

Employee Benefits

in a COVID-19 World

APRIL 2020 SURVEY REPORT

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Acknowledgments

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The International Foundation of Employee Benefit Plans is the premier educational organization dedicated to providing the diverse benefits community with objective, solution-oriented education, research and information to ensure the health and financial security of plan beneficiaries worldwide. Total membership includes 31,000 individuals representing multiemployer trust funds, corporations, public employer groups and professional advisory firms throughout the United States and Canada. Each year, the International Foundation offers over 100 educational programs, including conferences and e-learning courses. Membership provides access to personalized research services and daily news delivery. The International Foundation sponsors the Certified Employee Benefit Specialist® (CEBS®) program in conjunction with the Wharton School of the University of Pennsylvania and Dalhousie University in Canada.



About the International Society of Certified Employee Benefit Specialists

The International Society of Certified Employee Benefit Specialists (ISCEBS) is a membership organization for those who have earned or are pursuing the Certified Employee Benefit Specialist (CEBS), Group Benefits Associate (GBA), Retirement Plans Associate (RPA) and Compensation Management Specialist (CMS) designations. Members have access to educational programs, information resources, networking at the local and national levels, publications and other services. Nearly 4,000 CEBS, GBA, RPA and CMS designees are members of ISCEBS; they work for corporations, consulting firms, multiemployer funds and insurance companies and in other industry professions.



About Research at the International Foundation

The International Foundation conducts, writes and disseminates research studies, surveys and special reports on a range of benefits, compensation and financial literacy issues. The purpose of International Foundation research efforts is to enhance the capacity of its members and constituents to understand, design and deliver employee benefits that improve the financial security of plan participants and employees. Research programs include benchmarking studies, attitudinal surveys, special reports, hot topic surveys and collaborative projects. Visit www.ifebp.org/research to download reports.

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**Due to COVID-19 implications.*

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**Due to COVID-19 implications.*

Key Findings

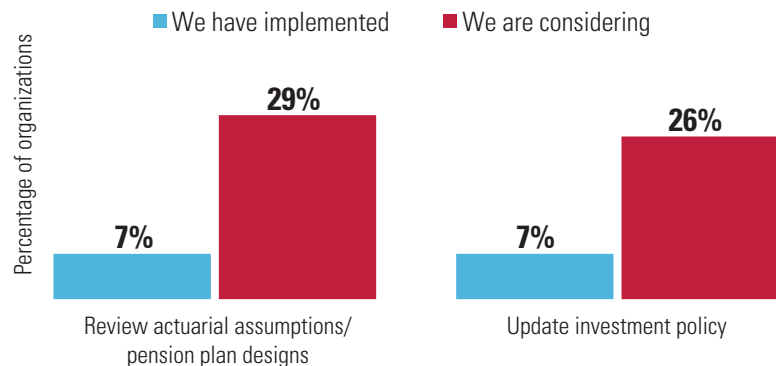
The COVID-19 pandemic has had dramatic implications for workplaces across the world. These implications extend into the realm of employee benefits, where employers and their workers must make difficult decisions regarding their retirement, health care and disability benefits. In April 2020, the International Foundation conducted a benchmarking survey to capture a snapshot of current conditions. *Employee Benefits in a COVID-19 World: April 2020 Survey Report* addresses these topics as well as staffing changes, training and professional development, and more. The following results are from 793 benefits practitioners across the United States.

Defined Benefit (DB) Pension Plans

About two in five (38%) responding organizations have a DB pension plan. While few responding organizations are taking significant actions with their DB plans due to COVID-19 implications, at least a quarter are considering reviewing their actuarial assumptions/pension plan designs (29%) and updating their investment policies (26%) (Tables 1 and 2).

The Coronavirus Aid, Relief, and Economic Security (CARES) Act has a provision that allows single employer DB plans in the private sector to delay required 2020 minimum contributions until January 1, 2021. More than one in five (22%) respondents have implemented this provision due to the pandemic, with an additional 24% considering doing so in the future (Table 2).

Actions Taken With Defined Benefit (DB) Pension Plans Due to COVID-19 Pandemic

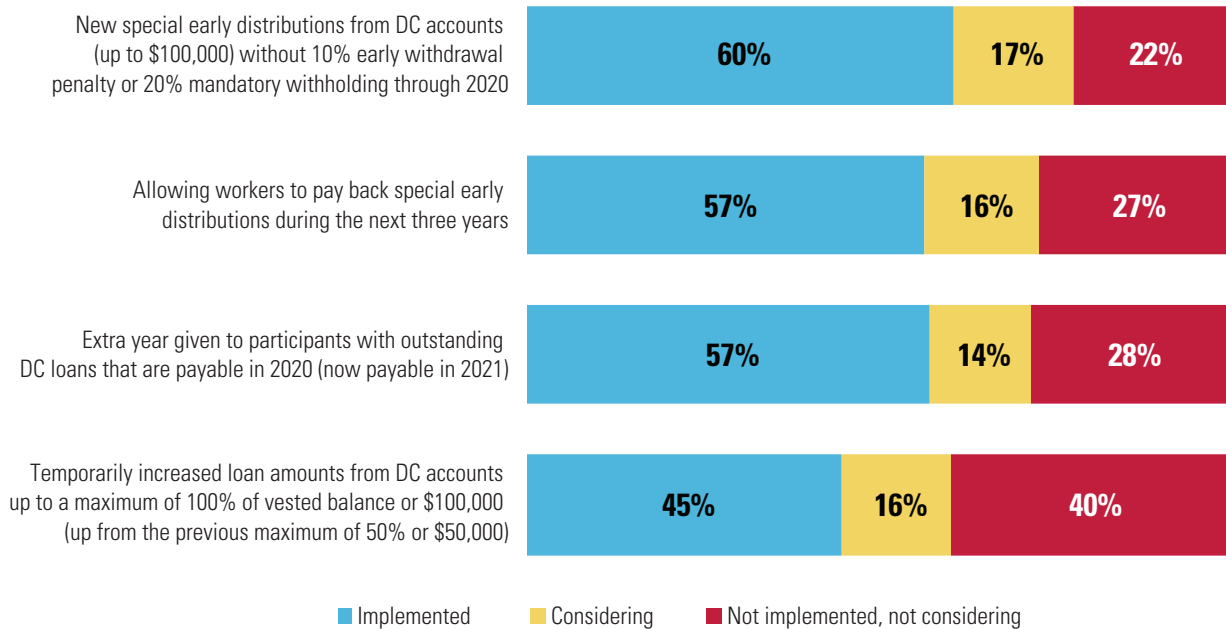


Defined Contribution (DC) Retirement Plans

The CARES Act also has several provisions aimed at easing participant financial burdens during the pandemic by allowing greater access to DC retirement accounts. Of those that offer DC plans, three in five (60%) are allowing participants to take new special early distributions from DC accounts (up to \$100,000 without the 10% early withdrawal penalty or 20%

mandatory withholding through 2020). In addition, 57% are allowing workers to pay back these special early distributions during the next three years, as allowed by the new law. Also, 45% of plans are temporarily allowing greater loan amounts from DC accounts, up to a maximum of 100% of a participant's vested balance or \$100,000, whichever is less (up from the

Implementation of CARES Act Provisions



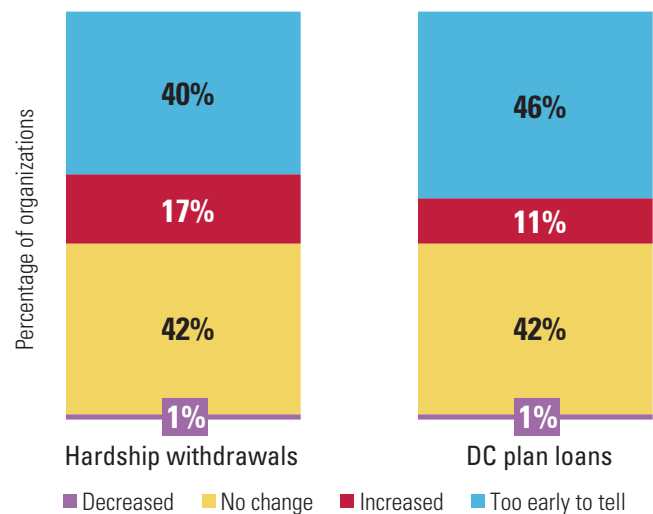
previous maximum of 50% or \$50,000). More than half (57%) are giving participants an extra year to pay back outstanding DC loans that are due in 2020 (now payable in 2021). Going forward, additional organizations that have not implemented these features are considering doing so in the future (Table 4).

About 13% of responding organizations that offer DC plans are noticing a greater share of their participants making changes to their contribution/deferral levels compared with pre-COVID-19 levels, while 7% are noticing a smaller share. Those noticing a change are most often noticing their workers decreasing (86%) their contributions, while 54% are noticing participants canceling or stopping contributions completely (Tables 5 and 6).

In addition, 17% of respondents said more participants are taking hardship withdrawals from their DC accounts due to the COVID-19 pandemic, while 42% have noted no change (Table 7).

Similarly, 11% of respondents stated that more participants are taking loans from DC accounts as a result of the COVID-19 pandemic, while 42% noted no change (Table 8).

Change in Participants Taking DC Plan Hardship Withdrawals and Loans Due to COVID-19 Pandemic



From the employer side, relatively few organizations (9%) are making changes to matching contributions as a result of the COVID-19 pandemic, although 19% are considering making changes in the future (Table 9).

Health Care Benefits

Those responding organizations that offer health care benefits to their workers were asked about changes made to their offerings due to the implications of COVID-19. While the majority of respondents (83%) already offered telehealth/telemedicine services (for physical ailments), an additional 13% have implemented these services due to COVID-19 implications. In addition, nearly one-half (49%) of respondents have reduced/eliminated cost sharing for telehealth/telemedicine services due to COVID-19 implications (Table 11).

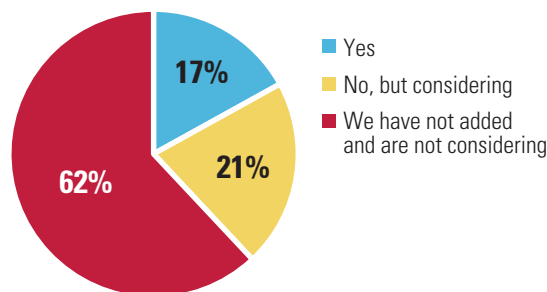
A large portion (70%) of responding organizations already offered coverage for nurse advice lines, eliminating the need to add the services during the current pandemic. However, more than one in ten respondents (11%) are reducing/eliminating cost sharing for nurse advice lines due to the implications of COVID-19.

Few responding organizations (3%) are reducing/eliminating experimental medical procedure exclusions due to COVID-19 pandemic implications (Table 11).

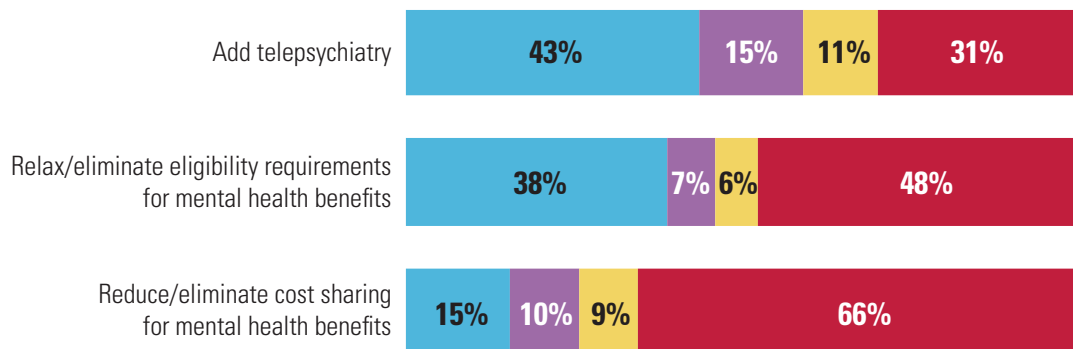
Mental/Behavioral Health Benefits

Organizations were asked about changes made to specific mental health care offerings due to the implications of COVID-19. Small proportions of respondents that offer these benefits have added telepsychiatry services (15%), reduced/eliminated cost sharing (10%) or relaxed/eliminated eligibility requirements (7%) for their existing services. More than one in six (17%) have added additional services or components to their programs, with an additional 21% considering doing so in the future (Tables 12 and 13).

Organizations Adding Services/Components to Existing Mental Health Benefits



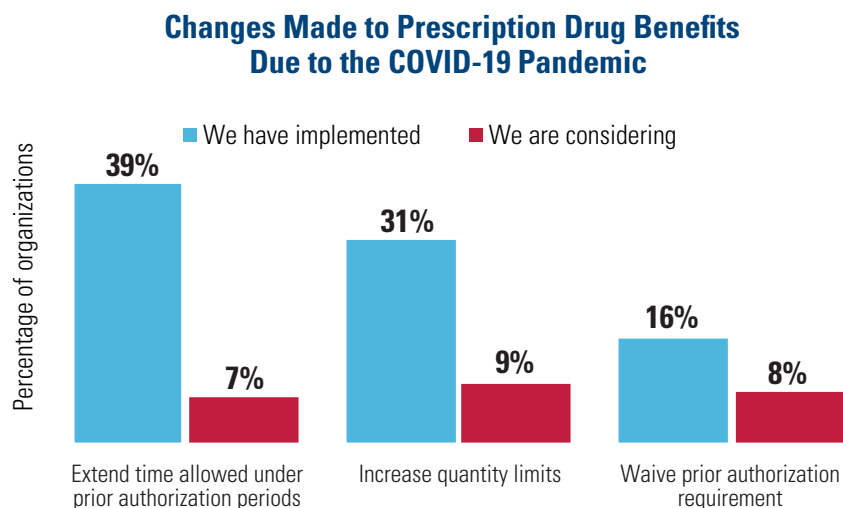
Changes Made to Mental/Behavioral Health Benefits Due to COVID-19 Pandemic



■ We already had this in place ■ We have implemented ■ We are considering ■ We have not implemented and are not considering

Prescription Drug Benefits

The COVID-19 pandemic has had implications on responding organizations' prescription drug benefit offerings. Of those that offer prescription drugs, about two in five (39%) have extended the time allowed under prior authorization periods for prescription drugs, while 31% have increased quantity limits for their workers. A smaller number have waived prior authorization requirements for prescription drugs (16%) (Table 14).



Short-Term Disability (STD) Benefits

Organizations that offer STD benefits were asked whether they were making plan changes due to the implications of COVID-19. Relatively few respondents (8%) that have elimination/waiting periods for these plans are relaxing/removing them due to the pandemic. A similar proportion (7%) that have service periods to access benefits are reducing/eliminating them due to the pandemic (Table 15).

Employee Assistance Programs (EAPs)/ Labor Assistance Programs (LAPs)

Those respondents that offer EAPs/LAPs were asked whether they were adding services to their plans due to the implications of COVID-19. About one in six (15%) are adding services, with an additional 12% considering adding services in the future (Table 16).

IRC Section 127 Educational Assistance Benefits

The CARES Act allows organizations to offer tax-free use of IRC Section 127 educational assistance benefits (up to \$5,250) for student loan repayment assistance through the end of 2020. One in ten (10%) responding organizations (single and public employers) that offer programs under Section 127 have implemented this new provision, with an additional 13% considering this option for the future (Table 17).

Staffing Levels

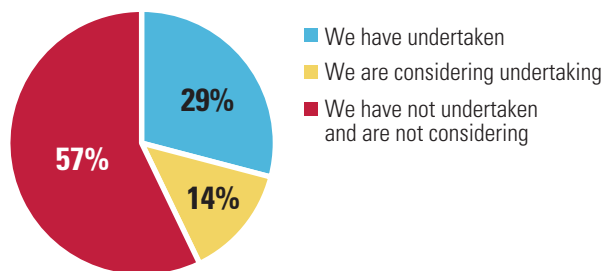
The COVID-19 pandemic has had significant ramifications on operations, forcing organizations to make drastic short- and long-term decisions regarding workplace staffing levels. More than two in five single and public employers (45%) are implementing a temporary hiring freeze, with an additional 12% considering doing so in the future. In addition, 29% are temporarily furloughing workers, with 14% considering doing so in the future. While less common, respondents are also taking other measures due to the implications of the COVID-19 pandemic, including reducing workers' hours (28%) and laying off workers/ reducing their workforce (19%) (Table 18).

In addition, those survey respondents making staff changes were asked about the status of workers' health care coverage during their change in employment status. Those workers being furloughed are most often having their coverage continued for the entire period as if the worker is actively employed, while sharing the cost as usual between worker and employer (39%). This is followed by continuing coverage for the entire period with the employer paying the full costs (23%), and continuing coverage for a limited time with standard worker-employer cost sharing (23%) (Table 19).

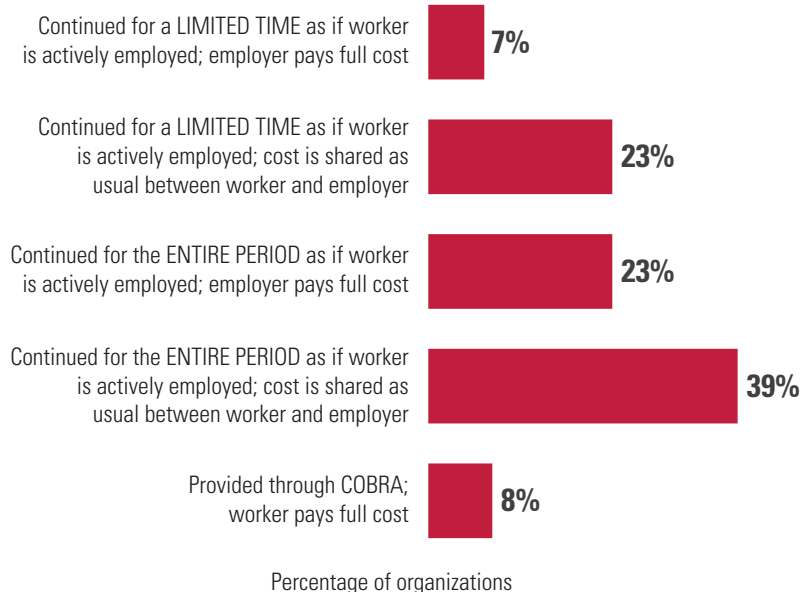
Far and away, those workers being laid off are most often provided health care coverage through COBRA, with the worker paying full cost (62%) (Table 19).

Those workers who have had their hours reduced are most often provided with employer-sponsored coverage continued for the entire period as if they were actively employed, with the cost being shared between worker and employer (70%) (Table 19).

Percentage of Organizations That Have Furloughed Workers Due to the COVID-19 Pandemic



Health Care Coverage for Furloughed Workers



Training and Professional Development

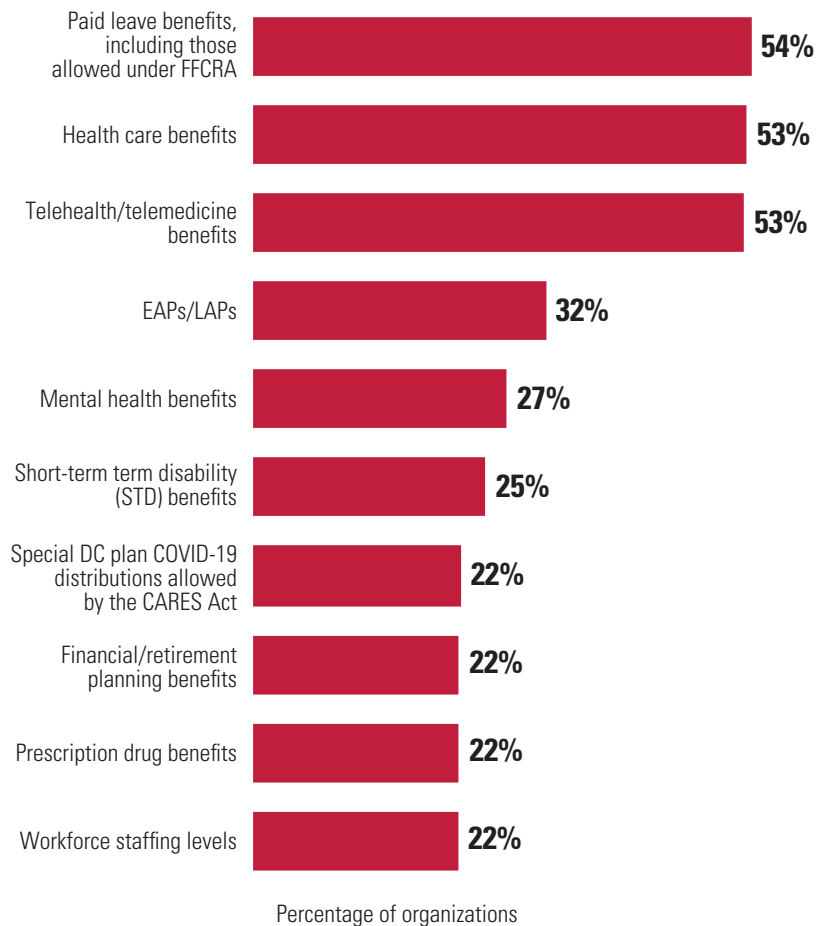
The implications of the COVID-19 pandemic have caused organizations to evaluate their training and professional development strategies. About one in four (23%) responding organizations are temporarily putting their training/professional development on hold, while 11% are decreasing their budgets (Table 20).

Moving forward, more than half (54%) of responding organizations do not plan on changing their training/professional development budgets, while 39% state that it is too early to tell (Table 21).

Benefits Office/Fund Office Question Topics

During difficult times, human resource (HR) departments and multiemployer fund offices typically see an increase in questions from workers. The survey asked which topics are the focus of these questions. The topics most commonly cited were paid leave benefits, including those allowed under the Families First Coronavirus Response Act (FFCRA) (54%); health care benefits (53%); telehealth/telemedicine benefits (53%); and EAPs/LAPs (32%). Other topics with increased question frequency include mental health benefits (27%), STD benefits (25%) and special DC plan COVID-19 distributions allowed by the CARES Act (22%) (Table 22).

Topics Participants Are Asking More Questions About



Methodology

From April 23 to April 30, 2020, the International Foundation of Employee Benefit Plans surveyed organizations in the United States to examine the implications of the COVID-19 pandemic on their employee benefit plans.

The results represent input from 793 organizations across the United States, representing corporations/single employer plans (including nonprofits) (CP), multiemployer plans (ME) and public employer plans (PE). Those asked to participate in the survey were in the databases of the International Foundation and the International Society of Certified Employee Benefit Specialists (ISCEBS).

The survey results are designed for plan sponsors to benchmark their actions against their peers, overall and within each sector. Please keep the following in mind:

- Because of rounding, some column percentages may not total 100%. Additionally, some percentages in the text and figures in the analysis sections may vary slightly from the tables.
- This study does not represent a census of all organizations in the United States, nor is it necessarily a representative sample of such employers. The reader is cautioned that the limited sample size and nonrandomized sampling methodology may restrict the extent to which findings can be generalized.
- Unless otherwise noted, respondents were asked to specify which plan changes were made or what worker actions were taken ***specifically due to the implications of the COVID-19 pandemic.***
- Throughout the survey, responses of “not sure” and “not applicable” were removed, which may result in the number of responses varying from question to question.

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Tables

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- Throughout the survey, responses of “not sure” and “not applicable” were removed, which may result in the number of responses varying from question to question.

RETIREMENT PLANS

TABLE 1

Offer Defined Benefit (DB) Pension Plans

	Overall N=777	Corporate N=548	Public Employer N=104	Multiemployer N=125
Yes	37.5%	20.4%	77.9%	78.4%
No	62.5%	79.6%	22.1%	21.6%

TABLE 2

Actions Taken With DB Pension Plans*	Overall	CP	PE	ME
<i>Close plan to new participants/hires</i>	N=186	N=53	N=59	N=74
We have implemented due to the pandemic	1.1%	1.9%	1.7%	0.0%
We are considering due to the pandemic	2.7%	3.8%	1.7%	2.7%
We have not implemented and are not considering	96.2%	94.3%	96.6%	97.3%
<i>Discontinue offering pension benefits for some or all categories of active employees/workers</i>	N=201	N=61	N=62	N=78
We have implemented due to the pandemic	1.0%	1.6%	1.6%	0.0%
We are considering due to the pandemic	3.0%	3.3%	1.6%	3.8%
We have not implemented and are not considering	96.0%	95.1%	96.8%	96.2%
<i>Review actuarial assumptions/pension plan designs</i>	N=185	N=68	N=48	N=69
We have implemented due to the pandemic	6.5%	2.9%	0.0%	14.5%
We are considering due to the pandemic	29.2%	29.4%	18.8%	36.2%
We have not implemented and are not considering	64.3%	67.6%	81.3%	49.3%
<i>Update investment policy</i>	N=184	N=69	N=45	N=70
We have implemented due to the pandemic	7.1%	7.2%	4.4%	8.6%
We are considering due to the pandemic	25.5%	20.3%	22.2%	32.9%
We have not implemented and are not considering	67.4%	72.5%	73.3%	58.6%
<i>Delay required 2020 minimum contributions until January 1, 2021 as allowed by the Coronavirus Aid, Relief and Economic Security (CARES) Act**</i>	N/A	N=74	N/A	N/A
We have implemented due to the pandemic	—	21.6%	—	—
We are considering due to the pandemic	—	24.3%	—	—
We have not implemented and are not considering	—	54.1%	—	—

*Data represents organizations that offer defined benefit (DB) pension plans.

**Multiemployer pension plans and government pension plans are not eligible to delay minimum contributions under the CARES Act.

TABLE 3

Offer Defined Contribution (DC) Retirement Plans	Overall	CP	PE	ME
	N=785	N=555	N=104	N=126
Yes	87.4%	94.1%	76.9%	66.7%
No	12.6%	5.9%	23.1%	33.3%

TABLE 4

CARES Act–Related Changes Made to DC Retirement Plans*

	Overall	CP	PE	ME
<i>New special early distributions from DC accounts (up to \$100,000) without early withdrawal penalties or 20% withholding through 2020</i>	N=567	N=445	N=56	N=66
We have implemented due to the pandemic	60.5%	62.7%	62.5%	43.9%
We are considering due to the pandemic	17.1%	15.5%	16.1%	28.8%
We have not implemented and are not considering	22.4%	21.8%	21.4%	27.3%
<i>Allowing workers to pay back special early distributions during the next three years</i>	N=509	N=403	N=51	N=55
We have implemented due to the pandemic	56.6%	59.6%	52.9%	38.2%
We are considering due to the pandemic	16.3%	14.6%	15.7%	29.1%
We have not implemented and are not considering	27.1%	25.8%	31.4%	32.7%
<i>Temporarily increased loan amounts from DC accounts up to a maximum of 100% or \$100,000 (up from the previous maximum of 50% or \$50,000)</i>	N=520	N=418	N=49	N=53
We have implemented due to the pandemic	44.6%	47.8%	44.9%	18.9%
We are considering due to the pandemic	15.8%	14.6%	16.3%	24.5%
We have not implemented and are not considering	39.6%	37.6%	38.8%	56.6%
<i>Extra year given to participants with outstanding DC loans that are payable in 2020 (now payable in 2021)</i>	N=488	N=396	N=46	N=46
We have implemented due to the pandemic	57.2%	60.9%	52.2%	30.4%
We are considering due to the pandemic	14.3%	13.6%	10.9%	23.9%
We have not implemented and are not considering	28.5%	25.5%	37.0%	45.7%

*Data represents respondents from corporate and public employer sectors as well as multiemployer plans that offer DC retirement plans.

TABLE 5

Presence of Changes in DC Contribution/Deferral Levels*

	Overall N=559	CP N=443	PE N=60	ME N=56
A greater share of participants are making changes to their contribution levels	12.7%	14.2%	5.0%	8.9%
About the same number of participants are making changes to their contribution levels	36.5%	38.8%	33.3%	21.4%
A smaller share of participants are making changes to their contribution levels	7.2%	6.5%	10.0%	8.9%
Too early to tell	43.6%	40.4%	51.7%	60.7%

*Data represents respondents from corporate and public employer sectors as well as multiemployer plans that offer DC retirement plans.

TABLE 6

Specific Changes in DC Contribution/Deferral Levels*

	Overall N=71	CP N=63	PE N=3 [†]	ME N=5 [†]
Increasing contribution/deferral levels	19.7%	19.0%	33.3%	20.0%
Decreasing contribution/deferral levels	85.9%	90.5%	100.0%	20.0%
Canceling/stopping contribution/deferral levels	53.5%	57.1%	33.3%	20.0%
None of the above	4.2%	1.6%	0.0%	40.0%
Other	2.8%	1.6%	0.0%	20.0%

Respondents could select all that apply.

*Of organizations reporting a greater share of participants making changes to contribution/deferral levels.

†Due to the small number of respondents, please use caution when generalizing findings to a particular population.

TABLE 7

Change in Percentage of Participants Taking DC Plan Hardship Withdrawals

	Overall N=596	CP N=449	PE N=67	ME N=80
Organizations that allow DC plan hardship withdrawals	91.1%	93.8%	88.1%	78.8%
<i>Change in percentage of participants taking hardship withdrawals</i>	N=543	N=421	N=59	N=63
Decreased (Fewer hardship withdrawals)	1.1%	1.0%	0.0%	3.2%
No change (The same number of hardship withdrawals)	42.2%	46.8%	39.0%	14.3%
Increased (More hardship withdrawals)	16.8%	15.0%	10.2%	34.9%
Too early to tell	40.0%	37.3%	50.8%	47.6%

TABLE 8

Change in Percentage of Participants Taking Out DC Plan Loans

	Overall N=589	CP N=444	PE N=67	ME N=78
Organizations that allow DC plan loans	84.4%	91.9%	73.1%	51.3%
<i>Change in percentage of participants taking out DC plan loans</i>	N=497	N=408	N=49	N=40
Decreased (Fewer participants taking out loans)	1.2%	1.2%	2.0%	0.0%
No change (The same number of participants taking out loans)	41.9%	43.6%	40.8%	25.0%
Increased (More participants taking out loans)	11.3%	11.8%	6.1%	12.5%
Too early to tell	45.7%	43.4%	51.0%	62.5%

TABLE 9

Changes in Employer/Plan Sponsor DC Matching Contributions

	Overall N=649	CP N=497	PE N=71	ME N=81
Organizations that provide employer/plan sponsor DC matching contributions	80.7%	92.0%	52.1%	37.0%
	N=524	N=457	N=37	N=30
Increased the amount of employer/plan sponsor matching contributions	0.6%	0.4%	0.0%	3.3%
Maintained employer/plan sponsor matching contributions	61.5%	62.4%	56.8%	53.3%
Reduced employer/plan sponsor matching contributions	1.3%	1.5%	0.0%	0.0%
Suspended/eliminated employer/plan sponsor matching contributions	7.1%	8.1%	0.0%	0.0%
No changes yet, but considering	18.5%	18.2%	18.9%	23.3%
Too early to tell	11.1%	9.4%	24.3%	20.0%

HEALTH CARE BENEFITS

Data in this section represents organizations that provide health care benefits to plan participants.

TABLE 10

Offer Health Care Benefits

	Overall N=793	CP N=556	PE N=106	ME N=131
Yes	95.8%	97.1%	92.5%	93.1%
No	4.2%	2.9%	7.5%	6.9%

TABLE 11

Changes Made to Health Care Benefits	Overall	CP	PE	ME
<i>Add telehealth/telemedicine services (for physical health services)</i>	N=739	N=532	N=92	N=115
We already had this in place	83.1%	88.0%	83.7%	60.0%
We have implemented due to the pandemic	12.9%	8.5%	15.2%	31.3%
We are considering due to the pandemic	1.9%	1.5%	0.0%	5.2%
We have not implemented and are not considering	2.2%	2.1%	1.1%	3.5%
<i>Reduce/eliminate cost sharing for telehealth/telemedicine services (for physical health services)</i>	N=675	N=488	N=84	N=103
We already had this in place	23.0%	22.7%	17.9%	28.2%
We have implemented due to the pandemic	48.6%	49.4%	53.6%	40.8%
We are considering due to the pandemic	4.4%	4.3%	2.4%	6.8%
We have not implemented and are not considering	24.0%	23.6%	26.2%	24.3%
<i>Add coverage for nurse advice lines</i>	N=634	N=461	N=78	N=95
We already had this in place	70.5%	75.1%	76.9%	43.2%
We have implemented due to the pandemic	3.9%	3.3%	5.1%	6.3%
We are considering due to the pandemic	3.0%	2.0%	2.6%	8.4%
We have not implemented and are not considering	22.6%	19.7%	15.4%	42.1%
<i>Reduce/eliminate cost sharing for nurse advice lines</i>	N=512	N=370	N=66	N=76
We already had this in place	50.8%	54.1%	48.5%	36.8%
We have implemented due to the pandemic	11.1%	11.4%	12.1%	9.2%
We are considering due to the pandemic	5.3%	4.3%	6.1%	9.2%
We have not implemented and are not considering	32.8%	30.3%	33.3%	44.7%
<i>Reduce/eliminate experimental medical procedure exclusions</i>	N=493	N=354	N=52	N=87
We already had this in place	6.1%	6.5%	3.8%	5.7%
We have implemented due to the pandemic	3.2%	2.8%	5.8%	3.4%
We are considering due to the pandemic	6.5%	5.9%	1.9%	11.5%
We have not implemented and are not considering	84.2%	84.7%	88.5%	79.3%

TABLE 12

Changes Made to Mental/Behavioral Health Benefits	Overall	CP	PE	ME
<i>Relax/eliminate eligibility requirements for mental health benefits</i>	N=582	N=411	N=74	N=97
We already had this in place	38.3%	40.9%	35.1%	29.9%
We have implemented due to the pandemic	7.0%	6.3%	12.2%	6.2%
We are considering due to the pandemic	6.2%	6.8%	4.1%	5.2%
We have not implemented and are not considering	48.5%	46.0%	48.6%	58.8%
<i>Reduce/eliminate cost sharing for mental health benefits</i>	N=588	N=419	N=76	N=93
We already had this in place	15.3%	15.5%	14.5%	15.1%
We have implemented due to the pandemic	10.2%	9.1%	14.5%	11.8%
We are considering due to the pandemic	8.5%	8.8%	6.6%	8.6%
We have not implemented and are not considering	66.0%	66.6%	64.5%	64.5%
<i>Add telepsychiatry (access to mental health services via telephone or virtual meeting)</i>	N=588	N=419	N=78	N=91
We already had this in place	42.9%	46.8%	37.2%	29.7%
We have implemented due to the pandemic	15.3%	11.9%	26.9%	20.9%
We are considering due to the pandemic	11.1%	11.7%	6.4%	12.1%
We have not implemented and are not considering	30.8%	29.6%	29.5%	37.4%

TABLE 13

Organizations Adding Services/Components to Existing Mental Health Benefits	Overall	CP	PE	ME
	N=684	N=491	N=84	N=109
Yes	17.0%	14.7%	22.6%	22.9%
No, but considering	21.1%	21.6%	15.5%	22.9%
We have not added and are not considering	62.0%	63.7%	61.9%	54.1%

TABLE 14

Changes Made to Prescription Drug Benefits	Overall	CP	PE	ME
<i>Mandate use of mail-order programs for maintenance drugs</i>	N=665	N=486	N=76	N=103
We already had this in place	29.6%	28.4%	27.6%	36.9%
We have implemented due to the pandemic	0.9%	0.8%	1.3%	1.0%
We are considering due to the pandemic	3.3%	3.7%	1.3%	2.9%
We have not implemented and are not considering	66.2%	67.1%	69.7%	59.2%
<i>Extend time allowed under prior authorization periods for prescription drugs</i>	N=580	N=417	N=69	N=94
We already had this in place	5.7%	6.0%	2.9%	6.4%
We have implemented due to the pandemic	39.0%	35.3%	50.7%	46.8%
We are considering due to the pandemic	6.9%	8.4%	1.4%	4.3%
We have not implemented and are not considering	48.4%	50.4%	44.9%	42.6%
<i>Waive prior authorization requirement for prescription drugs</i>	N=575	N=412	N=70	N=93
We already had this in place	3.7%	3.6%	1.4%	5.4%
We have implemented due to the pandemic	15.8%	12.9%	25.7%	21.5%
We are considering due to the pandemic	7.7%	9.0%	2.9%	5.4%
We have not implemented and are not considering	72.9%	74.5%	70.0%	67.7%
<i>Increase quantity limits for prescription drugs (e.g., 90-day supply instead of 30-day supply)</i>	N=599	N=431	N=73	N=95
We already had this in place	7.3%	7.2%	5.5%	9.5%
We have implemented due to the pandemic	30.6%	29.2%	38.4%	30.5%
We are considering due to the pandemic	9.2%	8.8%	4.1%	14.7%
We have not implemented and are not considering	52.9%	54.8%	52.1%	45.3%

OTHER BENEFITS

TABLE 15

Changes Made to Short-Term Disability (STD) Benefits				
	Overall N=793	CP N=556	PE N=106	ME N=131
Organizations that offer STD benefits	78.2%	85.8%	54.7%	64.9%
<i>Changes to STD service period</i>	N=565	N=438	N=49	N=78
Organizations with service period	85.1%	84.7%	81.6%	89.7%
<i>Reduce/eliminate service period to access STD benefits*</i>	N=481	N=371	N=40	N=70
We have implemented	6.9%	6.7%	2.5%	10.0%
We are considering	6.9%	6.2%	5.0%	11.4%
We have not implemented and are not considering	86.3%	87.1%	92.5%	78.6%
<i>Changes to STD elimination/waiting period</i>	N=561	N=437	N=48	N=76
Organizations with elimination/waiting period	93.2%	93.1%	91.7%	94.7%
<i>Relax/remove elimination/waiting period for STD benefits**</i>	N=523	N=407	N=44	N=72
We have implemented	7.6%	8.4%	0.0%	8.3%
We are considering	5.9%	5.7%	4.5%	8.3%
We have not implemented	86.4%	86.0%	95.5%	83.3%

*Data represents respondents who are familiar with their organization's STD service period.

**Data represents respondents who are familiar with their organization's STD elimination/waiting period.

TABLE 16

Changes Made to Employee Assistance Program (EAP)/ Labor Assistance Program (LAP) Services				
	Overall N=793	CP N=556	PE N=106	ME N=131
Organizations that provide EAP/LAP services	75.8%	82.9%	80.2%	42.0%
<i>Changes to EAP/LAP services*</i>	N=553	N=432	N=74	N=47
Yes, we have added services	15.4%	13.9%	24.3%	14.9%
No, but we are considering adding services	11.8%	13.2%	8.1%	4.3%
No, and we are not considering	72.9%	72.9%	67.6%	80.9%

*Data represents respondents who are familiar with their organization's EAP/LAP.

TABLE 17

**CARES Act*–Related Changes Made to
IRC Section 127 Educational Benefits**

	Overall N=793	CP N=556	PE N=106	ME N/A
<i>Percentage of organizations that offer an educational assistance program under IRC Section 127</i>	24.8%	30.9%	23.6%	—
<i>Organizations making CARES Act–related changes</i>	N=151	N=135	N=16	N/A
We have implemented this new provision	9.9%	11.1%	0.0%	—
We are considering implementing this new provision	12.6%	12.6%	12.5%	—
We have not implemented and are not considering	77.5%	76.3%	87.5%	—

*The CARES Act allows organizations to offer tax-free use of IRC Section 127 educational assistance benefits (up to \$5,250) for student loan repayment assistance as well as tuition and textbook reimbursement through December 31, 2020. This question only applies to corporate and public employer organizations that offer an educational assistance plan under IRC Section 127.

STAFFING AND PROFESSIONAL DEVELOPMENT

TABLE 18

Changes Made to Staffing Levels*	Overall	CP	PE	ME
<i>Temporarily furlough workers</i>	N=581	N=491	N=90	N/A
We have undertaken due to the pandemic	29.1%	30.5%	21.1%	—
We are considering undertaking due to the pandemic	13.8%	13.0%	17.8%	—
We have not undertaken and are not considering	57.1%	56.4%	61.1%	—
<i>Lay off workers/reduce workforce</i>	N=573	N=484	N=89	N/A
We have undertaken due to the pandemic	19.2%	20.9%	10.1%	—
We are considering undertaking due to the pandemic	18.7%	18.2%	21.3%	—
We have not undertaken and are not considering	62.1%	61.0%	68.5%	—
<i>Reduce workers' hours</i>	N=579	N=492	N=87	N/A
We have undertaken due to the pandemic	27.5%	28.5%	21.8%	—
We are considering undertaking due to the pandemic	14.9%	14.2%	18.4%	—
We have not undertaken and are not considering	57.7%	57.3%	59.8%	—
<i>Increase hiring/workforce</i>	N=556	N=469	N=87	N/A
We have undertaken due to the pandemic	7.6%	8.3%	3.4%	—
We are considering undertaking due to the pandemic	4.0%	3.6%	5.7%	—
We have not undertaken and are not considering	88.5%	88.1%	90.8%	—
<i>Implement temporary hiring freeze</i>	N=577	N=487	N=90	N/A
We have undertaken due to the pandemic	44.9%	44.1%	48.9%	—
We are considering undertaking due to the pandemic	11.6%	11.1%	14.4%	—
We have not undertaken and are not considering	43.5%	44.8%	36.7%	—

*Data represents respondents from corporate and public employer sectors only.

TABLE 19

**Health Care Coverage for Furloughed,
Laid-Off and Reduced-Hour Workers***

	Overall	CP	PE	ME
<i>Furloughed workers</i>	N=160	N=145	N=15	N/A
Provided through COBRA; worker pays full cost	8.1%	6.9%	20.0%	—
Continued for the ENTIRE PERIOD as if worker is actively employed; cost is shared as usual between worker and employer	38.8%	37.9%	46.7%	—
Continued for the ENTIRE PERIOD as if worker is actively employed; employer pays full cost	23.1%	23.4%	20.0%	—
Continued for a LIMITED TIME as if worker is actively employed; cost is shared as usual between worker and employer	23.1%	24.8%	6.7%	—
Continued for a LIMITED TIME as if worker is actively employed; employer pays full cost	6.9%	6.9%	6.7%	—
<i>Laid-off workers</i>	N=102	N=97	N=5†	N/A
Provided through COBRA; worker pays full cost	61.8%	60.8%	80.0%	—
Continued for the ENTIRE PERIOD as if worker is actively employed; cost is shared as usual between worker and employer	10.8%	11.3%	0.0%	—
Continued for the ENTIRE PERIOD as if worker is actively employed; employer pays full cost	6.9%	7.2%	0.0%	—
Continued for a LIMITED TIME as if worker is actively employed; cost is shared as usual between worker and employer	14.7%	14.4%	20.0%	—
Continued for a LIMITED TIME as if worker is actively employed; employer pays full cost	5.9%	6.2%	0.0%	—
<i>Workers with reduced hours</i>	N=145	N=130	N=15	N/A
Provided through COBRA; worker pays full cost	6.2%	6.9%	0.0%	—
Continued for the ENTIRE PERIOD as if worker is actively employed; cost is shared as usual between worker and employer	69.7%	68.5%	80.0%	—
Continued for the ENTIRE PERIOD as if worker is actively employed; employer pays full cost	9.0%	9.2%	6.7%	—
Continued for a LIMITED TIME as if worker is actively employed; cost is shared as usual between worker and employer	11.0%	10.8%	13.3%	—
Continued for a LIMITED TIME as if worker is actively employed; employer pays full cost	4.1%	4.6%	0.0%	—

*Data represents respondents from corporate and public employer sectors only.

†Due to the small number of respondents, please use caution when generalizing findings to a particular population.

TABLE 20

**Changes Made to Training/
Professional Development Budgets**

	Overall N=702	CP N=494	PE N=91	ME N=117
Increased	3.3%	3.8%	1.1%	2.6%
Remained the same	63.4%	59.7%	61.5%	80.3%
Decreased	10.5%	10.7%	14.3%	6.8%
Been temporarily put on hold	22.8%	25.7%	23.1%	10.3%

TABLE 21

**Future Changes to Training/
Professional Development Budgets***

	Overall N=408	CP N=269	PE N=52	ME N=87
Considering increasing budget	2.0%	2.2%	1.9%	1.1%
Considering decreasing budget	4.7%	5.9%	1.9%	2.3%
We do not plan to change the budget	54.2%	53.9%	51.9%	56.3%
Too early to tell	39.2%	37.9%	44.2%	40.2%

*Of organizations whose training budgets have remained the same.

PARTICIPANT QUESTIONS

TABLE 22

Topics Participants Are Asking More Questions About*	Overall N=698	CP N=504	PE N=88	ME N=106
Paid leave benefits, including those allowed under the Families First Coronavirus Response Act (FFCRA)	53.7%	53.4%	70.5%	41.5%
Health care benefits	53.3%	52.6%	48.9%	60.4%
Telehealth/telemedicine benefits	53.0%	54.4%	51.1%	48.1%
EAPs/LAPs	31.5%	32.9%	37.5%	19.8%
Mental health benefits	27.4%	28.0%	26.1%	25.5%
STD benefits	25.1%	26.4%	15.9%	26.4%
Special DC plan COVID-19 distributions allowed by CARES Act	22.3%	21.6%	21.6%	26.4%
Financial/retirement planning benefits	22.2%	23.4%	19.3%	18.9%
Prescription drug benefits	22.2%	19.6%	17.0%	38.7%
Workforce staffing levels	22.1%	24.8%	18.2%	12.3%
Wellness programs	16.8%	18.1%	19.3%	8.5%
DC plan hardship withdrawals	16.6%	16.5%	6.8%	25.5%
DC plan loans	16.3%	17.1%	9.1%	18.9%
Early retirement options	11.9%	7.3%	19.3%	27.4%
Nurse advice lines	8.0%	9.1%	4.5%	5.7%
DC plan contributions	7.3%	8.7%	3.4%	3.8%
Training/professional development	6.4%	6.9%	9.1%	1.9%
None of the above	11.6%	13.1%	6.8%	8.5%

*Respondents could select all that apply.

RESPONDENT DEMOGRAPHICS

TABLE 23

Organization Sector	N=793
Corporation/single employer (including professional services firms and nonprofits)	70.1%
Public employer/governmental entity (municipality, county, state, federal government, college/university)	13.4%
Multiemployer benefit fund (e.g., Taft-Hartley trust fund)	16.5%

TABLE 24

Organizational Characteristics	Overall	CP	PE	ME
<i>Number of active participants/employees</i>	N=750	N=532	N=96	N=122
50 or fewer	12.0%	15.4%	5.2%	2.5%
51-99	4.1%	4.9%	3.1%	1.6%
100-999	33.7%	35.3%	33.3%	27.0%
1,000-4,999	28.3%	24.8%	33.3%	39.3%
5,000-9,999	8.4%	7.5%	10.4%	10.7%
10,000 or more	13.5%	12.0%	14.6%	18.9%
<i>Primary industry</i>	N=655	N=533		N=122
Accommodation/food service	2.9%	2.6%		4.1%
Banking and finance	4.6%	5.6%		0.0%
Construction/mining/oil and gas	12.8%	4.1%		50.8%
Education/nonprofit	9.0%	10.7%		1.6%
Entertainment and recreation	1.7%	0.8%		5.7%
Health care	9.6%	10.5%		5.7%
High technology	4.7%	5.8%		0.0%
Insurance	15.0%	17.8%		2.5%
Manufacturing	13.7%	15.0%		8.2%
Professional service firm	14.7%	17.3%		3.3%
Retail/wholesale trade	3.8%	3.8%		4.1%
Service	2.3%	2.1%		3.3%
Telecommunications and communications	1.1%	1.3%		0.0%
Transportation/utilities and energy	4.1%	2.6%		10.7%
<i>Primary jurisdiction</i>			N=96	
Municipality (city, village, township, etc.)			32.3%	
County/district			25.0%	
State			12.5%	
Federal			2.1%	
Educational institution			20.8%	
Special district			5.2%	
Other			2.1%	

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TABLE 24

Organizational Characteristics*(continued from previous page)*

	Overall	CP	PE	ME
<i>Location of organization's headquarters</i>	N=751	N=533	N=96	N=122
Midwest	30.4%	30.6%	25.0%	33.6%
Northeast	23.7%	24.2%	15.6%	27.9%
South	23.2%	25.7%	27.1%	9.0%
West	21.2%	17.4%	31.3%	29.5%
Other	1.6%	2.1%	1.0%	0.0%

TABLE 25

Respondent Roles

	CP	PE	ME
<i>Public employers</i>		N=96	
Administrative/support staff		14.6%	
Trustee—appointed		6.3%	
Trustee—elected		6.3%	
Benefits professional		45.8%	
Human resource professional		27.1%	
<i>Corporate/single employers</i>	N=533		
Benefits professional	64.2%		
Compensation professional	1.9%		
Human resources professional	24.8%		
Insurance representative	2.3%		
Other	6.9%		
<i>Multiemployer benefit funds, e.g., Taft-Hartley trust funds</i>			N=122
Actuary or actuarial services staff			0.8%
Administrator or administrative staff (including benefits/compensation/human resources staff)			51.6%
Labor trustee			32.8%
Lawyer or legal services staff			3.3%
Management trustee			11.5%

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