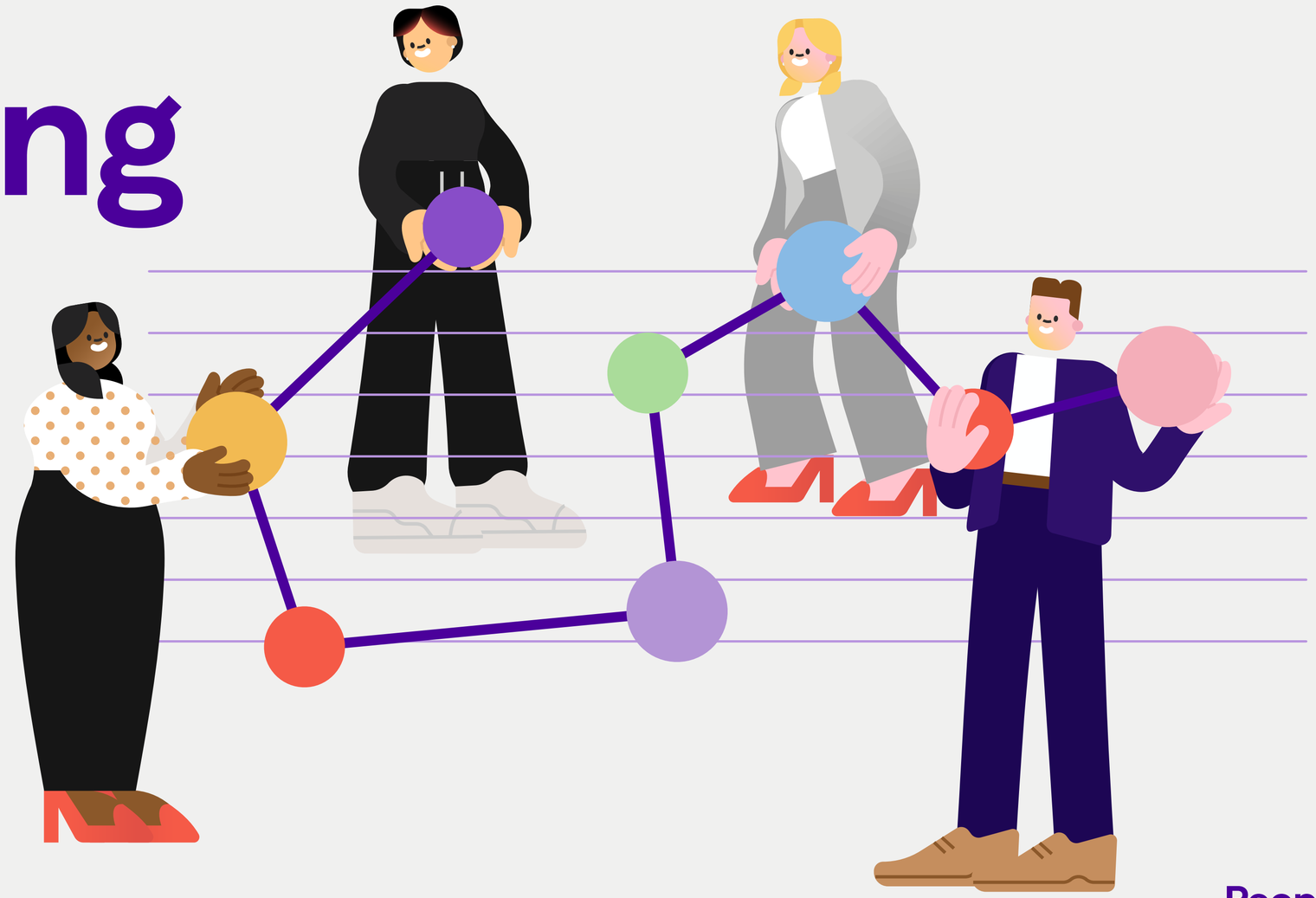
2026
health trends and insights

Connecting the Dots



beneva

People protecting people

Holding the line on protection

Group insurance is carrying more weight than it used to. Insurers, advisors and plan sponsors are focused on protecting people in a world where healthcare is changing fast, and expectations are rising just as budgets are tightening.

The good news is that innovation is improving how we treat, manage and prevent illness. The harder reality is that rising health costs are being felt earlier and more often, shaping the choices plan members make long before a claim is filed.

The cost of staying healthy is rising on multiple fronts. Our data shows prescription drug spending has grown at an average annual 7% rate per insured over the past eight years, steadily increasing the baseline cost of coverage. Dental care shows a similar pattern.

In Quebec and British Columbia, dental fee guides have risen faster than general inflation, creating a cumulative gap of 12% by 2025. Ontario follows the same trend, though with a slightly smaller difference.

As expenses rise across several areas of care, pressure accumulates within benefits plans. Over time it narrows room for flexibility and pushes plan sponsors to consider difficult trade-offs with no clear upside.

This is where the role of group insurance becomes unmistakably human. Benefits are not simply a financing or reimbursement mechanism. They act as a buffer between rising costs and personal vulnerability. When that buffer is strong, people are more likely to seek care early, adhere to treatment and remain engaged at work. When it weakens, financial pressure, stress and health risks increase with consequences that extend to workforce stability.

As a people-first insurer, these dynamics matter deeply. Putting people first means recognizing that cost pressures are lived realities for plan members, not abstract metrics. Ensuring access to care remains within reach requires thoughtful choices, disciplined plan design, and targeted cost management in the areas that drive the greatest pressure. Together, these elements shape how plans are built, adjusted and sustained over time.

Éric Trudel
Executive Vice-President and Leader, Group Insurance

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The taxing effect of financial stress

In this edition of *Connecting the Dots*, we examine how financial stress shapes health needs and benefit usage across generations, and how group insurance must respond to evolving life stages and high-impact events that transcend age.

Financial stress shows up differently as life unfolds, and underlying health trends tell each generation's unique story. Today, that story is shaped by pressures that extend well beyond personal budgets. A turbulent geopolitical climate, persistent inflation, rising housing costs, and economic uncertainty are influencing how people experience work, health and financial security across all stages of life.

While these pressures are shared, they are not experienced the same way. Each generation responds to stress through its own context, expectations and coping mechanisms. As a result, financial pressure translates into different health behaviours, care-seeking patterns and benefit usage.

Pressure like this rarely stays financial. It settles into the mind first. It fuels anxiety, erodes sleep, blunts focus, and gradually drains the resilience people rely on to meet the demands of work and life. Over time, that strain becomes visible in absenteeism, presenteeism and in claims that signal how people seek support when stress becomes too heavy to carry alone.

Mental health pressures are not just personal challenges. They have measurable impacts on workplaces and the wider economy. Mental illness accounts for more lost workdays than any other chronic condition. The cost to the Canadian economy is estimated at $51 billion each year. Mental health leaves also cost employers twice as much as those related to physical disability.[1,2]

Alongside these generational realities, critical illness represents a distinct and unavoidable pressure on group plans. A serious health event can affect employees at any age, intensifying financial and psychological strain at the very moment stability is most needed. Its impact is less about frequency than about severity, duration and complexity.

Responding to these realities is not only a matter of better plan design. It also requires balance, which is where disciplined cost management comes into play. Not to limit protection, but to sustain it. In a context where needs are changing and innovation is accelerating, cost management is what allows group plans to remain strong enough to absorb pressure and endure when people need them most.

1. Canadian Psychological Association. "Psychology Works" Fact Sheet: Mental Health and the Workplace (May 29, 2024).
2. Longwoods Publishing. Health & Healthcare News. Longwoods.com.

Young adults (ages 18 to 30)

The new talent on the block

Our youngest group belongs to Gen Z, often nicknamed the Digital Natives. This tech-savvy generation has grown up in a world where the internet, smartphones and social media are omnipresent.

They bring a level of digital fluency and adaptability that no previous generation has matched. For employers, that makes them more than the workforce of tomorrow. It makes them a powerful force in shaping today's workplace.

Beyond representing future leadership, they are already influencing how organizations evolve. Their expectations around technology, flexibility, well-being, and inclusive culture are pushing companies to modernize, redefine their employee experience, and strengthen their employer brand. In other words, Gen Z isn't just entering the workforce; they're helping transform it.[3]

But the flip side of this always-connected lifestyle is a new strain of financial anxiety, as the pressure of social media perfection meets a job market with limited opportunities.[4]

3. Catalano, J. (2025, April 2). The evolution of work: How Gen Z is reshaping leadership and workplace culture. Forbes.
4. Randstad Canada. (2025, October 14). The Gen Z workplace blueprint: Future-focused, fast-moving.

Picture-perfect expectations

Gen Z is starting out in the labour market at a moment when everything feels more intense. The cost of living is climbing, job opportunities are harder to secure, and social comparison is constant. The result is financial stress showing up earlier—and more sharply—than for any other generation in Canada today.[5]

Life is getting more expensive faster than income can keep up. Nearly half of Canadians say rising prices have a significant impact on their daily expenses, up from about one third just two years ago.[6] With young Canadians spending 50% or more of their income on basic necessities, many live from paycheque-to-paycheque, take on second jobs, or cut back on leisure or hobbies to stay afloat.[7]

The employment situation offers little relief. Youth unemployment remains elevated, reaching its highest level in more than a decade outside the pandemic years. This makes early career mobility harder to achieve and pushes many young adults to stay longer in jobs with limited advancement opportunities, or to rely more heavily on family support.[8,9]

At the same time, social media has intensified the pressure to appear financially successful. Over 50% of young Canadians say they feel compelled to maintain a successful image online, and nearly two thirds believe they are falling behind their peers financially. With curated images of achievement appearing constantly, even realistic goals can feel out of reach.[10]

Financial literacy gaps make this landscape even harder to navigate. Almost half of young adults do not know where to find reliable financial advice. Many are still learning the basics of budgeting, credit, saving, and insurance. Only one in five young adults feels financially secure, while 83% feel stressed about their career prospects. Instability, short-term contracts, and shifting jobs mean uneven income and inconsistent coverage, which only increases uncertainty.[10,11]

The emotional toll is significant. Many are delaying personal goals or relying on short-term coping mechanisms, such as living on credit to prioritize financial survival over long-term stability.

5. Wilson, Jim. "Top challenges for Canadian youth: Digital fatigue, mental health strain, cost-of-living pressure." Human Resources Director, December 10, 2025.
6. Statistics Canada. Nearly half of Canadians report that rising prices are greatly impacting their ability to meet day-to-day expenses. The Daily, August 15, 2024.
7. Rentals.ca. Half of young Canadians spend over 50% of income on rent, Rentals.ca survey. August 13, 2025.
8. Statistics Canada. Youth faced a challenging labour market in the summer and into September. October 28, 2025.
9. Galbraith, Nora, and Laflamme, Nadine. Adulting together: Parents and adult children who co-reside. Statistics Canada, August 14, 2025.
10. Rabinovitch, Ariel. "Financial struggles risking mental health of Gen Z, expert says." Global News, October 17, 2025.
11. FP Canada. 2026 Financial Stress Index. Financial Planning for Canadians.

Impact on group plans

Where stress and health intersect

Young adults are an important part of an employer's talent strategy. Keeping them healthy supports long-term workforce stability and helps organizations maintain the skills, capacity and energy they need to thrive. When stress or health issues escalate, employers face higher absenteeism, disability leaves and turnover, increasing costs through lost productivity and repeated recruiting and onboarding. Investing in young adults' health is therefore both a talent strategy and a cost-management approach.

The trends

Our data shows a consistent pattern among young adults. From 2017 to 2025, the number of young insured persons who consulted a mental health professional doubled, translating into an average 9% yearly increase. Over the same period, antidepressant usage also grew at a rate 2.5 times higher than that observed in other age groups.

Chart 1: Average annual growth in psychological care and antidepressants

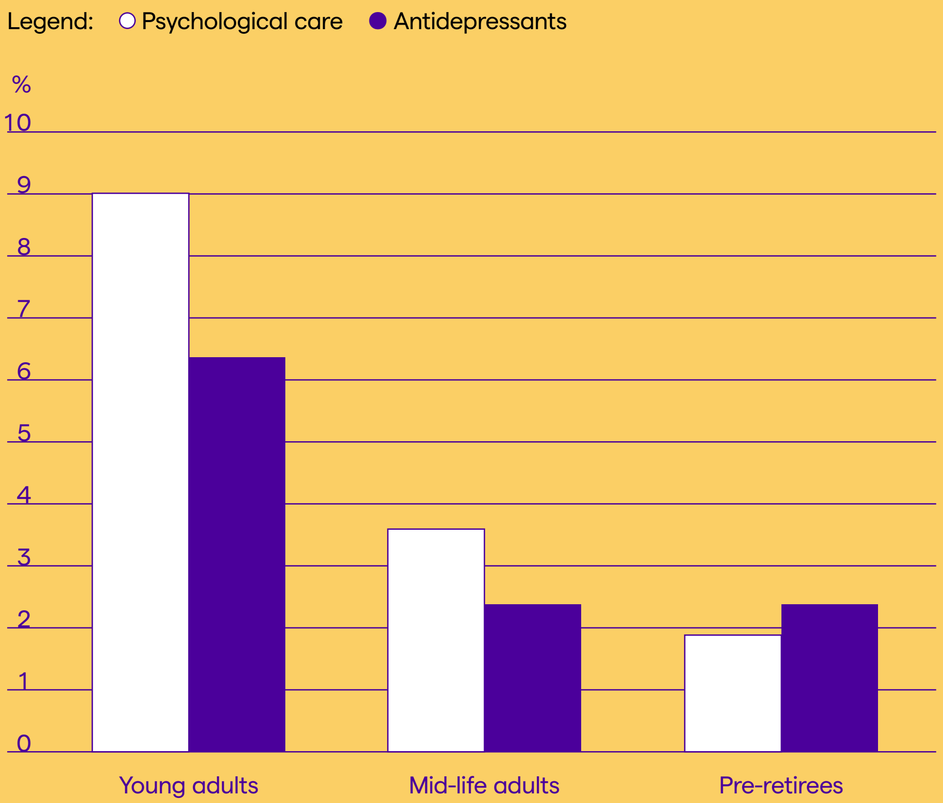
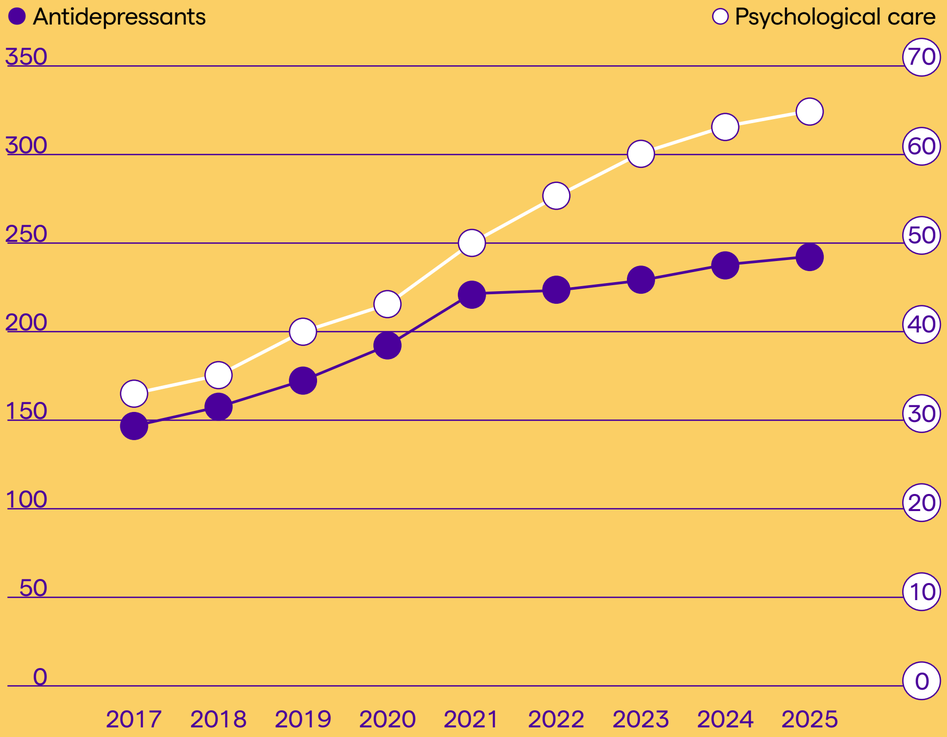


Chart 2: Incidence per 1,000 – Young adults (18-30)



Taken together, these trends point to a clear shift toward help-seeking within group benefits. When viewed in terms of usage levels, however, antidepressants continue to dominate throughout the period. This contrast suggests that while young adults are increasingly reaching out for professional support, pharmacological treatment remains the most common form of care.

However, according to Dr. Robitaille, a psychiatrist and medical consultant for Beneva, medication has its limits. "For most common mental health disorders, medication contributes only partially to clinical and functional improvement. Other forms of care, including support from health professionals such as psychotherapists or occupational therapists, often play an essential role alongside the treating physician. While medication can help, it's rarely the only ingredient needed for a better recovery."

Access barriers also play a part in this utilization imbalance. According to Dr. Denis, who is both a family doctor and a medical consultant for Beneva, access to psychotherapeutic support can remain uneven even when these services are included in group plans. Psychotherapy involves significant costs, and not all benefit plans offer the same level of coverage, which can result in substantial out-of-pocket expenses. In addition, lengthy wait times may delay access to therapy. In the absence of accessible psychotherapeutic support, physicians may at times have little choice but to prescribe medication to help alleviate symptoms.

In this context, trends suggest antidepressants remain more widely used than psychotherapeutic services, not because they are more effective or preferred, but because they are often more accessible with lower upfront costs.

Solutions and preventive measures

To rebalance the situation and align benefits with the health needs of this generation, plan sponsors may want to consider targeted adjustments to coverage and access.

Expanding coverage or increasing limits for mental health professionals such as registered therapists, social workers or registered counsellors facilitates earlier intervention. Reducing out-of-pocket costs makes professional support a more realistic option at the point when symptoms first emerge, avoiding escalation to disability or medication.

Employee Assistance Programs (EAPs) can play a complementary role within this care pathway when they are clearly positioned and well understood. EAPs are designed to provide early, short-term support and navigation for emerging psychological, financial or personal stressors. Their value lies in prevention and timely engagement, not in replacing ongoing mental health care.

That said, many young employees report barriers to using EAPs, including limited awareness of available services and uncertainty around confidentiality.[12] When the role of EAPs is not clearly communicated, plan members may bypass them altogether. Clarifying how these programs fit within the broader mental health ecosystem can help ensure they are used as intended and at the appropriate stage of need.

Beyond traditional care pathways, healthcare spending and wellness accounts offer additional opportunities to support mental health in more flexible, people-centred ways. While healthcare spending accounts can help cover remaining balances for eligible services, wellness accounts open the door to preventive solutions that reduce financial barriers and encourage earlier action.

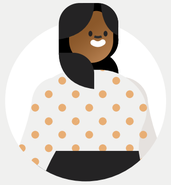
Physical activity particularly stands out as a highly accessible lever with well-documented benefits for mental health, including in the management of mild to moderate depression. Making physical activity and exercise programs eligible for reimbursement through a wellness spending account offers a practical, non-stigmatizing way to encourage healthier habits, reduce financial barriers, and support long-term plan sustainability.[13]

Finally, given the digital habits of this generation, virtual healthcare can be an appealing complement to in-person care by providing quick access to medical services.

12. Mental Health Research Canada (MHRC). Mental Health Services Coverage, Benefits and Employee Assistance Program Access and Use. November 2023.

13. Dr. Fabiano, N. Portail de l'assurance. September 23, 2025.

How financial stress shows up at work



Interview with **Doreena Sophie**, Manager, Human Resources and Compliance at XN Worldwide Insurance

Financial stress doesn't stay at home. It shows up at work, often quietly, and often before employees name it themselves. For employers, the challenge is to recognize these signals and respond in ways that support early-career employees without stigma or assumption. At XN Worldwide Insurance, a globally oriented organization with a diverse, multigenerational workforce, financial pressure is understood as a workplace reality that can influence engagement, performance and well-being.

In this conversation, Doreena Sophie, Human Resources and Compliance Manager at XN Worldwide Insurance, shares what financial stress looks like on the ground—and how employers can create conditions that help younger employees stay engaged, supported and confident as they build their careers.

Do you see a link between financial concerns and aspects of employee well-being at work?

Yes. While young employees do not always articulate their financial worries, the impacts are visible. Financial strain appears through lower productivity, reduced work quality, waning motivation, absenteeism, and a greater tendency to renegotiate salaries or consider job changes.

What tangible manifestations do you observe when people are under financial pressure?

Financial stress often leads to social withdrawal, especially from activities that involve personal expenses. Employees may also experience heightened stress linked to commuting or other work-related costs. Over time, this pressure can reduce productivity and engagement.

What trends do you see in how employees seek mental health support?

Younger employees often look for someone who will listen, for flexibility, and for short-term accommodations. Some use the Employee Assistance Program (EAP), which offers financial and legal guidance, tools for budgeting, and resources for building resilience. There is also a rise in requests for exceptional accommodations, such as occasional remote work, to maintain balance.

What inspiring message can you share with employers to support early-career employees?

Financial stress is becoming less taboo, and employers should bring it forward proactively. Young employees arrive with strong potential but also vulnerabilities. Supporting their financial well-being and normalizing access to resources is both compassionate and strategic. Doing so helps build confident, engaged, resilient employees who can contribute fully to the organization while feeling more secure about their future.

Mid-life adults (ages 31 to 50)

The backbone of Canada's workforce

Spanning Millennials and younger Gen X (or Xennials), this group bridges the analog and digital worlds. As the most influential workforce segment, they combine experience, adaptability and technical fluency. They represent a critical concentration of skills, leadership potential and institutional knowledge.

A defining reality for many in this cohort is that they represent a significant share of the sandwich generation. This term describes individuals who support their children while also caring for aging parents. Being sandwiched is less about age or family size and more about the cumulative emotional, practical and time-intensive load it creates. Daily life involves constant transitions between school drop-offs, work responsibilities, household logistics and the increasing needs of older family members.[14,15]

For this generation, balance is not a static goal but an ongoing negotiation. Supporting two generations at once—often while carrying significant professional responsibilities—directly shapes their stress levels, their time constraints and their reliance on benefits that help them stay healthy, protect their families and manage the unexpected.[15]

14. Canadian Centre for Caregiving Excellence. (2024). Caring in Canada.

15. Statistics Canada. "Sandwiched" between unpaid care for children and care-dependent adults: A genderbased study. April 2, 2024.

When financial stress grows new heads

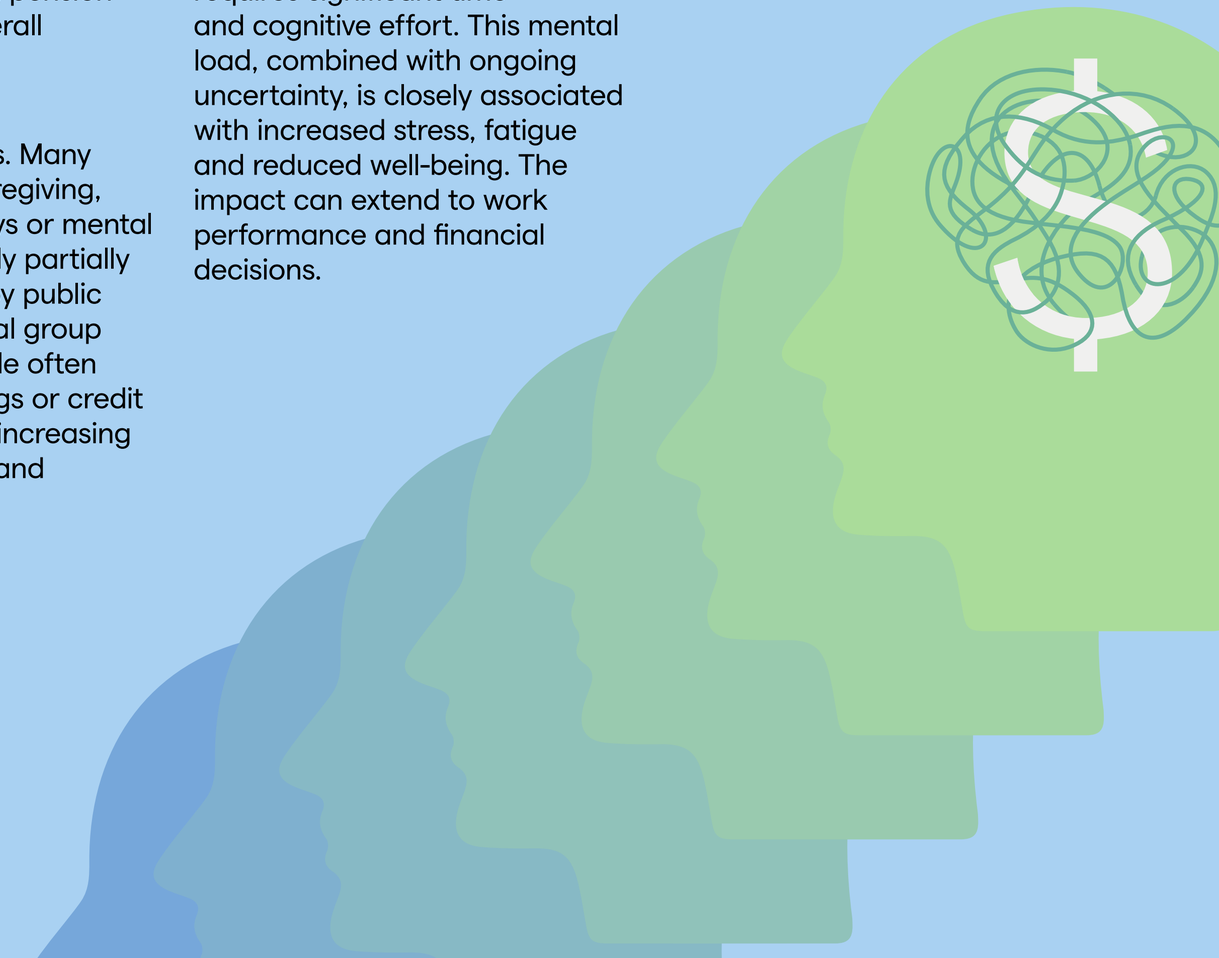
For adults in their prime working years, financial stress is rarely driven by a single pressure. It reflects overlapping responsibilities, rising costs, and gaps in coverage that create sustained strain. As Psychiatrist and medical consultant Dr. Robitaille puts it, “An accelerated pace of life acts as an aggravating factor,” making this stress structural rather than episodic.

This life stage also coincides with peak household spending. Costs related to housing, food, transportation, childcare, and debt repayment are typically highest during these years. At the same time, added expenses such as home adaptations or private care for aging parents create parallel financial pressures that can quickly become overwhelming. As these responsibilities often grow incrementally, their full financial impact is difficult to anticipate.

Financial stress is further compounded by income pressure and career trade-offs. Caregiving responsibilities frequently influence work choices. Statistics Canada research shows that sandwiched caregivers are more likely to adjust their schedule (30%), reduce their hours (14%) or reduce their tasks and responsibilities (9%). They are also more likely to give up better opportunities at work (7%) than other single-generation caregivers.[15] These adjustments are often framed as short-term solutions, but they carry consequences for earning potential. Over time, they affect income growth, pension accumulation and overall financial security.

Gaps in coverage add another layer of stress. Many expenses linked to caregiving, family-building journeys or mental health support are only partially covered or excluded by public systems and traditional group insurance plans. People often rely on personal savings or credit to bridge these gaps, increasing financial vulnerability and reducing flexibility.[16]

Finally, the administrative burden of managing finances contributes to overall strain. Navigating benefits, reimbursements, tax credits and care coordination requires significant time and cognitive effort. This mental load, combined with ongoing uncertainty, is closely associated with increased stress, fatigue and reduced well-being. The impact can extend to work performance and financial decisions.



15. Statistics Canada. “Sandwiched” between unpaid care for children and caredependent adults: A genderbased study. April 2, 2024.
16. Government of Canada. Financial support for fertility treatment and surrogacy.

Impact on group plans

Where stress and health intersect

As the core of most workforces, plan members in this age group carry significant organizational knowledge and often drive operational stability. They represent valuable talent that is costly to replace. Evidence consistently shows that sustained financial stress has clear consequences for both mental and physical health. Canadians who are worried about their finances are twice as likely to report poor overall health.[17,18]

Psychological trends

Persistent financial pressure increases psychological distress and emotional exhaustion, two core components of burnout. Among this cohort, claims for psychological care are the highest of any age group, with annual growth holding steady at 4% since 2017. In contrast, this same group recorded the largest increase in the share of short-term disability claims related to mental health, up 8% since 2019.

Together, these trends point to a timing issue rather than a participation issue. High use of psychological services does not necessarily mean care is accessed early or used preventively. Canadian data shows that many people who meet diagnostic criteria for a mental disorder do not consult a health professional within the year, with many reporting unmet needs for counselling or psychotherapy.[19]

Busy schedules also play a part in delayed treatment. An Ipsos survey found that seven in ten Canadians (68%) have missed a doctor's appointment for reasons ranging from long wait times to an inability to find a doctor outside of working hours.

And lastly, it comes as no surprise that high out-of-pocket expenses are also a contributing factor.[20]

In this context, the issue may not be whether care is being used, but when and how easily it can be accessed. Delays driven by time pressure, access barriers and out-of-pocket costs increase the risk of stress evolving into more complex and costly health outcomes.

17. Financial Consumer Agency of Canada. Financial stress and its impacts.
18. Benefits Canada. The Benefits Canada Healthcare Survey 2025.
19. Statistics Canada. Stephenson, Ellen. Mental disorders and access to mental health care. Insights on Canadian Society. September 2023.
20. Canadian Institute for Health Information (CIHI). Canadians report increasing need for mental health care alongside barriers to access. Commonwealth Fund survey. 2023.

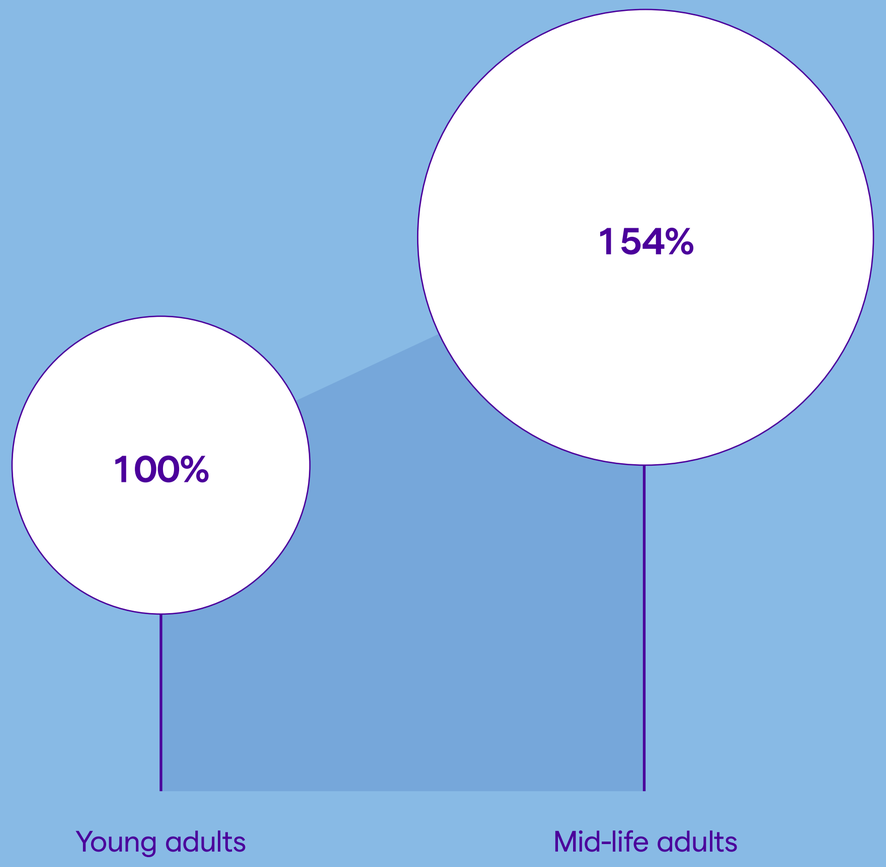
Physical trends

Over time, stress increasingly manifests physically. People experiencing chronic stress are more likely to report persistent fatigue, sleep disturbances, headaches and musculoskeletal pain. “When you are constantly under stress, you tend to become more ill: stress can bring physical symptoms to the surface, often rooted in an underlying internal imbalance,” explains Dr. Denis, family doctor and medical consultant for Beneva.

Sustained stress that progresses to psychological distress is strongly associated with cardiometabolic conditions such as diabetes and hypertension, as well as cardiovascular disease. While stress does not cause these conditions on its own, it adds to an already heavier health burden and can intensify symptoms, treatment needs and day-to-day strain.[21]

Our 2025 data reflects this broader shift. Drug costs increase by a little over 50% per insured from young adulthood to mid-life, mirroring the sharp rise in chronic conditions and overall morbidity during prime working years. This pattern suggests that sustained stress and rising chronic disease are occurring together in mid-life, contributing to higher healthcare use and more complex health needs, even if stress itself is not the sole driver.

Chart 3: Average drug cost per insured – Young adults vs mid-life adults
Index (Young adults = 100%)



21. Hatamova M, Rizk M, Rattan K, Gaballa A, McFarlane SI. Chronic stress, diabetes, and cardiovascular disease: epidemiologic evidence, pathogenetic insights, and therapeutic strategies. Cureus.

Solutions and preventive measures

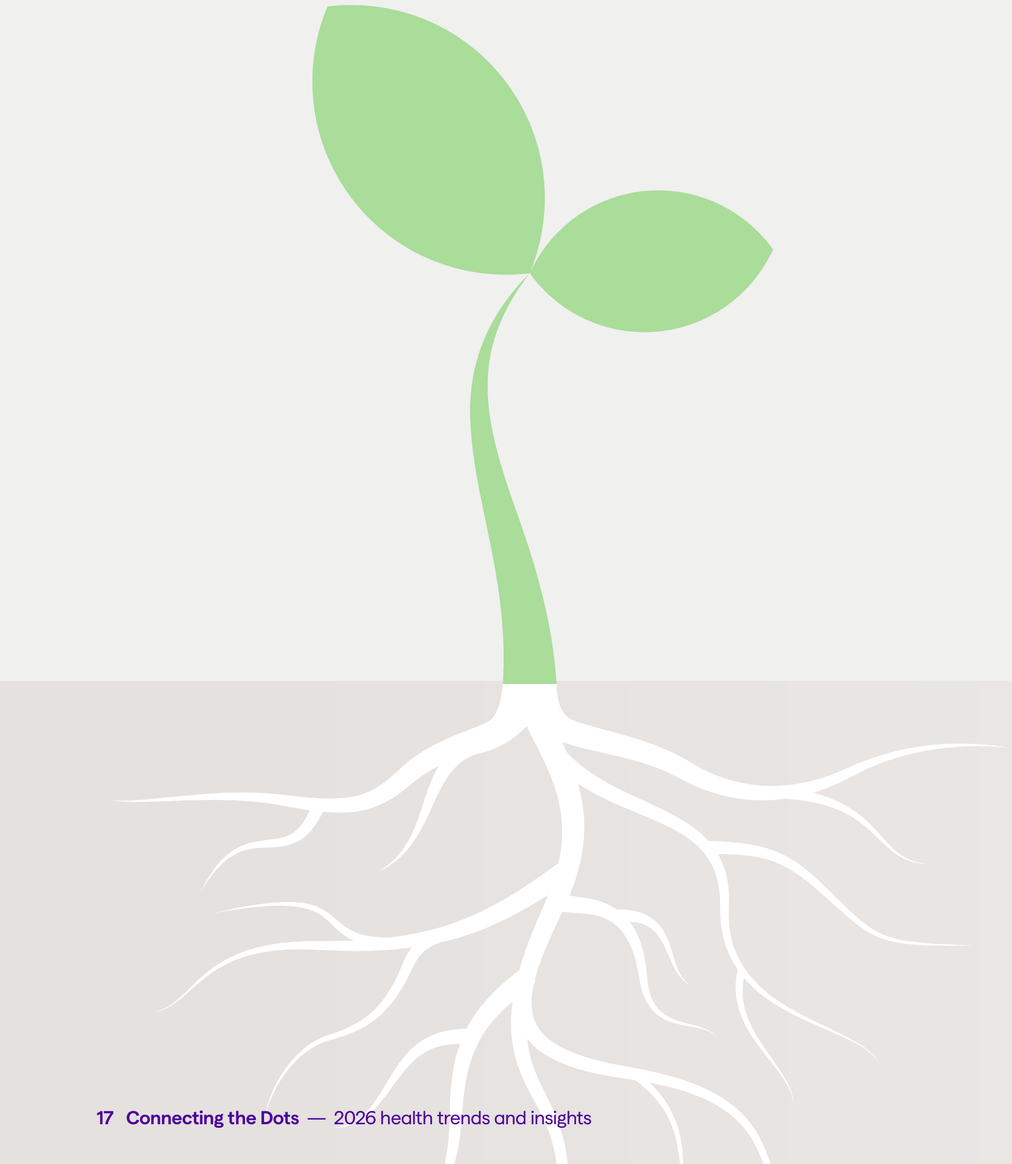
Modular group insurance plans such as those offered by Beneva are particularly well suited to this cohort. By offering tiered levels of protection, typically structured around three coverage options, modular plans allow employees to align benefits with their evolving responsibilities and risk exposure. This flexibility helps mitigate financial pressure by reducing out-of-pocket costs at key moments, whether related to family needs, caregiving responsibilities or emerging health concerns. This approach allows plan sponsors to maintain cost discipline and predictability.

Optional life insurance can also complement modular plan design. As a voluntary, employee-paid option, it allows plan sponsors to broaden the overall protection framework without increasing plan costs or creating an administrative burden. Premiums are typically handled through payroll deduction, making optional life insurance a low-impact way to enhance flexibility and perceived value.

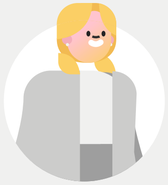
Beyond coverage and assistance programs, accessibility is critical. Virtual healthcare responds directly to the time constraints faced by mid-life employees, enabling faster access to medical support without disrupting work or caregiving schedules. Reduced delays limit the risk of conditions escalating, thus preventing avoidable costs for both plan sponsors and members.

Work accommodations further strengthen the effectiveness of benefits coverage. Flexible work arrangements, as well as supported leave options and structured return-to-work practices allow plan members to remain engaged while navigating periods of increased strain.

Taken together, modular benefits, optional coverage, virtual healthcare and supportive work practices form a coherent group insurance strategy that addresses financial stress at its source. They provide plan members with the flexibility and protection needed to manage complex life demands, while helping plan sponsors protect productivity, retain experienced talent and manage long-term risk. For this cohort, benefits that adapt are not a luxury; they are essential infrastructure.



Recognizing the different paths to family



Interview with **Marie-Claude Parent**,
Director, Culture and Organizational Development at Beneva

Decisions about when, how or whether to become a parent are no longer linear, nor do they follow a single model. Births among women in their 30s and early 40s now account for the largest share in Canada, even as the total fertility rate has reached a record low. This reflects changing social norms, economic realities, career trajectories, and personal choices.[22]

These shifts are also beginning to appear in benefits usage, with a modest uptick in fertility-related claims among mid-career plan members. While this increase is partly linked to later childbearing and the higher likelihood of conception challenges, timing is only part of the story. Family building itself is evolving. Same-sex couples, single parents by choice, blended families, and individuals who cannot conceive without assistance are all examples of how becoming a parent can take different paths.

Together, these trends underscore a fundamental shift: family building now unfolds later, differently, and more diversely than in the past. It often coincides with periods of high professional responsibility, financial pressure and emotional load. For organizations, this evolution has direct implications for group insurance design and workplace practices. Recognizing and supporting the full range of family building journeys is essential to create inclusive, resilient workplaces that reflect how people live and plan their lives today.

To explore this subject, we spoke with Marie-Claude Parent, Culture and Organizational Development Director at Beneva.

22. Statistics Canada. Fertility in Canada, 1921 to 2022. Demographic Documents, released January 31, 2024.

Why is it important to recognize different paths to parenthood from a group insurance perspective?

Recognizing diverse family journeys is both a people-first decision and a business imperative. Acknowledging the family project from the outset strengthens the employer brand, fosters belonging and reflects today's realities beyond heteronormative models. From a group insurance standpoint, this approach helps reduce distress, fatigue and absenteeism. It also promotes psychological safety and ensures more equitable access to benefits, regardless of how parenthood is achieved.

What common realities do employees encounter when building a family?

Across all projects, uncertainty and lack of control generate significant stress. Waiting periods, unpredictable outcomes and complex administrative requirements increase mental load, while financial costs are often high and only partially covered by standard plans. These realities require time, flexibility and open communication with managers.

How do nontraditional family projects amplify these challenges?

Fertility treatments, adoption and surrogacy often involve additional expenses such as medical services, donor programs, legal fees, psychosocial assessments and travel. Many of these costs fall outside traditional coverage, creating financial inequities for employees pursuing the same goal. The emotional burden associated with these journeys can also affect concentration and attendance, underscoring the importance of bias-free performance evaluations.

What solutions make the greatest difference?

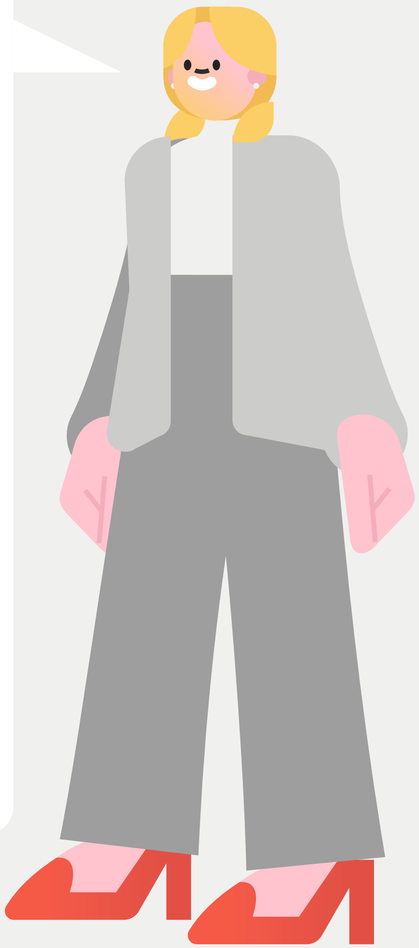
The most impactful lever lies in group insurance design and related workplace policies. Inclusive solutions focus on the goal of becoming a parent rather than the method used. This includes benefits that cover all family-building avenues, flexible and equitable leave, dedicated financial allowances, and access to mental health support and EAPs. Flexible work arrangements, discreet medical leave processes and clear return-to-work planning further support employees during these demanding periods.

How can companies ensure these solutions are effective?

Inclusive language, forms and systems help reinforce trust, but they must be supported by concrete plan design. Training managers on confidentiality, bias and inclusive practices is essential to ensure that benefits are accessible, used and experienced as equitable.

What biases persist, and how can they be addressed?

Assumptions about availability or commitment, hetero-centric policy design and informal career slowdowns can undermine even well-designed benefits. DEI teams and leadership play a key role by reviewing policies through a diverse pathways lens, monitoring utilisation and retention indicators, engaging employee resource groups, and providing managers with practical guidance and training.



Pre-retirees (ages 51 to 65)

The seasoned experts in the room

Pre-retirees are generally seasoned Gen X workers who represent a concentration of institutional knowledge. In many organizations, they occupy senior technical roles, leadership positions or highly specialized functions.

They understand systems, clients, internal processes and historical context in ways that cannot be quickly documented or transferred. They often serve as informal mentors, problem solvers and stabilizers within teams, providing continuity during periods of change and supporting less experienced colleagues.

At this stage of their careers, retirement shifts from a distant milestone to an active consideration. Decisions about when to step back, how long to remain employed and whether retirement is financially viable become increasingly central. These decisions are often shaped by continued financial obligations, including support for adult children while raising personal savings.

When the countdown feels real

For pre-retirees, financial stress is largely driven by the compression of time. As retirement approaches, financial decisions become more consequential, while the ability to recover from setbacks narrows. With fewer remaining earning years, unplanned costs carry greater weight, increasing sensitivity to uncertainty and directly influencing decisions about retirement timing.[23]

According to the 2023 Canadian Retirement Survey, 75% of pre-retirees had $100,000 or less in savings and 44% had under $5,000.[24] More recently, the 2025 CPP Investments Retirement Survey found that 59% of Canadians fear they will outlive their savings, with related anxiety peaking among those 55 to 59 years old.[25]

Ongoing financial responsibilities further intensify this pressure, as many pre-retirees continue to support adult children longer than anticipated. At the same time, individuals begin to project their current cost structure into retirement, making affordability concerns more immediate and concrete.[26]

Healthcare concerns also increasingly move to the foreground during this phase of life. As medication use tends to rise with age, questions emerge about current or future coverage needs once group benefits end. Even in the absence of immediate health issues, the prospect of managing future costs on a fixed or reduced income can trigger concern. CIHI reports that one in four seniors was prescribed 10 or more drug classes in 2021.[27]

Taken together, these pressures create a form of stress that is more anticipatory and less reactive than in earlier life stages. For pre-retirees, financial stress is increasingly tied to long-term considerations, limited flexibility and decisions that are difficult to reverse, shaping how health, work and retirement are approached simultaneously.

3

23. Statistics Canada. Majority of people planning to retire would continue working longer if they could reduce their hours and stress. The Daily, August 2023.
24. Healthcare of Ontario Pension Plan (HOOPP). 2023 Canadian Retirement Survey. June 15, 2023.
25. CPP Investments. 2025 CPP Investments Retirement Survey. October 29, 2025.
26. Ontario Securities Commission. Profiles of Retirement. *Investor research report, 2024.*
27. Canadian Institute for Health Information (CIHI). Drug use among seniors in Canada. Ottawa: CIHI; 2022.

Impact on group plans

Where stress and health intersect

Pre-retirees play a central role in workforce continuity. Their choices affect not only individual career paths, but also knowledge transfer, succession pacing and organizational stability during a period of heightened financial consequence. For plan sponsors, this group also carries higher health-related cost exposure. Conditions and treatments are more common and complex at this stage, and health disruptions are more likely to result in longer absences and higher claims.

Ages 60-64

37%
live with 2 or more chronic conditions

The trends

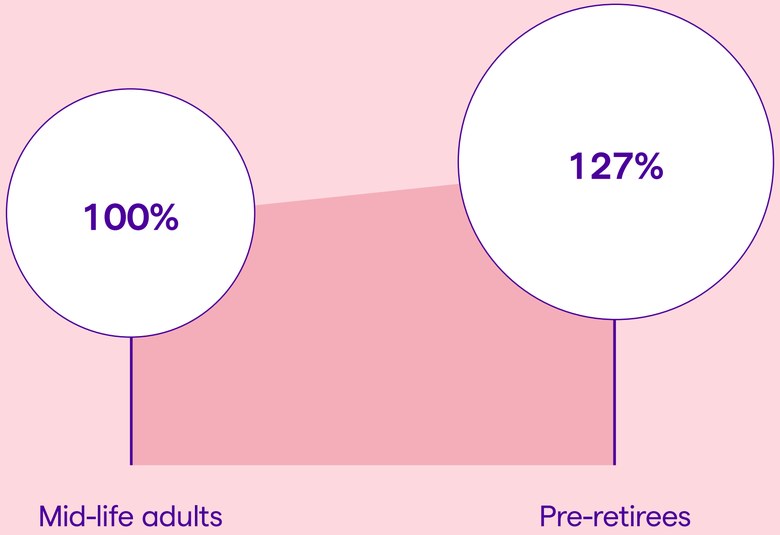
Chronic conditions dominate health claims among pre-retirees, both in volume and cost. More than one in four adults in this age group live with two or more chronic conditions. For those closer to retirement (ages 60 to 64), the number rises to 37%.[28]

Our 2025 claims data further supports this with a 27% jump in medication costs linked to chronic conditions and morbidity per insured when compared to mid-life adults.

Many chronic conditions follow unpredictable patterns of flares and remission that can challenge traditional workplace expectations of consistent performance. The mental load of constant health management adds invisible effort to everyday tasks.[29]

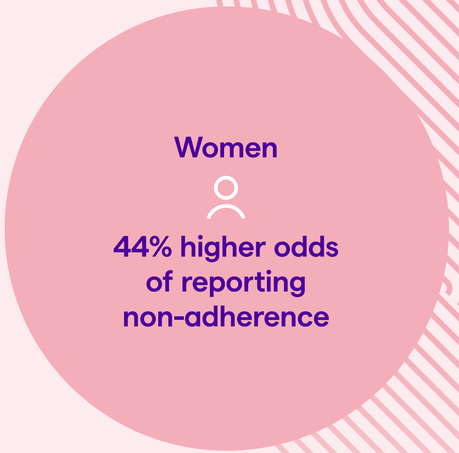
Financial stress is closely associated with treatment non-adherence, which translates as delayed refills, skipped doses or discontinuation of medication. The variability in insurance coverage for prescription drugs appears to be a key factor.

Chart 4 : Average drug cost per insured – Pre-retirees vs mid-life adults
Index (Mid-life adults = 100%)



28. Government of Canada. Canadian Chronic Disease Surveillance System (CCDSS) 2025.
29. Mental Health Commission of Canada. Understanding chronic conditions. A Manager's Guide to Workplace Accommodations.

A 2024 study also found that women had 44% higher odds of reporting cost-related non-adherence due to competing priorities such as balancing caregiving, work and personal health.[30] When care is delayed or inconsistent, conditions are more likely to progress, increasing both drug costs and the likelihood of escalation into disability.



Both Statistics Canada data and our own numbers consistently indicate that women face a higher risk of disability than men across all ages.[31] And while our data focuses on incidence rather than duration, disability management at this stage of life may involve added complexity given the higher prevalence of chronic diseases, which can in turn influence recovery and return-to-work outcomes.

Experience data released by the Canadian Institute of Actuaries shows long-term disability claims that begin at older ages are more likely to remain active over time, reflecting a lower likelihood of return to work.[32]

Solutions and preventive measures

For plan sponsors, meeting the needs of this generation requires supporting the effective management of chronic and complex conditions while plan members are active, and ensuring coverage continuity as they prepare to exit the group plan.

Care management plays a critical role in patient outcomes. Managing a complex medication schedule, taking multiple drugs, or confusion about treatment can lead to non-adherence and worsening conditions. This is where medication adherence and patient support programs make a measurable difference by helping prevent hospital visits and complications. Practical support measures can include medication synchronization, management and education to help patients stay on track with treatment.

Continuity of coverage in retirement becomes equally important. In some cases, plan sponsors may offer life and health plans for retirees. When this is not available, insurers can provide conversion plans with guaranteed eligibility (no medical exams).

Conversion plans complement public programs by helping maintain protection where public coverage is partial or limited. Encouraging early planning can reduce the stress of last-minute decisions and help prevent interruptions in coverage.

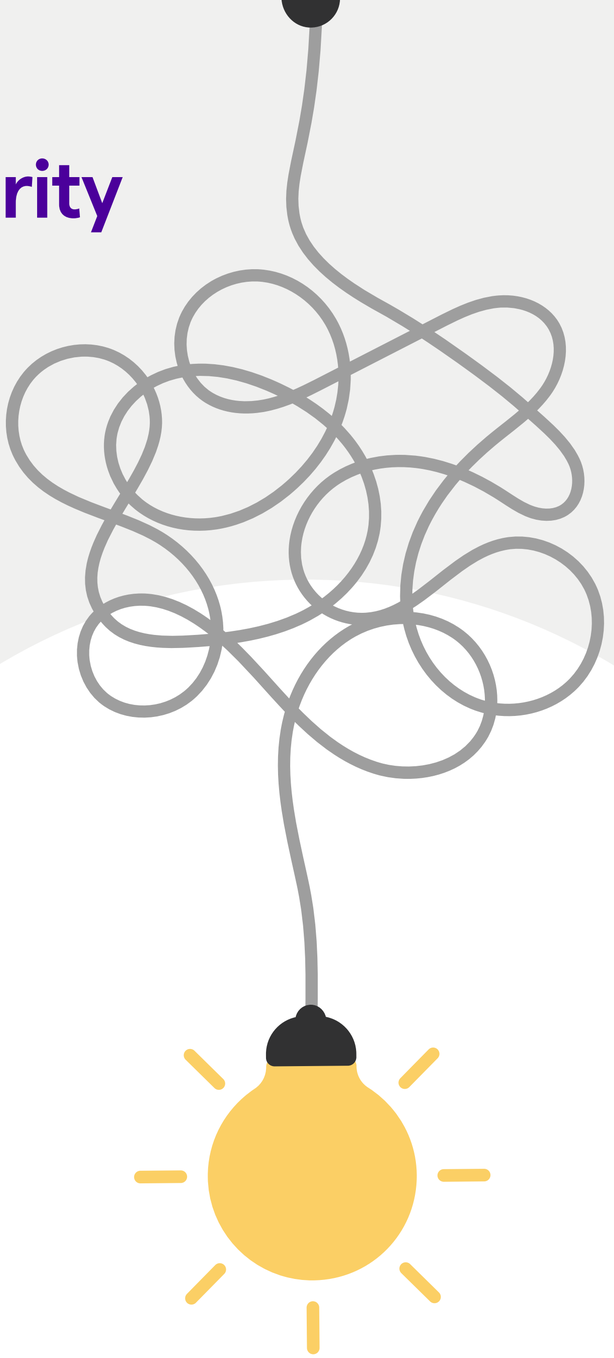
Beneva's conversion solutions support members as their group coverage ends, offering a structured transition to individual insurance. Plans feature tiered levels of health and travel insurance, as well as optional benefits such as dental or vision care. Overall, retirement conversion solutions allow plan sponsors to support a controlled hand-off rather than an abrupt end to coverage.

30. Rebić N, Cheng L, Law MR, Cragg JJ, Brotto LA, De Vera MA. Predictors of cost-related medication nonadherence in Canada: a repeated cross-sectional analysis of the Canadian Community Health Survey. CMAJ. 2024
31. Statistics Canada. A demographic, employment and income profile of persons with disabilities aged 15 years and over in Canada, 2022.
32. Canadian Institute of Actuaries. Group Long-Term Disability Termination Study. January 2019.

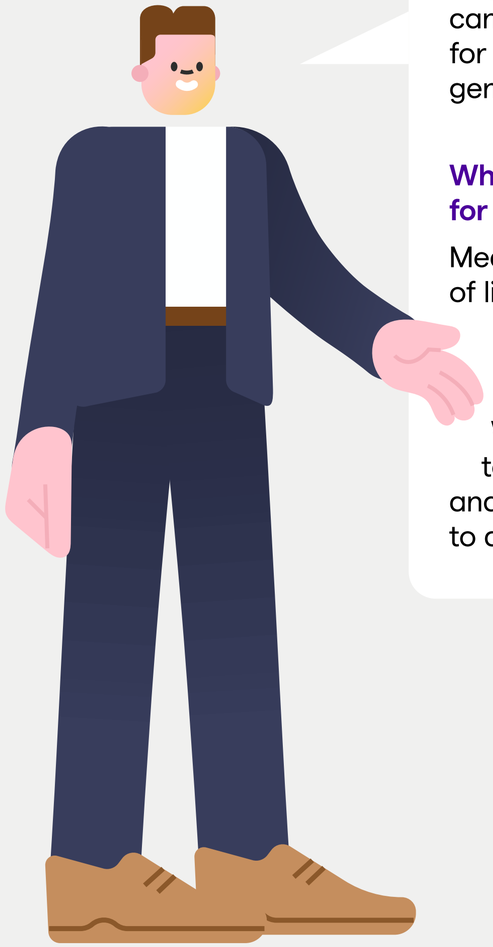
Pharmacogenetics: bringing clarity to complex treatment options

Interview with **Michel Cameron**, PhD
Associate Director and Medical Science Liaison, Biron Health Group

As the prevalence of chronic conditions increases in the years leading up to retirement, the issue is not simply access to treatment, but whether the treatment is the right one. This is where pharmacogenetics becomes especially relevant. By using a person's DNA to help anticipate how they may respond to medication, pharmacogenetics supports more targeted prescribing and can reduce the risk that a treatment will be ineffective or poorly tolerated. Because results are valid for life, it also becomes a longer-term asset as health needs evolve through the retirement transition.



The relevance goes beyond physical health. Beneva's collaboration with Biron Health Group positions pharmacogenomic testing as a practical tool in disability and recovery management, particularly in areas where medication response is highly variable, such as mental health and chronic pain. In that sense, pharmacogenetics can support adherence by helping patients and clinicians find a better matched treatment sooner, reducing avoidable setbacks that can prolong recovery or delay return to function.



What are pharmacogenomics and pharmacogenetics, in simple terms?

They are interchangeable terms describing how a person's DNA affects how they respond to medication. The same drug can be effective for one person, ineffective for another, or cause side effects, and genetics can be a determining factor.

Why is this particularly relevant for people aged 51 to 65?

Medication use increases at this stage of life. Between 22% and 52% of Canadians in this age group take three or more prescription medications, known as polypharmacy (Statistics Canada). When multiple medications are taken together, the risk of adverse reactions and interactions rises, which can lead to additional care or hospital visits.

What health conditions are more common for this age group?

About 70% of adults aged 51 to 65 are overweight or obese, increasing the prevalence of conditions such as hypertension, type 2 diabetes and cardiovascular disease (Statistics Canada). Arthritis affects about 27%, high blood pressure 25% and cancer 10%. Mood and anxiety disorders affect roughly 14% of this age group.

How does financial stress affect medication use?

Financial stress is linked to lower adherence to treatment. Up to 45% of patients report cost-related non-adherence, such as skipping doses or not filling prescriptions, which can worsen health outcomes and increase costs down the road. (Osborn et al., 2017).

How can pharmacogenetics help reduce unnecessary costs?

By guiding clinicians toward medications that are more likely to be effective and better tolerated, pharmacogenetics reduces trial-and-error prescribing, limits side effects and avoids ineffective treatments. Studies have shown cost savings across many clinical specialties, including mental health (Bousman et al.; Swen et al.; Patel et al., 2025).

What is the key takeaway for pre-retirees?

Pharmacogenetics is a way to personalize medications, making treatments safer and more effective, and in some cases, even reducing the number of drugs needed.

Part 4

Critical Illness

The minority that needs priority

People diagnosed with a critical illness form a distinct group within the workforce, defined not by age or career stage, but by the sudden impact of a serious medical event. This group includes plan members facing conditions such as cancer, heart attack, or major organ failure requiring ongoing treatment.

A critical illness can occur at any point in life. What unites this group is the intensity of the disruption they experience. A critical illness often brings complex treatment pathways, prolonged recovery periods and uncertainty around work capacity. Daily routines may change quickly, energy levels fluctuate, and the ability to plan even short-term can be affected.

The impact frequently extends beyond the individual, touching family members, caregivers and colleagues who must adapt alongside them.

Understanding this group helps plan sponsors respond with greater empathy and preparedness. Recognizing that critical illness is not rare, predictable or confined to one life stage reinforces the importance of stability, coordination and consistency when plan members face serious health challenges. For plan sponsors, this perspective supports not only better outcomes for individuals, but a more resilient, supportive and human workplace culture when it matters most.

When illness has a price tag

Serious health events often strike without warning and can place immediate strain on household finances at a moment when people may be least prepared to absorb it. “People are often ill equipped financially and resource-wise in these situations, which amplifies distress,” explains Dr. Denis, family doctor and medical consultant for Beneva.

Financial strain is driven by a combination of out-of-pocket health expenses, income disruption and caregiving needs. While hospital-based care is publicly funded, many people face additional costs related to medications taken at home, medical equipment, home care services, travel for treatment, or adaptations to daily living.

These expenses vary by condition and by province, but they are a common feature of serious illness journeys, regardless of diagnosis.

Cancer offers a well documented example of these pressures. The total cost of cancer care in Canada reached $26.2 billion in 2021, with approximately 20% of that cost borne directly by patients and their families. Over the course of their lives, cancer patients and their caregivers are expected to face nearly $33,000 in disease-related expenses, reflecting both direct and indirect costs.[33]

These pressures help explain why financial stress (and distress) is such a common part of the critical illness experience. Concerns about mortgage payments, savings depletion or returning to work before feeling physically ready are common.

For many, the challenge is not only the cost itself, but the uncertainty around how long the financial strain will last and whether recovery will allow a return to previous income levels. Difficulties resuming work further extend this uncertainty. Recovery from a critical illness is often non-linear, and barriers to returning to work can persist for months after treatment has ended.

Research led by Marie-José Durand at Université de Sherbrooke sheds light on why this transition is so challenging. Her work shows that return-to-work decisions are often physician led and not the result of a shared decision-making process involving the plan member. It is often observed that key obstacles such as persistent fatigue and cognitive “brain fog” are frequently underestimated.

Her research also highlights the role of anticipatory anxiety, which can emerge well before a return to work is attempted. Uncertainty about work capacity, performance expectations, and the ability to meet job demands can heighten stress during recovery, shaping how individuals approach reintegration.[34]

33. Canadian Cancer Society. Canadian Cancer Statistics: A 2024 Special Report on the Economic Impact of Cancer in Canada, 2024.

34. Durand, M.J., Vézina, N., Baril, R., Loisel, P., Richard, M.C., & Ngomo, S. (2009). Margin of manoeuvre indicators in the workplace during the rehabilitation process: A qualitative analysis. Journal of Occupational Rehabilitation, 19(2), 194–202.

Impact on group plans

Easing the recovery journey

Pressure on group plans in these situations is driven less by the number of cases than by their severity, duration and complexity, particularly when recovery is prolonged and relies on specialized, high-cost treatments. Taking a proactive approach allows plan sponsors to provide meaningful protection while preserving stability for both plan members and the organization.

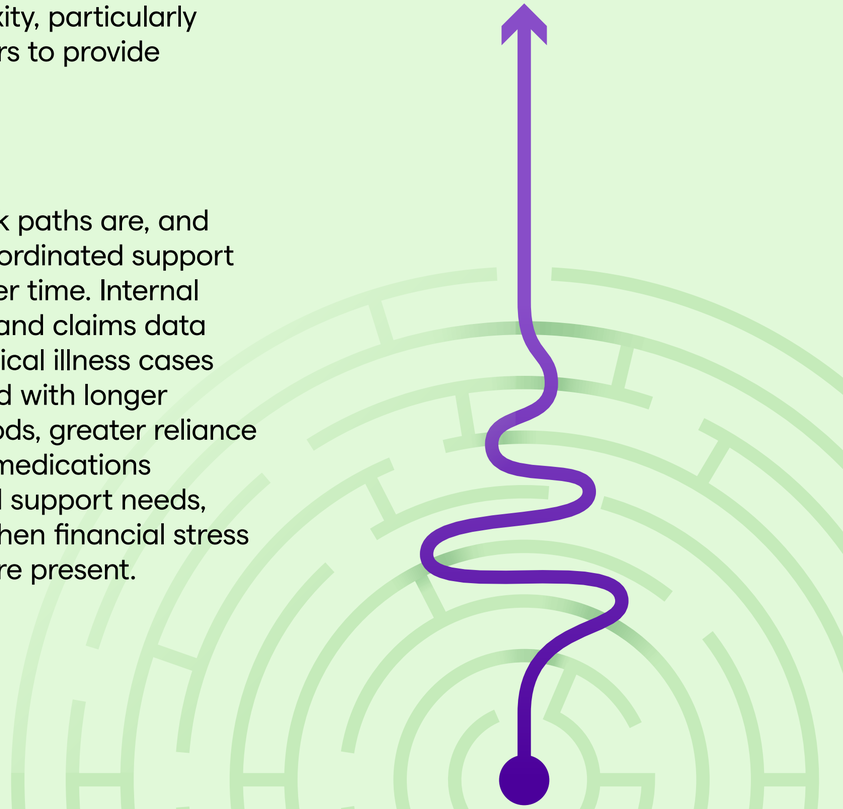
The Trends

Financial stress creates added pressure that influences how plan members experience care and recovery. Worries about income, job security, or mounting expenses compete with the physical and emotional energy needed for treatment and healing. Canadian research on critical illnesses such as cancer shows that financial strain, often described as financial toxicity, is associated with increased anxiety and more difficult recovery trajectories.[35]

Anxiety related to costs or time away from work can affect rest, concentration, and emotional resilience, increasing vulnerability during an already fragile period. Some people may feel compelled to return to work before they are physically or mentally ready, while others struggle with uncertainty about whether they will be able to resume their previous role at all.[36]

Financial stress can also weigh heavily on confidence during the return-to-work process itself. Even after treatment ends, lingering fatigue, cognitive effects or fear of recurrence may be compounded by concerns about performance expectations or financial necessity. Studies in Canada show that difficulties returning to work after a critical illness can persist well beyond treatment, extending periods of reduced income and uncertainty, and increasing the risk of prolonged absence or relapse during reintegration.[36]

For employers and plan sponsors, this compounding effect matters because it shapes duration rather than incidence. The challenge is not how many people experience a critical illness, but how long recovery takes, how stable return-to-work paths are, and how much coordinated support is required over time. Internal observations and claims data show that critical illness cases are associated with longer disability periods, greater reliance on high-cost medications and sustained support needs, particularly when financial stress and anxiety are present.



35. Wood, T. F., & Murphy, R. A. Tackling financial toxicity related to cancer care in Canada. CMAJ. March 11, 2024.

36. Canadian Partnership Against Cancer. Returning to work (post-treatment concerns, fatigue, "brain fog," rushed return linked to financial hardship, and the need for earlier RTW planning).

The solutions

Plan sponsors can combine critical illness and disability benefits to effectively support plan members and remove the roadblocks on their recovery journey.

Critical illness coverage provides a prompt payout to help cover additional and often significant expenses, such as home care, specialized equipment or travel for treatment. This allows plan members to focus on recovery.

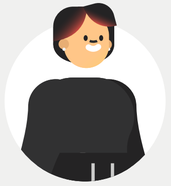
Different critical illness packages are available, offering varying levels of coverage depending on the number of illnesses covered. This allows plan sponsors to choose protection that fits their workforce and cost parameters. Beneva's plans also include recurrence or multiple-event benefits, recognizing that serious illnesses can occur more than once and that recovery is not always linear.

Disability insurance plays a different role. It provides income replacement when people are unable to work, helping them meet ongoing financial obligations such as mortgage or loan payments while they are away from work.

More importantly, disability insurance brings structured, ongoing case management. Through regular follow-ups, guidance on next steps, and support during recovery, case management helps reduce uncertainty and anxiety, particularly around returning to work. This support helps ensure recovery and reintegration happen at the right time and under the right conditions, rather than being driven by income needs alone.

Together, critical illness coverage and disability insurance allow plan sponsors to better support employees by addressing both immediate financial pressure and longer-term recovery needs.

Returning to work after a cancer diagnosis



Interview with **Alvina Nadeem**

Returning to work after cancer is rarely a simple transition. Even when treatment ends, recovery often continues in less visible ways, shaped by lingering fatigue, cognitive changes and the need to renegotiate expectations at work. For many people, the challenge is not only resuming employment but doing so while adapting to a body and capacity that may no longer feel the same.

This period is often marked by uncertainty. Medical follow-ups become less frequent, support structures shift, and individuals are left to navigate recovery with fewer guideposts. The gap between the end of treatment and a stable return to work can feel particularly isolating, as people try to reconcile physical healing with emotional adjustment and professional demands.

In this conversation, Alvina Nadeem shares her experience of navigating diagnosis, treatment and the long road back to work at a relatively young age. Her story offers insight into the realities of rebuilding after cancer, the invisible challenges that persist beyond treatment, and the importance of flexibility, understanding and support during reintegration.

When you think back to your diagnosis, what stands out most?

I was 36, with two little boys who had just turned three and six. It was a complete shock. No family history, no genetic predisposition. I share my story because I don't want it to be just "I was lucky"; I want it to be a blueprint we can recreate for others. What helped early on was a proactive doctor and an oncologist who treated me as a partner in decisions—it made everything more human.

Treatment can change your body fast. What was the biggest shift for you physically?

The mass grew incredibly quickly. My doctor had prepared me for different scenarios, including a total hysterectomy if cancer was found. That meant immediate surgical menopause, no transition. You wake up one day and you're in menopause.

You've said the hardest part often begins after treatment ends. What did that period feel like?

During chemo, you're monitored constantly and you become a VIP patient. Then treatment ends and you're expected to feel happy, but the safety net disappears. Follow-ups shift to every three months, and that first waiting period is terrifying. During treatment you're in survival mode; you don't process it fully until it's over—then you're home and it really hits you.

Physically and mentally, it felt like being in a car crash and being told to drive a burned-out car forever. Even walking around the block sent my heart rate to 160. I felt 136 years old at 36. And there was no plan to help me rebuild physically. That gap is real.

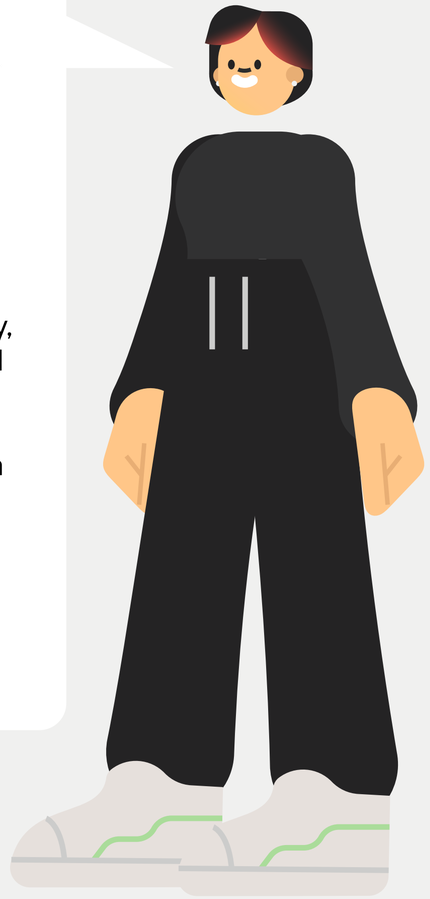
So when you started rebuilding, what did you need? What did you have to figure out on your own?

I had to build my own safety net. I kept asking what to do because my energy wasn't coming back. I ended up working with a kinesiologist and an occupational therapist, often paying out-of-pocket. No one hands you a roadmap. You don't even know what care you need unless you ask. A progressive return to work helps, but when it ends, there's still so much rebuilding left to do.

Where did work fit into all of this? And what do people misunderstand most about returning?

I was fortunate. There was already a culture of care, and that made a big difference. But the hardest part is the assumption that once you're back, you're back to normal. There is no normal. I woke up a different person, both hormonally and systemically.

Because it's an invisible disability, people didn't see it. I didn't need a physical ramp. I needed a metaphorical one: reduced hours, fewer days, working from home, adjusted responsibilities. And those conversations are hard because you look fine, you're young, and you wonder if you're asking for too much.



Key takeaways

At a glance: Main stressors, health trends and solutions

	Young adults (18–30)	Mid-life adults (31–50)	Pre-retirees (51–65)	Critical illness (all ages)
Stressors	• Cost of living + job insecurity • Social comparison + early financial anxiety	• Time pressure + competing responsibilities • Delayed care friction (time, access, cost)	• Time compression to retirement • Rising healthcare costs + savings pressure	• Sudden income disruption • Out-of-pocket costs • Caregiving demands
Trends	• Growing demand for psychological support • Medication remains the most common type of care	• Costs and needs rise with sustained pressure • Care is often delayed, increasing escalation risk and work disruption	• Chronic conditions and treatment complexity dominate • Coverage decisions become more consequential	• Impact concentrated in severity and duration • Recovery is often prolonged and resource-intensive, with higher support needs
Solutions	• Adding or increasing mental health coverage • EAP as early, preventive support • Virtual healthcare	• Benefits that adapt (modular plans) • Virtual healthcare • Supportive work practices	• Manage chronic/complex needs while active • Structured transition solutions for plan exits (conversion plans)	• Critical illness coverage (large, immediate costs) • Disability insurance (income and recovery support)

Meeting people where they are... and where they are going

Health needs do not appear in isolation, nor do they reset with each new generation. They build, shift, and carry forward as people move through different stages of life and work. For insurers, advisors and plan sponsors, the challenge is not only responding to the needs they see today, but recognizing early signals that point to tomorrow's pressures.

Among young adults, rising use of psychological support reflects more than a momentary phase. It signals expectations around access, responsiveness, and mental health support that are likely to persist as this generation moves into mid-career and beyond. In that sense, today's Gen Z claims patterns are an early indicator of future demand, not a temporary anomaly. As an example, our data shows that EAP usage peaks during mid-life, while Gen Z is demonstrating an emerging need. This higher utilization during mid-life is not surprising, as responsibilities often become more layered during this stage. Building earlier awareness of this support among younger workers could therefore foster stronger and more consistent usage over time, strengthen a long-term preventive approach.

At the same time, broader trends cut across all age groups. Rising healthcare costs and increasing claims related to chronic conditions, including diabetes, reflect both population aging and longer-term shifts in health patterns. These pressures are most visible among older workers, but they originate earlier, shaped by lifestyle, stress, and access to care over time. Managing chronic conditions effectively later in life depends, in part, on how consistently care and support were available earlier on.

Taken together, these patterns point to a central insight: effective group insurance is not only about reacting to immediate needs. It's about anticipating how today's workforce will age, how needs will compound, and how early choices in plan design can influence health, engagement and sustainability over the long term. For plan sponsors, meeting people where they are must go hand in hand with planning for where they are headed to support a workforce that remains healthy and resilient at every stage.

Part 5

Cost Management

Balance for the bottom line

Improving group insurance plans and managing their costs are not competing objectives. They are two sides of the same coin.

Pressure on group plans today is driven less by overall volume than by concentration. A small number of cases account for a growing share of costs, whether through prolonged disability leaves or high-cost medications. How these pressures are managed determines whether plans remain resilient or face sustained strain.

Cost management, in this context, is not about restricting access or shifting risk. It's about discipline and focus. Decisions guided by data, applied consistently and targeted where financial impact is greatest can improve outcomes for plan members while preserving predictability for plan sponsors.

This section focuses on the two primary cost drivers in group insurance: drug and disability claims. We will explore the strategies that help balance protection, performance and sustainability as needs and treatment landscapes evolve.

Navigating rising drug costs

Current claims patterns point to a clear reality: drug plan costs are mostly driven by a relatively small number of innovative therapies. Medications such as biologics, specialty drugs and advanced metabolic therapies play a critical role in disease management, but they also represent a significant and growing share of plan spending. Managing these costs effectively requires intervention at the point where coverage decisions are made.

Top 5 – Most expensive drugs*

Top 5		Young adults (18–30)	Mid-life adults (31–50)	Pre-retirees (51–65)
Rank	**1**	Trikafta®	Trikafta®	Ozempic®
	2	Dupixent®	Wegovy®	Wegovy®
	3	Skyrizi®	Skyrizi®	Skyrizi®
	4	Concerta®	Dupixent®	Dupixent®
	5	Remdantry®	Entyvio®	Trikafta®
% of total claims		1.3%	5.5%	4.8%
% of members		0.4%	0.7%	1.6%

Top 5 – Most claimed drugs

Top 5		Young adults (18–30)	Mid-life adults (31–50)	Pre-retirees (51–65)
Rank	**1**	Methylphenidate	Naproxen	Pantoprazole
	2	Lisdexamfetamine	Pantoprazole	Rosuvastatin
	3	Naproxen	Sertraline	Cholecalciferol
	4	Sertraline	Lisdexamfetamine	Amlodipine
	5	Ethinyl Estradiol/ Levonorgestrel	Levothyroxine	Estradiol-17B
% of total claims		0.8%	1.4%	2.1%
% of members		4.0%	12.4%	14.8%

* These medications represent just over 10% of overall drug spending under group insurance plans.

Young adults (18–30)

Among young adults, medication use primarily reflects needs for daily functioning. Treatments are mainly used to support concentration, address mental health symptoms, or manage pain and inflammation. They enable young workers to remain active, productive and engaged in their careers.

At the same time, a smaller number of plan members already have access to specialized therapies for serious, rare or complex conditions. These treatments, often initiated early, are part of long-term care pathways. While less frequent, they introduce effective and costly therapies during the early years of plan participation, influencing the long-term sustainability of group plans.

Mid-life adults (31–50)

In mid-career, medication use evolves significantly. Treatments that continue to support day-to-day functioning are increasingly combined with medications linked to the emergence of more structurally complex chronic conditions. This includes therapies related to metabolic and hormonal health, such as treatments for weight management or thyroid disorders, alongside biologics and medications for mental health or pain.

This diversification of treatments reflects a key shift: needs are no longer episodic, but cumulative. Care pathways lengthen, treatments overlap and the overall intensity of use increases.

Pre-retirees (51–65)

Among pre-retirees, medication use is dominated by the ongoing management of well-established chronic conditions. Treatments related to diabetes, obesity, cardiovascular, inflammatory, or hormonal conditions play a central role, with increasing reliance on modern, often costly, therapies. At this stage, medications are no longer aimed solely at supporting basic functioning, but rather clinical stability, autonomy and quality of life. Medication use is typically sustained and long-term.

Product Listing Agreements (PLAs)

A thorough pharmacoeconomic evaluation process is fundamental. Before high-cost medications are integrated into group plans, they are assessed not only for clinical effectiveness, but for how they are likely to be used in practice and how they will affect plan sustainability over time. This approach ensures that innovation is introduced with purpose and clear criteria, with strategies such as PLAs, step therapy, or prior authorization.

In this edition we would like to focus on Product Listing Agreements (PLAs) as a central pillar of drug cost management. For many of the therapies driving costs today, including high-priced specialty drugs, biosimilar or generic alternatives are not yet available. PLAs make it possible to support access to these innovative treatments while actively managing their financial impact.

Through these agreements, manufacturers provide financial compensation, often in the form of rebates, price caps, or shared risk mechanisms, helping reduce the net cost borne by the plan and improve budget predictability. This model is already widely used in public drug programs in Canada through organizations such as the pan-Canadian Pharmaceutical Alliance. It is increasingly being adopted in the private insurance sector as a way to offset the growing financial pressure associated with specialty drugs.

By aligning access with real-world use and outcomes, PLAs help ensure that high-cost therapies deliver meaningful clinical value while remaining financially sustainable as predictable components of plan design.

Biosimilar substitution

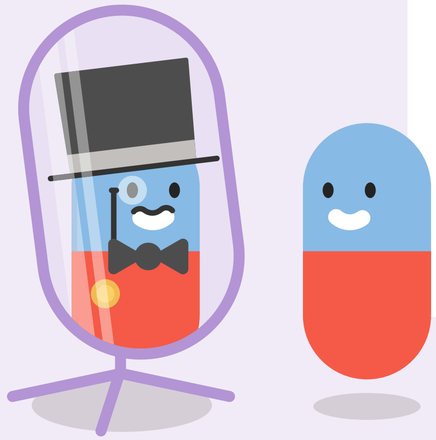
Biosimilar transition policies are now implemented across all Canadian provinces, and their effects are becoming increasingly visible within drug plans. What initially required policy alignment and careful change management is moving into a more stable phase of execution.

As adoption progresses, biosimilars are translating into recurring and measurable savings for plan sponsors. Cost reductions typically range from 20% to 40%, depending on the reference biologic and the number of insureds affected. These savings are increasingly embedded in plan cost structures, reinforcing biosimilars as a lever for long-term sustainability rather than a one-time adjustment. This strategy also helps ease the financial burden on households, particularly for people managing chronic conditions with high out-of-pocket costs.

At the same time, the biosimilar landscape is expanding beyond its initial focus areas. New therapeutic classes reflect broader shifts in medical priorities and prescribing patterns, extending biosimilar relevance across a wider range of conditions and care pathways. This evolution increases their potential impact on overall drug spending.

Biosimilars are also playing a growing role in the management of serious and chronic diseases. Although biologic therapies in these categories are prescribed to a relatively small number of plan members, they account for a disproportionate share of total drug costs. The availability of biosimilar alternatives enables clinically equivalent treatments to be used appropriately and sustainably, reducing costs without altering clinical access criteria.

Looking ahead, biosimilar transitions will remain an ongoing focus rather than a completed milestone, as new biosimilars continue to enter the market. Sustaining their impact will depend not only on plan design, but also on how transitions are managed at the individual level. This includes providing affected members with sufficient advance notice, clear information on the rationale for change, and the opportunity to have informed discussions with their care teams, particularly in situations where a switch may not be clinically appropriate.



Drug classification 101

Biologic drug (brand name)

A therapeutic product derived from living organisms or their cells. Biologic drugs are large, complex molecules and highly variable. They are used to treat chronic, inflammatory, metabolic or oncologic conditions.

Biosimilar drug

A biologic drug highly similar to an already authorized biologic. Approved by Health Canada through rigorous comparability testing, biosimilars have no clinically meaningful differences in safety, efficacy or quality.

Chemical drug (brand name)

A chemically synthesized small-molecule medicine with a defined and reproducible structure, allowing predictable effects and the development of identical generic versions once patent protection expires.

Generic drug

A lower-cost version of a brand-name drug with the same active ingredient, strength and therapeutic effect, though nonactive elements may differ.

Disability insurance as a foundation for workforce stability

Disability claims are consistently among the two largest cost drivers in group insurance plans, alongside drug claims. When an employee is absent from work for health reasons, costs accumulate quickly, through wage replacement, productivity losses, and the downstream effects of prolonged work absence.

Yet, removing or minimizing disability coverage is not the solution. In fact, offering disability insurance remains one of the most effective ways to manage these costs over time, precisely because it activates structured support as soon as an employee goes on leave. Some employers rely on Employment Insurance sickness benefits during an illness-related absence. This public program replaces up to 55% of earnings. Disability insurance offered through a private insurer goes further. Beneva supports recovery with proactive disability management, clinical oversight, and coordinated return-to-work support.

We are involved from the first weeks of absence, helping assess functional limitations, identifying barriers to recovery, and coordinating appropriate interventions at the right time. By offering short-term disability insurance, employers can also benefit from a reduced Employment Insurance contribution rate (subject to eligibility criteria), while adding structure and value to how absences and return-to-work processes are managed.

This early, proactive approach matters. When support is delayed, conditions are more likely to become chronic, absences extend, and the probability of returning to work declines sharply.

“There is a critical window for intervention. For most common mental health disorders, timely action within the first months of a disability claim is essential to support recovery. If a condition has not already been identified as severe, long-standing, persistent, or treatment-resistant, this early period is when intervention can have the greatest impact.

An early and accurate diagnosis is crucial, as the treatment plan must be based on the specific disorder identified. When the treating physician is a family doctor, a psychiatric opinion or follow-up may be required, particularly in more complex cases. Early interventions that address biological, psychological, social, and workplace-related factors that may negatively affect recovery are appropriate and beneficial,” explains Dr. Robitaille, Psychiatrist and medical consultant for Beneva.

Part 5 – Cost Management

Disability management at Beneva is built around this integrated, biopsychosocial and human approach. Disability is not assessed solely as a medical diagnosis, but in relation to a person's functional capacities and the actual demands of their job. The goal is to reduce the functional gap and support a return to work that is both safe (respecting the individual's condition) and sustainable (minimizing the risk of relapse or recurrence).

This is where structured services make a measurable difference. These include rehabilitation support, coordinated care pathways, and targeted interventions such as work-focused cognitive behavioural therapy. Employer collaboration is also essential in supporting a timely and durable return to work. When employees return once they are truly ready, outcomes improve on all fronts.

Having sufficient room for flexibility during the reintegration process is also paramount. Research shows that employees with decision latitude regarding how, when or at what pace tasks are performed are better able to meet work demands without compromising their health. Conversely, when this margin of manoeuvre is limited, the likelihood of a successful return drops sharply.[34] Employers therefore play a key role in creating the conditions that support reintegration, with guidance and support from Beneva.

From a plan sponsor's perspective, the financial logic is clear. A plan member who returns to work at the right moment, rather than prematurely or after a prolonged absence, is less likely to experience setbacks, repeat leaves, or long-term disability. Over time, this translates into better cost control, improved productivity, and greater workforce stability.

There is also a strong human dimension. Disability insurance provides peace of mind for plan members, who know they have a safety net if their health deteriorates. This reassurance supports buy-in, an important factor as employees often contribute to premiums themselves, even when employers share part of the cost. Knowing that coverage includes not just income replacement, but active support and guidance, reinforces the perceived value of the plan.

When managed well, disability insurance a strategic tool that protects people and the bottom line at the same time. By offering proactive disability management, plan sponsors are not only managing costs, but they are also enabling sustainable returns to work, stronger employee confidence, and a more resilient organization.

You might like to read

Our strategy to balance drug costs and patients' needs

34. Durand, M.J., Vézina, N., Baril, R., Loisel, P., Richard, M.C., & Ngomo, S. (2009). Margin of manoeuvre indicators in the workplace during the rehabilitation process: A qualitative analysis. Journal of Occupational Rehabilitation, 19(2), 194–202.

The details of the big picture

Financial stress is no longer an abstract concept and it doesn't stay on a spreadsheet. It moves into sleep, mood, focus and resilience. It can become anxiety, burnout and disability.

What we are seeing today is not a short-term fluctuation. It's an early signal. Financial pressure is already shaping how different generations experience work, manage stress and rely on benefits. Over time, that pressure will not resolve on its own. It will evolve, influenced by demographic changes already in motion.

Canada's population is aging, and the workforce is aging with it. As public health care systems face growing demand and capacity constraints, employer-sponsored plans will come under increasing pressure to play a larger role in access, continuity and timeliness of care. This shift is not theoretical. It will define how benefits are valued and used.

At the same time, a smaller working-age population means fewer active employees supporting overall productivity. With retirement outpacing labour force entry, workforces will compress, concentrating responsibility among those who remain. As younger generations move into mid-life, support for aging parents will increase across employee populations. These responsibilities bring predictable consequences: more time away from work, higher out-of-pocket expenses and sustained stress that accumulates over years, not months.

In this future environment, it's the details within each employee group that determine how well a plan holds up. For advisors and plan sponsors, a demographic lens provides the most reliable advance signal of what lies ahead. This insight indicates where utilization will rise, where financial pressure will concentrate and where existing plan design will be tested. Understanding the makeup of an employee group turns long-term population trends into practical, forward-thinking decisions.

Sustainability will not be achieved by offering less. It will be achieved by designing better. By pairing empathy with rigour. By recognizing mental health as foundational and medical innovation as essential. And by managing plans with intention through effective cost strategies.

Paying attention to the demographic details shaping financial pressure today helps insurers, advisors and plan sponsors act with foresight, strengthening prevention and early intervention. Preparation, clarity and collaboration create the conditions for plans that remain resilient and responsive, even as the landscape continues to change.

On our radar

Stay tuned for our 2027 edition, in which our experts will share their findings and insights on the latest industry developments.

Oral obesity treatment formulations

Next-generation oral treatments for the management of obesity have demonstrated clinically meaningful weight-loss outcomes in advanced clinical trials. Oral formulations could broaden uptake by improving convenience and adherence, expanding the role of obesity treatments beyond injectable options.

Generic versions of Ozempic® and Wegovy®

As patent protections for first-generation GLP-1 therapies begin to expire in Canada starting in 2026, the category is expected to enter a new competitive phase. Over time, this could include the introduction of generic versions alongside continued innovation, reshaping access and cost dynamics for obesity and metabolic disease management.

Lyme disease vaccine

The vaccine candidate VLA15, developed by Valneva and Pfizer, is in late-stage clinical trials and could become the first preventive vaccine against Lyme disease.
If results are positive, regulatory submissions are expected, potentially changing prevention in high-risk regions.

Our *Ask the experts* podcast is your go-to for insights on trending and classic topics for that extra edge that translates into better recommendations. Listen now

For more information on our group insurance solutions, talk to your account executive. If you don't have one, simply get in touch with our team at beneva.ca/en/group-insurance/form

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People protecting people

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