

# HOW HAS COVID-19 CHANGED DISABILITY AND LEAVE PATTERNS?

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BENCHMARKING ANALYTICS

September 2020

Brian Gifford, PhD  
Director, Research & Analytics

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# SUMMARY FINDINGS

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*IBI members occasionally request information about disability leaves that is not included in the standard benchmarking reports. When IBI can provide an answer that may be of interest to other members, we make the results available in a series of benchmarking analytics reports.*

- The number of non-COVID respiratory claims in short-term disability (STD) suppliers' books of business doubled from February 2020 to March 2020. Including COVID-19 and other coronavirus claims would more than quintuple the March 2020 volume of respiratory claims.
- Comparing same employers' year-over-year (YoY) STD incidence rates showed significant March 2020 increases in coronavirus/COVID-19, respiratory, infectious, and unclassified claims. These increases offset significant decreases in musculoskeletal, injury, digestive, and genitourinary claims. The overall YoY net increase in March 2020 was 1.39 claims per 1,000 covered lives.
- April 2020 YoY STD incidence showed significant increases in coronavirus/COVID-19, infectious, and unclassified claims. Respiratory claims rates were unchanged from April 2019. Almost every other diagnosis category showed significant decreases. The overall YoY net decrease in April 2020 was 1.69 claims per 1,000 covered lives.
- Federal Family and Medical Leave Act (FMLA) YoY leaves for employees' own health conditions and maternity/bonding leaves were significantly higher in February and March 2020 than in 2019 and significantly lower in April 2020. Family leaves increased only in April but not by enough to offset declines in own health and maternity/bonding leaves. The overall monthly net increase/decrease per 1,000 eligible employees from February through April was 0.77, 2.78, and –0.92 FMLA leaves, respectively.
- Some of the April 2020 drop in STD claims likely reflects a decrease in care-seeking behavior or access to care—for example, postponed elective procedures for musculoskeletal conditions or commencement of cancer treatments. Decreases in STD injury, pregnancy, and FMLA maternity/bonding claims, however, strongly suggest that mass layoffs resulted in fewer employees' being eligible for leave benefits.
- Adjusting for April 2020 employment losses in the employers' industries—that is, limiting the analysis to employees who remained eligible for benefits—has the effect of reducing

but not eliminating significant YoY declines in STD claims for most diagnosis types. This is consistent with the premise that postponed care resulted in fewer STD claims for elective procedures. A “back of the envelope” estimate is that postponed care accounted for about 24% of the observed YoY decline in STD caseloads. Postponed care may account for a greater share of the decline in specific diagnoses, ranging from 55% of circulatory claims to 91% of musculoskeletal and genitourinary claims.

- Adjusting for employment losses increased the YoY change in FMLA family leaves from 0.55 to 1.25 per 1,000 covered lives. It is plausible that the increase in family leaves reflects Families First Coronavirus Response Act allowance to care for family members affected by the pandemic. From April 2019 to April 2020, YoY own health leaves were statistically unchanged, whereas adjusted maternity/bonding leaves continued an upward trend observable as early as January 2020.

# BACKGROUND

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As of September 21, 2020, the United States had experienced nearly 7 million confirmed cases of COVID-19.<sup>1</sup> Applying IBI's estimation approach,<sup>2</sup> about one in five of these cases will be an employed person with access to employer-sponsored or state-mandated disability leave benefits.

Disability leaves for COVID-19 may not adequately reflect the impact of the pandemic on short-term disability (STD) or Family and Medical Leave Act (FMLA) caseloads for several reasons. First, mass layoffs and furloughs since the first US surge in cases in March 2020 has reduced the number of employees eligible for leave. Second, COVID-19 STD claims among employees do not capture the federal Families First Coronavirus Response Act's (FFCRA)<sup>3</sup> extension of protected time off to care for family members affected by the pandemic (though FFCRA leaves may be reflected in FMLA volumes). Third, employees who remained eligible for benefits or their providers may have postponed procedures that would typically require time off from work (such as recovery from elective surgery or undergoing cancer treatment). Fourth, many employees who contract COVID-19 in the workplace will be eligible for Workers' Compensation benefits.

To understand the broader impact of the pandemic on leaves, we analyze the change in employers' STD and FMLA leave experiences from January 1, 2020, through April 30, 2020, compared with their experiences over the same period in 2019. As Figure 1 shows, approximately one in six confirmed COVID-19 cases occurred during this study period, with April 2020 representing the third-highest peak in cases.

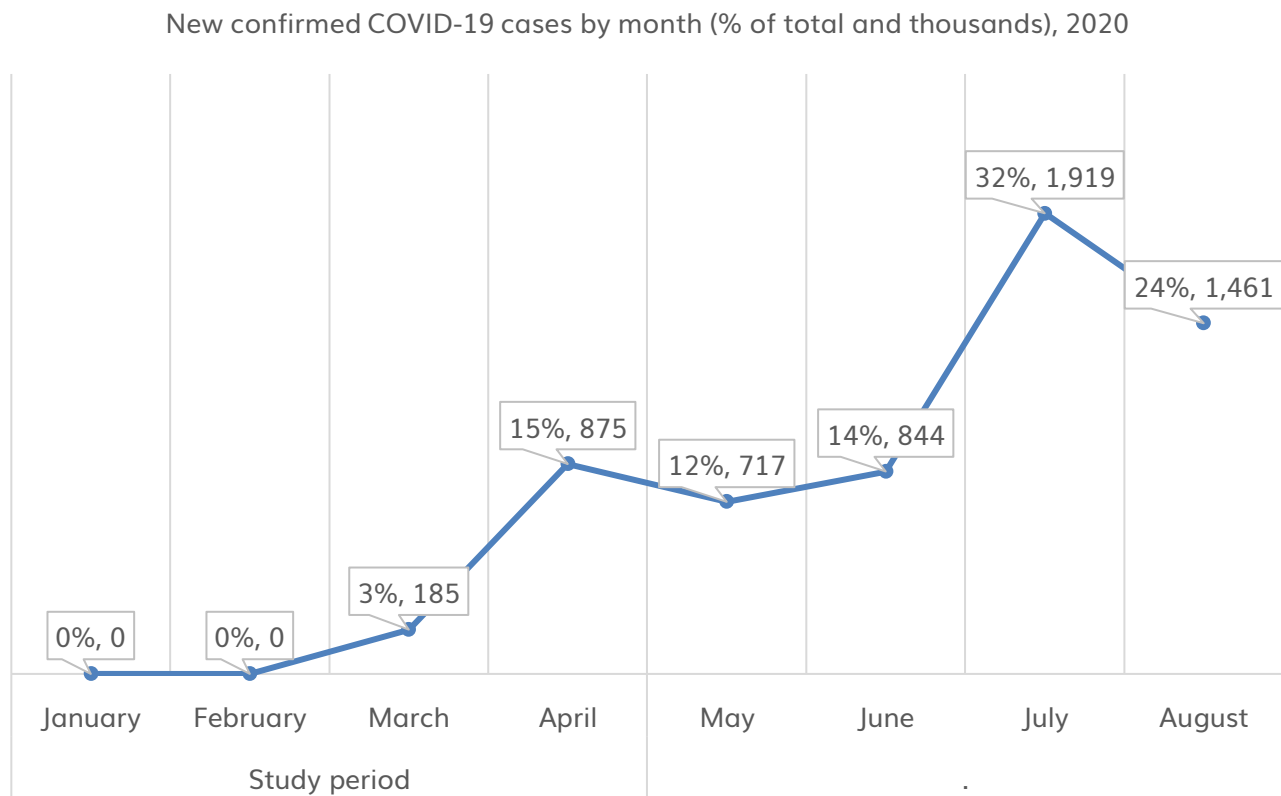
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<sup>1</sup> Johns Hopkins University Center for Systems Science and Engineering, COVID-19 Dashboard, <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>, accessed September 21, 2020.

<sup>2</sup> Integrated Benefits Institute, Projected COVID-19 Employer Paid Leave Costs by State and Metro Area, <https://www.ibiweb.org/resource/employee-covid-19-cases-metro-areas/>, accessed September 21, 2020.

<sup>3</sup> Public Law No: 116-127 (3/18/2020), Families First Coronavirus Response Act, <https://www.congress.gov/bill/116th-congress/house-bill/6201>, accessed August 19, 2020.

Figure 1: Approximately one in three confirmed COVID-19 cases to date occurred during the study period (January–April 2020)



Source: Johns Hopkins University Center for Systems Science and Engineering, op cit.

# DATA

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The analysis was conducted using disability and leave claims data from [IBI's Disability and Leave Benchmarking system](#). Each year, 14 major US disability insurers and absence management firms provide IBI with more than 6 million STD, long-term disability (LTD), workers' compensation, and federal FMLA claims from more than 65,000 employers' disability and leave management policies. Claims include information about costs and durations of disability, as well as claim, claimant, and employer characteristics such as industry, plan design, state, date of birth, sex, and the primary diagnosis (International Classification of Diseases, 9th Revision [ICD-9] or 10th Revision [ICD-10]) or reason for leave.

## DATA PREPARATION

We include information from STD claims and FMLA leaves filed from January 1, 2019, through April 30, 2020. With information from each employer covering this entire 16-month period, we compare their year-over-year (YoY) change in monthly new claims or leaves per 1,000 covered lives for January, February, March, and April. We then compare the average YoY change across employers, using a t-test to assess whether the observed difference from 2019 to 2020 is statistically significant from zero or due to chance variation in leave-taking patterns.

For STD, the analysis is based on 137,250 new claims for 1,480 employers across the books of business of seven data suppliers. For FMLA, the analysis is based on 100,773 new leaves for 748 employers across the books of business of four data suppliers. To avoid the influence of extreme incidence rates, employers with fewer than 100 covered lives or eligible employees are excluded.

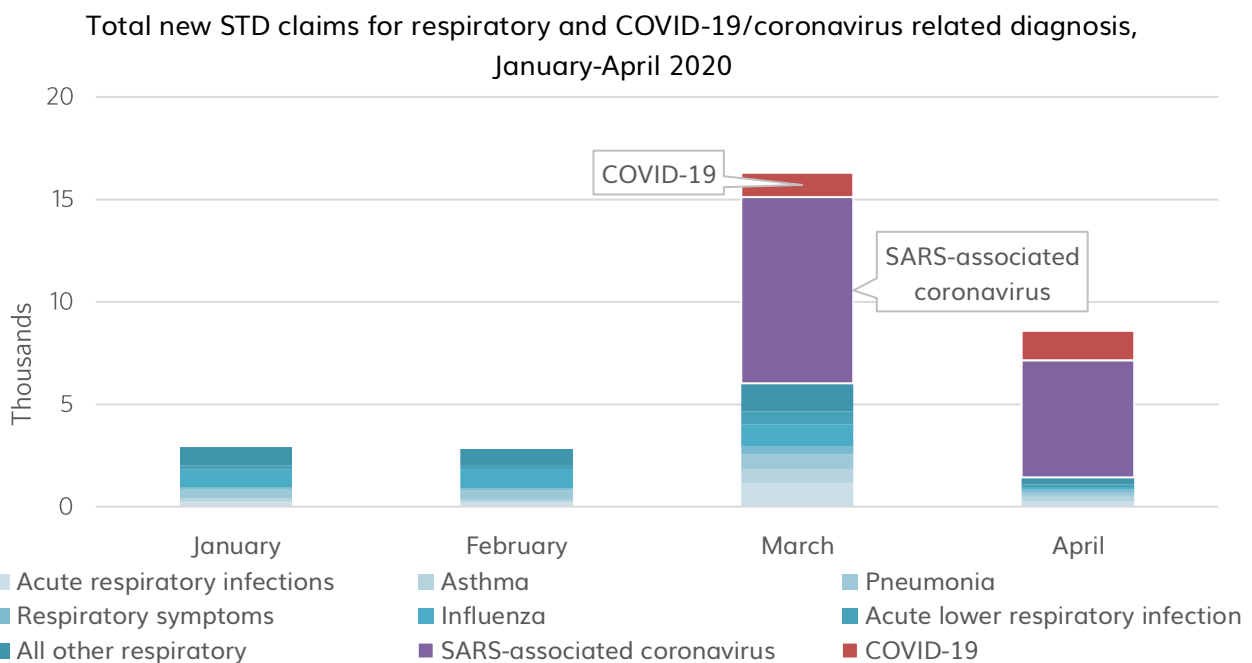
Characteristics of employers (industry and covered lives) are reported in the Appendix. Given that New York, New Jersey, Massachusetts, Illinois, and California accounted for more than half of all COVID-19 cases at the end of April 2020, we note that these states made up 24% of the average employers' STD claims in 2019 and 29% of FMLA claims (see Table 7 in the Appendix). This is roughly these five states' share of the US labor force, suggesting that the employers included in the study were not predisposed to high levels of risk for COVID-19 in their workforces.

For STD, we report YoY changes in claim incidence by ICD-10 diagnosis category, with an additional category for COVID-19 and severe acute respiratory syndrome (SARS) associated with coronavirus (the latter category is included to account for any potential coding

discrepancies across data suppliers).<sup>4</sup> Given the respiratory complications associated with coronavirus, as well as early clinical confusion about diagnoses for many patients presenting with COVID-like symptoms, we also pay particular attention to respiratory conditions, including respiratory symptoms.

Figure 2 shows that from January 2020 through April 2020, the raw number of new STD claims for respiratory conditions more than doubled from February to March—when COVID-19 and SARS-associated coronavirus first appear in books of business in a meaningful way—before falling again in April. This suggests that many respiratory claims would have been coded as COVID-19 or SARS-associated coronavirus had the Centers for Disease Control and Prevention issued its coding guidance earlier. Including COVID-19 and other coronavirus claims would more than quintuple the March 2020 volume of respiratory claims.

**Figure 2: The number of respiratory claims in suppliers' books of business doubled from February 2020 to March 2020. Including COVID-19 and other coronavirus claims would more than quintuple the March 2020 volume of respiratory claims.**



Note: Figure 2 includes claims from all employers in the STD dataset, even those with fewer than 16 months of observed claim experience.

<sup>4</sup> Centers for Disease Control and Prevention (CDC), "ICD-10-CM Official Coding and Reporting Guidelines, April 1, 2020 through September 30, 2020," <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>, accessed August 19, 2020; CDC, "ICD-10-CM Tabular List of Diseases and Injuries, April 1, 2020 Addenda," <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-April-1-2020-addenda.pdf>, accessed August 19, 2020.



For FMLA, we report YoY changes in new leave incidence by leave type—for an employee’s own serious illness (“own health”), bonding with a new child (“maternity/bonding”), or to care for a family member with a serious illness (“family leave”).

#### **ADJUSTMENTS FOR APRIL 2020 EMPLOYMENT LOSSES**

The Bureau of Labor Statistics reports that compared with year-end 2019, US employment declined by 1% in March 2020 and by about 15% in April 2020.<sup>5</sup> Employment declines occurred unevenly across industries. We therefore report April 2020 results twice: once using employers’ covered lives in 2019 and again using covered lives adjusted to reflect average employment losses for each employer’s industry (using North American Industry Classification System [NAICS] sectors—see Table 5 in the Appendix). Unadjusted April results will reflect the influence of mass layoffs and furloughs. Unadjusted April 2020 STD results are more likely to reflect postponed care among remaining employees, whereas unadjusted FMLA results could reflect a combination of factors such as the extension of protections under the FFCRA.

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<sup>5</sup> Bureau of Labor Statistics, Current Employment Statistics, Employment Hours and Earnings, <https://www.bls.gov/webapps/legacy/cesbtab1.htm> , accessed August 20, 2020.

# RESULTS

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## SHORT-TERM DISABILITY (STD)

Table 1 shows the average YoY change in new monthly incidence rates for STD diagnosis categories. Figure 3 illustrates the monthly incidence rates to provide a sense of scale of the changes.

In March 2020, employers experienced 0.84 more STD claims for COVID-19 and SARS-associated coronavirus per 1,000 covered lives than they did in March 2019. This increase was statistically significant (indicated in Table 1 with italics), as was the 0.60 increase experienced in April 2020 (unadjusted for employment losses). Respiratory conditions, infectious diseases, contacts for health services, and symptoms all significantly increased in March 2020; genitourinary, digestive, injury, and musculoskeletal claims significantly decreased. Unclassified claims (for which data suppliers provided no diagnosis code) also increased significantly in March 2020, perhaps in anticipation of guidance for coding COVID-19. Overall, employers experienced 1.39 more STD claims per 1,000 lives in March 2020 than in March 2019.

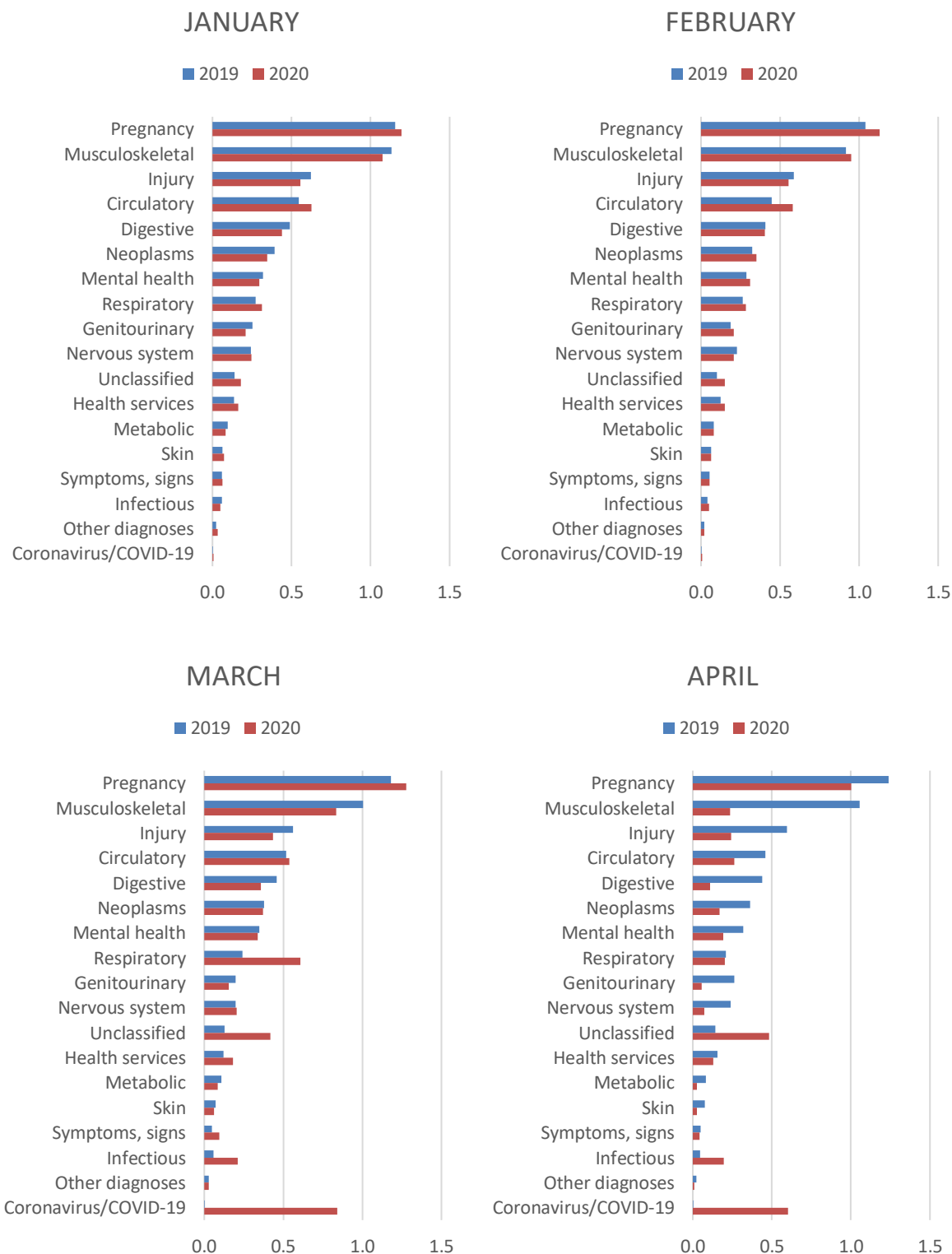
Table 1: Average YoY change in new STD claims per 1,000 covered lives, 2020 compared with 2019

Condition	January	February	March	April	Trend	4-month change
Coronavirus and COVID-19	0.01	0.01	0.84	0.60	— — ■ ■	1.45
Unclassified	0.04	0.05	0.29	0.34	— — ■ ■	0.72
Respiratory	0.04	0.02	0.36	-0.01	— — ■ —	0.42
Infectious	-0.01	0.01	0.15	0.15	— — ■ ■	0.30
Health services	0.03	0.03	0.06	-0.03	— — ■ —	0.09
Symptoms, signs	0.00	-0.00	0.05	-0.01	— — ■ —	0.05
Circulatory	0.08	0.13	0.02	-0.20	— — ■ —	0.04
<b>All claims</b>	<b>-0.05</b>	<b>0.37</b>	<b>1.39</b>	<b>-1.69</b>	— — ■ —	<b>0.03</b>
Other diagnoses*	0.01	0.00	0.00	-0.01	— — ■ —	-0.00
Pregnancy	0.04	0.09	0.10	-0.24	— — ■ —	-0.01
Skin	0.01	-0.00	-0.01	-0.05	— — ■ —	-0.05
Metabolic	-0.02	-0.00	-0.02	-0.06	— — ■ —	-0.09
Mental health	-0.02	0.02	-0.01	-0.12	— — ■ —	-0.13
Nervous system	0.01	-0.02	0.00	-0.17	— — ■ —	-0.18
Neoplasms	-0.05	0.03	-0.01	-0.19	— — ■ —	-0.23
Genitourinary	-0.04	0.02	-0.04	-0.21	— — ■ —	-0.28
Digestive	-0.05	-0.00	-0.10	-0.33	— — ■ —	-0.48
Injury	-0.07	-0.03	-0.13	-0.35	— — ■ —	-0.58
Musculoskeletal	-0.06	0.03	-0.17	-0.82	— — ■ —	-1.01

Note: Italics indicate that the average YoY change is statistically significant at or below the 0.05 level. April results are unadjusted for employment losses.

\*"Other diagnoses" combines several very low STD incidence categories, including blood conditions, perinatal complications, and congenital issues.

Figure 3: Average monthly new STD claims per 1,000 covered lives, January–April 2019 and 2020



Note: April results are unadjusted for employment losses.

By April 2020, nearly every diagnosis category experienced a significant decrease in claims compared with April 2019. COVID-19/coronavirus, unclassified, and infectious claims all increased significantly but not by enough to offset decreases in other types of conditions. Overall, employers experienced 1.69 fewer STD claims per 1,000 lives in April 2020 than in April 2019.

#### EXPLAINING THE STD CHANGES: EMPLOYMENT LOSSES OR POSTPONED CARE?

Because the April 2020 results in Table 1 are unadjusted for employment losses, it is possible that they reflect mass layoffs and furloughs. Simply put, the number of covered lives recorded for STD policies at the beginning of 2020 did not reflect the number of lives at the end of April. Fewer employees eligible for benefits would result in fewer claims overall. The significant decline in pregnancy claims, which in principle should be relatively unaffected by the rapid onset of the pandemic, suggests some role for mass layoffs. The same may be true of injuries, which saw an April 2020 decline that was three times greater than the March 2020 decline.

The April 2020 drop in STD claims could also reflect a decrease in care-seeking behavior or access to care—for example, postponed elective procedures for musculoskeletal conditions or delayed commencement of cancer treatment. Adjusting the results to account for employment losses can give a better sense of claiming behavior among a smaller number of employees who remained eligible for benefits.

Table 2 reports April 2020 STD results before (column A) and after (column B) adjusting employers' covered lives to reflect job losses in their industries. The overall effect is to shift the YoY changes rightward, with YoY COVID-19, unclassified, and infectious claims rates becoming larger after adjusting and decreases in other categories becoming smaller or even crossing the 0 threshold (i.e., no YoY change) and becoming net increases.

Overall, after adjusting for employment losses, employers experienced 0.40 fewer STD claims per 1,000 lives in April 2020 than in April 2019. This decrease is statistically significant and is consistent with the premise that postponed care resulted in fewer STD claims for elective procedures. Again, outcomes for pregnancy claims are informative: when limited to employees who remained eligible for disability benefits (column B), YoY April 2020 pregnancy claims rates are not statistically different from April 2019 pregnancy claims rates. The smaller but still significant decline in injuries may reflect shelter-in-place and social distancing behaviors that limited exposure to hazardous situations and activities conducive to sprains and fractures (which account for about three in four injury claims).

Compared with an unadjusted YoY April change of  $-1.69$ , a "back of the envelope" estimate is that postponed care accounted for about 24% ( $-0.40 \div -1.69$ ) of the observed decline in STD caseloads. Postponed care may account for a greater share of the decline in specific

diagnoses, ranging from 55% of circulatory claims to 91% of musculoskeletal and genitourinary claims.

**Table 2: Average YoY April change in new STD claims per 1,000 covered lives, before and after adjusting for industry employment losses**

Condition	Unadjusted for employment losses (A)	Adjusted for employment losses (B)
<b>All claims</b>	<b>-1.69</b>	<b>-0.39</b>
Pregnancy	-0.24	0.08
Coronavirus and COVID-19	0.60	0.79
Unclassified	0.34	0.50
Circulatory	-0.20	-0.11
Injury	-0.35	-0.27
Musculoskeletal	-0.82	-0.75
Respiratory	-0.01	0.06
Infectious	0.15	0.21
Mental health	-0.12	-0.07
Neoplasms	-0.19	-0.14
Health services	-0.03	0.01
Digestive	-0.33	-0.29
Nervous system	-0.17	-0.14
Genitourinary	-0.21	-0.19
Symptoms, signs	-0.01	0.01
Skin	-0.05	-0.04
Metabolic	-0.06	-0.05
Other diagnoses*	-0.01	-0.01

Note: Italics indicate that the average YoY change is statistically significant at or below the 0.05 level.

\*"Other diagnoses" combines several very low STD incidence categories, including blood conditions, perinatal complications, and congenital issues.

### **FAMILY MEDICAL LEAVE ACT LEAVE (FMLA)**





Table 3 shows the average YoY change in new monthly incidence rates for FMLA leave types, unadjusted for April employment losses. Figure 4 illustrates the monthly incidence rates to provide a sense of scale of the changes.

In February 2020, employers saw significantly higher YoY rates of FMLA leaves for employees' own serious health conditions (an increase of 0.46 leaves per 1,000 eligible employees) and for

maternity/bonding (+0.26 leaves). Own health leave rates continued to increase significantly in March 2020 (+2.78 leaves) compared with March 2019 before falling below 2019 levels in April (–1.15 leaves). This mirrors the steep rise and fall in STD claims (Table 1) observed during the same period.

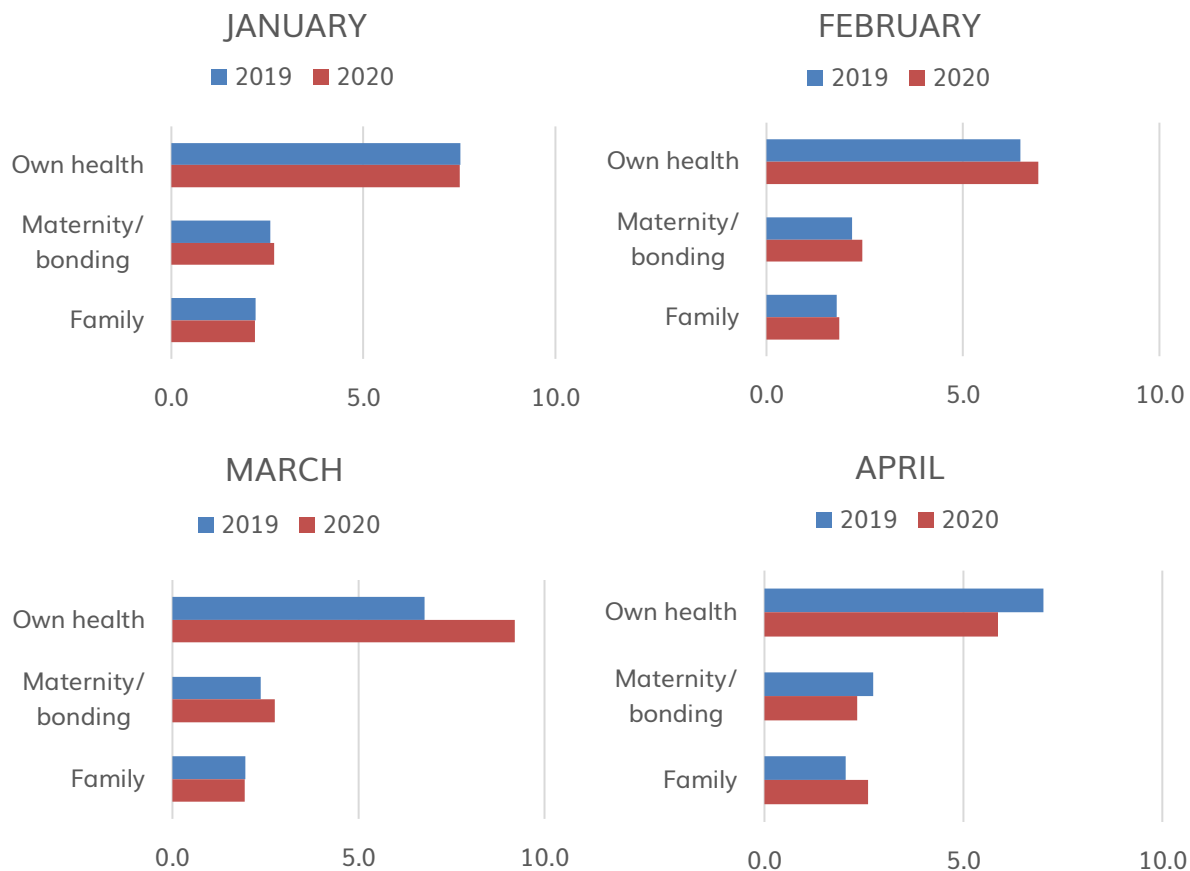
Maternity/bonding leave rates also continued to increase significantly in March 2020 and decline significantly in April 2020, although to a lesser extent than own health leaves in both months. Taken alongside the April 2020 decline in injury and pregnancy STD claims observed in Table 1, the April decline in maternity/bonding leaves corroborates the role of layoffs in reducing leave rates.

**Table 3: Average YoY change in new FMLA leaves per 1,000 eligible employees, 2020 compared with 2019**

Leave type	January	February	March	April	Trend	4-month change
<b>All leaves</b>	<b>0.08</b>	<b>0.77</b>	<b>2.78</b>	<b>-0.92</b>		<b>2.72</b>
Own health	-0.01	0.46	2.43	-1.15		1.73
Family	-0.02	0.05	-0.03	0.55		0.56
Maternity/bonding	0.11	0.26	0.38	-0.40		0.34

Note: Italics indicate that the average YoY change is statistically significant at or below the 0.05 level. April results are unadjusted for employment losses.

**Figure 4: Average monthly new FMLA leaves per 1,000 eligible employees, January–April 2019 and 2020**



Note: April results are unadjusted for employment losses.

Family leaves showed a significant YoY increase only in April 2020 (+0.55 leaves) but not by enough to offset an overall decline in leaves (−0.92). This finding could nonetheless understate the true change in family leave rates if layoffs and furloughs reduced the number of eligible employees.

Table 4 reports April 2020 FMLA results before (column A) and after (column B) adjusting employers' covered lives to reflect job losses in their industries. When limited to employees who remained eligible for benefits (column B), employers experienced 1.25 more family leave rates in April 2020 than in April 2019. Considering that leaves for employees' own health reasons were statistically unchanged from April 2019, it is plausible that the increase in family leaves reflects FFCRA allowance to care for family members affected by the pandemic. Although adjusted maternity/bonding claims increased in April 2020 compared with April 2019, this may simply be a continuation of an upward trend observable as early as January 2020 (Table 3).



Although adjusted maternity/bonding claims increased in April 2020 compared with April 2019, this may simply be a continuation of an upward trend observable as early as January 2020 (Table 3).

**Table 4: Average YoY April change in new FMLA claims per 1,000 covered lives, before and after adjusting for industry employment losses**

Leave type	Unadjusted for employment losses (A)	Adjusted for employment losses (B)
<b>All leaves</b>	<b>-0.92</b>	<b>2.18</b>
Own health	-1.15	0.54
Family	0.55	1.25
Maternity/bonding	-0.40	0.29

Note: Italics indicate that the average YoY change is statistically significant at or below the 0.05 level. Results are unadjusted for employment losses.

# DISCUSSION

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The findings suggest that compared with their STD and FMLA experiences one year earlier, employers can expect fewer total leaves during the pandemic to the extent that they furloughed or laid off workers, even if caseloads of COVID-19-infected employees are sustained or increase. Pent-up demand for postponed health services—particularly for musculoskeletal conditions—and the progression of untreated chronic health or mental health conditions, however, may drive up future incidence rates among employees who remain eligible for benefits.

Employee benefits and absence management experts in IBI's member community have [contributed guidance to help employers](#)<sup>6</sup> manage leaves during the pandemic and ensure continuity of care for employees with chronic illnesses and mental health needs. Findings from IBI's survey of senior finance executives also demonstrate that leveraging health and leave policies as a strategic part of a business continuity plan can reduce operational disruptions during the pandemic and other emergencies.<sup>7</sup> Employers are encouraged to work with internal experts and supplier partners to implement proactive benefits strategies that can help employees remain healthy and productive during the pandemic and ready to meet the eventual challenges of fully resuming operations.

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<sup>6</sup> Integrated Benefits Institute, Managing Health and Productivity in the Age of Coronavirus: The Professional Healthcare, Wellbeing and Absence Management View, May 2020, <https://www.ibiweb.org/resource/managing-health-and-productivity-in-the-age-of-coronavirus-the-professional-healthcare-wellbeing-and-absence-management-view/>, accessed August 19, 2020.

<sup>7</sup> Gifford, Brian, Thomas Parry, and Erin Peterson, The Business Advantage of Pandemic Emergency Plans and Employee Benefits, August 2020, <https://www.ibiweb.org/resource/the-business-advantage-of-pandemic-emergency-plans-and-employee-benefits/>, accessed August 19, 2020.

# APPENDIX— Employer Demographics

Table 5: Number of employers by NAICS industry

Industry	STD	FMLA	Employment ratio*	
			March 2020	April 2020
Manufacturing	363	134	100%	89%
Health care and social assistance	254	169	100%	90%
Professional, scientific, and technical services	140	61	100%	95%
Finance and insurance	119	72	100%	100%
Retail trade	105	35	99%	85%
Wholesale trade	87	29	99%	93%
Administrative and support and waste management and remediation services	50	25	99%	83%
Information	48	26	100%	90%
Educational services	46	27	99%	87%
Transportation and warehousing	37	12	100%	90%
Construction	36	14	100%	87%
Other services	35	15	99%	77%
Public administration	35	32	100%	96%
Accommodation and food services	25	12	96%	52%
Unknown*	25	55	99%	86%
Real estate and rental and leasing	21	8	100%	90%
Utilities	18	11	100%	99%
Arts, entertainment, and recreation	13	2	98%	46%
Mining, quarrying, and oil and gas extraction	12	5	100%	87%
Management of companies and enterprises	7	1	100%	96%
Agriculture, forestry, fishing, and hunting*	4	3	99%	86%
<b>Total</b>	<b>1,480</b>	<b>748</b>	<b>99%</b>	<b>86%</b>

\*"Employment ratio" is the number of employed persons in March or April 2020 compared with end-of-year employment in 2019. "Unknown" and agriculture, forestry, fishing, and hunting industries are assigned the overall employment ratio for the United States.

**Table 6: Company size**

Company size	STD (covered lives)	FMLA (eligible employees)
Average	4,349	3,513
Minimum	100	100
10th percentile	272	293
25th percentile	558	505
50th percentile (median)	1,250	1,162
75th percentile	3,241	3,513
90th percentile	9,106	7,343
Maximum	>190,000	>140,000

**Table 7: Representation of top 5 states by confirmed COVID-19 cases as of April 30, 2020**

State	% of US labor force	% of all confirmed COVID-19 cases through April 30, 2020	Average % of STD claims in 2019	Average % of FMLA claims in 2019
California	12%	5%	6%	17%
Illinois	4%	5%	4%	2%
Massachusetts	2%	6%	3%	3%
New Jersey	3%	11%	3%	2%
New York	6%	29%	9%	5%
Total	27%	55%	24%	29%

Sources: US labor force: US Bureau of Labor Statistics, Local Area Unemployment Statistics, June 2019, <https://www.bls.gov/news.release/laus.t01.htm>, accessed August 17, 2020; COVID-19 cases: Johns Hopkins University Center for Systems Science and Engineering, COVID-19 Dashboard, <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>, accessed August 19, 2020.



Founded in 1995, the Integrated Benefits Institute (IBI) is a national, nonprofit research and educational organization focused on workforce health and productivity. IBI provides data, research, tools and engagement opportunities to help business leaders make sound investments in their employees' health. IBI is supported by more than 1,200 member companies representing over 20 million workers.

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