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Notes

### Findings From the 2001 Health Confidence Survey *by Ruth Helman, Mathew Greenwald & Associates, Inc., and Rachel Christensen, EBRI*

#### **Introduction**

According to the 2001 Health Confidence Survey (HCS), satisfaction with the health care Americans currently receive has increased, but health care continues to be an issue of concern for many Americans and they remain skeptical about the future of the health care system. At the same time, the HCS finds that many Americans are unaware of national health care issues or may feel that these issues do not affect them. This is reflected in HCS findings that many respondents are unaware that they participate in managed care health plans, the level of knowledge about public programs is low, and there is general satisfaction with the status quo of employment-based health insurance coverage.

The HCS examines a broad spectrum of health care issues, including Americans' satisfaction with health care today, their confidence in the future of the health care system and Medicare (the federal health care insurance program for the elderly and disabled), and their attitudes toward health care reform. The survey is sponsored by the Employee Benefit

Research Institute (EBRI), the Consumer Health Education Council (CHEC), and Mathew Greenwald & Associates, Inc., and has been conducted annually since 1998.<sup>1</sup>

This article presents some of the survey's highlights. More detailed findings are available at [www.ebri.org/hcs](http://www.ebri.org/hcs)

#### **Satisfaction With Health Care**

Satisfaction with the health care Americans currently receive has increased somewhat over the past year (figure 1). Among those receiving health care in the past two years, the percentage of respondents saying they are *extremely* or *very* satisfied with the health care they have received, in general, has increased 7 percentage points, from 39 percent in 2000 to 46 percent in 2001. More than 4 in 10 are now *somewhat* satisfied (42 percent), while 1 in 10 are *not too* or *not at all* satisfied (10 percent).

Additionally, the percentage reporting they are *extremely* or *very* satisfied with hospitals where they have received treatment has increased 6 percentage points (from 43 percent in 2000 to 49 percent in 2001), and satisfaction with the ability to get referrals to specialists has increased 8 percentage points (from 39 percent to 47 percent). These increases may be attributable to changes implemented in many managed care programs, such as the easing of referral requirements and increased availability of grievance review processes.

Satisfaction with *health care costs* also has increased, perhaps due to the fact that employers have absorbed the majority of the latest increases in health insurance premiums. Three in 10 respondents to the 2001 HCS indicate they are *extremely* or *very* satisfied with the cost of their health insurance (31 percent, up 7 percentage points from 24 percent in 2000), and one-fourth are satisfied with health costs not covered by insurance (26 percent, up 6 percentage points from 20 percent in 2000) (figure 2). However, dissatisfaction with health care costs remains high. One-third are *not too* or *not at all* satisfied with the cost of health insurance (33 percent) and 37 percent are *not too* or *not at all* satisfied with health costs not covered by insurance.

### **Confidence in the Future of the Health Care System**

As in previous versions of the HCS, many Americans remain pessimistic about the future of the health care system (figure 3). Just one-third of respondents are *extremely* or *very* confident that they will be able to get the treatments they need over the next 10 years (34 percent), and only 3 in 10 are *extremely* or *very* confident of having enough choice about who provides their medical care (30 percent). Roughly one-fourth each are *extremely* or *very* confident of being able to afford prescription drugs without financial hardship (26 percent) and being able to afford health care without financial hardship (23 percent).

Figure 1  
Satisfaction With Selected Aspects of Health Care,  
Among Those Receiving Care in Past Two Years

	Health Care Received, in General				Hospitals Where You Have Received Care			
	1998	1999	2000	2001	1998	1999	2000	2001
Extremely Satisfied	13%	11%	9%	10%	17%	12%	13%	16%
Very Satisfied	33	31	30	36	27	32	30	33
Somewhat Satisfied	40	43	44	42	27	26	29	26
Not Too Satisfied	7	11	10	6	6	8	6	4
Not At All Satisfied	4	4	6	4	5	4	5	4
Don't Know	3	1	1	1	3	3	2	3
Not Applicable (did not receive this type of care in the past two years)	-	-	-	-	16	16	14	14

Source: Employee Benefit Research Institute, Consumer Health Education Council, and Mathew Greenwald & Associates, Inc., 2001 Health Confidence Survey.

Figure 2  
Satisfaction With Health Care Costs,  
Among Those Receiving Care in Past Two Years

	Cost of Health Insurance				Health Costs Not Covered by Insurance			
	1998	1999	2000	2001	1998	1999	2000	2001
Extremely Satisfied	13%	7%	8%	11%	7%	5%	5%	8%
Very Satisfied	18	19	16	20	14	17	15	18
Somewhat Satisfied	32	34	31	30	30	31	29	30
Not Too Satisfied	17	19	19	16	17	20	19	17
Not At All Satisfied	15	14	20	16	20	17	24	20
Don't Know	1	2	1	2	4	2	2	2
Not Applicable	4	5	4	4	8	8	5	6

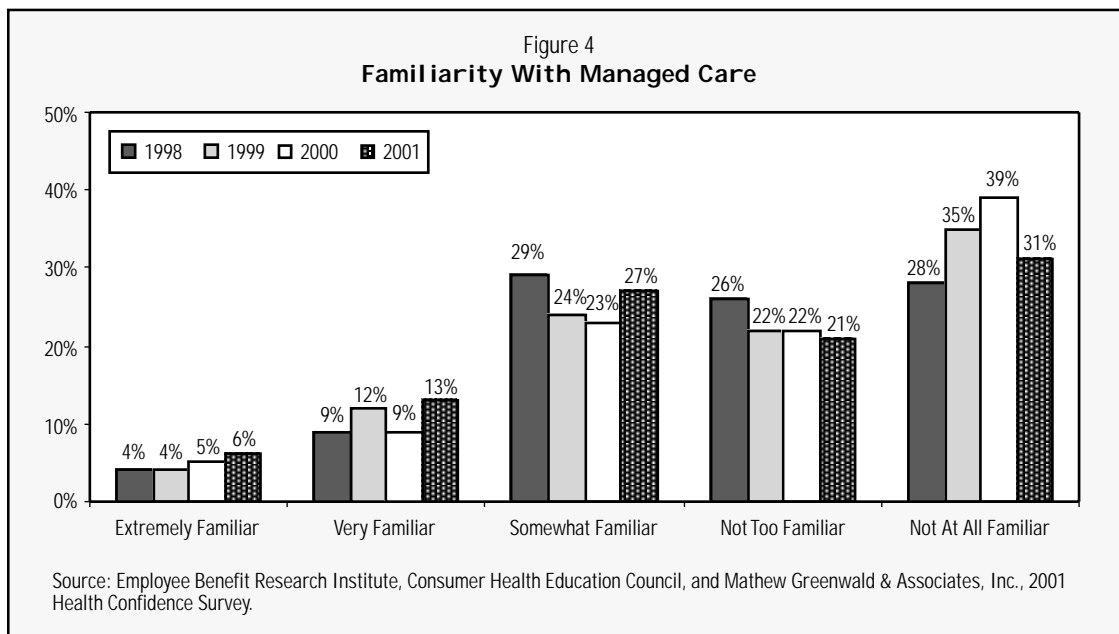
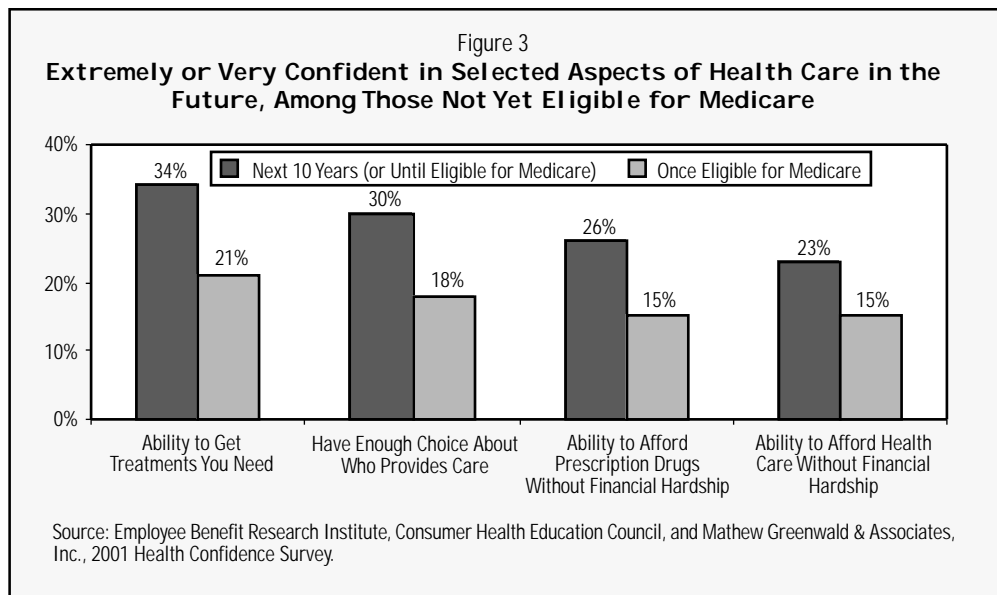
Source: Employee Benefit Research Institute, Consumer Health Education Council, and Mathew Greenwald & Associates, Inc., 2001 Health Confidence Survey.

As respondents look toward Medicare (the federal health care insurance program for the elderly and disabled), their confidence in the future of the health care system reaches even lower levels (figure 3). Only about 2 in 10 respondents not yet eligible for Medicare are *extremely* or *very* confident that they will be able to get the treatments they need once they are eligible for Medicare (21 percent) or that they will have enough choice about who provides their medical care (18 percent). Fewer are *extremely* or *very* confident that they will be able to afford prescription drugs (15 percent) or health care (15 percent) without financial hardship once they

are eligible for Medicare. In fact, one-half of respondents are *not too* or *not at all* confident that they will be able to afford prescription drugs (51 percent) or health care (49 percent) without financial hardship, and roughly 4 in 10 are *not too* or *not at all* confident that they will have enough choice about who provides their medical care (41 percent) or that they will be able to get the treatments they need (37 percent).

### **Managed Care Familiarity**

Managed care has been around for a number of years, and respondents are more likely than in previous years to say they are familiar with



managed care (figure 4). Two in 10 respondents report they are *extremely* or *very* familiar with managed care health plans (19 percent, up 5 percentage points from 14 percent in 2000), and another 27 percent say they are *somewhat* familiar with managed care. Nevertheless, more than half of respondents to the HCS continue to say they are *not too* or *not at all* familiar with managed care health plans (52 percent).

One reason that respondents report being unfamiliar with man-

aged care may be that many believe they have never been enrolled in this type of insurance program—despite the fact that 93 percent of Americans with employment-based health insurance,<sup>2</sup> 14 percent of those with Medicare,<sup>3</sup> and 54 percent of those with Medicaid<sup>4</sup> are enrolled in some type of managed care program. Almost 6 in 10 respondents think they have *never* been enrolled in managed care (58 percent), 2 in 10 believe that they are *currently* enrolled (21 percent), and 1 in 10 think they were *previously*

but are not now enrolled (10 percent). Another 1 in 10 indicate they do not know whether or not they have ever been enrolled in managed care (11 percent).

Awareness of being in a managed care program increases with the restrictiveness of the health plan (figure 5). More than half of those respondents who appear to be enrolled in a (less restrictive) PPO-type plan say they have never been enrolled in a managed care program (53 percent, down 13 percentage points from 66 percent in 2000), and

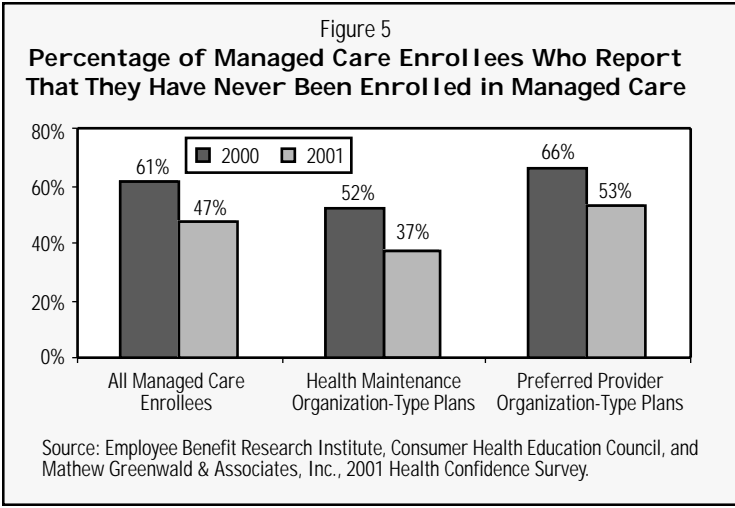


Figure 6  
**Satisfaction With Current Health Plan, Among Those Receiving Coverage Through an Employment-Based Plan**

	1998	1999	2000	2001
Extremely Satisfied	14%	12%	11%	11%
Very Satisfied	36	37	36	41
Somewhat Satisfied	39	38	40	36
Not Too Satisfied	7	7	7	7
Not At All Satisfied	3	4	4	4

Source: Employee Benefit Research Institute, Consumer Health Education Council, and Mathew Greenwald & Associates, Inc., 2001 Health Confidence Survey.

13 percent do not know if they have ever been enrolled. In contrast, fewer than 4 in 10 of those who appear to be enrolled in a (more restrictive) HMO-type plan say they have never been enrolled in a managed care program (37 percent, down 15 percentage points from 52 percent in 2000), and another 15 percent say they do not know if they have ever been enrolled.<sup>5</sup>

**The Employment-Based System**

Most respondents receiving health insurance through an employment-based plan are satisfied with their current health insurance plan (figure 6). More than one-half are *extremely* (11 percent) or *very* (41 percent) satisfied with their current plan, and more than one-third are *somewhat* satisfied (36 percent). Only 1 in 10 say they are *not too* (7 percent) or *not at all* (4 percent) satisfied.

Most respondents receiving health insurance through an employer or union are at least *somewhat* confident that the employer or union has selected the best available health plan for its workers (figure 7). Almost half are *extremely* or *very* confident (47 percent) and one-third are *somewhat* confident (34 percent). In contrast, respondents are less likely to be confident that they could choose the best

available health insurance plan for themselves if their employer or union stopped offering health insurance. One-third are *extremely* or *very* confident (32 percent) and 3 in 10 are *somewhat* confident (29 percent), but 37 percent are *not too* or *not at all* confident that they would be able to do so.

Respondents currently covered by employment-based health insurance generally prefer that their employer or union continue as an intermediary in the health insurance purchasing process. Given a choice of three options, the majority say they prefer a system that allows them to choose the health insurance that they want, with the employer paying the same amount that it currently spends on insurance and the insured paying the difference. However, given the choice between (1) employers or unions continuing to choose and pay for health insurance the way they do now and (2) employers giving them the money they currently spend on health insurance and having them buy health insurance on their own, two-thirds say they prefer the first option (63 percent).

Almost all respondents covered by employment-based health insurance are at least *somewhat* confident that their employer will continue to offer health insurance coverage to its workers. Almost two-

thirds are *extremely* or *very* confident (64 percent), and 26 percent are *somewhat* confident that their employer will continue to do so. Only 1 in 10 say they are *not too* or *not at all* confident (9 percent).

If their employer were to stop offering health insurance, more than one-half of those with employment-based coverage indicate they would be *extremely* (30 percent) or *very* (25 percent) likely to purchase insurance coverage on their own. Two in 10 say they would be *somewhat* likely to purchase coverage (21 percent). However, almost one-fourth (23 percent) of those with employment-based coverage say they would be *not too* (11 percent) or *not at all* (12 percent) likely to purchase insurance coverage on their own. (If, in fact, this proportion of the 163 million Americans with employment-based health coverage dropped it, the number of uninsured would increase from 39 million to 76 million.) When those who say they are *not too* or *not at all* likely to purchase insurance coverage on their own are asked why they would not do so, 7 in 10 say they would not be able to afford it (71 percent).

**Uninsured Americans**

Much of the public policy debate regarding ways to expand health

insurance coverage is moving in the direction of individual responsibility and tax incentives. While the number of uninsured respondents in the 2001 HCS is relatively small, their responses strongly suggest that such proposals may not be effective among a core group of uninsured.

The assumption among policymakers has been that adult Americans without health insurance would obtain insurance if they could afford to do so. However, there may be a sizeable group of uninsured who would choose not to obtain coverage, no matter how low the cost. In the 2001 HCS, 18 percent of uninsured respondents report that they have been offered employment-based coverage since they lost or discontinued their insurance but decided not to take it. Either they were not interested in having health insurance, or they found even the employer-subsidized coverage that was offered to them to be unaffordable or not worth the cost. In the 2000 HCS, 30 percent of the uninsured reported that they were not interested in having health insurance coverage. Further, while some other surveys have found that people tend to be uninsured for relatively brief periods of time, the HCS continues to find that a substantial portion of the uninsured have been without health insurance for at least three years (47 percent in 2001, 41 percent in 2000, 46 percent in 1999).

Respondents without insurance are generally willing or able to pay only a small amount toward the cost of health insurance

Figure 7  
Confidence in Choice of Best Available Health Insurance

	Employer's Choice	Respondent's Choice
Extremely Confident	14%	9%
Very Confident	33	23
Somewhat Confident	34	29
Not Too Confident	9	19
Not At All Confident	9	18

Source: Employee Benefit Research Institute, Consumer Health Education Council, and Mathew Greenwald & Associates, Inc., 2001 Health Confidence Survey.

Figure 8  
Amount Willing to Pay to Purchase Health Insurance (Per Month)

	Uninsured	With Employment-Based Coverage
Nothing	3%	2%
\$1 to \$24	2	1
\$25 to \$49	9	8
\$50 to \$99	29	11
\$100 to \$149	27	16
\$150 to \$199	14	18
\$200 or more	10	34
Don't Know	5	11

Source: Employee Benefit Research Institute, Consumer Health Education Council, and Mathew Greenwald & Associates, Inc., 2001 Health Confidence Survey.

(figure 8). Five percent are willing to pay less than \$25 a month for individual coverage, 9 percent are willing to pay \$25–\$49 a month, 29 percent are willing to pay \$50–\$99 a month, and 27 percent are willing to pay \$100–\$149 a month. Only 1 in 10 uninsured are willing to pay \$200 a month or more for coverage. Respondents who currently have employment-based health insurance coverage generally appear to be more willing than the uninsured to pay an amount for health insurance that is closer to the actual cost of coverage.

While some uninsured do not appear to experience difficulties due to their lack of health insurance coverage, others do. One-third of uninsured respondents say they have delayed seeking health care

since they lost their coverage (32 percent), and more than 2 in 10 report they have decided not to get health care they thought they needed (22 percent). Moreover, half (50 percent) say that medical bills have been a source of financial stress.

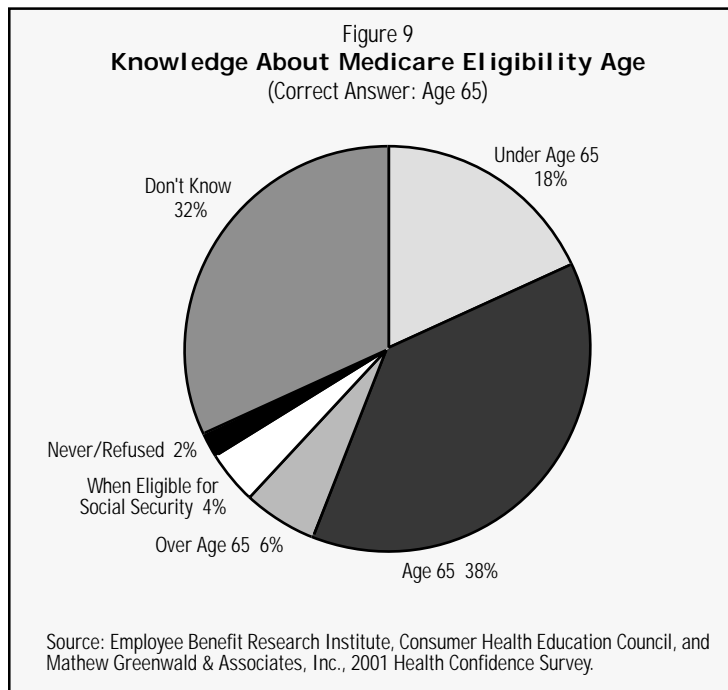
The majority of uninsured Americans continue to be unaware of state-subsidized health insurance programs. Only 3 in 10 uninsured respondents say they have heard about any low-cost or free insurance programs for uninsured adults or children in their state (31 percent, down 6 percentage points from 37 percent in 2000).

### Medicare

Americans appear to have little knowledge about Medicare. Specifically, only 38 percent of respondents not yet eligible for Medicare know that they will be eligible for Medicare benefits at age 65 (figure 9). Almost 2 in 10 expect to be eligible for benefits before age 65 (18 percent), while 6 percent say they will be eligible at age 66 or later. Four percent think they will be eligible for Medicare benefits when they become eligible for Social Security, and one-third of respondents say they do not know when they will be eligible (32 percent).

### Conclusion

The 2001 Health Confidence Survey finds that Americans are increasingly satisfied with the health care they are receiving but that they lack



confidence about the future of the health care system. The survey shows that Americans are more confident in various aspects of the health care system over the next 10 years than about these aspects once they become eligible for Medicare. Americans' familiarity with managed care has increased but remains at low levels relative to the high percentage of Americans who are enrolled in managed care plans.

Americans generally are satisfied with the employment-based system for health coverage. Most are satisfied with their current health plan, and most also say that their employer has selected the best available health plan for its workers. Also, they prefer the employer to continue as an intermediary in purchasing health insurance, although not necessarily in the current arrangement.

Other findings from the HCS show that Americans with employment-based health insurance are willing to pay an amount for health insurance that is closer to the actual cost of coverage than are those who are currently uninsured. They value the coverage they have and have

some sense of what it costs.

The survey also shows a lack of knowledge about public health insurance programs. Awareness among the uninsured about state-subsidized health insurance has decreased, and less than half of Americans not yet on Medicare know the eligibility age for the program. These findings reveal important educational needs and opportunities.

#### Endnotes

<sup>1</sup> The 2001 survey was conducted within the United States between April 17 and May 27, 2001, through 20-minute telephone interviews with 1,001 individuals ages 21 and older. Random digit dialing was used to obtain a representative cross section of the U.S. population. Interview quotas were established by sex of respondent, and the data were weighted by age and education to reflect the actual proportions in the population.

<sup>2</sup> The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, *Employer Health Benefits: 2001 Annual Survey*

(Chicago, IL: Henry J. Kaiser Family Foundation, 2001).

<sup>3</sup> The Henry J. Kaiser Family Foundation, *The Medicare Program: Medicare + Choice* (Menlo Park, CA: Henry J. Kaiser Family Foundation, September 2001).

<sup>4</sup> U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration), *Medicaid National Summary Statistics*, Table 11, [www.hcfa.gov/medicaid/msis/mnatstat.htm](http://www.hcfa.gov/medicaid/msis/mnatstat.htm)

<sup>5</sup> Plan type is categorized by the number of managed care plan design features (out of a total of four) a respondent reports as describing his or her health plan. Individuals enrolled in plans with three or four plan design features are considered to be in *HMO-type* managed care plans; individuals enrolled in plans with one or two of these features are considered to be in *PPO-type* managed care plans; and individuals enrolled in plans with none of the four features are considered to be in *traditional* fee-for-service insurance plans.

## Washington Update by Teresa Turyn, EBRI

### ***Congress Reconvenes; Budget Deficits Ahead***

The second session of the 107<sup>th</sup> Congress began Jan. 23, and wasted no time rekindling last year's battles over an economic stimulus package. With federal budget deficits looming again, this year's budget fight also will include lots of debate—but little action—on whether to postpone the phase-in of some of President Bush's \$1.35 trillion tax-cut law enacted last year.

Since the Bush administration's Fiscal Year 2003 budget calls for increased spending for defense and homeland security—and a return to federal budget deficits—many domestic legislative items are effectively off the table for 2002 (if not longer). Among the issues that are not likely to go anywhere this year:

- New tax incentives for long-term care insurance.
- Enhanced tax incentives for pre-funding retiree medical benefits.
- Further enhancements to retirement plan limits in the 2001 tax law, EGTRRA.
- Social Security reform.
- Prescription drugs for Medicare (House GOP leaders will push this plan, but it faces big obstacles in the Senate).

### **Keeping on Track**

*Federal Contractor Rule Revoked*—The Bush administration Dec. 27 revoked the controversial Contractor Responsibility Regulations—adopted in the final days of the Clinton administration—which required federal contracting officers to consider a prospective contractor's record of compliance with several laws (including labor laws) in awarding contracts. The business community and several government agencies pushed for revocation, arguing that the rule was overly burdensome and would interfere with the procurement process. In revoking the rule, the administration concluded that the existing regulations on suspension and debarment contain well-established and well-defined decision-making criteria and due process safeguards that are sufficient to ensure contracts are awarded to law-abiding entities.

*IRS Guidance to Drafters of IRAs, SEPs, and SIMPLE IRAs*—The Internal Revenue Service (IRS) has issued Rev. Proc. 2002-10, modifying Rev. Proc. 87-50, which provides (1) guidance to drafters of individual retirement accounts (IRAs), simplified employee pensions (SEPs), and SIMPLE IRA plans; (2) guidance to users of IRS model IRAs and plans; and (3) transitional relief for users of IRAs and plans that have not received IRS approval. The guidelines took effect Jan. 28, 2002. The IRS also plans to issue revised model IRAs in early 2002 containing EGTRRA changes and required minimum distribution rules that comply with final regulations. In addition, a Listing of Required Modifications (LRMs) that the IRS deems acceptable for prototype IRAs, SEPs, and SIMPLE IRA plans will be available shortly on the IRS Web site at [www.irs.gov/bus\\_info/ep/index.html](http://www.irs.gov/bus_info/ep/index.html)

*PBGC Releases 2002 Premium Instructions and Forms*—The Pension Benefit Guaranty Corporation (PBGC) issued year 2002 premium instructions and Form 1-ES for plans with 500 or more participants in the prior filing year. In addition to the required Form 1 or Form 1-EZ (whichever applies to the plan), Form 1-ES is filed by large plans to make estimated flat-rate premium payments. The instructions and form may be viewed at [www.pbgc.gov/plan\\_admin/paypol/PREMPKG.htm](http://www.pbgc.gov/plan_admin/paypol/PREMPKG.htm)

*Supreme Court Narrows Scope of Disability Law*—The U.S. Supreme Court Jan. 8 unanimously narrowed the scope of the Americans With Disabilities Act (ADA), ruling that the law only covers impairments that affect a person's daily life and does not apply to conditions that prevent a worker from performing a specific job-related task. In this case, the employee had worked on an assembly line and developed bilateral carpal tunnel syndrome, was assigned modified-duty jobs, and nonetheless filed claims with the state worker's compensation system and district court, which were settled. After the employee was placed in another job, she developed a condition that caused additional medical problems. According to the employee, her employer refused her request to perform only certain tasks of her job, and she began missing work. Her employer then terminated her for a poor performance record. *Toyota Motor Manufacturing, Kentucky, Inc. v. Williams* (No. 00-1089).

Certainly for the first half of President Bush's term, last year's retirement provisions in EGTRRA are likely to be the only major change in benefits law.

### ***The Enron Fallout: Bush Pension Task Force Moves Quickly***

President Bush Jan. 10 called for a governmentwide review of federal pension rules and regulations as part of his administration's response to the Enron bankruptcy and the many ex-Enron workers whose 401(k) accounts were wiped out in the company's collapse due to their failure to diversify. An inter-agency task force involving the U.S. Treasury, Labor, and Commerce departments quickly set to work analyzing the effectiveness of retirement security protections in defined contribution plans. Although Treasury Secretary Paul O'Neill initially expected to have a report by the end of February, at this writing it seems likely to be ready in late January.

On the technical level, there are three primary issues raised by how the Enron bankruptcy affected its workers' 401(k) plans: employer matching with company stock that could not be sold by participants, participants' elective investments in company stock, and so-called "blackout" periods between plan administrators. However, the Bush administration's retirement security task force is doing a broad review of regulatory issues related to defined

contribution plans. According to O'Neill, the task force is aware of the danger of creating new "disincentives" for workers to participate in 401(k)s and other retirement plans, as well as disincentives to employer matching contributions.

In addition to the administration's task force and various criminal investigations of Enron by the Justice Department and Securities and Exchange Commission, nearly a dozen congressional panels are investigating various aspects of the Enron bankruptcy and its impact on workers. Several bills have been introduced to restrict the use of company stock in retirement plans, notably one by Sens. Barbara Boxer (D-CA) and Jon Corzine (D-NJ). Another, sponsored by Rep. Ken Bentsen (D-TX), effectively would require plan sponsors to obtain Labor Department approval before implementing a blackout period while plan administrators are being changed. At this writing, a retirement plan regulatory bill also was reportedly being drafted by Rep. Rob Portman (R-OH), a leading pension legislator in the House of Representatives, but details were not available.

Since Enron's bankruptcy is the largest in U.S. history, and has political ramifications for both political parties, this is one news story that is certain to stay alive well beyond the November elections.

## **EBRI in Focus**

### ***CEO Presentations***

EBRI President and CEO Dallas Salisbury opened the new year, for the 15<sup>th</sup> consecutive year, on Jan. 10 with the Orange County (CA) Employee Benefits Council at their monthly breakfast, providing an update on federal and state regulatory issues, and an update on health cost and health design trends in the public and private sectors.

On Jan. 17, Salisbury made his annual visit to the St. Louis (MO) Employee Benefit Association to review EBRI research findings on benefit changes resulting from the 2001 tax law (EGTRRA), participant behavior in defined contribution plans, retirement income prospects of the baby boom generation, and the implications of rising health insurance premiums for health plan design.

### ***EBRI Briefings Resume***

Even before Congress reconvened on Jan. 23, EBRI had resumed its series of briefings on Capitol Hill. The week of Jan. 14, EBRI staff made presentations on the basics of retirement plans, employer matches in 401(k) plans, and company stock in retirement plans, to professional staff members of the House Education and Workforce Committee and the Senate Commerce Committee. The presentations were made by



Jack VanDerhei, Temple University and research director of the EBRI Fellow's Program; Teresa Turyn, EBRI research and education associate; and Steve Blakely, EBRI editor and communications director.

The EBRI team has also been working with staff of the U.S. Departments of Labor and Treasury on their post-Enron review of employer stock in 401(k) plans. The EBRI/ICI 401(k) database has proven invaluable to this work, as it is the most comprehensive such database in the nation. In addition, EBRI is working with other organizations on surveys to increase understanding of plan provisions and likely plan sponsor reaction to alternative policy proposals.

The EBRI team has also responded to about 300 media requests for information and interviews on these issues since early November, and has done numerous radio and TV interviews as well.

Research results and facts sheets are being posted at [www.ebri.org](http://www.ebri.org)

### ***PSA Production Continues***

EBRI staff continued production last month of a series of new public service announcements (PSAs) as part of the Choose to Save<sup>®</sup> public education campaign. The first of several video PSAs was recorded Feb. 5, for airing in conjunction with the National Saver Summit in late February in Washington, DC.

This series of new PSAs is taking a "generational" approach to get across the savings message, with the current one focusing on high school students. National distribution of the unpaid public service announcements and half-hour education specials continues, with stations in 49 states now participating in the Choose to Save<sup>®</sup> public education campaign

More information—including samples of previous PSAs available for viewing—is available at the Choose to Save<sup>®</sup> Web site at [www.choosetosave.org](http://www.choosetosave.org)

## **New Publications & Internet Sites**

[*Note: To order publications from the U.S. Government Printing Office (GPO), call (202) 512-1800; to order congressional publications published by GPO, call (202) 512-1808. To order U.S. General Accounting Office (GAO) publications, call (202) 512-6000; to order from the Congressional Budget Office (CBO), call (202) 226-2809.*]

### ***Demographics***

LIMRA International. The Mature Market in the U.S. LIMRA members, free; nonmembers, \$5,000. LIMRA International, P.O. Box 208, Hartford, CT 06141, (800) 235-4672, [customer.service@limra.com](mailto:customer.service@limra.com).

### ***Employee Benefits***

Johnson, Richard E. Flexible Benefits: A How-To Guide. IFEBP members, \$45; nonmembers, \$53 + S&H. International Foundation of Employee Benefit Plans, Publications Department, P.O. Box 69, Brookfield, WI 53008-0069, (888) 33-IFEBP, fax: (414) 786-8670, e-mail: [books@ifebp.org](mailto:books@ifebp.org).

### ***Health Care***

Aventis Pharmaceuticals. Managed Care Trends Digest 2001. \$95. Aventis Pharmaceuticals, 399 Interpace Pkwy, P.O. Box 663, Parsippany, NJ 07054, (973) 394-6000.

Business & Health. The State of Health Care in America: 2001. \$10. Business & Health Special Reports, Five Paragon Drive, Montvale, NJ 07645-1742, (800) 432-4570.

Georgetown University Institute for Health Care Research and Policy and K.A. Thomas and Associates. How Accessible Is Individual Health Insurance for Consumers in Less-Than-Perfect Health? Free. Kaiser Family Foundation, www.kff.org or call (800) 656-4533. For multiple copies, call (800) 242-2626.

Isaacs, Stephen L., and James R. Knickman. To Improve Health and Health Care: Volume V: The Robert Wood Johnson Foundation Anthology. \$22. Jossey-Bass Publishers, 350 Sansome St., Fifth Floor, San Francisco, CA 94104, (800) 956-7739.

Kaiser Commission on Medicaid and the Uninsured. (1) Eliminating the Medicaid Asset Test for Families: A Review of State Experiences. (2) Making It Simple: Medicaid for Children and CHIP Income Eligibility Guidelines and Enrollment Procedures: Individual State Profiles. Free. Kaiser Family Foundation, www.kff.org or call (800) 656-4533. For multiple copies, call (800) 242-2626.

Lambrew, Jeanne M. Diagnosing Disparities in Health Insurance for Women: A Prescription for Change. Free. The Commonwealth Fund, One E. 75<sup>th</sup> St.,

New York, NY 10021-2692, (888) 777-2744, www.cmwf.org.

National Health Care Purchasing Institute. Building Quality Improvement into Defined Contribution Strategies. Free.

National Health Care Purchasing Institute, Attn: Sarah Callahan, 1801 K St., NW, Suite 701L, Washington, DC 20006, (202) 291-6700, www.nhcpi.net.

O'Connor, Kathleen. The Buck Stops Nowhere: Why America's Health Care Is All Dollars and No Sense. \$13.95. Hara Publishing, (800) 461-1931.

Perot, Ruth T., and Mara Youdelman. Racial, Ethnic, and Primary Language Data Collection in the Health Care System: An Assessment of Federal Policies and Practices. Free. The Commonwealth Fund, One E. 75<sup>th</sup> St., New York, NY 10021-2692, (888) 777-2744, www.cmwf.org.

Schur, Claudia L., and Jacob Feldman. Running in Place: How Job Characteristics, Immigrant Status, and Family Structure Keep Hispanics Uninsured. Free. The Commonwealth Fund, One E. 75<sup>th</sup> St., New York, NY 10021-2692, (888) 777-2744, www.cmwf.org.

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[www.sba.gov/BI/taxinfo.html](http://www.sba.gov/BI/taxinfo.html)

SmartMoney Tax Guide  
[www.smartmoney.com/tax/](http://www.smartmoney.com/tax/)

Some Basic Tax Research Materials (and how to use them)  
[www.als.edu/lib/taxation.html](http://www.als.edu/lib/taxation.html)

Tax and Accounting Sites Directory  
[www.taxsites.com/](http://www.taxsites.com/)

The Tax Directory  
[taxdirectory.tax.org/](http://taxdirectory.tax.org/)

Tax Guide for Investors  
[fairmark.com/](http://fairmark.com/)

Tax Regs in Plain English  
[www.irs.ustreas.gov/plain/tax\\_regs/index.html](http://www.irs.ustreas.gov/plain/tax_regs/index.html)

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[www.taxresources.com/](http://www.taxresources.com/)

[tax.org](http://tax.org)  
[www.tax.org/](http://www.tax.org/)

Trac IRS  
[www.trac.syr.edu/tracirs/](http://www.trac.syr.edu/tracirs/)

Yahoo Finance Tax Center  
[taxes.yahoo.com/](http://taxes.yahoo.com/)

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An Aging World: 2001

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Current Developments in 457(b) Plans

[benefitsattorney.com/aba4.html](http://benefitsattorney.com/aba4.html)

Determining the True Cost of Retirement Services

[www.fei.org/rfbookstore/PubDetail.cfm?Pub=91](http://www.fei.org/rfbookstore/PubDetail.cfm?Pub=91)

Employee Benefits in Private Industry

[www.bls.gov/news.release/ebs2.nr0.htm](http://www.bls.gov/news.release/ebs2.nr0.htm)

Final Report of the President's Commission to Strengthen Social Security

[www.csss.gov/reports/Final\\_report.pdf](http://www.csss.gov/reports/Final_report.pdf)

Health Insurance, Welfare, and Work

### **Tax-Related Sites**

Ernst & Young Tax and Financial Planning Library  
[ey.com/pfc](http://ey.com/pfc)

H&R Block  
[www.hrblock.com/taxes/](http://www.hrblock.com/taxes/)

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IRC Sections Affecting Employee Benefit Plans  
[www.benefitslink.com/taxcode/index.shtml](http://www.benefitslink.com/taxcode/index.shtml)

[irs.com\(tm\)](http://irs.com(tm))  
[www.irs.com/](http://www.irs.com/)

MSN Money Tax Planning and Preparation  
[moneycentral.msn.com/tax/home.asp](http://moneycentral.msn.com/tax/home.asp)

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