

*Appendix to Private Health Insurance under Universal Health Care: Unintended Consequences*

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This version: November 19, 2019

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*JEL Classification:* C26; D12; I31; H12; J22; L82

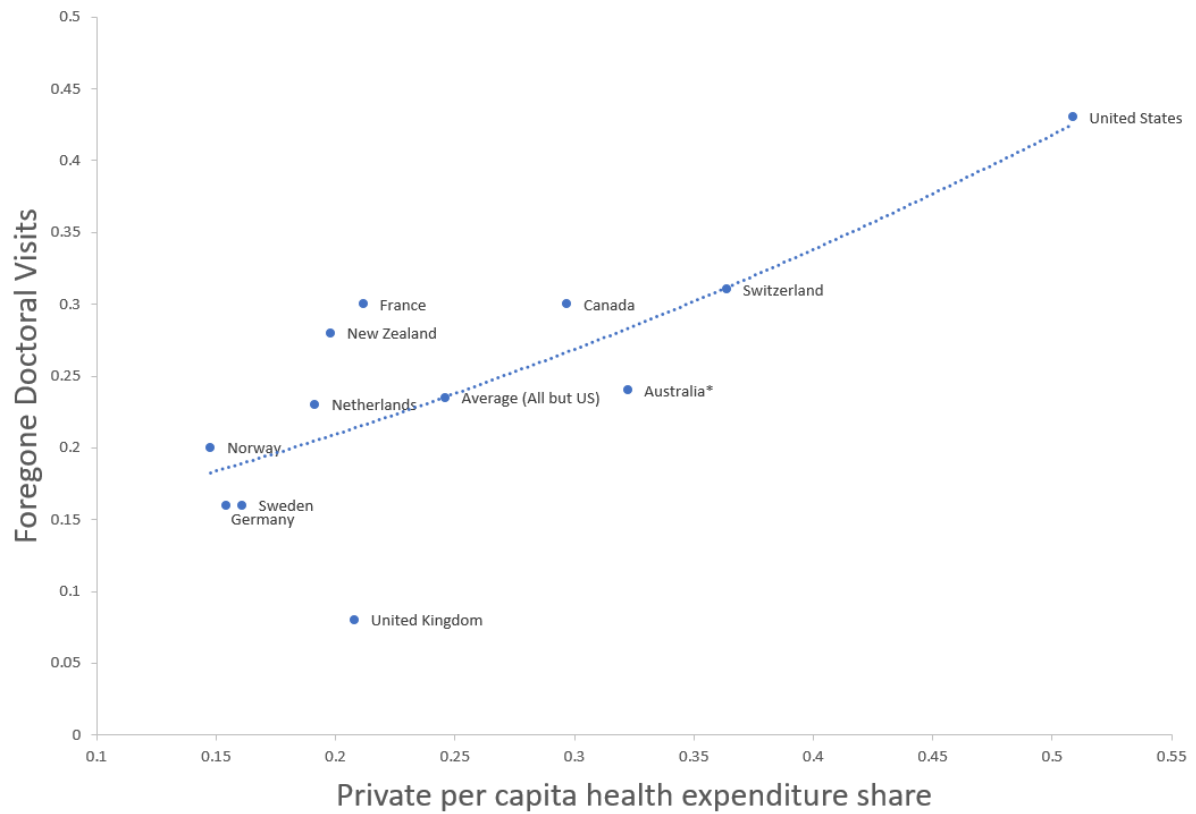
*Keywords:* Private Health Insurance, Universal Health Care, Supplementary Insurance, Regression Kink Design, Australia

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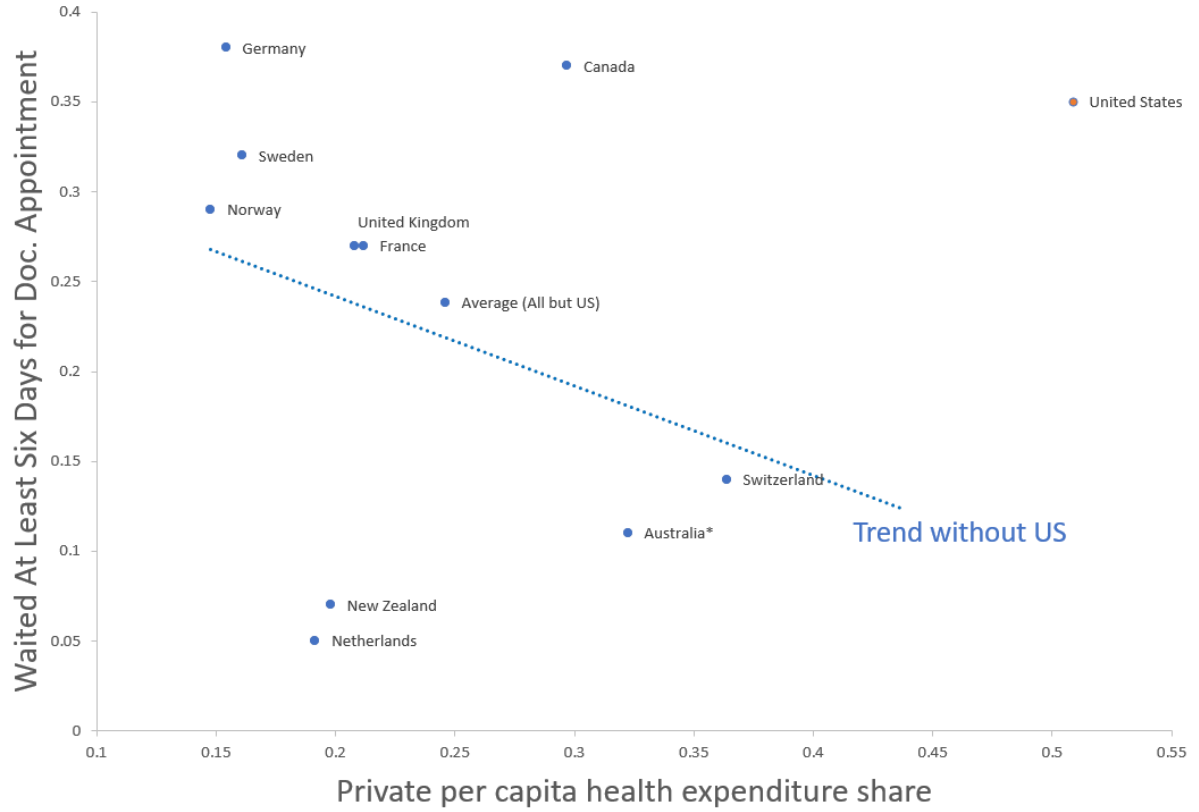
## APPENDIX

Figure A1 Foregone Doctoral Visits and Private Provision of Health Care



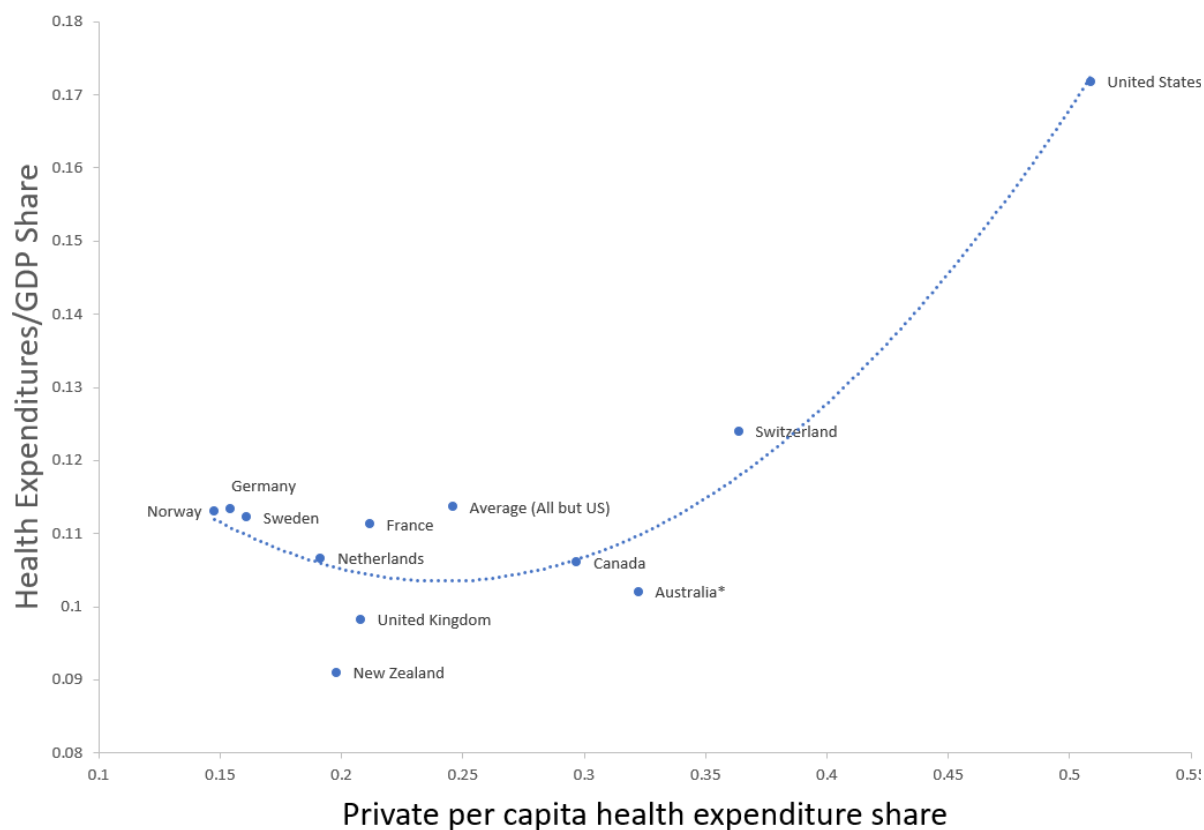
*Notes:* All countries aside from the United States have systems of universal health care. Overall foregone doctoral visits increase with the share of private health expenditure. Australia has a share of foregone doctoral visits that is below the level that is expected given private expenditures. Source: OECD, WHO, The Commonwealth Fund, 2016.

**Figure A2 Wait Time for Doctoral Appointments and Private Provision of Health Care**



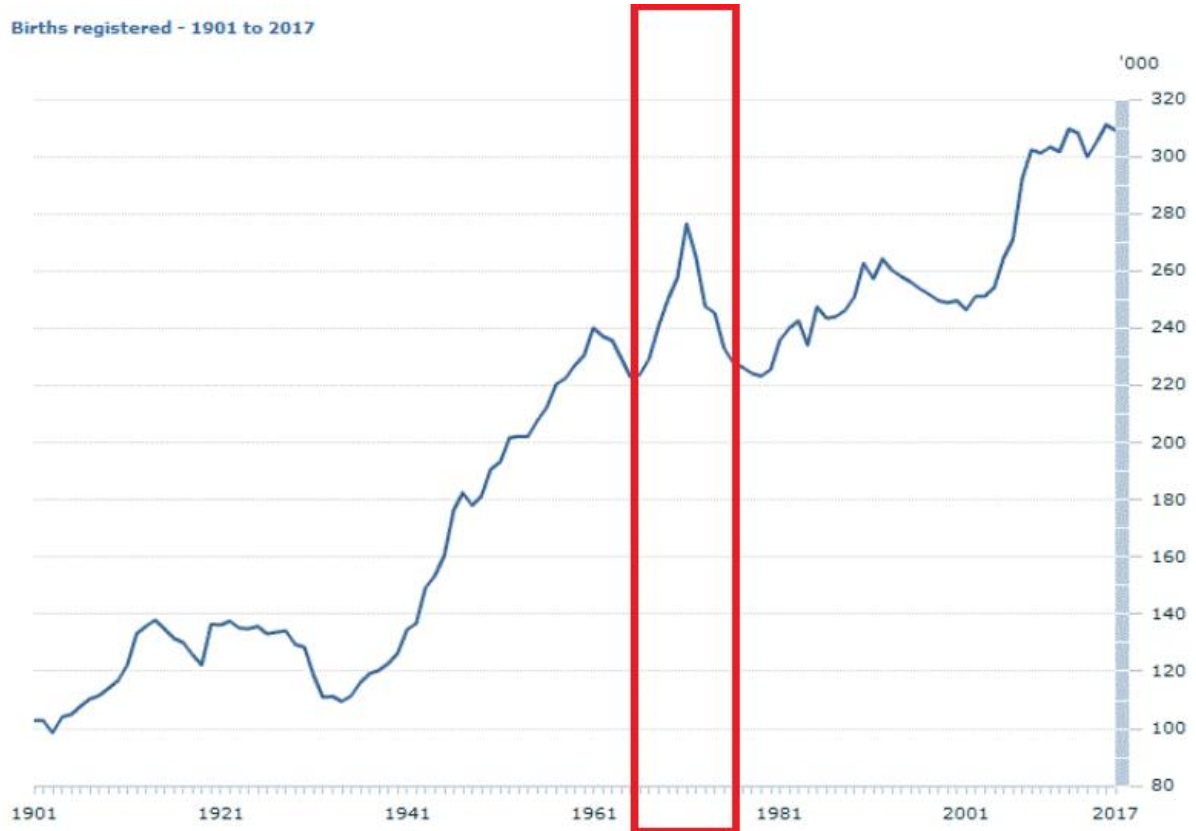
*Notes:* Wait-times are generally higher with lower private provision of health goods but this trend reverses when private expenditures are too high, as in the case for the United States. Australia has lower wait-times than expected given its share of private expenditures. Source: OECD, WHO, The Commonwealth Fund, 2016.

Figure A3 Health Expenditures and Private Provision of Health Care



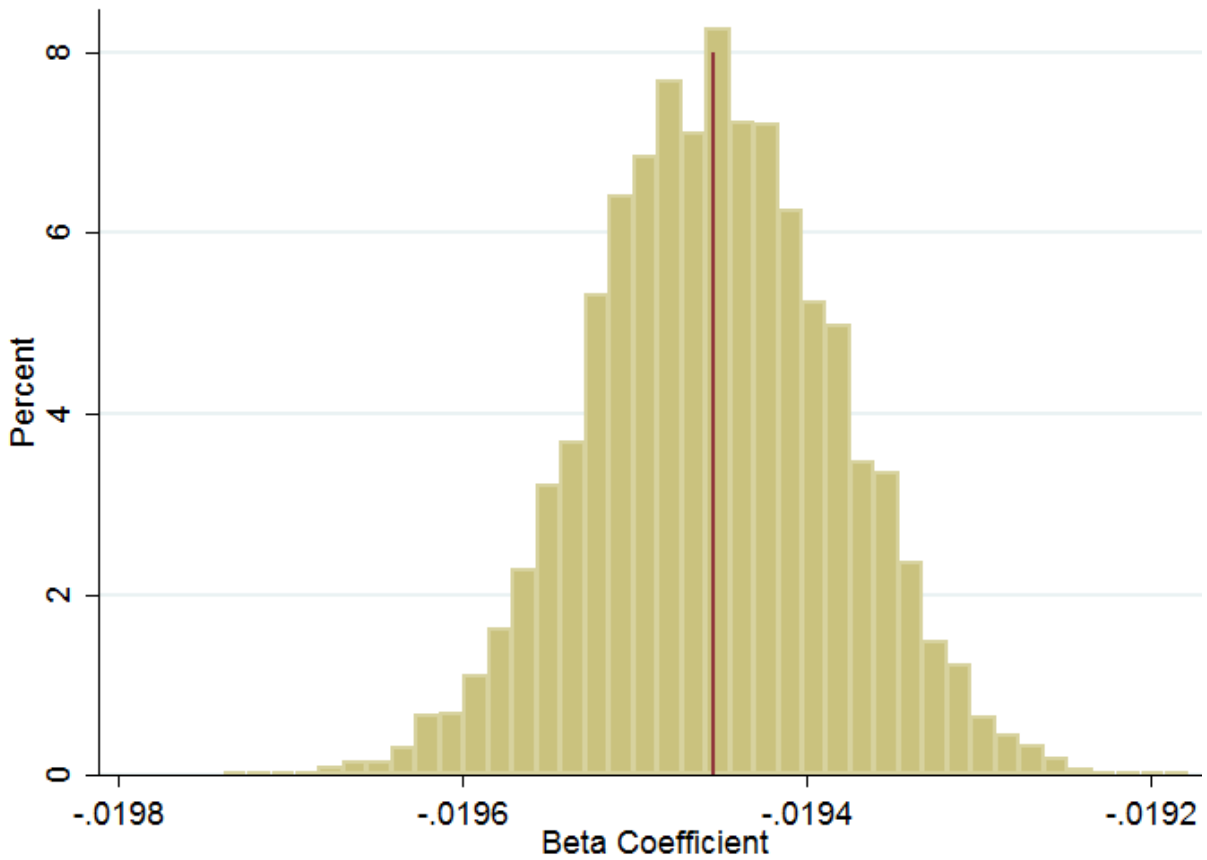
*Notes:* Health expenditures are relatively high for the only developed nation without universal health care, i.e. the United States. There seems to be an optimal balance between private and public provision of health goods. Australia performs better than predicted. Source: OECD, WHO, The Commonwealth Fund, 2016.

Figure A4 Australian Birth Rates over Time



*Notes:* This figure shows an increasing trend of official birth registered from 1901 to 2017 in Australia. The peak in births around 1970 coincides with the peak visible in the frequency distribution of the Australian Taxation Office. Source: Australian Bureau of Statistics, 2016.

Figure A5 Monte Carlo Simulation of Private Health Insurance Beta Coefficients



*Notes:* This figure displays 10,000 coefficients from jack-knife Monte Carlo simulation where 1% of individuals below the age of 30 are dropped for each run. The coefficient obtained without the simulation is identical to the average coefficient of the distribution which implies that the minor peak in the frequency distribution does not create any association issue for the treatment effects.