Health & Retirement Services of Illinois
Newsletter June 2021

OUR NEWS LETTER HRSI

GUARD YOUR COVID-19 VACCINATION CARD

After you get your COVID-19 vaccine, **keep your vaccination card safe** — scammers are using the COVID-19 pandemic to try to steal your personal information.

Don't share a photo of your COVID-19 vaccination card online or on social media. Scammers can use content you post, like your date of birth, health care details, or other personal information to steal your identity.

You should get a COVID-19 vaccination card at your first vaccine appointment. If you didn't, contact the provider site where you got vaccinated or your state health department to find out how to get a card.

If someone contacts you to buy or sell a vaccination card, it's a scam.

If you suspect COVID-19 health care fraud, **report it online** or call **800-HHS-TIPS (800-447-8477).** TTY users can call 1-800-377-4950.

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The importance of holistic care when tackling chronic pain and mental health

by Bethan Moorcraft 30 Apr 2021

Mental health in the United States is in dire straits. According to Mental Health America's (MHA) 'The State of Mental Health in America 2021' report, the prevalence of mental illness among youth and adults is increasing, and the COVID-19 pandemic has only made the situation worse. The number of people looking for help with anxiety and depression skyrocketed from January to September 2020, and the number of people screening with moderate to severe symptoms also increased in that period.

This is a big concern for workers' compensation insurers and employers because mental health is inextricably linked to the outcome of bodily injury claims, especially if an injured worker is experiencing chronic pain. If injured workers do not receive adequate support for both their physical and mental recovery, then their workers' compensation claims can inflate dramatically in severity.

"There's a strong correlation between chronic pain and mental health," said Dr. Melissa Burke, vice president, head of Managed Care and Clinical for AmTrust Financial Services. "When we see an individual that is suffering from chronic pain, we first want to find out the root cause of that pain. If we're able to rule out physical [distress], it could be caused by fear, anxiety or depression. We need to figure out what's really behind an injured worker's pain, and how we can treat those symptoms in order to improve their overall outcome."

AmTrust has embraced the concept of holistic care and pain management. The insurer's internal nurse case managers are trained to engage closely with injured workers to provide ongoing support, information and resources throughout their recovery. This is important, according to Burke, so that injured workers know what to expect from their injury, they understand how to manage their pain, and they're not left isolated, looking for external help or catastrophizing their injury.

"The concept of staying connected became even more important during the COVID-19 pandemic," Burke told *Insurance Business*. "There are so many concerns, fears and unknowns tied to the pandemic, and when you add a work-related injury on top of that, people just need more support. We had to check in more to ensure people were staying connected and to support the prevention of mental health issues, such as depression and anxiety, from their injuries. We were able to bring in additional services like telehealth, behavioral health, psychiatry, cognitive-behavioral therapy support, and other coping mechanisms to provide a personalized path to recovery for every injured worker."

Employers also have a part to play in supporting injured workers and helping them to stay mentally healthy. They need to remove any remaining stigma around the topic of mental health and make it something that employees are comfortable discussing. They also need to stay connected with their employees, and encourage them to utilize mental health resources if they need help as they're recovering from injury.

"It's about doing the right thing for the injured employee overall because that leads to a better outcome," Burke stressed. "If we can treat an injured worker holistically, and teach them coping mechanisms to deal with their pain rather than prescribing opioids, medical marijuana, or any other pain masking substance, then they're going to have a better quality of life. That's our goal at AmTrust – to improve the quality of care and recovery – and that helps society overall.

"Things like opioids are inexpensive on the front-end, but they end up costing more and negatively impacting the quality of an injured employee's life as the timeline extends. It's so important to put more effort in upfront, and to explain the value and the need for pain coping mechanisms and cognitive behavioral therapy because that will lead to a better outcome – both physically and mentally - in bodily injury claims."

Social Security FAQs

Despite the fact that most Americans are entitled to Social Security, many don't understand how it works—and thus fail to maximize this retirement benefit. To help avoid that scenario, here are answers to some of the most commonly asked questions.

1. Who's eligible to receive Social Security benefits?

To qualify for Social Security, you or your spouse need to have paid the Social Security payroll tax for at least 10 years (though those years needn't be consecutive). A nonworking spouse is potentially entitled up to half of a spouse's benefit.

2. How are benefits calculated?

There are two formulas at work behind the scenes. One that is based on your 35 highest-earning years indexed for inflation and another that transforms that calculation into the monthly benefit estimates we understand — bottom line, the more you earn over your lifetime, the more you can expect to receive from Social Security.

That said, there's a limit to the amount of annual income that qualifies for the Social Security calculation. (In 2021, it's $142,800.) However, if you earn more than the annual maximum in a given year as an employee, the income above that threshold will not be subject to the 6.2% Social Security payroll tax (for the self-employed the rate is 12.4%).

3. How can I increase my benefit?

Although there's nothing you can do to revise your earnings history, there are other steps you can take to boost your Social Security payouts.

- **Work longer:** If you don't yet have 35 years of income history, every additional year you work replaces a zero-income year. And if you're currently earning your peak income, every additional year you work could replace a year in which your earnings were lower.
- **Wait to collect:** Although you can start collecting a reduced benefit as early as 62, waiting to collect will boost your monthly check. Indeed, for every year you delay past your full retirement age—which is between 66 and 67, depending on your birth year—you'll see a boost in your annual payout of about 8%. Thus, if you wait to collect until 70, after which there is no incremental benefit, you'll receive from 24% to 32% more than if you had begun collecting at your full retirement age—and roughly 76% more than if you had begun collecting at 62.

Of course, it's not always possible to work longer or wait to collect. Those in poor health or who need the income to make ends meet, for example, might decide to take Social Security as soon as possible.

4. What's a good strategy for spouses?

A lot of couples want to start collecting both spouses' Social Security right away, but doing so may not be the best choice if one of you earned significantly more than the other over the course of your working careers. Although there's no magic bullet, it often makes sense for the higher earning spouse to wait as long as possible, up to age 70. Depending on health and finances, the lower-earning spouse can collect benefits earlier.

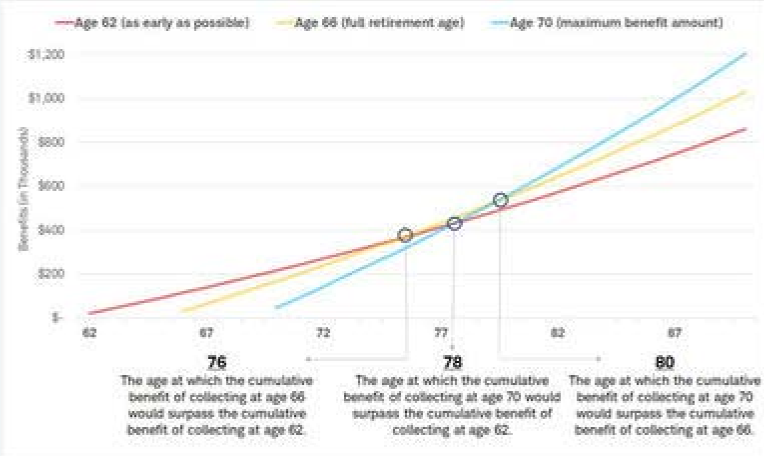
This is especially beneficial from an estate-planning perspective. That's because after the death of one spouse—regardless of whether it was the lower- or higher-earning one—the surviving spouse receives the larger of the two benefits *for the remainder of his or her lifetime*.

"I often suggest that clients think through a worst-case scenario in which one of the two checks goes away," says Nancy Cresswell, an associate financial planner at Schwab Private Client Investment Advisory. "How much of a difference might it make for the surviving spouse, having maximized the benefit?"

There are other strategies to consider, of course. If you need help, it's best to consult a qualified financial planner or National Social Security Advisor before filing for benefits.

When waiting pays off

For those who live to age 76 or older, waiting to collect Social Security can be rewarding. But remember, Social Security isn't just an investment or a break-even analysis. It's a form of insurance, to protect you by providing income – which will be higher, the longer you wait – if you live past the break-even date.



Source: SSA.gov. Hypothetical benefits assume the retiree was age 62 in 2012, age 66 in 2017 and age 70 in 2021, and began collecting benefits in January of each year. Benefits increase by 1.99% annually to account for inflation.

5. Can my kids inherit my Social Security benefit?

It's not just a spouse who can benefit from the Social Security you've earned. Dependent children and even grandchildren may also be eligible if they are under 18 when the Social Security recipient dies, becomes disabled, or retires. And disabled children of any age may qualify if they were disabled before the age of 22. That said, "the rules are complicated, especially around disability," cautions Rob Williams, CFP® and vice president of financial planning and retirement income at the Schwab Center for Financial Research. As a result, Rob recommends consulting the appropriate benefit specialists at the Social Security Administration (SSA).

6. Is Social Security going to run out of money?

According to the SSA, the surplus in the two Social Security trust funds—the Old-Age and Survivors Insurance Trust Fund, which pays retirement and survivors benefits, and the Disability Insurance Trust Fund, which pays disability benefits—will be exhausted between 2033 and 2035, all things being equal.

However, "exhausted" is a relative term. The SSA says some benefits could be paid even if the trust funds are depleted. In fact, the trust funds' annual income is projected to equal about 79% of the program's cost even if the reserves were fully depleted.

"What I tell clients is, 'It will be there for you—but there may be some changes,'" says Rob. That could mean later retirement dates for future recipients, reduced benefits for retirees who can afford it, or increases to the Social Security payroll tax in order to raise more money.

“Lawmakers may well do something in each of those three categories,” says Nancy, “though it’s unlikely that benefits would go away entirely.” Of course, if you’re worried about potential changes, there’s one sensible way to try to hedge against that risk: save more.

“Today, there’s a greater individual burden than ever before to save for retirement,” says Nancy, who notes that clients request consultations on Social Security more than any other topic. “It’s important to fully understand your Social Security benefit, but also important to understand that it was never intended to be your sole source of retirement income.”

Disability Insurance takes center stage in May

If it's May, it must be Disability Insurance Awareness Month.

Life Happens created and coordinates the Disability Insurance Awareness Month (DIAM) campaign every May because disability insurance (DI) is arguably the most misunderstood of all major insurances.

Given that its recent survey, "Life's New Appreciations" showed that financial security is top of mind for Americans this year, it makes sense to emphasize how disability insurance is vital if for people who work and rely on their income, and is part of a "preparation kit" against the unexpected.

DIAM Spokesperson Scott Rider returns this year, and agents can share his powerful Real Life Story that shows how disability insurance saved his family financially when he was diagnosed with Parkinson's Disease at just 47. Plus, watch a special Q&A with Scott in our DIAM webinar to hear his story first-hand.

The cognitive and physical limitations caused by the disease meant Rider had to give up the profession he loved—being a financial advisor. He started with MassMutual before starting Rider+Reinke Financial Group LLC in 1988. Fortunately, he purchased disability insurance early in his career and increased it as his salary grew, which enabled him and his family to maintain the lifestyle they've always known.

In a year when a global pandemic has changed the fabric of life as we know it, the theme "Reality Check" is more relevant now than ever. And the message is straightforward: Life can change quickly, and an illness or injury could take away your ability to earn a living. The truth is your income is your most valuable asset and provides for you and your loved ones. Protect your paycheck with disability insurance, and secure your family's financial future.

Life Happens is a nonprofit organization dedicated to helping consumers take personal financial responsibility through the ownership of life insurance and related products. Life Happens is encouraging agents to promote disability insurance awareness by using social media posts it has developed and other tools. Life Happens Pro furthers its mission of educating the public by making its resources customizable and putting them directly into the hands of agents.

Agents with access to Life Happens Pro can use its new Disability Insurance 101 video and digital flyer to educate people on the basics of why they need disability insurance.

Notable DI statistics

- 51 million working adults in the U.S., or 67% of American workers, are without disability insurance.
- 25% of today's 20 year olds will be out of work for at least a year because of a disability, before they retire.

- 6% of Americans in the workforce will experience a short-term disability (usually six months or less) every year.
- Around 40% of applications for disability insurance are declined, rated, or are only accepted with an exclusion.
- Almost 90% of long-term disability claims are caused by illnesses, not accidents, and aren't work related.
- 46% of all foreclosures on conventional mortgages are caused by a disability.
- At 25%, pregnancies are the most common reason for short-term disability claims.
- The most common reason for a long-term disability claim to be filed is Musculoskeletal disorders at 29%.
- Tinnitus is the most common disability among the veteran population.
- 3% was the unemployment rate for someone with a disability in 2019.
- The employment rate for someone in the U.S. with a disability in 2019 was 19.3%.

Annuities Help Clients Spend More Money In Retirement

When advisors talk to their clients about annuities, the conversation usually centers on creating guaranteed lifetime income. But many clients might be more responsive to annuities if advisors turned the conversation around to discuss ways annuities can help clients spend more money in retirement.

That was the word from Harry Stout, founder of the FinancialVerse Organization and author of several books on annuities. Stout spoke at a recent webinar sponsored by the National Association for Fixed Annuities.

"I find that many people relate better to lifetime spending than they do to lifetime income. It gets back to our culture," he said.

Lifetime income is still an important issue to discuss with clients, however. Stout pointed to a recent study by CANNEX and Greenwald Research that showed consumers' No. 1 fear about retirement is running out of money.

"When you look at what's going on in the market today, there are still very few if any cost-effective alternatives to annuities for guaranteed lifetime income," he said. "Taking advantage of the guarantees that exist is really powerful."

TWO BUCKETS

When planning for retirement spending, Stout likes to put retiree spending levels into two buckets: discretionary and nondiscretionary.

The nondiscretionary spending bucket is all about paying for the basic expenses of daily living.

Stout quoted numbers from the U.S. Bureau of Labor Statistics showing that the average household of someone age 65 or older spends $4,185 per month — or $50,220 per year — just to maintain their daily lives. Those monthly expenses include the costs of housing, health care, transportation, food and entertainment.

"Many folks — as they look at annuities and use annuities for planning and helping make sure they have the income to keep up their lifestyle — they try to look at what annuities can do to provide guaranteed income to help pay for some of these costs," Stout said.

The problem with planning for nondiscretionary spending, he added, is that the average Social Security benefit does not provide enough funds for the average senior household to cover those monthly expenses.

"Today, for the average 65-year-old couple who's retiring, their average Social Security benefits are a little more than $2,500 a month," he said. "So for very simplistic reasons, I always look at this and say, the average couple is spending $50,000 a year, but the average Social Security benefit is about $30,000 a year. They have about a $20,000 gap. How are they going to fill that gap and what are they going to do?"

The $50,000 annual spending figure Stout cited doesn't provide the entire picture of retirement spending. It does not include spending on items such as major household repairs, travel, support for grandchildren or other family members, providing a legacy through charitable contributions, or the cost of long-term care.

"As you help your clients prepare for their later years, you need to plan for these other items," Stout said, adding that about 6% of households today are made up of grandparents raising grandchildren. "If you want these things to take place in your later years, you have to plan and you need to have the money and the sources of recurring income so you can spend."

In planning for spending in retirement, Stout said, "It's about maintenance."

"What kind of lifestyle do people want to have? What do they want to do in terms of maintaining that lifestyle? You have to look at spending and how you can direct your clients to sources of income that will enable them to have that lifestyle."

MEDICAL COSTS

After examining the cost of daily life and any discretionary spending a retiree may want to do, Stout said advisors must educate clients on the cold hard facts of medical costs in retirement.

Stout cited statistics from Fidelity Investments that show the average 65-year-old retired couple may need to save $295,000 after taxes to cover their health-care expenses in retirement.

Breaking it down further, that $295,000 equals $14,750 a year or $1,229 a month over the average 20-year span of retirement.

"Overall medical costs are a huge planning consideration," he said. "How are people going to fund this and where will they get the cash to pay for this? Annuities are a great solution."

LTC A 'WILD CARD'

The "wild card" in planning for retirement spending, Stout said, is long-term care.

"The difficulty we have in the financial world is that finding fully underwritten long-term care protection is becoming harder and harder," he said. "The benefits have been reduced by a number of the companies. We've seen a number of companies exit the market, and at the same time, we've had companies significantly raise the cost of the coverage they have in place."

Stout said advisors can help clients protect themselves against LTC costs by recommending an annuity with a long-term care rider.

INCOME REPLACEMENT

One of the biggest concerns clients have in planning for retirement, Stout said, is answering the question, "How much of my income should I replace in retirement?"

"To me, that's a personal question and you really need to take a look at the individuals and their income levels and lifestyle to determine what that might look like as they begin their planning journey," he said.

Stout cited statistics from Fidelity Financial Solutions that show those who make less than $50,000 a year might need to replace 80% of their income in retirement. At the opposite end of the spectrum, households making more than $120,000 annually may need to plan for replacing 55% to 65% of their annual income.

"There's a lot of debate on income replacement ratios, but one of the ways you can position it really depends on the client's income level pre-retirement as well as their lifestyle," he said.

"This is a way to help people get their heads around what they should be planning, what kind of income replacement they should be looking for."

SOCIAL SECURITY

Social Security may be the foundation of most clients' plans for retirement income and funding their spending, Stout said. But clients may not realize Social Security is designed to replace only 40% of pre-retirement earnings for the average person. "And when you get into the higher income brackets, that percentage drops significantly," he said. "For most people, they just can't live on that."

Stout said he predicts a number of changes will happen to Social Security over the next few years.

1. Increase in tax rate. The tax rate that everyone pays for FICA is likely to go up.

2. Increase limit on wages subject to tax above 2021's $142,800.

3. Expand the types of income subject to tax. Stout said perhaps unearned income in addition to earned income would be subject to FICA tax.

4. Looking at the full retirement age being raised, maybe as high as 72. "Overall, with life expectancies increasing, I can see that happening, especially for a lot of younger people," he said.

5. Formula for inflation-based cost-of-living adjustments. Stout said there is some debate in Washington "that the inflation adjustment is not based on the cost of the basket of goods and services that seniors buy and needs to be adjusted. Many people feel inflation is higher on seniors than is being reflected."

6. A progressive approach to increase the minimum benefit for those with lower incomes so older Americans have less poverty going into retirement.

Income planning for retirement is really spending planning, Stout said. "Annuities are a great tool for income planning," he said. "And what you're trying to do is fund senior spending to maintain their lifestyles. That's really what we're all trying to work for."

In planning for clients to have enough income to pay for medical and long-term care costs, he said, "Annuities hit the sweet spot by being able to provide income for these things as well as assets that can accessed."

1 in 6 workers stay in unwanted jobs for health benefits

One out of every six adult workers (16%) whose primary health insurance comes from an employer are staying in jobs they might otherwise leave out of fear of losing their health benefits, according to a new study conducted by West Health and Gallup.

The fear is even more pronounced among Black workers and those making less than $48,000 a year. Overall, Black workers (21%) are more likely to say they would stay in an unwanted job for purposes of keeping their health benefits than White workers (14%), a statistically significant difference.

As such, Black workers are an estimated 50% more likely to be staying in their current job for this reason than are their White counterparts. Hispanic workers (16%) are not statistically different from either of the two groups. And workers in households earning under $48,000 per year are nearly three times more likely to stay in an unwanted job for the health benefits than are workers living in households earning at least $120,000 per year (28% to 10%, respectively).

The survey was conducted Mar. 15-21 with 3,870 adults, ages 18+, living in all 50 U.S. states and the District of Columbia via the Gallup Panel, a probability-based, non-opt-in panel of about 120,000 adults nationwide.

Concern over health costs outpacing ability to pay

With millions of workers staying in unwanted jobs for the health benefits, concerns run high among all adults that the rising cost of care will persist to the point of being unaffordable.

Recent research showed that 18% of U.S. adults—an estimated 46 million persons—could not afford quality healthcare if they needed it today. New results estimate that around 135 million adults are worried that they will eventually reach this point—if they haven't already.

Over half of survey respondents are either "concerned" or "very concerned" that the cost of healthcare services (53%) and the cost of prescription drugs (52%) will continue to rise in the future to the point that they will no longer be able to afford them. Black and Hispanic adults have modestly elevated concerns about the rising costs of healthcare compared with White adults. Forty-two percent of respondents, in turn, report concern that they would not be able to pay for a major health event, including 49% of Hispanic adults and 47% of Black adults.

In comparison, 25% are concerned about losing their home, and 29% of workers are worried about losing their jobs.

Majority want government to step in

The survey found substantial support for the federal government to play a bigger role in reducing the financial burden of healthcare on individuals and families via selected approaches. Such support is nearly indistinguishable among those with government-run or private insurance plans or those with no insurance.

About three-quarters favor setting limits on prescription drug price increases (77%), capping hospital prices in areas with few or no other hospitals from which to choose (76%) and negotiating lower prices for some high-cost drugs without lower-priced alternatives (74%). Another 65% support placing government limits on prices charged by out-of-network care. Those with private insurance were just as likely as those on public health plans (including Medicare and Medicaid) to favor government intervention.

The proposals generally have bipartisan support, even though Republicans are less likely than Democrats and independents to support a stronger government role. This includes majority support among Republicans for all proposals except for establishing limits on prices charged by out-of-network care, for which 81% of Democrats, 64% of Independents and 43% of Republicans strongly or somewhat agree with government action.

Agreement levels for the remaining proposals are:

Allowing the federal government to set limits on drug price increases:

- Democrats: 91%
- Independents: 74%
- Republicans: 63%

Capping prices for hospitals in certain markets with limited or no competition:

- Democrats: 89%
- Independents: 76%
- Republicans: 59%

Allowing the federal government to negotiate prices for certain high-cost drugs that have no competitors:

- Democrats: 88%
- Independents: 73%
- Republicans: 58%

Overall disagreement with the proposals is comparatively low, ranging from 11% who report that they strongly or somewhat disagree with capping prices for hospitals to 15% for establishing limits on out-of-network care.

Potential implications

Approximately 158 million people, or more than half of the U.S. adult population, receive health insurance via their own employer or the employer of a household member.

As such, the 16% of workers who are remaining in their jobs for the sake of their benefits will frequently extend to other individuals other than themselves, bolstering their reluctance to seek out other work. The higher levels of these sentiments among Black workers and those in lower-income households underscores the disproportionate role that employment plays in needed health coverage for some Americans.

High healthcare prices are likely fueling the problem. In the past five years, the average insurance premium for a family of four has increased 22%, and in 2020, premiums increased more than wages.

The generally high agreement with several proposals for government action designed to contain the cost of various forms of care is understandable, particularly so as those with insurance are voicing support at levels that match those without it. Gallup says such sentiment could bolster the Biden Administration politically as it prepares to release a number of health policies intended to strengthen the Affordable Care Act, expand Medicaid, and allow Medicare to negotiate prescription drug prices.

Get the Latest COVID-19 Partner Resources

As COVID-19 vaccines continue rolling out across the country, CMS is taking action to protect the health and safety of our nation's patients and providers and keeping you updated on the latest COVID-19 resources from the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS).

With information coming from many different sources, CMS has summarized resources and materials to help you communicate with the people you serve. You can find these and more resources on the COVID-19 Partner Resources Page and the HHS COVID Education Campaign page. We look forward to working with you to encourage our beneficiaries and consumers to get vaccinated. For more information, visit the CMS COVID-19 Policies and Guidance page.

Updates to Mask Guidance for Fully Vaccinated People

The CDC updated their recommendations on May 13, 2021, for fully vaccinated people no longer need to wear a mask or physically distance in any setting, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance. A summary of the recent changes can be found here.

COVID-19 Vaccine Authorized for Emergency Use in Adolescents

On May 12th, 2021, the CDC recommended approval of the Pfizer COVID-19 vaccine for use in adolescents age 12 to 15. This followed the announcement on Monday, May 10, that the FDA had authorized the Pfizer vaccine for use in this age group. NEW resources are available below.

For parents:

- More information is available on the CDC COVID-19 Vaccines for Children and Teens page.
- Find a COVID-19 vaccine near you at vaccines.gov or by texting your zip code to **438829** or call **1-800-232-0233**.

For pediatric healthcare professionals:

- The Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit provides materials to help providers give parents clear and accurate information about COVID-19 vaccines.
- Informational materials include the COVID-19 Vaccines for Preteens and Teens fact sheet and the What to Expect after Getting a COVID-19 Vaccine one-pager to share with parents.

CMS Expanding Efforts to Grow COVID-19 Vaccine Confidence and Uptake Amongst Nation's Most Vulnerable

CMS issued a rule on May 11, 2021, that will ensure long-term care (LTC) facilities, and residential facilities serving clients with intellectual disabilities, educate and offer the COVID-19 vaccine to residents, clients, and staff. These requirements apply to LTC facilities and Intermediate Care

Facilities for Individuals with Intellectual Disabilities (ICFs-IID), and align with existing requirements for influenza and pneumococcal vaccines in LTC facilities.

Additional information can be found here:

- Press release
- Federal Register
- COVID-19 Vaccine Immunization Requirements for Residents and Staff

Vaccines.gov - Making it Easier to Find Vaccines

Visit vaccines.gov, text GETVAX (438829), or call the National COVID-19 Vaccination Assistance Hotline at 1-800-232-0233 to search and find a vaccine near you.

Visit vacunas.gov (Spanish), VACUNA (822862) for Spanish to receive three vaccine sites on your phone within seconds.

STAY CONNECTED

Join the We Can Do This Community Corps: Help in the fight against COVID-19 by encouraging family, friends, and your community to get vaccinated. Join the Community Corps to get tips, tools and resources to share. See https://wecandothis.hhs.gov/covidcommunitycorps

For more information on CMS COVID-19 Partner Updates, please contact us: Partnership@cms.hhs.gov

To contact us: go to www.healthcareil.com or Call (800) 739-4700