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Notes



EXECUTIVE SUMMARY

## Choice of Health Plan: Findings from the 2009 EBRI/MGA Consumer Engagement in Health Care Survey

**LIMITED CHOICE:** Most employers do not offer a choice of health plan, but when they do, large firms are much more likely than small firms to offer a choice. Because a disproportionate share of those with employment-based health benefits are employed by a large firm, between 50 percent and 60 percent of the covered population has a choice of health plan.

**SURVEY RESULTS**: The 2009 EBRI/MGA Consumer Engagement in Health Care Survey finds that individuals with a choice of health plan are not only those who tend to work for a large firm, but also individuals with higher incomes and higher education. Individuals with a choice of health plan are more likely than those without a choice to be satisfied with their health plan and health care along a number of dimensions. However, controlling for choice of plan did not change the difference in satisfaction rates between individuals with traditional coverage and those enrolled in consumer-driven health plans and high-deductible health plans, when differences in satisfaction existed.

## Labor Force Participation Rates: The Population Age 55 and Older, 2008

**THE NEAR ELDERLY AND ELDERLY ARE STAYING IN THE WORK FORCE LONGER:** The labor-force participation rate is increasing for those age 55 and older. The percentage of civilian noninstitutionalized Americans age 55 or older who were in the labor force declined from 34.6 percent 1975 to 29.4 percent in 1993. However, since 1993, the labor-force participation rate has steadily increased, reaching 39.4 percent in 2008—the highest level over the 1975–2008 period.

**WOMEN ARE THE DRIVING FORCE FOR LONGER PARTICIPATION IN THE WORK FORCE:** For those ages 55–64 (the near elderly), this is being driven almost exclusively by the increase of women in the work force; the male participation rate is flat to declining. However, among those age 65 and older (the elderly), labor-force participation is increasing for both males and females.

**EDUCATION A MAJOR FACTOR:** Education is a strong factor in an individual's participation in the labor force at older ages: Individuals with higher levels of education are significantly more likely to be in the labor force than those with lower levels of education.

**TREND WILL CONTINUE UPWARD:** This upward trend among the working near elderly and elderly is not surprising and is likely to continue because of workers' need for access to employment-based health insurance and for more earning years to accumulate assets in defined contribution (401(k)-type) plans—especially after the 2008 downturn in the stock market and economy. Many Americans also want to work longer, especially among those with more education.

 

# Choice of Health Plan: Findings from the 2009 EBRI/MGA Consumer Engagement in Health Care Survey

*By Paul Fronstin, Employee Benefit Research Institute*

## Introduction

Most employers do not offer a choice of health plan. In 2009, 86 percent of employers offering health benefits offered only one health plan; 13 percent offered two choices; and 1 percent offered three or more choices.[1] Large firms are more likely to offer health insurance and to offer a choice of health plan than small firms. Forty-five percent of large firms offered two or more choices, whereas 13 percent of small firms did so. As a result, about one-half of covered workers had a choice of health plan,[2] and according to the 2009 EBRI/MGA Consumer Engagement in Health Care Survey, 59 percent of adults ages 21–64 with employment-based health coverage had a choice of health plan (Figure 1).

While the percentage of individuals with traditional employment-based health benefits who have a choice of health plan was in large part unchanged since 2005 (ranging from 54 percent to 62 percent), the percentage of individuals with a consumer-driven health plan (CDHP) and a choice of health plan rose steadily between 2005 and 2009, increasing from 47 percent to 70 percent (Fronstin 2009).

Increasing choice of health plan is a key component of health reform advocates. The health insurance exchange is built on Alain Enthoven's model of managed competition, which entails sponsors acting on behalf of groups of individuals to negotiate with insurers and offer participants a menu of choices among different plans (Fronstin and Ross 2009).[3] To obtain the benefits of competition requires that insurance policies be easily comparable to facilitate consumer choice, and quality measures be developed that consumers can use to make informed decisions.

This article explores differences in choice of health plan using data from the 2009 EBRI/MGA Consumer Engagement in Health Care Survey. It examines the likelihood of having a choice of plan by various demographics and work-related variables. It also examines choice by health status and health behaviors. The relationship between satisfaction with health insurance and health care and health plan choice is then explored, as is the role of type of health plan.

## Characteristics of Individuals With a Choice of Health Plan

According to findings from the 2009 EBRI/MGA Consumer Engagement in Health Care Survey, 59 percent of adults ages 21–64 with employment-based health coverage had a choice of health plan (Figure 1). Slight differences in choice were found with respect to gender, age, marital status, and race/ethnicity. However, the biggest differences in choice of plan were found by household income, education, and firm size. In general, individuals with higher household income are more likely than those with lower household income to report having a choice of health plan. One-quarter of those with household income less than $30,000 reported having a choice of plan, compared with 69 percent of individuals with $150,000 or more in household income. With respect to education, one-half of individuals with a high school diploma or less had a choice of health plan, compared with 62 percent of individuals with some college, 66 percent of those with a college degree, and 69 percent of those with a graduate degree. Sixty-nine percent of individuals with a graduate degree had a choice of health plan. The impact of household income and education on choice of plan is likely to be highly correlated.

Regarding firm size, 43 percent of workers in firms with 2–9 employees that offered health insurance reported having a choice of health plan, compared with 83 percent of workers in firms with 10,000 or more workers. As reported in the introduction, large firms are more likely to offer a choice of health plan than small firms. Just 13 percent of small firms offered two or more choices, whereas 45 percent of large firms did so.

Figure 1

**Percentage of Adults Ages 21–64 With Employment-Based Health Coverage With Choice of Health Plan, by Demographics and Job Characteristics, 2009**

| | Choice of Plan | No Choice | Don't Know |
|---|---|---|---|
| Total | 59% | 36% | 4% |
| Gender | | | |
| Male | 60 | 35 | 5 |
| Female | 58 | 36 | 5 |
| Age | | | |
| 21–29 | 57 | 36 | 6 |
| 30–44 | 62 | 35 | 3 |
| 45–54 | 62 | 32 | 6 |
| 55–64 | 54 | 40 | 6 |
| Marital Status | | | |
| Not married | 57 | 36 | 7 |
| Married | 60 | 36 | 5 |
| Presence of Children | | | |
| No children | 59 | 36 | 5 |
| Has children | 59 | 36 | 5 |
| Race/Ethnicity | | | |
| White, non-Hispanic | 59 | 37 | 4 |
| Minority | 60 | 31 | 9 |
| Household Income | | | |
| Less than $30,000 | 26 | 61 | 13 |
| $30,000–$49,999 | 55 | 35 | 10 |
| $50,000–$99,999 | 60 | 38 | 3 |
| $100,000–$149,999 | 70 | 25 | 5 |
| $150,000 or more | 69 | 27 | 4 |
| Declined to answer | 59 | 37 | 4 |
| Education | | | |
| High school graduate or less | 49 | 42 | 9 |
| Some college, trade, or business school | 62 | 34 | 4 |
| College graduate or some graduate work | 66 | 31 | 3 |
| Graduate degree | 69 | 29 | 2 |
| Firm Size (base: employed full-time or part-time) | | | |
| Self employed with no employees | 33 | 55 | 12 |
| 2–9 | 43 | 48 | 8 |
| 10–49 | 38 | 62 | 0 |
| 50–199 | 43 | 57 | 0 |
| 200–499 | 55 | 43 | 2 |
| 500–1,999 | 59 | 37 | 4 |
| 2,000–4,999 | 78 | 21 | 1 |
| 5,000–9,999 | 79 | 21 | 1 |
| 10,000 or more | 83 | 16 | 1 |
| Don't know | 68 | 24 | 8 |

Source: EBRI/MGA Consumer Engagement in Health Care Survey, 2009.

When it comes to health status and healthy behavior, there are also some differences in choice of health plan: There is a correlation between self-reported health status and choice of health plan. Two-thirds of individuals reporting excellent health had a choice of plan, compared with about one-half of individuals in poor or fair health (Figure 2). However, there was little difference in the likelihood of having a choice of health plan by the presence of chronic conditions, smoking, or exercise. There was a difference in choice of health plan by body mass index (BMI) with about 60 percent of normal and overweight individuals reporting a choice of health plan, compared with 56 percent of obese individuals and 48 percent of underweight individuals.

As a result of the differences in the odds of having a choice of health plan, the population with a choice of health plan is skewed toward higher-income households, more educated individuals, and workers in large firms, while the

population without a choice of health plan is skewed toward lower-income households, less educated individuals, and workers in small firms (Figure 3). Similarly, the population with a choice of health plan is skewed toward those with self-reported health status of excellent or very good, while the population without a choice of health plan is more likely to be in good to poor health (Figure 4).

Figure 2

**Percentage of Adults Ages 21–64 With Employment-Based Health Coverage With Choice of Health Plan, by Health Status and Healthy Behavior, 2009**

| | Choice of Plan | No Choice | Don't Know |
|---|---|---|---|
| Total | 59% | 36% | 4% |
| Self-reported Health Status | | | |
| Excelllent | 67 | 31 | 1 |
| Very good | 62 | 35 | 3 |
| Good | 53 | 39 | 8 |
| Fair | 51 | 36 | 13 |
| Poor | 47 | 53 | 0 |
| Chronic Conditions | | | |
| None | 57 | 39 | 5 |
| At least one chronic health condition[a] | 61 | 33 | 6 |
| At least one chronic health condition & fair or poor health | 60 | 34 | 6 |
| Smokes Cigarettes | | | |
| Yes | 62 | 34 | 5 |
| No | 59 | 36 | 5 |
| Declined | 58 | 28 | 15 |
| Exercise | | | |
| Never | 56 | 33 | 10 |
| 1 day per week, on average | 61 | 36 | 3 |
| 2–3 days per week, on average | 59 | 37 | 4 |
| 4–5 days per week, on average | 60 | 36 | 5 |
| More than 5 days per week | 59 | 36 | 5 |
| Body Mass Index | | | |
| Underweight | 48 | 48 | 4 |
| Normal | 61 | 35 | 4 |
| Overweight | 60 | 35 | 5 |
| Obese | 56 | 37 | 7 |
| Declined to answer | 63 | 32 | 5 |

Source: EBRI/MGA Consumer Engagement in Health Care Survey, 2009.

[a] Arthritis; asthma, emphysema or lung disease; cancer; depression; diabetes; heart attack or other heart disease; high cholesterol; or hypertension, high blood pressure, or stroke.

## Satisfaction and Choice of Health Plan

There is a rather large literature showing that satisfaction with health insurance is higher among individuals with a choice of health plan, compared with those without a choice. Findings from the 2009 EBRI/MGA Consumer Engagement in Health Care Survey also indicate higher satisfaction with a number of aspects of their care among individuals with a choice of health plan. Individuals with a choice of health plan are more likely than those without a choice to be *extremely* or *very* satisfied with the quality of health care received. About three-quarters of those with a choice were *extremely* or *very* satisfied with the quality of care received, compared with 69 percent of those without a choice of plan (Figure 5). The survey also shows that those with a choice of health plan are more likely to report that they are *extremely* or *very* satisfied with respect to various aspects of their health care, such as: ease of getting a doctor's appointment; out-of-pocket costs for prescription drugs; out-of-pocket costs for other health care; choice of doctors; and overall satisfaction with the their health plan. Similarly, those with a choice of plan are more likely than those without a choice to report they would recommend their plan to a friend or co-worker and they would stay in their plan if they had the opportunity to switch plans.

Figure 3

**Demographics and Job Characteristics Among Adults Ages 21–64 With Employment-Based Health Coverage, by Choice of Health Plan, 2009**

| | Choice of Plan | No Choice |
|---|---|---|
| Total | 100% | 100% |
| Gender | | |
| Male | 50 | 49 |
| Female | 50 | 51 |
| Age | | |
| 21–29 | 25 | 26 |
| 30–44 | 24 | 23 |
| 45–54 | 31 | 27 |
| 55–64 | 20 | 24 |
| Marital Status | | |
| Not married | 18 | 19 |
| Married | 82 | 81 |
| Presence of Children | | |
| No children | 54 | 54 |
| Has children | 46 | 46 |
| Race/Ethnicity | | |
| White, non-Hispanic | 78 | 82 |
| Minority | 22 | 18 |
| Household Income | | |
| Less than $30,000 | 3 | 13 |
| $30,000–$49,999 | 16 | 17 |
| $50,000–$99,999 | 41 | 43 |
| $100,000–$149,999 | 21 | 13 |
| $150,000 or more | 13 | 8 |
| Declined to answer | 6 | 6 |
| Education | | |
| High school graduate or less | 29 | 41 |
| Some college, trade, or business school | 31 | 29 |
| College graduate or some graduate work | 27 | 21 |
| Graduate degree | 14 | 10 |
| Firm Size (base: employed full-time or part-time) | | |
| Self employed with no employees | 1 | 2 |
| 2–9 | 4 | 8 |
| 10–49 | 7 | 20 |
| 50–199 | 9 | 20 |
| 200–499 | 9 | 12 |
| 500–1,999 | 12 | 13 |
| 2,000–4,999 | 8 | 4 |
| 5,000–9,999 | 9 | 4 |
| 10,000 or more | 31 | 11 |
| Don't know | 11 | 7 |

Source: EBRI/MGA Consumer Engagement in Health Care Survey, 2009.

The Consumer Engagement in Health Care Survey has historically found that individuals with traditional health insurance coverage were more likely than those with a CDHP or a high-deductible health plan (HDHP) to be *extremely* or *very* satisfied with some, although not all, aspects of their health care. Specifically, satisfaction with choice of doctor has *not* varied by type of health plan. Satisfaction differences with respect to quality of medical care received was initially higher among individuals with traditional coverage. But in 2007, the gap in satisfaction between those in traditional plans and those with CDHPs disappeared because satisfaction increased significantly among those with CDHPs. This remained unchanged through 2009. Differences in satisfaction with respect to the overall health plan remains, but has been closing over time. And there continues to be a gap in satisfaction with regard to out-of-pocket costs, with those having traditional coverage more likely to be satisfied with out-of-pocket expenses than those enrolled in a CDHP.

Figure 4

**Health Status and Healthy Behavior Among Adults Ages 21–64 With Employment-Based Health Coverage, by Choice of Health Plan, 2009**

| | Choice of Plan | No Choice |
|---|---|---|
| Total | 100% | 100% |
| Self-reported Health Status | | |
| Excelllent | 17 | 13 |
| Very Good | 48 | 45 |
| Good | 28 | 34 |
| Fair | 6 | 7 |
| Poor | 1 | 1 |
| Chronic Conditions | | |
| None | 46 | 52 |
| At least one chronic health condition[a] | 54 | 48 |
| At least one chronic health condition & fair or poor health | 55 | 51 |
| Smokes Cigarettes | | |
| Yes | 18 | 16 |
| No | 82 | 83 |
| Exercise | | |
| Never | 20 | 19 |
| 1 day per week, on average | 21 | 21 |
| 2–3 days per week, on average | 35 | 35 |
| 4–5 days per week, on average | 17 | 17 |
| More than 5 days per week | 7 | 7 |
| Body Mass Index | | |
| Underweight | 2 | 4 |
| Normal | 28 | 26 |
| Overweight | 33 | 32 |
| Obese | 29 | 32 |
| Declined to answer | 8 | 7 |

Source: EBRI/MGA Consumer Engagement in Health Care Survey, 2009.

[a] Arthritis; asthma, emphysema or lung disease; cancer; depression; diabetes; heart attack or other heart disease; high cholesterol; or hypertension, high blood pressure or stroke.

Controlling for choice of plan does not change the differences in satisfaction rates by plan type. Overall, there was no difference in satisfaction between individuals with traditional coverage and those with a CDHP with respect to quality of care received, ease of getting an appointment with a doctor when needed, and satisfaction with choice of doctors (Figure 6). Similarly, the survey found that individuals with traditional coverage were more likely than individuals with a CDHP to be *extremely* or *very* satisfied with out-of-pocket costs for prescription drugs and other health care, and overall with the health plan. These differences persist even after controlling for choice of health plan. For example, among individuals with a choice of plan, 70 percent of those with traditional coverage were *extremely* or *very* satisfied with the health plan, compared with 59 percent of those enrolled in a CDHP and 51 percent of those with a HDHP. Among those without a choice of plan, 59 percent of those with traditional coverage were *extremely* or *very* satisfied with the plan, while 34 percent of both CDHP and HDHP enrollees were *extremely* or *very* satisfied with the plan.

This analysis also controlled for choice of health plan when examining whether individuals would recommend their health plan to a friend or co-worker and their likelihood of staying in their plan when given an opportunity to switch. Overall, individuals in CDHPs and HDHPs were found to be less likely than those in traditional plans both to recommend their plan to a friend or co-worker and to stay with their current health plan if given the chance to switch. These differences were present for individuals both with and without a choice of health plan.

## Conclusion

Most employers do not offer a choice of health plan. However, large firms are much more likely than small firms to offer a choice, and because a disproportionate share of those with employment-based health benefits are employed by a large firm, between 50 percent and 60 percent of the covered population has a choice of health plan. Individuals with a choice of health plan are not only those who tend to work for a large firm, but also individuals with higher incomes and higher education.

Individuals with a choice of health plan are more likely than those without a choice to be satisfied with their health plan and health care along a number of dimensions. However, controlling for choice of plan did not change the difference in satisfaction rates between individuals with traditional coverage and those enrolled in CDHPs and HDHPs, when differences in satisfaction existed.

Figure 5

**Satisfaction With Various Aspects of Health Care and Views of Health Plan Among Adults Ages 21–64 With Employment-Based Health Coverage, by Choice of Health Plan, 2009**

| | Choice of Plan | No Choice | |
|---|---|---|---|
| Satisfaction With Quality of Care Received | | | |
| Extremely or very satisfied | 77% | 69% | *** |
| Somewhat satisfied | 20 | 24 | ** |
| Not too or not at all satisfied | 3 | 7 | *** |
| Ease of Getting an Appointment With a Doctor When Needed | | | |
| Extremely or very satisfied | 75 | 68 | *** |
| Somewhat satisfied | 21 | 25 | ** |
| Not too or not at all satisfied | 4 | 7 | ** |
| Satisfaction With Out-of-Pocket Costs for Prescription Drugs | | | |
| Extremely or very satisfied | 56 | 45 | *** |
| Somewhat satisfied | 30 | 34 | ** |
| Not too or not at all satisfied | 14 | 21 | *** |
| Satisfaction With Out-of-Pocket Costs for Other Health Care | | | |
| Extremely or very satisfied | 53 | 39 | *** |
| Somewhat satisfied | 30 | 35 | ** |
| Not too or not at all satisfied | 17 | 26 | *** |
| Satisfaction With Choice of Doctors | | | |
| Extremely or very satisfied | 79 | 74 | *** |
| Somewhat satisfied | 17 | 19 | |
| Not too or not at all satisfied | 4 | 6 | *** |
| Overall Satisfaction With Health Plan | | | |
| Extremely or very satisfied | 69 | 54 | *** |
| Somewhat satisfied | 25 | 34 | *** |
| Not too or not at all satisfied | 6 | 12 | *** |
| Likelihood of Recommending Plan to Friend or Co-worker | | | |
| Extremely or very likely | 60 | 39 | *** |
| Somewhat likely | 26 | 36 | *** |
| Not too or not at all likely | 14 | 25 | *** |
| Likelihood of Staying in Plan if Had Opportunity to Switch | | | |
| Extremely or very likely | 68 | 51 | *** |
| Somewhat likely | 23 | 29 | *** |
| Not too or not at all likely | 10 | 20 | *** |

Source: EBRI/MGA Consumer Engagement in Health Care Survey, 2009.
*** Difference between Choice of Plan and No Choice is statistically significant at $p \leq 0.01$.
** Difference between Choice of Plan and No Choice is statistically significant at $p \leq 0.05$.
* Difference between Choice of Plan and No Choice is statistically significant at $p \leq 0.10$.

Figure 6

**Satisfaction With Various Aspects of Health Care and Views of Health Plan Among Adults Ages 21–64 With Employment-Based Health Coverage, by Choice of Health Plan and Type of Health Plan, 2009**

| | Total | | | | | Choice of Plan | | | | | No Choice of Plan | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Traditional[a] | HDHP[b] | | CDHP[c] | | Traditional[a] | HDHP[b] | | CDHP[c] | | Traditional[a] | HDHP[b] | | CDHP[c] | |
| Satisfaction With Quality of Care Received | | | | | | | | | | | | | | | |
| Extremely or very satisfied | 74% | 64% | *** | 72% | | 77% | 69% | ** | 76% | | 69% | 59% | *** | 60% | |
| Somewhat satisfied | 21 | 28 | *** | 21 | | 20 | 26 | ** | 18 | | 24 | 30 | ** | 31 | |
| Not too or not at all satisfied | 5 | 8 | *** | 7 | | 3 | 5 | * | 6 | | 7 | 11 | ** | 8 | |
| Ease of Getting an Appointment With a Doctor When Needed | | | | | | | | | | | | | | | |
| Extremely or very satisfied | 73 | 66 | *** | 74 | | 75 | 69 | * | 76 | | 69 | 62 | * | 68 | |
| Somewhat satisfied | 23 | 28 | ** | 21 | | 21 | 26 | * | 19 | | 25 | 30 | * | 25 | |
| Not too or not at all satisfied | 5 | 6 | | 6 | | 4 | 5 | | 5 | | 6 | 7 | | 6 | |
| Satisfaction With Out-of-Pocket Costs for Prescription Drugs | | | | | | | | | | | | | | | |
| Extremely or very satisfied | 55 | 33 | *** | 33 | *** | 58 | 38 | *** | 36 | *** | 49 | 28 | *** | 26 | *** |
| Somewhat satisfied | 31 | 38 | *** | 35 | | 29 | 38 | ** | 37 | * | 34 | 39 | | 32 | |
| Not too or not at all satisfied | 15 | 28 | *** | 32 | *** | 13 | 24 | *** | 27 | *** | 17 | 33 | *** | 43 | *** |
| Satisfaction With Out-of-Pocket Costs for Other Health Care | | | | | | | | | | | | | | | |
| Extremely or very satisfied | 52 | 22 | *** | 29 | *** | 56 | 26 | *** | 33 | *** | 44 | 17 | *** | 19 | *** |
| Somewhat satisfied | 31 | 36 | ** | 35 | | 29 | 40 | *** | 36 | | 35 | 33 | | 32 | |
| Not too or not at all satisfied | 17 | 42 | *** | 36 | *** | 15 | 35 | *** | 31 | *** | 21 | 50 | *** | 49 | *** |
| Satisfaction With Choice of Doctors | | | | | | | | | | | | | | | |
| Extremely or very satisfied | 77 | 72 | ** | 81 | *** | 79 | 76 | | 84 | | 74 | 68 | * | 72 | |
| Somewhat satisfied | 18 | 22 | ** | 17 | | 17 | 20 | | 14 | | 20 | 24 | * | 23 | |
| Not too or not at all satisfied | 5 | 6 | | 2 | *** | 4 | 4 | | 1 | | 6 | 8 | | 5 | |
| Overall Satisfaction With Health Plan | | | | | | | | | | | | | | | |
| Extremely or very satisfied | 66 | 43 | *** | 52 | | 70 | 51 | *** | 59 | ** | 59 | 34 | *** | 34 | *** |
| Somewhat satisfied | 27 | 39 | *** | 35 | | 24 | 35 | *** | 32 | * | 32 | 43 | *** | 41 | |
| Not too or not at all satisfied | 7 | 18 | *** | 13 | | 6 | 14 | *** | 9 | | 9 | 23 | *** | 25 | *** |
| Likelihood of Recommending Plan to Friend or Co-worker | | | | | | | | | | | | | | | |
| Extremely or very likely | 55 | 34 | *** | 45 | *** | 62 | 43 | *** | 53 | * | 43 | 25 | *** | 23 | ** |
| Somewhat likely | 30 | 34 | * | 31 | * | 26 | 33 | ** | 31 | | 37 | 36 | | 32 | |
| Not too or not at all likely | 16 | 32 | *** | 24 | *** | 13 | 25 | *** | 16 | | 20 | 39 | *** | 45 | *** |
| Likelihood of Staying in Plan if Had Opportunity to Switch | | | | | | | | | | | | | | | |
| Extremely or very likely | 64 | 42 | *** | 50 | ** | 69 | 49 | *** | 57 | ** | 56 | 34 | *** | 32 | *** |
| Somewhat likely | 25 | 31 | *** | 30 | | 22 | 30 | ** | 30 | * | 29 | 32 | | 31 | |
| Not too or not at all likely | 11 | 27 | *** | 20 | ** | 9 | 21 | *** | 13 | | 15 | 34 | *** | 37 | *** |

Source: EBRI/MGA Consumer Engagement in Health Care Survey, 2009.

[a] Traditional = health plan with no deductible or <$1,000 (individual), <$2,000 (family).

[b] HDHP = high-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.

[c] CDHP = consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

*** Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.01$.

** Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$.

* Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.10$.

## References

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## Endnotes

[1] See Exhibit 4.1 in http://ehbs.kff.org/pdf/2009/7936.pdf

[2] See Exhibit 4.2 in http://ehbs.kff.org/pdf/2009/7936.pdf

[3] Alain Enthoven, "Consumer-Choice Health Plan (First of Two Parts)," *The New England Journal of Medicine,* Vol. 298, no. 12 (March 23, 1978a): 650–658.

# Labor Force Participation Rates: The Population Age 55 and Older, 2008

*by Craig Copeland, Employee Benefit Research Institute*

## Introduction

The American work force is aging, with a larger percentage of workers nearing the ages that are associated with retirement (55 and older).[1] However, workers increasingly are facing more responsibility in paying for their retirement expenses: Private-sector workers who have access to an employment-based retirement plan most commonly have a defined contribution plan (typically a 401(k) plan, financed at least partially with the worker's own contributions), and retiree health insurance is becoming increasingly scarce. Even for those who do have retiree health insurance, caps on what the employer will pay annually for the coverage are being reached and/or surpassed.

Consequently, workers today have greater incentives to stay in the work force, such as the ability (and in some cases the need) to continue to accumulate assets in defined contribution plans and to have access to employment-based health insurance coverage, instead of having to tap into their savings to pay for their expenses.

Furthermore, the 2009 Retirement Confidence Survey (RCS) found that workers anticipate retiring at later ages.[2] While not all of those who expect to work until older ages will be able to do so for health reasons or due to a lack of job availability, many Americans age 55 and older will postpone retirement—and, in fact, since 1993, there has been a clear upward trend for many in this group to stay in the work force. In addition to the need for money (mentioned above), many of today's older Americans appear to be motivated by a desire to work longer, and they are likely to continue in the work force as long as jobs remain available to them.[3]

This article examines recent U.S. Census Bureau data on labor-force participation among Americans age 55 and older, which includes both the near elderly (ages 55–64) and the elderly (64 and above). The first section uses annualized data on labor-force participation from the Current Population Survey (available from the Bureau of Labor Statistics Web site). However, these data provide only an overall picture, not specific demographic details. In order to examine demographic trends of the U.S. population, the second section uses data from the March Current Population Survey (CPS).

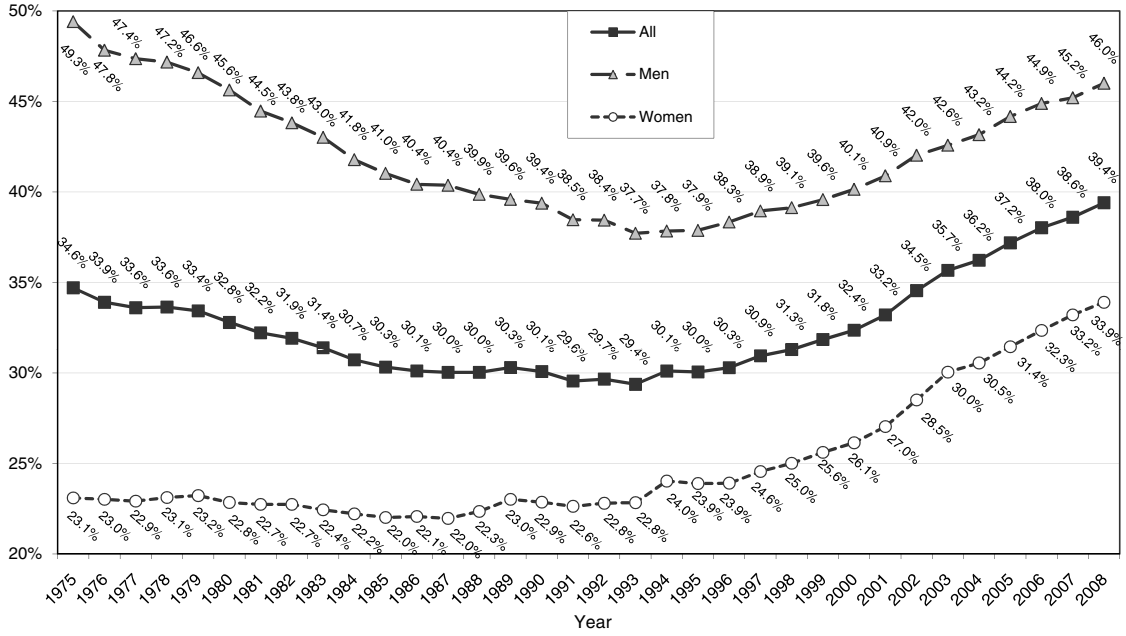
## Overall Annual Labor-Force Participation Rates

The U.S. Bureau of Labor Statistics provides annualized numbers for the civilian noninstitutionalized population and labor force from the CPS conducted by U.S. Census Bureau.[4,5] These numbers are used to calculate the percentage of this population that is in the labor force. The percentage of civilian noninstitutionalized Americans age 55 or older who were in the labor force declined from 34.6 percent 1975 to 29.4 percent in 1993. However, since 1993, the labor-force participation rate has steadily increased, reaching 39.4 percent in 2008—the highest level over the 1975–2008 period (Figure 1).

The labor-force participation rate for men age 55 and older followed the same pattern, falling from 49.3 percent in 1975 to 37.7 percent in 1993 before increasing to 46.0 percent in 2008. The 2008 level is still below the 1975 level, but is clearly higher than the low point in 1993. Women's labor-force participation rate for this age group was essentially flat from 1975 to 1993 (23.1 percent and 22.8 percent). But after 1993, the women's rate also increased, reaching its highest level in 2008 at 33.9 percent.

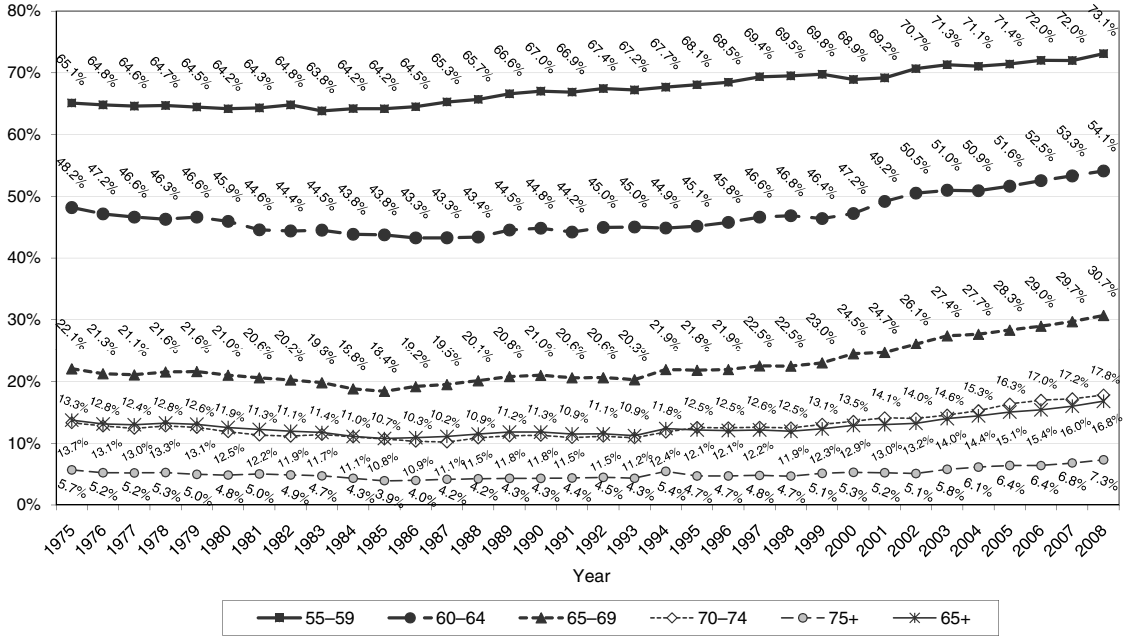
Within each age group among those age 55 and older, labor-force participation rates have been increasing and were at their highest levels in 2008 since at least 1975 (Figure 2). For those age 65 and older, the rate increased from 13.7 percent in 1975 to 16.8 percent in 2008. For those under 65, the rate reached 73.1 percent in 2008 for those ages 55–59 (up from 65.1 percent in 1975), while among those ages 60–64, the rate reached 54.1 percent in 2008 (compared with 48.2 percent in 1975).

Figure 1
**Annual Civilian Labor-Force Participation Rate for Americans Age 55 and Older, by Gender, 1975–2008**




Source: Employee Benefit Research Institute, from U.S. Department of Labor, Bureau of Labor Statistics, *Labor Force Statistics from the Current Population Survey–Civilian Labor Force Participation Rate,* online at www.bls.gov/data/home.htm

Figure 2
**Annual Civilian Labor-Force Participation Rate of Americans Age 55 and Older, by Age, 1975–2008**




Source: Employee Benefit Research Institute, from U.S. Department of Labor, Bureau of Labor Statistics, *Labor Force Statistics from the Current Population Survey–Civilian Labor Force Participation Rate,* online at www.bls.gov/data/home.htm

The overall gain in labor-force participation across each age group was driven by the increases in female labor-force participation rates, as the male labor-force participation rates of those ages 55–59 and 60–64 were lower in 2008 than they were in 1975 (Figure 3). The male groups age 65 and over show trends that are flat to increasing (ages 65–69). With the exception of the labor-force participation rate of those 55–59, which is essentially flat except for the 1 percentage point jump in 2008, the trend among each age group has been upward since 1993.

In contrast to males, female labor-force participation rates for those ages 55–59 and 60–64 increased sharply from 1975–2008 (Figure 4). The 1975 rate for females ages 55–59 was 47.9 percent, compared with 67.7 percent in 2008. The older female age groups also had an upward trend, but not as sharply as those for the females ages 55–64.

## Labor-Force Participation Rates: March Supplement to the CPS

This section examines labor-force participation rates using the March Supplement to the Current Population Survey, in order to show greater detail about demographic trends. The civilian noninstitutionalized population is analyzed, along with the portion of this population that is employed, looking for a job, or on a layoff (i.e., the labor force). Since these rates are only for the month of March, they are different from the annual number presented in the previous section. However, the same trends found in the first section also are present in the March numbers (Figure 5). The overall participation rate reaches a low point in 1994, and then increases through 2008. The male rate follows the same U-shape trend, while the female trend is upward across the entire time period.

Individuals age 55 or older with defined benefit pension income have a lower labor-force participation rate than those without this income. In 2008, 24.9 percent of those with pension income were in the labor force, compared with 49.8 percent of those without pension income (Figure 5).[6] The rate for those with pension income held steady at around 23 percent from 1987–2005 with a slight uptick in 2007 and 2008, while the trend for those without pension income was upward since its low point in 1994.

***Race/Ethnicity—***Participation has increased across each race/ethnicity group examined since the middle 1990s (Figure 6). White Americans and those falling in the "other" category (including Asians) have higher rates of labor-force participation in the most recent years. Hispanic Americans' rate is just below that of the whites', while black Americans had the lowest labor-force participation rate.

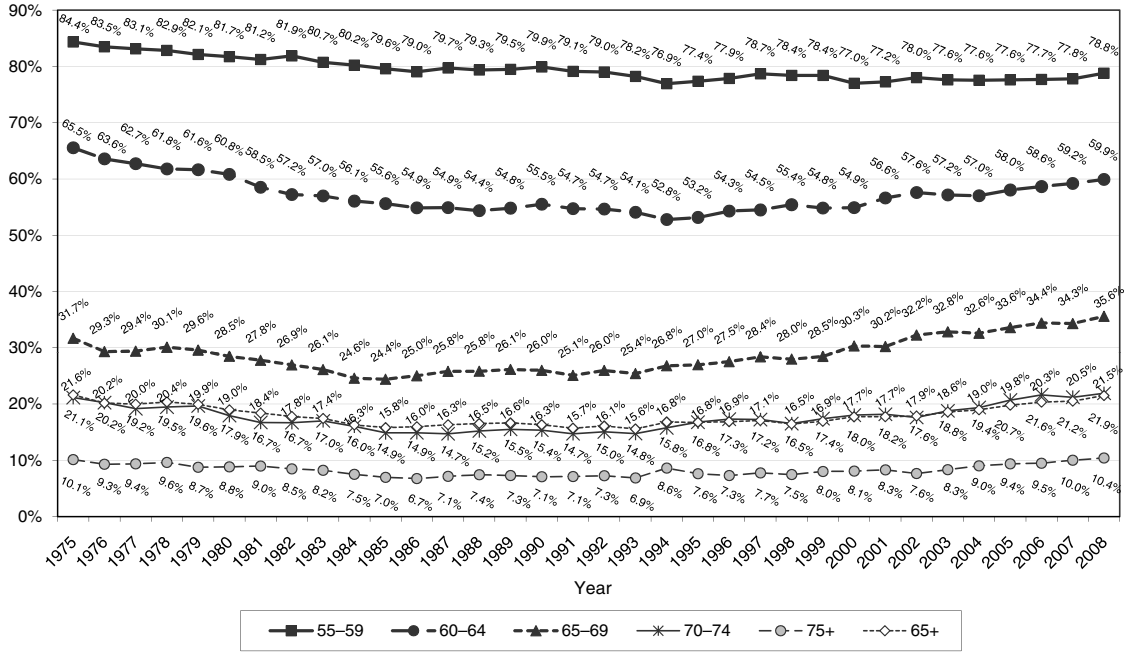
***Educational Level—***The labor-force participation rates of those age 55 and older showed relatively small changes from 1987–2008 across each educational attainment group (Figure 7). However, individuals with a higher level of education had a slight upward trend in their rates, while those with lower levels of education had a flat to slight downward trend. Overall, the higher the educational attainment, the higher the labor-force participation rate was. For example, in 2008, 63.3 percent of individuals with a graduate or professional degree were in the labor force, compared with 22.7 percent of those without a high school diploma.

***Race/Ethnicity and Age—***Labor-force participation increased for almost all age/race/ethnicity groups examined from 1987–2008, with white and other Americans having the higher rates (Figure 8). While the labor-force participation rates of black and Hispanic Americans age 55 and older lagged below those of white and other Americans, their rates still increased from 1987–2005. The one exception is for Americans age 75 and older, where "other" Americans' rate was downward from 1987–2008, while the other race/ethnicity categories had slight increases.

***Educational Level and Age—***Within each age group, the labor-force participation rate increases as the level of educational attainment increases (Figure 9). In most cases, the trend within each age and educational group was relatively flat to increasing from 1987–2008, with various age and educational combinations having small decreases. For example, among those ages 55–64 without a high school diploma, the labor-force participation rate trended downward from 1987–2008. In contrast, among those ages 55–69 with some college, the participation rate trended upward. Only those ages 65–74 had a consistent pattern of increases in the labor-force participation rate across each educational group. Otherwise, within an age group, educational attainment did not have a clear correlation with the labor-force participation rate from 1987–2008.

Figure 3

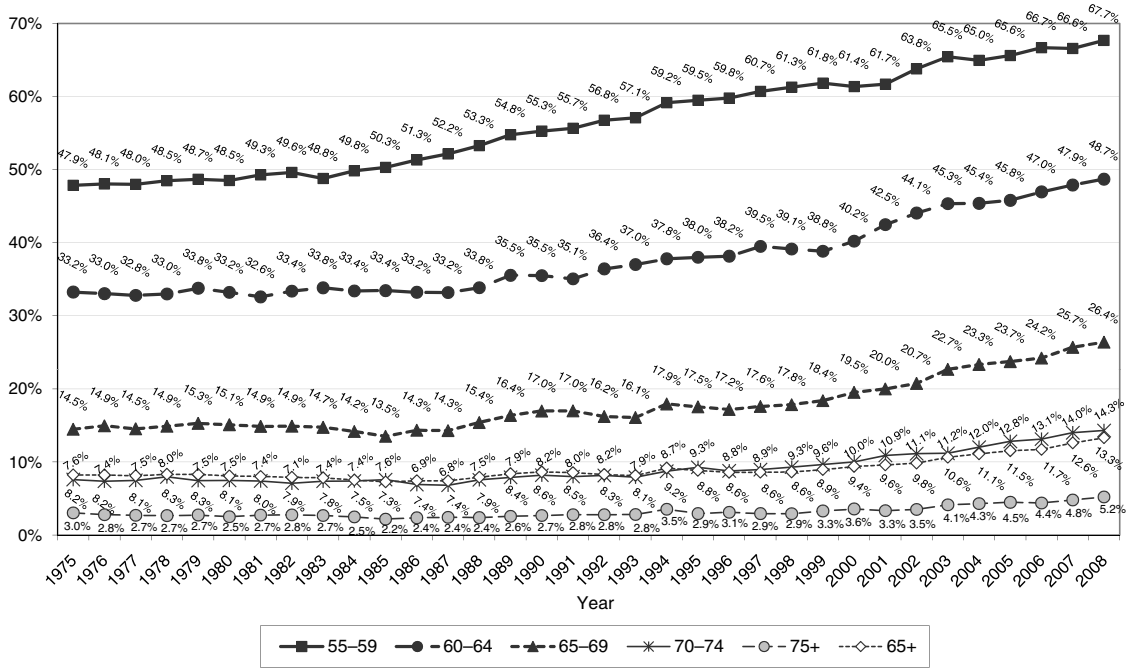
**Annual Civilian Labor-Force Participation Rate of American Males Age 55 and Older, by Age, 1975–2008**




Source: Employee Benefit Research Institute, from U.S. Department of Labor, Bureau of Labor Statistics, *Labor Force Statistics from the Current Population Survey–Civilian Labor Force Participation Rate,* online at www.bls.gov/data/home.htm

Figure 4

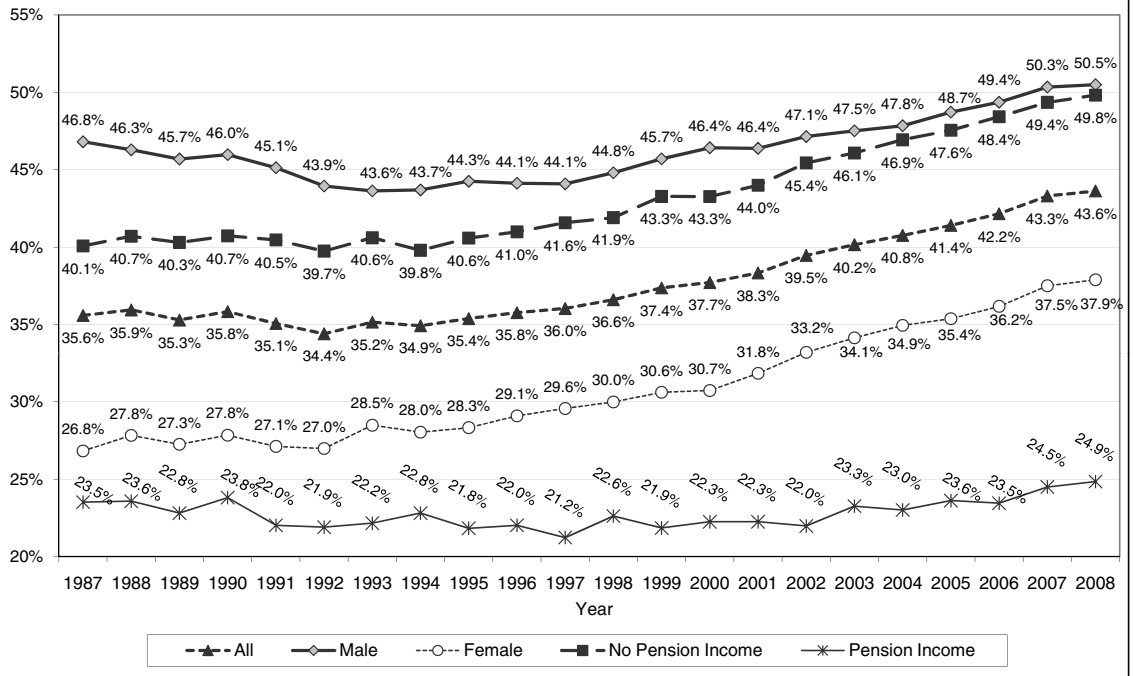
**Annual Civilian Labor-Force Participation Rate of American Females Age 55 and Older, by Age, 1975–2008**




Source: Employee Benefit Research Institute, from U.S. Department of Labor, Bureau of Labor Statistics, *Labor Force Statistics from the Current Population Survey--Civilian Labor Force Participation Rate,* www.bls.gov/data/home.htm

Figure 5

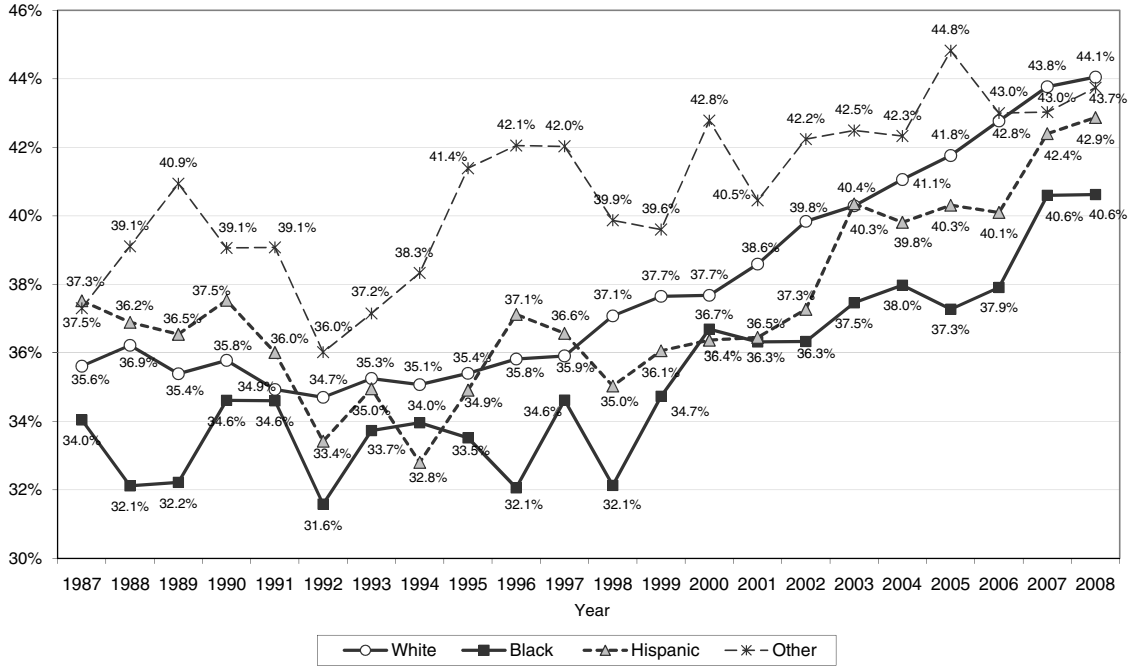
**Civilian Labor-Force Participation Rate for Americans Age 55 or Over, by Gender and Pension Income, March 1987–2008**




Source: Employee Benefit Research Institute estimates from 1987–2009 March Current Population Surveys.

Figure 6

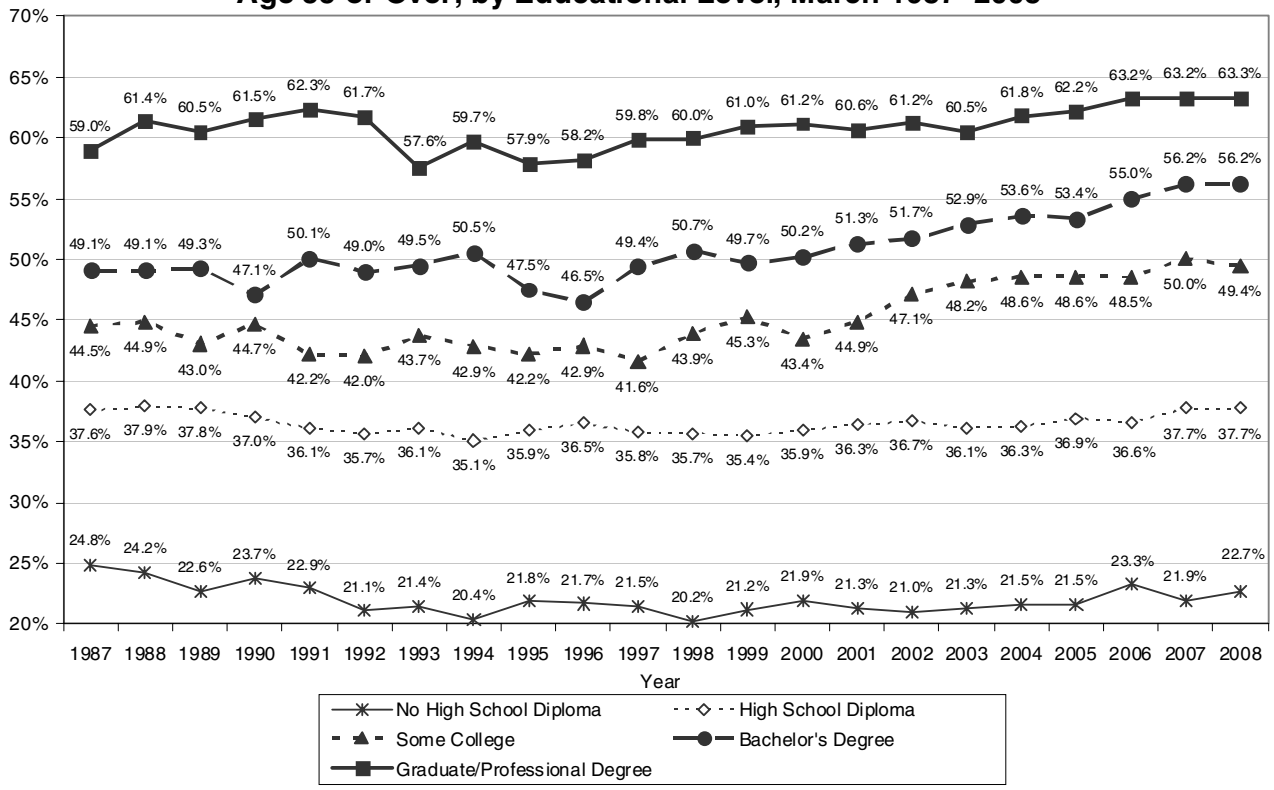
**Civilian Labor-Force Participation Rate for Americans Age 55 or Over, by Race/Ethnicity, March 1987–2008**




Source: Employee Benefit Research Institute estimates from 1987–2009 March Current Population Surveys.

Figure 7

**Civilian Labor Force Participation Rate for Americans Age 55 or Over, by Educational Level, March 1987–2008**




Source: Employee Benefit Research Institute estimates from 1987–2009 March Current Population Surveys.

## Conclusion

The labor-force participation rate is increasing for those age 55 and older. For those ages 55–64, this is being driven almost exclusively by the increase of women in the work force; the male participation rate is flat to declining. However, among those age 65 and older, labor-force participation increased for both males and females.

Education is a strong factor in an individual's participation in the labor force at older ages: Individuals with higher levels of education are significantly more likely to be in the labor force than those with lower levels of education. This disparity increased from 1987–2008 for those without a high school diploma, as their rate declined while the rate for those with higher levels of education stayed the same or increased.

This upward trend is not surprising and is likely to continue because of workers' need for access to employment-based health insurance[7] and for more earning years to accumulate assets in defined contribution (401(k)-type) plans—especially after the 2008 downturn in the stock market and economy. Older Americans, particularly those who worked in the private sector, have far less access to guaranteed levels of income (such as pensions) or health insurance benefits when they retire; consequently, they have a greater need to work to help make their assets last longer or to continue to build up (or to rebuild) assets that they did not (or were not able to) accumulate when they were younger. However, not only monetary incentives are at work here—there also is an increased desire among Americans to work longer, particularly among those with more education, for whom more meaningful jobs may be available that can be done well into older ages.[8]

Figure 8

**Civilian Labor-Force Participation Rate for Americans Age 55 or Over, by Age and Race/Ethnicity, March 1987–2008**

Ages 55–59

| Year | White | Black | Hispanic | Other |
|---|---|---|---|---|
| 1987 | 71.9% | 61.4% | 63.4% | 64.1% |
| 1990 | 73.2% | 60.3% | 66.6% | 70.6% |
| 1992 | 74.2% | 60.6% | 63.6% | 74.0% |
| 1997 | 76.2% | 68.2% | 66.8% | 71.8% |
| 2000 | 75.1% | 66.2% | 66.2% | 68.8% |
| 2002 | 77.3% | 68.0% | 67.7% | 75.0% |
| 2006 | 77.2% | 67.7% | 66.6% | 74.4% |
| 2008 | 77.8% | 65.7% | 71.0% | 74.6% |

Ages 60–64

| Year | White | Black | Hispanic | Other |
|---|---|---|---|---|
| 1987 | 52.7% | 47.3% | 46.4% | 47.3% |
| 1990 | 54.6% | 51.8% | 46.9% | 52.0% |
| 1992 | 56.3% | 48.1% | 43.4% | 44.2% |
| 1997 | 55.8% | 48.8% | 47.5% | 54.9% |
| 2000 | 56.9% | 51.2% | 50.7% | 61.2% |
| 2002 | 59.3% | 50.5% | 49.4% | 54.7% |
| 2006 | 61.0% | 47.1% | 51.9% | 58.0% |
| 2008 | 62.8% | 52.9% | 57.0% | 55.5% |

Ages 65–69

| Year | White | Black | Hispanic | Other |
|---|---|---|---|---|
| 1987 | 27.0% | 23.5% | 24.6% | 28.2% |
| 1990 | 29.3% | 27.7% | 23.7% | 20.9% |
| 1992 | 27.0% | 21.0% | 19.6% | 18.4% |
| 1997 | 30.0% | 21.5% | 22.9% | 31.7% |
| 2000 | 31.8% | 28.8% | 26.5% | 30.3% |
| 2002 | 35.3% | 23.7% | 27.4% | 34.3% |
| 2006 | 35.7% | 25.5% | 29.7% | 30.2% |
| 2008 | 37.0% | 30.6% | 29.1% | 32.5% |

Ages 70–74

| Year | White | Black | Hispanic | Other |
|---|---|---|---|---|
| 1987 | 15.2% | 15.8% | 8.3% | 17.6% |
| 1990 | 15.5% | 15.3% | 12.5% | 16.1% |
| 1992 | 15.8% | 14.1% | 10.8% | 15.0% |
| 1997 | 16.0% | 13.1% | 14.4% | 12.8% |
| 2000 | 19.8% | 15.8% | 13.2% | 18.3% |
| 2002 | 18.0% | 16.0% | 13.4% | 15.8% |
| 2006 | 22.4% | 13.9% | 19.4% | 14.2% |
| 2008 | 23.9% | 17.8% | 15.7% | 20.3% |

Ages 75 or Older

| Year | White | Black | Hispanic | Other |
|---|---|---|---|---|
| 1987 | 6.9% | 7.9% | 5.3% | 8.0% |
| 1990 | 6.9% | 6.4% | 4.9% | 10.4% |
| 1992 | 6.3% | 4.9% | 5.2% | 5.0% |
| 1997 | 6.8% | 8.7% | 6.6% | 9.1% |
| 2000 | 7.7% | 7.4% | 3.6% | 5.8% |
| 2002 | 7.1% | 6.1% | 3.8% | 6.1% |
| 2006 | 8.6% | 8.9% | 7.8% | 8.4% |
| 2008 | 9.2% | 11.3% | 10.8% | 6.2% |

Source: Employee Benefit Research Institute estimates from the 1987–2009 March Current Population Surveys.

Figure 9

**Civilian Labor-Force Participation Rate for Americans Age 55 or Over, by Age and Educational Level, March 1987–2008**

Ages 55–59

| Year | No High School Diploma | High School Diploma | Some College | Bachelor's Degree | Graduate Professional Degree |
|---|---|---|---|---|---|
| 1987 | 58.8% | 70.3% | 75.5% | 80.2% | 89.4% |
| 1990 | 57.0% | 70.7% | 78.2% | 82.3% | 89.5% |
| 1992 | 54.3% | 71.8% | 77.1% | 85.1% | 92.8% |
| 1997 | 57.9% | 73.6% | 77.3% | 82.9% | 89.9% |
| 2000 | 54.4% | 70.4% | 76.5% | 84.1% | 87.0% |
| 2002 | 54.2% | 72.6% | 78.8% | 83.5% | 88.5% |
| 2006 | 54.7% | 70.3% | 77.3% | 82.8% | 89.8% |
| 2008 | 53.2% | 71.9% | 77.4% | 83.9% | 89.1% |

Ages 60–64

| Year | No High School Diploma | High School Diploma | Some College | Bachelor's Degree | Graduate Professional Degree |
|---|---|---|---|---|---|
| 1987 | 44.3% | 49.1% | 59.5% | 66.0% | 72.1% |
| 1990 | 43.9% | 52.6% | 60.6% | 64.8% | 73.0% |
| 1992 | 40.8% | 55.4% | 61.3% | 64.1% | 73.7% |
| 1997 | 39.9% | 53.4% | 61.3% | 61.5% | 75.8% |
| 2000 | 43.3% | 52.5% | 62.2% | 61.2% | 76.0% |
| 2002 | 43.0% | 53.9% | 61.1% | 65.5% | 75.0% |
| 2006 | 42.0% | 53.5% | 61.9% | 66.4% | 76.6% |
| 2008 | 41.1% | 55.1% | 61.5% | 70.4% | 76.8% |

Ages 65–69

| Year | No High School Diploma | High School Diploma | Some College | Bachelor's Degree | Graduate Professional Degree |
|---|---|---|---|---|---|
| 1987 | 20.8% | 25.2% | 32.6% | 36.8% | 47.9% |
| 1990 | 22.6% | 26.1% | 33.8% | 37.9% | 54.6% |
| 1992 | 17.3% | 25.4% | 29.5% | 39.3% | 50.1% |
| 1997 | 20.3% | 25.3% | 31.9% | 41.5% | 50.8% |
| 2000 | 23.5% | 28.9% | 32.7% | 39.8% | 48.4% |
| 2002 | 21.7% | 32.4% | 39.3% | 39.2% | 52.0% |
| 2006 | 22.4% | 31.0% | 37.2% | 41.2% | 50.1% |
| 2008 | 21.3% | 31.8% | 37.3% | 43.3% | 54.1% |

Ages 70–74

| Year | No High School Diploma | High School Diploma | Some College | Bachelor's Degree | Graduate Professional Degree |
|---|---|---|---|---|---|
| 1987 | 10.7% | 15.0% | 20.3% | 26.2% | 29.5% |
| 1990 | 11.0% | 14.3% | 19.3% | 20.7% | 37.5% |
| 1992 | 12.2% | 13.6% | 18.2% | 21.8% | 34.9% |
| 1997 | 11.8% | 13.4% | 17.9% | 24.0% | 29.8% |
| 2000 | 12.4% | 17.8% | 19.8% | 28.3% | 36.2% |
| 2002 | 10.3% | 17.7% | 19.5% | 22.4% | 29.9% |
| 2006 | 13.7% | 21.2% | 21.0% | 24.9% | 36.6% |
| 2008 | 14.5% | 18.5% | 26.6% | 31.0% | 34.7% |

Ages 75 or Older

| Year | No High School Diploma | High School Diploma | Some College | Bachelor's Degree | Graduate Professional Degree |
|---|---|---|---|---|---|
| 1987 | 5.0% | 8.2% | 7.7% | 10.3% | 16.7% |
| 1990 | 4.9% | 6.7% | 8.7% | 8.4% | 21.8% |
| 1992 | 4.6% | 6.0% | 7.6% | 9.7% | 15.2% |
| 1997 | 4.0% | 7.7% | 8.1% | 11.4% | 15.2% |
| 2000 | 4.2% | 7.2% | 9.1% | 13.0% | 16.5% |
| 2002 | 4.2% | 6.0% | 7.6% | 12.2% | 14.6% |
| 2006 | 5.7% | 7.6% | 9.9% | 10.6% | 19.4% |
| 2008 | 5.7% | 8.0% | 11.3% | 13.0% | 19.3% |

Source: Employee Benefit Research Institute estimates from the 1987–2009 March Current Population Surveys.

## Endnotes

[1] For the trend in the percentage of workers by age group from 1987–2004, see Jack VanDerhei, Craig Copeland, and Dallas Salisbury, *Retirement Security in the United States* (Washington, DC: Employee Benefit Research Institute, 2006). In 1987, 28.5 percent of workers were age 45 or older, compared with 39.8 percent in 2004. In 2008, this number had grown to 42.5 percent.

[2] See Ruth Helman, Craig Copeland, and Jack VanDerhei, "The 2009 Retirement Confidence Survey: Economy Drives Confidence to Record Lows; Many Looking to Work Longer," *EBRI Issue Brief,* no. 328 (Employee Benefit Research Institute, April 2009).

[3] The data in this study go through the end of year 2008—when the stock market sharply declined and the upward trend in unemployment emerged that continued through 2009. The full impact of the recession from 2009 on these trends in labor-force participation will not be fully documented until new data are released later this year. The recession may have reduced the labor-force participation of these older Americans due to increased unemployment, job layoffs, etc., but it may have instead increased labor force participation among these workers, as they felt they would not be able to afford to retire due to the negative stock market returns and the condition of the economy.

[4] See U.S. Department of Labor, Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey—Civilian Labor Force Participation Rates," available at www.bls.gov/data/home.htm See also Craig Copeland, "Labor-Force Participation: The Population Age 55 and Older," *EBRI Notes,* no. 6 (Employee Benefit Research Institute, June 2007): 2–8, for an earlier analysis of these data.

[5] The U.S. Census Bureau conducts the Current Population Survey (CPS) for the Bureau of Labor Statistics by interviewing about 57,000 households and asking numerous questions about individuals' work status, employers, income, and basic demographic characteristics. Therefore, the CPS provides detailed information about workers from a broad sample of Americans, making it possible to establish a consistent annual and timely trend across numerous worker characteristics and the characteristics of their employers.

[6] Pension income refers to annuity payments from defined benefit plans. This does not include any lump-sum payments or periodic withdrawals from defined benefit or defined contribution plans.

[7] Any changes that result from legislation being discussed as this article is being written could change this dynamic, such as measures that might allow for easier access to health insurance for people this age through other than an employer or union.

[8] See Joseph Quinn, "Retirement Patterns and Bridge Jobs in the 1990s," *EBRI Issue Brief,* no. 206 (Employee Benefit Research Institute, February 1999), and David Rajnes, "Phased Retirement," *EBRI Notes* (Employee Benefit Research Institute, September 2001): 1–8.

# New Publications and Internet Sites

[Note: To order U.S. Government Accountability Office (GAO) publications, call (202) 512-6000.]

## Employee Benefits

Aon Consulting. *2009 Benefits and Talent Survey*. Free. To request a copy of the survey, please go to the following site and fill in the required information: http://insight.aon.com/?elqPURLPage=4552

Employee Benefit Research Institute. *Fundamentals of Employee Benefit Programs*. Sixth Edition. $19.95 (EBRI members get a 55 percent discount) plus shipping. EBRI member organizations, or those interested in bulk purchases of *Fundamentals*, should contact Alicia Willis at (202) 659-0670 or e-mail: publications@ebri.org

International Foundation of Employee Benefit Plans. *Top Trends in Voluntary Benefits: Survey Results*. IFEBP members, free; nonmembers, $50. International Foundation of Employee Benefit Plans, Publications Department, P.O. Box 68-9953, Milwaukee, WI 53268-9953, (888) 334-3327, option 4; fax: (262) 786-8780, e-mail: bookstore@ifebp.org, www.ifebp.org

## Health Care

Buck Consultants. (1) *ACS/BNY Mellon HSA Solution: Employer Survey* & *ACS/BNY Mellon HSA Solution: Account Holder Survey*. Free (both the Employer Survey and the Account Holder Survey). (2) *Working Well: A Global Survey of Health Promotion and Workplace Wellness Strategies: Survey Report*. $325. Buck Consultants, An ACS Company, Attn: Global Survey Resources, 500 Plaza Dr., Secaucus, NJ 07096-1533, (800) 887-0509, www.bucksurveys.com

Center for Healthcare Supply Chain Research. *2009-2010 HDMA Factbook: The Facts, Figures and Trends in Healthcare* [Hardcopy & CD]. HDMA members, $325; nonmembers, $525. Center for Healthcare Supply Chain Research, 901 North Glebe Rd., Suite 1000, Arlington, VA 22203, (703) 787-0000, fax: (703) 812-5282, www.hcsupplychainresearch.org

Institute of Medicine of the National Academies. *America's Uninsured Crisis: Consequences for Health and Health Care*. Paperback + PDF, $51.50; Paperback alone (ordered by mail), $44; Paperback alone (if ordered online), $39.60. National Academies Press, 500 Fifth St., NW, Lockbox 285, Washington, DC 20055, (888) 624-7654, fax: (202) 334-2451, www.nap.edu

## Job Satisfaction

Society for Human Resource Management. *2009 Employee Job Satisfaction: Understanding the Factors That Make Work Gratifying*. SHRM members, $79.95; nonmembers, $99.95. Society for Human Resource Management, 1800 Duke St., Alexandria, VA 22314-3499, (800) 444-5006, option #1, http://shrmstore.shrm.org

## Pension Plans/Retirement

Organisation for Economic Co-operation and Development. *Pensions at a Glance 2009: Retirement-Income Systems in OECD Countries*. $47 (Print + Free PDF). OECD Distribution Center, c/o Turpin Distribution Services, 143 West St., New Milford, CT 06776, (800) 456-6323, fax: (860) 350-0039, oecdna@turpin-distribution.com

U.S. Government Accountability Office. (1) *401(k) Plans: Policy Changes Could Reduce the Long-term Effects of Leakage on Workers' Retirement Savings*. (2) *Pension Benefit Guaranty Corporation: More Strategic Approach Needed for Processing Complex Plans Prone to Delays and Overpayments*. (3) *Retirement Savings: Better Information and Sponsor Guidance Could Improve Oversight and Reduce Fees for Participants*. Order from GAO.

## Reference

International Foundation of Employee Benefit Plans. *Benefits and Compensation Glossary*. 12th Edition. IFEBP members, $44; nonmembers, $59. International Foundation of Employee Benefit Plans, Publications Department, P.O. Box 68-9953, Milwaukee, WI 53268-9953, (888) 334-3327, option 4; fax: (262) 786-8780, e-mail: bookstore@ifebp.org, www.ifebp.org/bookstore

## COBRA Continuation Coverage Assistance Under the American Recovery and Reinvestment Act of 2009 – Sites with Updated Information

Internal Revenue Service
www.irs.gov/newsroom/article/0,,id=204505,00.html

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/ebsa/cobra.html

## Web Documents

AllianceBernstein: "Inside the Minds of Plan Sponsors: Assessing the State of Defined Contribution Plans Today"
www.abdc.com/ABDC/pdf/Final_DCI-6150-0110.pdf?uuid=0e401dc8-05ae-11df-816b-9eec7bcbba8c

Investment Company Institute: "Enduring Confidence in the 401(k) System: Investor Attitudes and Actions"
www.ici.org/pdf/ppr_10_ret_saving.pdf

America's Health Insurance Plans: "Trends and Innovations in Disability Income Insurance"
www.ahipresearch.org/pdfs/Trends_DI_Insurance_Dec09.pdf

Centers for Disease Control and Prevention: "Worksite Health Promotion: Principles, Resources, and Challenges"
www.cdc.gov/PCD/issues/2010/jan/pdf/09_0048.pdf

CIGNA: "CIGNA Choice Fund® Experience Study: Summary of Key Findings"
http://newsroom.cigna.com/images/56/1209_CIGNA%20ChoiceFund_Study.pdf

Colonial Life: "Reinvent the Enrollment Experience: How to Drive Value for Your Benefits Package" [White Paper]
www.coloniallife.com/About/~/media/A5FB8EAE34F349D2823AA04881538AD6.ashx

Deloitte: "2009 Survey of Health Care Consumers: Key Findings, Strategic Implications"
www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_chs_2009SurveyHealthConsumers_March2009.pdf

Hewitt Associates: "Hewitt Research Continues to Show High Rate of COBRA Enrollments Among Subsidy-Eligible Employees" [Press Release]
www.hewittassociates.com/Intl/NA/en-US/AboutHewitt/Newsroom/PressReleaseDetail.aspx?cid=7916

Investment Company Institute: "Enduring Confidence in the 401(k) System: Investor Attitudes and Actions"
www.ici.org/pdf/ppr_10_ret_saving.pdf

JPMorgan Asset Management: "Ready! Fire! Aim? 2009: How Some Target Date Fund Designs Continue to Miss the Mark on Providing Retirement Security to Those Who Need It Most"
www.jpmorgan.com/cm/Satellite/Ready!_Fire!_Aim__2009_How_some_target_date_fund_designs_continue_to_miss_the_mark_on_providing_retirement_security_to_those_who_need_it_most.pdf?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1158571701753&ssbinary=true

MassMutual Financial Group: "A Fiduciary Planning Guide for Plan Sponsors: Helping You Fulfill Your Fiduciary Duties—2010 Calendar" http://wwwrs.massmutual.com/retire/pdffolder/rs2468.pdf

National Academy for State Health Policy: "Opportunities and Recommendations for State-Federal Coordination to Improve Health System Performance: A Focus on Patient Safety"
http://nashp.org/sites/default/files/Patient_Safety_1-12-10.pdf

Transamerica Center for Retirement Studies: "Women and Retirement: Facing Challenges in a Recession"
https://www.ta-retirement.com/Resources/TCRS%202009%20WomenRetirement.pdf

Vanguard Group *Research Note*: "Recovery in 401(k) Balances"
https://institutional.vanguard.com/iam/pdf/CRRKREC.pdf?cbdForceDomain=true

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Employee Benefit Research Institute

# Notes

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