

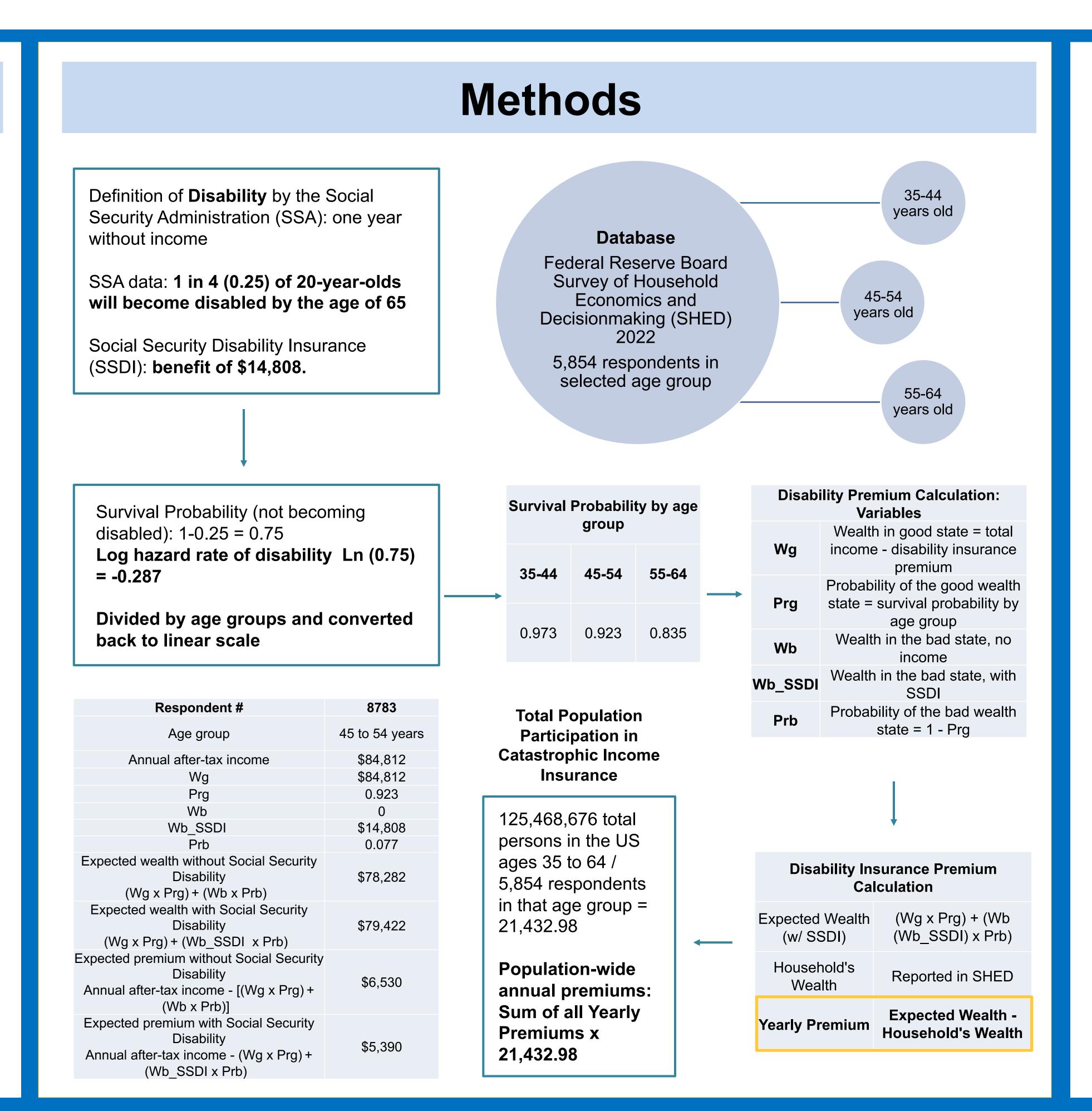
The Economics of Catastrophic Income Insurance: Head and Neck Cancer as a Model

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Introduction

- Head and neck cancer (HNC), as well as its treatment can be functionally devastating
- A typical treatment duration is three-months, resulting in substantial work time lost
- Unpublished, population-level data modeled the ability of households to service short-term household debt with defined periods of lost income, if each household was to receive a diagnosis of HNC
- With 6 months of lost income -> rates of insolvency neared 50%
- Disability insurance protecting half of the lost income reduced rates of insolvency to 21.1%
- Liquidation of long-term assets (savings) -> rates of insolvency decreased to 6%
- Idea: an income protection insurance program with full population participation
- Model: estimate of the total U.S. expenditure on annual premiums for catastrophic disability insurance that would protect the entire income of policy holders for one year



Results

 The final estimate of total, population-wide annual premiums for catastrophic income protection insurance was: \$ 995,378,000,000 without SSDI benefits, and \$817,557,000,000 with average \$14,808 SSDI annual benefit

Discussion

- SSDI paid out \$1.05 trillion in benefits in 2020, while receiving \$1.06 trillion in revenue, with \$2.9 trillion in reserves—while paying out an average disability benefit of \$14,808, substantially less than the average annual take home income
- Real-time financial stressors can overshadow the longer-term security of a guaranteed income financed by actuarially fair
- Many other factors can result in reduced or lost income unrelated to disability. Mandating any sort of insurance program participation would require passing many political, ideological, and economic hurdles
- Assumptions: all customers were risk-averse, whereas in reality, consumers will exhibit different risk tolerance regarding their wealth. The 25% risk of becoming disabled that was divided into three age groups includes people who are 20-34 years of age, which were excluded from the study, given their small fractional share of this risk

*Upon re-analysis with 2022 data. The overall findings remain unchanged

References

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