

Notes

Views on Health Coverage and Retirement: Findings from the 2012 Health Confidence Survey,[®] p. 2

Tax Preferences and Mandates: Is the Danish Savings Experience Applicable to the United States? p. 10

A T A G L A N C E

Views on Health Coverage and Retirement: Findings from the 2012 Health Confidence Survey,[®] by Paul Fronstin, Ph.D., EBRI

- More than one-half of Americans (54 percent) reported that access to health insurance in their retirement decision was extremely important, and another 28 percent reported it was very important in 2012.
- Overall, more than one-half of workers (53 percent) reported that they planned to work longer than they would like in order to continue receiving health insurance through work, although only 19 percent of retirees reported that they had worked longer than they would have liked to in order to continue receiving health insurance through work.
- In 2003, 15 percent of workers reported that they would retire earlier than planned if they were guaranteed access to health insurance, but by 2012, 27 percent reported that they would retire earlier than planned under that condition.

Tax Preferences and Mandates: Is the Danish Savings Experience Applicable to the United States? by Sudipto Banerjee, Ph.D., and Nevin Adams, J.D., EBRI

- In an environment where lawmakers are struggling to raise tax revenue, public-policy tax “expenditures” have come under heavy scrutiny—in particular, tax preferences to boost retirement savings in employer- provided retirement plans.
- A recent study based on data from Denmark has called into question the usefulness of such retirement tax expenditures in boosting real savings.
- The study of Danish workers explored only the impact that changes in tax incentives for work place retirement plans might have on worker savings behaviors; of critical importance, it did not explore how employers might respond to changes in retirement savings tax incentives. Evidence suggests U.S. employers would react negatively to a loss of tax incentives by reducing or ending their retirement plans.
- While the study of Danish savings behaviors presented the impact of tax-incentives and the “nudges” of automatic mandatory savings as an “either/or” solution, the optimal solution—certainly for a voluntary system such as the one currently in place in the U.S.—may well be a combination of the two.

Views on Health Coverage and Retirement: Findings from the 2012 Health Confidence Survey

By Paul Fronstin, Ph.D., Employee Benefit Research Institute

Introduction

Health care expenses are a key component of spending in retirement. In 2009, health care accounted for 18 percent of expenses for people 85 and older, 15 percent of expenses for people ages 75–84, 12 percent of expenses for people ages 65–74, and 9 percent of expenses for people ages 50–64 (Figure 1).

Medicare beneficiaries are responsible for paying a portion of their health expenses because the Medicare program, established in 1965, was not designed to cover health care expenses in full. Medicare beneficiaries ages 65 and older paid, on average, 13 percent of the cost of their health care services in 2009, while Medicare covered 59 percent, and private insurance covered 14 percent (Figure 2). It has been estimated that a 65-year-old couple, both with median drug expenses, would need \$163,000 set aside in 2012 to have a 50 percent chance of having enough money to cover health care expenses (excluding long-term care) in retirement, \$283,000 to have a 90 percent chance of doing so (Fronstin, Salisbury and VanDerhei 2012).

The availability of health insurance may thus affect retirement decisions. Many employers have dropped retiree health benefits, and most that have continued to offer these benefits have made changes in the benefit package they offer: raising premiums that retirees are required to pay, tightening eligibility, limiting or reducing benefits, or some combination of these (Fronstin and Adams 2012). This may be one of the reasons why the labor-force participation rate of older men has been increasing. Among men ages 60–64, the labor-force participation rate increased from 53.2 percent in 1995 to 60 percent in 2010, while the rate for men ages 55–59 increased from 77.4 percent to 78.5 percent (Copeland 2012). Prior Employee Benefit Research Institute (EBRI) work indicates that there is a direct link between a worker's decision to retire early and the availability of retiree health benefits, (Fronstin 1997) and other research bears that out.¹

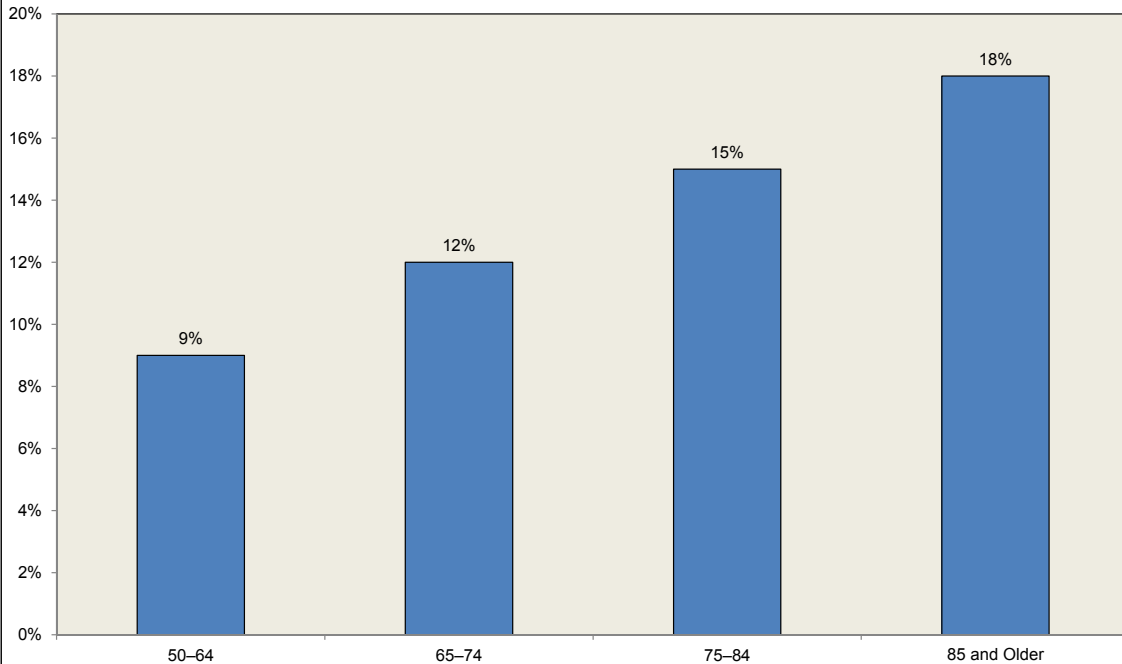
The Patient Protection and Affordable Care Act of 2010 (PPACA) might change the current labor-market dynamics of older workers. Under PPACA, retirees (as well as many other Americans) will be able to purchase health insurance directly from health insurance exchanges, and they also stand to benefit from insurance-market reforms combined with the exchanges (such as guaranteed issue, modified community rating, and premium and cost-sharing subsidies for those under 400 percent of poverty), as well as increased choices of health plans. With those expanded alternatives, employers that currently provide retiree health benefits may well find themselves considering an exit strategy (Towers Watson/National Business Group on Health 2012).

This paper examines public opinion surrounding health insurance and retirement. The data come from the EBRI/MGA 2012 Health Confidence Survey (HCS), which explores a broad spectrum of health care issues, including Americans' satisfaction with health care today, their confidence in the future of the nation's health care system and the Medicare program, as well as their attitudes toward certain aspects of health care reform. Earlier waves of the HCS are examined as well.

Medical Expenses, Access to Health Insurance and Planning for Retirement

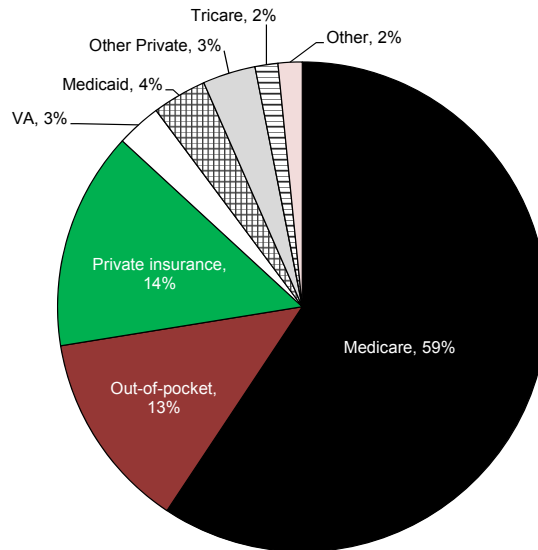
The importance of medical expenses in planning for retirement has long been evident in the HCS. The percentage of Americans reporting that health expenses are an important consideration when planning for retirement has always been relatively high, and it has recently increased. In 2012, 45 percent of individuals reported that medical expenses

Figure 1
Health Care as a Percentage of Total Spending, by Age, 2009



Source: Banerjee, Sudipto. "Expenditure Patterns of Older Americans, 2001-2009." *EBRI Issue Brief*, no. 368 (Employee Benefit Research Institute, February 2012).

Figure 2
Source of Payment for Incurred Health Care Expenses, Noninstitutionalized Population of Medicare Beneficiaries, Ages 65 and Older, 2009



Source: EBRI estimates from the 2009 Medical Expenditure Panel Survey.

were extremely important when it came to planning for retirement, and 26 percent reported that they were very important (Figure 3). Only 6 percent reported that medical expenses were not too important when planning for retirement and just 3 percent reported that they were not at all important.

Moreover, the percentage of individuals reporting that medical expenses were extremely important when it came to planning for retirement increased from 27 percent in 2003 to 45 percent in 2012, with corresponding decreases in the percentage reporting that medical expenses were very important, somewhat important, not too important, and not at all important.

Over one-half of Americans (54 percent) reported that access to health insurance was extremely important in their retirement decision, and another 28 percent reported it was very important in the 2012 HCS (Figure 4). The percentage reporting that it was extremely important was up slightly from 51 percent in 2011, while the percentage saying it was very important was down slightly from 32 percent in 2011. Very few reported that access to health insurance was not important in their retirement decision: In 2012, 2 percent reported that it was not too important, and 3 percent reported that it was not at all important.

Overall, over one-half of workers (53 percent) reported that they planned to work longer than they would like in order to continue receiving health insurance through work (Figure 5). However, far fewer retirees reported that they had worked longer than they would have liked to in order to continue receiving health insurance through work: Only 19 percent of retirees reported that they had actually done so, although there may have been a selection problem in that current retirees may have been more likely than current workers to have access to health insurance coverage through work in retirement.

A growing percentage of workers reported that they would retire earlier than planned if they were guaranteed access to health insurance. In 2003, 15 percent of workers reported that they would retire earlier than planned if guaranteed access to health insurance (Figure 6): By 2012, 27 percent reported that they would retire earlier than planned under that condition.

Attitudes towards Medicare Reform

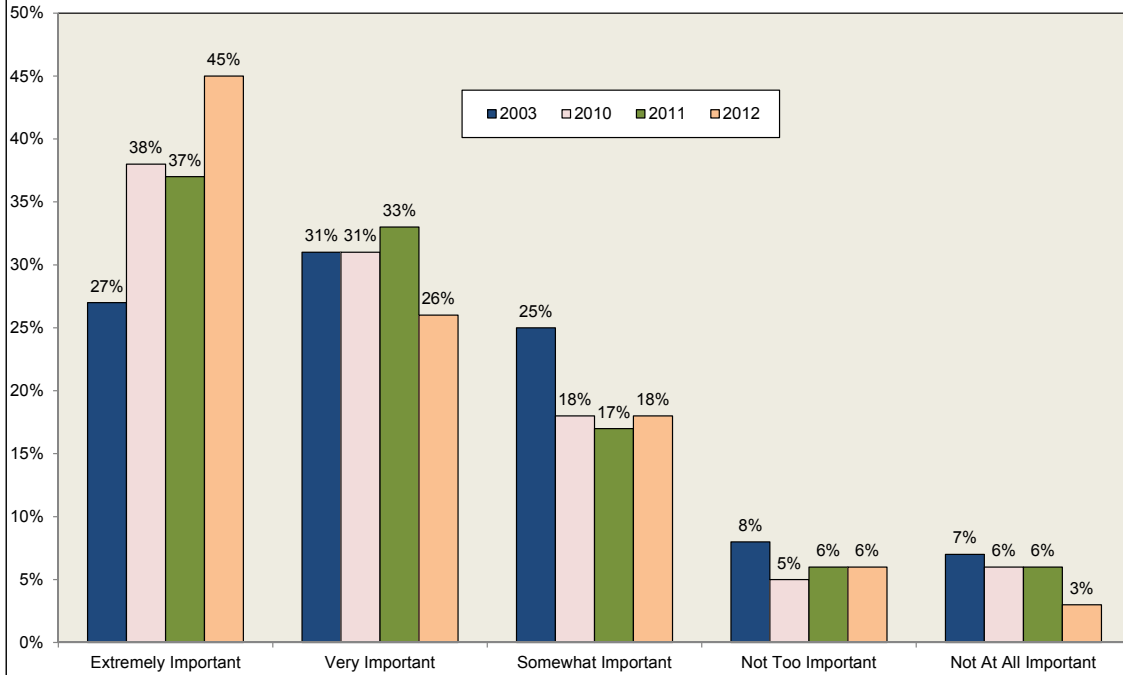
Despite the fact that the Medicare program is currently projected to exhaust its trust fund nine years before Social Security,² Americans were not only more likely to suggest prioritizing Social Security reform over Medicare reform, but they have been increasingly likely to do so. In 2012, 60 percent of Americans reported that Social Security reform should be a higher priority than Medicare reform, up from 55 percent in 2010 (Figure 7). In contrast, one-third of the population thought Medicare reform should be a higher priority, while about 6 percent of the population did not know which program should be a higher priority.

When it came to Medicare reform, more than 60 percent of the population opposed raising the eligibility age for full benefits to 68 and offering a reduced level of benefits at age 62. Twenty-seven percent somewhat opposed such a change in policy, while 36 percent strongly opposed it (Figure 8). However, strong opposition has fallen from 42 percent in 2005 to 36 percent in 2012. Only 1 in 10 (9 percent) strongly favored a policy that would raise the eligibility age for full benefits while lowering it for partial benefits, while 1 in 4 (26 percent) somewhat favored such a policy.

About the Health Confidence Survey

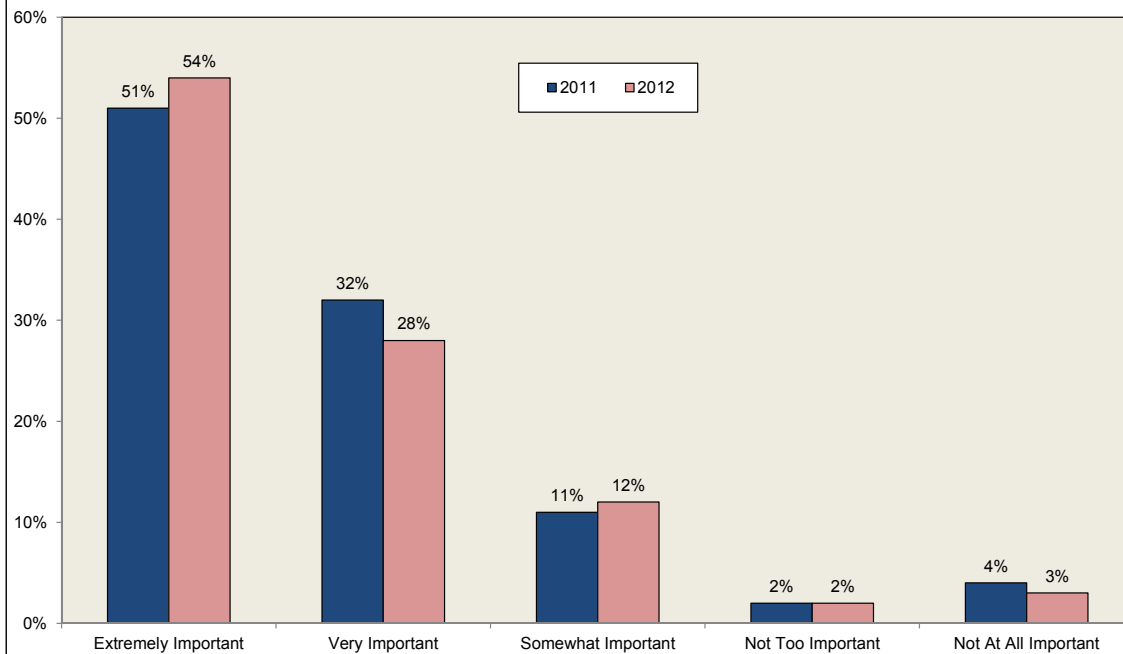
The HCS³ was conducted between June 28 and July 20, 2012, through telephone interviews with 800 individuals ages 21 and older. Random digit dialing with a cell phone supplement was used to obtain a representative cross section of the U.S. population. Interview quotas were established by gender of respondent and employment status, with the data weighted by gender, age, and education to reflect the actual proportions in the population.

Figure 3
Importance of Medical Expenses in Planning for Retirement, 2003–2012



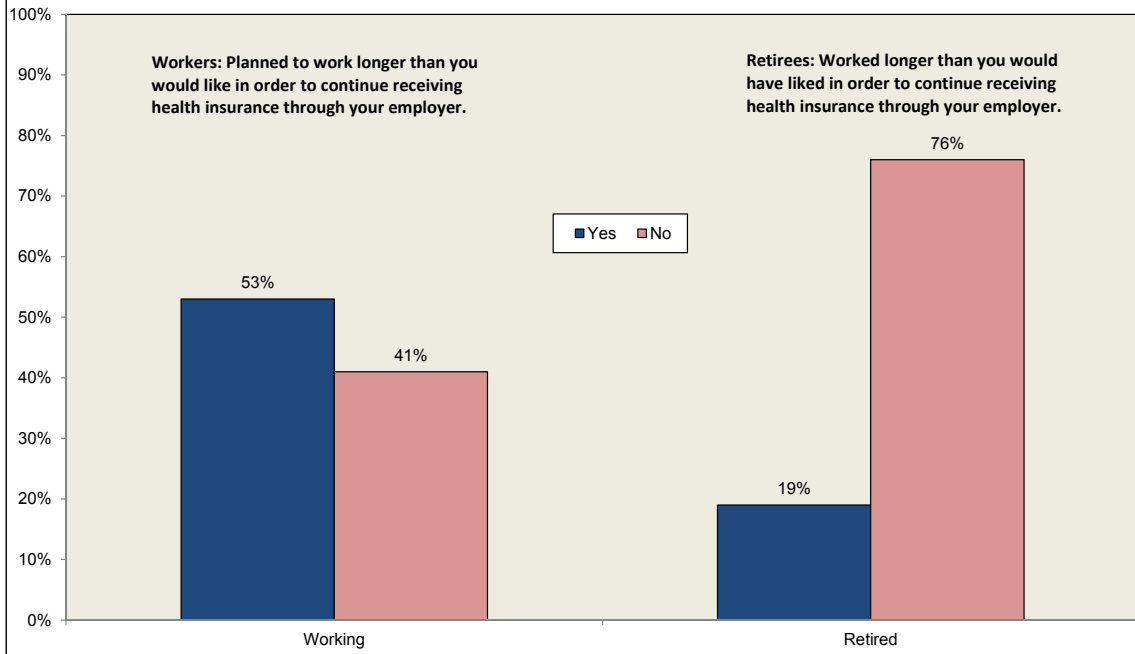
Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2003–2012 Health Confidence Surveys.

Figure 4
Importance of Access to Health Insurance in Retirement Decision, 2011–2012



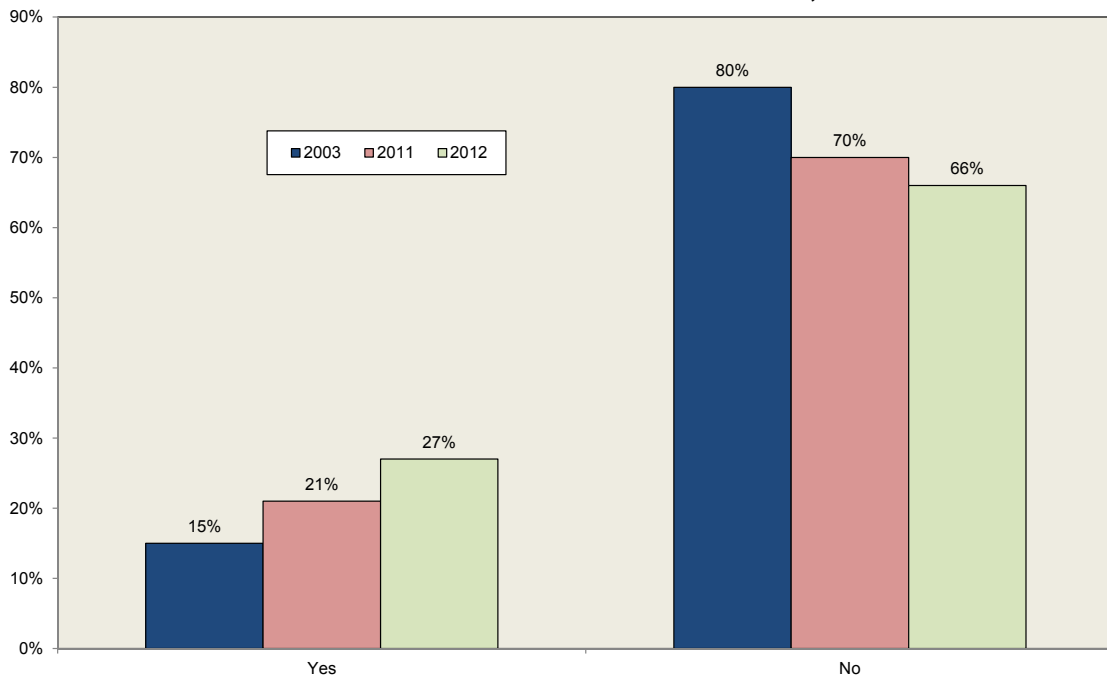
Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2011–2012 Health Confidence Surveys.

Figure 5
Impact of Health Insurance on Decision to Retire, 2012



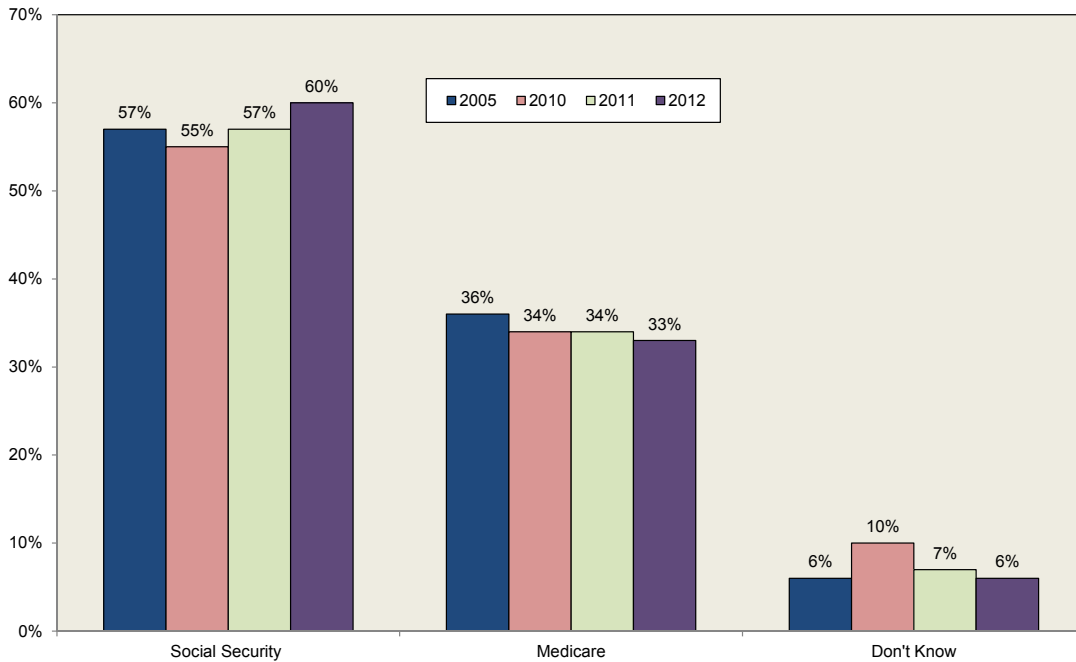
Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2012 Health Confidence Survey.

Figure 6
Percentage of Workers That Would Consider Retiring Earlier Than Planned if Guaranteed Access to Health Insurance, 2003–2012



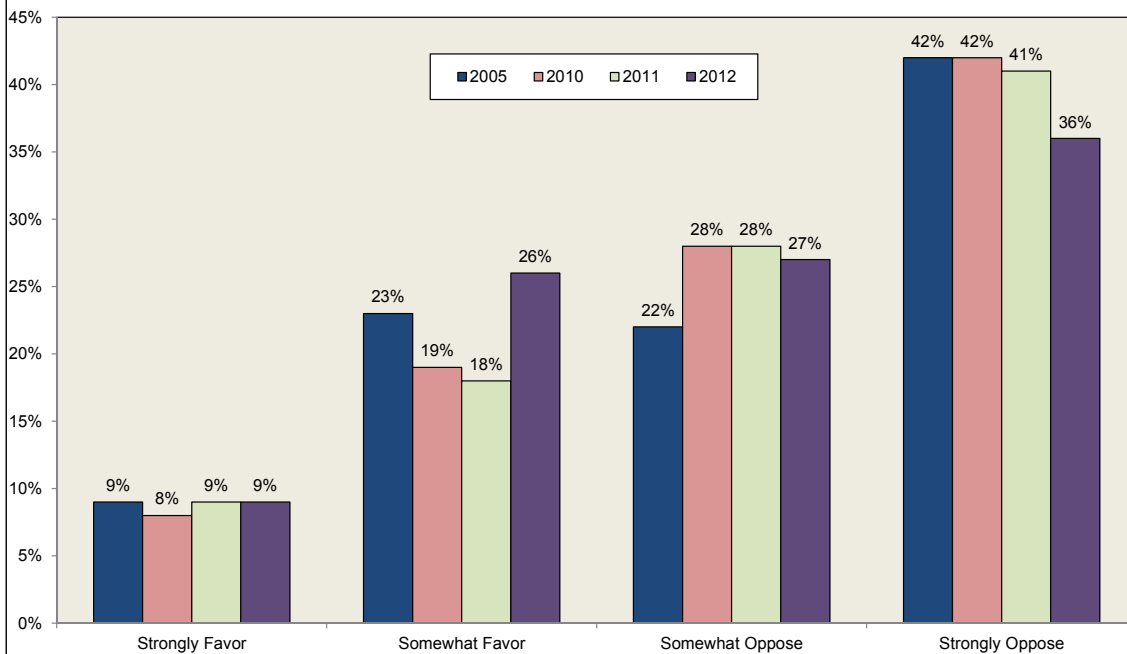
Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2003–2012 Health Confidence Surveys.

Figure 7
Percentage Reporting That Social Security and Medicare
Should be the Priority of Policy Makers, 2005–2012



Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2005–2012 Health Confidence Surveys.

Figure 8
Support for Raising Eligibility Age for Full Medicare Benefits to Age 68,
While Offering a Reduced Level of Benefits at Age 62, 2005–2012



Source: Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc., 2005–2012 Health Confidence Surveys.

References

- Banerjee, Sudipto. "Expenditure Patterns of Older Americans, 2001–2009." *EBRI Issue Brief*, no. 368 (Employee Benefit Research Institute), February 2012.
- Blau, David M, and Donna B. Gilleskie. "Retiree Health Insurance and Labor Force Behavior of Older Men in the 1990s." *Review of Economics and Statistics*, 2001: 64-80.
- _____. "The Role of Retiree Health Insurance in the Employment Behavior of Older Men." *International Economic Review*, 2008: 475-514.
- Congdon-Hohman, Joshua. "Love, Toil, and Health Insurance: Why American Husbands Retire When They Do." *College of The Holy Cross, Department*, 2011.
- Copeland, Craig. "Labor-force Participation Rates of the Population Age 55 and Older, 2011: After the Economic Downturn." *EBRI Notes* (Employee Benefit Research Institute) 33, no. 2 (February 2012).
- Fronstin, Paul. "Employee Benefits, Retirement Patterns, and Implications for Increased Work Life." *EBRI Issue Brief*, no. 184 (Employee Benefit Research Institute), April 1997.
- _____. "Retirement Patterns and Employee Benefits: Do Benefits Matter?" *The Gerontologist*, February 1999: 37-47.
- Fronstin, Paul, and Nevin Adams. "Employment-Based Retiree Health Benefits: Trends in Access and Coverage, 1997–2010." *EBRI Issue Brief*, no. 377 (Employee Benefit Research Institute), October 2012.
- Fronstin, Paul, Dallas Salisbury, and Jack VanDerhei. "Savings Needed for Health Expenses for People Eligible for Medicare: Some Rare." *EBRI Notes* (Employee Benefit Research Institute) 33, no. 10 (October 2012).
- Gruber, Jonathan, and Brigitte C. Madrian. "Health-Insurance Availability and the Retirement Decision." *American Economic Review*, September 1995: 938–948.
- Gustman, Alan L., and Thomas L. Steinmeier. "Employer-Provided Health Insurance and Retirement Behavior." *Industrial and Labor Relations Review*, October 1994: 124–140.
- Hurd, Michael, and Kathleen McGarry. "Research on the Elderly: Economic Status, Retirement, and Consumption and Saving." *Journal of Economic Literature*, June 1990: 565–637.
- Johnson, Richard W., Amy J. Davidoff, and Kevin Perese. "Health Insurance Costs and Early Retirement Decisions." *Industrial and Labor Relations Review*, 2003: 716-729.
- Karoly, Lynn A., and Jeannette A. Rogowski. "The Effect of Access to Post-Retirement Health Insurance on the Decision to Retire Early." *Industrial and Labor Relations Review*, October 1994: 103–123.
- Madrian, Brigitte C. "The Effect of Health Insurance on Retirement." *Brookings Papers on Economic Activity*, 1994: 181–252.
- Marton, James, and Stephen A. Woodbury. "Retiree Health Benefits as Deferred Compensation: Evidence from the Health and Retirement Study." *Public Finance Review*, 2012: 1-28.
- Nyce, Steven, Sylvester Schieber, John B. Shoven, Sita Slavov, and David A. Wise. "Does Retiree Health Insurance Encourage Early Retirement?" *National*, 2011.
- Rogowski, Jeannette, and Lynn Karoly. "Health Insurance and Retirement Behavior: Evidence from the Health and Retirement Survey." *Journal of Health Economics*, 2000: 529–39.

Rust, John, and Christopher Phelan. "How Social Security and Medicare Affect Retirement Behavior in a World of Incomplete Markets." *Econometrica*, 1997: 781–831.

Towers Watson/National Business Group on Health. "Performance in an Era of Uncertainty: 17th Annual Towers Watson/National Business Group on Health Employer Survey on Purchasing Value in Health Care." 2012.

Endnotes

¹ See (Blau and Gilleskie 2001), (Blau and Gilleskie 2008), (Congdon-Hohman 2011), (Fronstin 1999), (Gruber and Madrian 1995), (Gustman and Steinmeier 1994), (Hurd and McGarry 1990), (Johnson, Davidoff and Perese 2003), (Karoly and Rogowski 1994), (Madrian 1994), (Marton and Woodbury 2012), (Nyce, et al. 2011), (Rogowski and Karoly 2000), (Rust and Phelan 1997).

² The Social Security program is expected to exhaust its trust fund in 2033. The Medicare program is expected to exhaust its trust fund in 2024. See www.ssa.gov/oact/trsum/index.html for more information.

³ The HCS is co-sponsored by EBRI, a private, nonprofit, nonpartisan, public-policy-research organization, and Mathew Greenwald & Associates, Inc., a Washington, DC-based market research firm. The 2012 HCS data collection was funded by grants from nine private organizations. Staffing was donated by EBRI and Greenwald & Associates. HCS materials and a list of underwriters may be accessed at the EBRI Web site: www.ebri.org/surveys/hcs/

Tax Preferences and Mandates: Is the Danish Savings Experience Applicable to the United States?

By Sudipto Banerjee, Ph.D., and Nevin Adams, J.D., Employee Benefit Research Institute

Introduction

As the nation continues to grapple with fiscal challenges, the subject of so-called “tax expenditures,”¹ the amount of tax breaks accorded various programs, has attracted a great deal of attention. Each year the federal government registers large “tax expenditures” to provide tax-preferences to a number of items as a matter of public-policy, including employer-provided health insurance, work place retirement plans, home-mortgage interest deductions, charitable deductions, etc.² Among these, the preferences accorded retirement plans are notable in that these represent a deferral of taxes, rather than a permanent exemption (Lurie and Ramnath 2011)³—meaning that the tax revenue on these funds is not lost but deferred.

Critics of the current tax preferences structure for work place retirement plans have questioned the efficacy of those preferences relative to the savings produced. In that vein, a recent study by Chetty et al. (2012) examined the experience of the Danish pension system to consider the relative impact of government retirement-savings tax preferences, automatic deferrals on savings and savings behaviors. The study, based on a robust set of information from Danish income tax records, considered whether retirement savings policies—specifically tax subsidies for employer-provided pension plans increased total savings for retirement or simply induced “shifting across accounts.” The authors of the study concluded that tax subsidies, “which rely upon individuals to take an action to raise savings,” had “small impacts on total wealth.” They also concluded that subsidies only affected the behavior of “active savers,” which they estimated constituted just 15 percent of the population.

The Study of Danish Workers

The study first analyzed the impact of defaults in employer-provided pensions and government mandates on Danish savings patterns, doing so by looking at workers who changed jobs. It found that most individuals did not change the amount of their voluntary contributions or savings in taxable accounts, but that an individual’s total savings immediately increased by 90 cents for every \$1 increase in employer-provided pension contributions. The study also examined the effect of a mandatory savings plan (MSP) that required all Danish citizens to contribute 1 percent of their earnings to a retirement savings account from 1998 until 2003. During this period, the study found sharp increases in savings in 1998 (when the mandate took hold) and sharp decreases in total savings in 2004 (when the mandate lapsed). It estimated that a \$1 contribution to the MSP increased savings by roughly \$1—in other words, Danish workers saved what they were required to save, and no more.

Secondly, the study estimated the effect of government incentives on total savings by looking at the response to a 1999 reduction by the Danish government of the tax incentive for contributing to a capital pension account (which yielded a lump-sum payout and was taxed at a flat rate) by 14 cents per Danish krone (DKK) (6 DKK approximately equal \$1 in 2012) for individuals in the top tax bracket (i.e., income above 250,000 DKK or about \$44,600 at January 2013 exchange rates). Individuals in lower tax brackets were not affected by this change. The study found that contributions fell sharply for the top tax bracket (those affected by the change in savings incentives) but remained virtually unchanged for those just below that bracket (whose incentives were not affected by the change). More significantly, just 17 percent of prior contributors accounted for the entire drop in capital pension account contributions in 1999. The study also found that among this 17 percent, those who responded to the change in Danish tax incentives did so primarily by shifting assets across accounts. Estimates showed that 60 cents of roughly every \$1 withdrawn from the capital pension accounts was shifted to annuity pension accounts, and 99 cents of every \$1 withdrawn from all pension accounts was shifted to taxable savings accounts. This implies that tax incentives had

little or no effect on *total* savings of Danish workers, though it did result in a shift in how those impacted by the changes in tax incentives chose to save.

Finally, the study of Danish savers found that the 1999 incentive reduction had a much larger impact on those starting a new pension that year compared with those who were already making contributions and that the reduction in incentives also had a larger effect on Danish workers who made frequent changes to their pension contributions. In essence, Danish savers who were actively making decisions about their pension contributions were more likely to respond to the change in incentives than other individuals. The study's authors classified this group as "active savers," who as it turns out, also had significantly higher wealth/income ratios and were more likely to be older than other Danish workers in the study.

Combining all these results, the authors arrived at two top-line conclusions about the savings behavior of Danish workers:

- First, as noted above, only 15 percent of those individuals were "active" savers, and only those active savers responded to the tax-incentive changes and then largely only by reallocating savings between their tax-deferred pension accounts and taxable savings accounts.
- Secondly, for these active savers, a \$1 tax expenditure by the government on subsidies for retirement savings raised total savings by only about 1 cent, on average.

Not surprisingly, these conclusions have since been widely touted by those who question the efficacy of the current retirement savings tax incentives in the United States.

While this is a very important study of the Danish retirement savings system, using rich data and robust statistical methods, some important distinctions need to be considered before concluding that changes to tax-expenditure incentives for work place retirement accounts in the United States would have similar effects.

Access vs. Contribution

In explaining their rationale for drawing on the Danish pension experience, the study's authors described Denmark's pension system as "broadly similar in structure" (pg. 1) to that in the United States and other developed countries, in that it has individual accounts, employer-provided pensions, and a government-supported defined benefit (DB) plan. However, while the components are similar, the Danish retirement system functions differently in several critical aspects.

First, and most importantly, in Denmark, the availability of employment-based, tax-deferred retirement plans was not tied to the tax-deferred status of the accounts, whereas in the United States, the availability of work place retirement plans is very much linked with their tax-deferred status. As the authors mentioned in the study, for most workers in Denmark, access to a pension savings plan is negotiated through collective bargaining between the workers' union and employer associations. However, in the United States, only 12 percent of workers (Bureau of Labor Statistics 2012) are employed in unionized sectors, though many American workers are offered such plans. One important factor behind this is the rules established by the Employee Retirement Income Security Act of 1974 (ERISA), and subsequent legislation. Employers want to retain their most talented employees by offering them competitive compensation and attractive benefits, which include access to retirement savings plans.

ERISA—the federal law that established minimum standards for pension plans in private industry in the United States—as well as federal tax rules regarding employee benefit plans, also codified certain "nondiscrimination" standards that plans must meet in order to obtain preferential tax treatment. The resulting tax incentives, combined with ERISA's nondiscrimination tests, have been designed and refined over time to encourage not only the

participation in *but the sponsorship of* these voluntary savings programs in the U.S. These nondiscrimination tests, applied to the distribution of contributions among employees, must be fulfilled in order for the contributions and investment earnings of an employer-sponsored pension plan to receive favorable tax treatment, and are, in fact, designed to ensure that a disproportionate share of the benefits do not accrue to the more highly paid members of the plan. Additionally, the greater propensity of higher-income workers to participate in and make contributions to these plans has led to the use of employer-provided matching contributions to encourage broader and more effective participation by non-highly compensated workers. Via those mechanisms, bounded by a series of rules and regulations implemented under ERISA, the U.S. system has consistently managed to achieve participation rates in the neighborhood of 70 percent (PLANSPONSOR November 2012) among employers that sponsor a retirement plan.

However, if the tax-deferred status of those workplace retirement savings accounts were altered, these ties would almost certainly be weakened, if not broken. In recent surveys (VanDerhei March 2012), many plan sponsors have expressed a desire to offer no plans at all in the absence of tax incentives for employees.

If the employers choose to end work place retirement plans for all income levels, then low-wage workers, who are generally less prepared for retirement, would suffer on several counts.

- Research has shown that eligibility for a work place retirement savings plan is an important factor for being adequately prepared for retirement (VanDerhei November 2012).
- Loss of access to a work place retirement savings plan would also mean that workers would lose the employer match. One might argue that the matching funds would simply shift to direct (and taxable) compensation, but recent research (Smith and Toder 2011) has shown that, under certain theoretical constructs, additional employer contributions to 401(k) plans reduce wages much less for low-income than for high-income workers. So, the increase in wages may not be enough to compensate for the loss in match dollars for low-wage workers if they no longer participate in a work place retirement savings plan. All this could further jeopardize the retirement security of the low-income, working population.

A survey conducted on behalf of The Principal Financial Group (2011) determined that if workers' ability to deduct any amount of the 401(k) contribution from taxable income was eliminated, 65 percent of the plan sponsors responding to the survey would have less desire to continue offering their 401(k) plan. Additionally, a separate survey of plan sponsors by AllianceBernstein found that small plan sponsors were more likely than larger employers to respond negatively to a proposed change in the deductibility of contributions by employees.

A 2012 EBRI analysis (VanDerhei, March 2012) based on an AllianceBernstein survey⁴ responses found that if the federal tax treatment of employer and worker contributions for 401(k) plans were ended in exchange for an 18 percent match from the federal government, small-sized plan sponsors and low-income workers would be significantly and negatively affected. Specifically, under that proposal, EBRI examined the average percentage reductions in 401(k) account balances at Social Security normal retirement age due to expected modifications in response to the proposal by plan size and age-specific salary quartiles for workers currently ages 26–35. EBRI found that, for all four income quartiles, the average percentage reductions for plan sponsors in the two smallest plan-size categories (less than \$1 million and \$1–\$10 million in assets) were more than 1.5 times the value of the average percentage reductions for plans sponsors in any of the larger-size categories. EBRI baseline analysis indicated that those modifications by plan-sponsors, combined with individual-participant reactions, would result in an average percentage reduction in 401(k) balances of between 6–22 percent at Social Security normal retirement age (for workers currently ages 26–35). Moreover, 401(k) plans with less than \$10 million in assets would experience an average reduction in participant balances at retirement age of between 36–40 percent for workers in that age cohort.

Significantly, the study of Danish workers by Chetty et al. assumed that changes in the tax treatment of retirement accounts did not affect access to work place retirement accounts, so the effect was limited to individual contribution behavior. But the way the U.S. retirement plan incentives are currently configured, eliminating or reducing the tax-preferred status of work place retirement plans could have a significant effect on access to those plans, as well as utilization by participants, which was the focus of the Danish study. While the Danish study assumed no reaction by retirement-plan sponsors to the loss of tax preferences, strong evidence suggests a dramatic reaction by American plan sponsors, with a resulting impact on retirement savings, as well as savings behaviors.

Difference in Savings Incentives and Patterns

As mentioned previously, one of the top-line findings of the Danish study was that 15 percent of Danish workers were active savers and 85 percent were passive savers. However, one must look at more direct evidence before generalizing this result in the U.S. context. It has been well-documented that savings rates differ greatly across countries. For example, according to 2012 estimates from the Organization for Economic Cooperation and Development (OECD), Danish household savings rates between 2007 and 2012, as measured as a percentage of disposable household income, were -4.0, -3.7, 0.2, -1.0, -0.6 and -0.6 percent respectively. In contrast, during the same years, the same savings rates for U.S. households were 2.4, 5.4, 4.7, 5.1, 4.2 and 3.7 percent. Not only were the savings patterns quite different between the two countries, but the United States has had significantly higher savings rates in recent years. Several factors, including the generosity of social-insurance programs, political stability, borrowing constraints, etc., can also affect the rate of private savings.

Additionally, the MSP outlined in the recent study of Dutch workers was just that: a retirement savings pillar to which contributions by workers were mandatory, without option. In contrast, the vast majority of American workers participate voluntarily in the comparable savings programs here.

The United States and Denmark are also very different in some other aspects, for example, social insurance. Denmark provides tax-funded, universal health care to all its citizens so that retirees don't have to incur any out-of-pocket health care costs. But health care expenditures are a significant part of spending for retirees in the United States (Banerjee 2012), hence they could be a strong motivator for Americans to save for retirement. Even with the presence of Medicare, U.S. retirees have to worry about their Medicare insurance premiums, prescription-drug costs, and in some cases, highly expensive, long-term care. There are other differences in the social-insurance structure of the two countries as well. If these factors have any role in shaping savings behavior (Edwards 1996), then it is possible that the division of active and passive savers is different—perhaps significantly different—between the two countries.

Another Concern

In the paper, the Danish study authors said that “the structure of the DB pension system (in Denmark) did not change in a way that affects our analysis of DC [defined contribution] accounts over the period we study” (page 11). However, there was a major change in the National Old Age Pension program (OAP, equivalent to Social Security in the United States) in Denmark in 1999. The OAP normal retirement age was lowered from 67 to 65 effective July 1, 2004, for people reaching age 60 after July 1, 1999. In practice, the lowering of OAP retirement age was fully implemented by mid-2006 so that only people born after July 1, 1939, were able to take advantage of the lowered OAP retirement age of 65.

This raises concern about the analysis for a number of reasons. First, this change immediately created two groups: individuals whose expected OAP wealth changed based on whether they were born before or after July 1, 1939. For those born before July 1, 1939, expected lifetime OAP benefits were unchanged. For those born after, they increased. Attanasio and Brugiavini (2003) used a similar reform in Italy and a life-cycle model to show that the change in Social

Security wealth had a negative and statistically significant effect on private savings. Also, the effect of the OAP retirement-age change could vary by income. In Denmark, eligibility for OAP benefits does not depend on past labor force attachment (as in the United States). However, the actual benefit amount paid depends on income. So, lowering the OAP retirement age changed the present discounted value (PDV) of the expected, lifetime OAP benefits differently for different income groups.

To the extent the changes in PDV of expected, lifetime OAP retirement-income benefits had any effect on savings (either in tax-deferred pension plans or taxable savings accounts), the estimates in the paper might have been confounded. For example, if private pensions and public pensions were substitutes for each other, the drop in contribution to a private pension account might have been the result of a substitution due to the increase in expected value of a public pension. Because the change in Denmark's private-pension plan happened in the same year (1999) that the change in public pension was announced, the possibility of a confounding substitution factor cannot be ruled out.

Also, because the change in the OAP retirement age was much more universal than the change in subsidy for private-pension-plan contributions in the top-income tax bracket, it seems more likely that the retirement-age change attracted more media attention and discussion in public debates than the tax change for high-income earners. If that was the case and people were more aware of the OAP retirement-age change than the change in tax treatment, then the possibility of a confounding effect mentioned above is even higher.

Conclusion

In an environment where lawmakers are struggling to raise tax revenue, public-policy tax "expenditures" have come under heavy scrutiny. In particular, tax preferences to boost retirement savings in employer-provided retirement plans has been at the center of such discussions. A recent study by Chetty et al., based on data from Denmark, has called into question the usefulness of such retirement tax expenditures in boosting savings. Using quasi-experiments, rich data, and robust statistical methods the authors of the Danish study offered evidence that changes in the tax preferences for the Danish work place retirement savings plans had virtually no effect on total savings. This has prompted discussions in the United States about the possible modification of tax preferences for employment-based retirement savings plans in this country.

While the study of Danish savings behaviors presented the impact of tax-incentives and the "nudges" of automatic mandatory savings as an "either/or" solution, the optimal solution—certainly for a voluntary system such as the one currently in place in the U.S.—may well be a combination of the two.

The study of Danish workers explored only the impact that changes in tax incentives for work place retirement plans might have on worker savings behaviors; of critical importance, it did not explore how employers might react to changes in retirement savings tax incentives. But unless the behavior of *both* employers and workers are considered, the likely effects of any change in tax preference for retirement plans are speculative, at best.

References

- AllianceBernstein. "Inside the Minds of Plan Sponsors" Research. 2011. See VanDerhei (March 2012).
- Attanasio, Orazio P., and Agar Brugiavini (2003), "Social Security and Household Saving," *Quarterly Journal of Economics*, 118 (3): 1075-1120.
- Banerjee, Sudipto, "Expenditure Patterns of Older Americans, 2001-2009," *EBRI Issue Brief*, no. 368 (Employee Benefit Research Institute, February 2012).
- Bureau of Labor Statistics, U.S. Department of Labor, News Release: USDL-12-0094, January 27, 2012.
- Chetty, Raj, John N. Friedman, Soren Leth-Petersen, Torben Heien Nielsen, and Tore Olsen, "Active vs. Passive Decisions and Crowd-Out in Retirement Savings Accounts: Evidence from Denmark," *NBER Working Paper # 18565*, November 2012. www.nber.org/programs/ag/rrc/rrc2012/summaries/2.2%20Chetty,%20Friedman%20et%20al.pdf
- Edwards, Sebastian, "Why Are Latin America's Savings Rates So Low? An International Comparative Analysis", *Journal of Development Economics*, Vol. 51, no. 1(October 1996): 5-44.
- Employee Benefit Research Institute. "Pension Tax Expenditures: Are They Worth The Cost?" *EBRI Issue Brief*, no. 134 (Employee Benefit Research Institute, February 1993).
- Lurie, Ithai Z. and Shanthi Ramnath, "Long-Run Changes in the 401(k) Type Plans Tax-Expenditure." *National Tax Journal* (64-December 2011): 1025-38.
- OECD (2012), "Household Saving Rates – Forecasts," *Economics: Key Tables from OECD*, No. 7. www.oecd-ilibrary.org/economics/household-saving-rates-forecasts-2012-2_hssv-gr-table-2012-2-en
- PLANSPONSOR Magazine, "2012 Defined Contribution Survey," November 2012, www.plansponsor.com/2012_Defined_Contribution_Survey.aspx?type=industry
- The Principal Financial Group.® "The Principal Financial Group® Retirement Readiness Survey 2011." www.principal.com/about/news/documents/2011retirement-readiness-summary.pdf
- Smith, Karen E., and Eric Toder, "Do Low-Income Workers Benefit from 401(k) Plans?" *Center for Retirement Research (Boston College) Working Paper # 2011-14*, September 2011.
- VanDerhei, Jack, "Modifying the Federal Tax Treatment of 401(k) Plan Contributions: Projected Impact on Participant Account Balances," *EBRI Notes*, No. 3, (Employee Benefit Research Institute March 2012).
- _____. "All or Nothing? An Expanded Perspective on Retirement Readiness," *EBRI Notes*, no. 11 (Employee Benefit Research Institute, November 2012).

Endnotes

- ¹ For a full discussion of retirement "tax expenditures" see VanDerhei (1993).
- ² For more on tax expenditures, see Executive Office of the President, "Fiscal Year 2012 Analytical Perspectives, Budget of the U.S. Government," starting on pg. 239, *Tax Expenditures*: www.whitehouse.gov/sites/default/files/omb/budget/fy2012/assets/spec.pdf
- ³ For more on this topic, see "After" Math: The Impact and Influence of Incentives on Benefit Policy, *EBRI Issue Brief*, no. 374, online at www.ebri.org/pdf/briefspdf/EBRI_IB_08-2012_No374_PolForum.pdf
- ⁴ AllianceBernstein. "Inside the Minds of Plan Sponsors" Research. 2011. See VanDerhei (March 2012).



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