



HealthView Services:
2015 RETIREMENT HEALTH CARE COSTS DATA REPORT[®]



INTRODUCTION

HealthView Services' 2015 Retirement Health Care Cost Data Report is derived from 50 million actual health care cases and a wide range of additional data sources. HealthView's actuary and physician-reviewed cost-projection methodology compares year-end data sets between 2013 and year-end 2014, and the company's rigorous bottom-up approach to calculating total retirement health care costs leverages the latest actuarial data for health care cost inflation. The Report also details specific components of lifetime health care expenses that will drive overall costs, and reveals how these projections align with government health care inflation forecasts.

HealthView's approach – which utilizes individual variables, including age, gender, income and state of residence to calculate a client's expected average costs – provides unique insight into how paying for health care will impact different population groups.

The Report includes supplemental insurance in most total health care cost projections because the majority of retirees will purchase policies to cover Medicare deductibles and co-pays that would otherwise have to be paid out of pocket. Expenses without a policy (currently \$1,260 for a hospital visit during each 60-day period, and \$147 for Medicare Part B – plus a 20% co-pay for most services) can be burdensome on some budgets, but catastrophic for others. Since there are no caps on what a retiree may have to pay in any given year, paying for debilitating health condition without a supplemental policy could potentially wipe out a person's savings.

For this report, lifetime health care cost projections are based on age, gender, health and state of residence for a healthy couple earning less than \$170,000 annually in retirement. To compare the difference in national average costs over time, two age conditions are examined: a 65-year-old couple retiring in 2015 and a 55-year-old couple retiring in 10 years.

The data shows expected average costs for each population segment based on specific retirement planning assumptions. As with any aspect of retirement planning, actual costs for individuals may vary greatly from these averages.

Unless otherwise indicated, the report uses current dollar cost estimates. When necessary, future dollar estimates, which include presumed inflation, are also provided.

HEALTH CARE COSTS AND THE AVERAGE AMERICAN COUPLE RETIRING TODAY

The average lifetime retirement health care premium costs for a 65-year-old healthy couple retiring this year and covered by Medicare Parts B, D, and a supplemental insurance policy will be \$266,589. (It is assumed in this report that Medicare subscribers paid Medicare taxes while employed, and therefore will not be responsible for Medicare Part A premiums.) If we were to include the couple's total health care (dental, vision, co-pays, and all out-of-pockets), their costs would rise to \$394,954. For a 55-year-old couple retiring in 10 years, total lifetime health care costs would be **\$463,849**.

Table A displays annual health care premium costs in five-year intervals for a 65-year old couple retiring today with Medicare Parts B, D, and a supplemental policy.

HEALTH CARE COSTS AND THE AVERAGE AMERICAN COUPLE RETIRING TODAY (CONTINUED)

Table A: Cost Projections For a 65-Year-Old Couple

	Age 65	Age 70	Age 75	Age 80	Age 85	Overall Costs
Annual Costs	\$6,999	\$8,498	\$10,345	\$12,304	\$14,530	\$266,589
Monthly Costs	\$583	\$708	\$862	\$1,028	\$1,211	
Future Dollar Costs	-	\$9,851	\$13,902	\$19,169	\$26,243	\$402,034

*Assumes life expectancy of 87 for the male, 89 for the female, and an MAGI income level below \$170,000

As indicated, the couple can expect to spend \$583 per month during their first year of retirement. This monthly expense is probably close to what they would be accustomed to paying if they were enrolled in an employer-sponsored plan. However, this number will more than double by age 85.

Based on HealthView's latest data, total lifetime health care cost projections in future dollars year-over-year (2013-2014) for a 65-year-old couple retiring today have risen by 6.5%. This is consistent with the company's 2013 expectations. The table below highlights the total health care expenses and the cost differential between a 65-year-old couple retiring this year and a 55-year-old couple retiring in 10 years.

Table B: A Comparison of 2013 and 2014 Total Health Care Projections*

*In future dollars

Couple's Age	Life Expectancy	Retirement Year	Projection For B, D, Supplemental & Cost Sharing Based on 2014 Data	Projection Based on 2013 Data	Lifetime Increase
65	87,89	2015	\$402,034	\$382,500	\$19,534
55	86,89	2025	\$645,466	\$612,691	\$32,775

These numbers assume that a couple's retirement income is below \$170,000 (\$85,000 for an individual). Retirees whose Modified Adjusted Gross Income (MAGI) exceeds this income bracket will face Medicare surcharges and significantly higher costs. If the same couple earns more than \$170,000 in retirement, surcharges could significantly raise their Medicare B and D premiums – from 35% to over 200%. An affluent 65-year-old couple retiring this year who fall into Medicare's top income bracket will pay \$279,377 in lifetime Medicare surcharges. A 55-year-old couple retiring in 10 years will pay \$375,864.

Also, because of a longer life expectancy (and a compounding inflation rate), females will spend more on health care than males. A 65-year-old female is projected to spend \$21,578 more in total health care costs than a male of the same age.

Table C: Cost Variances by Age and Gender

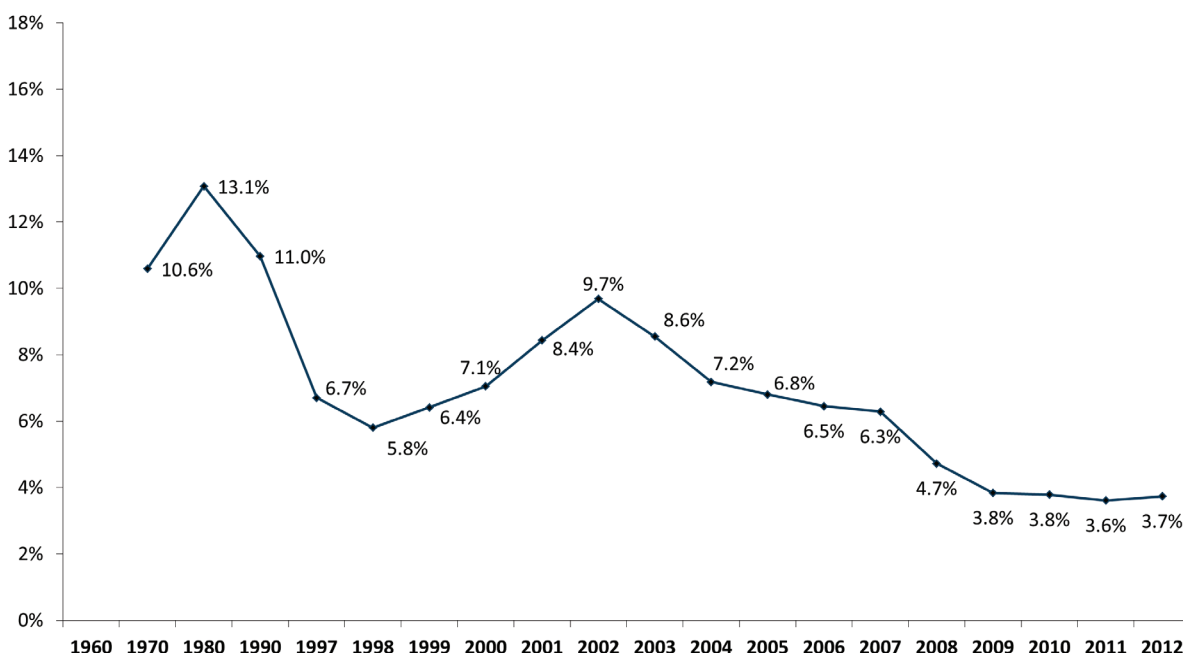
Age / Gender	Life Expectancy	Retirement Year	Projected Costs for B, D & Supplemental Premiums	Projection Costs for B, D, Supplemental Premiums & Cost Sharing
65, Female	89	2015	\$141,363	\$208,266
65, Male	87	2015	\$125,226	\$186,688
55, Female	89	2015	\$175,401	\$251,955
55, Male	86	2025	\$145,595	\$211,894

It is interesting to note that if given an equal life expectancy, a female is projected to spend fractionally less on health care than a male.

HEALTH CARE INFLATION

Over the last fifty years (excluding the Great Recession of 2008), health care cost inflation has averaged well above 6% - and even exceeded 10% at times (see chart below). However, since the Recession, health care inflation has fallen significantly below the long-term trend, which can largely be attributed to low interest rates and modest inflation. Looking ahead, health care inflation is expected to rise. In fact, the U.S. Department of the Actuary is projecting health care inflation to remain at approximately 6% for the next decade.

Average Annual Percent Change in National Health Expenditures, 1960-2012 ¹



SOURCE: Kaiser Family Foundation calculations using NHE data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at <http://www.cms.hhs.gov/NationalHealthExpendData/> (see Historical; National Health Expenditures by type of service and source of funds, CY 1960-2012; file nhe2012.zip).



While health care inflation was approximately 3.6% in 2014, it was still more than four times the Consumer Price Index increase of 0.8%, continuing a long-term trend in which health care inflation is a multiple of CPI. The year-end 2014 summary from the Centers for Medicare and Medicaid expects retirees to endure at least eight years of health care inflation between 5% and 7%². This is consistent with HealthView's actuarial-backed projection that health care cost inflation will return to more normalized levels of approximately 6% over the next decade and continue to rise at a multiple of CPI.

¹ "Average Annual Percent Change in National Health Expenditures, 1960-2012". The Henry J. Kaiser Foundation: March 6, 2014. <http://kff.org/health-costs/slide/average-annual-percent-change-in-national-health-expenditures-1960-2012/>

² <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/tables.pdf>

HEALTH CARE INFLATION (continued)

It is important to note that HealthView's projections for health care cost inflation address the separate components of health care – including Medicare Parts B and D premiums, dental, hearing, vision and co-pays (see section on cost drivers). The projections do *not* account for the possibility of additional cost shifting to retirees through continued pressure on the Medicare Trust Fund, which may also impact out-of-pocket expenses.

Although medical advances and legislative efforts to manage costs could temper health care inflation, an aging population with more chronic diseases, combined with an already fragile Trust Fund will likely continue to drive overall health care costs higher. Unfortunately, Social Security income will not be enough to counter these rising costs. Even though Social Security Cost of Living Adjustments (COLAs) have averaged 2.6% over the last decade, they have only risen at an average of 1.4%³ over the past six years. With health care cost inflation rates likely tripling COLAs for the foreseeable future, retirees will eventually use more of their Social Security income to pay for health care. Over time, the compounding effect of this differential will place incredible stress on the average retirement budget.

Social Security Cost-Of-Living Adjustments

Year	COLA	Year	COLA	Year	COLA
1975	8.0	1990	5.4	2005	4.1
1976	6.4	1991	3.7	2006	3.3
1977	5.9	1992	3.0	2007	2.3
1978	6.5	1993	2.6	2008	5.8
1979	9.9	1994	2.8	2009	0.0
1980	14.3	1995	2.6	2010	0.0
1981	11.2	1996	2.9	2011	3.6
1982	7.4	1997	2.1	2012	1.7
1983	3.5	1998	1.3	2013	1.5
1984	3.5	1999 ^a	2.5	2014	1.7
1985	3.1	2000	3.5		
1986	1.3	2001	2.6		
1987	4.2	2002	1.4		
1988	4.0	2003	2.1		
1989	4.7	2004	2.7		



³ "Social Security." Cost-Of-Living Adjustments. <http://www.ssa.gov/oact/cola/colaseries.html>

CALCULATING COSTS FOR INDIVIDUALS

While a base average can be a useful metric for scaling future health care expenses, effective planning needs to be done at the individual level. HealthView's suite of tools provides financial professionals with the necessary information to plan for, manage, and even reduce future health care costs. The company's extensive data, which integrates current age, health status, gender, state of residence, income, expected date of retirement, and other variables, provides advisors with a solid foundation to begin integrating future medical expenses into retirement plans. Further information about planning strategies, as well as the impact of Modified Adjusted Gross Income (MAGI), is available in the following HealthView Insights Papers: "Addressing the Retirement Health Care Cost Crisis: Cost Management Strategies" and "Understanding the Impact of Modified Adjusted Gross Income on Retirement Health Care Costs: Strategies to Reduce Medicare Income Surcharges."

RETIREMENT HEALTH CARE COST INDEX

In the spring of 2014, HealthView Services introduced its Retirement Health Care Cost Index®, which underscored the growing impact of retirement health care costs on middle-class Americans by revealing what portion of retirees' Social Security benefits will likely be required to pay for total health care expenses. (It is important to note that since 2007, Medicare part B premiums and all Medicare surcharges are directly deducted from gross Social Security income, so many beneficiaries will likely receive smaller monthly checks than they are anticipating.)

For the average couple retiring this year,* the Index© shows that **total health care costs will consume two thirds** of their lifetime Social Security benefits. For the same couple retiring in 10 years, approximately **90%** will go toward health care expenses. The Index also shows that over time, total retirement health care costs may surpass individual Social Security benefits. These estimates do not include end-of-life costs for long-term care facilities. *(Data based on couple optimizing Social Security payments at their full retirement age.)

Table D follows a 66-year-old couple (with a Primary Insurance Amount of \$25,332) over two decades. As we can see, they will experience a gradual decrease in annual Social Security income as the benefit slowly shifts to cover rising health care costs. In the end, medical expenses will consume approximately 67% of the couple's total Social Security income.

Table D: Annual Projected Costs vs Social Security COLAs (In Future Dollars Based on 2% Annual COLA Increase)*				
	Annual Health Care Costs (In Future Dollars)	Social Security	Annual Difference	Percent of Social Security Dedicated to Health Care Costs
Age 70	\$14,148	\$32,799	\$18,651	43%
Age 75	\$19,836	\$36,213	\$16,377	55%
Age 80	\$27,263	\$39,981	\$12,718	68%
Age 85	\$36,434	\$44,143	\$7,709	83%
Age 87	\$40,909	\$45,927	\$5,018	89%

* Data is based on this couple optimizing Social Security benefits at their full retirement age.

IMPACT OF HEALTH STATUS AND LONGEVITY

The Society of Actuaries has recently updated its mortality tables,⁴ and average life expectancy in America is projected to increase by two years; unfortunately, the trade-off for a longer life is that more money will be dedicated to health care.

HealthView's data shows that an average 55-year-old couple who live two years beyond their average life expectancy will incur an additional \$57,353 in total retirement health care costs.

Looking at large populations will, of course, mask the considerable variations in individual health conditions and treatment costs. At one end of the spectrum, a retiree may live to 90 and never go to the doctor; another may live to the same age, but require intensive medical treatment at a substantial expense.

As with any aspect of planning, it is important to make decisions based on the best information available. Expected individual longevity, which is largely based on health conditions, will be a significant determinant of health care costs and needs to be factored into the retirement planning process.

4 "Social Security." Actuarial Life Table. <http://www.socialsecurity.gov/OACT/STATS/table4c6.html>.



MEDICARE SURCHARGES

Medicare surcharges (also referred to as “means testing”) will continue to affect more middle class Americans-not just affluent ones. Since Medicare income bands are not adjusted for inflation, over time, rising income will propel more and more people across means testing thresholds. Under the current law, income-based Medicare surcharges are expected to spread to 25% of all subscribers by 2036. Even public sector employees, who traditionally have avoided the “affluent” label, will increasingly feel the sting of means testing surcharges because their pensions may place them in higher brackets.

For example, a single 55-year-old woman with a current annual income of \$85,000, which is expected to grow at 3% annually, will earn \$114,233 in the year prior to retirement. If she desires a 75% income-replacement rate, she will require \$85,675 annually after retiring. Her expected MAGI will place her into Medicare’s second income bracket, and she will be subjected to a 35% Medicare surcharge.

Table E: The Impact of Medicare Surcharges over Time						
Age	Gender	Current Salary	Retirement Age	Expected Retirement Income	Means Tested	Means Testing Surcharge
55	Female	\$85,000	65	\$85,675	Yes	\$36,883 (+35%)

HealthViews’ recent Insight paper, “Understanding the Impact of Modified Adjusted Gross Income on Retirement Health Care Costs: Strategies to Reduce Medicare Income Surcharges,” provides much greater detail on this topic, as well as strategies in which careful portfolio management can significantly reduce these surcharges.

It is important to note that as of the publication of this paper, President Obama has recommended two additional means testing proposals in his budget. The first would increase current surcharges for Medicare Parts B and D; the second would also apply means testing thresholds to supplemental policy premiums. If one or both of these changes are implemented, future subscribers who are means tested can expect to pay even more for health care.

DISTRIBUTION OF RETIREMENT HEALTH CARE COSTS

Health care costs are not linear in retirement; they depend upon individual health conditions and the types of care that will be required. For most, the highest expenses will come at the end of life. This occurs for two reasons: obviously, as we age, we are more likely to need care – from doctors and hospitals to assisted living facilities. The second factor is that health care inflation – again, projected at 6% – will ultimately result in more expensive medical costs down the road.

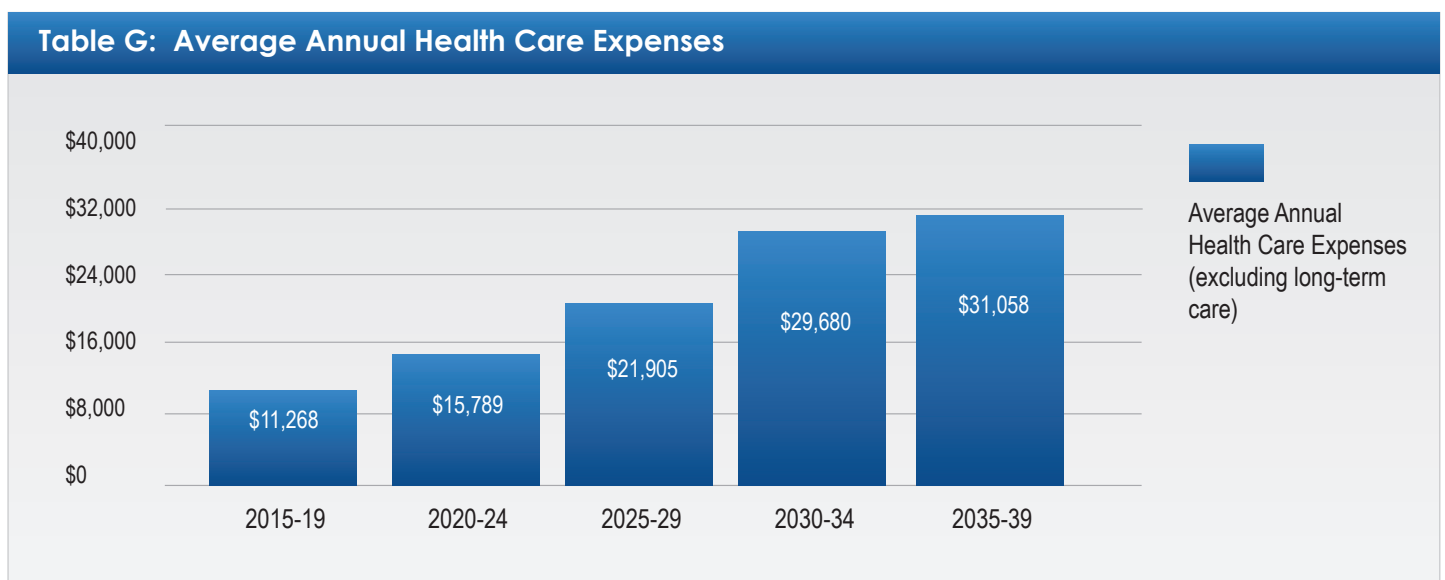
Data from this report does not include long-term care expenses. When total end-of-life care, including nursing home costs, are included in the calculations, total retirement health care costs for the last two years of life may increase by a multiple of seven.

DISTRIBUTION OF RETIREMENT HEALTH CARE COSTS (continued)

The following charts breakdown total lifetime health care expenses for a 65-year-old couple. The first chart shows expected costs by gender. Amounts are in future dollars.

Table F: Projected Health Care Expenses 65-Year-Old Couple				
	Male		Female	
	in Dollars \$	%	in Dollars \$	%
PREMIUMS				
Hospitals, Doctors & Tests Premiums	\$58,266	21.2%	\$67,588	21.2%
Prescription Drugs Premiums	\$34,635	12.6%	\$41,582	13.0%
Supplemental Premiums	\$91,950	33.4%	\$108,012	33.9%
Dental Premiums	\$13,943	5.1%	\$16,063	5.0%
OTHER OUT-OF-POCKET EXPENSES				
Hospitals, Doctors & Tests Costs	\$11,345	4.1%	\$12,040	3.8%
Prescription Drugs OOP	\$13,038	4.7%	\$15,184	4.8%
Hearing & Visions Costs	\$43,080	15.7%	\$48,552	15.2%
Dental OOP	\$8,777	3.2%	\$9,813	3.1%
TOTAL	\$275,035		\$294,975	

The chart below shows the couple's average annual health care expenses for five-year periods in retirement. Amounts are expressed in future dollars.



RETIREMENT HEALTH CARE COST COMPONENTS

HealthView Services continuously updates its database through ongoing analysis of market events and 50 million current and historical health care cases. Drawing upon this enormous pool of data, HealthView's actuaries can determine total health care costs by specific category. This approach provides unique insights into key cost-component trends and leads to more accurate and consistent health care cost projections.

The calculations include the fundamental components of coverage: Medicare Parts A (hospital visits), B (doctors and tests), D (prescription drugs), and a Medigap policy (supplemental coverage). Cost sharing services such as vision, hearing, and dental, which must be paid out-of-pocket, are factored into the calculations for total retirement health care costs.

When analyzing health care costs, it is necessary to consider the impact of cost sharing expenditures. According to the Kaiser Family Foundation, deductibles (pre-retirement) have increased to an average of \$1,217, a 50% increase since 2009.⁵ Additionally, cost sharing is projected to increase from 5% to 7% annually (5% for dental; 6.3% for medical and 7% for prescription drugs).

Table H: Projected Cost Sharing Inflation Rate

Service	With Gap Insurance
Hospitals	3.0%
Doctors and tests	3.4%
Prescription drugs	3.5%

Supplemental policies are rising at 3.8%, which is less than the national average; unfortunately, those still enrolled in employee-sponsored plans are seeing steady 5-7% premium jumps, as well as annual increases in deductibles and other out-of-pocket expenses.

Table I provides a breakdown of health care inflation in retirement. Medicare Part B will remain at \$1,258.80 in 2015 and is capped at \$1,926 in 2022—a 6.3% annual increase from 2016 to 2022.

Table I: Projected Medicare Premium Inflation Rate for 2015 (into the foreseeable future)

Medicare Part B	0.0% (expected to increase to \$1,926 by the year 2022)
Medicare Part D	12.0% (expected to drop to 8% by 2021)
Supplemental Insurance	3.8% into the foreseeable future

⁵ "2014 Employer Health Benefits Survey." The Henry J. Kaiser Family Foundation: Sep 10, 2014.
<http://kff.org/health-costs/report/2014-employer-health-benefits-survey/>

RETIREMENT HEALTH CARE COST COMPONENTS (continued)

Unfortunately, Part D will increase by 12% and is one of the true drivers of health care inflation. This surge coincides with the gradual phasing out of the Part D “Donut Hole”- indicating that costs are being diffused among all subscribers, who must bear the financial burden of the policy change.

Medicare Part D is expected to drop to an 8% inflation rate in 7 years, which is still quite high, and should give little comfort to retirees who will presumably require more medications as they age.

These projections highlight a crucial factor in retirement health care planning: both direct costs for Medicare and supplemental insurance, as well as indirect costs for non-Medicare covered services and co-pays, need to be accounted for in order to truly grasp how much *total* health care will cost in retirement.

COST DRIVERS FOR INDIVIDUALS

Expected longevity and retirement income are important variables in calculating individual retirement health care costs. In addition, state of residence plays an important role for subscribers who purchase a supplemental plan to fill in coverage gaps. Unfortunately, these policies can be expensive, prices vary by state, and the cost difference between plans can add up to tens of thousands of dollars throughout retirement.

The following table displays cost differences based on selected coverage for a 65-year-old couple living in Ohio.

Table J: Cost Differences Based on Selected Coverage							
Age	State	Life Expectancy	Health Condition	Retirement Age	Income	Coverage	Total Health Care Costs
65	Ohio	87	Healthy	65	Under \$85,000	Medicare B and D, Premiums	\$135,696
65	Ohio	87	Healthy	65	Under \$85,000	Medicare B, D & Supplemental Premiums	\$270,767
65	Ohio	87	Healthy	65	Under \$85,000	Medicare B, D, Supplemental Premiums & Cost Sharing Expenses	\$391,585

This couple can expect to see their total health care costs double with the addition of supplemental insurance premiums, and rise by almost 200% when all other out-of-pocket expenses are included in the projection. If this couple’s annual income exceeds \$428,000 (placing them in the highest MAGI bracket), total health care costs would be \$670,962 - a 394.5% increase over the basic cost of Medicare Parts B and D premiums.

As mentioned above, HealthView’s data shows that supplemental insurance can vary greatly by state. For example, a 65-year-old retired couple living in Hawaii can expect to pay \$89,338 in lifetime supplemental insurance premium costs, while a 65-year-old couple living in Maryland can expect to pay \$154,495 - 73% more than if they lived in Hawaii.

COST DRIVERS FOR INDIVIDUALS (continued)

Table K illustrates how adjusting variables for a 55-year-old impacts future costs. Health care costs for a male with diabetes, who is projected to live ten fewer years than a healthy individual, will be lower by \$105,159.

Table K: Cost Comparison of a Diabetic and Healthy 55 Year Old Male							
Age	State	Life Expectancy	Health Condition	Retirement Age	Income	Coverage	Total Health Care Costs
55	IL	76	Type II Diabetes	65	Under \$85,000	Medicare B, D, Supplemental, & Cost Sharing	\$118,275
65	IL	86	Healthy	65	Under \$85,000	Medicare B, D, Supplemental & Cost Sharing	\$223,434

Based on a nine-year difference in life expectancy, the cost variance between a diabetic female and healthy female, both aged 55, will be \$93,680.

MAGI in retirement dramatically impacts premium costs associated with Medicare Parts B and D. In the example below, a healthy 55-year-old female living in Florida, retiring at 65, and expecting to receive \$214,000 annually in retirement, will pay more than \$205,000 in lifetime Medicare Parts B and D surcharges – 210% higher than an individual expected to receive less than \$85,000.

Table L: The Impact of Lifetime Medicare Surcharges							
Age	State	Life Expectancy	Retirement Age	Income	Coverage	Total Cost	Surcharge
55	FL	89	65	Under \$85,000	Medicare B and D Premiums	\$97,678	-
55	FL	89	65	Over \$214,000	Medicare B and D Premiums	\$302,884	\$205,206

An affluent 55-year-old couple living in Florida may be responsible for \$375,865 in lifetime Medicare surcharges.

PLANNING FOR RETIREMENT HEALTH CARE COSTS

Retirement health care costs are going to be a burden for everybody; however, careful advanced planning can greatly reduce their impact on budgets.

An average 55-year-old couple retiring in 10 years will require \$182,447 to pay for basic Medicare coverage (assuming Medicare Part B premiums are deducted from Social Security income). If they start saving at 55, this couple will need to put aside approximately \$429 monthly to cover future expenses.

The most critical variable is age. While a younger couple may pay more for health care costs because of inflation, their required monthly investment actually declines because they have a longer time horizon to prepare. Table M highlights savings requirements for couples ranging in age from 45 to 60.

Table M: Savings Required to Fund Basic Medicare Premiums by Time Horizon

Age	Life Exp.	Retirement Age	Coverage	Total Cost	Required Monthly Savings*
60	86/89	65	Medicare Part D Premiums	\$154,158	\$682
55	86/89	65	Medicare Part D Premiums	\$182,447	\$429
45	86/89	65	Medicare Part D Premiums	\$257,831	\$332

*Assumes Medicare Part B premiums deducted from Social Security payments and savings generate a 6% return.

Every retiree should have enough money saved to afford basic care, but couples who want to enjoy comprehensive coverage should not only start early, but also set more money aside.

Table N: Savings Required to Fund Basic Medicare and Supplemental Insurance Premiums by Time Horizon

Age	Life Exp.	Retirement Age	Coverage	Total Cost	Required Monthly Savings*
60	86/89	65	Medicare Part D and Supplemental	\$287,450	\$2,190
55	86/89	65	Medicare Part D and Supplemental	\$320,996	\$1,206
45	86/89	65	Medicare Part D and Supplemental	\$407,525	\$736

*Assumes Medicare Part B premiums deducted from Social Security payments and savings generate a 6% return.

There are a range of savings and product strategies that can be utilized to prepare for health care costs. One of these is a Health Savings Account (HSA), a tax-free investment vehicle that can be earmarked to pay for eligible health care expenses in retirement.

Most importantly, the majority of pre-retirees can successfully accumulate the savings necessary to pay for basic Medicare premiums. Regardless of the specific savings objective, the key to success is to begin saving today.

CONCLUSION

With medical care becoming more expensive and health care inflation expected to remain significantly above annual Social Security COLAs, health care will be among the most significant expenses for Americans in retirement.

While many state that health care is their number one concern in retirement, a substantial gap in planning for this issue still exists. To be prepared, retirees must understand the complexities of future expenses, develop strategies that can reduce the burden of these costs, and begin planning early. At a time when too few pre-retirees are saving at sufficient levels to achieve retirement security (even before health care is factored in), those who take action now, employ a knowledgeable advisor, and create a long-term plan to save for, manage, and reduce costs will be able to enjoy greater financial security in retirement.



ABOUT HEALTHVIEW SERVICES

HealthView Services (<http://www.hvsfinancial.com>) is the leading provider of retirement health care planning applications that include Medicare, long-term care and Social Security optimization. HealthView believes that a health care cost savings strategy should be a foundational component of retirement planning. The company's methodology initiates advisor/client conversations that ultimately lead to retirement income optimization. HealthView Services is proud supporter of the 2015 National Retirement Planning Week®'s Health Care in Retirement Planning Day.



HealthView Services' HealthWealthLink is an integrated retirement planning platform that draws upon cost data from more than 50 million annual health care cases to assist financial advisors in preparing personalized estimates of retirement health care costs. The platform provides advisors with the tools necessary to implement various strategies to achieve clients' retirement goals.

Through the company's partnership with the Insured Retirement Institute (IRI), HealthView Prime, a health care retirement cost planning tool, is being offered to IRI's membership of major insurers, asset managers, broker dealers/distributors, and 150,000 financial professionals.

HealthView Services also provides retirement health care cost planning tools for individuals through its website.



HealthView

I N S I G H T S

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