### Table 98 (page 1 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2013

**Excel and PDF versions (with more data years and standard errors when available):** [http://www.cdc.gov/nchs/hus/contents2016.htm#098.](http://www.cdc.gov/nchs/hus/contents2016.htm#098)

*Data are based on household interviews of a sample of the civilian noninstitutionalized population and a sample of medical providers.*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All sources</th>
<th>Out of pocket</th>
<th>Private insurance</th>
<th>Percent distribution</th>
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</thead>
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<tr>
<td>All ages</td>
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<td>24.8</td>
<td>19.4</td>
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<td>29.0</td>
<td>27.7</td>
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<tr>
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<td>21.1</td>
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</tr>
<tr>
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<td>24.5</td>
<td>21.3</td>
<td>18.1</td>
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See footnotes at end of table.
Table 98 (page 2 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2013

Excel and PDF versions (with more data years and standard errors when available): http://www.cdc.gov/nchs/hus/contents2016.htm#098.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population and a sample of medical providers]

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<td>18–44 years</td>
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<td>45–64 years</td>
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<td>Medicare and other public coverage</td>
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</tr>
</tbody>
</table>

See footnotes at end of table.
Table 98 (page 3 of 3). Sources of payment for health care, by selected population characteristics: United States, selected years 1987–2013

Excel and PDF versions (with more data years and standard errors when available): http://www.cdc.gov/nchs/hus/contents2016.htm#098.

[Data are based on household interviews of a sample of the civilian noninstitutionalized population and a sample of medical providers]

... Category not applicable.

1 Estimates are considered unreliable. Data preceded by an asterisk have a relative standard error equal to or greater than 30%. Data not shown if based on fewer than 100 sample cases.

2 Private insurance includes any type of private insurance payments reported for people with private health insurance coverage during the year.

3 Persons of Hispanic origin may be of any race. Estimates for Asian persons as well as for American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, and Multiple Race persons are not available for years prior to 2002 because Asian persons could not be distinguished separately and multiple race information was not collected.

4 Any private insurance includes individuals with insurance that provided coverage for hospital and physician care at any time during the year, other than Medicare, Medicaid, or other public coverage for hospital or physician services. Public insurance only includes individuals who were not covered by private insurance at any time during the year but were covered by Medicare, Medicaid, other public coverage for hospital or physician services, and/or CHAMPUS/CHAMPVA (TRICARE) at any point during the year. Uninsured includes persons not covered by either private or public insurance throughout the entire year or period of eligibility for the survey. However, some expenses for the uninsured were paid by sources that were not defined as health insurance coverage, such as the Department of Veterans Affairs, community and neighborhood clinics, the Indian Health Service, state and local health departments, state programs other than Medicaid, workers’ compensation, and other unclassified sources (e.g., automobile, home, or liability insurance). Individuals with Indian Health Service coverage only are considered uninsured.

5 Public sources include payments made by Medicare, Medicaid, the Department of Veterans Affairs, other federal sources (e.g., Indian Health Service, military treatment facilities, and other care provided by the federal government), CHAMPUS/CHAMPVA (TRICARE), and various state and local sources (e.g., community and neighborhood clinics, state and local health departments, and state programs not already included under the Medicaid program).

6 Other sources includes workers’ compensation, unclassified sources (automobile, home, or liability insurance, and other miscellaneous or unknown sources), Medicaid payments reported for people who were not enrolled in the program at any time during the year, and any type of private insurance payments reported for people without private health insurance coverage during the year.

NOTES: Includes persons in the civilian noninstitutionalized population for all or part of the year. Expenses for persons in this population for only part of the year are restricted to those incurred during periods of eligibility (e.g., expenses incurred during periods of institutionalization and military service are not included in estimates). Estimates for 1987 are based on the National Medical Expenditure Survey (NMES); estimates for other years are based on the Medical Expenditure Panel Survey (MEPS). Because expenditures in NMES were based primarily on charges and those for MEPS were based on payments, NMES data were adjusted to be more comparable with MEPS using estimated charge-to-payment ratios for 1987. Overall, this resulted in an approximate 11% reduction from the unadjusted 1987 NMES expenditure estimates. For a detailed explanation of this adjustment, see Zuvekas S, Cohen J. A guide to comparing health care expenditures in the 1996 MEPS to the 1987 NMES. Inquiry 2002;39(1):76-86. Percents sum to 100 across sources within years. See Appendix I, Medical Expenditure Panel Survey (MEPS). Data for additional years are available. See the Excel spreadsheet on the Health, United States website at: http://www.cdc.gov/nchs/hus.htm.