

HEALTH & PROTECTION

ROUNDTABLE REPORT

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WORKPLACE HEALTH AND WELLBEING: RELEASING THE PRESSURE ON EMPLOYERS

IN ASSOCIATION WITH

Vitality

INTRODUCING OUR PANEL



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RELIEVING THE PRESSURE ON BUSINESSES

The pressure on workplaces to become more aware of and engaged in their employees' health is growing ever higher, with direct and in-direct expectations from a range of sources increasing.

Furthermore, when organisations do the right things and put provision in place they are facing higher costs as the way health and wellbeing schemes are being used has rapidly evolved.

In this situation scheme governance becomes a vital element which cannot be overlooked.

This Health & Protection workplace wellbeing roundtable in association with Vitality explored the key issues employers must tackle to keep their organisations on a healthy track.

With NHS stresses continuing a real spike has been seen in employees adding their family and dependants onto schemes to ensure rapid treatment and care.

It is understandable why staff would want to do this and keeping an employee happy and worry-free has obvious benefits, but the cost burden is growing on organisations and those members not claiming.

Could this drive a wedge between employee groups and between staff and their employer, potentially resulting in those disaffected finding cover, or worse a job, elsewhere?

At this point, greater data insight is vital to understand how benefits are being used, by whom and what the effects are.

Always a thorny subject, return on investment for health and wellbeing benefits is difficult to quantify but drawing clear lines wherever possible is critical as costs rise and budgets tighten.

Deeper knowledge can also help employers prepare for future costs, manage their schemes better and enable more strategic planning to match their health and wellbeing goals with overall business strategies.

Increasingly, part of those business goals is keeping people in work through preventative healthcare and early interventions. The possibilities here are numerous and could have deep, long-lasting benefits for employers and employees alike.

However, the investment also needs to be long-term with an understanding the results may not fully formulate for some years, but particularly with the support of new technologies, there are instant impacts which could have profound effects and improve personal outcomes.

Owain Thomas, editor of Health & Protection

CONTENTS

4 TIGHTER SCHEME CONTROL NEEDED AS DEPENDANT USE BALLOONS

Adding dependants to group PMI is spiking claims and creating a generational divide, Graham Simons hears

6 DEEPER DATA INSIGHTS NEEDED TO GET MORE BANG FOR THE BENEFITS BUCK

Insurers have a crucial role in helping HR justify health and wellbeing benefits spend, Graham Simons writes

9 HIGH IMPACT POTENTIAL IN PERSONALISATION OF PREVENTATIVE HEALTH INTERVENTIONS

Workplace health is increasingly moving ahead of claims by embracing preventative healthcare, hears Owain Thomas



TIGHTER SCHEME CONTROL NEEDED AS DEPENDANT USE BALLOONS

Adding dependants to group PMI schemes is contributing to a spike in claims, usage and premiums creating a generational divide across UK plc, **Graham Simons** hears

Employers are increasingly adding coverage for their employees' dependants to group plans leading to increasing use and premiums, which has come as a real shock to uneducated employers.

Health & Protection's workplace wellbeing roundtable in association with Vitality heard this meant some organisations were open to conversations about getting a better handle on these increases.

The benefits for employees who are happy to wait for treatment for themselves but not for their children, are obvious.

But with younger employees effectively subsidising claims from the dependants of their older colleagues, there comes the risk they may seek to secure a better deal or even ditch their cover.

"Clients understand some of those drivers around some of the claims inflation they have been seeing and the impact on their premium inflation, particularly musculoskeletal (MSK) and mental health, reductions in the average age of claimants and an increasing shift towards claims by dependants," said Brett Hill, head of health and protection at Broadstone.

"They've been very open to conversations around strategies that might start to bend the curve on some of those trends.

"But certainly over the last 12 months a lot of those conversations have been around what could be done in the future because they can't afford to do it today,

because today they've got to pay their bill, and cover the premium increase on their healthcare."

MASSIVE INCREASE IN USAGE

David O'Reilly, head of consulting at NFP Europe, maintained that with schemes now increasingly offering dependants cover, there is definitely a conversation happening as big claims come through.

"You look at the data and it's coming off the dependants rather than the employees, and they're saying, 'hang on a minute, we're getting these huge increases'.

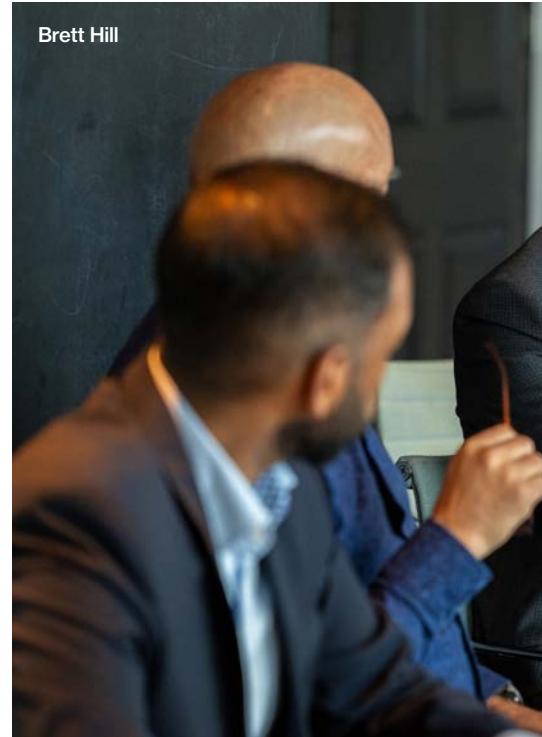
"However it's for family members, which obviously is a nice thing to cover and helps the employee that's facing that challenge, but they want people back in work rather than the dependants being looked after.

"So that is one challenge we're talking about at the moment."

Athos Rushovich, director for



Brett Hill



specialised health sales and dedicated distribution at Vitality, said benefits usage, particularly in primary care, by children and dependants is "massively increasing".

"Anecdotally, when we analyse our data in terms of reasons for purchase, a lot of it is people saying, they are happy to be at the mercy of the vagaries of the system, but not for their children," Rushovich said.

He added that claims data held by the insurer supported the notion that dependants and particularly child dependants are a driver of increased usage.

That spike in premiums is coming as a "real shock" to clients.

"Any of us that go and talk to clients at their pre-renewal, it's not a pretty picture often," said Clare Dare, head of specialist consulting at PIB Employee Benefits.

"They ask how did this happen? And when you look at the size of the claims, they're often not huge, you might have one or two big claims, but it's just there's so many more incidents.

"The problem is when you're asked to do the comparison between employees and dependants, the dependants' graph is huge, and they are saying 'hang on, this benefit is for our employees'.

"So that's a difficult conversation, because you're supporting the whole person then, aren't you, the whole family."



BETTER POLICING OF SCHEMES

The point was raised that better management and a tighter rein on these schemes would help reduce the burden of use, improve employee commitment and keep a better handle on premium increases.

Dan Cockram, employee benefits director at Partners& was one of those arguing there was a case for clients being better at policing their own schemes such as not allowing take-up windows at different stages of the year.

"HR teams do not have the time or resource to manage schemes," Cockram said.

"It's not a coincidence that all of a sudden people are popping family members onto schemes when there's a treatment need and of course, that has a terrible impact on claims.

"We will try to educate clients around it being a great benefit, but also it needs to be sustainable for the organisation and the insurer.

"Running a scheme where it's a little bit too loose and people are dipping in when they have a health concern, ultimately that is only going to lead to increasing premiums and challenging conversations in future renewals.

"So sometimes the client needs to take a little bit more time to consider how they

manage the scheme and be at least a little bit stricter."

NOT EDUCATED

There was agreement from others who said they were also seeing these trends very frequently with HR managers.

They added part of the problem was HR and benefits teams had not received much training about the optimum ways to run their schemes, and notably therefore intermediaries had a responsibility to support them in this.

"They've not really been educated," said Nick Hale, founding director of Engage Health Group.

"It's not really their fault; they've got an ethical quandary because someone in accounts has called up saying their partner has just been diagnosed with cancer and didn't join the PMI scheme back in January when they should have done but would like to now."

As an example, Hale cited a conversation with a prospective client.

"The director brought us in because they wanted to control the cost more," Hale continued.

"With a bit of digging they couldn't work out why their premiums were yo-yoing up and down over the years.

"That's what had happened; the HR manager was trying to wrestle with the ethical quandary that she had versus the financial responsibility and she wasn't getting there.

"That was having this really negative

effect on how the scheme was being used - lots of people paying in for years and years, not using it, and then somebody jumping in and taking up all the claims in one go.

"We've got that responsibility to educate, that's absolutely right."

YOUNGER EMPLOYEES LOOKING ELSEWHERE

Hill maintained this issue will increasingly become something organisations need to think about with some employees effectively funding dependant cover of other colleagues.

"That needs to be looked at again because those dependant claims are driving a single unit rate," Hill continued.

"The single unit rate is going up at a rate that is causing your younger employees to look again at the P11D benefit," he added.

"Then you've got younger single employees effectively subsidising the dependents of older and typically better paid colleagues.

"If those younger employees start to look at that unit rate and think they could almost source this cheaper themselves, or at least think they can, then you've got a risk of lapse spirals starting to develop.

"Some employers will need to start looking at the weighting of single versus family and things like that on their cross-subsidies and they need to address those to make sure the burden of funding is falling where it should." ■



H health and wellbeing benefits are no longer a nice to have for UK plc and providing these benefits can help employers win in the war for talent.

As a result, organisation leaders are increasingly interrogating these benefits as they seek more bang for their buck, leading to deeper conversations about deploying resources more effectively.

The greatest resource a business can have is time, meaning data insurers and advisers can provide on the effectiveness of these benefits is more important than ever.

Health & Protection's workplace wellbeing roundtable in association with Vitality heard organisations were taking a more holistic view of their staff.

"This is because there is an ever-increasing number of challenges that are out there for their staff members," said Incorporate Benefits head of wellbeing Andrew Magill.

"One of the things we're trying to help them with is what can they influence, what can they support with, but also define and clarify what's beyond their control."



Magill added that at times clients want help understanding just what this is, meaning deeper conversations with clients are now needed.

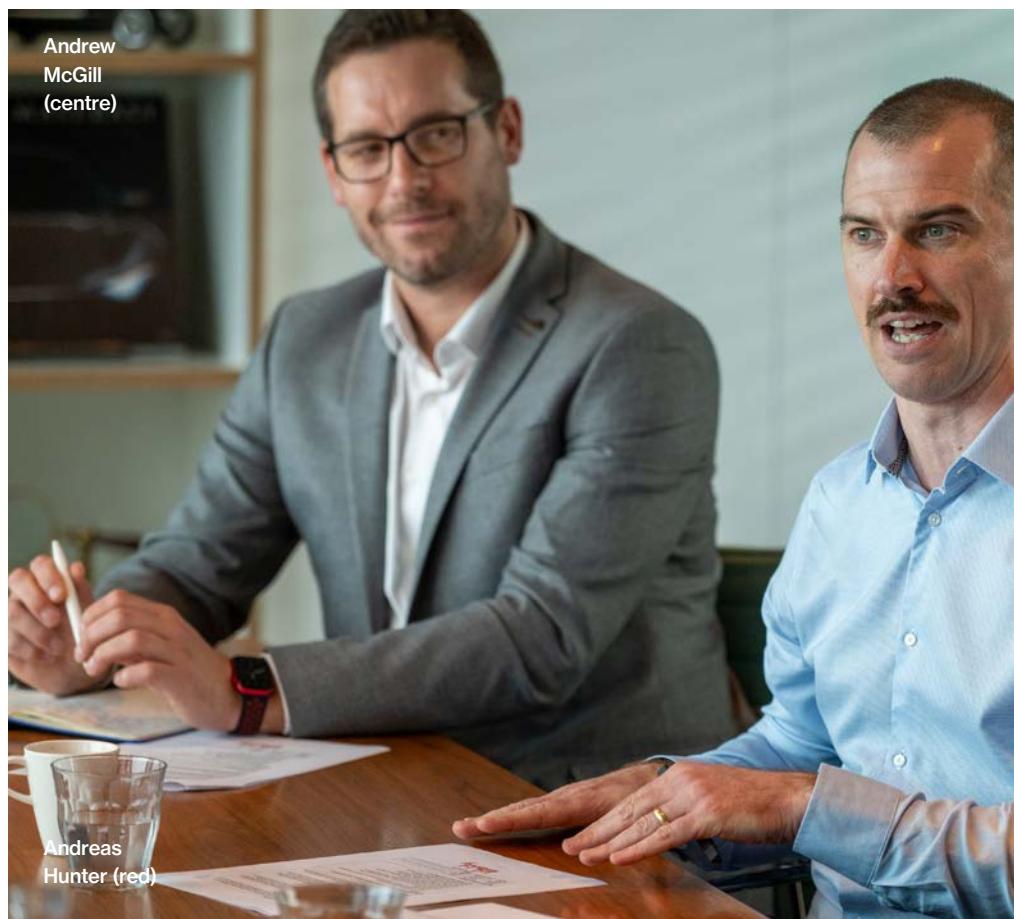
"It used to be about free fruit on a Friday and having a running club," Magill continued.

"We're now having deeper conversations with regards to culture and leadership. What are the career progression pathways? What's the onboarding journey

for staff members? Because all of that deals with people and ultimately, we have to have a holistic wellbeing strategy to be able to support that."

CONFUSION OVER OPTIONS

The panel noted that with all their good intentions clients often have great aspirations of what they want to deliver to their workforce but can end-up getting a little bit lost.



DEEPER DATA INSIGHTS NEEDED TO HELP EMPLOYERS GET MORE BANG FOR THEIR BENEFITS BUCK

Insurers have a crucial role in helping HR justify health and wellbeing benefits spend, **Graham Simons** hears

"There's such an array of options in the market," said Nick Hale, founding director of Engage Health Group.

"There's such an array of noise in the media, on social media, from advisers and from insurers about what they should and shouldn't be doing that I think it's quite difficult now for them.

"They probably need guidance more now than ever to cut through all the noise and work out how they deploy their



Nick Hale



resources in the best way."

Though Hale also maintained the challenge can depend on the size of the organisation.

"The larger corporates have always had deep pockets," Hale continued.

"They've also got a PR exercise that they're running all the time in terms of how they're viewed from the outside world - what their Glassdoor reviews are looking like, how are they perceived - so sometimes their motivation can be for the wrong reasons."

DEPLOYING RESOURCES EFFECTIVELY

For smaller employers the challenge is around deploying resources effectively, but the panel agreed a lot of smaller businesses have been squeezed tightly the last few years and are having to think carefully about how they deploy their resources in the right way.

Sometimes it can be a decision between maintaining jobs for people or adding benefits.

However, Gallagher head of wellbeing Andreas Hunter added that the resource customers will often battle against is time.

"An awful lot of the teams we deal with have significant challenges over where they are going to apply the finite resource that is their time," Hunter said.

"On top of that, an awful lot of the time looking at benefits and wellbeing strategy is not at the top of their list because the other challenge is around doing it for the right reasons."

Clients also need to understand what their business objectives are," Hunter continued.

"What is their people strategy? What are they looking to do? Often we're in a situation where they've been allocated a certain budget, the proportion of that budget being taken up by one very specific and an increasingly expensive benefit is materially impactful to the decisions they have to make."

Aligning these benefits to the needs of the business is critical and there might be massive cost increases that do not align with where the business needs to go in the next two or three years.

So understanding the drivers to change within an organisation and how to align those with the benefits to support their workforce are vital.

WAR FOR TALENT

The price for not aligning these benefits to the needs of the business can be losing



Clare Dare

out in the war for talent, the panel agreed.

Attendees reported many of their clients were seeing employees moving jobs in a way that they never would previously - for better benefits.

"Traditionally, it was moving for more salary or for a promotion, but we're seeing that being challenged, even with smaller businesses where employees are asking what they get when working somewhere," Clare Dare, head of specialist consulting at PIB Employee Benefits said.

Dare added she has had conversations with firms who have had an about-turn in how they think about private medical insurance (PMI).

"I've had clients who were very anti-PMI for their workforce but suddenly they're saying, they can't get people to join unless they give them PMI," she continued.

"It's changing the conversation because they've got the cultural challenge of what do they stand for as a business, and then what are they going to give these people?

"That means they're engaged and they stay with the employer because otherwise there's no succession planning for a business that's churning all the time.

"These are really fascinating times because employers are facing many challenges and it's that pull and push of how much money they have got and what people want?"

DEEPER INSIGHT TO SUPPORT HR IN C-SUITE EVIDENCE

The greater costs and demands on health benefits for businesses means they are now coming under more intense scrutiny across organisations.

This means a divide has opened-up between HR and senior directors, with the C-suite now seeking to take a much more active role in questioning the benefits they are paying out for. ►

8 SUPPLEMENT

January 2026 - HEALTH & PROTECTION

► "In the past it was more a case of HR policing what the business was doing from a people perspective and from a cultural perspective," Engage Health Group's Hale said.

"HR looked after the insurances which were people related, but much more frequently I'm seeing directors suddenly stepping-up."

Hale noted that having had tight controls on direct business costs, senior management are now wanting to understand the other elements not directly associated with day-to-day business, such as employee benefits.

This also means HR has a role to play in highlighting the value of these benefits.

"What we have now, to some extent, is uneducated directors stepping in and saying: 'Wait a second, what's going on? We need to cut this down' without really understanding what the benefits are and what the return on the investment is," Hale continued.

"It's a lot of work really, for HR managers, directors and heads of people to go up the line and say these are the reasons why they're doing it, it's costing much more, but there's all this great stuff coming from it."

In terms of what insurers can do, the panel noted some justification of premium increases would be useful.

At present, advisers said, the claims management information shared is quite vanilla, showing which benefits were used this number of times, but this may not really mean anything to a client.

More advanced explanations could include market or societal factors, but it could also be a way of educating clients,



Athos
Rushovich

such as outlining the value of interventions insurers have put in place over the last 12 months.

For example, giving a sense of what the premium could have been without the MSK network, the cancer pathway or the virtual GP would prove valuable – potentially highlighting that a 20% increase would have been as high as 45% or 50%.

DIFFICULTIES DEMONSTRATING ROI

However, as ever the goal of evidencing return on investment (ROI) is a critical one that is easier said than done.

Gallagher's Hunter emphasised certain areas of wellbeing were extremely challenging to directly connect with ROI, but there are areas where things are more

clinical and where those direct lines are easier to draw.

However, Hunter pointed out the firm's US business benefitted from being able to work with lots of data.

"Some of the work we do there is around zones of profitability, where you can outline what you are experiencing versus what you would have experienced if you hadn't undertaken these interventions," Hunter said.

"That becomes much more powerful if you project forwards. If you're reducing your costs by 2% this year that might not be something to celebrate, but if it's 2% this year and that becomes 3% next year, and that's 5%, you're getting further away from where you are."

"Using a cone of probability showing where average is, where high is and this is how we hope to trend under that, you could highlight we believe this may save you X amount of money over the next three to five years."

"If you are able to show that instead of 27% of something, you've been experiencing 25% of something, that's the kind of stuff that would make a difference and that's the kind of language people at that level talk."

Athos Rushovich, director for specialised health sales and dedicated distribution at Vitality, concluded: "The challenge, and what we're all violently agreeing with, is that if we can find a way to monetise the benefits of wellness, it'll make it easier for customers to understand, especially CFOs." ■



Arun Thiagarajan,
(centre)

HIGH IMPACT POTENTIAL IN PERSONALISED INTERVENTIONS

Workplace health is increasingly moving ahead of claims by embracing preventative healthcare, hears **Owain Thomas**

Rising premiums are the main driver to employer interest in preventative health services but there are also increasing expectations from staff.

As the Health & Protection workplace wellbeing roundtable in association with Vitality heard, there are some remarkable possibilities for improving health outcomes when these interventions are fully enabled.

"There are lots of solutions and options out there ranging from health checks through to early cancer detection and helping employers understand those two is important," said Incorporate Benefits head of wellbeing Andrew Magill

"I'm finding employers are tentatively going that way and prevention is a really interesting conversation they want to have."

As Broadstone head of health and protection Brett Hill highlighted, those employers are trying to wrestle with the same challenge governments have faced with the NHS.

"The challenge of trying to invest in prevention, while at the same time funding the treatment needs of today," Hill said.

"They are realising if you're going to start investing in prevention you need to make that investment over a sustained period of time, and it may be five or ten years before you really start to move the needle."

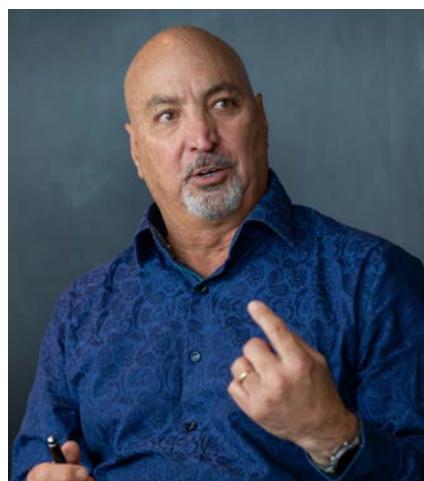
HIGH IMPACT SCENARIOS

Personalisation of activity is seen as a vital component and while this may maybe in its early stages for most employers, when activated correctly the potential is clear.

VitalityHealth director - specialist health sales and dedicated distribution Athos Rushovich highlighted one such opportunity for making major health impacts in people's lives when targeting the right situations.

"For example, we know if you stop smoking 72 hours before an operation, your wound recovery is significantly improved," he said.

"If we're able to say to a person, because



they've reported to us that they're a smoker, 'we've just authorised an appendectomy, if you stop smoking before you go in, your wound recovery will improve', that is really powerful.

"And then when they've been in hospital for that time, we can go back to them and say, 'you've probably stopped smoking while you were in hospital - this might be a great time to quit for good and here's a smoking cessation tool'.

"That's the level of personalisation we're trying to drive at to aid member journeys."

Of course, in that situation the member is already undergoing a serious health intervention, creating a higher impact opportunity to raise awareness of poor health behaviours.

For employers, personalisation of health benefits is trickier and with organisation limits it is yet to be fully mastered, but there are some approaches gaining traction.

NFP head of consulting David O'Reilly noted some clients such as private equity firms and hedge funds, which have potentially larger budgets, were taking more open approaches.

"I've worked with a client where they'll give a wellness fund which someone can buy a football season ticket with," he said.

"If your wellness is to go and shout on a Saturday they're more than happy to pay for that, or they can use it for more traditional wellbeing like massages and therapies, making it more individualised."

But O'Reilly noted many teams engaging on prevention will also be faced with a host of wider organisation priorities to manage.

"So they're leaning on someone like an insurer to be that prevention strategy," he added.

UNDERSTANDING USER EXPERIENCE

The need and ability to segregate and even personalise communications to staff is a long-term and ongoing consideration, which it is hoped new technologies will enliven.

"Talking to different cohorts in different ways about what's important to them is going to occur in the coming years," said Engage Health Group founding director Nick Hale.

"As opposed to saying, 'hey everyone, we've got this particular benefit which is completely irrelevant to 70% of the population'.

"It's easy to see what will happen with AI getting very smart around demographics and understanding what the requirements and needs are of that person at that stage of their life," he added.

Gallagher head of wellbeing Andreas Hunter concurred and highlighted that some large organisations may have several types of workers within their workforces, all with different characteristics.

"They probably don't consider themselves one company and we shouldn't be treating them as such, so how are you able to engage with those people?" he said.

Hunter had worked with one client that focused on user experience, rather than the benefits being offered.

"How do people access these things? What is the employee experience? For this employer, what they needed much more of was an improved experience," he concluded. ■

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