

A Research Report
by the Society for
Human Resource
Management



SHRM

SOCIETY FOR HUMAN
RESOURCE MANAGEMENT

2010 Employee Benefits

Examining Employee Benefits in the Midst of a Recovering Economy

Sponsored by
Colonial Life
Making benefits count.

Excerpts



About This Research Report

The following report provides an analysis of the 2010 SHRM Employee Benefits Survey results. In February 2010, the Society for Human Resource Management (SHRM) conducted its annual survey to gather information on the types of benefits employers offer to their employees. The survey instrument listed 279 benefits and asked human resource (HR) professionals to indicate whether they offered these benefits. If they offered a benefit, then they were asked whether their organization planned to reduce or *eliminate* the benefit in 2010. If the HR professional reported that his or her organization did not offer the benefit, the respondent was asked if there were plans to offer the benefit in the next year.

About SHRM

The Society for Human Resource Management (SHRM) is the world's largest association devoted to human resource management. Representing more than 250,000 members in over 140 countries, the Society serves the needs of HR professionals and advances the interests of the HR profession. Founded in 1948, SHRM has more than 570 affiliated chapters within the United States and subsidiary offices in China and India. Visit SHRM Online at www.shrm.org.

Media Contact:
Julie Malveaux
julie.malveaux@shrm.org
+1-703-535-6273

USA
SHRM
1800 Duke Street
Alexandria, VA 22314
Phone: +1-800-283-7476
Fax: +1-703-535-6490
E-mail: shrm@shrm.org

China
Beijing Representative Office
SHRM Corporation
5/F South Block, Tower C
Raycom Info Tech Park
No.2, Kexueyuan South Road
Zhongguancun, Haidian District
Beijing, 100190
Tel: +86-10-59822093 / 59822146
Fax: +86-10-59822588

India
SHRM India
702, 7th Floor
Raheja Towers
Plot C, 62, G Block
Bandra Kurla Complex, Bandra (E)
Mumbai 400051
Maharashtra
Tel: +91-22-42472000
Fax: +91-22-42472010

SHRM Online: www.shrm.org
SHRM Research: www.shrm.org/research/
SHRM Survey Findings: www.shrm.org/surveys
SHRM Research Twitter:
www.twitter.com/SHRM_Research

To order printed copies of this report, visit
www.shrmstore.shrm.org or call 1-800-444-5006.

Contents

- 2 Executive Summary: Employee Benefits in a Post-Recession Economy
- 4 A Message From Colonial Life
- 5 Survey Results
 - 5 Employee Benefits: A Key Organizational Investment
 - 7 Health Care and Welfare
 - 15 Preventive Health and Wellness
 - 18 Retirement Savings and Planning Benefits
 - 21 Financial and Compensation Benefits
 - 26 Paid Leave Benefits
 - 30 Family-Friendly Benefits
 - 33 Flexible Working Benefits
 - 38 Personal Services Benefits
 - 41 Housing and Relocation Benefits
 - 43 Business Travel Benefits
 - 45 Other Benefits
- 47 Conclusions
- 48 Methodology
 - 48 Notations
- 50 About the Respondents
- 51 Appendix
 - 51 Benefits by Organization Staff Size and Organization Sector
 - 73 Prevalence of Benefits
- 76 Benefits Index
- 82 Endnotes
- 83 Recently Published SHRM Survey Products

Special Sections:

- 10 Costs of Health Care Coverage to Companies
- 35 Providing Employees With More Freedom
- 36 Telework Programs: Executive Summary of SHRM Foundation-Funded Research

2010 Employee Benefits

Examining Employee Benefits in the Midst of a Recovering Economy



Attachment # 3
Page 4 of 34

Executive Summary: Employee Benefits in a Post-Recession Economy

According to this research, the majority of HR professionals indicated that their organizations have been negatively affected by the U.S. and global economic recession. In this ever-changing economic climate, organizations are looking for ways to manage costs while at the same time dealing with the escalating expenses of employee benefits. So it is not surprising that 72% of HR professionals reported that the benefits offerings at their organization have been affected in some way.

Additional noteworthy findings included the following:

- ◆ Employee benefits remained relatively stable from 2009 to 2010. Last year's study revealed a small decrease in the percentage of organizations offering benefits from 2008 to 2009.
- ◆ The areas that experienced the biggest downward trend since 2009 were *housing and relocation benefits* and *business travel benefits*.
- ◆ Even though employee benefits have remained relatively stable since 2009, benefits offerings experienced a downward trend when compared with results from five years ago.
- ◆ With a few exceptions, the survey findings suggest that organizations with larger staff sizes were more likely than smaller ones to offer any given benefit.
- ◆ More than three-quarters (79%) of organizations reported they reviewed their benefits programs annually, and 10% reported reviewing them even more frequently.
- ◆ Organizations spent on average 19% of an employee's annual salary on mandatory benefits, 18% on voluntary benefits and 11% on pay for time not worked benefits.

What Do These Findings Mean for Your Organization?

A 2010 SHRM research report on job satisfaction found that employees ranked benefits among their top contributors to job satisfaction. Employee benefits offerings have become an increasingly important element of an employee's total compensation package. As a result, it is important for an employee benefits package to be attractive to both current and prospective employees while simultaneously being cost-effective.

Additional ways organizations can further leverage their benefits programs:

- ◆ **Monitor legislation and its potential impact:** HR professionals should constantly monitor changes in legislation to make sure their benefits programs are compliant with local, state and federal laws. The 2010 health care reform law in particular will affect how all organizations administer health care benefits. This new law is extremely complex, with some parts executed immediately and other parts implemented over the next several years. HR professionals will be relied upon to lead their organizations through this complex legislation.¹
- ◆ **Communication is vital:** Employee benefits play an important role in employee satisfaction and engagement. However, a disconnect exists between the dollar amount organizations spend on benefits and the employees' perception of the value of their benefits package. It is important that HR professionals help employees fully understand all of their options and the true value of their benefits. Total compensation statements, benefits workshops, employee meetings and social networking tools are examples of communication methods that organizations can use to help ensure their benefits program is valued, understood and used by employees.

72% of HR professionals reported that the **benefits offerings at their organization have been affected in some way.**

Survey Results

Employee Benefits: A Key Organizational Investment

U.S. and Global Economic Recession

HR professionals were asked to what extent their organizations and specifically their benefits offerings had been negatively affected by the recession. The majority of respondents reported their organizations were feeling the impact of the economic downturn (29% reported being affected to a large extent and 66% to some extent). There were no significant differences by organization size and profit status. These data are shown in Figure 1.

As shown in Figure 2, 72% of HR professionals reported that the benefits offerings at their organization have been negatively affected either to a large extent (9%) or to some extent (63%) by the economic downturn. When these results were examined by organization sector, those from privately owned for-profit and nonprofit organizations were more likely to report that their benefits offerings had been affected by the recession.

Percentage of Payroll Reflecting Total Cost of Benefits

Organizations spent an average of 19% of an employee's annual salary on *mandatory benefits* (such as unemployment, worker's compensation, Social

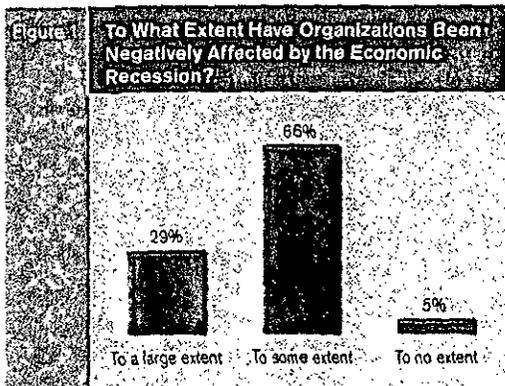
Security), 18% on *voluntary benefits* (such as medical plans, dental plans, prescription coverage, flexible spending accounts, vision plans, survivor benefits) and 11% on *pay for time not worked benefits* (regular rate of pay for a nonworking period of time, such as vacations, holidays and personal, bereavement and sick leave). As shown in Table 1, large organizations indicated they spent more on voluntary benefits when compared with small organizations.

Figures 3, 4 and 5 show that most organizations reported that these percentages stayed about the same as in previous fiscal year (75% for mandatory benefits, 67% for voluntary benefits and 84% for pay for time not worked benefits). More companies indicated that the percentage of payroll reflecting the cost of voluntary benefits (24%) had increased compared with those that reported increases in mandatory benefits (20%) and pay for time not worked benefits (12%). There were no significant differences by organization size and industry.

Reviewing the Benefits Plan

As illustrated in Figure 6, 79% of organizations reviewed their benefits programs annually, and 10% reported reviewing them even more frequently. Only 1% of organizations never reviewed their benefits programs. There were no significant differences by organization size and profit status.

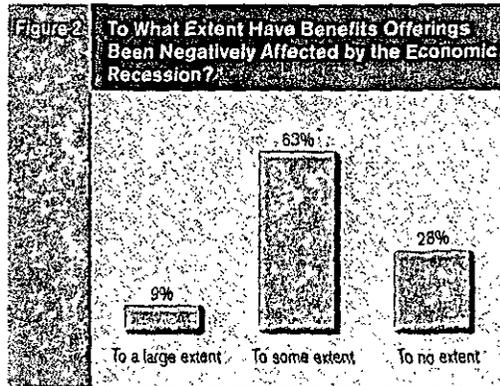
79% of organizations reviewed their benefits programs annually, and 10% reported reviewing them even more frequently.



(n = 522)

Note: Excludes respondents who answered "not sure."

Source: 2010 Employee Benefits (SHRM, 2010)



(n = 519)

Note: Excludes respondents who answered "not sure."

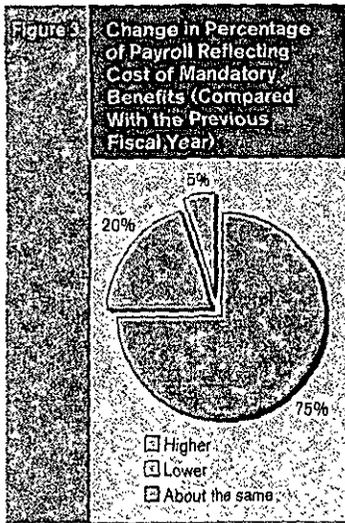
Source: 2010 Employee Benefits (SHRM, 2010)

Average Percentage of Payroll Reflecting Total Cost of Benefits (by Organization Staff Size)					
	Overall	Small (1-99 Employees)	Medium (100-499 Employees)	Large (500 or More Employees)	Differences Based on Staff Size*
Mandatory benefits	19%	18%	19%	19%	
Voluntary benefits	18%	15%	19%	21%	Large > small
Pay for time not worked benefits	11%	11%	11%	10%	

(n = 383)

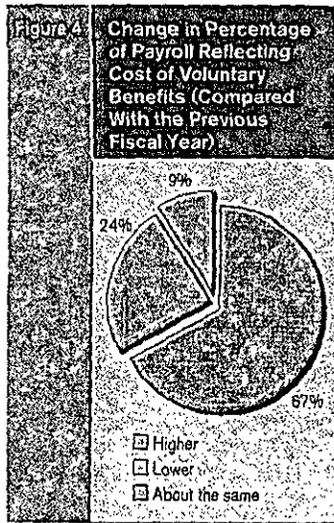
* Indicates a significant difference based on staff size. Blank cells in the last column indicate that no statistically significant differences were found.

Source: 2010 Employee Benefits (SHRM, 2010)



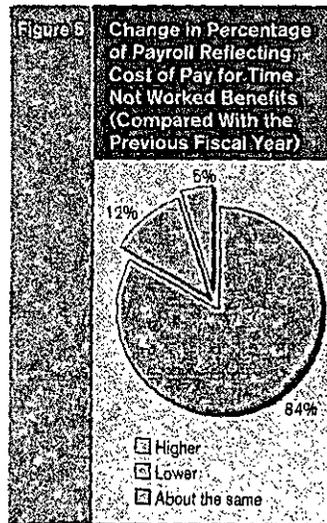
(n = 408)

Source: 2010 Employee Benefits (SHRM, 2010)



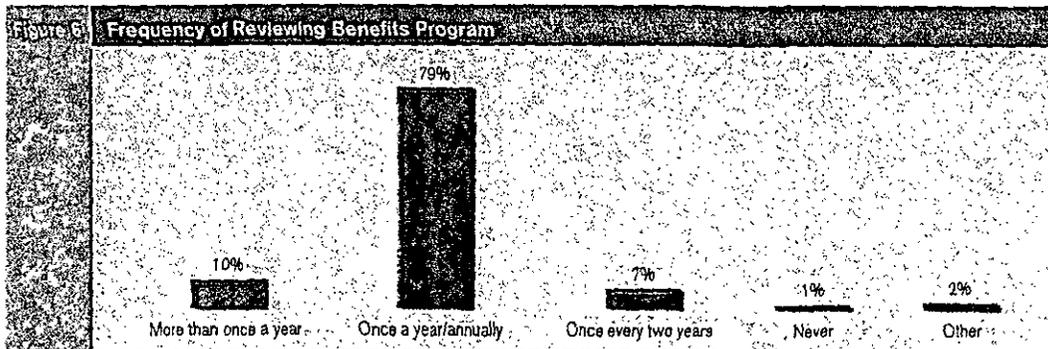
(n = 412)

Source: 2010 Employee Benefits (SHRM, 2010)



(n = 407)

Source: 2010 Employee Benefits (SHRM, 2010)



(n = 534)

Source: 2010 Employee Benefits (SHRM, 2010)

Health Care and Welfare Benefits

Table A-1 lists health care and welfare benefits and (1) the percentage of human resource professionals who indicated that their organization offered each benefit; (2) the percentage of organizations that offered the benefit but had plans to reduce or eliminate the benefit within the next 12 months; and (3) the percentage of organizations that did not offer the benefit but had plans to do so within the next 12 months. To get a complete picture of health care benefits and coverage, respondents indicated whether any aspect of any company-held plan included these particular benefits.

Ninety-six percent of organizations offered prescription drug program coverage, and 91% offered a mail-order prescription program. Through a mail-order prescription program, employees can save money on medication by filling prescriptions through licensed pharmacies and having them conveniently delivered through the mail at a discounted rate. Other benefits related to prescription drug coverage included wholesale generic drug programs for injectable drugs (18%) and pharmacy management programs (15%).

Health Care and Welfare Benefits	Offer the benefit	Offer the benefit but have plans to reduce or eliminate the benefit within the next 12 months	Do not offer the benefit but have plans to do so within the next 12 months
Prescription drug program coverage	96%	0%	0%
Dental insurance	94%	7%	0%
Mail-order prescription program	91%	7%	0%
Chiropractic coverage	85%	7%	0%
Preferred provider organization (PPO)	85%	3%	0%
Accidental death and dismemberment insurance (AD&D) ^a	82%	6%	0%
Mental health coverage	82%	6%	0%
Vision insurance	77%	7%	1%
Long-term disability insurance ^b	76%	6%	0%
Employee assistance program (EAP)	75%	7%	1%
Medical flexible spending account ^c	72%	6%	1%
Short-term disability insurance ^d	71%	8%	1%
Contraceptive coverage	68%	6%	0%
Rehabilitation assistance	45%	6%	1%
Supplemental accident insurance	44%	7%	1%
Health care premium flexible spending account ^e	43%	7%	1%
Health care coverage for dependent grandchildren	39%	4%	0%
Domestic partner health care coverage (same-sex)	38%	7%	1%
Domestic partner health care coverage (opposite-sex)	37%	5%	1%
Health care coverage for foster children	37%	6%	0%
Health care coverage for part-time workers	37%	8%	1%
HMO (health maintenance organization)	33%	12%	0%
Acupressure/acupuncture medical coverage	31%	5%	1%
Bariatric coverage for weight loss	31%	6%	1%
Cancer insurance	31%	6%	1%
Long-term care insurance	31%	5%	1%
Infertility treatment coverage (other than in-vitro fertilization)	30%	7%	0%
Surcharges for spousal health care coverage ^f	26%	8%	1%

continued on page 8

Health Insurance Programs

Nearly all companies (98%) offered at least one of these health care insurance benefits: preferred provider organization (PPO) plans, health maintenance organization (HMO) plans, health care reimbursement accounts (HRAs), point of service (POS) plans, consumer-directed health care plans (CDHP), indemnity plans or exclusive provider organization (EPO) plans. Additionally, 37% of organizations offered health care coverage to part-time employees. Organizations that provide health insurance may offer one or more types of plan. The

most frequently offered type of health insurance was a PPO plan, offered by 85% of respondents' companies. These plans offer a network of health care providers that patients must use or otherwise pay more for services from providers outside of the network. One-third (33%) of organizations offered HMO plans, which require participants to choose a primary care physician from their network to coordinate all of the patient's care. A POS plan, offered by 21% of organizations, is a unique managed care health insurance system that combines attributes from both HMOs and PPOs.

	Offer the benefit	Offer the benefit but have plans to reduce or eliminate the benefit within the next 12 months	Do not offer the benefit but have plans to do so within the next 12 months
In-vitro fertilization coverage	25%	6%	
Retiree health care coverage	25%	12%	1%
Critical illness insurance ^D	21%	4%	1%
Point of service (POS) plan	21%	8%	1%
Intensive care insurance ^F	19%	7%	
Hospital indemnity insurance	19%	5%	
Laser-based vision correction coverage	19%	6%	
Wholesale generic drug program for injectable drugs	18%	11%	1%
Grief recovery program	17%	8%	
Support groups	17%	3%	
Consumer-directed health care plan (CDHP)	16%	4%	3%
Pharmacy management program ^E	15%	3%	1%
Alternative/complementary medical coverage	14%	1%	1%
Health savings account (HSA) ^A	11%	0%	0%
Exclusive provider organization (EPO)	9%	0%	1%
Indemnity plan (fee-for-service)	8%	9%	
Elective procedures coverage ^G	7%	0%	
Employer-matched contributions to health savings account ^A	7%	0%	0%
Health reimbursement account (HRA) ^B	6%	0%	0%
Experimental/elective drug coverage	3%	0%	
Subsidized cost of elder care	3%	0%	
Gender reassignment surgery coverage	2%	0%	

(n = 534)

* Less than 1%.

A Does not pertain to employee-paid supplemental insurance.

B Does not pertain to employee-paid supplemental insurance.

C IRC Section 125, for all expenses.

D Does not pertain to employee-paid supplemental insurance.

E IRC Section 125 Cafeteria Plan allowing for premium conversion.

F Health care coverage for a spouse is offered as a benefit to employees, but there is a surcharge added to the employee premium cost.

H Provides funds to help cover the extra expenses for accidents or illnesses that result in an admission to a hospital intensive care unit.

G Provides funds to help cover extra expenses upon diagnosis of a critical illness or condition.

I Independent of medical plan management.

J Any non-emergency surgical procedure other than laser-based vision correction coverage.

K These benefits were examined based on companies that indicated they offered consumer-directed health care plans (CDHP).

Source: 2010 Employee Benefits (SHRM, 2010)

CDHPs involve a high-deductible insurance plan combined with a health care spending account from which unreimbursed health care costs are paid. This plan can be attractive in that the premiums are typically lower for both the employer and the employee. Sixteen percent of companies reported offering this type of plan.

Nine percent of organizations offered an EPO plan. This plan is thought of as being more restrictive because employees must use providers from a specific network of hospitals and physicians.

Indemnity, or fee-for-service, plans are thought of as more traditional health care plans, which charge employees for each individual service and allow them complete choice in which providers they see. Only 8% of organizations reported offering this type of plan.

Six percent of organizations offered health reimbursement accounts—health care spending accounts set up by the employer for the employee. The employer makes contributions for the employee to use for health care services. It is similar to a flexible spending account, except that the funds roll over from year to year, allowing the employee to accumulate funds over time.

The vast majority of companies (94%) offered dental insurance to employees, and more than three-quarters (77%) offered vision insurance. These programs may be either part of or in addition to other health insurance plans. Other forms of insurance offered by respondents' organizations included accidental death and dismemberment insurance (82%), chiropractic coverage (85%), mental health coverage (82%), supplemental accident insurance (44%), cancer insurance (31%), long-term care insurance (31%), critical illness insurance (21%), hospital indemnity insurance (19%) and intensive care insurance (19%).

Health Care for Dependents

Some health care and welfare benefits are intended to help employees manage the costs associated with caring for a dependent. As family structures in our

society continue to change, companies are expanding the relationships that are qualified for certain benefits. Dependents who were offered health care coverage included dependent grandchildren (39%), domestic partners (38% of organizations offered opposite-sex domestic partner health care coverage and 37% offered same-sex domestic partner coverage) and foster children (37%).

Women's Health

Some organizations offer health care and wellness benefits that focus on childbearing and fertility. The most commonly offered benefit was contraceptive coverage (68%). In addition, 30% of organizations covered infertility treatment (other than in-vitro fertilization), and 25% specifically offered in-vitro fertilization coverage.

Health Savings Accounts

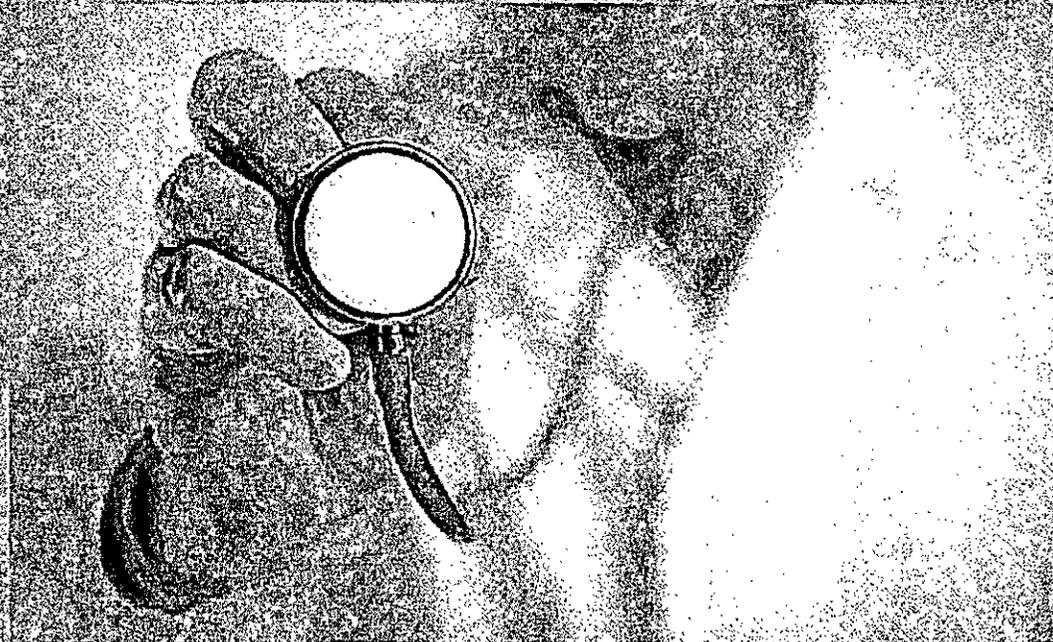
Health savings accounts (HSAs) were created by the Medicare bill in 2003 and are designed to help individuals save on a tax-free basis for future qualified medical and retiree health care costs. Eleven percent of companies provided these accounts. Contributions to HSA accounts can be made by the employer, the employee or both. Seven percent of organizations matched contributions made to these accounts.

Flexible Spending Accounts

Medical flexible spending accounts allow employees to deduct pretax dollars from their paychecks to pay for health care services, such as co-payments, insurance deductibles and vision and dental expenses. These accounts offer companies a way to help employees manage their health care costs. The maximum amount each eligible employee may contribute to these accounts is determined by the employer. Almost three-quarters (72%) of organizations offered medical flexible spending accounts (Internal Revenue Code (IRC) Section 125, for all expenses), and 43% reported offering health care premium flexible spending accounts (IRC Section 125 Cafeteria Plan allowing for premium conversion).

Medical flexible spending accounts allow employees to **deduct pretax dollars from their paychecks** to pay for health care services, such as co-payments, insurance deductibles and vision and dental expenses.

Costs of Health Care Coverage to Companies



The cost of health care coverage is a major financial issue for employers, and there are differences in the costs organizations pay annually per employee depending on the organization, staff size and factors such as revenue per FTE. Overall, the average cost for health care per employee is \$7,038, according to the 2009 SHRM Health Care Benchmarking Database. Larger organizations spend \$8,026 per employee compared with \$6,706 and \$6,775 for small- and medium-sized organizations.

Revenue per FTE also has an impact on the average health care costs. Revenue per FTE is a metric that is often used to measure productivity. Companies with higher revenue per FTE, above \$155,556, spend \$8,068 on health care costs per employee. This is significantly higher than companies with revenue per FTE below \$155,556, which spend \$6,629.

More detailed information on this topic can be found through SHRM's Customized Benchmarking Service at www.shrm.org/benchmarks.

**Average Health Care Cost per Employee
(by Organization Staff Size)**

	Overall	\$7,038
Small (1-99 employees)	\$6,706	
Medium (100-499 employees)	\$6,775	
Large (500 or more employees)	\$8,026	

Source: SHRM Health Care Benchmarking Database (2009)

**Average Health Care Cost per Employee
(by Revenue per FTE)**

	Revenue per FTE Above \$155,556	Revenue per FTE Below \$155,556
	Mean	Mean
Cost per employee	\$6,629	\$8,068

Source: SHRM Health Care Benchmarking Database (2009)

Disability

Long-term disability (offered by 76% of organizations) and short-term disability (offered by 71% of organizations) provide income replacement for employees whose illness or injury causes a longer absence from work. Short-term disability usually starts after a one- to two-week absence, and long-term disability usually goes into effect six weeks to three months after the illness or injury. While paid sick leave usually covers an employee's entire salary, short-term and long-term disability may cover only a portion of the individual's salary.

Mental and Emotional Health

Some companies offer health and welfare benefits that are directed toward employees' mental and emotional well-being. An employee assistance program (EAP) is a confidential counseling program designed to assist employees with any problems that may distract them from their work. Three-quarters (75%) of organizations offered an EAP. In addition, 17% reported that their organizations offered grief recovery programs and support groups.

Other Health Care and Welfare Benefits

Some employers include nontraditional healing methods among their organizations' health and welfare benefits. Almost one-third (31%) of organizations offered acupressure/acupuncture medical coverage, 14% offered other alternative/complementary medical coverage, and 3% of organizations covered experimental or elective drug treatments.

About a quarter (26%) of companies offered surcharges for spousal health care coverage, 25% offered health care coverage to retirees, and 3% offered subsidized cost of elder care. Other health care and welfare benefits offered included rehabilitation assistance (45%), bariatric coverage for

procedures such as stomach stapling or gastric bypass surgery (31%), laser-based vision correction coverage (19%), elective procedures coverage (any non-emergency surgical procedure other than laser-based vision correction) (7%) and gender reassignment surgery coverage (2%).

Health Care and Welfare Benefits Over the Past Five Years

Table A-2 shows the percentage of companies offering specific health care and welfare benefits from 2006 through 2010. Compared with 2009, the only benefit offered by fewer organizations was long-term care insurance. Rehabilitation assistance was the only health care and welfare benefit offered by more organizations in 2010 than in 2009.

Over the past five years, there were several increases and decreases in the number of HR professionals who reported that their organizations offered health care and welfare benefits. The following benefits were offered by fewer organizations in 2010 than in 2006: contraceptive coverage, health care coverage for foster children, hospital indemnity insurance, long-term care insurance and surcharges for spousal health care coverage. The benefits offered by more organizations were HMO, mental health coverage and rehabilitation assistance.

Health Care and Welfare Benefits by Organization Staff Size and Organization Sector

Overall, larger companies were significantly more likely to offer most health care and welfare benefits. There were considerable differences by sector in what health care and welfare benefits were offered, though few clear patterns emerged. Publicly owned for-profit and governmental organizations were more likely to offer a number of these benefits. All results by organization staff size and organization sector are displayed in the appendix.

Compared with 2009, the only benefit offered by fewer organizations was **long-term care insurance**.

Table A-2 Health Care and Welfare Benefits (by Year)

	2006	2007	2008	2009	2010	Differences between 2006 and 2010*	Differences between 2009 and 2010*
Prescription drug program coverage	96%	95%	95%	98%	96%		
Dental insurance	93%	94%	94%	96%	94%		
Mail-order prescription program	88%	87%	87%	91%	91%		
Chiropractic insurance	81%	80%	81%	80%	85%		
Preferred provider organization (PPO)	87%	87%	85%	81%	85%		
Accidental death and dismemberment insurance (AD&D)	-	-	81%	78%	82%		
Mental health coverage	73%	73%	75%	80%	82%		
Vision insurance	73%	79%	78%	76%	77%	↑	
Long-term disability insurance	-	-	78%	77%	76%		
Employee assistance program (EAP)	71%	73%	75%	75%	75%		
Medical flexible spending account	70%	70%	70%	71%	72%		
Short-term disability insurance	-	-	69%	70%	71%		
Contraceptive coverage	75%	74%	73%	68%	68%	↓	
Rehabilitation assistance	35%	30%	33%	37%	45%		
Supplemental accident insurance	50%	49%	47%	40%	44%	↑	↑
Health care premium flexible spending account	50%	47%	46%	43%	43%		
Health care coverage for dependant grandchildren	35%	38%	36%	37%	39%		
Domestic partner health care coverage (same-sex)	-	-	36%	36%	38%		
Domestic partner health care coverage (opposite-sex)	-	-	36%	37%	37%		
Health care coverage for foster children	28%	29%	30%	31%	37%	↓	
Health care coverage for part-time workers	39%	41%	39%	35%	37%		
HMO (health maintenance organization)	51%	48%	42%	35%	33%	↑	
Acupressure/acupuncture medical coverage	30%	29%	31%	28%	31%		
Bariatric coverage for weight loss	8%	16%	21%	29%	31%		
Cancer insurance	36%	35%	28%	33%	31%		
Long-term care insurance	43%	46%	45%	39%	31%	↓	↓
Infertility treatment coverage (other than in-vitro fertilization)	30%	30%	28%	30%	30%		
Surcharges for spousal health care coverage	36%	33%	37%	32%	26%	↓	

continued on page 13

Table A-2

Health Care and Welfare Benefits (by Year) (continued from page 12)

	2006	2007	2008	2009	2010	Differences between 2006 and 2010*	Differences between 2009 and 2010*
In-vitro fertilization coverage	28%	27%	26%	23%	25%		
Retiree health care coverage	29%	35%	32%	26%	25%		
Critical illness insurance ^A					21%		
Point of service (POS) plan			26%	26%	21%		
Intensive care insurance ^B					19%		
Hospital indemnity insurance	29%	27%	25%	23%	19%		
Laser-based vision correction coverage				19%	19%		
Wholesale generic drug program for injectable drugs	23%	30%	24%	17%	18%		
Grief recovery program	18%	15%	16%	15%	17%		
Support groups	12%	11%	12%	12%	17%		
Consumer-directed health care plan (CDHP)	17%	19%	12%	12%	16%		
Pharmacy management program	15%	19%	17%	18%	15%		
Alternative/complementary medical coverage	20%	19%	18%	16%	14%		
Health savings account (HSA) ^C	9%	12%	8%	9%	11%		
Exclusive provider organization (EPO)	9%	11%	9%	8%	9%		
Indemnity plan	15%	18%	12%	7%	6%		
Elective procedures coverage				5%	7%		
Employer-matched contributions to health savings account ^C	4%	6%	5%	6%	7%		
Health reimbursement account (HRA) ^C	8%	9%	5%	6%	6%		
Experimental/elective drug coverage	4%	6%	5%	3%	3%		
Subsidized cost of elder care			4%	3%	3%		
Gender reassignment surgery coverage				1%	2%		
Critical illness insurance ^A	39%	38%	37%	34%			
Intensive care insurance ^B	39%	40%	38%	35%			

* Indicates a significant change from 2009 to 2010 or from 2006 to 2010. Blank cells in the last two columns indicate that no statistically significant differences were found.
 A Starting in 2010, "critical illness insurance" was changed to "critical illness (provides funds to help cover extra expenses upon diagnosis of a critical illness or condition)." This change accounts for much of the drop starting in 2010.
 B Starting in 2010, "intensive care insurance" was changed to "intensive care insurance (provides funds to help cover the extra expenses for accidents or illnesses that result in an admission to a hospital intensive care unit)." This change accounts for much of the drop starting in 2010.
 C These benefits were examined based on companies that indicated they offered consumer-directed health care plans (CDHP).
 Note: A dash (-) indicates that this particular benefit was not asked about or was combined with another benefit.
 Source: 2010 Employee Benefits (SHRM, 2010)

EXPERT Q & A

Mike Aitken

Director, Government Affairs, SHRM

Q: What do you think will be the most immediate impact of the health care legislation for HR professionals?

A: Right away, employers and HR professionals will need to take a close look at their health care design, speak to their counsel and consider how these changes will influence their business down the line. In particular, employers that have early open enrollment periods will need to consider very soon what these changes mean for their health care benefits plans. For example, there is a new statute that says that dependents up to the age of 26 will be able to obtain coverage under their parents' insurance, and with so many people under 30 lacking health insurance, this component alone could have big implications.

There is going to be an increased role for HR throughout this process, in both educating other members of their organizational leadership team and answering the questions of employees. This means there will be a strong communications responsibility for HR in educating employees and managing expectations.

Q: What effect do you think the law will have on the way U.S. HR professionals do their jobs and on the profession itself?

A: Because it is going to be phased in over the number of years, this law will be a focus for HR from a tactical standpoint for years to come. From a strategic standpoint, HR professionals will need to consider various future scenarios they can envision in their organization as a result of taking any different approaches to managing health care benefits.

Q: What impact might the new law have on companies' ability to help limit health care expenditures?

A: One of the concerns we had during the development of the legislation was that it did not do enough to control costs. There were not a lot of provisions for dealing with medical malpractice reform, for example. Many HR professionals remain concerned that it does not do enough to bend the "cost curve" for employers and employees. Others think that the health insurance cooperatives will not be as

effective as a public option in creating competition within states. There are a number of different views, and HR professionals will need to look at their plans to see how they stack up.

Q: Will wellness-related incentives for lifestyle choices by employees have a big impact?

A: The bill appears to do a fairly good job in incentivizing wellness programs. Some employers that have not up to this point taken advantage of the cost savings that wellness programs produce will probably want to take a new look at what these kinds of programs can offer them.

Q: Consumer-directed health care has been growing in the United States. How will the new law affect efforts to put workers in control of their health choices and expenditures?

A: One of our issues had been the need for greater transparency and more information on health outcomes. Part of the recovery act enacted in 2009 provided infrastructure for health IT network. Though we think the Patient Protection and Affordable Care Act did not go far enough in encouraging these kinds of cost savings, it did take positive steps that lay the groundwork for consumers to be more actively engaged in understanding their costs and choices in the years ahead.

Q: How will the new law affect the relationship between employer and employee over time? Between government and the business world?

A: The bill maintains the blend of employer- and public-based system that existed before, and this is what it will remain after. There are some who think there will be more government interference in some areas of health insurance, but for employers that want to continue to provide the kinds of benefits they have been providing for years, it may not make such a big difference. Overall, the jury is still out, and we probably won't be able to evaluate the full extent of the bill's impact on business and society for another decade or so.

Preventive Health and Wellness Benefits

Table B-1 lists preventive health and wellness benefits and (1) the percentage of human resource professionals who indicated that their organization offered each benefit; (2) the percentage of organizations that offered the benefit but had plans

to reduce or eliminate the benefit within the next 12 months; and (3) the percentage of those that did not offer the benefit but had plans to do so within the next 12 months. To get a complete picture of benefits and coverage, respondents indicated whether

	Offer the benefit	Offer the benefit but have plans to reduce or eliminate the benefit within the next 12 months	Do not offer the benefit but have plans to do so within the next 12 months
Wellness resources and information	76%	0%	5%
On-site seasonal flu vaccinations	68%	0%	1%
Wellness programs	59%	0%	5%
24-hour nurse line ^a	56%	6%	1%
CPR/first aid training	55%	6%	3%
Health screening programs ^b	43%	1%	6%
Health fairs	42%	8%	7%
Wellness newsletter/column	41%	6%	6%
Smoking cessation program	39%		5%
On-site H1N1 flu vaccinations	35%	0%	4%
Fitness center membership subsidy/reimbursement	33%	7%	4%
Health and lifestyle coaching ^c	33%	6%	8%
Preventive programs specifically targeting employees with chronic health conditions	33%	2%	6%
Weight-loss program	30%	1%	5%
Rewards or bonuses for achieving or completing certain health and wellness goals/programs	28%	3%	9%
On-site fitness center	21%	4%	2%
On-site blood pressure machine	20%	0%	1%
Nutritional counseling	18%	9%	3%
On-site fitness classes ^d	14%	9%	1%
Health care premium discount for getting an annual health risk assessment	12%	2%	6%
Massage therapy services at work	12%	2%	2%
On-site sick room	12%	0%	1%
Health care premium discount for not using tobacco products	11%	3%	4%
On-site medical clinic	10%	15%	2%
Stress-reduction program	10%	8%	4%
Health care premium discount for participating in a wellness program	9%	2%	6%
Fitness equipment subsidy/reimbursement	5%	13%	2%
On-site nap room	5%	0%	0%
Health care premium discount for participating in a weight-loss program	4%	0%	4%

(n = 534)

^a Less than 1%.

^a Available to help employees make more informed health care decisions.

^b For example, glucose, cholesterol, etc.

^c Used to help employees change and better manage their health habits.

^d For example, yoga, aerobics, etc.

Source: 2010 Employee Benefits (SHRM, 2010)

any aspect of any company-held plan included these particular benefits.

As the costs of health care continue to spiral upward, employees and employers are searching for ways to keep these costs under control and as manageable as possible. Preventive health and wellness benefits are designed to help maintain or change employees' behavior in order to achieve better health and decrease the associated health risks. By preventing or lessening the incidence of health conditions, the companies hope to save on long-term health costs. Three-quarters (75%) of companies provided wellness resources and information, and 59% of organizations offered wellness programs.

Preventable and Chronic Conditions

Obesity is a growing health concern in the United States. There are many health problems associated with excess weight and other types of preventable and chronic conditions. These conditions affect the health and well-being of employees and also have a significant economic impact on businesses. According to the U.S. Department of Health and Human Services, obesity alone costs U.S. companies an estimated \$13 billion per year.³ Organizations are attempting to combat these issues with subsidies or reimbursements for fitness center memberships (33%), health and lifestyle coaching (33%), weight-loss programs (30%), on-site fitness centers (21%), nutritional counseling (18%), on-site fitness classes (14%) and fitness equipment subsidy/reimbursement (5%). Other benefits that encourage a healthy lifestyle included smoking cessation programs (39%) and stress reduction programs (10%).

Other benefits organizations offered to help employees deal with preventable and chronic conditions included on-site vaccinations (68% offered seasonal flu vaccinations and 35% offered H1N1 flu vaccinations), health screening programs for conditions such as high glucose or high cholesterol levels (43%) and preventive programs specifically targeting employees with chronic health conditions (33%).

Preventive Health and Wellness Incentives

More than one-quarter (28%) of organizations offered rewards or bonuses for achieving or completing certain health and wellness activities. Some organizations offer health care discounts to employees for participating in health-related assessments or programs. Twelve percent of organizations provided health care premium discounts for getting an annual health risk assessment, 11% provided a discount for not using tobacco products, 9% offered discounts for participating in a wellness program, and 4% provided health care premium discounts for participating in a weight-loss program.

Preventive Health and Wellness Resources

Preventive health and wellness resources help make employees aware of wellness issues while providing them with important tools to live a healthy lifestyle. Forty-two percent of companies offered health fairs, and 41% had a wellness newsletter/column.

Other Preventive Health and Wellness Benefits

Other types of preventive health and wellness benefits offered by organizations included 24-hour nurse line (56%), CPR/first aid training (55%) and an on-site blood pressure machine (20%). In addition, 12% of offered massage therapy services for employees at the office. Massage therapy can be a great health maintenance tool that aids in stress reduction. This may be especially beneficial for employees who work in a very stressful work environment. Less commonly offered benefits included on-site sick rooms (12%), medical clinics (10%) and nap rooms (5%).

Preventive Health and Wellness Benefits Over the Past Five Years

Table B-2 shows the percentages of organizations that offered specific preventive health and wellness benefits from 2006 through 2010. There were no significant changes in these benefits from 2009

75% of companies provided wellness resources and information, and 59% of organizations offered wellness programs.

to 2010. A stress-reduction program was the only preventive health and wellness benefit offered by more companies in 2006 than in 2010.

Preventive Health and Wellness Benefits by Organization Staff Size and Organization Sector

Again, larger organizations were more likely than smaller organizations to offer many preventive health

and wellness benefits. There was some variation by sector in the likelihood of providing these benefits. Privately owned for-profit organizations were less likely to offer a number of preventive health and wellness benefits. All results by organization staff size and organization sector are displayed in the appendix.

Table B-2 Preventive Health and Wellness Benefits (by Year)

	2006	2007	2008	2009	2010	Differences between 2006 and 2010*	Differences between 2009 and 2010*
Wellness resources and information	-	-	72%	72%	75%		
On-site seasonal flu vaccinations [†]	-	-	-	-	68%		
Wellness programs	-	-	58%	59%	59%		
24-hour nurse line	-	-	50%	50%	58%		
CPR training/first aid	57%	55%	55%	53%	55%		
Health screening programs	49%	47%	41%	38%	43%		
Health fairs	-	-	44%	44%	42%		
Wellness newsletter or column	-	-	40%	41%	41%		
Smoking cessation program	39%	40%	40%	39%	39%		
On-site H1N1 flu vaccinations [†]	-	-	-	-	35%		
Fitness center membership subsidy/reimbursement	37%	30%	36%	35%	33%		
Health and lifestyle coaching	-	-	33%	33%	33%		
Preventive programs specifically targeting employees with chronic health conditions [†]	-	31%	30%	30%	33%		
Weight-loss program	29%	32%	31%	30%	30%		
Rewards or bonuses for achieving or completing certain health and wellness goals/programs	-	-	23%	23%	28%		
On-site fitness center	22%	25%	21%	21%	21%		
On-site blood pressure machine	-	-	17%	18%	20%		
Nutritional counseling	-	-	20%	19%	18%		
On-site fitness classes	-	15%	15%	12%	14%		
Health care premium discount for getting an annual health risk assessment	-	12%	11%	10%	12%		
Massage therapy services at work	14%	13%	14%	12%	12%		
On-site sick room	-	-	-	8%	12%		
Health care premium discount for not using tobacco products	-	10%	8%	8%	11%		
On-site medical clinic	-	-	-	5%	10%		
Stress-reduction program	19%	15%	14%	11%	10%	↓	
Health care premium discount for participating in a wellness program	-	10%	9%	8%	9%		
Fitness equipment subsidy/reimbursement	-	-	6%	4%	5%		
On-site nap room	-	-	5%	4%	5%		
Health care premium discount for participating in a weight-loss program	-	-	-	4%	4%		
On-site vaccinations [†]	65%	62%	67%	64%	-		

* Indicates a significant change from 2009 to 2010 or from 2006 to 2010. Blank cells in the last two columns indicate that no statistically significant differences were found. A Starting in 2010, "on-site vaccinations" was separated into "on-site seasonal flu vaccinations" and "on-site H1N1 flu vaccinations." Note: A dash (-) indicates that this particular benefit was not asked about or was combined with another benefit. Source: 2010 Employee Benefits (SHRM, 2010)

Retirement Savings and Planning Benefits

Table C-1 lists various retirement savings and planning benefits and (1) the percentage of human resource professionals who indicated that their organization offered each benefit; (2) the percentage of organizations that offered the benefit but had plans to reduce or eliminate it within the next 12 months; and (3) the percentage of those that did not offer the benefit but had plans to do so within the next 12 months. To get a complete picture of benefits and coverage, respondents indicated whether any aspect of any company-held plan included these particular benefits.⁴

Retirement and Financial Planning

Many companies offer retirement plans to help employees plan for their financial future. Ninety-seven percent of companies offered at least one

retirement plan. Overall, defined contribution retirement plans (92%) were most common type of plan offered, followed by Roth 401(k) savings plans (28%), traditional defined benefit pension plans (27%) and cash balance pension plans (9%). In addition, 11% offered supplemental executive retirement plans (SERPs). These are nonqualified plans that grant benefits above those covered in other retirement plans that are authorized under the Employee Retirement Income Security Act (ERISA); however, these plans are not required to be funded and can be lost if the organization goes bankrupt.

In defined contribution plans, the employer states that it will contribute a fixed amount, or no amount, to the employee's individual account. The employee bears the investment risk in these plans since the value of the account's investments may decrease over

	Offer the benefit	Offer the benefit but have plans to reduce or eliminate the benefit within the next 12 months	Do not offer the benefit but have plans to do so within the next 12 months
Defined contribution retirement plan ^A	92%	5%	1%
Employer match for defined contribution retirement plan	72%	10%	1%
Defined contribution plan loans ^B	69%	0%	0%
Balanced funds ^C	60%	5%	0%
Target date retirement funds ^D	46%	5%	0%
Individual investment advice	40%	8%	0%
Automatic enrollment into defined contribution retirement plan ^E	39%	0%	2%
Retirement planning services	39%	4%	1%
Roth 401(k) savings plan	28%	0%	2%
Defined benefit pension plan ^F	27%	14%	0%
Automatic escalation of salary deferral amounts for defined contribution plans	18%	0%	0%
Supplemental executive retirement plan (SERP)	11%	8%	0%
Cash balance pension plan	9%	6%	0%
Formal phased retirement program ^G	6%	0%	1%
401(k) debit card ^H	2%	0%	0%

(n = 534)

* Less than 1%.

A 401(k), 403(b) or similar type plan.

B Allows participants to borrow from their retirement savings.

C A fixed blend of bonds and stocks.

D Includes all funds that shift investments over time depending on the employee's target retirement date.

E New employees enrolled unless they opt out.

F Provides retirees with guaranteed payment based on years of service and pay.

G Reduced schedule and/or responsibilities prior to full retirement.

H Allows users to borrow up to \$50,000 or 50% of the value of their retirement savings, whichever is less, through use of a debit card.

Source: 2010 Employee Benefits (SHRM, 2010)

72% of organizations provided an employer match on some or all of the employee's contributions to the defined contribution plan, and **69%** of organizations offered defined contribution plan loans.

time. Nearly three-quarters (72%) of organizations provided an employer match on some or all of the employee's contributions, and 69% of organizations offered defined contribution plan loans. These loans allow participants to borrow from their retirement savings. In addition, 39% of organizations automatically enrolled employees into their defined contribution plans unless employees actively opted out, 18% provided automatic escalation of salary deferral amounts for defined contribution plans, and 1% offered 401(k) debit cards.

Defined benefit pension plans, as their name suggests, differ from defined contribution plans in that the employer promises to pay a certain benefit upon the employee's retirement. The benefit amount is calculated based on factors such as age, earnings and length of service. Employers bear the investment risk in these plans since they are required to pay the promised benefit regardless of the plan's investment performance. The Roth 401(k) is a retirement savings plan that combines some aspects of both the 401(k) and the Roth IRA. Under the Roth 401(k), employees can decide to contribute funds on a post-

tax elective deferral basis. For 2010, an employee can contribute \$16,500 (plus an additional \$5,500 if an employee is 50 or older). Cash balance pension plans (offered by 9% of organizations) are technically a type of defined benefit plan, though they look like a defined contribution plan in that employees have and can see their individual account balances.

Six percent reported offering a phased retirement program (a reduced schedule and/or responsibilities prior to full retirement), offering older workers a way to ease into retirement while passing along institutional knowledge to others.

Organizations also offered financial planning benefits such as individual investment advice (40%) and retirement planning services (39%). While these programs do not directly contribute to employees' retirement savings, they can help employees plan for a financially sound retirement as well as other major life goals.

Table C-2 Retirement Savings and Planning Benefits (by Year)

	2006	2007	2008	2009	2010	Differences between 2006 and 2010*	Differences between 2009 and 2010*
Defined contribution retirement plan	81%	83%	84%	90%	92%	↑	
Employer match for defined contribution retirement plan	74%	74%	75%	72%	72%		
Defined contribution plan loans			69%	69%	69%		
Balanced funds			59%	61%	60%		
Target-date retirement funds			37%	39%	46%		
Individual investment advice	48%	42%	40%	38%	40%	↓	
Automatic enrollment into defined contribution retirement plan	30%	32%	32%	35%	39%	↑	
Retirement planning services	52%	37%	38%	35%	39%	↓	
Roth 401(k) savings plan		16%	21%	24%	28%		
Traditional defined benefit pension plan [†]	48%	40%	33%	29%	27%	↓	
Automatic escalation of salary deferral amounts for defined contribution plans					18%		
Supplemental executive retirement plan (SERP)	18%	15%	11%	8%	11%		
Cash balance pension plan	10%	7%	9%	6%	9%		
Formal phased retirement program	13%	12%	6%	6%	8%		
401(k) debit card					1%		

* Indicates a significant change from 2009 to 2010 or from 2006 to 2010. Blank cells in the last two columns indicate that no statistically significant differences were found.
[†] Starting in 2007, "defined benefit retirement plan" was changed to "traditional defined benefit pension plan (provides retirees with guaranteed payment based on years of service and pay)."
 Note: A dash (-) indicates that this particular benefit was not asked about or was combined with another benefit.
 Source: 2010 Employee Benefits (SHRM, 2010)

Other Retirement Savings and Planning Benefits

Sixty percent of organizations offered balanced funds—a fixed blend of bonds and stocks. The funds provide both income and capital appreciation while preventing excessive risk. Forty-six percent provided target-date retirement funds. These funds shift investments over time depending on the employee's target retirement date.

Retirement Savings and Planning Benefits Over the Past Five Years

Table C-2 shows the percentages of companies offering specific retirement savings and planning benefits from 2006 through 2010. There were no significant changes in these benefits from 2009 to 2010.

The following benefits were offered by fewer organizations in 2010 than in 2006: individual investment advice (40% in 2010 compared with

48% in 2006), retirement planning services (39% in 2010 compared with 52% in 2006) and traditional defined benefit pension plan (27% in 2010 compared with 48% in 2006). The only retirement savings and planning benefits offered by more organizations in 2010 compared with 2006 were defined contribution retirement plan and automatic enrollment into such plan.

Retirement Savings and Planning Benefits by Organization Staff Size and Organization Sector

Smaller organizations were less likely than larger organizations to offer many retirement savings and planning benefits. There were considerable differences by sector in what retirement savings and planning benefits were offered. Publicly owned for-profit organizations were more likely to offer a number of these benefits. These results are displayed in the appendix.

Conclusions

After a decline in the number organizations offering employee benefits from 2008 to 2009, the 2010 study revealed that employee benefits have remained relatively steady over the past 12 months. The only areas experiencing a downward trend since 2009 were housing and relocation and business travel benefits. It is important to note that some of the changes uncovered in this report appear to have been in response to the changes in the economy, while other changes represent shifts that have gradually occurred over the last several years. The fact that organizations have not made drastic reductions in their benefits offerings is a promising sign and displays the importance of benefits to both employees and employers.

Employees consistently rate benefits, especially health care benefits, as one of the key factors in job satisfaction. In addition, a recent survey of U.S. employers and employees revealed that because of the recent economic events, 46% of employees are taking a greater interest in understanding the benefits they receive through their employers.¹⁸ With

employees now paying more attention to these benefits, there is an opportunity for organizations to help a more engaged workforce better understand the true value of their benefits packages.

As shown throughout this report, organizations offer a wide range of traditional and nontraditional benefits. In the past, the dilemma for organizations was how to offer the right mix of these benefits to attract and retain top performers while also balancing their increasing costs. The ability to manage these ever-increasing costs, along with the new health care legislation, will have a new and profound impact on employee benefits programs in the future. These challenges in the midst of an economic recovery are laying a foundation for a new way of doing business. Across all industries, HR professionals will be called upon to lead their organizations through this complex and volatile landscape to develop benefits strategies that enhance productivity, attract and retain employees and build a strong employer brand.

Employees consistently rate benefits, especially health care benefits, as one of the **key factors in job satisfaction.**

Methodology

A sample of HR professionals was randomly selected from SHRM's membership database, which included approximately 250,000 individual members at the time the survey was conducted. Only members who had not participated in a SHRM survey or poll in the last four months were included in the sampling frame. Members who were students, located internationally or had no e-mail address on file were excluded from the sampling frame. In February 2010, an e-mail that included a hyperlink to the Employee Benefits Survey⁹ was sent to 3,000 randomly selected SHRM members. Of these, 2,850 e-mails were successfully delivered to respondents, and 534 HR professionals responded, yielding a response rate of 19%. The survey was accessible for a period of four weeks, and multiple reminders were sent to nonrespondents in an effort to increase response rates. The sample of HR professionals was generally representative of the SHRM membership population.

The report is composed of 11 benefits sections: health care and welfare benefits, preventive health and wellness benefits, retirement savings and planning benefits, financial and compensation benefits, paid leave benefits, family-friendly benefits, flexible working benefits, personal services benefits, housing and relocation benefits, business travel benefits, and other benefits. Each section has two tables in the body of the report. Table 1 displays the overall percentage of organizations that offer each benefit, the percentage of organizations that offer the benefit but have plans to reduce or eliminate it within the next 12 months and the percentage of organizations that do not offer the benefit but have plans to do so within the next 12 months. Table 2 illustrates the percentage of organizations offering benefits on an annual basis over a period of five years. In the appendix, Table 3 presents data by organization staff size, as defined by the number of employees at the respondent's location. Table 4 presents data by organization sector.

A number of benefits have been added, changed or dropped from 2009 to 2010. Forces driving the

changes included SHRM's own research of benefits trends, a need for clarification of some represented benefits, member input and external research and resources. New or edited items are footnoted throughout the report.

Notations

Analysis: Analyses by HR professionals' staff size and employment sector are presented and discussed, when applicable. In some cases, the data are not depicted in corresponding tables/figures even though the results are statistically significant.

- ◆ Organization staff size categories: small (1 to 99 employees), medium (100 to 499 employees) and large (500 or more employees). The analysis by staff size refers to the number of full and part-time employees at the responding HR professional's work location only.
- ◆ Organization sector: publicly owned for-profit organization, privately owned for-profit organization, nonprofit organization, government sector and "other" category. Results are not presented for "other" employment sector due to the small number of organizations in this category.

Differences: Conventional statistical methods were used to determine if observed differences were statistically significant (i.e., there is a small likelihood that the differences occurred by chance). Therefore, in most cases, only results that were significant are included, unless otherwise noted. In some cases, data may be discussed in the text of this report but not presented in an accompanying figure or table.

Tables: Unless otherwise noted in a specific table, please note that the following are applicable to data depicted in tables throughout this report.

- ◆ Percentages for a question or a response option may not total 100% due to rounding.
- ◆ The sample size is based on the actual number of respondents by organization sector and organization staff size who answered the question using the response options provided.

- ◆ Data are sorted in descending order by the first percentage column in a table.

Figures: Unless otherwise noted in a specific figure, percentages for a question may not total 100% due to rounding.

Generalization of results: As with any research, readers should exercise caution when generalizing results and take individual circumstances and experiences into consideration when making decisions based on these data. While SHRM is confident in its research, it is prudent to understand that the results presented in this survey report are only truly representative of the sample of HR professionals responding to the survey.

Number of respondents: The number of respondents (indicated by “n” in figures and tables) varies from table to table and figure to figure because some respondents did not answer all of the questions. Individuals may not have responded to

a question on the survey because the question or some of its parts were not applicable or because the requested data were unavailable. This also accounts for the varying number of responses within each table or figure.

Confidence level and margin of error: A confidence level and margin of error give readers some measure of how much they can rely on survey responses to represent all SHRM members. Given the level of response to the survey, SHRM Research is 96% confident that responses given by responding HR professionals can be applied to all SHRM members, in general, with a margin of error of approximately 4%. For example, 59% of HR professionals reported their organizations offered wellness programs. With a 4% margin of error, the reader can be 96% certain that between 55% and 63% of SHRM members would report that their organizations presently offer wellness programs.

About the Respondents

Organization Staff Size	
Small (1-99 employees)	31%
Medium (100-499 employees)	43%
Large (500 and more employees)	26%
(n = 532)	

Organization Sector	
Privately owned for-profit organization	66%
Nonprofit organization	21%
Publicly owned for-profit organization	17%
Government agency	7%
(n = 529)	

Organization Industry	
Manufacturing	19%
Health care, social assistance (e.g., in-home care, nursing homes, EAP providers, hospices, etc.)	13%
Other services	8%
Services—professional, scientific, technical, legal, engineering	8%
Educational services/education	7%
Retail/wholesale trade	7%
Financial services (e.g., banking)	5%
Government/public administration—federal, state/local, tribal	4%
Insurance	4%
Transportation, warehousing (e.g., distribution)	4%
Arts, entertainment, recreation	2%
Biotech	2%
Construction, mining, oil and gas	2%
Consulting	2%
High-tech	2%
Services—accommodation, food and drinking places	2%
Real estate, rental, leasing	2%
Telecommunications	2%
Utilities	2%
Association—professional/trade	1%
Pharmaceutical	1%
Publishing, broadcasting, other media	1%
Other	1%
(n = 532)	

Region	
Midwest (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin)	36%
South (Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia)	27%
West (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Montana, Oregon, Utah, Washington, Wyoming)	21%
Northeast (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont)	16%
(n = 532)	

Appendix

Benefits by Organization Staff Size and Organization Sector

Table A-3 Health Care and Welfare Benefits (by Organization Staff Size)

	Overall	Small (1-99 Employees)	Medium (100-499 Employees)	Large (500 or More Employees)	Differences Based on Staff Size*
Prescription drug program coverage	96%	93%	98%	98%	
Dental insurance	94%	87%	97%	100%	Large, medium > small
Mail-order prescription program	91%	88%	91%	93%	
Chiropractic coverage	86%	82%	90%	82%	
Preferred provider organization (PPO)	85%	79%	85%	92%	Large > small
Accidental death and dismemberment insurance (AD&D)	82%	82%	81%	85%	
Mental health coverage	82%	78%	85%	83%	
Vision insurance	77%	61%	81%	89%	Large, medium > small
Long-term disability insurance	76%	72%	74%	86%	Large > medium, small
Employee assistance program (EAP)	75%	58%	78%	91%	Large > medium, small Medium > small
Medical flexible spending accounts	72%	61%	73%	81%	Large, medium > small
Short-term disability insurance	71%	60%	73%	81%	Large, medium > small
Contraceptive coverage	68%	61%	73%	68%	Medium > small
Rehabilitation assistance	46%	39%	46%	49%	
Supplemental accident insurance	44%	38%	43%	54%	Large > small
Health care premium flexible spending account	43%	39%	44%	46%	
Health care coverage for dependent grandchildren	39%	23%	42%	53%	Large > medium, small Medium > small
Domestic partner health care coverage (same-sex)	38%	26%	42%	46%	Large, medium > small
Domestic partner health care coverage (opposite-sex)	37%	28%	41%	40%	Large, medium > small
Health care coverage for foster children	37%	28%	37%	49%	Large > medium, small
Health care coverage for part-time workers	37%	23%	32%	60%	Large > medium, small
HMO (health maintenance organization)	33%	29%	31%	39%	
Acupressure/acupuncture medical coverage	31%	25%	33%	36%	Large > small
Bariatric coverage for weight loss	31%	29%	29%	36%	
Cancer insurance	31%	31%	30%	33%	
Long-term care insurance	31%	22%	33%	38%	Large > small
Infertility treatment coverage (other than in-vitro fertilization)	30%	28%	31%	32%	
Surcharges for spousal health care coverage	26%	20%	26%	34%	Large > small
In-vitro fertilization coverage	26%	17%	28%	29%	Large > medium, small
Retiree health care coverage	25%	10%	28%	41%	Large > medium, small Medium > small
Critical illness insurance	21%	17%	21%	26%	
Point of service (POS) plan	21%	20%	22%	21%	
Intensive care insurance	19%	17%	22%	17%	

continued on page 52

	Overall	Small (1-99 Employees)	Medium (100-499 Employees)	Large (500 or More Employees)	Differences Based on Staff Size*
Hospital indemnity insurance	19%	17%	19%	20%	
Laser-based vision correction coverage	19%	14%	19%	23%	Large > small
Wholesale generic drug program for injectable drugs	18%	12%	15%	28%	Large > medium, small
Grief recovery program	17%	6%	19%	27%	Large, medium > small
Support groups	17%	9%	15%	29%	Large > medium, small
Consumer-directed health care plan (CDHP)	18%	12%	17%	17%	
Pharmacy management program	15%	7%	16%	22%	Large > small
Alternative/complementary medical coverage	14%	12%	14%	17%	
Health savings account (HSA)	11%	9%	13%	12%	
Exclusive provider organization (EPO)	9%	7%	9%	14%	
Indemnity plan (fee-for-service)	8%	8%	9%	11%	
Elective procedures coverage	7%	5%	6%	12%	
Employer-matched contributions to health savings account	7%	6%	8%	5%	
Health reimbursement account (HRA)	6%	4%	6%	7%	
Experimental/elective drug coverage	3%	3%	2%	4%	
Subsidized cost of elder care	3%	1%	3%	6%	
Gender reassignment surgery coverage	2%	1%	3%	1%	

(n = 532)

* Indicates a significant difference based on staff size. Blank cells in the last column indicate that no statistically significant differences were found.

Source: 2010 Employee Benefits (SHRM, 2010)

	Overall	Privately Owned For-Profit Organization	Nonprofit Organization	Publicly Owned For-Profit Organization	Government Sector	Differences Based on Sector*
Prescription drug program coverage	96%	98%	94%	100%	100%	
Dental insurance	94%	93%	93%	100%	100%	
Mail-order prescription program	91%	90%	89%	92%	97%	
Chiropractic coverage	85%	86%	83%	88%	86%	
Preferred provider organization (PPO)	85%	83%	82%	89%	97%	
Accidental death and dismemberment insurance (AD&D)	82%	82%	82%	86%	75%	
Mental health coverage	82%	80%	86%	82%	83%	
Vision insurance	77%	74%	75%	89%	83%	Public(FP) > Private(FP), NP
Long-term disability insurance	76%	70%	81%	86%	63%	Public(FP) > Private(FP)
Employee assistance program (EAP)	75%	68%	78%	94%	83%	Public(FP) > Private(FP), NP
Medical flexible spending accounts	72%	65%	76%	82%	86%	Govt > Private(FP)
Short-term disability insurance	71%	72%	60%	86%	61%	Public(FP) > NP, Govt
Contraceptive coverage	68%	67%	64%	74%	78%	
Rehabilitation assistance	45%	42%	46%	49%	53%	
Supplemental accident insurance	44%	42%	40%	52%	58%	
Health care premium flexible spending account	43%	41%	46%	40%	47%	
Health care coverage for dependent grandchildren	39%	34%	41%	44%	61%	Govt > Private(FP), NP Public(FP)
Domestic partner health care coverage (same-sex)	38%	32%	42%	56%	33%	Public(FP) > Private(FP), Govt
Domestic partner health care coverage (opposite-sex)	37%	34%	38%	48%	31%	
Health care coverage for foster children	37%	35%	36%	41%	47%	
Health care coverage for part-time workers	37%	26%	56%	38%	58%	NP, Govt > Private(FP), Public(FP)
HMO (health maintenance organization)	33%	32%	35%	28%	44%	
Acupressure/acupuncture medical coverage	31%	27%	35%	39%	39%	
Bariatric coverage for weight loss	31%	28%	32%	34%	47%	
Cancer insurance	31%	31%	32%	27%	42%	
Long-term care insurance	31%	28%	27%	36%	53%	Govt > Private(FP), NP
Infertility treatment coverage (other than in-vitro fertilization)	30%	28%	31%	39%	28%	
Surcharges for spousal health care coverage	26%	23%	26%	31%	39%	
In-vitro fertilization coverage	25%	21%	24%	36%	28%	Public(FP) > Private(FP)
Retiree health care coverage	25%	15%	30%	32%	75%	Govt > Private(FP), NP Public(FP)
Critical illness insurance	21%	21%	21%	17%	36%	
Point of service (POS) plan	21%	21%	19%	22%	25%	
Intensive care insurance	19%	20%	20%	14%	26%	
Hospital indemnity insurance	19%	18%	19%	19%	22%	
Laser-based vision correction coverage	19%	17%	17%	23%	28%	
Wholesale generic drug program for injectable drugs	18%	17%	13%	27%	14%	
Grief recovery program	17%	15%	15%	24%	28%	
Support groups	17%	13%	23%	19%	22%	

continued on page 54

Table A-4	Health Care and Welfare Benefits (by Organization Sector) (continued from page 53)					
	Overall	Privately Owned For-Profit Organization	Nonprofit Organization	Publicly Owned For-Profit Organization	Government Sector	Differences Based on Sector*
Consumer-directed health care plan (CDHP)	16%	16%	13%	18%	14%	
Pharmacy management program	15%	15%	14%	16%	14%	
Alternative/complementary medical coverage	14%	12%	18%	14%	22%	
Health savings account (HSA)	11%	12%	10%	11%	11%	
Exclusive provider organization (EPO)	9%	9%	4%	18%	6%	Public(FP) > NP
Indemnity plan (fee-for-service)	8%	9%	5%	10%	8%	
Elective procedures coverage	7%	5%	11%	10%	6%	
Employer-matched contributions to health savings account	7%	6%	9%	7%	3%	
Health reimbursement account (HRA)	6%	6%	3%	9%	6%	
Experimental/elective drug coverage	3%	2%	6%	1%	3%	
Subsidized cost of elder care	3%	2%	3%	7%	6%	
Gender reassignment surgery coverage	2%	1%	2%	2%	3%	

(n = 529)

Privately owned for-profit organization = Private(FP)

Nonprofit organization = NP

Publicly owned for-profit organization = Public(FP)

Government sector = Govt

* Indicates a significant difference by sector. Blank cells in the last column indicate that no statistically significant differences were found.

Source: 2010 Employee Benefits (SHRM, 2010)

Table B.3 Preventive Health and Wellness Benefits (by Organization Staff Size)

	Overall	Small (1-99 Employees)	Medium (100-499 Employees)	Large (500 or More Employees)	Differences Based on Staff Size*
Wellness resources and information	75%	60%	80%	84%	Large, medium > small
On-site seasonal flu vaccinations	88%	44%	71%	92%	Large > medium, small Medium > small
Wellness programs	69%	43%	57%	69%	Large > medium, small Medium > small
24-hour nurse line	56%	50%	58%	69%	Large > small
CPR/first aid training	55%	43%	58%	62%	Large, medium > small
Health screening programs	43%	25%	46%	58%	Large > medium, small Medium > small
Health fairs	42%	18%	41%	72%	Large > medium, small Medium > small
Wellness newsletter/column	41%	31%	39%	57%	Large > medium, small
Smoking cessation program	39%	25%	36%	61%	Large > medium, small Medium > small
On-site H1N1 flu vaccinations	35%	12%	34%	65%	Large > medium, small Medium > small
Fitness center membership subsidy/reimbursement	33%	26%	34%	41%	Large > small
Health and lifestyle coaching	33%	17%	33%	51%	Large > medium, small Medium > small
Preventive programs specifically targeting employees with chronic health conditions	33%	18%	33%	51%	Large > medium, small Medium > small
Weight-loss program	30%	13%	29%	51%	Large > medium, small Medium > small
Rewards or bonuses for achieving or completing certain health and wellness goals/programs	28%	20%	28%	38%	Large > small
On-site fitness center	21%	10%	23%	33%	Large > small
On-site blood pressure machine	20%	7%	22%	31%	Large > small
Nutritional counseling	18%	10%	16%	31%	Large > medium, small
On-site fitness classes	14%	4%	13%	29%	Large > medium, small
Health care premium discount for getting an annual health risk assessment	12%	5%	14%	17%	Large > small
Massage therapy services at work	12%	4%	13%	19%	Large > small
On-site sick room	12%	4%	13%	20%	Large > small
Health care premium discount for not using tobacco products	11%	3%	15%	14%	Large, medium > small
On-site medical clinic	10%	1%	8%	25%	Large > medium, small
Stress-reduction program	10%	3%	10%	13%	Large > small
Health care premium discount for participating in a wellness program	9%	2%	11%	13%	Large > small
Fitness equipment subsidy/reimbursement	5%	4%	3%	7%	
On-site nap room	5%	4%	5%	7%	
Health care premium discount for participating in a weight-loss program	4%	1%	8%	5%	

(n = 532)
* Indicates a significant difference based on staff size. Blank cells in the last column indicate that no statistically significant differences were found.
Source: 2010 Employee Benefits (SHRM, 2010)

Table B-1 Preventive Health and Wellness Benefits (by Organization Sector)

	Overall	Privately Owned For-Profit Organization	Nonprofit Organization	Publicly Owned For-Profit Organization	Government Sector	Differences Based on Sector*
Wellness resources and information	75%	89%	78%	86%	86%	Public(FP), Govt > Private(FP)
On-site seasonal flu vaccinations	68%	61%	75%	76%	81%	NP, Public(FP), Govt > Private(FP)
Wellness programs	58%	52%	56%	65%	75%	Public(FP), Govt > Private(FP)
24-hour nurse line	56%	54%	48%	67%	58%	Public(FP) > NP
CPR/first aid training	56%	52%	66%	48%	64%	
Health screening programs	43%	36%	50%	47%	67%	NP, Govt > Private(FP)
Health fairs	42%	33%	52%	49%	67%	NP, Govt > Private(FP)
Wellness newsletter/column	41%	38%	37%	49%	58%	Govt > Private(FP), NP
Smoking cessation program	39%	35%	35%	49%	58%	Public(FP), Govt > Private(FP), NP
On-site H1N1 flu vaccinations	35%	25%	51%	36%	64%	NP, Govt > Private(FP)
Fitness center membership subsidy/reimbursement	33%	30%	40%	36%	19%	
Health and lifestyle coaching	33%	28%	32%	36%	66%	Govt > Private(FP), NP, Public(FP)
Preventive programs specifically targeting employees with chronic health conditions	33%	29%	28%	45%	47%	Public(FP), Govt > Private(FP), NP
Weight-loss program	30%	26%	25%	40%	42%	Govt > NP
Rewards or bonuses for achieving or completing certain health and wellness goals/programs	28%	27%	25%	32%	36%	
On-site fitness center	21%	13%	35%	27%	33%	NP, Govt > Private(FP)
On-site blood pressure machine	20%	16%	25%	25%	22%	
Nutritional counseling	18%	17%	20%	18%	26%	
On-site fitness classes	14%	7%	26%	14%	33%	NP, Govt > Private(FP)
Health care premium discount for getting an annual health risk assessment	12%	11%	9%	18%	11%	
Massage therapy services at work	12%	10%	14%	14%	11%	
On-site sick room	12%	12%	16%	13%	0%	NP > Govt
Health care premium discount for not using tobacco products	11%	12%	3%	19%	8%	Public(FP) > NP
On-site medical clinic	10%	5%	19%	10%	22%	
Stress-reduction program	10%	7%	14%	9%	17%	
Health care premium discount for participating in a wellness program	9%	9%	5%	15%	6%	
Fitness equipment subsidy/reimbursement	5%	3%	8%	8%	0%	
On-site nap room	5%	4%	5%	6%	6%	
Health care premium discount for participating in a weight-loss program	4%	4%	2%	10%	3%	

(n = 529)

Privately owned for-profit organization = Private(FP)

Nonprofit organization = NP

Publicly owned for-profit organization = Public(FP)

Government sector = Govt

* Indicates a significant difference by sector. Blank cells in the last column indicate that no statistically significant differences were found.

Source: 2010 Employee Benefits (SHRM, 2010)

Table C-3: Retirement Savings and Planning Benefits (by Organization Staff Size)	Overall	Small (1-99 Employees)	Medium (100-499 Employees)	Large (500 or More Employees)	Differences Based on Staff Size*
Defined contribution retirement plan	92%	86%	93%	98%	Large > small
Employer match for defined contribution retirement plan	72%	67%	72%	76%	
Defined contribution plan loans	69%	73%	70%	63%	
Balanced funds	60%	54%	62%	62%	
Target-date retirement funds	46%	44%	45%	51%	
Individual investment advice	40%	37%	41%	43%	
Automatic enrollment into defined contribution retirement plan	39%	32%	38%	50%	Large > medium, small
Retirement planning services	39%	36%	39%	44%	
Roth 401(k) savings plan	28%	28%	28%	29%	
Defined benefit pension plan	27%	20%	25%	40%	Large > medium, small
Automatic escalation of salary deferral amounts for defined contribution plans	18%	13%	19%	22%	
Supplemental executive retirement plan (SERP)	11%	4%	9%	23%	Large > medium, small
Cash balance pension plan	9%	7%	7%	14%	Large > medium, small
Formal phased retirement program	6%	4%	3%	12%	Large > medium, small
401(k) debit card	2%	1%	2%	2%	

(n = 532)

* Indicates a significant difference based on staff size. Blank cells in the last column indicate that no statistically significant differences were found.

Source: 2010 Employee Benefits (SHRM, 2010)

	Overall	Privately Owned For-Profit Organization	Nonprofit Organization	Publicly Owned For-Profit Organization	Government Sector	Differences Based on Sector*
Defined contribution retirement plan	92%	90%	96%	98%	83%	
Employer match for defined contribution retirement plan	72%	69%	76%	86%	42%	Public(FP) > Private(FP), Govt Private(FP); NP > Govt
Defined contribution plan loans	69%	70%	72%	65%	64%	
Balanced funds	60%	61%	49%	73%	44%	Private(FP), Public(FP) > NP Govt
Target date retirement funds	46%	46%	45%	53%	31%	Public(FP) > Govt
Individual investment advice	40%	37%	44%	47%	42%	
Automatic enrollment into defined contribution retirement plan	39%	34%	45%	47%	44%	
Retirement planning services	39%	37%	39%	41%	50%	
Roth 401(k) savings plan	28%	30%	24%	34%	19%	
Defined benefit pension plan	27%	19%	35%	22%	83%	Govt > Private(FP); NP, Public(FP)
Automatic escalation of salary deferral amounts for defined contribution plans	18%	17%	15%	27%	11%	
Supplemental executive retirement plan (SERP)	11%	5%	15%	25%	8%	Public(FP) > Private(FP)
Cash balance pension plan	9%	5%	13%	14%	11%	
Formal phased retirement program	6%	3%	6%	6%	25%	Govt > Private(FP)
401(k) debit card	2%	2%	3%	1%	0%	

(n = 529)

Privately owned for-profit organization = Private(FP)

Nonprofit organization = NP

Publicly owned for-profit organization = Public(FP)

Government sector = Govt

* Indicates a significant difference by sector. Blank cells in the last column indicate that no statistically significant differences were found.

Source: 2010 Employee Benefits (SHRM, 2010)

	Overall	Small (1-99 Employees)	Medium (100-499 Employees)	Large (500 or More Employees)	Differences Based on Staff Size*
Payroll deductions	93%	88%	95%	94%	
On-site parking	90%	89%	90%	91%	
Life insurance	87%	80%	88%	94%	Large > small
Business cell phone or handheld device for personal use	62%	58%	62%	66%	
Undergraduate educational assistance	62%	44%	64%	80%	Large > medium, small > Medium > small
Life insurance for dependents	58%	44%	58%	77%	Large > medium, small > Medium > small
Incentive bonus plan (executive)	54%	48%	53%	63%	Large > small
Graduate educational assistance	56%	38%	57%	75%	Large > medium, small > Medium > small
Automobile allowances for business use of personal vehicles	49%	45%	53%	46%	
Incentive bonus plan (nonexecutive)	46%	42%	46%	51%	
Employee referral bonus	41%	23%	46%	53%	Large, medium > small
Shift premiums	41%	20%	45%	59%	Large > medium, small > Medium > small

continued on page 59

Table D-3 Financial and Compensation Benefits (by Organization Staff Size) (continued from page 58)

	Overall	Small (1-99 Employees)	Medium (100-499 Employees)	Large (500 or More Employees)	Differences Based on Staff Size*
Employee discounts on company services	38%	26%	40%	50%	Large > medium, small Medium > small
Credit union	36%	22%	42%	42%	Large, medium > small
Donations for participation in charitable events	34%	29%	35%	37%	
Full flexible benefits plan	30%	19%	20%	44%	Large > medium, small Medium > small
Spot bonus	30%	31%	26%	36%	
Financial planning services	28%	18%	29%	40%	Large > medium, small Medium > small
Employee computer purchase discounts (not a loan)	28%	13%	25%	41%	Large > medium, small Medium > small
Sign-on bonus (executive)	28%	13%	29%	38%	Large > medium, small Medium > small
Accelerated death benefits	25%	14%	27%	36%	Large > small
Accident insurance	24%	17%	19%	33%	Large > medium, small
Company-owned car for employee use	23%	19%	26%	22%	
Matching charitable contributions	23%	16%	24%	31%	Large > small
Payroll advances	19%	20%	19%	15%	
Loans to employees for emergency/disaster assistance	18%	15%	22%	16%	
Scholarships for members of employees' families	17%	6%	15%	33%	Large > medium, small Medium > small
Credit counseling service	16%	10%	16%	24%	Large > small
Sign-on bonus (nonexecutive)	16%	7%	17%	26%	Large > small
Retention bonus (executive)	14%	6%	14%	23%	Large > small
Qualified transportation spending account	12%	6%	15%	15%	Large, medium > small
Stock purchase plan	12%	4%	14%	20%	Large > small
Retention bonus (nonexecutive)	11%	3%	12%	20%	Large > small
Transit subsidy	11%	8%	10%	17%	Large > small
Auto insurance program	10%	4%	9%	20%	Large > medium, small
Incentive stock options (ISOs)	10%	4%	10%	15%	Large > small
On-site check cashing	9%	4%	10%	13%	Large > small
Loans for employees to purchase personal computers	7%	4%	10%	8%	
Low/no-interest loans to employees for non-emergency situations	7%	4%	9%	7%	
Parking subsidy	7%	7%	5%	10%	
Non-qualified stock options (NQSOs or NSOs)	6%	3%	4%	13%	Large > small
Carpooling subsidy	5%	1%	5%	9%	Large > small
Free computers to employees for personal use	5%	8%	4%	4%	
Educational loans for members of employees' families	3%	1%	3%	4%	
Free or discounted home Internet service	3%	2%	3%	3%	
Personal tax services	2%	2%	2%	4%	

(n = 532)

* Indicates a significant difference based on staff size. Blank cells in the last column indicate that no statistically significant differences were found.

Source: 2010 Employee Benefits (SHRM, 2010)



Project Team

This report is published by the Society for Human Resource Management (SHRM). All contents are for informational purposes only and is not to be construed as a guaranteed outcome. The Society for Human Resource Management cannot accept responsibility for any errors or omissions or any liability resulting from the use or misuse of any such information.

© June 2010 Society for Human Resource Management. All rights reserved. Printed in the United States of America.

This publication may not be reproduced, stored in a retrieval system or transmitted in whole or in part in any form or by any means, electronic, mechanical, photo-copying, recording or otherwise, without the prior written permission of the Society for Human Resource Management.

SHRM members can download this research report and many others free of charge at www.shrm.org/surveys. If you are not a SHRM member and would like to become one, please visit www.shrm.org for application.

- Project leader:** Shawn Fealey, survey research analyst
- Project contributors:** Evren Esen, manager, SHRM Survey Research Center
Jennifer Schramm, M. Phil., manager, Workplace Trends and Forecasting Program
- External contributors:** SHRM Total Rewards/Compensation and Benefits Special Expertise Panel; Jennifer C. Loftus, CCP, CBP, GRP, SPHR; Theresa Perry, SPHR
- Copy editing:** Katya Scanlan, copy editor
- Design:** Jihee Lombardi, graphic designer
- Production:** Bonnie Claggert, production traffic coordinator