Employer-Sponsored Benefits in the United States: The Past, Present, and Future

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Abstract
In early 2020, the COVID-19 virus caused a global pandemic, threatening the lives and livelihoods of millions across the globe. As of this writing, 40 million Americans had filed first-time unemployment claims U.S. Department of Labor (2020, March 26). Employment and Training Administration. https://www.dol.gov/newsroom/releases/eta. The United States, with its historical reliance upon employers to cover many basic benefits, must overcome unique challenges in its recovery from this global crisis. In this article, we briefly describe the initial federal response; we then present the history of US benefits along with recent yet prepandemic benefit trends, and we conclude by presenting a potential path forward that may allow for both employers and workers to recover in a postpandemic society.

Keywords
COVID-19, employer-sponsored benefits, mandated benefits, history, benefits gap

“Only when the tide goes out to do you discover who’s been swimming naked.”
− Warren Buffett.

Introduction
There is a benefit gap in the United States—a gap between current federal and organizational policies, employment trends, and the benefits employees desire and require compared to those offered by organizations. The COVID-19 pandemic has accentuated these gaps, presenting questions for organizations and citizens as to which benefits should be tied to employment and which should be borne by a society resilient to public health crises. Recent data from the2,3 indicate a record number of jobless claims, suggesting a marked increase in unemployment over the next couple of months and potentially longer. A failure to address these benefit gaps may hold both US organizations and the American...
workforce back from a strong recovery from the COVID-19 pandemic.

The objective of this article was to present a brief history of employer-sponsored benefit offerings contrasted with recent employment trends in the United States in order to identify deficiencies that may have undermined preparedness for the mass employee fallout due to the COVID-19 pandemic. Further, we describe the federal response to COVID-19, as it pertains to human resources (HR) operations and employment. Finally, by analyzing where we have come from and utilizing current employer-sponsored benefit trends in light of the current social and political shifts, we can offer insight and opportunities for legislative change as well as for employers based on human resource policies.

**United States Benefits Pre-2020**

**Employment Trends**

A typical American is expected to work forty hours each week for their employer (most traditional jobs are scheduled Monday through Friday from 8:00–5:00 p.m.; however, some positions include flextime that allows workers to float those hours or condense into a 4-day workweek). This standard workweek has been in effect since the passage of the Fair Labor Standards Act (FLSA) of 1938. At that time, most employment was in the manufacturing sector and unions fought for an 8-hour workday, the optimum amount of time to keep workers safe from accidents and attention deficits. Although the FLSA of 1938 caps the workweek at 40 hours, it does not legally differentiate between full-time and part-time work or set a minimum number of hours; instead, it is left up to the employer to classify its employees.

Currently, the federal minimum wage is $7.25 (matched in 16 states and two territories), but wages for workers not covered under the FLSA are determined by state minimum wages. For 29 states and three territories, state minimum wages are greater than the federal minimum wage and range from $8.25 to $14. Five states (Alabama, Louisiana, Mississippi, South Carolina, and Tennessee) require no minimum wage.

Subminimum wage is provided for by the FLSA as amended in 1966. This allows pay rates below the established minimum wage for employees who are student learners (29 CFR § 520), including vocational education, full-time students (29 CFR § 519) working in retail and service establishments, agriculture, or higher education and homeworkers (29 CFR § 530). Further, for employees younger than 20 years, the FLSA allows a youth minimum wage of any rate above $4.25, for the duration of the first 90 calendar days of employment. The FLSA also provides protections to service workers, including hotel, restaurant, salon, casino, and other businesses, who had previously been excluded from the FLSA but also introduced a new “subminimum wage” for workers who customarily and regularly receive tips. This permanent subminimum wage afforded these workers were in consideration of the “tip credit” provision, which assumes that when added to the subminimum wage, tips ensure an hourly wage equal to the minimum wage.

Wage theft is one cause for concern with subminimum wage, where some employers are not even paying the minimum wage. Investigations in New York showed 1400 workers in one industry (car washes) were underpaid by approximately $6.5 million. On January 1, 2020, Governor Cuomo of New York announced the elimination of subminimum wage in certain industries by the end of 2020, affecting approximately 70,000 employees—those working in services previously mentioned and car washes, parking, and tow truck driving, among others. Elimination of subminimum wage would also help ensure that employers are paying the correct share of Federal Insurance Contributions Act (FICA) and Federal Unemployment Tax Act (FUTA) taxes based on actual earnings, instead of relying upon proper tip calculations.

Traditional 40-hour weeks with predictable salaries and full benefits create the bedrock upon which our employer-sponsored benefit systems, welfare programs, and retirement plans stand. However, the lack of consistency between full- and part-time work and the prevalence of subminimum wages can create
large disparities in access to mandated and discretionary benefits, particularly since so many service sector jobs are considered part-time and pay a subminimum wage.\(^\text{16}\) Prior to the pandemic, unemployment was at 3%, and even despite high levels of employment, there were still pressures to fully fund social welfare programs such as social security and Medicare. One contributing factor could be due to the rise in nontraditional employment, such as the “gig” economy, and failure of employers to pay the correct levels of FICA.\(^\text{17}\) Further, long-term deindustrialization of the manufacturing sector and movement toward the service sector created challenges for stable, predictable work and earnings.\(^\text{18}\)

**Rise of Gigs and Prevalence of Contract Work.** Prior to the pandemic, the US economy created more positions as part of what has been coined the gig economy or the transient workforce, where employees are paid on short-term contracts or for freelance work.\(^\text{19,20}\) Such positions often require less education and training, and the flexibility is offset by little stability.\(^\text{21}\) In California, AB 5 was enacted in 2020 to address these inequities and requires companies to treat individuals as employees instead of short-term contractors or gig workers (although as of this writing, many gig companies were pursuing legal options to challenge the law).\(^\text{22}\)

As legislators noted, these new approaches to work have serious considerations for the government, employers, and individuals. Variability in income due to the nature of “gigs” and part-time, unskilled work is one area of concern\(^\text{19}\); the erosion of nonsalary benefits (such as unemployment insurance) due to employment status is another. Although individuals gain some measure of autonomy when working as contractors or on variable shifts, they lose the stability of employee benefits inherent in the employer–employee relationship for decades.\(^\text{23}\) If individuals working on contracts are no longer classified as employees, the organization stands to save quite a bit of money per each hire; however, these savings may increase costs to society\(^\text{19}\) because the company is not paying the required payroll taxes that support unemployment insurance, social security, and Medicare as they would for a “true” employee.

**History and Regulations of Mandated Benefits**

Employee benefits fall into two categories—discretionary and those mandated by law. Those mandated by law grew out of extreme levels of unemployment and poverty during the Great Depression (circa 1930s). In the 1930s, the United States was the only industrialized country that went into the Great Depression with no social insurance policies in place. During this time, modern welfare programs such as the provision of both cash transfer welfare benefits (e.g., unemployment benefits, social security, etc.) and in-kind welfare services (e.g., health care, food stamps, etc.) were established. “[L]egally required benefits provide workers and their families with retirement income and medical care, mitigate economic hardship resulting from loss of work and disability, and cover liabilities resulting from workplace injuries and illnesses” (BLS, 2010, p. 1). Mandated benefits include FICA payments for Social security, and Medicare, unemployment insurance, workers’ compensation, health insurance, family medical leave (FMLA), and, in some states, disability insurance.

**Social Security.** Social security was passed in 1935, as about half of the elderly were unable to self-support.\(^\text{24}\) When established, social security provided old age and unemployment insurance. The program grew to include survivor’s insurance (1939), disability insurance (1956), hospital insurance (1965, also known as Medicare Part A), and supplementary medical insurance for the elderly (1965, also known as Medicare Part B).\(^\text{25–28}\) Social security is financed through contributions of both employees and employers through a dedicated payroll tax where both the employer and the employees each pay 6.2% of earnings up to the 2020 taxable maximum of $137,700. The self-employed pay both portions of the social security tax or 12.4%.\(^\text{25–28}\)
Medicare. Medicare (1965) is a federal program funded by the Social Security Administration that extends health benefits to Americans aged 65 years and older and to the disabled after two years of receiving social security disability insurance. Medicare Part A (covering hospitalizations) is funded by payroll taxes on the employee and employer of 1.45% each, which is part of the 6.2% FICA contribution. Medicare Part B (covering doctor visits, lab work, prosthetic devices, etc.) is funded by a $104.90 per month payment, which is paid by the general fund. Part C (2003) is used to pay managed care organizations (e.g., health maintenance organizations (HMOs) and preferred provider organizations). Finally, Medicare Part D (2003) pays $2850 annually in prescription drugs until catastrophic coverage begins at $4550. Medigap can be used to pay for the “donut hole” between the $2850 limit on prescription drugs and the catastrophic coverage that begins at $4550, and deductibles. Additional funding for Medicare comes from general revenues, premiums paid by beneficiaries, taxes on social security benefits, payments from states, and interest.

Unemployment Insurance. Unemployment insurance as created by Titles III, IX, and XII of the Social Security Act of 1935 (SSA; P.L.74-271) and the Federal Unemployment Tax Act (FUTA) of 1939 is a partnership between the federal and state governments, with administrative discretion belonging to the states. Unemployment insurance is funded by federal and state taxes on employers. Generally, the federal tax rate is 6% on the first $7000. Employers submit the tax to the FUTA fund but can claim credits against 5.4 percentage points of FUTA. Therefore, the effective FUTA tax rate is 0.6%. Interestingly, employers are taxed based on their layoff history. Those who lay off large numbers of employees pay higher unemployment insurance than those employers who lay off smaller, or near zero, employees.

Unemployment insurance is extended to employers, private and public, not-for-profits, agricultural, and domestic workers, and Indian Tribal Organizations. Any unemployed individual is entitled to unemployment, as long as unemployed (after at least four quarters of work) through no fault of his/her own and actively searching for employment. Most states cover 26 weeks of unemployment, although coverage in a few states varies depending on the unemployment rate. Unemployment insurance is paid by the employer for workers classified as employees (historically, contract or gig workers were not eligible for unemployment insurance), with exceptions in Alaska, New Jersey, and Pennsylvania, where employees contribute along with the employer. According to the Department of Labor (2019) as cited by Consumer News and Business Channel, the average person receives $378 a week in unemployment benefits and stays on it for an average of 21.9 weeks with a median of 9.3 weeks as of January 2020. As designed, the unemployment system works well for cyclical unemployment, but recessions, specifically the COVID-19 pandemic, have severely tested the system, which is addressed by some of the pandemic-related legislation we will discuss later.

Workers’ Compensation Insurance. Workers’ compensation insurance was created by states in 1911 to cover job-related injuries and death. The cost of workers’ compensation insurance is paid by the employer and is based on a combination of several things: the state where employees work (because workers’ compensation is regulated at the state level), classification code of the business, total payroll, and other relevant factors such as a history of workers’ compensation claims. In general, the employee is eligible for workers’ compensation benefits if injured on the job, as long as the employee is not intoxicated, does not self-inflict the injury, or disregard safety rules. The employee does not need to establish the employer’s gross negligence. Further, if filing for workers’ compensation, employees cannot subsequently sue the employer for the injury.

Disability Insurance. For employees who are unable to work, but due to nonwork illnesses
or injuries (including pregnancy and maternity-related disability), Temporary Disability Insurance offers partial wage replacement. Whether using short-term (a disability lasting three to six months) or long-term disability (a disability lasting longer than six months), individuals must be disabled for an elimination period during which no disability benefits can be collected. If the individual is able to work before the elimination period expires, the person will not be eligible to receive disability benefits. Twenty-two percent of nonself-employed individuals state that some of their pay is part of temporary or short-term disability.

**Occupational Safety and Health.** Congress created the Occupational Safety and Health Administration (OSHA) with the Occupational Safety and Health Act of 1970. OSHA’s purpose is to “ensure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education, and assistance.” OSHA covers most private sector and some public sector employers and employees. Government agencies, both state and local, have protections if working in states with OSHA-approved state programs. OSHA’s General Duty Clause (Section 5(a)(1)) requires employers to provide a workplace free from recognized hazards likely to cause death or serious physical harm.

**Employer-Sponsored Benefits and Trends**

**Health/Medical Insurance.** Health insurance is designed to protect individuals from extreme financial loss due to chronic or catastrophic health or physical issues. Currently, there are no laws that directly require employers to provide healthcare coverage to their employees. However, the Affordable Care Act (discussed below) imposes penalties on larger employers who fail to provide health insurance. The oldest dated evidence for employer-sponsored health care insurance in the United States is 1798; since then, employer-sponsored health insurance has become one of the most sought-after benefits by those in the labor force. By the early 1900s, the healthcare industry saw the growth of new plans that covered losses due to temporary illness and disability and group plans that supported financial losses due to illness at work. Important healthcare establishments such as Blue Cross and Blue Shield and HMOs grew throughout the 1930s. According to the literature, two historic events encouraged the growth of job-based healthcare plans: (1) the 1942 Stabilization Act and (2) the Internal Revenue Code of 1954. The Stabilization Act was passed by Congress and allowed employers to increase their employees’ wages only up to a certain limit. As a result, employers began to use competitive benefit packages including healthcare benefits to attract new employees and motivate existing employees. The Internal Revenue Code of 1954 ruled that employer-paid health insurance premiums were exempt from the employee’s taxable wages. By 1968, 66% of the labor force in America had employer-sponsored healthcare insurance plans. As of 1988, 75% of working-class Americans were covered under fee-for-service healthcare plans sponsored by their employers. According to recent data by the Kaiser Family Foundation in 2019, roughly 57% of workers were offered health benefits through their employer, with the average annual premium paid by employers at 82% for single coverage and 71% for family coverage.

Major legislation related to employer-sponsored health insurance includes the Consolidated Omnibus Budget Reconciliation Act (COBRA, 1985) and the Patient Protection and Affordable Care Act. COBRA, required for employers with more than 20 employees, gives employees and their families who lose health benefits due to a qualifying event (e.g., voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events) the right to choose to continue group health benefits provided by their employer for limited periods of time. Individuals may be required to pay the entire premium, up to 102% of the cost to the plan. Monthly
payment under COBRA may be more than five times higher than the individual’s typical payroll deduction.60

The Patient Protection and Affordable Care Act, also referred to as the “ACA,” was signed into law by President Barack Obama in 2010. The ACA had three goals: to make health insurance more affordable, thereby making it available to more people; to expand Medicaid to cover those below 138% of federal poverty; and to support innovative medical care delivery methods, thus lowering healthcare costs.61 Although the ACA does not require employers to provide employees health benefits, employers with 50 or more full-time equivalent employees may face penalties if affordable coverage is not available. Under the ACA-employer shared responsibility provision, employers not offering coverage or not offering coverage that meets minimum value and affordability standards can be penalized.56–58 Further, the ACA has reporting requirements for large employers concerning the health plans they offer to full-time employees so that the Internal Revenue Service (IRS) can administer employer responsibility provisions and premium tax credits.62

Major trends in health insurance include the rising cost of healthcare premiums. The growth in the annual costs of healthcare premiums has become one of the biggest expenses for companies for two reasons: (1) increases in the cost of health care and (2) decreases in the number of employees in the group healthcare plan.63 Employer-sponsored benefit eligibility as a rule of thumb only applies to those who are considered full-time (set by each individual employer). The rising cost of health care influences the types of healthcare insurance plans offered by employers to their employees and can limit other types of discretionary benefits.

Retirement. In 1875, the American Express Co. became the first organization in the United States to create a private pension plan for the elderly and workers with disabilities.64 In 1880, the United States saw the development of the first employee contributions plan and by 2017, 74% of companies offered a 401(k) program.65 In today’s organizations, we generally think of two broad categories of employer-sponsored retirement programs: defined benefit plans (DB) and defined contribution plans (DC). The major distinction between a DB pension and other types of retirement plans is that DBs are made up of monies given and controlled by the company at will, while the DC retirement plans give the individual a stake in the game, allowing joint contribution and employee control. A DB plan promises a monthly dollar amount at retirement, traditionally determined by a specific formula based on age, years of service, and salary.7–12 With a traditional DB plan, employees have little direct control over their retirement benefit; the only way to increase the monthly benefit would be to work longer or earn a higher salary—but the employer controls the contribution formula and the investments and generally makes all the contributions to fund the plan. As opposed to DB plans, DC plans (e.g. 401(k) plans, 403(b) plans, employee stock ownership plans, and profit-sharing plans) shift investment control to the employee (DOL.gov). They also remove some or all of the financial burden of DB plans away from the employer (Revenue Act of 1978). A DC plan does not promise a specific amount of benefits at retirement. In these plans, the employee or the employer (or both) contributes to the employee’s investment in fixed amounts. On retirement, the member’s account is used to provide retirement benefits. In 2019, DC plans continued to be the most popular, with upward of 90% of employers offering said benefit,66 while other plans such as DB pension programs continually decline with only 21% of employers offering them in 201956 as compared to 82% in 1979.67 However, according to the Bureau of Labor Statistics (BLS),68 less than 55% of employees participate in workplace retirement programs, resulting in a retirement shortfall for many Americans.69 In fact, 66% of millennials did not feel on track for retirement.70

Exacerbating the retirement savings shortfall in the United States, employer “stretching” of the match percentage is also on
the rise. This means that employers are requiring higher and higher employee contributions for employer match eligibility. While this stretching works to push employees toward the recommended 15% salary savings for retirement, it limits the retirement benefit for lower income employees. Another issue with DC plans is that they are limited mainly to employees who are aged 21 years or older and have completed at least 1000 hours in the last year of service. While long-term part-time workers are eligible for 401(k) retirement benefits, contract workers, such as those who work in the gig economy, are not, as they are not classified as employees of the organization. The Secure Act of 2019 aims to increase access and contribution to workplace retirement savings plans, including those who work in a part-time capacity. Specifically, it reduces the number of hours an employee is required to work in order to sign up for a 401(k) plan.

Pay for Time Not Worked. Time not worked can refer to vacation, sick leave, federal, or other holidays. Any pay for time not worked is a matter between an employee and employer, as payment for time not worked is not required in the FLSA (DOL.gov). However, employers in 12 states (Arizona, California, Connecticut, Maryland, Massachusetts, Michigan, Nevada, New Jersey, Oregon, Rhode Island, Vermont, Washington, and Washington D.C.) have enacted laws requiring paid sick leave. According to the 2019 society for human resource management (SHRM) benefits report, more than 90% of organizations offer employees some form of paid leave, usually through a process of banking hours to be used toward vacation and sick leave. In most cases, paid leave programs are only offered to those individuals who are classified as full-time. Only 28% of employers offer paid time off (PTO) programs to those individuals classified by the employer as part-time.

Other forms of paid leave programs include those provided for the birth or adoption of a child or care for a sick family member. Under FMLA, individuals employed by a company with more than 50 employees and who have been employed for at least 12 months and have worked at least 1250 hours in the preceding 12-month period are eligible for 12 weeks of unpaid leave for the birth or adoption of a child, to care for an immediate family member, for a serious health condition impacting the employee’s ability to perform the essential functions of their job, and/or due to qualifying exigent circumstances related to an immediate family member’s active duty status in the military. Despite the lack of federally mandated FMLA paid leave, many organizations have steadily increased said discretionary offerings over the past decades. In 2019, 34% of organizations offered paid maternity leave and 30% offered paid paternity leave.

Other recent trends in paid leave include the provision of unlimited leave. According to the 2019 SHRM benefits survey, roughly 6% of employers offer open or unlimited leave programs, up from 3% in 2015. While unlimited PTO is appealing, it comes with a dark side. Unlimited PTO policies generally require the abandonment of accrued PTO programs. Previous research has shown that many employees (up to 55% in some surveys) do not take all of their PTO and can bank leave hours, which results in a payout if they were to leave the organization; unlimited programs may result in a lost benefit.

Life-Friendly and Wellness Programs

While health coverage, retirement, and paid leave have remained the cornerstone of employer-sponsored benefits, life and wellness benefits, such as flexible work arrangements (FWAs), caregiver assistance, educational assistance, and wellness programs, have seen increased levels of elections by employers in the United States.

Flexible Work Arrangements. FWAs include a variety of different options including core business hours, flex schedules, remote/telework, compressed workweeks, etc. In a survey by the Society of Human Resource Management, more than half of employees surveyed indicated flexibility as a very important indicator of job satisfaction. In 2019, 40% of
organizations indicated they allow their employees to telecommute at least part-time and 69% allow telecommuting on an ad hoc basis. Flexible scheduling is also on the rise with 57% of organizations allowing flexible schedules around core business hours. While FWAs are on the rise, there is an argument that flex work is not suitable for all types of work and/or industries, so many have shied away from offering such benefits or fail to administer them in a standardized fashion. Despite the relative popularity of flexwork options, employee utilization remains fairly low or inconsistent. Research shows that underutilization can be due to lack of a supportive culture, reward systems that are inconsistent with use, and individual difference factors in FWA use.

Caregiver Assistance. Life-friendly benefits such as those that provide assistance to employees with children or eldercare responsibilities remain few and far between. As discussed above, new parent and paid family medical leave trends are on the rise, as are new parent return-to-work programs. Family-friendly practices such as lactation rooms and return to work on-boarding programs have seen a steady increase, showing a 15% gain over the last 5 years. Further, organizations have started to recognize the pressures on employees who are providing simultaneous care for both children and aging parents. Some employers began providing benefits to offset care costs and allow more flexible work for these increased caregiving needs. In addition to voluntary benefits, eight states passed legislation to implement more generous leave programs than those offered by FMLA. In 2019, an additional 23 states introduced similar legislation. Around 25% of organizations allow employees to bring a child to work in an emergency; however, other caregiver benefits such as childcare assistance or centers or additional PTO to provide care for a child and or family member are fairly rare.

Health Promotion and Mental Health. Health and mental wellness have regularly been considered part of the discretionary or supplemental benefit realm even though workers continually report high levels of stress and anxiety. SHRM notes that onsite health screenings have seen substantial cuts over the last 5 years and also reports year over year declines in mental health coverage provided by organizations. Instead, employers are offering less expensive, ad hoc wellness programs including antistigma campaigns, onsite stress management programs (13%), meditation programs (11%), massage services (13%), and deferring mental health wellness to more traditional medical benefits. Perhaps one promising change regarding mental health is that almost half of large employers surveyed were embarking on additional mental health awareness training for managers and increased access for employees. This effort coincides with a move to cover mental telehealth to improve accessibility.

Student Loan Assistance. Individuals in the United States currently owe $1.6 trillion in student loan debt. A recent trend was for employers to offer loan repayment and retirement savings options in parallel to help improve the financial stability of the workforce. While modest, roughly 8% of employers offer loan repayment assistance. Further, 11% of employers offer payroll deductions for a tax-advantaged savings plan. Additionally, nearly half of employers provide some sort of tuition assistance to employees currently enrolled in higher education courses.

Fast Forward to 2020—US Response to COVID-19

In early 2020, as COVID-19 began its spread from China and Europe to the United States, the impacts of this fast-moving illness swiftly changed the landscape of life and business. Organizations rapidly weighed the cost of shuttering doors to slow the spread of the virus against loss of revenue due to the inability to provide services. In early March 2020, universities across the country moved to virtual instruction, with faculty and staff now working
completely remotely to lessen the spread of the virus. On March 15, 2020, the Centers of Disease Control issued guidelines recommending against any gathering of 50 or more people for an 8-week period. On March 16, 2020, President Trump issued guidelines urging people to avoid gatherings of more than 10 people and to restrict discretionary travel. The trickle-down of these guidelines initiated a firestorm of state-level stay-at-home orders, resulting in business closures and employee layoffs across the country as well as a significant increase in the number of employees who would work from home remotely. Forty-two governors issued executive “stay-at-home,” or “shelter-in-place” orders between mid-March and mid-April 2020. In general, these orders closed all “nonessential” business workplaces and required that individuals stay in their residences except for specific narrow purposes such as going to the grocery store or seeking medical attention (Department of Homeland Security, 2020).

In the week of March 21, 2020, the number of initial unemployment insurance claims in the United States was 3.3 million, the highest level of seasonally adjusted initial claims ever recorded by the BLS and an increase of more than 3 million. This trend continued week by week with the unemployment rate steadily climbing. As of the end of April 2020, the US unemployment rate surged to 14.7% (BLS.gov), with an increase across all occupation groups. This high unemployment rate disproportionally affects those who work in service occupations due to business closures, roughly 27.1%. Moreover, an estimated 1.6 billion part-time and/or gig workers in the United States and across the world lost income. Because of COVID-19 and the shelter-in-place orders, places of business and restaurants closed or changed to curbside pick-up only, disparately impacting subminimum wage earners reliant upon tips to generate a minimum wage. In the restaurant industry alone, these reductions affect an estimated 13.5 million individuals.

Due to increasing economic pressures and increasing unemployment, governments have intervened in many ways to limit the effect of the pandemic on both social and economic levels—in the United States through the initiation of a multitrillion-dollar stimulus program and in Europe and elsewhere, through the use of salary-support programs. We review the legislation briefly before addressing some opportunities for human resource intervention.

Families First Coronavirus Response Act

The Families First Coronavirus Response Act was signed into law on March 18, 2020. The FFRCA includes three provisions of acts. First, the Emergency Family and Medical Leave Expansion Act (EFMLEA) which expands the FMLA temporarily to allow for leave and loss of income when an employee needs to care for children because of school and childcare closures because of COVID-19. Second, the Emergency Paid Sick Leave Act (EPSLA), which federally mandates 10 days of paid sick leave to full-time employees when the employee cannot work or telework for circumstances related to COVID-19. Part-time employees are entitled to the number of hours of paid sick time equal to the number of hours they work, on average, over a 2-week period. Third, private employers with fewer than 500 employees and government agencies affected by these expanded leave policies are eligible for tax credits equal to 100% of the qualified paid sick leave wages paid by the employer. It is important to note that employers with 500 or more employees are under no obligation to provide these expanded benefits but are encouraged to do so with no reimbursement. Further, these provisions are in addition to existing paid leave programs offered by the employer. Both EFMLEA and EPSLA are set to expire on December 31, 2020.

Coronavirus Aid, Relief, and Economic Security Act

The Coronavirus Aid, Relief, and Economic Security Act (CARES) was signed into law on March 27, 2020. The stipulations of the CARES Act have many implications for current
federal and organizational benefits systems in the United States. Specifically, in order to lessen the burden of those who have become unemployed or lost wages due to the COVID-19 pandemic, unemployment benefits were expanded to include an extra $600 per week on top of state benefits, for up to four months. Further, the eligibility requirement for unemployment benefits was expanded to include the informal work economy (contractors, gig workers, and self-employed workers), those whose existing unemployment benefit had been exhausted, those seeking part-time employment, those with insufficient employment history, or anyone who would otherwise not qualify. The CARES Act does not, however, cover those who can continue to work remotely online or already have paid sick leave or other leave.

**Paycheck Protection Program**

The Small Business Administration funded a loan program intended to assist small businesses in keeping their workers on the payroll. Although the funds were expected to be used for ongoing business expenses such as salary, rent, and utilities, it also has repercussions for the continuation of benefits such as health insurance. If employers were unable to access the funds, they may have to terminate their employees, leaving them without critical benefits during a public health emergency. The Department of Labor and the IRS published guidelines to extend typical time frames required by COBRA.

**Health and Economic Recovery Omnibus Emergency Solutions Act**

The Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES Act) was passed by the US House of Representatives on May 15, 2020. However, this act is unlikely to be approved by the Senate or signed into law. If passed as approved by the House, the HEROES Act would expand upon previous emergency relief efforts by providing nearly $1 trillion to state and local governments to pay vital workers such as emergency responders and healthcare workers. Additionally, it establishes a $200 billion fund for “essential workers,” extends expanded employment benefits through January 2021, and provides both economic relief vis-à-vis additional direct payments, housing assistance, and food security programs. Further, it addresses shortfalls in previous stimulus packages related to the provision of employer-sponsored healthcare insurance. Specifically, it would provide COBRA subsidies for unemployed workers to maintain their coverage. Finally, this act addresses growing concern over workplace safety as businesses across the country slowly reopen for business. To preserve the health of our employees and citizens, this act requires OSHA to issue enforceable standards regarding infection control (US House of Representatives, 2020).

**Navigating Benefits in a Postpandemic Landscape**

With the COVID-19 pandemic creating the highest unemployment numbers in the history of our nation and social distancing requirements shifting based on local infection data, organizations must innovate to remain nimble and responsive, while also profitable. We recommend a cadre of options, which may allow for positive changes for both employers, employees, and other stakeholders (please see Table 1 for a brief summary).

It is in the interest of the health of our nation and our economy to put as many people back to work in the safest environment possible. Individuals should be able to return to work when they feel healthy and safe, not based on whether they may lose their salary and benefits.

**Traditional Workweek**

Enshrined in approaches to work since the 1930s, the traditional 40-hour workweek may have outlived its usefulness. Certainly, in the early days of the pandemic, parents (even via telework) found many challenges to
completing an 8-hour workday with children out of school and many caregivers unable to report to work. We still do not know the extent to which schools will be able to reopen across the country after a summer break, and organizations must address the severe stress to working parents. Working parents and caregivers may have to respond quickly to less predictable school schedules or may need time off to expend energy taking care of the sick. Therefore, instead of adhering to a workweek created for a different time and different workforce structure, employers may find an opportunity to garner the same amount of productivity, while reducing each employee’s overall hours. These new standards for working hours should be based on research into productivity, especially in a service-oriented economy. Ideally, the government could also support additional hiring programs to address the unemployment numbers and get more people working “full-time” at perhaps 32–35 hours per week. This schedule could also help provide maximum flexibility for organizations and workers, while also finding ways to create social distance.

Not only might employers rethink their “full-time” status but also we recommend the human resource (HR) departments devise policies to maximize flexibility through “core

Table 1. Summary of Benefits and Opportunities.

| Nature of work—The United States in early 2020 | Opportunities for structural change |
|-------------------------------------------------|-----------------------------------|
| 40-hour workweek                                | Configure work based upon productivity |
| **Job Classification:**                         | **Reclassify jobs:**               |
| Full-time, part-time, contract, and “gig”       | Include FICA, FUTA, and Medicare taxes |
|                                                 | Abolish subminimum wage            |
|                                                 | Remove tip provision                |
| **Mandatory Benefits**                          | **Opportunities**                   |
| Social security and Medicare                    | Collect FICA from all paid work     |
| Unemployment insurance                          | Collect FUTA from all paid work     |
|                                                 | Expand unemployment insurance to all workers and lengthen the coverage window |
| Workers compensation insurance                  | Expand to workers who test positive for COVID-19 |
| Disability insurance                            | Expand TDI for workers in higher risk categories for COVID-19 |
| Occupational health and safety                  | Allow TDI for those caring for individuals with COVID-19 |
| **Discretionary Benefits**                      | **Opportunities**                   |
| Health insurance                                | Shift away from employer-sponsored health insurance benefits |
|                                                 | Subsidize COBRA payments for laid-off employees |
| Retirement                                      | Allow access without penalties to retirement savings |
|                                                 | Increase financial planning assistance |
| Pay for time not worked                         | Expand paid leave to ensure Americans can stay home when sick or caring for a sick family member |
| Flexible work arrangements                      | Implement core hours around flexible schedules |
| Caregiver assistance                            | Allow workers time off (preferably paid) to act as caregivers |
| Health promotion/Mental health                  | Expand access to mental health programs |
| Student loan assistance                         | Ensure employees have the opportunity to pause student loan payments |
|                                                 | Increase assistance to help working employees increase their take-home pay |

Note. FICA = federal insurance contributions act; FUCT = federal unemployment tax act; TDI = temporary disability insurance; COBRA = consolidated omnibus budget reconciliation act.
hours,” telework, and job partnering. Social distancing and rigorous sanitizing efforts are paramount to slowing the spread of the virus but so is limiting the movement of the workforce. Employees in at-risk populations or those with preexisting conditions have the option under the Americans with Disabilities Act to request reasonable accommodation to work from home. Nearly 40% of jobs in the United States could feasibly be performed in a completely remote fashion. Thus, we recommend HR quickly review all job descriptions to seek out maximum flexibility for their workforce. Being proactive in this area should avoid discrimination or retaliation complaints from workers who seek, but are denied, telecommuting or flextime options.

With positions that cannot be done via telework, organizations should do what is required to flex around hours worked, the environment, and other mitigating factors.

Worker Classification

We also suggest that more states adopt legislation regarding the classification of work. With the potential for a long economic recovery and underemployment, all employees, regardless of hours worked or type of job, should have access to a predictable wage, schedule, and benefits. Furthermore, for each employee, employers should provide the legally mandated FICA and FUTA taxes to fund the social benefits programs that provide the safety net for those unable to work or unable to find work.

Wages/Tips/Salary Challenges. One of the biggest employee challenges related to COVID-19 is immediate access to earned wages. According to PwC’s employee financial wellness survey (2020), 58% of employees living paycheck to paycheck are stressed about their financial situation. In traditional payroll situations, employees receive their wages in batches: weekly, bi-weekly, or monthly. However, with reduced hours and the increase in shift and gig work, employers should rethink access to wages as a “real-time” need. Not only will real-time (end of day/shift) access to earned wages decrease employee stress, it could increase productivity and retention.

Even before COVID-19, those in the restaurant industry were described as surviving “tip to mouth.” “Literally the tips you get that night, you’re using to feed your kids the next day. If you can’t go back and get more tips, you’re done. It’s overwhelming,” said Saru Jayaraman, Director of the Food and Labor Research Center at the University of California, Berkeley. According to the DOL, “the seven lowest [median wage earners] are all in one industry, in the restaurant industry.” One suggestion to help this disparately affected group would be eliminating the tip credit provision and subminimum wage. Currently, only eight states require servers to be paid minimum wage (Alaska, California, Hawaii, Minnesota, Montana, Nevada, Oregon, and Washington), where tipped workers have a much lower poverty rate.

Employee Benefits

Health Care. As noted above, employers are currently covering 82% of annual insurance premiums for single coverage and 70% of premiums for family coverage. This equates to an average of $6000 (single coverage) and $12,000–$15,000 (family coverage) per employee. We have yet to see what the costs of treatment will be for COVID-19, but with hospital stays averaging 20 days, cost estimates approach $30,000 for treatment. The US consequences from the COVID-19 pandemic have laid bare the costs of treating health care as a private commodity versus a public good. As organizations struggle to return to profitability and US workers clamor to return to work, the opportunity for employers to shed this costly benefit and to move toward universal health care has never been greater.

Paid Leave. There is some evidence that the virus has taken a greater toll in the United States because individuals have been afraid to get treatment based on these costs and have not stayed home from work because they need their paychecks and do not have paid sick
time—potentially spreading the virus even more.90,91 If paid leave was federally mandated instead of up to each individual employer, individuals and organizations might fare better in a system where everyone has access to testing, treatment, and a stable income in case they need to self-isolate for the public good.

**Retirement.** With increasing unemployment comes decreasing contributions to the US social programs, namely social security, thus making the need for employer-sponsored retirement programs an even bigger priority in a post-COVID-19 benefits landscape. Not only do workers need to be concerned about maintaining employment but the economic collapse will also likely result in significant decreases in employee retirement savings accounts. Further, as a result of the financial burden placed on many employees due to COVID-19, employees may seek to withdraw money from the DC retirement plans. While the CARES Act waives the early withdrawal penalty for distributions, employers need to opt into this policy. Further, HR professionals will be wise to provide additional financial planning services to employees.

According to PwC,94 56% of retirement-eligible employees (up from 50% in 2019) plan on staying in the workforce longer than necessary. Many employees are cash strapped and have less than $1000 in savings.94 Employers will need to play a more direct role in helping employees contribute to retirement and savings and offer additional financial guidance programs.

**Workplace Safety**

OSHA provided Guidance on Preparing Workplaces for COVID-19, which included steps for employers to take to reduce the risk of exposure to COVID-19 for low, medium, high, and very high exposure risk jobs. The traditional methods of ensuring safety now must include consultation with health experts to ensure a safe working environment, particularly since each individual will have a unique risk based upon their age and prevalence of preexisting conditions. Employees have the right to assume their health will be protected if they are forced to work, and OSHA must adjust its span of control to also investigate the use of personal protective equipment and social distancing when employees typically work in close quarters or present elevated levels of risk.

Further, despite OSHA’s mission and requirements, there are numerous instances of poor working conditions, particularly in the meatpacking industry.97 The OSHA guidance is not enforceable, and meatpacking has suffered great outbreaks of COVID-19 as a result. USA Today posted a map of locations of large meatpacking plants with COVID-19 infection rate greater than 104 per 100,000 residents, which is a higher rate than 75% of US counties.98 As of the April 22, 2020 article, coronavirus had spread throughout a minimum of 48 US meatpacking plants, sickening more than 2200 people and killing 17.98

Another area of interest concerning OSHA during the pandemic is telecommuting, and what claims might be considered work-related. According to OSHA41–46:

> “Injuries and illnesses that occur while an employee is working at home, including work in a home office, will be considered work-related if the injury or illness occurs while the employee is performing work for pay or compensation in the home, and the injury or illness is directly related to the performance of work rather than to the general home environment or setting.”

If workers experience injuries in such situations, then it should be reported. Further, injuries of this nature are also covered by Worker’s Compensation.99,100

**Conclusion**

The COVID-19 pandemic and the related recession have plunged the world’s economy into precarious territory. Efforts to slow the transmission of the disease shuttered many businesses, prematurely ended the school year, and increased stress on those sheltering in place. The historical events that shaped the US
approach to employment and benefits created a unique challenge for employers responding to the crisis. In this article, we detailed the circumstances that created mandated benefits for welfare programs, the rise in popularity of health insurance as an employer-sponsored benefit, and the recent trends in benefit offerings. In conclusion, we offered several opportunities for HR to consider when determining how to move forward in a socially distanced landscape that will require flexibility and agility as we continue to absorb the effects of this pandemic.

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Notes
1. U.S. Department of Labor. (2020, March 26). Employment and training administration. https://www.dol.gov/newsroom/releases/eta
2. Bureau of labor statistics. (2020). The employment situation—April 2020. https://www.bls.gov/news.release/pdf/empsit.pdf
3. Bureau of labor statistics. (2020, May 8). Frequently asked questions: The impact of the coronavirus (COVID-19) pandemic on the employment situation for April 2020. https://www.bls.gov/cps/employment-situation-covid19-faq-april-2020.pdf
4. Hedges, J. N. (1971). A look at the 4-day workweek. Monthly Labor Review, 94(10), 33
5. US Department of Labor Wage and Hour Division. (n.d.). State minimum wage laws. https://www.dol.gov/agencies/whd
6. US Department of Labor Wage and Hour Division. (n.d.). Consolidated Minimum Wage Tables. https://www.dol.gov/agencies/whd/mw-consolidated
7. U.S. Department of Labor. (n.d.). Minimum wage. https://www.dol.gov/general/topic/wages/minimumwage
8. U.S. Department of Labor. (n.d.). Vacation leave. https://www.dol.gov/general/topic/workhours/vacation_leave
9. U.S. Department of Labor. (n.d.). Types of retirement plans. https://www.dol.gov/general/topic/retirement/typesofplans
10. U.S. Department of Labor. (n.d.). Employee Retirement Income Security Act (ERISA). https://www.dol.gov/general/topic/retirement/erisa
11. U.S. Department of Labor. (n.d.). Continuation of Health Coverage (COBRA). https://www.dol.gov/general/topic/health-plans/cobra
12. U.S. Department of Labor (n.d.). Subminimum wage. https://www.dol.gov/general/topic/wages/subminimumwage
13. Allegretto, S., & Cooper, D. (2014, July 10). Twenty-three years and still waiting for change. Why it’s time to give tipped workers the regular minimum wage. Economic Policy Institute. https://irle.berkeley.edu/files/2014/Twenty-Three-Years-and-Still-Waiting-for-Change.pdf
14. New York Department of Labor (2017). New York State Subminimum Wage Hearings. New York.
15. WHEC TV. (2020, January 1). Subminimum wage to be eliminated in certain industries by end of 2020. https://www.whec.com/news/subminimum-wage-new-york-state-eliminated-2020/5595562/
16. David, H., & Dorn, D. (2013). The growth of low-skill service jobs and the polarization of the US labor market. American Economic Review, 103(5), 1553-1597.
17. Pandya, S. S. (2011). Tax liability for wage theft. Columbia Journal of Tax Law, 3(2), 113-143.
18. Burgard, S. A., Brand, J. E., & House, J. S. (2009). Perceived job insecurity and worker health in the United States. Social science & medicine (1982), 69(5), 777–785. https://doi.org/10.1016/j.socscimed.2009.06.029
19. Friedman, G. (2014). Workers without employers: shadow corporations and the rise of the gig economy. Review of Keynesian Economics, 2(2), 171-188.
20. Malos, S., Vogelgesang Lester, G., & Virick, M. (2018). Uber drivers and employment status in the gig economy: Should corporate social responsibility tip the scales. Employee Responsibilities and Rights Journal, 30(4), 239-251.

21. Blanchard, E., & Willmann, G. (2016). Trade, education, and the shrinking middle class. Journal of International Economics, 99, 263-278.

22. California Legislative Information. (2019). https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB5

23. Jerrell, T. D. (1997). A history of legally required employee benefits: 1900-1950. Journal of Management History, 3(2), 193-203.

24. Dulebohn, J. H., Molloy, J. C., Pichler, S. M., & Murray, B. (2009). Employee benefits: Literature review and emerging issues. Human Resource Management Review, 19(2), 86-103.

25. Social Security Administration. (n.d.). Historical background and development of social security. https://www.ssa.gov/history/briefhistory3.html

26. Social Security Administration. (n.d.). Benefits planner: Income taxes and your social security benefit. https://www.ssa.gov/planners/taxes.html

27. Social Security Administration. (n.d.). https://www.ssa.gov/

28. Social Security Administration. (n.d.). Press office fact sheet. https://www.ssa.gov/news/press/factsheets/HowAreSocialSecurity.html

29. Kilgour, J. G. (2015a). Health care reform: Before the affordable care act. Compensation & Benefits Review, 47(3), 140-145.

30. Katz, M. B. (2010). The American welfare state and social contract in hard times. Journal of Policy History, 22(4), 508-529.

31. Cubanski, J., Swoope, C., Boccuti, C., Jacobson, G., Casillas, G., Griffin, S., & Neuman, T. (March 20, 2015). A primer on Medicare: Key facts about the Medicare program and the people it covers. https://www.kff.org/report-section/a-primer-on-medicare-how-is-medicare-financed-and-what-are-medicare-financing-challenges/

32. Kilgour, J. G. (2015b). Unemployment insurance and the great recession. Compensation & Benefits Review, 47(5/6), 255-263.

33. The Urban-Brookings Tax Policy Center (n.d.). Tax policy center briefing book: Key elements of the U.S. tax system. https://www.taxpolicycenter.org/briefing-book/what-unemployment-insurance-trust-fund-and-how-it-financed

34. Federal Unemployment Tax Act, 26 U.S.C. § 3303(a)(1).

35. Iacurci, G. (2020, April). Do you have questions about unemployment benefits? Here's what you need to know. CNBC NEWS. https://www.cnbc.com/2020/04/09/heres-what-you-need-to-know-about-unemployment-benefits.html

36. Mitchell, D. J. B. (2012). California’s public sector adapts to the great recession. In Mitchell, D. J. B. (Ed.), public jobs and political agendas. labor and employment relations association series. Urbana-Champaign, IL: Labor and Employment Relations Association.

37. WorkCompOne. (n.d.). How to calculate workers' compensation cost per employee. https://www.workcompone.com/blog/calculate-workers-compensation-cost-per-employee

38. WorkplaceFairness.org. (n.d.). Who is covered by workers compensation? https://www.workplacefairness.org/workers-compensation-eligibility#1

39. Lovell, V. (2004). No time to be sick: Why everyone suffers when workers do not have paid sick leave. Institute of Women’s Policy Research. https://iwpr.org/publications/no-time-to-be-sickwhy-everyone-suffers-when-workers-dont-have-paid-sick-leave

40. Pew Research Center, (2017, March), Americans widely support paid family and medical leave, but differ over specific policies. http://assets.pewresearch.org/wp-content/uploads/sites/3/2017/03/22152556/Paid-Leave-Report-3-17-17-FINAL.pdf

41. Occupational Safety and Health Administration. (n.d.). About OSHA. https://www.osha.gov/aboutosha

42. Occupational Safety and Health Administration. (n.d.). OSHA laws and regulations.
https://www.osha.gov/laws-regs/regulations/industry
43. Occupational Safety and Health Administration. (n.d.). Help for employers. https://www.osha.gov/employers
44. Occupational Safety and Health Administration. (n.d.). OSHA act of 1970. https://www.osha.gov/laws-regs/oshact/section5-duties
45. Occupational Safety and Health Administration. (n.d.). Standard interpretations: Determining work-relatedness for injuries in the home when telecommuting. https://www.osha.gov/laws-regs/standardinterpretations/2009-03-30
46. Occupational Safety and Health Administration. (n.d.). Guidance on preparing workplaces for COVID-19. https://www.osha.gov/Publications/OSHA3990.pdf
47. Furman, B. (1973). A profile of the United States public health service 1798-1948. National Institutes of Health. https://collections.nlm.nih.gov/catalog/nlm:nlmuid-0377140-bk
48. Scofe, L. A. (1994). The development and growth of employer-provided health insurance. Monthly Labor Review, 117(3), 3-10.
49. Davis, M. M. (2005). The American approach to health insurance. Milbank Quarterly, 83(4), 537-547. doi:10.1111/j.1468-0009.2005.00391.
50. Goldberg, L. G., & Greenberg, W. (1979). The competitive response of blue cross and blue shield to the health maintenance organization in Northern California and Hawaii. Medical Care, 1019-1028.
51. Legislative history of the internal revenue code of 1954 amendment (timing requirements) P.L. 95-628. (1978). https://www.heinonline.org/HOL/Index?index=leghis%2Fintrevco&collection=leghis
52. Choi, S., & Blackburn, J. (2018). Patterns and factors associated with medical expenses and health insurance premium payments. Financial Counseling and Planning: The Journal of the Association for Financial Counseling and Planning Education, 29(1), 6-18.
53. Bolch, M. (2012). Shifting the burden: Employers helping employees manage costs. Financial Executive, 28(10), 40.
54. Thomasson, M. A. (2002). From sickness to health: The twentieth-century development of U.S. health insurance. Explorations in Economic History, 39(3), 233-253. doi:10.1006/exeh.2002.0788
55. Baicker, K., & Goldman, D. (2011). Patient cost-sharing and healthcare spending growth. The Journal of Economic Perspectives, 25(2), 47-68.
56. Kaiser Family Foundation. (2019, July 2). Employer responsibility under the affordable care act. https://www.kff.org/infographic/employer-responsibility-under-the-affordable-care-act/
57. Kaiser Family Foundation (2019). Health insurance coverage in total population. https://www.kff.org/other/state-indicator/total-population/?dataView=1&currentTimeframe=0&selectedDistributions=employer&sortModel=%7B%22colId%22:%22Location%22,%22%22sort%22:%22%22asc%22%7D
58. Kaiser Family Foundation (2019). Benchmark employer survey finds average family premiums now top $20,000. https://www.kff.org/health-costs/press-release/benchmark-employer-survey-finds-average-family-premiums-now-top-20000/
59. Affordable Care Act. (2010). https://www.congress.gov/bill/111th-congress/house-bill/3590
60. Pollitz, K., Matthew, R., Cox, C., Kamal, R., Fehr, R., & Yung, G. (2020, May 28). Key issues related to COBRA subsidies. https://www.kff.org/private-insurance/issue-brief/key-issues-related-to-cobra-subsidies/
61. Healthcare.gov (n.d.). Affordable care act. https://www.healthcare.gov/glossary/affordable-care-act/
62. UC Berkley Labor Center. (2014, July). Affordable care act: Summary of provisions affecting employer-sponsored insurance. http://laborcenter.berkeley.edu/affordable-care-act-summary-of-provisions-affecting-employer-sponsored-insurance/
63. Gabel, J., Levitt, L., Holve, E., Pickreign, J., Whitmore, H., Dhont, K., Hawkins, S., & D. Job-based health benefits in 2002: some important trends. Health Affairs 21, 143-151, doi: 10.1377/hlthaff.21.5.143

64. Davidson, L. (2016, June 21). The history of retirement benefits. Workforce.com. https://www.workforce.com/news/the-history-of-retirement-benefits

65. Fisher Investments. (2020). Retirement in the U.S.: A history to today. https://www.fisher401k.com/blog/retiring-in-the-us-brief-history

66. Society for Human Resource Management. (2019). SHRM employee benefits report. https://www.shrm.org/hr-today/trends-and-forecasting/research-and-surveys/pages/benefits19.aspx

67. Coronado, J., (2014). The changing nature of retirement. Pension Research Council. https://pensionresearchcouncil.wharton.upenn.edu/wp-content/uploads/2015/09/WP2014-07-Coronado.pdf

68. Bureau of Labor Statistics. (2018). Employee Benefits in The United States - March 2018. https://www.bls.gov/news.release/pdf/eps2.pdf

69. Elkins, K. (2020, January 23). Here’s how much Americans have saved for retirement at different ages. CNN. https://www.cnbc.com/2020/01/23/heres-how-much-americans-have-saved-for-retirement-at-different-ages.html

70. AmeriTrade. (2019). 2019 Retirement pulse survey. Catching up on retirement savings. https://s2.q4cdn.com/437609071/files/doc-news/research/2019/retirement-pulse-survey.pdf

71. Forbes. (2018). The new employer 401(k) match: How generous is your boss? https://www.forbes.com/sites/ashleeabeling/2018/02/05/the-new-employer-401k-match-how-generous-is-your-boss/#653f0f5ae574f

72. Fontinelle, A. (February 21, 2020). 8 types of Americans who are not eligible to get social security. https://www.investopedia.com/retirement/8-types-americans-who-wont-get-social-security/

73. Kurt, D. (2020, March 31). What is the SECURE Act and how could it affect your retirement? Investopedia. https://www.investopedia.com/what-is-secure-act-how-affect-retirement-4692743

74. National Conference of State Legislatures. (2020, April 9). Paid sick leave. https://www.ncsl.org/research/labor-and-employment/paid-sick-leave.aspx

75. Kim, A. (2019, August 19). A record 768 million US vacation days went to waste last year, a study says. CNN. https://www.cnn.com/travel/article/unused-vacation-days-trnd/index.html

76. Society for Human Resource Management. (2015). Employee job satisfaction and engagement Revitalizing a changing workforce. https://www.shrm.org/hr-today/trends-and-forecasting/research-and-surveys/Documents/2016-Employee-Job-Satisfaction-and-Engagement-Report.pdf

77. Thompson, C.A., Beauvais, L.L., & Lyness, K.S. (1999). When work-family benefits are not enough: The influence of work-family culture on benefit utilization, organizational attachment, and work-family conflict. Journal of Vocational Behavior, 54(3), 392-415.

78. Batt, R., & Valcour, P. M. (2003). Human resources practices as predictors of work-family outcomes and employee turnover. Industrial Relations: A Journal of Economy and Society, 42(2), 189-220.

79. Butler, A., Gasser, M., & Smart, L. (2004). A social-cognitive perspective on using family-friendly benefits. Journal of Vocational Behavior, 65(1), 57–70.

80. Shockley, K.M., & Allen, T.D. (2020). Investigating the missing link in flexible work arrangement utilization: An individual difference perspective. Journal of Vocational Behavior, 76(1), 131-142. https://doi.org/10.1016/j.jvb.2009.07.002

81. Thomas, L. T., & Ganster, D. (1995). Impact of family-supportive work variables on work-family conflict and strain: A control perspective. Journal of Applied Psychology, 80, 6–15.

82. Society for Human Resource Management. (2014, September 15). How to accommodate employees with mental illness. https://www.shrm.org/hr-today/news/hr-magazine/pages/1014-mental-health.aspx
83. Miller, S. (2019, October 28). Employers enhance emotional and mental health benefits for 2020. SHRM. https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/employers-enhance-emotional-wellbeing-benefits-for-2020.aspx
84. Forbes. (2020). Student loan debt statistics In 2020: A Record $1.6 Trillion. https://www.forbes.com/sites/ashleaebeling/2018/02/05/the-new-employer-401k-match-how-generous-is-your-boss/#653f0fae574f
85. Kopecki, D. (2020, March 15). CDC recommends canceling events with 50 or more people for the next eight weeks throughout US. https://www.cnbc.com/2020/03/16/cdc-recommends-the-cancellation-of-events-will-manufacturings-new-normal-be-after-covid19
86. Mervosh, S., Lu, D., & Swales, V. (2020, April). See which states and cities have told residents to stay at home. New York Times. https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html
87. International Labour Organization (2020, April 29). ILO: As job losses escalate, nearly half of global workforce at risk of losing livelihoods. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_743036/lang--en/index.htm
88. Baek, G. (2020, March 26). Restaurant workers, already living “tip to mouth,” face more hardship in shutdown. https://www.cbsnews.com/news/coronavirus-restaurant-jobs-tipping-chsn-originals-documentary/
89. Federal Register. (2020, May 4). Extension of certain timeframes for employee benefit plans, participants, and beneficiaries affected by the COVID-19 outbreak. https://www.federalregister.gov/documents/2020/05/04/2020-09399/extension-of-certain-timeframes-for-employee-benefit-plans-participants-and-beneficiaries-affected
90. Kaiser Family Foundation. (2020). Census Bureau’s American Community Survey-Health insurance coverage of the total population. https://www.kff.org/other/state-indicator/tot-population/?currentTimeframe=0&sort Model=%7B%22colId%22:%22Location%22,%22%22sort%22:%22asc%22%22%7D
91. Kaiser Family Foundation. (2020). Key issues related to COBRA subsidies. https://www.kff.org/private-insurance/issue-brief/key-issues-related-to-cobra-subsidies/
92. Smith, A. (2020). How to accommodate at-risk workers. https://www.shrm.org/resourcesandtools/legal-and-compliance/employment-law/pages/coronavirus-how-to-accommodate-at-risk-workers.aspx
93. Dingel, J. I., & Neiman, B. (2020). How many jobs can be done at home? (No. w26948). National Bureau of Economic Research.
94. Price, Waterhouse, Cooper (PwC) (2020). PwC’s 9Th annual employee financial well-being survey. https://www.pwc.com/us/en/industries/private-company-services/library/financial-well-being-retirement-survey.html
95. The Economic Policy Institute. (2020, May 26). Minimum wage tracker. https://www.epi.org/minimum-wage-tracker/#/tip_wage
96. Moffit, R., Haislmaier, E., & Schaefer, N. O. (2020, April 16). Health care reform: Why expanding Obamcare is not the answer. https://www.herman.org/node/21264171/print-display
97. Fagan, K. M., & Hodgson, M. J. (2017). Under-recording of work-related injuries and illnesses: An OSHA priority. Journal of safety research, 60, 79-83.
98. Bagenstose, K., Chadde, S., & Wynn, M. (2020, April 22). Coronavirus at meatpacking plants worse than first thought, USA today investigation finds. USA Today. https://www.usatoday.com/in-depth/news/investigations/2020/04/22/meat-packing-plants-covid-may-force-choice-worker-health-food/2995232001/
99. Society for Human Resource Management. (n.d.) Are telecommuters covered under workers’ compensation? https://www.shrm.org/resourcesandtools/tools-and-samples/hr-qa/pages/wcandtelecommuting.aspx
100. Society for Human Resource Management. (n.d.) Workers’ Compensation will not cover many Coronavirus Claims. https://www.shrm.org/resourcesandtools/legal-and-compliance/state-and-local-updates/pages/workers-compensation-coronavirus-claims.aspx

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