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Expanding the Benefits Horizon: Employee Understanding, Enrollment, and Financial Vulnerability

By Bridget Bearden, Ph.D., Jake Spiegel, Kelsey Bradbury, and Diana Crookston

AT A GLANCE

As interest in voluntary benefits continues to grow, understanding how employees perceive, evaluate, and use these offerings is increasingly important. To deepen understanding of the employer-provided voluntary benefits landscape, EBRI partnered with Lincoln Financial to field a three-part research program, Benefits in Focus: Supplemental Health, Dental, and Vision Perspectives. This *Issue Brief* is the third installment in the series and presents findings from the employee survey, which captured the views of 1,130 benefits-eligible workers on benefit availability, understanding, enrollment decisions, experiences with medical expenses, and interest in voluntary options.

Some of the key findings from the survey include:

- **Employee understanding and perceptions of affordability are key constraints to the adoption of voluntary benefits.** Employee self-rated understanding was weakest for many supplemental health products (40 percent had a high understanding of critical illness; 35 percent for hospital indemnity). While awareness was stronger for core benefits, there is still significant room for improvement (54 percent had a high understanding of health insurance; 53 percent for retirement). Employees who chose not to enroll in voluntary benefits were most likely to cite cost as a barrier, but they may not have considered that the incremental cost for voluntary benefits could help them save a large sum in out-of-pocket expenses in case of a medical event.

- **Clear, accessible information delivered in plain language can have a meaningful influence on employees' interest in voluntary benefits.** When respondents were shown a series of brief, plain-language statements describing specific voluntary benefits, interest in enrolling in them rose markedly. While these results do not guarantee enrollment, they do show the impact of effective language in making employees more interested in voluntary benefits.

- **Gaps in access to benefits education, particularly among workers at companies with fewer than 500 employees, may play a role in benefits understanding.** Employees working for organizations with fewer than 500 workers reported lower levels of access to benefits information across multiple communication vehicles — especially through email, websites, smartphone apps/notifications, and social media.

- **Unexpected medical expenses are common, yet financial preparedness is limited.** Nearly half of employees said they or a family member had an accident or injury requiring medical care in the past five years, while 39 percent reported a hospitalization in the past five years. Only 34 percent of employees said they were very prepared for a $500 expense, 28 percent for $1,000, and 21 percent for $5,000. Nearly half (47 percent) reported at least moderate financial difficulty due to medical events; 37 percent had a medical bill sent to collections.

- **Medical costs are a frequent, near-term cash-flow event and a common cause of financial strain.** Twenty-eight percent of employees experienced three or more medical events costing more than $500 in the past five years, and among those with a recent event, 53 percent paid at least $1,000 out of

pocket. Forty-two percent typically paid routine medical expenses in full at the point of care, 42 percent paid after receiving a bill, 27 percent set up payment plans, and 20 percent used credit cards.

- **Decisions to delay medical care are often cost driven and can have lasting consequences**. Fifty-seven percent of employees have delayed their medical care because of cost; 26 percent have delayed within the past year alone. External research shows that delayed care can result in higher treatment costs, increased absences, lower productivity, and conditions becoming more severe.[1]

- **Burnout is common and linked to more frequent medical events, higher medical costs, financial difficulties, and worsened mental health compared with workers without burnout symptoms.** Fifty-six percent of employees had at least one symptom of burnout (defined as "feelings of energy depletion or exhaustion, increased mental distance from one's job, feelings of negativity and cynicism"). Those experiencing burnout symptoms reported experiencing more medical events requiring at least $500 in out-of-pocket costs as well as higher levels of financial difficulties because of these events. Fifty-four percent of employees with burnout symptoms reported "moderate" to "severe" levels of financial difficulty, compared with only 3 percent of employees without burnout symptoms. Burned-out employees were also less likely to rate their mental health highly compared with their colleagues.

- **Many employees enrolled in supplemental health benefits anticipate negative consequences if coverage were unavailable.** More than half (57 percent) of supplemental health enrollees described accident, critical illness, and hospital indemnity insurance as "very important," and many expected they would face difficulties if coverage were not available — including greater worry; reduced productivity; increased absences; and a greater likelihood of needing loans, income advances, or retirement savings to cover unexpected medical expenses.

- **Dental and vision benefits are widely offered and highly used, while fewer employees are aware of access to supplemental health benefits.**[2] Health insurance (85 percent), retirement plans (69 percent), dental (68 percent), vision (59 percent), and life insurance (54 percent) were the most reported employer offerings, and enrollment among those offered was high. Far fewer employees reported supplemental health benefits being available to them in the workplace — 28 percent said they're offered accident insurance, 21 percent were offered critical illness, and 17 percent were offered hospital indemnity. Despite limited availability, reported participation rates among employees who were aware they had access to supplemental health are promising.

- **Some employees obtain core benefits outside the workplace, including life, dental, and vision.** Twenty-five percent of employees reported buying dental insurance, and 21 percent buying vision insurance, outside of work; 32 percent purchased life insurance independently. Smaller shares reported buying supplemental health protections on their own (e.g., 14 percent for accident, 8 percent for hospital indemnity).

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Bridget Bearden is director, member growth and partnerships, at the Employee Benefit Research Institute (EBRI). Jake Spiegel is a senior research associate, health and wealth, at EBRI. Kelsey Bradbury is assistant vice president, market intelligence and thought leadership at Lincoln Financial. Diana Crookston is a specialist, market insight at Lincoln Financial.

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Expanding the Benefits Horizon: Employee Understanding, Enrollment, and Financial Vulnerability

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Background

Interest in voluntary benefits has grown in recent years, and a small but expanding body of research is beginning to document this evolving landscape in the United States. To deepen understanding of the employer-provided voluntary benefits, EBRI and Lincoln Financial have partnered to conduct a three-part research series called Benefits in Focus: Supplemental Health, Dental, and Vision Perspectives. This body of work includes a series of surveys that explore the awareness and utilization of supplemental health, dental, and vision benefits in the American workplace across employer, broker, and employee audiences. The intent is to uncover trends, challenges, and opportunities for strengthening financial protections available to workers at employers of all sizes.

The first report in the series, "Expanding the Benefits Horizon: How Employers View Voluntary Offerings,"[3] summarized the results of the 2025 Benefits in Focus Employer Survey, which represented 408 employers across a range of employee counts and revenue. That research found that voluntary benefits contribute meaningfully to satisfaction, recruiting, retention, performance, and overall employee well-being. The second report in the series, "Expanding the Benefits Horizon: How Brokers View Voluntary Offerings,"[4] summarized the results of the 2025 Benefits in Focus Broker survey, which represented 170 brokers. That research found brokers expect growth in voluntary benefits and see enrollment and communication as the main areas where carriers can better support them and employers.

As the third installment of Benefits in Focus, this *Issue Brief* presents findings from the last survey in the series, focusing specifically on employee perspectives on five voluntary insurance benefits: accident, critical illness, hospital indemnity, dental, and vision.[5]

Methodology

Information for this paper was collected from an online survey conducted in October 2025 with 1,130 benefits-eligible employees. Respondents were required to be ages 20–64, employed either full time (83 percent) or part time (17 percent), and eligible for at least some employer-sponsored benefits. Quotas were set by employer size, age, and gender to better reflect the benefits-eligible work force population. Some questions had fewer than 1,130 responses due to survey skip logic or optional responses.

The average age of respondents was 41 (median age 39), and 52 percent were male. Most respondents were employed full time (83 percent), and 67 percent worked for employers with more than 100 employees. In addition, 76 percent worked for private-sector employers.

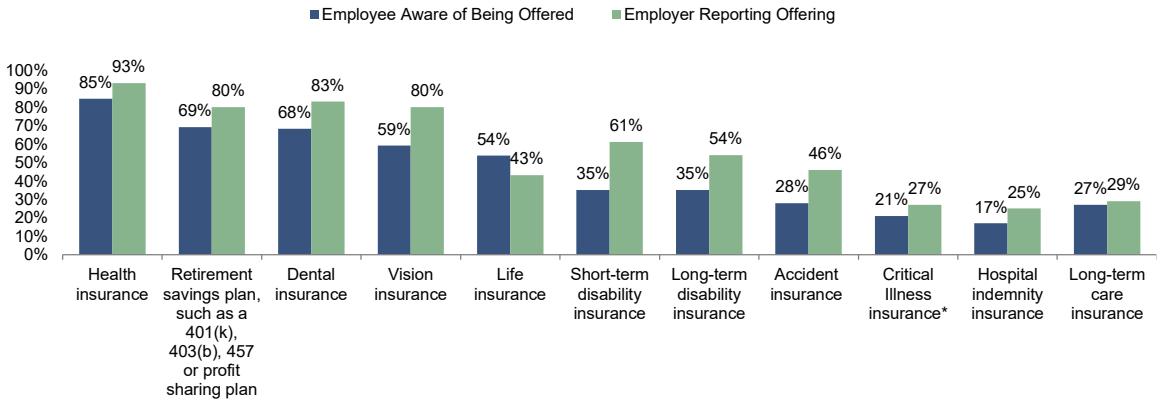
Regarding employment characteristics, 74 percent reported being satisfied with their current job. Just over half (53 percent) reported working 31–40 hours per week, while 28 percent reported working more than 40 hours per week. Forty percent had been with their current employer for five years or less, and 32 percent reported tenure of five to nine years. Nearly seven in 10 respondents (69 percent) said they expect to remain with their employer over the next two years.

Overview of Benefits Access and Enrollment

Consistent with other studies, health insurance (85 percent), retirement savings plans (69 percent), dental insurance (68 percent), and vision insurance (59 percent) are the most common benefits employees reported being offered at work (Figure 1). Notably, for each of these benefits, comparisons of employer-reported data from the 2025 Benefits in Focus Employer Survey vs. employee-reported data show a sizable gap — employees were less likely to say they're

offered each benefit. This may suggest that employees lack awareness of the full suite of benefits they are offered. However, differences between employer- and employee-reported data may also reflect factors such as eligibility, plan design, and how employees understand or recall benefit offerings. The gap in employee-reported awareness of benefits access reaffirms concerns raised by both brokers and employers about the need for improved communication and education. In particular, vision and dental benefits show sizable gaps between employer-reported availability and employee-reported awareness — 21 percentage points for vision insurance and 15 points for dental insurance — and these gaps were somewhat larger among organizations with fewer than 500 employees. Gaps in awareness of access persisted for both short-term and long-term disability insurance as well, with 26 and 19 percentage point differences between employee-reported awareness of offerings and employer-reported offerings, respectively.

Figure 1
Comparison of Employee-Reported Awareness and Employer-Reported Benefit Availability
Selected benefits



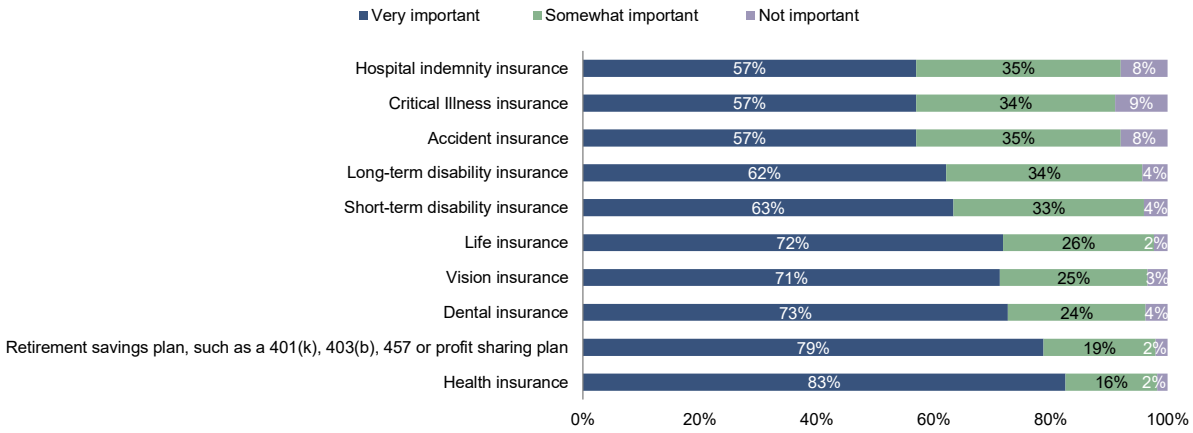
Similarly, employers reported offering a range of supplemental health insurance benefits, though employees tended to be less aware of their availability, as evidenced by the gap between employer reports of offering these benefits and employee reports of access to these benefits. Forty-six percent of employers said they offer accident insurance, but only 28 percent of employees reported having access to this benefit, reflecting a gap of 18 percentage points. Gaps in awareness of access also existed for hospital indemnity insurance and critical illness insurance offerings, even in larger plans where these benefits are more likely to be offered. When participants were aware of access to these benefits, participation rates were strong, with 70 percent enrolling in accident insurance, 53 percent in critical illness insurance, and 61 percent in hospital indemnity insurance.

Enrollment among eligible employees who were aware they're offered core benefits was high, with 89 percent enrolling in health insurance, 87 percent participating in a retirement savings plan, 84 percent enrolling in dental insurance, and 78 percent enrolling in vision insurance. Life insurance also showed relatively strong participation, with 74 percent of those offered the benefit reporting enrollment. Among employees who were aware they were offered disability insurance, participation rates were 60 percent for short-term disability and 56 percent for long-term disability.

More broadly, while fewer employees reported access to other voluntary benefits, enrollment rates among those who were offered these benefits were often relatively high. For example, participation reached 56 percent for health savings accounts and 63 percent for long-term care insurance. Even some benefits offered by relatively few employers — such as emergency savings accounts (59 percent enrollment) and tax preparation support (57 percent enrollment) — showed moderate participation among those who were aware of access to these benefits. These results suggest that when workers know these benefits are available, many choose to enroll.

With respect to the importance of benefits, retirement savings and health insurance were most likely to be seen as critical by enrollees, with roughly eight in 10 saying each was very important, as shown below in Figure 2. Other core benefits were also viewed as highly important among those who participated. For example, more than seven in 10 enrollees said dental and vision coverage are very important benefits.

Figure 2
Importance of Select Benefits Among Those Enrolled

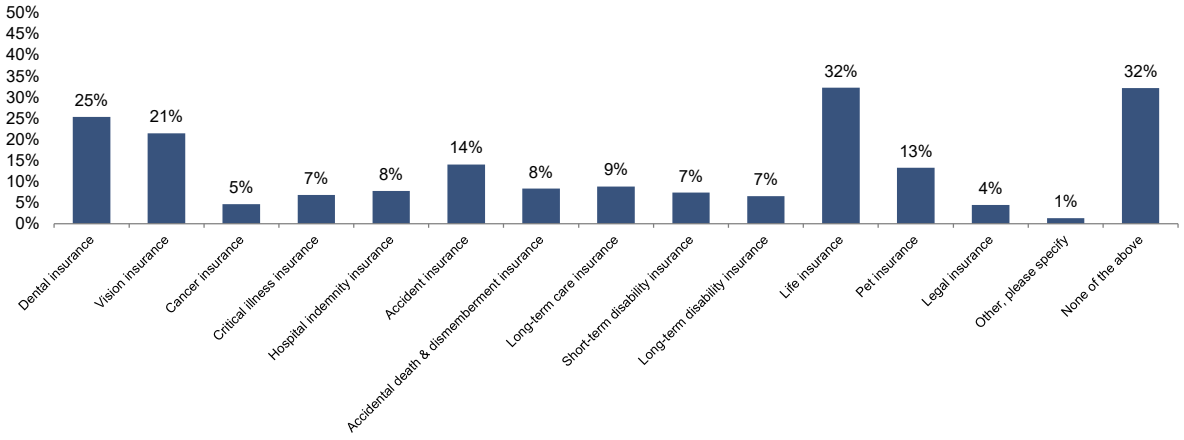


Voluntary benefits were considered important by well over half of employees who were enrolled in them. Among those enrolled in supplemental health insurance products, a majority said the benefits are very important. Fifty-seven percent of enrollees said accident insurance, critical illness insurance, and hospital indemnity insurance are each very important, while roughly one-third said these benefits are somewhat important. Only a small share reported that these benefits are not important. These results suggest that while supplemental health benefits are offered less frequently than core benefits, employees who choose to enroll in them tend to view them as meaningful protection against unexpected medical costs.

Several other voluntary benefits were also viewed as important by many employees who used them. For example, life insurance — one of the more commonly offered employee benefits — had strong participation and perceived value, reflecting its role in providing financial protection for families in the event of a worker's death. Similarly, benefits designed to support financial wellbeing were widely valued among those who were enrolled. Sixty-four percent of those enrolled in an emergency savings account said it was very important, and 55 percent said the same about employee assistance programs (EAPs). Half of employees with access to debt management services said the benefit is very important, while nearly half said the same about tax preparation support (48 percent) and student loan management services (49 percent). Even benefits offered by fewer employers — such as legal insurance (49 percent very important) or auto insurance programs (60 percent very important) — were viewed as important by many employees who participated.

Overall, the findings suggest that while core benefits such as health insurance and retirement plans remain the foundation of employer-sponsored benefit packages, employees who enroll in voluntary benefits often place substantial value on them. Supplemental health protections, financial wellbeing tools, and other voluntary offerings may help employees address specific financial risks or needs that are not fully covered by traditional benefit programs.

Figure 3
Insurance Benefits Purchased Outside of the Employer Channel



When employees are not offered voluntary benefits, some turn to the marketplace to purchase them on their own. Life insurance was the voluntary benefit most commonly purchased outside of the workplace, with 32 percent reporting they bought coverage on their own when it was not available through work, depicted above in Figure 3. Dental and vision insurance were also common independently purchased benefits, with 25 percent and 21 percent, respectively, purchasing from the marketplace if not offered by their employer (Figure 3).

Some employees also obtained supplemental health protections independently. Fourteen percent reported purchasing accident insurance on their own, while 8 percent purchased hospital indemnity insurance, and another 8 percent purchased accidental death and dismemberment coverage (Figure 3). Smaller shares reported purchasing critical illness insurance (7 percent) or cancer insurance (5 percent) independently.

A modest share reported purchasing other forms of protection outside of the workplace, shown above in Figure 3, including long-term care insurance (9 percent), short-term disability insurance (7 percent), and long-term disability insurance (7 percent). In addition, 13 percent reported purchasing pet insurance on their own, while relatively few reported purchasing legal insurance (4 percent) or other types of coverage.

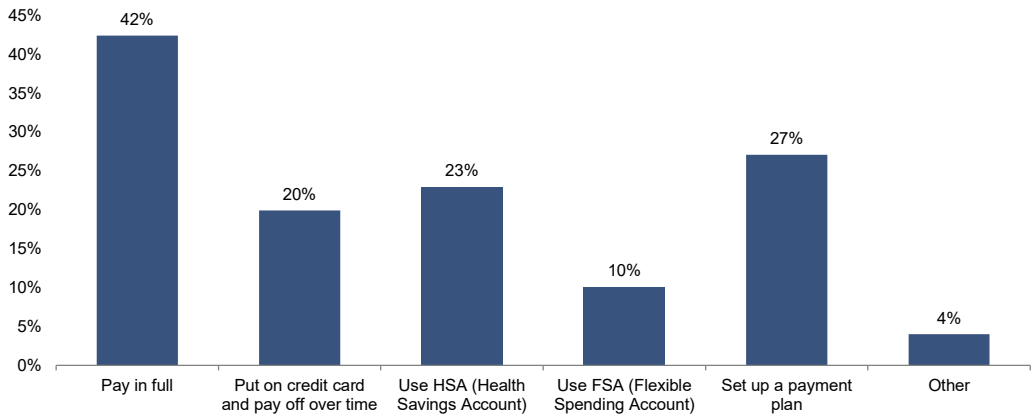
At the same time, about one-third of employees (32 percent) said they would not purchase any of these benefits independently if they were not offered through their employer (Figure 3). Overall, the results suggest that while some workers obtain benefits such as life, dental, vision, and certain supplemental health coverages outside of the workplace, employer-sponsored benefit offerings remain an important channel for access to many types of coverage.

Medical Spending and Health Events: A Common Financial Reality

Medical spending was routine, recurring, and immediate: 42 percent of respondents said they typically pay routine medical expenses in full, as illustrated below in Figure 4. However, the remaining 58 percent relied on other methods to manage these costs. About one-quarter (27 percent) reported setting up a payment plan, and 20 percent said they put expenses on a credit card and pay the balance over time.

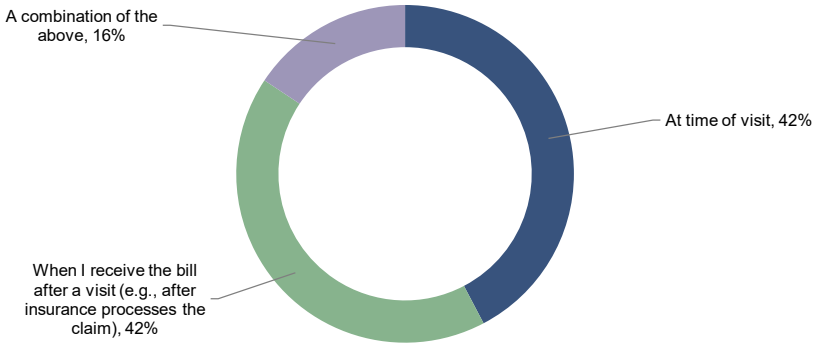
Tax-advantaged health accounts were also commonly used to cover medial costs. Nearly one-quarter (23 percent) said they typically use a health savings account (HSA) to pay routine medical expenses, while 10 percent reported using a flexible spending account (FSA) (Figure 4). A small share (4 percent) reported using other methods. The results suggest that while some individuals pay routine medical expenses directly, a majority rely on financing mechanisms or dedicated health accounts to manage ongoing health care costs.

Figure 4
How do you typically pay for your routine medical expenses?



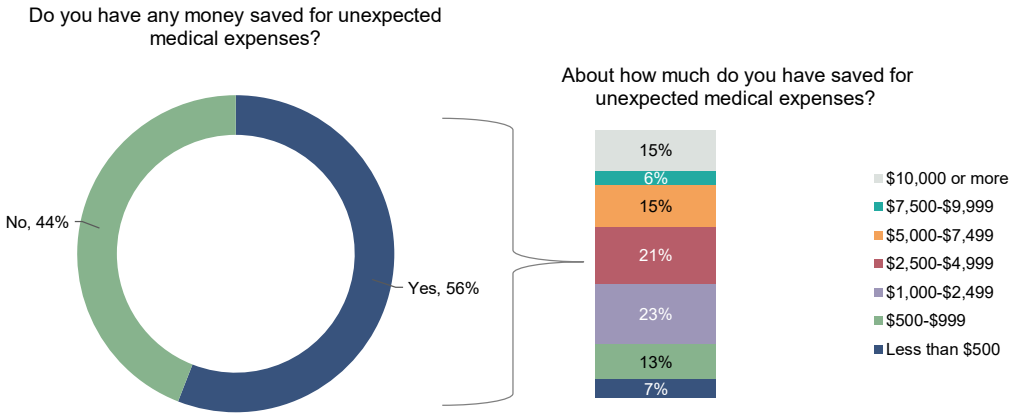
Forty-two percent of respondents said they pay routine medical expenses at the time of the visit, and another 42 percent reported paying after receiving the bill, once insurance has processed the claim, showing that medical costs are a regular cash-flow event (Figure 5). An additional 16 percent said they use a combination of both approaches, sometimes paying at the point of care and other times after receiving a bill. The data indicate that routine medical expenses are commonly paid either immediately or shortly after care is received, requiring individuals to manage health care costs within their near-term household cash flow.

Figure 5
When do you typically pay for your routine medical expenses?



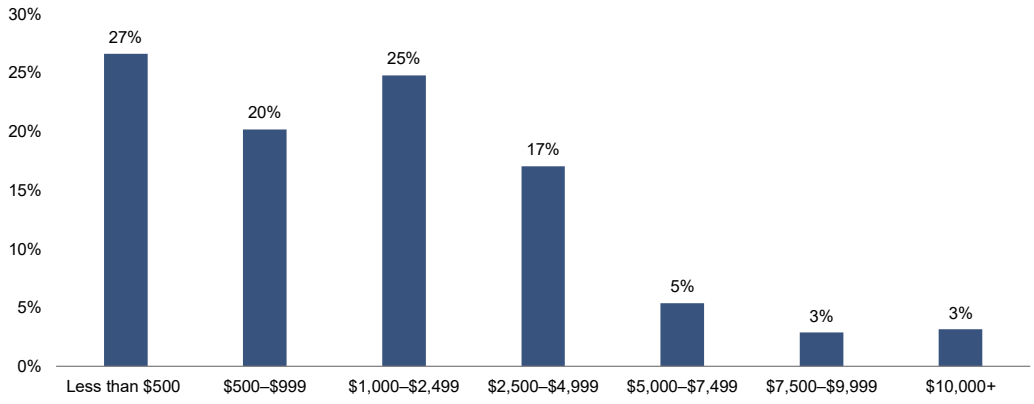
Only 56 percent of employees said they have money set aside for unexpected medical expenses. Among these emergency savers, the amount set aside for unexpected medical expenses varied widely. Forty-four percent of employees reported having nothing saved for unexpected medical expenses. About one in five had less than $1,000 saved (20 percent), including 7 percent with less than $500. Another 44 percent reported having between $1,000 and $4,999 saved, while 21 percent had $5,000 or more available for unexpected medical costs, including 15 percent with $10,000 or more, seen below in Figure 6.

Figure 6
Money Saved for Unexpected Medical Expenses



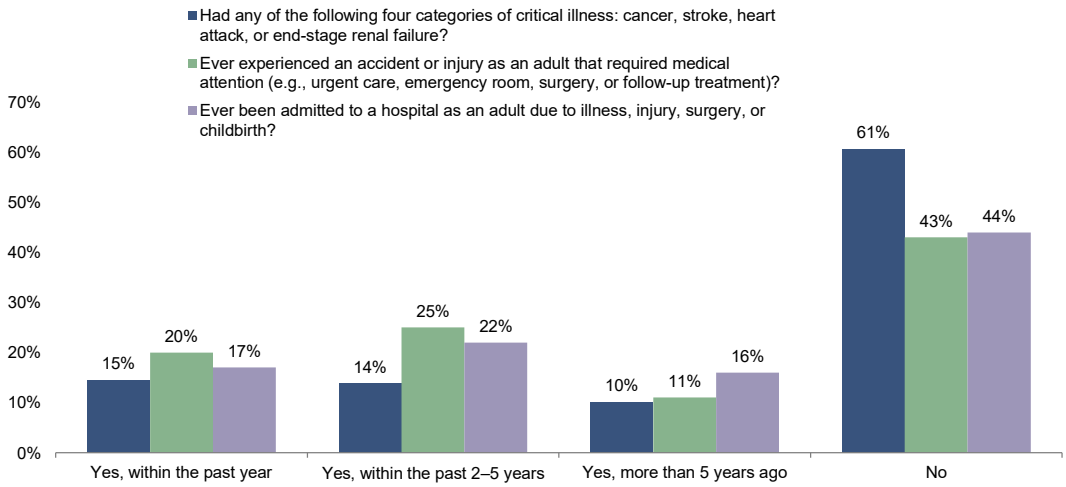
Twenty-eight percent of employees had experienced three or more medical events costing over $500 in the last five years. Reported out-of-pocket costs for the most recent medical event also varied, though many faced sizable expenses, as depicted below in Figure 7. While 27 percent paid less than $500, 53 percent reported costs of $1,000 or more. Twenty-five percent paid $1,000–$2,499, and 17 percent paid $2,500–$4,999. Smaller shares reported even larger expenses, including around one in 10 with a recent medical event who paid over $5,000 (5 percent paid $5,000–$7,499; 6 percent paid $7,500 or more). Together, these findings indicate that many individuals face medical expenses of $1,000 or more, while savings set aside for unexpected medical costs are often limited. Among those with savings for unexpected medical expenses, 20 percent did not have the $1,000 or more for potential medical expenses. The 44 percent of employees without any savings for sudden medical expenses may be financially vulnerable if they experienced an unforeseen medical event.

Figure 7
What was the total out-of-pocket cost for the most recent medical event?



This potential financial exposure is important in the context of how often unexpected medical events occur. Significant health events were common across families and life stages, with many respondents reporting experiences with serious illness, hospitalization, or injury within the past several years. Forty percent of respondents reported that they or an immediate family member experienced a serious illness, chronic condition, injury, or disability requiring extensive medical care, including 31 percent within the past five years (Figure 7). Similarly, 38 percent said they or an immediate family member had experienced a critical illness — such as cancer, stroke, heart attack, or end-stage renal failure — including 29 percent within the past five years.

Figure 8
Have you, or an immediate family member...

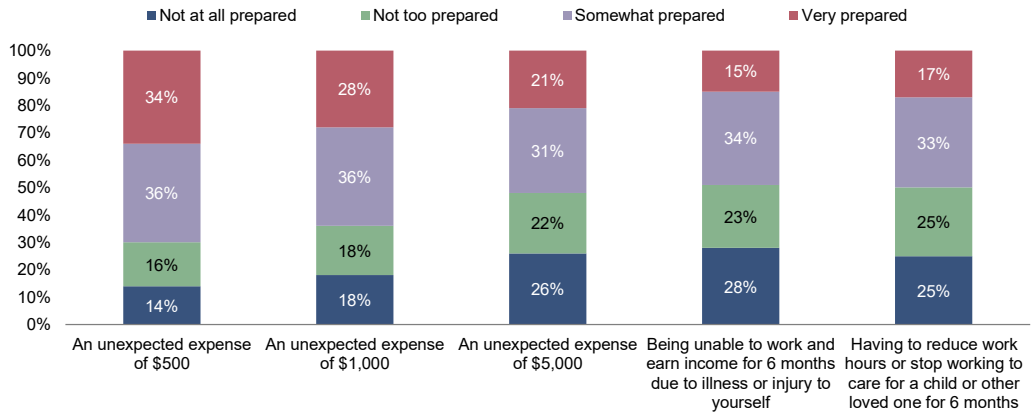


Accidents and injuries requiring medical attention are widespread. Fifty-six percent said they or an immediate family member had experienced an accident or injury requiring medical care, including 45 percent within the past five years. More serious hospitalizations were also relatively common. More than half (55 percent) reported that they or an immediate family member had been admitted to a hospital as an adult, with 39 percent reporting an admission within the past five years.

Health Cost Resilience, Financial Strain, and Care Trade-Offs

As discussed above, many households had limited financial capacity to absorb medical shocks, with only about half of workers reporting any savings for unexpected medical expenses, even though such expenses were relatively common. Preparedness fell as the size of the shock increased, highlighted below in Figure 9. Thirty-four percent said they were very prepared for an unexpected $500 expense; 28 percent were very prepared for a $1,000 expense, with about 36 percent being somewhat prepared for each amount. For a $5,000 expense, 21 percent said they were very prepared, 31 percent somewhat prepared, 22 percent not too prepared, and 26 percent not prepared at all. Workers employed by companies with fewer than 500 employees were more likely to report financial stressors compared with workers employed by companies with 500 or more employees. These workers at companies with fewer than 500 employees were more likely to say they were "not at all prepared" for the following: an unexpected expense of $5,000 (29 percent vs. 23 percent), being unable to work for six months (31 percent vs. 25 percent), and having to reduce work hours/stop working for six months (28 percent vs. 23 percent.)

Figure 9
How prepared are you to handle the following financial events?



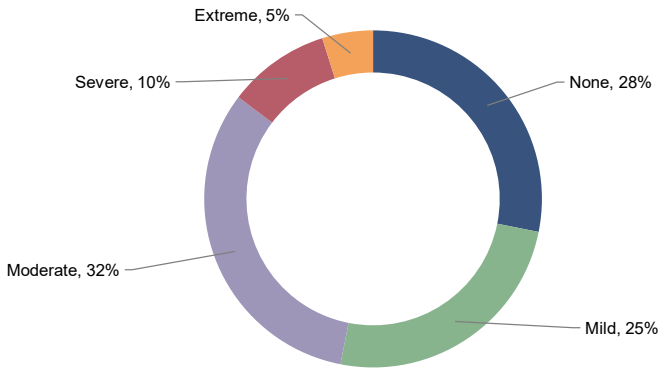
Longer-term income and caregiving risks showed even lower readiness: 15 percent said they were very prepared to be unable to work for six months due to illness or injury (28 percent not at all prepared), and 17 percent were very prepared to reduce or stop work to care for a child or other loved one for six months (25 percent not at all prepared).

Medical events that produce meaningful out-of-pocket costs were common and often recurred, and a substantial minority of households experienced material financial harm as a result (Figure 10). Seventy-three percent had experienced at least one medical event costing more than $500 in the past five years; nearly half (47 percent) had experienced two or more such events, and 28 percent had experienced three or more.

Financial consequences were frequent and could be severe. Nearly one-third (32 percent) said the expenses caused a moderate financial impact that required some adjustments to spending or saving, 10 percent reported severe impacts that required major lifestyle or financial changes, and 5 percent reported extreme impacts — making them unable to meet essential expenses or having to take on debt. Taken together, 47 percent experienced at least moderate financial difficulty because of these medical expenses.

The combination of recurrent medical events and the sizable share reporting moderate or worse financial difficulty highlights how episodic health care costs can translate into lasting household financial strain and underscores the need for benefits and policies that reduce out-of-pocket exposure. Nearly half (45 percent) said they are still experiencing financial difficulty from past medical events.

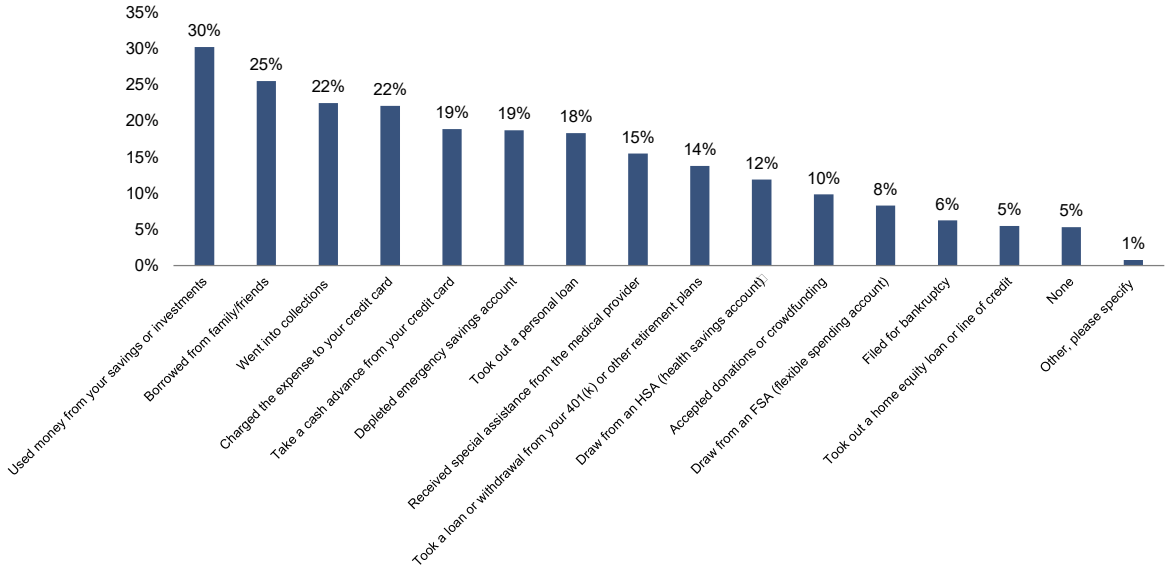
Figure 10
What level of financial difficulty did you experience due to the expenses associated with your medical event(s)?



Note: The ratings of financial difficulty were defined as follows: None- No financial impact, Mild- Minor impact; easily managed without changing spending or savings, Moderate- Noticeable impact; required some adjustments to spending and/or saving, Severe- Significant impact; required major lifestyle or financial changes, and Extreme- Unable to meet essential expenses or took on debt.

A substantial share (37 percent) reported that they had had a medical bill sent to collections, as shown in Figure 11. Affordability and insurance shortfalls were the primary drivers — 56 percent said the bill was higher than they could pay, 26 percent said insurance paid only part of the bill, and 19 percent cited an insurance denial. Operational problems, payment access, and dispute frictions also played a role, as reported by many employees who went into collections. While the reasons often overlapped, affordability and coverage gaps emerged as the dominant factors.

Figure 11
What financial action did you take because of your medical issues?



Among the 47 percent who experienced moderate, severe, or extreme financial difficulty from medical events, 95 percent reported taking at least one financial action. Households most often drew down liquid assets, tax-advantaged accounts, and retirement savings — using savings or investments (30 percent), depleting emergency savings (19 percent), taking a loan or withdrawal from a 401(k) or other retirement plan (14 percent), drawing from an HSA (12 percent), or drawing from an FSA (8 percent). Informal borrowing and external support followed: 25 percent borrowed from family or friends, 15 percent received special assistance from the medical provider, and 10 percent accepted donations or used crowdfunding. Use of credit and short-term borrowing was common as well, with 22 percent charging expenses to a credit card, 19 percent taking a cash advance, and 18 percent taking out a personal loan. Substantial shares also faced downstream distress: 22 percent went into collections and 6 percent filed for bankruptcy, while 5 percent tapped home equity.

Delaying care raises the risk of complications, disability, advanced disease progression, longer hospital stays, poorer quality of life, and heightened anxiety and depression.[6] This translates to higher health care costs, more absences, lower productivity, and worsening overall employee health. For workers with serious illnesses, delaying care can adversely affect their health and increase downstream costs.

More than half of workers reported postponing care because of cost — 57 percent said they had delayed or avoided medical care, 54 percent dental care, and 42 percent vision care (Figures 12 and 13). Looking across organization size, postponing care remained a consistent theme; there was no significant difference in workers' likelihood to postpone medical, dental, or eye care, regardless of whether they work for a smaller or larger organization. Medical care delays were often recent, with 26 percent having delayed care within the past year and another 20 percent having done so within the past two to five years, while 10 percent reported delays more than five years ago and 42 percent reported never having delayed care. Dental delays followed a similar pattern (26 percent within the past year, 17 percent in the past two to five years), and vision care was somewhat less affected, though still notable (19 percent within the past

year and 16 percent in the past two to five years). These results suggest a substantial and recent pattern of unmet care associated with cost, with potential negative implications for health outcomes, health spending, and productivity if treatable conditions go unaddressed. Educating employees about voluntary benefits can enhance their awareness of the additional layer of financial security these offerings provide in situations like these.

Figure 12
Have you ever delayed or avoided seeking medical care or treatment because you were concerned about the cost?

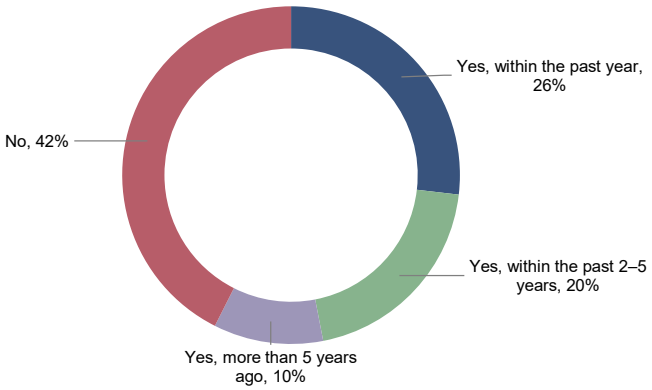
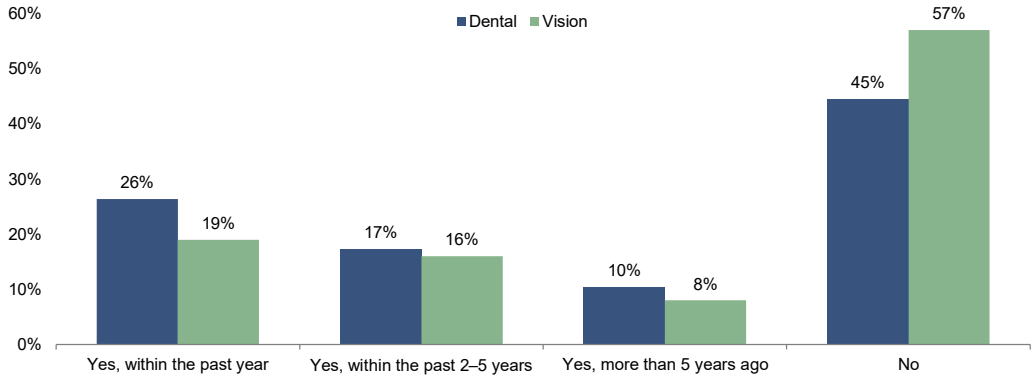


Figure 13
Have you ever delayed or avoided seeking dental or vision care or treatment because you were concerned about the cost?

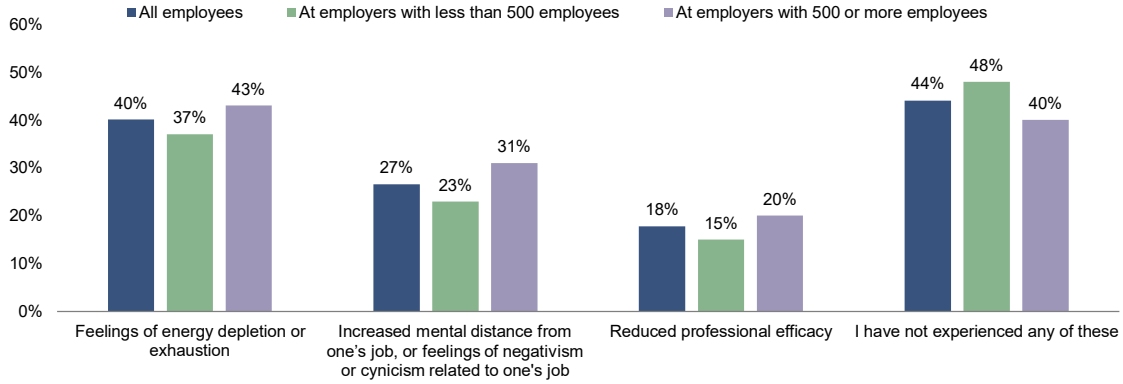


Burnout and Financial Strain From Medical Costs

One of the correlations examined in the study was the relationship between burnout and medical-related financial stress. The World Health Organization (WHO) has included burnout in the International Classification of Diseases (ICD-11), formally recognizing it as an occupational phenomenon caused by chronic workplace stress. The WHO defines burnout as a syndrome characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy.[7]

More than half (56 percent) of employees reported experiencing at least one symptom of burnout in the past 12 months, demonstrated in Figure 14. Workers at larger companies — those with 500 or more employees — were slightly more likely to report having at least one burnout symptom compared with workers at smaller companies with fewer than 500 workers (60 percent vs. 52 percent). The most common symptom was energy depletion or exhaustion (40 percent), followed by increased mental distance from the job or feelings of negativism or cynicism (27 percent) and reduced professional efficacy (18 percent); 44 percent reported none of these.

Figure 14
In the last 12 months at your work, have you experienced any of the following?



Burnout was concentrated among employees who had experienced medical cost shocks: those who reported one or more medical events costing more than $500 in the past five years; whose medical bills had gone to collections; or who experienced moderate, severe, or extreme financial difficulty from medical events were substantially more likely to report at least one symptom of burnout. For example, roughly half of employees with burnout said a medical bill had gone to collections, compared with about one-fifth of employees without burnout, and material financial hardship was far more common among the burned-out group. Financial preparedness and savings also differed: about 61 percent of employees with no medical savings reported at least one symptom of burnout, vs. 52 percent of those with any savings, and 48 percent of employees with medical savings reported no burnout, compared with 39 percent of those without. These patterns are consistent with an association between financial strain related to health care and employee exhaustion and disengagement and may indicate a role for financial and health supports.

Similarly, employees with one or more burnout symptoms were more likely to have delayed their medical care. Eighty-one percent of employees with burnout symptoms postponed their medical care, compared with 19 percent of employees without any burnout symptoms. Employees with burnout symptoms also disclosed that they were likely to have higher out-of-pocket costs for a recent medical event. For example, 57 percent of employees with burnout symptoms had an out-of-pocket expense of at least $1,000 for their recent medical event. In contrast, only 9 percent of employees without burnout symptoms had to pay at least $1,000 out of pocket. Unsurprisingly, workers with burnout symptoms experienced more financial difficulties because of their recent medical events. Fifty-four percent of employees with burnout symptoms had "moderate" to "extreme" levels of financial difficulty, compared with only 3 percent of employees without burnout symptoms. Interestingly, employees without burnout symptoms were also more likely to say their benefits are "easy to understand" and "affordable."

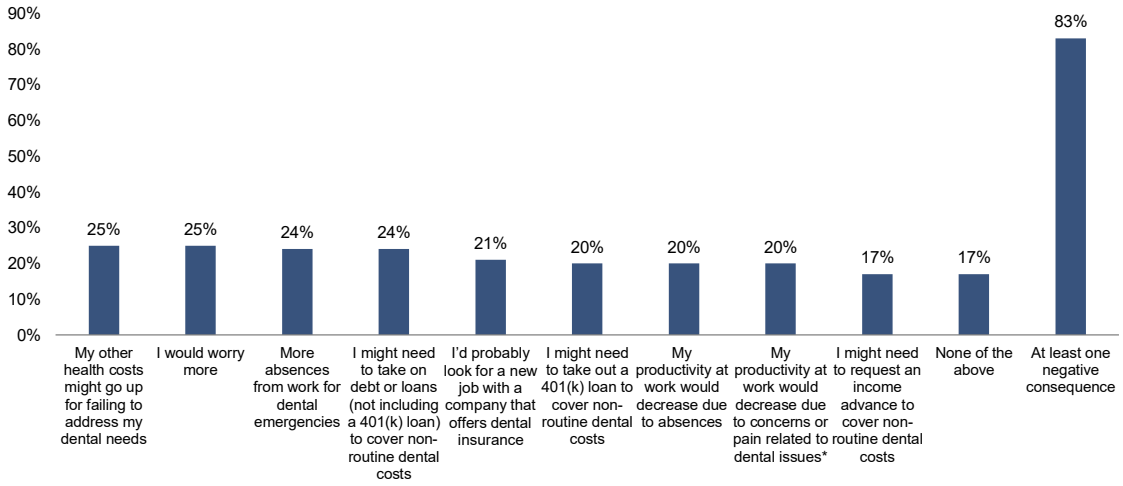
In addition, employees who reported burnout were substantially less likely to rate their mental health highly: only 12 percent of the burned-out group reported "10 — excellent," compared with 26 percent of those without burnout, and about 70 percent of employees with burnout rated their mental health 7–10 vs. roughly 87 percent of employees without burnout. Conversely, roughly 30 percent of the burned-out group rated their mental health in the lower half of the scale (1–6), compared with about 13 percent of those without burnout. These findings indicate that burnout coincided with poorer self-rated mental health, underscoring the potential value of workplace mental health supports.

Mental health benefits could help address work force strain, but they are not universally available to employees: only 39 percent of workers reported access to an EAP and 24 percent to a mental well-being program. When offered, these supports were used at meaningful rates — about two-thirds of those with access to an EAP and roughly four in 10 of those offered mental well-being supports reported participation — and financial well-being programs showed similar demand, despite limited availability (16 percent reported access, with more than half of those enrolled).

Perceived Protections From Voluntary Benefits

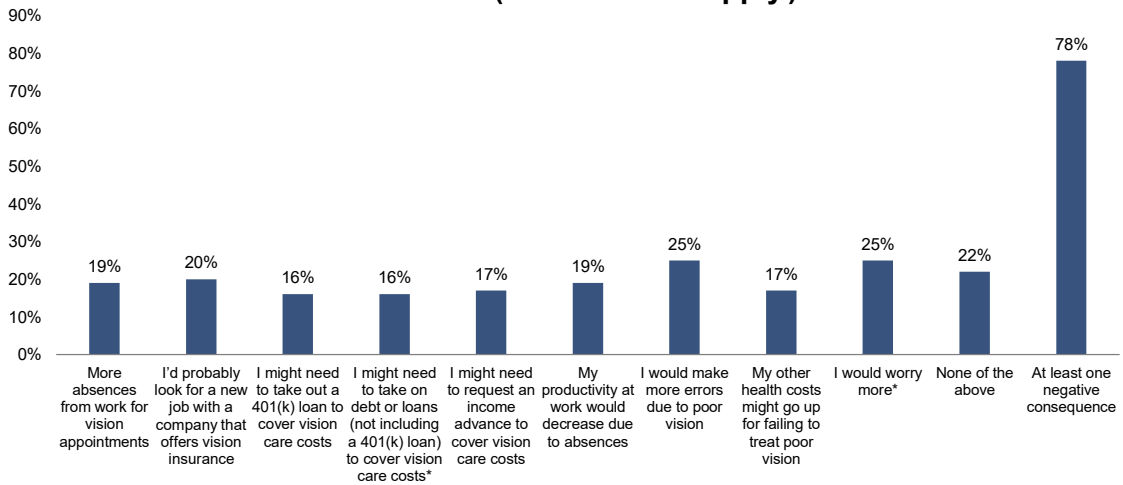
Employees were asked, in a select-all format, what impact a lack of insurance would have on their workplace lives. Overall, 83 percent of employees currently enrolled in dental insurance expected at least one negative consequence, while 55 percent reported two or more consequences. At the same time, employees reported a relatively even distribution of concerns, with no single consequence cited by more than one-quarter of respondents (Figure 15). Notably, 17 percent of employees enrolled in dental insurance said they would experience none of the listed consequences, compared with 11 percent of employers offering dental coverage.

Figure 15
Which of the following would you experience without dental insurance? (Select all that apply.)



A similar pattern emerged for vision insurance (Figure 16). Seventy-eight percent of employees currently enrolled in vision insurance expected at least one negative consequence that would impact their relationship with work, while 45 percent reported two or more consequences. Employees enrolled in vision insurance most commonly anticipated worrying more or making more errors due to poor vision, though these shares remained well below employer perceptions. Additionally, 22 percent of employees enrolled in vision insurance said they would experience none of the listed consequences, compared with 17 percent of employers offering vision coverage.

Figure 16
Which of the following would you experience without vision insurance? (Select all that apply.)



Among employees enrolled in accident, critical illness, and hospital indemnity insurance, many anticipated meaningful financial and workplace consequences if coverage were unavailable, including greater worry, reduced productivity, increased absences, and a greater likelihood of needing loans, income advances, or retirement savings to cover unexpected medical expenses. Altogether, employees viewed supplemental health products as offering financial protection and workplace stability during unexpected medical events, though results should be interpreted cautiously given the relatively small sample sizes for employees enrolled in these products.

Voluntary Benefits Education Opportunities

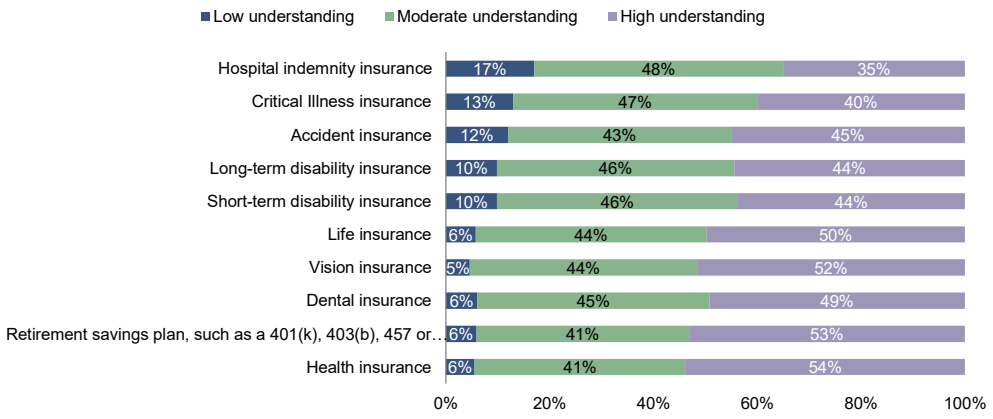
Employees recognized room for improvement in their understanding of benefits. Employees reported the strongest understanding of health insurance and retirement savings plans, yet only around half had a high level of understanding of these products (Figure 17). The share of employees who had a high level of understanding of vision, dental, and life insurance benefits fell just short of health insurance and retirement savings plans.

Understanding was even weaker for many voluntary and supplemental health insurance offerings: Only 40 percent reported high understanding of critical illness insurance, and 35 percent reported high understanding of hospital indemnity insurance, while flexible spending accounts, EAPs, pet insurance, and legal insurance also showed lower "high understanding" shares (about 37–42 percent). Low-understanding responses were more common for several supplemental health benefits (for example, 17 percent for hospital indemnity). These low levels of understanding highlight a greater need for employee education — particularly for supplemental health offerings.

These employee patterns echoed findings from the employer and broker surveys: Knowledge and education gaps are prevalent. Employers expressed that they have room to improve their communications to employees. Brokers also noted understanding gaps, stating that they believe the majority of employers and employees have room to improve their benefits knowledge.

Employers and brokers expressed greater confidence in the value and understanding of core benefits, while both groups showed weaker understanding and greater uncertainty about supplemental health offerings. The employer survey showed strong employer conviction about the value of dental and vision and relatively high self-rated understanding of core benefits, and brokers reported that employers tended to understand traditional benefits much better than supplemental health products — only a minority of brokers felt employers understood supplemental offerings "very well." The lower levels of benefits understanding for both employees and employers, particularly for supplemental health offerings, highlight an opportunity to improve education efforts. One approach to enhancing education is developing plain-language descriptions of voluntary benefits.

Figure 17
How well do you feel you understand the following (select) benefits that your employer offers to you?
Among those enrolled

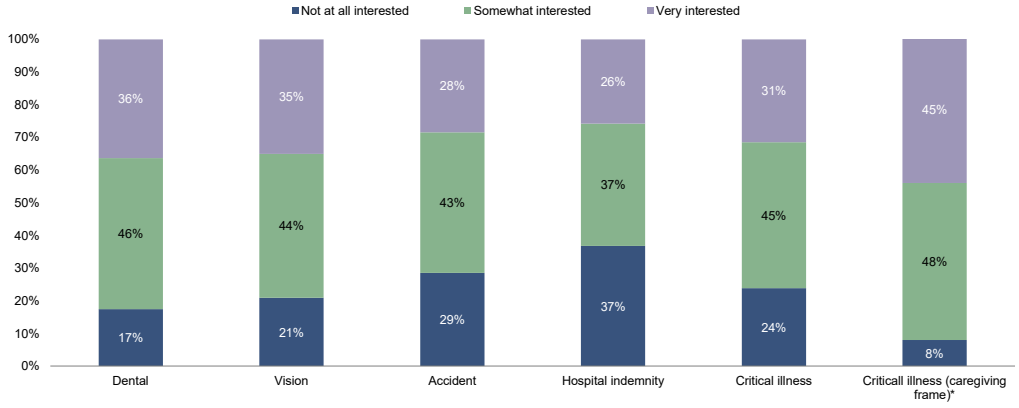


After reading easy-to-understand statements about what each of the voluntary benefits covers and the financial assistance it provides, employees expressed an interest in enrolling. After reviewing each description, employees showed high levels of interest in the benefits, demonstrated in Figure 18:

- 83 percent were somewhat or very interested in enrolling after reading the dental insurance statement.[8]
- 79 percent were somewhat or very interested in enrolling after reading the vision insurance statement.[9]
- 71 percent were somewhat or very interested in enrolling after reading the accident insurance statement.[10]
- 63 percent were somewhat or very interested in enrolling after reading the hospital indemnity insurance statement.[11]
- 76 percent were somewhat or very interested in enrolling after reading the critical illness insurance statement.[12]
- 74 percent were somewhat or very interested in enrolling after reading the critical illness insurance statement reframed as a caregiving benefit.[13]

For most of these statements, workers employed by companies with 500 or more employees were more likely to say they were "very interested" in enrolling after reading the description. Employees working for organizations with 500 or more employees were twice as likely to report being "very interested" in enrolling after reading the dental insurance statement compared with employees working at smaller organizations (47 percent vs. 26 percent). Similar patterns arose for other benefits as well — employees working for larger organizations were more likely to be interested in enrolling after reading the statements (42 percent vs. 28 percent for vision, 36 percent vs. 27 percent for critical illness, and 32 percent vs. 25 percent for accident; no notable differences were found for hospital indemnity).

Figure 18
Level of Interest After Reading Statement About the Voluntary Benefit



Respondents among those not currently enrolled in the benefit.
*Asked among all, five-point scale converted to three-point scale

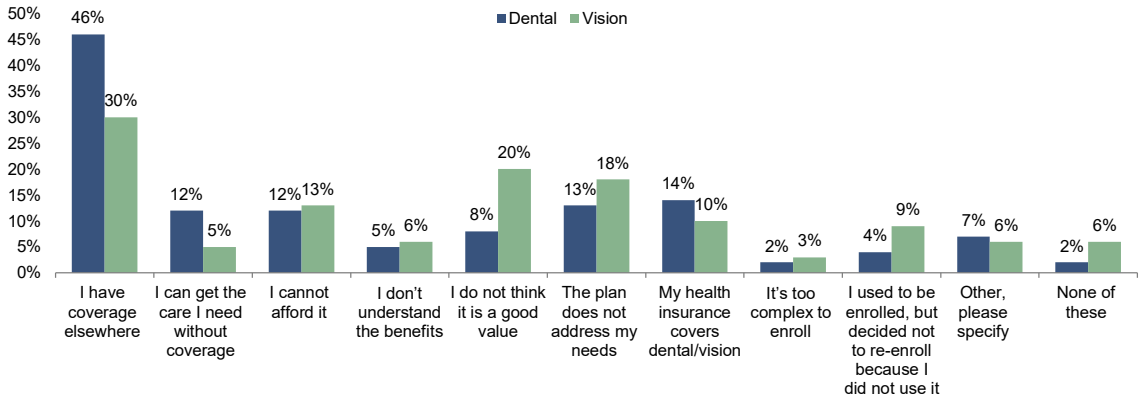
Importantly, while the expressed interest was positive, it does not guarantee enrollment. Affordability, perceived coverage sufficiency, education gaps, and administrative frictions remain important constraints.

Pathways and Barriers to Enrollment

Approximately 10–12 percent of employees surveyed did not enroll in dental or vision benefits when offered. When these employees, were asked why they chose not to enroll, the most common reasons were a perception that they already had adequate coverage or could get care outside the employer plan (Figure 19). Nearly half of non-enrollees for dental (46 percent) and about three in 10 for vision (30 percent) said they "have coverage elsewhere." Related responses reinforced this pattern: 12 percent of dental non-enrollees and 5 percent of vision non-enrollees said they could get the care they need without coverage, while 14 percent (dental) and 10 percent (vision) said their health

insurance already covered dental or vision care. Affordability and perceived value were the next set of barriers; roughly one in eight non-enrollees said they could not afford dental (12 percent) or vision (13 percent).

Figure 19
Barriers to Dental/Vision Plan Enrollment



Although employees who were offered supplemental health but were not enrolled represented only a small segment of the overall sample, the primary barrier cited was a belief that existing coverage was sufficient, followed by concerns about affordability. And when employees who were offered but not enrolled in dental, vision, or supplemental health benefits were asked, "What would make you consider enrolling in the <specific> insurance offered by your employer?," the most cited response for each benefit was, "If I could afford it." However, employees may not have considered that the incremental cost for voluntary benefits could help them save a large sum in out-of-pocket expenses in case of a medical event. This potential gap further highlights the need for employee education on the protection value of these products and the role they can play in cost saving.

Benefits Decision Making in a Time-Constrained Environment

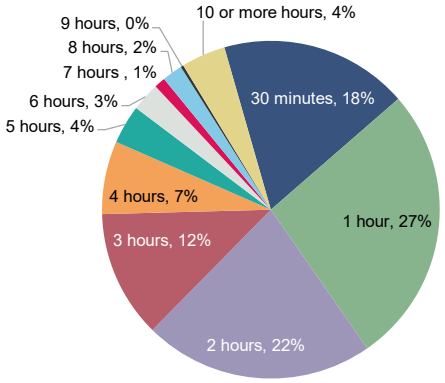
Benefits make up a compelling piece of overall employee compensation. According to the Bureau of Labor Statistics,[14] employee benefits cost employers $13.58 per hour for private industry workers in June 2025, translating to roughly $28,246 per employee per year (at 2,080 hours per year for a full-time employee). When employee contributions are included — for example, worker shares of employer health premiums and employee 401(k) deferrals — the total annual spending can approach $40,000 or more. That sizable financial commitment contrasts sharply with the time employees devoted to benefits decisions: The mean time spent reviewing enrollment materials was about 2.5 hours (with a median of two hours), with 86 percent spending four hours or less.

Despite significant investment in benefits — and employees' belief that these benefits are important — decision making is limited by time and competing priorities. Eighty-six percent of employees spent four hours or less reviewing enrollment materials, and 45 percent spent an hour or less; the most common response was one hour (27 percent), and the median was two hours. The mean time was about 2.5 hours (computed with responses of "10 or more hours" recoded to 10 hours). Eighteen percent reported spending only 30 minutes, 22 percent spent two hours, and 12 percent spent three hours; just 14 percent invested five hours or more.

Employees allocated the bulk of their enrollment review time to core medical and retirement benefits, as shown in Figure 20. On average, respondents devoted about one-third (34 percent) of their time to health insurance and another sizable share to retirement (16 percent). Life, dental, and vision each received roughly one-tenth of the attention, while disability accounted for a smaller share (7 percent). Supplemental health protections drew a modest average share (9 percent) but a low median (5 percent) and a large standard deviation (11), indicating the time devoted to these

products was highly variable across employees. Taken together, these patterns indicate that employees concentrated most of their limited enrollment time on core medical and retirement choices and gave only limited, uneven attention to voluntary and supplemental offerings.

Figure 20
Time Spent Reviewing Information During Enrollment Period



As discussed earlier, awareness gaps exist between the benefits employees have access to and the value they can provide. Annual enrollment offers a meaningful opportunity to close these gaps with engaging communication and education strategies. Employees shared what they would find useful to aid their decision making during enrollment, highlighting simplicity in communications, human support, thorough explanations and comparisons, and personalization (Figure 21).

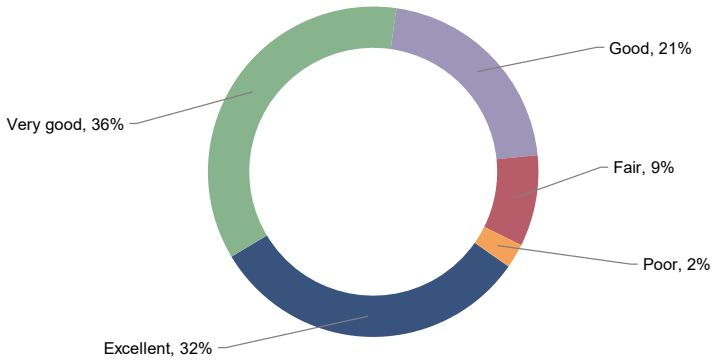
Figure 21
Selection of Open-Ended Responses

	"What additional support, guidance or tools would be helpful in your employee benefits selection?"
Theme	**Quote**
Simplicity	"A chart that has an easy comparison of different plans"
	"Having everything out in laymen terms to make it easy to understand the bottom line."
	"Simple plain English guide packets."
	"An AI assistant to simplify the language."
	"Using normal language instead of fancy big words."
Human support	"A live person to speak with if I have a question
	"A coach to talk me through each step of the process"
	"Speaking with other employees who have used it and know how to work it."
Explanations	"Simple comparison tools showing real-cost scenarios for my family."
	"Clear side-by-side comparisons of the plans would help."
	"Clear explanations, comparison charts and personalized recommendations would be helpful."
	"More clear descriptions of how to use benefits."
Personalization	"Comparison tools, explainer videos, and personalized recommendations"
	"Personalized recommendations and interactive guidance"
	"A dedicated agent or benefit specialist… to help each employee out on a personal level and customize their benefit package"

Improving Benefits Communications to Build Understanding

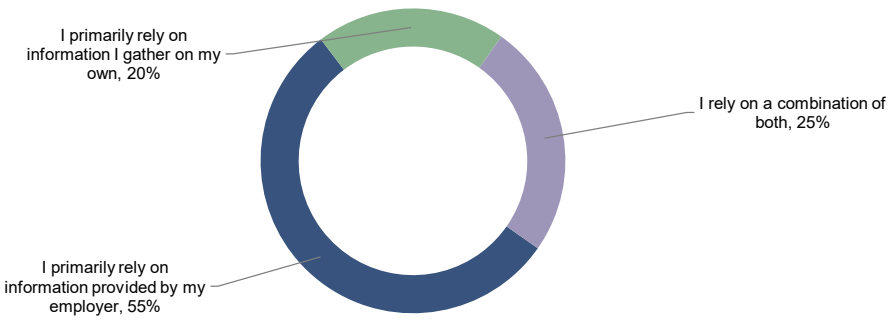
Employees generally rated employer communications about benefits positively and reported that they rely on employer information when making benefit choices. About two-thirds of employees (32 percent "excellent," 36 percent "very good") rated their employer's communications as very good or excellent, and a majority (55 percent) said they primarily rely on information provided by their employer (another 25 percent used a combination of their employer and self-sourced information) (Figure 22). Interestingly, employees who rated their employer's benefits communications as "very good" or "excellent" were more likely to report strong levels of satisfaction with their job and benefits, more aware of being offered an array of voluntary benefits, more likely to report strong understanding of benefits, and more likely to indicate voluntary benefits, including supplemental health, as very important.

Figure 22
Rating of Employer's Benefits Communications



Regarding how employees receive benefits communication today, email was by far the most common channel: 69 percent of employees said they received benefits information via email, and 40 percent identified email as the single most useful channel, shown in Figure 23. Websites (39 percent) and smartphone apps/notifications (34 percent) were also commonly used, while text messages (30 percent), small group meetings (20 percent), and one-on-one counseling (10 percent) were less prevalent. When asked which method was most useful, employees most often selected email (40 percent), followed by smartphone apps/notifications (17 percent) and small group meetings (8 percent), demonstrated below in Figure 24.

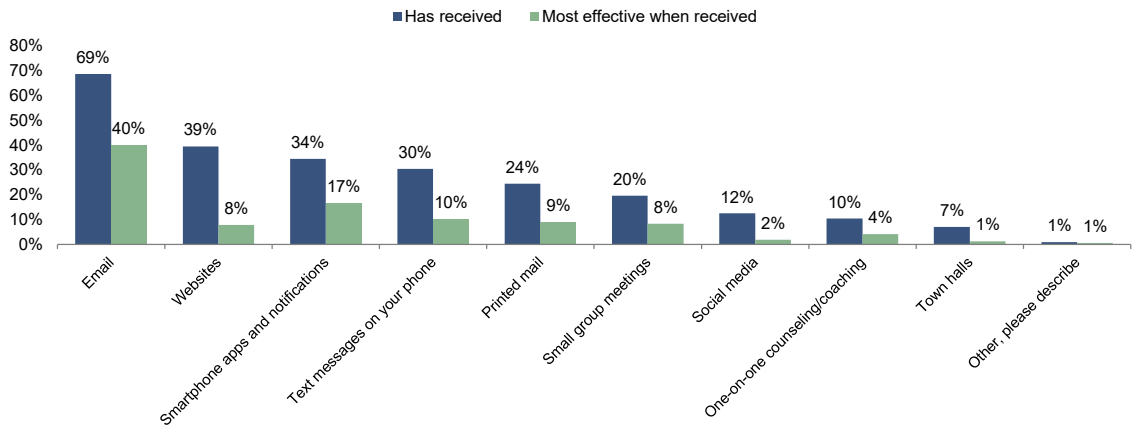
Figure 23
Sources of Benefits Information



These employees' views aligned with employer reports but also highlight a gap in self-assessment. Employers most frequently reported using email (75 percent), small group meetings (46 percent), and phone-based strategies such as text or smartphone notifications (37 percent). Yet only about one-third of organizations rated their communications as strong with no room for improvement; a majority (58 percent) said there was some room for improvement, and 6 percent said communications left a lot of room for improvement.

Employees working for organizations with fewer than 500 workers reported lower levels of access to sources of benefits information. The largest gaps in this access existed for getting benefits information through websites (31 percent vs. 48 percent), social media (8 percent vs. 18 percent), smartphone apps/notifications (31 percent vs. 38 percent), and email (65 percent vs. 72 percent.)

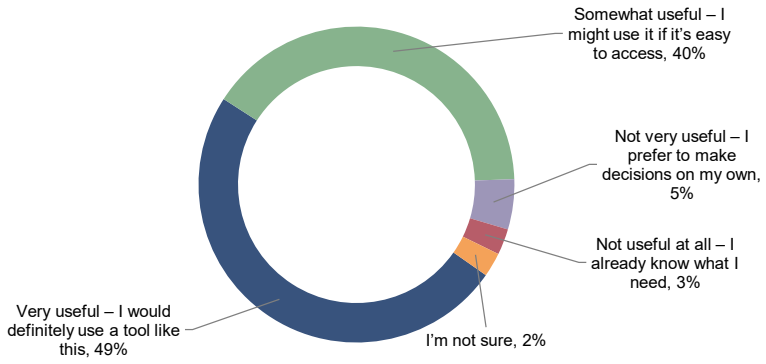
Figure 24
Experience and Effective of Benefits Communications



Interestingly, despite many employees rating their employer's benefits communications positively, there were still wide gaps in understanding benefits. As discussed previously, employees had an awareness gap between what benefits are offered to them and the perceived value of those benefits even after enrolled; they also recognized room for improvement in their understanding of benefits. Employees generally liked the benefits communications they received, but liking the communications does not necessarily translate into a strong understanding of available benefits. Employers appeared to recognize this disconnect, which may explain why they are more likely than employees to believe benefits communications need improvement. Because employees rely heavily on employer-provided information, continued communication and education efforts remain important for closing gaps in benefits awareness and understanding.

Given the time constraints and limited attention spans, employees expressed strong receptivity to decision-support tools, shown in Figure 25. Nearly half (49 percent) said a tool such as an interactive guide, benefits calculator, or virtual assistant would be "very useful," and another 40 percent said it would be "somewhat useful" if the tool were easy to access — nearly nine in 10 respondents found the idea useful, but many noted ease of use would be key to adoption. Only a small share preferred to make decisions on their own (5 percent), felt they already knew what they needed (3 percent), or were unsure (2 percent).

Figure 25
Usefulness of a Decision-Support Tool

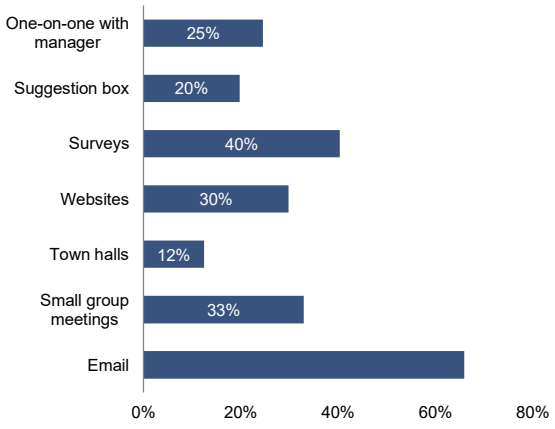


The employee desire for support aligned with broker-reported practices and expectations, as reported in the second part of this series, "Expanding the Benefits Horizon: How Brokers View Voluntary Benefits." About half of brokers said their clients enrolled employees through on-site one-on-one meetings, online self-service, or virtual group sessions, and seven in 10 brokers reported offering digital enrollment tools themselves; six in 10 said they provided enrollment guides and in-person enrollment support. Three in four brokers expected carriers to supply digital enrollment tools — a pattern that echoed employees' strong receptivity to decision aids (nearly nine in 10 said a decision tool would be very or somewhat useful).

The Feedback Loop: What Employees Say — and What They Don't

Most employees had an avenue to provide benefits feedback to their employer and many used it, but the opportunity to share frequent, ongoing feedback was less common. Seventy-two percent said their employer provided opportunities to comment on benefits, and among those with an opportunity, nearly seven in 10 were able to give feedback at least every few months (33 percent "sometimes," 23 percent "often," and 11 percent "very often"). Sixty-one percent of respondents reported having provided feedback at some point (32 percent, but not in the past year; 29 percent in the past year), while 39 percent had never provided feedback.

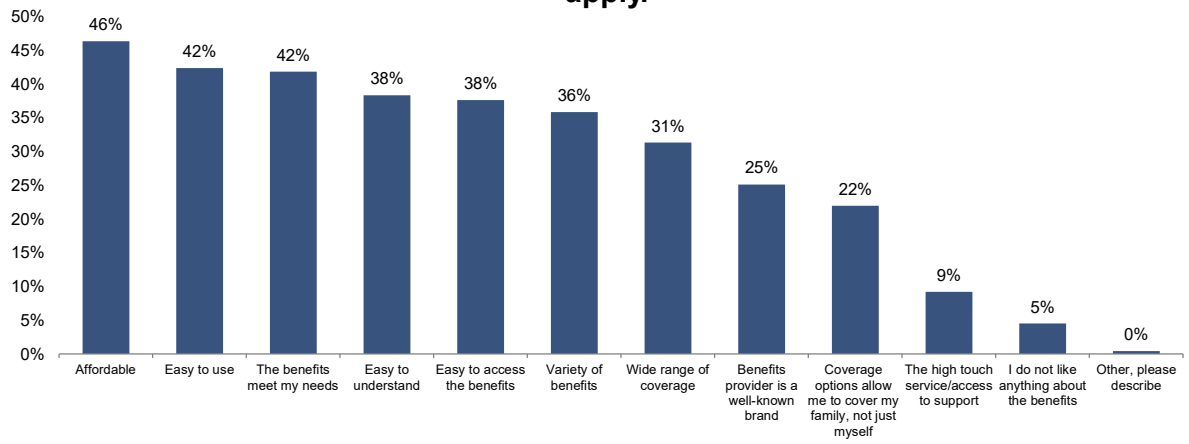
Figure 26
Channels for Providing Feedback



Email, surveys, and small-group meetings were the most common channels, shown above in Figure 26: 66 percent of respondents said they could give feedback by email, 40 percent said surveys, and 33 percent said small-group meetings. When asked which channel was available at their employer, email (66 percent), surveys (40 percent), and small group meetings (33 percent) led the list.

Employees gave several practical reasons for not providing feedback. The most common explanation was satisfaction with benefits (43 percent), but one in five said there was no opportunity to give feedback (21 percent) or they did not think their employer would listen (20 percent). Other barriers included that giving feedback "takes too much effort" (14 percent) or "is not straightforward" (11 percent).

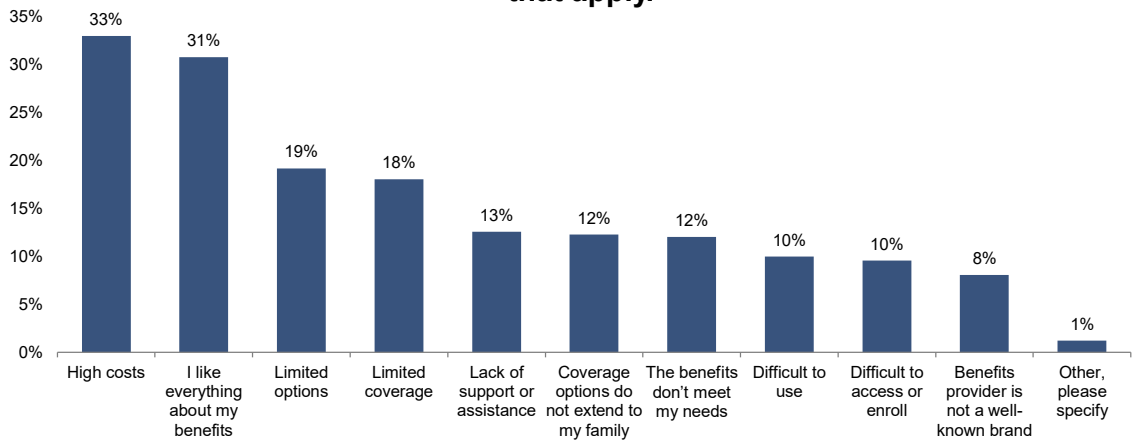
Figure 27
What do you like about the benefits your employer offers? Select all that apply.



Among employees who had given feedback, roughly half said they had provided positive comments about core attributes (for example, affordability, ease of use, and the variety of benefits), and those same attributes also appeared among the chief positives identified in the open question about what employees like: affordability (46 percent), easy to use (42 percent), and benefits meeting needs (42 percent), shown above in Figure 27. Employees at companies with 500 or more employees tended to view several aspects of their benefits more positively than those at smaller companies. For example, 41 percent said their benefits were easy to access (vs. 35 percent), 46 percent said they were easy to use (vs. 39 percent), and 42 percent said they offered a variety of options (vs. 30 percent).

Notably, employees enrolled in accident, critical illness, or hospital indemnity insurance were more likely to say they were pleased with the variety of benefits offered — 45 percent enrolled in any supplemental health benefits said they were pleased with the variety of benefits offered, compared with 33 percent of those not enrolled in any supplemental health benefits. Employees enrolled in any of these benefits were also more likely to find their benefits easy to use — 50 percent enrolled in any supplemental health benefits said their benefits were easy to use, compared with 40 percent of those not enrolled in any supplemental health benefits.

Figure 28
What do you dislike about the benefits your employer offers? Select all that apply.



At the same time, dislikes were prominent and clustered around cost and coverage, illustrated in Figure 28. One in three employees cited high costs as a downside, and meaningful shares said limited options (19 percent), limited coverage (18 percent), or benefits not meeting their needs (12 percent). Among employees who reported negative feedback, the most commonly raised issues were high costs, difficulty accessing or enrolling, lack of support, limited options, and provider unfamiliarity. Roughly one in three employees said they "liked everything" about their benefits (31 percent), a finding that sits alongside the substantial share reporting specific complaints.

Figure 29
Which, if any, of these items have you communicated to your employer with positive feedback?
Among those who have provided feedback and reported likes.

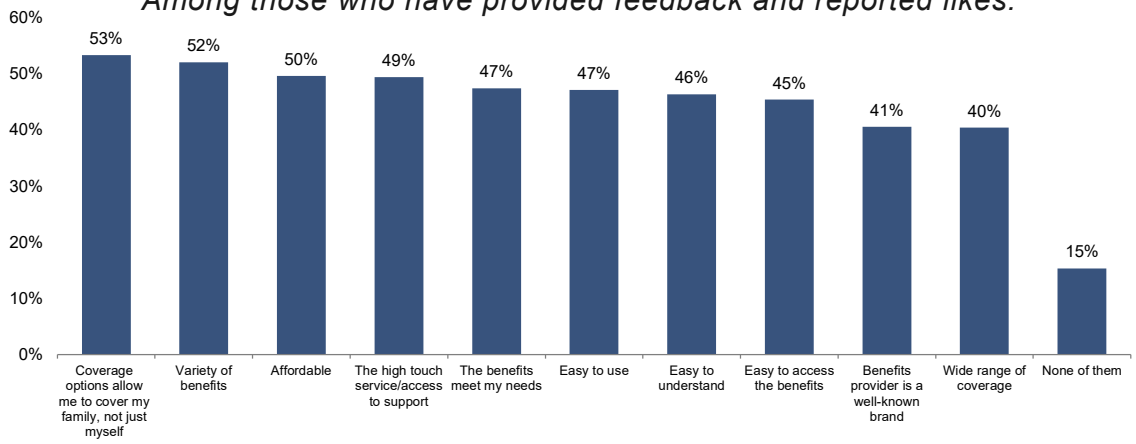
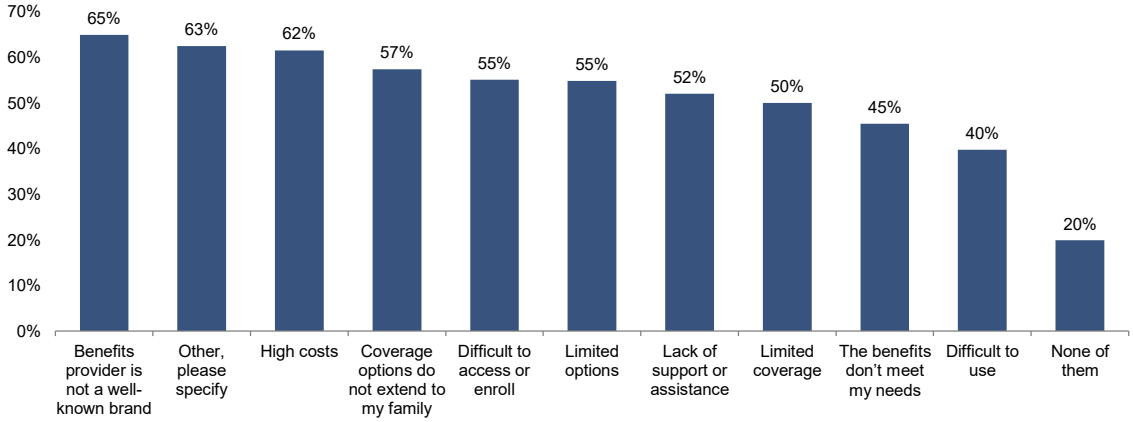
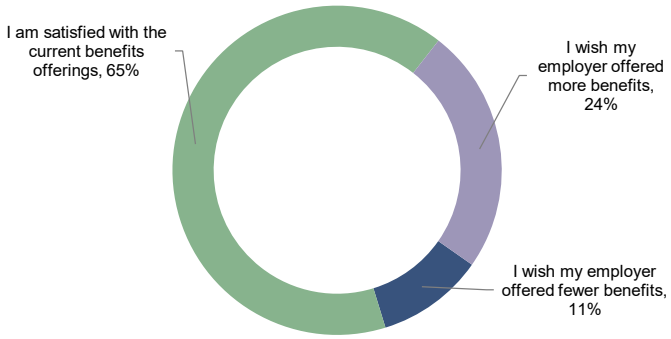


Figure 30
Which, if any, of these items have you communicated to your employer with negative feedback?
Among those who have provided feedback and reported dislikes.



Among the 56 percent of employees who had not provided feedback, the most common reason was simple satisfaction with benefits (43 percent). Structural and perception barriers were also important: 21 percent said there was no opportunity to give feedback, and 20 percent said they did not think their employer would listen. Other deterrents included that giving feedback "takes too much effort" (14 percent) or "is not straightforward" (11 percent), while worries about retaliation were cited by 8 percent, and 4 percent selected other reasons.

Figure 31
Which of the following best describes how you feel about your current benefits package?



A majority of employees (65 percent) said they were satisfied with their current benefits, while about one in four (24 percent) said they wished their employer offered more, and 11 percent wanted fewer benefits (Figure 31). Sixty-one percent reported that their employer provides opportunities to suggest specific benefits, while 39 percent said no — indicating that most employees could offer input, though a substantial minority lacked a formal channel to do so.

Conclusion

For those designing and delivering benefits, these findings highlight an opportunity to improve employees' awareness, understanding, and appreciation of the benefits available to them, helping to ensure that benefit offerings translate into meaningful value for employees. Employees rely heavily on employer-offered benefits for financial protection, yet decisions about those benefits are made under significant time constraints, with limited understanding of the benefits, limited savings, and substantial exposure to out-of-pocket medical expenses. Roughly half of employees cited room to improve their understanding of core benefits, a knowledge gap that widened for supplemental health insurance benefits. Limited understanding of benefits may hinder enrollment in products that could help protect employees financially. This missed opportunity becomes more important when considering that 53 percent of employees had paid at least $1,000 in out-of-pocket expenses for a recent medical event, despite only 28 percent of employees claiming they were "very prepared" for a medical expense costing that same amount. Unsurprisingly, 45 percent said they were still experiencing financial difficulties because of past medical events. The evidence points to a combined problem of information gaps (especially for supplemental health insurance offerings) and financial constraints.

Adding to employees' self-reported understanding gaps, we see further evidence of awareness and education gaps when comparing employer data with employee data. The sizable gap in employee awareness of the benefits offered demonstrates a need to improve communication and education about available benefits, while the gap in agreement with value statements underscores a need to improve education among those already enrolled. When information is presented in a clear and succinct way that highlights the possible uses and benefits to the employee, employees respond positively. These plain-language explanations increase interest, but affordability and perceived coverage may still prevent enrollment.

For employers, brokers, benefits providers, and policymakers, the findings suggest two priorities: addressing awareness and access barriers that limit enrollment among employees who could benefit from the protections voluntary benefits provide, and improving benefits education to highlight the value of these protections, especially during unexpected financial hardship. Together, these steps could help employees make more personalized and informed enrollment decisions and enhance financial protection.

Appendix

The following are the "easy-to-read" descriptions of voluntary benefits shown to respondents, who were then asked to select their level of interest in enrolling in that benefit.

Dental insurance often covers preventive dental procedures, such as cleanings, and provides coverage toward more complex procedures, such as root canals, extractions, and crowns. Much like traditional health benefits, dental benefits may be offered as a dental preferred provider organization (PPO) plan, where patients are nudged toward using in-network dentists via lower copays; a dental point of service (POS) plan, where benefits are determined by whether the provider is part of an exclusive network, part of a wider network, or out of network; or a dental health maintenance organization (HMO) plan, where patients must seek referrals for procedures in a restricted network of providers.

Vision insurance often covers routine eye exams and provides benefits for vision correction, such as corrective lenses and contact lenses. Insurance plans operate much like dental benefits, with POS, PPO, and HMO plans commonly offered.

Accident insurance provides a cash benefit for workers who suffer an accident or injury that can be used for any expenses. This cash benefit may help cover expenses that patients with health insurance are still liable for, such as deductibles and copays, and can help offset lost income due to missed work.

Critical illness insurance plans typically provide a lump-sum cash payment if a worker is diagnosed with a serious health condition covered by the policy. Such health conditions may be, but are not limited to, cancer, heart attack, or stroke. The lump-sum payment may be used by patients for any purpose, whether to pay for out-of-pocket expenses they incur during their treatment, to pay for travel to specialists, or to cover lost income resulting from time out of work.

Hospital indemnity insurance plans often pay a fixed cash benefit when a worker or covered family member is admitted to a hospital. Usually paid in a lump sum or as a daily benefit, the purpose of hospital indemnity insurance is, like accident insurance and critical illness insurance, to help ease the burden of out-of-pocket expenses such as deductibles, copays, or child care.

Endnotes

[1] See Tolo, Francis Daniel Nkolo, Mossus Tatiana, Meva'a Biouele Roger Christian, Ongtokono Ingrid Lovana, and Nseme Etouckey Eric. "Delays in Medical Care: A Systematic Review of Determinants, Consequences and Interventions." *SAS Journal of Medicine*, June 2025. 11(6): 616-625. Available at https://saspublishers.com/article/22381/.

[2] For purposes of this report, "awareness" refers to the share of employees who reported that they are offered a given benefit, based on their understanding or recollection, and may also reflect factors such as eligibility, plan design, how benefits are communicated, or how offerings are interpreted, and therefore may differ from employer-reported availability.

[3] Spiegel, Jake, and Bridget Bearden, "Expanding the Benefits Horizon: How Employers View Voluntary Offerings," *EBRI Issue Brief*, no. 646 (Employee Benefit Research Institute, November 13, 2025). Available at https://www.ebri.org/publications/research-publications/issue-briefs/content/expanding-the-benefits-horizon--how-employers-view-voluntary-offerings.

[4] Bearden, Bridget, Jake Spiegel, Kelsey Bradbury, and Diana Crookston, "Expanding the Benefits Horizon: How Brokers View Voluntary Offerings," *EBRI Issue Brief*, no. 654 (Employee Benefit Research Institute, March 24, 2026). Available at https://www.ebri.org/publications/research-publications/issue-briefs/content/expanding-the-benefits-horizon--how-brokers-view-voluntary-offerings.

[5] A detailed explanation of the voluntary benefits examined in this study is provided in the appendix.

[6] See Tolo et al. (2025) (see endnote 1).

[7] See World Health Organization. "Burn-out an 'occupational phenomenon'." Available at https://www.who.int/standards/classifications/frequently-asked-questions/burn-out-an-occupational-phenomenon.

[8] The dental insurance statement and question was "Below is a description of dental insurance. Dental insurance provides coverage for services related to oral health care. For instance, it can help individuals and families manage the costs of routine dental cleanings and exams, as well as surgeries and emergency procedures. How interested are you in enrolling in dental insurance after reading this description?"

[9] The vision insurance statement and question was "Below is a description of vision insurance. Vision insurance is designed to help reduce the costs associated with routine eye care, including annual eye exams, prescription eyewear, contact lenses, and certain eye conditions. Vision insurance not only helps you protect you and your family's eyesight, it can also help ensure you get the treatment to detect early signs of disease elsewhere, including hypertension, diabetes, heart disease and other serious medical conditions. How interested are you in enrolling in vision insurance after reading this description?"

[10] The accident insurance statement and question was "Below is a description of accident insurance. Accidents happen, and your health insurance may not cover all your expenses. Luckily, you can prepare for the unexpected with this coverage. With

accident insurance, you receive a cash benefit for your injuries and care related to a covered accident — such as emergency room visits, ambulance transportation, hospital stay, surgeries, fractures and concussions. How interested are you in enrolling in accident insurance after reading this description?"

[11] The hospital indemnity insurance statement and question was "Below is a description of hospital indemnity insurance. No one wants to end up at the intensive care unit or be admitted to the hospital. But when it happens, hospital indemnity insurance provides a cash benefit you can use to help handle some of the expenses you may encounter, covering a wide range of illnesses and injuries, including mental disorders, substance abuse, maternity benefits and a yearly health assessment test or screening. How interested are you in enrolling in hospital indemnity insurance after reading this description?"

[12] The critical illness insurance statement and question was "Below is a description of critical illness insurance. Take an important step to protect yourself and your loved ones should you experience a serious illness. Critical illness coverage provides a lump-sum cash benefit for health events such as a heart attack, stroke or cancer and can provide additional cash to pay for expenses that may arise. How interested are you in enrolling in critical illness insurance after reading this description?"

[13] The critical illness insurance statement reframed as a caregiving benefit was "Imagine your employer offered a critical illness insurance benefit that provides a lump-sum cash payment if you or a covered family member (such as a spouse, domestic partner, or child) is diagnosed with a covered condition. This payment could be used to pay for caregiving-related expenses, such as hiring in-home care, compensating a family caregiver for lost income, covering travel or lodging for care, or paying for medical costs not covered by insurance. How interested would you be in enrolling in this benefit if it were available to you?" This statement was asked in a later section of the survey to not interfere with the prior interest assessment on critical illness.

[14] U.S. Department of Labor. Bureau of Labor Statistics. "Employee benefits cost employers $13.58 per hour for private industry workers in June 2025." *The Economics* Daily, September 24, 2025. Available at https://www.bls.gov/opub/ted/2025/employee-benefits-cost-employers-13-58-per-hour-for-private-industry-workers-in-june-2025.htm.