



STATISTICS

Quarterly private health insurance statistics

June 2022 (released 24 August 2022)

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Contents

Snapshot of the industry.....	2
Membership and coverage.....	3
Benefits paid.....	5
Service utilisation.....	8
Out-of-pocket payments.....	9
Financial information.....	10
Notes on statistics.....	12
Related publications.....	13

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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

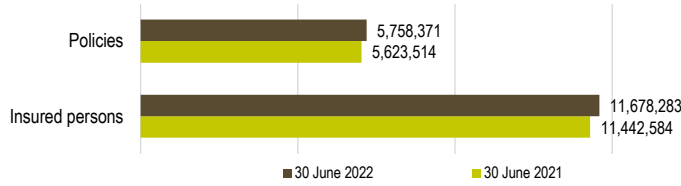
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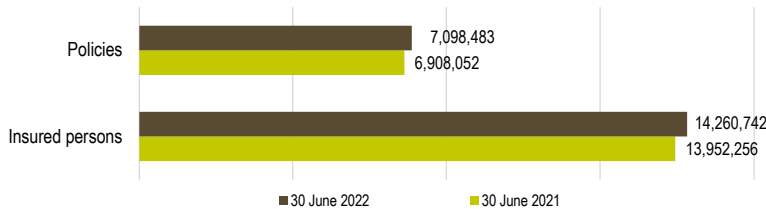
Key metrics

Hospital treatment membership



45.2% of population at 30 June 2022
 ↑ **0.2%** percentage points from 31 Mar 2022
 ↑ **57,244** insured persons over the quarter

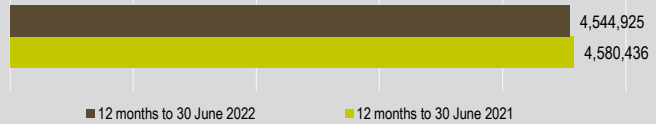
General treatment membership



55.2% of population at 30 June 2022
 ↑ **0.2%** percentage points from 31 Mar 2022
 ↑ **74,215** insured persons over the quarter

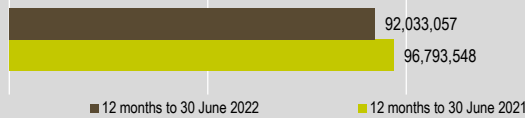
Hospital treatment episodes

↓ **-0.8%** over the 12 months to June 2022
 ↑ **12.9%** compared to the March 2022 quarter

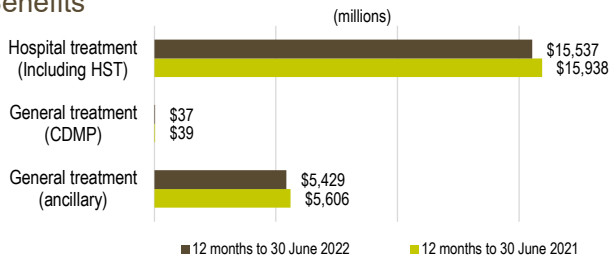


General treatment services (ancillary)

↓ **-4.9%** over the 12 months to June 2022
 ↑ **1.1%** compared to the March 2022 quarter



Benefits



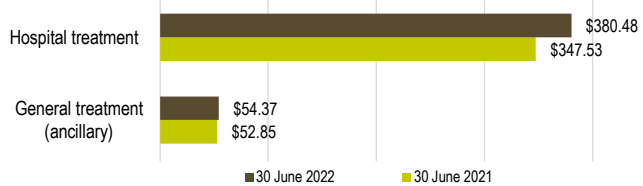
↓ **-2.5%** over the 12 months to June 2022
 ↓ **-6.9%** compared to the June 2021 quarter

↓ **-3.2%** over the 12 months to June 2022
 ↑ **1.8%** compared to the June 2021 quarter

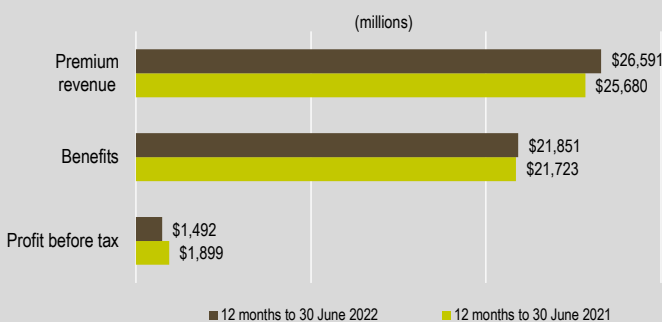
Out-of-pocket per episode/service

↑ **9.5%** over the 12 months to June 2022

↑ **2.9%** over the 12 months to June 2022



Financial



↑ **3.5%** over the 12 months to June 2022

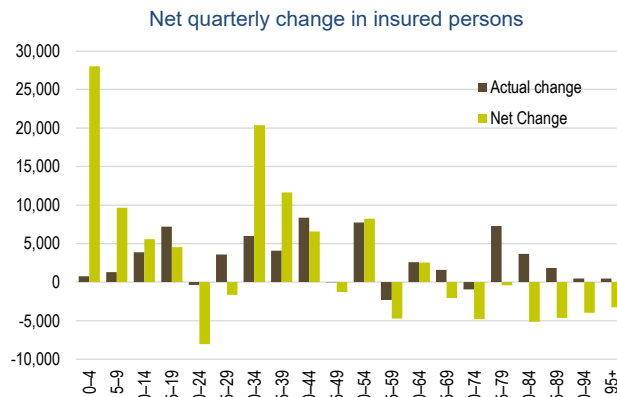
↑ **0.6%** over the 12 months to June 2022

↓ **-21.4%** over the 12 months to June 2022

Hospital Treatment

At 30 June 2022, 11,678,283 people, or 45.2% of the population, were covered by hospital treatment cover. There was a slight increase compared to March 2022. There was an increase in coverage of 57,244 insured people in the June 2022 quarter compared to March 2022. Family policies increased by 5,570 and single policies by 19,529 during the quarter.

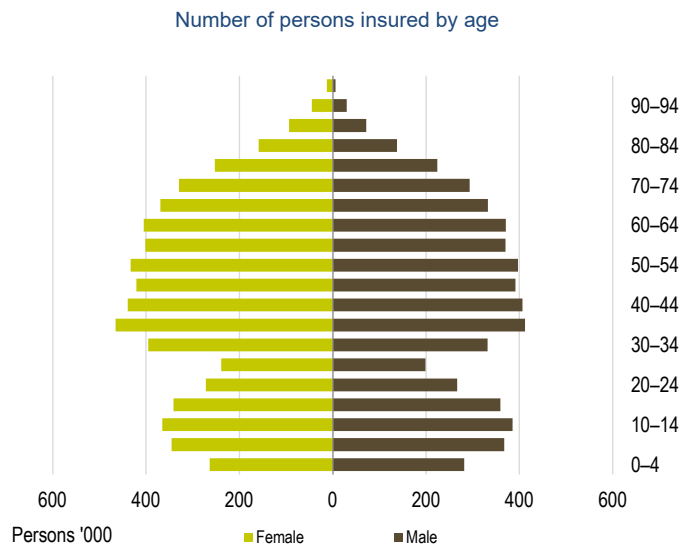
The largest increase in coverage during the quarter was 8,379 for people aged between 40 and 44. The largest net increase (taking into account movement between age groups) was for the 0-4 with an increase of 27,992 people.



Lifetime health cover

The majority of adults with hospital cover (89.2%) have a certified age of entry of 30, with no penalty loading.

At the end of the 30 June 2022 quarter, there were 911,655 people with a certified age of entry of more than 30 and subject to a Lifetime Health Cover loading; a net increasing in people paying a penalty over the preceding 12 months of 32,913. There was a net increase in people with a certified age of entry of 30 (with no penalty) over the year of 143,659. Over the year, 128,123 people had their loading removed after paying a loading for ten years.



State/Territory	Insured persons (%)	Non insured persons (%)	Male	Female	Single policies (%)	Family policies (%)
Aust.	45.2%	54.8%	5,633,983	6,044,300	48.8%	51.2%
NSW	47.1%	52.9%	1,843,356	1,968,508	48.7%	51.3%
VIC	42.6%	57.4%	1,342,157	1,453,459	50.9%	49.1%
QLD	41.0%	59.0%	1,045,998	1,133,031	47.1%	52.9%
SA	44.6%	55.4%	386,111	421,681	49.4%	50.6%
WA	54.3%	45.7%	740,745	766,376	46.9%	53.1%
TAS	41.0%	59.0%	110,669	123,612	49.4%	50.6%
ACT	54.0%	46.0%	117,118	127,576	49.2%	50.8%
NT	39.3%	60.7%	47,829	50,057	48.8%	51.2%

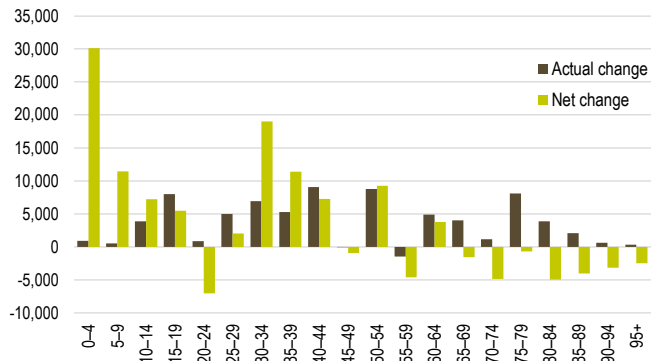
General Treatment

At 30 June 2022, 14,260,742 people or 55.2% of the population had some form of general treatment cover. There was an increase of 74,215 people when compared to the March quarter. There was an increase of General Treatment policies of 44,761 for June 2022 which was mainly driven by Single Policies which increased by 28,567. For the 12 months to 30 June 2022, the number of insured persons with general treatment cover has increased by 308,486.

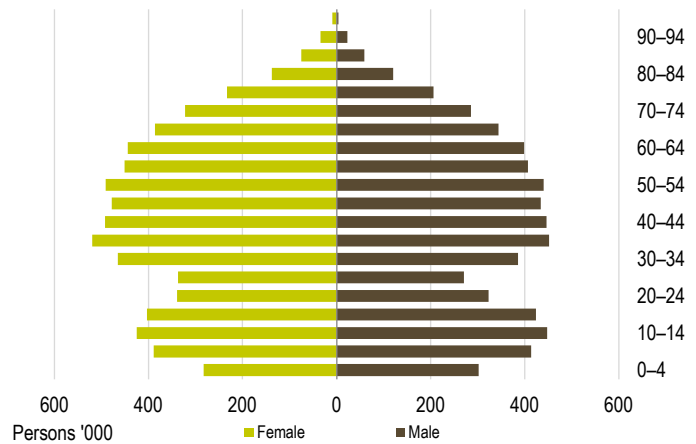
The general treatment (ancillary) by age charts and data in this report show data for those people that have general treatment policies covering ancillary services, regardless of other treatment included in the product. This excludes those general treatment policies that do not cover ancillary treatment.

There was an increase of 72,687 people with general treatment (ancillary) coverage in the June 2022 quarter. The largest net increase in coverage, after accounting for movements across age groups, was 30,097 for people in the 0 to 4 age group.

Net quarterly change in insured persons (ancillary)



Number of persons insured by age (ancillary)



General treatment tables (ancillary)

State/Territory	Insured persons (%)	Not insured persons (%)	Total Insured (Male/Female)	Total Not Insured (Male/Female)	Single policies (%)	Family policies (%)
Aust.	55.2%	44.8%	6,189,091 / 6,714,962	5,071,651 / 5,443,011	50.1%	49.9%
NSW	58.1%	41.9%	2,062,953 / 2,213,452	1,476,503 / 1,236,949	49.5%	50.5%
VIC	50.4%	49.6%	1,345,081 / 1,468,452	1,333,371 / 1,135,081	52.1%	47.9%
QLD	48.0%	52.0%	1,105,955 / 1,223,158	1,167,203 / 1,055,955	49.0%	51.0%
SA	59.6%	40.4%	477,364 / 527,925	327,564 / 200,361	50.7%	49.3%
WA	69.5%	30.5%	901,864 / 953,923	396,864 / 557,059	49.2%	50.8%
TAS	48.7%	51.3%	119,816 / 136,002	124,186 / 111,816	51.3%	48.7%
ACT	66.5%	33.5%	126,331 / 139,015	64,331 / 74,684	50.4%	49.6%
NT	44.1%	55.9%	49,727 / 53,035	63,307 / 49,727	50.1%	49.9%

Benefits Paid

Hospital treatment

Benefits per episode/service

	June 2022	Change from March 2022
Hospital Treatment		
Acute	\$2,443	1.0%
Medical	\$63	-1.1%
Prostheses	\$680	1.4%
Cardiac	\$3,707	1.1%
Hip	\$1,719	0.8%
Knee	\$1,730	0.1%
Total benefits and growth rate		
Hospital	\$3,923,116,662	15.3%
General	\$1,387,174,548	-3.2%

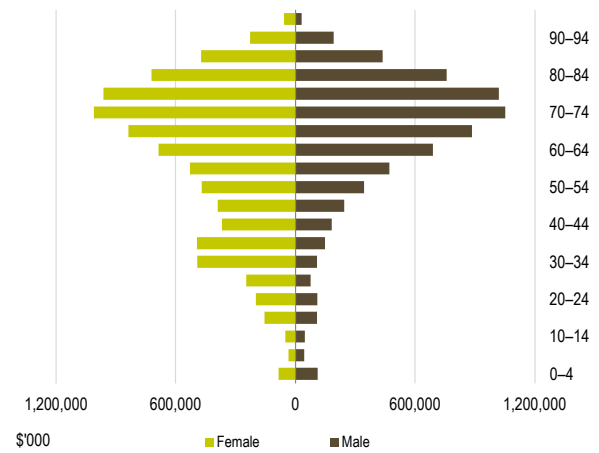
During the June 2022 quarter, insurers paid \$3,923 million in hospital treatment benefits, which was 15.3% higher compared to the March 2022 quarter. Hospital treatment benefits were comprised of:

- ◇ \$2,770 million for hospital services such as accommodation and nursing
- ◇ \$589 million for medical services
- ◇ \$563 million for prostheses items.

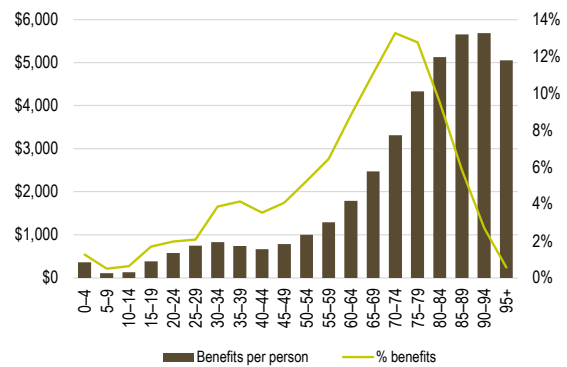
The age group for which most hospital benefits are paid is between 60 and 84 (top chart). Total benefits by age group is affected by the average benefits paid per person (displayed in the second chart) and the number of people in each age group.

Average hospital benefits per person decreased from \$1,392.86 for the year ending June 2021 to \$1,330.45 for the year ending June 2022. The largest amount of benefits per person was spent on hospital accommodation and nursing, followed by medical and prostheses benefits.

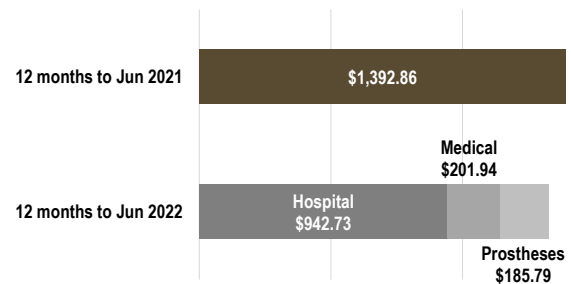
Hospital treatment benefits paid by age 12 months to 30 June 2022



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



Hospital treatment benefits per person



General treatment

Benefits per service

	June 2022	Change from March 2022
Dental	\$64	-5.1%
Chiropractic	\$34	-3.7%
Physiotherapy	\$39	-4.4%
Optical	\$79	-3.3%

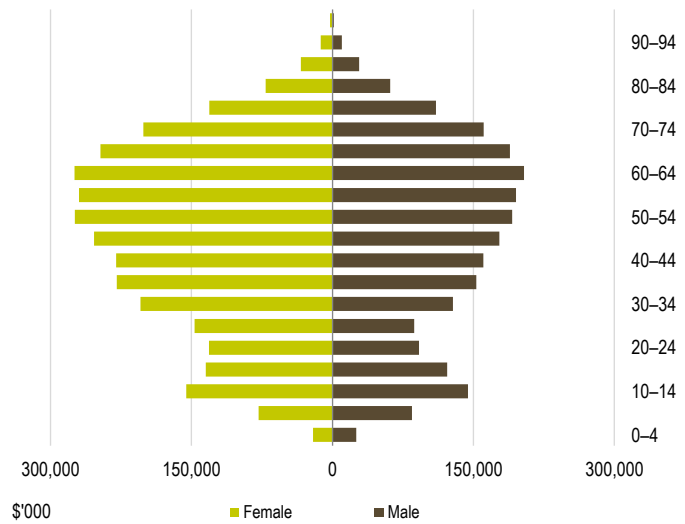
During the June 2022 quarter, insurers paid \$1,377 million in general treatment (ancillary) benefits. This was a decrease of 3.3% compared to the March 2022 quarter. Ancillary benefits for the June 2022 quarter included the major categories of:

- ◇ Dental \$758.0 million
- ◇ Optical \$209.4 million
- ◇ Physiotherapy \$109.9 million
- ◇ Chiropractic \$75.6 million.

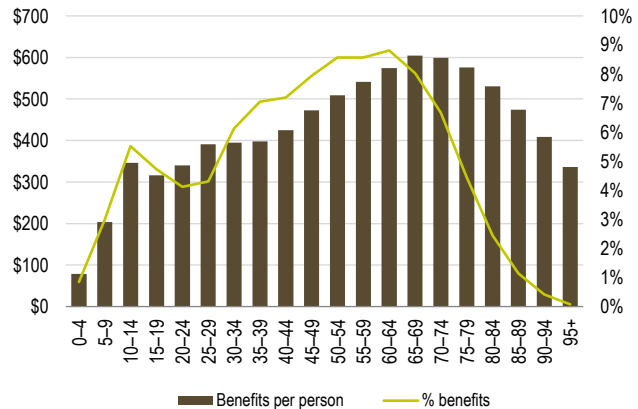
There is a marked difference between the distribution of benefits over age groups between hospital benefits and ancillary benefits. The major difference is the higher claiming rate in older age groups for hospital benefits while benefits per person for ancillary benefits are more evenly spread over the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

General treatment (ancillary) benefits per person during the year to June 2021 were \$444.6 decreasing to \$420.7 for the year to June 2022. The largest component of ancillary benefits is dental, for which \$226.8 was paid per insured.

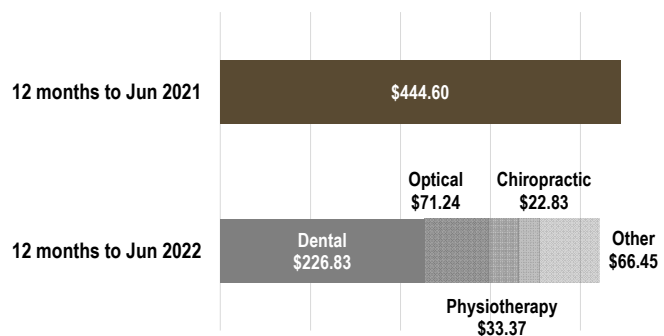
General treatment benefits paid by age 12 months to 30 June 2022 (ancillary)



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



General treatment benefits per person (ancillary)



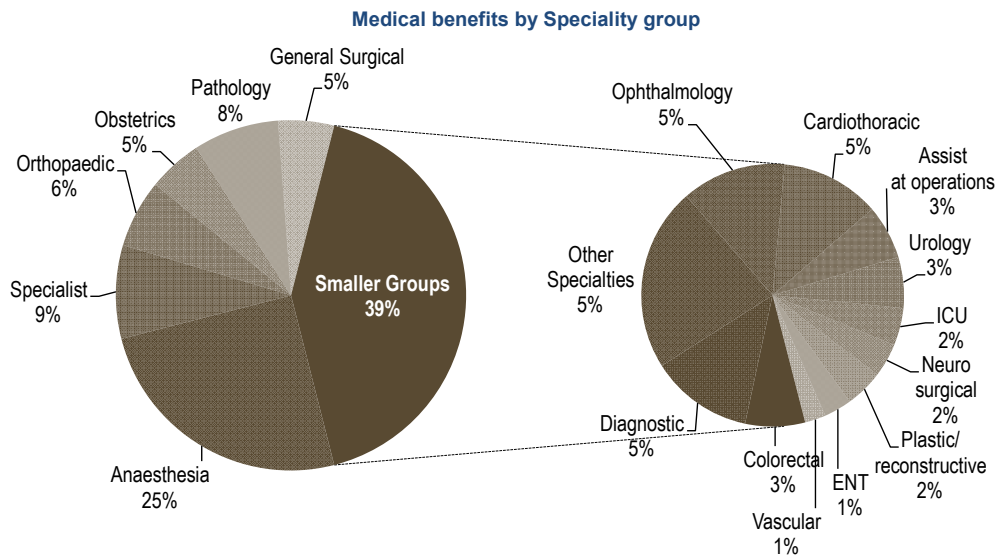
Medical benefits

Total benefits for medical services increased 15.2% during the June quarter 2022.

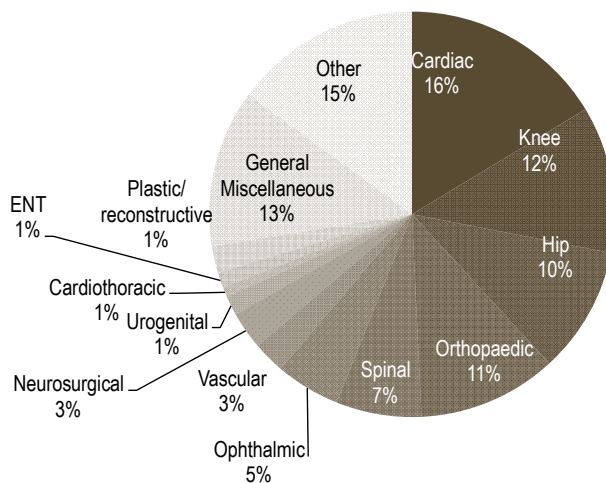
The change in medical benefits paid per service was calculated over a range of medical services and does not mean medical services overall decreased or increased in cost. The average benefits paid reflects the type of medical services utilised during the quarter as well as the volume of services. The medical service for which the greatest amount of benefits was paid was anaesthetics, comprising 25.0% of all medical benefits and totalling \$147.2 million.

Prostheses benefits

Total benefits paid for prostheses increased by 21.6% in June 2022 compared to March 2022. 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 16.3% of all prosthetic benefits and totalling \$91.9 million.



Benefits paid for prostheses



Service utilisation

Episodes/Services by type

	June 2022	Change from March 2022
Hospital Episodes	1,134,177	12.9%
Hospital Days	2,860,248	12.1%
Medical Services	9,354,076	16.5%
Prostheses Items	828,284	19.9%
Specialist Orthopaedic	149,743	20.3%
Ophthalmic	100,392	29.2%
Spinal	55,376	21.0%
General Treatment	23,679,307	1.1%
Dental	11,817,651	5.3%
Chiropractic	2,253,432	-0.1%
Physiotherapy	2,815,666	2.3%
Optical	2,667,130	-14.5%

Hospital utilisation is distributed over four categories of hospital—public, private, day only facilities and hospital-substitute. During the June 2022 quarter, hospital episodes were distributed as follows:

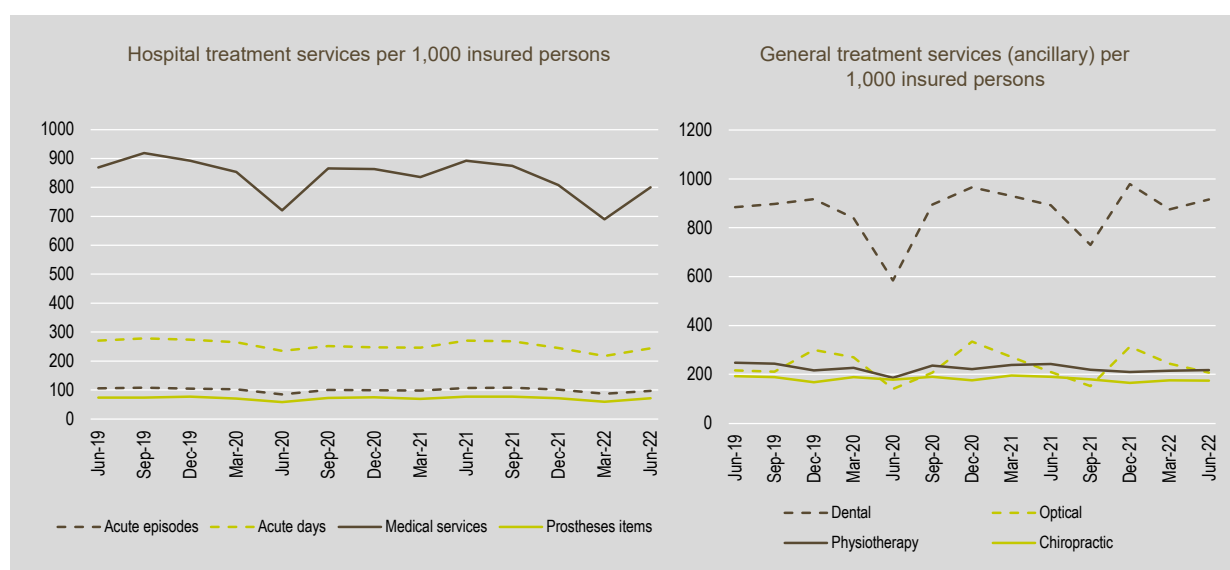
- ◇ public hospitals 160,477 episodes
- ◇ private hospitals 752,452 episodes
- ◇ day hospital facilities 161,373 episodes
- ◇ hospital substitute 59,875 episodes.

For the June 2022 quarter, hospital utilisation (measured in episodes) increased by 12.9% which was mainly driven by private hospitals.

During the June 2022 quarter, insurers paid benefits for 2.86 million days in hospital, arising from 1.13 million hospital episodes of care.

	Quarter change	Year change
◇ public hospitals	↑ 6.3%	↓ -4.7%
◇ private hospitals	↑ 13.4%	↓ -1.6%
◇ day hospital facilities	↑ 14.6%	↑ 2.2%
◇ hospital-substitute	↑ 21.3%	↑ 15.7%

Day-only episodes in the four categories of hospital totalled 790,842, with a 13.4% change compared to March 2022.



Out-of-pocket payments

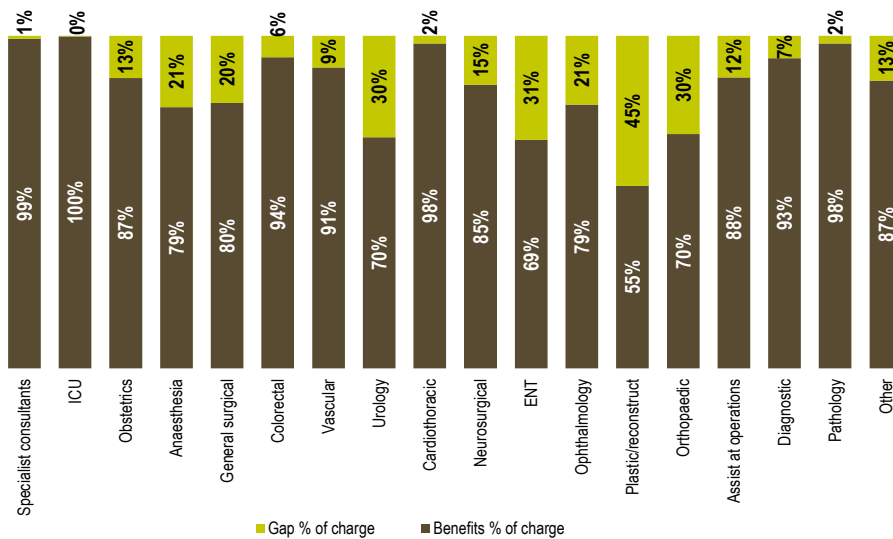
Average out-of-pocket per episode/service

	June 2022	Change from Mar 22	Change from Jun 21
Hospital treatment	\$380.48	6.9%	9.5%
Hospital-substitute treatment	\$6.82	-15.7%	42.5%
General treatment ancillary	\$54.37	-0.9%	2.9%
Medical gap where gap was paid	\$227.28	11.4%	7.9%

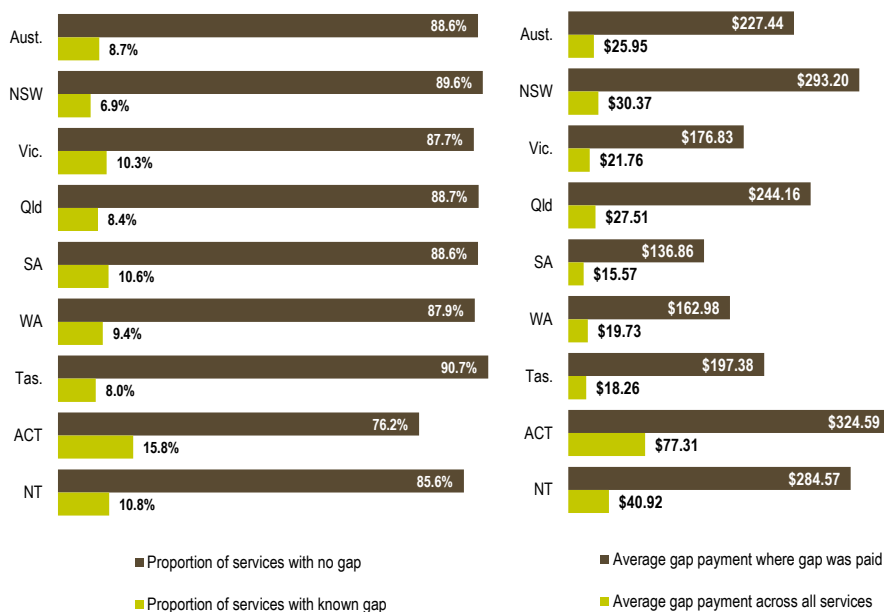
The out-of-pocket payments for hospital episodes increased by 9.5% compared to the same quarter for the previous year. Out-of-pocket payments for medical services were \$227 where an out-of-pocket payment was payable. The amount of gap for medical services varies depending on the specialty group. The specialty group with the largest out-of-pocket payment was plastic/reconstructive with an average gap of \$557. 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.

The average out-of-pocket (gap) payment for a hospital episode was \$380 in the June 2022 quarter. This included out-of-pocket payments for medical services, in addition to any excess or co-payment amounts relating to hospital accommodation.

Medical benefits and out-of-pocket by specialty group



Proportion of services and average out-of-pocket payments



Financial information

Financial Performance

All Figures \$'000	12 months to June 2022	12 months to June 2021
Revenue		
HIB premium revenue	26,590,698	25,680,469
Net investment income	-292,514	603,880
Net HRB revenue	-84,957	-8,849
Net other operational revenue	82,142	87,396
Total revenue	26,295,368	26,362,896
Benefits		
Fund benefits	21,851,199	21,722,602
State ambulance levies	256,760	244,479
Total fund benefits	22,107,960	21,967,081
Expenses		
HIB expenses	2,188,235	1,994,154
HIB claims handling	433,277	425,983
Non-operating expenses	74,085	76,569
Total expenses	2,695,597	2,496,706
Profit of the industry		
Profit/(loss) before tax	1,491,812	1,899,109
Taxation expense	440,499	438,742
Profit/(loss) after tax	1,051,313	1,460,367
Margins		
Gross margin	16.86%	14.46%
HIB expenses	9.86%	9.42%
Net margin	7.00%	5.04%

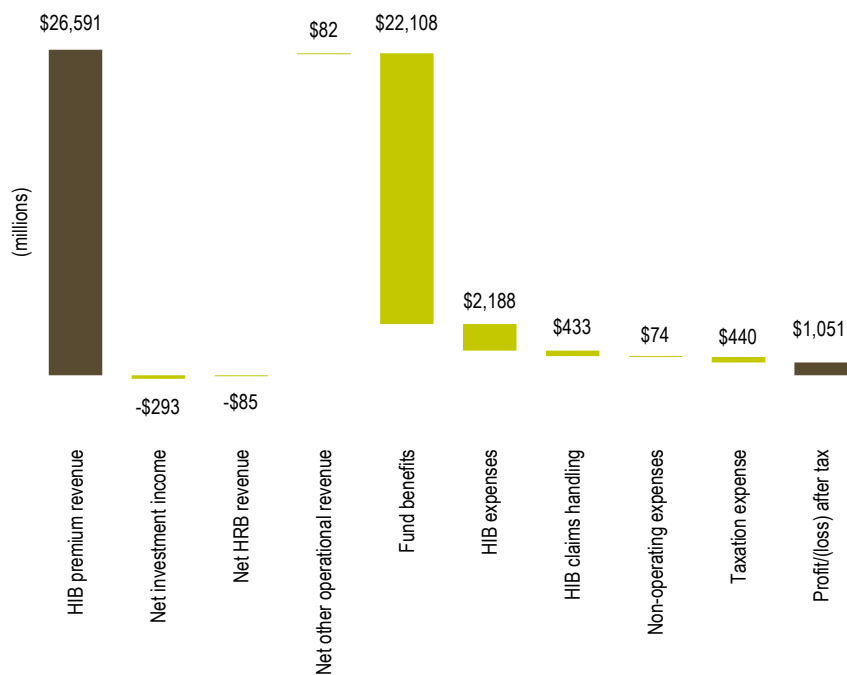
Health Insurance Business (HIB) premium revenue was up 3.5% for the year to June 2022, while total fund benefits increased by 0.6%. Gross margin increased from 14.5% to 16.9%.

Net investment income decreased from \$604 million in the year ending June 2021 to -\$293 million in the year ending June 2022.

HIB expenses as a percentage of revenue increased from 9.4% to 9.9% and net margin increased from 5.0% to 7.0%.

Net profit after tax decreased from \$1,460 million for the year ending June 2021 to \$1,051 million for the year ending June 2022.

Health Benefits Fund Profit After Tax Breakdown for 12 months to June 2022



Prudential Position

All figures \$'000	June 2022	March 2022	June 2021
Assets			
Cash	1,662,037	2,037,322	1,917,730
Investments			
Equities	2,339,943	2,509,115	2,262,563
Interest bearing assets	10,993,234	9,885,600	9,362,705
Property	841,830	796,275	773,761
Subsidiary and associated entities	262,682	262,870	282,252
Loans	210,205	222,267	34,195
Receivables	41,974	55,612	46,735
Intangibles DAC and FITBS	1,237,551	1,205,662	1,194,660
Pre-paid expenses	90,328	77,051	76,503
Other*	2,126,447	2,195,564	1,896,311
Total assets	19,806,230	19,247,338	17,847,415
Liabilities			
Unearned premium liabilities	3,450,933	3,546,316	3,168,511
Unpresented & outstanding claims	2,453,409	2,371,764	2,319,143
Other fund liabilities	2,004,841	1,751,568	1,489,859
of which: Other insurance liabilities	1,871,699	1,613,076	1,358,058
Interest bearing liabilities	6,647	6,172	5,101
Payables, provisions & other liabilities	1,948,669	1,347,749	1,263,574
Total liabilities	9,864,499	9,023,568	8,246,186
Total assets minus total liabilities	9,941,731	10,223,770	9,601,229

The industry held total assets of \$19.8 billion as at 30 June 2022.

Total assets have increased by \$1,959 million in the last 12 months.

Total liabilities reported by the industry have increase by \$1,618 million over the year.

Total net assets increased from \$9.6 billion in June 2021 to \$9.9 billion in June 2022.

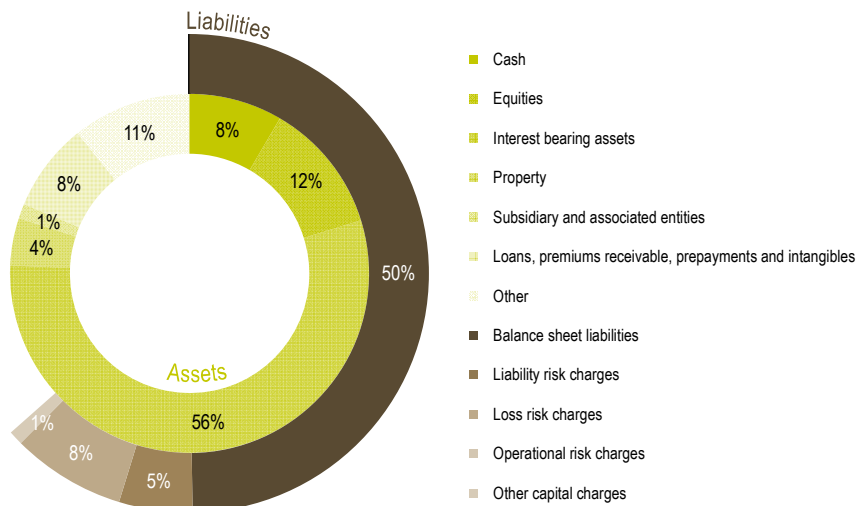
Capital Adequacy Requirement

All figures \$'000	June 2022	March 2022	June 2021
Total Liabilities	9,864,499	9,023,568	8,246,186
Liability risk charges	980,480	1,011,243	1,089,087
Loss risk charges	1,526,601	1,546,924	1,407,061
Operational risk charges	188,172	185,110	181,442
Other capital charges	28,827	18,851	51,387
Less subordinated debt	0	0	4,771
Total Capital Adequacy Requirement#	12,588,579	11,785,696	10,970,392

* includes health insurance equipment and other assets

Does not include Capital Management Policy target levels (refer to glossary)

Health Benefits Fund Assets vs Liabilities as at June 2022



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 publications 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>



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