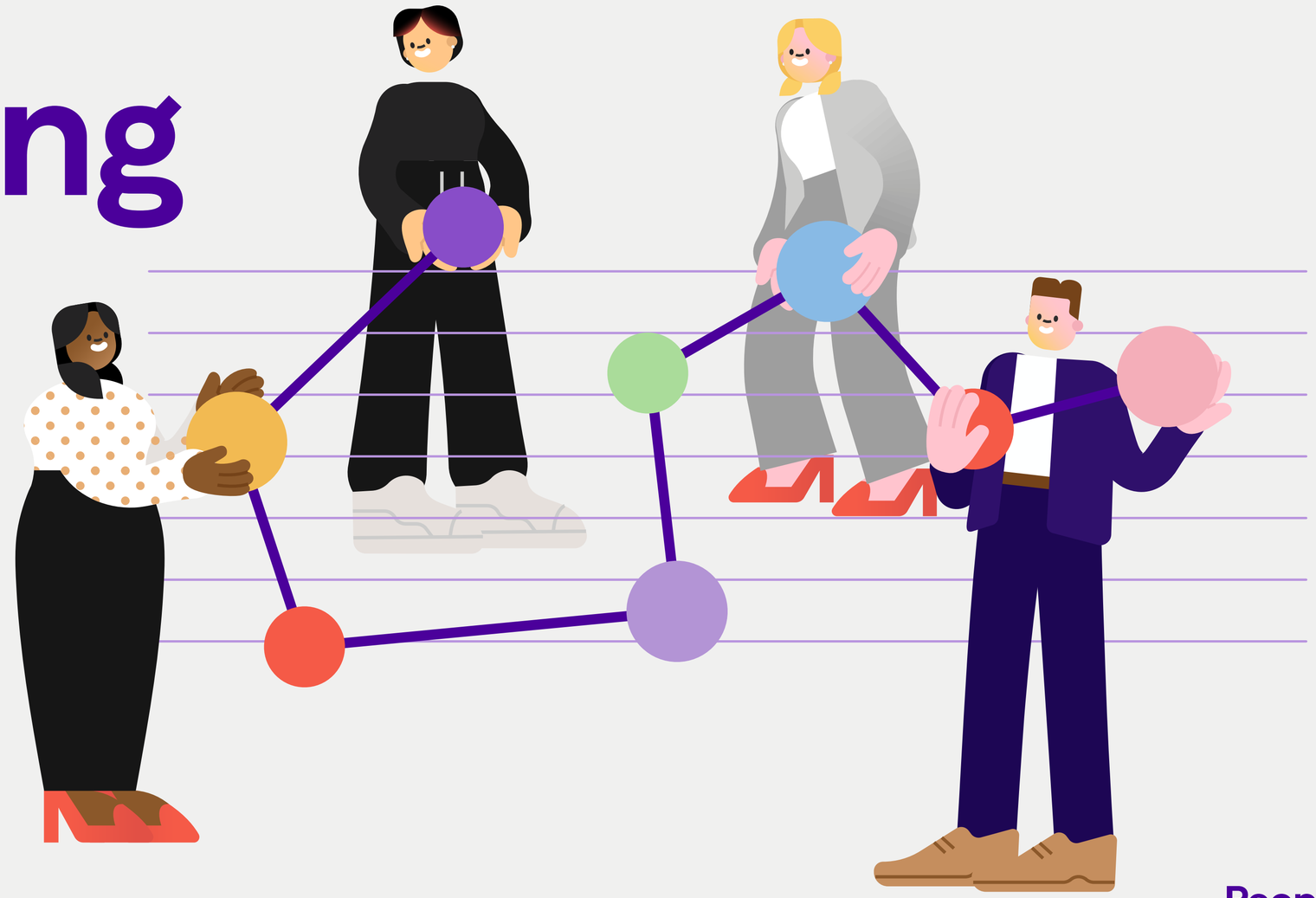
2026
health trends and insights

Connecting the Dots

Focus paper
Pre-retirees
(ages 51 to 65)



beneva

People protecting people

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.[1]

According to the 2023 Canadian Retirement Survey, 75% of pre-retirees had $100,000 or less in savings and 44% had under $5,000.[2] 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.[3]

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.[4]

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.[5]

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.

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1. Statistics Canada. Majority of people planning to retire would continue working longer if they could reduce their hours and stress. The Daily, August 2023.
2. Healthcare of Ontario Pension Plan (HOOPP). 2023 Canadian Retirement Survey. June 15, 2023.
3. CPP Investments. 2025 CPP Investments Retirement Survey. October 29, 2025.
4. Ontario Securities Commission. Profiles of Retirement. *Investor research report, 2024.*
5. 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

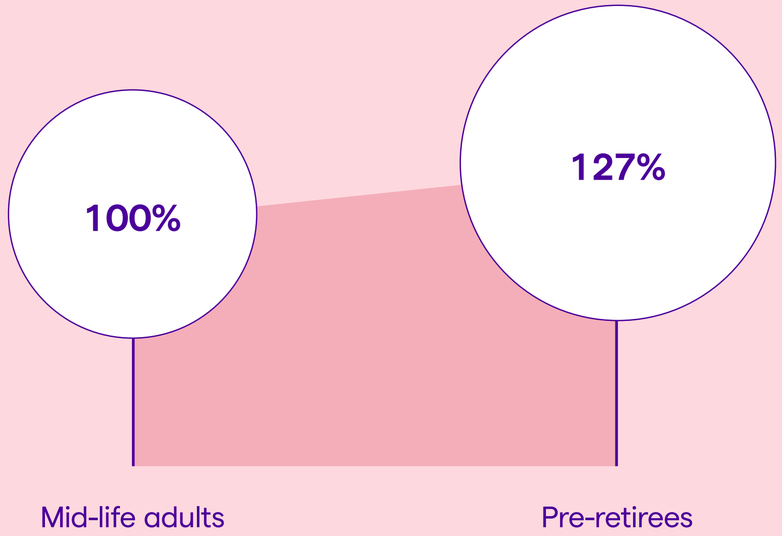
Chronic conditions dominate health claims among pre-retirees, both in volume and cost. More than one in four adults in this age group live with two or more chronic conditions. For those closer to retirement (ages 60 to 64), the number rises to 37%.[6]

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.[7]

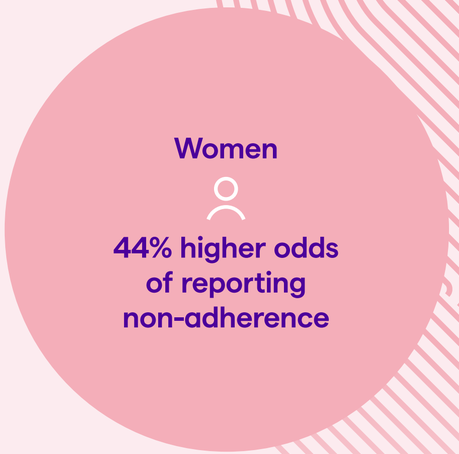
Financial stress is closely associated with treatment non-adherence, which translates as delayed refills, skipped doses or discontinuation of medication. The variability in insurance coverage for prescription drugs appears to be a key factor.

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



6. Government of Canada. Canadian Chronic Disease Surveillance System (CCDSS) 2025.
7. 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.[8] 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.[9] 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.[10]

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.

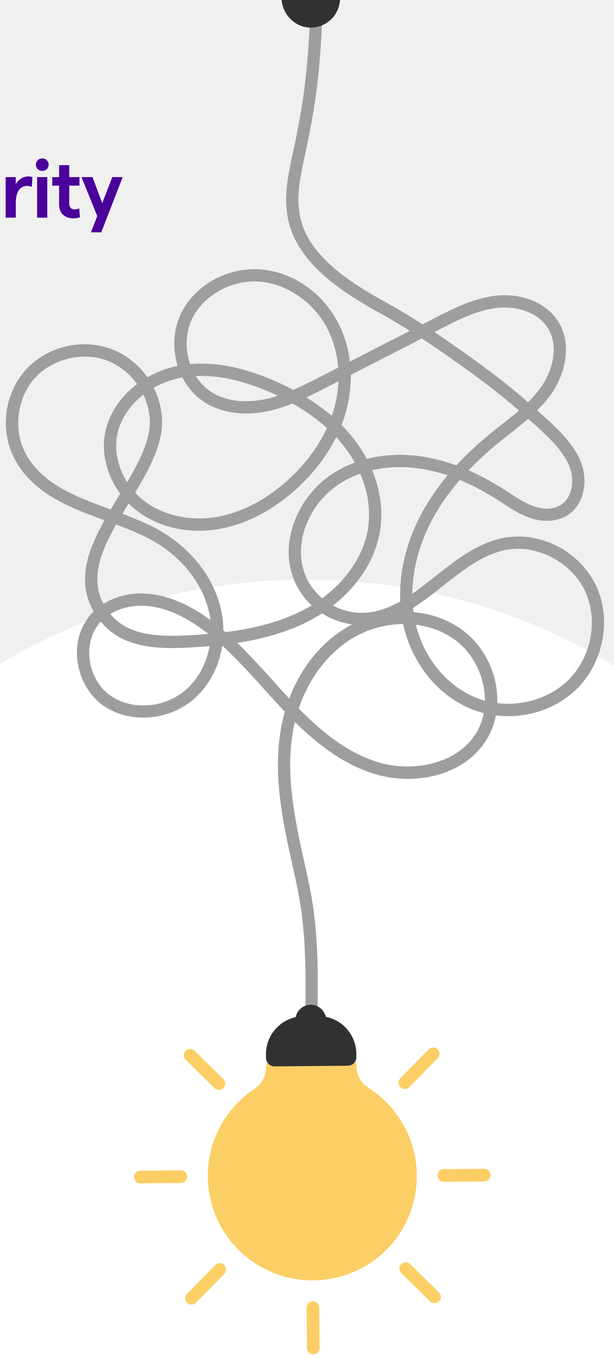
Beneva's conversion solutions support members as their group coverage ends, offering a structured transition to individual insurance. Plans feature tiered levels of health and travel insurance, as well as optional benefits such as dental or vision care. Overall, retirement conversion solutions allow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

8. 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
9. Statistics Canada. A demographic, employment and income profile of persons with disabilities aged 15 years and over in Canada, 2022.
10. Canadian Institute of Actuaries. Group Long-Term Disability Termination Study. January 2019.

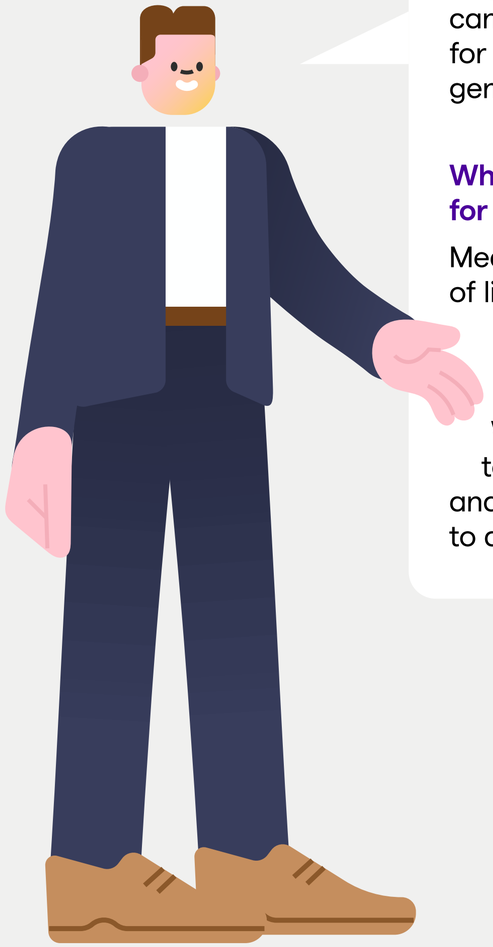
Pharmacogenetics: bringing clarity to complex treatment options

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.

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People protecting people

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