



# 2025

## TELUS Health survey:

Demographic assumptions in accounting for post-employment benefits for Ontario hospitals & other related health care facilities.

**February 2026**



## Highlights of our 2025 survey results

TELUS Health is pleased to provide the annual survey of the assumptions used by 68 Ontario Hospitals & Other Related Health Care Facilities to account for the costs of their Post-Employment Benefit (PEB) plans. Information is collected from actuarial valuation reports and audited financial statements as at March 31, 2025. **This is the fifth annual survey that has been conducted.**

This survey reflects assumptions used for financial statements reporting under Public Sector Accounting Standards (PS 3250/3255) and CPA 3462/3463. The assumptions used for your organization's PEB plan will differ depending on individual plan experience and management's best long-term estimates for future experience.

At the core, TELUS Health performs PEB plan valuations for the vast majority of hospitals in Ontario and other related health care facilities, therefore enabling us to benchmark assumptions and comment on industry trends. The objective of the survey results will hopefully assist in your organization's assumption setting process and help provide guidance on whether your assumptions are above, below, or at the median compared to your peers.

Specifically, this survey will aim to benchmark the following assumptions and expected claim costs used by organizations for financial reporting of their PEB plans.

1. Retirement age
2. Take-up rates (for retiree cost-subsidies ranging from 0% to 100%)
3. Percentage electing family coverage
4. Expected future retiree claim costs

In accordance with Accounting Standards, organizations are required to adopt assumptions reflecting management's best long-term estimates for financial reporting purposes.



As of March 31, 2025, we have summarized the high-level results of our survey as follows:

	Average	Median	Minimum	Maximum
<b>Retirement age</b>	<b>60 years</b>	<b>60 years</b>	<b>58 years</b>	<b>63 years</b>
<b>Take-up rates</b>				
▪ 0% retiree cost-sharing	98%	100%	85%	100%
▪ 25% retiree cost-sharing	85%	85%	60%	100%
▪ 50% retiree cost-sharing	75%	75%	35%	100%
▪ 100% retiree cost-sharing	50%	53%	25%	95%
Percentage electing family coverage	65%	65%	35%	100%
Per capita medical cost	\$3,615	\$3,421	\$1,900	\$6,569
Per capita dental cost	\$942	\$912	\$598	\$1,686



## Introduction

Ontario hospitals and other related health care facilities are government not-for-profit organizations and as such, must prepare financial statements under PS 3250/3255 or CPA 3462/3463. In accordance with accounting standards, the valuation of future benefit obligations requires forecasts of future events forming the basis of actuarial assumptions. Each assumption should be reflective of Management's best estimate and determined on the basis that the plan is assumed to continue. Specifically, the basis of assumptions used in the valuation of PEB plans (excerpted from PS 3250/3255 with similar requirements under CPA 3462/3463) state the following:

- a. **Actuarial assumptions should be based on the government's best estimates of expected long-term experience and short-term forecasts** - at each actuarial valuation, assumptions need to be reassessed; they would be revised if expectations about the future change.
- b. **Actuarial assumptions should be internally consistent** - methods of developing actuarial assumptions need to be consistent over time.
- c. **A government would obtain expert assistance from internal or external sources when making assumptions about future events** - one source of expert assistance is the actuary carrying out the actuarial computations. Periodic assessments are needed to ensure that the assumptions continue to be relevant.

For Ontario hospitals' PEB plans, determining appropriate actuarial assumptions in accordance with the accounting standards can often present a challenge because:

- d. the hospitals' PEB plans are small natured in size, and/or consist of no existing retirees to help forecast future events; and
- e. the hospitals' PEB database has not routinely tracked plan experience as members retired from the plan, and/or not enough experience years are available to help validate forecasts of future events.

This paper presents the most commonly used assumptions and claims analysis performed for our list of surveyed clients. The following assumptions and claiming patterns will be discussed in further detail below.

1. Retirement age
2. Take-up rates
3. Percentage electing family coverage
4. Expected future retiree claim costs



# Retirement age

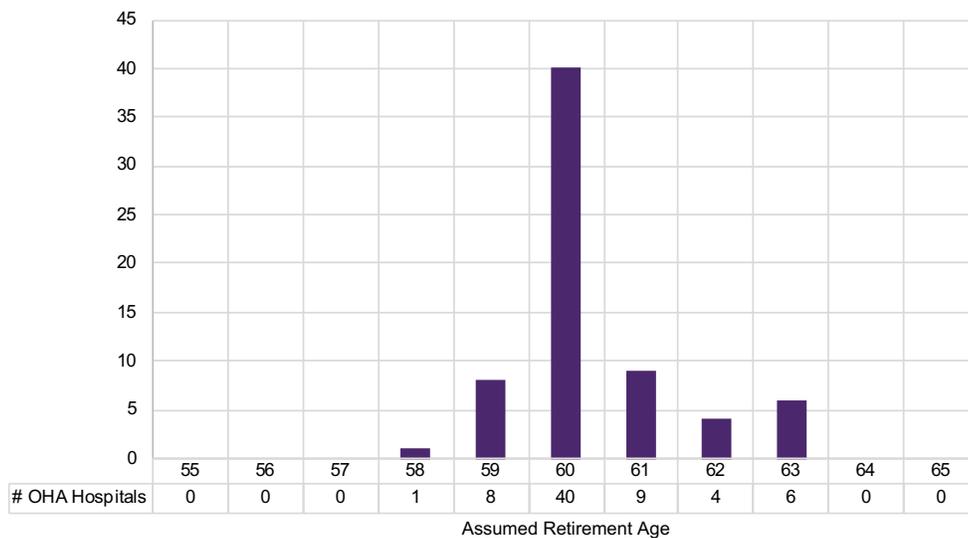
A key assumption in the valuation of the defined benefits obligation is the assumed retirement age. Typically, for the Ontario Hospitals, benefit coverage for retirees is offered to age 65. As such, the assumed retirement age defines the number of years that retirees are entitled to benefits.

For a plan that assumes retirement at age 60, and benefits ending at age 65, the present value of future benefits is determined over a 5-year coverage period. Changing the assumed retirement age (to an earlier or later age) thereby results in a change to the length of the coverage period; and furthermore, will result in a significant change to the defined benefit obligation (DBO).

Since Ontario hospitals can be categorized into small, mid and large-sized organizations, it poses more challenges for smaller organizations to achieve credible plan data for determining when members are expected to retire.

The graph below presents the surveyed Ontario Hospitals for assumed retirement age as at March 31, 2025:

## OHA: Assumed Retirement Age at March 31, 2025



The graph depicts the most commonly assumed retirement age to be 60 (with approximately 67% of OHA clients utilizing age 60 as the assumed retirement age). This is consistent with the majority of OHA members participating in the Hospitals of Ontario Pension Plan (HOOPP) with unreduced retirement age defined to be age 60 (or younger with 30 years of service).



# Take-up rates

In general, the DBO for PEB plans is highly sensitive to the take-up rate assumption. When eligible members retire from the organization, they continue to be entitled to post-employment health and dental benefits, with typical coverage ending at age 65. Based on negotiated agreements and employment contracts, eligible retirees entitled to such benefits are often responsible to pay a portion of the cost, with the remainder subsidized by the organization.

The most common retiree cost-sharing arrangements vary from 0% to 100% retiree-paid. The larger the subsidy (i.e., 0% retiree-paid), the more commonly utilized the benefit plan is. Retirees responsible to pay a portion of the cost may choose to opt out of the benefit plan at retirement, should they choose.

When valuing the DBO of the plan, our actuarial valuation factors in take-up rates for the various future retiree groups, reflecting the number of members expected to continue benefits. For members already retired, their actual elections are used for valuation purposes.

The graph below presents assumed take-up rates as at March 31, 2025:

### OHA: Assumed Take-up Rates at March 31, 2025



The graph depicts the relationship of declining take-up rates as the associated retiree cost-sharing increases with median take-up rates converging to approximately 53% for 100% retiree-paid plans.



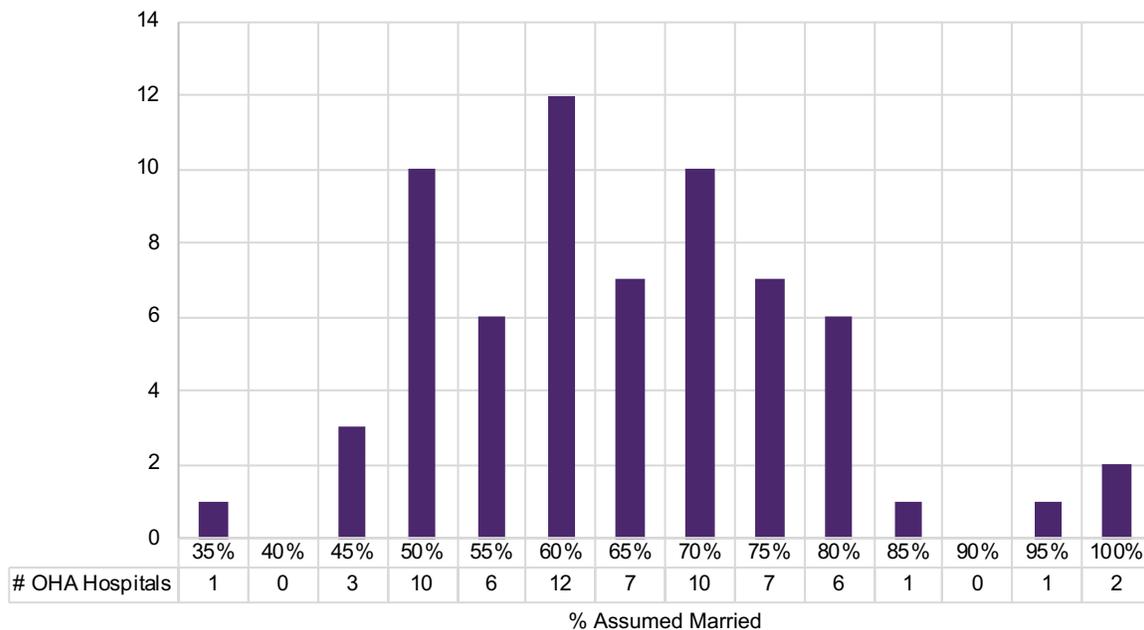
# Percentage electing family coverage at retirement

PEB plans that provide employee future health and dental benefits typically require making an assumption about members expected to take single coverage vs. family coverage at retirement for determining actuarial liabilities. For existing retirees, the member’s current coverage is used for valuation purposes.

This assumption should be based on specific plan experience and the long-term expectation around members’ marital status at retirement. In cases where retiree data is not credible, or routinely monitored, organizations may consider using industry trends.

Based on the surveyed clients, as at March 31, 2025, the following chart shows the percentage of members assumed to elect family coverage at retirement:

## OHA: Assumed % Electing Family Coverage at March 31, 2025



The graph depicts the assumed percentage of electing family benefits at retirement, with an average assumption of approximately 65% used at March 31, 2025.



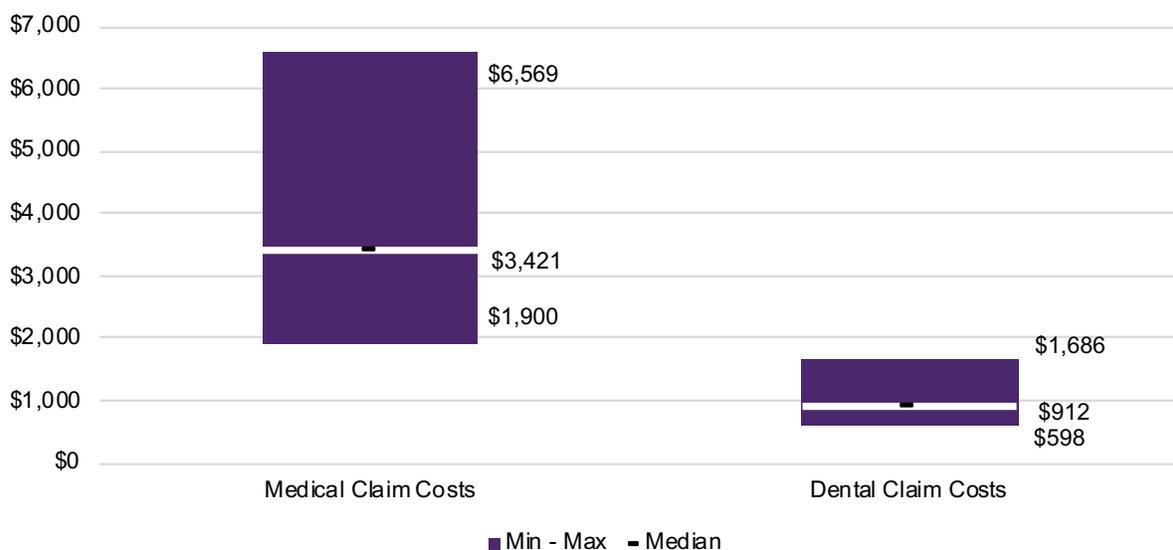
# Expected future retiree claim costs

PEB plans that provide employee future health and dental benefits typically require an analysis of future expected retiree claim costs. Every full valuation cycle, the actuaries conduct a full claim cost analysis, reviewing the specific plan’s historical claim costs and preparing an “aging” exercise to help forecast retiree health and dental spend. The future retiree claim costs are the projected costs an average retiree and their spouse are expected to spend during the duration of their coverage period, subject to assumed future health and dental trends.

The assumed per capita medical and dental future retiree claim costs are then utilized in our actuarial valuation models to determine individual member liabilities, using the defined actuarial assumption set and accounting methods. The per capita costs determined for each Hospital reflect various plan provisions (for retiree benefits ending at age 65) and retiree experience. This results in a wide range of per capita costs as presented below.

Based on our surveyed clients, the following charts present the expected future retiree medical and dental claim costs at March 31, 2025:

## OHA: Assumed % Electing Family Coverage at March 31, 2025



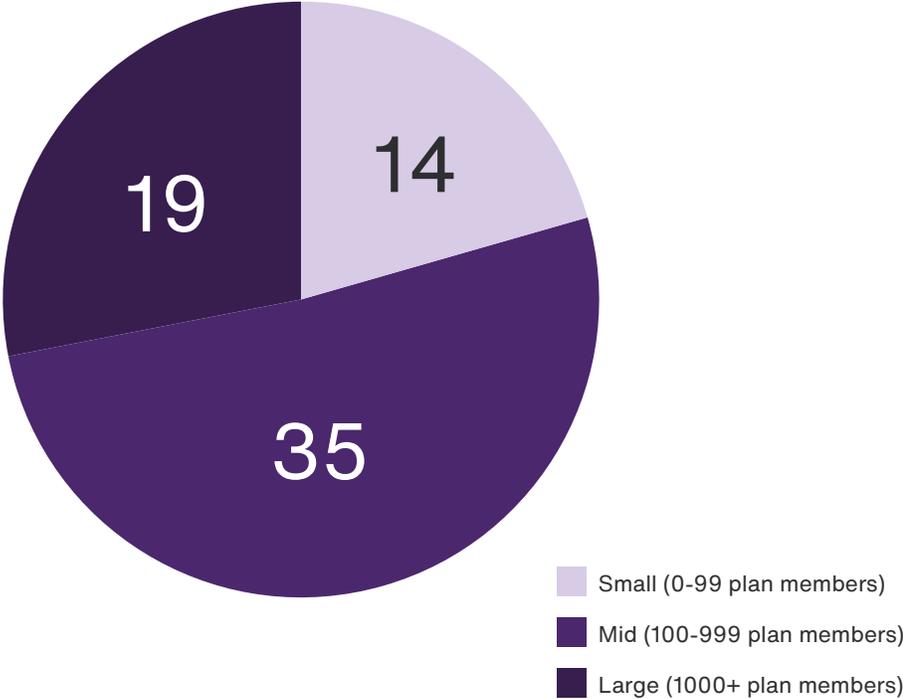
The graph depicts the median assumed annual per capita medical and dental spend to be \$3,421 and \$912, respectively.



## Underlying survey data used

Below is a summary (by plan size) of the total number of organizations surveyed for purposes of this report as at March 31, 2025.

### OHA organization size (small/mid/large)





## Conclusion

This survey is intended to provide information regarding the assumptions disclosed by a wide group of Ontario Hospitals and, as such, can provide an indication of industry trends and how your organization's assumptions fare against your peers. The assumptions used for your organization's PEB plan will differ depending on individual plan experience and Management's best long-term estimates for future experience.

Should you have any questions, please contact your TELUS Health consultant, or feel free to contact:

**Nelsha Nanji, FCIA**

Actuarial Principal

416.380.2155

[nelsha.nanji@telushealth.com](mailto:nelsha.nanji@telushealth.com)

**Darren Klorfine, FCIA**

Associate Partner

416.355.5649

[darren.klorfine@telushealth.com](mailto:darren.klorfine@telushealth.com)

**Janice Wong, FCIA**

Actuarial Principal

437.703.8500

[janice.wong@telushealth.com](mailto:janice.wong@telushealth.com)



 **TELUS**® Health