# Transforming Women's Health Experience

MADE IN CANADA

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# Women's Health Gaps are Driving Benefit Costs

Each year, organizations face a **10–20%** price increase for health benefits.

Longest-duration and most frequent absences and drug claims:

Fibromyalgia

Sleep Disorders

Migraines

Anxiety/ Adjustment Disorder

Diabetes

Depression

Chronic Pain

Cancer

- Women have **2x** LTD mental health claims compared to men
- **40%** increase in women's drug claims across chronic-disease categories, (except hypertension)
- Women **under 50** have **2x** incidence of cancer compared to men

Sources: Willis Towers Watson, RBC Insurance, Sun Life,

# Gaps in Today's Care Model

The cost isn't women, it's a system not built for them

- Male-default design
- Women were **only included in clinical trials in 1997** in Canada
- Women's health is underfunded:
  - **1%** of research funding for women-specific health issues
  - **4%** of drug development focuses on women's health
- **92%** of physicians feel unprepared to support midlife women
- Major diagnostic delays:
  - **700+ diseases**
  - **4 + years**



Sources: Health Canada, Global Alliance for Women's Health, New England Journal of Medicine Nature Communications

# Talent Loss from Unaddressed Women's Health

**10%**
exit the workforce each year due to menopausal symptoms

**7%**
will miss 4 days of work each year as a result of fibroids

**25%**
miss 6 days of work each year due to painful periods (dysmenorrhea)

**5%**
miss 13 - 20 days of work each year due to polycystic ovary syndrome

**25%**
miss 6 days of work due to menopausal symptoms

**3%**
miss 13 days of work per year due to endometriosis

Sources: Menopause Foundation of Canada, HER-BC: Health and Economics Research on Midlife Women in British Columbia Report, J. of Occupational Environmental Medicine, Sage Journal, Lancet, Fertility and Sterility Reports, University of Oulu

# Estrogen's impact:
## *Midlife Symptoms and Long-Term Health Risks*

- **Estrogen receptors** are found throughout the body, affecting sleep, mood, cognition, libido, cholesterol, blood sugar, bone density and more
- **Hormonal changes**, especially in estrogen, drive a wide range of midlife symptoms

**Over 40 disruptive symptoms**

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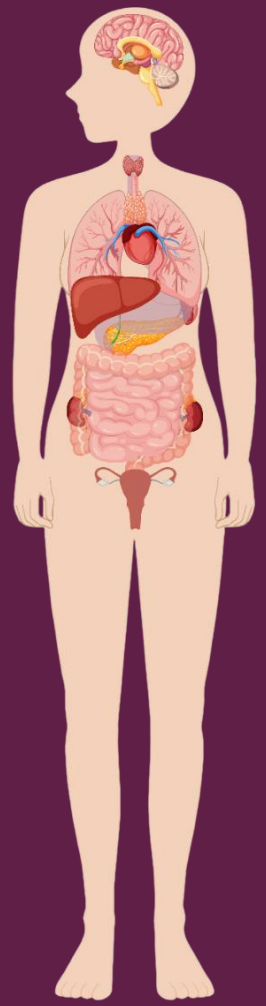


**Brain**
**Reproduction**
**Skin, Nails and Hair**
**Bladder**
**Vagina/Vulva**
**Gastrointestinal**
**Heart**
**Nerves**
**Immunity**
**Bones**
**Metabolism**

# The Health Risks of Inaction

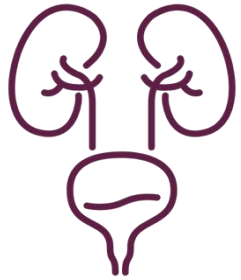
## Chronic Conditions Accelerate Without Support

**25%** more time in debilitating health for women than men

**Heart Disease**

**Mental Health**

**Osteoporosis**



**Genitourinary Issues**

**Metabolic Disorders**

Source: World Economic Forum & McKinsey Health Institute

# Gaps in Current Benefits Programs

**EAP:** Short-term life event counselling, but don't address medical drivers

**Mental health programs:** Treat symptoms, miss medical drivers (hormonal, metabolic, inflammatory).

**Telemedicine:** One-off visits, no follow-through to diagnosis or care plans.

**Drug plans:** Pay for medication, but not for finding the right one, managing side effects, and supporting adherence

**Allied health:** Fragmented care, no coordinator

**HSAs/WSAs:** Shifts burden to employees—low use, no navigation, no women's pathway

The gap between women's health needs and benefits design is **costing plans millions.**

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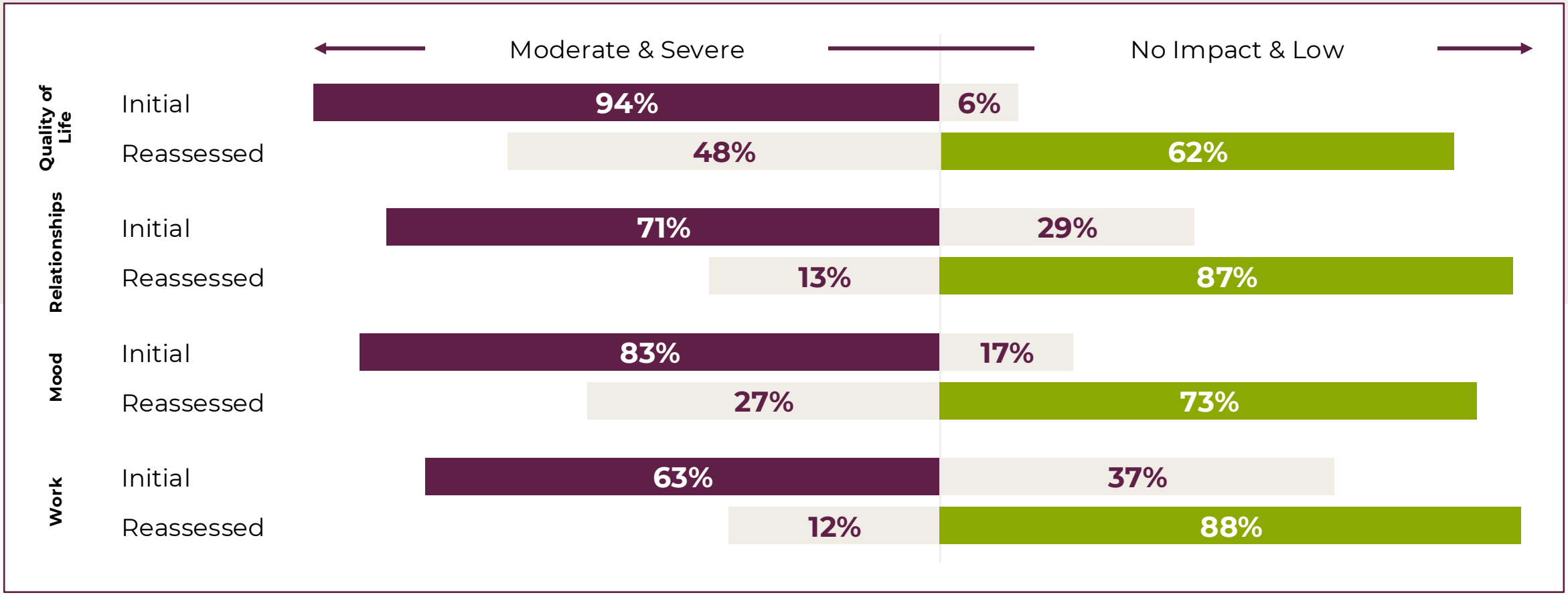
# What Happens When the Model Fits Women

## **In just two months of care** users report:






Source: sanoLiving

# Holistic Care

# sanoMidLife Experience

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## *Supporting **1,400+ employers** and **1.6 million+ employees***

### 1 Personalized Assessment

Start with insight, not guesswork:

- Comprehensive health assessment
- Personalized Symptom Relief Guide

### 2 Continuous Support

Engagement between visits:

- Evidence informed library
- Peer support
- Virtual health assistant

### 3 Women's Health Coaching

Drives behaviour change and adherence:

- 1:1 and group coaching
- Sleep, nutrition, stress, energy, mindset, and weight
- Public healthcare navigation

### 4 Structured Clinical Care

Expert women's medical care:

- In-house MDs, NPs, NDs
- Diagnosis, labs, and imaging
- Treatment plans: medications, supplements and lifestyle interventions

### 5 Continuous Outcomes

Care that evolves

- Clinical follow-up based on care needs
- Plan adjustments
- Tracks outcomes and work performance

MEDAVIE BLUE CROSS™ Desjardins ALBERTA BLUE CROSS®

**FemTech World Award Finalist for Menopause Innovation**

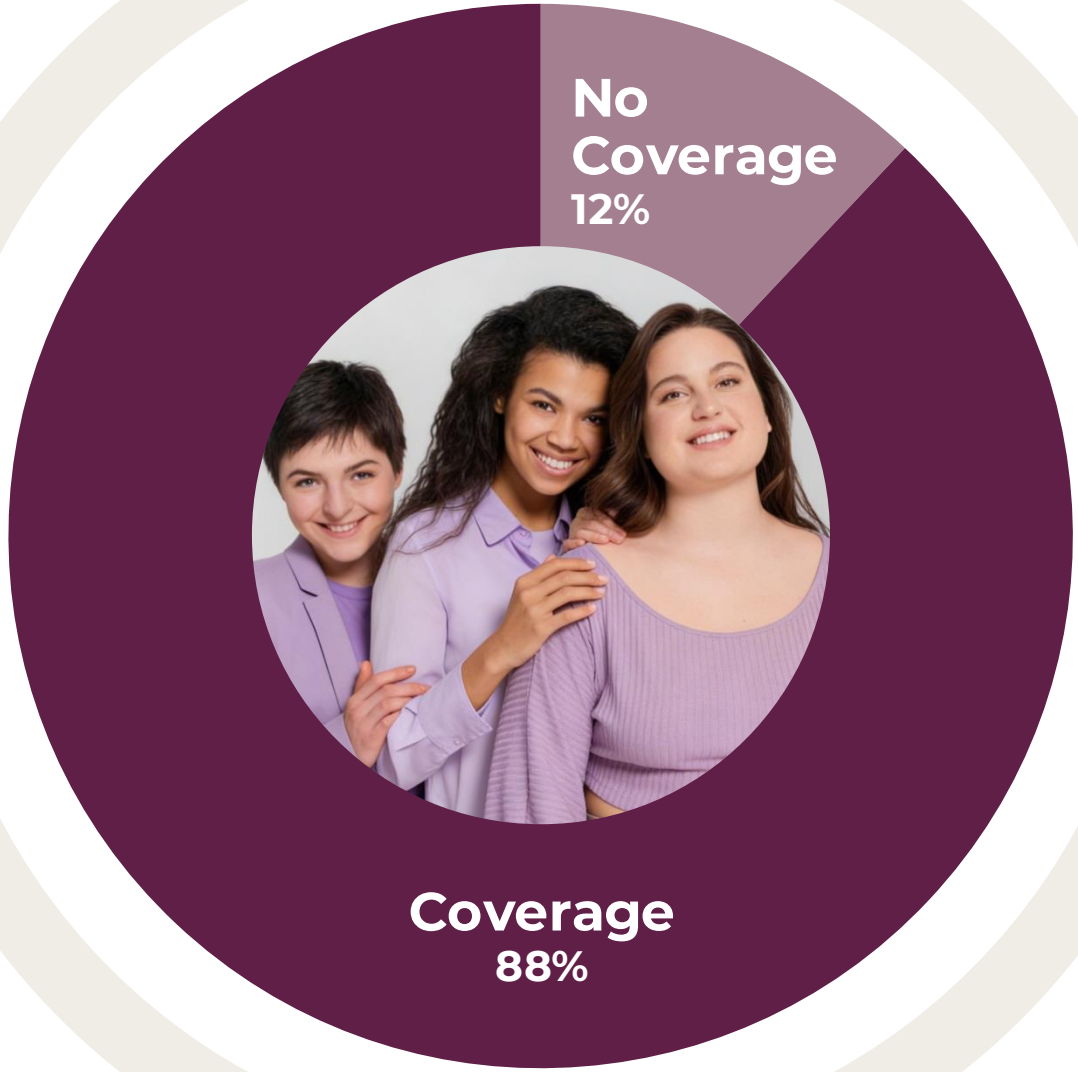
# Built for the Female Workforce
# Relied on by Organizations

- 400%+ ROI with measurable health and productivity outcomes
- Bilingual in-house clinicians and coaches virtual care in all provinces and territories
- SOC 2 and PIPEDA compliant


## Clinical Focus Areas

- Menopause and hormone-related conditions
- Chronic disease prevention
- Menstrual health
- Pelvic and sexual health
- Weight & metabolism
- Sleep & fatigue
- Cancer survivorship
- Pre & Post-natal (2026 1st & 2nd Qtr)

# Care Doesn’t Start Without Coverage






Source: sanoLiving

# Case Study:

## Janice, Age 44

- Supervisor – salary + $80,000
- Active lifestyle
- Established career and valued employee with aspirations for advancement

## Status Quo

- Experiencing disruptive symptoms impacting work
- Multiple attempts for care are missing the mark
- No improvement, frustrated and unwell

## In the Women's Health Program

- Completes assessment
- Meets her health care team and receives care
- Three months of weekly coaching
- Completes reassessment

| | |
|---|---|
| **Casual absences**<br>4 days of absence/month | **$ 6,160** |
| **Short term + Long Term Disability** | **$ 40,002** |
| **Total Cost:** | **$ 46,162** |

*Doesn't factor in presenteeism, backfill or mis-prescribed drug claims.*

| | |
|---|---|
| **Cost of Care** | **$ 854** |
| **Total Savings** | **$22,227** |
| **ROI** | **2602%** |

# Discussion

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