

# STATISTICS

Quarterly private health insurance statistics

March 2024 (released 22 May 2024)

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#### Forthcoming issues

This publication will be released according to the timetable published on the APRA website.

#### Revisions

This publication will include revisions to previously published statistics if better source data becomes available or if compilation errors are uncovered.

APRA regularly analyses past revisions to identify potential improvements to the source data and statistical compilation techniques, in order to minimise the frequency and scale of any future revisions.

#### Rounding

Details on tables may not add up to totals due to rounding of figures.

#### **Enquiries**

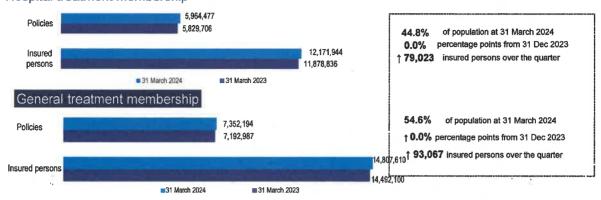
For more information about the statistics in this publication:

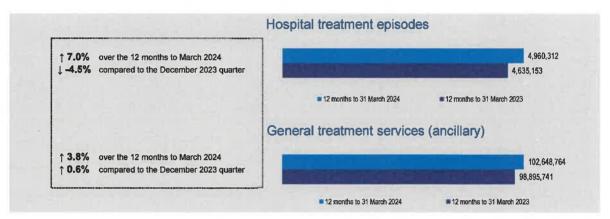
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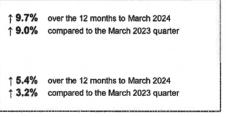
# **Key metrics**

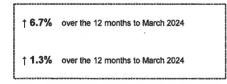
#### Hospital treatment membership

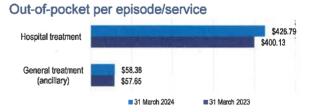










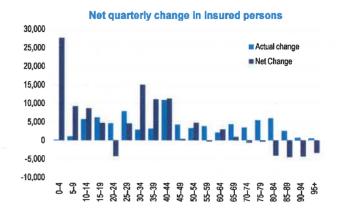


# **Hospital Treatment**

At 31 March 2024, 12,171,944 people, or 44.8% of the population, were covered by hospital treatment cover.

There was an increase in coverage of 79,023 insured people in the March 2024 quarter compared to December 2023. Family policies increased by 10,158 and single policies by 19,693 during the quarter.

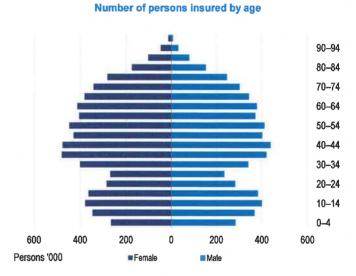
The largest increase in coverage during the quarter was 10,865 for people aged between 40 and 44. The largest net increase (taking into account movement between age groups) was for the 0-4 with an increase of 27,689 people.

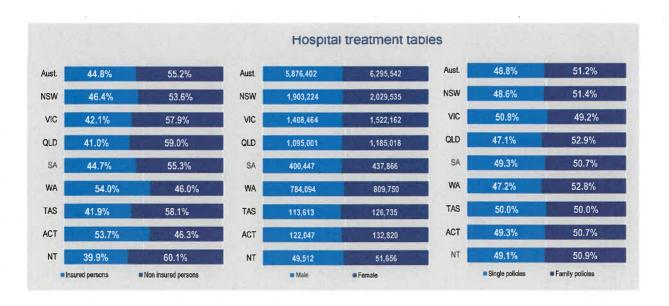


#### Lifetime health cover

The majority of adults with hospital cover (88.4%) have a certified age of entry of 30, with no penalty loading.

At the end of the 31 March 2024 quarter, there were 1,019,071 people with a certified age of entry of more than 30 and subject to a Lifetime Health Cover loading; a net increase in people paying a penalty over the preceding 12 months of 68,279. There was a net increase in people with a certified age of entry of 30 (with no penalty) over the year of 115,132. Over the year, 122,002 people had their loading removed after paying a loading for ten years.





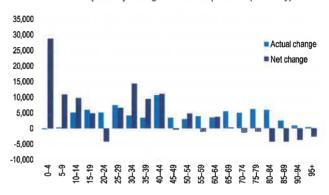
## **General Treatment**

At 31 March 2024,14,807,610 people or 54.6% of the population had some form of general treatment cover. There was an increase of 93,067 people when compared to the December quarter. There was an increase of General Treatment policies of 47,389 for March 2024 which was mainly driven by Single Policies which increased by 27,064. For the 12 months to 31 March 2024, the number of insured persons with general treatment cover has increased by 315,510.

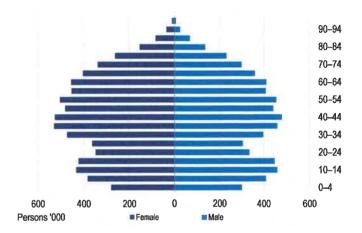
The general treatment (ancillary) by age charts and data in this report show data for those people that have general treatment policies covering ancillary, services, regardless of other treatment included in the product. This excludes those general treatment policies that do not cover ancillary treatment.

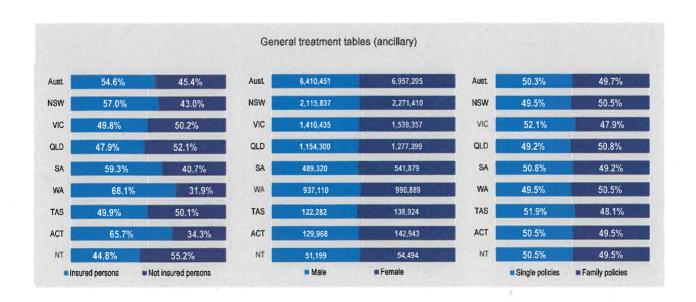
There was an increase of 82,149 people with general treatment (ancillary) coverage in the March 2024 quarter. The largest net increase in coverage, after accounting for movements across age groups, was 28,770 for people in the 0 to 4 age group.

#### Net quarterly change in insured persons (ancillary)



#### Number of persons insured by age (ancillary)





## **Benefits Paid**

#### **Hospital treatment**

#### Benefits per episode/service

	March 2024	Change from December 2023
Hospital Treatment		
Acute	\$2,589	1.5%
Medical	\$63	-3.7%
Prostheses	\$649	-0.4%
Cardiac	\$3,182	-2.2%
Hip	\$1,628	0.7%
Knee	\$1,668	0.1%
Total benefits and grow	wth rate	
Hospital	\$4,286,244,629	<b>-4</b> .1%
General	\$1,658,564,137	3.1%

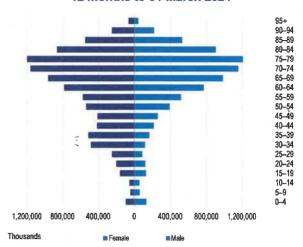
During the March 2024 quarter, insurers paid \$4,286 million in hospital treatment benefits; which was 4.13% less compared December 2023 quarter. Hospital treatment benefits were comprised of:

- ♦ \$3,097 million for hospital services such as accommodation and nursing
- ♦ \$627 million for medical services
- ♦ \$562 million for prostheses items.

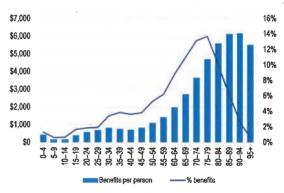
The age group for which most hospital benefits are paid is between 75 and 79 (top chart). Total benefits by age group is affected by the average benefits paid per person (displayed in the second chart) and the number of people in each age group.

Average hospital benefits per person increased from \$1,357.70 for the year ending March 2023 to \$1,453.14 for the year ending March 2024. The largest amount of benefits per person was spent on hospital accommodation and medical, followed by medical services and then prostheses benefits.

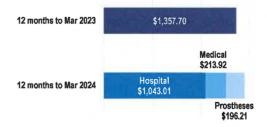
# Hospital treatment benefits paid by age 12 months to 31 March 2024



# Hospital treatment benefits per person covered and percentage of benefits paid by age cohort



#### Hospital treatment benefits per person



#### **General treatment**

#### Benefits per service

	Marc	ch 2024	Change from December 2023
Dental	\$	69.56	5.5%
Chiropractic	\$	36.01	9.6%
Physiotherapy	\$	42.31	7.4%
Optical	\$	83.75	3.9%

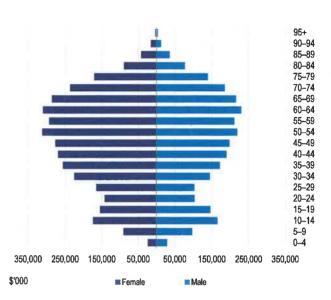
During the March 2024 quarter, insurers paid \$1,645.8 million in general treatment (ancillary) benefits. This was a increase of 3.1% compared to theDecember 2023 quarter. Ancillary benefits for the March 2024 quarter included the major categories of:

- ♦ Dental \$889.8 million
- ♦ Optical \$274.9 million
- ♦ Physiotherapy \$129.5 million
- ♦ Chiropractic \$86.6 million.

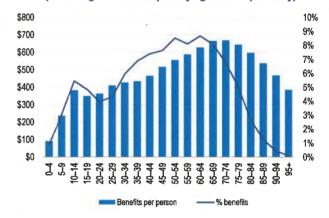
There is a marked difference between the distribution of benefits over age groups between hospital benefits and ancillary benefits. The major difference is the higher claiming rate in older age groups for hospital benefits while benefits per person for ancillary benefits are more evenly spread over the age groups.

General treatment (ancillary) benefits per person during the year to March 2023 were \$449.73 increasing to \$464.30 for the year to March 2024. The largest component of ancillary benefits is dental, for which \$254.09 was paid per insured.

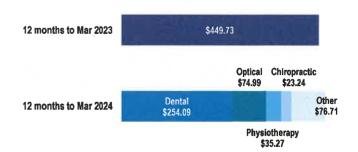
# General treatment benefits paid by age 12 months to 31 March 2024 (ancillary)



# General treatment benefits per person covered and percentage of benefits paid by age cohort (ancillary)



### General treatment benefits per person (ancillary)



#### **Medical benefits**

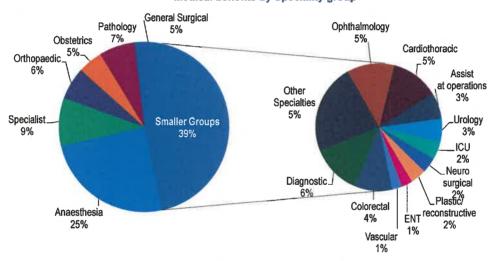
Total benefits for medical services decreased 6.0% during the March quarter 2024.

The change in medical benefits paid per service was calculated over a range of medical services and does not mean medical services overall decreased or increased in cost. The average benefits paid reflects the type of medical services utilised during the quarter as well as the volume of services. The medical service for which the greatest amount of benefits was paid was anaesthetics, comprising 24.8% of all medical benefits and totalling \$155.45 million.

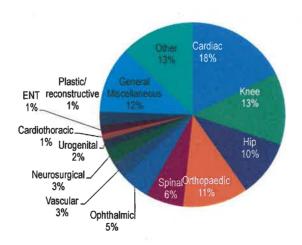
#### **Prostheses benefits**

Total benefits paid for prostheses decreased by 7.4 % in March 2024 compared to December 2023 . Similar to medical services, the change in benefits paid for prostheses was calculated over a range of prosthetics (see chart) and does not mean prostheses overall changed in cost. The change in benefits paid may reflect a change in the type of prosthetics utilised, or a change in the overall utilisation of prosthetics. The prosthetic group for which the greatest amount of benefits were paid was cardiac, comprising 17.6% of all prosthetic benefits and totalling \$99.14 million.

## Medical benefits by Speciality group



#### Benefits paid for prostheses



# Service utilisation

#### Episodes/Services by type

	March 2024	Change from December 2023
Hospital Episodes	1,196,373	-4.5%
Hospital Days	2,999,945	-4.1%
Medical Services	9,925,349	-2.4%
Prostheses Items	865,748	-7.0%
Specialist Orthopaedic	160,394	-7.9%
Ophthalmic	99,217	-11.8%
Spinal	55,124	-3.7%
General Treatment	26,321,297	0.6%
Dental	12,791,174	-2.0%
Chiropractic	2,405,343	16.6%
Physiotherapy	3,060,021	14.2%
Optical	3,282,933	-13.4%

Hospital utilisation is distributed over four categories of hospital—public, private, day only facilities and hospital-substitute. During the March 2024 quarter, hospital episodes were distributed as follows:

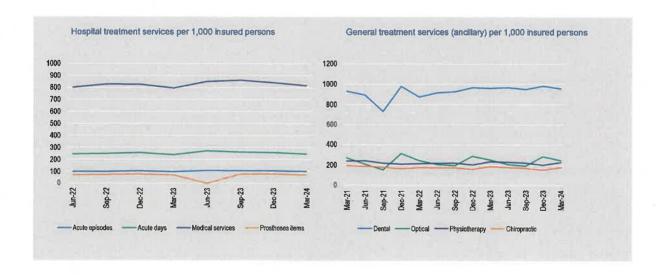
- public hospitals 177,425 episodes private hospitals 803,533 episodes day hospital facilities 158,495 episodes
- hospital substitute 56,920 episodes.

For the March 2024 quarter, hospital utilisation (measured in episodes) decreased by 4.5% which was mainly driven by hospitals-substitute.

During the March 2024 quarter, insurers paid benefits for 3.0 million days in hospital, arising from 1.2 million hospital episodes of care.

			Quarter change	Ye.	ar change
٥	public hospitals	1	-1.4%	Ť	8.3%
<b>\rightarrow</b>	private hospitals	Ĭ	-3.6%	Ť	7.8%
٥	day hospital facilities	Ĭ	-9.4%	Ì	3.3%
٥	hospital-substitute	Ţ	-12.0%	Ť	3.9%

Day-only episodes in the four categories of hospital totalled 827,261 with decrease of 5.9% change compared to December 2023.



# **Out-of-pocket payments**

#### Average out-of-pocket per episode/service

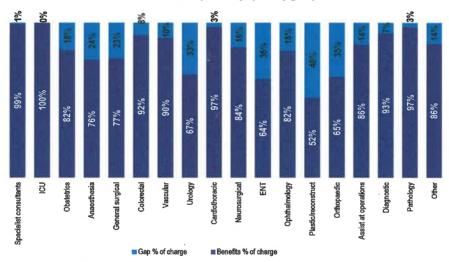
	March 2024	Change from Dec 23	Change from Mar 23
Hospital treatment	\$ 427	3.9%	6.7%
Hospital-substitute treatment General treatment ancillary	\$4	30.2%	13.6%
	\$58.38	-0.4%	1.3%
Medical gap where gap was paid	\$254.01	-0.9%	7.2%

The average out-of-pocket (gap) payment for a hospital episode was \$426.80 in the March 2024 quarter. This included out-of-pocket payments for medical services, in addition to any excess or co-payment amounts relating to hospital accommodation.

The out-of-pocket payments for hospital episodes increased by 6.7% compared to the same quarter for the previous year.

Out-of-pocket payments for medical services were \$254.01 where an out-of-pocket payment was payable. The amount of gap for medical services varies depending on the specialty group. The specialty group with the largest out-of-pocket payment was Orthopaedic with an average gap of \$666.17. Gap incurred for the various medical services is displayed in the first chart. Medical gap also varies by state and territory and these differences are shown in the bottom chart.

#### Medical benefits and out-of-pocket by specialty group



#### Proportion of services and average out-of-pocket payments



# Notes on statistics

#### Source of data

On 1 July 2015, supervisory responsibilities were transferred from the Private Health Insurance Administration Council (PHIAC) to APRA under the Private Health Insurance (Prudential Supervision) Act 2015.

This publication is compiled primarily from regulatory returns submitted to APRA under the *Financial Sector (Collection of Data) Act 2001* by authorised Private Health Insurance companies.

Prior to 1 July 2015, PHIAC collected data from Private Health Insurers.

The population figures used to calculate coverage are derived from:

Australian Bureau of Statistics, Australian Demographic Statistics, ABS cat no. 3101.0, ABS, Canberra.

The June 2019 quarterly release of Australian Demographic Statistics contains the most recent estimates of the resident populations (ERP) of Australia and the states and territories based on the results of the 2019 Census of Population and Housing held on 9 August 2016. For more information refer to the publication at the ABS website.

Net change by five year age group is the actual change adjusted for the number of people moving into the cohort and out of the cohort due to ageing. The calculation makes the simplifying assumption that the number of people are evenly distributed over each year within the five year age group.

Lifetime Health Cover is a financial loading (LHC loading) that can be payable in addition to the premium for your private health insurance hospital cover (hospital cover). LHC loadings apply only to hospital cover. The loading is 2% above the base rate for each year over the age of 30 in which the policy holder did not have private health insurance hospital cover. After ten years of paying the loading the loading is removed.

Starting from 1 April 2007, general treatment policies replaced ancillary policies. General treatment policies cover treatment similar to that previously known as ancillary (eg. dental) but can also cover hospital-substitute treatment and Chronic Disease Management Programs.

# **Related Publications**

#### Quarterly publications

A number of related quarterly publicatons are available from:

https://www.apra.gov.au/publications

These include:

#### **Quarterly Statistics**

The Quarterly Statistics are principal release of statistics with summaries for the key financial and membership statistics of the Private Health Insurance industry.

#### Membership Statistics

A publication which details by State the number of insured persons for hospital treatment and general treatment and the proportion of the population these persons represent. The tables are shown on both a quarterly and an annual basis and include hospital treatment by age cohort.

#### Medical Gap Information

A publication on in-hospital medical services. The proportion of services for which there was no gap or known gap and the average gap payment are shown for each state.

#### Private Health Insurance Membership and Benefits (formerly PHIAC A)

A publication detailing by State, the membership and benefits paid by private health insurers for the period. These State reports are available both in PDF format and Excel.

#### **Prostheses Report**

A report providing data on prosthetic benefits paid by private health insurers by major prosthetic category

#### Medical Services Report

A report providing data on services, benefits paid and gap payments by MBS Specialty Block Groupings for medical services paid by private health insurers.

#### Statistical Trends - Quarterly Statistical trends in membership and benefits paid

These are two separate publications detailing trends since September 1997 in the number of insured persons and benefits paid for hospital and general treatment.

#### Annual publications

APRA will continue to produce an Annual Report on the Operations of the Private Health Insurance Industry. This report contains an industry overview and tables of statistics by individual fund. Current and historical versions are available at:

https://www.apra.gov.au/publications/operations-private-health-insurers-annual-report