



HEALTH INSURANCE SURVEY

AUSTRALIA

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- For further information about these and related statistics, contact the Health Section on 1800 060 050, or Client Services at any ABS office as shown on the back cover of this publication.

NOTES

ABOUT THIS PUBLICATION

This publication presents statistics about the levels and types of private health insurance cover held by Australians. These statistics have been compiled from information collected by interview in a survey conducted by the Australian Bureau of Statistics (ABS) in June 1998.

The survey findings are presented for both persons and 'contributor units'. A contributor unit with private health insurance consists of a contributor and all persons in the same family who are covered by the health insurance arrangements of the contributor. The term 'contributor units' is also applied for the purposes of statistical comparison to persons in family units not covered by private health insurance (see Glossary).

The publication provides an overview of health insurance levels and types, then focuses on health insurance levels by selected demographic and socioeconomic characteristics, reasons for having or not having insurance, and hospital admission by insurance cover.

It should be noted that the Private Health Insurance Incentives Scheme (PHIIS) in place at the time of this survey, and which is reflected in these results, was replaced from 1 January 1999. Information about the PHIIS is contained in the Appendix.



SYMBOLS AND OTHER USAGES

ABS	Australian Bureau of Statistics
DFaCS	Department of Family and Community Services
DVA	Department of Veteran's Affairs
HPPA	Hospital Purchaser Provider Agreement
MPS	Monthly Population Survey
NHS	National Health Survey
PHIAC	Private Health Insurance Administration Council
PHIIS	Private Health Insurance Incentives Scheme
SE	standard error
RSE	relative standard error
*	relative standard error of 25% to 50%
**	relative standard error over 50%
..	not applicable
—	nil or rounded to zero

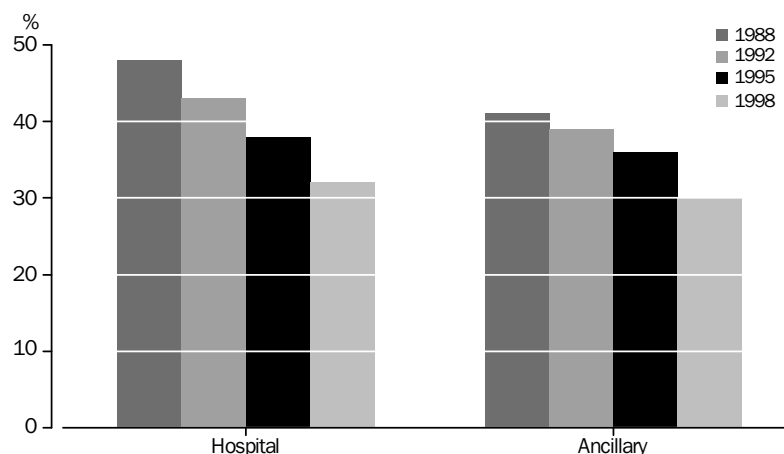
W. McLennan
Australian Statistician

SUMMARY OF FINDINGS

INSURANCE STATUS OF PEOPLE

In June 1998, 38% of the Australian population had some form of private health insurance cover; 32% had hospital cover (with or without ancillary cover), and 30% had ancillary cover (with or without hospital cover). This continued the steady decline in private health insurance from the mid 1980s. In 1988, 48% of the population had private hospital cover, and 41% had ancillary cover.

PERSONS WITH PRIVATE HEALTH INSURANCE



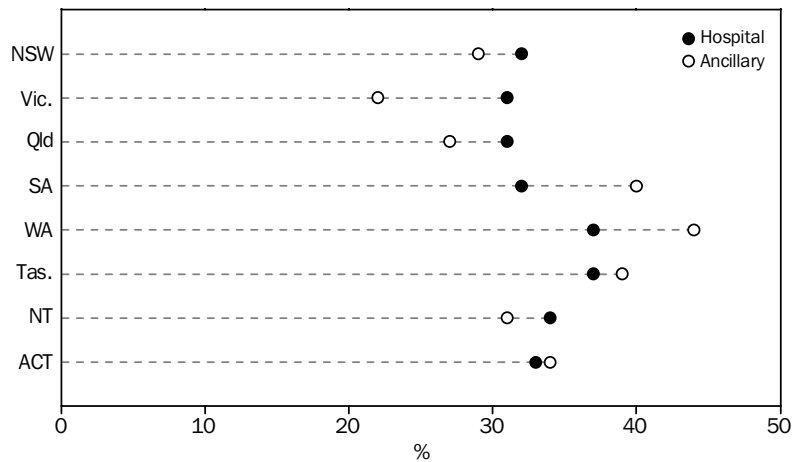
INSURANCE STATUS OF CONTRIBUTOR UNITS

In June 1998, 35% of contributor units had some form of private health insurance; 30% had hospital cover, and 27% ancillary cover. A contributor unit consists of all persons in the same family covered by common health insurance arrangements (see Glossary). Just under one in four (23%) had both hospital and ancillary cover (table 1).

Levels of private health insurance varied between States and Territories, from a low of 35% of the population having private insurance in Victoria and Queensland to a high of 47% in Western Australia (table 2). While the level of hospital cover (with or without ancillary cover) was similar across the States and Territories, the level of ancillary cover (with or without hospital cover) differed, ranging from a low of 22% in Victoria to 44% in Western Australia.

SUMMARY OF FINDINGS *continued*

PERSONS WITH PRIVATE HEALTH INSURANCE, By State or Territory

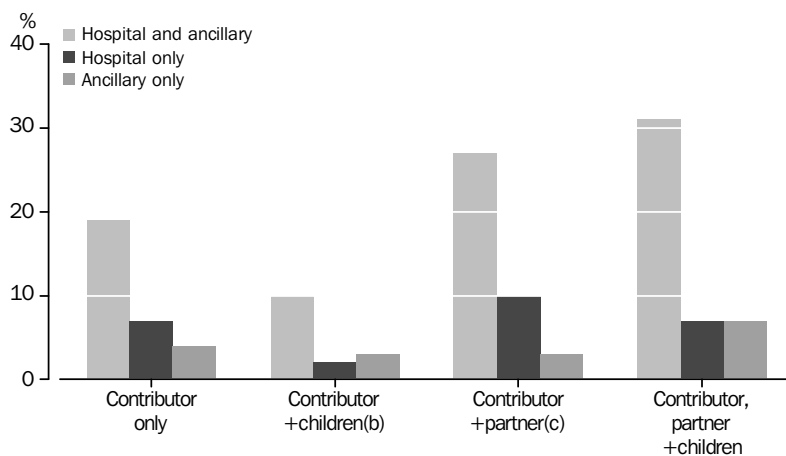


TYPES OF CONTRIBUTOR UNITS

Persons in couple contributor units (comprising a contributor and partner with or without dependent children) were more likely to have private health insurance than others (table 5). Of persons in couple contributor units without dependent children, 40% had private health insurance, while 45% of those in couple contributor units with dependent children, reported some form of coverage. The lowest levels of health insurance coverage were reported among people in single person units (31%) and those in contributor units with dependent children (15%).

The type of private health insurance varied according to the type of contributor unit (table 8). Having both hospital and ancillary cover was most common for those people in couple contributor units with dependent children (31%) and couple units without children (27%). Hospital only insurance was also most commonly reported in couple contributor units with no dependants (10%) and ancillary cover only was most often reported among people in contributor and dependent children units (7%).

PERSONS, Type of Contributor Unit(a) by Type of Insurance Cover



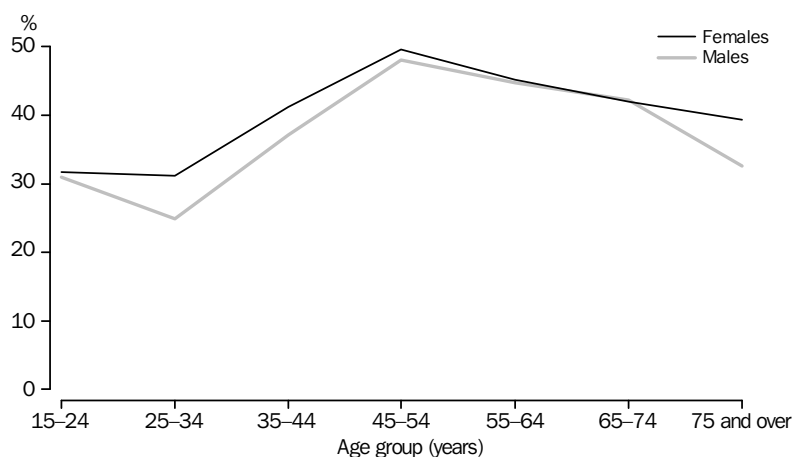
- (a) See Glossary.
- (b) Contributor with dependent children, but no partner.
- (c) Contributor and partner, without dependent children.
- (d) Contributor, partner and dependent children.

SUMMARY OF FINDINGS *continued*

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

Private health insurance coverage also differed according to demographic and socioeconomic characteristics such as age, sex and income. Overall, 39% of females aged 15 years and over had some form of private health insurance compared with 37% for males. Differences between male and female cover were greatest in the age groups 25–34 and 75 years and over, where female coverage was 6 and 7 percentage points higher respectively (table 7).

PROPORTION INSURED, By Sex and Age Group

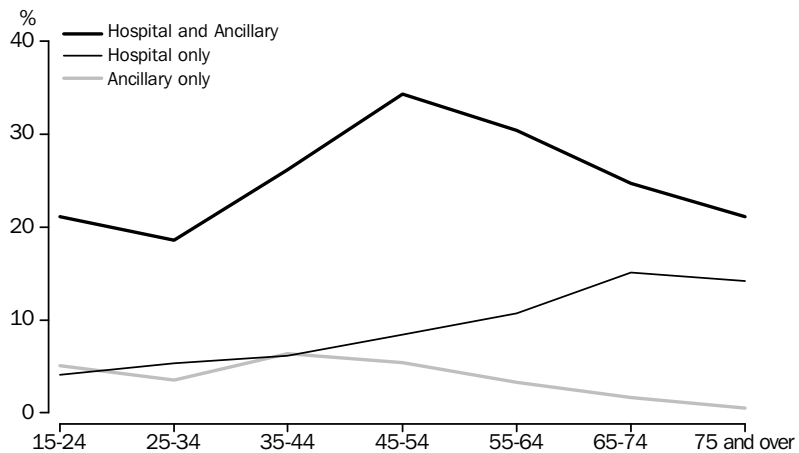


The level and type of private health insurance coverage differed across age groups (table 7). In general, levels of coverage were highest in middle age groups, with 49% of persons aged 45–54 years and 45% of persons aged 55–64 years having some form of private health insurance. In contrast, coverage was lowest amongst people aged 25–34 years (28%).

Levels of hospital and ancillary cover were similar to each other in the younger age groups. Combined hospital and ancillary insurance coverage increased up to the 45–54 year age group, then declined in older age groups. The level of combined hospital and ancillary cover decreased by 13 percentage points from a peak of 34% of those aged 45–54 to 21% of those aged 75 and over. The level of ancillary only cover also declined with age. In contrast, coverage by hospital only insurance increased with age, from 5% of those aged 15–24 years, to 15% of those aged 65–74 years.

SUMMARY OF FINDINGS *continued*

PROPORTION INSURED, By Type of Cover and Age Group

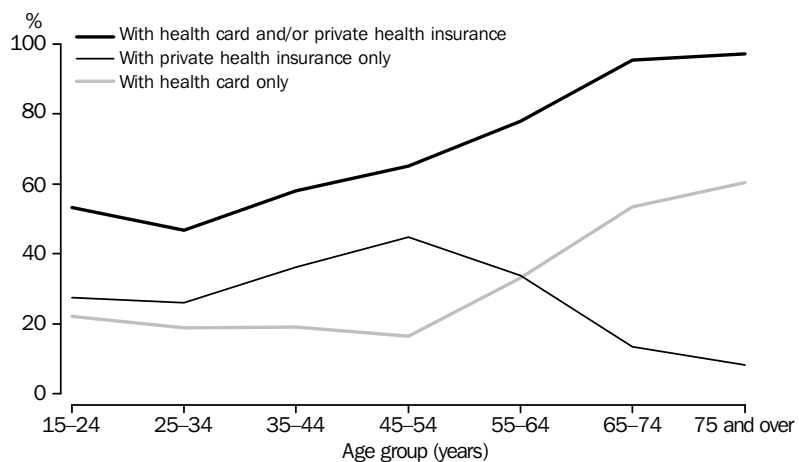


Level of income was also found to be associated with private health insurance coverage. The likelihood of having private health insurance increased as the income of the contributor unit increased, from 20% of people in units with an annual income of less than \$20,000 to 76% in units with an income of \$100,000 or more per annum (table 8).

This pattern occurred in all contributor unit types, but the increase was greatest for couple units with children, rising from 18% of people in units with an annual income less than \$20,000 to 79% in units with an annual income of \$100,000 or more.

Overall only 11% of contributor units without private insurance reported the reason for not having insurance was that they were covered by a Government health benefit or entitlement card (table 13). However, the pattern of private health insurance cover in relation to health card coverage suggests it is a factor in health insurance decisions, particularly in older age groups.

PROPORTION INSURED OR WITH HEALTH CARD(a)



(a) Issued by DVA or DFACS (see Glossary).

SUMMARY OF FINDINGS *continued*

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS *continued*

Overall, 34% of all persons aged 15 years and over were covered by a health card; 22% of these people also had private health insurance. As the proportion of people with private health insurance declined in older age groups, the proportion covered by a health card increased. Of those aged 65 years and over, only 3% were not covered by a health card or private insurance (table 10).

REASONS FOR INSURING/NOT INSURING

The most commonly reported reasons for having private health insurance were 'security/protection/peace of mind' (47% of privately insured contributor units), 'choice of doctor' (25%), 'shorter waiting times for treatment' (23%) and 'always had it/parents had it/condition of job' (22%). Among those units who had taken up private insurance within the last two years (8% of privately insured units), the most commonly reported reasons for having insurance were 'security/protection/peace of mind' (40%) and 'provided benefits for ancillary services/extras' (23%) (table 11).

For the majority (over 60%) of contributor units with private insurance, the Private Health Insurance Incentives Scheme (PHIIS) (see Appendix) was not an important factor in having insurance cover (table 12). Among those units who had taken out insurance in the previous 12 months, during which PHIIS had operated, 8% reported the scheme was a reason for having private insurance.

Among those contributor units without private health insurance, 66% reported the reason they had no insurance was that they 'could not afford it/too expensive' (table 13). Other reasons reported for not having private health insurance were 'don't need it/in good health' (15% of units without private insurance), 'Medicare cover sufficient' (14%) and 'lack of value for money' (13%). For units which had ceased cover in the previous two years, the most common reason for not having insurance were that they 'could not afford it/too expensive' (69%), and 'lack of value for money/not worth it' (22%).

HOSPITAL ADMISSIONS

Of privately insured people aged 15 years or more who had been admitted to hospital in the previous 12 months, 71% reported their most recent admission was to a private hospital, and 13% as a private patient in a public hospital (table 14). Of the 15% who had been a Medicare patient in a public hospital, 41% reported they had not been in a position to choose the hospital or patient type, and 25% reported they had chosen to be admitted as a public patient because it was cheaper (table 15).

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1

PERSONS & CONTRIBUTOR UNITS(a), Type of Private Health Insurance

	1988(b)	1992(b)	1995(c)	1998(b)	1988(b)	1992(b)	1995(c)	1998(b)
Type of private health insurance	'000	'000	'000	'000	%	%	%	%
PERSONS								
With private health insurance								
Hospital and ancillary	6 090.7	5 964.8	5 703.9	4 582.6	38.1	34.6	31.6	25.0
Hospital only	1 609.2	1 454.3	1 210.0	1 361.7	10.1	8.4	6.7	7.4
Ancillary only	504.6	719.5	801.0	847.4	3.2	4.2	4.4	4.6
Type of insurance not known	97.7	102.8	104.6	113.2	0.6	0.6	0.6	0.6
Total	8 302.1	8 241.4	7 819.6	6 904.9	52.0	47.8	43.3	37.6
Without private health insurance	7 650.9	8 995.3	10 252.5	11 442.0	47.9	52.1	56.7	62.4
Total	15 967.4(d)	17 259.0(d)	18 072.1	18 346.9	100.0(d)	100.0(d)	100.0	100.0
CONTRIBUTOR UNITS(e)								
With private health insurance								
Hospital and ancillary	2 738.4	2 670.2	..	2 139.0	33.7	31.2	..	22.7
Hospital only	812.7	727.6	..	716.5	10.0	8.5	..	7.6
Ancillary only	229.1	309.7	..	367.4	2.8	3.6	..	3.9
Type of insurance not known	57.2	69.3	..	75.3	0.7	0.8	..	0.8
Total	3 837.4	3 776.8	..	3 298.1	47.2	44.1	..	35.0
Without private health insurance	4 299.6	4 777.9	..	6 123.4	52.8	55.9	..	65.0
Total	8 137.0	8 554.7	..	9 421.6	100.0	100.0	..	100.0

(a) See Glossary.

(b) From Health Insurance Surveys, conducted in June 1988, 1992 and 1998.

(c) From the 1995 National Health Survey, conducted during the 12 months commencing February 1995.

(d) Totals include a small number of persons for whom health insurance status could not be determined.

(e) Due to the data collection methodology, contributor unit information cannot be compiled from the 1995 National Health Survey.

2

PERSONS, Type of Private Health Insurance—By States and Territories

Type of private health insurance	NSW	Vic.	Qld	SA	WA	Tas.	NT(a)	ACT	Aust.
	'000	'000	'000	'000	'000	'000	'000	'000	'000
With private health insurance									
Hospital and ancillary	1 571.0	879.1	821.9	422.7	616.4	152.8	41.4	77.3	4 582.6
Hospital only	419.6	559.8	244.0	49.4	38.6	20.5	7.8	22.1	1 361.7
Ancillary only	212.7	147.5	107.5	153.7	177.1	28.4	4.7	15.9	847.4
Type of insurance not known	40.2	22.7	24.0	5.7	12.5	2.3	3.7	2.0	113.2
Total	2 243.5	1 609.0	1 197.4	631.4	844.6	204.0	57.6	117.2	6 904.9
Without private health insurance									
Ambulance only	656.2	1 364.9	1 368.8	322.5	355.7	74.1	18.6	40.1	4 200.9
No private insurance	3 315.9	1 609.4	815.6	506.8	595.3	185.0	70.4	142.7	7 241.1
Total	3 972.1	2 974.3	2 184.4	829.3	951.1	259.1	89.0	182.7	11 442.0
Total	6 215.6	4 583.3	3 381.8	1 460.7	1 795.7	463.1	146.6	300.0	18 346.9
	%	%	%	%	%	%	%	%	%
With private health insurance									
Hospital and ancillary	25.3	19.2	24.3	28.9	34.3	33.0	28.2	25.8	25.0
Hospital only	6.8	12.2	7.2	3.4	2.2	4.4	5.3	7.4	7.4
Ancillary only	3.4	3.2	3.2	10.5	9.9	6.1	3.2	5.3	4.6
Type of insurance not known	0.6	0.5	0.7	0.4	0.7	0.5	2.6	0.7	0.6
Total	36.1	35.1	35.4	43.2	47.0	44.0	39.3	39.1	37.6
Without private health insurance									
Ambulance only	10.6	29.8	40.5	22.1	19.8	16.0	12.7	13.4	22.9
No private insurance	53.3	35.1	24.1	34.7	33.2	40.0	48.0	47.6	39.5
Total	63.9	64.9	64.6	56.8	53.0	56.0	60.7	60.9	62.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Estimates relate to predominantly urban areas only.

3

INSURED PERSONS, Type of Private Health Insurance—By Capital City/Rest of State

Type of private health insurance	NSW	Vic.	Qld	SA	WA	Tas.	NT(a)	ACT	Aust.
	%	%	%	%	%	%	%	%	%
Hospital(b)									
Capital City	35.2	33.3	31.9	35.6	38.8	47.7	38.4	33.1	34.9
Rest of State	26.6	26.4	31.2	23.5	30.1	30.3	24.0	..	28.0
Ancillary(c)									
Capital City	31.4	23.0	31.0	41.4	46.0	47.2	36.2	31.1	31.8
Rest of State	24.2	21.0	24.5	34.1	39.2	33.5	21.8	..	25.7

(a) Estimates relate to predominantly urban areas only.

(b) Hospital, with or without ancillary cover.

(c) Ancillary, with or without hospital cover.

4

CONTRIBUTOR UNITS(a), Type of Private Health Insurance—By States and Territories

Type of private health insurance	NSW	Vic.	Qld	SA	WA	Tas.	NT(b)	ACT	Aust.
	'000	'000	'000	'000	'000	'000	'000	'000	'000
With private health insurance									
Hospital and ancillary	728.6	410.6	377.3	210.8	285.8	71.5	18.1	36.2	2 139.0
Hospital only	216.1	298.3	124.8	29.9	21.9	11.1	3.3	11.1	716.5
Ancillary only	98.5	54.2	46.7	67.0	78.7	12.8	2.0	7.5	367.4
Type of insurance not known	29.4	15.5	14.9	4.0	7.7	1.3	1.5	*0.9	75.3
Total	1 072.6	778.6	563.7	311.8	394.1	96.7	24.9	55.7	3 298.1
Without private health insurance	2 140.4	1 559.5	1 173.3	449.7	516.4	142.3	45.8	96.2	6 123.4
Total	3 213.0	2 338.1	1 737.0	761.4	910.5	239.0	70.7	151.9	9 421.6
	%	%	%	%	%	%	%	%	%
With private health insurance									
Hospital and ancillary	22.7	17.6	21.7	27.7	31.4	29.9	25.7	23.8	22.7
Hospital only	6.7	12.8	7.2	3.9	2.4	4.7	4.6	7.3	7.6
Ancillary only	3.1	2.3	2.7	8.8	8.6	5.3	2.9	4.9	3.9
Type of insurance not known	0.9	0.7	0.9	0.5	0.8	0.6	2.1	*0.6	0.8
Total	33.4	33.3	32.5	40.9	43.3	40.5	35.2	36.7	35.0
Without private health insurance	66.6	66.7	67.5	59.1	56.7	59.5	64.8	63.3	65.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) See Glossary.

(b) Estimates relate to predominantly urban areas only.

5

PERSONS, Type of Contributor Unit(a)

Type of contributor unit	With private health insurance	Without private health insurance	With private health insurance	Without private health insurance
	'000	'000	%	%
Contributor only(b)	1 529.0	3 351.8	31.3	68.7
Contributor with dependants(b)				
One child	84.0	465.7	15.3	84.7
Two children	99.2	478.3	17.2	82.8
Three or more children	39.0	337.1	10.4	89.6
Total	222.2	1 281.1	14.8	85.2
Contributor and partner only	1 605.8	2 380.8	40.3	59.7
Contributor, partner and dependants				
One child	937.0	1 137.7	45.2	54.8
Two children	1 536.5	1 777.1	46.4	53.6
Three or more children	1 074.3	1 513.4	41.5	58.5
Total	3 547.8	4 428.3	44.5	55.5
Total	6 904.9	11 442.0	37.6	62.4

(a) See Glossary.

(b) See paragraph 10 of Explanatory Notes.

6

INSURED PERSONS(a), Selected Characteristics(b)

<i>Selected characteristics</i>	PROPORTION OF INSURED PERSONS.....		PROPORTION OF GROUP WHO ARE INSURED.....	
	1995 %	1998 %	1995 %	1998 %
Usual residence				
Capital City	66.4	68.8	45.4	40.3
Rest of State	33.6	31.2	40.9	33.6
Sex				
Male	48.7	47.4	43.2	36.5
Female	51.3	52.6	44.3	39.4
Age group (years)				
15–24	14.7	14.8	33.8	31.3
25–34	16.4	14.5	35.8	28.1
35–44	21.6	20.4	49.0	39.2
45–54	19.3	21.7	53.7	48.8
55–64	12.6	13.1	52.0	44.9
65–74	10.0	9.8	46.3	42.1
75 or more	5.3	5.7	40.5	36.5
Country of birth				
Australia	78.8	76.9	46.5	40.2
United Kingdom and Ireland	7.8	7.4	41.4	35.2
Other Europe	6.0	6.8	34.3	33.4
Asia	3.5	4.7	34.1	30.1
All other countries	3.8	4.1	31.1	27.8
Labour force status				
Employed	64.0	66.2	48.3	42.1
Unemployed	1.7	2.1	16.5	15.7
Not in the labour force	34.3	31.7	40.0	34.0
Government health card(c)				
Has health card	20.5	19.1	26.5	22.0
Does not have health card	79.5	80.5	52.6	46.0
Not known	—	0.4	—	25.5
Annual income of unit(d)				
Less than \$50,000	48.2	44.5	33.4	28.0
\$50,000–\$99,999	26.4	29.3	65.7	55.1
\$100,000 or more	9.4	8.7	73.6	75.6
Not stated	16.0	17.5	51.1	44.3
All persons aged 15 years or more	100.0	100.0	43.8	38.0

(a) Persons aged 15 years or more.

(b) 1998 data are from the June 1998 Health Insurance Survey; 1995 data are from the 1995 National Health Survey, conducted during the 12 months commencing February 1995.

(c) Government health benefit or entitlement card. See Glossary.

(d) Income unit in 1995, contributor unit in 1998. See Glossary.

7

PERSONS(a), Age—By Type of Private Health Insurance

Type of private health insurance	AGE GROUP (YEARS).....							Total
	15-24	25-34	35-44	45-54	55-64	65-74	75 or more	
	'000	'000	'000	'000	'000	'000	'000	'000
MALES								
With private health insurance								
Hospital and ancillary	268.5	234.8	348.6	420.4	242.9	151.4	71.4	1 738.0
Hospital only	58.0	66.1	87.3	95.8	82.4	90.0	38.5	518.1
Ancillary only	66.9	40.5	83.2	67.5	29.1	10.1	*2.2	299.5
Type of insurance not known	14.4	9.6	8.7	8.8	*4.7	*4.4	—	51.8
Total	407.8	351.1	527.9	592.6	359.1	255.8	113.2	2 607.4
Without private health insurance	912.4	1 061.3	896.7	639.3	445.1	350.9	234.3	4 539.9
Total	1 320.2	1 412.4	1 424.6	1 231.9	804.2	606.7	347.4	7 147.4
FEMALES								
With private health insurance								
Hospital and ancillary	279.0	292.8	402.9	418.0	244.0	163.4	109.2	1 909.4
Hospital only	48.0	85.4	87.8	110.2	89.4	102.4	82.9	606.2
Ancillary only	66.3	59.5	99.7	64.5	23.4	11.4	*2.2	327.0
Type of insurance not known	11.1	9.1	5.5	9.4	*3.1	*3.1	5.3	46.8
Total	404.5	446.9	596.0	602.2	359.9	280.3	199.6	2 889.4
Without private health insurance	869.8	983.5	849.1	611.7	435.9	387.1	308.9	4 446.0
Total	1 274.3	1 430.4	1 445.0	1 214.0	795.8	667.4	508.6	7 335.4
PERSONS								
With private health insurance								
Hospital and ancillary	547.5	527.6	751.5	838.5	486.8	314.8	180.6	3 647.4
Hospital only	106.0	151.5	175.1	206.0	171.8	192.3	121.4	1 124.4
Ancillary only	133.2	100.0	182.9	132.0	52.5	21.4	*4.4	626.6
Type of insurance not known	25.6	18.8	14.2	18.3	7.8	7.6	6.4	98.5
Total	812.3	798.0	1 123.8	1 194.8	719.0	536.2	312.8	5 496.8
Without private health insurance	1 782.2	2 044.8	1 745.8	1 251.1	880.9	738.0	543.2	8 985.9
Total	2 594.5	2 842.7	2 869.6	2 445.9	1 599.9	1 274.1	856.0	14 482.8

(a) Persons aged 15 years or more. See paragraph 9 Explanatory Notes.

7

PERSONS(a), Age—By Type of Private Health Insurance *continued*

Type of private health insurance	AGE GROUP (YEARS).....							Total
	15-24	25-34	35-44	45-54	55-64	65-74	75 or more	
	%	%	%	%	%	%	%	%
MALES								
With private health insurance								
Hospital and ancillary	20.3	16.6	24.5	34.1	30.2	25.0	20.5	24.3
Hospital only	4.4	4.7	6.1	7.8	10.3	14.8	11.1	7.2
Ancillary only	5.1	2.9	5.8	5.5	3.6	1.7	*0.6	4.2
Type of insurance not known	1.1	0.7	0.6	0.7	*0.6	*0.7	—	0.7
Total	30.9	24.9	37.1	48.1	44.7	42.2	32.6	36.5
Without private health insurance	69.1	75.1	62.9	51.9	55.3	57.8	67.4	63.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
FEMALES								
With private health insurance								
Hospital and ancillary	21.9	20.5	27.9	34.4	30.7	24.5	21.5	26.0
Hospital only	3.8	6.0	6.1	9.1	11.2	15.3	16.3	8.3
Ancillary only	5.2	4.2	6.9	5.3	2.9	1.7	*0.4	4.5
Type of insurance not known	0.9	0.6	0.4	0.8	*0.4	*0.5	1.0	0.6
Total	31.7	31.2	41.2	49.6	45.2	42.0	39.3	39.4
Without private health insurance	68.3	68.8	58.8	50.4	54.8	58.0	60.7	60.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
PERSONS								
With private health insurance								
Hospital and ancillary	21.1	18.6	26.2	34.3	30.4	24.7	21.1	25.2
Hospital only	4.1	5.3	6.1	8.4	10.7	15.1	14.2	7.8
Ancillary only	5.1	3.5	6.4	5.4	3.3	1.7	*0.5	4.3
Type of insurance not known	1.0	0.7	0.5	0.7	0.5	0.6	0.7	0.7
Total	31.3	28.1	39.2	48.8	44.9	42.1	36.5	38.0
Without private health insurance	68.7	71.9	60.8	51.2	55.1	57.9	63.5	62.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Persons aged 15 years or more. See paragraph 9 of Explanatory Notes.

8

PERSONS, Income of Contributor Unit—By Type of Private Health Insurance

INCOME(a).....

Type of private health insurance	Less than	\$20 000–	\$35 000–	\$50 000–	\$70 000–	\$100 000	Not stated/ Not known	Total
	\$20 000	\$34 999	\$49 999	\$69 999	\$99 999	or more		
	'000	'000	'000	'000	'000	'000	'000	'000
CONTRIBUTOR ONLY								
With private health insurance								
Hospital and ancillary	266.6	213.3	139.8	92.5	63.2	34.9	132.3	942.6
Hospital only	162.7	59.3	33.4	23.3	17.1	10.8	51.8	358.4
Ancillary only	49.9	53.4	26.4	18.6	7.6	*3.5	10.3	169.8
Type of insurance not known	21.8	10.2	7.9	*2.8	**1.2	—	14.4	58.3
Total	501.0	336.3	207.4	137.1	89.1	49.3	208.8	1 529.0
Without hospital cover	1 726.6	792.3	273.0	95.2	38.7	22.7	403.2	3 351.8
Total	2 227.6	1 128.5	480.4	232.4	127.9	72.0	612.1	4 880.8
CONTRIBUTOR AND DEPENDENT CHILDREN								
With private health insurance								
Hospital and ancillary	30.2	35.5	34.5	16.4	8.3	*1.7	17.1	143.8
Hospital only	10.6	10.4	*4.8	**1.1	*1.4	**1.0	*1.6	30.9
Ancillary only	16.4	16.5	*2.9	*1.8	**0.9	—	*3.2	41.7
Type of insurance not known	*1.7	**0.6	—	**0.7	—	—	*2.9	5.9
Total	59.0	63.0	42.2	20.0	10.6	*2.8	24.7	222.2
Without hospital cover	741.5	329.8	81.5	22.9	9.3	*4.5	91.7	1 281.1
Total	800.5	392.8	123.7	42.9	19.8	7.2	116.4	1 503.4
CONTRIBUTOR AND PARTNER ONLY								
With private health insurance								
Hospital and ancillary	149.1	138.0	121.4	168.6	132.4	108.4	240.1	1 058.1
Hospital only	123.3	75.4	37.2	44.0	34.8	23.4	73.6	411.6
Ancillary only	19.1	27.2	17.9	24.7	12.5	**0.9	15.0	117.4
Type of insurance not known	*3.0	*2.3	*1.9	—	*2.4	**1.2	8.2	18.8
Total	294.5	242.9	178.3	237.3	182.0	133.8	336.9	1 605.8
Without hospital cover	928.1	360.9	233.3	301.1	157.7	52.9	346.8	2 380.8
Total	1 222.6	603.8	411.6	538.4	339.7	186.7	683.6	3 986.6
CONTRIBUTOR, PARTNER AND DEPENDENT CHILDREN								
With private health insurance								
Hospital and ancillary	62.1	177.4	342.8	524.8	549.2	352.2	429.6	2 438.1
Hospital only	16.7	65.7	92.5	106.4	97.3	76.8	105.5	560.8
Ancillary only	19.6	81.1	120.8	135.2	67.6	20.2	74.1	518.6
Type of insurance not known	*1.3	*2.2	6.0	*3.3	7.0	*1.3	9.1	30.2
Total	99.6	326.4	562.2	769.7	721.1	450.5	618.3	3 547.8
Without hospital cover	440.5	1 162.8	886.4	756.4	378.1	123.4	680.7	4 428.3
Total	540.2	1 489.2	1 448.6	1 526.1	1 099.2	573.9	1 299.0	7 976.1
TOTAL								
With private health insurance								
Hospital and ancillary	507.9	564.2	638.6	802.4	753.1	497.2	819.1	4 582.6
Hospital only	313.2	210.8	167.9	174.7	150.5	112.0	232.6	1 361.7
Ancillary only	105.1	178.2	167.9	180.3	88.7	24.7	102.5	847.4
Type of insurance not known	27.8	15.3	15.8	6.7	10.5	*2.5	34.6	113.2
Total	954.1	968.6	990.1	1 164.2	1 002.8	636.3	1 188.8	6 904.9
Without hospital cover	3 836.8	2 645.8	1 474.2	1 175.6	583.8	203.5	1 522.4	11 442.0
Total	4 790.9	3 614.4	2 464.3	2 339.7	1 586.6	839.8	2 711.2	18 346.9

(a) Gross annual income of contributor unit.

INCOME(a).....								
	Less than \$20 000	\$20 000– \$34 999	\$35 000– \$49 999	\$50 000– \$69 999	\$70 000– \$99 999	\$100 000 or more	Not stated/ Not known	Total
Type of private health insurance	%	%	%	%	%	%	%	%
CONTRIBUTOR ONLY								
With private health insurance								
Hospital and ancillary	12.0	18.9	29.1	39.8	49.5	48.5	21.6	19.3
Hospital only	7.3	5.3	7.0	10.0	13.4	15.0	8.5	7.3
Ancillary only	2.2	4.7	5.5	8.0	6.0	*4.9	1.7	3.5
Type of insurance not known	1.0	0.9	1.6	*1.2	**0.9	—	2.4	1.2
Total	22.5	29.8	43.2	59.0	69.7	68.4	34.1	31.3
Without hospital cover	77.5	70.2	56.8	41.0	30.3	31.6	65.9	68.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
CONTRIBUTOR AND DEPENDENT CHILDREN								
With private health insurance								
Hospital and ancillary	3.8	9.0	27.9	38.3	41.7	*23.7	14.7	9.6
Hospital only	1.3	2.6	*3.9	**2.5	*6.9	**14.3	*1.4	2.1
Ancillary only	2.1	4.2	*2.3	*4.2	**4.7	—	*2.7	2.8
Type of insurance not known	*0.2	**0.1	—	**1.5	—	—	*2.5	0.4
Total	7.4	16.0	34.1	46.6	53.3	*38.0	21.2	14.8
Without hospital cover	92.6	84.0	65.9	53.4	46.7	*62.0	78.8	85.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
CONTRIBUTOR AND PARTNER ONLY								
With private health insurance								
Hospital and ancillary	12.2	22.9	29.5	31.3	39.0	58.1	35.1	26.5
Hospital only	10.1	12.5	9.0	8.2	10.2	12.5	10.8	10.3
Ancillary only	1.6	4.5	4.3	4.6	3.7	**0.5	2.2	2.9
Type of insurance not known	*0.2	*0.4	*0.5	—	*0.7	**0.6	1.2	0.5
Total	24.1	40.2	43.3	44.1	53.6	71.7	49.3	40.3
Without hospital cover	75.9	59.8	56.7	55.9	46.4	28.3	50.7	59.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
CONTRIBUTOR, PARTNER AND DEPENDENT CHILDREN								
With private health insurance								
Hospital and ancillary	11.5	11.9	23.7	34.4	50.0	61.4	33.1	30.6
Hospital only	3.1	4.4	6.4	7.0	8.8	13.4	8.1	7.0
Ancillary only	3.6	5.4	8.3	8.9	6.2	3.5	5.7	6.5
Type of insurance not known	*0.2	*0.1	0.4	*0.2	0.6	*0.2	0.7	0.4
Total	18.4	21.9	38.8	50.4	65.6	78.5	47.6	44.5
Without hospital cover	81.6	78.1	61.2	49.6	34.4	21.5	52.4	55.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TOTAL								
With private health insurance								
Hospital and ancillary	10.6	15.6	25.9	34.3	47.5	59.2	30.2	25.0
Hospital only	6.5	5.8	6.8	7.5	9.5	13.3	8.6	7.4
Ancillary only	2.2	4.9	6.8	7.7	5.6	2.9	3.8	4.6
Type of insurance not known	0.6	0.4	0.6	0.3	0.7	*0.3	1.3	0.6
Total	19.9	26.8	40.2	49.8	63.2	75.8	43.8	37.6
Without hospital cover	80.1	73.2	59.8	50.2	36.8	24.2	56.2	62.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Gross annual income of contributor unit.

TYPE OF ANCILLARY COVER(a).....

Type of hospital cover(a)	TYPE OF ANCILLARY COVER(a).....		Total with ancillary cover	Without ancillary cover(b)	Total(b)
	Wide range	Limited range	'000	'000	'000
CONTRIBUTOR ONLY					
With hospital cover					
With excess and restrictions	53.5	47.5	101.0	46.8	147.8
With excess and no restrictions(c)	241.9	70.2	312.1	140.4	452.4
With restrictions and no excess(d)	31.8	18.6	50.5	21.7	72.2
With no restrictions or excess	281.1	43.1	324.2	108.3	432.6
Total(e)	725.1	217.5	942.6	395.3	1 338.0
Without hospital cover(b)	121.3	69.8	191.0	3 351.8	3 542.8
Total(b)	846.4	287.3	1 133.6	3 747.2	4 880.8
CONTRIBUTOR WITH DEPENDENT CHILDREN					
With hospital cover					
With excess and restrictions	6.2	6.1	12.2	13.0	25.2
With excess and no restrictions(c)	32.4	11.8	44.2	5.5	49.7
With restrictions and no excess(d)	*4.7	*2.5	7.3	*1.9	9.2
With no restrictions or excess	52.0	5.6	57.6	9.6	67.3
Total(e)	112.1	31.7	143.8	36.3	180.2
Without hospital cover(b)	30.2	11.8	42.0	1 281.1	1 323.1
Total(b)	142.4	43.5	185.9	1 317.5	1 503.4
CONTRIBUTOR AND PARTNER ONLY					
With hospital cover					
With excess and restrictions	49.5	25.1	74.6	41.6	116.2
With excess and no restrictions(c)	288.5	79.9	368.4	192.6	561.0
With restrictions and no excess(d)	29.5	11.5	41.0	18.1	59.0
With no restrictions or excess	393.0	47.4	440.4	119.9	560.3
Total(e)	867.7	191.1	1 058.9	425.1	1 484.1
Without hospital cover(b)	92.3	28.9	121.7	2 380.8	2 502.5
Total(b)	960.1	220.1	1 180.7	2 805.9	3 986.6

(a) As reported by respondents. See Glossary.

(b) Includes persons for whom hospital or ancillary cover was not known.

(c) Includes restrictions not stated.

(d) Includes excess not stated.

(e) Not all combinations are shown. Therefore components do not add to totals.

Type of hospital cover(a)	TYPE OF ANCILLARY COVER(a).....		Total with ancillary cover '000	Without ancillary cover(b) '000	Total(b) '000
	Wide range '000	Limited range '000			
CONTRIBUTOR AND PARTNER WITH DEPENDENT CHILDREN					
With hospital cover					
With excess and restrictions	155.5	84.9	240.5	94.2	334.6
With excess and no restrictions(c)	778.5	137.3	915.8	234.6	1 150.3
With restrictions and no excess(d)	87.1	34.4	121.5	22.0	143.5
With no restrictions or excess	805.1	69.4	874.4	168.8	1 043.2
Total(e)	2 056.7	382.6	2 439.4	583.3	3 022.5
Without hospital cover(b)	400.2	124.9	525.1	4 428.3	4 953.4
Total(b)	2 457.0	507.5	2 964.5	5 011.6	7 976.1
TOTAL					
With hospital cover					
With excess and restrictions	264.7	163.6	428.3	195.6	623.9
With excess and no restrictions(c)	1 341.2	299.2	1 640.4	573.0	2 213.5
With restrictions and no excess(d)	153.2	67.0	220.2	63.7	283.9
With no restrictions or excess	1 531.3	165.5	1 696.7	406.7	2 103.4
Total(e)	3 761.7	823.0	4 584.7	1 440.3	6 025.0
Without hospital cover(b)	644.0	235.4	879.9	11 442.0	12 321.9
Total(b)	4 405.8	1 058.4	5 464.7	12 882.2	18 346.9

(a) As reported by respondents. See Glossary.

(b) Includes persons for whom hospital or ancillary cover was not known.

(c) Includes restrictions not stated.

(d) Includes excess not stated.

(e) Not all combinations are shown. Therefore components do not add to totals.

Type of government health card	AGE GROUP (YEARS).....							Total.....	
	15-24	25-34	35-44	45-54	55-64	65-74	75 or more		
	'000	'000	'000	'000	'000	'000	'000	'000	%
WITH PRIVATE HEALTH INSURANCE									
Covered by card(s)									
DVA card only	*3.3	—	*2.0	8.2	*1.8	10.4	11.5	38.2	0.7
DFaCS card only	83.5	52.5	78.3	84.0	171.3	337.8	206.2	1 016.4	18.5
Both DVA and DFaCS cards	*2.0	—	—	*1.6	—	10.6	18.6	33.7	0.6
Total(c)	88.8	52.5	80.3	93.8	173.1	358.8	236.3	1 088.3	19.8
Not covered by card	715.5	739.3	1 039.1	1 095.8	541.7	172.6	72.3	4 376.4	79.6
Total(d)	812.3	798.0	1 123.8	1 194.8	719.0	536.2	312.8	5 496.8	100.0
WITHOUT PRIVATE HEALTH INSURANCE									
Covered by card(s)									
DVA card only	*1.7	*1.9	*3.0	9.1	*4.9	21.3	32.6	75.0	0.8
DFaCS card only	572.5	534.0	543.0	385.4	517.1	600.6	375.4	3 530.2	39.3
Both DVA and DFaCS cards	*2.0	*2.4	—	7.0	7.9	61.8	115.3	197.5	2.2
Total(c)	576.2	538.3	546.0	401.5	529.9	683.7	523.3	3 802.7	42.3
Not covered by card	1 163.1	1 492.8	1 193.9	844.5	345.4	51.3	18.9	5 109.8	56.9
Total(d)	1 782.2	2 044.8	1 745.8	1 251.1	880.9	738.0	543.2	8 985.9	100.0
TOTAL									
Covered by card(s)									
DVA card only	*5.0	*2.9	*5.0	17.3	6.7	31.9	44.0	113.5	0.8
DFaCS card only	656.0	586.5	621.3	469.6	689.8	939.2	582.5	4 546.5	31.4
Both DVA and DFaCS cards	*4.0	*2.7	—	8.6	8.5	72.4	133.9	231.2	1.6
Total(c)	665.0	592.1	626.3	495.5	705.0	1 043.5	760.4	4 891.2	33.8
Not covered by card	1 878.6	2 232.1	2 233.0	1 940.4	887.0	223.9	91.2	9 486.2	65.5
Total(d)	2 594.5	2 842.7	2 869.6	2 445.9	1 599.9	1 274.1	856.0	14 482.8	100.0

(a) Persons aged 15 years or more.

(b) See Glossary.

(c) Includes those cases where details of type of card were not known.

(d) Includes not stated whether covered by card.

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INSURED CONTRIBUTOR UNITS(a), Reasons Insured

Reason(s) for having health insurance	TYPE OF PRIVATE HEALTH INSURANCE.....				LENGTH OF TIME COVERED BY PRIVATE HEALTH INSURANCE(b)....				Total
	<i>Hospital and ancillary</i>	<i>Hospital only</i>	<i>Ancillary only</i>	<i>Type of insurance not known</i>	<i><1 year</i>	<i>1 to <2 years</i>	<i>2 to <5 years</i>	<i>5 years or more</i>	
	'000	'000	'000	'000	'000	'000	'000	'000	'000
Security/protection/peace of mind	1 107.6	333.9	75.2	30.8	44.4	60.4	112.2	1 330.6	1 547.5
Choice of doctor	605.9	210.3	8.5	9.5	18.1	24.5	58.3	733.3	834.2
Allows treatment as private patient	482.0	181.0	*2.1	6.9	17.7	19.6	49.5	585.1	671.9
Provides benefits for ancillary services/extras	326.9	*3.2	261.4	7.0	31.9	29.8	70.4	466.3	598.4
Shorter wait for treatment/concern over hospital waiting lists	540.2	212.4	5.6	8.8	20.9	23.9	49.7	672.4	767.0
Always had it/parents had it/condition of job	521.8	132.1	33.9	23.4	15.0	17.6	30.4	648.1	711.2
To gain government incentives/to avoid extra Medicare levy	25.2	10.9	*1.9	—	10.2	8.4	*3.5	15.9	38.0
Other financial reasons	90.1	21.9	22.2	*1.3	*4.6	5.3	14.0	111.7	135.6
Has illness/condition which requires treatment	209.9	61.9	45.7	*5.2	11.5	13.3	33.3	264.5	322.7
Elderly/getting older/likely to need treatment	213.6	99.3	12.3	5.3	7.8	6.8	13.5	302.4	330.5
Other	155.4	54.5	20.0	9.2	19.7	21.1	36.3	161.9	239.1
Total(c)	2 139.0	716.5	367.4	75.3	123.2	140.8	280.2	2 754.0	3 298.1

(a) See Glossary.

(b) Length of time covered in current insurance episode.

(c) Persons may have reported more than one reason for having private health insurance and therefore components do not add to totals.

	Contributor only	Contributor and dependent children	Contributor and partner only	Contributor, partner and dependent children	Total.....	
Importance of government incentives	'000	'000	'000	'000	'000	%
HOSPITAL(c)						
Very important	86.1	7.4	55.9	67.9	217.4	7.6
Important	160.9	9.6	98.1	114.8	383.4	13.4
Not important	800.2	40.2	459.3	444.5	1 744.2	61.1
Not aware of incentives	61.8	*1.6	19.7	20.0	103.2	3.6
Incentives not applicable	143.7	7.2	89.1	108.7	348.8	12.2
Not known	34.7	*2.0	12.6	9.2	58.5	2.0
Total	1 287.5	68.0	734.8	765.1	2 855.5	100.0
ANCILLARY(d)						
Very important	68.8	5.7	38.9	58.5	171.9	6.9
Important	128.6	10.7	73.5	101.3	314.2	12.5
Not important	683.5	43.0	377.2	449.7	1 553.4	62.0
Not aware of incentives	57.6	*2.3	17.6	22.1	99.5	4.0
Incentives not applicable	133.7	8.2	71.3	106.6	319.8	12.8
Not known	26.3	*2.3	9.3	9.6	47.6	1.9
Total	1 098.4	72.5	587.7	747.7	2 506.3	100.0

(a) See Glossary.

(b) See Appendix.

(c) With or without ancillary cover.

(d) With or without hospital cover.

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UNINSURED CONTRIBUTOR UNITS(a), Reasons Not Insured

Reason for not having health insurance	COMPOSITION OF CONTRIBUTOR UNIT.....				TIME SINCE CEASED COVER.....		Total
	Contributor only	Contributor and dependent children	Contributor and partner only	Contributor, partner and dependent children	Cover ceased in last 2 years	Never covered or cover ceased over 2 years ago	
	'000	'000	'000	'000	'000	'000	'000
Can't afford it/too expensive	2 019.2	379.9	794.4	828.9	324.3	3 698.1	4 022.4
Lack of value for money/not worth it	366.4	45.1	165.6	202.9	104.2	675.8	779.9
Medicare cover sufficient	444.9	63.5	164.4	164.8	27.6	810.1	837.6
Don't need medical care/in good health/have no dependents	605.5	37.1	140.1	106.6	44.0	845.3	889.3
Won't pay Medicare levy and private health insurance premium	74.6	6.7	35.0	45.6	12.2	149.7	161.9
Disillusionment about having to pay 'out of pocket' cost/gap fee	109.9	18.7	90.5	103.7	59.4	263.5	322.9
Prepared to pay cost of private treatment from own resources	48.4	*3.1	27.6	32.3	9.9	101.5	111.4
Pension/health concession card	405.2	45.9	168.4	29.8	20.8	628.5	649.3
Not high priority/previously included in parents cover	271.2	17.5	33.5	28.4	63.0	287.7	350.7
Other	179.0	22.3	54.0	56.8	43.4	268.7	312.1
Total(b)	3 351.2	475.4	1 190.4	1 106.4	472.0	5 651.4	6 123.4

(a) See Glossary.

(b) Persons may have reported more than one reason for not having private health insurance and therefore components do not add to totals.

Hospital and patient type(c)	AGE GROUP (YEARS).....							SEX.....		
	15-24	25-34	35-44	45-54	55-64	65-74	75 or more	Males	Females	Persons
WITH PRIVATE HEALTH INSURANCE										
	%	%	%	%	%	%	%	%	%	%
Public hospital										
Medicare patient	26.9	19.5	16.2	15.2	13.2	10.6	11.3	17.3	14.0	15.4
Private patient	16.3	11.7	13.4	12.3	16.2	13.9	11.8	13.9	13.0	13.4
Patient type not known	—	—	—	—	—	*1.2	*1.7	*1.0	*0.3	*0.6
Private hospital										
Private patient	55.1	68.4	70.3	72.4	70.1	74.3	75.1	67.8	72.7	70.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
WITHOUT PRIVATE HEALTH INSURANCE										
	%	%	%	%	%	%	%	%	%	%
Public hospital										
Medicare patient	83.6	82.6	81.2	81.4	89.8	81.7	74.5	78.7	84.7	82.1
Private patient	*2.3	4.0	4.9	*3.2	*1.6	*3.0	*3.4	3.4	3.4	3.4
Patient type not known	*1.4	*0.5	—	—	—	*1.6	*2.7	1.4	*0.6	0.9
Private hospital										
Private patient	12.7	12.9	13.7	14.8	8.3	13.7	19.4	16.6	11.3	13.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TOTAL										
	%	%	%	%	%	%	%	%	%	%
Public hospital										
Medicare patient	71.6	60.4	52.0	45.6	50.7	48.8	49.4	53.6	54.0	53.8
Private patient	5.3	6.8	8.7	8.1	9.1	8.0	6.8	7.7	7.6	7.6
Patient type not known	*1.5	*0.4	—	—	—	*1.5	*2.3	1.2	0.5	0.8
Private hospital										
Private patient	21.6	32.4	39.1	46.0	39.9	41.8	41.5	37.5	37.9	37.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	'000	'000	'000	'000	'000	'000	'000	'000	'000	'000
Total	189.6	430.2	339.7	301.1	251.9	264.4	217.8	845.8	1 148.9	1 994.7

(a) Persons aged 15 years or more.

(b) In the 12 months prior to the survey.

(c) For the most recent admission in the previous 12 months, as reported by respondents.

15

INSURED PERSONS(a), By Reasons Admitted to Hospital as Medicare Patient(b)

Reasons	AGE GROUP (YEARS).....			SEX.....		
	15-44	45-64	65 or more	Males	Females	Persons
	%	%	%	%	%	%
Cheaper	*17.8	36.9	*21.5	24.0	24.9	24.5
Not in a position to choose	*41.5	37.8	52.0	40.1	45.6	42.9
Other	*38.3	*20.2	*11.8	28.2	24.8	26.5
Don't know	—	*5.2	*14.8	*7.7	*4.6	*6.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
	'000	'000	'000	'000	'000	'000
Total	37.3	24.5	19.3	40.5	40.6	81.1

(a) Insured persons aged 15 years or more admitted to hospital as a Medicare patient in the previous 12 months.

(b) Reasons for most recent admission as a Medicare patient.

EXPLANATORY NOTES

INTRODUCTION

1 In June 1998 a survey was conducted throughout Australia to obtain information about levels of private health insurance cover in the Australian community. Similar national health insurance surveys were conducted annually from 1979 to 1983 and again in 1986, 1988, 1990 and 1992. Information about private health insurance was also collected in the 1989–90 and 1995 National Health Surveys (NHS).

SCOPE

2 The Private Health Insurance Survey was conducted as a supplement to the Monthly Population Survey (MPS). The MPS survey is based on a multi-stage area sample of private dwellings (about 34,000 houses, flats, etc.) and covers about 0.5% of the population of Australia. The MPS is described more fully in *Labour Force, Australia* (Cat. no. 6203.0).

3 Interviews were conducted over a period of two weeks commencing 8 June 1998. The information about health insurance was obtained from the occupants of selected dwellings by trained interviewers.

4 Information on health insurance arrangements was obtained for each person aged 15 years or more in the sampled population, except for dependant full-time students aged 15–25 years (see paragraph 9). If a person was not available for interview, another responsible adult was interviewed on his or her behalf. Information on health insurance status and contribution rate was used to determine 'contributor units' within families and households (see Glossary).

5 Persons excluded from the scope of the survey were:

- members of the permanent defence forces;
- certain diplomatic personnel of overseas governments customarily excluded from census and estimated populations;
- overseas residents in Australia;
- members of non-Australian defence forces (and their dependants) stationed in Australia; and
- Also excluded were some 175,000 persons living in remote and sparsely settled parts of Australia. The exclusion of these persons will have only a minor impact on any aggregate estimates that are produced for individual States and Territories, with the exception of the Northern Territory where such persons account for over 20% of the population.

RELIABILITY OF THE ESTIMATES

6 Estimates in this publication are subject to two sources of error:

- sampling error: since the estimates are based on information obtained from occupants of a sample of dwellings they may differ from the figures that would have been produced if all dwellings had been included in the survey. More information on this topic is given in the Technical Note; and
- non-sampling error: inaccuracies may occur because of imperfections in reporting by respondents and interviewers, and errors made in coding and processing data. These inaccuracies may occur in any enumeration, whether it be a full count or a sample. Every effort is made to reduce the non-sampling error to a minimum by careful design of questionnaires, intensive training and supervision of interviewers and efficient operating procedures.

EXPLANATORY NOTES *continued*

INTERPRETATION OF RESULTS

7 Changes to health insurance arrangements have occurred since the survey was conducted in June 1998. Results of the survey therefore need to be interpreted in terms of arrangements then in place. Information about those arrangements is contained in the Appendix.

8 Exclusion from the survey of persons who were in hospitals, nursing homes and other health institutions may have affected the estimates. This should be considered in interpreting the estimates in this publication.

9 Dependant full-time students aged 15–25 years were not asked the health insurance questions and were assumed to be covered by the health insurance arrangements of the contributor of the unit to which they were attached. Also assumed to be covered by health insurance arrangements of the contributor were children aged less than 15 years, (see contributor units in Glossary). Insurance details derived in this way showed that 36% of children aged less than 15 years had some cover: 24% had hospital and ancillary cover, 6% hospital cover only, and 6% ancillary cover only.

10 The methodology used to split couples (with or without children) into separate contributor units (see Glossary), if they had separate insurance arrangements, had the effect of increasing the proportion of insured people in contributor only and contributor and dependent children units compared with uninsured people. As shown below, 25% of insured persons in these types of units were married or in a de facto relationship, compared with only 6% of persons without insurance. This does not effect overall insurance levels and characteristics described in this publication, but should be borne in mind in interpreting the data shown on type of contributor unit.

PERSONS IN CONTRIBUTOR ONLY, AND CONTRIBUTOR AND DEPENDENT CHILDREN UNITS

	Married(a)	Never married	Separated, divorced, widowed	Total
With private health insurance	24.5	39.4	36.1	100.0
Without private health insurance	5.6	53.2	41.1	100.0

(a) Includes de facto.

COMPARABILITY BETWEEN SURVEYS

11 Comparison of the 1998 results with those obtained in previous surveys conducted in 1992 and 1995 should be made with care for the following reasons:

- *Types and levels of health insurance available*—the types and levels of health insurance available has differed over time as a consequence of legislative changes, and initiatives introduced by health insurers. Information concerning changes introduced between 1995 and June 1998 are contained in the Appendix.
- *Sampling factors*—since all estimates were based on interviews with samples of the Australian population, results are subject to sampling variability (see Technical Note for further details) and any assessment or comparison of results should take this into account.
- *Survey method*—1995 health insurance data were collected as part of the 1995 NHS. The personal interview methodology used in that survey differed from the responsible adult methodology used in the 1992 and 1998 Health Insurance Surveys. In addition, the data set collected in 1995 was much smaller, and was collected in such a way that it is not possible to group people together into contributor units, as in the 1992 and 1998 surveys.

12 The proportions with private health insurance obtained from the 1998 survey may differ from those available from other sources, such as statistics published by the Private Health Insurance Administration Council (PHIAC). Differences may occur due to different sources of the information. Whereas the statistics in this publication are derived from a population survey, PHIAC statistics are compiled from membership data provided by insurance funds. While differences in overall levels of cover need to be borne in mind in interpreting the information, the characteristics of those with and without cover described in this publication are considered valid for most practical purposes.

ACKNOWLEDGMENT

13 Australian Bureau of Statistics (ABS) publications draw extensively on information provided freely by individuals, businesses, governments and other organisations. Their continued cooperation is very much appreciated: without it, the wide range of statistics published by the ABS would not be available. Information received by the ABS is treated in strict confidence as required by the *Census and Statistics Act 1905*.

RELATED PUBLICATIONS

14 Other ABS publications which may be of interest include:

Health Insurance Survey, June 1992 (Cat. no. 4335.0)

National Health Survey: Private Health Insurance, Australia, 1995
(Cat. no. 4334.0)

UNPUBLISHED STATISTICS

15 Additional unpublished results from this survey are available. For information about these contact the Health Section on 1800 060 050.

CHANGES IN PRIVATE HEALTH INSURANCE ARRANGEMENTS

INTRODUCTION

A brief summary of key changes which have recently occurred in private health insurance is provided below. This may assist in interpreting the private health insurance information presented in this publication, and identifying factors which have influenced changes in the levels and types of cover since 1995.

CATEGORIES OF MEMBERSHIP

From 1 October 1996, new categories of membership of private health insurance funds were introduced to replace the previous two categories, single and family. The new categories were:

- Single membership—consisting of the contributor only.
- Couple membership—consisting of the contributor and one other person who is not the dependent child of the contributor.
- Single parent family membership—consisting of the contributor and one or more dependent children.
- Family membership—consisting of the contributor, another adult and one or more dependent children.

At the same time, changes to premium structures were introduced. These included:

- Removal of the set relativity between the premiums charged for categories of membership, e.g. the previous requirement for couple premiums to be twice those of singles for equivalent cover. However, the requirement that all members within a category of insurance be charged the same premium was retained.
- Removal of the requirement that all insurance tables be offered to all categories of membership.

PRIVATE HEALTH INSURANCE INCENTIVES SCHEME

From 1 July 1997, the Federal Government introduced the Private Health Insurance Incentives Scheme (PHIIS). This scheme offered financial incentives to encourage individuals and families to take out, or maintain, private health insurance cover. These incentives were delivered either in the form of reduced premium or payment as a taxation rebate at the end of the financial year.

For those with private health insurance, this scheme paid rebates of up to:

- \$125 for single people with annual income less than \$35,000— \$100 if they had hospital insurance and a further \$25 if they had ancillary cover.
- \$250 for couples with annual income less than \$70,000— \$200 if they had hospital insurance and a further \$50 if they had ancillary cover.
- \$450 for families with annual income less than \$70,000 (plus \$3,000 for each child after the first)— \$350 if they had hospital cover and a further \$100 if they had ancillary cover.

Under PHIIS, those people without private health insurance (which at least covered doctors' fees and accommodation in hospital) had an additional Medicare levy surcharge of 1% applied if their annual incomes were over a certain level. This 1% surcharge applied to single people on incomes higher than \$50,000, couples with incomes of more than \$100,000 and families with incomes greater than \$100,000 (plus \$1,500 for each child after the first).

APPENDIX *continued*

PRIVATE HEALTH INSURANCE INCENTIVES SCHEME *continued*

This scheme was replaced on 1 January 1999, with new arrangements under which all persons with private health insurance could claim a rebate of 30% of their insurance premiums, irrespective of their income or the type of private insurance they hold.

HOSPITAL PURCHASER PROVIDER AGREEMENTS

From April 1998 health funds were able to pay hospitals above the Medicare Benefits Schedule fee under a Hospital Purchaser Provider Agreement (HPPA), where the hospital had a Practitioner Agreement with the doctors for in-hospital medical services.

This change enabled simplified billing as the privately insured patient no longer needed to be involved in paying any accounts. There were no out-of-pocket expenses for patients as an agreed fee had been negotiated between the hospital and the practitioner; hospitals were able to send accounts directly to health funds; and health funds could claim Medicare rebates directly from the Health Insurance Commission.

Funds could offer maximum cover only in those hospitals with which it had a HPPA. This meant that a person with full cover received 100% of hospital accommodation costs (apart from any agreed excess or co-payment). With regard to non-agreement hospitals, the level of cover received could differ between funds, with some offering only a basic rate set by the government, while others offered to pay a higher level of cover.

REFERENCES

Commonwealth Department of Health and Family Services, September 1996
(Circular HBF 463).

Commonwealth Department of Health and Family Services, May 1998
(Circular HBF 522).

TECHNICAL NOTES

ESTIMATION PROCEDURE

Estimates of numbers of persons and contributor units with particular characteristics are derived from the survey by a complex estimation procedure. The procedure ensures that the survey estimates conform to person benchmarks by State, part-of-State, age and sex, and to household benchmarks by State, part-of-State and household composition (number of adults and children usually resident in the household). The population benchmarks used are independent demographic estimates of the number of usual residents in private dwellings and the number of households at June 1998.

Sampling error

Two types of error are possible in an estimate based on a sample survey: sampling error and non-sampling error. The sampling error is a measure of the variability that occurs by chance because a sample, rather than the entire population, is surveyed. Since the estimates in this publication are based on information obtained from occupants of a sample of dwellings, they are subject to sampling variability; that is, they may differ from the figures that would have been produced if all dwellings had been included in the survey.

One measure of the likely difference is given by the standard error (SE), which indicates the extent to which an estimate might have varied by chance because only a sample of dwellings was included. There are about two chances in three that a sample estimate will differ by less than one SE from the figure that would have been obtained if all dwellings had been included, and about nineteen chances in twenty that the difference will be less than two SEs.

Another measure of the likely difference is the relative standard error (RSE), which is obtained by expressing the SE as a percentage of the estimate to which it refers. The RSE is calculated using the following formula:

$$RSE(x) = \frac{[100 \times SE(x)]}{x}$$

Expressed as a percentage, the RSE is a useful measure in that it provides an immediate indication of the percentage errors likely to have occurred due to sampling, and thus avoids the need to refer also to the size of the estimate.

Non-sampling error

In addition to sampling errors, estimates are subject to non-sampling errors. These may include errors in reporting by respondents, or errors in processing (e.g. incorrect recording and coding). Inaccuracies of this kind are not specific to sample surveys and may occur in any enumeration, whether it be a full count or a sample. A number of procedures are undertaken to ensure this type of error is reduced to a minimum, including careful design of questionnaires, intensive training and supervision of interviewers, and efficient operation procedures. Effects of non-sampling error are difficult to measure and are not included in the SE tables on the following pages.

RELIABILITY OF THE ESTIMATES

Space does not allow for the separate indication of the SEs of all estimates in this publication. A table of SEs and RSEs for estimates of numbers of persons, income units and contributor units is given in table T1. These figures will not give a precise measure of the SE for a particular estimate but will provide an indication of its magnitude. An example of the calculation and use of the SEs follows.

Table 2 (page 10) shows that the estimated number of persons with ancillary only insurance was 847,400. The estimate lies between 500,000 and 1,000,000. The corresponding SEs can be found in the Australian column of table T1 and are 9,550 and 12,350.

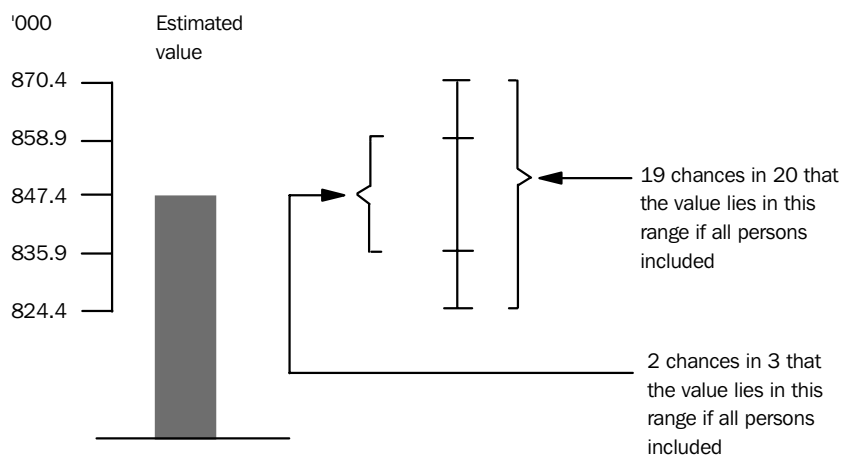
The SE for 847,400 is calculated by interpolation using the following formula:

$$SE = \text{lower SE} + \left(\left(\frac{\text{size of estimate} - \text{lower size}}{\text{upper size} - \text{lower size}} \right) \times (\text{upper SE} - \text{lower SE}) \right)$$

$$SE = 9,550 + \left(\left(\frac{847,400 - 500,000}{1,000,000 - 500,000} \right) \times (12,350 - 9,550) \right)$$

$$SE = 11,495, \text{ or approximately } 11,500$$

Therefore, there are about two chances in three that the value that would have been produced if all persons had been included in the survey will fall in the range of 835,900 to 858,900 and about nineteen chances in twenty that the value will fall within the range 824,400 to 870,400. This example is illustrated in the following diagram.



RELIABILITY OF THE ESTIMATES *continued*

As can be seen from the SE table, the larger the estimate the smaller the RSE. Thus, larger estimates will be relatively more reliable than smaller estimates. In the tables in this publication, only estimates with RSEs of 25% or less, and percentages based on such estimates, are considered sufficiently reliable for most purposes. However, estimates and percentages with RSEs greater than 25% have been included, and are preceded by an asterisk (e.g. *3.4) to indicate that they are subject to high SEs and should be used with caution. Estimates and percentages with RSEs greater than 50% are preceded by a double asterisk (e.g. **3.4) to indicate that they are subject to very high SEs and should be used with extreme caution.

STANDARD ERRORS OF PROPORTIONS AND PERCENTAGES

Proportions and percentages formed from the ratio of two estimates are also subject to sampling error. The size of the error depends on the accuracy of both the numerator and the denominator. A formula to approximate the RSE of a proportion or percentage, where the numerator is a subset of the denominator, is given below.

$$RSE\left(\frac{x}{y}\right) = \sqrt{\left([RSE(x)]^2 - [RSE(y)]^2\right)}$$

STANDARD ERRORS OF DIFFERENCES

Differences may be calculated between two survey estimates. Such a figure is itself an estimate and therefore subject to sampling error. The SE of the difference between two estimates depends on the accuracy of both estimates and the relationship (correlation) between them. An approximation of the difference between two estimates (x-y) may be calculated by the following formula:

$$SE(x-y) = \sqrt{\left([SE(x)]^2 + [SE(y)]^2\right)}$$

While this formula will only be exact for differences between separate and uncorrelated (unrelated) characteristics or sub-populations it is expected to provide reasonable SE estimates for the differences likely to be of interest in this publication.

TECHNICAL NOTES *continued*

T1 Standard errors and relative standard errors

Size of estimate	STATES AND TERRITORIES.....									AUST.....	
	NSW	Vic.	Qld	SA	WA	Tas.	NT	ACT	SE	RSE(a)	
100	..	..	..	..	..	(b)110	(b)90	(b)140	..	..
200	..	..	..	(b)210	(b)240	(b)150	(b)130	(b)170	..	..
300	..	(b)350	(b)330	(b)260	(b)280	(b)170	(b)150	(b)190	..	..
400	(b)440	(b)400	(b)380	(b)290	(b)320	(c)190	(c)180	(b)210	(b)340	(b)84.2	
500	(b)490	(b)440	(b)420	(b)320	(b)360	(c)210	(c)190	(c)230	(b)380	(b)76.3	
600	(b)530	(b)480	(b)460	(b)350	(b)390	(c)230	(c)210	(c)240	(b)420	(b)70.3	
700	(b)570	(b)520	(b)490	(b)370	(b)410	(c)240	(c)230	(c)260	(b)460	(b)65.5	
800	(b)610	(b)550	(b)520	(b)400	(b)440	(c)260	(c)240	(c)270	(b)490	(b)61.7	
900	(b)650	(b)580	(b)550	(c)420	(b)460	(c)270	(c)250	(c)280	(b)530	(b)58.4	
1 000	(b)680	(b)610	(b)580	(c)440	(c)480	(c)280	(c)270	(c)290	(b)560	(b)55.6	
1 100	(b)710	(b)640	(b)610	(c)460	(c)500	(c)290	(c)280	(c)300	(b)590	(b)53.2	
1 200	(b)740	(b)660	(b)630	(c)470	(c)520	(c)300	290	(c)310	(b)610	(b)51.1	
1 300	(b)770	(b)690	(b)650	(c)490	(c)540	310	300	320	(c)640	(c)49.2	
1 400	(b)800	(b)710	(c)680	(c)510	(c)560	320	310	330	(c)670	(c)47.5	
1 500	(b)830	(c)730	(c)700	(c)520	(c)580	330	320	330	(c)690	(c)46.0	
1 600	(b)850	(c)750	(c)720	(c)540	(c)590	340	330	340	(c)710	(c)44.6	
1 700	(b)880	(c)780	(c)740	(c)550	(c)610	350	340	350	(c)740	(c)43.3	
1 800	(b)900	(c)800	(c)760	(c)560	(c)620	360	350	360	(c)760	(c)42.2	
1 900	(c)920	(c)820	(c)780	(c)580	(c)640	370	350	360	(c)780	(c)41.1	
2 000	(c)950	(c)830	(c)790	(c)590	(c)650	370	360	370	(c)800	(c)40.1	
2 100	(c)970	(c)850	(c)810	(c)600	(c)670	380	370	380	(c)820	(c)39.2	
2 200	(c)990	(c)870	(c)830	(c)610	(c)680	390	380	380	(c)840	(c)38.3	
2 300	(c)1 010	(c)890	(c)850	(c)620	(c)690	400	380	390	(c)860	(c)37.5	
2 400	(c)1 030	(c)910	(c)860	(c)640	(c)700	400	390	400	(c)880	(c)36.7	
2 500	(c)1 050	(c)920	(c)880	(c)650	(c)720	410	400	400	(c)900	(c)36.0	
3 000	(c)1 140	(c)1 000	(c)950	700	(c)770	440	430	430	(c)990	(c)32.9	
3 500	(c)1 220	(c)1 070	(c)1 020	740	820	470	460	460	(c)1 070	(c)30.5	
4 000	(c)1 300	(c)1 140	(c)1 080	790	870	500	480	480	(c)1 140	(c)28.5	
4 500	(c)1 370	(c)1 200	(c)1 140	830	920	520	510	510	(c)1 210	(c)26.9	
5 000	(c)1 450	(c)1 250	1 200	850	950	550	550	550	(c)1 300	(c)25.5	
6 000	(c)1 550	1 350	1 300	950	1 050	600	550	550	1 400	23.3	
8 000	1 750	1 550	1 450	1 050	1 150	650	650	650	1 600	20.1	
10 000	1 950	1 700	1 600	1 150	1 250	700	700	700	1 800	17.9	
20 000	2 600	2 250	2 200	1 500	1 650	950	900	950	2 500	12.4	
30 000	3 100	2 650	2 600	1 750	1 950	1 150	1 050	1 100	3 000	9.9	
40 000	3 450	3 000	2 950	2 000	2 150	1 250	1 150	1 250	3 400	8.5	
50 000	3 800	3 300	3 250	2 150	2 350	1 400	1 200	1 400	3 750	7.5	
100 000	4 950	4 350	4 300	2 800	3 050	1 850	1 500	1 950	5 050	5.0	
200 000	6 450	5 650	5 750	3 600	3 900	2 450	1 850	2 700	6 700	3.3	
300 000	7 450	6 600	6 800	4 200	4 500	2 900	..	3 300	7 850	2.6	
400 000	8 300	7 350	7 650	4 650	4 950	3 250	..	..	8 800	2.2
500 000	8 950	7 950	8 350	5 000	5 350	3 550	..	..	9 550	1.9
1 000 000	11 350	10 250	11 000	6 400	6 750	..	..	..	12 350	1.2
2 000 000	14 300	13 050	14 500	8 100	8 400	..	..	..	15 800	0.8
5 000 000	19 000	17 800	20 650	..	..	..	..	..	21 400	0.4
10 000 000	..	..	..	..	..	..	..	..	26 550	0.3
20 000 000	..	..	..	..	..	..	..	..	32 550	0.2

- (a) Shows the standard error as a percentage of the estimate.
- (b) This standard error represents an RSE of around 50% or more of the estimate: smaller estimates are considered too unreliable for most purposes.
- (c) This standard error represents and RSE of 25% to 50% of the estimate.

GLOSSARY

Ancillary cover Any cover provided by private insurance organisations for health-related services other than medical or hospital cover (e.g. physiotherapy, dental, optical, chiropractic and ambulance). In this publication ancillary is further broken down by whether the cover was for a wide range, or limited range of services, as reported by respondents to the survey.

Contributor unit The term 'contributor unit' applies to families and the individual members or groups of members of families as defined by their private health insurance arrangements. The term applies to both insured units and to those without private health insurance.

A contributor unit with private health insurance consists of a 'contributor' plus all persons in the same family who are covered by the health insurance arrangements of the contributor. The following persons are assumed to be covered by the health insurance arrangements of the contributor:

- spouse;
- all children under 15 years of age; and
- unmarried full-time students between 15 and 25 years of age without dependants of their own and who are living with their parents.

For married couples, individual responses to the health insurance questions were used to determine whether the respective partners have separate health insurance arrangements and hence form two separate contributor units, or have joint arrangements and hence form one unit. Couples in which neither partner had private health insurance are defined as one contributor unit (without private health insurance).

Children of couples were allocated to contributor units, and assumed to have the insurance status of that unit, as follows:

- if both partners of a couple had family insurance, and hence formed one contributor unit, the children of the couple were assumed to be covered by their insurance.
- if one partner of a couple had family insurance, and the other partner had single cover, or no cover, and hence formed two contributor units, the children of the couple were assumed to belong to the unit with family cover.
- if both partners of a couple had no private health insurance, or both had single only insurance, and hence formed one contributor unit, the children of the couple were assumed to have no cover.

All other persons are automatically considered to form their own contributor units with or without private health insurance as appropriate.

Contributor unit income The gross income, from all sources, of the contributor and partner (if applicable). Income of any dependants was not included. The gross income from all sources. In the case of a contributor and spouse who are covered by common health insurance arrangements, unit income is the combined income from both. In the case of a contributor and spouse who are covered by separate health insurance arrangements and hence forming two separate contributor units, unit income is the gross income of the individual contributor only, i.e. excludes any income from a spouse. Income of any dependants were not included.

GLOSSARY *continued*

Dependent Children	Dependent children are defined as the contributor's unmarried dependent children, step children and foster children under 15 years of age, or under 25 years of age if they are a full-time student and primarily reliant on the contributor for maintenance and support.
Excess	An agreed amount to be paid by the contributor for designated treatment or services, in exchange for lower premium costs.
Exclusionary cover	Private health insurance that excludes certain types of procedures and conditions.
Government health cards	<p>Issued by the Department of Family and Community Services (DFaCS), formerly known as the Department of Social Security (DSS). Pensioners, beneficiaries, low income earners and some other persons (and their dependants) eligible for one of these cards are entitled to a range of health concessions and benefits, usually subject to a means test. There are three types of cards issued by DFaCS (on behalf of the Department of Health and Aged Care):</p> <ul style="list-style-type: none">▪ Commonwealth Seniors Health Card;▪ Health Care Card; and▪ Pensioner Concession Card. <p>Also included are cards issued by the Department of Veterans' Affairs (DVA). The holder of one of these cards is entitled to a range of treatment benefits provided under repatriation treatment arrangements. The survey asked about two types of cards issued by DVA:</p> <ul style="list-style-type: none">▪ White Card; and▪ Gold Card.
Hospital cover	Health insurance cover provided by private insurance organisations to cover all or part of the costs of private accommodation in a public hospital, charges for private hospital treatment and care in a public hospital by a doctor of the patient's choice. In this publication hospital cover is further broken down by whether an excess is payable on receipt of hospital services, and whether the cover excludes certain health conditions or medical procedures.
Income unit	Income unit was used in 1995. An income unit consists of one person, or a group of related persons within a household whose command over income is assumed to be shared. Income sharing is assumed to take place within married (registered or de facto) couples and between parents and dependent children. Dependent Children include all persons aged under 15 years, and persons 15–24 years who are full-time student, live with a parent, guardian or other relative, and do not have a spouse or offspring of their own living with them.
Private health insurance	Cover provided by organisations registered under the National Health Act to reimburse all or part of the cost of hospital or ancillary health services. In this publication, persons with private cover for ambulance only are regarded as being without private health insurance.

GLOSSARY *continued*

Type of contributor unit	Four types of contributor units are identified: <ul style="list-style-type: none">▪ Contributor only▪ Contributor and dependent children only▪ Contributor and partner only▪ Contributor, partner and dependent children.
Type of health insurance	Hospital insurance covers the costs (wholly or in part) of accommodation and treatment in a hospital. Ancillary insurance covers the costs (wholly or in part) of a range of non-hospital services such as physiotherapy, optical and dental treatment. Hospital and ancillary insurance can be taken out separately, or combined. Unknown type of cover and no private health insurance is also included.
Unknown type of cover	This category was used to describe the health insurance of contributor units who stated they had some form of cover but were unable to specify all types of cover they held (e.g. hospital, ancillary or both). This category includes contributor units who reported having hospital cover but did not know whether they also had ancillary cover.

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