



HEALTH INSURANCE: Private and Public

Health insurance pays for all or part of the healthcare expenses people incur as a result of physical or mental health needs. There are two types of insurance systems in the United States: Private and Public. Private, for-profit insurance is funded with fees paid by employers or individuals. Funding for public insurance, offered through Medicaid or Medicare for the elderly and people living with various health challenges, comes from tax dollars.

PRIVATE

Persons Covered:

- Individuals whose employers offer health insurance
- People able to pay for private coverage

Funding Source:

- Monthly fees paid by employers and individuals for expected or unexpected health-related expenses
- Fees / premiums are increased as needed

Benefits:

- Helps people pay for their healthcare expenses
- Promotes wellness and self-care

Service Delivery Challenges:

- Denied claims
- High deductibles and co-pays
- Prescription costs

PUBLIC - MEDICAID & MEDICARE

Persons Covered:

- People eligible for Medicaid or Medicare - the elderly and those who have intellectual/developmental, mental health, and substance use challenges

Funding Source:

- Tax dollars allocated by local, state, and federal legislators
- Limited / impacted by many budget-related issues

Benefits:

- Ensures access to medically necessary healthcare for people who otherwise could not afford the expense
- Promotes equity, choice, and self-determination

Service Delivery Challenges:

- Limited / restricted funding
- Individual requests for costly out-of-state programs,
- People refusing services
- Direct care staff shortage



Oakland Community
Health Network

Developmental Disabilities • Mental Health • Substance Recovery