Financing Health Care in Retirement

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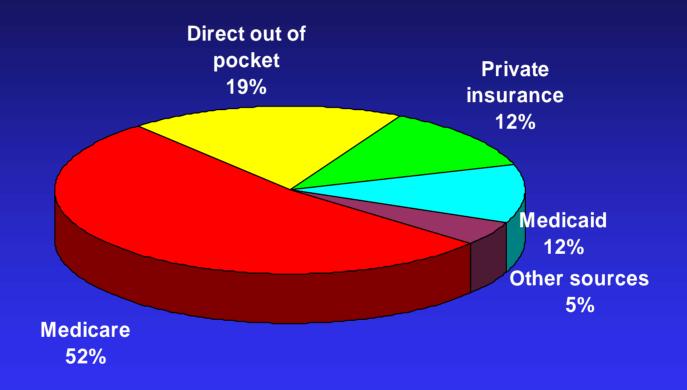


Overview

- How is health care financed in retirement?
- Employer-sponsored retiree benefits
- Medigap
- What's the bottom line?



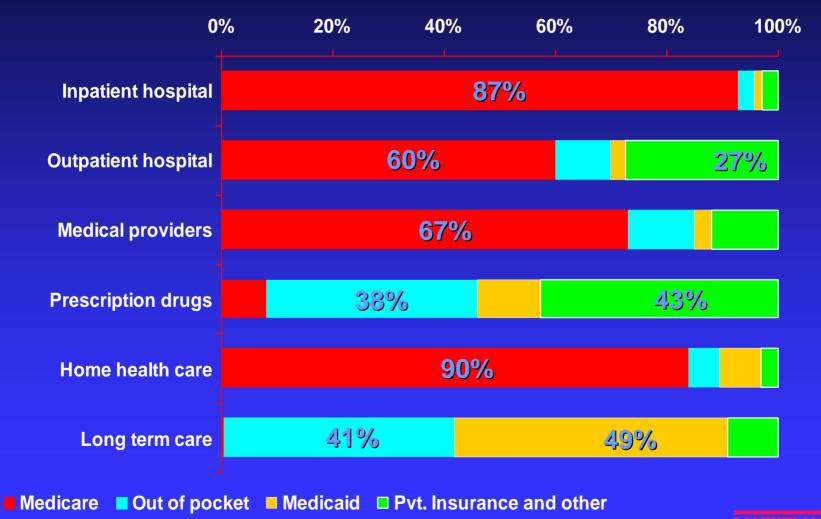
Sources of Payment for Medicare Beneficiaries' Health Care - 1999



Total per beneficiary: \$9,573 / year

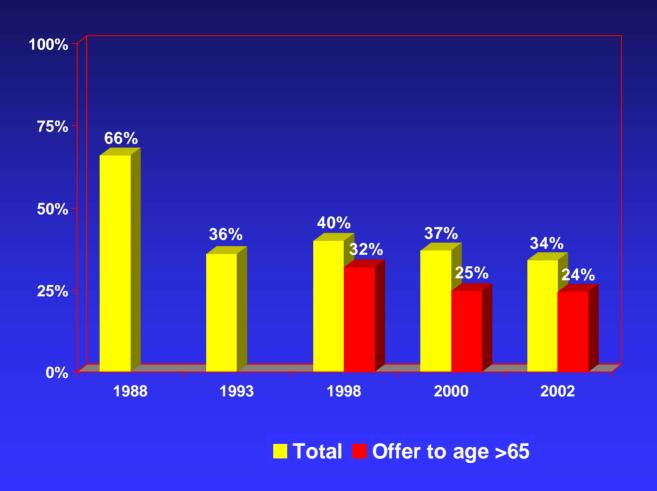


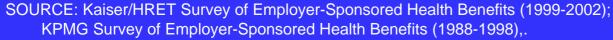
Sources of Payment by Type of Service, Medicare Beneficiaries - 1999





Percent of Firms > 200 Employees That Offer Retiree Health Insurance 1988-2002







Percent of Employers Offering Retiree Health Benefits, 2002

	Small firms (< 200 employees)	Large firms (≥ 200 employees)
Total	5%	34%
Northeast	2%	35%
Midwest	3	26
South	7	34
West	5	41
State/local government	28%	69%
Transp/comm/pub utilities	14	69
Manufacturing	2	24
Retail	2	9

Source: Kaiser/HRET Survey of Employer-Sponsored Benefits, 2002.



What is the Alternative? Medigap Coverage

- 10 standard benefit designs since 1992 (A J)
- All insurers must sell the basic plan A
- B through G offer additional benefits, but no drug coverage
- H through J offer limited drug coverage
 - \$250 deductible and 50% coinsurance for drugs
 - Drug benefit capped at \$1,250 (H-I) or \$3,000 (J)

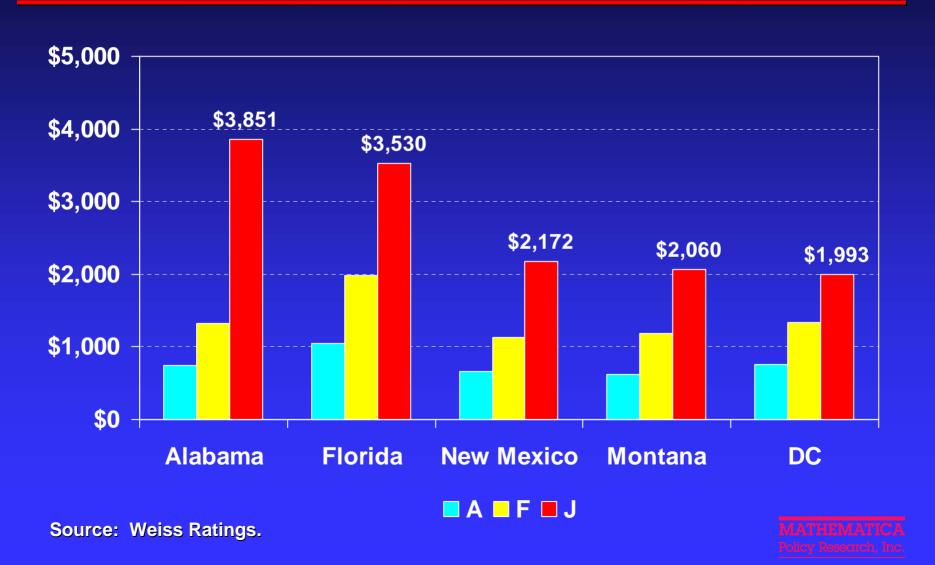


How does the Medigap Market Work?

- 1/3 of policyholders are in prestandard plans
- Since 1992, just 6 percent have bought and retained drug coverage (H – J)
- Unless required by state law:
 - Underwritten after age 65 and may be denied
 - No price protections
 - Some plan types unavailable; many closed blocks



Average Medigap Quotes for a Woman at Age 65, 2002



What's the Bottom Line?

- Medicare is an essential program
- Long-term care financing is a growing crisis
- Employer-sponsored retiree benefits are rare, especially for retirees > 65
- Medigap is inadequate
- Major reform in a high-stakes game

