

# **Two in Ten (18%) Canadians Have No Supplementary Health Coverage**

*Four in Ten (36%) Have Personally Gone Without Healthcare Treatment Due to Insufficient Coverage*

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## **Two in Ten (18%) Canadians Have No Supplementary Health Coverage**

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**Toronto, ON** – According to a new poll on supplementary health benefits conducted by Ipsos Reid on behalf of the Canadian Medical Association, in association with the Canadian Health Services Research Foundation and the Institute for Health Economics, eight in ten (82%) have supplementary health coverage, whether it be through their current/previous employer, the provincial government, or a spouse's/family member's plan, while two in ten (18%) have no supplementary health coverage at all. The proportion of self-employed Canadians without supplementary coverage rises to 39%.

Overall, nearly four in ten (36%) 'agree' (19% strongly/17% somewhat) that they 'have gone without needed health care in the past because of insufficient health coverage' or because 'they cannot afford it', and three in ten (34%) 'agree' (18% strongly/16% somewhat) that they 'have a family member who has gone without needed health care because of insufficient coverage'. Those most likely to indicate having gone without needed health care in the past because of insufficient coverage include: those without supplementary health benefits (48% compared to 33% among those who have it), residents of Atlantic Canada (47%), those with lower levels of income (peaking at 42% among those with household incomes of less than \$30,000 a year), women (40% compared to 32% among men), and those who are self-employed (46%), employed part-time (44%), or unemployed (42%).

Of those with supplementary health benefits, just over half (51%) have them from their current or previous employer. In the absence of such coverage, a majority (56%) would go

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without supplementary health coverage as they would not be covered by any other program. On the other hand, four in ten (37%) would be covered under another program, such as through their spouse's plan.

While those without supplementary health benefits are paying more out-of-pocket for various health services, the amount spent is comparable to those with benefits suggesting that those without benefits are simply foregoing treatment. On average, those with benefits pay \$656 out-of-pocket each year for health care expenses such as prescription drugs, vision care, dental insurance, and other health services (such as physiotherapy and massage therapy) on a combined basis, compared to \$786 for those without coverage.

In terms of a public program for supplementary health benefits, half (50%) 'agree' (19% strongly/31% somewhat) that they 'would support a public program for supplementary health benefits introduced by the federal government and/or provincial government that was funded by increased taxes'. Four in ten (40%), however, 'disagree' (20% strongly/20% somewhat) that they would support such a program.

For many, supplementary health benefits can play an important role when it comes to employment decisions. Of those who currently receive supplementary health benefits from their current or previous employer, four in ten (42%) 'agree' (19% strongly/23% somewhat) that the 'supplementary health benefits programs of my current employer would be a determining factor in whether or not I switch employers'. Another four in ten (37%) 'disagree' (18% strongly/19% somewhat) with this statement.

The perceived importance of supplementary health benefits is not surprising as the majority express concern that the government will cutback health care services in the near future. Two-thirds (66%) 'agree' (31% strongly/35% somewhat) that they 'are concerned that the

government will reduce coverage of insured health services over the next few years'. Two in ten (20%) 'disagree' (8% strongly/13% somewhat) that this is the case.

### *Employer Perspective*

Seven in ten (70%) employers say their company or organization provides supplementary health benefits for its employees. A majority (70%) of employers say that their employees are offered supplementary benefits provided separately for each service (such as prescription plans, dental insurance, etc.), whereas one-quarter (23%) say employees are offered a 'health spending account', which allows them to allocate coverage according their needs.

Six in ten (59%) employers have seen 'changes implemented to their supplementary health benefits coverage in the past few years', while about one in three (32%) haven't seen any. The most notable of these changes relate to cost and coverage. Nearly one in three (32%) say that program costs, premiums, or deductibles have become more expensive for employees, and two in ten (19%) say employees have received less coverage and lower benefits. Other changes to employee supplementary health benefits include changes to dental coverage (12%), vision care (9%), and prescription coverage (9%). Less than one in ten (8%) have seen increases in the coverage or benefits offered.

When it comes to the future, about six in ten (56%) indicate that it is 'likely' (21% very/35% somewhat) that changes will happen in the next few years. Only one-quarter (25%) think it's 'not likely' (5% not at all/21% not very) that changes will occur.

Coverage and, especially, cost changes to one's supplementary health benefits has a direct impact as most employees make contributions or payroll deductions to these plans. Eight in ten employers (78%) say employees contribute to the cost of their plans through deductions, with only two in ten (21%) who say that they do not.

For many who contribute to the costs of their plan there is always the ability to ‘opt-out’ of spending on their health benefits. Six in ten (61%) say that the ability to ‘opt-out’ is possible within their company or organization, while less than three in ten (27%) say it is not. Despite this flexibility, many choose not to opt-out. Four in ten employers (38%) say that less than 5% of employees decide to opt-out of spending on their health plan, while almost half (47%) say that less than 10% choose to do so.

The majority of employers feel that offering supplementary health benefits puts their company at an advantage. Eight in ten (84%) ‘agree’ (41% strongly/43% somewhat) that ‘the provision of supplementary health benefits gives their company/organization an advantage’, while only one in ten (12%) ‘disagree’ (2% strongly/10% somewhat) that this is the case.

Despite this perceived advantage the cost of providing supplementary health benefits for their employees leaves many employers worried. Half (46%) of employers ‘agree’ (14% strongly/32% somewhat) they ‘are concerned about the cost of providing supplementary health benefits’ for their employees at present. Just under four in ten (39%), however, ‘disagree’ (11% strongly/28% somewhat) with this sentiment. When it comes to the cost of providing benefits in the future, employers are equally concerned. A majority (51%) of employers ‘agree’ (17% strongly/34% somewhat) that they ‘are concerned about the cost of providing supplementary health benefits for my employees in the next five years’.

Moreover, three in four (75%) ‘agree’ (33% strongly/42% somewhat) that they ‘are concerned that the government will reduce coverage of insured health services (e.g. vision care) over the next few years.

Support for a public program, however, is mixed among employers. Nearly half (47%) ‘agree’ (18% strongly/29% somewhat) that they ‘would support a public program for supplementary health benefits introduced by the federal government that was funded by

increased taxes'. Four in ten (44%), however, 'disagree' (24% strongly/20% somewhat) that they would support such a program.

In fact, nearly nine in ten (85%) employers 'agree' (37% strongly/48% somewhat) that 'even if the government implemented a program I would recommend that our company/organization still offer a supplementary health benefits program (over and above the government offer) because it would give us an advantage in recruiting/retaining employees'. Only one in ten (10%) 'disagree' (4% strongly/6% somewhat) 'disagree' with this statement.

*These are the findings of two Ipsos Reid polls conducted between April 23<sup>rd</sup> to April 30<sup>th</sup>, 2012 (Employee Survey) and May 7<sup>th</sup> to 14<sup>th</sup>, 2012 (Employer Survey), on behalf of the Canadian Medical Association in association with the Canadian Health Services Research Foundation and the Institute for Health Economics. For this survey, a sample of 2,020 employees and 500 employers from Ipsos' Canadian online panel were interviewed online. Weighting was then employed to balance demographics to ensure that the sample's composition reflects that of each respective population. A survey with an unweighted probability sample of n=2,020 and a 100% response rate would have an estimated margin of error of +/- 2.2 percentage points, 19 times out of 20, of what the results would have been had the entire population of adult Canadians in Canada been polled. A survey with an unweighted probability sample of n=500 and a 100% response rate would have an estimated margin of error of +/- 4.4 percentage points, 19 times out of 20, of what the results would have been had the entire population of employers in Canada been polled. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error, and measurement error.*

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