

2025

U.S. Wellness Survey Results

RGA

Executive Summary

This report summarizes findings from an October 2025 survey of 44 U.S. life and health insurance carriers regarding their wellness offerings. Of the respondents, 41% currently have wellness offerings in place, 11% are currently developing them, and 46% do not plan to implement any, largely due to cost and resource constraints. An additional 2% discontinued their wellness offerings due to misalignment with their overall strategy.

The survey considered a multidimensional approach to wellness, including physical, mental, and financial dimensions. Key wellness offerings reported by survey respondents include physical activity tracking, mental health support, and financial wellness tools. Some insurers reported using incentive structures such as financial rewards and premium discounts to encourage participation.

Respondents identified improving wellbeing, mortality, and customer engagement as key objectives for their wellness efforts, yet many organizations lack aligned success metrics. This hinders insurers' ability to evaluate progress or measure success which may affect future development and investment.

While 57% of participants rated wellness as a top or moderate priority, only 13% view it as a core strategic priority. Most characterize wellness as a supporting initiative or are still in the experimental or exploratory validation phases.

Outsourced or third-party wellness platforms are the primary technology solution used, with 83% adoption. Additionally, 45% use third-party platform data to inform their propositions, while 36% do not leverage any wellness-related data sources which is an area for improvement.

Respondents highlighted persistent challenges hindering the development of wellness offerings, including budget limitations, difficulty demonstrating ROI, and the ongoing challenge of effective customer engagement and persistency.

Overview of Survey Methodology

The survey was conducted online over a three-week period in October 2025 and included 44 life insurance carriers. While some respondents related their input to several lines of business, most respondents are focused on individual life insurance products (98%). A smaller share provided responses related to additional business lines, including individual health (11%), group life and living benefits (9%), and group health (2%). All results are aggregated and anonymized to maintain confidentiality. The survey covered existing wellness programs, planned initiatives, goals and success metrics, perceived barriers, resources, and desired support or partnerships.

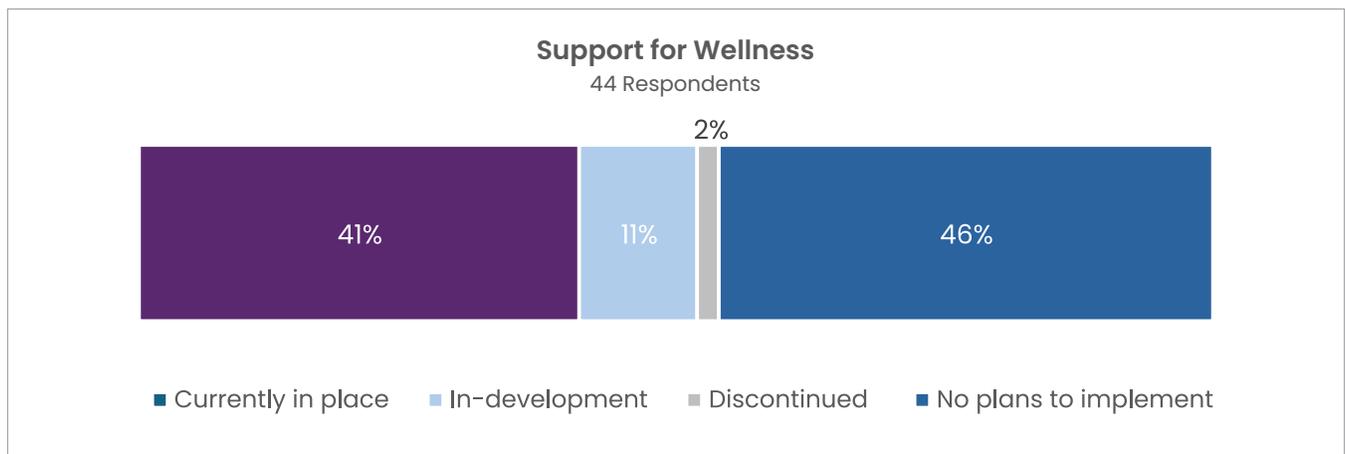
For this report, a *wellness initiative* refers to any product, service, or activity that promotes physical, mental, and financial wellbeing. A *wellness program* is a structured, multi-dimensional set of initiatives – often offered with incentives – designed to improve an insureds' longevity and quality of life, support chronic condition management, influence in-force policyholder behavior, reduce claims, and strengthen customer engagement. Collectively, wellness programs and initiatives are referred to as *wellness offerings*. Unless otherwise noted, the survey results discussed in this report refer to wellness offerings, without further distinction.

Support for Wellness

The survey found that 41% of respondents currently have wellness offerings in place; 11% are developing them; and 2% have discontinued them. The remaining 46% reported no plans to implement a wellness offering.

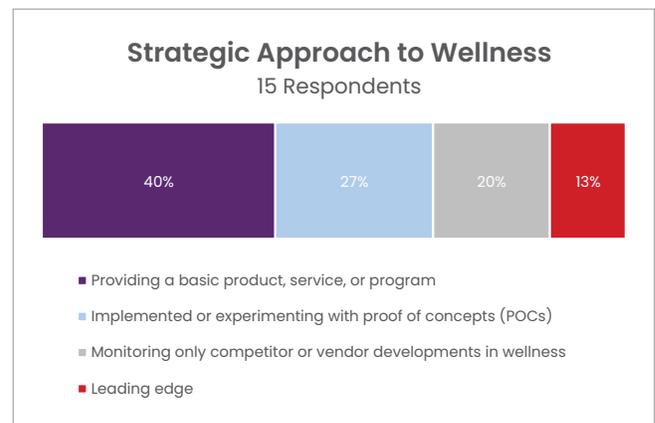
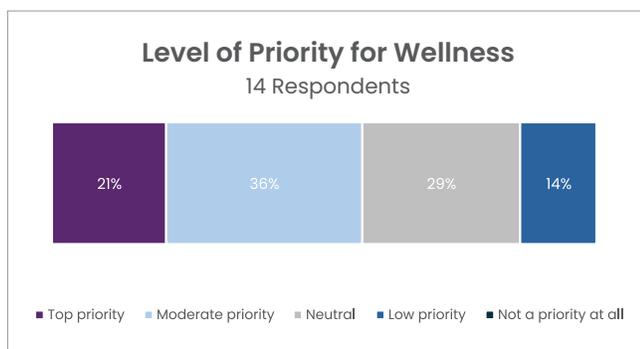
Survey respondents not planning to implement wellness initiatives cited **high implementation costs** and **uncertain return on investment**, as primary barriers. Many companies also face resource constraints, including limited staff, time, and funding. Additional obstacles include competing strategic priorities and uncertainty regarding program relevance or customer demand.

We asked the 23 respondents with wellness offerings in place or in development several questions related to their programs and initiatives, covered in the sections below.

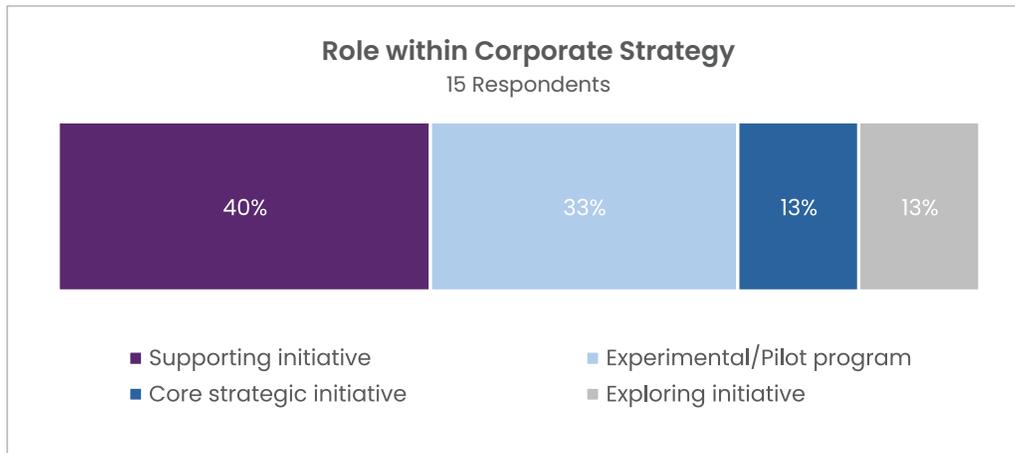


Level of Priority for Wellness and Strategic Approach

Wellness is a top or moderate priority for 57% of respondents with wellness offerings in place or in development in the U.S. In terms of strategic approaches to wellness, 40% are providing a basic product, service or program, while 27% are pursuing innovative proof-of-concept (POC) approaches. Another 20% actively monitor competitor and vendor developments, including respondents currently in planning or development, and 13% categorize their approach as “leading edge”.



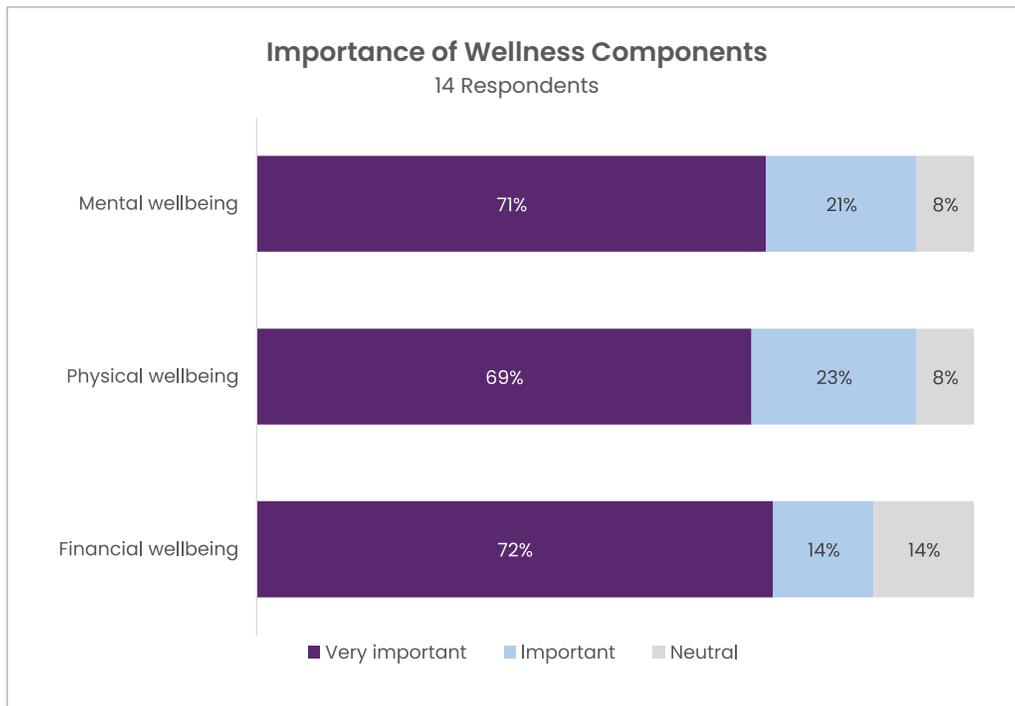
When asked about the role of wellness within corporate strategy, 40% of respondents view it as a supporting initiative, while 13% consider it as a core strategic initiative. Another 33% of respondents are focused on experimental or pilot programs, and 13% reported they are currently “exploring” the role of wellness within their corporate strategy.



Wellness Areas of Focus

Insurers with wellness offerings were asked to rate the most important components. 92% of respondents rated both mental and physical wellbeing as very important or important components of wellness, and 86% of respondents rated financial wellbeing as very important or important.

Respondents were asked to describe the areas of focus of their wellness offerings. They identified improved quality of life and longevity, and consumer engagement as key areas of focus in addition to physical, mental, and financial health.



Wellness Offering Structure and Recipients

Nearly half, 44%, of U.S. participants with individual or group lines of business offer wellness benefits to all policyholders as a value-added perk. Wellness offerings are used to enhance brand loyalty, motivate positive behaviors, and reduce claims. Additionally, Employee Assistance Programs (EAPs) with wellness components are offered by group insurers to support employee wellbeing and productivity.

The following table highlights how respondents are making their wellness offerings available to customers (multi-select question):

	All business lines
Offered as a perk to all policyholders (regardless of product or program membership)	44%
Embedded into an insurance product (e.g., Disability and LTC)	25%
Standalone wellness offering	13%
Offered as a rider to an insurance product	13%
Offered as part of a wellness program (paid or not)	13%
As part of an Employee Assistance Program (EAP)	13%
Offered to a subset of inforce/existing members	6%
Number of respondents	16

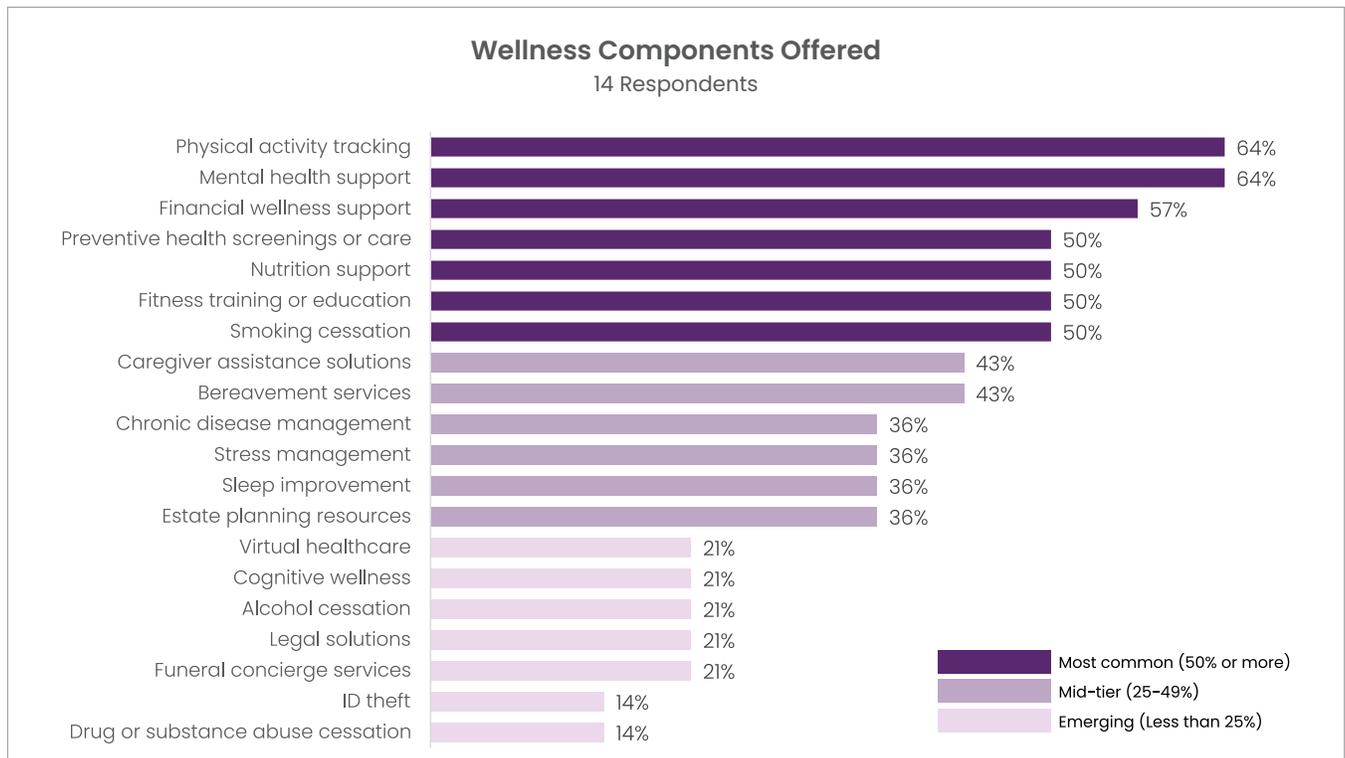
Incentives or Wellness Rewards

Incentive structures such as cash rewards (67%) and premium discounts (56%) are commonly used to encourage participation in wellness initiatives or programs.

Other incentives included discounts on products, services, and health testing (44%), and coverage enhancements with higher limits or additional benefits (11%). Survey respondents were able to select multiple options for this question.



Wellness Offerings



Survey respondents most frequently offer or plan to offer **physical activity tracking** and **mental health support** (64% each).

Financial wellness is provided by 57% of respondents, followed by **preventive screenings and care, nutrition support, fitness education, and smoking cessation support** (approximately 50% each). These programs emphasize preventive care to achieve positive health outcomes.

Emerging offerings include **caregiver assistance** and **bereavement services** (43% each), which alleviate caregiving burdens, enhance wellbeing, and reduce downstream health and claims costs.

Disease management and **lifestyle services** focused on stress and sleep management are offered or planned by more than one-third of respondents. These support both immediate stabilization and long-term prevention.

Estate planning services are offered or planned by over one-third of respondents, alongside **virtual healthcare, cognitive wellness, and alcohol cessation** (21% each).

Legal solutions and **funeral concierge services** (approximately 20% each) deliver emotional and financial support to promote overall wellbeing.

The least prevalent offerings are **identity theft (ID) protection** and **substance abuse cessation support** (14% each).

Role of Partnerships and Third-Party Vendors in Wellness Programs

Partnerships and third-party vendors are central to delivering specialized and customizable services to enhance wellness programs while avoiding the expense of building in-house capabilities. By leveraging these services, insurers may be able to strengthen customer engagement, reduce claims costs, and improve policyholder retention.

Wellness Goals

Survey respondents reported that the primary goals of their wellness offerings are to improve customer wellbeing and satisfaction (ranked first), followed by strengthening customer engagement (ranked second), based on average rankings. Lead generation and marketing where wellness is marketed as a value-added service or perk or used to support cross-sell or upsell opportunities, ranked third. Improving overall health and mental health outcomes represented the fourth top goal supporting a holistic approach to wellness. Respondents ranked improved claims experience as the fifth most important wellness goal.

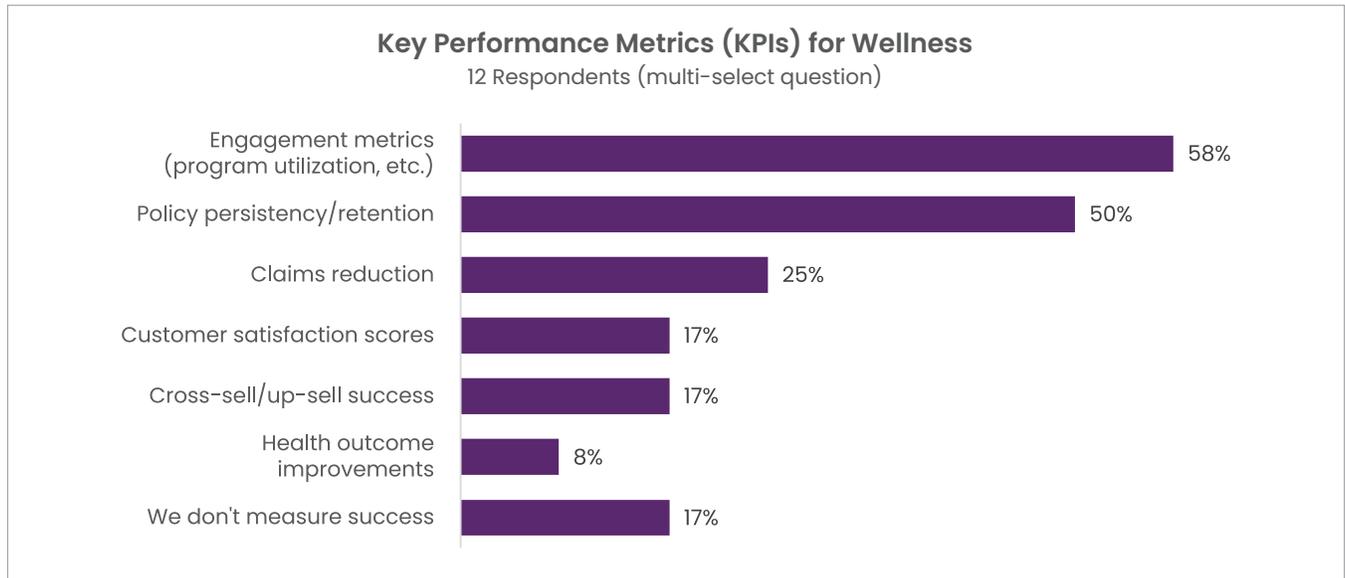
Lower ranked goals for respondents include: improving policy retention, collecting wellness data to apply to supporting functions (e.g., personalization and underwriting), improving policy retention, attracting healthy customers, inforce management, and lastly, improving disability claims management.

The following graph on wellness goals is displayed in ranking order from top wellness goals to bottom featuring average, minimum and maximum ranking values. The rankings include 10 goals from 1-10, where 1=highest priority and 10=lowest ranked priority.



Key Performance Metrics (KPIs) for Wellness

Engagement is the most widely used success metric for wellness programs (58%), while improvements in health outcomes were least used (8%). Policy persistency or retention is tracked by 50% of respondents, followed by claims reduction (25%), customer satisfaction scores (17%), and cross-sell/up-sell performance (17%). Another 17% of respondents indicated that they do not measure success. Respondents were able to select multiple options for this question.



There is a gap between some of the respondents' top objectives and the KPIs they use. Notably, "improving wellbeing and satisfaction" is the top ranked objective, yet customer satisfaction and health outcome improvements are among the least utilized KPIs. This may limit the insurers' ability to assess progress and highlights an area for improvement. However, other KPIs, such as engagement metrics, the most popular selection, align well with the second highest ranked wellness objective – increasing customer engagement.

Target Consumer Segments

Currently, 54% of respondents target their wellness offerings to specific customer segments, with a focus on new business customers, existing customers for inforce block management purposes, and targeting customers based on health status, with each area reported by 23% of respondents, respectively.

A smaller share of insurers (8%) tailor wellness offerings to specific demographic groups concentrating on factors such as age, gender, marital status, income, education, and employment. Another 8% customize wellness offerings for specific insurance riders, to align product features with customer needs.

Technology and Data Sources

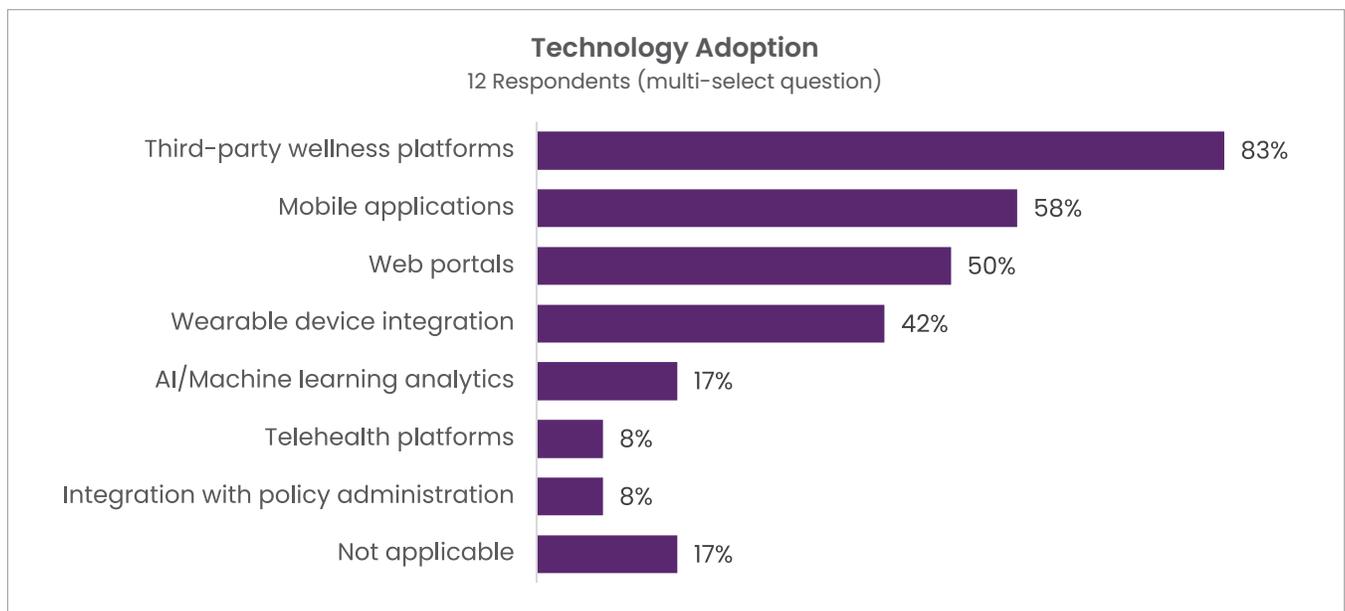
Technology Adoption

Third-party wellness platforms are the most widely used technology solution, adopted by 83% of respondents, reflecting a strong preference for outsourced solutions over proprietary systems. Mobile applications (58%) and web portals (50%) were also reported as popular solutions used to support wellness.

Wearable device integration is used by 42% of respondents. AI and machine learning adoption remains limited at only 17%.

The adoption of tele-health platforms is low (8%), which is notable given 21% of respondents previously reported offering virtual healthcare services as part of their wellness offerings.

Integration with policy administration was reported by 8% of respondents.



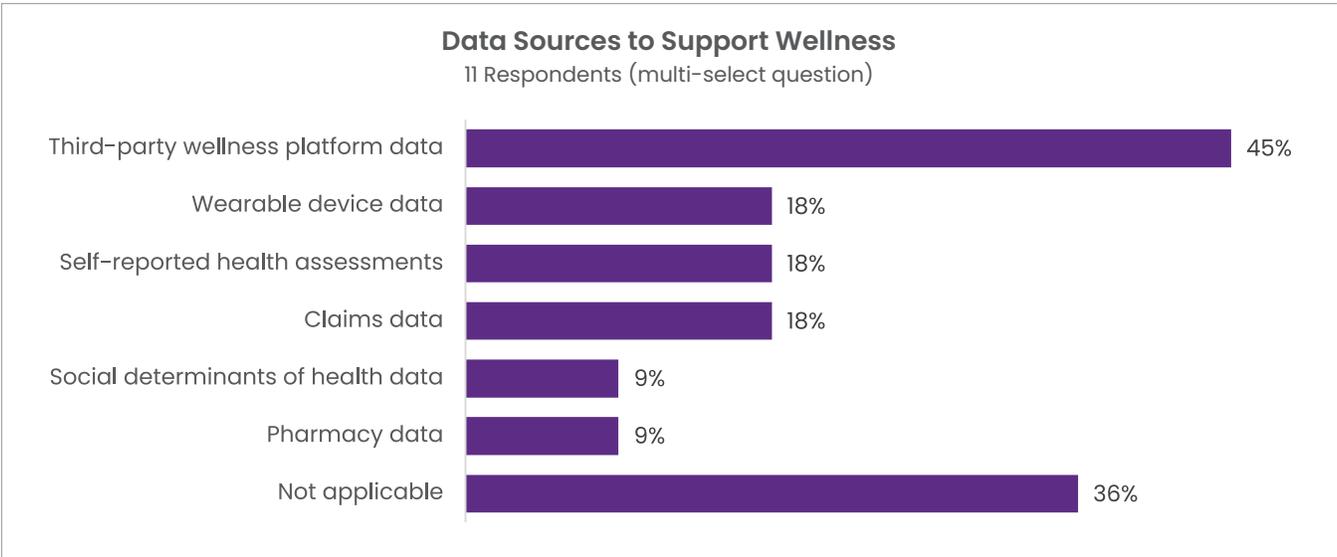
Data Sources to Support Wellness

Consistent with the high usage of third-party wellness platforms discussed in the previous section, these platforms are the most popular data source used to support wellness offerings, as reported by 45% of respondents. This finding suggests wellness is still treated as a supporting initiative rather than a core strategic priority.

Wearable devices, self-reported health assessments, and claims data are each used by 18% of respondents. These data types may help insurers enable real-time health insights and advancements in analytics, personalization, and risk assessment. Social determinants of health data and pharmacy data have lower adoption, and were each reported by 9% of respondents.

Strikingly, 36% of respondents do not use any data sources to inform their wellness offerings.

Overall, current data-usage patterns indicate that wellness is not yet positioned as a strategic driver. Organizations that strengthen their data capabilities may be able to generate deeper insights to differentiate their wellness offerings, achieve stronger engagement, and improve health outcomes.



Challenges

Respondents were asked to identify their primary challenges regarding wellness initiatives or programs by selecting from a predefined list. Additionally, a second, open-ended question addressed specific challenges related to the implementation of their wellness offerings.

	Main wellness challenges	Challenges related to implementation of wellness
1	Budget constraints	Customer engagement
2	Resource constraints	Communication and awareness
3	Program effectiveness	Strategic alignment and prioritization
4	Customer adoption	ROI and business case clarity
	10 Respondents	11 Respondents

Insurers struggle to get customers to sign up, stay active, and find value in the wellness offering. Wellness initiatives may benefit from implementing engagement strategies such as gamification and incentives, along with more frequent touchpoints, as well as improved user experience and ease of use.

To address ROI concerns, insurers need to establish clear objectives and associated KPIs at the outset, and track results from pilots and larger scale implementations, in order to build data-driven evidence of impact and be able to assess progress and success. Some insurers also pursue partnerships with reinsurers or third-party wellness vendors to share costs or access additional expertise, improving overall cost-effectiveness.

Reinsurer Support

Survey participants indicated interest in reinsurer support for wellness programs and initiatives. The highest priority areas were vendor vetting, program design assistance, and pricing or financial support, which respondents viewed as most valuable for developing or enhancing wellness offerings.

Additionally, participants would like support in technical expertise, technology solutions, and risk assessment tools, data analytics, and product development.

Reinsurers are well-positioned to aggregate empirical evidence and insights on wellness programs and share these insights to accelerate client learning. They also provide strategic guidance on best practices, future state planning, and effective engagement strategies.

Conclusion

The survey results highlight that adoption of wellness is still not mainstream for U.S. respondents, with only 52% with current or in-development wellness offerings. Conversely, 46% reported no plans to implement a wellness solution and 2% discontinued their initiative. The top challenges for wellness include budget and resource constraints, followed by concerns about program effectiveness, and customer adoption.

Wellness is a moderate strategic priority, with 57% of respondents rating it as top or moderate. Just 13% view it as a top priority and core strategic initiative. Among those offering or planning wellness programs, 40% provide basic offerings, 33% are in a pilot or experimental phase, to evaluate whether wellness is a fit for their corporate strategy.

Third-party platforms have been adopted by 83% of respondents to support their wellness offerings, revealing a preference for outsourced solutions. Other technologies include mobile applications (58%), web portals (50%), wearable device integrations (42%). Wellness data is primarily sourced from third-party platforms (45%), while wearable devices, self-reported health assessments, and claims data are each used by 18%. Remarkably, 36% of respondents do not use any data sources to inform their wellness offerings. As an area of opportunity for insurers, enhanced data capabilities generate deeper insights to differentiate their wellness offerings, achieve stronger engagement, and improve health outcomes.

Key performance indicators are misaligned: engagement is the top metric (58%), while health outcomes (8%) and customer satisfaction (17%) lag behind, despite the main goal of improving wellbeing and satisfaction. Better alignment between wellness goals and metrics is needed to demonstrate ROI and program impact.

Barriers to implementing or maintaining a wellness offering will persist, as concerns about budget and resource constraints, demonstrating ROI, and customer engagement are primary hurdles. To mitigate these challenges, some respondents are using third-party vendors or partners to support wellness to offset costs of implementation and provide more capabilities without having to develop in-house solutions. Respondents reported a demand for reinsurer support to provide strategic guidance on best practices, future state planning, program design, and pricing support for wellness.

Contact

To learn more about the U.S. Wellness Survey or if you have any questions please contact us via email at publications@rgare.com.

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