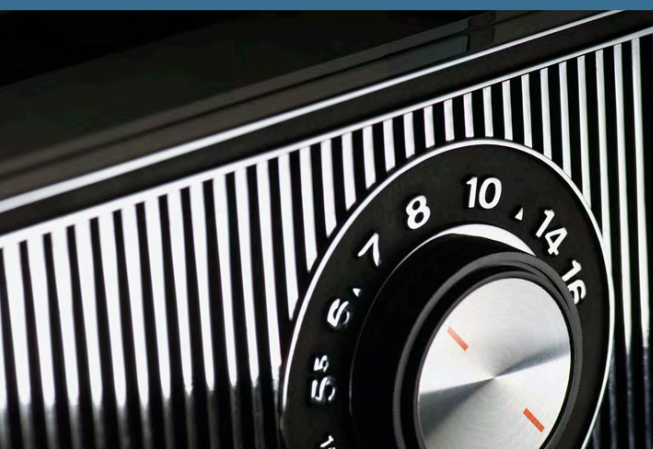
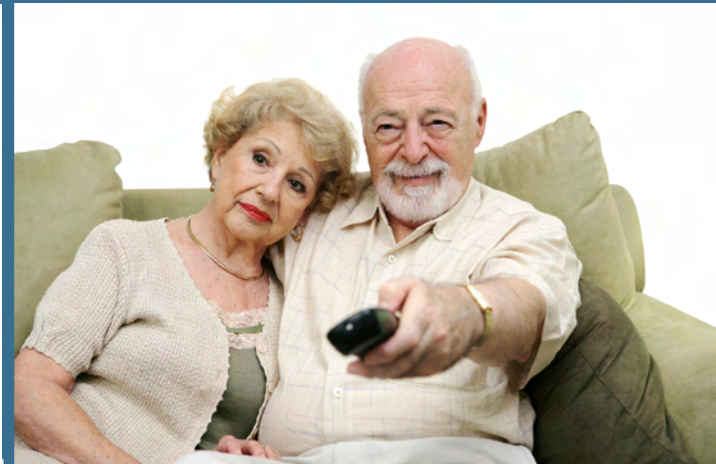


PITCHING PRIVATE MEDICARE PLANS

An Analysis of Medicare Advantage
and Prescription Drug Plan Advertising

SEPTEMBER 2008



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EXECUTIVE SUMMARY

With private health plans playing an increasingly prominent role in Medicare, insurance companies are actively competing for enrollees, relying on advertising campaigns and other marketing activities to attract Medicare beneficiaries. The number of Medicare Advantage and Medicare Prescription Drug Plans offered throughout the country continues to rise presenting both opportunities and challenges for the 44 million people on Medicare. As Medicare beneficiaries are asked to consider their options and choose among plans to meet their individual needs, insurers have become a leading source of information, using advertising and other marketing activities to inform consumers' health insurance choices.

To understand more about the role of advertising in an environment with substantially more health plan choices offered under Medicare, and to assess how health insurers used advertising to influence beneficiaries' decisions, we monitored television, print, and radio ads for private Medicare plans during the 3-month period between October 1st and December 31st 2007 leading up to the 2008 plan year. We analyzed Medicare private plan ads identified by VMS, a media monitoring service, that were placed nationally and in three markets: Miami/Fort Lauderdale, Florida; Phoenix, Arizona; and Greensboro, North Carolina. The analysis is based on 177 unique ads which collectively appeared 13,140 times during the 3-month period.

KEY FINDINGS

Extra benefits and low/no premiums topped the list of messages promoted in Medicare plan ads, with variation by plan type.

- Extra benefits (mainly vision, preventive care, and hearing benefits) were promoted in the majority (71%) of all Medicare Advantage plan ad occurrences.
- The promise of having no premiums was prominent in Medicare Advantage plan ads (56%); just 18 percent of Medicare Prescription Drug Plan ads mention premiums at all.
- Medicare Prescription Drug Plan ads emphasized access to pharmacies (99%), coverage of generic drugs (82%), and no drug deductible (82%); drug benefits received less attention in ads for Medicare Advantage plans.
- Nearly a quarter (22%) of all ad occurrences and a third (32%) of Medicare Advantage ad occurrences claimed to have better benefits than Original Medicare.

The majority of Medicare plan ad occurrences did *not* convey basic, descriptive information defined in this study to include both plan type and premium amount; among print ads, important information was often conveyed in fine print.

- More than half (58%) of all ad occurrences for Medicare plans did *not* include information about *both* plan type and monthly premiums.
- Among Medicare Advantage ads, 21 percent (21% television and 24% print) did *not* identify a specific plan type (e.g., HMO or PPO).
 - However, among the majority of Medicare Advantage print ads that did indicate specific plan type, nearly half (46%) did so in fine print.

- Two-thirds (67%) of all Medicare Advantage print ad occurrences included a general statement indicating restrictions and limitations may apply.
 - However, in every case, this information was presented in fine print.
 - None of the HMO print occurrences included the Centers for Medicare and Medicaid Services (CMS)-suggested language regarding network restrictions which could be important for beneficiaries with established relationships with certain doctors or specialists.

Medicare plan sponsors appeared to be reaching out to racial/ethnic minority beneficiaries; however, they did not appear to focus their advertising efforts on certain segments of the Medicare population — particularly the under-65 disabled and seniors with chronic conditions or frailties.

- Racial and ethnic minority beneficiaries were represented in more than half of all ad occurrences that contained images.
- Less than one percent of ad occurrences for Medicare plans explicitly mentioned the under-65 disabled on Medicare; just three percent included images of people who appeared to be under 65 with disabilities.
- None of the ads included images of seniors who appeared to be sick or physically frail (e.g., using a walker or cane); only 14 percent of all ad occurrences included images of prescription drugs.
- Nine percent of all ad occurrences featured people engaged in physically demanding activities, such as dancing, running, playing baseball and swimming. These images may appeal to beneficiaries' aspirations for a healthy, active lifestyle, but could deter those persons with more serious health conditions from enrolling if they feel the plan is not suitable for people in poor health.

Insurers devoted substantially more advertising resources to promote Medicare Advantage plans than Medicare Prescription Drug Plans.

- Insurers placed three times more Medicare Advantage plan ads than Medicare Prescription Drug plan ads, between October 1 and December 31, 2007.
- Insurers are estimated to have spent more than twice the amount for Medicare Advantage plan ads than for Medicare Prescription Drug Plan ads (\$30.1 million vs. \$13.7 million) — based on ads placed nationally and in the three study markets.

DISCUSSION

Findings from this study provide new insights that help explain how health insurers attempt to inform and influence Medicare beneficiaries' health coverage decisions through advertising. First, as expected, extra benefits and dollar savings topped the list of leading messages used to attract consumers, suggesting that health insurers recognize the importance of savings for Medicare beneficiaries who generally live on fixed incomes and are often concerned about the financial burden of medical care. Second, ads for Medicare plans tend to include fairly minimal descriptive information to help inform health insurance choices, often omitting important plan features that could significantly affect beneficiaries' access to medical providers and out-of-pocket spending. Third, consistent with prior research, insurers tend to devote relatively little advertising attention to certain segments of the Medicare population, such as the under-65 disabled and seniors with

serious medical needs, groups for whom health insurance choices are especially important. And finally, Medicare plan sponsors devoted substantially more advertising dollars to Medicare Advantage plans than to Medicare Prescription Drug Plans, which may reflect a decision to maximize enrollment among plans that are relatively profitable under the current payment system.¹

Together, these findings raise, but do not answer, important questions about the appropriate role of advertising within the context of the Medicare program. Given the emergence of private plans in Medicare, the strong influence of advertising on consumer behavior, the physical and cognitive limitations of many people on Medicare, and the fact that most products advertised by Medicare insurers are paid for primarily by the federal government, the advertising activities of Medicare insurers remain an important matter for policymakers. Policymakers may want to consider the extent to which ads for Medicare plans could or should be used more effectively to educate consumers about key plan features, and to reach out to all segments of the Medicare population.

INTRODUCTION

Private health insurers are playing an increasingly prominent role in the Medicare program, offering a range of plans and benefits to serve the Medicare population. Since the implementation of the Medicare drug benefit in 2006, a record number of health insurance companies have contracted with the federal government to offer drug coverage. Furthermore, the number and variety of Medicare Advantage plans offered throughout the country have grown substantially over the past several years.² Government analysts predict continued enrollment growth in private plans for Medicare beneficiaries over the next decade,³ while Wall Street analysts forecast strong enrollment as earnings grow for insurers who sponsor Medicare products in the near-term.⁴ The proliferation of private health plans under Medicare is fundamentally changing the coverage landscape for people on Medicare, posing new challenges and opportunities for beneficiaries and raising important questions for policymakers.

With increasing competition for market share, insurers rely on advertising and other marketing activities to help attract new Medicare members and retain existing enrollees. Given the potential to expand market share to as many as 44 million Medicare beneficiaries, and with favorable government payment policies particularly for Medicare Advantage plans, insurers are using a range of strategies to raise Medicare beneficiary awareness about their offerings and to attract potential enrollees to their plans. These strategies include mass media advertising through TV, newspaper, and radio; seminars and sponsored events; direct mail; web-based marketing; and agent outreach. Many insurers hire consultants and marketing experts to help them implement marketing strategies to maximize their Medicare enrollment.⁵

As marketing activities have intensified, so too have concerns about questionable marketing practices and the potential implications for Medicare beneficiaries.⁶ Policymakers and consumer advocates have raised questions about excessively aggressive and misleading sales practices that may result in beneficiaries signing up for a plan without fully understanding whether it is appropriate for them, given their individual circumstances.^{7,8} In addition, some analysts are concerned that insurers' marketing practices target healthy, lower-cost beneficiaries rather than sick, high-cost beneficiaries, or fail to reach key subgroups of the Medicare population, such as those who are under age 65 with disabilities.⁹ In response to some of these concerns, policymakers have proposed new marketing requirements to strengthen consumer protections and prohibit certain sales and marketing activities.^{10,11,12}

With a fairly robust marketplace, the expectation is that beneficiaries will seek information, compare the various options offered in their area and choose an optimal plan, using information and tools provided by the government, health insurers, and trusted advisors, such as family members and friends. However, in practice, this task can be more challenging than it appears, particularly given the complexity of the health insurance marketplace with the vast array of options available to seniors in most parts of the country. Previous research indicates that beneficiaries lack even basic knowledge and understanding about their Medicare coverage, let alone important distinctions between different plan offerings available to them.¹³ Seniors say they rely on advice from friends and family for help with their Medicare decisions and prefer to have fewer choices and greater simplicity with regard to their health care coverage.¹⁴

Insurers play a key role in providing information about Medicare plan options to consumers. A substantial share of Part D enrollees say they rely on insurers for information about plans, even though many indicate that they feel overwhelmed by the volume of information and marketing materials from plan sponsors and are anxious about aggressive sales tactics.¹⁵ An important consideration is the extent to which advertising can or should be used to inform the beneficiary decision-making process.

Researchers have examined effective strategies for reaching seniors through advertising and other marketing activities because they are a target market for a number of products, like pharmaceuticals and health insurance. Studies show that older people tend to remember messages that are emotionally meaningful and have the potential for a relatively immediate, versus long-term return.¹⁶ When elderly and near-elderly Medicare beneficiaries and their family caregivers were presented with informational Medicare materials, they responded positively to ads that conveyed a sense of helping a person to help him or herself (promoting independence) and to ads that addressed seniors' questions about common health concerns.¹⁷ In addition, seniors tend to be particularly dependent on television as a primary source for information, suggesting the potentially strong reach of televised messages for marketing to this audience.¹⁸

This study examines ads placed by Medicare insurers to assess how they attempt to influence beneficiary choice. The study addresses four key questions:

- 1) What main messages were used by Medicare insurers to attract enrollees, and did they vary by market or plan type?
- 2) What basic descriptive information is conveyed in ads?
- 3) Did ads represent different segments of the Medicare population (e.g., healthy and sick)?
- 4) Were certain types of Medicare plans promoted more aggressively than others, and to what extent did strategy vary by market?

METHODS

Ads for private Medicare plans were monitored and analyzed between October 1, 2007 and December 31, 2007, the period during which Medicare plans were permitted to market to people on Medicare for coverage in 2008. A multi-stage data-gathering strategy was employed to identify newspaper, radio and television ads. VMS, a commercial media monitoring service, was retained to monitor and record print, radio and television ads that appeared nationally and in three media markets (Phoenix, AZ; Miami/Fort Lauderdale, FL, and Greensboro, NC). For a detailed description of the methodology, see Appendix A.

The three study markets were selected for their geographical diversity, the number of Medicare beneficiaries living in the area, and the number of beneficiaries enrolled in Medicare Advantage plans. In 2007, the Miami/Fort Lauderdale/Miami Beach area had more than 850,000 Medicare beneficiaries — far more than the number living in the Phoenix area (nearly 500,000) and substantially more than were living in Greensboro, NC, Miami/Fort Lauderdale, FL and Phoenix, AZ are relatively mature markets, with higher than average Medicare Advantage penetration rates (39%), while Greensboro, NC is considered an emerging Medicare Advantage market, with a different mix of plans (more Private Fee-for-Service plans than found in other cities) (**Table 1**).

	Miami/ Fort Lauderdale, FL	Phoenix, AZ	Greensboro, NC
Medicare Beneficiaries, 2006	850,641	468,725	104,718
Medicare Advantage Enrollment, 2007	333,069	183,599	32,098
Medicare Advantage Enrollment, 2002	337,013	166,070	8,742
Medicare Advantage Plans, 2008	94	61	60
HMO Plans, 2008	56	19	11
PPO Plans, 2008	7	7	5
Private Fee-for-Service Plans, 2008	27	33	42
Medical Savings Accounts, 2008	1	2	2
Provider-Sponsored Organizations, 2008	3	0	0
Stand-Alone Prescription Drug Plans, 2008	58	51	52

NOTES: The Medicare Advantage plans were determined using the Center for Medicare and Medicaid Services (CMS) *Medicare Compare* and a zip code from each market. MSAs are defined as Miami/Fort Lauderdale/Miami Beach; Phoenix/Scottsdale/Mesa; and Greensboro/High Point.

SOURCE: Kaiser Family Foundation, *Medicare Health and Prescription Drug Plan Tracker*, <http://www.kff.org/medicare/healthplantracker/>

VMS monitored seven broadcast networks, 65 cable networks, 45 newspapers, and 11 magazines in the three markets, and 48 local radio stations in Phoenix, AZ and Miami/Fort Lauderdale, FL (See Appendix Table A1). VMS identified and recorded 124 distinct newspaper/magazine ads, 50 distinct television ads, and three distinct radio ads sponsored by private Medicare plans. They also provided the frequency for which each distinct ad appeared nationally and in the three media markets (“occurrences”), and an estimate of the costs associated with each occurrence.

A content coding sheet was developed to document and assess the key elements of advertising content: marketing strategy; eligibility requirements; benefits, financial costs, and restrictions; ways to establish contact with the plan; and images presented in the ads. The coding sheet was designed to capture the presence or absence of specific elements, thus minimizing the need for qualitative judgments (coding sheet is available from authors, by request). Three researchers coded all ads for content and imagery; inter-rater reliability for these categories exceeded 95 percent. Variables from the content coding sheet were used to create composite summary variables to define main messages (See Appendix Table A3).

In addition, each ad was coded for general plan type (e.g., Prescription Drug Plan, Medicare Advantage plan, Medigap); ads promoting Medicare Advantage plans were coded for specific plan type (e.g., Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPO), Private Fee-for-Service (PFFS)). For the purpose of determining whether basic information was conveyed in ads, coders looked for plan type by viewing, reading and/or listening to ads. Using this approach, 16 of the 177 unique ads in the sample had no plan type identifier. To accommodate more detailed analyses of content, message, and images by plan type, we took an additional step to identify plan type by searching the plan’s name by market area using the *Medicare Compare* web tool on the Medicare.gov website. We were able to identify plan types for another nine of 16 unique ads for which plan type could not be identified by coders without *Medicare Compare*, leaving seven unique ads unidentified as to the type of plan advertised.

All data were entered into a Statistical Package for the Social Sciences (SPSS) database for tabulation and analysis. Since VMS monitored all major television, print, and (with the exception of Greensboro, NC) radio outlets in the three markets, the data presented in this report more closely reflect true population values rather than sample values. In light of this, we do not report statistical significance tests in presentation of cross-market analysis because significance testing is generally only meaningful in analyzing sample data.

Limitations. The study does not include the total universe of television, radio, and print ads. Due to resource constraints, we focused on ads that appeared nationally and in the three markets, thus excluding non-national ads that may have appeared in other local markets throughout the country. In addition, the sample included all major TV and print outlets in each of the three markets and nationally, but not the universe. Second, radio ads were not captured in each of the three markets because a radio monitoring service was not available in Greensboro, NC. However, based on our other two markets, we found that radio was not a major outlet for Medicare plan advertising. Third, we were not able to capture all marketing venues used by insurers, including web-based, outdoor, direct-mail, and marketing seminar-delivered advertisements. Thus, the research does not speak to all avenues of marketing, but provides robust data to assess ads from TV, print, and radio (to the extent these communication channels were used). Lastly, spending data are based on estimates of the commercial value of each ad placement, rather than actual expenditures by ad sponsors because those were the best data available to document spending levels. We have no reason to believe these limitations biased study results in any way.

ADS ANALYZED

We analyzed 177 unique Medicare health plan ads that were placed during the study period, between October 1, 2007 and December 31, 2007, the three-month period prior to the 2008 plan year (**Table 2**). Just over 10 percent of these ads ran in markets across the country (national ads) while the others appeared in at least one of three main study markets (Miami/Fort Lauderdale, FL, Greensboro, NC and Phoenix, AZ). The majority of unique ads captured in the sample were newspaper ads (124), followed by television (50) and radio (three). The total includes 38 ads in Spanish (11 television, 26 print, and one radio ad).

This study focuses on the number of ad placements (referred to throughout as “occurrences”), rather than the number of unique ads, to give greater weight to ads that appeared more frequently than to ads that appeared just once or only a few times. This approach is preferable for understanding beneficiaries’ potential exposure to advertising in their market. The 177 unique ads in the sample accounted for 13,140 ad occurrences that appeared nationally and in the three target markets. The vast majority of occurrences (97%) were television ads. Eight percent of all ad occurrences were in Spanish, most of which were in Miami/Fort Lauderdale, FL.

TABLE 2: Number of Sample Medicare Ads, by Medium and Market, Oct. 1 – Dec. 31, 2007					
	National	Miami/Fort Lauderdale, FL	Greensboro, NC	Phoenix, AZ	Total
UNIQUE MEDICARE ADS					
TV	16	22	10	20	50
Print	4	91	10	26	124
Radio	0	1	0	2	3
TOTAL	20	114	20	48	177
MEDICARE AD OCCURRENCES					
TV	7,485	1,867	1,501	1,908	12,761
Print	6	277	25	43	351
Radio	0	23	0	5	28
TOTAL	7,491	2,167	1,526	1,956	13,140
GRAND TOTAL (Per Market)*		9,658	9,017	9,447	
NOTE: Rows do not sum to total because ads may appear in multiple markets. Total is an unduplicated count of unique ads in the sample, including revisions.					
* Grand totals for each of the three markets include national occurrences.					
SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.					

RESULTS

I. Main Messages Used to Pitch Medicare Plan Ads

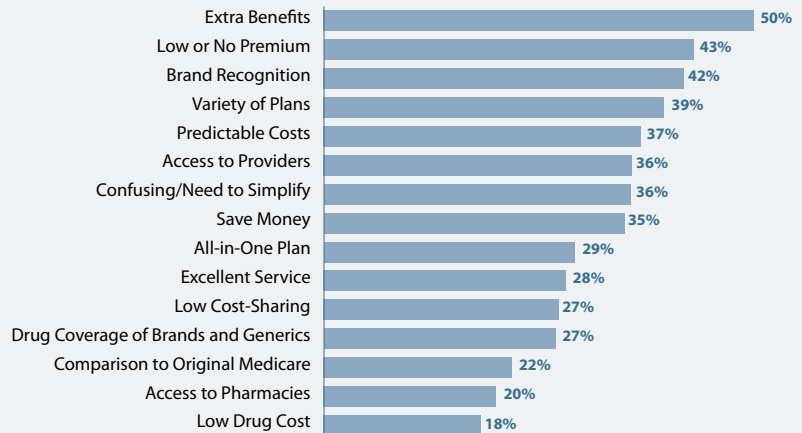
Insurers pitched a variety of messages to promote their products and attract potential new enrollees. However, two overarching themes ran through the advertisements. The first was an appeal to Medicare consumers' perceived interest and desire to get good value for their dollars, with a focus on extra benefits, low costs, and savings. The second theme was a more emotion-based appeal, tapping into Medicare consumers' positive association with choice yet appealing to their desire for less confusion and greater simplification. Both themes were prominent across ad occurrences; though messages appealing to consumers' dollars-and-cents logic were most common overall (See Appendix B for additional information).

Extra Benefits. Extra benefits beyond what is covered by Original Medicare was the leading message overall featured in half (50%) of all ad occurrences, and 71 percent of all Medicare Advantage ad occurrences (**Exhibits 1 and 2**). Among ads for Medicare Advantage plans, vision (38%), preventive care (26%), and hearing (25%) were most commonly cited. Availability of health education and wellness programs (17%), coverage of hearing aids (14%), and even health club memberships (4%) were also promoted as extra benefits. Medicare law requires Medicare Advantage plans to offer extra benefits above and beyond Original Medicare when payments from the government exceed costs associated with providing benefits covered under Original Medicare. As a result, many Medicare Advantage plans offer extra benefits and promote these value-added services in their advertising materials.

EXHIBIT 1

Top Messages in TV, Print, and Radio Ads for All Medicare Ads (National and Three Markets)

Percent of ad occurrences with the following messages:

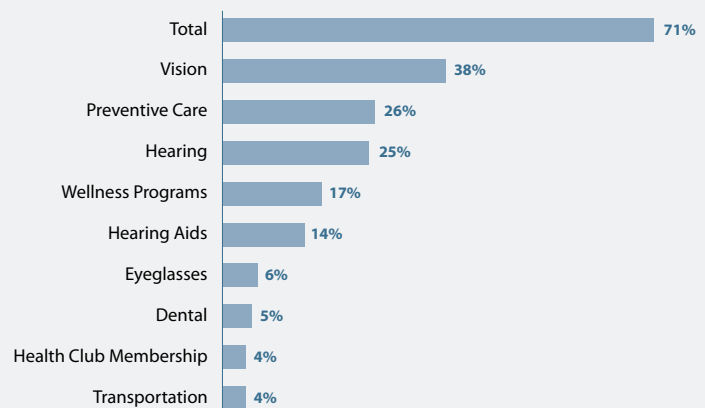


SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

EXHIBIT 2

Extra Benefits Promoted in Medicare Advantage Plans (National and Three Markets)

Percent of ad occurrences promoting extra benefits:



SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

Enrollees Save Money. Low costs and out-of-pocket savings were messages featured prominently in Medicare ads. Sponsors communicated this message by emphasizing several different plan features that offer enrollees a “good deal,” with specific cost-saving features varying by plan type.

- **Low/No Premiums.** Low/no premiums were pitched in 43 percent of all ad occurrences. More than half (56%) of Medicare Advantage ad occurrences promoted having a zero premium (meaning the sponsor does not charge a premium for coverage) and four percent promoted having a “low” premium. None of the Medicare Prescription Drug Plans promoted either a zero premium or “low” monthly premium, and just 18 percent stated the monthly premium (also see section on [Key Facts and Information Conveyed in Ads](#)). The Medicare Prescription Drug Plans may have been less likely to emphasize premiums because their premiums are typically higher than Medicare Advantage premiums.¹⁹

Examples of language used to convey this message in Medicare Advantage ads include: “Too good to be true — not paying a premium and getting great benefits,” and “What’s better than a no-premium Medicare Advantage plan?” Graphic images, such as an over-sized \$0 also drive home this message ([Exhibit 3](#)).

- **Saving Money.** Recognizing the appeal to consumers of saving money on health care, more than a third of ad occurrences promoted cost savings, getting more for what you pay, or the affordability of coverage under the plan advertised. There was little difference between Medicare Drug Plans and Medicare Advantage plans. Specific phrases used to convey this message include, “pay less and get more.”
- **Predictable Copayments and Costs.** More than a third of ad occurrences promoted “predictable” copayments and costs, with a larger share observed in Medicare Advantage ads than in Medicare Prescription Drug Plans (47% vs. 22%). The term “predictable” when referring to costs may resonate well with seniors who live on fixed incomes and who are looking to avoid unanticipated expenses.
- **Low Cost-Sharing and Low Drug Costs.** More than a quarter of ad occurrences (27%) promoted low cost-sharing, mainly among ads for Medicare Advantage plans indicating specific copayment amounts for certain health care services (21%) and to a lesser extent, “low” copayments for doctor visits and other health care services. Not surprisingly, messages pertaining to low drug costs, found in 18 percent of all ad occurrences, were more prominent in Medicare Prescription Drug Plan ads (82%).

EXHIBIT 3

Example of an Ad Promoting a Zero Premium Plan

Attention People with Medicare

Still giving the Phoenix Area something to talk about!

Same great premium

Now with even more benefits and services for 2008!

- \$0 monthly plan premium
- Medicare Part D prescription drug coverage included
- Preventive services such as immunization, mammography and prostate screening exams
- Silver&Fit™ fitness program – new for 2008
- Humana Active Outlook™ wellness program
- Smoking cessation program – new for 2008
- Meals on Wheels after hospitalization – new for 2008
- Emergency coverage at home or when you travel
- And more!

Extra services*:

- HumanaFirst® 24-hour nurse help-line
- NutriSystem® weight loss program discount
- Vision discount
- Dental discount
- Hearing discount
- Over the counter medication discount

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8 a.m. to 8 p.m., 7 days a week

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Guidance when you need it most

Proud Sponsor of the **GRAND OLE OPRY**

An HMO with a Medicare contract available to anyone enrolled in both Part A and Part B of Medicare through age or disability who continues to pay Medicare applicable premiums if not otherwise paid for under Medicaid or by another third party. Copayments, service areas and benefit limitations may apply. *The extra services listed above are neither offered nor guaranteed under our contract with the Medicare program. They are not subject to the Medicare appeals process. Any disputes regarding these services may be subject to the Humana grievance process. These services are not available in all areas. H0007-006 ©2007 Humana Inc. A21281

SOURCE: VMS, 2008.

Choice, Confusion, and Simplification. Recognizing that the concept of choice tends to have a positive connotation for Medicare consumers, nearly four in ten ad occurrences (39%) promoted the theme of choice. For example, a print ad by Preferred Care Partners promoting its various product offerings says, “If you can choose your favorite TV show, why not choose your favorite health plan? At Preferred Care Partners, you have a choice!” (Exhibit 4). A TV ad from Colonial Penn’s Advantra Freedom plan emphasizes the concepts of “freedom” and “choice” as an announcer asks, “Do you want freedom when it comes to your Medicare Advantage plan?”

Still ad sponsors appear to recognize that choice, while appealing in theory, may be confusing and challenging for beneficiaries in practice. For example, one ad for a prescription drug plan sponsored by AARP features seniors’ testimonials about confusion in navigating drug coverage options with one senior saying, “Medicare Part D plans can drive you up the wall... Why does it have to be so frustrating? I just want my medications.” More than a third of ad occurrences tapped into this confusion and proceeded to promote the ad sponsor’s role in simplifying choice and offering simple, easy-to-use plans. In addition, ten percent of ad occurrences promoted sponsors’ capacity to provide ease and “peace of mind.” These findings suggests that plan sponsors are taking into consideration older consumers’ desire for simplicity that was so widely articulated during the roll out of the Medicare drug benefit.²⁰

Messages pertaining to choice and simplicity of plans varied for Medicare drug plans and Medicare Advantage plans. Medicare Drug Plan ad occurrences were far more likely than Medicare Advantage ad occurrences to promote offering a variety of plan choices (73% vs. 26%, respectively) and simplified choice and/or simple to use plans (73% vs. 28%, respectively). Medicare Advantage ad occurrences also tended to promote the all-in-one benefits concept of their plans (43%), another characteristic that may have been used by plan sponsors to suggest simplicity (Exhibit 5).

EXHIBIT 4

Example of an Ad Highlighting Choice

ATTENTION MIAMI-DADE MEDICARE BENEFICIARIES*

**If you can choose
your favorite TV show, why not
choose your favorite health plan?**

At **PREFERRED CARE PARTNERS** you have a choice!

We make it easy for you to
choose the right plan.

SENIOR HEALTH CHOICE
\$0 COPAYMENTS
FOR ALL MEDICAL SERVICES PLUS
ADDITIONAL MEDICARE BENEFITS

PS HEALTH PLAN
\$5,000** INITIAL COVERAGE
LIMIT FOR PRESCRIPTION DRUGS
PLUS ADDITIONAL
MEDICARE BENEFITS

Medicare ASSIST™
A SPECIAL NEEDS PLAN DESIGNED
FOR MEDICARE BENEFICIARIES
WITH MEDICARE†

Premium ADVANTAGE
REDUCE YOUR
MONTHLY PART B PREMIUM

Preferred Care Partners
A Health Plan with a Medicare Advantage Contract

WE HAVE BIG PLANS FOR YOU!

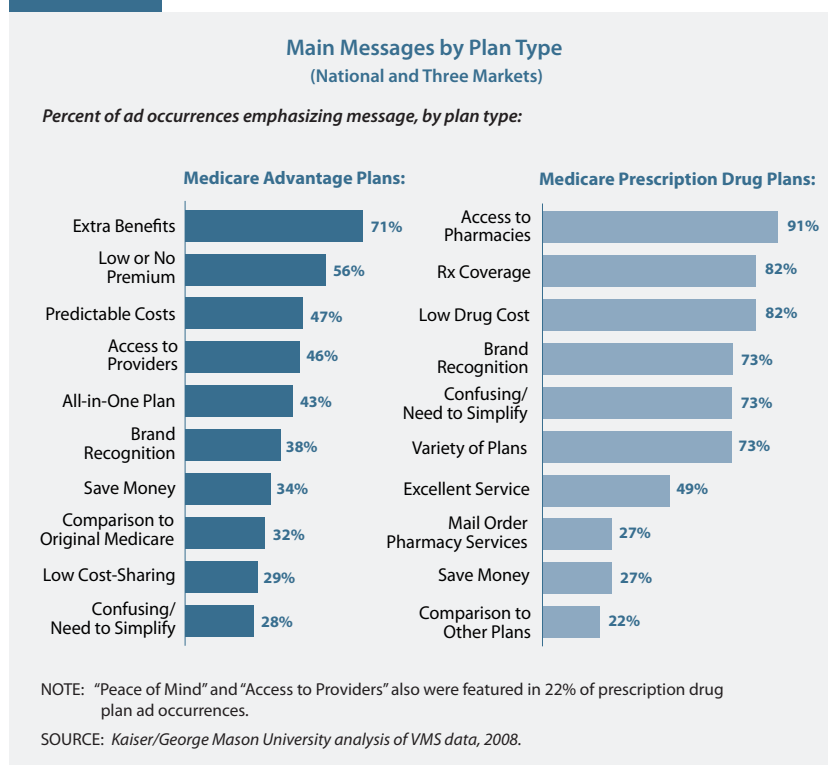
For more information, call us 7 days a week from 8 am to 8 pm
www.mypreferredcare.com

*Some limitations and restrictions may apply. **Paid by both you and the plan.
† For Medicare beneficiaries with Medicare.

SOURCE: VMS, 2008.

Prescription Drugs. Messages pertaining to prescription drug coverage, including coverage of brand and generic medications are, not surprisingly, far more common among ads for Medicare Drug Plans than ads for Medicare Advantage plans (82% vs. 12%). More than eight in ten drug plan ad occurrences pitched messages about coverage of generic medications including unlimited generic drugs or no copayment for preferred generic drugs, while seven in ten drug plan ad occurrences featured messages about coverage of brand name drugs. In addition, nearly all drug plan ads occurrences promoted access to pharmacies and more than a quarter promoted the availability of mail order pharmacy services, a feature that may be appealing to enrollees who rely on medications to manage chronic conditions.

EXHIBIT 5



Access to Providers. Access to providers is an important selling point for potential enrollees who tend to value continuity and stability in their relationships with their doctors. It is also an important consideration for "snowbirds" who spend a portion of the year in a location other than their permanent residence. More than one third (36%) of ad occurrences featured messages pertaining to access to providers. Recognizing the potential concern about restricted access to providers, nearly half of Medicare Advantage ad occurrences (46%) highlighted messages such as freedom to choose doctors/no need to switch doctors (32%), large/broad network of doctors (13%), and no referral to specialists needed (5%). By Medicare Advantage plan type, PFFS and PPO plans (94% and 100%, respectively) were far more likely than HMOs (29%) to promote messages about access to providers. One ad for a PFFS plan by Humana told listeners "it is like no other plan you have seen before — it lets you choose your doctors." Another ad for Colonial Penn's Advantra Freedom PFFS plan promoted provider access by allowing beneficiaries "freedom to choose their own doctors," a common theme observed among PFFS plan advertisements.

Brand Recognition. Brand recognition was a feature promoted across all ad plan types (42%), though Medicare Drug Plan ad occurrences were more likely than Medicare Advantage ad occurrences to promote a company brand name that is well known and trusted (73% vs. 40%, respectively). It is important to note, however, that nearly all ad occurrences promoting brand recognition were from one health insurer (AARP/United Healthcare). AARP may be uniquely positioned to build on its reputation and favorable branding with the senior population to promote their insurance products.

Comparison to Original Medicare and Other Plans. Comparisons with the Original Medicare fee-for-service program or other competing plans were used by some plan sponsors to set themselves apart (**Exhibit 6**). Nearly a quarter of ad occurrences (22%) promoted better benefits in comparison to Original Medicare, and another eight percent did so in comparison with other plans. Nearly a third of Medicare Advantage ad occurrences (32%) indicated that the plan(s) featured in the ads were more favorable than Original Medicare. Comparisons with Original Medicare are especially relevant to Medicare Advantage Plans which appear to be attempting to grow their market share by drawing enrollment from the Original Medicare program. One ad for Humana Plan Choice, a PFFS plan, featured a senior explaining that the plan is like no other plan he has seen before, “...it gives you benefits beyond Original Medicare.”

By contrast, Medicare Prescription Drug Plan ads were more likely to position themselves relative to other competing drug plans with nearly a quarter (22%) of drug plan ad occurrences having promoted better benefits than other plans. Many ad occurrences for Prescription Drug Plans involved seniors talking about their Medicare Prescription Drug Plan and how it “covers more of my medications” than other plans.

Excellent Service. Excellent service was promoted in more than a quarter (28%) of all ad occurrences, but Medicare Drug Plan ads were about twice as likely as Medicare Advantage ads to feature messages pertaining to service (49% vs. 24%). In particular, a long history of service in Medicare or experience serving Medicare enrollees was emphasized in a quarter of ad occurrences overall, with nearly half of drug plan ad occurrences and one fifth of Medicare Advantage ad occurrences promoting this message. These findings suggest that drug plan sponsors are more apt to use their experience with Medicare to bolster their reputation, while Medicare Advantage plans, as noted above, appear more likely to pit themselves against Medicare to boost their standing with potential enrollees.

Savings for People with Limited Incomes. There are substantial government subsidies available for low-income people who have drug coverage through a Medicare Part D plan. Only nine percent of Medicare Advantage ad occurrences promoted this benefit and no stand-alone Medicare Drug Plans did so. The few ads that promoted a message about low-income assistance could serve as a model for other plan sponsors to follow to educate low-income beneficiaries about the low-income subsidy. For example, the narrator in an ad for AARP Medicare Complete provided through Secure Horizons says, “Find out if this plan is right for you. You may even qualify for low-income assistance” as the 800-number appears prominently along the bottom of the screen. A simple message like this could help direct low-income beneficiaries to much needed assistance with their drug costs.

EXHIBIT 6

Example of an Ad Comparing to Original Medicare

More Benefits than Original Medicare.
All from one convenient health plan.

AARP® MedicareComplete® provided through SecureHorizons is the only Medicare Advantage plan with the AARP name, and you don't have to be a member of AARP to join. It provides you more benefits than Original Medicare including: copay starting at \$0 for primary care provider visits, no referral required to see specialists, and a monthly health plan premium starting at \$0?

Come learn about your Medicare coverage options at a FREE community meeting provided by SecureHorizons® health plans.

November 13, 2007 9:30 a.m. Furr's Familv Dining	November 13 & 20, 2007 9:30 a.m. Old Countrv Buffet	November 14 & 20, 2007 9:30 a.m. HomeTown Buffet	November 14 & 21, 2007 6 p.m. IHOP
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SOURCE: VMS, 2008.

II. Key Facts and Information Conveyed in Ads

Advertisements are one among many sources of information consumers use to make purchasing decisions about health coverage. Insurers may have limited ability to convey basic information about their plans in advertisements due to constraints associated with space (print) and time (television); nonetheless, certain key facts and information about plans could help to educate consumers and inform their decisions. Therefore, we analyzed ads to assess the extent to which they conveyed information about the advertised plan, focusing on two key elements thought to be critical to consumer plan choice: plan type and premium.

Presence of Basic Information Regarding Plan Type and Premium.

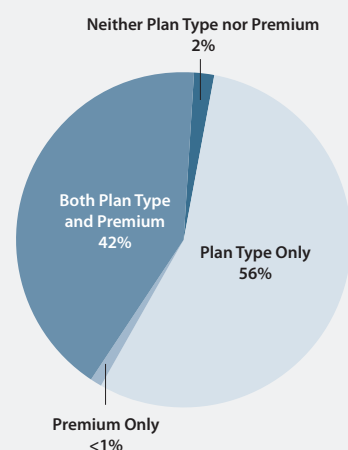
Overall, 42 percent of all ad occurrences explicitly provided information on both plan type (e.g., Medicare Advantage plan or Prescription Drug Plan) and monthly premium in the text or narration of the ad (**Exhibit 7**). More than half of all ad occurrences identified plan type only (56%), but not premium amount, while less than one percent conveyed monthly premium but nothing about plan type. Two percent of all ad occurrences provided neither plan type nor premium information.

Among all Medicare Advantage ad occurrences, 43 percent indicated both the specific type of plan (e.g., HMO or PPO) and premium information, while 36 percent indicated only plan type but no premium information. Just 13 percent of Medicare Advantage ad occurrences provided premium but not plan type, and eight percent provided neither plan type nor premium information (**Exhibit 8**).

We then looked exclusively at print ads for Medicare Advantage plans to see if specific plan type (e.g., HMO or PPO) was included in the main body of the ad or in fine print. Nearly eight in ten print ad occurrences (79%) for Medicare Advantage plans identified a specific plan type; of these ad occurrences, 46 percent did so in fine print.

EXHIBIT 7

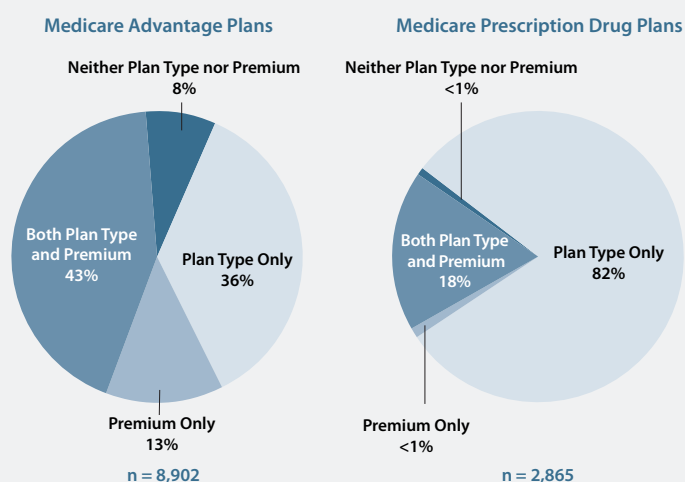
Distribution of Ad Occurrences with Minimal Information (Plan Type and Premium)
(National and Three Markets)



SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

EXHIBIT 8

Distribution of Ad Occurrences with Minimal Information (Plan Type and Premium), by Plan Type
(National and Three Markets)



SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

Disclosing Network Restrictions. Medicare Advantage plans, such as HMOs, typically have restrictions that could limit enrollees' access to certain providers. These restrictions can have important implications for enrollees in terms of their ability to see certain doctors or to be admitted to certain hospitals, and could ultimately impact their out-of-pocket spending (i.e., for out-of-network care). Recognizing the importance of these issues for consumers, the Centers for Medicare and Medicaid Services (CMS) suggests that Medicare sponsors disclose information about the applicable restrictions and limitations to prospective enrollees in marketing materials.²¹ According to the *Guidelines*, for example, CMS recommends that HMO marketing materials say, "enrollees must receive all routine care from plan providers; care provided by an out-of-network provider will not be covered by Medicare or the plan." They also recommend that PFFS plans state that the "doctor or hospital must agree to accept the plans' terms and conditions prior to providing services, except emergencies."

To assess the extent to which ads for various Medicare Advantage ads included the recommended language at all, we focused on print ads, which allowed us to capture fine print — where such language is most often found. Two-thirds (67%) of all Medicare Advantage print ad occurrences (85% of HMO and 13% of PPO ad occurrences) included a general statement indicating "restrictions and limitations may apply." However, all of these ad occurrences mentioned the general restriction statement in fine print.

None of the HMO ad occurrences included the specific disclosure statement recommended by CMS. By contrast, all PFFS ads included CMS' suggested statement specific for PFFS plans — again all in fine print. In every instance, general or specific restrictions were conveyed in fine print, which may have been less noticeable and more difficult for beneficiaries to read.

III. Consumers Represented in Medicare Plan Ads

Medicare private plans are required to accept all Medicare beneficiaries, without regard to age or medical history. Given this fact, it is relevant to consider the characteristics of people who are portrayed in advertisements, as well as the activities in which the participants are engaged and the types of benefits they describe. Of course, many factors may be considered by insurers and their advertising agencies in deciding whom to include in the advertisements and which activities to depict.

This analysis examines the extent to which various types of Medicare beneficiary groups are (or are not) represented in ads that contain human images. We do not attempt to identify target audiences, but recognize that people may be influenced by the type of images they do or do not see in the ad as they consider whether the Medicare plan suits them.

Presence of Racial/Ethnic Minority Beneficiaries. Racial and ethnic minority beneficiaries were portrayed in just over half of all ad occurrences with human images. Hispanics/Latinos were included in 22 percent of ad occurrences having a human image. This percentage may under-represent the actual proportion of Hispanics/Latinos in the advertisements because in another nine percent of occurrences it was not possible to determine with certainty whether or not an individual of Hispanic/Latino ethnicity was present. Over a quarter of ad occurrences in Miami/Fort Lauderdale, FL, featured Hispanic/Latino individuals, while only 12 percent of the ad occurrences in Greensboro, NC did so. These findings reflect the race/ethnicity composition of each market and may suggest that insurers are strategically reaching out to specific groups of beneficiaries in the different markets.

The Under-65 Disabled. Only three percent of ad occurrences included images of younger people with disabilities — despite the fact that 16 percent of all Medicare beneficiaries are under age 65 and with permanent disabilities.²² Furthermore, less than one percent of all ad occurrences mentioned the disabled population on Medicare explicitly. While only a small number of Medicare ads addressed younger people on Medicare with disabilities, those that did provide a useful model for how plan sponsors could reach out to this population with great health care needs. For example, one ad for a Medicare Advantage plan provided by Secure Horizons includes narration that says the plan is committed to seniors and all Medicare beneficiaries as it displays an image of a young adult male Medicare beneficiary with paraplegia crossing the finish line in a wheelchair track competition (**Exhibit 9**).

Seniors With Apparent Medical Needs. Images of seniors with apparent medical needs or frailties were not commonly featured in ads, despite the fact that 38 percent of Medicare beneficiaries have three or more chronic conditions.²³ Even with the relatively new prescription drug benefit, only 14 percent of all ad occurrences (and just 22 percent of all Prescription Drug Plan ad occurrences) portrayed an individual taking medications or an image of medications (**Exhibit 10**).

Activities Portrayed in Advertisements. While the majority of ad occurrences (64%) did not include images of people engaged in a visible activity, approximately nine percent of all occurrences depicted seniors engaged in physically strenuous activities, such as dancing, playing baseball, running, swimming, or chasing children (**Exhibit 11**). Nearly a third of ad occurrences (30%) featured beneficiaries engaged in household activities or hobbies, such as cooking and gardening. Nearly as many (27%) were partaking in social activities, such as parties, playing games, and spending time with children or grandchildren.

EXHIBIT 9

Example of an Ad Promoting Plan Availability for the Under-65 Disabled

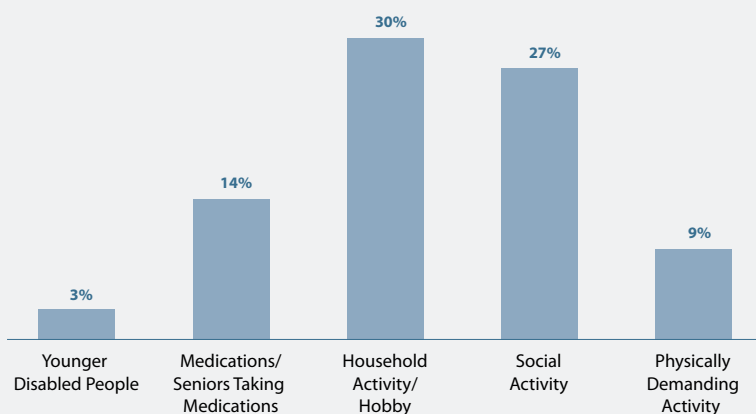


SOURCE: VMS, 2008.

EXHIBIT 10

Selected Images in Medicare Plan Ads
(National and Three Markets)

Percent of ad occurrences portraying the following images:



NOTES: Some activities are counted in more than one category.

SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

Celebrity Endorsements and Other Messengers. In 98 percent of all television, radio, and web ad occurrences, a narrator presented some of or the entire message. In 50 percent of all ad occurrences, an individual who was portrayed as a Medicare beneficiary was the messenger. Individuals who could be identified as celebrities presented at least some of the material in seven percent of occurrences (**Exhibit 12**). It is interesting that nearly all of these celebrity endorsements (99.9%) were in ads for Medicare Advantage programs. In two percent of occurrences a presenter gave a testimonial for the plan, and again, nearly all were for Medicare Advantage plans.

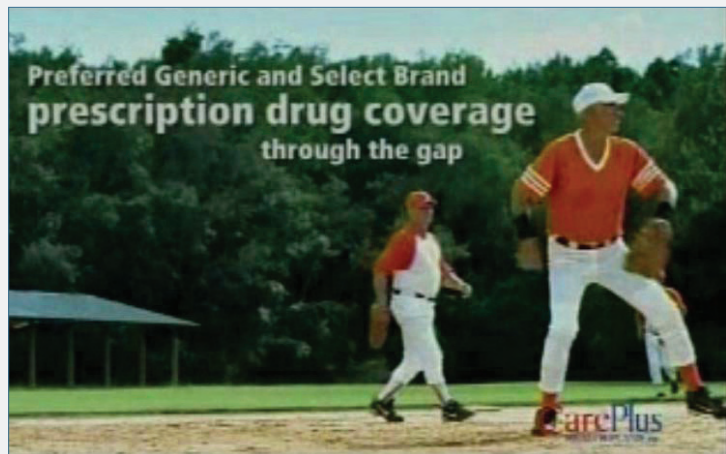
IV. Ad Occurrences and Spending

Where and how insurers focus their ad placements and advertising dollars provides insights into their overall marketing strategy. This last section examines Medicare ad occurrences and spending by plan type and market to show Medicare beneficiaries' potential exposure to Medicare plan advertising and estimated spending by plans to advertise their products.

More than half of all ad occurrences (n=7,491 or 57%) appeared nationally; the remaining 43 percent of sample ads did not appear nationally, but appeared in at least one of the three markets: Miami/Fort Lauderdale, FL (n=2,167), Phoenix, AZ (n=1,526), and Greensboro, NC (n=1,956). Therefore, Medicare beneficiaries living in Miami/Fort Lauderdale, FL, for example, were potentially exposed to up to 9,658 television, print, or radio ads during the three-month period leading up to the 2008 plan year, the highest of the three cities included in the study (**Table 2**). This amounts to an average of 104 occurrences per day in Miami/Fort Lauderdale, FL across the three-month study period — a substantial marketing effort by Medicare insurers.

EXHIBIT 11

Example of an Ad Targeting Physically Active Seniors



SOURCE: VMS, 2008.

EXHIBIT 12

Example of an Ad Utilizing a Celebrity Endorsement



SOURCE: VMS, 2008.

Between October 1, 2007 and December 31, 2007, the estimated cost of television, print and radio ad occurrences by Medicare plan sponsors nationally and in the three media markets was \$45.7 million, according to VMS data (Table 3). This estimate includes ads for Medicare Advantage plans, Medicare Prescription Drug Plans and Medicare supplemental insurance (Medigap) policies. In addition, VMS data estimated another \$30.7 million in the value of these ads that were placed in other markets throughout the country (not shown). These figures present a conservative estimate of marketing expenditures because they do not include other potentially significant costs associated with ads placed in all other markets throughout the country (but not nationally), nor take into account production costs, costs associated with other marketing activities, such as direct mail, seminars, agent fees, billboard and other open air placements, or ads placed on websites.

TABLE 3: Expenditures for all Medicare Ad Occurrences, by Medium and Market, Oct. 1 – Dec. 31, 2007

	National	Miami/Fort Lauderdale, FL	Greensboro, NC	Phoenix, AZ	Total
TV	\$33,082,870	\$1,430,040	\$224,081	\$1,649,651	\$36,386,642
Print	\$1,264,542	\$7,299,265	\$113,274	\$673,238	\$9,350,319
Radio	\$0	\$2,173	\$0	\$223	\$2,396
TOTAL	\$34,347,412	\$8,731,478	\$337,355	\$2,323,112	\$45,739,357

NOTE: Analysis excludes expenditures for ads that appeared exclusively in local media markets other than Miami, Greensboro, and Phoenix (\$30.7 million). Dollars attributed to each market excludes costs associated with ads placed nationally.

SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

Across the three markets, there was substantial variation in estimated expenditures for television, print, and radio advertising for Medicare plans. Estimated costs were close to four times more for ads placed in Miami/Fort Lauderdale, FL (\$8.7 million) than in Phoenix, AZ (\$2.3 million), and were considerably less in Greensboro, NC (\$0.3 million). The higher spending in Miami/Fort Lauderdale, FL and Phoenix, AZ is correlated with more ad occurrences than in Greensboro, NC and the relatively higher cost of placing ads in those media markets. The average cost for a TV occurrence in Greensboro, NC is about \$149, but \$865 in Phoenix, AZ and \$766 in Miami/Fort Lauderdale, FL.

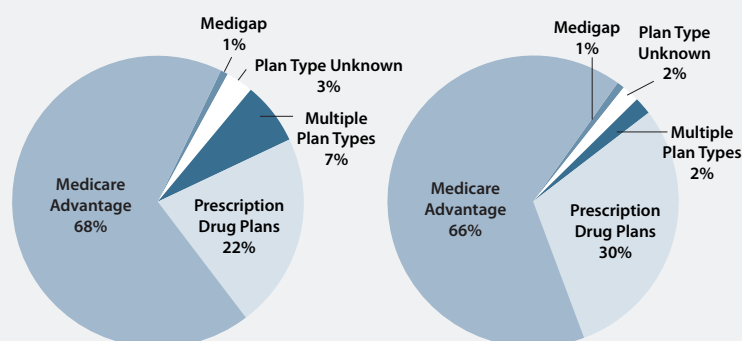
Occurrence and Spending, by Type of Medicare Plan. During the three-month period leading up to the 2008 plan year, there were three times more Medicare Advantage than Medicare Prescription Drug Plan occurrences (8,902 vs. 2,865 respectively). Spending among corresponding firms is estimated to have been more than twice as much for Medicare Advantage plan ads than for Medicare Prescription Drug Plan ads (\$30.1 million vs. \$13.7 million) (Exhibit 13).

EXHIBIT 13

Distribution of Medicare Ad Occurrences and Spending, by Plan Type
(National and Three Markets)

Total Occurrences = 13,140

Total Spending = \$45,739,357



NOTES: Plan type determined by coder and Medicare Compare. Data collected from VMS, a media monitoring firm.

SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

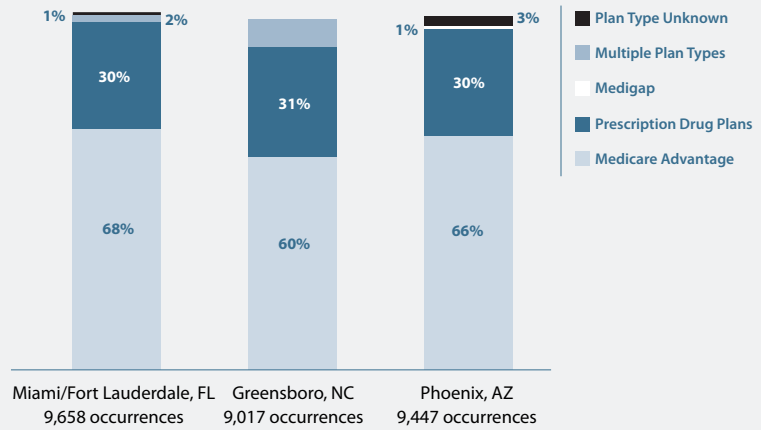
Likewise, Medicare plan sponsors allocated more resources to promote Medicare Advantage plans than Medicare Prescription Drug Plans. Of the nearly \$46 million in estimated expenditures for ads placed nationally and in the three study markets, two-thirds (66%) of expenditures were for Medicare Advantage plans and 30 percent were for Medicare Prescription Drug Plans. There was relatively little variation in the distribution of ad occurrences, by plan type, across the three markets (Exhibit 14).

Among Medicare Advantage ad occurrences, nearly half (45%) were for HMOs, 19 percent for PPOs, and 14 percent for Private Fee-for-Service (PFFS) plans. We were unable to identify specific plan type (e.g., HMO or PPO) for 21 percent of all Medicare Advantage ad occurrences — even after reviewing the plan and checking *Medicare Compare*, on the Medicare.gov website. In many of these cases, the ad promoted plans from an insurer more generally, rather than promoting a specific plan type. Expenditures tended to track occurrences, with HMOs accounting for 57 percent of estimated expenditures, followed by PPOs (19%) and PFFS plans (8%) (Exhibit 15).

The distribution of ad occurrences by Medicare Advantage Plan type varied across the three markets. In Greensboro, NC nearly one in five Medicare Advantage ad occurrences were for a PFFS plan, compared to about one in ten Medicare Advantage plan ad occurrences in Miami/Fort Lauderdale, FL. When national ad occurrences were excluded from the analysis, the variations across markets were even more striking based on ads that were strategically placed in the three markets. One-third of all non-national Medicare Advantage ads that appeared in Greensboro, NC during the three-month period leading up to the 2008 plan year were for PFFS plans, as compared to 12 percent of non-national Medicare Advantage ads appearing in Phoenix, AZ and zero percent in Miami/Fort Lauderdale, FL.

EXHIBIT 14

Distribution of Medicare Ad Occurrences, by Plan Type and by Market

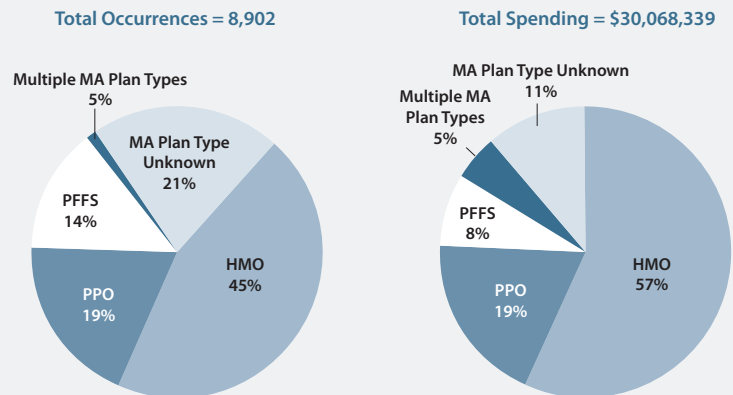


NOTES: Includes occurrences and expenditures for ads placed nationally and in the three study markets. Data collected from VMS, a media monitoring firm.

SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

EXHIBIT 15

Distribution of Medicare Advantage Ad Occurrences and Spending, by Plan Type (National and Three Markets)



NOTES: Plan type determined by coder and Medicare Compare. Data collected from VMS, a media monitoring firm.

SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

A relatively large share of all non-national Medicare Advantage plans did not identify plan type, with the highest share of such ad occurrences in Miami/Fort Lauderdale, FL (51%), followed by Phoenix, AZ (40%) and then Greensboro, NC (38%) (Exhibit 16).

Estimated Spending, by Plan Sponsors. VMS estimates of spending were used to analyze expenses associated with each ad occurrence during the three-month study period, both nationally and in the three markets (Table 4). AARP sponsored more ads and outspent competitors in the national market by a wide margin, with estimated spending of more than \$22 million. This figure was more than twice as much as its closest competitor, Humana (\$9.5 million). In Miami/Fort Lauderdale, FL, Humana topped the list, followed by Care Plus, and Preferred Care Partners. In Phoenix, AZ Health Net exceeded all other companies in Medicare ad expenditures, followed by Humana and AARP. In Greensboro, NC Anthem Blue Cross /Blue Shield outspent its competitors.

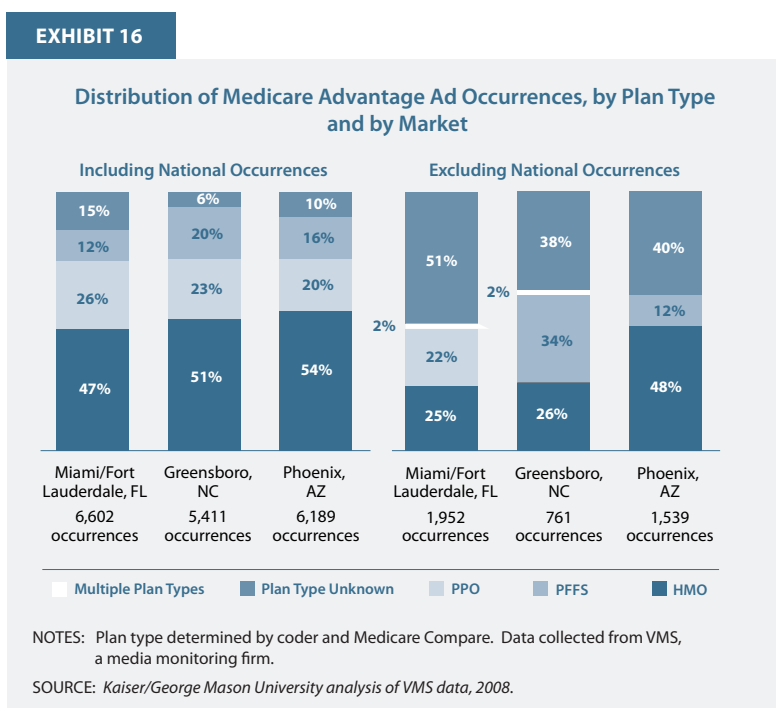


TABLE 4: Medicare Ad Spending, by Company and by Market

National		Greensboro, NC	
AARP/Secure Horizons	\$22,471,693.00	Blue Cross Blue Shield	\$151,383
Humana	\$9,507,047	AARP/Secure Horizons	\$95,990
Colonial Penn	\$2,239,064	Humana	\$43,702
Health Net	\$112,071	Colonial Penn	\$37,380
Total Care	\$17,537	Health Market Care Assured	\$6,573
Miami/Fort Lauderdale, FL		Phoenix, AZ	
Humana	\$2,237,670	Health Net	\$699,465
Care Plus	\$1,537,318	Humana	\$361,755
Preferred Care Partners	\$1,490,683	AARP/Secure Horizons	\$355,693
AV Med	\$706,707	Abrazo Advantage	\$193,472
Citrus Health Care	\$597,312	Cigna Health Care	\$147,743

NOTES: Listed expenditures are estimated values.

SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

Television Ads Aired Most Frequently. We looked at the top ten television ads that aired during the three-month period leading up to the 2008 plan year, based on ad occurrences that appeared nationally and in the three markets (**Table 5**). Seven of the top ten television ads were for Medicare Advantage plans and three were for Medicare Prescription Drug Plans. Of the seven Medicare Advantage plan ads, two were for PFFS plans (Humana Plan Choice and Colonial Penn’s Advantra Freedom Plan) and five were for Medicare HMOs.

TABLE 5: Top Ten Television Ad Occurrences, by Company and Market

Company	Plan Type	Market	Occurrence
AARP/United Healthcare	Prescription Drug Plan (PDP)	National	1459
Humana	Medicare Advantage – PFFS	National	1262
Colonial Penn	Medicare Advantage – PFFS	National	1035
AARP/Secure Horizons	Medicare Advantage – HMO	National	944
AARP/Secure Horizons	Medicare Advantage – HMO	National	838
Blue Cross and Blue Shield of NC	Medicare Advantage – HMO	Greensboro, NC	763
AARP/Secure Horizons	Medicare Advantage – HMO	National	716
AARP/Secure Horizons	Prescription Drug Plan (PDP)	National	632
Humana	Prescription Drug Plan (PDP)	National	537
Health Net	Medicare Advantage – HMO	Phoenix, AZ	325

SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

DISCUSSION

Findings from this study provide new insights that help explain how health insurers attempt to inform and influence Medicare beneficiaries’ health coverage decisions through advertising. First, as expected, extra benefits and dollar savings topped the list of leading messages used to attract consumers, suggesting that health insurers recognize the importance of savings for Medicare beneficiaries who generally live on fixed incomes and are often concerned about the financial burden of medical care. Second, ads for Medicare plans tend to include fairly minimal descriptive information to help inform health insurance choices, often omitting important plan features like plan type and monthly premium, which could significantly affect beneficiaries’ access to medical providers and out-of-pocket spending. Third, insurers appear to be reaching out to a more racially and ethnically diverse group of Medicare beneficiaries; however, consistent with prior research, insurers tend to devote relatively little advertising attention to certain segments of the Medicare population, such as the under-65 disabled and seniors with serious medical needs, groups for whom health insurance choices are especially important. And finally, Medicare plan sponsors devoted substantially more advertising dollars to Medicare Advantage plans than to Medicare Prescription Drug Plans, which may reflect a decision to maximize enrollment among plans that are relatively profitable under the current payment system.²⁴

Together, these findings raise, but do not necessarily answer, important questions about the appropriate role of advertising within the context of the Medicare program. Given the emergence of private plans in Medicare, the strong influence of advertising on consumer behavior, the physical and cognitive limitations of many people on Medicare, and the fact that most products advertised by Medicare insurers are primarily paid for by the federal government, the advertising activities of Medicare insurers remain an important matter for policymakers in their discussions about the role of private plans in Medicare. Policymakers may want to consider the extent to which ads for Medicare plans could or should be used more effectively to educate consumers about important plan features, and to reach out to all segments of the Medicare population.

DETAILED METHODOLOGY

Ads for private Medicare plans were monitored and analyzed during the period between October 1, 2007 and December 31, 2007 to understand how plan sponsors attempted to influence beneficiaries' health care coverage decisions for 2008. A multi-stage data-gathering strategy was employed to identify newspaper, radio and television ads. VMS, a commercial media monitoring service, was retained to monitor and record print, radio and television ads that appeared nationally and in three media markets (Phoenix, AZ, Miami/Fort Lauderdale, FL, and Greensboro, NC). These markets were selected for their geographical diversity and varying levels of Medicare private plan penetration (See Table 1). Phoenix, AZ is a large and mature market for Medicare insurance. Miami/Fort Lauderdale, FL is a medium-sized mature Medicare insurance market. Greensboro, NC by contrast, is a smaller yet emerging market for Medicare private plans, particularly Private Fee-for-Service plans. VMS monitored seven broadcast networks (ABC, CBS, NBC, FOX, CW, Paxnet, My Network), 65 cable networks, 45 newspapers (15 in Miami/Fort Lauderdale, FL, 22 in Phoenix, AZ and eight in Greensboro, NC), 11 magazines, and 48 local radio stations in Phoenix, AZ and Miami/Fort Lauderdale, FL (See Appendix Table A1 for a complete listing).

VMS identified and recorded 124 distinct newspaper/magazine ads, 50 distinct television ads, 3 distinct radio ads. The original study design envisioned analyzing a wider range of marketing materials, including seminars, websites, outdoor media, direct mail and solicited mail. Unfortunately, we were unable to incorporate these marketing activities in the final analysis due to unforeseen limitations in data collection from these sources.

Solicited Mail. Research assistants were hired within the three targeted metro areas to contact local Medicare insurers and request print materials on the various insurance plans available in the area be sent to a local post office box. About 185 health plans were contacted for materials, yet only 27 responded to the inquiry. Due to the low response rate by market, we were unable to include these in our analysis.

Seminars. The research assistants also inquired about and attended local marketing seminars and events in their areas, in an effort to document content material and to capture promotional print materials distributed. After many of the scheduled seminars were canceled by the local insurers, only five informational seminars were attended by the local research assistants. We think the widespread cancellation of marketing seminars may have been a result of increased scrutiny by the Centers for Medicare and Medicaid Services on health insurers marketing practices to the Medicare population, which included secret shoppers (including Kerry Weems, acting Administrator of CMS) attending seminars to monitor Medicare marketing practices.²⁵

Outdoor Media. While outdoor media is one of the many vehicles used by insurers to advertise, the VMS monitoring service did not identify any outdoor media ads in the three markets during the study period.

Websites, Web-based Ads, and Direct Mail. The original study envisioned an analysis of websites for all Medicare plans in the sampling frame. However, the final study did not analyze websites, web-based ads nor direct mail due to the vast scope of the internet and variations in websites, as well as limited receipt of direct mail.

Coding Television, Print and Radio Ads. A content coding sheet was developed to assess and document the key elements of advertising content: marketing strategy; eligibility requirements; benefits, financial costs, and restrictions; ways to establish contact with the HMO; and layout and design, including type size and images. The coding sheet was designed to capture the presence or absence of specific elements, thus minimizing the need for qualitative judgments. (The coding sheet is available from authors, by request). Three researchers coded all ads; inter-rater reliability for all content categories overall exceeded 95 percent for content and imagery. All data were entered into a Statistical Package for the Social Sciences (SPSS) database for tabulation and analysis.

To ensure each ad was coded correctly for plan type, we recoded every ad in the sample for plan type based on the following methodology. First, each ad was coded for the general plan type according to the following categories: Medicare Advantage plan, Medicare health plan, Medicare drug plan, and Medigap/Medicare supplement plan. Where ads used the exact phrases “Medicare Advantage,” or “Medicare Health Plan,” ads were coded accordingly. Ads mentioning “stand-alone prescription drug plan,” “Medicare Rx plan,” “Prescription Drug Plans,” or “Part D plan” were coded as “Medicare Drug Plan”. Ads that mentioned multiple types of Medicare plans offered by a company were coded as a “mix of Medicare plans mentioned.” If an ad could not be classified into these categories or did not specify the type of plan being advertised, it was coded as “no identification of the nature of the plan.”

Medicare Advantage ads were classified based on specific type of plan (HMO, PPO, PFFS plan). If multiple plan types were mentioned in the ad, each specific plan type identified was coded, as was the category, “mix of Medicare Advantage or Medicare health plans”. For example, an ad that included a few different plans offered by the company would be coded for each specific type of plan identified (e.g., HMO, Private Fee-for-Service) as well as “mix of Medicare Advantage or Medicare health plans”. Where ads identified the type of plan being advertised in the fine print, ads were coded for the type of plan(s) specified, and marked to indicate the identification only appeared in the fine print. When no specific type of plan was identified anywhere in the ad, it was coded as “no specification of plan type”.

Ads that were coded as “no identification of the nature of the plan” or “no specification of plan type” underwent a second recode process in which we used the Centers for Medicare and Medicaid Services (CMS) *Medicare Compare* web tool to further identify the plan type for each ad, based on the name of the plan featured in the ad. Ads that did not disclose information beyond company name were not able to be further identified and remained coded as “no identification of the nature of the plan”.

Variables from the content coding sheet were used to create composite summary variables to define main messages that appeared in ads (See Appendix Table A2).

Spending and Occurrence Data. Spending and occurrence data provided by VMS were also collected and analyzed for all ads captured during the study time frame. VMS television occurrence and expenditure data were provided by Nielsen Monitor Plus. SQAD broadcast cost data were used to estimate commercial values by both Nielsen and VMS. VMS provided estimates of commercial values for every occurrence as it aired based on historical Nielsen ratings and SQAD television cost data. VMS estimates were replaced when Nielsen Monitor Plus’ final estimates of occurrence value were available (usually within 3 to 7 weeks). VMS’ radio supplier, Media Monitors, used audio pattern recognition technology to identify radio commercials and their occurrences across 30 markets. VMS estimated dollar values for all radio occurrences based on historical Arbitron ratings data and SQAD radio cost data. VMS reported spending data for radio and other local media by DMA. Print occurrence data were captured as part of the VMS ad identification and scanning process. Relevant size and position data were captured for every occurrence of an ad in every publication. Occurrence valuation was based on published open rates and assumed a 20 percent discount for all publications.

TABLE A1: Television, Print, and Radio Sources Monitored

TELEVISION

7 BROADCAST NETWORKS

ABC, NBC, CW, CBS, FOX, Paxnet, My Network.

65 CABLE NETWORKS

A&E, ABC Family Channel, Adult Swim Network, AMC, Animal Planet, BBC America, BET, Biography Channel, Bravo, Cartoon Network, CNBC, CNN, CNN Headline News, Comedy Central, Country Music Television, Court TV, Discovery Channel, Discovery Health, Discovery Times Channel, E! Entertainment Television, ESPN, ESPN2, ESPN News, Fox News Channel, FUSE, FX Channel, G4, Galavision, Golf Channel, GSN, Hallmark, HGTV, History Channel, History International, Lifetime, Lifetime Movie Network, Military Channel, MSNBC, MTV, MTV2, National Geographic Channel, Nick at Nite, Nickelodeon, Nicktoons Network, Noggin, Oxygen Network, Science Channel, SCIFI, SoapNet, Speed Channel, Spike TV, Style, Superstation WGN, TBS, TLC, TNT, Toon Disney, Travel Channel, TV Food Network, TV Guide Channel, TV Land, USA, VERSUS, VH1, Weather Channel.

RADIO MARKETS

PHOENIX, AZ

KDVA-FM, KESZ-FM, KFYI-AM, KGME-AM, KHOT-FM, KKFR-FM, KPKX-FM, KLNZ-FM, KMLE-FM, KMXF-FM, KOOL-FM, KOY-AM, KSLX-FM, KTAR-AM, KUPD-FM, KYOT-FM, KZON-FM, KZZP-FM, KOMR-FM, KDKB-FM, KNIX-FM, KTAR-FM, KVIB-FM, KEDJ-FM.

MIAMI/FORT LAUDERDALE, FL

WLYF-FM, WRTO-FM, WAMR-FM, WAQI-AM, WBGG-FM, WCMQ-FM, WEDR-FM, WFLC-FM, WHQT-FM, WHYI-FM, WINZ-AM, WIOD-AM, WKIS-FM, WLVE-FM, WMGE-FM, WMIB-FM, WMXJ-FM, WPOW-FM, WQAM-AM, WQBA-AM, WRMA-FM, WXDJ-FM, WAXY-AM, WHDR-FM, WSUA-AM.

PRINT

PHOENIX, AZ

Newspapers: *Arizona Central, Arizona Business Gazette, The Ahwatukee Foothills News, Arizona Capital Times, Arizona Republic, Asian American Times, Business Journal, Catholic Sun, Chandler Connection, Desert Advocate, East Valley Tribune, Jewish News of Greater Phoenix, La Voz, Livin' Life After 50, The Maricopa Connection, Northeast Phoenix Independent, Prensa Hispana, Arizona Informant, Business Journal of Phoenix, Jewish News of Greater Phoenix, Phoenix New Times, Phoenix Gazette.*

Magazines: *Quality Life Magazine, AARP, Arizona Highway, Desert Living, Phoenix Home/Garden.*

GREENSBORO, NC

Newspapers: *News & Record, Business Journal, Rhinoceros Times, Carolina Peacemaker, Yes! Weekly, La Conexion, Que Pasa, Hamburger Square Post.*

Magazines: *Bizlife Magazine, Our State Down Home in North Carolina, Fifty Plus, AARP, Senior Living Resources.*

MIAMI/FORT LAUDERDALE, FL

Newspapers: *Sun-Sentinel, Miami Herald, City Link, New Times Broward-Palm Beach, Broward Daily Business Review, Broward Times, Waterfront News, City Link, El Heraldo South, El Sentinel, Neuvo Herald, Hi-Riser, Westside Gazette, The Boomer Times & Senior Life, Jewish Journal, Broward News and Broward Senior News.*

Magazines: *Senior Connection & Mature Lifestyle, Business in Broward, AARP.*

SOURCE: VMS, 2008.

TABLE A2: Composition of Summary Variables Used to Define Main Messages

Summary Variable	Components of Summary Variable
Access to Pharmacists	Access to large network of pharmacists
Access to Providers	Nationwide coverage/Coverage that goes wherever you go; Access to out-of-network providers or no network restrictions; See your own doctor/See any doctor/Freedom to choose doctors/No need to switch doctors; Large/broad network of doctors; No referrals needed to see specialists
All-in-One Plan	Comprehensive “all-in-one” plan
Brand Recognition	Emphasis on company’s brand name
Comparison to Other Plans	Benefits better than other plans
Comparison to Original Medicare	Benefits better than Traditional Medicare
Confusing/Need to Simplify	Simple/Easy to use plan; Makes it less confusing/simplifies choice
Extra Benefits	Covers preventive care; Vision; Eyeglasses; Dental; Hearing; Hearing aids; 24-hour nurse line; Transportation; Health coaches; Care management; Health and needs assessment; Health education classes/Wellness programs; Health club/Fitness membership; Meals on Wheels services after hospitalization; Special services for people with specific conditions; Immunization; Smoking cessation programs; Health products
Excellent Service	Long history of services with Medicare/experience; High quality medical care/services; Personal touch/Speak to real people/Friendship/Personal relationship with customers; Knowledgeable customer service staff; Requires little or no paperwork/Claims or automatic claim services
Low Cost-Sharing	Low copays (doctor’s visits/specialists/hospital stays/urgent care); Limit on out-of-pocket spending; Specific copay indicated
Low Drug Costs	No drug deductible; Low drug deductible; No copay for drugs; Low cost-sharing or copay for drugs
Low/No Premium	No (extra) premium for drugs; Zero premium; Low monthly premium/Competitive premium (not Part B premiums); Reduced Part B premium/Buy down Part B premium; Specific premium indicated
Mail Order Pharmacy Services	Offers mail order services
Peace of Mind	Peace of Mind/Company will take care of everything; You can “count on us”/Dependable coverage/Reliable coverage
Predictable Costs	Predictable copayments/cost
Rx Coverage	Open/Comprehensive Formulary; Covers “generics” or unlimited generic drugs or no copay for preferred generic drugs; Covers brand drugs
Satisfied Customers and Wide Customer Base	Wide customer base; Have satisfied, loyal customers
Save Money	Save money/Get more for what you pay/Affordable/Fit your budget
Savings for People with Low-Incomes	Big savings for people with low-incomes/May reduce drug premiums and costs for people who qualify for low-income subsidy or extra help
Variety of Plans	A variety of plans available to suit beneficiary’s needs/One stop shopping

TABLE B: Percentage of Ad Occurrences by Main Message and Plan Type

	Total	Multiple Plan Types	Medicare Drug Plans (PDPs)	Medicare Advantage	Medigap	Plan Type Unknown
On Plan Benefits	n= 13140	n=908	n=2865	n=8902	n=120	n=345
Low or No Premium	43%	1%	18%	56%	0%	30%
Low Drug Cost	18%	0%	82%	0%	0%	0%
Low Cost-Sharing	27%	99%	0%	29%	0%	30%
Save Money	35%	84%	27%	34%	1%	0%
Savings for People with Low-Incomes	6%	0%	0%	9%	0%	0%
Rx Coverage	27%	1%	82%	12%	0%	35%
Mail Order Pharmacy Services	6%	0%	27%	0%	0%	0%
Predictable Costs	37%	0%	22%	47%	0%	0%
Variety of Plans	39%	85%	73%	26%	0%	0%
Confusing/Need to Simplify	36%	0%	73%	28%	1%	37%
All-in-One Plan	29%	0%	0%	43%	0%	0%
Comparison to Other Plans	8%	0%	22%	5%	0%	0%
Comparison to Original Medicare	22%	0%	0%	32%	0%	14%
Extra Benefits	50%	14%	0%	71%	0%	39%
Access to Providers	36%	0%	22%	46%	1%	0%
Access to Pharmacies	20%	0%	91%	0%	0%	0%
Brand Recognition	42%	0%	73%	38%	2%	0%
Peace of Mind	10%	2%	22%	6%	0%	30%
Satisfied Customers/Wide Customer Base	1%	0%	0%	1%	1%	0%
Excellent Service	28%	1%	49%	24%	1%	30%

(continued on the following page)

TABLE B: Percentage of Ad Occurrences by Main Message and Plan Type (continued)

	Total Medicare Advantage	HMO	PFFS	PPO	Mix of MA Plan Type	MA Plan Type Unknown
On Plan Benefits	n=8902	n=4022	n=1232	n=1690	n=67	n=1891
Low or No Premium	56%	65%	94%	1%	45%	62%
Low Drug Cost	0%	0%	0%	0%	9%	1%
Low Cost-Sharing	29%	9%	0%	75%	33%	50%
Save Money	34%	24%	16%	84%	0%	26%
Savings for People with Low-Incomes	9%	21%	0%	0%	0%	0%
Rx Coverage	12%	11%	0%	0%	5%	32%
Mail Order Pharmacy Services	0%	1%	0%	0%	0%	0%
Predictable Costs	47%	39%	85%	75%	2%	17%
Variety of Plans	26%	37%	0%	0%	42%	42%
Confusing/Need to Simplify	28%	47%	0%	24%	28%	7%
All-in-One Plan	43%	55%	16%	75%	6%	7%
Comparison to Other Plans	5%	0%	0%	15%	5%	10%
Comparison to Original Medicare	32%	26%	16%	75%	5%	17%
Extra Benefits	72%	57%	100%	76%	15%	79%
Access to Providers	46%	29%	94%	100%	25%	1%
Access to Pharmacies	0%	0%	0%	0%	0%	0%
Brand Recognition	38%	84%	0%	0%	5%	0%
Peace of Mind	6%	2%	0%	9%	3%	15%
Satisfied Customers/Wide Customer Base	1%	0%	0%	0%	3%	5%
Excellent Service	24%	3%	16%	76%	8%	30%

SOURCE: Kaiser/George Mason University analysis of VMS data, 2008.

NOTE: MA = Medicare Advantage

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