



Research Findings #29

**Family-Level Expenditures on Health Care
and Insurance Premiums among the U.S.
Nonelderly Population, 2006**



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 2006.

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 \$8,831 among families with public insurance, \$6,785 among families with private insurance, and \$1,425 among uninsured families.

Out-of-pocket expenditures on health care services among families with private coverage (\$1,410) were significantly higher compared to out-of-pocket expenditures among families with public insurance (\$643) and the uninsured (\$663). 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. Since health care expenditures are correlated with age, 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 2006, mean out-of-pocket expenditures for health insurance premiums among one-person families with private coverage all year were \$1,002. Mean out of pocket expenditures for premiums were \$2,490 among two-person families and \$2,846 among three or more person families with private coverage all year.

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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 Nonelderly Population, 2006

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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 at 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 spouse, 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 aligns more closely with a “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. Family-level insurance categories are defined in the Technical Appendix. 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. Families with private coverage all year are the reference category. Expenditures among families with public coverage, families with partial private coverage, families with partial public coverage and the uninsured are compared to expenditures among those with private coverage all year. 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 2006, there were approximately 124 million nonelderly families in the United States civilian noninstitutionalized population.¹ Among these families, 54.3 percent had private coverage all year (67.1 million), 7.1 percent had public coverage all year (8.8 million)² and 14.8 percent were

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

² Public coverage includes Medicaid/SCHIP and Medicare.

uninsured all year (18.3 million). In addition, 17.0 percent of families had partial private coverage (21.0 million), i.e., at least one family member had private coverage for part of the year. The remaining 6.8 percent of families had partial public coverage (8.3 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 2006, mean total expenditures were \$5,718 over all families. Mean total expenditures were highest among families with public insurance, and lowest among uninsured families. Mean total expenditures were \$8,831 among families with public coverage, \$6,785 among families with private coverage, and \$1,425 among uninsured families. Mean total expenditures among families with partial private coverage (\$5,237), and among families with partial public coverage (\$4,467) were lower than mean total expenditures among families with private coverage all year.

In 2006, mean out-of-pocket expenditures were \$1,161 over all families. Family-level mean out-of-pocket expenditures on health care services were highest among families with private insurance (\$1,410). Mean out-of-pocket expenditures were \$643 among families with public insurance and \$663 among the uninsured. The difference in mean out-of-pocket expenditures between families with public insurance and uninsured families was not statistically significant. Mean out-of-pocket expenditures among families with partial private coverage (\$1,102), and among families with partial public coverage (\$949) were lower than mean out-of-pocket expenditures among families with private insurance.

Variation in Insurance Status by Family Size

Among nonelderly families in 2006, 46.2 percent were one-person families (57.1 million), 24.2 percent were two-person families (29.9 million), and 29.6 percent were families with three or more persons (36.5 million).

Table 2 shows the variation in insurance status by family size. One-person families were significantly less likely to have private coverage all year compared to two-person families and families with three or more persons. Among one-person families, 48.9 percent had private coverage all year, while 62.0 percent of two-person families and 56.6 percent of families with three or more persons had private coverage all year.

One-person families were significantly more likely to have public coverage all year compared to two-person families and families with three or more persons. Among one-person families, 9.4 percent had public coverage all year, whereas 5.3 percent of two-person families and 5.1 percent of families with three or more persons had public coverage all year.

One-person families were significantly more likely to be uninsured all year compared to two-person families and families with three or more persons. Among one-person families, 25.9 percent were uninsured all year, while 7.5 percent of two-person families and 3.4 percent of families with three or more persons were uninsured all year.

One-person families were significantly less likely to have partial private coverage compared to two-person families and families with three or more persons. Among one-person families, 12.8

percent had partial private coverage, whereas 18.9 percent of two-person families and 22.0 percent of families with three or more persons had partial private coverage.

One-person families were significantly less likely to have partial public coverage compared to two-person families and families with three or more persons. Among one-person families, 3.1 percent had partial public coverage, while 6.3 percent of two-person families and 12.9 percent of families with three or more persons had partial public coverage.

Family-Level Expenditures on Health Care Services by Family Size

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

Among one-person families, mean total expenditures were highest among those with public insurance, and lowest among those who were uninsured. Mean total expenditures were \$9,088 among those with public coverage, \$3,412 among those with private coverage, and \$875 among those who were uninsured. Mean total expenditures for single persons with partial private coverage (\$2,373) were less than those with private coverage all year, while mean total expenditures for single persons with partial public coverage (\$2,941) was not significantly different than expenditures for those with private coverage all year.

Mean out-of-pocket expenditures were lowest among the uninsured (\$431). The difference in the mean out-of-pocket spending among those with private insurance (\$733) and among those with public insurance (\$660) was not statistically significant. Mean out-of-pocket expenditures among those with partial private coverage (\$550) were less than expenditures among those with private coverage all year. The difference between mean out-of-pocket expenditures between those with partial public coverage (\$645), and those with private coverage all year was not statistically significant.

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

Family-level mean total expenditures among uninsured two-person families (\$4,290) were significantly lower than expenditures among those with public insurance (\$9,367) or private insurance (\$9,819). The difference in mean total expenditures between two-person families with private coverage and two-person families with public coverage was not statistically significant. Similarly, the differences in mean total expenditures between two-person families with partial private coverage (\$5,137), two-person families with partial public coverage (\$4,927), and those who were uninsured (\$4,290) were not statistically significant.

Mean out-of-pocket expenditures were lowest among two-person families with public insurance (\$846). The difference in mean out-of-pocket expenditures between the uninsured (\$1,607) and those with private insurance (\$1,990) was not statistically significant. Mean out-of-pocket expenditures among those with partial private insurance (\$1,410) and mean out-of-pocket expenditures among those with partial public coverage (\$1,104) were lower than mean out-of-pocket spending among those with private coverage all year.

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 2006, among two-person families with private coverage, 86.4 percent were adult-couple families, while 13.6 percent were one-adult-one-child families. Among two-person families with public coverage, 25.1 percent were adult-couple families, while 74.9 percent were one-adult-one-child families. Among uninsured two-person families, 77.9 percent were adult-couple families, while 22.1 percent were one-adult-one-child families (data not shown).

In table 5, we present expenditures for two-person families separately for one-adult-one-child families, and adult-couple families by insurance status. Table 5 presents estimates using pooled data from 2004, 2005, and 2006 to increase sample size. All expenditures are adjusted to 2006 dollars using the Consumer Price Index for all consumers.

Mean total expenditures were \$4,374 among one-adult-one-child families and \$9,603 among adult-couple families. Mean out of pocket expenditures were \$789 among one-adult-one-child families and \$1,977 among adult-couple families.

Among one-adult-one-child families, mean total expenditures were \$2,310 among the uninsured, \$4,676 among those with private insurance all year, and \$6,223 among those with public coverage all year. Mean total expenditures among those with partial private insurance (\$3,897) and those with partial public insurance (\$3,759) were not significantly different compared to expenditures among those with private insurance all year.

Among one-adult-one-child families, mean out-of-pocket expenditures were lowest among those with public coverage (\$326). The difference in mean out-of-pocket expenditures between those with private insurance all year (\$1,148) and the uninsured (\$920) was not statistically significant. Mean out-of-pocket expenditures among those with partial private coverage (\$741) and partial public coverage (\$564) were lower than expenditures among those with private coverage all year.

Among adult-couple families, mean total expenditures were significantly higher for those with public insurance (\$21,853) compared to those with private coverage (\$10,434). Mean total expenditures among those who were uninsured (\$5,198) and those with partial private coverage (\$6,378) were lower than expenditures among those with private coverage all year. The difference in mean total expenditures between those with partial public insurance (\$9,466) and those with private coverage all year was not statistically significant.

Among adult-couple families, mean out-of-pocket expenditures were highest among those with public insurance (\$4,834). Among adult-couple families the difference in mean out-of-pocket expenditures between those with private coverage (\$1,963), the uninsured (\$1,810), those with partial private (\$1,755) and those with partial public coverage (\$2,232) was not statistically significant.

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

Among families with three or more persons, family-level mean total expenditures were lowest among uninsured families (\$2,789). The difference in mean total expenditures between those with private coverage (\$8,615), those with public coverage (\$7,621) and those with partial private coverage (\$7,921) was not statistically significant. Mean total expenditures for families with partial public coverage (\$4,848) were lower than expenditures for families with private coverage all year.

Among families with three or more persons, family-level mean out-of-pocket expenditures were lowest for those with public insurance (\$420). The difference in mean out-of-pocket expenditures among families with private coverage (\$1,805) and the uninsured (\$1,710) was not statistically significant. Mean out-of-pocket expenditures among those with partial private insurance (\$1,388) and among those with partial public insurance (\$1,000) were lower than mean expenditures among those with private insurance.

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 2006, among families with three or more persons with private coverage, 92.2 percent were two-adult families with children, while 7.8 percent were single-adult families with children. Among families with public coverage, 33.1 percent were two-adult families with children, while 66.9 percent were single-adult families with children. Among uninsured families, 80.6 percent were two-adult families with children, while 19.4 percent were single-adult families with children (data not shown).

In table 7, 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 7 presents estimates using pooled data from 2004, 2005, and 2006 to increase sample size. All expenditures are adjusted to 2006 dollars using the Consumer Price Index for all consumers.

Mean total expenditures were \$5,430 among families with one adult and at least two children and \$8,140 among families with two adults and at least one child. Mean out-of-pocket expenditures were \$800 among families with one adult and at least two children, and \$1,616 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 (\$1,539). The difference in mean total expenditures among those with private coverage all year (\$5,748), those with public coverage all year (\$6,311), those with partial private coverage (\$5,845) and those with partial public coverage (\$4,518) was not statistically significant.

Among families with one adult and at least two children, mean out-of-pocket expenditures were \$1,326 among those with private coverage all year, \$587 among the uninsured, and \$256 among those with public coverage all year. Mean out-of-pocket expenditures among those with partial

private coverage (\$893) and those with partial public coverage (\$616) were lower compared to expenditures among those with private coverage all year.

Among families with two adults and at least one child, mean total expenditures were lowest among the uninsured (\$3,076). The difference in mean total expenditures among those with private coverage all year (\$8,892) and those with public coverage all year (\$8,323) was not statistically significant. Mean total expenditures among those with partial private coverage (\$7,669) and those with partial public coverage (\$5,871) were lower compared to expenditures among those with private coverage all year.

Among families with two adults and at least one child, mean out-of-pocket expenditures were lowest for those with public coverage (\$589). The difference in mean out-of-pocket expenditures among those with private coverage all year (\$1,795) and the uninsured (\$1,827) was not statistically significant. Mean out-of-pocket expenditures among those with partial private coverage (\$1,429) and those with partial public coverage (\$959) were lower compared to expenditures among those with private coverage all year.

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

Table 8 presents family-level out-of-pocket expenditures for private health insurance premiums. In 2006, mean out-of-pocket expenditures on insurance premiums were \$1,235 among all families. Table 8 also presents premiums by family size separately for families with private coverage all year and families with partial private coverage.

Mean out-of-pocket expenditures for premiums among one-person families with private coverage all year were \$1,002. Mean out-of-pocket expenditures for premiums among two person families with private coverage all year were \$2,490. Mean out-of-pocket expenditures for premiums among three or more person families with private coverage all year were \$2,846.

Table 1. Family-level total and out of pocket expenditures on health care services for nonelderly families by insurance status, United States, 2006

Insurance Status	Number of Families (x1000)	Percentage of total population	Mean total expenditures	Mean out of pocket expenditures	Mean per capita total expenditures	Mean per capita out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
Total	123,564	100.0%	\$5,718	\$1,161	\$3,056	\$619	\$1,965	\$442
Private insurance¹	67,127	54.3%	\$6,785	\$1,410	\$3,487	\$728	\$2,802	\$701
Public insurance²	8,812	7.1%	\$8,831**	\$643**	\$6,821**	\$500**	\$4,168**	\$147**
Uninsured³	18,272	14.8%	\$1,425**	\$663**	\$1,025**	\$479**	\$99**	\$49**
Partial private insurance⁴	21,013	17.0%	\$5,237**	\$1,102**	\$2,324**	\$529**	\$1,721**	\$401**
Partial public insurance⁵	8,340	6.8%	\$4,467**	\$949**	\$1,898**	\$405**	\$1,695**	\$188**

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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

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 the year.

Table 2. Variation in insurance status by family size

Insurance Status	Number of Families (x1000)			Percentage of Population		
	One-person families	Two-person families	Three or more person families	One-person families	Two-person families	Three or more person families
Total	57,133	29,887	36,544	100.0	100.0	100.0
Private insurance¹	27,907	18,538	20,682	48.9	62.0**	56.6**
Public insurance²	5,369	1,594	1,849	9.4	5.3**	5.1**
Uninsured³	14,782	2,240	1,250	25.9	7.5**	3.4**
Partial private insurance⁴	7,334	5,641	8,039	12.8	18.9**	22.0**
Partial public insurance⁵	1,742	1,874	4,724	3.1	6.3**	12.9**

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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

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 the year.

Table 3. Total and out of pocket expenditures on health care services, among nonelderly one-person families by insurance status, United States, 2006

Insurance Status	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
Total	\$3,141	\$622	\$545	\$149
Private insurance¹	\$3,412	\$733	\$899	\$258
Public insurance²	\$9,088**	\$660	\$4,288**	\$180**
Uninsured³	\$875**	\$431**	\$14**	\$0**
Partial private insurance⁴	\$2,373*	\$550*	\$413**	\$148**
Partial public insurance⁵	\$2,941	\$645	\$723	\$94**

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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

1 Private coverage: Person has private coverage all year. In addition, person may have concurrent public insurance all or part of the year.

2 Public coverage: Person has (1) public coverage all year, and (2) does not have private coverage anytime during the year.

3 Uninsured: Person is uninsured all year.

4 Partial private coverage: Person has private coverage for part of the year. In addition, person may have public coverage during all or part of the year.

5 Partial public coverage: Person has (1) public coverage for part of the year, and (2) does not have private coverage anytime during the year.

Table 4. Family level total and out of pocket expenditures on health care services among nonelderly two-person families by insurance status, United States, 2006

Insurance Status	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
Total	\$8,190	\$1,735	\$3,554	\$853
Private insurance¹	\$9,819	\$1,990	\$4,787	\$1,163
Public insurance²	\$9,367	\$846**	\$4,335	\$194**
Uninsured³	\$4,290**	\$1,607	\$1,256**	\$797**
Partial private insurance⁴	\$5,137**	\$1,410*	\$2,184**	\$566**
Partial public insurance⁵	\$4,927**	\$1,104**	\$1,550**	\$168**

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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

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 the year part of the year.

Table 5. 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 2004, 2005, and 2006

Family Type/Insurance Status	Number of Families (x1000)	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
One adult and one child families					
Total	7,646	\$4,374	\$789	\$1,604	\$265
Private insurance¹	2,461	\$4,676	\$1,148	\$2,019	\$483
Public insurance²	1,131	\$6,223*	\$326**	\$2,405	\$58**
Uninsured³	447	\$2,310**	\$920	\$337**	\$258*
Partial private insurance⁴	2,216	\$3,897	\$741*	\$1,679	\$325**
Partial public insurance⁵	1,392	\$3,759	\$564**	\$944**	\$87**
Adult couple families					
Total	21,372	\$9,603	\$1,977	\$4,613	\$1,165
Private insurance¹	15,620	\$10,434	\$1,963	\$5,333	\$1,259
Public insurance²	380	\$21,853**	\$4,834*	\$11,788**	\$1,465
Uninsured³	1,578	\$5,198**	\$1,810	\$1,428**	\$840**
Partial private insurance⁴	3,290	\$6,378**	\$1,755	\$2,735**	\$764**
Partial public insurance⁵	504	\$9,466	\$2,232	\$5,003	\$1,156

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, pooled data for 2004, 2005, and 2006

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

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 the year.

Expenditures in 2004 and 2005 are adjusted to 2006 dollars using the Consumer Price Index for all consumers.

Table 6. 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, 2006

Insurance Status	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
Total	\$7,726	\$1,536	\$4,254	\$826
Private insurance¹	\$8,615	\$1,805	\$5,200	\$1,132
Public insurance²	\$7,621	\$420**	\$3,686**	\$75**
Uninsured³	\$2,789**	\$1,710	\$1,123**	\$729**
Partial private insurance⁴	\$7,921	\$1,388**	\$3,916**	\$594**
Partial public insurance⁵	\$4,848**	\$1,000**	\$2,045**	\$226**

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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

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 the year.

Table 7. 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 2004, 2005, and 2006

Family Type/Insurance Status	Number of Families (x1000)	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
One adult and at least two children					
Total	6,573	\$5,430	\$800	\$2,639	\$232
Private insurance¹	1,618	\$5,748	\$1,326	\$3,107	\$650
Public insurance²	1,252	\$6,311	\$256**	\$3,272	\$44**
Uninsured³	248	\$1,539**	\$587**	\$308**	\$206**
Partial private insurance⁴	1,881	\$5,845	\$893**	\$2,712	\$359**
Partial public insurance⁵	1,573	\$4,518	\$616**	\$1,838**	\$110**
Two adults and at least one child					
Total	29,954	\$8,140	\$1,616	\$4,500	\$939
Private insurance¹	19,231	\$8,892	\$1,795	\$5,254	\$1,153
Public insurance²	620	\$8,323	\$589**	\$4,752	\$136**
Uninsured³	1,028	\$3,076**	\$1,827	\$970**	\$708**
Partial private insurance⁴	6,247	\$7,669*	\$1,429**	\$4,002**	\$708**
Partial public insurance⁵	2,828	\$5,871**	\$959**	\$2,024**	\$265**

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, pooled data for 2004, 2005, and 2006

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

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 the year.

Table 8. Family level out of pocket expenditures on health insurance premiums among nonelderly families by insurance status and family size, United States, 2006

Family size/Insurance Status	Number of families (x1000)	Mean out of pocket Premium	Median out of pocket Premium
All families			
Total	123,564	\$1,235	\$133
Private insurance¹	67,127	\$1,981	\$1,200
Partial private insurance²	21,013	\$908	\$181
One-person families			
Private insurance	27,907	\$1,002	\$566
Partial private insurance	7,334	\$317	\$0
Two-person families			
Private insurance	18,538	\$2,490**	\$1,743**
Partial private insurance	5,641	\$969	\$312
Families with three or more persons			
Private insurance	20,682	\$1,405	\$2,235**
Partial private insurance	8,039	\$1,411	649

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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

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 partial private coverage families.

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

Technical Appendix

The estimates in this report are mainly based upon data from the MEPS 2006 Full-Year Consolidated Data File (HC-105), and the 2006 Person Round Plan Public Use File (HC-103). However, due to sample size restrictions, for expenditure estimates by family type, pooled data from Full Year Consolidated Data Files from 2004 (HC-089), 2005 (HC-097), and 2006 (HC-105) are used.

Tables 4 and 5 present data on nonelderly two-person families. Table 4 is based on MEPS data from 2006; however, due to sample size limitations, table 5 is based on pooled data from MEPS 2004, 2005, and 2006. Therefore, the total number of two-person families in table 5 does not align with the total number of families in table 4.

Tables 6 and 7 present data on nonelderly three or more person families. Table 6 is based on MEPS data from 2006; however, due to sample size limitations, table 7 is based on pooled data from MEPS 2004, 2005, and 2006. Therefore, the total number of two-person families in table 7 does not align with the total number of families in table 6.

The MEPS Household Component collects data on out of pocket premiums in Rounds 3 and 1 which reflect coverage held as of the beginning of the year. For the estimates in table 8, out-of-pocket premiums were imputed for coverage obtained later in the year.

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) which 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/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. Elderly families in which all persons are aged 65 or above are not included in this analysis. Only 2.6 percent of nonelderly families include an elderly person. In these cases, family-level expenditures include the expenditures for the elderly person as well.

In cases where the family and HIEU definitions are identical, each HIEU is assigned the family weight. In cases where there are multiple HIEUs in a given family, all HIEUs within the same family are assigned the family-level weight. Note that HIEU level weights in this report are constructed differently than in Research Findings #26. In that report, HIEU level weights were constructed as the average of person-level weights within the HIEU.

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 (including dental care), and pharmacies for services 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 and three or more person families are classified into two subcategories: 1) families with one adult and at least two children, and 2) families with two adults and at least one child. Children not living with their biological parent(s) are assigned to one-parent or two-parent families depending on whether there are one or two adults in the family unit.

Standard Error Tables

Table A. Standard errors for family level total and out of pocket expenditures on health care services for nonelderly families by insurance status, 2006

Corresponds to Table 1

Insurance Status	Number of Families (x1000)	Percentage of total population	Mean total expenditures	Mean out of pocket expenditures	Mean per capita total expenditures	Mean per capita out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
Total	3,058		127	34	86	21	66	16
Private insurance¹	1,876	0.70	196	52	127	33	94	21
Public insurance²	428	0.33	479	45	401	37	388	16
Uninsured³	693	0.43	117	47	86	33	17	13
Partial private insurance⁴	780	0.42	320	60	189	30	120	28
Partial public insurance⁵	363	0.24	265	78	128	36	141	19

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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 anytime during the year.

Table B. Standard errors for variation in insurance status by family size

Corresponds to Table 2

Insurance Status	Number of Families (x1000)			Percentage of Population		
	One-person families	Two-person families	Three or more person families	One-person families	Two-person families	Three or more person families
Total	1,703	872	1,130			
Private insurance¹	1,038	625	744	1.0	1.1	1.1
Public insurance²	311	142	166	0.5	0.5	0.4
Uninsured³	601	175	128	0.8	0.5	0.3
Partial private insurance⁴	423	309	388	0.6	0.9	0.8
Partial public insurance⁵	170	151	253	0.3	0.5	0.6

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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 anytime during the year.

Table C: Standard errors for total and out of pocket expenditures on health care services among single person families by insurance status, United States, 2006

Corresponds to Table 3

Insurance Status	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
Total	157	34	33	11
Private insurance¹	257	63	54	16
Public insurance²	611	54	490	23
Uninsured³	89	36	-	-
Partial private insurance⁴	433	49	65	18
Partial public insurance⁵	397	120	232	41

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

¹ Private insurance: Person has private coverage all year. In addition, person may have concurrent public insurance all or part of the year.

² Public insurance: Person has (1) public coverage all year, and (2) does not have private coverage anytime during the year.

³ Uninsured: Person is uninsured all year.

⁴ Partial private insurance: Person has private coverage for part of the year. In addition, person may have public coverage during all or part of the year.

⁵ Partial public insurance: Person has (1) public coverage for part of the year, and (2) does not have private coverage anytime during 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 insurance status, 2006

Corresponds to Table 4

Insurance Status	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
Total	337	99	159	39
Private insurance¹	507	150	203	60
Public insurance²	1,210	139	825	44
Uninsured³	515	193	124	115
Partial private insurance⁴	465	155	191	56
Partial public insurance⁵	592	205	280	50

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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 the year.

Table E: 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, pooled data for 2004, 2005, and 2006

Corresponds to Table 5

Family Type/Insurance Status	Number of Families (x1000)	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
One adult and one child families					
Total	292	212	67	89	20
Private insurance¹	149	377	172	174	27
Public insurance²	86	636	62	286	13
Uninsured³	50	558	246	168	93
Partial private insurance⁴	129	293	65	155	32
Partial public insurance⁵	88	563	87	120	20
Adult couple families					
Total	597	291	61	137	28
Private insurance¹	480	346	71	151	34
Public insurance²	42	2,510	1,262	22,169	340
Uninsured³	108	661	126	187	106
Partial private insurance⁴	160	448	125	215	48
Partial public insurance⁵	52	895	278	659	211

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, pooled data for 2004, 2005, and 2006

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 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 insurance status, 2006

Corresponds to Table 6

Insurance Status	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
Total	214	42	130	30
Private insurance¹	288	55	176	44
Public insurance²	734	72	426	20
Uninsured³	466	279	357	140
Partial private insurance⁴	637	86	328	47
Partial public insurance⁵	374	109	181	26

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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 the year.

Table G: 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, pooled data for 2004, 2005, and 2006

Corresponds to Table 7

Family Type/Insurance Status	Number of Families (x1000)	Mean total expenditures	Mean out of pocket expenditures	Median total expenditures	Median out of pocket expenditures
One adult and at least two children					
Total	243	229	43	109	20
Private insurance¹	108	452	112	313	54
Public insurance²	89	473	28	349	8
Uninsured³	36	438	113	161	103
Partial private insurance⁴	98	527	80	238	43
Partial public insurance⁵	96	459	94	136	16
Two adults and at least one child					
Total	827	210	30	95	24
Private insurance¹	580	271	36	122	29
Public insurance²	62	761	91	563	45
Uninsured³	85	405	229	185	90
Partial private insurance⁴	251	379	55	201	31
Partial public insurance⁵	139	700	66	145	25

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, pooled data for 2004, 2005, and 2006

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 the year.

Expenditures in 2004 and 2005 are adjusted to 2006 dollars using the Consumer Price Index for all consumers.

Table H. Standard errors for family level out of pocket expenditures on health insurance premiums among nonelderly families by insurance status and family size, 2006

Corresponds to Table 8

Family size/ Insurance Status	Number of Families (x1000)	Mean Out-of-pocket Premium	Median Out-of-pocket Premium
All families			
Total	3,058	27	-
Private insurance¹	1,876	44	36
Partial private insurance²	780	44	43
Single person families			
Private insurance	1,038	41	28
Partial private insurance	423	35	-
Two person families			
Private insurance	625	88	81
Partial private insurance	309	82	70
Three or more person families			
Private insurance	744	86	70
Partial private insurance	388	87	101

Source: Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006

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 partial private coverage families.

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

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