



Playing the Long Game – Understanding How Health Care Costs Can Impact Your Retirement Readiness

Welcome to your new job

Imagine you arrive at work tomorrow and notice all your belongings are missing from your office. You walk down the hall and find another office with your name on the door. All your stuff is in there — pictures of your family on the desk, your favorite mug on the shelf. You notice a stack of new business cards, so you pick one up, and your jaw drops. You've been promoted to chief financial officer (CFO).

That is what happens to most Americans on the day they retire. For years, they've managed a monthly budget with a regular stream of income. Aside from the occasional bump in the road, many have been able to cover expenses and maintain their lifestyle provided they lived within their means. Then, suddenly, they're faced with the responsibility of turning a six-figure (if they're lucky) lump sum of cash into a decidedly smaller income stream to cover expenses in retirement — a period of time that could last 20 to 30 years, or even longer. And, as their pool of retirement savings shrinks, their medical expenses will continue to rise.

The projected growth rate for health care costs in 2017 is the same as last year: 6.5 percent.¹ As a benchmark, the rate of overall inflation in the U.S. for the 12 months ending March 2017 was just 2.4 percent.² The rapid rise of health care costs could have a large impact on quality of life in retirement. Forty-two percent of pre- and post-retirees list the future of health care as a top concern, which is warranted given the fact that 33 percent of pre-retirees or their spouses, and about half (48 percent) of retirees or their spouses, experience a serious or chronic health problem.³

So, as CFO of your future retirement, how do you ensure your plan is sound and accounts for the potential cost of medical care in the future? Without all the facts, the calculation seems daunting — even impossible. Moreover, how do you protect your current financial security and future savings from a possible medical catastrophe before retirement? In the following pages, we'll examine the challenges of funding health care expenses and offer solutions to help you anticipate and save for your medical costs before and during retirement. Ultimately, your ability to achieve a financially secure retirement is linked to your commitment to proactively plan for the future.

Understand spending patterns in retirement

Financial professionals often cite the “retirement smile” to help people visualize retirees' spending.⁴ There are typically three financial phases of retirement. Spending generally starts off higher, dips in the middle and rises later in life. During the first phase of retirement, most people remain active and healthy. Their cost of living may increase slightly because they have more free time for entertainment, travel and other well-earned activities. Meanwhile, their health and medical expenses remain fairly consistent with their pre-retirement lives. The more detail-oriented retirement CFO will notice a slight bump in health care costs.

¹ PWC, “Medical Cost Trend: Behind the Numbers 2017,” <https://www.pwc.com/us/en/health-industries/health-research-institute/behind-the-numbers.html>

² US Inflation Calculator, “Current US Inflation Rates: 2006-2017,” <http://www.usinflationcalculator.com/inflation/current-inflation-rates/>

³ Hearts & Wallets, Investor Quantitative Database (2017)

⁴ David Blanchett, “Estimating the True Cost of Retirement,” Working Paper, Morningstar Advisor, (2013) https://corporate.morningstar.com/ib/documents/MethodologyDocuments/ResearchPapers/Blanchett_True-Cost-of-Retirement.pdf

In the middle phase of retirement, many retirees may prefer to eat in, stay local and enjoy the comforts of home. Therefore, discretionary spending decreases. Creeping aches and pains — along with the potential onset of more serious health issues — may arise, which could lead to increased medical care and costs.

In the later years of retirement, overall health typically declines, and medical expenditures rise, peaking when retirees reach their late 90s. Medicare data put spending per capita at age 70 at about \$7,566, increasing at 80 to \$11,618 and more than doubling from ages 70 to 96 to \$16,145.⁵

A study from the Center for Retirement Research at Boston College found 44 percent of men over 65, and 58 percent of women over 65, require some form of long-term care, which is *not* covered by Medicare.⁶ The average cost for an assisted living facility is \$47,064 per year, and around-the-clock care in a semi-private room at a nursing home runs approximately \$91,615.⁷ Because of these costs, the later years of retirement often represent a fork in the road for many senior citizens. For some, it will mean sacrifice and belt-tightening. For those who have prepared, it means a slower pace with more assistance in their day-to-day lives.

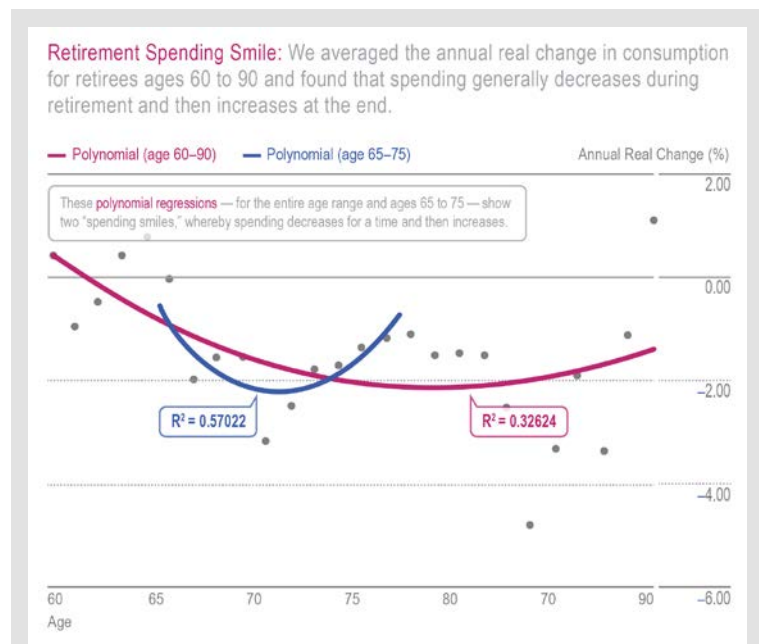


Figure 1 shows spending generally decreases during retirement and then increases at the end of life. Source: [Morningstar Advisor](#)

Traditional Medicare per capita spending increased with age in 2011 and peaked at age 96 before declining

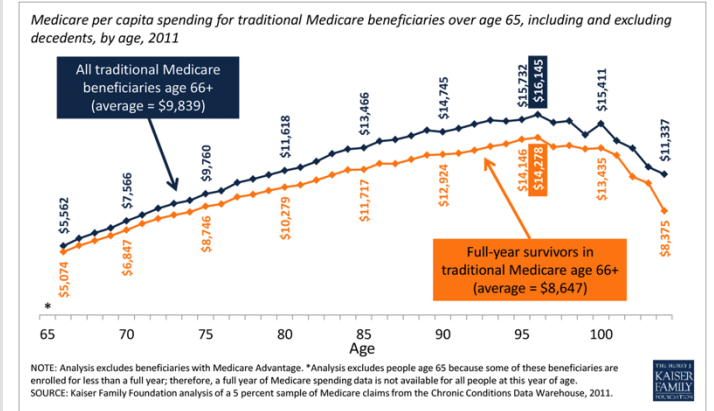


Figure 2 shows traditional per capita Medicare spending in 2011 increased with age and peaked at age 96. Source: Kaiser Family Foundation

⁵ Tricia Neuman et al., “The Rising Cost of Living Longer: Analysis of Medicare Spending by Age for Beneficiaries in Traditional Medicare,” Report, Kaiser Family Foundation, (2015), <http://files.kff.org/attachment/report-the-rising-cost-of-living-longer-analysis-of-medicare-spending-by-age-for-beneficiaries-in-traditional-medicare>

⁶ Leora Friedberg et al., “Long-term Care: How Big a Risk?,” (2014), Center for Retirement at Boston College, http://crr.bc.edu/wp-content/uploads/2014/11/IB_14-18.pdf

⁷ Federal Long-Term Insurance Care Program, “How Much Does Long Term Care Cost?,” (2017), https://www.ltcfed.com/start/aboutltc_cost.html

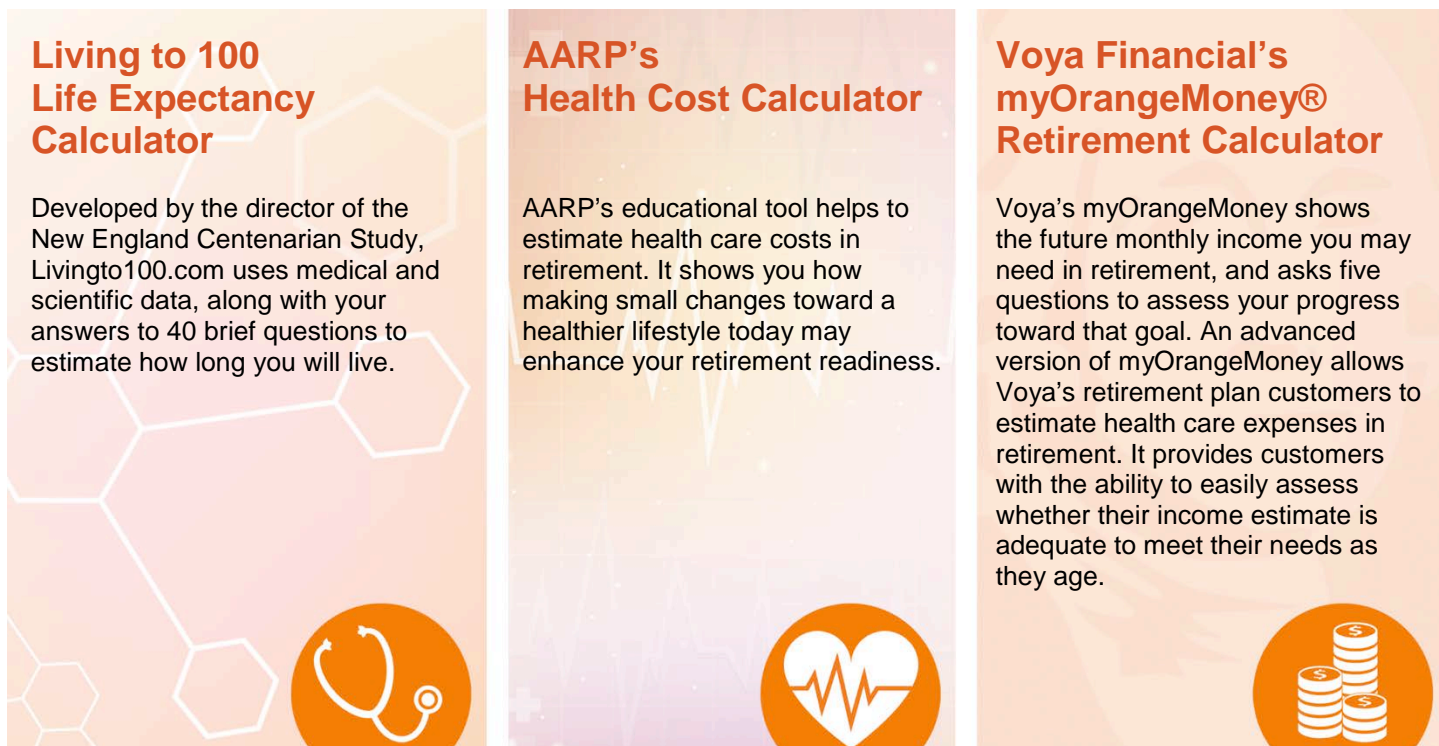


Figure 3: There is an abundance of online tools to help you put the pieces together and estimate your cost of health care in retirement.

Rethink retirement for the long run

Increased life expectancy is allowing Americans to age in comfort, living out their definition of retirement for longer than ever before. One in four 65-year-old Americans will surpass age 90, and one in 10 will live to be 95.⁸ If these individuals were to retire today, it would mean 25 percent of Americans will likely have a retirement lasting 25 years or more. The longevity is magnified for women, who tend to live longer than men and have a lower rate of savings (see Figure 4).

To envision what your retirement might look like from a health perspective, study your biological parents and other relatives. An examination of your older family members could help you paint a fairly accurate portrait of what you can expect when you reach retirement age. Then ask yourself this question: What can I do to put myself in a strong financial position in retirement?

⁸ Social Security Administration, "Social Security Calculators: Life Expectancy," www.ssa.gov/planners/lifeexpectancy.html

The quadruple whammy women face in retirement



Unequal Pay – On average, American women earn between 79 to 83 cents for every dollar earned by a man for the same job. Women in minority groups earn even less.^{9,10} That income gap puts women at a disadvantage compared with men when it comes to saving for retirement.



Gaps in Working Life – Women are also more likely than men to reduce their hours, leave work for significant periods of time or quit their job entirely to care for a child or other family member.¹¹ Whatever the circumstance, a break in full-time employment diminishes a woman's potential to save for retirement.



Lower Savings – Because they earn less and are likely to have breaks in their working lives, a woman's ability to amass savings for retirement is often hindered or decreased.



Greater Needs – Women generally outlive their husbands — sometimes by decades. The surviving spouse loses the lesser of two monthly Social Security payments if both partners had already started claiming benefits, which could mean a significant reduction in monthly income.¹² Compounding that issue is the potential need for someone to help with the necessities of life — cooking, bathing, dressing, etc. — after the spouse's death. The additional cost of in-home care (or long-term care if remaining at home is not feasible) is an out-of-pocket cost not covered by Medicare.

Life insurance benefits may help offset some medical costs when a husband dies, but women often need to prepare more carefully for retirement to be financially secure.

Figure 4 shows unique challenges facing women in the U.S. as they plan and prepare for retirement.

⁹ Joint Economic Committee Democratic Staff, "Gender Pay Inequality: Consequences for Women, Families and the Economy," U.S. Congress (2016), <https://www.jec.senate.gov/public/cache/files/0779dc2f-4a4e-4386-b847-9ae919735acc/gender-pay-inequality---us-congress-joint-economic-committee.pdf>

¹⁰ Elise Gould, Jessica Schieder, and Kathleen Geier, "What is the gender pay gap and is it real?," Report, Economic Policy Institute (2017), <http://www.epi.org/publication/what-is-the-gender-pay-gap-and-is-it-real/>

¹¹ Anna Brown, Eileen Patten, "The narrowing, but persistent, gender gap in pay," Pew Research Center (2017), <http://www.pewresearch.org/fact-tank/2017/04/03/gender-pay-gap-facts/>

¹² National Academy of Social Insurance, "Social Security for Widowed Spouses in Retirement," <https://www.nasi.org/learn/socialsecurity/widowed-spouses>

Confront rapidly rising health care costs

A March 2017 Voya Financial survey found 77 percent of baby boomers and 75 percent of retirees have never estimated the amount of health care expenses they expect to incur throughout retirement.¹³ Generation X and millennials are even less prepared – 83 percent of millennials and 85 percent of Generation X have not estimated health care costs in retirement. This lack of preparedness is exacerbated by expectations that national health care spending will grow by 5.8 percent on an average annual rate basis from 2012 to 2022.¹⁴

When asked how much they estimate their health care costs to be in retirement, 69 percent of baby boomers, and 66 percent of retirees, replied “\$100,000 or less.” Those estimates are well below Employee Benefit Research Institute (EBRI) projections, which state the average couple with median drug expenses will need \$265,000 to be 90 percent confident that they will be able cover out-of-pocket medical expenses in retirement.¹⁵

Voya’s survey also shows savers are not generally aware of some of the most powerful tools available to them. Health Savings Accounts (HSAs), for example, allow employees to save for health care costs in retirement during their working years if they have a high-deductible health plan. Voya’s research found that only 6 percent of baby boomers plan to utilize an HSA to pay for health care expenses not covered by Medicare — a missed opportunity for several reasons. An HSA is the only retirement vehicle that offers tax-free contributions, tax-deferred growth and tax-free withdrawals if used for qualified health care costs. Also, the “catch-up” provision for HSAs allows people ages 55 to 65, who are not enrolled in Medicare, to contribute an additional \$1,000 above the annual maximum for people under 55. Note: You can only contribute to an HSA during your working years.



Get informed: Most Americans surveyed do not know how much health care will cost in retirement.

Lack of planning is not exclusive to baby boomers. The chart below illustrates the percentage of Americans who say they have not estimated the cost of their own health care in retirement. (See footnote 13)

85%
of Millennials

83%
of Gen Xers

77%
of Baby Boomers

75%
of Retirees

Figure 5 shows results from a March 2017 Voya Financial survey on health care costs in retirement.

One of the greatest benefits of an HSA is that you can make contributions to your account throughout your career. It’s portable, moves with you if you change employment and can be accessed for health care expenses at any time — either leading up to or in retirement. Upon the owner’s death, the

¹³ Survey results based on findings from a Telephone CARAVAN® survey commissioned by Voya Financial and conducted by ORC International of approximately 1,000 adults in U.S. ages 18 and older. Responses were collected between March 2-5, 2017

¹⁴ Gigi A. Cuckler et al., “National Health Expenditure Projections, 2012–22 Slow Growth Until Coverage Expands And Economy Improves,” *Health Affairs*, (2013) <http://content.healthaffairs.org/content/32/10/1820.long>

¹⁵ Paul Fronstin and Jack Vanderhei, “Savings Medicare Beneficiaries Need for Health Expenses: Some Couples Could Need as Much as \$350,000,” Employee Benefit Research Institute (EBRI) (2017): https://www.ebri.org/pdf/notespdfs/EBRI_Notes_Hlth-Svgs.v38no1_31Jan17.pdf

account passes to his or her beneficiary. A surviving spouse can continue to use those tax-free funds for health care costs.¹⁶

The numbers around health care in retirement can be jarring, but Americans can't afford to be paralyzed by fear as procrastination could lead to serious consequences. According to the Consumer Bankruptcy Project, retirees are the fastest-growing segment of the U.S. population filing for bankruptcy, and 39 percent of retirees filing for bankruptcy listed medical expenses as the main reason.¹⁷ Difficulty covering medical costs is not only an issue for retirees; according to Voya data, medical costs are a top reason for hardship withdrawals from retirement accounts (see Figure 6).

Medical expenses are a primary reason people tap into 401(k) savings accounts before they should

Hardship Withdrawals from 401(k) Retirement Accounts

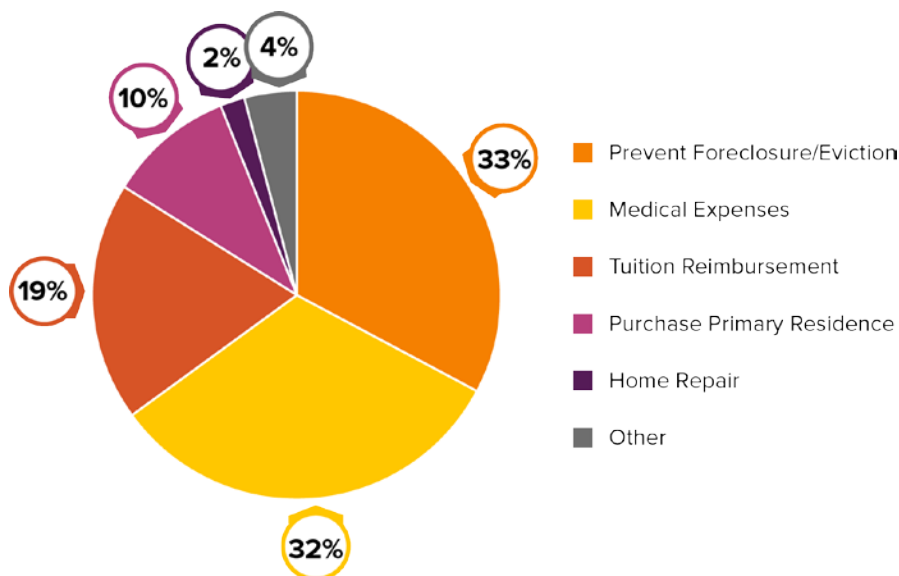


Figure 6 shows medical expenses were the second highest reason for hardship withdrawals in large market retirement accounts in 2016. Low-cost solutions such as critical illness and accident insurance as well as Health Savings Accounts can help with this challenge. Source: Voya Financial, 2016

Calculating the hidden cost of health care

Though it may seem far off, everyone *will* leave their career behind one day, and they can do their future self a favor by starting to prepare today. Below are a few high-level steps to calculate the ballpark amount of savings needed to cover basic living expenses in retirement. These savings could come in the form of a pension, traditional or Roth IRA, 401(k), HSA, cash-value life insurance, annuities, stocks, bank accounts or any other source of income. It is worth noting that this exercise

¹⁶ Internal Revenue Service, Government of the United States, Death of HSA Holder, (2016) https://www.irs.gov/publications/p969/ar02.html - en_US_2016_publink1000204096

¹⁷ John A. E. Pottow. "The Rise in Elder Bankruptcy Filings and Failure of U.S. Bankruptcy Law," University of Michigan Law School, (2010), https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1669298

will *not* help estimate how much is needed for discretionary expenses like travel and entertainment, which vary greatly from person to person.

1. Choose an estimated life expectancy via a calculator like the one shown in Figure 3.
2. Calculate your projected monthly Social Security payment by creating a My Social Security account on the Social Security Administration website — www.ssa.gov. You can learn the eligible amount for when you plan to retire, compared to how much that amount will increase if retirement is delayed by just a few years.
3. Add up expected monthly living expenses — rent/mortgage, groceries, utilities, etc., — and health care expenses ***not covered by Medicare***.

“Not covered by Medicare” is quite possibly the most important phrase in this paper. While the Medicare system ensures nearly all Americans — starting at age 65 — have basic, premium free health care coverage throughout retirement, Medicare is only likely to cover about 62 percent of all retirement health care costs.¹⁸ EBRI calculations put the total amount needed for the average male/female couple at \$265,000 — which includes premiums and other out-of-pocket costs related to all Medicare plans, along with the cost of supplemental insurance.

Medicare Part A is the most-basic level of retirement health care coverage. For those who have grown accustomed to the health care plan offered through an employer, or thought coverage would be entirely free in retirement, Medicare may require an adjustment to the budget. Certain parts of Medicare come at a cost to retirees as Figure 7 shows. And those retiring prior to age 65 will go without Medicare coverage until their 65th birthday — making health care costs even higher during those years. It’s also worth noting that the \$265,000 estimate assumes median drug expenses for each spouse. Prescription medication, particularly for specialty drugs covering chronic conditions, can blow through health care savings in retirement at a rapid clip and should be planned for in advance. A visit to Medicare.gov will help explain the basics and finer details of the program.

The key takeaway: While Medicare provides a basic level of health care coverage at no or a low cost, the gap between covered and non-covered expenses requires retirees to put their retirement income eggs in different baskets. This will help them meet near-term costs and accommodate for long-term care needs.

Supplemental insurance policies — or Medigap — from private companies can cover expenses not covered by Medicare Parts A, B and D, such as co-pays, deductibles and medical coverage outside the United States. Medigap policies can be purchased at an additional cost to cover expenses for vision, dental and, to a limited degree, hearing care. Speaking of hearing, nearly 25 percent of Americans between the ages of 65 and 74 — and half of those over the age of 75 — have a disabling hearing loss.¹⁹ Neither Medicare nor Medigap plans cover the purchase of hearing aids, which cost an average of \$2,300 for just one ear.²⁰ In fact, few private insurance companies offer policies that cover anything beyond annual exams and fittings for hearing aids.

¹⁸ Paul Fronstin and Jack Vanderhei, “Savings Medicare Beneficiaries Need for Health Expenses: Some Couples Could Need as Much as \$350,000,” Employee Benefit Research Institute (EBRI) (2017): https://www.ebri.org/pdf/notespdf/EBRI_Notes_Hlth-Svgs.v38no1_31Jan17.pdf

¹⁹ National Institute on Deafness and Other Communication Disorders (NIDCD), Quick Statistics About Hearing, U.S. Department of Health and Human Services (2016), <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>

²⁰ Victoria McGrane, Lawmakers want hearing aids to be easier to get, but doctors object, Boston Globe (2017), <https://www.bostonglobe.com/news/nation/2017/04/10/bipartisan-bill-would-make-hearing-aids-cheaper-and-more-accessible-but-some-doctors-object/17H4hx5qSPsPAITu2s997L/story.html>





21		Monthly Premium	Annual Premium	Description
	Medicare Part A	\$0	\$0	Hospital insurance that covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery and home health care.
	Medicare Part B	\$104.90	\$1,258.80	Medical insurance that covers doctor and other health care providers' services, lab services, outpatient care, durable medical equipment, home health care, some mental health care and some preventive services.
	Medicare Part D	\$37.20	\$446.40	Medicare prescription drug benefit that subsidizes the costs of prescription drugs and prescription drug insurance premiums for Medicare beneficiaries.
	Medigap Plan (supplemental)	\$186.00	\$2,232.00	<p>Sold by private companies to help pay for some of the health care costs that Part A doesn't cover, such as copayments, coinsurance and deductibles. Some Medigap policies also offer coverage for medical care when traveling outside the U.S.</p> <p>Medigap policies don't cover long-term care, dental care, vision care, hearing aids, eyeglasses or private-duty nursing.</p> <p>A Medigap policy is different from a Medicare Advantage Plan, which offers a way to get additional Medicare benefits. A Medigap policy only supplements Medicare Parts A and B. People with a Medicare Advantage Plan can't add a Medigap policy.</p>
Total per person		\$328.10	\$3,937.20	
Per couple		\$656.20	\$7,874.40	

Figure 7 provides descriptions, as well as monthly and annual premiums for Medicare Parts A, B and D, — along with supplemental or Medigap plans. Source: NAGDCA, 2015 and Medicare.gov

²¹ National Association of Government Defined Contribution Administrators, Inc. (NAGDCA), "Health Care Costs Into Your Retirement Plan: 2015," http://www.nagdca.org/dnn/Portals/45/Publications/NAGDCA_HealthCareCostsAndRetirement_August2015.pdf

Two more costs that are not included in the previously cited \$265,000 estimate are long-term care services such as in-home care and skilled nursing — additional expenses that could siphon away retirement savings and lead to financial distress. It's imperative that retirees have a plan to fund long-term care to mitigate the risk of outliving their retirement savings.

It's also important to remember that health issues may lead to more than health care costs. Arthritis and replacement hips and knees can leave individuals unable to manage simple activities that used to be easy such as mowing the lawn, removing snow or making home repairs. Extra help means extra, unexpected expenses that weren't in the budget.

Double down on discipline and protection

Something is always better than nothing, and even a late start is better than not starting at all. Before any discussions about money, spouses should make sure they share the same vision of retirement and work out their differences to satisfy each other's wants, needs and wishes. For example, will they spend their retirement traveling or would they prefer to stay home and take up a hobby like gardening? This discussion should also focus on behaviors, such as overspending, that could undermine the plan they've put in place.

According to [Voya's Retire Ready Index™](#), only one in three retirees has a written budget — a practice that most financial advisors would categorize as non-negotiable.²² It's invaluable to learn to budget and live within one's means long before you start living on a fixed income in retirement. During your working years, there may be some flexibility to postpone retirement to save a bit more or recoup losses. Once in retirement, regularly spending more than one's monthly income — or incurring significant credit card debt — could cause sacrifices that affect health or quality of life, such as foregoing medical care or prescriptions to cut costs.

Retirement isn't always planned. In fact, Voya's Index also showed 60 percent of current retirees did not plan to retire when they did. Through their employer, pre-retirees can shore up their savings for the future by enrolling in benefits like critical illness, accident and disability insurance. For typically a few dollars per pay period, insurance coverage offered through work can protect both the money you've *earned*, and the money you *need to keep earning* leading up to retirement.

Protection from unexpected medical expenses while saving for retirement

Many companies offer their employees benefit options that provide cash payments when an accident results in an injury that requires medical attention. Because many U.S. employers have shifted to high-deductible health care plans, these types of solutions are more important than ever.

The chart below provides an example of medical expenses that might be incurred for a torn ACL, which could result in out-of-pocket costs of approximately \$1,650. With accident coverage, an individual could receive a \$1,115 lump sum benefit. That means the employee could offset all but \$535 of the out-of-pocket costs — resulting in a savings of 68 percent.

Example of out-of-pocket medical expenses incurred:

	\$500	Emergency room copay
	\$250	Deductible
	\$750	Copay for surgery
	\$150	Copay for six physical therapy visits
<hr/>		
	\$1,650	Total out-of-pocket expenses
	\$1,115	Example benefit paid under employee accident coverage

Figure 8 shows examples of out-of-pocket medical expenses that might be incurred for a torn ACL.

²² Voya Retire Ready Index," Voya Financial (2015), <http://corporate.voya.com/newsroom/news-releases/voya-financial-study-reveals-how-americans-score-their-retirement-readiness>

Protecting your savings and earnings before retirement with insurance coverage offered through the workplace





	LIFE INSURANCE	<ul style="list-style-type: none"> While the primary purpose of life insurance is the death benefit, many life insurance policies provide “living benefits” that may be accessed in the event of a terminal illness. Some life insurance policies offer the ability to accelerate a portion of the death benefit if the insured person has a chronic illness or is confined permanently to nursing or hospital care, which helps offset those care costs. Many whole/universal life policies allow the individual to access the cash value, which could help pay for medical costs. Accessing the cash value in a permanent policy will reduce that benefit. Both term and permanent policies offer a death benefit.
	DISABILITY INSURANCE	<ul style="list-style-type: none"> Disability insurance serves as the first line of defense against lost wages due to a serious health condition or accident by providing benefits to replace a portion of lost income. Disability insurance could also provide transitional benefits to help the employee return to a work environment. These benefits include occupational therapy, retraining services and workplace modification benefits, to name a few. In the event of permanent disability, the insurance carrier will typically provide Social Security Disability Income (SSDI) advocacy services.
	ACCIDENT INSURANCE	<ul style="list-style-type: none"> Accident insurance provides a set indemnity or “lump sum” benefit in the event the individual suffers a covered accidental injury such as a broken bone, or associated hospital and doctor visits. This benefit is paid directly to the employee and may be used however he or she designates, whether to pay medical bills or cover monthly expenses such as housing costs, utilities or groceries.
	CRITICAL ILLNESS (SPECIFIC DISEASE) INSURANCE	<ul style="list-style-type: none"> Critical Illness insurance provides a set, lump sum benefit in the event of a critical illness diagnosis such as heart attack or stroke. This benefit is paid directly to the employee, and may be used however that person designates.
	HOSPITAL CONFINEMENT INDEMNITY	<ul style="list-style-type: none"> Hospital Confinement Indemnity insurance pays a set, lump sum benefit per day of hospitalization. This benefit is paid directly to the employee, and may also be used however he or she designates.

Figure 9 shows insurance options that may protect your savings and earning potential prior to retirement.

Become your own retirement CFO today

The ability to pay for health care needs is — and will remain — one of the most critical issues of retirement. Regardless of what stage of life you’re in now, there are steps you can take to understand this issue and prepare for the future. Getting a head start on planning and saving for retirement is advantageous, but even those starting the process in their 50s have an opportunity to be successful. The sooner you adopt your role as retirement CFO, and develop a holistic retirement strategy with a special focus on health care needs — the more secure your financial future may be.

Remember that the retirement landscape of your parents' and grandparents' generations has changed dramatically. Nearly 40 years ago, 28 percent of private-sector employees could rely on just a pension to provide guaranteed income throughout retirement. By 2013, that number had dropped to 2 percent.²³ Because of advances in medical care and an increase in overall life expectancy, you're also more likely to enjoy a longer retirement. Life expectancy charts can tell you what the average life expectancy is for a man or woman in the U.S., but a better way to gauge how long a retirement you will need to prepare for is to consider your own personal health history along with the medical and longevity histories of your family members. Not only could this knowledge help you make more informed choices in regard to your health, but it will also provide you with a more accurate estimate as to how long your retirement will last and how much money you need to save.

Seeking outside advice and resources to educate yourself on what Medicare does and does not cover, and how out-of-pocket expenses can take a toll on a fixed income, is also key to your success. A reputable financial professional can also help explain the intricacies of Social Security — especially for those who plan to work past their full benefit age. A thorough knowledge of Social Security and Medicare benefits can help one calculate potential out-of-pocket costs in regard to medical care.

Retirement Solutions to Consider

There are many tools available outside the workplace to help you save for various costs in retirement, including health care. A financial advisor can explain these options, and help you understand what solutions are right for you.

- Cash value life insurance
- Deferred annuities
- Immediate annuities
- Long-term care insurance
- Mutual funds



Figure 10 shows a variety of solutions to help you prepare for retirement costs, including health care.

²³ ebri.org, "FAQs About Benefits—Retirement Issues," Employ Benefit Research Institute (EBRI), <https://www.ebri.org/publications/benefaq/index.cfm?fa=retfaq14>

So, as the future CFO of your retirement, imagine that new office and promotion today — instead of waiting until retirement begins. Sure, becoming your own retirement CFO now will present some challenges. But facing those challenges head on will provide you with even greater rewards down the road. Instead of worrying about how to pay your retirement health care bills, you can focus your attention on rearranging the family photos, filling up that coffee mug and, most important, enjoying the time of your life.

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