

<p><b>\$1.8B+</b> Lost US productivity annually Mayo Clinic, 2023</p>	<p><b>1 in 10</b> Women left a job due to symptoms ONS, 2022</p>	<p><b>20%</b> Of US workforce in menopause now BofA / NMF, 2023</p>	<p><b>1.2B</b> Women in or past menopause by 2030 WHO, 2024</p>
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Midlife is the missing chapter in the benefits landscape. Nila is building the infrastructure to help close it.

**WHAT NILA IS**

**A daily-use resource, not a one-time tool**  
Evidence library, symptom tracking, a verified AI guide, and a moderated community. Members open Nila between appointments, before a difficult conversation, at 2 am. Built for the long arc of midlife health.

**Education and navigation, not clinical care**  
Nila does not diagnose, prescribe, or replace a clinician. It prepares members to engage more effectively with the care they have. No PHI collected. Sits alongside EAP and telehealth, not over them.

**Built for populations benefits rarely reach**  
Surgical and cancer-related menopause, neurodivergent members, trans and non-binary employees, those without specialist access. Sixteen named populations, each with a dedicated pathway, not a footnote.

**WHAT MAKES IT DIFFERENT**

**AI constrained to verified sources only**  
Draws exclusively from a clinically reviewed, evidence-graded library. Every claim tagged A, B, or C against its source. No open internet. No misinformation risk. Responsible AI in women's health, by design.

**Doctor-ready data exports**  
Members generate GP letters, MRS summaries, or symptom CSVs at any point. Tracking data stays private, is never sold, and is never shared with employers or plan administrators. Members control their data completely.

**Designed for cognitive accessibility**  
No autoplay, no streaks, no guilt. Low cognitive load by design. Text, audio, video, and journal prompts throughout. Built for brain fog and ADHD as much as clear-headed days.

**THE PRIVACY ARCHITECTURE – THE DELIBERATE LINE**

<p><b>Employees activate themselves</b> The employer purchases seats and receives one redeemable invite code per seat. The employee redeems it themselves. The employer never sees who activated, who did not, or anything about individual use.</p>	<p><b>Clinical data stays with the member</b> Symptoms, mood, journal entries, GP letters, community activity – none visible to employers or plan administrators. It belongs to the person who created it. Always. Members can export or delete at any time.</p>	<p><b>Employers get aggregate proof-of-use only</b> Quarterly anonymised usage summaries show cohort-level engagement only. No names. No symptoms. No clinical data. Company tier adds a review call. Enterprise adds DPA and MSA.</p>
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**PARTNERSHIP MODELS**

MODEL	SCALE	USD PRICING	BEST FOR	NEXT STEP
<b>Team</b>	10–49 seats	USD \$79/seat/yr	SMEs and team leads ready to act now	Self-serve
<b>Company</b>	50–249 seats	USD \$59/seat/yr	Mid-market with existing benefits infrastructure	Contact us
<b>Enterprise</b>	250+ seats	USD \$49/seat/yr	Large employers with complex compliance needs	Contact us
<b>Payer/Insurer</b>	Plan-wide	By request	Health plans building menopause into member ...	Partnership inquiry

All tiers include the free HR toolkit and quarterly anonymised usage summary. Enterprise adds DPA, MSA, SSO, and bulk provisioning. CAD, GBP, and EUR available on request.

## THE CANADIAN MOMENT

As of March 2026, BC residents have free universal access to menopausal hormone therapy, the first province in Canada to provide it. BC Women's Hospital opened Western Canada's first Complex Menopause Clinic in 2025.

National pharmacare agreements covering contraception and diabetes are now in place in four jurisdictions: BC, Manitoba, PEI, and Yukon. The policy environment is moving. More provinces are watching.

The workforce conversation is arriving whether employers are ready or not.

## WHY THIS CONVERSATION MAKES SENSE

- RESEARCH** Nila's evidence framework and de-identified member data are a real-world signal on the perimenopause information gap.
- WEF** The WEF / MHI \$1T analysis named plain-language access, diagnostic delay, and care equity as the key levers. Nila is purpose-built for all three.
- [W]HEALTH** Only 38% of healthcare organisations meaningfully advance women's health. Nila is what closing that gap looks like at the consumer level.
- OPEN TO** Co-authored research, research reporting inclusion, employer channel development, and thought leadership on responsible AI in women's health.

## GLOBAL POLICY MOMENTUM

### Canada

BC: free universal MHT coverage March 2026. Western Canada's first Complex Menopause Clinic opened 2025. National pharmacare framework active in four jurisdictions.

### United States

ADA, FMLA, PWFA, and Title VII apply to severe menopause symptoms. Washington State executive order June 2026. Illinois insurance mandate 2026.

### Global

WEF 2026 Women's Health Investment Outlook named menopause a major untapped opportunity. McKinsey estimates \$1 trillion added to global GDP by 2040.

## THE BUSINESS CASE

**1 in 10**

left a job due to menopause symptoms

ONS, 2022

**8 in 10**

employer offers no menopause support

Fawcett Society

**20%**

of US workforce in menopause right now

BofA / NMF, 2023

**\$1.8B+**

lost US productivity annually

Mayo Clinic, 2023

Seats from CAD \$79/seat/yr. The part employees actually open.

## WHAT HR GETS

- **Full Premium for every seat**  
evidence library, AI guide, tracking, and community
- **Free HR and manager toolkit**  
drop-in policy, manager training, conversation scripts, return-from-leave plan, discrimination evidence log
- **Menopause Champion pack**  
facilitator guide, lunch-and-learn run sheet, role sustainability guide, workplace posters
- **CBT-for-menopause module – Premium**  
Hunter & Hardy protocol, NICE-recommended. Hot flushes, sleep, low mood
- **Printable workplace pack**  
branded posters and signage at [hellonila.com/downloads](https://hellonila.com/downloads)
- **Anonymised aggregate reporting**  
cohort-level only. Never per-employee data
- **No PHI, no triage, no clinician booking**  
employees engage entirely on their own terms
- **Disclosure scripts**  
for employees navigating how much to share with their manager
- **Workplace rights guide**  
jurisdiction-by-jurisdiction
- **Team · Company · Enterprise**  
10-49 · 50-249 · 250+ seats. SSO and DPA available

## FOUNDER

Erin Beattie built Nila from inside the experience: bilateral mastectomy, total hysterectomy with BSO, chemical menopause through cancer treatment, endometriosis stage 3. Master's in Professional Communication, nearly two decades in post-secondary education. She designed and built the entire platform herself: the AI, the evidence system, the tracking infrastructure, the iOS app. She is still in this.