

# corporate adviser

R O U N D T A B L E



## CORPORATE CASH AND DENTAL PLANS: SUPPORTING EMPLOYEE WELLBEING

- A PRODUCTIVE BENEFIT
- MORE MI FOR BETTER CONSULTANCY

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# DATA CALL ON CORPORATE CASH PLANS

**More MI will support advisers in their consultancy and in communicating plan benefits**

**John Greenwood**

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Described by one adviser as 'the product of the moment', corporate cash plans are certainly ticking all the boxes of many employers. Visible, utilised, affordable, simple and available to all, today's corporate cash plans are delivering for employers and their staff in multiple ways.

But for all the enthusiasm around these fast-evolving products, progressive providers will want to make sure their proposition develops to meet the demands of consultants, advisers and brokers.

One area that is of particular interest to the intermediaries largely responsible for distributing corporate cash plans is data – the market

intelligence that can support them in delivering true consultancy to their employer clients.

The pandemic and subsequent restructuring of the employer/employee relationship, pressure on the NHS and the cost-of-living crisis have all influenced the relative value of corporate cash plans and the different benefits they offer to the various audiences they serve.

Understanding how staff are utilising cash plans helps intermediaries justify the admittedly relatively low spend on them. It will also help all stakeholders to develop more effective engagement and communication material to target the benefits of plans.

## INSIDE

### REPORT

#### 44 A PRODUCTIVE BENEFIT

Demand for wellbeing services is growing and cash plans are seen as the 'product of the moment'. So what more do advisers want from plans? Emma Simon reports

#### 48 MORE MI FOR BETTER CONSULTANCY

The more information cash plan providers can give intermediaries about the plans they offer, the better consultancy that can be delivered. Emma Simon hears why



## CORPORATE CASH AND DENTAL PLANS: SUPPORTING EMPLOYEE WELLBEING

# A PRODUCTIVE BENEFIT

Demand for wellbeing services is growing and cash plans are seen as the 'product of the moment'. So what more do advisers want from plans?

Emma Simon reports

Sales of cash plans and stand-alone dental plans have proved remarkably resilient in recent years, with the data from Corporate Adviser Intelligence's report into the sector showing modest growth for the fourth consecutive year.

At a roundtable event at the House of Lords to discuss these industry-wide findings BriggsFiscal managing director Gary Briggs said these figures underlined the fact that cash plans were clearly "the product of the moment" within the employee benefits space.

"Health has obviously been a huge focus for employers post pandemic, and then we have also had the cost-of-living crisis." Both have helped support sales he said, providing financial help with everyday healthcare needs, be it optical or dental treatment or mental health support.

Buck senior consultant Sarah Brannan agreed that these products are helping large

and smaller employers address a number of issues they face, not least the drive to attract and retain talent in what has been a difficult employment market in many sectors.

She added: "Sickness absence is increasing and we are having a lot more conversations with clients about what they can do, particularly with that tranche of the population that to date have been largely uninsured and unsupported when it comes to healthcare benefits. This is often where we are seeing the biggest increases in both absence and job dissatisfaction."

Brannan said that cash plans can provide a cost-effective way of offering healthcare benefits, providing support around mental health and musculoskeletal issues – both major causes of absence in the workplace – while also creating engagement and value for employees, in terms of tangible discounts on dental, optical and physiotherapy treatments.



BriggsFiscal managing director Gary Briggs, Buck senior consultant Sarah Brannan (right), and Advo Group commercial director Lucy Pearce (far right)







Advo Group commercial director Lucy Pearce agreed with this analysis. She says clients are increasingly looking for 'whole of workforce' benefits post Covid, which was in part being driven by a renewed C-suite focus on diversity and inclusion issues, rather than just having medical benefits for a top tier of management. "They are increasingly looking to create a more equal proposition and narrow the benefit gap between pay tiers at an organisation. We've had lots of companies talking about how they can move away from that older model while staying within a budgetary constraint."

There was agreement among panel members about the key attractions of a cash plan, from an employers' point of view: these were its low cost, simple product design, and the relatively high claims ratio, meaning staff were likely to use and value the product.

However, there was less agreement on how cash plans should evolve and innovate to meet the needs of a modern workforce, particularly in terms of the wellbeing support they give.

Many of the consultants at the event would like to see a broader range of benefits available. Pearce said she would like to see the inclusion of financial wellbeing benefits, particularly given the current cost-of-living crisis. "I think we've definitely seeing a shift here, and more demand for such benefits, even if it's something as simple as a financial planner."

Goddard Perry employee benefits consultant Fiona O'Hara said clients were increasingly asking about neurodiversity assessments and support. "We've seen a lot more appetite for engagement in that space, where traditionally it would just be the larger corporates championing this kind of support and service. But we've seen more SMEs want to offer this provision too."

Willis Towers Watson director Claire Linaker said there was also demand for more gender-specific benefits, for example more targeted help and support for an individual's fertility journey or around the menopause.

Brannan said that while this could help make benefits more relevant for a modern

workplace, she added that the same effect could be achieved by lifting some of the exclusions current applied on many of these cash plan policies.

"This would address some of these issues around diversity, equity and inclusion and women's health. Why is there a default exclusion for example on the vast majority of cash plans for things to do with menopause or neurodiversity? If we lift this exclusion, all of a sudden we've got a diagnostic benefit and we've got a consultation benefit and we've got a prescription benefit that can then be used for treatments related to the menopause. This seems to me to be a fairly simple way of addressing these issues without requiring a massive benefit redesign or system change."

There was also discussion about whether cash plans should be providing cover that would help towards the cost of managing ongoing chronic conditions, that are excluded from other healthcare benefits, such as PMI policies.

The one benefit most consultants on the panel wanted to see more emphasis on was screening and health checks. This could provide real value for employees they said, particularly given the current delays in NHS care when it came to accessing diagnostic tests.

Brannan pointed out screening is currently available as a benefit on some cash plan products, although claims rates are very low – at less than 1 per cent she estimated. ▶



Partners& wellbeing and benefits director Steve Herbert said providers need to make sure such screening benefits were easy to access, by signposting where employees could go for relevant help. Most people do not know where to access such services within the private sector, and have little idea of the potential cost. This can discourage people from using this benefit, he says, even if they get a payment towards the cost.

Better signposting and communication around screening benefits should lead to better engagement on these benefits, though this is likely to lead to significantly higher claims.

However, while there was clearly enthusiasm for a richer benefit suite, some consultants on the panel expressed concerns that this could lead to price increases, potentially damaging one of the key attractions of cash plan products.

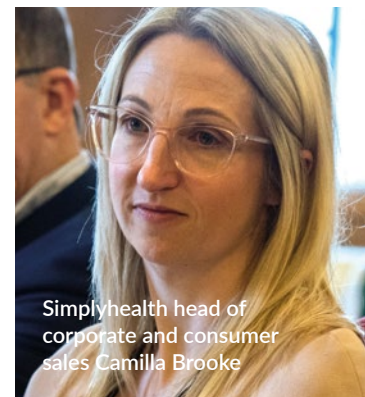
Towergate Health & Protection head of wellbeing Debra Clark pointed out that this was an issue that cash plan providers would have to manage carefully. "On one hand we as consultants want to see more benefits, and more relevant benefits, which could in some cases be promoted better. But we like the price point. The question is how to deliver this without pushing up prices or seeing service standards drop." This, Clark points out has been an issue with some employee assistance programmes (EAPs) where usage has increased significantly during the pandemic, which have led to some service issues with some providers.

Barnett Waddingham consulting lead health and risk Kevin O'Neill said: "I think the big concern here is that when you start adding cover for a whole range of additional benefits, and start covering chronic conditions, all of a sudden you will get a significant increase in claims which will impact premiums and then cash plans become less affordable. It becomes self-defeating in a sense."

Simplyhealth head of corporate and consumer sales Camilla Brooke agreed this is one of the key challenges facing providers. She pointed out that on the voluntary-paid plans and stand-alone dental products there has been significant claims inflation, with the cost of claims, particularly for dental treatment "sky-rocketing". "This creates a really, really challenging market" she said, with providers like Simplyhealth aware that keeping premiums affordable was important while also ensuring products offer value for employers and employees.



**Goddard Perry**  
employee benefits  
consultant  
Fiona O'Hara



**Simplyhealth head of  
corporate and consumer  
sales Camilla Brooke**

Brooke added that one way to square this circle – to increase benefits provision, encourage more customers to claim, but prevent claims costs spiralling – was to develop partnerships with third party providers, giving economies of scale when delivering a range of healthcare and wellbeing services.

"We've recently partnered with scan.com to enable people to access scans at a preferable rate. We will shortly be partnering with a physio provider as well. This is where providers can be more savvy about the suitability of pricing of products in the longer term."

Better use of partnerships could help deliver cost-savings in the cash plan sector that have been seen in other parts of the insurance industry. Some large household insurers, for example, are the UK's biggest purchasers of white goods, allowing them to source them at heavy discounts and pass them onto policyholders, rather refunded the price that a householder would pay at the shops.

Providers are also moving towards more

flexible product design, allowing consultants to work with clients and offer more bespoke solutions. This potentially should help intermediaries ensure the price point remains suitable to a client's need, but could also address one of the other major issues raised by consultants – the duplication of wellbeing and support services across different employee benefit products.

Punter Southall Aspire director health and protection Emma Snowden says this is a potential problem, particularly with EAPs and virtual GPs now being offered as standard on most group risk, PMI and cash plan products.

"I hear what some consultants are saying about wanting additional benefits like financial wellbeing services, but there are a lot of pension products now offering these services.

"There's already so much overlap between group risk and healthcare products. Not only are some clients paying for services they may not necessarily need but it is confusing for clients. The ability to be able to strip out some of these services might help





Punter Southall Aspire director health and protection Emma Snowden (left), Towergate Health & Protection head of wellbeing Debra Clark



Partners & wellbeing and benefits director Steve Herbert



Willis Towers Watson director Claire Linaker

keep costs down and also provide an easier solution for consultants who sometimes have to point out services in the product, but explain why they are not being promoted.”

This duplication was cited as a potential problem by a number of those attending the event. Linaker pointed out that there are some providers who link to different virtual GP providers, depending whether you have a group risk or healthcare product – which can make things confusing for employers.

She says a more flexible approach would also help consultants tailor products towards different sectors, and different sized businesses. “It’s about having flexibility in the design to deliver a more bespoke service.” With some businesses, particularly with higher number of manual lower paid workers, cost will be key she said; while other business may want to pay more for a more comprehensive benefit package that dovetails with existing employee benefits.

Brooke says this is very much the approach that Simplyhealth is taking with the evolution of its cash plan product and will be launching a more modular version later this year. “We want to look at modular options to allow employers and intermediaries to pick and choose what is needed.”

Some advisers asked about whether this would enable full flexibility, in other words dropping some of the core dental or optical benefits if needed (for example if the client had a stand-alone dental plan). Brooke said these details were still being worked out at present. She said the ambition was to offer “very bespoke” flexibility, while retaining the products’ key identity.

Those attending the roundtable event agreed that it was important that the lines were not blurred between cash plans and ‘PMI-lite’ products.

Snowden said: “I certainly wouldn’t want to see cash plans morph into a PMI-lite product. I don’t think it needs to be there.”

Other advisers agreed cash plans could lose their distinct place in the employee benefits market if this happened— although some advisers recognised that there was a degree of confusion among some advisers as to how cash plans differed from other healthcare benefits.

Snowden said: “There is still some misconception around cash plans, with some clients thinking it is primarily to pay for hospital in-patient stays. For some people there is this association with a more old-fashioned product, we have to explain that cash plans offer a more modern range of benefits.”

There was some discussion whether these products should be called ‘Everyday



Barnett Waddingham consulting lead health and risk Kevin O’Neill

HealthCare Plans’ to better convey what they offered, but most advisers felt that cash plans were a fairly well understood concept.

Most advisers wanted to see cash plans working as a complementary product to PMI. Snowden says: “We have a number of clients that have both PMI and cash plan products. The two can work together. So perhaps the focus for the development of cash plans should be on the areas PMI doesn’t cover, and that would actually give us a lot bigger consulting piece.”

Bravo Benefits co-founder and MD Wojciech Dochan said that ultimately there needs to be a wider rethink as to how private healthcare products – particularly those offered through the workplace like cash plans and PMI – work in conjunction with public healthcare services, to help meet individual’s various health needs. “The question is how do we integrate these better. If you take a general insurance healthcare product there should be some element of preventative support, to help people stay healthy, there should be a diagnostic element and then there’s the treatment piece. This is ultimately what employers and employees really want.”

Advisers agreed cash plans shouldn’t aim to provide all benefits to all people – as the costs would then be prohibitive – but they say it should be clear what they do offer in terms of wellbeing, diagnostics and treatment, and how this differed from other healthcare products in the market and dovetailed with existing NHS services.

This the panel said should ensure it remains a popular product and facilitate further growth in the workplace benefits market. ■

## CORPORATE CASH AND DENTAL PLANS: SUPPORTING EMPLOYEE WELLBEING

# MORE MI FOR BETTER CONSULTANCY

The more information cash plan providers can give intermediaries about the plans they offer, the better consultancy that can be delivered.

**Emma Simon** hears why

Cash plans have a vital role to play in the employee benefits market, and could not only help build healthier workplaces but could drive engagement on a whole range of employee benefits.

This was the view of consultants and advisers attending a recent roundtable event at the House of Lords, to discuss the findings of Corporate Adviser's report into the cash and stand-alone dental plan sector.

One of the issues under debate was the role of the consultant, and what providers could do to support advisers, helping them build a market for these products.

It was clear those attending the debate wanted to see higher quality and richer management information (MI) from providers. This should help advisers offering a consultancy approach to these products and also drive better engagement with both employers and employees. Many pointed out that they got better data and information from group risk or PMI providers.

Barnett Waddingham consulting lead, health and risk Kevin O'Neill says: "I think one of the things that is really lacking with cash plans is the level of MI that we get back. Better information would be really useful for us and would enable us to drive conversations with employers and help us when building structured benefits programmes."

O'Neill says he would like to see more detailed information on how cash plans are being utilised, where claims are being made, which additional support services are being used and by which particular demographics within the workplace.

Buck senior consultant Sarah Brannan agrees that more comprehensive data sets would be useful for consultants working in this area. "It would be very useful to see what tranches of the employee population are using which benefits. This could help us tailor communications more appropriately and know which benefits or services need better promotion within the workplace."

She added that she would also like to see seasonal data as well, showing when claims are more likely to be made. This can also help with regular promotions of key benefits at certain times of the year, for example the payment towards flu jabs.

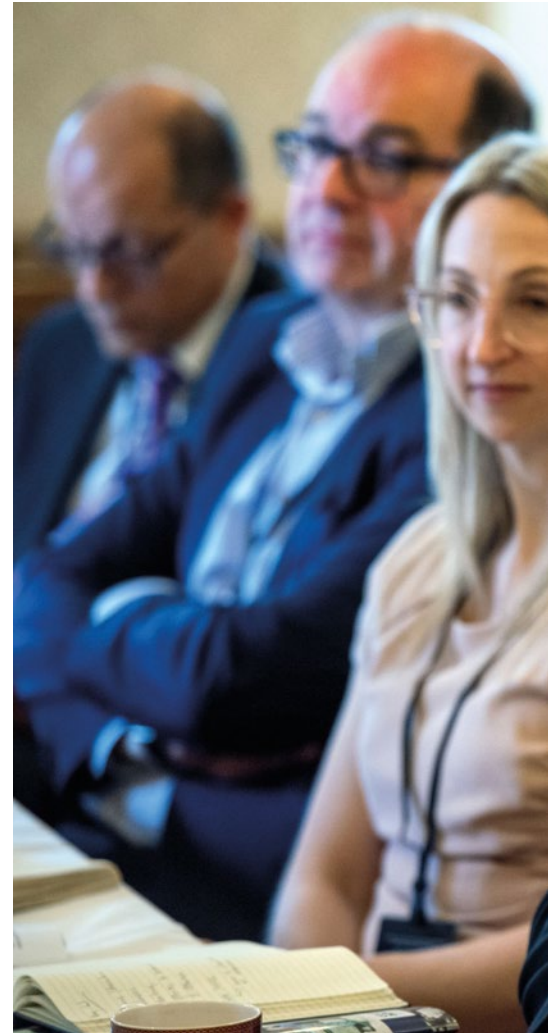
Consultants said that better MI from providers would also help when it comes to the duplication of some services between group risk, PMI and cash plan products.

O'Neill said: "Better MI would enable us to see if people are using the virtual GP services through their group life, through a GIP product or on a cash plan or PMI policy. One of our jobs is to understand this duplication and discuss with employers which is the best GP or EAP to use, and make sure this is promoted. But having information on how they are being used at present could help inform these conversations."

Towergate Health & Protection head of wellbeing Debra Clark says access to industrywide and sector-specific data would also give consultants better insight into market trends. "One of the things we try to do is advise our clients about future trends. We can look at usage and advise them on the here and now, but we can also suggest areas they may want need to look at - be it neurodiversity or gender-specific health. One of the reasons a client has employee benefits is to attract and retain the right people and they won't do that if their current benefit offering is not up-to-date."

Willis Towers Watson director Claire Linaker said that more sector specific information would be helpful. "A company working in the food production industry is going to be very different from an IT company, for example, in terms of the claims made and support accessed. This information can help us design more bespoke and appropriate benefits programmes."

She points out that this can also impact communications and engagement



Towergate Health & Protection head of wellbeing Debra Clark





(Front row, left to right) BriggsFiscal managing director Gary Briggs, Bravo Benefits co-founder and MD Wojciech Dochan, Simplyhealth head of corporate and consumer sales Camilla Brooke, Simplyhealth's Martin Smith, and Advo Group commercial director Lucy Pearce

programmes. "There's the assumption that communications are all digital now, but this isn't always the case. There's an awful lot of organisations where people aren't sat at a desk with access to email during working hours. So the question is how we tailor information for them to help boost engagement levels."

Advo Group commercial director Lucy Pearce says employers want help from consultants – and providers – when it comes to communicating employee benefits. "Cash plans have very tangible and accessible benefits, and are widely used, so this can be a good opportunity to open the conversation and talk about other employee benefits."

Consultants were agreed that better communications should drive higher engagement levels with the product. This could help ensure a better return-on-investment for clients – in terms of improved employee wellbeing and reduced absence.

Brannan said that to do this consultants need to ensure that employers are embedding these cash plan benefits within their own HR processes. "Communication is key here, particularly with line managers. If they've got one of their team calling in sick because they have got a bad back are they reminding them that the cash plan is there, and it provides cover for physiotherapy? If they are calling in with a mental health issue are they reminding them of the EAP benefits and how to access this help. Having this benefit embedded into the sickness absence process will ensure more people are aware of the benefits and using them. And as a result you've got the HR team really seeing the value in, and it should then start to impact on sickness absence levels – so you are seeing more return on investment."

Bravo Benefits co-founder and MD Wojciech Dochan pointed out that better communication of benefits should increase engagement. But he added that this could be a double-edged sword as this is likely to mean the number of claims increases, which could impact premiums further down the line.

Simplyhealth's Martin Smith says this has always been an issue across the industry. "Traditionally cash plans worked on the basis that not everyone claimed – but that was when 90 per cent of the spend was on optical and dental benefits.

"Now we have a far broader spread of benefits I think we have moved beyond that." He said it is possible to deliver better value, via improved communication with ▶



(Left to right) Partners& wellbeing and benefits director Steve Herbert and Willis Towers Watson director Claire Linaker



clients, and helping them track sickness absence, without necessarily pushing up premiums. Providers working with third parties to deliver more cost-effective benefit solutions can also help, he added.

Those attending the debate said it isn't just providers that could do more; they would also like to see action from government to support the workplace healthcare market, particularly in relation to cash plans.

One cause of concern was the fact that a corporate-paid cash plan counted as a 'taxable benefit' and the value of the premiums have to be included on an employee's P11D form, which is likely to result in a small additional tax bill.

Currently annual premiums have to be below £50 for this to be excluded from these rules – an allowance that has not changed for decades. Although in the past some policies, effectively priced at less than £1-a-week, might have ducked in under this threshold, healthcare inflation means that many basic policies are now priced above this level.

Consultants agreed that they would like to see a more generous level applied for occupational health benefits, effectively take most cash plans out of this requirement. But they acknowledged this could be politically sensitive – with the government reluctant to give tax breaks on private healthcare benefits.

However, some consultants argued the limit could be raised to include cash plans,



(Left to right) BriggsFiscal managing director Gary Briggs, Bravo Benefits co-founder and MD Wojciech Dochan, and Simplyhealth head of corporate and consumer sales Camilla Brooke



(Left to right) Buck senior consultant Sarah Brannan and Barnett Waddingham consulting lead health and risk Kevin O'Neill

which broadly support NHS services, but set at a level that meant this tax was still paid on PMI products.

Dochan says: "It would be good to see a limit of £150 to £200. This would remove the need to complete a P11D on a lot of cash plans, and would give a bit of headroom, assuming that if a change is made it would not go up again for years."

Is the current level a deterrent for employees? Most advisers did not think so, given the relatively low cost of this tax. But Linaker said again this was often sector-dependent. "When we are arranging cash plans for whole-of-workforces where there are a significant number of lower paid workers we try to ensure pricing comes in below this £50 a year limit so this is not a problem."

Again many consultants agreed that communication around these tax charges was key, to ensure people did not opt out. Brannan says: "It all depends on how it is communicated. If it is a £70 annual charge then that's around £1.34 a week - you can't get a cup of coffee for that now. In our





experience most people would be happy to pay this, given the benefits available, particularly the ability to make GP appointments at a time of their choosing.”

Although the tax savings would be relatively small, raising this limit and taking cash plans out of the P11D rules could be a significant selling opportunity. Partners& wellbeing benefits director Steve Herbert said: “It would definitely open a few doors. If the government announced a tax break, even at a modest level for occupational health initiatives it’s an opportunity to start talking about employee benefits in the round and looking again at what firms can provide.”

Herbert added that HMRC might perversely welcome an increase as it would remove a lot of paperwork for lower-cost cash plans which presumably raise relatively little revenue.

Some consultants would like far more radical reform. Dochan said there was certainly an argument for the government effectively setting up an ‘auto-enrolment for corporate healthcare’. He explained: “I’d like

to see this go one step further. Forget about lobbying for change on P11D and ask the government to make it mandatory for employers to provide some sort of health package for staff.

“This would change the market by going for an Australian-style system where employers have to provide an element of healthcare for workers. There is a political argument that says if the government is requiring people to work until 67, 68 or 70 then they should mandate employers to provide healthcare provision.”

Not all advisers were supportive of such plans, particularly because of the impact this could have on the NHS. Punter Southall Aspire director health and protection Emma Snowden said that this would clearly take resources away from the NHS and any change to the the NHS would be a “political hot potato”. Lobbying for change on P11D levels may be more realistic and deliver better benefits she said.

However not all shared this view. Dochan said he thought an AE for corporate health could “save the NHS” rather than have a negative impact on it, by significantly reducing demand for its services. He added that there needed to be a more holistic argument about how private healthcare treatment, which includes cash plans, dovetails with publicly funded NHS services.

Snowden said that many companies, and employees like cash plans as they were seen as supporting NHS services, rather

than running a parallel system.

However there was acknowledgement that the picture was complex. Most agreed the rapid rise in the number of digital and virtual GP services now offered on group risk, cash plan and PMI products was diverting resources away from primary NHS functions, and potentially exacerbating problems with the overall shortage of GPs.

O’Neill said that these sort of far-reaching changes are not going to happen any time soon. But he said it was a good point in the political cycle to start having these conversations. “I don’t think we are going to change anything overnight. But manifestos are being discussed and written right now, so this is the time to start having these discussion.”

Better data from providers, improved products, a new focus on wellbeing and support from government for occupational healthcare benefits should mean that cash plans continue to evolve and thrive as a product – while more effective consultancy can ensure these are delivering for both employers and employees.

O’Neill says: “The one thing we as advisers can be doing is looking at all the benefits employers offer their staff and picking out the best bits of each to come up with a decent wellbeing proposition, that provides early intervention when needed while also signposting people to counselling, diagnostic tests and appropriate treatment.” ■



(Left to right) Advo Group commercial director Lucy Pearce and Goddard Perry employee benefits consultant Fiona O’Hara



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## OPINION

# A PARTNERSHIP APPROACH TO WORKPLACE HEALTH AND WELLBEING

» Camilla Brooke head of corporate, SME and intermediary sales, Simplyhealth



Over the last few years, we have seen a real shift in public attitude towards health and wellbeing. The pandemic made many people re-evaluate their health and with increased pressure on NHS services, resulting in longer wait times and a cost-of-living crisis, we are now seeing more people prioritising their health and exploring how they can access services.

As a result, employee health and wellbeing has moved up the corporate agenda. Companies across all sectors are looking for cost effective ways to provide valuable health benefits. We are seeing a vast proportion of our new sales from companies that have not offered cash plan benefits in the past, with a real appetite from sectors which typically offered very little in terms of employee benefits. We have also seen that organisations are no longer looking for health benefits simply for their senior employees, but for their entire workforce.

The first Corporate Adviser Corporate Cash & Dental Plans Report found there has been a YOY growth in the number of UK businesses offering their employees' health cash plans as part of their employee benefits (currently 1.6 million employees are covered). It was extremely insightful to be part of a discussion with intermediaries looking at how the demand for cash plans has increased, how they can provide greater flexibility for organisations, offer a 'whole workforce' solution, and understand what more can be done to meet the changing demand for healthcare.

At Simplyhealth, we recognise through supporting the health and wellbeing of employees, employers are ultimately impacting the overall health of the nation. Affordable health cash plans, like those we offer, provide quick access to services like 24/7 GPs, face-to-face counselling, physio, eye-care and scans. Unlike more traditional PMI health insurance, health cash plans are affordable enough to be made available to all employees.

There are several benefits of having an employee health and wellbeing programme, for the individuals themselves, for the companies, and for the economy.

For individuals, increased pressure on the NHS and a new appreciation of the importance of good health post-Covid, means people are looking at how they can better access healthcare and support. Through a workplace

At Simplyhealth, we recognise through supporting the health and wellbeing of employees, employers are ultimately impacting the overall health of the nation

provision, employers can provide access to services, which typically have a long wait time, meaning people can get support sooner and maintain good health. Indeed people are now expecting their companies to prioritise both their mental and physical wellbeing.

Absenteeism can have a significant effect on companies' productivity. During our roundtable discussion, it was noted that sickness absence is increasing, and more conversations are taking place about what employers can do, particularly with that tranche of the working population that to date have been largely uninsured and unsupported when it comes to healthcare benefits. This demographic is often where we are seeing the biggest increases in both absence and job dissatisfaction. A cash plan can provide companies with an attractive

benefits package that is cost effective to obtain and retain staff.

Employee absences in 2021 resulted in a total cost of £20.6bn to the UK economy, with the sickness absence rate at its highest since 2010. Research released by the British Chambers of Commerce<sup>(1)</sup> found that most of the UK's workforce exodus (500,000 people have left the UK labour market since the beginning of Covid-19) has been driven by a surge in long-term illness. Through supporting employees with health provision, benefiting them in terms of both the prevention and management of conditions, organisations can work towards reducing the cost of absence.

The opportunity to support the workforce of the UK is huge, all agreed on the day that from an employers' point of view cash plans were low cost, had a simple product design, and the relatively high claims ratio means staff were likely to use and value the product. In 2022 more than 2.3 million claims were made on corporate health cash plans, and we're proud to say that out of those surveyed, we paid out the highest number of claims.

However, we need to consider how to evolve these plans to meet the needs of a modern workforce, particularly in terms of wellbeing support. Intermediaries are keen for providers to broaden the range of benefits available to reflect the current situations within the wider environment. At Simplyhealth we are continually exploring how we can evolve our product, one of the ways we are doing this is through partnerships to enable us to improve access to services that customers really want and need. ■



<sup>1</sup><https://lnkd.in/ewqvWSrw>

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