from employees' claims for mental-health issues, excluding claims from those who were sick with COVID-19. Next, 39% cited claims from plan members who contracted COVID-19, for all related physical and mental-health issues, followed by 36% who pointed to claims for serious diseases or chronic conditions that may have worsened due to delayed diagnoses and/or treatments.

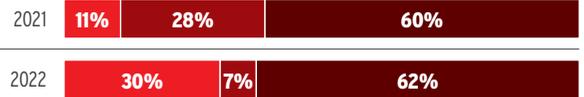
## CHANGES FOR THE BETTER

- Sixty-two per cent of surveyed plan sponsors indicated their health benefits plan did not change in 2022, comparable to 60% in 2021.
- Among those who did make changes, 30% added a benefit(s) or improved coverage levels and 7% removed a benefit(s) or reduced coverage levels. This is a reversal from 2021, when the results were 11% and 28%, respectively.
- Additional benefits or improved coverage was more likely among plan sponsors with a unionized workforce or in the

### PLAN SPONSORS

#### CHANGES TO BENEFITS PLANS, 2021 VERSUS 2022

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



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

### PLAN SPONSORS

## 30%

Plan sponsors that added a benefit(s) or improved coverage levels in 2021



HIGHS • LOWS

49%	Unionized workforce	No union	22%
44%	Public sector	Private sector	25%
41%	500 or more employees	Fewer than 50 employees	12%

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

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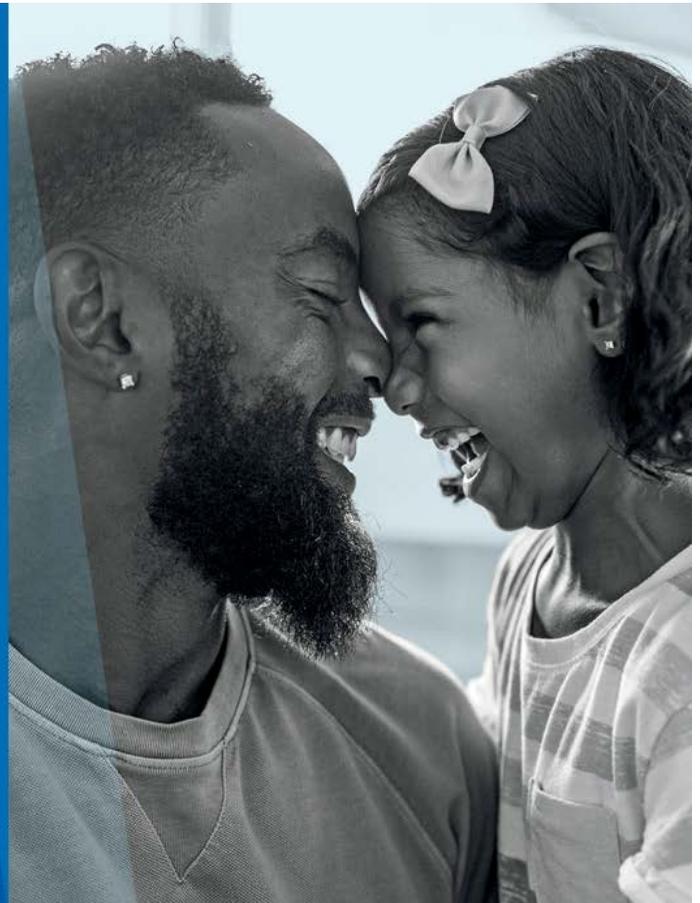
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# Smoking cessation worth the effort – and can be fun



**David Cooper**

Senior vice-president and chief talent officer  
GOEASY LTD.

**“It’s amazing when you end up in a position where you are now accountable for the health and wellness of your colleagues and you can actually take your life lessons and your lived experience and try to help others.”**

## Soon after joining goeasy Ltd. in 2015, David Cooper

went to the alternative financing company’s annual national conference. He learned that breaks on the agenda for the conference were widely referred to as “smoke breaks” by many attendees, which suggested the prevalence of an unhealthy habit across the company.

Cooper, now the company’s senior vice-president and chief talent officer, had been a casual smoker in his 20s and early 30s. He was able to successfully quit when he had children and he came to understand how difficult it can be for some to end their addiction to nicotine. In 2017, when the human resources team was looking for a high-impact intervention, he proposed a smoking cessation program. The team embraced the idea and got to work.

First, goeasy committed to investing \$25,000 a year to cover up to \$300 in smoking cessation aids, such as nicotine patches, in its group benefits plan. The benefit is available to all plan members, including dependants. Next, the HR team partnered with a software firm to develop a smoking cessation app.

“The idea was to gamify a smoking cessation campaign that we had generated,” says Cooper. “At its peak, we had more than 80 employees out of 1,900 at the time sign up for the eight-month-long wellness journey.”

The program, which was introduced at the company’s 2018 national conference, was championed by the incoming chief executive officer, Jason Mullins, which helped to boost the participation rate. It also helped that the app was fun to use. Participants received badges and trophies for reaching certain milestones and were encouraged to post pictures, report how many weeks they had been tobacco-free and engage with other participants for support in weak moments.

## Modest investment pays off

The app cost about \$20,000 and took about eight weeks to create. Development was relatively quick because it was modelled on an app goeasy had previously used to promote wellness challenges, such as step counting. An additional cost was the \$10,000 grand prize, awarded by lottery to one of the six employees who ultimately completed the program.

The organization also positioned itself to recoup its investment by buying the rights to co-brand the app with the software development company. After all, other employers might be interested in something similar, so the app had the potential to turn into a product that goeasy could offer. While that didn’t pan out because the software development partner went out of business, the app still powered a successful intervention.

“Eighty employees saw a benefit in this and six quit. In terms of changing lives permanently, this was really an innovative, comprehensive, best-in-class HR-led health solution,” says Cooper. “We put all the bells and whistles on this, but the underlying benefit is we want our employees to live well and longer.”

The team has recently been in discussions about bringing the program back with a new software development partner.

“It’s amazing when you end up in a position where you are now accountable for the health and wellness of your colleagues and you can actually take your life lessons and your lived experience and try to help others,” says Cooper.

When it comes to smoking cessation, he adds: “I empathize. I understand. That was helpful for me to help guide our team through the development of this program.”

# Health benefits plans

public sector, or with 500 or more employees (see chart).

- When provided a list of 11 new or lesser-known benefits, plan members were most likely to indicate they or family members would take advantage of health-risk screenings with a health-care professional to determine personal risks for certain diseases, such as diabetes (32%). This was followed by immunizations for infectious diseases (28%) and genetic testing to determine personal risks for certain diseases, such as certain types of cancer (25%).
- Health-care system navigation (24%, up from 15% in 2021), genetic testing to help determine which drug to prescribe (also known as pharmacogenomic testing, 22%) and one-on-one education for people with chronic conditions (22%) followed close behind.
- Plan members with chronic health conditions and/or chronic pain were more likely to use one-on-one education sessions to learn about their conditions (27% versus

## ★ KEY TAKEAWAYS: HEALTH BENEFITS PLANS

27. While direct comparisons cannot be made due to changes in the list of possible health-care benefits, directionally speaking, plan members appear to be more interested in health-risk screenings, navigation of the health-care system and one-on-one education for chronic conditions than they were last year.
28. Plan member interest remains high for immunizations for infectious diseases and two types of genetic testing (one to determine personal risks for disease and the other to help determine which drug to prescribe).
29. Genetic testing appeared to be a sweet spot, with relatively high levels of interest from both plan members and plan sponsors.
30. Among plan sponsors who don't already offer these benefits, there is significant interest in benefits to support diversity, equity and inclusion, such as gender affirmation and fertility treatments.
31. Personalization is the future of health benefits plans, agreed members of the advisory board. However, the assumption that "if you build it, they will come" does not hold water. Strategic communications and visible leadership are key to motivate and empower plan members to engage in their health benefits plan.

## PLAN MEMBERS PLAN SPONSORS

### PRODUCTS OR SERVICES THAT:

- plan members would use if added to their health benefits plan\*
- plan sponsors already offer
- plan sponsors are interested in covering

Product or service	Plan members:	Plan sponsors:	
	Would use	Already cover	Are interested in covering
Health-risk screenings with health-care professional to determine personal risks for certain diseases (e.g., diabetes)	32%	41%	25%
Immunizations for infectious diseases (e.g., shingles, HPV)	28%	45%	25%
Genetic testing to help determine personal risks for certain diseases (e.g., certain types of cancer)	25%	26%	34%
Health-care system navigation (i.e., to help coordinate treatment after diagnosis of a serious condition such as cancer, diabetes)	24%	41%	27%
Genetic testing to help determine which drug to prescribe (also known as pharmacogenomic testing)	22%	27%	33%
One-on-one education sessions for those with chronic conditions	22%	41%	26%
Meditation/mindfulness app	20%	31%	31%
Services to assist with caring for ageing parents	19%	27%	32%
Services to help reduce substance use (e.g., alcohol consumption)	9%	41%	27%
Fertility treatments	8%	25%	34%
Gender affirmation	5%	21%	33%

\*Some of these items would have to be made available under health-care spending or wellness accounts. SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1000); all plan sponsors (N=553)



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## Health benefits plans

13% among those without a chronic condition), health-risk screenings (36% versus 24%), health-care system navigation (29% versus 14%), genetic testing for drugs (26% versus 14%), immunizations (31% versus 22%) and genetic testing for diseases (28% versus 19%).

- Services to help reduce substance use were new to the list. Nine per cent of members indicated they or their family members would use this benefit.
- Among plan sponsors who don't already offer these benefits, they were most interested in providing coverage (whether as part of their plan or through a health-care spending account or wellness account) for the following: genetic testing to determine risks for diseases (34%), fertility treatments (34%), pharmacogenomic testing (33%), gender affirmation (33%) and services to assist with caring for ageing parents (32%).
- Thirty-seven per cent of plan sponsors were not interested in covering any of the 11 listed items.
- Among plan sponsors that already cover at least one of these benefits, they were most likely to cover immunizations for infectious diseases (45%), health-risk screenings (41%), health-care system navigation (41%), services to reduce substance use (41%) and one-on-one education for those with chronic conditions (41%).

“” CHRISTINE KORCZAK CAREPATH DIGITAL HEALTH BY BAYSHORE

“The pandemic resulted in a major reduction of in-person medical consultations, which led to increases in late-stage cancer diagnoses and chronic disease. In addition, the Canadian health-care system has become increasingly fragmented and complex. These factors have created the perfect storm. The need for clear and knowledgeable support and guidance through navigation has never been greater.”



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# Verdict is clear: wellness a 'strategic imperative'



**Rita Apa**  
Chief human resources officer  
MCCARTHY TÉTRAULT LLP

**“A proactive approach demonstrates that employers are listening to employees, builds buy-in and enhances trust. It also helps the organization to be prepared for the next crisis.”**

In response to the pandemic, McCarthy Tétrault LLP invested significantly in the health, safety and well-being of its 1,600 employees by introducing virtual health care, which included unlimited access to psychologists and psychotherapists, and launching a financial education program.

The organization also doubled the annual amount of its wellness account. Over and above the normal eligible wellness-related activities and items, staff can use the additional amount for anything they believe will contribute to their wellness – even a trip or groceries.

Those initiatives were necessary but reactive, says Rita Apa, the law firm’s chief human resources officer. The plan going forward is to be more proactive, considering what employees need now and into the future, as part of a three-year wellness roadmap. A proactive approach, she believes, demonstrates that employers are listening to employees, builds buy-in and enhances trust. It also helps the organization to be prepared for the next crisis.

“The question we have to ask ourselves is, ‘What’s next?’ Also, why here? Why do people want to come to McCarthy Tétrault? What is that differentiator when it comes to our benefits?”

The first step toward the roadmap was a wellness check-in survey sent to all employees to give them an opportunity to review current programs and provide feedback on what’s working, what’s not and what they’d like to see added. To deepen McCarthy Tétrault’s understanding of employees’ current and future needs, the firm’s consultants will conduct

focus groups sessions. Diversity and inclusion will be a key element in these discussions.

“Hearing everyone’s voice is extremely important,” she says. “We try to weave diversity into everything that we do, so we’re going to weave it into our benefits plans as well. I think applying a diversity and inclusion lens in any benefits offering yields opportunity for increased engagement for our people.”

The team will also do an inventory of its benefits to help inform decisions about future investments. It will explore ways to measure return on investment – from anecdotal information to impacts on short- and long-term disability claims. And it will develop a robust communications strategy so employees are familiar with the available supports long before they feel they need to raise a hand and ask for help.

Being proactive also means prioritizing prevention. Six questions in the survey were designed to gauge employees’ stress levels and the results will help shape policies, such as a return-to-work policy for staff who have mainly worked at home during the pandemic. The team will look at prevention in other ways, too; for example, making changes to the work environment, if required, as part of accommodations for employees returning from disability leave.

“Wellness is evolving into a holistic view of what our people require,” says Apa. “We were focusing on physical health a lot more than on our people’s mental state. That has to change. Wellness is no longer a perk. It’s a strategic imperative and an integral part of the fabric of the firm.”

# A brave new hybrid world

**Close to a third of plan members are not able to work from home and fewer than one in 10 chose not to work at home even though they could.**

Views about a hybrid workplace remained strongly positive among both plan members and plan sponsors – and extended to improved perceptions of productivity in the home. Plan members would like to work at home more than plan sponsors would prefer, but the difference was not great. However, despite the positive reviews, plan members who worked at home were more likely than those who cannot work at home to report feeling disconnected from their co-workers and their organization.

**IN THIS SECTION**

- Current work setting
- Preferred work setting
- Evaluation of working at home

## ONE IN THREE ALMOST EXCLUSIVELY AT HOME

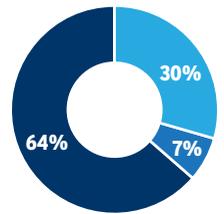
- Among surveyed plan members, the largest proportion (38%) said they work primarily in an office setting, almost unchanged from 2021 (40%). About one in 10 said they work in the following settings: health care/hospital (12%), warehouse/manufacturing (9%) and education/daycare (9%). Seven per cent are in a retail environment, 5% work outdoors (e.g., construction), 3% work in outside sales and 2% are first responders. Fifteen per cent indicated “other.”
- Thirty per cent of plan members said they cannot work at home. Seven per cent can work at home but did not do so and 64% worked at home at least some of the time.
- Among those who could work at home, 54% reported doing so more often than they did before the pandemic, down from 63% in 2021.
- Plan members in Quebec (62%) were most likely to be working at home more often, while employees in Alberta, Manitoba/Saskatchewan and Atlantic Canada were least likely (42% for each of three regions). Those between the ages of 18 and 34 (59%) were more likely than those 55 or older (44%) to be working at home more often.
- Plan sponsors estimated that 58% of their workforce worked at home in the past year, unchanged from 2021 (58%).
- Among the plan members who can work at home, 49% reported doing so almost exclusively (i.e., 81% to 100% of the time). At the other extreme, 9% did not work at home despite being able to do so. Expressed as a proportion, on average, plan members who could work at home did so 67% of the time, virtually unchanged from 68% in 2021.
- Regionally, plan members in Quebec reported working the most at home (74% of the time), compared to a low of 52% for those in Manitoba/Saskatchewan.

### PLAN MEMBERS

#### PLAN MEMBERS' WORK-FROM-HOME STATUS DURING PAST YEAR



- Cannot work at home
- Can work at home but did not do so
- Worked at home at least some of the time



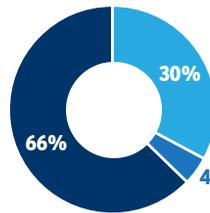
SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1000)

### PLAN MEMBERS

#### PLAN MEMBERS' PREFERENCES FOR WORKING AT HOME



- Cannot work at home
- Can work at home but prefer not to
- Prefer to work from home at least some of the time



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1000); numbers do not add up to 100% due to rounding.

“ ” RITA APA MCCARTHY TÉTRAULT LLP

“We’re in the pilot stage of our return to a hybrid office and it will be a test in patience for everyone. We’ve embarked on a ‘great reconnection’ campaign to engage our people and provide a toolkit of best practices to support a successful return. Employers need to be very intentional about creating the right conditions and the right value proposition, so employees realize the physical office continues to have a purpose.”

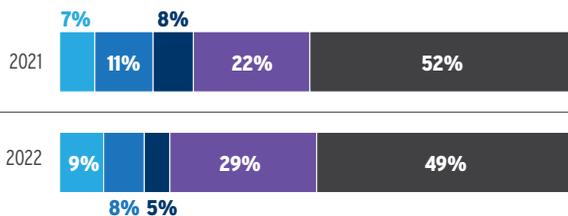
## PLAN MEMBERS

### PROPORTION OF WORK WEEK WORKED AT HOME OVER THE PAST YEAR, 2021 VERSUS 2022



#### HOW THAT BREAKS DOWN:

- Did not work at home (0% of the time)
- Worked at home a little (1-20% of the time)
- Partially worked at home (21-40% of the time)
- Mostly worked at home (41-80% of the time)
- Worked at home almost exclusively (81-100% of the time)



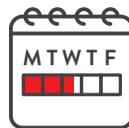
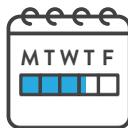
SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan members who could work from home (2021 n=646; 2022 n=684)

## PLAN MEMBERS

## PLAN SPONSORS

### PREFERRED PROPORTION OF TIME WORKING AT HOME

65%  
Plan members



56%  
Plan sponsors

#### HOW THAT BREAKS DOWN:

##### PLAN MEMBERS

- No working at home (0% of the time)
- Work at home a little (1-20% of the time)
- Partially work at home (21-40% of the time)
- Mostly work at home (41-80% of the time)
- Work at home almost exclusively (81-100% of the time)



##### PLAN SPONSORS

- No working at home (0% of the time)
- Work at home a little (1-20% of the time)
- Partially work at home (21-40% of the time)
- Mostly work at home (41-80% of the time)
- Work at home almost exclusively (81-100% of the time)



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan members who could work from home (n=611); plan sponsors that had employees working from home (n=425)

- Plan sponsors estimated that employees who could work at home did so about 65% of the time in the past year, which aligns closely with the result from plan members (67%).
- When the response base included those who cannot work at home and those who can but chose not to, the survey found 35% of all surveyed plan members worked at home all or most of the time in the past year.
- Regardless of their workplace setting, a majority (59%) of plan members reported feeling less connected to their co-workers and their organization over the past year, down from 66% in 2021. Those who can work at home (63%) were more likely than those who cannot work at home (50%) to feel less connected.

### OPINIONS DIFFER ON TIME AT HOME

- Among the 70% of plan members who can work at home, only 7% would prefer not to. When those who cannot work at home are brought into the equation, the workforce breaks down as follows: 66% prefer to work at home at least some of the time, 30% cannot work at home and 4% can work at home but prefer not to.
- Plan members who can work at home would prefer to do so on average 65% of the time or about as much as they currently do (67%).
- This was up from 2021, when respondents preferred, after the pandemic, to work at home on average 57% of the time. The increase was mainly due to more plan members who would like to work at home almost exclusively (38% in 2022 versus 28% in 2021).
- On average, members who described their mental health as poor would prefer to work at home 74% of the time, compared to 62% among those with excellent or very good mental health.
- For their part, plan sponsors with employees who have been working from home would prefer their employees working from home do so, on average, 56% of the time,

#### ★ KEY TAKEAWAYS: WORK ENVIRONMENT

- Almost two-thirds of plan members worked at home at least part of the time during the past year; just under three out of five overall prefer to continue to do so.
- For the past two years, employees who could work at home did so for two-thirds of their work week, on average.
- Plan members and plan sponsors were aligned in their preference for or anticipation of a hybrid work environment. However, members prefer to spend a greater proportion of their time working at home.

# Work environment

which was less than what they estimate their employees currently do (65%). Their preference varied by size of employer: it was 63% among small employers with fewer than 50 employees, 53% among those with 50 to 499 employees and 54% among those with 500 or more employees.

- Plan sponsors would prefer that on average 19% of their employees work from home almost exclusively, much less than the proportion who currently do (31%) and half the corresponding result of plan members (38%).
- When asked in general terms about their preferred (among plan members) or anticipated (among plan sponsors) workplace environment, almost the same proportion (49% of plan members and 51% of plan sponsors) indicated a preference for a hybrid workplace with time divided between an onsite workplace and remote work (e.g., working at home).
- Opinions were not so aligned for the remaining two options: more plan sponsors (35%) preferred a return to a pre-pandemic workplace, with almost all employees onsite, compared to 26% of plan members; while 23% of

## ★ KEY TAKEAWAYS: WORK ENVIRONMENT

4. The pandemic upended the work environment; on the other hand, a hybrid environment could be a game-changer to help employees achieve work-life balance and for attraction and retention strategies, stated the advisory board.
5. The worksite environment needs to be perceived as a magnet and not a mandate, agreed members of the board.
6. Maintaining a positive, dynamic workplace culture and building relationships virtually have proven to be challenges for many employers, shared benefits advisors on the board.
7. Commuting will likely be the biggest negative about returning to the worksite, especially considering the current cost of gasoline. Can plan sponsors turn this into an opportunity for a new benefit under wellness accounts?
8. The permutations for a hybrid work schedule can be endless, leading to confusion and frustration for plan members and plan sponsors alike. Transparent communications, reliable scheduling tools and patience are essential to establish a new norm over the coming months.

“” **CARLEE BARTHOLOMEW** RBC INSURANCE

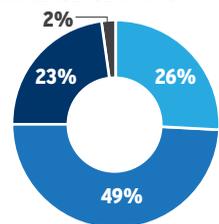
“It’s not surprising that plan sponsors want their employees to return to the workplace. We’ve found that one of the main reasons is because it’s hard to foster workplace culture when a significant number of employees are home-based. It’s really difficult to build relationships virtually. It’s even more difficult to identify employees who need help.”

PLAN MEMBERS PLAN SPONSORS

### PREFERRED OR ANTICIPATED WORKPLACE SETTING

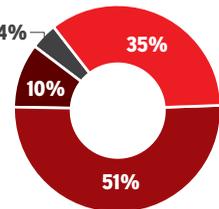
#### PLAN MEMBERS’ PREFERENCE

- Return to pre-pandemic workplace with almost all employees onsite
- Mixed or hybrid environment
- All employees working remotely
- Other



#### PLAN SPONSORS’ ANTICIPATED SETTING

- Return to pre-pandemic workplace with almost all employees onsite
- Mixed or hybrid environment
- All employees working remotely
- Other



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan members working from home (n=611); plan sponsors with employees working from home (n=473)

PLAN MEMBERS

### PLAN MEMBERS WHO FELT LESS CONNECTED TO THEIR CO-WORKERS AND ORGANIZATION OVER PAST YEAR



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan members (N=1000)

“” **ALAINA MACKENZIE** MEDAVIE BLUE CROSS

“If the pandemic taught us anything, it’s that people want to have more flexibility in where and how they work. And they want to know this opportunity exists. As employers, it’s important to be adaptable, while ensuring a strong culture of support for those working both in and out of physical office environments.”



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# Work environment

members, compared to 10% of sponsors, would like a fully virtual set-up with all employees working remotely.

- Regarding a hybrid work environment, 56% of plan sponsors indicated the organization would primarily determine how time is divided between onsite and remote work, leaving 44% that indicated this would be determined by employees.

## THUMBS UP ALL AROUND FOR WORKING AT HOME

- Sixty-three per cent of plan members who can work from home reported feeling less connected to their co-workers and their organization over the past year, compared to 50% among those who cannot work from home.
- Nonetheless, 72% were extremely or very satisfied about working at home. Twenty-three per cent were somewhat satisfied, leaving just 5% who were not satisfied.
- Levels of extreme or very high satisfaction were highest among those who also felt most productive working from home (89%) and who were in excellent or very good mental health (80%), among other factors (see chart).
- Both plan members and plan sponsors were more likely

### ★ KEY TAKEAWAYS: WORK ENVIRONMENT

- Despite feelings of disconnection, almost all plan members were satisfied about working at home.
- Assessments of productivity in the home environment improved, according to both plan members and plan sponsors.
- The advisory board warned against generalization when it comes to productivity. While there will always be staff who are genuinely more productive at home, there will also always be those who simply cannot work effectively outside the worksite.
- Some employees who are most productive at home are paying a price in terms of work-life balance since the lines have blurred between home and office, noted plan sponsors on the advisory board, possibly increasing the risk of mental-health issues.
- In a hybrid world, a positive workplace culture relies as much on the quality of connection with the immediate supervisor as it does on events or interactions in the physical work environment.
- Strong leadership is also required to prevent a propensity to give more opportunities or advancements to employees who are physically at the worksite most of the time.

### PLAN MEMBERS

**72%**

Plan members who are extremely/very satisfied with working from home



#### ↑ HIGHS + LOWS

<b>89%</b>	Feel most productive working at home	Feel most productive at either workplace or at home	<b>55%</b>
<b>80%</b>	Excellent/very good mental health	Poor mental health	<b>65%</b>
<b>79%</b>	Excellent/very good overall health	Poor overall health	<b>57%</b>
<b>75%</b>	Satisfied with job	Not satisfied with job	<b>58%</b>
<b>74%</b>	Workplace wellness culture	No workplace wellness culture	<b>63%</b>

SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan members working from home (n=611)



**SHERRY HNATYSHYN** CAREPATH DIGITAL HEALTH BY BAYSHORE

“Levels of burnout are high. The last six months especially have seen more people needing help to navigate care for mental health, chronic disease and cancer. Musculoskeletal issues are also on the rise, not only because home workstations may not provide adequate support, but also because people tend to move less and are more tied to their screen when they’re at home.”

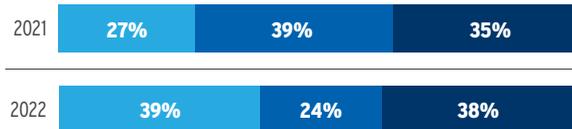
### PLAN MEMBERS

### PLAN SPONSORS

## WHERE EMPLOYEES ARE MOST PRODUCTIVE

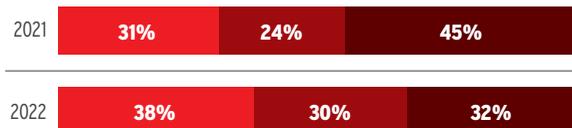
### ACCORDING TO PLAN MEMBERS

- At home
- Equally productive at home or workplace
- At workplace



### ACCORDING TO PLAN SPONSORS

- At home
- Equally productive at home or workplace
- At workplace



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan members who have been working from home (2021 n=611; 2022 n=684); plan sponsors who answered (2021 n=445; 2022 n=465)

# Caring for workers who care for the vulnerable



**Neil Prashad**

President, chief executive officer and founder  
**ORIGIN GROUP OF COMPANIES**

**“Keeping good team members over the long term is more than just paying hourly wages. It’s showing love and caring for people in a much more deep and broad way than we have ever considered before.”**

**During the pandemic, the Origin Group of Companies** experienced no coronavirus deaths among its employees, nor among the residents they care for in senior living communities. Neil Prashad, the organization’s president, chief executive officer and founder, attributes this in large part to its unwavering commitment to protecting employees’ health and well-being.

Origin distributed gas cards to encourage employees to carpool to work rather than taking public transportation. It provided an overnight laundry service for uniforms when it wasn’t clear how the virus was spreading. It asked people to work at a single site long before it was mandated by provincial health authorities. And, because hours were longer, it made up baskets of food for staff to take home sourced from a food-service company, which had a surplus since it could no longer sell to hotels and restaurants.

The message to team members was, “Our residents are safe. They’re in a building. The only way they’re going to get sick is if you bring it in,” says Prashad. “So the more we can reduce your footprint to being just with us or at home, the safer we’re all going to be. And it worked.”

Origin’s response to the pandemic was informed by Prashad’s vision of putting employee wellness at the centre of all planning and decision-making. He describes this approach as a paradigm shift for his business sector, but he believes the only way to meet demand as the population ages and requires more one-on-one support is to care for the care workers.

“The first baby boomer turned 75 in 2021 and by 2050 there will be 980 million baby boomers in North America and Europe,” he says. “Almost a billion people, which is scary, but it’s also a great opportunity. If companies like

ours ... do not figure out how we can do a better job of attracting and keeping and motivating care workers, we’re in for a world of hurt.”

Origin offers many popular ongoing perks to its team members, including the selection of Lululemon as its uniform provider, a 50 per cent discount off Sketchers shoes and an onsite yoga instructor in staff lounges. That said, the single biggest request from care workers is for education.

“Once you tap into people’s spiritual side and you give them permission to talk about their own personal wellness, they gravitate to education,” says Prashad. “We just had one team member who wants to take a course on how to fix wheelchairs and walkers. I didn’t even know there was a course to do that, but her whole thing was, ‘We have so many members in our community who have broken equipment and they always complain. What if I could fix it for them?’”

Employees’ enthusiasm for education spurred the creation of the Origin Academy. It goes well beyond specific work-related skills development to encompass training in areas such as self-defence and personal financial wellness. The idea is to help team members care for themselves.

Origin’s employee-centric approach has contributed to significantly longer-term service than the industry average, with 83 per cent of full-time staff working for the company for two years or more. The industry average is between 55 per cent and 65 per cent, according to Prashad.

“Keeping good team members over the long term is more than just paying hourly wages. It’s showing love and caring for people in a much more deep and broad way than we have ever considered before.”

## Work environment

to indicate greater productivity when working at home. For plan members, 39% felt they work most productively at home, up from 27% in 2021, while 24% said they are equally productive in either setting, down from 39%. Thirty-eight per cent said they believe they are most productive at a workplace, virtually unchanged (35%) from last year.

- Among plan sponsors, results essentially flipped from 2021: 38% indicated employees are most productive at home (up from 31% last year), while 32% felt employees are most productive at the workplace (down significantly from 45% in 2021). Three in 10 (30%) said they believe employees can be productive in either location, up from 2021 (24%).
- Plan members working for organizations with 1,000 or more employees (47%) were more likely to feel most productive working at home, as were those whose overall health is poor (48%).
- Not unexpectedly, caregiving appears to be factor: caregivers were more likely to be most productive at work (42%) than at home (33%), compared to 35% and 43%, respectively, among members without any caregiving responsibilities.
- The perceptions of large employers were somewhat

“” AMÉLIE MEILLEUR BENEVA

“Higher employee satisfaction levels have been reported since people have been working more frequently from home. Employees with more flexibility in their schedule show increased productivity and complete more work in an equal or shorter amount of time. Workers also shared being less distracted. The challenge for the employers is to continue creating a team spirit and finding solutions to thrive and innovate.”

### PLAN SPONSORS

**75%**  
Plan sponsors that described a hybrid or virtual workspace as a positive development for their organization



SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: Plan sponsors with employees working from home and anticipate a hybrid workplace setting in future (n=284)

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PLAN SPONSORS

**68%**  
Plan sponsors concerned about the impact on attraction and retention if employees are mandated back to the workplace



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<b>86%</b>	Quebec	Manitoba/Saskatchewan	<b>52%</b>
<b>80%</b>	500 or more employees	Fewer than 50 employees	<b>48%</b>
<b>78%</b>	Unionized workforce	No union	<b>63%</b>

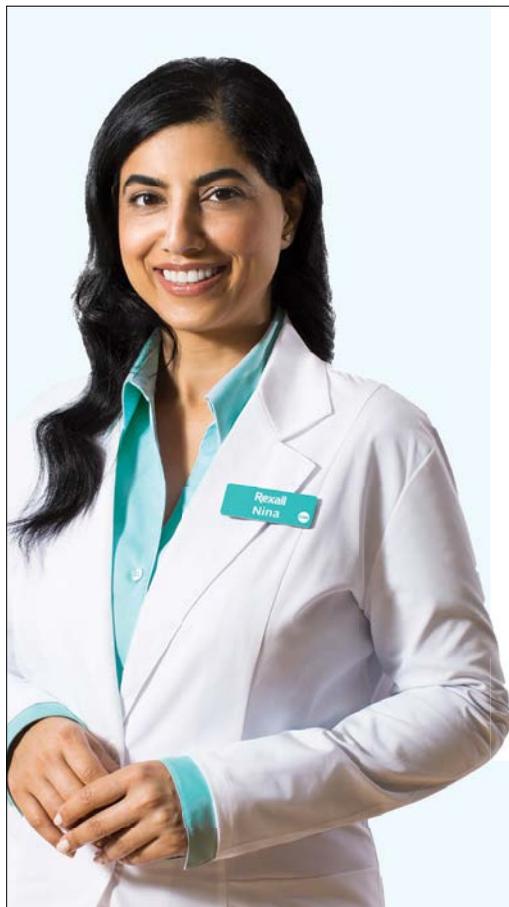
SOURCE: 2022 Benefits Canada Healthcare Survey, April 2022. BASE: All plan sponsors (N=553)

“” CINDY DALEY COLLEGE EMPLOYER COUNCIL

“People are finally putting to rest the notion that taking a sick day is a weakness. Even in our office of 12, people are much more aware of the need to protect others from illness. Now that we’re set up to accommodate working from home while not feeling well, if able, it’s important to continue to encourage employees to stay home when sick to protect themselves and others.”

evenly divided between peak productivity at home (34%), at the workplace (29%) or at either setting (37%). Meanwhile, the opinions of small employers were more split: 44% felt employees are most productive at home, 39% at work and 17% at either setting.

- Seventy-six per cent of plan sponsors described a hybrid or virtual workspace as an extremely (20%) or somewhat (56%) positive development for their organization. Almost one in four (23%) said it was neither positive nor negative, leaving just 1% to say it was negative.
- Plan sponsors with a wellness culture were much more likely to feel this way (77% versus 58% among those without a wellness culture), as were those in the private sector (79% versus 66% in the public sector).
- Two-thirds (68%) of plan sponsors agreed they are concerned about the impact on attraction and retention if they mandate employees back to the workplace, up from 52% a year ago. Almost one in four (23%) strongly agreed with this statement.
- Sponsors in Quebec appeared to be much more concerned, at 86%, in contrast to those in Manitoba/Saskatchewan (52%) and B.C. (53%). A unionized workforce and the size of employer also appeared to influence responses (see chart).



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# Making sure professional help is just a few clicks away



**Nathalie Cardinal**  
Vice-president of employee success  
SPI HEALTH AND SAFETY

**“The leadership team wakes up every morning thinking, ‘What can I do better today to make life easier for the employees? What’s the next idea? What’s the next process that I should be working on?’”**

**SPI Health and Safety has to live up to its name in the way it treats employees, so it’s not surprising the company prioritizes wellness.**

One of the most popular tools the organization offers to its employees is an app described as “a doctor in your pocket” by Nathalie Cardinal, vice-president of employee success. Since its launch in 2019, the app has expanded to enable direct access to mental-health professionals, dietitians, financial professionals and lawyers. Sessions are covered 100 per cent by the benefits plan.

A June 2022 engagement report showed 85 per cent of users give the program the top rating of five stars, with an average of 4.9, and 81 per cent of issues were resolved on the spot. Cardinal says she’d be satisfied if the app helped just one person. “It’s not about helping everybody. It’s helping the people who truly need it.”

Anecdotally, she says she’s often greeted at work on Monday mornings with an employee’s story about how the app has helped; for example, to get desperately needed medication for a child within the hour or to direct someone to the most convenient urgent care clinic, saving them from having to make multiple phone calls.

“It alleviates a lot of stress. Family comes first. If we can help you take care of that, then we believe that we’ll be able to develop your expertise and you’re going to take care of the customers in return and give them a fabulous experience.”

## **A well-timed pre-pandemic launch**

SPI introduced the app about four years ago, initially offering access to doctors and nurses. It was the company’s response to long waits for health-care services that were keeping employees away from work or causing them to worry at work because they couldn’t get the professional advice they needed quickly.

“We said, ‘How can we alleviate that for our employees?’” says Cardinal. “I want you to be secure. If you’re worried, I want you to have someone to call. If you can’t afford to miss 12 hours to visit an emergency room, we’re going to make it easy for you. We care so much about your time and you as a person and your family, we’re going to offer you this free of charge so you have it at the tip of your fingers. It was a really simple idea.”

When the pandemic arrived and much of health care went virtual, the app was even more appreciated. It was apparent, however, that people needed additional support, so SPI added the mental-health support and other components in October 2021.

In a broader economic environment, where it’s harder to find employees for all the available jobs, SPI’s leadership has embraced this program and remains open to new initiatives to improve employee health and well-being for its 400 employees in 23 locations across Canada.

“The leadership team wakes up every morning thinking, ‘What can I do better today to make life easier for the employees? What’s the next idea? What’s the next process that I should be working on?’” says Cardinal. “We try our best every day to see what we can do better for our employees.”

# 5 talking points

## from the 2022 Benefits Canada Healthcare Survey

### 1. MENTAL HEALTH COMMANDS ATTENTION



Approximately one in five plan members described their mental health as poor, double the number of those reporting poor overall health. A diagnosed mental-health condition, such as depression, solidified its position as the No. 1 chronic illness among plan members.

In response, plan sponsors are taking action. Close to six in 10 now have mental-health training programs for managers and/or staff, up from about a third five years ago. Half increased or planned to increase their coverage maximum for mental-health counselling. Plan members appear to be taking notice: three out of five plan members agreed their employer effectively helps employees manage stress. However, fewer felt their employer effectively helps employees manage other mental-health conditions.

### 2. THE SHADOW PANDEMIC



For the second year in a row, half of plan members delayed seeking treatment during the pandemic, increasing to almost two out of three among those in poor mental health. It may be years before the repercussions of

these delays are fully realized in terms of an increased use of health benefits plans, including disability benefits.

Among the two out of three plan members with a chronic condition and/or chronic pain, medication was the main component of treatment. The top three things they'd like to do more of to treat their condition are physical activity, healthier eating and the use of paramedical services.

### 3. HIGHER MARKS FOR HEALTH BENEFITS



Plan members were more opinionated about their benefits plan – for the better. More described their plan as excellent and fewer described it as adequate. This is especially true among those with access to virtual health-care services through their plan. However, as in past years, plan members

in poor health are far less likely to give high marks.

Plan sponsors' No. 1 main purpose for health benefits, to attract and retain employees, is further reflected in their No. 1 main concern about their plans, competitiveness. However, these findings may become increasingly at odds with their next three top concerns, all of which have to do with sustainability.

### 4. PLENTY OF ACTION ON BENEFITS FRONT



Health-care spending accounts and wellness accounts are trending upwards and nine out of 10 plan members and plan sponsors with these types of accounts agreed they're important. Just under one in three plan sponsors reported having

a plan that includes a virtual health-care service and about the same number reported adding a benefit or improving coverage levels in the past year, almost triple the result of a year ago.

Among certain new or lesser-known benefits, plan members were most interested in health-risk screenings, immunizations for infectious diseases and genetic testing to determine risks for certain diseases. Interest also increased in health-care system navigation and one-on-one education for chronic disease.

### 5. MAKING IT WORK, AT HOME



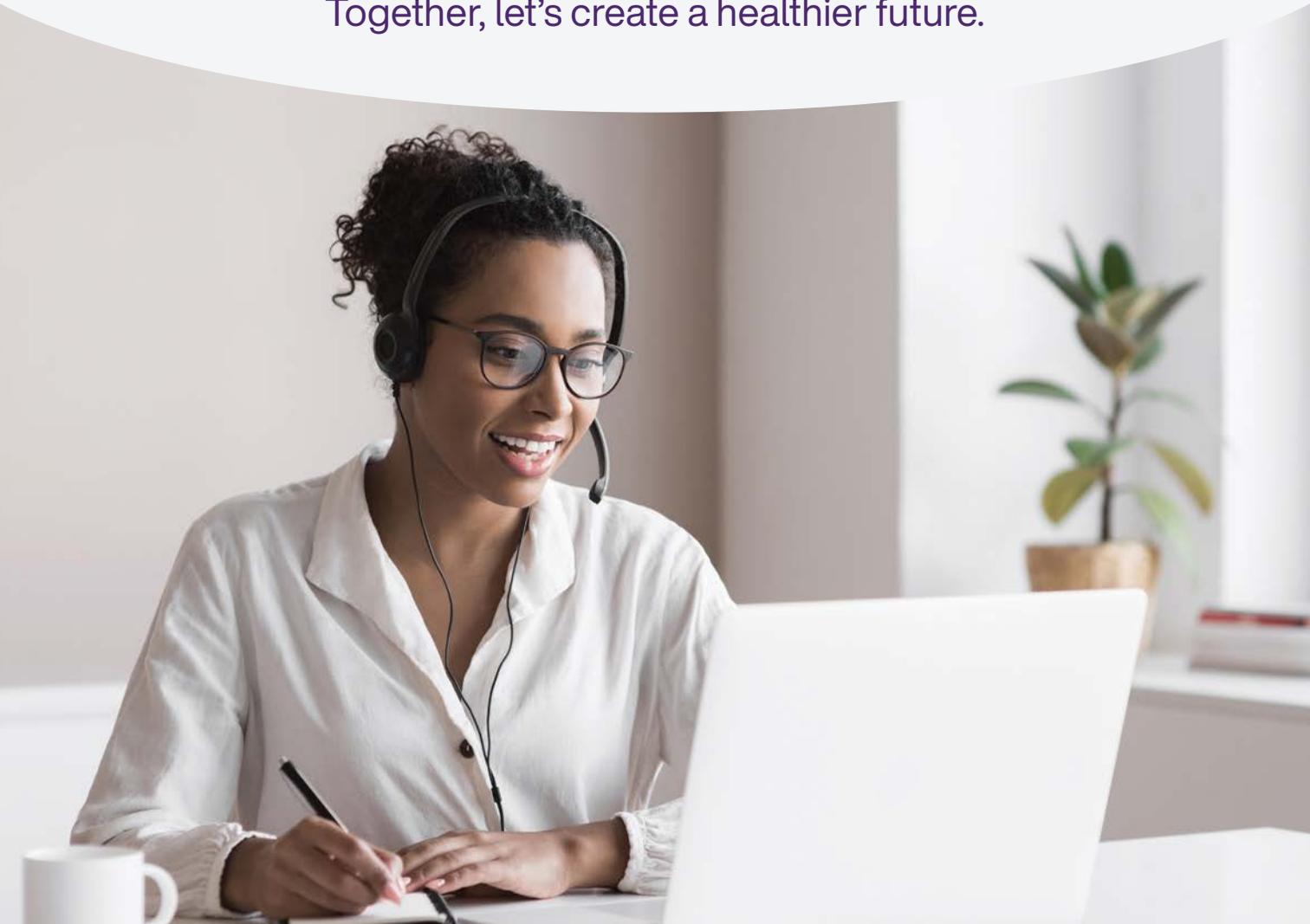
Seven out of 10 plan members can work at home and only a very small proportion of them prefer not to. Of those who can work remotely, they'd like to do so about two-thirds of the time, virtually identical to their actual levels during the pandemic so far. Plan sponsors would prefer employees work at home a bit less, but still more than half of the time.

Despite feeling less connected with co-workers, most plan members were satisfied about working at home. Both members and plan sponsors were more likely to report the home environment was conducive to optimal productivity, compared to results from a year ago.

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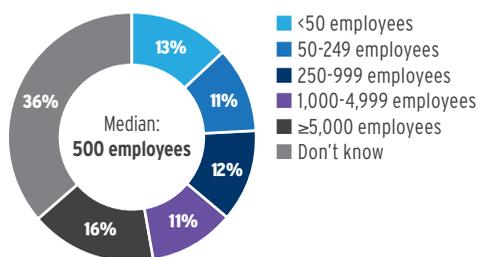
# Methodology

Ipsos fielded the plan member survey on behalf of Contex Group using an online (Internet survey) methodology from April 8 to 14, 2022. In total, a national sample of 1,000 primary holders of group health benefits plans completed the study. At the time of each interview, these adults were the primary holders of employee plans with a health benefits portion. The online completes were conducted using a random sample drawn from the 200,000+ members of the Ipsos Canadian i-Say Panel. The total results of a probability sample of this size would be considered accurate to within +/- 3.1%, with 95% certainty of what they would have been had the entire population of Canadian plan members been polled. It is important to note, though, that the margin of error 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 2016 Census data. Additionally, some response categories in this report do not add up to 100% – this is due either to the rounding of numbers or questions that allowed plan members to provide multiple responses.

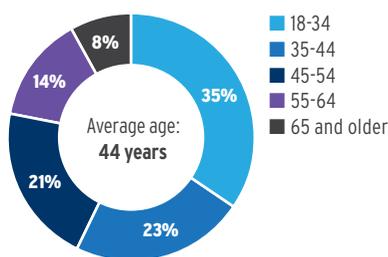
In addition, Contex Group and Maru/Blue fielded a separate online survey for Contex Group research with 553 benefits plan sponsor decision-makers from across the country, from April 21 to 28, 2022. The data was statistically weighted to accurately reflect the geographic distribution of business and business size according Industry Canada.

## PLAN MEMBER DEMOGRAPHICS

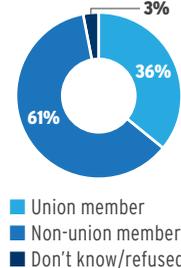
### ORGANIZATION SIZE



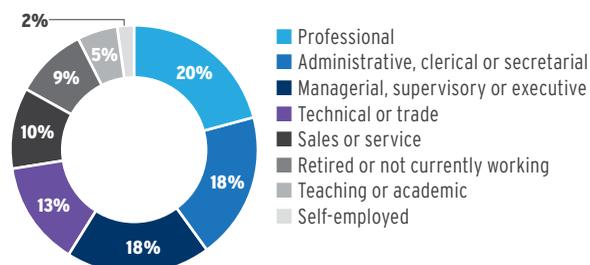
### AGE



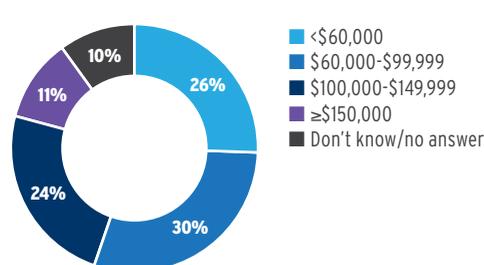
### UNION



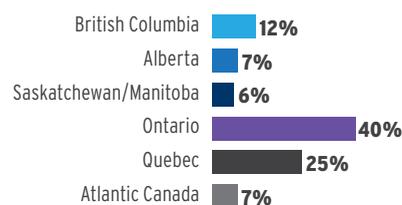
### POSITION



### HOUSEHOLD INCOME



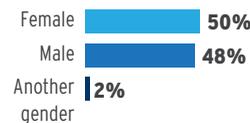
### PROVINCE/REGION



### LANGUAGE



### GENDER



Note: Due to rounding, response categories may not add up to 100%



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