

**plum**

Understanding India's relationship  
with health and the workplace

# Employee Health Report 2025



# A note from Saurabh Arora

Five years ago, Abhishek and I founded Plum with a single purpose: to positively impact the health and financial wellbeing of every human.

Today, that purpose has gained remarkable momentum. We work with more than 4,500 of India's fastest-growing organizations, from startups like Eternal to long-standing institutions like Tata and global companies like Atlassian. We protect over 600,000 lives, process more than 100,000 claims each year with an industry-leading NPS of 79, and enable over 100,000 tele-health consultations annually. These numbers signal trust, and that trust gives us a rare view into the health of India's workforce.

We occupy a privileged vantage point at the intersection of India's healthcare, insurance, and technology ecosystems. The data flowing through our platform offers unprecedented visibility into the health of urban India's workforce: from vital metrics captured during health camps to the concerns voiced in telehealth consultations and the financial patterns revealed in insurance claims.

What we see is both concerning and filled with possibility. India's demographic dividend is being undermined by three pillars of poor health. Chronic conditions are appearing a decade earlier than in developed nations. Persistent acute illnesses continue to disrupt productivity. A largely unaddressed mental health crisis affects a vast majority of our workforce.

The economic implications are profound. When chronic diseases manifest at age 35 instead of 45, we lose prime productive years to preventable conditions. When employees spend 30+ days annually managing health challenges, companies forfeit large sums in productivity. When 71% of the workforce faces moderate health risks, our national ambition itself is at stake.

Yet I remain deeply optimistic. The past year has witnessed a 100% surge in companies investing in comprehensive health benefits. Forward-thinking employers are seeing remarkable returns: ₹296 in value for every ₹100 spent on health programs.

Most encouraging is the shift I see in how we conceptualize health. We're moving beyond mere lifespan to focus on healthspan, the period of life spent in robust well-being. We're recognizing that physical, mental, and social dimensions of health are inseparable. We're understanding that health is not merely the absence of disease but the presence of vitality.

This report is our contribution to accelerating these positive trends. It represents countless hours analyzing data, conducting research, and listening to the voices of employers and employees across India. I'm grateful to our customers for their trust, which makes these insights possible.

The data tells a clear story: the organizations that will lead tomorrow are those investing strategically in the healthspan of their people today. As India approaches what might be our most productive decade, nothing could be more vital to our collective success.

Here's to the health and happiness of you, your teams, and your loved ones!

*-Saurabh Arora*  
*Co-founder and CTO, Plum*



# Executive Summary

We spend a third of our lives at work. Therefore, it comes as no surprise that the average Indian employee's health is influenced by their relationship with work. This report is a commentary on the state of health amongst India's working professionals, common health concerns, their lifestyles, and interventions needed.

With over 600mn aged 18-35, India's demographic dividend is expected to persist for the next twenty-odd years, making it home to the world's youngest labour force. However, to truly unlock this potential, India's health outcomes need to be at par, if not better than, its international peers.

## ▶ India's potential is threatened by its burden of disease

- India's burden of disease is far greater than other developed countries like United States, United Kingdom, Australia, and the European Union.
- Non-communicable diseases (NCDs) have outpaced acute and infectious illnesses, with 71% of employees at moderate risk of chronic disease.
- Men show higher NCD risk, while women face under-addressed issues in physical activity and reproductive health.
- Acute and chronic illness cost employers up to 40 workdays per employee each year.
- The next decade should focus on increasing healthspan – the portion of life spent in good health, without chronic diseases or disabilities.

## ▶ The workplace plays a major role in influencing health outcomes

- Workplace design, food and nutrition, and commutes have marginal yet lasting impacts on an individual's health.
- Gaps remain between benefits provided and perceived value – Only 34% of companies offer employees the benefits they truly value.

## ▶ Companies need to integrate physical, mental, and social dimensions of health into their approach

- Health-span is influenced by good physical, mental, and social health.



- Despite being one of the greatest drivers of healthspan, employees don't prioritize physical health
  - 61% of employees have poor physical health, increasing their risk of chronic illness.
  - More than half of the Indian workforce does not engage in regular exercise of any kind.
- Only 14% of employees are thriving at work
  - While not all mental health issues are related to work, work has an underlying influence.
  - Anxiety dominates early-career employees, while burnout and caregiver stress manifest in the later stages.
- Social health is influenced by both the workplace and the poor health of a family member.
  - The workplace improves social bonds, but increased workload acts as a deterrent – 30% of Indian employees experience feelings of loneliness at work.
  - 73% of employees cite family health as their top concern – we estimate that caring for a dependent with a chronic illness can cost an individual up to ₹80,000 annually.

#### ► India Inc is waking up to the health of the workforce

- The last twelve months have witnessed a 100% surge in startups purchasing insurance for the first time investing in preventive health, and a 100% surge in large organisations investing in flexible healthcare benefits for their team.
- In addition to witnessing a 30-45% reduction in productivity loss, companies with telehealth have made healthcare more accessible, affordable, and convenient for their employees.
- Every ₹100 invested in health benefits translates to a ₹296 saving for the employee

#### ► Employees and companies must adopt and encourage a 14-hour health week

- The most overworked workforce in the world, a third of Indians don't have time to take care of their health.
- Employees must spend a minimum of 2 hours daily i.e. 14 hours every week investing in their physical, mental, and social health.

***In the backdrop of India's silent health crisis, workplaces can act as catalysts for great health outcomes.***

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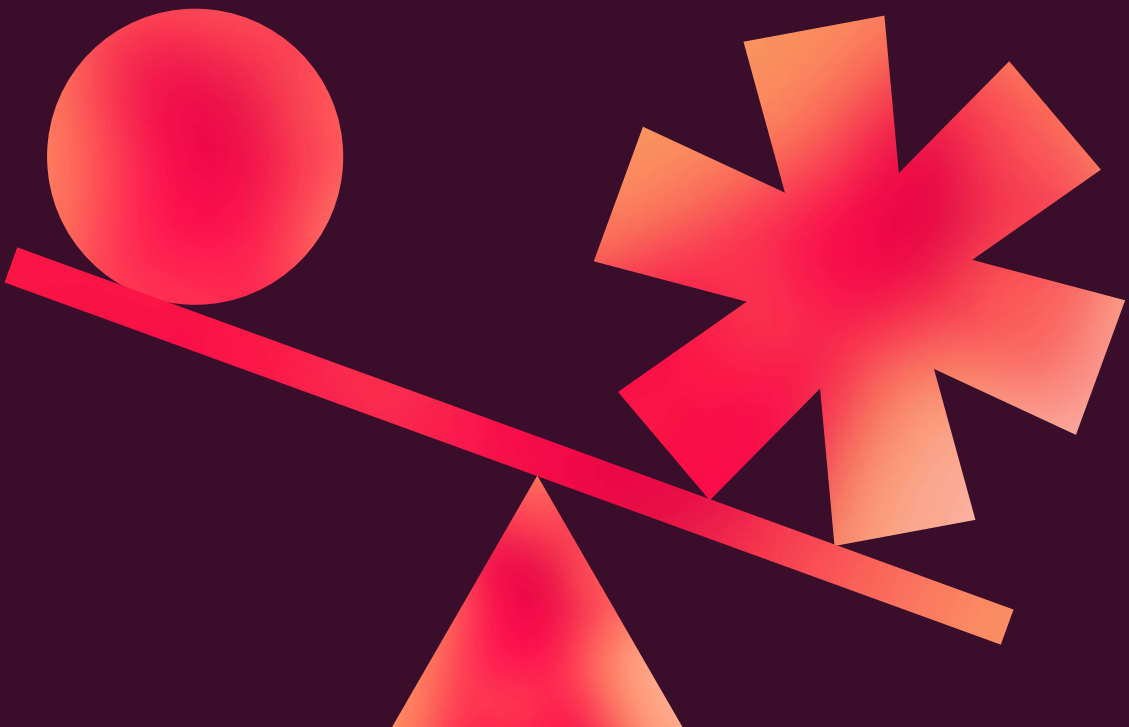
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## Chapter 1

# The burden of poor health



# The three pillars of poor health in India

India stands poised at a potentially transformative moment in its economic development, driven by a large and youthful population, often referred to as its 'demographic dividend'. However, the realization of this potential is inextricably linked to the health, vitality, and productivity of its workforce.

Currently, India faces a burgeoning crisis in employee health that demands urgent attention from business leaders and policymakers alike. The health challenges facing India's workforce are multifaceted, characterised by what we call the three pillars of poor health – Non-Communicable Diseases (NCDs), Acute Illnesses, and Mental Health.

Today, NCDs – such as cardiovascular diseases (CVDs), diabetes, chronic respiratory diseases, and cancers – are no longer confined to the elderly; they are increasingly prevalent among the working-age population, directly impacting productivity during peak career years. While chronic conditions often emerge after the age of 55 in wealthier countries, evidence indicates that in India, their onset typically occurs a full decade earlier, frequently affecting individuals around age 40 or even younger.

While NCDs have debilitating effects on health and financial security, the prevalence of acute illnesses disrupts everyday life, impacting productivity. Infectious conditions remain the most frequent cause of short-term morbidity in urban settings, with the average employee losing 8 to 12 workdays annually due to acute illnesses, translating to approximately 2-4% of annual work productivity.

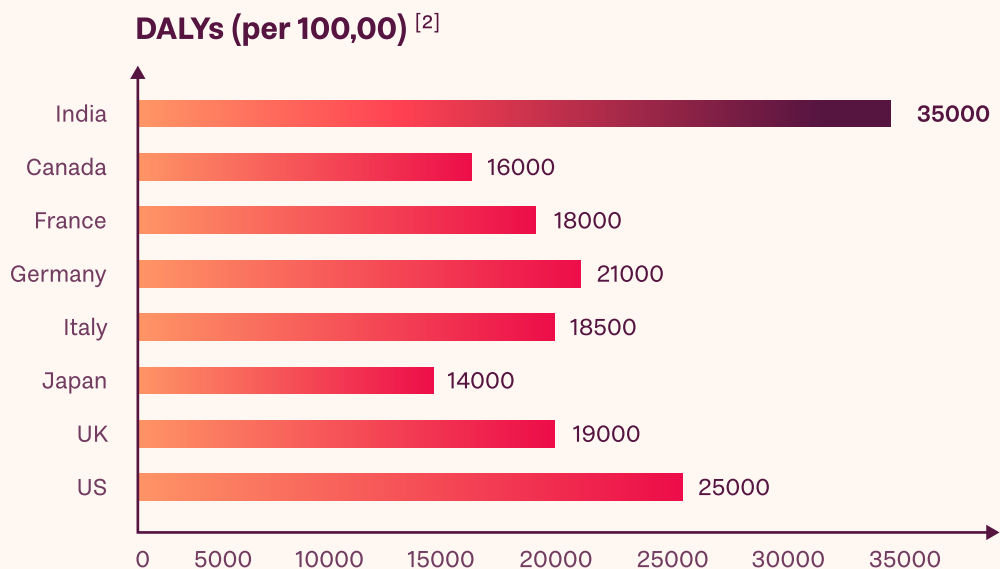
Running parallelly, on a third track, is the country's mental health crisis. Only 14% of the Indian workforce is thriving at work, a sharp contrast to the global average of 34%<sup>[1]</sup>. The high prevalence of mental health challenges, particularly stress and burnout, reported among urban, tier-1 white-collar employees places them at increased risk for NCDs like CVDs and diabetes, both directly through physiological stress responses and indirectly through negative impacts on health behaviours.

The distinct pattern observed in India – low reported stress coexisting with high levels of anger, sadness, and burnout, alongside high engagement – warrants deeper examination.

**This confluence of escalating chronic, acute and mental health problems creates a complex, costly, and unsustainable situation for employers and the nation as a whole.**

**The Burden of Disease in India is much higher compared to other developed countries, requiring urgent intervention.**

To better understand India's health challenge, it helps to compare the burden of disease with other nations. A useful metric is the age-standardized DALY rate per 100,000 people for chronic diseases, which accounts for differences in age distributions across countries. The table below shows DALY rates for India and several G7 economies. Higher numbers mean more lost healthy years per capita due to illness or early death.



**i** DALYs, or Disability Adjusted Life Years, are a universal measurement that researchers and policymakers use to calculate how diseases and medical conditions affect the length and quality of life for a given population.

One DALY represents one year of healthy life lost, combining years of life lost due to premature death (YLLs) with years lived with a disability (YLDs).

## Chapter 1

# Synopsis

- | **01.** India has one of the highest burden of disease in the world.
- | **02.** Seven out of ten employees are at moderate risk of chronic disease.
- | **03.** Acute illnesses impact and interrupt daily routine and everyday work.
- | **04.** Poor health costs employees up to 40 days every year.
- | **05.** This decade's focus needs to be on healthspan, in addition to lifespan.



# The rise of NCDs is influenced by a lack of early detection

India is firmly in the grip of an NCD epidemic, which has fundamentally reshaped the country's health profile. NCDs are now the leading cause of mortality and morbidity, accounting for an estimated 60-67% of all deaths and a similar proportion of the disease burden measured in Disability-Adjusted Life Years <sup>[3]</sup>.

While chronic conditions often emerge after the age of 55 in wealthier countries, evidence indicates that in India, their onset typically occurs a full decade earlier. Analysis of data from the Longitudinal Ageing Study in India (LASI) confirms this early development across a range of chronic diseases, including hypertension, diabetes, lung disease, heart disease, stroke, arthritis, neurological conditions, and cancer <sup>[4]</sup>.

The data from our health camps, which surveyed around 2,000 employees, confirm this troubling trend: most people are unaware they have an underlying health issue until it becomes serious.

## 71% of employees are at a state of moderate risk.

Millions of Indians are living with debilitating conditions during their most productive years, and NCDs account for a substantial 55% to 62% of India's total disease burden <sup>[5]</sup>. A vast proportion of India's adult population is currently living with, or stands on the precipice of developing serious chronic health conditions

Our findings show that 62% of employees do not get regular health screenings, leaving critical conditions undiagnosed until the late stages. Among the employees tested at these camps, significant health risks emerged.

### ► Blood Pressure

**63%**

of employees had elevated or high blood pressure

**31% & 18%**

had Stage 1 hypertension and Stage 2 hypertension, respectively

### ► Obesity

**22%**

of employees were clinically obese

**5%**

were at very high-risk levels of obesity

► Blood Glucose

11%

of employees were pre-diabetic, a critical warning sign

01%

had glucose levels indicating potential diabetes

► Cholesterol

38%

had high or slightly elevated cholesterol



► Sleep

17%

reported sleeping less than six hours nightly, compounding their risk for chronic diseases

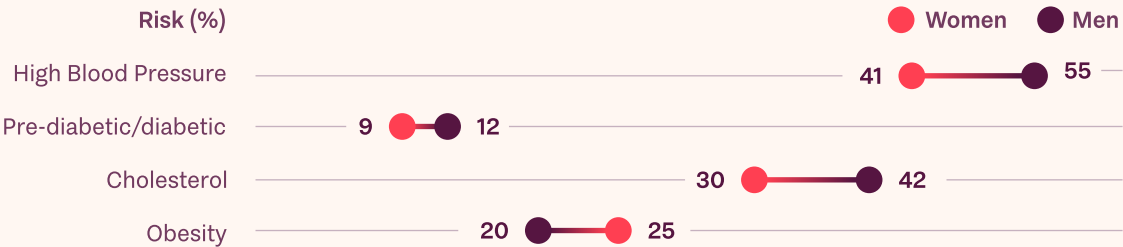


**71% of employees are in a state of moderate risk, and 5% of employees are at a state of high risk, requiring immediate attention.**

Most employees were unaware of these risk factors before participating in the camps. Without symptoms, they assumed they were healthy. By the time clear symptoms arise, these conditions are often advanced, costly, and harder to treat effectively.

**Men are at greater risk compared to women.**

Across a majority of risk factors, men have a greater propensity for chronic illness, showing increased blood pressure, glucose, and cholesterol levels.









**Regular health check-ups allow healthcare professionals to screen for NCD risk factors, such as high blood pressure, high cholesterol, diabetes, and obesity. However, this is still not a priority for both companies and employees — only one out of four companies offer complementary health check-ups, and only three out of ten employees actually undergo one.**

# India's Top Six NCDs and the Case for Early Screening

Chronic conditions like hypertension, diabetes, and obesity are no longer limited to the elderly—they're hitting people in their prime working years. Today, non-communicable diseases (NCDs) are a growing threat to India's workforce. Six major illnesses, led by heart disease (3,882 DALYs and 135 deaths per 100,000), drive most disability and death among working adults. Others—neurological disorders, cancer, diabetes, stroke, and kidney disease—also take a heavy toll.

Early diagnosis and testing are key to prevention.

## India's top six non-communicable diseases by Disability-Adjusted Life Years and Yearly Deaths, the potential cost of treatment, and how to detect them <sup>[6]</sup>

Rank	Disease	DALY and Deaths per 100k	Tests for early detection
01	Heart Disease 	3882 DALYs and 135 deaths	Early detection through Advanced Lipid Testing, Cholesterol Profiles, Echocardiograms, and Treadmill tests
02	Neurological Disorders 	2394 DALYs and 113 deaths	Early detection through Sleep Tests, EEG, EMG, Neurological Exams, Nerve Conduction tests
03	Cancer 	1847 DALYs and 100 deaths	Based on type, early detection through Galleri tests, PSA tests, Colonoscopy, Mammography, Low-dose Lung CT scans, and Full body Dermatology Exams
04	Diabetes 	1628 DALYs and 28 deaths	Early detection through Fasting Blood Glucose and Haemoglobin1AC tests
05	Stroke 	840 DALYs and 55 deaths	Based on type, early detection through Galleri tests, PSA tests, Colonoscopy, Mammography, Low-dose Lung CT scans, and Full body Dermatology Exams
06	Chronic Kidney Disease 	692 DALYs and 29 deaths	Early detection through Creatinine Levels, eGFR, Urine Albumin-to-Creatinine Ratio, and Glucose Monitoring

Early detection and proactive healthcare intervention is imperative to reduce the deteriorating impact of NCDs as individuals age.

# Acute illnesses disrupt daily life and productivity

Acute illnesses, though often transient, represent a significant and persistent health challenge for India's urban, tier-1, white-collar workforce. While the nation grapples with a rising burden of chronic diseases, infectious conditions remain the most frequent cause of short-term morbidity in urban settings, directly impacting employee presence and performance.

Findings from the NSSO 75th Round survey revealed that infections were the single largest category responsible for ailments in urban areas, accounting for 39.4% of all reported sickness episodes within the 15-day reference period <sup>[7]</sup>. Research from the Indian Council of Medical Research (ICMR) suggests that the average worker loses 8 to 12 workdays annually due to acute illnesses, translating to approximately 2-4% of annual work productivity <sup>[8]</sup>. Over the last year, over 80,000 employees have booked a telehealth consultation for themselves and their families. Our analysis revealed striking patterns across general physician and speciality consultations

## Telehealth bookings, split by doctor consulted

General Physician: **21,567 (26.8%)**

Physical Health Specialists: **43,074 (53.6%)**

Mental Health Specialists: **15,740 (19.6%)**

## Key Observations

▶ Respiratory conditions top general physician visits, with Upper Respiratory Tract Infections (URTIs) making up 24% of diagnoses.	
▶ Dermatological issues lead specialist consults (30.27%), revealing the importance of appearance related concerns in the corporate workplace.	
▶ Mental health support is substantial—anxiety accounts for 14% of concerns, and 27% of sessions are follow-ups.	
▶ Nutritional deficiencies, especially Vitamin D and B12, are common, reflecting the sedentary, indoor corporate lifestyle.	
▶ Family health management is significant, with over 35% of all consultations booked for a family member.	

# Indians seek treatment only after serious symptoms manifest

Consulting with a doctor after a delayed onset of symptoms has become more common among employees, driven by inertia, misguided perception of severity, and self-diagnosis.

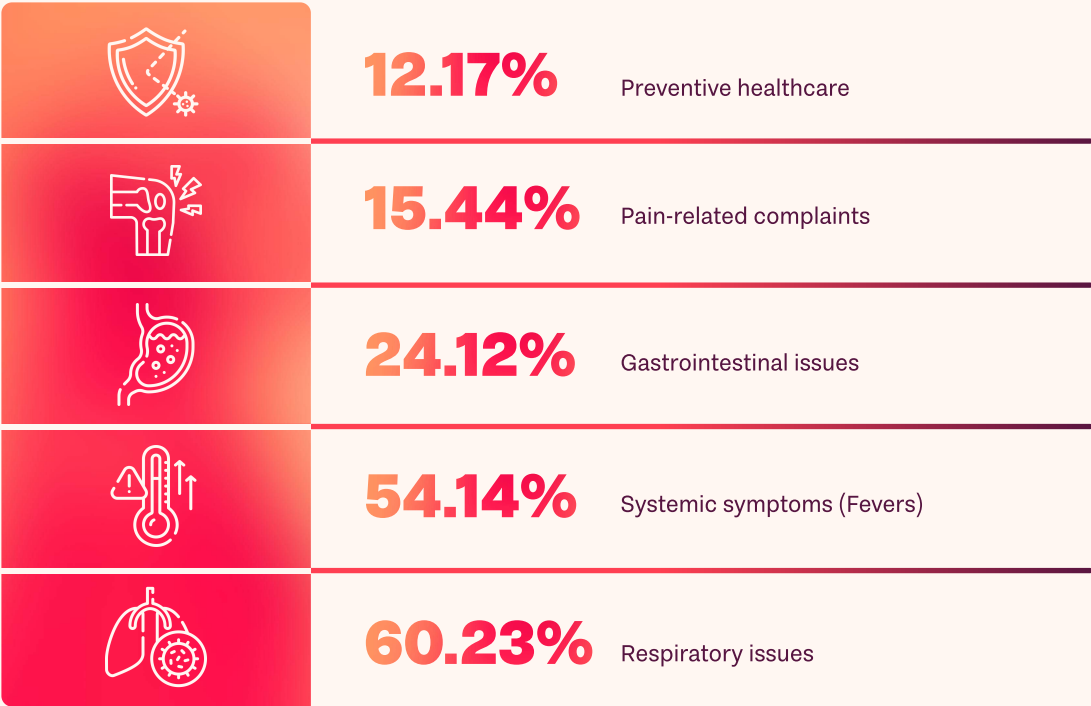
Patients typically wait an average of 3.2 days after symptom onset before seeking professional care, significantly prolonging illness duration and increasing transmission risk. A growing trend observed between 2004 and 2018 is the increasing number of people citing ‘ailment not considered serious’ as the reason for not seeking treatment (rising from 36% to 71%) <sup>[9]</sup>.

## When employees feel pain, they go to a doctor.

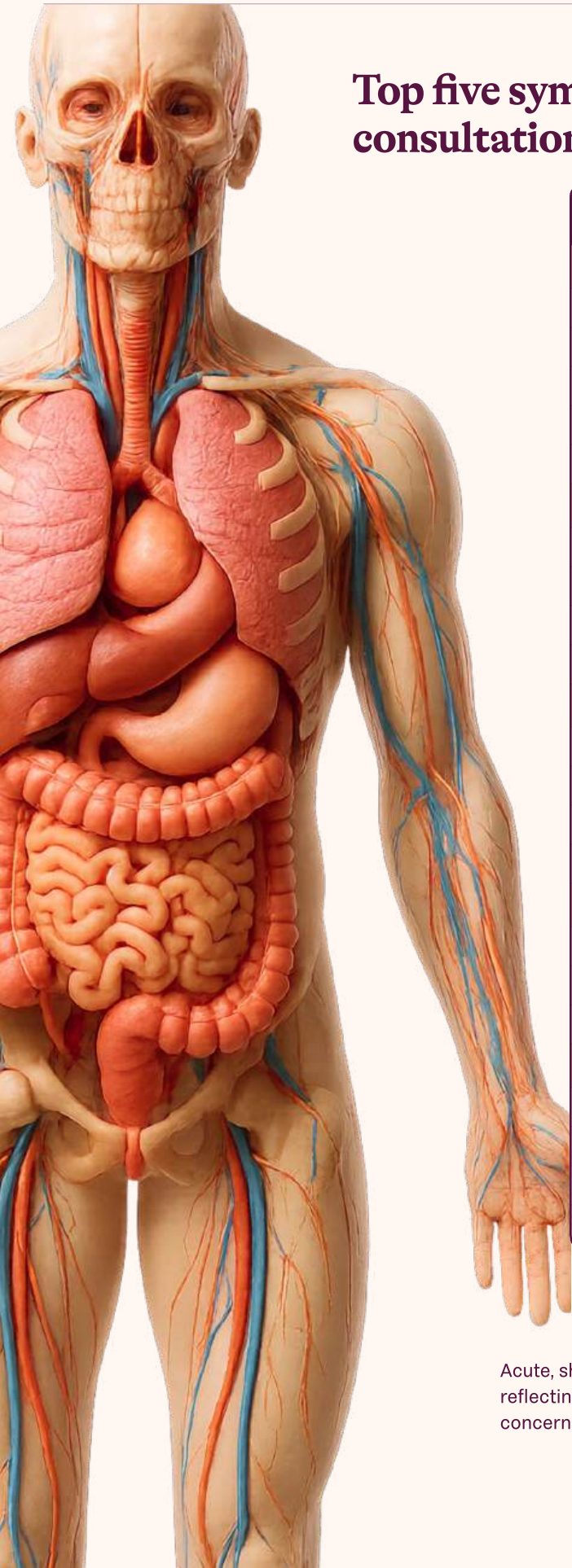
When categorised broadly, pain-related issues emerged as the most prevalent (32%), followed by fever (24%), cough (16%), and cold symptoms (12%). This is reflective of our findings, as pain often manifests only after the exacerbation of illness.

## General physicians account for a fourth of all consultations.

While acute infectious conditions dominate consultations, there is also a significant presence of nutritional deficiencies and metabolic conditions—chronic issues that may have longer-term implications for employee health and productivity.







# Top five symptoms driving employee consultations

Symptoms	Occurrences
Respiratory Issues	60%
Cough	22%
Cold	21%
Soar throat	10%
Dry Cough	4%
Runny nose	3%
Fever and Systemic Symptoms	54%
Fever	34%
Headache	10%
Weakness	9%
Generalized weakness	1%
Gastrointestinal Issues	24%
Loose stools	8%
Vomiting	6%
Nausea	5%
Abdominal pain	4%
Pain Perception	16%
Bodyache	7%
Body pain	5%
General pain	4%
Preventive Healthcare	12%
Blood report consultations	6%
Health check analysis	5%
Health screening	2%
Routine check	1%

Acute, short-term conditions dominate telehealth consultations, reflecting the service's role in addressing time-sensitive health concerns with minimal workplace disruption.

# From the roaring 20s to ailing 30s – the early onset of disease in India

Specialist consultations are typically booked for a specific issue, or after diagnosis of an underlying condition. Analysing 40,000 consultations revealed insights on pressing healthcare needs and patterns across age and gender.

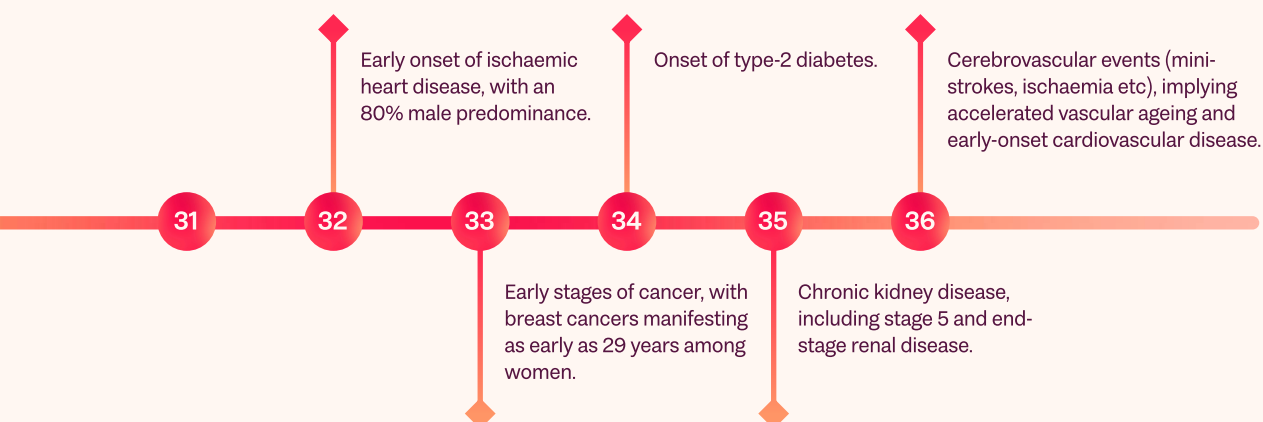
## *Health issues and chronic conditions often begin to manifest in the late 20s to early 30s.*

The convergence of high NCD incidence with a significantly earlier age of onset poses a direct threat to India's potential 'demographic dividend.' The nation's economic growth trajectory is often linked to its large cohort of young and working-age individuals.

However, when NCDs lead to premature death or chronic disability within the crucial 30-60 age range, this potential workforce is eroded. This increases dependency ratios, reduces the available labour supply, and lowers overall national productivity. An analysis of 10,000 insurance claims and 60,000 specialist telehealth consultations amongst India's working population aged 25-40 revealed a worryingly early onset of chronic conditions like heart disease, kidney disease, and cancer.

## Young men are at risk of heart disease, and women are susceptible to cancer.

Nearly 6% of all insurance claims in the 25-40 age group are for serious chronic conditions typically associated with older populations.



The implication that a considerable fraction of the working population might have a chronic condition by the age of 40 is extremely worrying, with disease in Indians manifesting a good 10-15 years before their international peers.



# Fewer women consult doctors – until the onset of menopause symptoms.

Analysis of our telehealth consultation reveals that gender utilisation varies with age, with pronounced female dominance at later stages.

Research suggests that women, particularly concerning certain conditions or due to sociocultural factors, may underreport illnesses. In addition, women often face greater delays in seeking treatment, particularly for conditions perceived as less urgent or specific to them, like gynaecological complaints. Factors contributing to these delays include financial constraints, prioritizing family needs, waiting for auto-recovery, and potentially social or mobility restrictions.

Age Group	Male	Female	Notable Implications
10-19	59.94%	40.06%	Male predominance begins in adolescence
20-39	~58%	~42%	<p>Consistent male predominance during peak career years.</p> <p>This is also aligned with our observations that women underreport illness, with severity-to-chronic condition ratios are consistently higher for women in older age groups – something that could have been avoided with early detection.</p>
40-49	47.88%	52.12%	The shift to female dominance begins at this stage. This is mostly led by the onset of menopause and perimenopause, with 29% of women in this age group exhibiting symptoms.
50-59	31.78%	68.22%	<p>Female dominance peaks at this age range. Issues indirectly attributed to menopause, like mood changes and urological issues, become more common.</p> <p>In addition to menopause, women in this age group also witness the onset of musculoskeletal diseases and endocrine disorders.</p>
60-69	45.50%	54.50%	Moderate female predominance continues. However, most health concerns are related to musculoskeletal diseases and orthopaedic issues.

That said, pronounced female predominance in the 50-59 age group (68.22%) is particularly noteworthy, suggesting telehealth services are addressing important health needs for women during perimenopause and menopause—a finding that has implications for workplace policies and support systems.

# Dermatology, reproductive health, and paediatric care constitute over 56% of all specialist telehealth consultations

People assume they can manage minor issues themselves by popping a paracetamol for a fever or using over-the-counter creams for skin problems. However, once they book a telehealth consultation, they return frequently. We see members averaging six to seven consultations per year.

We explore dermatology, reproductive health, and nutrition in great detail in the later stages of this report.

Specialty	Percentage	Key observations
Dermatologist	30.27%	59.5% of patients are in their 20s, with hair and acne being primary concerns. Dermatological concerns are also closely related to self-esteem at the workplace – we explore this in detail in Chapter Three.
Obstetrician-Gynecologist	16.14%	In addition to pregnancy and menopause, pain management is a notable focus, comprising a tenth of all complaints. For further insights on women's reproductive health, go to Chapter Three.
Paediatrician	10.39%	With the highest acute-to-chronic ratio among paediatricians, fever (20.2%), cough (19.6%), and cold (16.1%) dominate complaints. This is natural, we would be worried if it were the other way around.
Nutrition-Dietetics	8.05%	A fourth of all consultations in this speciality involve diet counselling, a core component of chronic disease management.
Orthopaedics	7.71%	We observe a high prevalence of back and spine issues (33.3%) among working adults, correlating strongly with posture and sitting-related complaints. This is quantitative evidence that sedentary lifestyle consequences manifest much earlier than previously recognised.
Gastroenterologist	4.31%	Gastroenterology shows the highest mental health component (15.8%) of any non-psychiatric speciality, supporting emerging research on the gut-brain axis and suggesting that GI practice inherently integrates psychological dimensions.
Neurologist	3.33%	Headache disorders are the most common neurological issues ailing working adults, with a direct correlation to stress, increased screen time, and workload.
Ophthalmologist	2.87%	40% of complaints are related to dry eyes, strain, and irritation. The prevalence of screen-related symptoms suggests a growing digital eye strain epidemic as device usage intensifies in the workplace.

# The lens of lost productivity

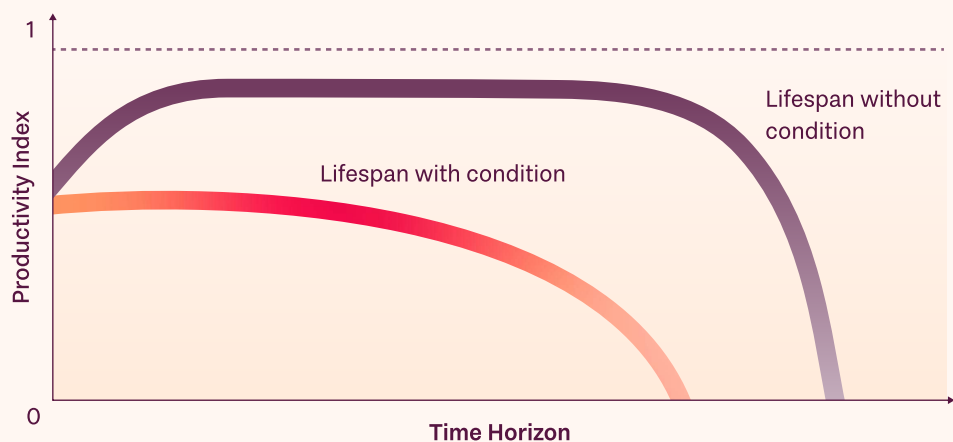
Acute and chronic health conditions impact the work productivity of millions of people globally. A lack of investment in preventive healthcare or effective treatment options can lead to productivity loss, with broader societal and economic consequences.

**Employees with chronic illnesses are 4% and 11% more likely to stop and limit their work respectively<sup>[10]</sup>. This isn't limited to chronic illness; 40% of employees have taken at least a day off per month due to mental health, and 20% are considering quitting citing burnout<sup>[11]</sup>.**

NCDs are estimated to account for roughly 40% of all hospital stays and 35% of outpatient visits in India<sup>[12]</sup>, indicating a heavy burden on the healthcare system and significant indirect costs for employers through insurance premiums and employee absence. In addition, the cognitive demands of white-collar jobs mean that even common acute symptoms like fever, fatigue, headache, or lack of concentration can significantly impair performance.

While absenteeism is readily observable, **presenteeism – the act of attending work despite being ill** – is increasingly recognised as a more pervasive and potentially costlier issue for organisations. The costs associated with presenteeism stem from prolonged periods of reduced productivity, the potential for mistakes (especially critical in knowledge-based roles), negative impacts on team morale, and the risk of spreading communicable illnesses to colleagues.

The figure displays the cumulative productivity loss over an employee's lifespan. The difference between the two curves (representing productivity with the condition of interest in red and without the condition of interest in black) represents the region of lost productivity.

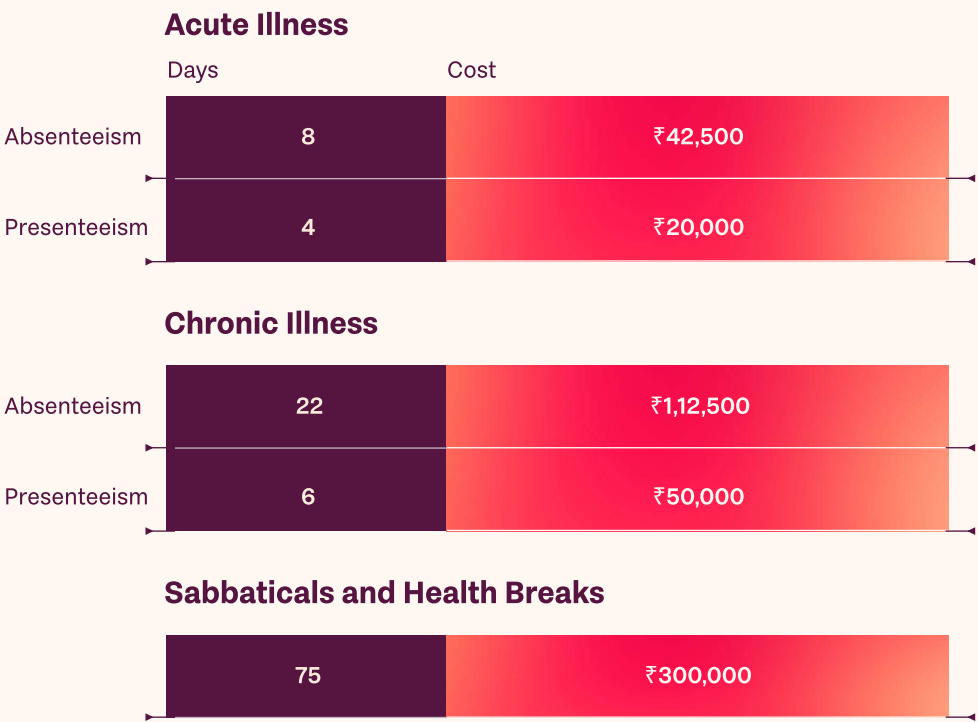


# How much does poor health cost companies, exactly?

Not only does poor health significantly impact an employee's financial welfare, but also influences their career growth and earning potential. Lost productivity manifests through absenteeism, presenteeism, health-induced sabbaticals and breaks, and in extreme cases, exits from the workforce.

The cascading effect of ill-health reduces individual income, leading to poor physical and mental health, gradually leading to a loss of overall welfare.

## Chronic illness could cost companies up to 30 days per employee every year.



**Note:** This model is built based on insights from 80,000 telehealth appointments for acute and chronic illness, and research from The Indian Medical Association, Indian Journal of Medical Research, National Institute for Occupational Safety and Health, Mckinsey and Company, and Deloitte. The cost estimated has assumed a salary of ₹15,00,000 per month, in line with the annual CTC of a mid-level employee at an urban Indian tech company.

**With over 600mn aged 18-35, India's demographic dividend is expected to persist for the next twenty-odd years, making it home to the world's youngest labour force.**

**However, to truly unlock this potential, India's health outcomes need to be at par, if not better than, its international peers.**

# Shifting the focus towards health span



The current outlook towards health has traditionally been anchored in the absence or presence of disease, illnesses, and injury. It is reactive and focused on treatment, not prevention. However, by the time a chronic disease is diagnosed, it's often too late to reverse or meaningfully delay its progression.

In addition, traditional medicine treats individual diseases as isolated problems, rather than considering the overall health trajectory of the patient. It also neglects underlying lifestyle, metabolic, and emotional drivers of disease that begin decades before symptoms appear.

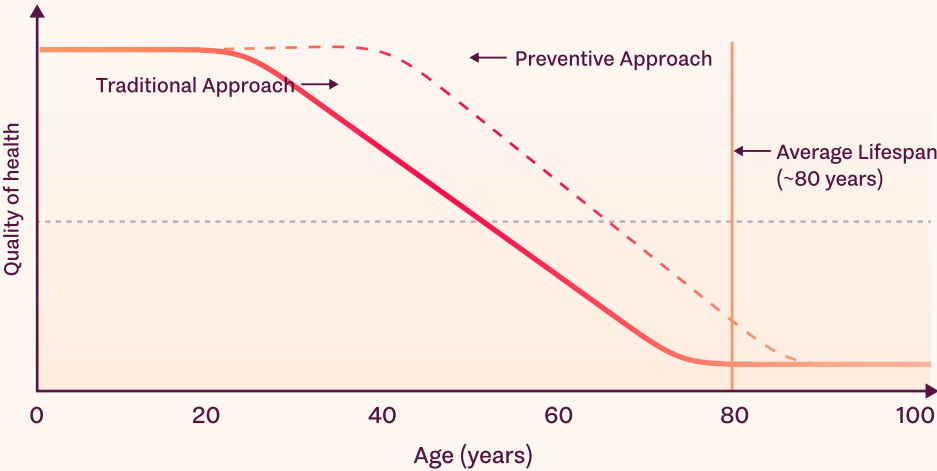
***While modern medicine has extended lifespan — the total duration of an individual's life, it has failed to improve healthspan — the portion of life spent in good health, without chronic diseases or disabilities.***

# This decade’s focus should not just be on improving lifespan, but also healthspan.

The past sixty years has witnessed massive improvements in global life expectancy, but the proportion of life spent in moderate or poor health has not changed. Many people spend their last decades alive but not well, burdened by disability and suffering.

*A preventative, personalised, and participatory model promises a more optimistic outcome, with healthspans extending much closer to the full lifespan, meaning individuals remain healthier even as they age.*

Lifespan vs, Health span trajectories



Next Chapter:  
Dimensions of Health





## Chapter 2

# The dimensions of health



# Health is not one-dimensional

Healthspan isn't just limited to physical well-being.

The World Health Organization (WHO) defines health as a state of complete physical, mental, and social well-being. Increasing healthspan isn't limited to physical activity or fitness — it also includes dimensions of mental health and social health.

***We treat each dimension in isolation, yet they are all interlinked.***

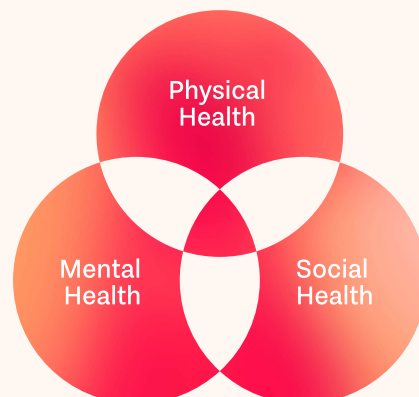
The interconnectedness of physical, mental, and social health dimensions creates a system where disturbances in one area can cascade and negatively impact the others, leading to synergistic effects and potentially self-perpetuating negative feedback loops

**Physical → Mental:** NCDs and physical ailments increase the risk of depression/anxiety, while chronic stress, burnout, and depression elevate the risk of NCDs and psychosomatic symptoms.

**Mental → Social:** Mental health issues lead to social withdrawal and strained relationships, while stressful work environments, lack of social support, and stigma severely impact mental well-being.

**Social ↔ Physical:** Workplace social factors (support, culture) influence stress levels and potentially physical health (MSDs, NCD risk), while physical illness can limit social participation and necessitate care-seeking influenced by social factors.

The synergistic effect of these interconnected dimensions manifests as substantial negative consequences for employees and the economy. These include significant productivity losses due to both absenteeism and presenteeism, a considerable burden of disease measured in DALYs, impaired quality of life, and hindered career progression leading to attrition.



## These interconnections can create detrimental feedback loops.

### ► The Stress-Burnout-NCD Cycle:

High job demands, long hours, or a toxic workplace culture (Social deficit) lead to chronic stress and burnout (Mental impact). This sustained stress increases the risk of developing NCDs like hypertension and cardiovascular disease, or manifests as psychosomatic symptoms (Physical impact).

The resulting physical or mental ill-health impairs work capacity and can lead to social withdrawal (Social/Mental impact). This diminished performance or withdrawal can, in turn, increase job stress or insecurity, reinforcing the cycle.

### ► The Sedentary Lifestyle-Chronic Illness-Mental Distress Cycle:

Sedentary white-collar jobs and associated urban lifestyles contribute to physical inactivity and potentially poor dietary habits (Physical risk factor). This increases the likelihood of developing NCDs (like diabetes, CVD) or musculoskeletal disorders (Physical impact).

The resulting chronic pain, fatigue, or functional limitations from these conditions can lead to depression, anxiety, or reduced well-being (Mental impact). These mental and physical limitations can then restrict social engagement, impact work performance, and potentially lead to social isolation or job insecurity (Social/Mental impact).

### ► The Stigma-Isolation-Deterioration Cycle:

An employee experiences a physical or mental health issue. Due to pervasive societal and workplace stigma (Social barrier), they avoid seeking professional help or confiding in colleagues or managers (Behavioral impact). This lack of support and treatment allows the condition to worsen, potentially leading to increased social isolation (Mental/Physical/Social impact). The deterioration results in greater disability, increased stress, and further functional impairment (Mental/Physical impact).

Over the next section, we explore the state of physical, mental, and social health among India's workforce and the role the workplace plays.

## Chapter 2

# Synopsis

## | 01. Physical Health

- 61% of employees have moderate to poor fitness levels.
- The average Indian employee's lifestyle puts them at greater exposure to risk factors of chronic disease.

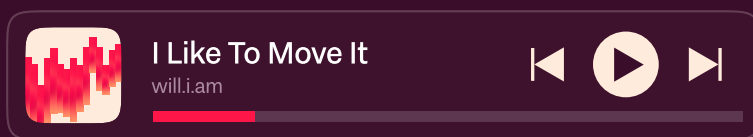
## | 02. Mental health

- Only 14% of employees are thriving at work.
- While not all mental health issues are related to work, work has an underlying influence.
- Anxiety dominates early-career employees, while burnout and caregiving stress manifest in the later stages.

## | 03. Social health

- 30% of Indian employees experience feelings of loneliness at the workplace, the highest in the world.
- The workplace improves social bonds, but increased workload acts as a deterrent.
- Caring for a family member with a chronic illness can cost an individual up to ₹80,000 every year.

# Physical Health



I like to move it, move it  
We like to move it, move it  
I like to move it, move it  
We like to.... move it

*-Move It, Soundtrack of the movie Madagascar*

# Physical activity is one of the greatest drivers of healthspan.

Regular physical activity significantly delays the onset of chronic diseases, while also reducing the risk of metabolic dysfunction. Regular aerobic and high-intensity training significantly improve VO<sub>2</sub> max. People in the top 2.5% of VO<sub>2</sub> max for their age have a 5x lower risk of all-cause mortality compared to those in the lowest quartile <sup>[13]</sup>.

In addition, exercise also produces Brain-Derived Neurotrophic factor, a protein that plays an important role in neuronal survival and growth. Barring other factors, regular exercise can increase lifespan by a decade or more.

## 61% of Indian employees have moderate to poor fitness levels.

As part of Plum’s company-sponsored health camps, over 2500 employees were evaluated on various parameters of fitness — flexibility, balance, mobility, and muscle endurance. Performance across these parameters contributed to an overall fitness score ranging between 0 and 100.

1 out of 5 employees displays peak levels of fitness, with a score greater than 80. The average employee scores 59, falling within the moderate range. This is a direct effect of sedentary lifestyles, with one out of two employees not participating in physical activity of any kind.

01

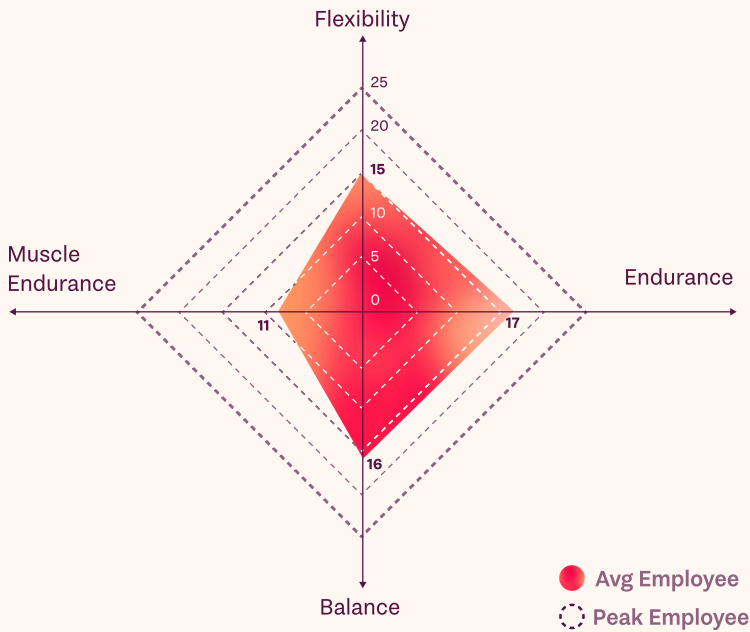
**Muscle Endurance:**  
Indicative of muscle mass, bone density, and metabolic health.

02

**Mobility and Flexibility:**  
Improves range of motion, reduces injury risks, and support longevity.

03

**Balance:** Critical for fall prevention and neuromuscular control, especially in later years.



**State of affairs:** <20% companies of Indian companies offer gym memberships to their team.

# Lifestyle and habits play a key role in influencing chronic disease risk.

Today, chronic and non-communicable diseases have emerged as the single most concern for healthcare professionals. According to the World Health Organization, most noncommunicable diseases are driven by four risk factors — unhealthy diets, physical inactivity, air pollution, and the harmful use of alcohol.

**The average Indian employee’s lifestyle puts them at greater risk, given their exposure to various factors.**

► **Unhealthy diets**

51%

of Indian employees have skipped at least one meal a week

21%

of Indian employees do not include fruits and vegetables in their diet

► **Physical activity**

63%

of Indians employees spend <120 minutes exercising per week

► **Air Pollution**

42%

of Indian employees spend more than an hour every day, exposing them to poor air

► **Harmful lifestyle habits**

37%

of Indian employees have at least one drink a week

21%

of Indian employees smoke at least one cigarette a week

Most NCD risk factors do not typically exist in isolation. They often cluster within the same individuals, significantly amplifying health threats. According to NNMS (The National Noncommunicable Disease Monitoring Survey), 40% of Indian adults exhibited a clustering of three or more major risk factors simultaneously (including daily tobacco use, inadequate fruit and vegetable intake, insufficient physical activity, BMI scores, elevated blood pressure, and raised blood glucose) <sup>[14]</sup>.

This co-occurrence dramatically increases the likelihood of developing NCDs, particularly conditions like cardiovascular disease and type 2 diabetes, compared to having only a single risk factor.



# Ancedote

## The Marathon Milestone

Vikram, a 32-year-old software developer, consulted a cardiologist after experiencing unusual chest tightness during his training for a half-marathon. Previously sedentary, he had begun running six months earlier as part of his company's fitness challenge. The specialist discovered a minor heart valve irregularity—not dangerous but requiring monitoring. Instead of discouraging exercise, the doctor provided tailored guidance on heart rate zones and hydration strategies.


Three months later, Vikram completed his first half-marathon, sharing his medical journey with colleagues and inspiring five team members to begin their own fitness programs with proper medical oversight.

## The Desk-to-Deadlift Transformation

Neha, a 29-year-old finance analyst suffering from chronic lower back pain, consulted a physiotherapist through her company's telehealth benefit. The diagnosis revealed postural issues exacerbated by her 10-hour workdays. Rather than just prescribing temporary pain relief, the specialist developed a comprehensive workplace intervention: ergonomic adjustments to her home office, specific strengthening exercises for her posterior chain, and a schedule of movement breaks.


Within eight weeks, Neha had eliminated her pain medication and started strength training at her company's gym. Her recovery journey became a case study in her firm's wellness program, highlighting the connection between workplace design and musculoskeletal health.

# Mental Health



A Little Bit Off

Five Finger Deat Punch



I'm a little bit off today, something down inside me's different  
Woke up a little off today, I can tell that something's wrong  
I'm a little thrown off today, there's something going on inside me  
I'm a little bit off today, a little bit off today

*-Litte Bit Off Today, Five Finger Deat Punch*

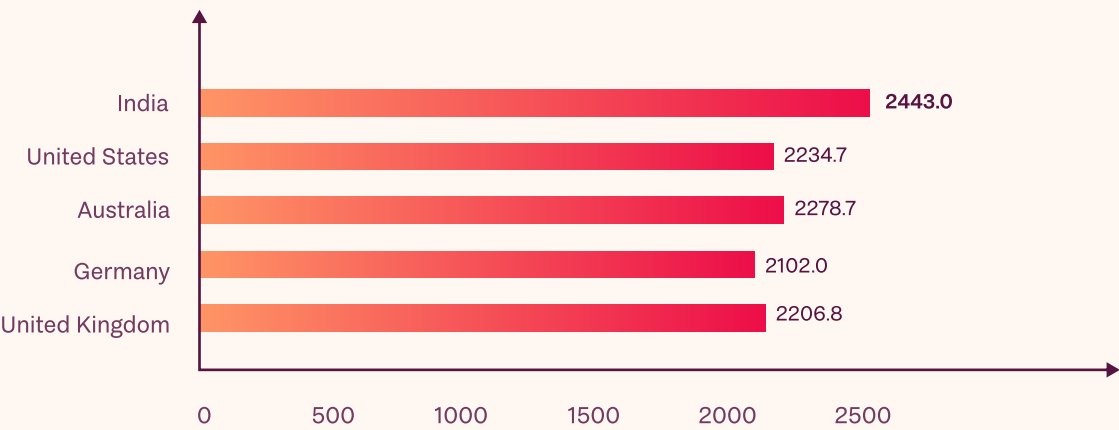
# Mental health issues are often left unaddressed, accelerating decline and impairing quality of life.

For the individual employee, conditions like depression, anxiety, and burnout lead to reduced quality of life, strained relationships, impaired cognitive function (concentration), sleep disturbances, and physical symptoms. The high rates of burnout (59% per McKinsey) and mental health issues (80% per Deloitte) within the surveyed workforce segments suggest a widespread impact on individual health and daily functioning <sup>[15]</sup> <sup>[16]</sup>.

Chronic stress, a hallmark of burnout, is physiologically linked to increased inflammation, elevated cortisol levels, impaired immune function, and increased risk of hypertension, metabolic syndrome, and CVDs. Unhealthy lifestyle habits, including poor diet, lack of physical activity, insufficient sleep, and substance abuse, are strongly linked to poor mental health, potentially exacerbating negative health outcomes.

The relationship is bidirectional. Chronic physical illnesses can significantly increase the risk of developing mental health conditions like depression and anxiety. Individuals managing conditions like diabetes, heart disease, or chronic pain often face significant psychological burdens, including coping with limitations, treatment adherence stress, and worries about the future. The National Mental Health Survey acknowledged this, finding higher rates of depression among those with chronic physical conditions.

**The burden of mental health problems in India is 2443 disability-adjusted life years (DALYs) per 10000 population.**

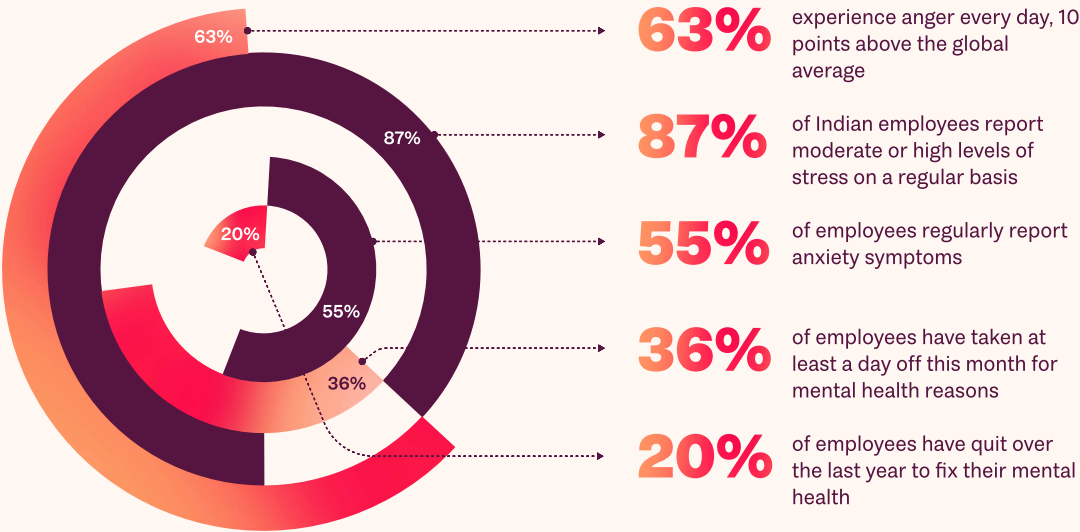


For the white-collar workforce, managing a demanding job while coping with a chronic physical illness can create a vicious cycle, where work stress worsens the physical condition, and the physical condition, in turn, worsens mental health and work capacity.

01.6 Only one out of ten employees in India are thriving at work.



Negative emotions are a common theme at the Indian workplace, with most employees stressed, angry, and on the verge of burnout.

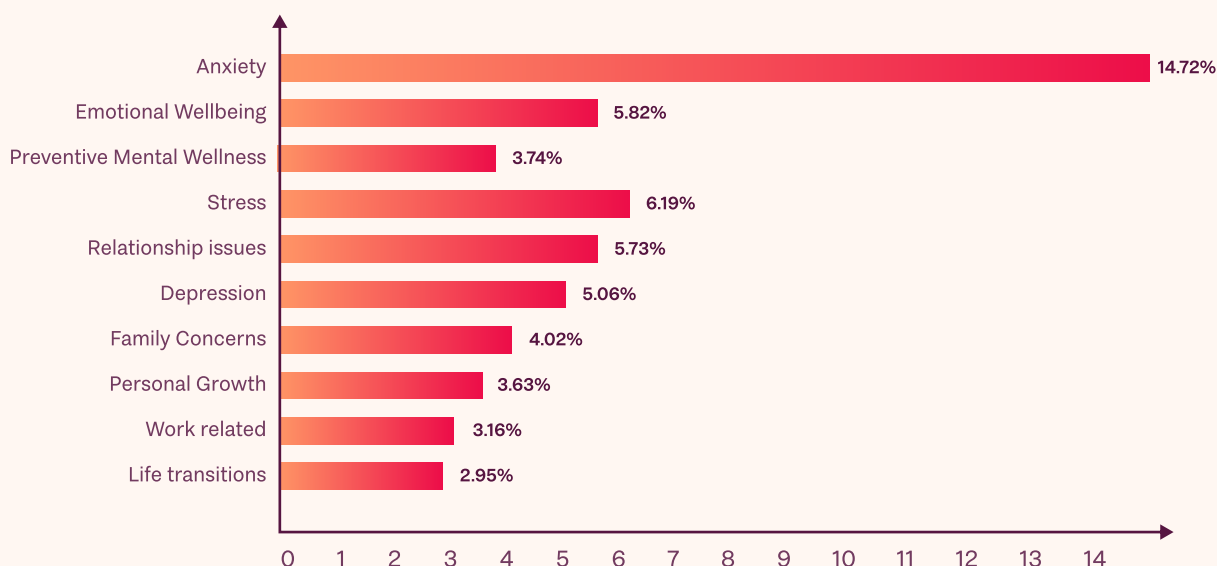


State of affairs: 35% companies offer mental health support to their team.

# Not all mental health issues are related to work, but work has an underlying influence.

Mental health consultations account for a fifth of all telehealth bookings. It's also the most popular specialty for employees, with a much higher self-utilization rate (80%) compared to general physician services (64%).

An analysis of over 15,000 mental health related consultations over the last year offered insights around an employee's mental health concerns, sources of stress, and underlying issues.



- ▶ **Anxiety dominance:** Anxiety emerges as the most commonly reported specific mental health concern, and is even more frequently identified by clinicians.
- ▶ **Underlying family dynamics:** Doctors identify family issues more frequently than patients initially report, suggesting family dynamics may be an under recognized factor in workplace mental health.
- ▶ **Work and mental health:** While work-related concerns appear directly only in 3% of patient reports and 5% of doctor observations, underlying work stress contributes to many anxiety, sleep, and stress presentations.

***Companies offering mental health support are not only helping employees with work stressors, but also with the diagnosis, detection, and treatment of other underlying and unaddressed issues.***

# Anxiety dominates early career employees, while burnout and social health manifest in the later stages.

Employees in the 20-29 age group are the biggest benefactors of employer-sponsored mental health benefits, accounting for approximately 60% of total consultations.

However, that does not mean other demographics do not find it useful — common themes amidst older generations involve family concerns, depression, and sleep disorders, in addition to work stress and burnout.

## Chief causes of concern captured through different career stages

Mental health challenges can manifest differently across various age groups and career stages within the demanding environment of urban white-collar employment. Understanding these age-related patterns is important for tailoring support strategies.

### ► Young Adults (20-29 years)

This stage often involves adjusting to the corporate environment, pressure to prove oneself, establishing financial independence, navigating entry-level job insecurity, and potentially relocating to urban centers.

#### Key patterns:

- Anxiety dominates
- Relationship issues are highly prevalent
- Academic and career transitions are a priority



### ► Established Professionals (30-39 years)

This stage often brings increased responsibilities (managerial roles, larger projects), heightened performance expectations ('up-or-out' cultures), significant work-life balance challenges (raising families, caring for ageing parents), and potential career plateaus or anxieties about staying relevant (skill obsolescence). Burnout, depression, and anxiety are significant concerns.

**Key patterns:**

- Work-related stress increases
- Family concerns become more prominent
- Burnout symptoms emerge

**► Mid-Career Professionals (40+ years)**

While potentially bringing more stability for some, this stage can involve concerns about ageism, adapting to new technologies or work methods, health issues (physical and mental), planning for retirement, and potentially mentoring younger colleagues while navigating organizational changes.

**Key patterns:**

- Depression prevalence increases
- Sleep disorders are more common
- Management pressure and leadership stress appears



Companies cannot paint intergenerational workforces with the same brush.

Interventions themed around each demographic's concern will prove more effective than one-size-fits-all initiatives like mental health days and one-off workshops.



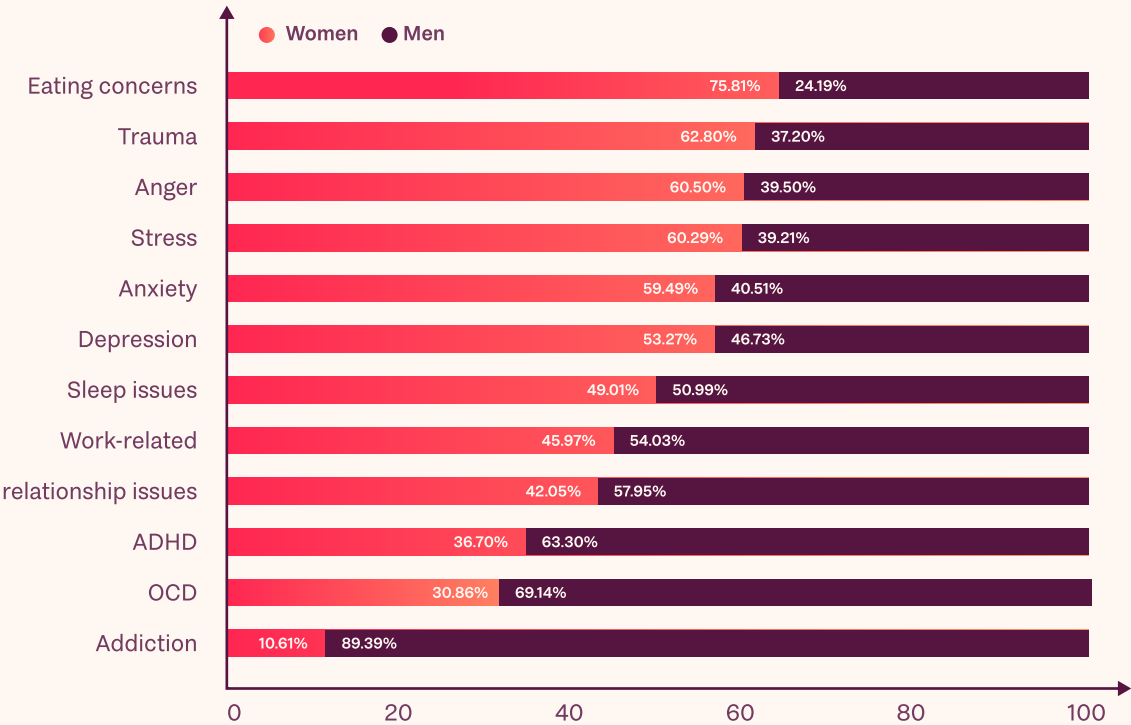


# With distinct mental health concerns, men and women seek help differently.

Our analysis also revealed pronounced gender differences in mental health concerns.

**While women predominantly seek help for anxiety, stress, and trauma, men more frequently consult for behavioural and neurodevelopment issues like ADHD, OCD, and addiction.**

Men may express emotional distress through externalised behaviours like anger, irritability, or substance use due to traditional masculinity norms, while women are more likely to display internalising behaviours like anxiety and depression.



## Women are more comfortable talking about their mental health.

Women are 1.5 times more likely to book mental health consultations and seek help at earlier symptom stages. Men, by contrast, report higher symptom thresholds (54% more severe at first appointment) and have a 42% higher drop-out rate after the first session. Social expectations of stoicism and self-reliance often make men less likely to acknowledge vulnerability or seek help. A Deloitte survey found that despite high mental health concerns, 39% kept working, 33% took time off, and only a smaller share likely sought formal support <sup>[15]</sup>.

# Anecdote

## The Silent Struggle

Rohit, a 42-year-old mid-level manager known for his unflappable demeanor, reluctantly scheduled a mental health consultation after his team's performance review scores dropped. During the session, he revealed experiencing caregiver burnout from simultaneously supporting aging parents and young children while managing increased workplace responsibilities.


The psychologist helped him identify his breaking points, develop practical boundary-setting strategies, and access company resources he hadn't known existed. Rohit later became an advocate for the company's "Sandwich Generation" support group, eventually speaking at a leadership retreat about recognizing hidden stress in high-performing employees.

## The Perfectionist's Path

Anjali, a 26-year-old UX designer with a stellar performance record, sought help when debilitating anxiety began interfering with her creative work. Her telehealth therapist identified classic high-achiever patterns: catastrophizing minor feedback, excessive working hours, and persistent imposter syndrome exacerbated by being the youngest team member. Through cognitive behavioral therapy and practical tools like time-blocking and outcome-detachment techniques, Anjali developed a more sustainable relationship with her work.




Six months later, she received a promotion and credited her therapy—which she continued as maintenance—with helping her lead more effectively by modeling healthier work patterns for her new team.

# Social Health



Cats in The Cradle

Harry Chapin



My child arrived just the other day  
He came to the world in the usual way  
But there were planes to catch and bills to pay  
He learned to walk while I was away


*-Cats in The Cradle, Harry Chapin*



# Longevity isn't influenced just by physical and mental welfare, but also by social bonds


Centenarians often credit strong social connections and emotional resilience as vital to their longevity. The social dimension of health, which pertains to the quality and nature of relationships, community connection, and social support systems, emerges as a critical, albeit frequently underemphasized, component of overall well-being.

Effective social health involves maintaining meaningful relationships and functioning appropriately within social contexts. We identify two pillars of social health – the first is an employee's social bonds with the workplace, and the second is their relationship with their family's health.



***30% of Indian employees experience feelings of loneliness at the workplace, the highest in the world.***

The ramifications of loneliness extend to a range of adverse health outcomes. It is strongly associated with poor self-rated health status, diminished life satisfaction, impaired cognitive functioning, and an increased risk of conditions such as stroke, angina, physical injury, and multi morbidity. Furthermore, loneliness significantly elevates the likelihood of experiencing major depressive disorder and insomnia symptoms.



***Working India is at risk of intergenerational health penalties, where the illness of one family member directly imposes financial, emotional, and time burdens on working-age family members.***

Beyond the financial strain, caregiving responsibilities impose a significant psychological and physical toll. Informal family caregivers, who predominantly shoulder the burden of care, particularly for conditions like dementia, face numerous challenges that severely impact their own well-being. Research indicates a strong positive correlation between caregiver burden and increased levels of depression, anxiety, and stress among caregivers.

# The workplace improves social bonds, but increased workload acts as a deterrent.

In general, working adults are less lonely (20%) than those who are unemployed (32%), and this remains true across age groups.

Work interactions do not necessarily need to be in person to provide a benefit. While technological interactions might have thresholds, all forms of social time (phone, video, texting, etc.) are associated with a better mood. That said, work location does play a role, with fewer employees at in-office setups experiencing loneliness compared to exclusively remote one.

► **33%**

of exclusively remote employees report feeling a sense of loneliness at work <sup>[1]</sup>

**23%**

of in-office employees report feeling a sense of loneliness at work <sup>[1]</sup>

---

## While this is true, employees are struggling to make the most of workplace interactions because of increased work demands.

► **4/5**

employees put off a personal commitment every week because of work

**2/5**

employees believe increased workload is the single biggest barrier to investing in relationships at work and outside it

---

Workload puts a strain on social bonds, with relationship issues and family stress counting for nearly 10% of all mental health consultations.

# Wellbeing is also influenced by the health of loved ones.

Deloitte's 2022 survey found that family relationships were a significant source of stress for 39% of Indian employees reporting adverse mental health symptoms. The burden of caring for an ailing family member adds another layer of complexity, often demanding significant time, financial resources, and emotional energy.

## According to our survey

- ▶ 73%

of employees are more concerned for their family's health than their own
- 40%

of employees state that a majority of their healthcare spends are dedicated to their parents

## The cost of caregiving

Caregiving stress can contribute to poor diet, lack of exercise, and missed health appointments. The demands can also lead to emotional and physical exhaustion, impacting the caregiver's ability to care for themselves.

*Caring for a dependent with a chronic illness can cost an individual up to ₹80,000 every year. Caregiving also results in 8 hours of productive work lost every week<sup>[17]</sup>.*

The average urban Indian employee has a mix of the following dependents: Ageing parents nearing retirement, a spouse who is most likely employed, siblings who're yet to enter the workforce, and children.

Relationship	Dependency	Health risk	Financial risk	Relevant Health Benefits
Parent	High	High	High	Extend insurance to parents, Senior-focused health check-ups, Chronic disease management programmes, On-call specialist consultations
Child	High	Medium	High	Neonatal care, toddler wellness programs, vaccination drives, on-call pediatric specialists
Spouse*	Low	Low	Medium	Maternity and paternity benefits, mental health support, nutrition support, reproductive health benefits and maternity care packages for female spouses
Sibling	Medium	Low	Low	Inclusion of siblings in insurance, mental health support

\*we assume the spouse is relatively healthy, earning, and financially independent.

📍

**State of affairs:** 70% of health insurance claims, and 35% of all telehealth consultations are for a family member.

# Anecdote

## The Remote Connection

Arjun, a 34-year-old product manager working remotely from Jaipur while his team operated from Bengaluru, consulted a therapist after experiencing persistent feelings of isolation despite good work performance. The therapist helped him recognize that his technical proficiency was masking social disconnection. With guidance, Arjun implemented structured virtual coffee chats, joined his company's special interest Slack channels, and initiated a monthly in-person workday when traveling to headquarters. His manager, noticing the positive impact, rolled these practices out across all distributed teams, significantly improving remote employee engagement scores.

## The Caregiver's Lifeline

Priya, a 38-year-old HR director, arranged a specialist telehealth consultation for her mother who had been experiencing concerning memory lapses. The neurologist recommended comprehensive testing that resulted in an early-stage dementia diagnosis. Instead of needing to take extended leave to coordinate care, Priya used her company's elder care support benefit to arrange for in-home assessments and develop a care plan. The telehealth platform became a vital communication tool between Priya, her siblings in different cities, and their mother's medical team.

This enabled Priya to maintain her leadership role while ensuring her mother received proper care, ultimately informing how she expanded family support benefits for employees at her own company.



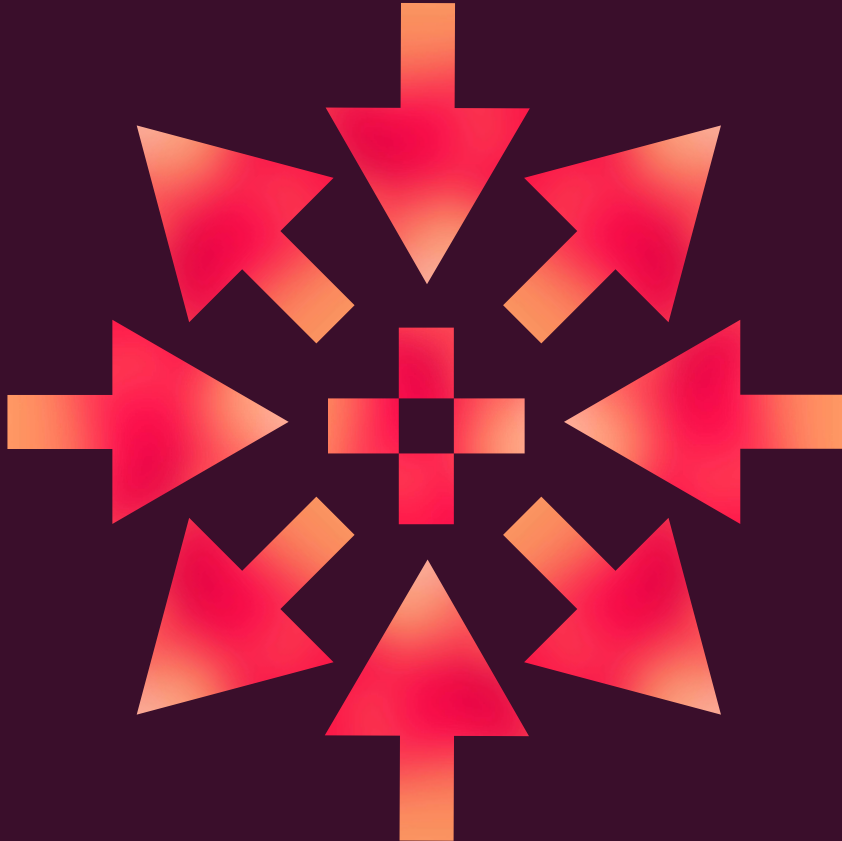
**To build a truly thriving workforce, companies must recognize that physical, mental, and social health are inextricably linked.**

**Inadequate investment in any one dimension will inevitably undermine the others, leading to a workforce plagued by lower morale, reduced output, and a debilitating cycle of poor health outcomes.**

Next Chapter:  
The unaccounted fundamentals of health

## Chapter 3

# The unaccounted fundamentals of health



# Meet the subtle undercurrents influencing healthy lifestyles.

Investigating four recurring themes and patterns emerging from our primary research

This chapter consolidates insights from telehealth consultations, health camp evaluations, interviews, and surveys to identify four recurring health concerns. We examine women's susceptibility to chronic stress and under-addressed reproductive challenges, the widespread nutritional deficits that affect everyday well-being, dermatological issues magnified by workplace conditions, and the pervasive time constraints that hinder consistent self-care.

These four factors reveal a common insight: many health risks develop within office environments, meal periods, and work rhythms.

Our analysis reveals a multifaceted workplace health crisis affecting employees across dimensions. Women experience significantly higher stress levels with their reproductive health needs largely unaddressed by current benefit structures. Nutritional wellbeing suffers as work demands disrupt healthy eating patterns, and extended indoor hours contribute to deficiencies.

Workplace environmental factors drive unexpected dermatological issues that impact professional confidence. Widespread time constraints force India's knowledge workers to sacrifice exercise, social connections, and preventive healthcare—collectively forming an interconnected pattern of workplace-induced health challenges that directly impact organizational effectiveness.

The following pages present evidence-based, moderate interventions—including menstrual-responsive leave policies, nutrition-focused food services, and improved office design—that can address these issues.

## Chapter 3

# Synopsis

### | 01. Women's health at the workplace

- Women fare poorly on physical and mental health parameters
- Reproductive, hormonal, and menstrual health are dominant yet under-addressed themes at work.

### | 02. Working India's relationship with food and nutrition

- Most Indians are nutrition deficient
- The workplace influences diet and nutrition balance among employees
- Office meals can be an underrated long-term investment in employee health.

### | 03. Dermatological issues play a dominant role in careers

- Dermatological conditions have a huge impact on self-image and confidence levels in the workplace
- Most skin and hair related issues are related to workplace environments – air conditioning, indoor pollution, and workplace stress (67%)

### | 03. Indians don't have time for their health

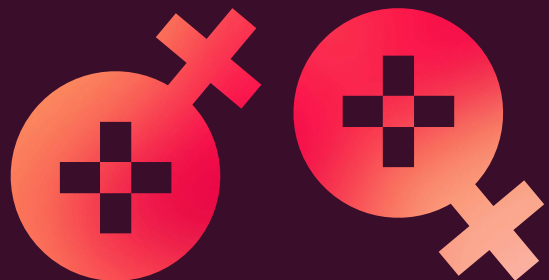
- The most overworked workforce in the world, a third of Indians don't have time to take care of their health.
- Employees must spend a minimum of 2 hours every day i.e. 14 hours every week investing in their physical, mental, and social health.

# Women's health at the workplace



Who run the world? Girls (girls)  
Who run the world? Girls (girls)  
Who run the world? Girls (girls)  
Who run the world? Girls (girls)

*-Run The World, Beyoncé*

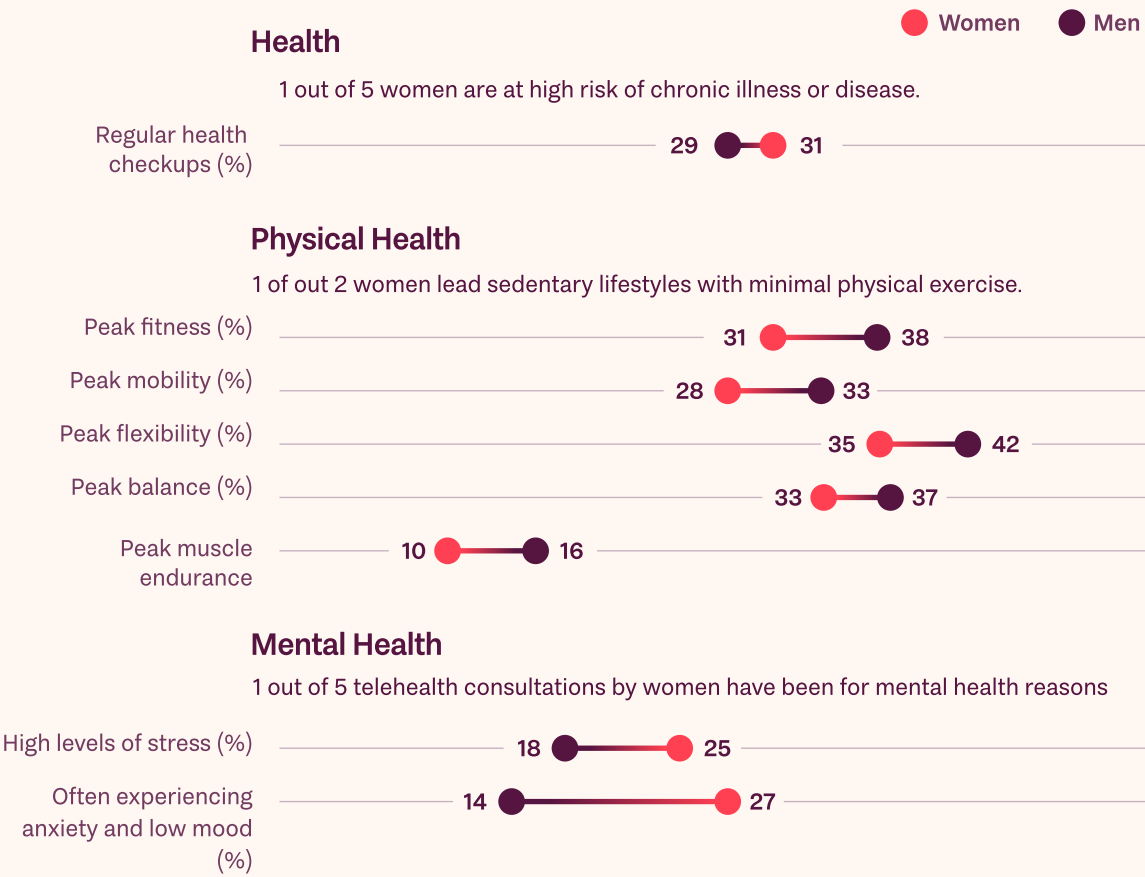


# Gender roles and sociocultural expectations negatively impact health outcomes in women.

While male employees in urban India may exhibit higher initial risks for certain metabolic conditions, urban women in the 25-50 age bracket face distinct health challenges rooted in a complex interplay of lifestyle factors, disproportionate caregiving burdens, and higher susceptibility to certain mental health conditions.

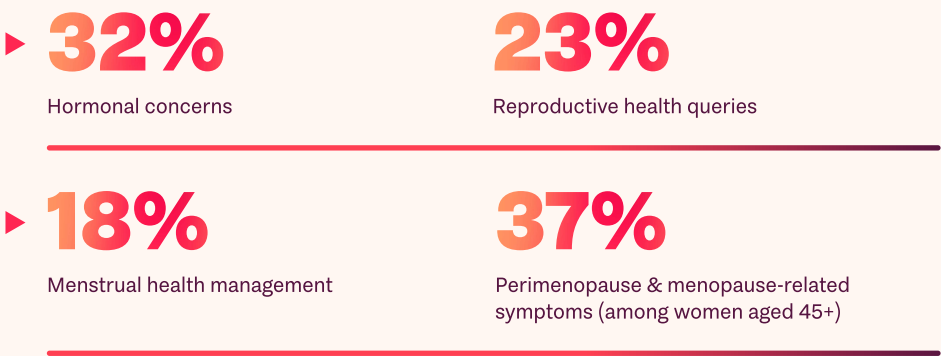
According to the International Labour Organisation, Indian women spend an average of 297 minutes per day on domestic duties and caregiving, compared to just 31 minutes for men <sup>[18]</sup>. This disproportionate burden of unpaid work on women limits time and opportunities for physical activity, fitness pursuits, and general self-care, thus impacting their overall health focus.

A deep-dive into health camp data of over 2500 employees revealed that women employees are impacted by sedentary lifestyles and stress, while men show greater risk to chronic disease.



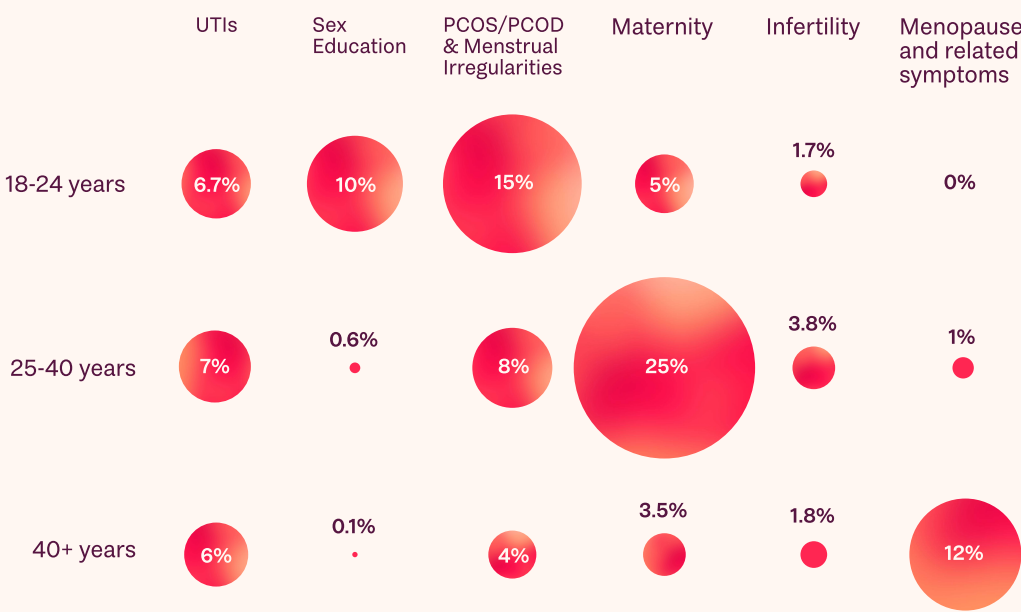
# The spectrum of women’s reproductive health.

Reproductive, hormonal, and menstrual health are dominant themes in over 8000 Obstetrician-Gynecologist consultations by women.



## Analyzing how reproductive and menstrual health concerns evolve with age.

Menstrual irregularities and PCOS/PCOD manifest early, maternity related concerns and infertility emerge mid-career, and menopause dominates during the later career stages.



# 7 out of 10 women are dissatisfied with their employer's healthcare plan.

42% of Indian women experiencing health challenges related to menstruation are likely to work through any pain or symptoms.

## A third of women don't think talking to their employer about menstrual health is a good idea.

▶ **7%**

don't feel comfortable disclosing it to their employer <sup>[19]</sup>

**23%**

disclosed it, but didn't receive the required support <sup>[19]</sup>

▶ **10%**

disclosed it, but it negatively impacted their career <sup>[19]</sup>

📍 **State of affairs:** Only a handful of Indian companies offer menstrual leave. However, with the government taking steps from a regulatory standpoint, things look more hopeful.



# Anecdote

## Specialized Screening Made Simple

Ramya, a 30-year-old pregnant woman with PCOS history, needed specialized screening at 16 weeks. Instead of taking time off work for a preliminary consultation, she spoke with a specialist who reviewed her case and promptly recommended an Oral Glucose Tolerance Test with 75g glucose, crucial for PCOS patients with higher complication risks.

She scheduled the test locally and arranged to share results electronically, maintaining both her prenatal care and work responsibilities without compromise.

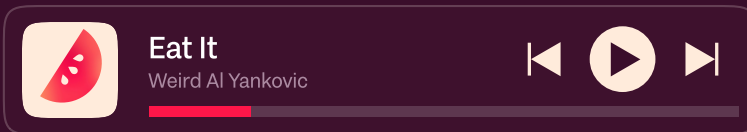
## Leadership Doesn't Pause for Menopause

Aparna, a 50-year-old executive experiencing irregular cycles sought guidance for perimenopause symptoms affecting her workplace comfort. Her doctor recommended maintaining a detailed menstrual calendar alongside specific hormone tests she could schedule around important meetings.

This systematic approach allowed her to track her hormonal transition with medical guidance while minimizing disruption to her leadership responsibilities at work.

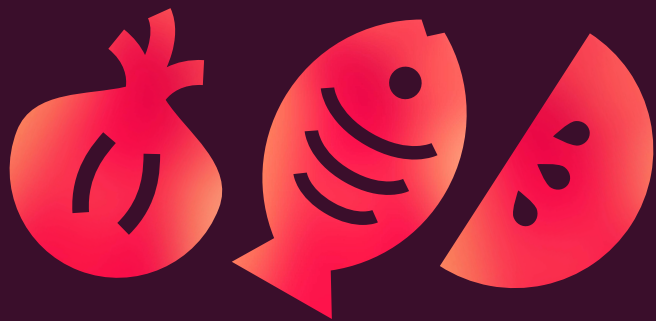
“

# Understanding India's relationship with food



Just eat it (eat it), eat it (eat it)  
Get yourself an egg and beat it  
Have some more chicken, have some more pie  
It doesn't matter if it's boiled or fried

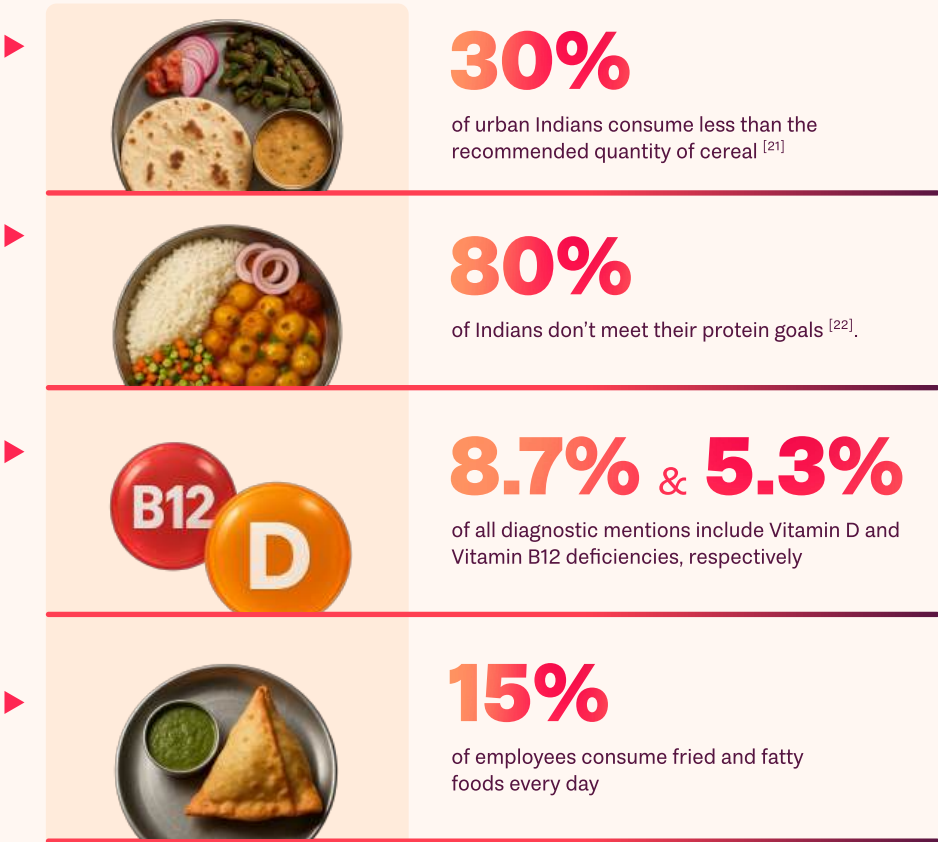
*-Eat It, Weird Al Yankovic*



# Most Indian diets are nutrition-deficient

Rather than debating diets, the focus should be on nutritional biochemistry, personal metabolism, and leveraging data and technology for individual eating patterns. By this standard, the average urban Indian employee doesn't eat very healthy.

The Economic Survey 2024-25 observed that individuals who rarely consumed ultra-processed or packaged junk food reported better mental well-being, suggesting an interplay between diet, stress, and overall health <sup>[20]</sup>.



*Nutrition and weight management are a significant cause of concern for working India, with nutrition and dietetic appointments comprising a tenth of all specialist consultations.*

# The workplace plays a vital role in working India's nutrition and wellness.

## The workplace influences eating habits

The average urban employee spends around 8 hours a day at work, and their eating habits are heavily influenced by work.

Factors such as long commutes and the pressure of demanding work schedules can lead to irregular meal times and increased reliance on convenient, often less nutritious, food options. Workplace stress itself can be a trigger for poor nutritional choices.

**One out of two employees have skipped at least one meal this week owing to work commitments.**

## The workplace influences an employee's nutritional balance

Analysis of over 5000 nutrition consultations revealed that most cases of nutrition imbalance or deficiency are directly correlated to working environments.

► **72%**

correlation with reported  
8+ daily indoor hours

**73%**

correlation with irregular  
meal timing

**64%**

correlation with sleep  
disruption

According to doctors, simple workplace modifications can go a long way in reducing deficiencies

► **25-35%**

improvement in deficiency rates reported in  
workspaces with natural light



# Office meals are an underrated investment in employee health

Employees believe their office lunches add value to their overall experience at the workplace, prioritizing nutritious and healthy meals over other options. However, a majority of companies don't offer complimentary meals to their team.

But even at companies where meals are a perk, employees are not satisfied.

**4/5 employees are not satisfied with their current office meals.**

Between health and taste, preferences are evenly matched.

► **54%**

believe quality and tasty food options are important for job satisfaction

**46%**

will prefer nutrition advice and healthy meal options

## Cost to company is a concern

With the average meal per employee costing around ₹200, budgeting for quality and healthy meals remains a major concern.

However, nutritional deficiencies represent a significant drain on workforce productivity and well-being, with substantial implications for cognitive function, energy, mood regulation, and immune health.

**Nutrition deficiencies across iron, vitamin B, and vitamin D can result in an estimated productivity reduction of 20-30%, with recovery extending to 4-8 weeks.**



# A guide to healthy meals at the workplace

## ‘Your hand is your guide’



- 1. Protein Portion (palm):** Dal, paneer, chicken, or fish - portion size of your palm
- 2. Grain Portion (cupped hand):** Roti/rice - 1-2 rotis or rice that fits in your cupped hand
- 3. Vegetable Portion (two fists):** Cooked vegetables or salad - aim for two fists of vegetables
- 4. Healthy Fats (thumb tip):** Ghee, nuts, or seeds - limit to thumb-tip sized portion



## ► Key principles

**Half Plate Vegetables:** Fill half your plate with vegetables (cooked vegetables or fresh salad)

**Quarter Plate Protein:** Dal, paneer, egg, or meat options

**Quarter Plate Grains:** Roti, rice, or other whole grains

**Mindful Add-ons:** Small portions of yogurt, pickle, or chutney





# The TASTE Framework for Office Meals

T	<b>T - Thoughtful Balance</b> <ul style="list-style-type: none"><li>1. 25% protein, 25% grains, 50% vegetables on every plate</li><li>2. Daily options: vegetarian and non-vegetarian proteins</li><li>3. Include whole grains and 2-3 vegetable dishes</li></ul>
A	<b>A - Authentic Quality</b> <ul style="list-style-type: none"><li>1. Fresh, seasonal ingredients from certified vendors</li><li>2. Traditional cooking methods that preserve nutrients</li><li>3. Minimal processing, maximum nutrition</li></ul>
S	<b>S - Safe Preparation</b> <ul style="list-style-type: none"><li>1. Strict hygiene protocols and regular sanitization</li><li>2. Proper temperature control during cooking and serving</li><li>3. Separate veg/non-veg preparation areas</li></ul>
T	<b>T - Taste Variety</b> <ul style="list-style-type: none"><li>1. Weekly rotation of regional cuisines</li><li>2. Balance of flavours in every meal</li><li>3. Mix of favourites and novel dishes</li></ul>
E	<b>E - Energy Conscious</b> <ul style="list-style-type: none"><li>1. Moderate oil/ghee usage</li><li>2. Protein in every meal for sustained energy</li><li>3. Options for different energy needs</li></ul>

## Quick Implementation Checklist

- 1. Standardized serving tools for portion control:** Purchase and implement standardized ladles, scoops, and serving spoons that match recommended portion sizes.
- 2. Visual guides at serving stations:** Install laminated posters or digital displays showing proper portion sizes and plate composition at each serving station.
- 3. Regular vendor quality audits:** Schedule quarterly vendor inspections using a standardized food safety and quality checklist.
- 4. Staff training on hygiene and portioning:** Conduct monthly 60-minute training sessions for cafeteria staff on food safety protocols and proper portioning techniques.
- 5. Monthly feedback collection:** Create a simple digital survey system to gather employee feedback on meal quality and variety.

# Anecdote

## The Midnight Coder

Varun, a 28-year-old backend developer working on critical product launches, consulted a nutritionist after experiencing persistent brain fog and energy crashes that affected his problem-solving abilities. Working entirely remotely, he had fallen into a pattern of caffeine reliance, meal-skipping, and late-night processed food binges. The nutritionist created a "code-friendly nutrition protocol" featuring strategic meal timing, desk-friendly high-protein snacks, and batch-cooking strategies that accommodated his irregular hours.

After implementing these changes, Varun reported 40% fewer debugging errors during afternoon sessions and significantly improved sleep quality, leading his company to incorporate similar nutrition planning into onboarding for technical teams.

## The Traveling Executive

Meera, a 44-year-old sales director with a grueling travel schedule across tier-1 and tier-2 cities, consulted a dietitian after her annual health check revealed concerning metabolic markers despite her regular exercise routine. The specialist identified that unpredictable travel schedules had created chaotic eating patterns, excess restaurant meals, and stress-induced eating behaviors. Together they developed a "business travel nutrition playbook" with restaurant ordering strategies, hotel room food preparation hacks, and guidelines for maintaining nutritional balance across different regional cuisines. Six months later, Meera's biomarkers improved significantly, and she shared her playbook with her sales team, leading to fewer sick days and higher energy during crucial client meetings.



# If looks could kill — understanding corporate India's dermatology concerns



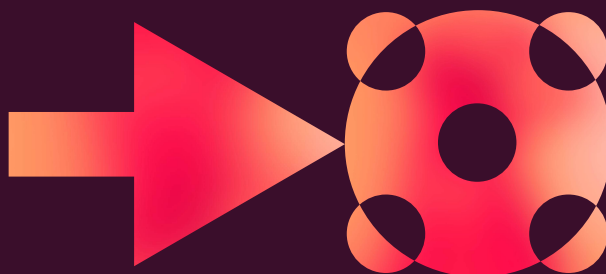
Just the way you are

Bruno Mars



When I see your face  
There's not a thing that I would change  
'Cause you're amazing  
Just the way you are

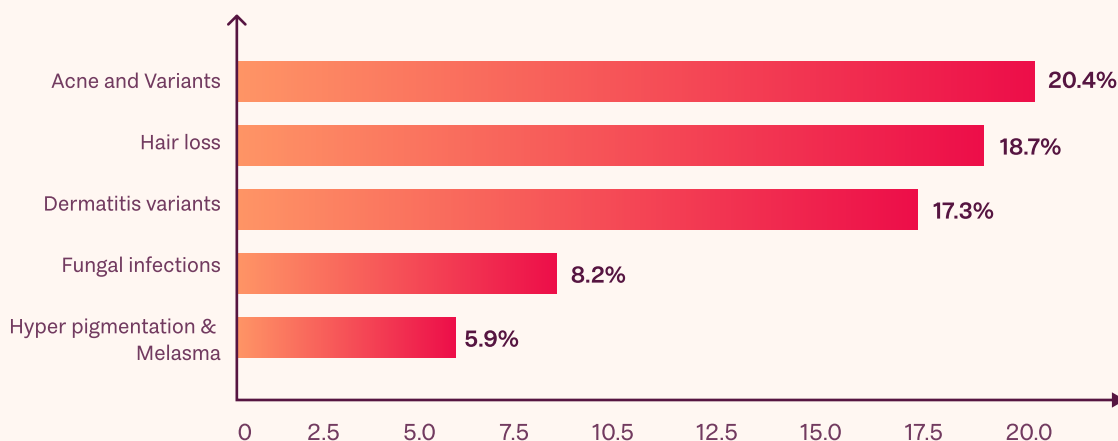
*Just the way you are, Bruno Mars*



# Appearance-related concerns are an important, yet overlooked aspect of employee health

Dermatology consultations comprise a third of all telehealth consultations, making it the most popular specialization.

## Acne and hair loss comprise 40% of total concerns



Even mild cases have a recovery period of two months.

## Appearance-related anxiety features prominently during an employee's peak career-building years.

Almost 2-in-3 dermatology consults are booked by employees in the early stages of their career. Acne-related concerns account for 44% of appointments by employees under <25, and hair loss drives a third of all appointments by employees in the 25-34 age group.

Appearance-linked mental health load is a major cause for concern, with a fourth of consultations explicitly mentioning appearance or self-esteem-related language. Global evidence shows depression/anxiety prevalence of 22-29 % in acne patients and heightened distress in early-onset alopecia, suggesting a burgeoning psycho-derm burden amongst Indian employees <sup>[23]</sup>. More on this in the next page.

***Dermatological conditions form a unique health category where the psychological and social toll often outweighs physical discomfort—especially in professional environments where appearance and confidence play a critical role in shaping workplace interactions and influencing career paths.***

# Dermatological conditions have a huge impact on self-image and confidence levels in the workplace

## Self-image issues influence career decisions

Research indicates visible skin conditions can reduce workplace confidence by 30-45%, an insight backed by conversations at dermatological consultations.



The psychological burden is highest amongst younger employees aged 20-30 years.

## The workplace environment exacerbates conditions.

The workplace environment contributes existing conditions, and also impedes recovery regimens.



While it takes about 2.3 months for moderate skin conditions to resolve, 47% of employees report difficulty maintaining recommended regimens at work.

## Simple investments by companies can go a long way.



# Anecdote

## The Presentation Panic

Karan, a 31-year-old consultant, urgently booked a dermatology consultation when an aggressive acne breakout appeared days before a major client presentation. The dermatologist identified the flare-up as stress-induced and exacerbated by the dry office air conditioning. Beyond immediate treatment, the specialist recommended adjustments to Karan's skincare routine to address the specific office environmental factors. The dermatologist also suggested incorporating stress-reduction techniques before high-pressure work events.

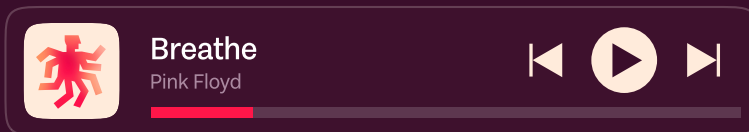
Following this guidance, Karan not only successfully delivered his presentation but also noticed fewer stress-related skin issues, eventually becoming an advocate for his firm's wellness room where employees could practice quick meditation between meetings.

## The Video Call Confidence

Divya, a 36-year-old team leader working in a hybrid model, sought dermatological help for persistent dark circles and skin dullness that made her feel self-conscious during video meetings. The consultation revealed the combined effects of blue light exposure, erratic sleep patterns due to global team coordination, and indoor air quality issues. The dermatologist prescribed a targeted skincare protocol along with environmental modifications including a desktop humidifier, blue light screen protector, and workstation positioning to reduce screen glare.

These interventions not only improved Divya's skin condition but also reduced her eye strain and headaches, ultimately leading her to advocate for similar workspace assessments for her entire team.

# Indians do not have any time to take care of their health.



Run, rabbit run  
Dig that hole, forget the sun  
And when at last the work is done  
Don't sit down  
It's time to dig another one

*-Breathe, Pink Floyd*



# Indians are the most overworked workforce in the world.

According to the International Labour Organisation, 51% of the Indian workforce spends more than 48 hours at work every week. This number is under 25% for most developed countries like The United States, United Kingdom, and Japan <sup>[24]</sup>.

Indians spend 10 more hours working every week, compared to other countries.



## A third of the workforce don't have time to invest in their physical, mental, and social health.

▶ **35%**

of employees don't work out because they don't have time

**30%**

believe time is the only thing preventing their access to quality mental healthcare

**38%**

believe a lack of time affects relationships outside of work

The normalization, and sometimes even glorification, of long working hours within Indian corporate culture directly conflicts with global evidence linking excessive hours to severe health risks like stroke and heart disease and with international trends emphasizing sustainable work practices and work-life balance.



**Fun fact:** 52% of employees spend more than an hour stuck in commute to their workplace, effectively making their 48-hour work week a 55-hour work week.

# Introducing the 14-hour health week.

With increased commentary around 70 and 90-hour work weeks, employees are not prioritizing the time spent investing in their health and wellbeing.

Achieving meaningful improvements in employee health in India requires not only implementing supportive programs, but also confronting and transforming deeply ingrained cultural norms around work intensity and duration. A systemic shift towards valuing rest, recovery, and reasonable working hours is essential

There is a pressing need for a workweek equivalent to health, with companies assisting this by integrating health into an employee’s work-day.

*We propose that employees dedicate at least 2 hours each day, totaling 14 hours per week, to investing in their physical, mental, and social well-being.*

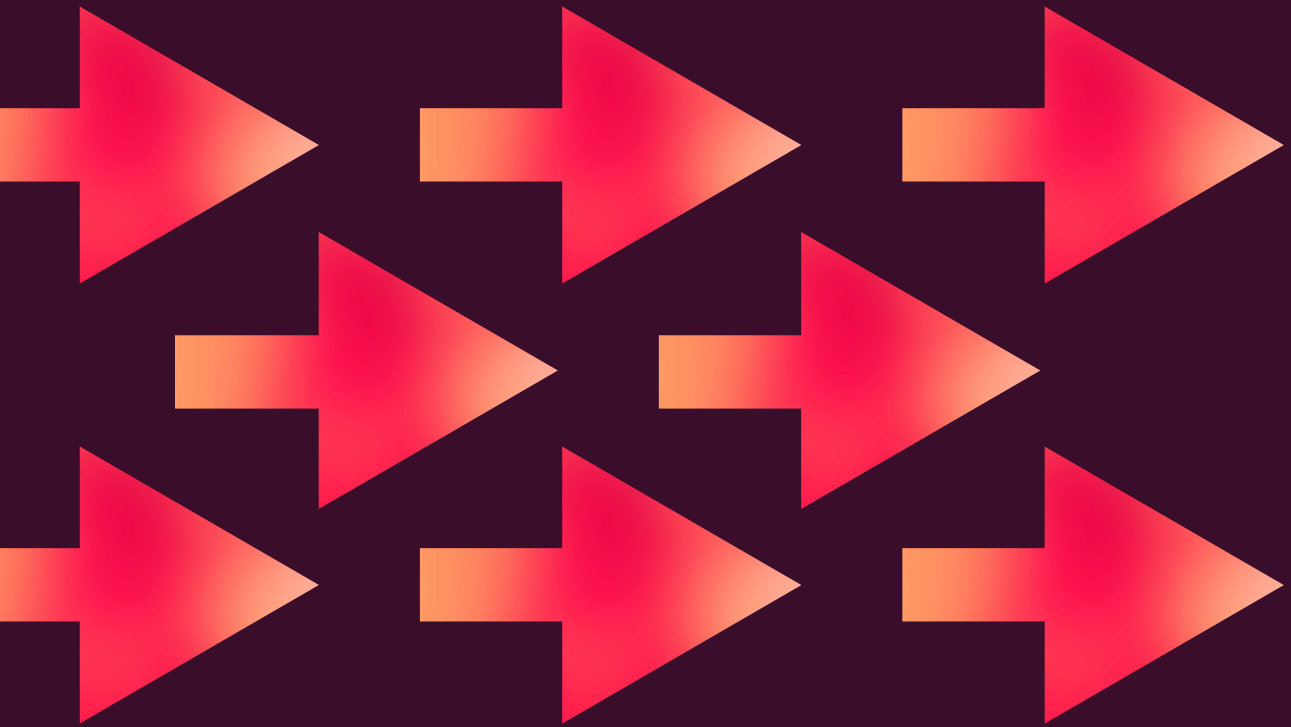
Dimensions	Suggested Time (weekly)	Activities
Physical Health	~6 hours per week	Brisk walking, jogging or cycling; gym workouts or strength training; yoga classes; team sports (e.g., football, badminton)
Mental Health	~4 hours per week	Mindfulness meditation and breathing exercises; yoga or tai chi (mind-body practices); journaling or creative hobbies; counseling or therapy sessions
Social Health	~4 hours per week	Team outings, shared meals or coffee breaks with colleagues; spending time with family and friends; group exercise clubs or sports teams; community service or volunteering

The 14-hour work week includes, but is not limited to physical exercise, nutrition, building social bonds, meditation and mindfulness, and monitoring vitals. This excludes sleep, and assumes an employee is maintaining a regular sleep cycle of 7-9 hours.

Next Chapter:  
Workplaces as catalysts for health outcomes

## Chapter 4

# Workplaces as catalysts for health outcomes





# India Inc. is driving impactful health outcomes

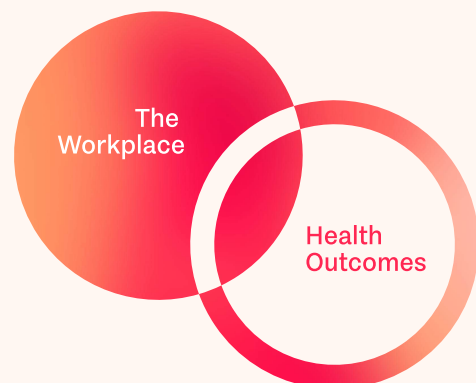
## India Inc is waking up to the health of their teams

After examining disease patterns, health dimensions, and emerging risk factors, we now focus on the workplace environment itself. Work has evolved from a neutral setting to becoming the most powerful influencer of employee health outcomes.

Over the past year, adoption of health benefits surged. Startups doubled their first-time insurance purchases, and large enterprises also saw a two-fold increase in flexible benefit programs. Employees who can customize benefits usually extend coverage to family members, leading to higher satisfaction rates.

Financially, investing in workplace health makes strong business sense. Companies earn roughly ₹296 for every ₹100 spent on insurance, prevention, and wellness. Direct healthcare savings alone average ₹9,750 per employee each year. Additionally, reductions in absenteeism and presenteeism make these health programs more profitable than many conventional projects. However, these benefits often remain unnoticed beyond HR departments.

Despite progress, only one-third of organizations provide the benefits employees value most. Workplace factors like excessive workloads, commuting demands, and office environment design create greater health burdens than benefit gaps: lengthy commutes consume productive hours, indoor air quality issues drive dermatological problems, and work schedules disrupt exercise and eating patterns. Without addressing these fundamental factors, even substantial benefit investments yield limited results.



## Chapter 4

# Synopsis

## | 01. Indian companies are improving access to quality healthcare

- Employer-sponsored telehealth services significantly boost employee health, reduce costs, and improve productivity.
- Every ₹100 invested in health benefits saves employees about ₹296.

## | 02. Blindspots remain in India Inc.'s approach to employee health

- Only a third of companies offer the benefits employees truly value
- Intangible issues like workload, culture, and policies have a greater impact on employee health than traditional benefits

# Indian companies are acting as gateways to better health.

Over the last year, there has been a 100% surge in startups purchasing insurance for the first time also investing in preventive health, and a 100% surge in large organisations investing in flexible healthcare benefits for their team.



## Indian employers now drive better health outcomes

Comprehensive health benefits, increased awareness, easier access, and periodic nudges by companies have together contributed to employees strengthening their relationship with health



# Through telehealth, Indian companies are improving access to quality healthcare.

Driven by ease of access and convenience, telehealth interventions translate to a 30-45% reduction in productivity loss for employees.

## Early intervention

Telehealth shifts care from 'treat when severe' to 'act at the first sign.'

By making professional medical advice readily and conveniently accessible, telehealth empowers employees to address physical and mental health concerns at their inception. This early engagement facilitates timely diagnoses, preventive discussions, risk assessments, and the initiation of appropriate management plans.

### The impact of early intervention

► **1.3 days**

shorter recovery time for acute illnesses, on average

**64%**

of employees with mental health conditions report improved functioning after 3+ telehealth sessions



## Access

The nature of corporate jobs frequently involves long working hours, high-pressure environments, and significant performance expectations. This 'time poverty' makes taking several hours off work for a routine doctor's visit a significant challenge. Adding lengthy commutes through urban traffic further erodes available time.

Telehealth directly addresses this 'temporal distance' by integrating healthcare access into the employee's existing digital environment and schedule. Furthermore, by removing the logistical hurdles associated with specialist appointments – even within the same city – telehealth democratizes access to specialized care, which is crucial for managing the chronic conditions and stress-related ailments often prevalent in this workforce.

This is especially useful for employees with aged parents, or employees and dependents living in non-metro cities where quality healthcare might not be as accessible.

### The impact of telehealth on access

► **37%**

of telehealth consultations have been made for employee's family members

**40%**

of consultations have been made by employees living in non-metro cities

---

## Cost

While direct data quantifying telehealth out-of-pocket expenditure reduction specifically for the Indian white-collar workforce is scarce, the inherent cost-saving mechanisms of employer-sponsored telehealth (no consultation fees, no travel, reduced costs on prescribed medicines and diagnostic tests), strongly support the argument that such programs significantly reduce the financial strain of healthcare for employees.

### The impact of telehealth on access

► **₹9,750 of savings**

By our estimates, employee save this amount each year on doctor consultations through employer-sponsored telehealth

---

For every ₹100 invested by companies, the average employee saves ₹296 on health spends.

Rank	Benefits	Investment by company	Savings to employee
Emergency Health	Health insurance for employee and family	₹40,000	₹112,500
Preventive Health	OPD Covers	₹4,000	₹15,000
	Full body checkup	₹1,800	₹3,500
	Doctor consultations (GP)	₹2,000	₹2,000
	Doctor consultations specialists		₹2,800
	Doctor consultations Mental Health		₹8,000
	Dental discounts	₹400	₹2,000
	Discounted Medicines		₹2,000
Primary Health	Gym Memberships	₹9,600	₹16,000
	Fitness & Active living		₹3,000
	Nutrition & Supplements		₹3,000
	Family Health		₹1,000
Total (Including hospitalisation, and primary and preventive health spends)		₹57,800	₹1,70,800
Savings (Including hospitalisation, and primary and preventive health spends)		₹296 saved for every ₹100 invested	
Total (Only primary and preventive health spends)		₹17,800	₹58,300
Savings (Only primary and preventive health spends)		₹328 saved for every ₹100 invested	

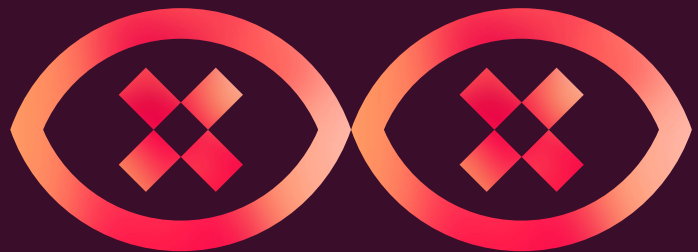
**Note:** This model is based on healthcare spending data from 1,30,000+ Plum users across 5000 companies. It reflects investments across insurance, preventive care, and Plum Perks. Savings are estimated from average claims, yearly doctor consultations (GP/Specialist: 1 per quarter; Mental health: 4 annually), and discounts via Plum Perks.\*

\*Plum Perks are free for companies and offer savings through discounts on 75+ healthcare brands on the Plum app.

**In addition to improving access to healthcare, the health conscious employer also acts as a gateway to employees accessing innovative, relevant, and modern benefits.**

**However, for this to truly work, companies should treat health interventions as a proactive investment into their biggest asset, talent.**

# A couple of blind spots





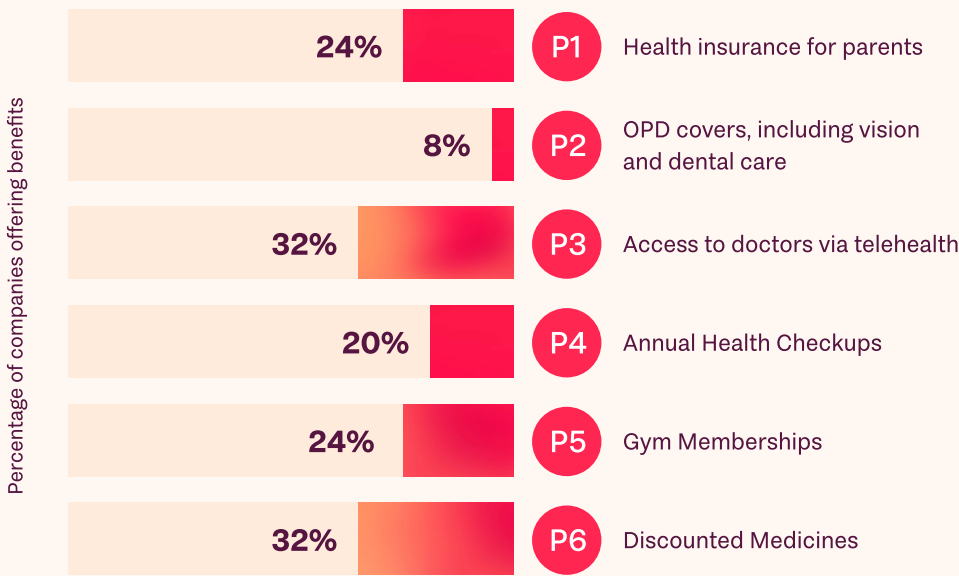
# Only a third of companies offer the health benefits employees value the most.

This gap between expectations and realities extends to health benefits. While most companies have covered the bare necessities for employee health with health insurance, there remains a lot left to be done. A survey sent to over 500 employees revealed that most organizations did not offer the benefits that employees really valued.

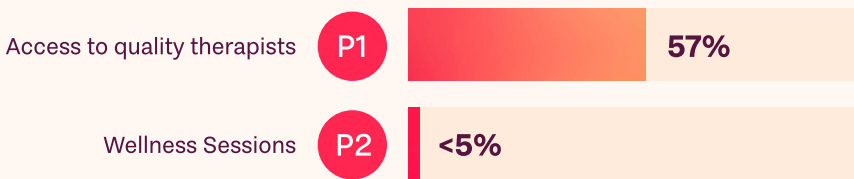
## Employers and employees are not on the same page

A survey sent to over 500 employees revealed that most organisations did not offer the benefits that employees really valued. Parental coverage, OPD benefits, and easy to access to doctors were the top three priorities for employees, but only a third of companies offer these benefits.

### Physical Health



### Mental Health



# The intangible impact of workplace culture on employee health.





Poor balance is frequently cited as a key contributor to ill health. The observation that a third of the workforce continued working despite poor mental health suggests a potential workplace culture where employees may feel compelled or inclined to push through physical illness as well.

A 2022 Deloitte survey found that 41% of Indian employees identified a lack of separation between work and personal life as a significant source of stress, with many employees report struggling to disconnect from work responsibilities, even outside of official hours. This is often exacerbated by a work culture that may implicitly or explicitly value long working hours <sup>[15]</sup>.

## The health costs of poor workplace habits

Our survey explored subjective themes around the impact workplace culture, habits, and policies had on an employee's health. Our findings, along with insights from 80,000 telehealth consultations, revealed the extent to which culture and workload influence health.

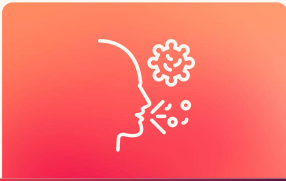
### Workplace

▶ Commute	of employees spend more than an hour commuting to work, impeding healthy lifestyles	
▶ Workplace design	of skin issues among employees are due to air conditioning, indoor pollution, or workplace stress	
▶ Food and Nutrition	of nutrition deficiency instances correlate with reported 8+ daily indoor hours	
▶ Posture	of all orthopaedic consultations correlated with poor posture and extended periods of sitting at work	

▶ Contagion

0.3-1.2x

Each office case of respiratory infections generates 0.3-1.2 additional cases

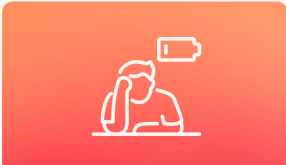


Workload

▶ Sedentary lifestyles

35%

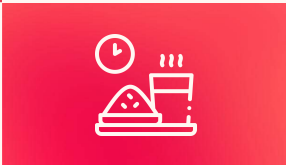
skip physical exercise every week due to workload



▶ Food and Nutrition

51%

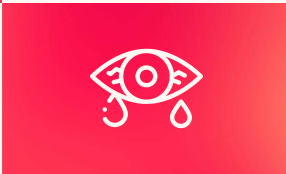
skip at least one meal every week due to work commitments



▶ Eye health

80%

report a daily screen time >6hours



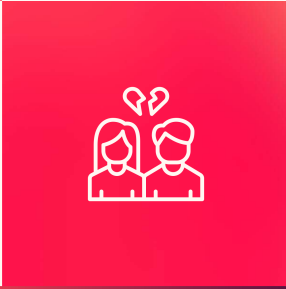
▶ Social health

73%

skipped a personal commitment due to work every week

22%

maintain that workload negatively influenced their relationship

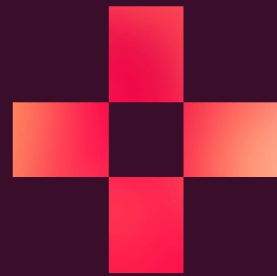


Health outcomes extend beyond the benefits offered by companies, and require a deeper understanding of culture, behaviours, and habits inculcated at the workplace.

Next Chapter:  
workplaces as catalysts for health outcomes

## Chapter 5

# The new standard of healthcare



# Health is not an initiative, but a transcendent concept.

Employee health initiatives need a mindset shift.

Despite the best intentions, most approaches to employee health are reactive. To drive positive health outcomes, companies need to change their mindset across budgets, measurement, and culture.

Status quo	Driving great health outcomes
Health spending is not a priority, but a cost to be minimized.	Treat health as a long-term investment in the team, and increase investments in preventative healthcare.
Inconsistencies and gaps in data limit our current understanding of employee health.	Move from spreadsheets to dashboards – standardise measurements and data collection.
Proven health interventions are scaled slowly or not at all.	Use data-led insights to scale what works, and apply proven interventions equitably across the workforce.
The impact of culture and behaviours at work are often ignored.	Identify unsustainable work habits proactively and address them through training and intervention.
Modifiable behaviours (diet, smoking, alcohol) contribute to a majority of poor health outcomes.	Incentivise good health behaviours and outcomes.

## Chapter 5

# Synopsis

## | 01. The new standard of employee health

- Flex is the future
- The modern EAP healthcare programme influences all dimensions of health
- The best healthcare experiences are unified and digital

## | 02. India's best workplaces are redefining employee health through proactive, data-backed decisions

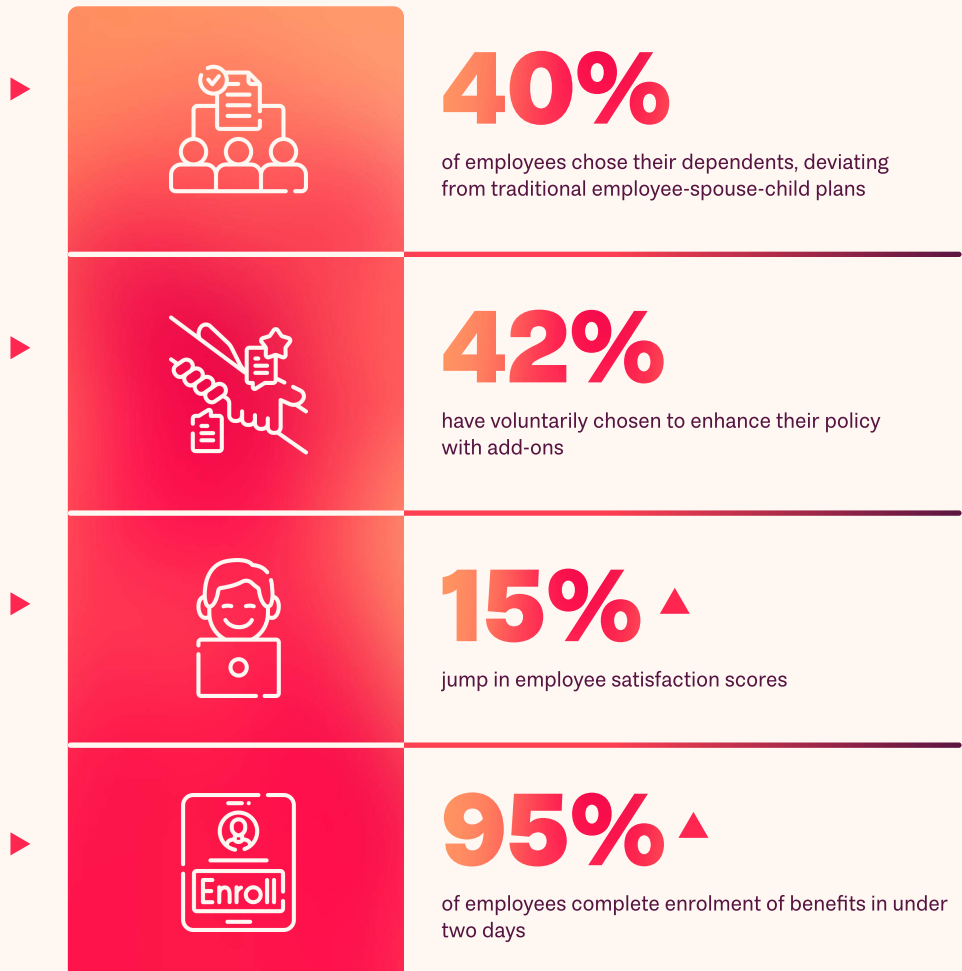
- How companies like Eternal, Meesho, and CRED are setting the new standard of employee health

# The new standard is flexible

75% would like the flexibility to choose their own benefits – thanks to a diverse employee base with diverse healthcare priorities.

A few years ago, flexible health benefits was a buzzword, with few companies adopting them. Today, the best companies offer flexible benefits to their employees.

**Around 40% of enterprise companies partnering with Plum have adopted flex care for their teams, and the early signs are encouraging.**



# A demographic-led approach to flex care

Our research identified four primary cohorts, with different needs:

## The Independent



Parents also earn. No responsibility of older/younger dependents. Prioritises self.

### Key demographics:

Unmarried/Ages: 18-30/Women & men.

**Order level:** Simple

## The Collaborator



A few earning parents, mostly not. High financial/non-financial dependency of parents & siblings.

### Key demographics :

Unmarried/Ages : 18-30 /Women & men.

**Order level:** Medium

## The Supporter



Sole-earner or has earning partner. No responsibility of other dependents on a regular basis.

### Key demographics:

Unmarried/Ages: 25+/Women & men.

**Order level:** Medium

## The Caregiver



Parents have retired. High financial and/or non-financial dependency of kids, spouse & parents.

### Key demographics:

Unmarried/Ages: 30+/Women & men.

**Order level:** High

A truly relevant health benefits stack offers financial, functional, emotional, and social value to a majority of the employee base. Flexible benefits plans allows employees to choose the benefits they want, enabling companies to drive better health outcomes on a fixed budget.





- Financial value:** A health benefit provides financial value when users save money on recurring expenses like while finding the benefits affordable and desirable to use.
- Emotional value:** A benefit provides emotional value by reinforcing positive feelings of responsibility, safety, happiness, and contentment, with users often deriving greater satisfaction from caring for themselves and loved ones than from the financial savings alone.
- Social value:** Health benefits create social value by promoting inclusive practices that improve overall societal health, encouraging peer-influenced healthy behaviors, and fostering community bonding through awareness campaigns and organized programs.
- Functional value:** Health benefits deliver functional value through convenience, accessibility, and frequency of use.

The Independent	The Collaborator	The Supporter	The Caregiver
Financial value			
Affordability of recurring but significant & the optimized threshold	Affordability of recurring but significant & saving for the future	Affordability for family-friendly benefits & savings	Affordability for family-friendly & mandatory spends
Functional value			
Convenience Accessibility Frequency of use	Accessibility Convenience Frequency of use	Accessibility Convenience Frequency of use	Accessibility Convenience Frequency of use
Emotional value			
Self-care/ Emotional well-being (hobbies)	Self-care	Extending care to loved ones, inclusion of older parents	Extending care to loved ones, inclusion of older parents and dependents
Social value			
Self-growth & empowerment, Upskilling	Influence, Sense of belonging	Communities	Sense of belonging, Awareness
Benefits			
<ul style="list-style-type: none"><li>• Access to mental healthcare</li><li>• Gym and fitness subscriptions</li><li>• Nutritious meals</li><li>• Micro-communities at work</li></ul>	<ul style="list-style-type: none"><li>• Access to quality doctors</li><li>• Discounted medicines</li><li>• Extension of benefits to dependents - (partners, parents etc)</li></ul>	<ul style="list-style-type: none"><li>• Comprehensive health insurance</li><li>• Annual health checkups, discounts on diagnostics and medicines</li><li>• OPD benefits</li><li>• Caregiving facilities</li></ul>	<ul style="list-style-type: none"><li>• Comprehensive health insurance</li><li>• Access to quality doctors</li><li>• OPD wallets</li><li>• Caregiving facilities</li></ul>

# The new standard is comprehensive

Holistic employee healthcare extends to every touchpoint of the employee experience, be it perks and benefits, workplace policies, and cultural behaviours. Viewing health as an outcome influenced by a myriad of factors can help employers craft a wholesome employee health programme.

## The archetype of a great employee assistance programme

Initiative	Benefit	Implementation	Success Metrics
Physical Health			
On-site Health Camps & Screenings	Early detection of NCDs can reduce long-term health risks and improve outcomes.	Regular health camps offering screenings for blood pressure, cholesterol, blood glucose, and cancer markers.	Number of health checkups, percentage of high-risk employees identified, follow-up care uptake.
Fitness Programs	Reduces sedentary lifestyle risks, increasing cardiovascular health and fitness.	On-site gyms, yoga sessions, virtual fitness challenges via the app (with reminders and tracking).	Participation rates, improvement in fitness levels, engagement with digital fitness tools.
Preventive Health			
Telehealth Consultations	Provides convenient, quick access to healthcare, reducing absenteeism and presenteeism.	24/7 access to general physicians, specialists (dermatology, mental health, family care) through an app or platform.	Consultation rates, response times, user satisfaction.
Nutritional Guidance and Supplement Programs	Improves nutrition deficiencies and reduces the risk of chronic diseases.	Online consultations with dietitians, nutrition challenges, dietary recommendations tailored to each employee's needs.	Rate of participation, improvements in health (e.g., vitamin levels), meal adherence.

Mental Health			
Mental Health Counselling & Support	Addressing anxiety, stress, and depression helps improve focus and productivity.	Telehealth therapy (CBT, stress management).	Utilization rates, reduction in anxiety/stress levels (self-reports), employee feedback.
Mindfulness & Stress Management Workshops	Empowers employees with skills to manage workplace stress and improve well-being.	Monthly workshops on mindfulness, coping mechanisms, and work-related stress.	Attendance rates, pre- and post-workshop stress levels, employee feedback.
Habit Formation			
Smoking Cessation Programs	Reduces the risk of chronic diseases and improves overall health.	On-site smoking cessation support groups, digital programs with tracking, and rewards for milestones.	Number of participants, quit rates, reduction in smoking-related health issues.
Fitness & Weight Management Programs	Helps mitigate obesity, a key risk factor for heart disease and diabetes.	Gym memberships, virtual fitness tracking apps, weekly fitness goals, and meal planning tools.	Weight loss metrics, gym membership uptake, participant satisfaction.
Financial Planning Assistance			
Smoking Cessation Programs	Reduces the risk of chronic diseases and improves overall health.	On-site smoking cessation support groups, digital programs with tracking, and rewards for milestones.	Number of participants, quit rates, reduction in smoking-related health issues.
Debt Management and Emergency Loan Assistance	Reduces financial anxiety, contributing to overall well-being.	On-site debt management counseling, access to emergency loans, financial assistance programs.	Loan utilization rates, financial stress reduction (surveys), satisfaction with services.
Social Health			
Family Health Benefits	Family health significantly impacts employee well-being.	Health coverage for family members, including dependents and elderly family care, accessible through the app.	Family health utilization rates, employee satisfaction, cost savings.
Social Bonding Programs	Social isolation affects mental and physical health, leading to burnout and stress.	Virtual team-building activities, social wellness programs, and in-office events for family members.	Participation rates, engagement scores, reduction in loneliness (survey).

# The new standard is tech-driven

Today, both the employer and employee suffer from disjointed healthcare experiences. Without sufficient intel, healthcare interventions are irrelevant, disjointed, and suffer from poor adoption.

***A single tech platform across preventive, primary, and therapeutic health could solve this problem. When all the context is in one place, employees and their families can customize their health journeys with little to no intervention from the employer.***



# How companies are setting the new standard for employee healthcare.

A one size fits all approach doesn't work, because each company has its own unique employee demographic. Therefore it's important to identify trends across employee requirements and adoption rates. We give you five companies that walked the talk with their employee healthcare initiatives, across emergency, preventive, and primary healthcare.

Companies in the top percentile were not defined by industry or company size, but rather by their intent to do right by their talent. Most of these companies spent approximately 2% of their payroll on employee benefits – which translated into a health benefits stack at par with most global giants.

Here are five companies that walked the talk with their employee healthcare initiatives, across emergency, preventive, and primary healthcare.



**Industry:** Healthcare  
**Headquarters:** Virginia, USA  
**Employees:** 600

## Acentra Health's OPD cover includes all aspects of healthcare expenditure, from mental health to prosthetics

A company driving great health outcomes in the United States, Acentra Health is no stranger to the importance of a holistic healthcare programme. In addition to a health insurance policy that is amongst the top ten percentile in the country, Acentra also ensures that everyday healthcare spends are covered through a comprehensive OPD policy.

With a total sum insured of ₹ 50,000 per employee, this policy is one of the most comprehensive covers in the country. In addition to what is covered in a traditional policy like doctor consultations, medicines, and gym subscriptions, Acentra also covers healthcare spending related to fertility treatments, nutritional supplements and diet plans, and even smoking cessation programmes.



*Over the last six months, over 200 employees have raised an OPD claim, translating into an average savings of ₹ 3,300 per employee.*



**Industry:** Fintech

**Headquarters:** Bengaluru

**Employees:** 1,200

## CRED's flexible health benefits helped over 90% employees build personalized healthcare plans

CRED offers their employees a health wallet, allowing them to craft their own employee healthcare plans. Employees have the option of choosing their dependents, the sum insured, the nature of coverage, and additional health benefits like gym memberships, telehealth consultations, and more.

94% of employees deviated from the default plan, choosing to craft their own policy. Personalisation has resulted in greater adoption, with 61% of CRED employees opting for health benefits across primary, preventive and emergency health.

*Close to 500 employees completed their health checkup, with 80% going through one for the first time. Insights from these camps helped Simplilearn plan data-driven healthcare programmes and enabled employees to plan recommended and relevant health interventions.*



**Industry:** Food & Delivery

**Headquarters:** Gurugram

**Employees:** 17,000

## Eternal helped 2000 employees save over ₹ 15,000 every year on everyday healthcare spends

The medical insurance policy at Eternal covers all employees, including their spouse/partner and children. The policy covers live-in and same-gender partners as dependents and offers double maternity coverage in the case of twins. It also includes treatment for autism, Infertility treatment and egg-freezing, and gender reassignment surgery. Additionally, Eternal has telehealth services offering free doctor's consultations for all employees and their families.

Earlier last year, Eternal offered their employees discounts on healthcare purchases through Plum Perks, a comprehensive and curated suite of healthcare and wellness benefits for employees.

*Since then, over 2000 employees have used perks to make healthier lifestyle choices and investments in preventive and primary health, translating into savings of over ₹ 15,000 per employee every year.*



**Industry:** E-Commerce  
**Headquarters:** Bengaluru  
**Employees:** 1,800

## Meesho's telehealth plan has driven great health outcomes for a fifth of their employee base.

Meesho's MeeCARE programme for its employees and their families encompasses mental, emotional, and physical health through yoga, meditation, insurance plans, and lessons on nourishment and female health. The programme also educates employees on financial protection. One of their most effective benefits has been employee-sponsored telehealth, with a telehealth consultation booked every 6 hours.

To drive successful health outcomes, Meesho knew that intent had to translate to adoption. Steps involved sensitising new employees about their health benefits as early as Day One, driving telehealth adoption amongst employees' families, and repeated references to telehealth during internal town halls and related wellness events.



**Industry:** Ed-tech  
**Headquarters:** Bengaluru  
**Employees:** 1,200

## Simplilearn's health camps enabled 400 employees with their first full-body health checkup.

Health camps have been an integral part of corporate wellness initiatives from the very beginning. However, employee engagement during these camps is traditionally a challenge.

With Plum's help, Simplilearn hosted a health camp with a more gamified experience. Users were given a 'health passport', and had to get it 'stamped' across five zones – fitness, screening, ageing, nutrition, and counselling.

*Close to 500 employees completed their health checkup, with 80% going through one for the first time. Insights from these camps helped Simplilearn plan data-driven healthcare programmes and enabled employees to plan recommended and relevant health interventions.*



# Conclusion



# Health outcomes will drive India's most productive decade.

India stands at a historic inflection point. With 600 million citizens aged 18-35, our demographic dividend offers unprecedented opportunity. Yet this promise is undermined by a troubling reality: our workforce faces an escalating health crisis.

Early onset chronic diseases, widespread nutritional deficiencies, and unchecked mental health challenges threaten not just individual lives, but our collective national ambition. The solution begins in our workplaces. The evidence is compelling: companies investing strategically in health programs see measurable returns across every metric—from reduced absenteeism and enhanced productivity to improved retention and strengthened culture.

This is not merely an HR issue; it's a business imperative. In an era where access to capital and technology is increasingly democratized, your greatest competitive moat is talent. The organizations that will lead tomorrow recognize health as foundational to maximizing human potential.

The cost of inaction is sobering. Employers lose up to ₹500,000 per employee annually due to poor health. Beyond this financial toll lies the human cost: diminished potential, shortened careers, and lives marked by preventable suffering.

We challenge you to reimagine your approach to employee health. Move beyond compliance-driven insurance to comprehensive ecosystems that nurture physical, mental, and social wellbeing. Build workplaces where the 14-hour health week is embraced, where employees are empowered to invest in themselves.

At Plum, we've witnessed how purposeful health investments translate to organizational vitality. Every ₹100 invested in health benefits returns ₹296 in value—a return unmatched by almost any other business investment.

The question is not whether you can afford to prioritize health, but whether you can afford not to. In choosing to invest in your people's wellbeing with the same rigor you apply to other mission-critical operations, you're making the single most consequential decision for your organization's future—and contributing to a healthier, more vibrant India.

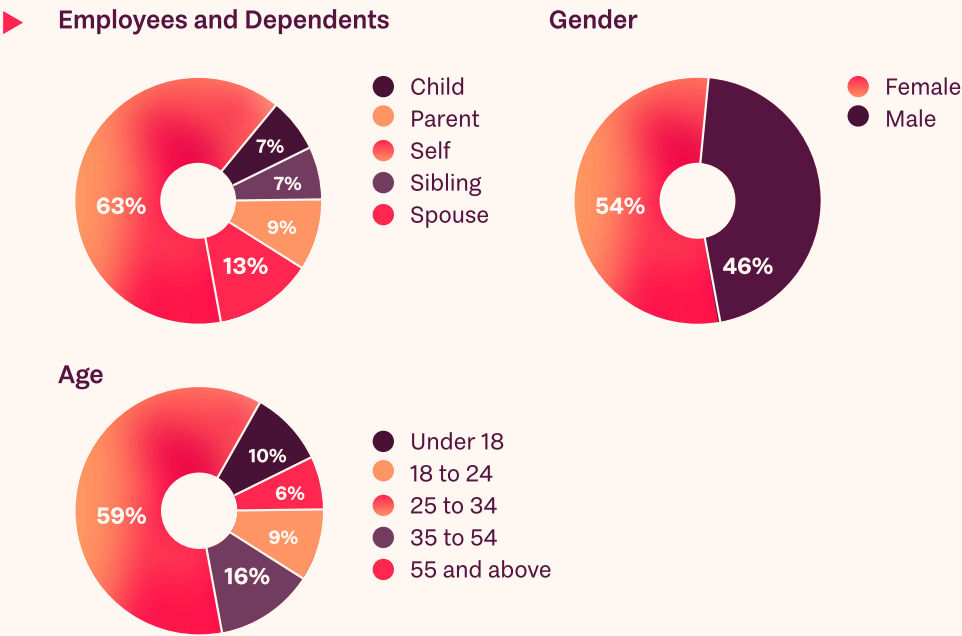
**The future belongs to those who understand this fundamental truth: when you invest in health, you invest in everything.**

# Appendix One – Primary Research and Methodology

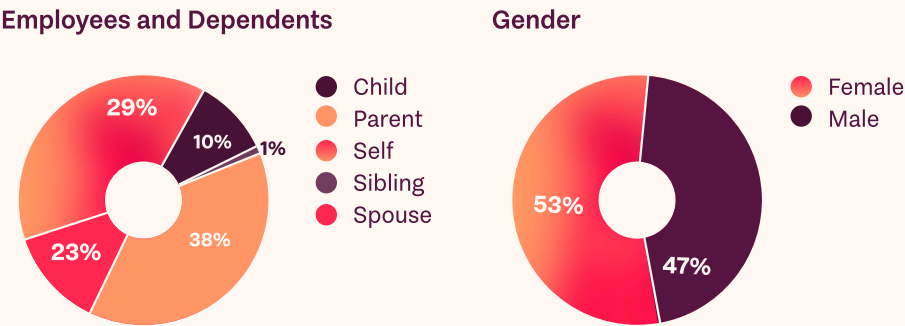
The Employee Health Report is the result of five curious people (one content marketer, one founders office associate, two designers, and one co-founder) poring over Plum’s proprietary data across claims, telehealth consultations, surveys, and health camps. These insights were then cross-referenced and validated with publicly available secondary research across journals, reports, and studies on healthcare.

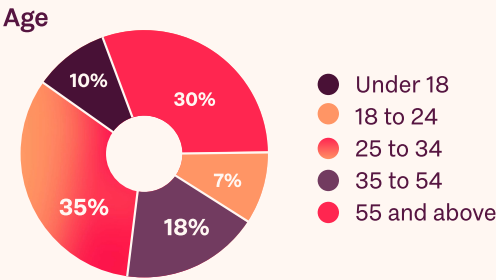
## Primary Research

98,111 telehealth consultations from January to December’24.

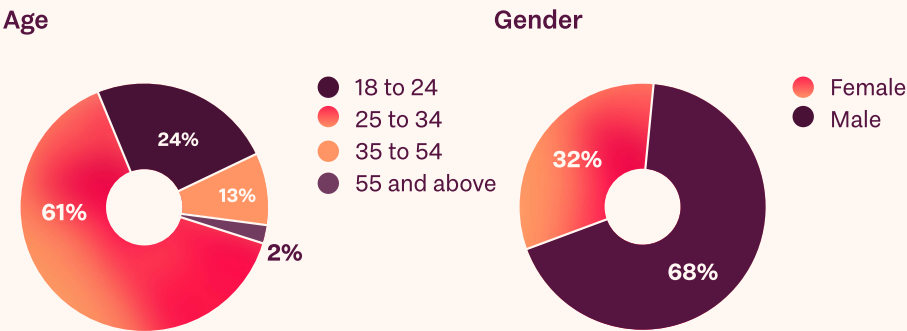


▶ 25,000 insurance claims

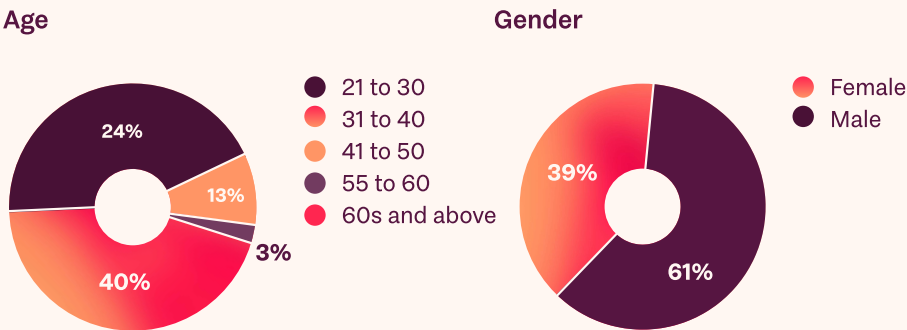




► Health camp reports of 1998 employees across 8 companies



► 512 responses to a qualitative survey around an employee's relationship with health, run in December 2024.



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# About plum

Plum is creating the new standard of employee benefits. Backed by marquee investors like Peak XV and Tiger Global, the company has helped India's best companies like Eternal, Atlassian, CRED, and Twilio with their health insurance and employee benefits.



**Best Insurtech Company  
2022-2024**  
Indian Insurtech Association,  
Global Fintech Fest



**Forbes Asia  
100  
TO WATCH**  
Forbes



**LinkedIn India Top Startup**  
LinkedIn

## Driving great health outcomes for India's greatest talent

### Employee Insurance

Thoughtfully designed insurance plans that cover your team and everyone they hold dear.

### Group Medical Cover

Inclusive, customisable, and affordable plans to protect your team and their family's well-being.

### Group Personal Accident

Financial protection against accidents leading to hospitalisation, death, and disabilities.

### Group Term Life

Provide financial protection to employees' families in the event of an untimely death.

### Telehealth

High-quality virtual healthcare for you and your loved ones. Experience seamless primary healthcare in under 10 minutes, all from the comfort of your home. From booking to prescriptions, we've got you covered.

### Health Checkups

A modern, in-depth assessment of your key health metrics, designed to provide a clear path to better health.

### Health Camps

Interactive, intuitive, and non-invasive health camps designed for employees, delivered across six zones covering fitness, screenings, ageing, counselling, and relaxation — making preventive care engaging and accessible in the workplace.

### Perks

An exclusive suite of offers from India's best health and wellness brands. Curated offers across personalized stacks including women's health, nutrition and fitness, self-care, family care and more.

### Personal Insurance

Individual term life and health insurance from Tier-1 insurers tailored for employees of Plum's partner companies, and their families.

Trusted by over **6000** companies and **6 lac** users.

**6 Lac+**

Lives covered

**79/100**

Best in industry claims NPS

**4.5+**

App store rating

**24x7**

Support for cashless claims

Yubi

peak xv

ZERODHA

zomato

CRED

SWIGGY

meesho

twilio

RIPLING

ATLASSIAN

remote

dish

wework

HubSpot

# Crafted with care ❤️, by the team at Plum



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India stands at a historic inflection point. With 600 million citizens aged 18-35, our demographic dividend offers unprecedented opportunity. Yet this promise is undermined by a troubling reality: our workforce faces an escalating health crisis. Early-onset chronic diseases, widespread deficiencies, and unchecked mental health challenges threaten not just individual lives, but also our collective national ambition.

The solution begins in our workplaces. The evidence is compelling: companies investing strategically in health programs see measurable returns across every metric—from reduced absenteeism and enhanced productivity to improved retention and strengthened culture. We're moving beyond mere lifespan to focus on healthspan, the period of life spent in robust well-being. We're recognising that physical, mental, and social dimensions of health are inseparable. We're understanding that health is not merely the absence of disease but the presence of vitality.

This report is our contribution to accelerating these positive trends. It represents countless hours analysing proprietary data, conducting research, and listening to the voices of employers and employees across India. The data tells a clear story: the organisations that will lead tomorrow are those investing strategically in the healthspan of their people today. As India approaches what might be our most productive decade, nothing could be more vital to our collective success.