

POLICY BRIEF: High Demand for Private Health Insurance in Canada

Harrison Fleming | March 2025



Executive Summary

Canada is unique in the developed world in that patients cannot purchase comprehensive private health insurance that covers treatment for medically necessary services in their own provinces. The numerous government barriers that restrict patient choice in Canada ultimately leave patients locked in to, and dependent, on the public system.

This unique situation endures despite a nationwide health care crisis as well as public opinion research showing widespread public dissatisfaction with the government's health care system. At the same time, widespread support exists for more choice – including allowing patients to use the public system or pay for non-government health services directly or through insurance.

This policy brief explores Canadians' willingness to purchase comprehensive private health coverage for medically necessary care (if it were allowed) and seeks to quantify the size of a potential private health insurance market in Canada.

SecondStreet.org commissioned Leger to survey Canadians on their willingness to purchase this type of comprehensive private health insurance. The poll was conducted between December 13 and 16, 2024 and presented respondents with rates and deductibles commensurate with their age and gender. The monthly premium payments and deductible amounts were obtained from VUMI Canada, a company that currently offers this type of private health insurance to Canadians – but only for services outside of their province.

Some key findings include:

- Nearly half (48%) of Canadians are interested in learning more about comprehensive private insurance, with nearly one third (32%) of Canadians willing to pay current market rates;
- A majority (53%) of Canadian adults aged 54 and under indicated they would be interested in purchasing comprehensive private health insurance while support declined among those 55 and older (39%);
- A \$21.6 billion private health care insurance market in Canada could be created by government through passing enabling legislation, based on public interest in purchasing private health insurance at current market rates; and
- A private comprehensive health insurance market in Canada could create upwards of 39,000 new jobs.

If Canada joined the rest of the developed world in giving patients a choice – either to use the public system or to pay for non-government options (directly or through private insurance) – some would choose the latter according to the results of this survey. Such a shift would also be a positive move for patients, health care workers and the economy. Instead of having to travel to another province or outside of

Canada to receive care privately, patients with comprehensive private health insurance could get the care they need locally. This would boost Canada's economy and give workers more choice in terms of where to work. Importantly, doing so also has the potential to take pressure off the public system.

Similar to the United Kingdom and other countries that allow this choice, provincial governments could, at least in the short term, explore regulatory measures to ensure the public system does not lose staff to non-government providers.

Background

Canadians have watched surgical wait times grow for more than 30 years.¹ Our nation is in a full-blown health care crisis, with more than 6 million Canadians without a family doctor, an estimated 5.2 million on waitlists, and thousands dying each year before ever receiving the care they needed.^{2 3 4}

Despite this, Canada remains the only developed nation that effectively bans patients from using their own funds to pay for health services locally.⁵ A consequence of this policy is that many patients who may be willing to pay for private treatment end up adding unnecessary pressure to the public system because they are forced to depend on it.

As a result of these persistent and worsening issues, there is a growing public demand for reform. A February 2023 poll by Ipsos found that 85% of Canadians felt the health system required "drastic" changes to better meet the needs of the public.⁶ Similarly, a February 2024 poll by Leger found that 64% of Canadians believe the health system needs a major change. Only 5% felt the solution to the problems was increased funding.⁷

In addition to gauging interest in private insurance options, SecondStreet.org sought to determine the potential size of a private health insurance market for medically necessary procedures if governments allowed such an industry to exist in Canada.

Methodology

In order to determine the potential size of a private health insurance industry in Canada, SecondStreet.org contacted VUMI Canada, a subsidiary of VUMI Group, which provides international health insurance. The insurance company currently sells private health insurance coverage to Canadians, but, due to government restrictions, can only be redeemed by travelling to another Canadian province or outside the country for treatment. For instance, the *Canada Health Act* allows the federal government to reduce funding to provincial governments that allow private health insurance plans to offer the same services as provincial plans.⁸ In British Columbia, the Medicare Protection Act bans private health insurance.⁹ Other provinces have similar barriers that help to effectively ban comprehensive private health insurance.

Contrary to the regulatory conditions under which companies like VUMI currently operate, SecondStreet.org sought to project a private health insurance marketplace where Canadians could purchase private health insurance coverage for medically necessary procedures and receive treatment locally rather than have to travel to another jurisdiction.

Using a rate card provided by VUMI Canada, SecondStreet.org contracted polling company Leger to gauge public interest in purchasing private health insurance based on rates commensurate with their age and gender. In order to meet Leger's survey programming parameters, VUMI's eleven age brackets were then collapsed into six brackets, taking the midpoint cost estimate for each grouping. This meant that some respondents would be presented with a quote that was slightly lower than what they would pay for a monthly premium, while others were presented with a quote that was slightly higher.

Leger polled 1,515 Canadians between December 13 and 16, 2024 using an online survey. Were this a probability sample, the margin of error of a survey of this size would be +/- 2.5%, 19 times out of 20. The numbers in the attached summary have been rounded to the nearest whole number and, as a result, may not add up to 100. Please see the appendix for polling data.

Findings

The poll found Canadians have a high level of interest in private health insurance. Nationwide, 48% of respondents indicated they would be interested in learning more or potentially purchasing such a product while 38% responded “no,” and 13% indicated “don’t know.” Support was roughly equal between men and women but was higher among those aged 18-34 (53%) and 35-54 (54%) compared with Canadians who are 55+ (39%).

Among the 48% of respondents who said they would be interested in learning more about, or purchasing private insurance, approximately 53% indicated they would be willing to purchase the first comprehensive private health insurance option we presented. This means approximately 25% of Canadians would be interested in purchasing this option.

We then asked those who were interested in private comprehensive health insurance (48%), but were not interested in the first option, about the idea of purchasing a different option that came with a higher monthly premium but a lower deductible. Approximately 13% indicated they would purchase such a plan. This represents approximately 6% of the total Canadian population.

Table 1

Canadians’ Interest in Learning More About Private Health Insurance

Age Range	% of Men Interested	% of Women Interested
18-39	55.0%	51.0%
40-49	56.0%	59.0%
50-59	44.0%	43.0%
60-64	41.0%	49.0%
65-69	47.0%	23.0%
70+	41.0%	36.0%
Overall	49.0%	46.0%

Table 2

Canadians’ Interest in Purchasing Private Insurance

Age	Men Option #1	Yes	Men Option #2	Yes	Women Option #1	Yes	Women Option #2	Yes
18-39	\$60	42%	\$83	13%	\$91	33%	\$123	14%
40-49	\$95	33%	\$131	10%	\$112	34%	\$161	8%
50-59	\$206	22%	\$296	8%	\$207	17%	\$301	3%
60-64	\$381	21%	\$521	4%	\$343	9%	\$478	1%
65-69	\$614	19%	\$910	0%	\$518	5%	\$779	0%
70+	\$922	9%	\$1,349	2%	\$746	4%	\$1,148	2%

* Option #1 for each gender represents an insurance option with a lower monthly premium and a higher deductible (\$5,000). Option #2 for each gender represents an insurance option with a higher monthly premium and a lower deductible (\$1,000).

Table 3

Canadians' Interest in Purchasing Insurance Options 1 & 2

Respondents interested in buying insurance option 1	25.4%
Respondents interested in buying insurance option 2	6.2%
Total interested in buying private insurance:	31.7%

Note: Total does not add due to rounding.

Overall, those interested in purchasing private insurance (when presented with actual cost estimates) represent approximately 32% of Canada's population. For comparison, in the United Kingdom and Sweden, approximately 11% and 13% of their respective populations hold private insurance, instead of relying on their public systems.^{10 11}

The UK and Sweden are worth referencing, as they are our international peers when it comes to health care. Both have a government-run universal health care system. Unlike Canada, however, these countries allow patients alternatives to government-run health care.

With 48% of the Canadian public showing some interest in learning more about private insurance, it is also worth noting the potential for Canada to have a market similar to that of our Commonwealth cousin Australia, where 54% of the population have decided to purchase private health insurance which builds upon services offered in the public system.¹²

There is also an interesting generational divide when it comes to purchasing private comprehensive health insurance. While there was significant interest in learning more about, or purchasing private insurance across all demographics, there was more support among those younger than 55. While there could be many reasons for this, it might be worth highlighting the fact that many older Canadians seem more willing to depend on Canada's public health system. On the other hand, it could simply be that older Canadians have not budgeted for such an expense, instead expecting the public system would

be there for them in their retirement years. One should also note that premiums increase significantly with age.

Ultimately, the Leger poll shows that a significant portion of the population would be willing to buy private insurance if the choice was available to them.

Canadians' interest in private insurance makes up nearly half the national population, making it worth potentially billions of dollars. Canadians preferred the pricing option with a lower monthly payment but a higher deductible; more than eight million Canadians would be willing to spend approximately \$1.3 billion per month on this option. When this is combined with the nearly \$0.5 billion per month Canadians are willing to spend on insurance that comes with a higher monthly payment and lower deductible, the potential total value of both insurance premiums options is approximately \$21.6 billion annually. Again, however, this is only a rough estimate based on the value of premiums paid.

This estimate does not include the value of deductibles paid when patients actually need to draw on their insurance. It also does not include the value of direct payment for local health services, which would also likely emerge as an option for patients. Similarly, Canada could become a medical tourism destination once a private health sector emerged in a more robust fashion. For these reasons, the \$21.6 billion figure is likely an underestimate.

Further, this policy brief does not include cases where private companies, non-profits and even government entities decide to purchase private comprehensive health insurance for their employees. Considering many already provide a form of extended insurance to employees, it is fair to assume this could likely add significant potential to this market.

Conversely, this number may include cases where patients switch from models such as VUMI to the model contemplated in this brief. Our estimate also may include cases where patients purchase insurance instead of paying for health care directly in other provinces. For these reasons, the

\$21.6 billion figure would overstate the net increase in private health spending within Canada.

Looking to international peers – in this case jurisdictions that have a public, universally accessible health care system along with private options that can be covered by private insurance – this new market could potentially support hundreds of thousands of jobs.

In order to calculate an estimate on the number of jobs that could be created in Canada by allowing comprehensive private health insurance, SecondStreet.org examined two major health providers in the U.S. that not only offered insurance, but also provided health services through hospitals and clinics: Kaiser Permanente and Highmark Health. These two firms had combined revenues equal to approximately \$185 billion (CAD) in 2023 and employed 279,785 employees.^{13 14 15} If Canada's potential health insurance market of \$21.6 billion employed roughly the same ratio of workers per dollar of revenue, we would see employment of more than 39,000 workers.

However – and most importantly – it would connect Canadians to care instead of sentencing them to months or years on health care waitlists. In 2023 alone, the Fraser Institute estimated that Canadians lost between \$3.5-10.6 billion in wages and potential productive time while languishing on waitlists.¹⁶

Policy Options

The results of this research show there is a clear demand for health services outside of the public system. These findings also align with public opinion research commissioned by SecondStreet.org from October 25-27, 2024 which found that 61% of Canadians support keeping the public system, but at the same time allowing patients to pay directly or through private insurance, for private health services.

If the government allowed private health insurance as an option outside of the public system, it could grow Canada's

health sector by an estimated \$21.6 billion – all private funds.

Such a change would bring Canada into line with every other developed nation currently offering universal health care like Sweden, Australia, Switzerland, the Netherlands, and Germany, just to name a few. In fact, the only government-run health systems that SecondStreet.org is aware of that don't allow for patient choice are those found in Cuba and North Korea.

Again, in universal systems that allows a choice between public and private options, most patients still overwhelmingly choose the public system. As noted, in Sweden, most people still rely on the government-run public system, while only 13% choose to pay out of pocket for private care.¹⁷ However, it is important to note Sweden generally does not face the same types of waitlist backlogs that we see in every province in Canada, so initial demand in Canada could end up being higher if patients had choice.

It is worth considering that this type of choice already exists alongside many other government-run services in Canada. Take for example, K-12 education, where the overwhelming majority of parents chose public schools (91%) in 2020-21, while some parents chose to send their children to private schools (7.5%) or homeschool (1.5%). This has not created a deficit in public education but rather has increased the education choices available to parents, taking pressure off the public system each time a parent chooses to send their child to a non-government provider.

Some argue that allowing more choice for patients would drive doctors, nurses, and other health care professionals to work for private providers, leaving the public system at a deficit. But again, one should reflect on the fact that European countries with better-performing systems all allow patients to choose between public and private options. The claim put forward by opponents of health care choice has not proven to be the case across the European Union. We know it can be done because it has been done.

There are a number of policies in place to curb staff shortages in the United Kingdom's National Health Service (NHS). For

instance, junior doctors must complete foundational training within the NHS before they can specialize or work privately.¹⁸ The UK also has the Health and Care Visa which offers expedited work permits in exchange for working in the NHS.¹⁹ Finally, as most doctors in the United Kingdom are private contractors, they are required to fulfill NHS needs before considering other work.²⁰ The NHS caps how much doctors in the public system can earn in private facilities at 10% of their income.²¹

To focus solely on public versus private health care jobs misses the larger picture, however. First of all, more health care employers mean more health care jobs. If the market for doctors, nurses and health professionals grows, so too do job opportunities for workers. Some positions can be filled with out-of-country labour, but government-run education systems should respond to this growth by churning out more educated workers to fill those roles.

Additionally, giving patients choice may actually help retain medical professionals. It opens new doors for physicians and other health staff to supplement their income outside of the government-run system. This could help Canada retain surgeons in particular, who are sometimes frustrated by government-run facilities limiting their hours.

Conclusion

The interest in comprehensive private health insurance in Canada is significant. At the same time, the current system is failing to meet the needs of too many patients, and long wait times continue to put lives at risk.

With millions of Canadians representing tens of billions of dollars willing to explore private health insurance options, policymakers should consider measured, responsible reforms that enhance health care access while maintaining a strong public system. Nearly every other country that offers government-run health care can do it, and Canada can too.

Moving beyond the status quo would ultimately help patients by putting them first.

About the Author

Harrison Fleming is the Legislative and Policy Director at SecondStreet.org. He has spent more than a decade working in senior positions in government across Canada. His firsthand knowledge of government operations and barriers to change drove him to pursue reform. You will frequently see his columns on health reform, education reform and other topics in newspapers and media outlets across Canada.

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Survey Report

Second Street Private Health Care Insurance OMNI

Date: 18 / December / 2024
Project: 83192-010



Methodology

How



An **online** survey.

Who



1515 Canadians, 18+.

When



Completed between **December 13th and 16th, 2024**, using Leger's online panel.

Other



No margin of error can be associated with a non-probability sample (i.e. a **web** panel in this case). For comparative purposes, though, a probability sample of **1515** respondents would have a margin of error of **±2.5%**, 19 times out of 20.

Leger's online panel

Leger's online panel has more than 400,000 members nationally and has a retention rate of 90%.

Quality control

Stringent quality assurance measures allow Leger to achieve the high-quality standards set by the company. As a result, its methods of data collection and storage outperform the norms set by WAPOR (The World Association for Public Opinion Research). These measures are applied at every stage of the project: from data collection to processing, through to analysis. We aim to answer our clients' needs with honesty, total confidentiality, and integrity.

Leger is the largest Canadian-owned market research and analytics company, with more than 600 employees in eight Canadian and US offices. Leger has been working with prestigious clients since 1986.

Key Findings

48% would be interested in learning more about or perhaps purchasing private health insurance.

- Of those interested in learning more about private health insurance, **53%** would be interested in purchasing a plan with a \$5,000 deductible and a monthly fee based on their age and gender.

Age	Monthly \$	
	Men	Women
18-39	\$60	\$91
40-49	\$95	\$112
50-59	\$206	\$207
60-64	\$381	\$343
65-69	\$614	\$518
70+	\$922	\$746

- Those **not** interested in learning more about private health insurance were offered a second option, with a \$1,000 deductible and higher monthly fee.

- Only **13%** were interested in this plan.
- This suggests the barrier for private health insurance for many is philosophical versus economical.

Age	Monthly \$	
	Men	Women
18-39	\$83	\$123
40-49	\$131	\$161
50-59	\$296	\$301
60-64	\$521	\$478
65-69	\$910	\$779
70+	\$1,349	\$1,148

- Of those who were not interested in either plan, the average amount people were willing to spend monthly was **\$92.20**.
- Additionally, **16%** said they would not be willing to spend anything.

Quick Facts

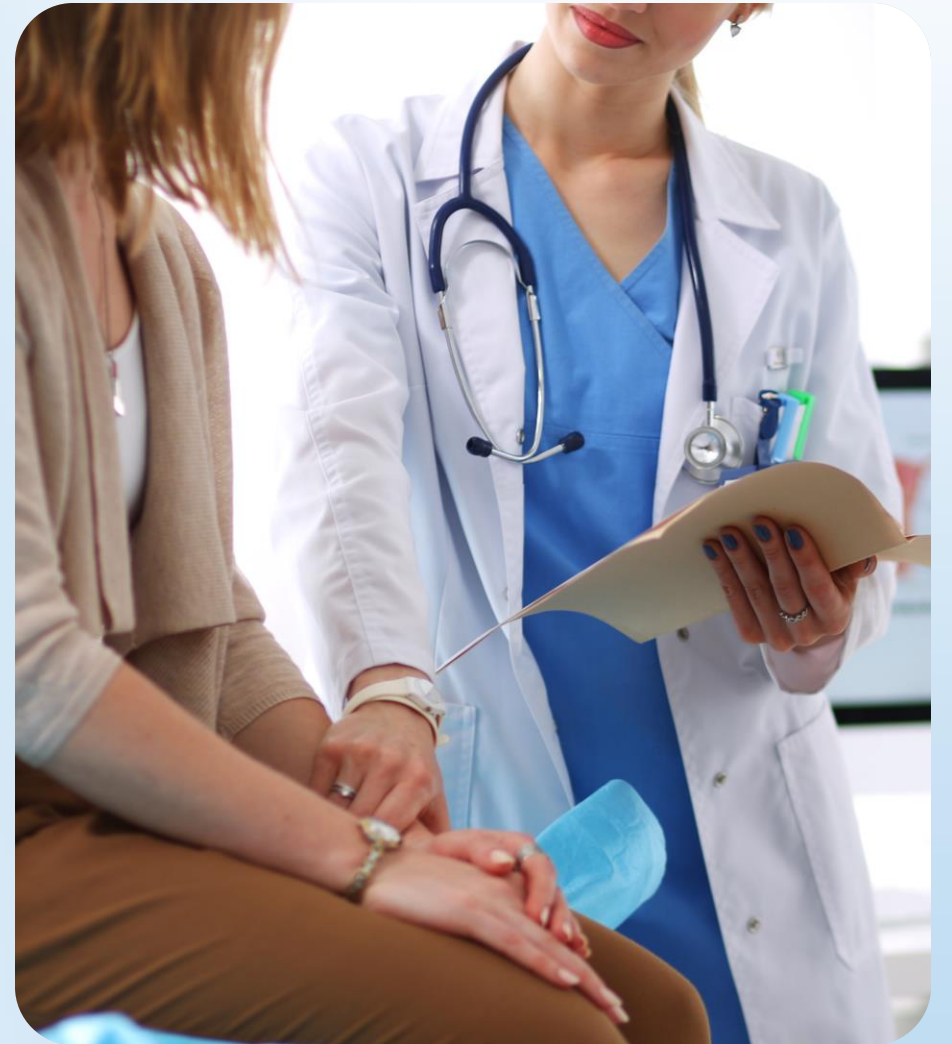
37%

would consider traveling elsewhere and pay for care out of pocket if they had a long wait for a medical procedure.

68%

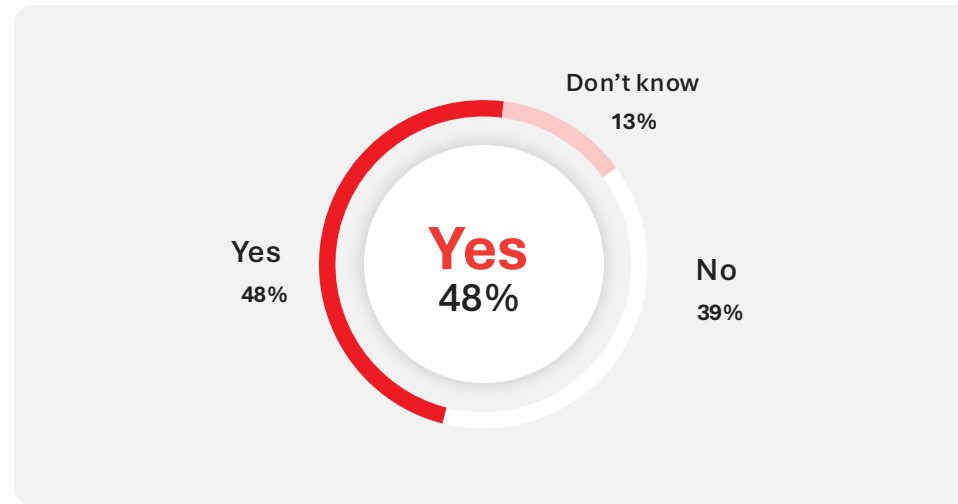
say it would be easier to consider traveling for medical care if their province reimbursed them.

Detailed Results



Nearly half (48%) of Canadians would be interested in learning more about and perhaps purchasing comprehensive private health insurance if Canada kept its public health care system.

However, four in ten (39%) aren't interested and the rest (13%) don't know. Those who are more likely to interested are under 55, higher earners (\$100k+), BIPOC individuals, and residents of the Atlantic provinces (62% vs 47% of Quebecers, 46% of Manitobans/Saskatchewan residents, and 42% of Ontarians).



	Total	Gender		Age			Income			Ethnicity	
		Men	Women	18-34	35-54	55+	<\$60K	\$60K-<\$100K	\$100K+	White	BIPOC
Yes	48%	49%	46%	53%	54%	39%	39%	50%	58%	43%	61%
No	39%	40%	39%	31%	35%	49%	46%	37%	34%	43%	28%
Don't know	13%	10%	16%	17%	12%	12%	15%	13%	8%	14%	10%

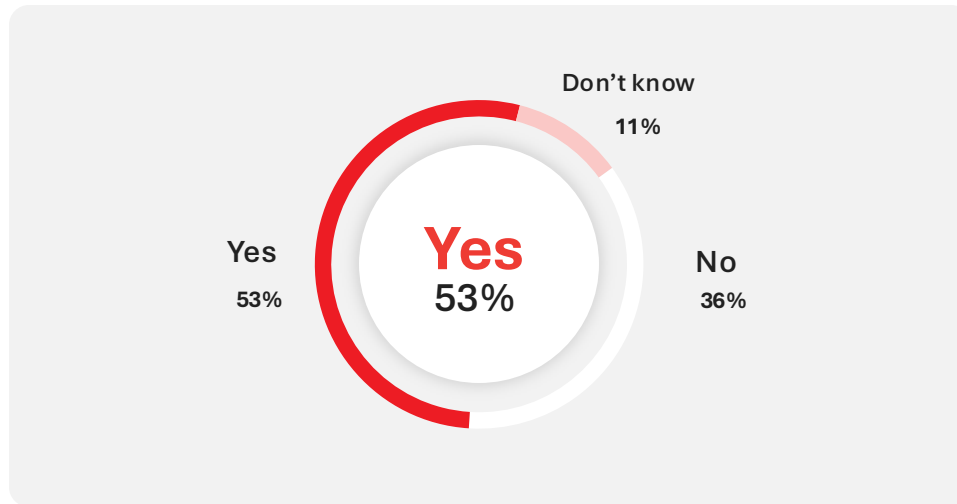
Q1. If Canada kept its public health care system, but allowed you to buy comprehensive private health insurance, would you be interested in learning more about and perhaps purchasing such insurance? This would mean that if you needed a knee operation, cancer treatment, etc., you could wait for the public system to provide it or receive care faster at a private clinic using your private insurance. *Base: All n=1515*

Significantly higher

Of those who would be interested in at least learning more about private health insurance, about half (53%) say they would purchase a plan at the amount offered for their age and gender.

Just over a third (36%) were not interested in the plan offered, and one in ten (11%) don't know if they'd be interested. Those most likely to be interested in this kind of plan are men, those under 50 years years, and BIPOC individuals. Those more likely to say they are not interested in this plan are women, those 70+ years old, and White individuals.

Men 18 to 39 years of age are more likely to be interested than women 18 to 39 years of age (76% vs. 64%).



Age	Monthly \$	
	Men	Women
18-39	\$60	\$91
40-49	\$95	\$112
50-59	\$206	\$207
60-64	\$381	\$343
65-69	\$614	\$518
70+	\$922	\$746

	Total	Gender		Age						Ethnicity	
		Men	Women	18-39	40-49	50-59	60-64	65-69	70+	White	BIPOC
Yes	53%	58%	47%	71%	59%	44%	36%	32%	17%	44%	71%
No	36%	32%	41%	20%	29%	44%	43%	54%	75%	44%	19%
Don't know	11%	10%	12%	9%	12%	12%	20%	14%	8%	12%	10%

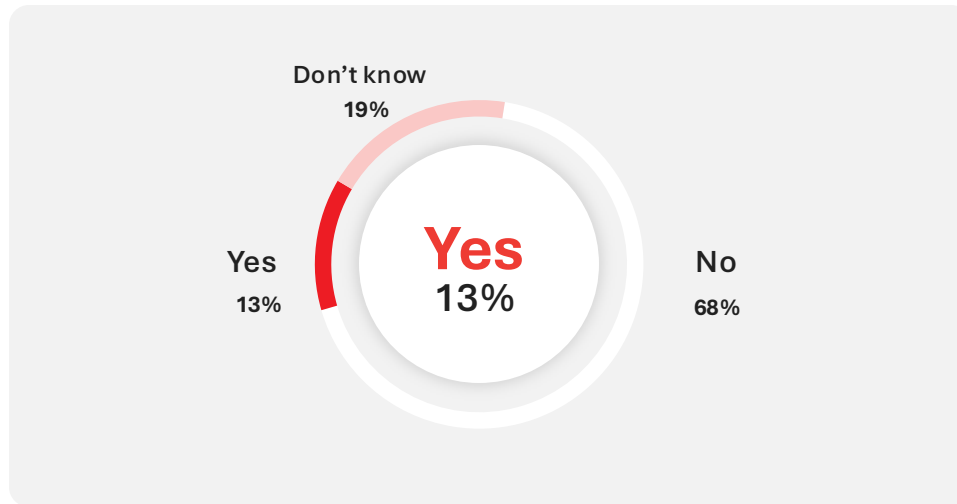
Q2A. If Canada kept its public system, but allowed comprehensive private health insurance, would you be willing to spend [INSERT AMOUNT PER GENDER/AGE] a month to have comprehensive private health insurance? This would mean that if you needed surgery or other health services you could receive care faster through a private provider.

If you ever needed to use this insurance for surgery, it would come with a deductible of \$5,000. *Base: Those who said Yes at Q1 n=742*

Significantly higher
For age groups, significantly higher than at least 3 other groups

Of those who were not interested in the first plan offered, only 13% would be interested in a different plan with a lower deductible but higher monthly cost.

A majority, nearly seven in ten (68%) said they would not be interested in a plan with a lower deductible and higher monthly cost. Those who are 70+ years old and White individuals are especially uninterested. Women and men who are 60+ are more likely to be uninterested in a plan like this versus their counterparts (77% of women 60+ not interested vs 61% of women <60; 89% of men 60+ uninterested vs 53% of men under 60). Those who would be interested in this kind of plan are more likely to be <35 (27% vs 9% of those 35+) and those with kids in the household (23% vs 9% of those without kids).



Age	Monthly \$	
	Men	Women
18-39	\$83	\$123
40-49	\$131	\$161
50-59	\$296	\$301
60-64	\$521	\$478
65-69	\$910	\$779
70+	\$1,349	\$1,148

	Total	Gender		Age						Ethnicity	
		Men	Women	18-39	40-49	50-59	60-64	65-69	70+	White	BIPOC
Yes	13%	14%	12%	26%	15%	12%	6%	<1%	5%	11%	21%
No	68%	68%	67%	50%	51%	74%	68%	87%	88%	71%	53%
Don't know	19%	18%	21%	23%	34%	14%	26%	13%	7%	18%	26%

Q2B. What if the private health insurance option came with a lower deductible but a slightly higher monthly cost?

Specifically, comprehensive private health insurance for a fee of [INSERT AMOUNT PER GENDER/AGE] per month comes with a deductible of \$1000.

Base: Those who said No/Don't know at Q2A n=340

Significantly higher
For age groups, significantly higher than at least 3 other groups

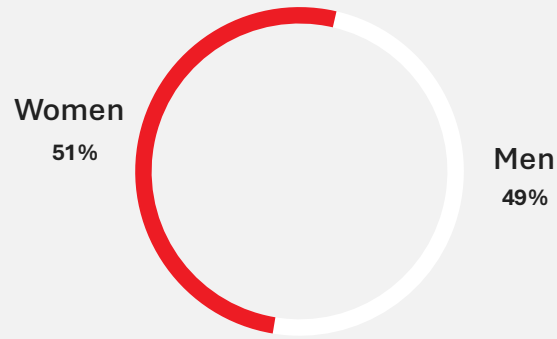
Respondent Profile



Respondent profile

Base n=1515

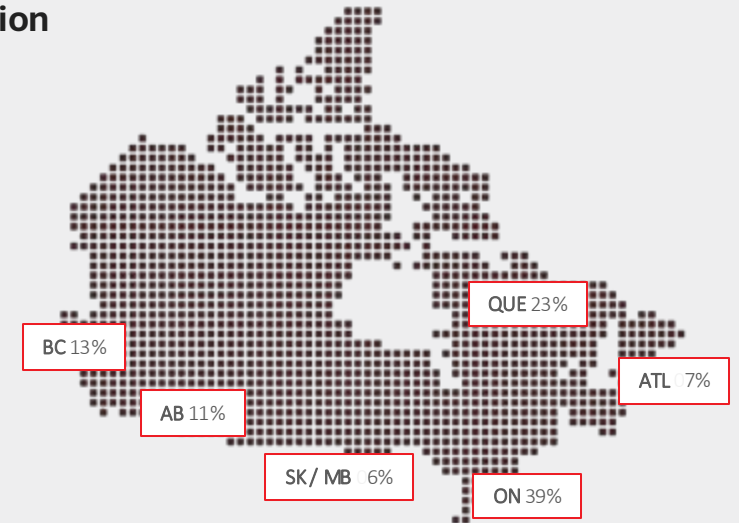
Gender



Age

18-39	36%
40-49	15%
50-59	17%
60-64	8%
65-69	9%
70+	15%

Region



Household Income

<\$60K	39%
\$60K - <\$100K	26%
\$100K+	30%
I don't know / I prefer not to answer	6%

Employment

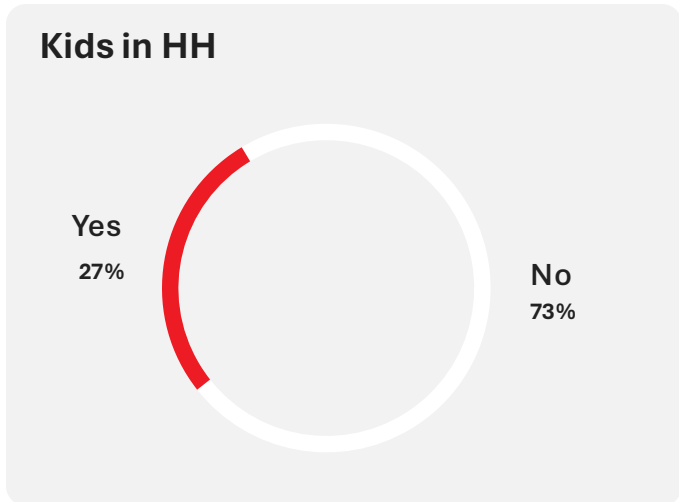
Working full time	42%
Working part time	9%
Self-employed / freelance	6%
Student	7%
Homemaker	3%
Unemployed	5%
Retired	28%
I prefer not to answer	<1%

Area

Urban area	42%
Suburban area	37%
Rural area	19%
I don't know / I prefer not to answer	1%

Respondent profile

Base n=1515



Education

High school or less	30%
College	39%
University	31%
I prefer not to answer	<1%

Ethnicity

White	77%
South Asian	7%
Chinese	4%
Black	3%
Indigenous	3%
Latin American	2%
Middle Eastern / North African	2%
Southeast Asian	2%
Other	2%
I prefer not to answer	1%

Our Team



Our Team

The Central Canada Communications and Public Affairs Team:



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Our services

Leger

Marketing research and polling

Customer Experience (CX)

Strategic and operational customer experience consulting services

Leger Analytics (LEA)

Data modelling and analysis

Leger Opinion (LEO)

Panel management

Leger Communities

Online community management

Leger Digital

Digital strategy and user experience

International Research

Worldwide Independent Network (WIN)

600
employees

185
consultants

8
offices

MONTREAL | QUEBEC |
TORONTO | WINNIPEG
EDMONTON | CALGARY |
VANCOUVER | NEW YORK