Health & Retirement Services Of Illinois

October 2011 Newsletter

OUR NEWS LETTER

State officials say CBO may be overstating healthcare savings

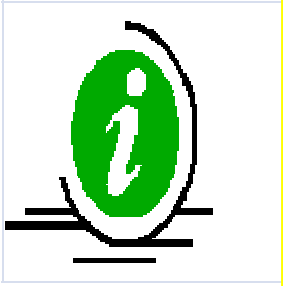
By Sam Baker - 08/30/11 01:41 PM ET

State insurance regulators might challenge an estimate from the Congressional Budget Office (CBO) that they fear is giving the super committee an inflated view of certain healthcare savings.

A subgroup of the National Association of Insurance Commissioners is looking at potential options for supplemental Medicare coverage known as Medigap plans. And though its charge was part of the healthcare reform law, the subgroup is also looking closely at Medigap changes that will likely be on the table as the supercommittee begins looking for more than $1 trillion in deficit reduction.

Among those proposals is a plan to bar Medigap plans from offering coverage without cost-sharing. CBO has said the change would save the government $53

billion over 10 years. Although CBO is Congress's official budget scorekeeper, the NAIC subgroup is skeptical enough about the estimate that it's considering ways to suggest that CBO might be wrong.



"Decision-makers may be making decisions based on numbers that can't really be verified," subgroup chairman Guenther Ruch said during a conference call Tuesday.

Subgroup members debated how best to voice their concerns, probably by asking CBO to explain its estimate and detail the assumptions that went into it. Several officials pushed for a direct, public challenge to CBO's math.

"This is a way to influence people in the administration," one participant said.

The state officials are concerned that CBO's estimate assumes cost-sharing would become mandatory for existing Medigap plans, not just new policies. But actually making that change would require Congress to eliminate benefits that seniors already have.

In Our Newsletter

More likely, lawmakers would only tinker with new policies and see smaller savings as a result.

Some state officials are uneasy not just with the CBO score, but with the broader prospect of making major changes to Medigap.

An early draft of the panel's report takes the tone that Congress should "be careful what you do with things that have been working very well," Ruch said.

First Person: The 6 Bills I Never Auto-Pay

YAHOO! CONTRIBUTOR NETWORK

Tal Boldo, On Friday August 26, 2011, 4:24 pm EDT

Before deciding if a recurring bill is a good candidate for auto-pay, I ask myself three questions: Is the payment amount different every month? Will I have to wait a full billing cycle for a credit if I'm overcharged? And will my contract renew automatically? If the answer is "yes" to any of these questions, I do not set up auto-pay. Here's why.

Internet

When my Internet service provider's promotion expired, my rate rose from $24.99 to $39.99 a month. Because I signed up for auto-pay, I saw the price increase only after my checking account was debited. After I called my provider, my account was switched to a new promotion and a refund was issued. But the credit was not processed until the next billing cycle.

Cell Phone

After my cell phone number was used for fraudulent purchases online, my bank account was debited $75 through auto-pay billing. To stop future charges, I switched phone numbers, but this resulted in double billing when my cell phone provider mistakenly charged me for both my old and new accounts. It took two months for me to receive credit for the erroneous charges.

Utilities

Monthly utility charges vary depending on consumption, making it difficult to budget for them through auto-pay. My heating bill can fluctuate by as much as $250 between the winter and summer months. And, although I cut my water consumption in half over the past year, my water bill keeps rising due to a price increase. While auto-pay is processed on the due date, manual payments allow a delay of a week or two since my utilities do not charge late fees.

Subscriptions

Though I subscribe to medical journals and talk radio streaming, I don't set them up for auto-pay because they typically entail an automatic subscription renewal as well. Making a one-time membership or subscription payment puts a cap on my financial commitment and prevents surprise withdrawals from my checking account in the future.

Credit Cards

I use a single credit card for most purchases to take advantage of the 3% to 5% cash-back points. Since my charges vary from month to month, so does my minimum payment. I, therefore, avoid setting up auto-pay for an unknown sum. Instead, I manually pay the card as soon as the funds become available in my checking account.

DVD Rental

After my home-delivery DVDs were lost in the mail, I was charged $45 by my provider. Though I was issued a refund when I filed a lost-in-mail report, the funds took seven business days to appear in my checking account. Since then, I no longer set up auto-pay from my checking account. I use a credit card instead.

FIVE NUTRIENTS YOU'RE PROBABLY MISSING

5 Nutrients You're Not Getting Enough Of

By Bill Phillips and the Editors of Men's Health
Sep 01, 2011

Men's Health

by Bill Phillips and the Editors of Men's Health

After a long hard day at the office, I crave a manly dinner. Something that will sharpen my mind, feed my muscles, and infuse me with energy to keep up with two young kids till bedtime.

So, often, I have a bowl of cereal. With bananas and whole milk. Mmm.

Do I feel like I'm depriving my body of key nutrients? Quite the opposite, actually. My favorite dinner isn't just for kids. It contains high levels of three nutrients that American adults need much more of: B12, potassium, and iodine. Our shortfalls with these nutrients—along with vitamin D and magnesium—have serious health consequences, including a higher risk of heart disease and stroke, fatigue, and weight gain.

Here's the good news: These nutrients are readily available in the foods you know and love. You can get more of one simply by spending more time outside. That doesn't sound so hard, does it? Here's how to fortify your diet—and your health.

1. VITAMIN D

This vitamin's biggest claim to fame is its role in strengthening your skeleton. But vitamin D isn't a one-trick nutrient: A study in *Circulation* found that people deficient in D were up to 80 percent more likely to suffer a heart attack or stroke. The reason? Vitamin D may reduce inflammation in your arteries. Also, a University of Minnesota study found that people with adequate vitamin D levels release more leptin, a hormone that conveys the "I'm full" message to your brain. Even more impressive, the study also found that the nutrient triggers weight loss primarily from the belly. Another study found that people with higher D levels in their bloodstream store less fat.

The shortfall: Vitamin D is created in your body when the sun's ultraviolet B rays penetrate your skin. Problem is, the vitamin D you stockpile during sunnier months is often depleted by winter, especially if you live in the northern half of the United States, where UVB rays are less intense from November through February. When Boston University researchers measured the vitamin D status of young adults at the end of winter, 36 percent of them were found to be deficient.

Hit the mark: First, ask your doctor to test your blood levels of 25-hydroxyvitamin D. "You need to be above 30 nanograms per milliliter," says Michael Holick, M.D., Ph.D., a professor of medicine at Boston University. Come up short? Eat foods like salmon (900 IU per serving), mackerel (400 IU), and tuna (150 IU). Milk and eggs are also good, with about 100 IU per serving. But to ensure you're getting enough, take 1,400 IU of vitamin D daily from a supplement and a multivitamin. That's about seven times the recommended daily intake for men, but it takes that much to boost blood levels of D, says Dr. Holick.

2. MAGNESIUM

This lightweight mineral is a tireless multitasker: It's involved in more than 300 bodily processes. Plus, a study in the *Journal of the American College of Nutrition* found that low levels of magnesium may increase your blood levels of C-reactive protein, a key marker of heart disease.

The shortfall: Nutrition surveys reveal that men consume only about 80 percent of the recommended 400 milligrams (mg) of magnesium a day. "We're just barely getting by," says Dana King, M.D., a professor of family medicine at the Medical University of South Carolina. "Without enough magnesium, every cell in your body has to struggle to generate energy."

Hit the mark: Fortify your diet with more magnesium-rich foods, such as halibut, navy beans, and spinach. Then hit the supplement aisle: Few men can reach 400 mg through diet alone, so Dr. King recommends ingesting some insurance in the form of a 250 mg supplement. One caveat: Scrutinize the ingredients list. You want a product that uses magnesium citrate, the form best absorbed by your body.

DID YOU KNOW? There are 46,000 foods in the average supermarket. How to choose what to put in your cart? Here's your shopping list: The 125 Best Foods.

3. VITAMIN B12

Consider B12 the guardian of your gray matter: In a British study, older people with the lowest levels of B12 lost brain volume at a faster rate over a span of five years than those with the highest levels.

The shortfall: Even though most men do consume the daily quota of 2.4 micrograms, the stats don't tell the whole story. "We're seeing an increase in B12 deficiencies due to interactions with medications," says Katherine Tucker, Ph.D., director of a USDA program at Tufts University. The culprits: acid-blocking drugs, such as Prilosec, and the diabetes medication metformin.

Hit the mark: You'll find B12 in lamb and salmon, but the most accessible source may be fortified cereals. That's because the B12 in meat is bound to proteins, and your stomach must produce acid to release and absorb it. Eat a bowl of 100 percent B12-boosted cereal and milk every morning and you'll be covered, even if you take the occasional acid-blocking med. However, if you pop Prilosec on a regular basis or are on metformin, talk to your doctor about tracking your B12 levels and possibly taking an additional supplement.

4. POTASSIUM

Without this essential mineral, your heart couldn't beat, your muscles wouldn't contract, and your brain couldn't comprehend this sentence. Why? Potassium helps your cells use glucose for energy.

The shortfall: Despite potassium's can't-live-without-it importance, nutrition surveys indicate that young men consume just 60 percent to 70 percent of the recommended 4,700 mg a day. To make matters worse, most guys load up on sodium: High sodium can boost blood pressure, while normal potassium levels work to lower it, says Lydia A. L. Bazzano, M.D., Ph.D., an assistant professor of epidemiology at Tulane University.

Hit the mark: Half an avocado contains nearly 500 mg potassium, while one banana boasts roughly 400 mg. Not a fan of either fruit? Pick up some potatoes—a single large spud is packed with 1,600 mg. Most multivitamins have less than 100 mg of potassium, so eat your fruits and vegetables, folks!

5. IODINE

Your thyroid gland requires iodine to produce the hormones T3 and T4, both of which help control how efficiently you burn calories. That means insufficient iodine may cause you to gain weight and feel fatigued.

The shortfall: Since iodized salt is an important source of the element, you might assume you're swimming in the stuff. But when University of Texas at Arlington researchers tested 88 samples of table salt, they found that half contained less than the FDA-recommended amount of iodine. And you're not making up the difference with all the salt hiding in processed foods—U.S. manufacturers aren't required to use iodized salt. The result is that we've been sliding toward iodine deficiency since the 1970s.

Hit the mark: Sprinkling more salt on top of an already sodium-packed diet isn't a great idea, but iodine can also be found in a nearly sodium-free source: milk. Animal feed is fortified with the element, meaning it travels from cows to your cereal bowl. Not a milk man? Eat at least one serving of eggs or yogurt a day; both are good sources of iodine.

4 Rising Food Costs That Will Hurt Your Wallet

Angie Mohr
Tuesday, September 6, 2011

Prices are on the rise in grocery stores across the country. You may not notice the changes right away; that loaf of bread may be only a dime more expensive than it was last year. The soda you buy may be the same price but it's now 1.5 liters instead of two. Many of the major cereal manufacturers, such as General Mills, have warned of impending price increases.

Why Are Grocery Prices Going Up?

While almost every grocery store aisle is affected by rising prices, a large part of the reason all comes down to two commodities: wheat and corn. Both food staples have been hit hard for the past two years - a combination of climate change, natural disasters and crop disease. Russia has experienced severe drought for the past two years and had stopped exporting wheat altogether to ensure enough of a domestic supply. They have resumed limited exports as of July 2011 but supplies are still short. A disease called wheat rust UG99 has wiped out crops across Africa and is spreading to other wheat-producing countries at a rapid pace.

There have been many corn crop failures across North America also, but the real culprit for corn is that it is being used to make ethanol, an arguably sustainable fuel. Hundreds of thousands of acres that once grew corn for people now grow it to power our cars.

At first glance, it may seem like these increases will only mean you'll be paying more for a few grocery items like bread and popcorn, but wheat and corn are included in the vast majority of foods that you may eat every day. Here are four areas where you will see rising prices.

1. Cereals, Breads and Pasta Products

Most processed cereals are made from corn and these will be hit hard by price increases in the next year. The commodity price of corn has nearly doubled since 2010 and is rising again due to the massive drought Texas is facing. Breads, rolls, cakes and cookies will all rise in price from the steep jump in the price of wheat. According to food manufacturers, the industry has been holding back from increasing retail prices but cannot absorb the costs any longer.

2. Sweets

Most processed "sweets," from soda to cookies to jam, are made with high fructose corn syrup. The lack of corn supply is causing prices in these areas to steadily rise. Watch out for shrinking packages, as well. Many companies will keep the same price point but drop the amount you get.

3. Beef, Pork and Chicken

Almost all industrialized meats fed on corn, mainly because it was the cheapest feed available. As the price of corn rises, there are still no cheaper alternatives, so the price of meat rises because of the higher input price.

4. Cat and Dog Food

Pet food contains grains in one of two ways: processed dry food often contains corn as one of its primary ingredients and canned food contains meat chunks or wheat-based thickeners. It's not just the cost of human food that will go up.

The Bottom Line

You might not be able to do anything directly about rising grain prices, but you can shop smarter. Look for loss leader sales on those groceries that you purchase regularly. Make more of your own food directly from raw ingredients, such as cookies and rolls. Pet food can be stored for six months to a year so stock up when you can find a good price. Paying more attention to prices in the grocery store will help you stretch your food budget the farthest.

Things Social Security Won't Tell You

by Jonnelle Marte
Wednesday, September 7, 2011

provided by
SmartMoney

1. "Long-term deficit? We can hardly afford our bills today."

Worried about the future of Social Security? You're far from alone. The Social Security Administration itself has said that unless something is done to reform the system, it will burn through its funds within the next few decades. Less talked about, perhaps, is the concern about the present: the program is having a hard time paying its bills. In 2010, the Social Security Administration collected less revenue in taxes than it needed to cover its benefit payments — the first time expenditures have exceeded income since 1983. As a result, the program had to tap its $2.5 trillion trust fund, sooner than some had expect

ed. The same is expected to happen this year. "The depth of the recession has slowed down revenues to the system," say Eugene Steuerle, an economist with the Urban Institute, a non-partisan think tank in Washington, D.C.

A Social Security spokeswoman points out that interest income from the Treasury bonds held in the trust fund will allow it to keep growing until 2022 — even if the agency has to siphon off some money to offset any shortages in tax revenue -- and won't be exhausted until 2036, when the first Gen Xers begin retiring. But that's already one year earlier than previous projections. After that, the agency says tax income under the current system will only cover about 75% of benefit payments through 2085.

2. "The more you make, the less you get back."

It's common to think of Social Security as an individual account of sorts — what you pay in, you get back, more or less. That's far from accurate. By design, the Social Security Administration says, the system is tilted in favor of lower-income workers who have fewer resources to save for retirement. In practice, that means that the more money you make, the less you get back, at least as a percentage of your salary. For example, a single, 66-year-old man who earned $50,000 per year on average and retired in 2011 would get an annual benefit payment of about $22,800, or about 45% of his annual salary. If he had earned $150,000 per year, he would get annual benefits of about $30,670 — just 20% of his annual salary. "People act like the percentage of benefits of your salary you get is the same for everyone and it really isn't," says Jo Anne Barnhart, former Social Security Commissioner.

That's particularly true for the highest earners. Benefits are calculated on a maximum average salary of $106,800, which means anyone who made that much or more — whether by a few dollars or by a few hundred thousand dollars — gets the same annual Social Security payment. To be fair, earnings over that threshold aren't taxed, either, and the agency spokeswoman says benefits are meant as supplemental retirement income, not full freight.

3. "This used to be a much better deal."

Today's workers — boomers, Gens X and Y — like to carp about Social Security, but it's not all sour grapes or skepticism about paying into a system with an uncertain future. Employees today pay more in Social Security taxes than previous generations did. They're also likely to get smaller benefits when it's their turn to retire.

Over the years, as the Social Security Administration has come to grips with the cost of its benefit program — and the ranks of eligible beneficiaries has swollen — taxes to fund the program have gone up and up, a trend that experts say is likely to continue over the coming years. As a result, workers now pay 6.2% in payroll taxes (reduced to 4.2% in 2011) — nearly double the 3.6% tax rate workers paid in 1965. Over the same time period, the maximum earnings eligible for taxation have also increased from $4,800 (equivalent to about $34,500 in 2011 dollars) to $106,800.

For example, a single man who retired in 1980 at age 65 after earning an average wage of $43,500 would have paid about $96,000 in Social Security taxes, and probably received $203,000 in lifetime benefits, according to a study by the Urban Institute, a non-partisan policy think tank in Washington D.C. By contrast, a single man making the same average wage today and retiring in 2030 will likely pay $398,000 in lifetime taxes but receive just $336,000 in lifetime benefits — about 16% less than he paid in. "People who were first in the system got a great rate of return," says Alan Gustman, chair of the economics department at Dartmouth College. "It's the younger generation that is going to be in the most difficult position."

The agency spokeswoman says the imbalance is partly due to the fact that the earliest beneficiaries only paid taxes in the later stages of their careers.

4. "Want a bigger check? Go back to work."

Most people within ten years of age 62 have already started doing the Social Security math problem: How much do I get if I wait one year to take payments? How much if I wait two years? To get the biggest bump in benefits, workers have to delay their benefits beyond full retirement age — around 66 for people born before 1957, closer to 67 for people born after. (To find your exact date, see Social Security Online.) For every additional year you wait, you'll get an 8% increase in payments until you hit age 70. Someone who earned, on average, $50,000 per year over their working life would get $1,900 per month at 66, but $2,505 if he waited until age 70 — a 32% boost. "You'll get a bigger benefit amount for the rest of your life," says Dennis Marvin, a financial planner in Cleveland.

If you've already started collecting benefits and you're under full retirement age, it's not too late to get a raise. One strategy: Go back to work. If you earn more than $14,160, the Social Security Administration will dock $1 in benefits for every $2 you earn. But once you reach full retirement age, your benefits will be recalculated to account for the money you didn't get while working. So, for example, someone who took their benefits at 62 — at a 25% reduction compared to full benefits — but went back to work from ages 63 to 66 and earned enough to zero out his entire Social Security check could end up collecting close to full benefits at age 66.

5. "Good luck qualifying for disability."

More than 8 million people receive Social Security Disability Insurance, which is awarded to people who are unable to work because of a long-term physical or mental disability. But qualifying is no easy task, says John Roberts, manager of Myler Disability, an advocacy group. Only 30% who applied in 2009 were awarded benefits, down from 44% in 1999, according to agency data.

Some of that change can be attributed to more people applying for benefits — 2.8 million in 2009 compared to 1.5 million a decade earlier. That's common when the economy is tough, says Gustman: The number of applications rises, along with an increase in claims that fall short of the agency's standards. Even for people with true and serious disabilities, it can be difficult to qualify. The process can take years and often requires legal help. Most people have to wait for a hearing, says Roberts: "Best case, it is 18 months before you get approved." In some cases, the battle goes to federal court.

To improve your chances, Roberts recommends applying for benefits as soon as you become disabled. Waiting too long could leave you in a situation where you haven't worked long enough to qualify for disability benefits. You must generally have worked at least three to ten years before you became disabled, depending on your age. The spokeswoman for the Social Security Administration says it does not pay benefits for partial or short-term disability and taxpayers must be able to show that they cannot do work they did before or adjust to other work because of their medical condition.

6. "You can be unemployed and retired."

A growing number of people in their 60s are collecting unemployment and Social Security benefits at the same time. Since 2002, seventeen states have changed the rules to allow people to qualify for more unemployment benefits while they receive Social Security, according to the National Employment Law Project, which has advocated on behalf of allowing seniors to claim both. It's perfectly legal; you just have to report the income to both agencies.

There is no clear data on how many people are drawing both. About 10% percent of people who collected unemployment benefits in 2010 were 60 or older, according to the Department of Labor; the minimum age to collect Social Security retirement benefits is age 62. For those who qualify, the option has obvious appeal for older Americans struggling to find work in today's weak job market. "We are generally talking about older workers who lose their jobs involuntarily, who are trying to survive," says George Wentworth, an attorney with the National Employment Law Project.

Receiving unemployment benefits doesn't affect your Social Security payments, but the reverse is not always true: In some states, collecting Social Security can reduce your unemployment checks. In Illinois, Louisiana, South Dakota, Utah and Colorado, your unemployment benefits can be reduced by half of your monthly Social Security benefit.

Health Savings Plans Let Firms Shift More Costs to Workers

By Margaret Collins - *Sep 7, 2011 9:35 AM CT Wed Sep 07 14:35:54 GMT 2011*

Health Savings Plans Let Employers Shift More Costs

George Frey/Bloomberg

Registered Nurse Melissa Merrell, left, checks on patient Chaz Gauchay in the emergency room at Timpanogos Regional Hospital in Orem, Utah.

Registered Nurse Melissa Merrell, left, checks on patient Chaz Gauchay in the emergency room at Timpanogos Regional Hospital in Orem, Utah. Photographer: George Frey/Bloomberg

HSAs Let Employers Shift More Costs to Workers

To contribute to a health savings account, consumers must be enrolled in a high-deductible health plan. This year, that means a minimum annual deductible of $1,200 for single coverage and $2,400 for a family, according to the IRS. Photo Illustration: Rich Clement/Bloomberg

To contribute to a health savings account, consumers must be enrolled in a high-deductible health plan. This year, that means a minimum annual deductible of $1,200 for single coverage and $2,400 for a family, according to the IRS. Photo Illustration: Rich Clement/Bloomberg

Businesses are increasing the use of high-deductible health insurance plans paired with savings accounts to shift more costs to American workers.

The number of people using high-deductible health insurance with a savings account option rose to more than 11.4 million as of January, compared with 10 million a year earlier, a 14 percent increase, according to a June report by America's Health Insurance Plans in Washington. Use of these plans with so-called HSAs, which generally require consumers to pay more out of pocket and let them save for medical expenses in their own accounts, has jumped about 87 percent since 2008, said AHIP, a trade group representing insurers.

The shift in health care is similar to the move by employers to 401(k)-type retirement plans from traditional company-funded pensions, said David Tyrie, head of personal retirement solutions for Bank of America Corp. (BAC)'s brokerage unit. Bank of America, based in Charlotte, North Carolina, administers health-care accounts, including HSAs, for about 600,000 customers.

"What you're seeing is employers say we're going to offer a high-deductible plan and allow employees the ability to put money away and make their own choices," Tyrie said.

Banks and mutual funds firms including JPMorgan Chase & Co. (JPM), Bank of America, Wells Fargo & Co. (WFC) and Fidelity Investments who administer HSAs see the savings accounts as an opportunity because more people may invest funds as balances rise.

More large employers are offering high-deductible plans with HSAs or making that coverage the only choice for workers as a way to control costs and prepare for changes in health-care law, said Helen Darling, president and chief executive officer of the National Business Group on Health in Washington.

Faster Than Inflation

U.S. employers estimate their health-care costs will increase at more than twice the rate of inflation in 2012, or an average of 7.2 percent, according to an August survey by the NBGH, which represents big firms, including 66 of Fortune 100 companies. Employers are attracted to the high-deductible plans because premiums generally are lower and consumers pay more attention to how much care costs, Darling said.

The average annual premium for family coverage through a high-deductible plan and HSA was about $10,248 as of January, AHIP data show. That compares with an average premium for all health plans of $13,770, according to a 2010 study by the Henry J. Kaiser Family Foundation. Employers paid about 70 percent on average of total premiums for family coverage, Kaiser data show.

Cadillac Tax

Companies also want to avoid the so-called Cadillac tax beginning in 2018, Darling said. The Affordable Care Act signed by President Barack Obama in March 2010 applies a 40 percent levy on employer health-care benefits above $10,200 for individuals and $27,500 for families.

Health Savings Accounts are tax-exempt accounts owned by individuals that Congress created in 2003. To contribute, consumers must be enrolled in a high-deductible health plan. This year, that means a minimum annual deductible of $1,200 for single coverage and $2,400 for a family, according to the Internal Revenue

Service. The monthly premiums generally are lower than traditional coverage and families generally pay bills, except for some preventive care, up to the deductible before insurance covers treatments.

Cash or Invested

Money deposited in HSAs by individuals or their employers generally isn't taxed and may be kept in cash or invested. Contributions can be made with pre-tax dollars and are capped at $3,050 for an individual and $6,150 for families in 2011, according to IRS rules. Funds in HSAs may be rolled over from year to year and accounts are portable if workers change jobs.

Earnings and withdrawals are tax-free if used for qualified medical expenses, otherwise there's a 20 percent penalty. A provision in the health-care overhaul law passed in 2010 now requires that consumers have a prescription when purchasing over-the-counter drugs with money from an HSA.

After age 65 or becoming disabled, account holders may take money out of their HSAs for non-medical reasons without a penalty and pay ordinary income tax on withdrawals.

Consumers who choose high-deductible insurance and an HSA should be aware that if they need treatment, the bills before meeting the deductible "can really hit you hard," said Mila Kofman, a research professor at Georgetown University and former superintendent of insurance in Maine.

The average payment for a hospital stay was about $3,510 per night in 2008, according to the most recent data available from the Agency for Healthcare Research and Quality in Rockville, Maryland.

Hidden Fees

Another concern is account fees. "There are all sorts of hidden fees, and not so hidden, that you need to be aware of," Kofman said. "All the fees add up, which may neutralize any tax advantage."

Elda Di Re, 49, who leads the personal financial services practice for Ernst & Young in New York, said she opted for the first time this year to use a high-deductible plan with an HSA for her family's coverage. She's saving more than $300 a month on premiums compared with the traditional plan, gets a tax deduction for money deposited in the HSA, and funds in the account can be invested and increase tax free, Di Re said.

"I think of it like a retirement savings account," she said. "I like this ability to grow this side fund for future medical expenses."

Plan Offerings

Almost three quarters of companies surveyed by NBGH plan to offer an HSA-type plan next year, compared with 61 percent this year, and 17 percent will make it the only coverage available in 2012, the report said.

"We're doing what we can to encourage them all to move to high-deductible plans," said Kathy Johnson, senior director of employee benefits at RSM McGladrey, a tax and financial services consulting firm with 6,800 employees nationwide.

McGladrey offers employees two types of high-deductible health insurance plans with HSAs. About 54 percent of workers enrolled in the company's health benefits have opted for the cheaper monthly premiums, Johnson said. The highest deductible is $5,400 for a family and the company will match up to $1,800 in contributions to HSAs through that plan in 2012, Johnson said.

While most HSA account holders keep their savings in cash, the number of people investing will increase as balances rise, said Will Applegate, vice president of HSA business development at Fidelity. About 15 percent of accounts with more than $2,500 at Fidelity have invested in mutual funds or bought stock, said Applegate. The Boston-based mutual-fund firm administers about 80,000 HSA accounts and generally requires participants to have at least $2,500 to invest, he said.

Investment Options

Wells Fargo has leveraged its 401(k) division to design investment options for its HSAs, which have increased more than 300 percent in the past five years, said Elizabeth Ryan, head of Wells Fargo's health benefit services. The San Francisco-based bank manages more than $600 million in HSA assets and serves 10,000 employers.

"This product has had tremendous growth," Ryan said. "We plan to again double our assets over the next three years."

New York-based JPMorgan, which has $1.1 billion in HSA assets, has seen average balances increase 7 percent to $1,494 as of December, compared with a year earlier, said Craig Vaream, managing director of J.P. Morgan Treasury Services division. The average balance of account holders who invest was $7,374, Vaream said.

Account Fees

UnitedHealth Group Inc. (UNH), an insurer, is also administrating HSAs. OptumHealth Bank, a UnitedHealth unit, administers health savings accounts that are coupled with high-deductible insurance plans sold by UnitedHealthcare, said Todd Berkley, the HSA business leader for OptumHealth.

Banks and insurers administering HSAs may charge fees for account maintenance, debit-card withdrawals and inactivity, which consumers should be aware of, said Kofman of Georgetown. Bank of America, for example, charges a $4.50 monthly fee and OptumHealth takes $1.50 for each withdrawal from an automated teller machine. At Wells Fargo, monthly service fees vary and employers often pay them on behalf of their employees, said Ryan.

Kathleen Stoll, director of health policy for the nonprofit consumer advocacy group Families USA, said she's concerned that as employers shift costs, workers may delay getting care because they'll have to pay more before insurance kicks in. That may cause an illness, such as a child's ear infection, to become more severe and more costly to treat, Stoll said.

"In the end, we all grow older and sick and we may find we've shot ourselves in the foot," with this shift to high deductibles and savings accounts, Stoll said.

Paul Fronstin, director of the health research program at the Employee Benefit Research Institute in Washington, expects employers will continue to phase-in high-deductible plans with HSAs as they did with 401(k) accounts.

"The number of employers offering them has nowhere to go but up," he said.

Concern Is Growing That The Elderly Get Too Many Medical Tests

By Sandra G. Boodman

Sep 12, 2011

This story was produced in collaboration with The Washington Post

Every year like clockwork, Anna Peterson has a mammogram. Peterson, who will turn 80 next year, undergoes screening colonoscopies at three- or five-year intervals as recommended by her doctor, although she has never had cancerous polyps that would warrant such frequent testing. Her 83-year-old husband faithfully gets regular PSA tests to check for prostate cancer.

"I just think it's a good idea," says Peterson, who considers the frequent tests essential to maintaining the couple's mostly good health. The Fairfax County resident brushes aside concerns about the downside of their screenings, which exceed what many experts recommend. "Most older people do what their doctors tell them. Peopl

e our age tend to be fairly unquestioning."

But increasingly, questions are being raised about the overtesting of older patients, part of a growing skepticism about the widespread practice of routine screening for cancer and other ailments of people in their 70s, 80s and even 90s. Critics say there is little evidence of benefit -- and considerable risk -- from common tests for colon, breast and prostate cancer, particularly for those with serious problems such as heart disease or dementia that are more likely to kill them.

Illustration by Brian Stauffer

Too often these tests, some doctors and researchers say, trigger a cascade of expensive, anxiety-producing diagnostic procedures and invasive treatments for slow-growing diseases that may never cause problems, leaving patients worse off than if they had never been tested. In other cases, they say, treatment, rather than extending or improving life, actually reduces its quality in the final months.

"An ounce of prevention can be a ton of trouble," observed geriatrician Robert Jayes, an associate professor of medicine at George Washington University School of Medicine. "Screening can label someone with a disease they were blissfully unaware of."

Dartmouth physician Lisa M. Schwartz cites one such case: a healthy 78-year-old man who was left incontinent and impotent by radiation treatments for prostate cancer, a disease that typically grows so slowly that many men die with -- but not of -- it.

The U.S. Preventive Services Task Force, an independent panel of experts that evaluates the risks and benefits of screening tests, does not endorse PSA testing or routine colon screening after age 75. The panel, whose recommendations will guide some coverage decisions under the 2010 federal health law that expands access to screening, says there is no evidence for or against mammography after age 74 and recommends that most women stop getting Pap smears to detect cervical cancer after 65.

So far the task force's guidelines appear to have had limited impact. Researchers in June reported in the journal Cancer that nearly half of primary-care doctors would advise a woman with terminal lung cancer to get a routine mammogram -- even if she was 80 years old. A 2010 study in the Journal of the American Medical Association of more than 87,000 Medicare patients found that a "sizeable proportion" with advanced cancers continued to be screened for other malignancies. Last May, Texas researchers reported in the Archives of Internal Medicine that 46 percent of 24,000 Medicare recipients with a previous normal test underwent a repeat colonoscopy in less than seven years and sometimes as few as three -- compared with the 10 years recommended by the task force. In nearly a quarter of cases, the repeat test was performed for no discernible reason. (Medicare is supposed to cover the screening test, which can cost about $2,000, only once a decade if no cancer or polyps have been found, but the program paid for all but 2 percent of the procedures reviewed by the Texas researchers.)

"More is not always better, and that becomes particularly true in older Americans where the dangers of medical care grow,"said Michael LeFevre, a professor of family medicine at the University of Missouri School of Medicine who is co-vice chair of the task force. "The older you get, the more likely it is that something else is going to make you sick or die." Colon polyps take 10 to 20 years to become cancerous, while the risks from colonoscopy, including intestinal perforation and heart attack, substantially increase after age 80.

Experts point to several reasons for the persistence of overscreening: habit; incentives that pay doctors and hospitals for individual procedures; quality assessments that rely on how many patients receive such tests; physicians' fears of missing something important or of upsetting elderly patients -- or their children -- by suggesting that screening is unnecessary because a patient is too old or too sick to benefit.

In an era where discussions about end-of-life care are branded as "death panels" and curtailing unnecessary and expensive testing is regarded by some as rationing, experts say it is not surprising that overtesting endures. Many doctors say it's easier to simply order a test than to discuss its risks and benefits with patients.

But some doctors believe it's time to resist. "I think we need to say we can't do everything for everybody, and it doesn't make sense," said Washington radiologist Mark Klein, who recently performed a virtual colonoscopy on a 99-year-old woman. Klein said he considered not doing the procedure but decided to go ahead because he didn't learn how old the patient was until she was lying on the table, having undergone the prep.

"The most important thing on any referral is the date of birth," said Klein, who said he tries to talk some older patients and their doctors out of pursuing tests and treatments he considers overly aggressive. "The game is not finding things, it's can you improve mortality? And if you do find something, it's very hard for a doctor to say, 'Don't do anything.' "

While cancer screenings are most common, other tests are overused among the elderly, Klein and others say. They include cholesterol testing, which can lead to the prescription of statin drugs that require regular blood tests to check liver function; typically, cholesterol plaque takes years to accumulate, and statins confer only a modest benefit in the elderly. Likewise, CT scans of the heart or whole body can unearth suspicious findings, such as lung nodules, which trigger a painful and risky lung biopsy, but often turn out to be benign.

First Mammogram -- At 100

Schwartz, a professor at the Dartmouth Institute for Health Policy and Clinical Practice and an author of the 2011 book "Overdiagnosed," said that overtesting may reflect in part the use of screening tests as a barometer of quality. "Unfortunately that's how we've measured quality: Did they get tests? And doctors are being judged and paid accordingly. So all these crazy things get done that don't help people."

Patients feel the pressure, too, Schwartz maintains. Screening has become a mantra, she said, trumpeted by advocacy groups. "The message is that you're a good person if you get screened."

The American Cancer Society doesn't support an upper age limit for colonoscopy or mammography, although the group does not endorse PSA testing. The society's director of cancer screening, Robert C. Smith, said he thinks underscreening is a bigger problem than overtesting. "As long as a patient is in good health and a candidate for treatment, they are a candidate for screening indefinitely," he said.

But Smith says there are limits. He recalls the loud cheer at a medical meeting after it was announced that a 100-year-old woman had just undergone her first mammogram. "Several of us were just shaking our heads in disbelief because it makes absolutely no sense whatsoever to put a 100-year-old woman through a mammogram," he said.

Telling someone that screening is no longer necessary can be dicey, as California family physician Pamela Davis discovered when she advised her robust 86-year-old mother to stop getting mammograms and routine colon tests.

Her mother was incensed, Davis recounted in a recent Los Angeles Times article, accusing her of wanting to "save money to spend on the young people and just let us old folks die." Davis was even more taken aback by the wave of hate mail she received after the article was published, some of it from doctors, accusing her of essentially the same thing.

"I have many, many patients who are like my mother," said Davis, who directs the family medicine residency program at Northridge Hospital Medical Center. "It's not about shortchanging them" but about putting screening in context. "Part of keeping people healthy and elderly is keeping them away from the hospital. Sometimes I'll say, 'Well, if we do this heart test and then find something then you'll need a procedure.' And they'll say, 'Oh, I don't want heart surgery.' And I'll say, 'Why do the test?'"

Baltimore internist Mary Newman said she largely hews to the task force recommendations, and she jokes to patients that "after 85, everything's optional." She considers Medicare's new annual wellness exam, part of the health law, a good time to raise the subject of screening. Newman said she focuses on concerns that geriatrics specialists say matter most in old age: maintaining hearing and vision, stabilizing blood pressure and addressing problems related to dementia and mobility.

In some cases doctors counsel against testing -- but patients demand it. Alan Pocinki, an internist who practices in the District, said he tried to persuade an 80-year-old patient, a survivor of several heart attacks, to stop PSA testing. The man's son, a Boston oncologist, agreed with Pocinki, but the patient insisted.

The elevated reading led to a biopsy, which found cancer. Pocinki said the patient contracted a serious infection from the biopsy, his cancer is being monitored through "watchful waiting," and he has repeatedly said he wishes he'd never had the test. "He always tells me, 'I know you told me not to do it.' "

Screening The Dying

Why do doctors continue to screen terminally ill patients? Smith, of the American Cancer Society, thinks a primary reason is that they avoid difficult conversations that would involve telling patients they won't live long enough to benefit.

"Just because it's hard for doctors doesn't mean it's not a conversation worth having," said Camelia Sima, a biostatistician at Memorial Sloan-Kettering Cancer Center in New York and lead author of the 2010 JAMA study. Doctors may regard additional tests as relatively inconsequential, but Sima notes that they can cause additional pain and suffering in the form of biopsies, surgery and chemotherapy.

To Dartmouth's Schwartz, the message for older patients, regardless of the state of their health, is essentially the same: "It's not always in your best interest to do more or to keep looking. But we never seem to talk about the downside of testing."

5 Refinance Tips for Borrowers

by Polyana da Costa
Thursday, September 15, 2011

provided by
Bankrate, Inc.

As homeowners rush to take advantage of the lowest mortgage rates in history, it's easy for them to get lost in the refinance stampede. That's why it has never been so crucial for borrowers to stay on top of their game after they submit loan refinance applications.

Banks, brokers and underwriters are overwhelmed with the significantly higher volume of refinance applications they have received since mortgage rates recently tumbled. Lenders that used to ask for 30 days or less to close on a refinance loan now say they need at least 45 days and in some cases 60 days. That is -- if all goes as planned.

One missing document or delay by the borrower responding to a lender's request could easily jeopardize or stall a refinance in the midst of a refi boom, says Mathew Carson, a mortgage broker at First Capital Group Inc. in San Francisco.

"As a borrower, you need to make sure when you lock your rate you have all your documentation ready to go," Carson says. "Once you lock, the clock starts ticking."

Prepare in Advance

To speed up the process, borrowers should begin to assemble their paperwork as soon as they decide to apply for a loan, says Rob Nunziata, president of FBC Mortgage in Orlando, Fla. They'll need the last two copies for each of the following: paystubs, W2s, bank statements (including all pages) and tax returns.

Act Quickly

Once you lock a rate, get the documents to the lender within a day, says Dan Green, loan officer at Waterstone Mortgage in Cincinnati.

"Mortgage underwriting is first-in, first-out, and you want to be at the top of the pile," Green says. "Therefore, sign your paperwork within a day and schedule that appraisal for as soon as humanly possible. Underwriting can't begin until these two events have finished."

Communicate With Your Lender

Underwriters may ask for additional documentation once they get to your file, so it's important to stay in touch with your loan officer and be diligent.

"Borrowers need to be involved in the process, making sure things are moving as expected," Carson says.

There will be a waiting period when there's not much the loan officer and the borrower can do. Even during that time, borrowers should not be afraid to check on the progress of their refinance.

"Checking in once or twice a week is pretty reasonable," Carson says.

Know What to Expect

Borrowers should also ask their lenders upfront for a time frame on when they should expect to close on the refinance loan and lock their rate accordingly, says Nunziata.

Normally, a borrower locks a mortgage rate for 30 days. If the loan doesn't close before the lock expires, the borrower often has to pay a fee to extend the rate, or go with the new current rate. Because lenders are taking longer to close, it's wise to lock for at least 45 days, Carson says.

"It's nearly impossible to close (on a refinance) in 30 days right now," says Carson, who works with about 40 lenders, including some of the largest banks. "Most of our refis are taking 45 days."

Some banks actually are requiring borrowers to lock for at least 45 days and sometimes 60 days, Green says. The longer lock periods may translate into higher closing costs or slightly higher interest rates. But that's the only way to ensure you won't get stuck with a higher rate if they rise when you're about to close.

Shop Around

Some lenders, mostly regional and smaller local lenders, are still offering 30-day closing refinances. Borrowers should look beyond the large banks and consider quotes from these lenders before deciding.

"Shop around and always check the pricing," says Michael Becker, mortgage banker at WCS Funding in Lutherville, Md. "When big lenders get overwhelmed they may raise their rates to slow down applications. Local companies can sometimes offer you services that the big guys can't."

EXPRESS SCRIPTS SUES WALGREEN FOR ENCOURAGING MEMBERS TO SWITCH PLANS

Express Scripts sues Walgreen in contract dispute

Symbol	Price	Change
ESRX	41.30	-1.49

WAG	37.17	+0.52

Marley Seaman, AP Health Writer, On Wednesday September 14, 2011, 5:34 pm EDT

NEW YORK (AP) -- Pharmacy benefits manager Express Scripts Inc. said Wednesday that it is suing Walgreen Co., arguing the drugstore chain is trying to lure away its customers.

The lawsuit alleges that Walgreen is telling Express Scripts plan members, and especially Medicare Part D beneficiaries, that they will not be able to fill their prescriptions at Walgreen pharmacies unless they leave Express Scripts and switch to a new pharmacy benefits management plan. Express Scripts said this violates the contract between the two companies.

Express Scripts administers prescription drug benefits for health plan sponsors and members, and it pays drugstores like Walgreen to fill prescriptions. Walgreen has said it will stop doing business with Express Scripts Jan. 1 because the prescription drug manager is not paying it enough. The drugstore chain has said it will lose $5.3 billion in revenue as a result, but that it would rather do that than conduct business on unacceptable terms.

In the lawsuit, Express Scripts said Walgreen is trying to get Express Scripts members to switch to new plans so it can keep their business and continue being paid to fill their prescriptions.

The St. Louis company has asked a court stop Walgreen from encouraging members to switch plans, saying it would hurt its business. Starting Oct. 15, Medicare Part D beneficiaries can enroll in a plan or leave their current plan and choose a new one. That "open enrollment" period ends Dec. 7.

Walgreen, of Deerfield, Ill., is the largest drugstore chain in the U.S. with more than 7,700 locations. It has said it gets about $5.3 billion in annual revenue from Express Scripts, and Express Scripts said it gives Walgreen access to about 60 million people, including about 2.5 million people who get their prescriptions through Medicare Part D.

Walgreen did not immediately respond to requests for comment.

The current contract between the companies lasts for three years, expiring in 2012. In June, Walgreen announced that it would stop doing business with Express Scripts at that time because Express Scripts wanted to cut its payments to unacceptably low levels and wanted too much control over other terms of the contract. On Sept. 6, Walgreen said negotiations are stalled and that it has begun informing clients that it won't participate in Express Scripts' networks after the contract ends.

Express Scripts said that, as part of the contract between the companies, Walgreen agreed it would not encourage members to leave Express Scripts plans or promote one Medicare Part D plan over another. The lawsuit alleges that Walgreen has done just that by sending letters to Express Scripts clients urging them to choose a plan with "Walgreens' coverage," including specific plans they could choose. It also said Walgreen has instructed employees to steer Express Scripts members away from Express Scripts.

During the dispute with Express Scripts, Walgreen launched a website called www.ichoosewalgreens.com. The site says Express Scripts clients will probably not be able to fill their prescriptions at Walgreen stores because the chain will probably not be part of Express Scripts' networks starting Jan. 1. It says that "If you'd like to ensure that you can continue to be able to fill your prescriptions at Walgreens and Duane Reade drug stores with uninterrupted service, you will need to select a different plan that includes Walgreens."

The lawsuit was filed Sept. 7 in the U.S. District Court for the Northern District of Illinois, Eastern Division.

Shares of Express Scripts declined $1.14, or 2.6 percent, to $42.79 in Thursday trading. Walgreen stock rose 72 cents, or 2 percent, to $36.65.

10 Most Hated Jobs

by Daniel Bukszpan
Friday, September 16, 2011

provided by

At one time or another, we have all known at least one person who has hated his or her job. That person may have suffered silently or vented constantly, but at the end of the day there was no question this person was truly unhappy with where they spent at least 40 of his or her waking hours every week, for 51 weeks a year.

The reasons for job dissatisfaction vary. Low pay, irregular hours, and lack of a window seat are all assumed to be culprits, and to be sure they can all contribute to a bad attitude on the job. These are actually not the primary factors driving a worker to regard tomorrow morning at 9 o'clock sharp with dread and ill will, however, according to one resource.

CareerBliss is an online resource that bases job satisfaction on multiple factors, including workplace culture, coworkers, and the boss.

According a survey of hundreds of thousands of employees conducted in 2011, CareerBliss determined the 10 most hated jobs, rated on a scale of 1 to 10. In almost all cases, respondents reported that the factors causing the most job dissatisfaction were not lousy pay or a desk near the bathroom. CareerBliss found that limited growth opportunities and lack of reward drove the misery index up more than anything else.

Read about the 10 jobs with the highest levels of employee unhappiness. The results may surprise you.

1. Director of Information Technology
For all the press that teachers and nurses get for their long hours, low pay and thankless tasks, it may be surprising to see the most hated job was that of information technology director, according to CareerBliss. After all, the salary's pretty good and with information technology such a prevalent part of everyday business, an IT director can hold almost as much sway over the fate of some companies as a chief executive.

Still, IT directors reported the highest level of dissatisfaction with their jobs, far surpassing that of any waitress, janitor, or bellhop. Of those who responded to the survey, one simple, five-word response summed up the antipathy very well: "Nepotism, cronyism, disrespect for workers."

2. Director of Sales and Marketing
A director of sales and marketing plans implements efforts to promote companies and generate business. Responsibilities often include budget management, public relations, and employee training.

Sales and marketing directors reported the second-highest level of job dissatisfaction of all survey respondents. The majority who responded negatively cited a lack of direction from upper management and an absence of room for growth as the main sources of their ire.

3. Product Manager
"Product manager" is a wide-ranging job title that takes on many meanings, depending on the company and its sector. In some cases, the job requires simply evaluating what products are best suited to a company's business model, and in others marketing, resource management, and scheduling are involved.

The level of job dissatisfaction was very high for this position. One respondent complained that it restricted growth, saying that it was "very hard to grow up the ranks." Another was less polite and said "the work is boring and there's a lot of clerical work still at my level."

4. Senior Web Developer
Senior web developers design, maintain, and develop applications for the Internet. With every business expected to have some kind of Internet presence these days, developers are found working in every type of company, in a full-time, part-time, or freelance capacity.

A senior developer is expected to be fluent in client-side and server-side contexts, and know his or her way around Python, Ruby, or whatever other arcane technology requires taming. Senior developers reported a high degree of unhappiness in their jobs, attributable to a perception their employers are unable to communicate coherently, and lack an understanding of the technology.

5. Technical Specialist
A technical specialist "leads the analysis, definition, design, construction, testing, installation, and modification of medium to large infrastructures," according to CareerBliss. This means that if a company wants to design a project, the technical specialist evaluates it to see what's possible and what isn't.

The job is a lead position that requires intimate knowledge of engineering; familiarity with Linux helps, too. However, technical specialists reported that for all their expertise, they were treated with a palpable level of disrespect. They cited a "lack of communication from upper management" and felt their "input was not taken seriously."

6. Electronics Technician
Electronics technicians maintain, troubleshoot and collect monthly measurement data for electronic systems. They work in every sector and can be employed with the phone company, a chain of fast-food restaurants, or the U.S. Navy. Whatever the case, technicians work on-site and off-site, have constant contact with clients, and must have an ability to quickly solve complex technical problems under intense pressure.

Employee dissatisfaction in this job is attributable to several factors. One respondent complained of having "too little control," while another had a litany of complaints: "Work schedule, lack of accomplishment, no real opportunity for growth, peers have no motivation to work hard, no say in how things are done, hostility from peers towards other employees."

7. Law Clerk
Clerkships are among the most highly sought-after positions in the legal profession. A law clerk assists judges as they write opinions, and the ones who get the job are almost always near the top of their class at law school. Six justices of the U.S. Supreme Court, including Elena Kagan and current Chief Justice John Roberts, were all law clerks early in their careers.

The job clearly beefs up a resume. Yet law clerks still report high levels of dissatisfaction. The hours are long and grueling, and the clerk is subject to the whims of sometimes mercurial personalities. The

Bureau of Labor Statistics also reported the job brings in a median salary of $39,780 a year—not exactly striking it rich—and those looking for advancement within the position simply will not find it.

8. Technical Support Analyst
Technical support analysts help people with their computer issues. This typically amounts to calmly communicating technical advice to panicked individuals, often over the phone, and then going on site to find the client simply hadn't turned the printer on.

Technical support analysts often work in a variety of environments, and they may be required to travel at a moment's notice, sometimes on holidays or weekends. After all, there's no telling when a client's computer-whiz nephew might make a minor tweak to his machine, with disastrous results.

In the words of one of the respondents, "You can do better, really."

9. CNC Machinist
CNC machinists operate computer numerical control machines. For the uninitiated, this is a machine that operates a lathe or a mill. On the upside, it renders obsolete processes that used to be performed by hand, at a slow pace and with high risk to the operator's life and limb.

Now that the CNC operator has had most of the physical hazards of manufacturing replaced by a machine, there's not a lot to do but push buttons and perform equipment inspections to make sure the coolant is at a safe level. Since it's a specialized skill, the job offers no room for advancement, which caused respondents to report a high degree of dissatisfaction.

10. Marketing Manager
A marketing manager is responsible for overseeing advertising and promotion. This involves developing strategies to meet sales objectives, based on the study of such factors as customer surveys and market behavior.

According to CareerBliss, respondents in this position most often cited a lack of direction as the primary reason for job dissatisfaction. The most optimistic respondent described it as "tolerable," and gave it the faintest praise possible by saying, "It's a job." (In this labor market, that's not such a bad thing.)

Comparing health insurance plans to become easier

Gregory Karp Spending Smart

September 16, 2011

If you've tried shopping for health insurance, you know how frustrating it can be, because much of the language isn't in plain English and too often the actual costs are hidden or unclear.

But come next March, shopping for health insurance should become much easier. Under the federal health care overhaul adopted in 2009, health insurance companies and employers who offer health coverage to workers will be required to provide clear and consistent information about your health plan.

The information will include:

-

An easy-to-understand summary of benefits and coverage;

A uniform glossary of terms commonly used in health insurance;

The annual premium and annual deductible;

What the policy doesn't cover;

What your costs will be if you go to a doctor who's not in your plan's network versus one who is.

The new form will also list common medical scenarios, such as pregnancy, cancer and diabetes; include information such as premiums and patient cost-sharing; and cite the bottom-line cost for treatment of those conditions.

By making the terms of insurance plans easier to understand, consumers are less likely to find themselves in health plans that don't meet their needs, said Lynn Quincy, senior health policy analyst at Consumers Union.

It's absolutely a great idea," she said. "It's a really big issue that consumers face when trying to compare health insurance plans.

"Consumers Union has heard too many stories of consumers that purchased a health insurance plan that they didn't understand," Quincy said. "Creating this health insurance disclosure will help reduce that confusion much in the same way that recent disclosures for mortgage terms or credit cards have helped to better inform consumers."

Health insurance companies say they strive to make their materials understandable and are concerned that the rules will burden them with unnecessary paperwork.

"Health plans increasingly provide user-friendly online tools and clear materials to make sure that consumers understand the benefits and costs of their health insurance policies," said Robert Zirkelbach, spokesman for America's Health Insurance Plans, which represents the industry. "The benefits of providing a new summary of coverage document must be balanced against the increased administrative burden and higher costs to consumers and employers."

Health insurance is essential for everyone to have, so do as much homework before purchasing a policy as you would before buying a car. In fact, you should approach health insurance with even more urgency.

Until the new form takes effect March 23, 2012, here's how to shop for health insurance:

Assess your needs

A healthy 25-year-old man may not need all the "bells and whistles" in a plan if he doesn't go to the doctor very often, said Keith Mendonsa, consumer specialist with eHealthInsurance.com.

But the needs of a woman planning to have children or a person with a chronic illness are very different.

If you take lots of prescription drugs, "you will want to buy a plan that will offer you prescription drug coverage and will help you pay for it," he said.

Hearing aids can help dementia patients

Devices can help increase memory and improve social interaction, local health experts say

Dr. Ronna Fisher, audiologist and owner of Hearing Health Center, which has locations in Chicago and three suburbs (Marina Makropoulos/For the Chicago Tribune)

Malcolm Garcia, Special to the Tribune

September 21, 2011

Hearing aids might help increase memory, reduce anxiety and increase social interaction among dementia patients, local health experts say.

"Whether you have dementia or not, you need to hear," said Ronna Fisher, audiologist and founder and president of Hearing Health Center in Chicago and three suburbs. "It's not normal not to hear. Hearing is what makes us happy in our relationships. If you can't hear, you stop talking."

Improved sensory perception won't stop the progression of dementia caused by Alzheimer's disease, experts said, but increasing the ability to hear will help reduce a patient's loneliness and confusion.

The staff at Smith Village, a continuing-care retirement community in Chicago's Beverly neighborhood, said it has noticed increased participation among residents who address their hearing problems.

"Getting hearing aids does help them," said Diane Morgan, memory support coordinator. "When their hearing is down, they experience paranoia or anxiety because they can't hear what's being said to them."

Fisher, whose father suffered hearing loss at an early age, said she began noticing in 2008 that when her dementia patients were fitted with hearing aids –– especially deep-insert hearing devices that remain in the ear for three months at a time –– they socialized more and their memories improved.

In a study released this year, researchers at Johns Hopkins Medicine and the National Institute on Aging found that seniors suffering from hearing loss were more likely to develop dementia over time than those who retain their hearing. Among other things, the research suggests that hearing loss could lead to social isolation, a risk factor for dementia.

The research should offer hope to physicians treating dementia patients, said Dr. Marsel Mesulam, director of the Cognitive Neurology and Alzheimer's Disease Center at Northwestern Memorial Hospital and Northwestern's medical school.

"Doctors and health care providers treating elderly patients should not throw up their hands treating dementia," Mesulam said. "They can look at other factors that are treatable, like hearing loss or vision."

Alzheimer's is the most common form of dementia, a term used to describe the common symptoms of memory loss and declining cognitive abilities that interfere with daily life, according to the Alzheimer's Association. The disease accounts for 50 to 80 percent of dementia cases. Other causes of dementia include brain injuries, infections and tumors, and vascular, Parkinson's and other diseases that affect neurological function.

Nancy Rainwater, a spokeswoman for the Greater Illinois Chapter of the Alzheimer's Association, said that at the very least, a person's hearing loss might cause caregivers to assume there is dementia when there is not.

"Each patient is different," Rainwater said. "Get a formal diagnosis."

Naperville resident Debby Berger began taking her 86-year-old mother to Hearing Health Center last year. At the time, her mother's memory had declined. Since she has been fitted with deep-insert hearing devices, her memory has improved.

"Now that she can hear, if you tell her something, she remembers it," Berger said.

RULES TO STAY THIN FOR LIFE

The 7 Laws of Leanness

By David Zinczenko with Matt Goulding
Sep 27, 2011

Eat This, Not That

by David Zinczenko with Matt Goulding

Why do some people seem naturally thin—able to torch cheeseburgers instantly and never gain a pound? And why do some of us—okay, most of us—sweat and diet and sweat and diet some more, and never lose enough to get the body we want?

Because those "naturally thin" people actually live by a series of laws that keep them from ever gaining weight. And if you know their secrets, you can indulge and enjoy and never gain another pound as long as you live.

As the editor-in-chief of *Men's Health,* I've spent the past two decades interviewing leading experts, poring over groundbreaking studies, and grilling top athletes, trainers, and celebrities for their health and fitness advice. And I've learned that what separates the fit from the fat, the slim from the sloppy, the toned from the torpid, is a set of rules. And what's amazing is that none of them involves spending hours on a treadmill, eating nothing but grapefruit and tree bark, or having part of the small intestine replaced with fiberfill. Follow these simple rules and weight loss will be automatic.

LAW #1: Lean People Don't Diet

What? Of course lean people diet! They're just magically better at denying themselves than the rest of us are, right?

No. In reality, studies show that the number one predictor of future weight gain is being on a diet right now. Part of the reason is that restricting calories reduces strength, bone density, and muscle mass—and muscle is your body's number-one calorie burner. So by dieting, you're actually setting yourself up to gain more weight than ever. And a recent study in the journal *Psychosomatic Medicine* showed that tracking your diet in a food journal can actually boost your stress levels, which in turn increases your level of a hormone called cortisol, and cortisol is linked to—you guessed it—weight gain.

FAT-FIGHTING FIBER: Get 25 grams of fiber a day—the amount in about 3 servings of fruits and vegetables—and you can boost fat burn up to 30 percent. For more tips on fighting fat and toning your midsection, follow me right here on Twitter. Or try any of these 50 Ways to Lose 10 Pounds!

LAW #2: Lean People Don't Go Fat-Free

A European study tracked nearly 90,000 people for several years and discovered that participants who tried to eat "low fat" had the same risk of being overweight as those who ate whatever they wanted.

Fat doesn't make you fat, period. Indeed, you need fat in your diet to help you process certain nutrients, like vitamins A, D, and E, for example. And many "fat-free" foods are loaded with sugar, and therefore have even more calories than their full-fat cousins. Even the American Heart Association says that fat-free labels lead to higher consumption of unhealthy sweets. Fat keeps you full and satisfied. Fat-free will send you running back to the fridge in an hour, hungry for more.

LAW #3: Lean People Sit Down to Eat

In fact, the more you sit down and enjoy your food, the leaner you're going to be. Punishing yourself only makes you fat!

Greek researchers recently reported that eating more slowly and savoring your meal can boost levels of two hormones that make you feel fuller. And researchers at Cornell University found that when people sat down at the table with already full plates of food, they consumed up to 35 percent less than they did when eating family-style—that is, by passing serving dishes around the table.

FIX IT WITH FOOD! Check out our list of the 40 Foods with Superpowers—foods that, even in moderation, can strengthen your heart, fortify your bones, and boost your metabolism so you can lose weight more quickly.

LAW #4: Lean People Know What They're Going to Eat Next

Planning your responses to hunger may help you shed pounds faster, say Dutch researchers. They posed their subjects questions like "If you're hungry at 4 p.m., then . . . what?" Those who had an answer ("I'll snack on some almonds") were more successful at losing weight than those who didn't have an answer.

One of the best things about the brand-new *Eat This, Not That! 2012* is that it helps you find fat-fighting food no matter where you are: movie theater, coffee shop, vending machine. It also includes this list of foods that should never see the inside of your belly: The NEW 20 Worst Foods in America.

LAW #5: Lean People Eat Protein

In a recent European study, people who ate moderately high levels of protein were twice as likely to lose weight and keep it off as those who didn't eat much protein.

A *New England Journal of Medicine* study looked at a variety of eating plans and discovered that eating a diet high in protein and low in refined starches (like white bread) was the most effective for weight loss. Protein works on two levels: First, you burn more calories to digest it. Second, because your body has to work harder to digest a Big Mac than, say, a Ho Ho, you stay fuller longer.

STEALTH HEALTH FOODS: Power up your diet by expanding your menu. Here are The 7 Healthiest Foods You're Not Eating.

LAW #6: Lean People Move Around

I don't mean climbing Kilimanjaro, breaking the tape at the Boston Marathon, or spending 24 hours at 24 Hour Fitness. I mean going for a short bike ride (20 minutes burns 200 calories), taking a leisurely walk (145 calories every 51 minutes), wrestling with your kids (another 100 calories smoked in 22 minutes), or fishing (there's 150 calories gone in an hour—even more if you actually catch something).

Simply put, fit people stay fit by having fun. Scientists have a name for how you burn calories just enjoying yourself. It's called NEAT: non-exercise activity thermogenesis. Sounds complicated, like something only policy wonks at a global warming summit are qualified to discuss. But it's pretty simple: Pick a few activities that you

enjoy, from tossing a stick for your dog to bowling with your best friend, and just do them more often. The average person makes 200 decisions every day that affect his or her weight. If you choose the fun option more often than not, you'll see results.

LAW #7: Lean People Watch Less TV

Instead of calling it the boob tube, maybe we should call it the man-boob tube. About 18 percent of people who watch less than two hours of TV a day have a body mass index (BMI) of 30 or more—the cutoff line for obesity, according to the Centers for Disease Control and Prevention. But of those who watch more than four hours of TV a day, nearly 30 percent have a BMI that high, according to a study in the *Journal of the American College of Cardiology*.

Look, I like TV. But all things in moderation: In a study at the University of Vermont, overweight participants who cut their daily TV time in half (from an average of 5 hours to 2.5 hours) burned an extra 119 calories a day. And a recent study of people who successfully lost weight found that 63 percent of them watched less than 10 hours of TV a week. Want more? A study in the journal *Annals of Behavioral Medicine* reported that lean people have an average of 2.6 television sets in their homes. Overweight people have an average of 3.4. Finally, researchers in Australia recently discovered that every hour in front of the television trims 22 minutes from your life. Yikes!

Breaking any of these seven laws occasionally is fine. Just don't make a habit of it. Likewise, make sure you haven't fallen into any of these 20 Habits That Make You Fat.