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Human Capital I.Q.

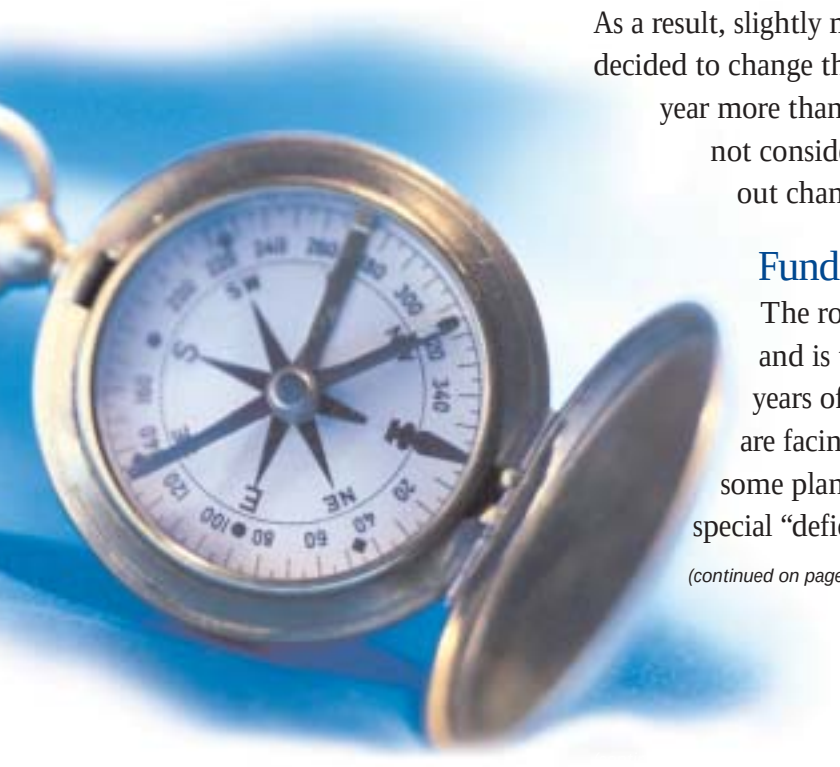
Timely news and information on employee benefit and human resource issues

In This Issue:

Pension Crisis Survey 2004

In early 2004, 58 percent of pension plan sponsors surveyed said their pension plan is an even bigger business issue than it was last year. These responses, from Deloitte Consulting LLP's *Pension Crisis Survey* of March 2004, are a follow up to our January 2003 *Survey on Pension Plan Crisis*. The rising stock market in 2003, which in turn raised the value of pension trust assets, apparently has not reduced the concerns of corporate officers, shareholders, or business analysts focused on pension issues.

According to the 2004 Survey, defined benefit pension plan sponsors have two primary concerns about their plans: the amount of the future cash contribution and the effect of the plan's expense on financial statements. As a result, slightly more than half of survey participants indicate they have decided to change their plan provisions or are considering changes. Last year more than one-half of responding plan sponsors said they were not considering changes, but this year only 39 percent are ruling out changes. (See Exhibit 1 on page 2.)



Funding Volatility Forcing Changes

The rollercoaster of pension funding is driving the changes and is the heart of the anxiety in the corporate suite. After years of pension surpluses in the 1990s, many plan sponsors are facing massive contribution requirements. These include some plans with such greatly reduced assets that the plans require special "deficit reduction contributions."

(continued on page 2)

Pension Crisis Survey 2004 *(continued)*

Two-thirds of those respondents intending to change plan design cite the shorthand of "reducing costs." But when questioned further, 63 percent of those changing say the change is also driven by the need to reduce pension funding volatility. The respondents changing their plans believe the plans are financially sound over the long-term, but the sponsors are worried about the short-term cost of immediate funding.

The rebound in the value of plan assets simply cannot outweigh the historically low interest rate assumptions plans must use in calculating assumed rates of return on those assets and the rates that must be used when distributing lump sums to departing employees. Unfortunately, as this goes to press, relief in the form of new interest rate assumptions to replace the artificial 30-year bond rate generated by the dwindling supply of 30-year bonds appears, at best, uncertain — and many argue it is highly unlikely.

Fortunately, plan sponsors see several ways to manage some of the funding and financial expense. As with last year, this year's most cited method is reviewing actuarial methods and assumptions. (See Exhibit 2.)

(continued on page 3)

Exhibit 1*

Has your company considered changing the design of the retirement program because of financial concerns?

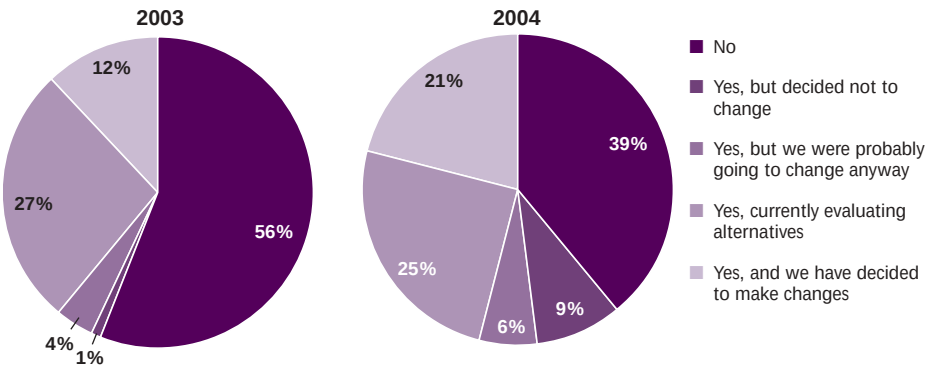
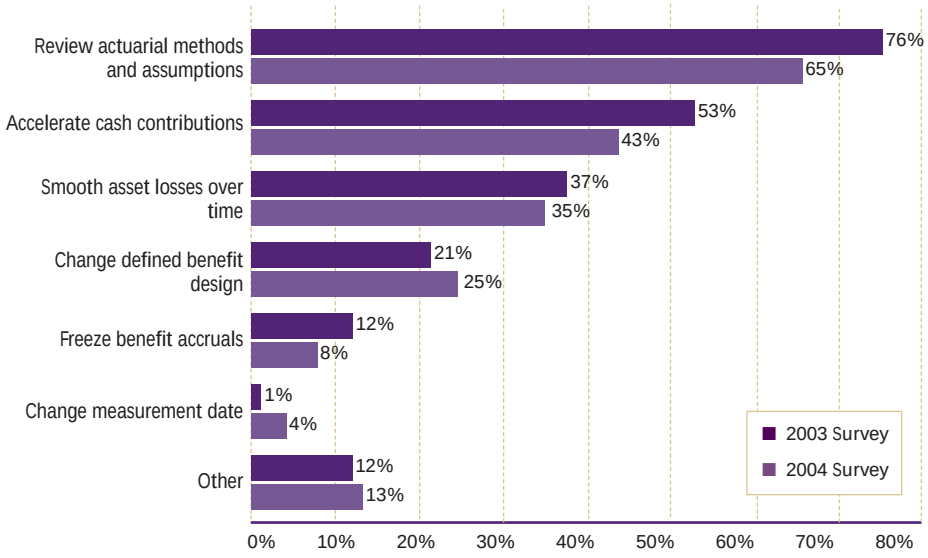


Exhibit 2*

Methods to Address the Pension Crisis



**Source: Deloitte Consulting LLP's "Pension Crisis Survey."*

Pension Crisis Survey 2004 *(continued)*

Plan Design Changes

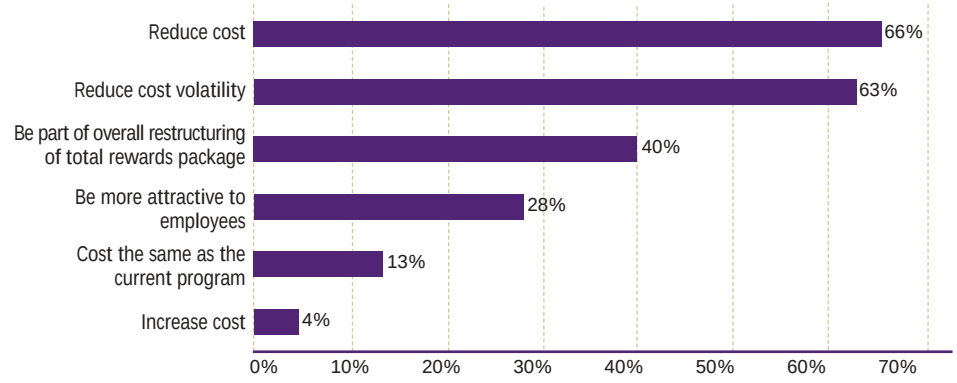
While reduced cost and cost volatility are the primary expected results of changing the plan design, about one-fourth of respondents changing their plans expect the new design to be more attractive to employees. Some even expect the new design will cost the same or more than the old plan.

Among those changing their plan design, the Deloitte Consulting "Total Rewards" approach to compensation and benefits also shows traction. At least 40 percent of respondents are including their defined benefit plan changes as part of an overall "total rewards" restructuring. For example, about 75 percent of respondents changing their defined benefit plan also intend to change their defined contribution plan at the same time. These changes include increasing contributions to 401(k) or profit-sharing plans. (See Exhibit 3.)

For more information about the survey contact your Deloitte Consulting advisor or Brian Augustian at braugustian@deloitte.com, one of the survey's authors. ■

Exhibit 3

Expected Outcome of Plan Design Change



**Source: Deloitte Consulting LLP's "Pension Crisis Survey."*

Health Savings Accounts — Additional IRS Guidance and Deloitte's Comments

Health savings accounts (HSAs), created under the new Medicare Modernization Act last year, have generated enormous interest among employers, insurers, and individuals. These accounts have generated a number of questions, as well. The U.S. Treasury Department and the IRS asked for comments and suggestions about the practical application of the law and the operation of HSAs. Deloitte responded with comments focusing both on approaches to resolving questions left unanswered by the law and on implementation. Eager to encourage the adoption of HSAs complementing high-deductible health plans (HDHPs), the IRS released additional guidance and some short-term relief from some of the obstacles faced by the plans.

Preventive Care

Individuals are eligible to establish HSAs only if the individual is covered by an HDHP, which generally requires an individual to spend at least $1,000 on medical expenses before the plan provides benefits. The required spending amount is $2,000 for family coverage.

The individuals or families cannot have coverage under other health insurance except through specifically listed types of "permitted coverage" or "permitted insurance." Preventive care services are among the "permitted" coverage that HDHP plans can offer without imposing a deductible.

Recent IRS guidance offers a "safe harbor" for preventive care that specifically includes periodic physicals, prenatal and well-child care, adult immunizations, tobacco cessation programs, obesity weight loss programs, and various listed screening services for cancer, heart disease, infectious diseases, mental health and substance abuse, and similar services. This list is not exclusive and other treatments or benefits may qualify as preventive care.

Prescription Drug "Carve Out" Plans

Unlike preventive care, prescription drugs are not among the "permitted" coverages that are exempted from the HDHP required deductible, nor are drugs among the permitted benefits or insurance coverages. IRS guidance has confirmed that individuals and families covered by both an HDHP and separate prescription drug plan are ineligible to establish HSAs, unless the drug plan also has a high deductible requirement. Alternatively, if the HDHP included drug coverage that was subject to the overall plan deductible, such drug coverage would not disqualify the participant for an HSA.

In making this interpretation, the IRS also recognized that some HDHPs in effect prior to this guidance are providing separate drug coverage and participants have already acted to fund their HSAs. Consequently, the IRS has granted "transition" relief to allow participants covered by both a HDHP and a separate drug plan to continue to fund HSAs for months prior to January 1, 2006.

Transitional Relief on Establishing an HSA

Previous IRS guidance permits HSAs to be established and funded at any time up to April 15 of the following year. However, HSAs may not pay for any expenses incurred prior to the establishment of the HSA. Given the short time frame between the creation of the law and the beginning of 2004, few HSA trustees had been established at the beginning of the year. Thus potential HSA owners had a difficult time finding trustees early in 2004. Recognizing the issue, the IRS has provided an exception to the payment-for-services rule that will permit HSAs to reimburse for services received prior to the establishment of the account. The account must be established before April 15, 2005, and the expense must have been incurred after the later of January 1, 2004, or the first day of coverage under an HDHP.

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Health Savings Accounts — Additional IRS Guidance and Deloitte's Comments *(continued)*

Deloitte Comments to the IRS

Deloitte's HSA comments, submitted before the recent IRS guidance, focused on a limited number of issues, including:

- benefit carve outs
- coordination of HSAs, HRAs, and health FSAs
- discrimination rules
- preventive care
- adverse selection
- ERISA

Deloitte argued — and continues to believe — that the statutory language creating HSAs clearly allows eligible individuals to be simultaneously covered by an HDHP and a non-HDHP as long as the two plans provide different benefits. Clearly the IRS's recent guidance does not reflect that reading.

The Treasury and the IRS have a legitimate concern that benefit carve outs could become an exception that overwhelms the HDHP rule. However, a definition of "benefits" should be promulgated to allow other coverage without undermining the HDHP as the predominant health plan. This can be done with a general definition or some broad guidelines that can be supplemented with examples of plans that would provide other "benefits" and those that would not. In this way, regulations could place reasonable limits on the scope of the exception.

Many employees will want, and many employers will want to offer their employees, the ability to participate in more than one tax-preferred health account. To further this goal, the Deloitte comments also urged future guidance to expand on earlier IRS guidance on the coordination of HSAs with HRAs and health FSAs. Among other things, future guidance should make clear that amounts not payable under the HDHP, including deductibles and benefits not covered by the HDHP, can be funded through a health FSA or HRA.

The Deloitte comments also stressed that only the nondiscrimination rule contained in the statute creating HSAs should apply to those accounts. Thus, future guidance should clarify that other nondiscrimination rules applying to employer health plans do not apply to HSAs.

The statutory rule covering HSAs that requires "comparable contributions" for "all comparable participating employees" makes it clear that the discrimination rule applicable to HSAs is an eligibility test applicable to individuals covered. That rule focuses on the account contributions under the HDHP, not on benefits paid.

Noting the important nature of the preventive care exception to the HDHP definition and to all consumer-driven health, Deloitte urged a broad definition giving employers and HDHP issuers significant discretion to determine what services will be treated as preventive care, and enabling them to update their plans to incorporate new preventive care services and procedures. Additionally, we noted that any definition of "preventive care" should be drafted to coordinate and not conflict with the terms and principles used in the IRS's proposed rules for wellness plans. While the IRS guidance does contain an appendix listing various permissible screening procedures, the notice itself is written broadly enough to reflect changing standards for preventive care.

To avoid problems with adverse selection that could sink HDHPs, Deloitte noted that while the nonforfeiture rule for HSAs requires release of all moneys in the plan to the employee, that rule does not prevent employers from taking other steps to control adverse selection. For example, an employer might preclude individuals from dropping out of the consumer-driven plan once enrolled or from re-enrolling after dropping out. We urged future IRS guidance on HSAs to confirm these and other techniques for controlling adverse selection are permissive.

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Health Savings Accounts — Additional IRS Guidance and Deloitte's Comments *(continued)*

Although the Department of Labor's Employee Benefits Security Administration (EBSA) maintains jurisdiction over ERISA, our comments urged the IRS through the Treasury Department to address the status of HSAs established as part of an employer's consumer-driven health plan and/or funded by the employer. Deloitte believes HDHPs offered by employers are subject to ERISA Title I. The ERISA status of HSAs is more complex and will depend on whether the employer establishes and holds the HSAs or the employee establishes the HSA independent of the employer. As a result, both the Treasury and employers should encourage EBSA to issue guidance on these issues as soon as possible so employers and employees establish and use plans lawfully under ERISA.

The accompanying chart compares various features of the HSAs, HRAs, and health FSAs.

Comparisons of Health Care Savings, Reimbursement, and Flexible Spending Accounts — April 2, 2004

	Health Savings Accounts (HSA) (Medicare Act of 2003) (IRS Notices 2004-2, 2004-23, 2004-25; Rev. Proc. 2004-22; Rev. Rul. 2004-38)	Health Reimbursement Arrangements (HRA) (IRS Notice 2002-45; Rev. Rul. 2002-41)	Cafeteria Plan Health Flexible Spending Arrangements (FSA) (Internal Revenue Code § 125)
	Eligibility Requirements		
Parties Who Can Establish the Account	Any "eligible individual" or his or her employer acting on behalf of an "eligible individual" may establish HSAs.	Only employers may establish and offer HRAs to employees and former employees.	Only employers may establish and offer Health FSAs to employees and former employees.
Account Eligibility	An eligible individual is someone who is: (i) covered by a "high-deductible health plan," and (ii) not covered by any other health insurance that (a) is not a HDHP and (b) covers benefits offered under the HDHP. A "high-deductible health plan" must have an annual deductible of at least $1,000 for individual coverage, or $2,000 for family coverage. The health plan's annual out-of-pocket maximum (excluding premiums) may not exceed $5,000 for individual coverage or $10,000 for family coverage. Health plans may offer free preventive care services. Health plans that offer provider networks may require higher out-of-pocket maximums for out-of-network services. Eligible individuals may not be covered by a non-high-deductible health plan. Benefits may not be "carved out" from the HDHP. Exceptions to this rule include coverage for accident, disability, dental care, vision care, long-term care, specific diseases, and hospital per diem policies.	Eligibility requirements vary based on the employer's health plan provisions.	Eligibility requirements vary based on the employer's health plan provisions

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Health Savings Accounts — Additional IRS Guidance and Deloitte's Comments *(continued)*

	HSA	HRA	Health FSA
		Funding	
Employer Contributions	Employers may contribute to HSAs on their employees' behalf.	Employers are solely responsible for funding HRAs.	Employers may contribute to Health FSAs on their employees' behalf.
Employee Contributions	Employees may contribute to their own HSAs.	Employees may not contribute to HRAs.	Employees may contribute to their own Health FSAs.
Carry Over of Unused Balances	Unused HSA balances may be carried over from year to year. There are no annual or lifetime limits on the amount that can be carried over or accumulated.	Unused HRA balances may be carried over from year to year. Employers may impose annual or lifetime limits on the amount that can be carried over or accumulated.	Unused Health FSA balances must be forfeited at the end of each 12-month period of coverage.
Rollovers	HSAs can accept rollovers from other HSAs and Archer MSAs.	There is no legal mechanism for HRAs to accept rollovers from other HRAs or other tax-favored medical savings vehicles. Presumably, employers could agree to transfer and accept rollovers.	There is no legal mechanism for Health FSAs to accept rollovers from other Health FSAs or other tax-favored medical savings vehicles. Presumably, employers could agree to transfer and accept rollovers.
		Reimbursements	
General	HSAs can pay for "qualified medical expenses" incurred by the account holder, his spouse, and dependents. Qualified medical expenses generally include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body, that are not compensated by insurance or otherwise.	Same as HSAs.	Same as HSAs.
Health Insurance Premiums	HSAs generally may not pay other health insurance premiums. Specific exceptions include certain premiums paid by: • COBRA beneficiaries; • individuals receiving federal or state unemployment benefits; and • Medicare-eligible individuals. (The exception for Medicare-eligible individuals does not apply to Medicare supplemental policy premiums.)	HRAs generally may pay other health insurance premiums.	Health FSAs may not pay health insurance premiums.
Long-Term Care Insurance Premiums	HSAs may pay premiums on a qualified long-term care insurance contract.	HRAs may pay premiums on a qualified long-term care insurance contract.	Health FSAs may not pay long-term care insurance premiums.
Over-the-Counter Drugs	HSAs may pay for over-the-counter drugs if the expense is a qualified medical expense.	HRAs may pay for over-the-counter drugs if the expense is a medical care expense.	Health FSAs may pay for over-the-counter drugs if the expense is a medical care expense.
		Tax Treatment	
Employer Contributions	Subject to limits, employer contributions to HSAs are not subject to federal income or employment taxes.	Employer contributions to HRAs are not subject to federal income or employment taxes.	Same as HRAs.

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Health Savings Accounts — Additional IRS Guidance and Deloitte's Comments *(continued)*

	HSA	HRA	Health FSA
Tax Treatment (continued)			
Employee Contributions	Subject to limits, employee contributions to HSAs are deductible. (Employers can allow employees to make pre-tax, salary reduction contributions to HSAs under their IRC § 125 cafeteria plans.) Medicare eligible individuals and individuals that can be claimed as dependents on another's tax return may not make deductible contributions to HSAs.	Employees cannot contribute to HRAs.	Employee contributions to Health FSAs generally are made on a pre-tax, salary reduction basis and are not subject to employment taxes.
Tax-Favored Funding Limits	The aggregate limit on deductible and employer tax exempt contributions to an individual's HSA for 2004 is the lesser of: • The annual deductible under the individual's high deductible health plan, or • $2,600 ($5,150 if family coverage), indexed for inflation each year reduced by the individual's contributions (if any) to Archer MSAs for the year. The funding limit will be increased for individuals age 55 and older by $500 in 2004 and increased by $100 per year to a maximum of $1,000 in 2009.	There are no legal limits on the amount employers can contribute to HRAs. Employers may set plan-specific limits.	There are no legal limits on the amount employers and employees can contribute to Health FSAs. Employers may set plan-specific limits. (As a practical matter Health FSA contributions are limited by the fact participants forfeit unused account balances each year.)
Earnings	Earnings generally are not taxable, but may be subject to the IRC § 511 unrelated business income tax rules.	Employers generally maintain HRAs as notional accounts so there are no earnings.	Same as HRAs.
Distributions	Reimbursements for qualified medical expenses are not subject to federal income tax. All other distributions generally are subject to federal income tax plus a 10% penalty tax. However, • the 10% penalty tax does not apply to distributions occurring after the account beneficiary becomes Medicare eligible, disabled, or dies; and • timely distributions of excess contributions are not subject to federal income tax or the 10% penalty tax.	Distributions can only be made to reimburse qualified medical expenses.	Distributions can only be made to reimburse qualified medical expenses.
Other Compliance Issues			
Nondiscrimination Rules	In general, employers must make comparable contributions to the HSAs of all comparable participating employees for each coverage period.	HRAs are subject to the IRC § 105(h) nondiscrimination requirements for self-insured medical expense reimbursement plans.	Same as HRAs.
COBRA	HSAs are not subject to the Internal Revenue Code's COBRA continuation coverage requirements. (The Department of Labor has not yet confirmed that HSAs also are not subject to ERISA's COBRA continuation coverage requirements.)	HRAs are group health plans subject to COBRA continuation coverage requirements.	Same as HRAs.
Trust Requirement	HSA assets must be held in trust.	Employers can maintain HRAs as notional accounts.	Same as HRAs.
Vesting Requirement	HSA beneficiaries must be 100% vested in their account balances at all times.	HRAs are not subject to specific vesting requirements.	Same as HRAs.

IRS Focus on Enforcement Reinforces Benefits of Voluntary Self-Correction

IRS Commissioner Mark Everson zeroed in on increased enforcement from his first day on the job last year. As part of that focus, the IRS recently announced a "limited audit program" for common problems unique to retirement plans, including 401(k), defined benefit, and money purchase plans. The IRS is targeting various retirement plans in specific industries in Connecticut, Florida, Georgia, Philadelphia, Nashville, Knoxville, Oklahoma City, Austin, and Dallas. Plan sponsors in those areas may have already received calls from the IRS.

The "Limited Audit Program"

The IRS in part is also responding to recent "customer service" surveys on retirement plan examinations in which plan sponsors indicated that the examination process was inordinately long and expensive. Admittedly, the IRS does not conduct audits for the convenience and enjoyment of the taxpayer, but both the IRS and taxpayers agree the process should be less cumbersome and more timely.

In response, the IRS will use a "limited audit" program to shorten the plan examination process and make more efficient use of the IRS's resources. The program's "limited audits" are designed to focus on only a few (as yet undisclosed) issues of concern to the IRS. The IRS began sending the audit notices on March 1.

To further the efficiency of this program, the audits will also focus on specific types of plans within specific industries. In the pilot phase, the IRS will select for audit approximately 1,000 plans drawn from the following industries and focus on the following types of plans:

Industry	Plan Type
Construction	Defined Benefit Plans
Financial Services and Insurance	401(k) Plans
Health Care	Defined Benefit Plans
Manufacturing	Money Purchase Plans

The limited audit program is designed to focus only on a few common problems the IRS has found in audits. While these audits are currently focused on the listed industries and geographic areas, the IRS, based on experience from these audits, will likely expand its plan audit expertise and reach.

A Good Offense Is the Best Defense

Plan sponsors fearing — or knowing — their plans have compliance issues can correct the plan and avoid audits by participating in the IRS's voluntary correction programs under the Employee Plans Compliance Resolution System (EPCRS). But these voluntary programs will be of the greatest help if the plan sponsor takes the initiative to file for correction and relief before the IRS serves an audit notice. EPCRS consists of three separate programs, each of which generally requires the plan to find and voluntarily correct its own problems.

Under the "Voluntary Correction Program" (VCP) the plan sponsor must report those problems to the IRS and propose specific corrections. Employers file with the IRS and pay a filing fee. In return, the IRS assures the sponsor that the plan will not be disqualified on the basis of the reported plan failures, as long as the corrections are made in a timely fashion. Importantly, once the plan files a VCP application, the IRS will not audit the plan while the plan is under the VCP process. The plan cannot be under examination when the VCP application is filed. However, for plans already under audit, an "Audit Closing Agreement Program" is available.

In addition, plans can conduct a "Self-Correction Program" in which the plan looks for and corrects problems within recent years. This program does not require filing with the IRS or paying fees. The Self-Correction Program also does not prevent an audit, but it certainly will make it easier to survive one! ■

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