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NOTES

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Executive Summary:

Survey of Consumer-Driven Health Plans Raises Key Issues

Survey released at policy forum: Four issues dominated the December 2005 Employee Benefit Research Institute (EBRI) policy forum, which was devoted to the release of a ground-breaking survey on consumer-driven health plans (CDHPs) and discussion of the results. The survey was sponsored by EBRI and The Commonwealth Fund to get a fix on how consumers are reacting to consumer-driven health plans, the latest big idea in health insurance. The four issues:

- ***Future of consumer-driven health plans:*** Some speakers said the health insurance market is demanding CDHPs because of their cost-saving potential, and predicted they are here to stay. Others thought CDHPs will fade, like managed care. Several speakers said it is too early to draw definitive conclusions from the survey results.
- ***Consumerism satisfaction levels:*** The survey finding that individuals with comprehensive health insurance were more satisfied with their health plan than individuals in consumer-driven health plans or high-deductible plans (HDHPs) prompted considerable discussion among policy forum speakers, with views often diverging on the causes and meaning of the finding.
- ***Delayed or avoided care:*** The survey finding that individuals in CDHPs and HDHPs were significantly more likely to avoid, skip, or delay health care because of costs troubled many policy forum speakers. The impact was particularly pronounced among individuals with health problems or incomes under $50,000.
- ***Cost-conscious decisions/information access:*** While the survey showed individuals in consumer-driven plans are making cost-conscious decisions—as intended—it found that information to help consumers make those decisions is difficult to obtain. This result, which undercuts one of the core principles of consumer-driven care, produced one of the liveliest discussions at the policy forum but no agreement on the implications of the finding.

Survey of Consumer-Driven Health Plans Raises Key Issues

by John A. MacDonald, EBRI

Introduction

Four issues dominated the December 2005 Employee Benefit Research Institute (EBRI) policy forum, which was devoted to the release of a ground-breaking nationwide survey on consumer-driven health plans (CDHPs) and discussion of the results. The issues:

- Are these plans the wave of the future in health insurance, or merely a passing fad?
- What are the implications of lower satisfaction with these plans?
- Are the levels of missed health care reported with these plans—due to costs—a serious problem?
- Is the survey finding that these plans produce more cost-conscious consumers offset by another finding—that the comparative health quality information needed to make informed decisions either doesn't exist or is hard to find?

The survey, the first independent study of its kind, was sponsored by EBRI and The Commonwealth Fund to get a fix on how consumers are reacting to CDHPs, the latest big idea in health insurance in the United States. Many employers are looking to these plans to help stem the steady rise in health care costs. Full survey results, including methodology, were published in the December 2005 *EBRI Issue Brief*, available on the Web at www.ebri.org. Additional participation and support for the survey came from the IBM Corp., Pfizer Corp., and The Procter & Gamble Company.

The policy forum on the implications of the study's findings was held Dec. 8 in Washington, DC, and was attended by about a hundred participants from the business, labor, think-tank, consumer, health, benefits, and government sectors. Eleven panelists offered widely different views while discussing the four main issues: Some speakers, for example, said CDHPs are working as designed and are in large demand; others said the plans are flawed and will fade away, just as managed care did a decade ago.

Views differed on other questions, too, but several speakers noted that CDHPs are so new that it is too soon to draw any definitive conclusions from the survey. "It may be too early to know much of anything about consumer-driven health plans at this point," said Joseph R. Antos, an expert on health care and retirement policy at the American Enterprise Institute.

Major Findings of the EBRI/Commonwealth Fund Consumerism Survey

Consumer-driven health plans are a relatively new type of coverage designed to give consumers more responsibility for health care costs. Theoretically, by providing cost and quality information about providers, consumer-driven plans encourage participants to make more informed, cost-conscious decisions about their health care. The survey results were obtained through an online questionnaire completed by 1,719 adults ages 21–64 who have health insurance through an employer or purchased directly from an insurance company.

The survey contrasted the views of individuals with comprehensive insurance with those in high-deductible plans and consumer-driven coverage. To be part of the comprehensive insurance group, an individual had to have a plan with no deductible or a deductible of up to $1,000 for personal coverage or up to $2,000 for family coverage. This group served as a catchall for individuals with comprehensive insurance—health maintenance organizations (HMOs), preferred provider organizations (PPOs), and point-of-service plans (POS).

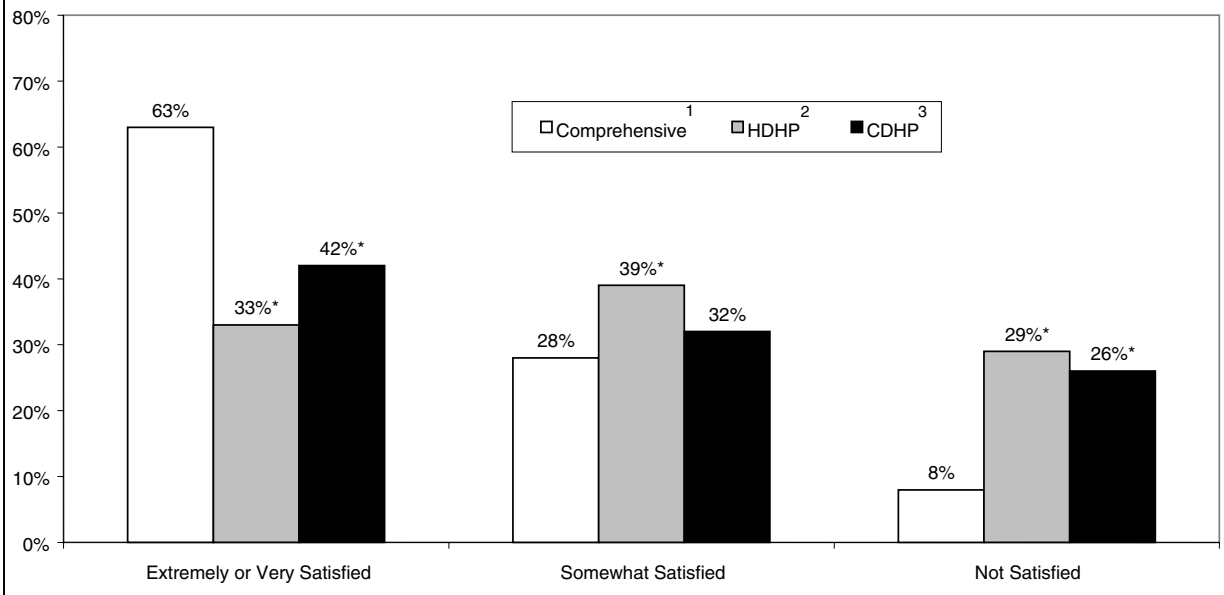
Participants in the high-deductible health plan (HDHP) group had to have a deductible of at least $1,000 for personal coverage or $2,000 for family coverage. The consumer-driven group had to meet these threshold deductible levels and have a tax-preferred savings account, such as a health savings account or health reimbursement arrangement. These accounts had to have a rollover provision, which

means that any unspent money placed in the savings or reimbursement account by a worker or employer can be rolled over from year to year.

Some of the major findings of the EBRI/Commonwealth survey:

- Individuals with comprehensive health insurance were more satisfied with their health plan than individuals in CDHPs and HDHPs. Specifically, 63 percent of individuals with comprehensive health insurance were extremely or very satisfied with their health plan, compared with 42 percent of CDHP enrollees and 33 percent of HDHP participants (Figure 1).
- Despite similar rates of health care use, individuals with CDHPs and HDHPs are more likely to spend a larger share of their income on out-of-pocket health care expenses than those in comprehensive health plans. One-fifth (20 percent) of those in HDHPs and 11 percent of those in CDHPs spent 5 percent or more of their income on out-of pocket costs in the last year, compared with 5 percent of those in comprehensive health plans.
- Individuals with CDHPs and HDHPs were significantly more likely to avoid, skip, or delay health care because of costs than were those with comprehensive insurance, with this behavior particularly pronounced among those with health problems or incomes under $50,000. About one-third of individuals in CDHPs (35 percent) and HDHPs (31 percent) reported delaying or avoiding care, compared with 17 percent of those in comprehensive health plans.
- More than 70 percent of individuals enrolled in CDHPs and 60 percent of those in HDHPs strongly or somewhat agreed that the terms of their health plans made them consider costs when deciding to see a doctor when sick or when filling a prescription. Less than 40 percent of those in comprehensive plans felt this way.
- Just 1 in 7 people in all types of plans said their plan offered information on doctors and hospitals. Moreover, just over half (54 percent) of those enrolled in CDHPs or HDHPs said they had tried to use plan information on the quality of physicians and only 45 percent had tried to use quality information about hospitals.

Figure 1
Overall Satisfaction With Health Plan, by Type of Health Plan

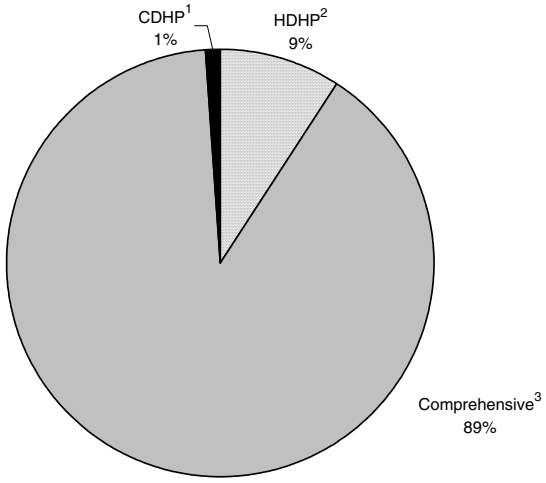


Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.
[1] Comprehensive = health plan w/ no deductible or <$1000 (individual), <$2000 (family).
[2] HDHP = High-deductible health plan w/ deductible $1000+ (individual), $2000+ (family), no account.
[3] CDHP = Consumer-driven health plan w/ deductible $1000+ (individual), $2000+ (family), w/ account.
* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.
Note: Percentages may not sum to totals due to rounding.

Paul Fronstin, co-author of the December *EBRI Issue Brief* and director of EBRI's Health Research and Education Program, said the survey showed that about 1 percent of the U.S. adult population with private insurance is covered by a consumer-driven health plan and 9 percent is covered by a high-deductible health plan. That translates into about 1.2 million individuals in a CDHP and 10.8 million in a HDHP (Figure 2).

Sara R. Collins, the other co-author of the survey and a senior program officer at the Commonwealth Fund, said the survey also showed that individuals in all types of plans most often cited their personal physicians as their most trusted source of health care information, followed by consumer groups. Only 1 in 20 said they would most trust their health plan for information.

Figure 2
Distribution of Individuals Covered by Private Health Insurance, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.
[1] Consumer-Driven Health Plan = plan w/ deductible $1000+ (individual), $2000+ (family), w/ account.
[2] High Deductible Health Plan = plan w/ deductible $1000+ (individual), $2000+ (family), no account.
[3] Comprehensive = health plan w/ no deductible or <$1000 (individual), <$2000 (family).
Note: Percentages may not sum to totals due to rounding.

Issue 1: Future of Consumer-Driven Plans

Policy forum speakers had widely differing opinions about the future of CDHPs, reaching no consensus about whether these plans will produce wholesale change or will fade into the mist in the years ahead. The survey did not ask specifically about the future of these plans, but the issue came up frequently during the policy forum discussion. Some speakers offered a much more positive outlook for CDHPs than others.

Robert M. Crane, senior vice president at Kaiser Permanente, commented: "We offer these products (CDHPs). The market has said we need to in order to be successful. It you look at our growth in 2005, half of it came from these products. So, there is clearly a market interest."

Dr. Michael T. Myers Jr., associate medical director of Partners Community HealthCare, Inc., had a similar opinion. "It seems as if the development of these consumer-driven health plans is inevitable and we'll see more of them in 2006," Myers said. "So rather than try to push the water back into the dam, you know, it's going happen. These plans will be developed, they will be offered."

Likewise, Fronstin saw CDHPs expanding in the future. Delays in clarifying the tax status of health savings accounts kept some employers from offering CDHPs in 2005, Fronstin said, but he expects more employers will offer these plans in 2006 and 2007. "Many are considering it, and…many are doing so in for next year (2006)," Fronstin said. "So, I think we will see growth in these plans," although he would

not predict how fast or slow that growth will be—especially since "many employers are concerned" about issues of cost, access, and quality raised in the survey.

Dr. Martin J. Sepulveda, vice president for global well-being services and health benefits at IBM, said that if the goal of CDHPs is to provide a more affordable way of getting employers to offer health insurance coverage, "then, for sure, it's got to have a lot of traction in the small-employer environment." The data in the EBRI/Commonwealth survey "suggest that this traction is materializing in the small-employer environment," Sepulveda said, "and perhaps that's something to take heart in."

Other speakers were considerably more critical.

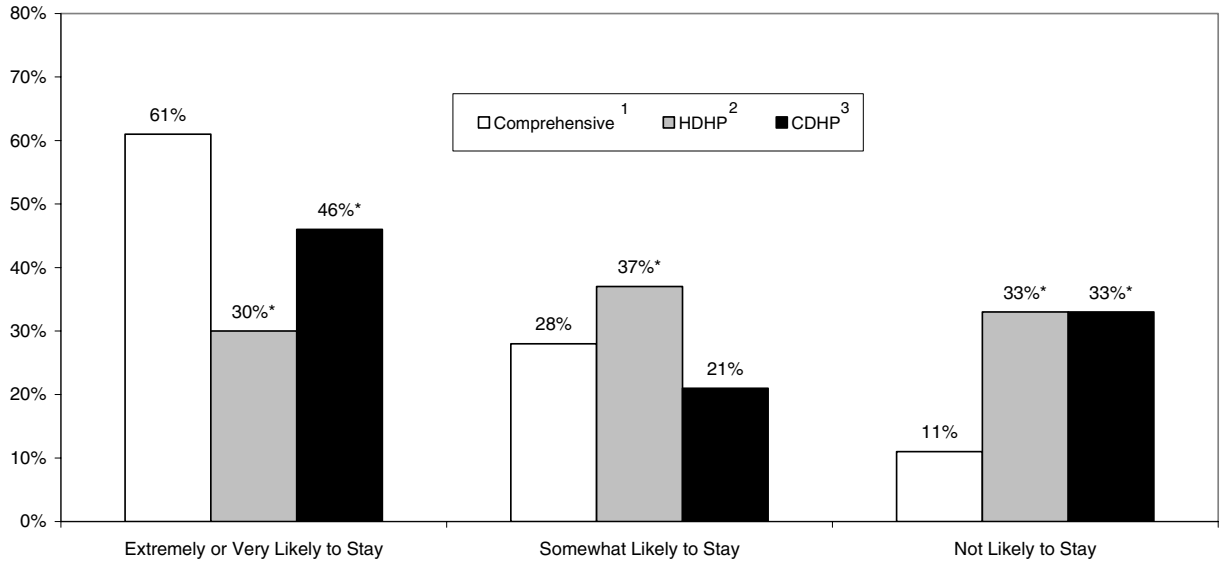
"It's no surprise that organized labor is suspicious of these plans and has actively opposed them legislatively and, in many cases, through collective bargaining," said David S. Blitzstein, director of negotiated benefits for the United Food and Commercial Workers.

Blitzstein said he was concerned about the survey findings on out-of-pocket costs for consumers and delayed or skipped treatments needed by participants in CDHP plans. "The evidence in this survey, and others, is not encouraging when testing consumer-driven and high-deductible plans for benefit adequacy and affordability," he said. "Maybe some of these financial-protection issues can be offset by aggressive health savings account and health reimbursement account funding by employers, but … I'm not confident that employers are going to finance these accounts to offset these financial risks."

Sherry Glied, chair of the department of health policy management at Columbia University, also offered a strong critique of CDHPs. "We're gambling in the consumer-driven movement that we're going to get lower prices as effectively from individuals shopping on their own as we did from collective managed care negotiation," Glied said. "I think that's actually unlikely, but that is the bargain that we make in terms of shopping."

At best, Glied said, consumer-driven health plans will produce incremental change. "Even if it grows, it is unlikely to change [the] health care trend, which is mostly driven by innovation and technology." She concluded: "I predict that we will all be back here in five years, and we're going to be talking about something else."

Figure 3
Likelihood of Staying With Current Health Plan If Had the Opportunity to Change, by Type of Health Plan



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.
[1] Comprehensive = health plan w/ no deductible or <$1000 (individual), <$2000 (family).
[2] HDHP = High-deductible health plan w/ deductible $1000+ (individual), $2000+ (family), no account.
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* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.
Note: Percentages may not sum to totals due to rounding.

Issue 2: Satisfaction Levels in Consumer-Driven Plans

The survey finding that individuals with more comprehensive health insurance were more satisfied with their health plan than those in consumer-driven or high-deductible plans, and more likely to stay with a comprehensive plan, prompted considerable discussion at the policy form, with views often diverging on the causes and meaning of the finding (Figure 1 and Figure 3).

Fronstin said he expects satisfaction levels will increase, and noted that some studies already show satisfaction with consumer-driven plans is higher than with comprehensive plans. "They're finding re-enrollment rates in the high-90 percent range," even though there are many unknowns and most individuals have had little experience with consumer-driven plans, he said.

Collins, of the Commonwealth Fund, added that higher costs appeared to affect satisfaction levels with consumer-driven plans. "The rates of dissatisfaction with health care costs are higher [for consumer-driven plans] than any other aspect or any other characteristic we asked about," Collins said. "And so, if they're feeling unhappy with these plans, it looks as though, from these survey findings, that it's really driven by the amount of cost that they're being asked to spend out of pocket."

Antos, of the American Enterprise Institute, said low satisfaction "is a problem." But he quickly added, "There are lots of opportunities to be dissatisfied. For example, I'd really like it if my health insurance cost me $1,000 a year. I'd really like it if health care was almost free. The question really is not, 'Are you dissatisfied?' but rather, 'Compared with what are you dissatisfied?'"

Individuals in consumer-driven plans "may be dissatisfied because it wasn't consumer-driven choice in many instances, it was employer-directed choice," Antos said. "It might also be that it was somebody for whom this was really the only insurance they could afford and they're dissatisfied because…they can see that somebody else has something better and it would be nice to get that, too."

Kaiser Permanente's Crane agreed with one of Antos' observations. "Since half of the people in high-deductible plans were put there without a choice, that may, in and of itself, explain the level of dissatisfaction," he said.

Glied, the Columbia University expert, suggested that low satisfaction levels with consumer-driven plans are the product of several factors.

"I think this movement is unlikely to be consumer-driven," Glied said. "Consumers don't seem to be seeing big savings, in terms of the share of their total income that is going to health care. They don't seem to be as satisfied as people in conventional plans, who, on average, two-thirds of them, say they're happy with their health plan. So, they don't seem to be satisfied."

Glied added: "There's not a lot of ease of use of all the information technology. We haven't made it easy for them. The various employers we heard from [at the policy forum] seemed to suggest that it requires more, not less, effort from employers to make this actually work. And, indeed, we may need a whole set of intermediary agents, who don't even exist in our economy yet, in order to make people be actively engaged in health plan choosing."

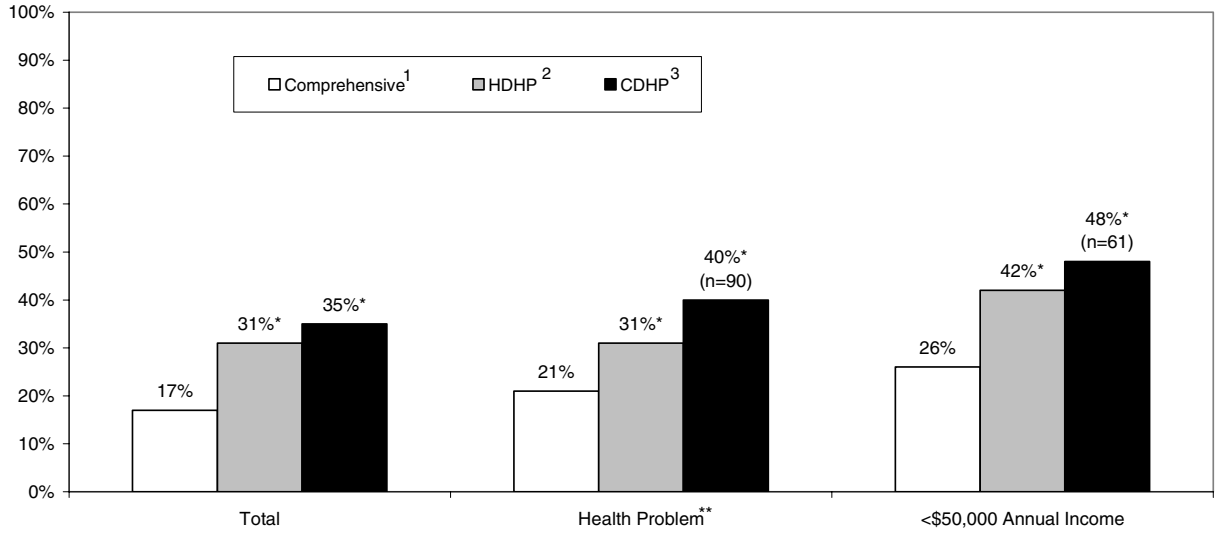
Issue 3: Delayed, Skipped, or Avoided Care

The survey finding that individuals with consumer-driven health plans and high-deductible health plans were significantly more likely to avoid, skip, or delay health care because of costs troubled many policy forum speakers (Figure 4).

Collins noted that "adults with the high-deductible plans, both with and without [tax-preferred savings] accounts, were significantly more likely to report that they had avoided or delayed getting health services when they were sick, because of the cost of these services, than were those with more comprehensive plans." She added: "About a third of people in the high-deductible plans, both with and without the accounts, reported delaying or avoiding care. This was twice the rate of those in the more comprehensive group. Problems were particularly pronounced among people who had health problems or incomes under $50,000."

Kaiser Permanente's Crane called this "a potentially troubling finding," adding: "The low-income effect is magnified there. Is the delayed or avoided care necessary or not necessary to maintaining or improving health? We don't know. And I think that's a key area for additional examination."

Figure 4
Percentage of Adults Who Have Delayed or Avoided Getting Health Care Due to Cost
Percentage of adults 21–64



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.
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* Difference between HDHP/CDHP and Comprehensive is statistically significant at p ≤ 0.05 or better.
** Health problem defined as fair or poor health or one of eight chronic health conditions.
Note: Percentages may not sum to totals due to rounding.

Sepulveda, the IBM executive, found it "troublesome" that high-deductible plans may create financial barriers to individuals for preventive or primary care. "There's got to be a different way to try to construct things that is heavy on primary care, because that's what's going to stem the pipeline, that's what's going to manage chronic disease," he said. "You need good primary care to do that," he added, "because there is a limited ability to pay for 100 percent comprehensive care across the whole spectrum."

L.H. "Max" Schellman, U.S. benefits manager for Procter & Gamble, also expressed concern about delaying or avoiding care. "This may be okay if we're talking unnecessary treatment or prescriptions and that kind of thing," Schellman said. "However, if there is noncompliance with physician visits, with prescribed medication, medical treatment follow-up, or annual physical checkups, this could be problematic. It would indicate that safeguards may be needed to ensure that short-term avoidance doesn't lead to long-term conditions which go undertreated or undetected."

Blitzstein, of the Food and Commercial Workers Union, said the survey raised a question of whether consumer-driven health plans achieve the objective of fostering high-quality care and patient safety. "The EBRI survey on cost-related access problems sheds light," he said, "and the results are somewhat disturbing."

Blitzstein added that he believes high-deductible plans are structurally flawed. "They deliberately, in most cases, eliminate all first-dollar coverage," he said. "But some first-dollar coverage promotes positive health behavior. If we want to promote wellness, shouldn't we incent people to utilize preventive care? If we want chronically ill people to take their prescribed drugs, shouldn't we design plans to promote the appropriate drug-utilization patterns? Most high-deductible plans fail to do this."

But Antos of the American Enterprise Institute said that other factors may be responsible for treatment delays, such as the difficulty many patients experience in trying to determine the cost of care. "Not only is information hard to find, but if we ever had it, we wouldn't be able to understand it, we'd be drowning in it. I think that's a valid concern."

Another perspective came from Glied, who said it is "very hard to say whether we're seeing reductions in appropriate or inappropriate care." She added: "We can think about this most effectively on the medication side. When people say they're not taking their meds, that's probably not a good idea.

When they're choosing a lower-priced med, that's what we want them to be doing. So, there are different kinds of decisions that are cost-conscious and that are a good idea."

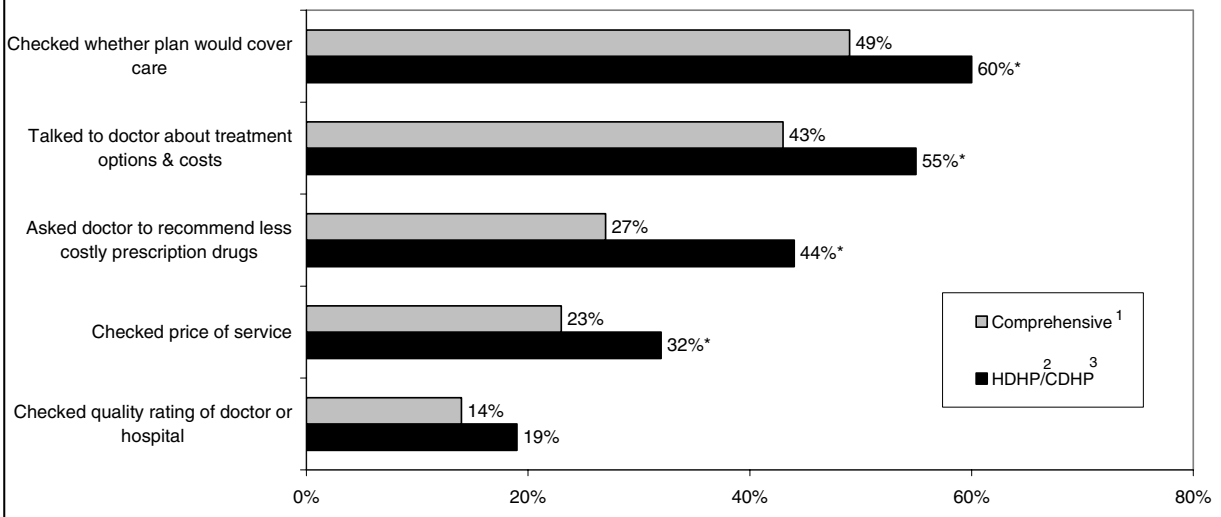
Issue 4: Cost-Conscious Decisions/Information Access

While the EBRI/Commonwealth survey showed that individuals in consumer-driven plans are making cost-conscious decisions (Figure 5)—as the plans intended—it also concluded that information to help consumers make these decisions is difficult or impossible for participants to find. This finding, which undercuts one of the core principles of consumer-driven care, produced one of the liveliest discussions of the policy forum but no agreement among speakers about the implications of the finding.

"We asked respondents whether their health plans provided any information about the cost and quality of their providers," said Collins, explaining the survey results. "Only 1 in 7 people in all plan types said that their health plans provided information on doctors and hospitals. Those in high-deductible plans, both with and without [tax-preferred savings] accounts, were slightly more likely to say that they had tried to use cost and quality information when it was provided to them."

She added: "To the extent that these plans are really asking people to be informed consumers, there is just an enormous gap between what's available to them and what they need to be informed participants in the plan. So it feels as though we're a long way from people having the adequate information they need for these [plans] to work the way they're intended to."

Figure 5
Cost-Conscious Decision Making, by Type of Health Plan
Percentage of adults 21–64 who received health care in last 12 months



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005.
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Still, Kaiser Permanente's Crane said consumer-driven plans seem to be making consumers more cost-conscious, which is their goal. He also noted the survey found people are "delaying or avoiding care" that may or may not be necessary, and that this needs further research.

Crane added that using information is "a very complicated area for the average consumer, and they're going to need help in navigating the system to understand the system." He suggested that experts look into creating new institutions or organizations to help consumers gather and evaluate health plan information. The entire health care industry is beginning to use information technology that will help to provide more information to consumers about their own health and about the quality and practices of medical professionals, Crane added.

Myers, of Partners Community Healthcare, said he supported making information more easily available to consumers. But he added that there are serious concerns about how accurate or useful the information is concerning cost and quality relating to individual doctors and services. "Can we do something to modify physician behavior or change the structure of services? The bottom line for us is that—as the health plans are now doing in our area—we've got to be in front of and helping those health plans develop information that's really applicable [to patients] and accurate," Myers said.

Schellman, of Procter & Gamble, said the survey finding that consumers are making cost-conscious decisions "can help with better decision-making as participants evaluate treatment options." But he cautioned that "several pieces of information need to be readily available to consumers," including not only the cost of procedures, but also treatment options, their effectiveness, and provider quality information. "Developing consumer tools and education is critical, with a rather large gap to fill," he said.

Two other speakers offered sharply critical views of the availability of information to inform consumers, and called for broader changes in consumer-driven plans. Glied said that for the consumer-driven movement to promote both cost-consciousness and financial protection to workers, federal tax policy has to both promote the use of high-deductible health plans for those who can afford the premiums and also help lower-income workers afford the cost-sharing. Blitzstein called for the creation of a new business model for health insurance plans that prioritizes quality-care benchmarks with the goal of a healthier work force—not just saving employers money. "Only when a new business model like this emerges, and we work closely with the physician community by sharing information and coordinating care, will we change the supply-driven dynamic of the American health care system," he said.

Comments by Survey Sponsors

Karen Davis, president of The Commonwealth Fund, and Dallas Salisbury, EBRI president, offered observations on consumer-driven health plans and other issues during the policy forum. Davis discussed the reasons for the emergence of these plans and the implications for the future. Salisbury discussed similar trends in retirement savings and health care plans. Some of their comments:

Davis: "Employers have been looking for lower-cost strategies for providing health insurance for their workers. In that context, high-deductible plans, usually associated with health savings accounts, have gained currency as a strategy for employers to both slow the increases in the premiums that they pay and encourage, at least theoretically, more cost-conscious behavior on the part of workers."

Davis added: "High-deductible health plans, with or without associated savings accounts…are really quite controversial at this point…Many are watching developments very carefully before making a decision to move more rapidly in this direction."

"There is a particular concern," Davis said, "that focusing on health care costs at the front end—$1,000 [for an individual] or $2,000 for a family—may encourage employees to avoid preventive care. Although plans can exempt preventive services from the deductible, [high deductibles] may also discourage them from proper management of chronic conditions, foregoing medications or the use of health care services that help monitor those conditions, and, in so doing exacerbate the cost problem."

Salisbury: Noting that the trend away from traditional employer-funded pension plans to worker-funded individual accounts in retirement benefits could be considered a "consumerism model" for retirement income and savings, Salisbury noted that "well over 50 percent of all private-sector workers who were covered by qualified retirement plans used to be in defined benefit pension plans, and now over 60 percent are exclusively in 'consumerism' 401(k)-model plans," Yet, policymakers in Congress and retirement plan service providers are saying that participation levels haven't been as high as it should be."

Salisbury also noted that EBRI's annual Health Confidence Survey over the years has repeatedly found that workers who are offered health insurance through their jobs but decline it do so "because they can't afford to pay for it—and that is at relatively low premium levels." The implications for consumer-driven health plans and high-deductible health plans are obvious, he suggested.

Salisbury concluded with a comment on the challenges that he believes consumer-driven health plans will face: "Even if we can produce higher quality, will it do much to control the trend of total health care spending? Do consumer-driven and high deductible plan have the potential—at least in some cases—of making situations worse? If so, can plans be designed to mitigate against deferral of wellness, prevention, proper use of prescriptions, and needed care, while realizing cost and advantages and informed consumption?"

New Publications and Internet Sites

Employee Benefits
Black, Ann. *Effective Benefits Communication: Trends-Techniques-Technology*. IFEBP members, $45; nonmembers, $64. 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: books@ifebp.org

Health Care
Cogan, John F., R. Glenn Hubbard, and Daniel P. Kessler. *Healthy, Wealthy, and Wise: Five Steps to a Better Health Care System*. $18. The AEI Press, c/o National Book Network, Attn: Order Department, 4501 Forbes Blvd., Suite 200, Lanham, MD 20706 (800) 462-6420, fax: (800) 338-4550, e-mail: custserv@nbnbooks.com

Lesser, Gary S., Christine L. Keller, and Susan D. Diehl. *Health Savings Account Answer Book*. $199 + S&H. Aspen Publishers, P.O. Box 990, Frederick, MD 21705-0990, (800) 638-8437, www.aspenpublishers.com

Human Resource Management
Losey, Mike, Sue Meisinger, and Dave Ulrich. *The Future of Human Resource Management*. SHRM members, $29.95; nonmembers, $34.95. SHRM/John Wiley & Sons, Society for Human Resource Management, 1800 Duke St., Alexandria, VA 22314-3499, (800) 444-5006, www.shrmstore.shrm.org/shrm/

Thompson Publishing Group. *Human Resources 2006: Answers to Your Top 25 Questions*. $195 + S&H. Thompson Publishing Group, Subscription Service Center, P.O. Box 26185, Tampa, FL 33623-6185, (800) 677-3789, fax: (800) 999-5661, e-mail: service@thompson.com, www.thompson.com/hr2006_4.

Pension Plans/Retirement
Profit Sharing/401(k) Council of America. 48th Annual Survey of Profit Sharing and 401(k) Plans. *PSCA members, $125; nonmembers, $325. Profit Sharing/401(k) Council of America, 20 N. Wacker Dr., Suite 3700, Chicago, IL 60606, (312) 419-1863, fax: (312) 419-1864, www.psca.org, e-mail:* ***psca@psca.org***

Reference
Omnigraphics, Inc. *Toll-Free Phone Book USA: A Directory of Toll-Free Telephone Numbers for Businesses and Organizations Nationwide*. 10th edition. $173. Omnigraphics Customer Service, P.O. Box 625, Holmes, PA 19043, (800) 234-1340, fax: (800) 875-1340, www.omnigraphics.com

Tax Policy
Poterba, James M. *Tax Policy and the Economy, Volume 19*. $25. MIT Press, c/o Triliteral, 100 Maple Ridge Rd., Cumberland, RI 02864, (800) 405-1619 or (401) 658-4226, fax: (800) 406-9145 or (401) 531-2801, e-mail: mitpress-orders@mit.edu

Employee Assistance Programs (EAPs) Sites
DFA Publishing & Consulting, LLC
www.eaptools.com/

EAP Consultants, Inc.
www.eapconsultants.com/

EAP Systems
www.eapsystems.com/

Employee Assistance Professionals Association
www.eapassn.org/

Employee Assistance Program Directory
www.eap-sap.com/

Families First Employee Assistance Programs
www.familiesfirst.org/employeeassistance_overview.html

Web Documents

2006 Segal Health Plan Cost Trend Survey
www.segalco.com/publications/surveysandstudies/2006trendsurvey.pdf

Compensation Costs Up 3.2 Percent in Private Industry Over the Year
www.bls.gov/opub/ted/2005/aug/wk1/art01.htm

Consumerism in Health Care: Early Evidence Is Positive
www.galen.org/fileuploads/Consumerism.pdf

The Effect of Unions on Employee Benefits: Recent Results from the Employer Costs for Employee Compensation Data
http://www.bls.gov/opub/cwc/print/cm20050616ar01p1.htm

Flexible Work Schedules in 2004 [chart data]
www.bls.gov/opub/ted/2005/jul/wk1/art01.htm

Hewitt Study Shows Nearly Half of U.S. Workers Cash Out of 401(k) Plans When Leaving Jobs
http://was4.hewitt.com/hewitt/resource/newsroom/pressrel/2005/07-25-05.pdf

International Retirement Security Survey
http://assets.aarp.org/rgcenter/general/irss.pdf

Mutual Funds and the U.S. Retirement Market in 2004
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Options and Alternatives to Fund Retiree Health Care Expenditures
www.tiaa-crefinstitute.org/research/policy/docs/pol070105.pdf

Reinsurance: How States Can Make Health Coverage More Affordable for Employers and Workers
www.cmwf.org/usr_doc/820_swartz_reinsurance.pdf

Selecting a Default Fund for a Defined Contribution Plan
https://institutional4.vanguard.com/iip/pdf/defaultfunds.pdf

Social Security 70th Anniversary Survey Report: Trends over Time
http://assets.aarp.org/rgcenter/econ/ss_70_anniv.pdf

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