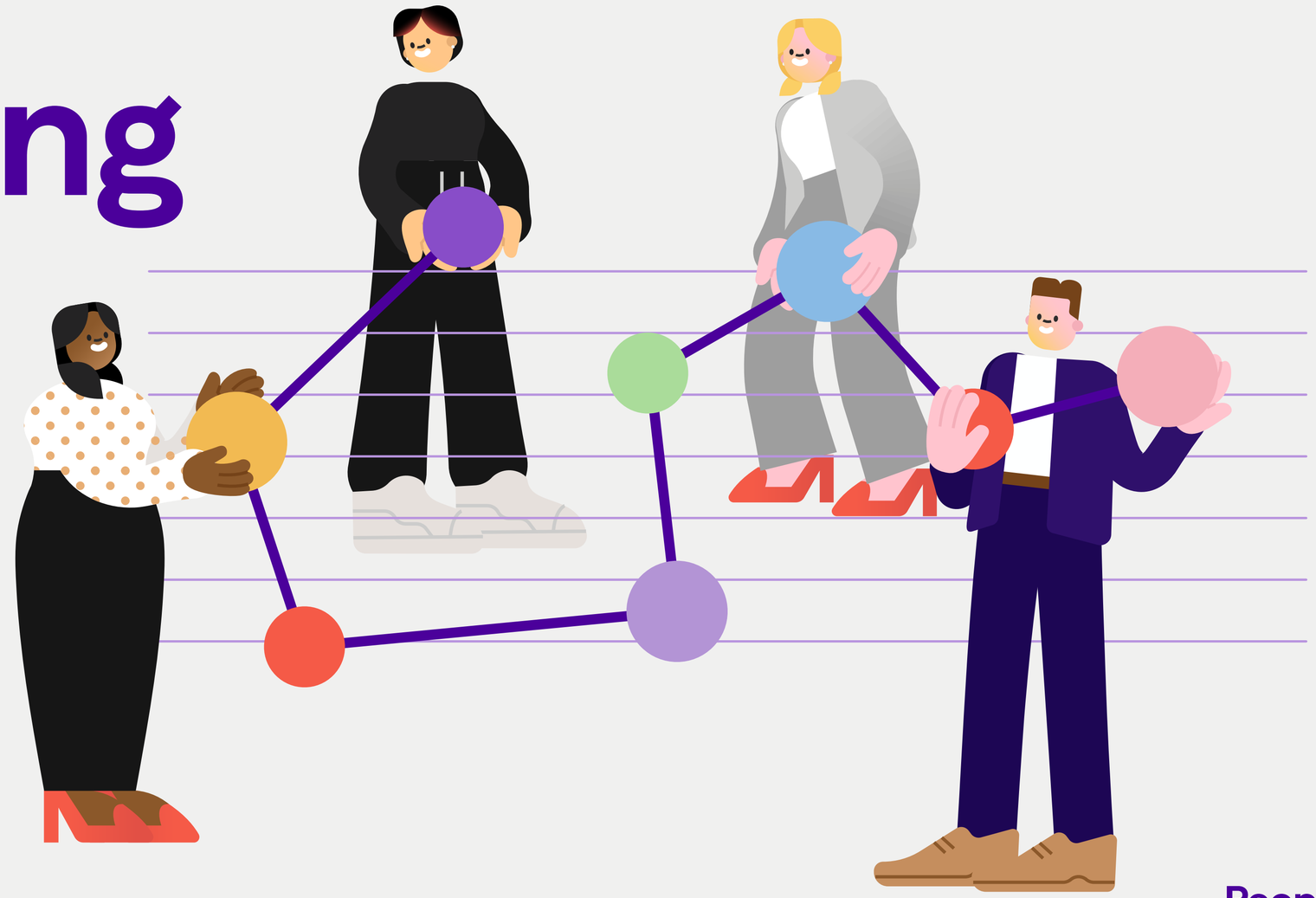
2026
health trends and insights

Connecting the Dots

Focus paper
Critical Illness



beneva

People protecting people

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.[1]

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.[2]

1. Canadian Cancer Society. Canadian Cancer Statistics: A 2024 Special Report on the Economic Impact of Cancer in Canada, 2024.
2. 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.

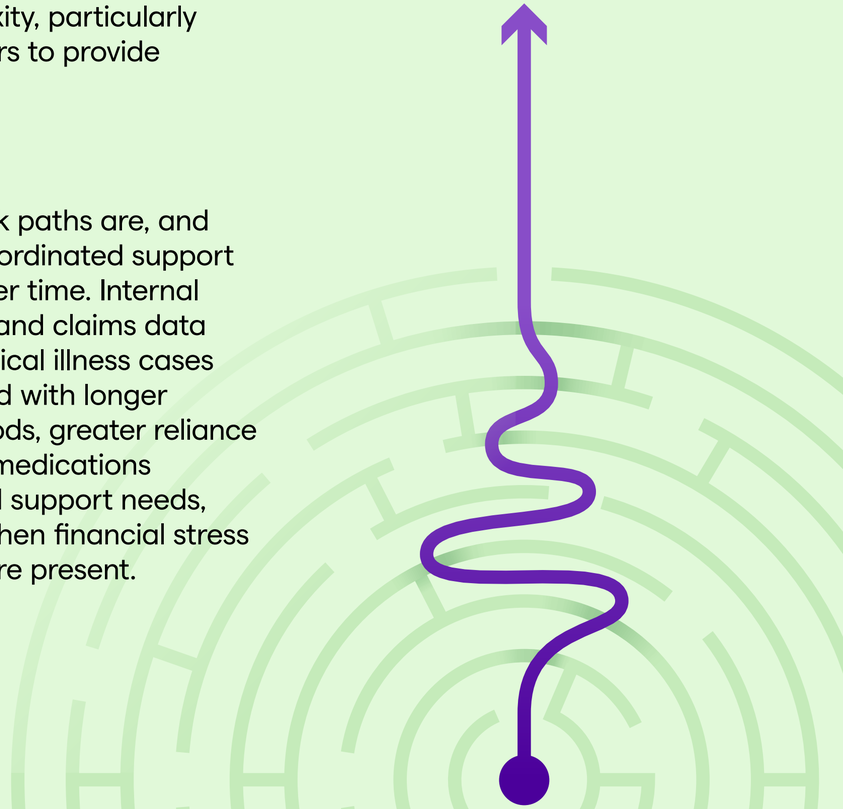
The Trends

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.[3]

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.[4]

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.[4]

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.



3. Wood, T. F., & Murphy, R. A. Tackling financial toxicity related to cancer care in Canada. CMAJ. March 11, 2024.
4. 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.

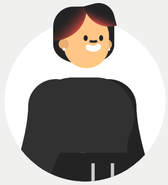
Different critical illness packages are available, offering varying levels of coverage depending on the number of illnesses covered. This allows plan sponsors to choose protection that fits their workforce and cost parameters. Beneva's plans also include recurrence or multiple-event benefits, recognizing 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.

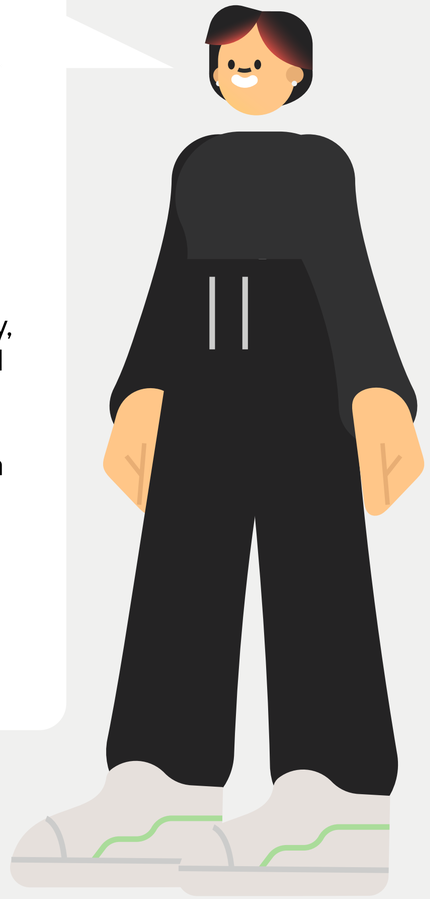
So when you started rebuilding, what did you need? What did you have to figure out on your own?

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.



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People protecting people

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