



Designed for Health

Paramedical and drug claim trends

A new era: benefits plans play an increasing role
in employee health and well-being



Introduction

Several years after the height of the COVID-19 pandemic, our claims data reveals a compelling shift: Canadian employees are increasingly looking to their group benefits plans to support their health and well-being.

This trend reflects multiple converging factors. Rising health needs and more complex health profiles—particularly related to mental health and chronic disease—have created genuine demand. Enhanced accessibility through virtual care, targeted health awareness campaigns, and reduced stigma around mental health have all lowered barriers to care. Generational shifts in the workplace are also playing a role. Gen Z employees, in particular, are speaking more openly about their health, well-being, and the support they need, helping normalize conversations about health across the workforce. Additionally, in a changing health-care landscape, group benefits are helping plan members bridge gaps in primary care and access support when they need it.

On balance, we believe this is a positive shift for employees and their organizations.

When employees are engaged in their health and prioritize preventive care and mental health services, they invest in their own well-being while building healthier workforces critical to organizational performance.

We also recognize that responding to evolving health needs requires thoughtful benefits design and a continued focus on value. That's why Sun Life is helping plan sponsors deliver enhanced support for employees through solutions that create value, support long-term plan sustainability and simplify administration. With enhanced virtual care access, targeted health solutions and efficient claims management, we're helping plan members access the care they need while helping plan sponsors get the most from every dollar invested in their plans.

About this report

This report—the latest in our [Designed for Health report series](#)—offers unprecedented insight into how Canadians are using their group benefits. It's based on data from over 20,000 employer groups and several million plan members and their dependents.

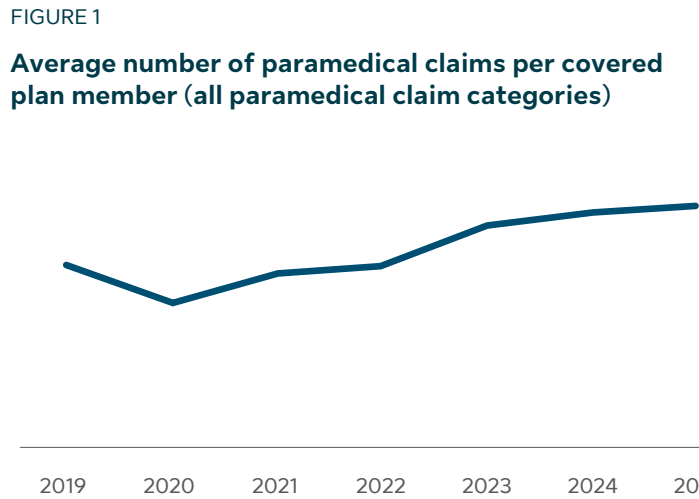
We looked at paramedical and drug claims from 2019 to 2025 to uncover key trends around how employees are using their benefits. Our goal, as always, is to help plan sponsors, advisors, and human resources leaders support plan members and make more informed decisions about their plans.

Paramedical claiming trends

Paramedical claims

Our data shows that plan members are now claiming significantly more for paramedical treatments than they were pre-pandemic.

The pandemic dip during 2020 was both expected and temporary. What wasn't necessarily expected was the recovery that went past the pre-pandemic baseline and then continued to grow through to 2025 (Figure 1).



Sun Life data
Plan members less than 65 years



Paramedical expenses explained

Eligible paramedical expenses can vary by plan, but typically include treatment by:

- Mental health practitioners, such as psychologists, psychotherapists, social workers, and clinical counsellors
- Chiropractors
- Physiotherapists
- Acupuncturists
- Massage therapists
- Certified athletic therapists
- Osteopaths
- Naturopaths
- Podiatrists/Chiropodists
- Audiologists
- Optometrists/Ophthalmologists.



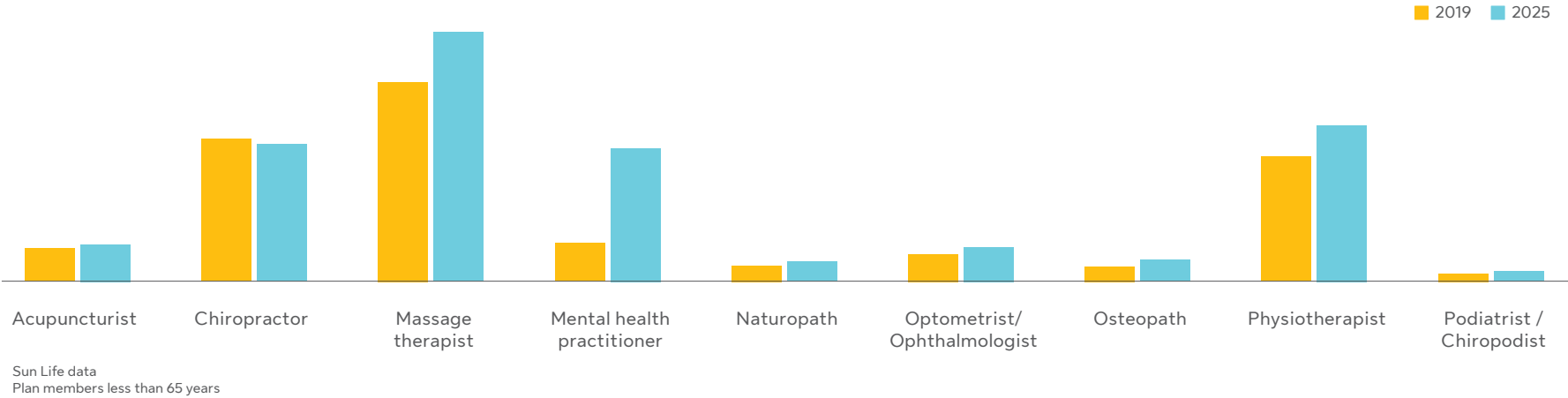
Growth across categories; mental health practitioner claims surge

Almost every paramedical claim category experienced claims growth from 2019 to 2025. The most utilized benefits remain massage therapy, physiotherapy, and chiropractic.

However, the growth in mental health practitioner claims (which include claims for a wide range of regulated mental health practitioners) stands out with the most significant growth by a wide margin.

Mental health practitioner claims now account for almost as many claims per covered plan member as chiropractor claims and have more than tripled since 2019 (Figure 2).

FIGURE 2
Average number of claims per covered plan member



More plan members are claiming

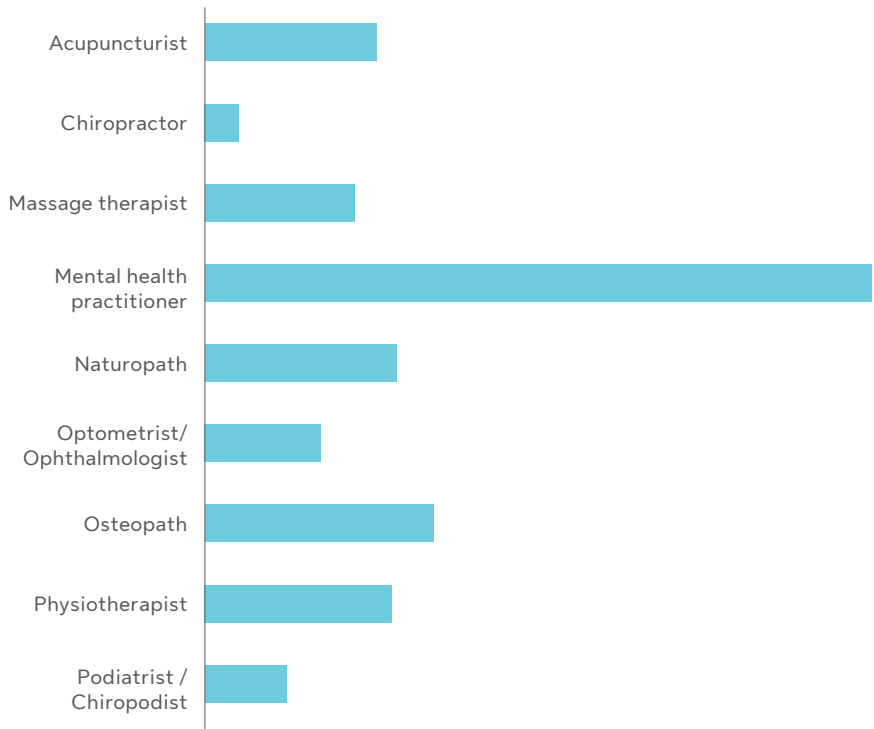
The growth across paramedical claim categories is almost entirely due to a growth in the proportion of plan members who are claiming.

While every category saw higher proportions of plan members making a claim, the growth was highest for mental health practitioner claims. The proportion of plan members who made a mental health practitioner claim was approximately 2.5 times higher in 2025 than in 2019 (Figure 3).

This is important because it signals a meaningful shift in how plan members are using their benefits to support mental health. Greater use of mental health practitioner services may reflect higher need, but it also suggests that more employees are overcoming barriers to care and seeking support earlier. For plan sponsors, this reinforces the importance of designing benefits plans that make mental health support accessible, easy to navigate, and sustainable over the long term.

FIGURE 3

Growth in the proportion of plan members making at least one claim per calendar year (2019-2025)



Sun Life data
Plan members less than 65 years

SUN LIFE SOLUTIONS



Provider search

Sun Life **Provider Search** is a comprehensive tool that lets employees and all Canadians search over 210,000 health-care providers. The platform offers detailed provider profiles, enabling users to find suitable care based on many criteria.

These include location, services offered, clientele and diverse communities served, as well as languages spoken. Users can also view verified ratings and reviews provided by others who have used the provider's services.

A key feature of Provider Search is its **cost comparison** functionality. The tool categorizes providers based on their service prices relative to similar professionals. This lets users:

- filter results by cost and other profile criteria;
- potentially reduce out-of-pocket expenses and claims costs against their health plans.

This cost transparency has the added benefit of encouraging providers to maintain competitive pricing.

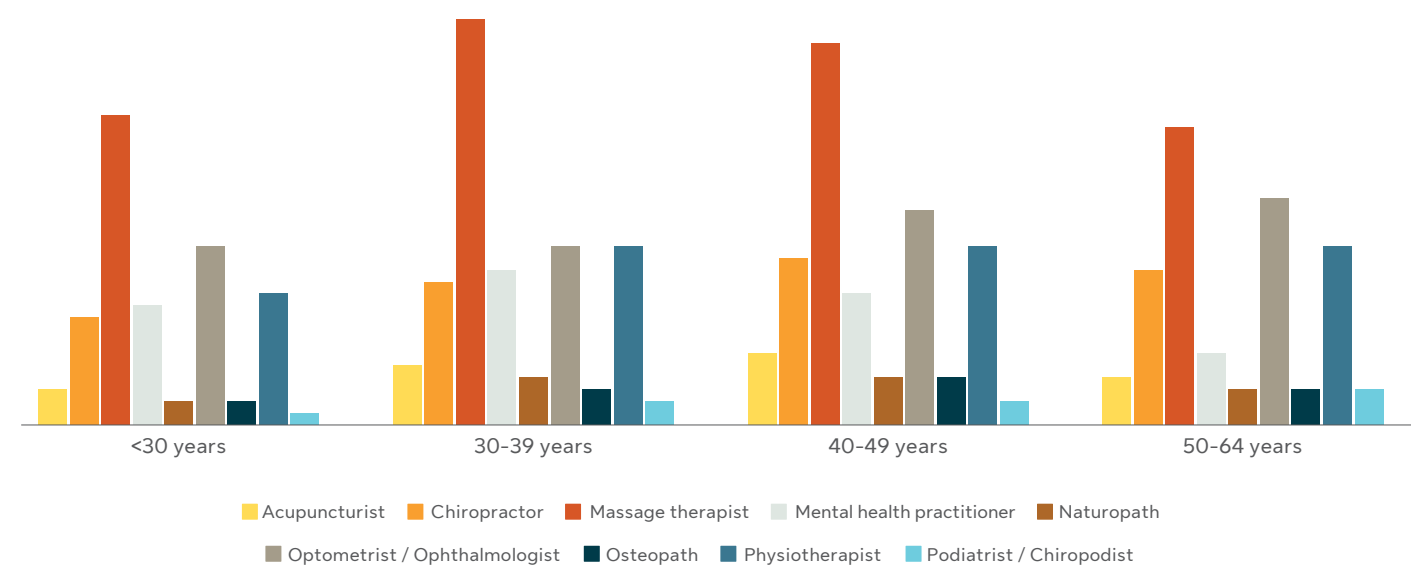


Demographics and claiming

Usage highest in middle age

Plan members between the ages of 30 and 49 were more likely to have made a claim across most categories compared with other age bands (Figure 4).

FIGURE 4
Proportion of plan members making at least one claim during the calendar year (2025)



Sun Life data

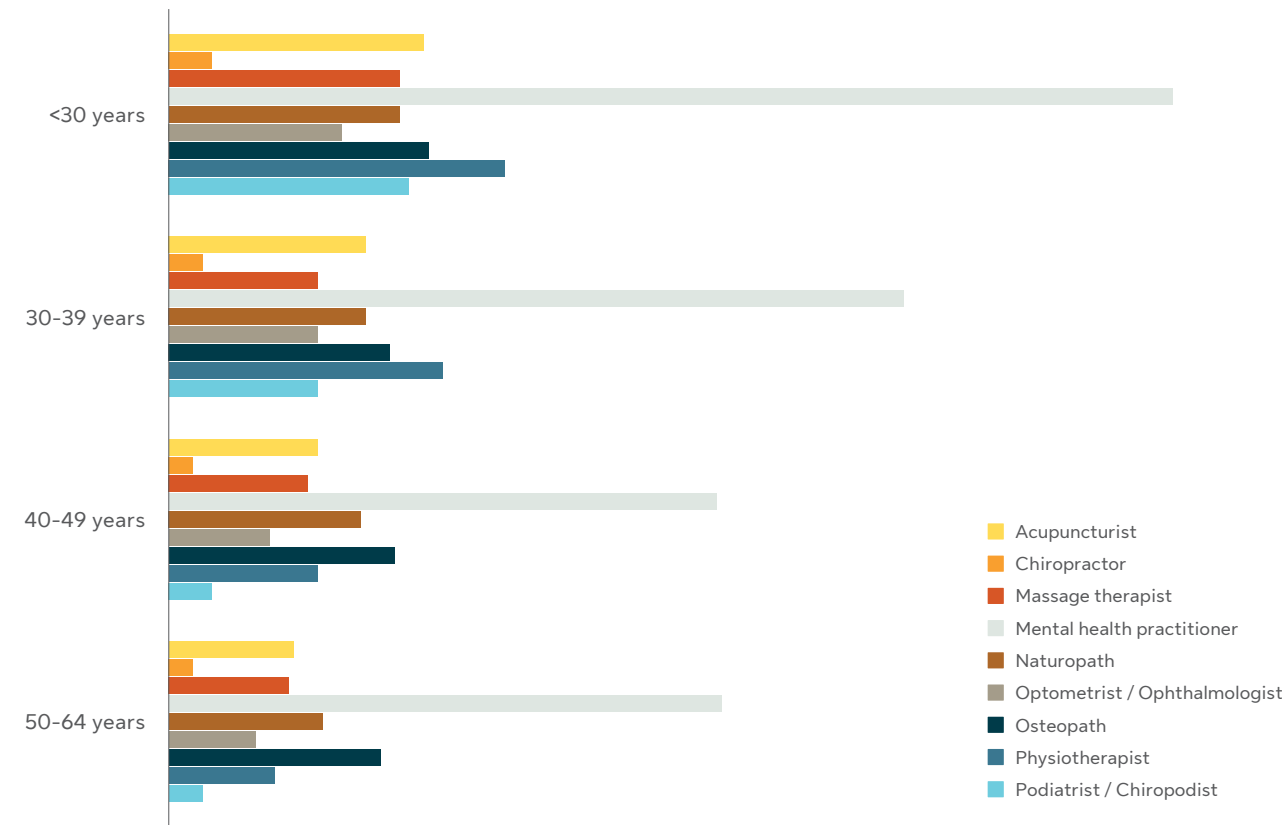




Higher growth with Generation Z

However, the growth in the proportion of plan members claiming in each category was highest for plan members less than 30 years old (Gen Z), followed by the 30- to 39-year-old age group (Figure 5). This may point to different drivers across age groups. Among younger plan members, growth may reflect awareness of the benefits available to them and using benefits for preventive and wellness-related services, such as massage therapy. Among plan members over 40, growth may be more closely tied to managing ongoing or chronic health conditions.

FIGURE 5
Growth in the proportion of plan members making at least one claim per calendar year (2019-2025)

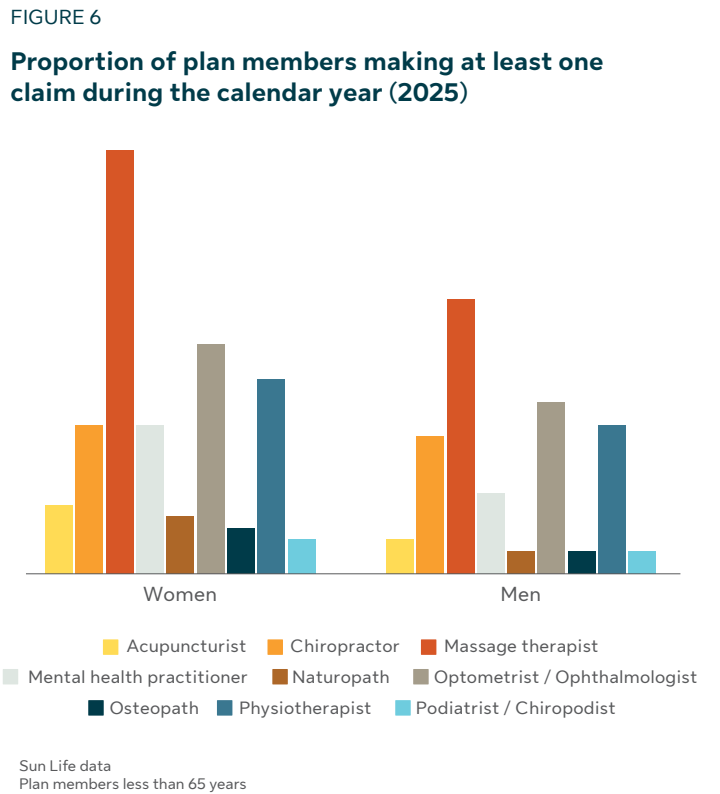


Sun Life data

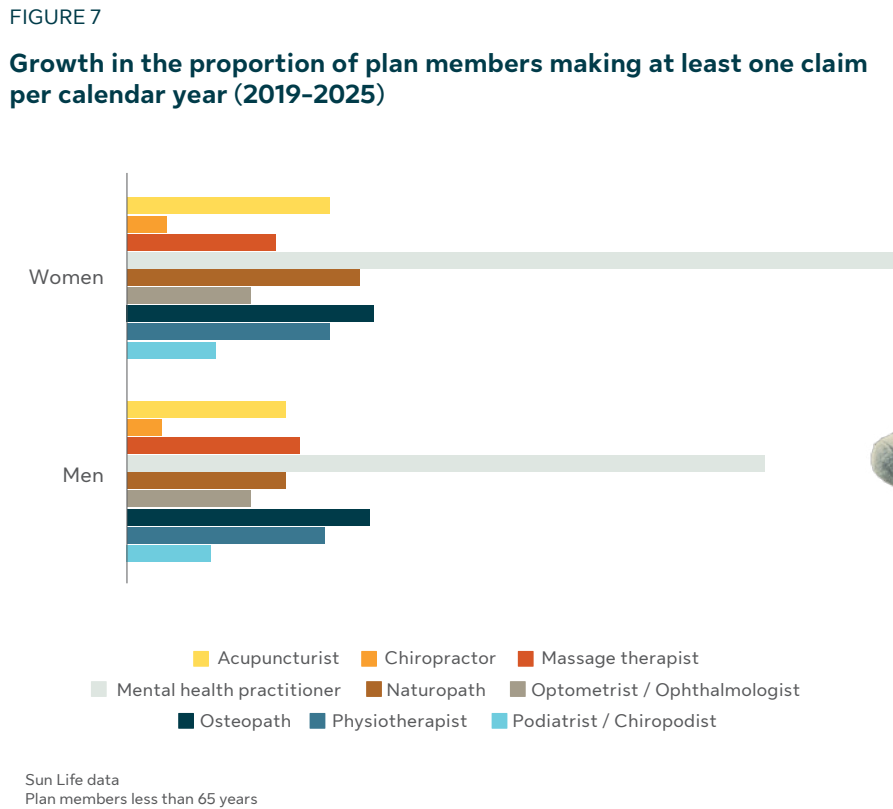
Demographics and claiming

Higher claims—and higher claims growth—for women

Women were more likely than men to have made a claim in each of the paramedic categories (Figure 6).



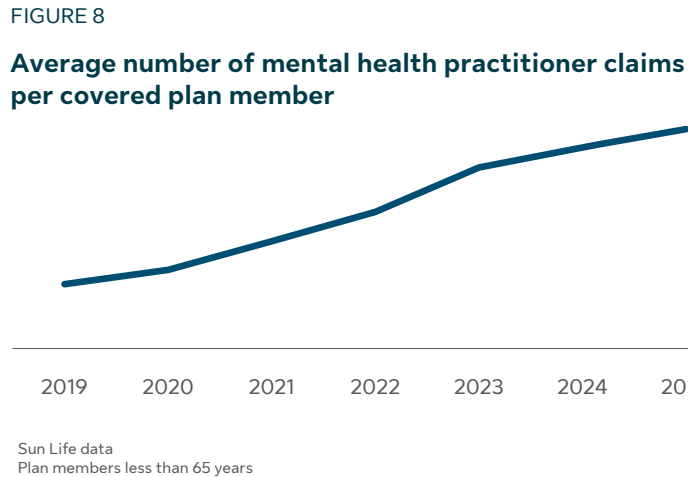
Women also had stronger growth in the proportion of plan members making a claim—across most categories. The highest growth rate for both women and men was in the proportion making mental health practitioner claims. The proportion of women making claims grew more than 2.5 times from 2019-2025, while men’s growth was not far behind (Figure 7).



A closer look at mental health practitioner claims

The proportion of plan members making mental health practitioner claims accelerated during the pandemic (Figure 8). This differed from other paramedical categories, which all experienced a dip.

This acceleration was due to a combination of more people being in psychological distress during the pandemic and therapists being able to meet the need for care by offering virtual care access. Unlike other paramedical services that often rely on in-person treatment, mental health therapy lends itself particularly well to virtual care. Mental health awareness and de-stigmatization campaigns during the pandemic years also played a significant role in more people seeking mental health care.



Fastest growth among younger employees

While the growth in mental health practitioner claims is levelling out somewhat through to 2025, the proportion of plan members claiming is still rising, especially among those less than 30 years old.

While we see growth across all age groups, the proportion of younger plan members (less than 30 years old) has grown fastest—more than tripling over the past six years (Figure 9).

Our recent report [The kids are all grown up: Checking in on Generation Z](#) outlines many of the pressures driving the rise in mental health issues among younger plan members, from digital connectivity, to pandemic lockdowns, to climate anxiety. Importantly, it provides solutions and strategies to help support the unique health needs of this youngest cohort in the workplace.



Climate Anxiety: A growing concern for Canadian employees, especially Gen Z

Climate anxiety—characterized by intrusive thoughts and distress about climate change and the future—is affecting Canadian employees’ mental health and workplace performance.

The condition manifests as existential dread, depression, anxiety, feelings of helplessness, and grief.

Recent Sun Life Research indicates that 27% of Canadian employees have experienced or are currently experiencing climate anxiety. The impact is particularly pronounced among Generation Z (those younger than 30 years old), with nearly half (47%) reporting experiencing climate anxiety.

These findings further underscore the critical importance of accessible mental health support and resources for Canadian employees.

Our report, [How climate and extreme weather are impacting workplace health in Canada](#), looks at the impact of climate on employee health and highlights the many ways group benefits can help create a climate-resilient workforce.

Sources:
Mental Health Commission of Canada
Sun Life/Ipsos national survey of Canadian employees, 2024

A closer look at mental health practitioner claims

Faster growth in women

Women are significantly more likely to have made a mental health practitioner claim (approximately twice as likely), and the growth in the proportion of women making such a claim is also outpacing men's (Figure 10). This trend is consistent with public health data showing women have a 1.7 times higher prevalence of depression.¹ There can be many reasons for this, including both societal and physiological factors. These might include the strain of multiple caregiving roles and reproductive health issues, such as perimenopause. Women are also more likely to seek mental health care than men when they do experience mental health challenges and are therefore more likely to be diagnosed and treated.²



FIGURE 10

Growth in the proportion of plan members making at least one mental health practitioner claim per calendar year (2019-2025)



Sun Life data
Plan members less than 65 years

Encouraging trend for younger men

The trend of women claiming more than men appears across age groups, with the exception of plan members under the age of 30. In recent years, growth in men's mental health practitioner claims slightly outpaced that of women. This is an encouraging sign. Young men have historically been less likely to seek mental health support, often because of stigma or expectations around self-reliance.

Increased use of mental health practitioner benefits may suggest that more young men are becoming comfortable asking for help earlier, before issues escalate.

For employers, this is positive because earlier access to mental health support can help employees stay well, remain productive, and reduce the risk of more serious health or workplace impacts over time.

SUN LIFE SOLUTIONS



Online Counselling, by Dialogue*

Confidential, professional mental health support, whenever you need it

Online Counselling, by Dialogue*, connects plan members and their eligible dependents aged 14+** with registered mental health professionals, who provide confidential support to help navigate:

- Stress and anxiety
- Life transitions
- Relationship challenges, sleep, or whatever's on their mind

Online Counselling, by Dialogue*, reflects Sun Life's commitment to plan member accessibility and plan sustainability

- Access to private 1-on-1 counselling with registered psychotherapists and social workers.
- Appointments within days, with sessions available by video or phone, privately and securely.
- Matching with a practitioner based on preferences, including cultural, gender, language and care needs.
- Pay securely online and receive receipts to submit under Extended Health Care coverage (where applicable), helping reduce out of pocket expenses and plan costs ***

*Dialogue is a wholly owned subsidiary of Sun Life Assurance Company of Canada operating as a stand-alone entity. All representations about the services of Sun Life Online Counselling, by Dialogue, are those of Dialogue, Inc., and not Sun Life Assurance Company of Canada. Sun Life Assurance Company of Canada cannot guarantee the availability of the services and reserves the right to cancel the services with notice.

**Online Counselling is available to any individual aged 14 years or older, located in Canada. Online Counselling is only available to you if your plan does not include Stress Management and Well-Being.

***This is dependent on your plan coverage.

Why are more plan members using their paramedical benefits?

The trend of a growing proportion of plan members engaging with their benefits plans is likely due to a convergence of factors.



The focus on wellness and prevention

Post-pandemic, many Canadians emerged with a greater sense of urgency and agency around their own well-being—physical and mental. The cultural conversation around health and wellness has never been louder, amplified by social media and a growing willingness to talk openly about health challenges, especially mental health. Another possible contributor is the experience of the sandwich generation. As middle-aged employees see their children enter the workforce and use benefits more openly for wellness, prevention and mental health support, they may become more aware of—and more comfortable using—the supports available through their own plans. While this is a hypothesis, it is worth noting as one more way generational attitudes may be helping normalize benefits use across the workforce.



Awareness

We’ve worked alongside plan sponsors and advisors to make benefits more accessible and easier to navigate. Tools like our provider search, expanded employee assistance programs, mental health coaching, and virtual care options all work to raise awareness and improve access. In addition, many employers have developed campaigns—especially around mental health—to raise awareness around the supports available to employees.



Mental health care: increased need, improved access, reduced stigma

The high and growing use of mental health practitioners reflects the mental health stress that more Canadians are experiencing. But it also reflects the positive effects of reduced stigma, expanded coverage options, and the widespread adoption of virtual care. These have all removed barriers to access that once kept many people from seeking support.



A strained health system

In a changing health-care landscape, group benefits are helping plan members bridge gaps in primary care and access support when they need it.

As a result of these factors, more Canadian employees than ever before are engaging with and relying on their benefits plans, seeking preventive care and supports that promote health, well-being and engagement at work.

Drug claiming trends

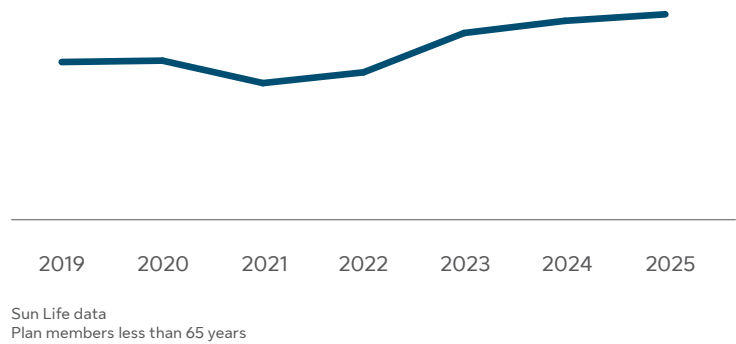


Drug claims

Like paramedical claims, plan members are now claiming more on average for drugs than they were pre-pandemic. After the pandemic dip, drug claims moved back to baseline. They then grew significantly in 2022, with somewhat slower but consistent growth through 2025 (Figure 11).

FIGURE 11

Average number of drug claims per covered plan member (all drug categories)



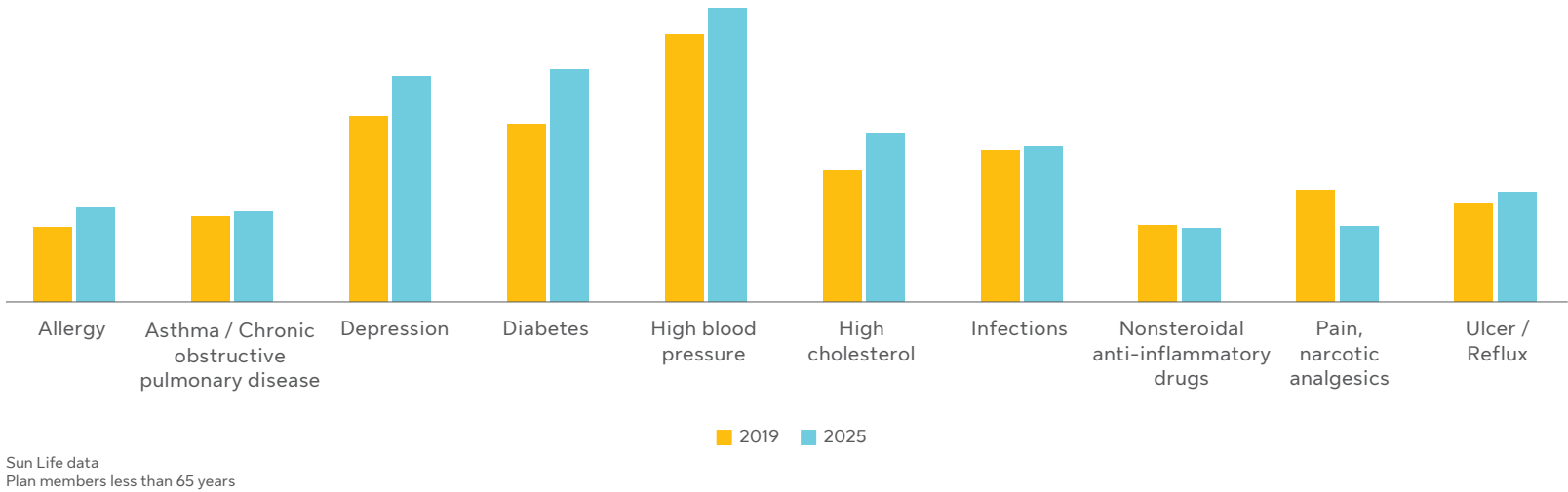
Growth across major drug categories

Growth has occurred across virtually all major drug categories, except for narcotic analgesics (painkillers). Drug claims for high blood pressure and diabetes remain the highest, followed by claims for drugs treating high cholesterol and depression (Figure 12).

This is consistent with what we see in paramedical claims: plan members are increasingly relying on their benefits not only for episodic care, but also for ongoing health management and the growing role benefits plans play in helping employees manage both chronic physical conditions and mental health.

FIGURE 12

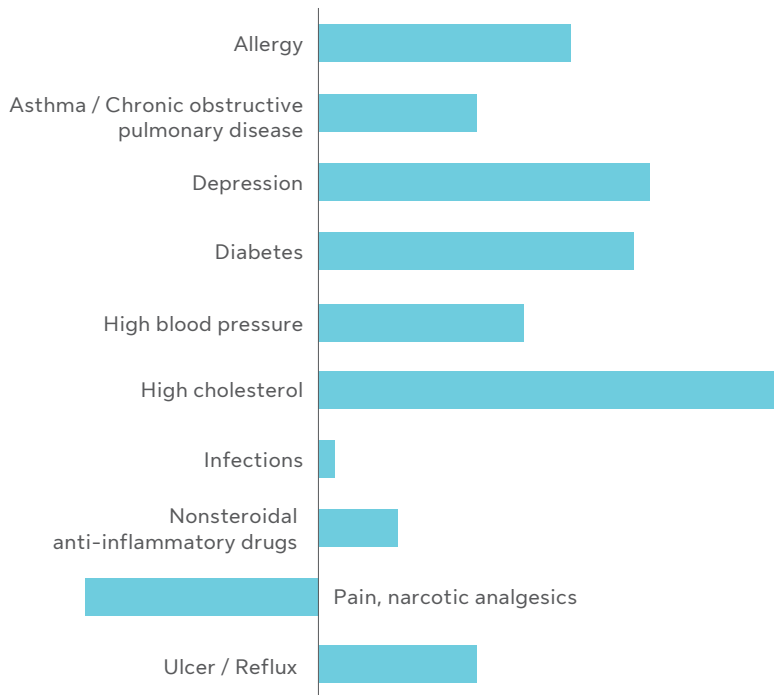
Top 10 drug categories by average number of claims per covered plan member



More plan members are claiming

As with paramedical claims, the growth in drug claims was not based on individual plan members making more claims per person. Almost all growth was driven by the fact that a higher proportion of plan members were making claims.

FIGURE 13
Growth in the proportion of plan members making at least one drug claim per calendar year (2019-2025)



Sun Life data
Plan members less than 65 years

The decline in claims for painkillers is not surprising (Figure 13). Because of addiction issues, opioids especially are being prescribed with more caution in Canada. A recent study looked at data between 2018 and 2022. It found that new opioid users declined by 8% in Canada during the study period, with the total number of people using opioids falling by 11%.³



SUN LIFE SOLUTIONS



Easy, comprehensive medication support

Online Pharmacy, by Pillway*, offers pharmacy services for employees. It's particularly ideal for those taking maintenance medications to treat chronic conditions.

There's no additional cost for the service. It's available to employees and Canadians and, if they choose to use it, gives them easy online access to pharmacists for medication and consultations to better manage their health and adhere to their treatments. They get:

- Easy ordering – employees can transfer their existing prescriptions and place an order online, or in the mobile app
- Easy refills – the auto-renewal feature reduces the risk of running out
- Home delivery – medications are delivered to their door anywhere in Canada, at no additional cost
- Multiple medication management – multiple medications can be grouped into convenient packages, making it safer and improving adherence
- Professional advice – they can chat with, or call, a trusted and knowledgeable pharmacy support team.

* Online Pharmacy, by Pillway, is a pharmacy provided by Simpill Health Group Inc. doing business as Pillway Pharmacy. SHG Pharmacy Inc., SHG Manitoba Inc., and SHG West Pharmacy Inc., doing business as Pillway pharmacies, are partially owned by Simpill Health Group Inc. For your information, and as a point of disclosure, Sun Life Assurance Company of Canada has partial ownership in Simpill Health Group Inc.

High utilization, high growth drugs

Three classes of drugs stand out as ones used by a high proportion of plan members as well as having high growth in the proportion of plan members using them since 2019. These are drugs to treat cholesterol, diabetes and depression.

A closer look at cholesterol drugs

The highest growth in the proportion of plan members with a drug claim occurred in drugs to treat high cholesterol. The growth in cholesterol drugs was seen across all age groups but was highest in the youngest groups (Figure 14).

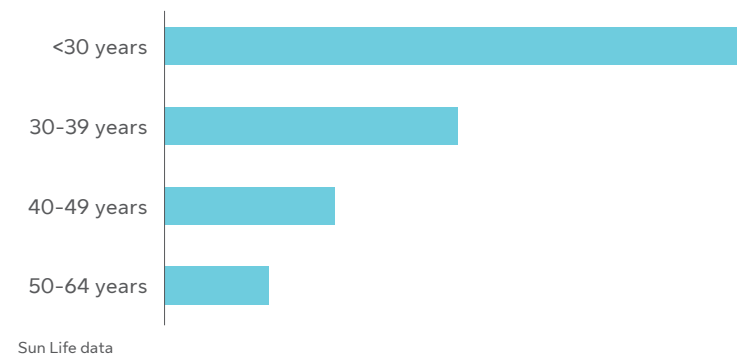
Statins are the main class of drugs used to treat high cholesterol. The 2016 Canadian Cardiovascular Society Dyslipidemia Guidelines significantly broadened the eligible population for statins.⁴ And recent guidelines reaffirmed statin therapy as first-line for both primary and secondary cardiovascular prevention in Canada.⁵ This is a key driver of the increase in statin use we are seeing in our data.

Claiming incidence for cholesterol drugs is still exceedingly rare among plan members younger than 40 years of age (less than 2%). However, growth among this age cohort is significantly higher than for older plan members. We see the same pattern for blood pressure drugs, although at a lower growth rate.

The increase in younger claimants is likely driven by two interconnected factors: the rising incidence of early-onset cardiovascular disease⁶ and growing physician awareness of this risk. This has likely prompted earlier screening and more preventive treatment approaches, resulting in earlier diagnoses and claims among younger employees.

FIGURE 14

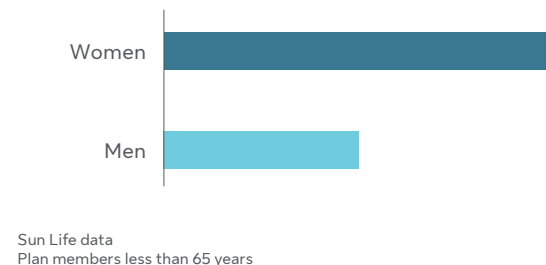
Growth in the proportion of plan members making at least one high cholesterol drug claim per calendar year (2019-2025)



While men were still more likely to have made a cholesterol drug claim, the gap is narrowing. The percentage of women claiming for cholesterol drugs grew more than twice as fast between 2019 and 2025 as it did for men (Figure 15).

FIGURE 15

Growth in the proportion of plan members making at least one high cholesterol drug claim per calendar year (2019-2025)



Our claims data also points to a shifting picture in statin prescribing among women and men. Men continue to receive more statin prescriptions overall and are more likely to be placed on high-intensity therapy.⁷ But this documented disparity has attracted sustained attention from Canadian cardiologists and guideline authors. Organizations such as the Canadian Women's Heart Health Centre have raised awareness of sex-specific cardiovascular risk. This has likely contributed to more equitable prescribing patterns and higher growth in the proportion of women claiming in our data.



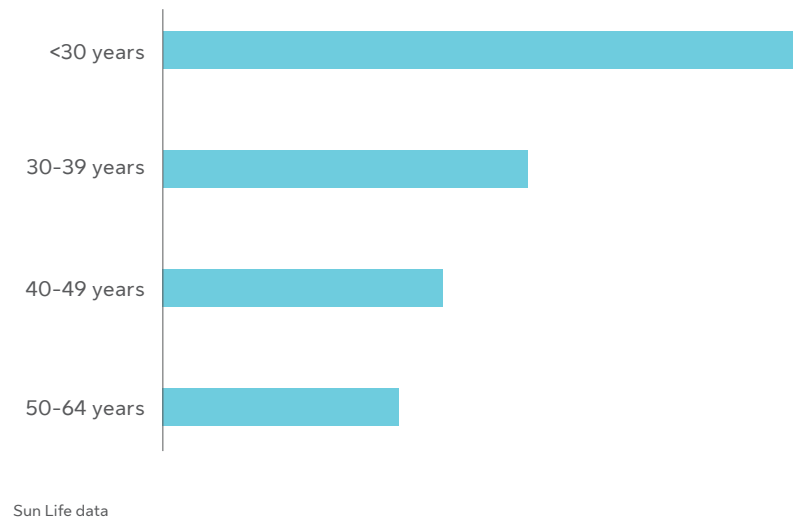
High utilization, high growth drugs

A closer look at diabetes drugs

Diabetes drug claims show a similar pattern to cholesterol drugs. Although younger plan members were still significantly less likely to be claiming for these drugs, the growth proportion of younger plan members claiming was significantly greater—especially from 2022 onward (Figure 16). This is consistent with public health data showing strong growth in the number of Canadians being diagnosed with diabetes in recent years, with growth among youth and young adults a particularly concerning trend.⁸

FIGURE 16

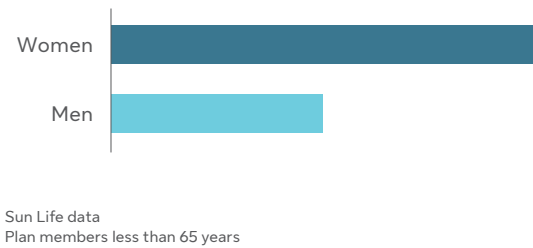
Growth in the proportion of plan members making at least one diabetes drug claim per calendar year (2022–2025)



Men are still somewhat more likely than women to be taking a diabetes drug, but here again, the gap is closing. The growth in the proportion of women taking diabetes drugs was more than twice that of men between 2019 and 2025 (Figure 17).

FIGURE 17

Growth in the proportion of plan members making at least one diabetes drug claim per calendar year (2019–2025)



The rise of chronic disease among Gen Z

While claims for chronic disease drugs among Gen Z employees (those younger than 30 years old) are still much lower than their older cohorts, the growth in claims is highest in this youngest age group. In recent years, claims growth across four major chronic disease drug claim types (asthma/chronic obstructive pulmonary disease, diabetes, high blood pressure, high cholesterol) is 2 to 3 times higher for Gen Z employees than any other age group.

This is likely fueled by a combination of more sedentary lifestyles, a greater reliance on processed foods, and higher levels of obesity during this generation’s formative years. You can learn more about this in our recent report: [The kids are all grown up – Checking in on Generation Z.](#)

Sun Life research partnership shows that digital diabetes coaching may cut the use of intensive diabetes drugs in half over a 10-year period

Context: diabetes coaching

- 1 in 10 Canadians live with diabetes and this is projected to rise⁹
- Managing diabetes is crucial to delaying progression and avoiding complications
- Around one in three people with diabetes experience moderate to severe distress related to managing their condition¹⁰
- Digital pharmacist-led coaching programs have been found to be successful in helping people better manage their diabetes¹¹

What we did*

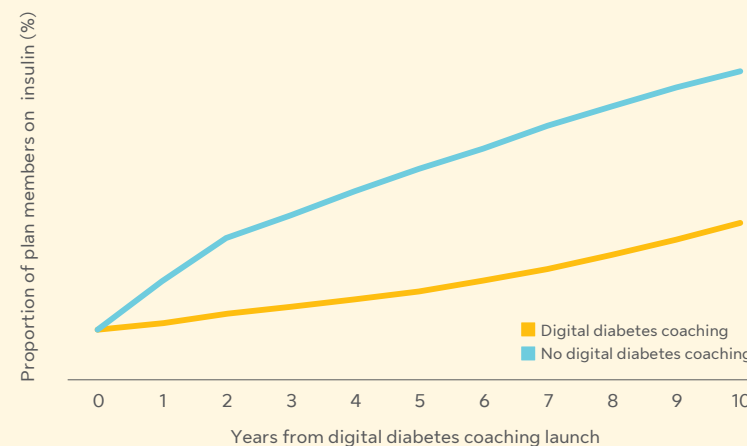
In this analysis, we partnered with leading population health researchers at the **University of Toronto** to use the Michigan Model for Diabetes¹² and estimate the impact of a diabetes coaching program on long-term health outcomes of individuals living with Type 2 diabetes.

What we found

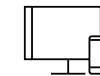
Our analysis showed that plan members who took part in a digital pharmacist-led diabetes coaching program were projected to be half as likely to progress to insulin use 10 years later, compared to those who did not take part in a coaching program. Insulin is a treatment that typically requires ongoing injections and monitoring, reducing its use may contribute to meaningful improvements in quality of life for some individuals.

FIGURE 18

Projected 10-year medication outcomes for plan members with and without digital diabetes coaching



SUN LIFE SOLUTIONS



How Sun Life supports Canadians living with Diabetes

Sun Life Canada offers a range of supports for Canadians living with diabetes, such as personalized digital coaching through Sun Life's Diabetes Care Program, delivered by Pillway**, Term Insurance for Diabetes, and Sun Life Diabetes Prevention and Remission Clinic through the Montreal Heart Institute Foundation.

*This research partnership was funded by the [Sun Life's Bridges Initiative](#), a global initiative focused on addressing the needs of underserved groups. Professor Laura Rosella from the University of Toronto provided expert third-party methodological oversight of the analysis. The study and its findings are currently being prepared for submission to a peer-reviewed journal.

** SHG Pharmacy Inc. and SHG West Pharmacy Inc., doing business as Pillway pharmacies, are partially owned by Simpill Health Group Inc. For your information, and as a point of disclosure, Sun Life Assurance Company of Canada has partial ownership in Simpill Health Group Inc. Pharmacy services are provided by Pillway. Sun Life reserves the right to discontinue the coaching programs at any time without notice. The program is currently offered to plan members with Sun Life group benefits, excluding Quebec.

Gap closing?

More women getting treatment for chronic disease

Women face a number of health challenges that men don't. For instance, hormonal changes before and during menopause increase the risk of cardiovascular disease and diabetes. Hormonal fluctuations also lead to a far greater incidence of migraines. And women with diabetes have a higher risk of complications like heart disease, vision loss, kidney disease and depression.¹³ There are many other examples.

The gender health gap has long compounded these challenges. Women's health has historically been under-researched and under-treated.

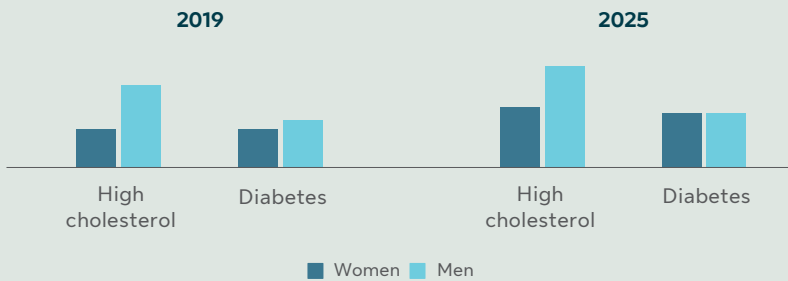
Sun Life has undertaken extensive research and awareness campaigns centred on women's health over the past several years. Many other organizations have also picked up the torch. As a result, we're seeing a broader awareness of key women's health issues, such as menopause. This is leading to a shift in attitudes towards women's health.

We see evidence of this in our claiming data. While claiming for chronic disease drugs was higher for men, the growth of claims was significantly higher among women. For example, from 2019 to 2025, for cholesterol and diabetes, the drug treatment gap has narrowed (Figure 19).

Our data suggests that a greater proportion of women than before are getting the treatment they need to manage conditions such as diabetes and maintain their cardiovascular health.

FIGURE 19

Proportion of plan members making a drug claim during the calendar year



Sun Life data
Plan members less than 65 years

SUN LIFE SOLUTIONS



No-cost coaching to help employees manage their chronic condition

Online Pharmacy by Pillway*, offers personalized, comprehensive support employees need to manage their chronic conditions and maximize their drug treatments.

Coaching programs are available for **diabetes, asthma, and chronic obstructive pulmonary disease (COPD)** at no cost to employers or employees**. These programs include one-on-one coaching by experienced pharmacists.

A pharmacist works with each employee to develop individualized strategies for effective self-management, including treatment optimization, proper medication use, and education on related health conditions. The pharmacist can also coordinate with other health-care providers (if requested by the plan member). This includes general practitioners, specialists, and dietitians to best support plan members***.

* Online Pharmacy, by Pillway, is a pharmacy provided by Simpill Health Group Inc. doing business as Pillway Pharmacy. SHG Pharmacy Inc., SHG Manitoba Inc. and SHG West Pharmacy Inc., doing business as Pillway pharmacies, are partially owned by Simpill Health Group Inc. For your information, and as a point of disclosure, Sun Life Assurance Company of Canada has partial ownership in Simpill Health Group Inc. Pharmacy services are provided by Pillway. Sun Life reserves the right to discontinue the coaching programs at any time without notice.

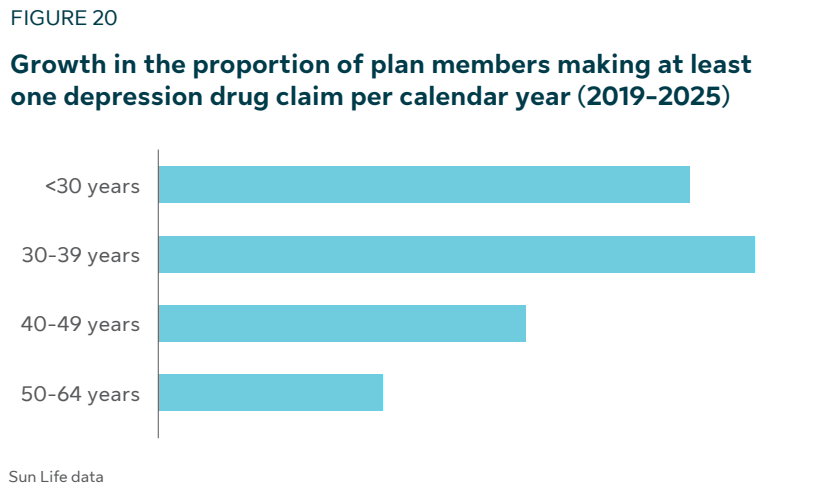
**These programs are not available in Quebec.

***Support Team members are from Pillway and LifestyleRx and include pharmacists, physicians, and registered dietitians.

High utilization, high growth drugs

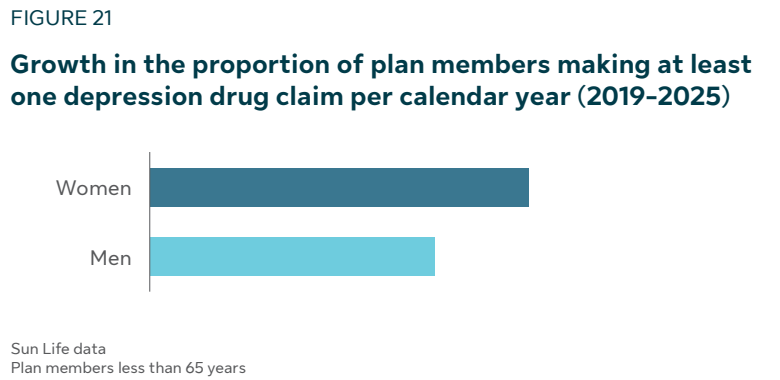
A closer look at depression drugs

Growth in claims for depression drugs follows a similar age pattern as cholesterol and diabetes drugs (Figure 20). Older plan members are still more likely to be taking a depression drug, but growth among younger plan members has been significantly stronger since 2019.



The growth in the proportion of women taking depression drugs significantly outpaced men from 2019-2025. Female plan members are now about twice as likely to be taking a depression drug as male plan member (Figure 21).

The one cohort where this does not apply is plan members under age 30, where in recent years, men and women have similar growth rates in depression drug claims. As with mental health practitioner claims, this suggests that the reduced stigma related to mental health may be having the greatest impact on young men.



Trends to watch



Chronic weight management, ADHD, menopause treatments

We’ve focused much of this section of the report on the health conditions that have the highest utilization across our plan member base. But there are other health areas experiencing significant growth in drug claims. Three of note are drug treatments for:

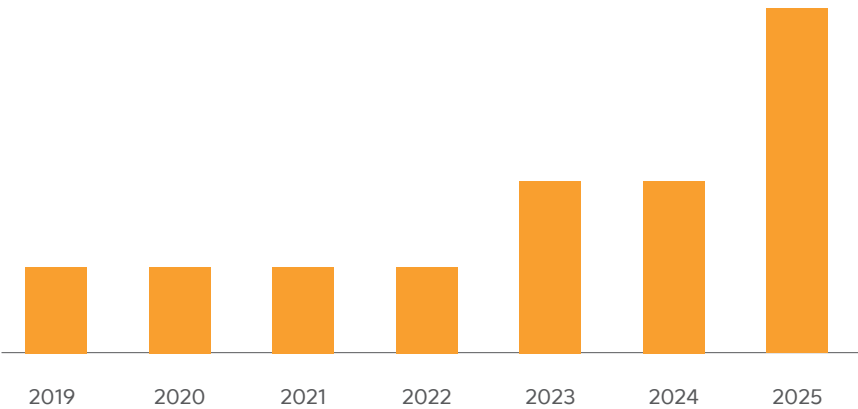
- Chronic weight management
- Attention deficit/hyperactivity disorder (ADHD)
- Menopause symptoms.

Drugs for chronic weight management – a rapid rise in claims

Growth in drug claims for chronic weight management was modest but steady between 2019 and 2022. During this period, awareness of obesity as a chronic condition continued to increase, but treatment options remained limited.

Utilization began to rise more rapidly in 2023 and accelerated further in 2024 following the launch of Wegovy®, the first weekly GLP-1 drug approved in Canada for chronic weight management. The availability of new treatment options, including the subsequent launch of Zepbound® in 2025, combined with greater employer adoption of coverage for chronic weight management medications, contributed to this growth. By 2025, the proportion of plan members taking a chronic weight management drug had grown to more than four times its 2019 level (Figure 22).

FIGURE 22
Growth in the proportion of plan members making at least one chronic weight management drug claim per calendar year (2019-2025)



Sun Life data
Plan members less than 65 years

Women are more likely to take these drugs than men—as are plan members age 40 plus. However, the growth in claims was equal across men and women. It was also strong across all age groups, with the highest growth among those under age 40.

Generic versions of GLP-1-based chronic weight management drugs are likely to be available in Canada in the near future. We expect this to fuel even greater growth in claims in drug benefits plans, as will the broader reach of these drugs in helping other health conditions, such as cardiovascular disease. For more detailed information, see our recent report, [The rise of obesity in Canada](#), which takes a closer look at the weight management landscape.



Trends to watch

The growth in ADHD drug claims

Attention deficit/hyperactivity (ADHD) diagnoses and medication use are rising sharply across Canada. This is driven by a mix of better awareness, pandemic-era lifestyle disruptions, and improved access to assessment.

The pandemic played a significant role. Remote work, social isolation, increased screen time, and constant digital distraction worsened attention difficulties for many. At the same time, the loss of everyday social connection—informal conversations, workplace routines, community activities, and in-person support networks—contributed to greater loneliness for many Canadians. Loneliness and isolation can affect mental health, motivation, sleep, and the ability to stay focused and organized. For people already experiencing attention challenges, this social disruption may have made symptoms harder to manage and more visible in daily life. Together, these pressures prompted more people to seek assessments for the first time.

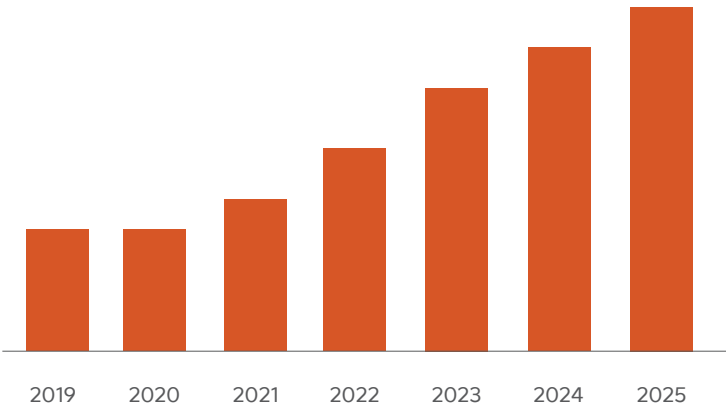
For example, in Ontario, ADHD prevalence among children and young adults under the age of 24 rose from 5.29 per 100 people in 2014 to 7.48 per 100 by 2021. New incidence rates nearly doubled over that same period.¹⁴ The rise of virtual health platforms and private ADHD clinics has also lowered barriers to getting assessed.

Based on Ontario data, new prescriptions for drugs to treat ADHD among adults more than doubled since the start of the COVID-19 pandemic.¹⁵

We see this trend clearly in our claiming data. By 2025, the proportion of plan members taking ADHD drugs was almost three times what it was in 2019 (Figure 23).

FIGURE 23

Growth in the proportion of plan members making at least one attention deficit/hyperactivity disorder drug claim per calendar year (2019–2025)



Sun Life data
Plan members less than 65 years

Younger plan members (under age 40) were more than 1.5 times more likely to make an ADHD drug claim than older plan members. While there was strong growth across all age groups, the growth in claims for under age 40 plan members was significantly higher than for those over age 40.



Trends to watch

The rise of hormone replacement therapy

Hormone replacement therapy (HRT) has long been used to treat menopause symptoms. However, a study in 2002 linked this therapy to elevated risks of breast cancer, heart disease, stroke, and dementia. This triggered a dramatic drop in prescriptions worldwide.¹⁶

Fast forward to today: a re-analysis of study data revealed a critical flaw, namely that most study participants were well past the menopause transition and not in their 40s and 50s when treatment was needed. In fact, new evidence shows that when HRT is started within 10 years of menopause onset (or before age 60), it's associated with a significant reduction in coronary heart disease and overall reduction in all-cause mortality.¹⁷

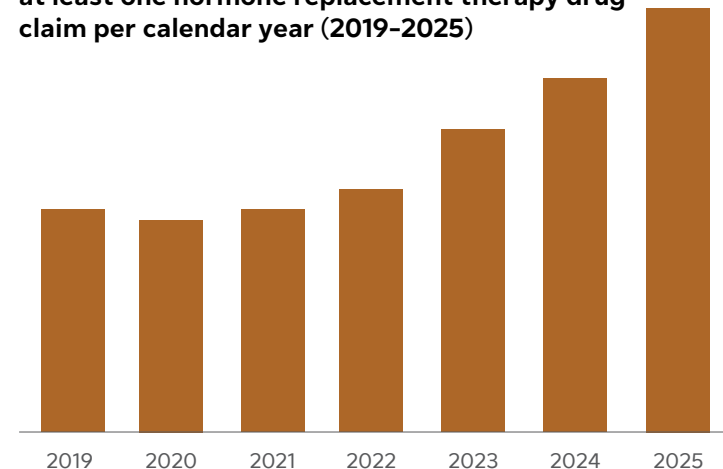
As a result, regulators and health practitioners recommend HRT for many women experiencing menopausal symptoms, both for symptom relief and additional health benefits.

A growing awareness around menopause, symptoms and impacts to health, as well as approaches to managing them—among medical practitioners and women alike—is likely also driving growth in HRT claims.

Not surprisingly, we've seen the proportion of plan members claiming for HRT grow over 80% since 2019. The strongest growth is in the proportion of women age 40 to 49. This is followed by those age 50 to 59 (Figure 24).

FIGURE 24

Growth in the proportion of plan members making at least one hormone replacement therapy drug claim per calendar year (2019–2025)



Sun Life data
Plan members less than 65 years

The male version of HRT involves testosterone replacement, but men are much less likely to be claim for it under their plan. There remain medical concerns about potential cardiovascular risks. There have also been inconsistent study results about actual health benefits.

Despite these concerns, there are strong social media movements advocating for testosterone replacement for men. While claiming remains far below HRT for women, claims for testosterone treatments saw strong growth of 50% from 2019 to 2025.

SUN LIFE SOLUTIONS



Menopause support

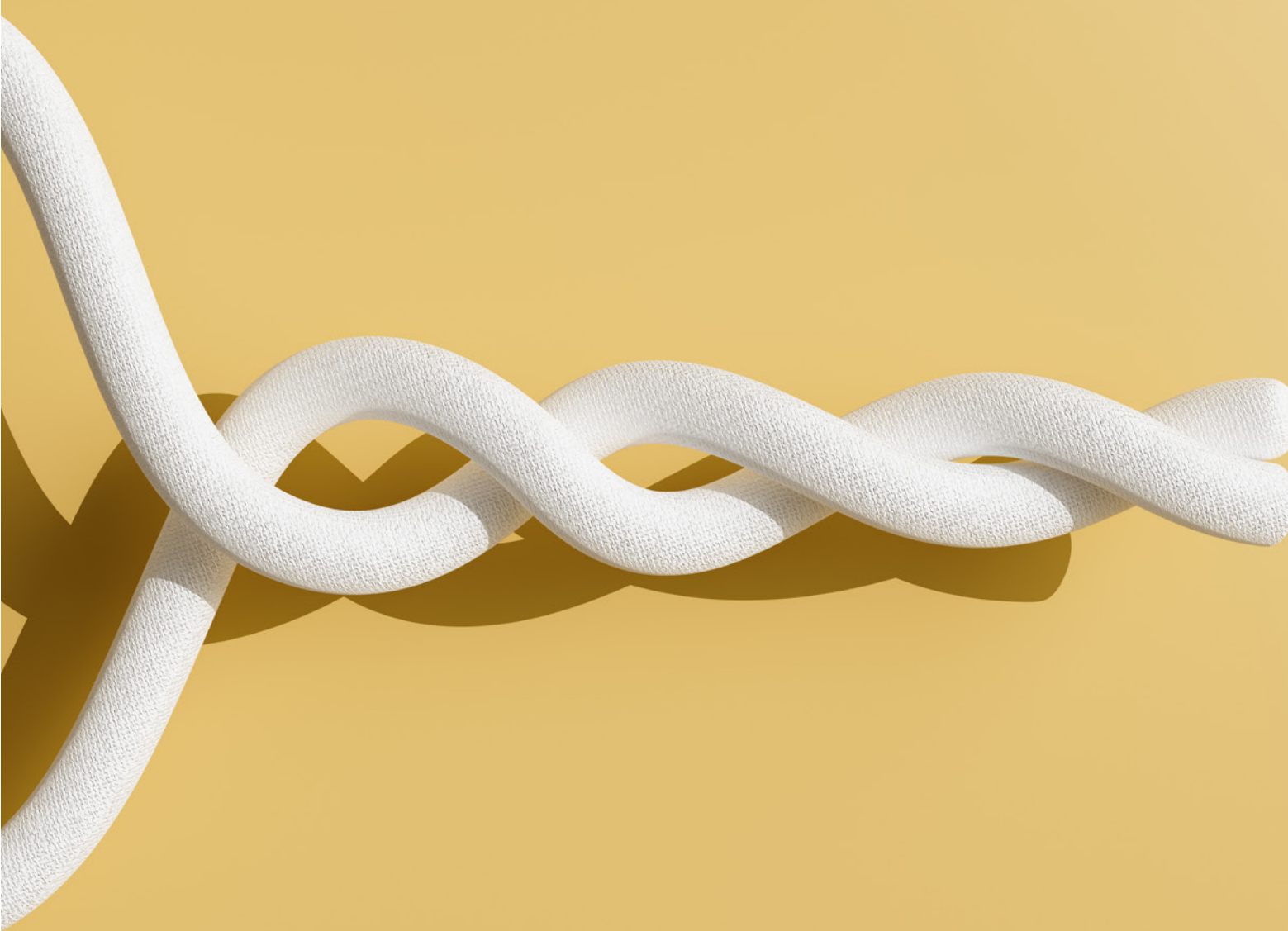
We offer dedicated menopause support at no additional cost to plan members with access to **Sun Life Virtual Care, by Dialogue***. Plan members can access this support through all phases of the menopause transition—perimenopause, menopause, and post-menopause. The support is provided by Dialogue's nurse practitioners, medical doctors (as permitted in each province)**, registered nurses, and mental health specialists*** who have received additional training on how to guide those going through their menopause journey.

After their virtual consultation, plan members get a comprehensive care plan tailored to their needs. As part of this plan, the health-care practitioner can prescribe **menopause hormone therapy** or non-hormonal treatment, if this is the right approach for the plan member.

*Dialogue is a wholly owned subsidiary of Sun Life Assurance Company of Canada operating as a stand-alone entity. All representations about the services of Sun Life Virtual Care, by Dialogue, are those of Dialogue, Inc., and not Sun Life Assurance Company of Canada. Sun Life Assurance Company of Canada cannot guarantee the availability of the services and reserves the right to cancel the services with notice.

**As permitted in each province. Dialogue and its practitioners abide by all federal and provincial regulations that apply to telemedicine.

***Plan members with Sun Life Virtual Care coverage have access to one mental health session.

A large, white, textured knot, possibly made of rope or fabric, is positioned on the left side of the page. It is set against a solid yellow background. The knot is complex, with multiple loops and crossings, and its shadow is cast onto the surface below it.

Great benefit plans for today and tomorrow

Behind the claims data in this report are people trying to manage real and often complex health needs—from mental health challenges to chronic conditions such as diabetes, high cholesterol and depression. These trends show that more employees are reaching for support and using their benefits plans as an important part of their health care journey.

For carriers and plan sponsors, this is both a responsibility and an opportunity. Higher utilization can be a positive sign when it reflects better awareness, improved access, reduced stigma and earlier intervention. It also underscores the need for benefits plans that are easy to use, compassionate and practical—helping employees find the right care at the right time, while supporting long-term plan value and sustainability. Our [Driving value through exceptional workplace health supports](#) report shows how Sun Life is helping organizations strike that balance through solutions that support plan member health, plan sustainability and administrative simplicity.

The conclusion is clear: benefits plans are becoming a vital access point for employee health. With the right mix of prevention, targeted support and cost-effective care pathways, plan sponsors can help employees feel supported before issues escalate—helping them stay healthier, remain productive and participate more fully in work and life.

This report provides you with general information only. It does not provide you with employment, legal, health, or financial advice. Consult with the appropriate professional advisor to meet your organization's needs.

Sun Life data categorized as "women" refers to plan members whose assigned sex at birth is female, while data categorized as "men" refers to plan members whose assigned sex at birth is male.

¹ PR Albert. Why is depression more prevalent in women? J Psychiatry Neurosci. 2015;40(4):219-21. doi: 10.1503/jpn.150205.

² E Stephenson, A Fournier. Health Reports: Investigating disparities in mental health care service use among people with mood and anxiety disorders. <https://www150.statcan.gc.ca/n1/pub/82-003-x/2026001/article/00001-eng.htm>

³ N Rebic et al. Trends in prescription opioid use for pain in Canada: a population-based repeated cross-sectional study of 6 provinces. CMAJ, 2025; 197(36): E1175-83; <https://www.cmaj.ca/content/197/36/E1175>

⁴ Canadian Cardiovascular Society. 2016 CCS Guidelines for the Management of Dyslipidemia.

⁵ MR Kolber et al. PEER Simplified Lipid Guideline — 2023 Update. Can Fam Physician. 2023;69(10):675-86.

⁶ Canadian Heart Failure Society. Canadian Heart Failure Society and Canadian Cardiovascular Society Call for Attention to Rising Heart Failure Cases in Younger Canadians Ahead of Awareness Week. 2026. <https://www.newswire.ca/news-releases/canadian-heart-failure-society-and-canadian-cardiovascular-society-call-for-attention-to-rising-heart-failure-cases-in-younger-canadians-ahead-of-awareness-week-829760245.html>

⁷ M Fairbairn et al. Differences in lipid treatment patterns in women versus men in a large cohort of patients with atherosclerotic cardiovascular disease in Ontario, Canada. Eur Heart J. 2026;41(S2):ehaa946.3191. https://academic.oup.com/eurheartj/article/41/Supplement_2/ehaa946.3191/6003365?login=false

⁸ Diabetes in Canada: An interactive report on key statistics: Overview. <https://health-infobase.canada.ca/diabetes/>

⁹ Statistics Canada. Diabetes prevalence, awareness, treatment and control, combined cycles, by age group and sex, Canada (excluding territories). Government of Canada <https://doi.org/10.25318/1310087301-ENG> (2023).

¹⁰ Alexander, D. S., Saelee, R., Rodriguez, B., Koyama, A. K., Cheng, Y. J., Tang, S., Rutkowski, R. E., & Bullard, K. M. Diabetes distress among US adults with diagnosed diabetes, 2021. Preventing chronic disease. 22, E07 (2025).

¹¹ B Presley, W Groot, M Pavlova. Pharmacy-led interventions to improve medication adherence among adults with diabetes: A systematic review and meta-analysis. Res Soc Adm Pharm 2019; 15: 1057-67.

¹² W Ye, M Brandle, MBrown, WHerman. The Michigan Model for Coronary Heart Disease in Type 2 Diabetes: Development and Validation. Diabetes Techno Ther. 2015; 17: 701-11.

¹³ Centers for Disease Control (CDC), Diabetes and Women. <https://www.cdc.gov/diabetes/risk-factors/diabetes-and-women-1.html>

¹⁴ DA Butt, L, Jaakkimainen, K Tu. Prevalence and Incidence Trends of Attention Deficit/Hyperactivity Disorder in Children and Youth Aged 1-24 Years in Ontario, Canada: A Validation Study of Health Administrative Data Algorithms: Tendances de la prévalence et de l'incidence du trouble de déficit de l'attention/hyperactivité chez les enfants et les jeunes âgés de 1 à 24 ans, en Ontario, Canada: une étude de validation des algorithmes de données administratives de santé. Can J Psychiatry. 2024;69(5):326-36.

¹⁵ T Gomes. Patterns of prescription stimulant initiation before and during the COVID-19 pandemic: a population-based time-series analysis. CMAJ 2026;198(9): E313-25; <https://doi.org/10.1503/cmaj.251065>

¹⁶ A Cagnacci, M Venier. The Controversial History of Hormone Replacement Therapy. Medicina (Kaunas). 2019;55(9):602. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6780820/>

¹⁷ R Jina, TC Rowe, C Dunne. Managing menopause Part 2: Hormone therapy and breast cancer, cardiovascular disease, and premature ovarian insufficiency. BCMJ. 2022;64(8):350-3.

