STRUCK FROM SCOPE

~~"Health care in Canada is free, so we don't need a benefits plan."~~

THE PUBLIC SYSTEM PAYS FOR THE EMERGENCY. YOU PAY FOR THE YEAR

Canada's public plans cover doctors and hospitals. They were never designed to cover prescriptions, dental, vision, therapy, mental health, or a paycheque when someone can't work. In Ontario, that gap is filled by the employer or it is not filled at all.

28.8%

of all Canadian health spending is paid privately, by insurance plans and out of pocket. That share has hovered near 30% since the 1990s.

$399B

total Canadian health spending in 2025, or $9,626 per person across public and private sources combined.

$1,327

average out-of-pocket health spending per Canadian in 2023, before any private insurance paid a cent.

READ THE PATTERN

The public system handles what happens once. The employer plan handles what happens every month.

IN THE PUBLIC SCOPE

Paid by OHIP. No cost to employer or employee.

- ✓ Family doctor and specialist visits
- ✓ Emergency room and hospital admission
- ✓ Medically necessary surgery
- ✓ Standard ward hospital room
- ✓ Lab work, X-rays, MRI and CT when ordered by a physician
- ✓ Drugs administered while admitted to hospital
- ✓ Dental surgery only when it must be done in a hospital
- ✓ Eye exams for residents under 20 and 65 and over
- ✓ Prescription drugs for residents 24 and under with no private plan

BY OTHERS

Not covered. Employer plan or employee's own money.

- ✗ **Prescription drugs** filled at a pharmacy, for most working adults
- ✗ **All routine dental:** exams, cleanings, fillings, root canals, crowns
- ✗ **Eyeglasses and contact lenses**
- ✗ **Physiotherapy, chiropractic, massage, orthotics** for working-age adults
- ✗ **Psychologists and counselling** outside a hospital
- ✗ **Ambulance co-payment** on every trip
- ✗ **Semi-private or private hospital rooms**
- ✗ **Hearing aids, braces and most mobility equipment**, beyond a partial subsidy
- ✗ **Any medical care outside Canada.** Ontario ended out-of-country coverage in 2020
- ✗ **Income** once someone is too sick or injured to work

WHAT THE UNCOVERED SIDE ACTUALLY COSTS AN EMPLOYEE IN ONTARIO

2026 · CAD

$1,417+	**$1,349+**	**$96 to $182**	**$225 to $300**	**$80 to $150**	**$45 / $240**
Molar root canal, ODA suggested fee	Ceramic crown, plus lab fee	One routine dental recall exam	One hour with a psychologist	One private physiotherapy session	Ambulance co-pay, or full fee if ruled not medically necessary

"ISN'T THERE A GOVERNMENT PROGRAM FOR THAT?"

There are several. Each one has a rule that pushes a working construction payroll straight back out again. Read the catch, not the headline.

1. CANADIAN DENTAL CARE PLAN

FEDERAL · DENTAL · LAUNCHED 2024

What it does. Pays for exams, cleanings, fillings, root canals and dentures for residents with adjusted family net income under $90,000.

THE CATCH You are disqualified if you have **access** to dental coverage through any employer, pension or private plan, whether or not you use it. It is built to sit behind workplace plans. A journeyman with a working spouse clears $90,000 easily and gets nothing.

2. NATIONAL PHARMACARE

FEDERAL · PRESCRIPTION DRUGS

What it does. Free contraception and diabetes medication, with no deductible and no co-ordination with private insurance.

THE CATCH Two drug categories, and only where a province has signed. As of 2026 that is **British Columbia, Manitoba, PEI and Yukon.** Ontario has not signed. Every other medication stays exactly where it was.

3. OHIP+

ONTARIO · DRUGS · AGE 24 AND UNDER

What it does. Covers formulary prescription drugs for Ontario residents aged 24 and under at no cost.

THE CATCH It **stops at 25**, and where a private plan exists that plan pays first. It is a floor for the uninsured, not coverage for a workforce.

4. TRILLIUM DRUG PROGRAM

ONTARIO · HIGH-COST DRUGS · AGES 25 TO 64

What it does. Covers formulary drugs for Ontario households with no private plan and heavy prescription costs.

THE CATCH The deductible is roughly **4% of after-tax household income** before anything is paid. On $80,000 net that is about $3,200 out of pocket first, every year.

5. EI SICKNESS BENEFITS

FEDERAL · INCOME REPLACEMENT

What it does. Replaces 55% of insurable earnings when illness or injury keeps someone off the job.

THE CATCH Capped at **$729 a week and 26 weeks** in 2026. A site supervisor on $110,000 receives about a third of his income, and it ends after six months. Nothing follows it unless the employer sponsors disability coverage.

6. WSIB

ONTARIO · WORKPLACE INJURY · EMPLOYER-FUNDED

What it does. Covers lost income and treatment for injuries and illnesses caused by the work itself. Employers in construction already pay premiums for it.

THE CATCH It only pays when the cause is **work-related.** The heart attack, the cancer diagnosis, the Saturday car accident, the back that finally gave out at home: none of those are WSIB claims.

THE POINT

A Canadian group benefits plan is not a duplicate of the public system. It is **the half of health care the public system was never built to pay for**. In Ontario that means drugs, dental, vision, paramedical, mental health, and a paycheque past the six-month mark.

WHAT A PLAN ACTUALLY HAS TO GET RIGHT

The gap is the same for every Ontario employer. The plan that fills it is not. Design, cost, and eligibility rules have to match how the workforce is actually built.

Drugs and dental. The two lines employees claim against every year, and the two that drive renewal pressure hardest.

Disability. The only thing that replaces income past the 26-week EI cliff.

Field and office. Mixed workforces rarely fit a single plan design. Eligibility, waiting periods, and seasonal work patterns all have to be settled up front.

Renewal. A plan is priced once and repriced every year. What happens at renewal matters more than the first quote.

PROCESS

1 **Share the details.** Headcount, roles, current coverage if any, and what the plan is meant to solve.

2 **We take it to market.** Your needs are shopped with the insurers we judge the best fit for the business.

3 **We present findings.** Real numbers and plan structures, with the reasoning shown.

WHO YOU DEAL WITH

We deal with the insurers directly. No middlemen, no national brokerage in between.

A small Burlington shop. The person who quotes the plan is the person who handles the renewal, the enrolment paperwork, and the claim nobody can figure out. Real people, real advice, and a phone number that reaches them.

INSURERS AND PROVIDERS WE PLACE WITH

Empire Life	Equitable Life	Sun Life	Manulife
Canada Life	EZ Benefits	Dialogue	Homewood Health

AEC BENEFITS
Steffen deGraaf
Group benefits for Ontario construction and skilled trades

769 Old York Rd, Burlington, Ontario
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SOURCES

CIHI, National Health Expenditure Trends 2025 (public and private shares, total and per-capita spending, out-of-pocket). Government of Ontario (ontario.ca): what OHIP covers; Trillium Drug Program deductible; Ontario Drug Benefit and OHIP+. Health Canada: Canadian Dental Care Plan eligibility; national pharmacare bilateral agreements. Service Canada: EI sickness benefit rate, weekly maximum and duration, 2026. Ontario Dental Association Suggested Fee Guide 2026. Ambulance co-payment under the Health Insurance Act, Reg. 552. Paramedical and psychology ranges reflect published Ontario private-practice rates and the OPA recommended fee schedule.