

Benefit Survey Results: Township of North Kawartha

August 2026

Executive summary

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- Number of employees survey was distributed to: 39
 - Number of responses to survey: 29
 - Response rate: 74.4% (This is an excellent response compared to Mosey's other municipal public sector clients across Ontario.)
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Employee and Family Assistance Program (EFAP) (Q1 & 2)

- 72% know how to access the EFAP.
- However, 69% are 'Somewhat knowledgeable' about EFAP services and resources.
- 28% don't know anything about EFAP services and resources.

Vision (Q3 & 4) (glasses, eye exams)

- 69% indicated vision care is "Not sufficient".
- 62% said an increase is "Very important".

Mental Health Practitioners (Q5 & 6) (psychologists, psychotherapists, social workers, clinical counsellors, psychoanalysts and marriage and family therapists)

- 45% indicated the mental health benefits are not sufficient; however, 31% indicated they are sufficient (and 24% were not sure).
- 38% indicated an increase is "Very important"; 38% indicated an increase is "Somewhat important"

Paramedical Practitioners/Professional Services (Q7 & 8) (massage, chiropractor, physiotherapist, osteopath, naturopath, speech, podiatrist, and chiropractist)

- 72% said coverage is not sufficient.
- 69% said an increase is "Very important".
- (Q9) Respondents would like to see the following practitioners added: Dietician (4 mentions), Acupuncturist (3 mentions).

Which benefits are most important to you? (Q11)

- 34% of respondents ranked vision in the top spot.
- However, Ranked #1 was basic dental, based on the *weighted average* (the weighted average score considers all ranking positions, not just the top spot.)
- Ranked #2: Prescription drugs (based on the *weighted average*)
- Ranked #3: Vision/eye exams (based on the *weighted average*)
- Ranked #4: Paramedical practitioners (based on the *weighted average*)
- Ranked #5: Mental health practitioners (based on the *weighted average*)

In order of importance (Q15)

- 48% of respondents ranked vision/eye exam coverage in the top spot.
- Ranked #1 (in terms of weighted average) increase coverage for vision/eye exams
- Ranked #2 increase coverage for paramedical practitioners
- Ranked #3 add a spending account
- Ranked #4 increase coverage for mental health practitioners

Would you support mandatory generic drug substitution (with an exception process) in order to support plan enhancements elsewhere? (Q10)

- 76% of respondents said “Yes, I would support mandatory generic drug substitution in order to support plan enhancements elsewhere”

Opportunities (Health and Dental)	Costings for consideration
<ul style="list-style-type: none">- Vision: the survey demonstrated a strong response for an increase in vision coverage (both in the traditional questions and the free form fields.)	<ul style="list-style-type: none">- The Township may consider costing vision to \$350, and \$400; and eye exams to \$100 and \$125. (Note Manulife’s R&C* for eye exams for 2026 is \$190). If you wanted to consider moving to the R&C, this scales with time as the R&C is adjusted annually.
<ul style="list-style-type: none">- Paramedical practitioners/Professional Services: the survey demonstrated a strong response for an increase in coverage for paramedical practitioners, particularly for physiotherapists, chiropractors, naturopaths, and massage therapists.- Dietician and/or Acupuncturist: these practitioners could be added to coverage, potentially under a combined maximum with another paramedical practitioner(s).	<p>In general, most municipal plans have an annual maximum for the paramedical benefits, with no per visit “cap” other than Manulife’s R&C.</p> <ul style="list-style-type: none">- Physiotherapy - The Township may consider costing the removal of the \$20 per visit in favour of an annual maximum – e.g. \$400 per year, per person.- Massage – an “easy win” would be to remove the requirement for a doctor’s referral. There are not many plans that have this requirement any longer, and it may not cost much to remove.- Massage continued – remove the \$15 per treatment and 12 treatments per year and replace with an annual maximum. E.g. \$400 per year, per person.- Chiropractor - The Township may consider costing the removal of the \$15 per treatment, 20 treatments per year, in favour of an annual maximum - e.g. \$400 per year, per person.- Osteopath, Podiatrist/Chiropodist, Naturopath – The Township may consider costing the removal of the \$7 per visit, 20 visits per year (per practitioner), in favour of a combined maximum – e.g. \$400 for all practitioners combined. The Township could also consider adding Dietician and/or

	Acupuncturist under this combined maximum.
<ul style="list-style-type: none"> - Mental health practitioners: although ranked lower than vision and paramedical practitioners, mental illness continues to be a significant driver of disability and drug claims. Additionally, it is generally understood that poor mental health has negative impacts on absenteeism, presenteeism and overall productivity. 	<p>In general, most municipal plans have an annual maximum for the paramedical benefits, with no per visit “cap” other than Manulife’s R&C.</p> <ul style="list-style-type: none"> - The Township may consider costing the removal of the \$35 initial visit/ \$20 each subsequent visit, to a max of \$200 per year, in favour of an annual maximum e.g. \$500 for all mental health practitioners combined.
<ul style="list-style-type: none"> - Drugs: importantly, 76% of respondents said they would support a plan change to move to mandatory generic drug substitution. (Currently the plan reimburses brand name drugs even if there is a lower-cost alternative.) 	<p>The Township may consider costing the change to mandatory generic drug substitution. This is particularly important because there would not be a cost to make this change, in fact there may be a slight reduction.</p> <p>Expensive drugs are already impacting drug plans will continue to do so, and ensuring the plan is only reimbursing up to the lower-cost alternative will become even more important over the next 5-10 years.</p>

*Reasonable and Customary amount

Spending Accounts (Q12)

- 66% of employees prefer a Health Spending Account (HSA) over a Personal Spending Account (31%)

Opportunities (Spending Accounts)	Costings for consideration
<ul style="list-style-type: none"> - Spending accounts were not ranked as highly as vision and dental, however a Health Spending Account (HSA), is a non-taxable benefit for plan members and could provide greater flexibility. 	<p>The Township may consider costing a few different amounts – e.g. \$300, \$400, \$500.</p> <p>If an HSA with a higher amount is preferred, this could potentially replace other plan enhancements.</p> <p>However, an HSA is one amount per family (not per person), so an HSA for a single individual goes farther than an HSA for a family with 3 children.</p>

Benefits not referenced that employees would like to see added (Q13)

- Add Orthodontics: 4 mentions
- Add Major dental: 3 mentions
- Increase basic dental coverage (either an increase to the maximum per person or additional scaling/polishing)
- Laser eye surgery and Hearing aids also mentioned once.

Pain points or frustrations with the existing plan (Q14)

- Vision is too low
- Mental health practitioner coverage is too low
- Paramedical practitioners' coverage is quite low (specifically physiotherapy, chiropractor, massage, and naturopath)
- Basic dental for adults (cleanings)
- None: 2

If there is another benefit that is more important to you and it is not listed above, please provide the details (Q16)

- Dental was mentioned the most (4), though it wasn't clear whether it was basic dental, major dental or orthodontics.
- Spending accounts were mentioned once.

Opportunities (Dental/Other Benefits/Pain Points)	Costings for consideration
<ul style="list-style-type: none">- Dental – in Question 11, Basic dental had the highest score, and we also saw a number of mentions about pain points regarding dental coverage.- Basic Dental – there was more than one mention about limits on polishing/scaling; upon review, there is only one unit of polishing covered every 9 months, and one unit of scaling (there are additional scaling units available under periodontal services.)- Major Dental – there were a number of mentions about adding major dental coverage.- Orthodontics – there were a number of mentions about adding orthodontic coverage.	<ul style="list-style-type: none">- Basic Dental – The Township may consider costing a move to every 6 months for polishing/scaling.- Basic Dental – the feedback on dental may also relate to the annual maximum of \$1,500 per covered person. The Township may consider costing a slight increase to \$1,700.- Major Dental – The Township may consider costing the addition of major dental; a costing combining this with Basic/Preventive may be an option (to be confirmed with Manulife), or adding coverage with a lifetime maximum (e.g. \$1,000 per lifetime per person)- Orthodontics – The Township may consider costing the addition of orthodontic coverage, for dependent children only, to a lifetime maximum of \$1,500.

Note: percentages may be rounded to simplify reporting.