information in health care markets, and the variation of health care among various markets.

**MEANING OF INSURANCE**

Consider the demand for insurance without all of the detailed trappings (deductibles, premiums, coinsurance, etc.) that accompany modern insurance plans. Start with a club with 100 members. The members are about the same age, and they have about the same interests and lifestyles. About once a year one of the 100 members gets sick and incurs health care costs of 5,000FRS. The incidence of illness seems to be random, not necessarily striking men, women, the old, or the young in any systematic fashion. Club members, worried about potential financial losses due to illness, decide to collect 50FRS from each member and put the 5,000FRS in the bank for safekeeping and to earn a little interest. If a member becomes ill, the fund pays for the treatment. This, in a nutshell, is insurance. The members have paid 50FRS to avoid the risk or uncertainty, however small, of having to pay 5,000FRS. The “insurer” collects the money, tries to maintain and/or increase its value through investment, and pays claims when asked.

This example thus illustrates several desirable characteristics of an insurance arrangement.

- **The number of insured should be large, and they should be independently exposed to the potential loss.**

- **The losses covered should be definite in time, place, and amount.**

- **The chance of loss should be measurable.**

- **The loss should be accidental from the viewpoint of the person who is insured.**

Insurance generally reduces the variability of the incomes of those insured by pooling a large number of people and operating on the principle of the law of large numbers. That is, although outlays for a health event may be highly variable for any given person in the insurance pool, the average outlays for the group can be predicted fairly well. The law of large numbers shows that for a given probability of illness, the distribution of the average rate of illness in the group will collapse around the probability of illness as the group size increases.

This chapter considers the theory and practice of health care insurance. It shows the necessity of quantifying risk, as well as attitudes toward risk. With those ideas, we consider the structure of insurance policies and how markets evolve to provide them.

**Insurance Versus Social Insurance**
(with utility of 200), or $10,000 (with utility of 140), and a risky expected wealth of $19,000. Insurance will guarantee her wealth to be $19,000. If she does not fall ill, her wealth will be $20,000 less the $1,000 insurance premium; if she falls ill, her wealth will be $10,000 plus the $10,000 payment for the loss of health, minus the $1,000 premium—again $19,000.

- If insurance companies charge more than the actuarially fair premium, people will have less expected wealth from insuring than from not insuring. Even though people will have less wealth as a result of their purchases of insurance, the increased well-being comes from the elimination of risk.

- The willingness to buy insurance is related to the distance between the utility curve and the expected utility line. If Elizabeth is very unlikely to become ill, (near point B), then her expected utility will be almost identical to her certainty utility, and her gains from insurance will be small. If Elizabeth’s probability of illness increases to 0.5 (point C’), her expected wealth will be $15,000 and her expected utility will be 170. She will accrue significant gains by insuring as noted by the distance C’D’. However, if Elizabeth is almost certain to fall ill (approaching point A), her gains from buying insurance decrease. When in this case, Elizabeth is better off “self-insuring,” by putting the (almost) $10,000 away to pay for her almost certain illness rather than incurring the transactions costs of buying insurance and then filing claims.

- **THE DEMAND FOR INSURANCE**

  If risk-averse people choose to purchase insurance, how much will they purchase? The next two sections present a classic model introduced by Mark Pauly in 1968 to consider the fundamental demand and supply decisions regarding insurance.

**How Much Insurance?**

We have discussed why Elizabeth would choose to buy insurance so we now consider how much insurance she would choose. Recall that Elizabeth’s expected utility involves her wealth when ill, with a probability of 0.10, or when healthy, with a probability of 0.90. If ill, her wealth will fall from $20,000 to $10,000.

We address Elizabeth’s optimal purchase by using the concepts of marginal benefits and marginal costs. Consider first a policy that provides insurance covering losses up to $500. Although it might hardly seem worth buying a $500 insurance policy when Elizabeth will lose $10,000 if she falls ill, it is a useful place to start.

The goal of maximizing total net benefits provides the framework for understanding her health insurance choice. She benefits from health insurance only when she is ill and receives the insurance benefit payments. She still pays the insurance premiums when ill,
received level $Q_2$ free, with the position she would attain if she paid the market price for all the medical care she consumed.

Assume again that the probability of illness $p$ equals 0.5. Consider first a policy containing a deductible, which requires Elizabeth to pay the risk premium plus the first $500 of her medical care (expenses indicated by rectangle $OP_1BQ_1$), after which all additional care is free. Elizabeth will buy this policy because it protects her from risk and allows her to purchase $Q_2$ units of medical care for $500. Her gain is the triangle under the demand curve, $Q_1BQ_2$.

Suppose now that the insurance company raises the deductible from $500 to $700. Will Elizabeth continue to buy the insurance? Recall that without insurance, Elizabeth would have purchased amount $Q_1$ of health services; the $700 deductible yields amount $Q_3$. When ill, Elizabeth is paying more for the amount $(Q_3 - Q_1)$ of incremental health care than she believes the value of incremental care to be. The incremental costs are rectangle $Q_1BDQ_3$; the incremental benefits are the area under her demand curve (trapezoid $Q_1BFO_2$). The difference is triangle $BDF$, and this represents welfare loss to Elizabeth. However, after paying the deductible, she can get as much additional health care as she wants at zero cost, and she will buy quantity $Q_2$. This yields welfare gain triangle $Q_2FQ_2$ (incremental benefits less zero incremental costs). If $Q_2FQ_2$ (her welfare gain) is larger than $BDF$ (her welfare loss), she buys the insurance, even with the $700 deductible. If $BDF$ is larger than $Q_2FQ_2$, the loss exceeds the gain, and Elizabeth is better off self-insuring and spending $P_1Q_1$ (in this example, $500) with probability 0.5.

Hence, the deductible has two possible impacts. A relatively small deductible will have no effect on individual usage, here $Q_2$. A large deductible makes it more likely that individuals will self-insure and consume the amount of care they would have purchased with no insurance, here $Q_1$.

A wide range of coinsurance coverages have developed. Many analysts have considered how to formulate them to lead to more economically efficient outcomes.

**HEALTH INSURANCE AND THE EFFICIENT ALLOCATION OF RESOURCES**

This section examines the impact of health insurance on health care demand. Economists commonly examine the efficient allocation of resources, which occurs when the incremental cost of bringing the resources to market (marginal cost) equals the valuation in the market to those who buy the resources (marginal benefit). If the marginal benefit is greater (less) than the marginal cost, one could improve society’s welfare by allocating
services that are most inelastic.

- Insurance policies lead to increased costs to society because they lead to increased expenditures on health services. They provide increased benefits through the reduction of risks.

DISCUSSION QUESTIONS

1. Discuss the difference between cardinal and ordinal utility. Why is cardinal utility necessary for the analysis of risk and insurance?

2. What does the term moral hazard mean? Give examples.

3. The deductible feature of an insurance policy can affect the impact of moral hazard. Explain this in the context either of probability of treatment and/or amount of treatment demanded.

4. Describe the benefits to society from purchasing insurance. Describe the costs. Define and discuss the welfare gains from changes in insurance coverage.

5. If only risk-averse people will buy health insurance, why do many people who buy health insurance also buy lottery tickets (an activity more consistent with risk taking)? Speculate on the differences and similarities.