



Research Findings #26

**Family-Level Expenditures on Health Care
and Insurance Premiums among the U.S.
Nonelderly Population, 2004**



ABSTRACT

This report uses nationally representative estimates from the Medical Expenditure Panel Survey (MEPS) to examine family-level expenditures on health care services and health insurance premiums. The sample for the study represents all civilian noninstitutionalized nonelderly families in the U.S. in 2004.

We find that total expenditures on health care services were highest among families with public coverage and lowest among uninsured families. Mean total expenditures were \$7,562 among families with public insurance, \$6,430 among families with private insurance, and \$1,208 among uninsured families. Out-of-pocket expenditures on health care services were highest among families with private coverage and lowest among uninsured families. Mean out-of-pocket expenditures were \$1,223 among families with private insurance, \$916 among families with public insurance, and \$584 among uninsured families. Expenditures on health care services are also presented by family size and insurance status, separately for one-person families, two-person families, and families with three or more persons. For families with two or more persons, the report presents expenditures by family structure, based on the number of adults and children in the family. In 2004, mean out-of-pocket expenditures for health insurance premiums among one-person families with private coverage all year were \$862. Mean out-of-pocket expenditures for premiums among two-person families with private coverage all year were \$2,277. The difference between mean out-of-pocket expenditures for premiums among families with three or more persons with private coverage all year (\$2,336) and for premiums among two-person families with private coverage all year was not statistically significant.

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The estimates in this report are based on the most recent data available at the time the report was written. However, selected elements of MEPS data may be revised on the basis of additional analyses, which could result in slightly different estimates from those shown here. Please check the MEPS Web site for the most current file releases.

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The Medical Expenditure Panel Survey (MEPS)

Background

The Medical Expenditure Panel Survey (MEPS) provides nationally representative estimates of health care use, expenditures, sources of payment, and health insurance coverage for the U.S. civilian noninstitutionalized population. MEPS is co-sponsored by the Agency for Healthcare Research and Quality (AHRQ) and the National Center for Health Statistics (NCHS), and has been conducted annually since 1996. The predecessor surveys to MEPS were the 1977 National Medical Care Expenditure Survey (NMCES, also known as NMES-1) and the 1987 National Medical Expenditure Survey (NMES-2).

MEPS is a family of three surveys. The Household Component (HC) is the core survey and also forms the basis for the Medical Provider Component (MPC). Together these two surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications. The third survey, the Insurance Component (IC), is a survey of private and public sector employers that provides national- and state-level estimates of employer-sponsored health insurance coverage and cost.

Household Component

The MEPS-HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. Using computer-assisted personal interviewing (CAPI) technology, the HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC is based on an overlapping panel design in which data covering a two-year period are collected through a preliminary contact followed by a series of five rounds of interviews over a two-and-a-half-year period. Data on medical expenditures and use for two calendar years are collected from each household. This series of data collection rounds is launched each year on a new sample panel of households, and annual data are developed by combining data from the first year of the new panel with that from the second year of the previous panel.

Each year's sample for the MEPS-HC is drawn from respondents to the previous year's National Health Interview Survey (NHIS). The NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with an over-sampling of Hispanics and blacks that carries over to the MEPS sample. In addition, the MEPS sample design over-samples Asians and persons in low income families.

Medical Provider Component

The MEPS-MPC collects data from providers that are primarily used to supplement and/or replace information on medical care expenditures reported in the MEPS-HC. The survey contacts medical providers and pharmacies identified by household respondents and for which signed Health Insurance Portability and Accountability Act of 1996 (HIPAA)

compliant permission forms have been obtained from family members who received services from the medical providers and pharmacies.

The MPC sample includes all hospitals, emergency rooms, home health agencies, outpatient departments, and pharmacies reported by HC respondents as well as all physicians who provide services for patients in hospitals but bill separately from the hospital. Office-based medical providers for which the provider is either a doctor of medicine (MD) or Osteopathy (DO), or practices under the direct supervision of an MD or DO, are included in the MPC as well.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents. These data include dates of visit, diagnosis and procedure codes, charges, and payments. These data allow records to be matched with household events to facilitate expenditure imputation. The MPC was not designed as a stand-alone survey to generate national estimates. The MPC data are collected from sampled providers through an initial screening telephone contact to verify provider eligibility, a mailed or faxed questionnaire, and a phone call to collect the data. Many providers prefer to send electronic, fax, or hard copies of records from which the necessary information can be abstracted. To supplement abstraction, telephone calls are placed to providers to clarify items, obtain critical information that may be missing, and follow up on nonresponse.

Insurance Component

The MEPS-IC collects data on health insurance plans obtained through private and public-sector employers. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS-IC are selected through two sampling frames:

- A U.S. Census Bureau list frame of private-sector business establishments.
- The Census of Governments from the U.S. Census Bureau.

Data from these two Census Bureau sampling frames are used to produce annual national and state estimates of the supply and cost of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance. National estimates of employer contributions to group insurance from the MEPS-IC are used in the computation of Gross Domestic Product (GDP) by the Bureau of Economic Analysis.

The MEPS-IC is an annual survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone follow-up for nonrespondents.

Survey Management

MEPS-HC data are collected under the authority of the Public Health Act. Data are collected under contract with Westat, Inc. Data sets and summary statistics are edited and published in accordance with the confidentiality provisions of this Act and the Privacy Act. NCHS provides consultation and technical assistance.

MEPS-IC data are collected under the authority of the Public Health Service Act and under the authority provided in Title 13, United States Code (U.S.C.). The data are collected under an interagency agreement with the U.S. Census Bureau. Data sets and summary statistics are edited and published in accordance with the confidentiality provisions of this Act, Title 13 U.S.C., and the Privacy Act.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports, microdata files, and tables via the MEPS Web site: www.meps.ahrq.gov. (MEPS-IC microdata files are confidential and are only accessible for approved research projects at the Census Bureau's Research Data Centers.) Selected data can be analyzed through MEPSnet, an online interactive tool designed to give data users the capability to statistically analyze MEPS data in a menu-driven environment. Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Financing Access and Cost Trends, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850 (301) 427-1406.

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Family-Level Expenditures on Health Care and Insurance Premiums among the U.S. Nonelderly Population, 2004

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Introduction

Among the nonelderly, expenditures for health care and insurance premiums are often incurred at the family level. For example, health plans sometimes set family-level deductibles and out-of-pocket spending limits. Moreover, many proposals to expand insurance coverage and slow the growth of health care costs are applied at the family level, and their impact varies with the level of family spending on health care. For example, proposals changing the tax treatment of health care spending are relevant to the family level.

This report presents estimates on health care expenditures and health insurance premiums aggregated to the family level, for all nonelderly families in the U.S. civilian noninstitutionalized population. Our definition of “family” includes all persons who would typically be eligible for coverage under a private insurance family plan. This includes adults, their spouses, and natural or adoptive children under age 18, as well as children under age 24 who are full-time students. Consequently, the family definition used in this analysis is based on the MEPS “health insurance eligibility unit” rather than a standard family definition. One-person families are also included in this analysis.

We first present family-level expenditures on health care services by insurance status. Expenditures on health care services are also presented by family size and insurance status, separately for one-person families, two-person families, and families with three or more persons. For families with two or more persons, we also present expenditures by family structure, based on the number of adults and children in the family.

We then present family-level out-of-pocket expenditures on health insurance premiums. Expenditures on insurance premiums are presented by family size, separately for families with private insurance coverage all year and families with partial private coverage.

While both mean and median expenditures are reported in the tables, the focus in the text is on mean expenditures. All differences between estimates discussed in the text are statistically significant at the 0.05 level. The data are from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) and are representative of the U.S. civilian noninstitutionalized population.

Findings

In 2004, there were approximately 127 million nonelderly families in the U.S. civilian noninstitutionalized population.¹ Among these families, 55.1 percent had private

¹ Nonelderly families include families in which at least one person is under age 65. Families in which all persons are age 65 and over are not included in this analysis. Only 2.6 percent of nonelderly families include elderly persons.

coverage all year (70.0 million), 6.8 percent had public coverage all year (8.6 million)² and 15.1 percent were uninsured all year (19.2 million). In addition, 16.7 percent of families had partial private coverage (21.2 million), i.e., at least one family member had private coverage for part of the year. The remaining 6.3 percent of families had partial public coverage (8.0 million), i.e., no family member had any private coverage during the year but at least one family member had public coverage for part of the year (table 1).

Family-Level Expenditures on Health Care Services by Insurance Status

Table 1 presents family-level expenditures on health care services by insurance status. In 2004, mean total expenditures were \$5,282 for all families. Mean total expenditures were highest among families with public insurance, and lowest among uninsured families. Mean total expenditures were \$7,562 among families with public coverage, \$6,430 among families with private coverage, and \$1,208 among uninsured families. Mean total expenditures were \$4,610 for families with partial private coverage, and \$4,320 for families with partial public coverage.

In 2004, mean out-of-pocket expenditures were \$1,023 for all families. Family-level mean out-of-pocket expenditures on health care services were highest among families with private insurance, and lowest among uninsured families. Mean out-of-pocket expenditures were \$1,223 among families with private coverage, \$916 among families with public coverage, and \$584 among uninsured families. Mean out-of-pocket expenditures were \$927 for families with partial private coverage, and \$702 for families with partial public coverage.

Family-Level Expenditures on Health Care Services by Family Size

Among nonelderly families in 2004, 48.2 percent were one-person families (61.2 million, table 2), 23.5 percent were two-person families (29.8 million, table 3), and 28.4 percent were families with three or more persons (36.0 million, table 5).

Family-Level Expenditures on Health Care Services by Insurance Status among One-Person Families

In 2004, there were approximately 61.2 million single-person households in the U.S. civilian noninstitutionalized nonelderly population. Among these individuals, 49.3 percent had private coverage all year (30.1 million), 8.5 percent had public coverage all year (5.2 million), and 25.9 percent were uninsured all year (15.8 million). In addition, 12.9 percent of these individuals had partial private coverage (7.9 million), i.e., had private coverage for part of the year. The remaining 3.4 percent had partial public coverage (2.1 million), i.e., had public coverage for part of the year (table 2).

For these individuals, mean total expenditures were highest among those with public insurance, and lowest among those who were uninsured. Mean total expenditures were \$7,687 among those with public coverage, \$3,408 among those with private coverage, and \$729 among those who were uninsured. Mean total expenditures were \$2,130 for one-person families with partial private, and \$3,496 for one-person families with partial public coverage.

² Public coverage includes Medicaid/SCHIP and Medicare.

Mean out-of-pocket expenditures were highest among one-person families with public insurance, and lowest among the uninsured. Mean out-of-pocket expenditures were \$925 among those with public coverage, and \$402 among the uninsured. The difference in the mean out-of-pocket spending among those with private insurance (\$655) and among those with public insurance was not statistically significant. Likewise, the difference between the mean out-of-pocket expenditures among those with partial private (\$530) and partial public coverage (\$568), and among the uninsured was not statistically significant.

Family-Level Expenditures on Health Care Services by Insurance Status among Two-Person Families

In 2004, there were approximately 29.8 million two-person families in the U.S. civilian noninstitutionalized nonelderly population. Among these families, 63.7 percent had private coverage all year (19.0 million), 5.3 percent had public coverage all year (1.6 million), and 6.5 percent were uninsured all year (1.9 million). In addition, 17.9 percent of two-person families had partial private coverage (5.3 million), i.e., at least one person in the family had private coverage for part of the year. The remaining 6.6 percent had partial public coverage (2.0 million), i.e., no family member had any private coverage during the year but at least one person in the family had public coverage for part of the year (table 3).

Family-level mean total expenditures among two-person families with public insurance or private insurance were higher compared to mean total expenditures among uninsured families. Mean total expenditures were \$9,110 among two-person families with public coverage, \$9,104 among two-person families with private coverage, and \$4,454 among uninsured two-person families. The difference between mean total expenditures for two-person families with partial private (\$5,178) and partial public coverage (\$5,333), and expenditures for uninsured two-person families was not statistically significant.

Mean out-of-pocket expenditures were similar among two-person families with public insurance, those with private insurance, and the uninsured. Mean out-of-pocket expenditures were \$1,539 among those with public coverage, \$1,653 among those with private insurance, and \$1,620 among the uninsured. Mean out-of-pocket spending among those with partial private insurance (\$1,243) was lower than mean spending among those with private insurance. Mean out-of-pocket expenditures among those with partial public coverage (\$805) were lower than mean out-of-pocket expenditures among the uninsured.

Family-Level Expenditures on Health Care Services by Family Type and Insurance Status among Two-Person Families

Since age is positively correlated with health care expenditures, it is important to note differences in family structure by insurance status. In 2004, among two-person families with private coverage, 85.9 percent were adult-couple families, while 14.1 percent were one-adult-one-child families. Among two-person families with public coverage, 24.2 percent were adult-couple families, while 75.8 percent were one-adult-one-child families. Among uninsured two-person families, 77.8 percent were adult-couple families, while 22.2 percent were one-adult-one-child families. (Data not shown.)

In table 4, we present expenditures for two-person families separately for one-adult-one-child families, and adult-couple families by insurance status. Table 4 presents estimates

using pooled data from 2002, 2003, and 2004 to increase sample size. All expenditures are adjusted to 2004 dollars using the Consumer Price Index for all consumers.

Mean total expenditures were \$4,261 among one-adult-one-child families and \$8,437 among adult-couple families. Mean out-of-pocket expenditures were \$669 among one-adult-one-child families and \$1,774 among adult-couple families.

Among one-adult-one-child families, mean total expenditures were lowest among the uninsured (\$1,634) and mean out-of-pocket expenditures were lowest among those with public coverage (\$404). Among adult-couple families, mean total expenditures were higher for those with public insurance (\$18,308), while mean out-of-pocket expenditures were not significantly different by insurance status.

Family-Level Expenditures on Health Care Services by Insurance Status among Families with Three or More Persons

In 2004, there were approximately 36.0 million families with three or persons in the U.S. civilian noninstitutionalized nonelderly population. Among these families, 57.9 percent had private coverage all year (20.8 million), 5.1 percent had public coverage all year (1.8 million), and 3.9 percent were uninsured all year (1.4 million). In addition, 22.1 percent of these families had partial private coverage (8.0 million), i.e., at least one person in the family had private coverage for part of the year. The remaining 11.0 percent had partial public coverage (4.0 million), i.e., no family member had any private coverage during the year but at least one person in the family had public coverage for part of the year (table 5).

Among families with three or more persons, family-level mean total expenditures were highest for those with private insurance, and lowest among uninsured families. Mean total expenditures were \$8,361 among families with three or more persons with private coverage, \$5,875 among families with public coverage, and \$2,143 among uninsured families. Mean total expenditures for families with three or more persons with partial public coverage (\$4,250) were lower than expenditures for families with public coverage all year. The difference between mean total expenditures for families with partial private coverage all year (\$6,689) and for families with private coverage all year was not statistically significant.

Among families with three or more persons, family-level mean out-of-pocket expenditures were highest for those with private insurance, and lowest among those with public insurance. Mean out-of-pocket expenditures were \$1,654 among families with private coverage, and \$355 among families with public coverage. The difference between mean out-of-pocket expenditures for uninsured families (\$1,206) and for families with private coverage was not statistically significant. Mean out-of-pocket spending among those with partial private insurance (\$1,107) was lower than mean spending among those with private insurance. Mean out-of-pocket expenditures among families with partial public coverage (\$722) were higher than mean out-of-pocket expenditures among those with public coverage all year.

Family-Level Expenditures on Health Care Services by Family Type and Insurance Status among Families with Three or More Persons

Since age is positively correlated with health care expenditures, it is important to note differences in family structure when comparing family-level expenditures by insurance

status. In 2004, among families with three or more persons with private coverage, 90.9 percent were two-adult families with children, while 9.1 percent were single-adult families with children. Among families with public coverage, 31.5 percent were two-adult families with children, while 68.5 percent were single-adult families with children. Among uninsured families, 77.3 percent were two-adult families with children, while 22.7 percent were single-adult families with children. (Data not shown.)

In table 6, we present expenditures for families with three or more persons separately for families with one adult and at least two children, and families with two adults and at least one child, by insurance status. Table 6 presents estimates using pooled data from 2002, 2003, and 2004 to increase sample size. All expenditures are adjusted to 2004 dollars using the Consumer Price Index for all consumers.

Mean total expenditures were \$4,990 among families with one adult and at least two children, and \$7,297 among families with two adults and at least one child. Mean out-of-pocket expenditures were \$743 among families with one adult and at least two children and \$1,451 among families with two adults and at least one child.

Among families with one adult and at least two children, mean total expenditures were lowest among the uninsured (\$1,517) and mean out-of-pocket expenditures were lowest among those with public coverage (\$289). Among families with two adults and at least one child, mean total expenditures were lower for the uninsured (\$2,858), while mean out-of-pocket expenditures were lower for those with public coverage (\$735).

Family-Level Out-of-Pocket Expenditures on Health Insurance Premiums by Insurance Status and Family Size

Table 7 presents family-level out-of-pocket expenditures for private health insurance premiums. In 2004, mean out-of-pocket expenditures on insurance premiums were \$1,067 among all families. Table 7 also presents premiums separately for families with private coverage all year and families with partial private coverage. We focus on premium expenditures among families with private coverage all year.

Mean out-of-pocket expenditures for premiums among one-person families with private coverage all year were \$862. Mean out-of-pocket expenditures for premiums among two-person families with private coverage all year were \$2,277. The difference between mean out-of-pocket expenditures for premiums among families with three or more persons with private coverage all year (\$2,336) and among two-person families with private coverage all year was not statistically significant.

Summary and Conclusions

Among the nonelderly, expenditures for health care and insurance premiums are often incurred at the family level. Moreover, many proposals to expand insurance coverage and slow the growth of health care costs are applied at the family level and their impact varies with the level of family spending on health care. Therefore, this report presents estimates on health care expenditures and health insurance premiums aggregated to the family level, for all nonelderly families in the U.S. civilian noninstitutionalized population in 2004.

Total expenditures on health care services were highest among families with public coverage and lowest among uninsured families. Mean total expenditures were \$7,562 among families with public insurance, \$6,430 among families with private insurance, and \$1,208 among uninsured families. Out-of-pocket expenditures on health care services were highest among families with private coverage and lowest among uninsured families. Mean out-of-pocket expenditures were \$1,223 among families with private insurance, \$916 among families with public insurance, and \$584 among uninsured families. In addition to health care expenditures by insurance status for all families, this report also examines expenditures by family size and insurance status, separately for one-person families, two-person families, and families with three or more persons. For families with two or more persons, the report presents expenditures by family structure, based on the number of adults and children in the family.

Mean out-of-pocket expenditures for health insurance premiums among one-person families with private coverage all year were \$862. Mean out-of-pocket expenditures for premiums among two-person families with private coverage all year were \$2,277. The difference between mean out-of-pocket expenditures for premiums among families with three or more persons with private coverage all year (\$2,336) and among two-person families with private coverage all year was not statistically significant.

Table 1. Family-level total and out-of-pocket expenditures on health care services for nonelderly families, by insurance status, United States, 2004

Insurance status	Number of families (in thousands)	Percentage of total population	Mean total expenditures	Mean per capita total expenditures	Mean out-of-pocket expenditures	Mean per capita out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
Total	127,004	100.0	\$5,282	\$2,879	\$1,023	\$566	\$1,774	\$387
Private insurance ¹	69,982	55.1	\$6,430	\$3,387	\$1,223	\$639	\$2,639	\$646
Public insurance ²	8,639	6.8	\$7,562*	\$5,818**	\$916*	\$721	\$3,137	\$87**
Uninsured ³	19,169	15.1	\$1,208**	\$869**	\$584**	\$437**	\$68**	\$30**
Partial private insurance ⁴	21,170	16.7	\$4,610**	\$2,110**	\$927**	\$465**	\$1,587**	\$344**
Partial public insurance ⁵	8,042	6.3	\$4,320	\$2,116**	\$702	\$342**	\$1,283	\$136

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

** [*] Difference from private insurance category is significant at the 1 [5] percent level.

Table 2. Total and out-of-pocket expenditures on health care services, among nonelderly one-person families, by insurance status, United States, 2004

Insurance status	Population (in thousands)	Percentage of total population	Mean total expenditures	Mean out-of- pocket expenditures	Median total expenditures	Median out-of- pocket expenditures
Total	61,167	100.0	\$2,918	\$593	\$488	\$132
Private insurance ¹	30,139	49.3	\$3,408	\$655	\$907	\$267
Public insurance ²	5,216	8.5	\$7,687**	\$925	\$3,422**	\$110**
Uninsured ³	15,830	25.9	\$729**	\$402**	\$0**	\$0**
Partial private insurance ⁴	7,889	12.9	\$2,130*	\$530	\$303**	\$98**
Partial public insurance ⁵	2,094	3.4	\$3,496	\$568	\$571	\$31

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

** [*] Difference from private insurance category is significant at the 1 [5] percent level.

Table 3. Family-level total and out-of-pocket expenditures on health care services, among nonelderly two-person families, by insurance status, United States, 2004

Insurance status	Number of families (in thousands)	Percentage of total population	Mean total expenditures	Mean out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
Total	29,826	100.0	\$7,851	\$1,515	\$3,544	\$814
Private insurance ¹	19,000	63.7	\$9,104	\$1,653	\$4,569	\$1,037
Public insurance ²	1,585	5.3	\$9,110	\$1,539	\$2,631**	\$69**
Uninsured ³	1,937	6.5	\$4,454**	\$1,620	\$840**	\$514**
Partial private insurance ⁴	5,327	17.9	\$5,178**	\$1,243**	\$2,332**	\$534**
Partial public insurance ⁵	1,977	6.6	\$5,333	\$805	\$1,492	\$193

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

** Difference from private insurance category is significant at the 1 percent level.

Table 4. Family-level total and out-of-pocket expenditures on health care services, among nonelderly two-person families, by family type and insurance status, United States, pooled data for 2002, 2003, and 2004

Family type/Insurance status	Number of families (in thousands)	Mean total expenditures	Mean out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
One-adult-one-child families					
Total	8,267	\$4,261	\$669	\$1,615	\$263
Private insurance ¹	2,872	\$4,588	\$802	\$2,081	\$457
Public insurance ²	1,075	\$5,789	\$404**	\$2,180	\$63**
Uninsured ³	522	\$1,634**	\$617	\$296**	\$212**
Partial private insurance ⁴	2,308	\$3,712	\$781	\$1,684	\$350**
Partial public insurance ⁵	1,490	\$4,300	\$447**	\$1,070**	\$89**
Adult-couple families					
Total	21,501	\$8,437	\$1,774	\$4,243	\$1,072
Private insurance ¹	16,127	\$8,912	\$1,725	\$4,687	\$1,124
Public insurance ²	424	\$18,308**	\$4,300	\$10,653**	\$1,263
Uninsured ³	1,459	\$4,314**	\$1,747	\$1,216**	\$740**
Partial private insurance ⁴	2,982	\$6,247**	\$1,607	\$2,634**	\$808**
Partial public insurance ⁵	509	\$9,804	\$2,284*	\$5,513	\$1,057

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, pooled data for 2002, 2003, and 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

** [*] Difference from private insurance category is significant at the 1 [5] percent level.

Expenditures are expressed in constant dollars by inflating all expenditures up to 2004 using the Consumer Price Index for all Urban Consumers (CPI-U) for all items averaged across all U.S. cities.

Table 5. Family-level total and out-of-pocket expenditures on health care services, among nonelderly families with three or more persons, by insurance status, United States, 2004

Insurance status	Number of families (in thousands)	Percentage of total population	Mean total expenditures	Mean out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
Total	36,011	100.0	\$7,169	\$1,347	\$3,832	\$734
Private insurance ¹	20,844	57.9	\$8,361	\$1,654	\$4,762	\$1,043
Public insurance ²	1,839	5.1	\$5,875**	\$355**	\$3,275**	\$57**
Uninsured ³	1,403	3.9	\$2,143**	\$1,206	\$617**	\$487**
Partial private insurance ⁴	7,954	22.1	\$6,689	\$1,107**	\$3,500**	\$577**
Partial public insurance ⁵	3,971	11.0	\$4,250	\$722	\$1,641	\$161

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

** Difference from private insurance category is significant at the 1 percent level.

Table 6. Family-level total and out-of-pocket expenditures on health care services, among nonelderly families with three or more persons, by family type and insurance status, United States, pooled data for 2002, 2003, and 2004

Family type/Insurance status	Number of families (in thousands)	Mean total expenditures	Mean out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
Families with one adult and at least two children					
Total	6,408	\$4,990	\$743	\$2,330	\$257
Private insurance ¹	1,679	\$5,183	\$11,167	\$2,830	\$581
Public insurance ²	1,212	\$5,653	\$289**	\$2,747	\$53**
Uninsured ³	275	\$1,517**	\$797**	\$435**	\$312**
Partial private insurance ⁴	1,857	\$5,124	\$845	\$2,356	\$339**
Partial public insurance ⁵	1,384	\$4,686	\$479**	\$1,646**	\$102**
Families with two adults and at least one child					
Total	29,245	\$7,297	\$1,451	\$4,096	\$860
Private insurance ¹	19,049	\$8,063	\$1,603	\$4,740	\$1,024
Public insurance ²	536	\$7,656	\$735**	\$4,501	\$142**
Uninsured ³	1,048	\$2,858**	\$1,616	\$941**	\$646**
Partial private insurance ⁴	6,142	\$6,920**	\$1,262**	\$3,570**	\$715**
Partial public insurance ⁵	2,471	\$4,136**	\$832**	\$1,891**	\$224**

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, pooled data for 2002, 2003, and 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

** Difference from private insurance category is significant at the 1 percent level.

Expenditures are expressed in constant dollars by inflating all expenditures up to 2004 using the Consumer Price Index for all Urban Consumers (CPI-U) for all items averaged across all U.S. cities.

Table 7. Family-level out-of-pocket expenditures on health insurance premiums, among nonelderly families, by insurance status and family size, United States, 2004

Family size/Insurance status	Number of families (in thousands)	Mean out-of-pocket premium	Median out-of-pocket premium
All families			
Total	127,004	\$1,067	\$0
Private insurance ¹	69,982	\$1,685	\$960
Partial private insurance ²	21,170	\$805	\$56
One-person families			
Private insurance	30,139	\$862	\$468
Partial private insurance	7,889	\$267	\$0
Two-person families			
Private insurance	19,000	\$2,277	\$1,514
Partial private insurance	5,327	\$929	\$351
Families with three or more persons			
Private insurance	20,844	\$2,336	\$1,794
Partial private insurance	7,954	\$1,257	\$596

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

Within each family size, mean and median premiums are significantly lower for families with partial private insurance.

Mean (median) premium for one-person families with private insurance is significantly lower than mean (median) premiums for two-person and three-or-more-person families with private insurance at the 1 percent level.

Technical Appendix

The estimates in this report are mainly based upon data from the MEPS 2004 Full Year Consolidated Data File (HC-089) and the 2004 Person Round Plan Public Use File (HC-088). However, due to sample size restrictions, for expenditure estimates by family type, pooled data from Full Year Consolidated Data Files from 2002 (HC-070), 2003 (HC-079), and 2004 (HC-089) are used.

Tables 3 and 4 present data on nonelderly two-person families. Table 3 is based on MEPS data from 2004; however, due to sample size limitations, table 4 is based on pooled MEPS data from 2002, 2003, and 2004. Therefore, the total number of two-person families in table 4 does not align with the total number of families in table 3.

Tables 5 and 6 present data on nonelderly families with three or more persons. Table 5 is based on MEPS data from 2004; however, due to sample size limitations, table 6 is based on pooled MEPS data from 2002, 2003, and 2004. Therefore, the total number of two-person families in table 6 does not align with the total number of families in table 5.

Survey Design

Each year, the MEPS sample is drawn from households that completed the prior year's National Health Interview Survey (NHIS). Households selected for participation in the 1996 MEPS completed interviews in the 1995 NHIS, the 1997 MEPS sample was drawn from the 1996 NHIS, and so on. Because NHIS is used as a sampling frame, the MEPS design is not only nationally representative of the civilian noninstitutionalized population but also includes an oversampling of Hispanics and blacks. MEPS collects data in an overlapping panel design. Each household completes five interviews ("rounds" of data collection) over a period of two-and-a-half years, providing data for two full calendar years of estimates. Data from Rounds 1, 2, and 3 provide information for the first year of estimation, and data from Rounds 3, 4, and 5 provide data for the second year of estimates. For example, estimates for 2001 are derived by combining Rounds 3, 4, and 5 of the 2000 panel and Rounds 1, 2, and 3 of the 2001 panel.

Definitions

Family. Our definition of family is based on the MEPS health insurance eligibility unit (HIEU) and includes all members of the family that would typically be covered under a private insurance family plan. HIEUs include adults, their spouses, and their unmarried natural or adoptive children age 18 and under as well as children under age 24 who are full-time students.

Nonelderly families include families in which at least one person is under age 65. Families in which all persons are age 65 and over are not included in this analysis. Only 2.6 percent of nonelderly families include elderly persons. Family-level weights are constructed as the average of person-level weights of all family members.

Expenditures on health care services. Total expenses include payments from all sources (including third-party payers and other miscellaneous sources) to hospitals, physicians, other health care providers, and pharmacies for services (including dental care) reported by respondents in the MEPS-HC. Out-of-pocket expenses comprise the portion of total payments made by individuals for services received during the year.

Using the HIEU definition of family unit we sum total expenditures on health care services across all members of the family to calculate family-level total expenditures on health care services. Family-level out-of-pocket expenses are constructed similarly.

Out-of-pocket expenditures on health insurance premiums. MEPS collects out-of-pocket expenditures on premiums for private health insurance from household respondents. We sum out-of-pocket premium costs across all health insurance policies covering family members. For example, if there are two single policies covering the two adults of a childless couple unit, we sum these together. Premiums are prorated to account for the number of months of coverage during the year. For employer-sponsored group coverage, employer contributions towards premiums are not included in this analysis.

Family-level insurance status. Family-level insurance status is constructed based on the insurance status of all nonelderly (individuals under age 65) family members during the year. We classify families into the following five mutually exclusive insurance categories:

- **Uninsured:** Families in which all nonelderly persons are uninsured all year.
- **Private insurance:** Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year. Private insurance provides coverage for hospital and physician care. Coverage by TRICARE (Armed Forces-related coverage) is also included as private insurance. Insurance that provides coverage for a single service only, such as dental or vision coverage, is not included.
- **Partial private insurance:** Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.
- **Public insurance:** Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year. Public insurance includes Medicaid/SCHIP and Medicare coverage.
- **Partial public insurance:** Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during the year.

Family type. We classify two-person families into two family types: 1) adult-couple families, and 2) one-adult-one-child families. Similarly, families with three or more persons are classified into two family types: 1) families with one adult and at least two children, and 2) families with two adults and at least one child. In situations where children are not living with their biological parents, they are assigned to one-parent or two-parent families depending on whether there are one or two adults in the family unit.

Sample Design and Accuracy of Estimates

The statistics presented in this report are affected by both sampling error and sources of nonsampling error, which include nonresponse bias, respondent reporting errors, interviewer effects, and data processing misspecifications. The MEPS person-level estimation weights include nonresponse adjustments and post-stratification adjustments to population estimates derived from the Current Population Survey based on cross-classifications by region, MSA, age, race/ethnicity, and sex. The overall MEPS response rate reflects response to both the MEPS and NHIS interviews. The sample size and annual response rates are

Calendar year	Sample size	Pooled annual response rate
1997	32,636	66.4
1998	22,953	67.9
1999	23,565	64.3
2000	23,839	65.3
2001	32,122	66.3
2002	37,418	64.7
2003	32,681	64.5
2004	32,737	63.1

Table A. Standard errors for family-level total and out-of-pocket expenditures on health care services for nonelderly families, by insurance status, United States, 2004

Corresponds to Table 1

Insurance status	Number of families (in thousands)	Percentage of total population	Mean total expenditures	Mean per capita total expenditures	Mean out-of-pocket expenditures	Mean per capita out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
Total	2,863	—	172	114	23	14	59	13
Private insurance ¹	1,751	0.66	282	192	27	15	88	20
Public insurance ²	426	0.30	457	377	138	102	277	13
Uninsured ³	741	0.45	110	73	43	29	13	13
Partial private insurance ⁴	669	0.38	307	190	40	26	107	21
Partial public insurance ⁵	374	0.25	372	232	62	43	107	17

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

Table B. Standard errors for total and out-of-pocket expenditures on health care services, among nonelderly one-person families, by insurance status, United States, 2004

Corresponds to Table 2

Insurance status	Population (in thousands)	Percentage of total population	Mean total expenditures	Mean out-of- pocket expenditures	Median total expenditures	Median out-of- pocket expenditures
Total	1,624	—	201	23	26	9
Private insurance ¹	990	0.83	377	29	43	15
Public insurance ²	286	0.43	497	137	362	24
Uninsured ³	635	0.76	69	31	—	—
Partial private insurance ⁴	361	0.52	465	60	48	19
Partial public insurance ⁵	181	0.28	703	153	88	25

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

Table C. Standard errors for family-level total and out-of-pocket expenditures on health care services, among nonelderly two-person families, by insurance status, United States, 2004

Corresponds to Table 3

Insurance status	Number of families (in thousands)	Percentage of total population	Mean total expenditures	Mean out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
Total	870	—	326	51	134	31
Private insurance ¹	678	1.11	441	49	189	36
Public insurance ²	142	0.45	1,621	579	436	17
Uninsured ³	143	0.46	747	187	223	147
Partial private insurance ⁴	272	0.77	404	99	217	42
Partial public insurance ⁵	144	0.47	958	103	284	47

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

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² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

Table D. Standard errors for family-level total and out-of-pocket expenditures on health care services, among nonelderly two-person families, by family type and insurance status, United States, pooled data for 2002, 2003, and 2004

Corresponds to Table 4

Family type/Insurance status	Number of families (in thousands)	Mean total expenditures	Mean out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
One-adult-one-child families					
Total	289	291	30	74	15
Private insurance ¹	140	491	43	142	33
Public insurance ²	83	481	76	284	13
Uninsured ³	52	425	82	94	74
Partial private insurance ⁴	118	306	69	148	26
Partial public insurance ⁵	98	1,086	54	159	17
Adult-couple families					
Total	598	229	45	110	26
Private insurance ¹	517	259	39	126	31
Public insurance ²	50	3,074	1,446	1,595	365
Uninsured ³	96	455	143	198	120
Partial private insurance ⁴	138	482	111	192	60
Partial public insurance ⁵	49	982	216	675	155

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, pooled data for 2002, 2003, and 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

Expenditures are expressed in constant dollars by inflating all expenditures up to 2004 using the Consumer Price Index for all Urban Consumers (CPI-U) for all items averaged across all U.S. cities.

Table E. Standard errors for family-level total and out-of-pocket expenditures on health care services, among nonelderly families with three or more persons, by insurance status, United States, 2004

Corresponds to Table 5

Insurance status	Number of families (in thousands)	Percentage of total population	Mean total expenditures	Mean out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
Total	1,017	—	368	35	121	29
Private insurance ¹	726	1.07	584	49	164	43
Public insurance ²	145	0.40	498	53	456	16
Uninsured ³	135	0.35	518	325	111	78
Partial private insurance ⁴	341	0.73	602	58	235	47
Partial public insurance ⁵	219	0.54	465	83	135	19

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

Table F. Standard errors for family-level total and out-of-pocket expenditures on health care services, among nonelderly families with three or more persons, by family type and insurance status, United States, pooled data for 2002, 2003, and 2004

Corresponds to Table 6

Family type/Insurance status	Number of families (in thousands)	Mean total expenditures	Mean out-of-pocket expenditures	Median total expenditures	Median out-of-pocket expenditures
Families with one adult and at least two children					
Total	224	173	32	104	16
Private insurance ¹	101	289	82	246	39
Public insurance ²	80	381	29	266	10
Uninsured ³	37	277	146	78	54
Partial private insurance ⁴	102	354	56	215	34
Partial public insurance ⁵	82	527	45	120	12
Families with two adults and at least one child					
Total	697	331	28	75	18
Private insurance ¹	537	487	33	97	26
Public insurance ²	61	693	164	575	46
Uninsured ³	75	375	252	111	81
Partial private insurance ⁴	201	412	48	141	30
Partial public insurance ⁵	121	225	66	150	20

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, pooled data for 2002, 2003, and 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Public insurance: Families in which 1) all nonelderly persons are covered by public insurance all year, and 2) no nonelderly member has private coverage anytime during the year.

³ Uninsured: Families in which all nonelderly persons are uninsured all year.

⁴ Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

⁵ Partial public insurance: Families in which 1) at least one nonelderly person has public coverage for part of the year, and 2) no nonelderly person has private coverage during all or part of the year.

Expenditures are expressed in constant dollars by inflating all expenditures up to 2004 using the Consumer Price Index for all Urban Consumers (CPI-U) for all items averaged across all U.S. cities.

Table G. Standard errors for family-level out-of-pocket expenditures on health insurance premiums, among nonelderly families, by insurance status and family size, United States, 2004

Corresponds to Table 7

Family size/Insurance status	Number of families (in thousands)	Mean out-of-pocket premium	Median out-of-pocket premium
All families			
Total	2,863	23	—
Private insurance ¹	1,751	37	33
Partial private insurance ²	669	38	*
One-person families			
Private insurance	990	34	30
Partial private insurance	361	31	—
Two-person families			
Private insurance	678	87	61
Partial private insurance	272	70	60
Families with three or more persons			
Private insurance	726	63	50
Partial private insurance	341	77	71

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2004.

¹ Private insurance: Families in which all nonelderly persons are covered by private insurance all year. In addition to all nonelderly members having private coverage all year, some members may also have concurrent public insurance during all or part of the year.

² Partial private insurance: Families in which at least one nonelderly person has private coverage for part of the year. In addition, some members may also have public insurance during all or part of the year.

* Median out-of-pocket premium is zero for 49 percent of the observations, therefore standard error could not be calculated.

Within each family size, mean and median premiums are significantly lower for families with partial private insurance.

Mean (median) premium for one-person families with private insurance is significantly lower than mean (median) premiums for two-person and three-or-more-person families with private insurance at the 1 percent level.