



STATISTICS

Quarterly private health insurance statistics

March 2026 (released 29 May 2026)

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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

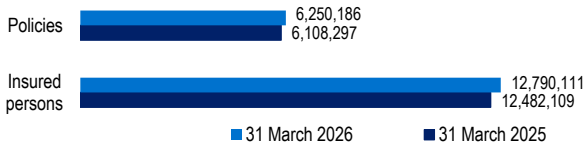
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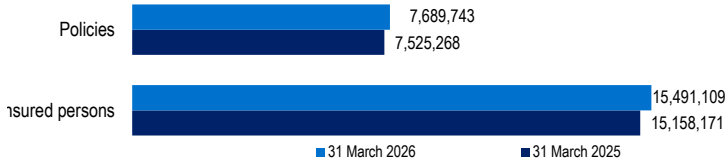
Key metrics

Hospital treatment membership



45.8% of population at 31 March 2026
 ↑ **0.2%** percentage points from 31 Dec 2025
 ↑ **101,918** insured persons over the quarter

General treatment membership

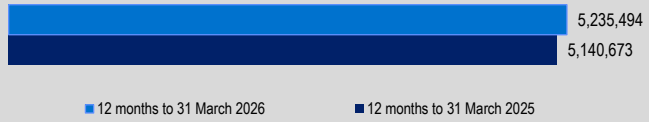


55.5% of population at 31 March 2026
 ↑ **0.2%** percentage points from 31 Dec 2025
 ↑ **113,964** insured persons over the quarter

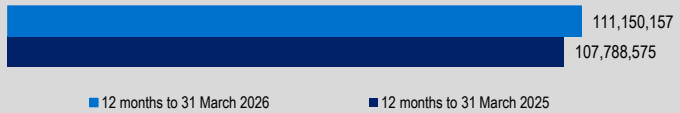
Hospital treatment episodes

↑ **1.8%** over the 12 months to March 2026
 ↓ **-10.4%** compared to the December 2025 quarter

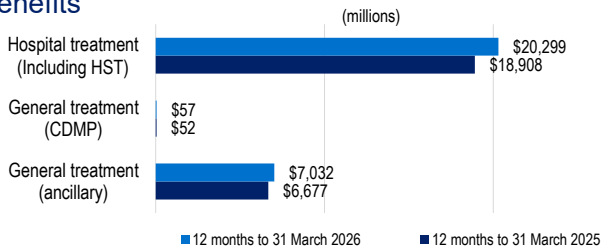
↑ **3.1%** over the 12 months to March 2026
 ↑ **1.1%** compared to the December 2025 quarter



General treatment services (ancillary)



Benefits



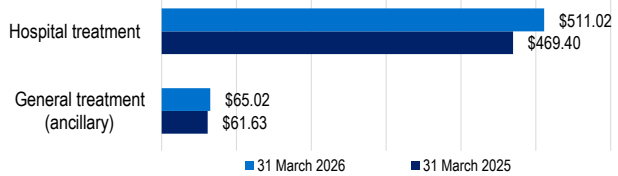
↑ **7.4%** over the 12 months to March 2026
 ↑ **6.4%** compared to the March 2025 quarter

↑ **5.3%** over the 12 months to March 2026
 ↑ **4.8%** compared to the March 2025 quarter

↑ **8.9%** over the 12 months to March 2026

↑ **5.5%** over the 12 months to March 2026

Out-of-pocket per episode/service

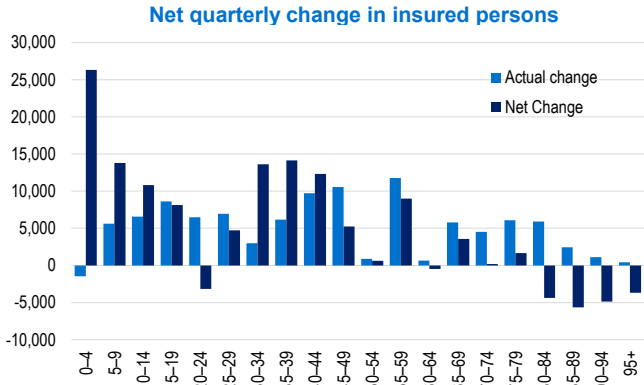


Hospital Treatment

At 31 March 2026, 12,790,111 people, or 45.8% of the population, were covered by hospital treatment cover. There was a slight increase compared to December 2025.

There was an increase in coverage of 101,918 insured people in the March 2026 quarter compared to December 2025. Family policies increased by 13,860 and single policies by 21,615 during the quarter.

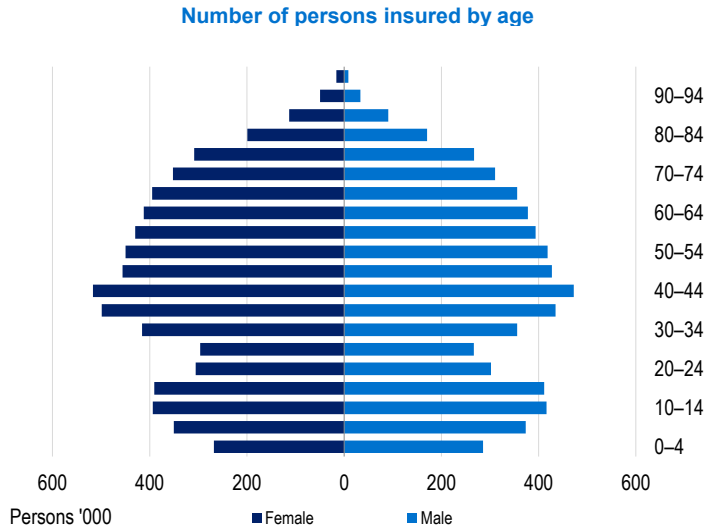
The largest increase in coverage during the quarter was 11,771 for people aged between 40 and 44. The largest net increase (taking into account movement between age groups) was for the 0-4 with an increase of 26,315 people.



Lifetime health cover

The majority of adults with hospital cover (87.0%) have a certified age of entry of 30, with no LHC loading.

At the end of the 31 March 2026 quarter, there were 1,187,740 people with a certified age of entry of more than 30 and subject to a Lifetime Health Cover loading; a net increase in people paying a penalty over the preceding 12 months of 85,524. There was a net increase in people with a certified age of entry of 30 (with no penalty) over the year of 99,722. Over the year, 88,245 people had their loading removed after paying a loading for ten years.



Hospital treatment tables

State/Territory	Coverage		Total Insured		Policy Type	
	Insured persons (%)	Non insured persons (%)	Male	Female	Single policies (%)	Family policies (%)
Aust.	45.8%	54.2%	6,173,466	6,616,645	48.8%	51.2%
NSW	47.2%	52.8%	1,981,994	2,114,468	48.4%	51.6%
VIC	43.2%	56.8%	1,486,763	1,607,568	50.7%	49.3%
QLD	41.9%	58.1%	1,154,667	1,250,215	47.4%	52.6%
SA	45.8%	54.2%	420,084	459,240	49.3%	50.7%
WA	54.8%	45.2%	834,305	862,263	47.7%	52.3%
TAS	42.9%	57.1%	117,155	130,612	50.4%	49.6%
ACT	54.5%	45.5%	127,578	139,088	49.3%	50.7%
NT	39.0%	61.0%	50,920	53,191	49.3%	50.7%

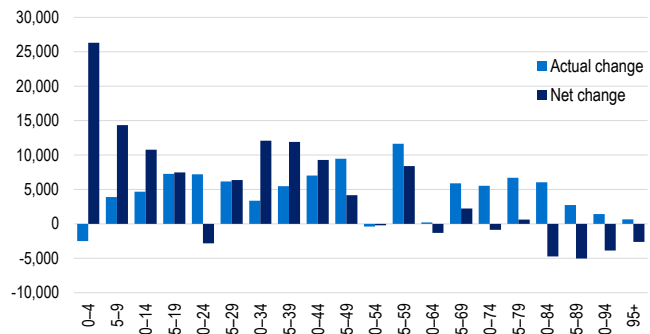
General Treatment

At 31 March 2026, 15,491,109 people or 55.5% of the population had some form of general treatment cover. There was an increase of 113,964 people when compared to the December quarter. There was an increase of General Treatment policies of 56,267 for March 2026 which was mainly driven by Single Policies which increased by 28,013. For the 12 months to 31 March 2026, the number of insured persons with general treatment cover has increased by 332,938.

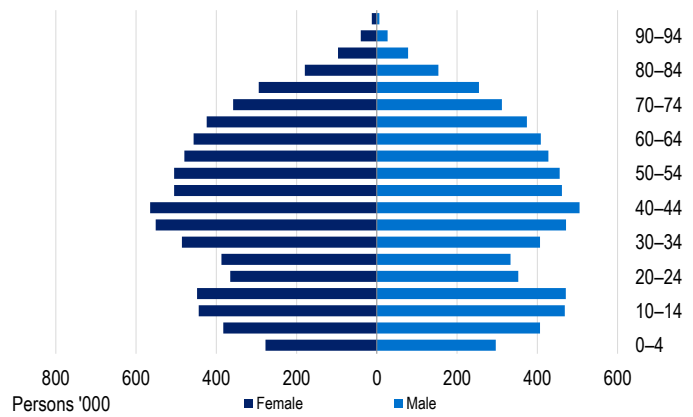
The general treatment (ancillary) by age charts and data in this report show data for those people that have general treatment policies covering ancillary services, regardless of other treatment included in the product. This excludes those general treatment policies that do not cover ancillary treatment.

There was an increase of 92,465 people with general treatment (ancillary) coverage in the March 2026 quarter. The largest net increase in coverage, after accounting for movements across age groups, was 26,315 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 (%)	Male	Female	Single policies (%)	Family policies (%)
Aust.	55.5%	44.5%	6,670,527	7,257,539	50.4%	49.6%
NSW	57.8%	42.2%	2,182,652	2,350,605	49.5%	50.5%
VIC	51.1%	48.9%	1,486,991	1,628,071	52.1%	47.9%
QLD	48.9%	51.1%	1,205,753	1,337,548	49.5%	50.5%
SA	60.2%	39.8%	505,311	559,228	50.8%	49.2%
WA	68.3%	31.7%	976,732	1,034,571	50.0%	50.0%
TAS	51.3%	48.7%	125,937	143,416	52.4%	47.6%
ACT	66.3%	33.7%	134,697	148,231	50.5%	49.5%
NT	44.0%	56.0%	52,454	55,869	50.7%	49.3%

Benefits Paid

Hospital treatment

Benefits per episode/service

	March 2026	Change from December 2025
Hospital Treatment		
Acute	\$2,840	-1.0%
Medical	\$68	-1.7%
Medical devices or human tissue products	\$732	10.0%
Cardiac	\$3,140	1.2%
Hip	\$1,653	-0.2%
Knee	\$1,683	0.8%
Total benefits and growth rate		
Hospital	\$4,749,761,741	-11.4%
General	\$1,876,830,842	3.5%

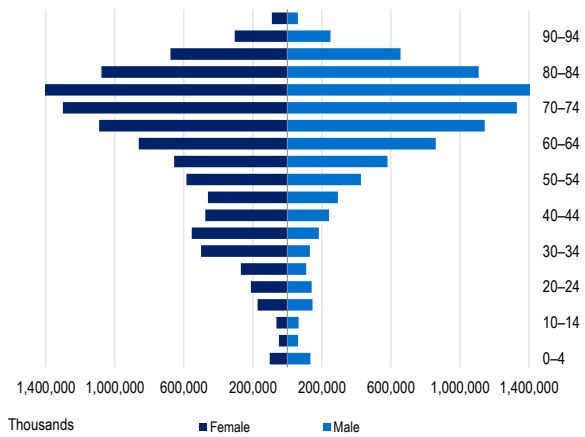
During the March 2026 quarter, insurers paid \$4,749.76 million in hospital treatment benefits, which was 11.37% lower compared to the December 2025 quarter. Hospital treatment benefits were comprised of:

- ◇ \$3,465.03 million for hospital services such as accommodation and nursing
- ◇ \$700.79 million for medical services
- ◇ \$583.93 million for medical devices or human tissue items.

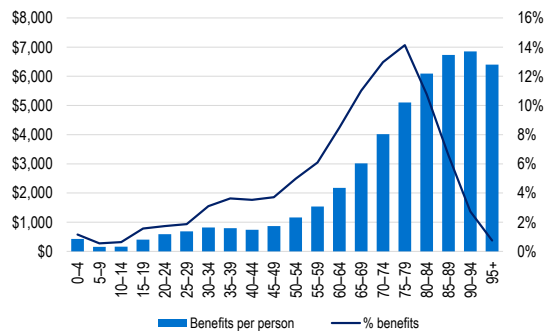
The age group for which most hospital benefits are paid is between 75 and 79 (top chart). Total benefits by age group is affected by the average benefits paid per person (displayed in the second chart) and the number of people in each age group.

Average hospital benefits per person increased from \$1,514.81 for the year ending March 2025 to \$1,587.08 for the year ending March 2026. The largest amount of benefits per person was spent on hospital accommodation and medical, followed by medical services and then medical devices or human tissue benefits.

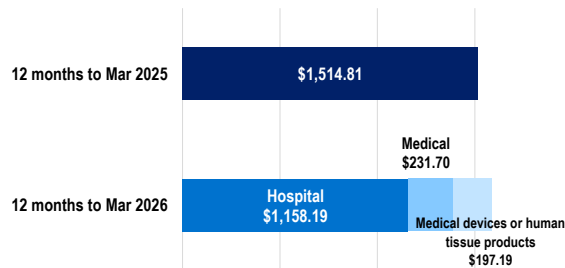
Hospital treatment benefits paid by age 12 months to 31 March 2026



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



Hospital treatment benefits per person



General treatment

Benefits per service

	March 2026	Change from December 2025
Dental	\$71	4.4%
Chiropractic	\$37	9.4%
Physiotherapy	\$44	6.8%
Optical	\$87	3.8%

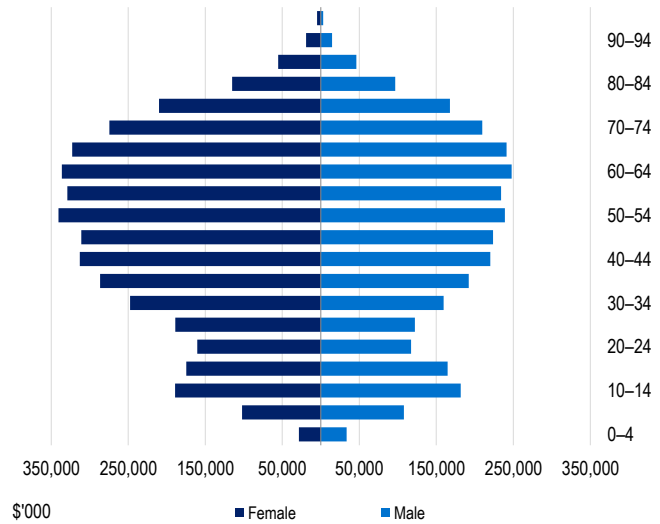
During the March 2026 quarter, insurers paid \$1,861.79 million in general treatment (ancillary) benefits. This was a decrease of 3.3% compared to the December 2025 quarter. Ancillary benefits for the March 2026 quarter included the major categories of:

- ◇ Dental \$1,014.03 million
- ◇ Optical \$285.48 million
- ◇ Physiotherapy \$144.27 million
- ◇ Chiropractic \$87.79 million.

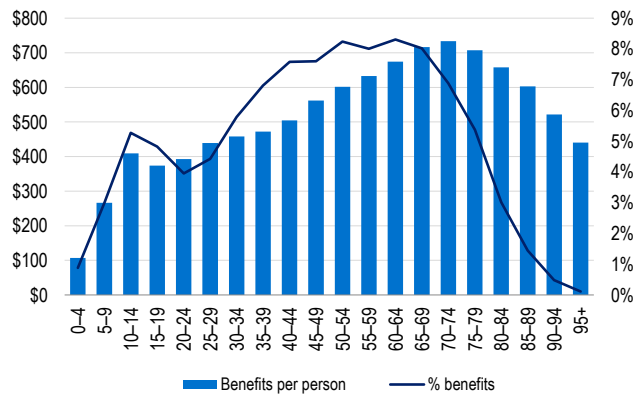
There is a marked difference between the distribution of benefits over age groups between hospital benefits and ancillary benefits. The major difference is the higher claiming rate in older age groups for hospital benefits while benefits per person for ancillary benefits are more evenly spread over the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

General treatment (ancillary) benefits per person during the year to March 2026 were \$488.85 increased to \$504.89 for the year to March 2025. The largest component of ancillary benefits is dental, for which \$280.22 was paid per insured.

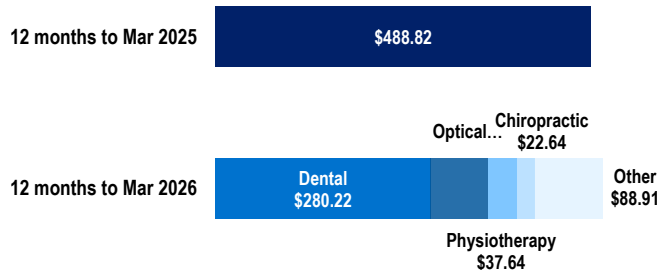
General treatment benefits paid by age 12 months to 31 March 2026 (ancillary)



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 decrease by 8.3% during the March quarter 2026.

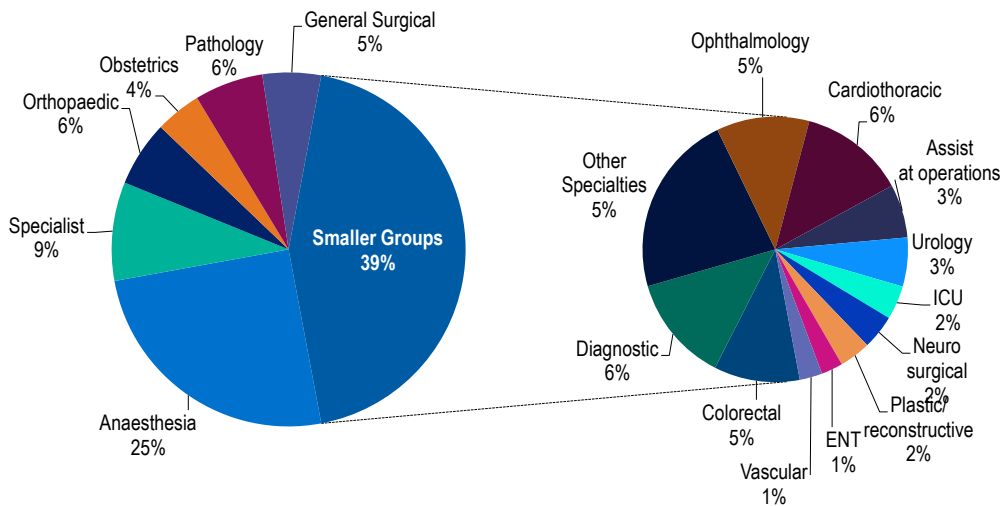
The change in medical benefits paid per service was calculated over a range of medical services and does not mean medical services overall decreased or increased in cost. The average benefits paid reflects the type of medical services utilised during the quarter as well as the volume of services. The medical service for which the greatest amount of benefits was paid was anaesthetics, comprising 25.1% of all medical benefits and totalling \$176.09 million.

Medical devices or human tissue benefits

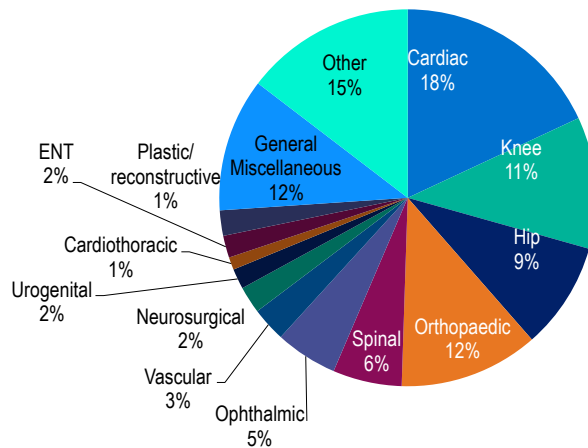
Total benefits paid for medical devices or human tissue products decreased by 21.8% in March 2026 compared to December 2025.

Similar to medical services, the change in benefits paid for medical devices or human tissue products was calculated over a range of medical devices or human tissue products (see chart) and does not mean medical devices or human tissue products overall changed in cost. The change in benefits paid may reflect a change in the type of medical devices or human tissue products utilised, or a change in the overall utilisation of medical devices or human tissue products. The medical devices or human tissue products group for which the greatest amount of benefits were paid was cardiac, comprising 18.1% of all medical devices or human tissue products benefits and totalling \$95.44 million.

Medical benefits by Speciality group



Benefits paid for medical devices or human tissue products



Service utilisation

Episodes/Services by type

	March 2026	Change from December 2025
Hospital Episodes	1,223,507	
Hospital Days	3,037,295	-10.4%
Medical Services	10,248,137	-8.3%
Medical devices or human tissue products	797,526	-6.9%
Specialist Orthopaedic	147,939	-21.5%
Ophthalmic	88,582	-23.8%
Spinal	47,699	-20.7%
General Treatment	28,673,953	1.1%
Dental	14,285,141	-1.8%
Chiropractic	2,363,426	17.3%
Physiotherapy	3,244,982	14.6%
Optical	3,287,199	-15.9%

Hospital utilisation is distributed over four categories of hospital—public, private, day only facilities and hospital-substitute. During the March 2026 quarter, hospital episodes were distributed as follows:

- ◇ public hospitals 176,752 episodes
- ◇ private hospitals 815,968 episodes
- ◇ day hospital facilities 166,350 episodes
- ◇ hospital substitute 64,437 episodes.

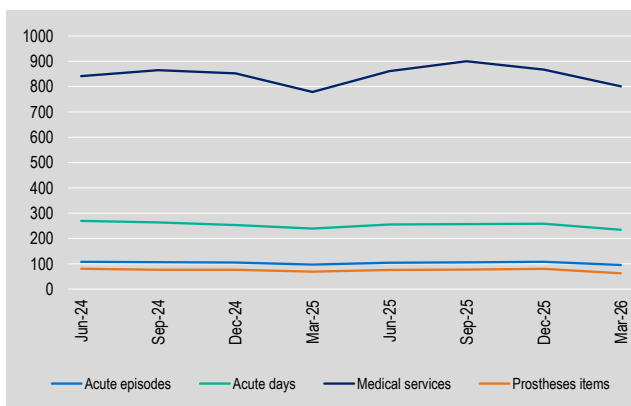
For the March 2026 quarter, hospital utilisation (measured in episodes) decreased by 10.4% which was mainly driven by hospitals-substitute.

During the March 2026 quarter, insurers paid benefits for 3.0 million days in hospital, arising from 1.2 million hospital episodes of care.

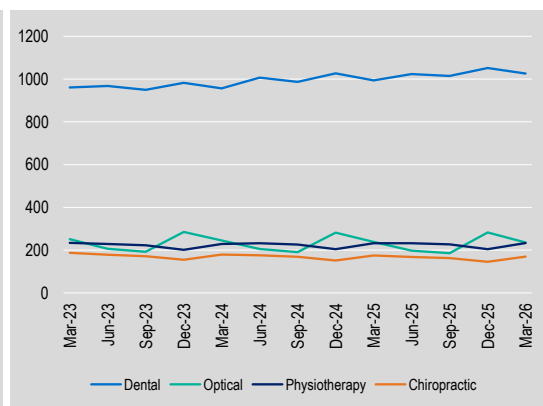
	Quarter change	Year change
◇ public hospitals	↓ -4.9%	↓ -0.1%
◇ private hospitals	↓ -11.3%	↑ 2.2%
◇ day hospital facilities	↓ -10.1%	↑ 0.5%
◇ hospital-substitute	↓ -13.4%	↑ 6.6%

Day-only episodes in the four categories of hospital totalled 852,982 with a 11.5% change compared to December 2025.

Hospital treatment services per 1,000 insured persons



General treatment services (ancillary) per 1,000 insured persons



Out-of-pocket payments

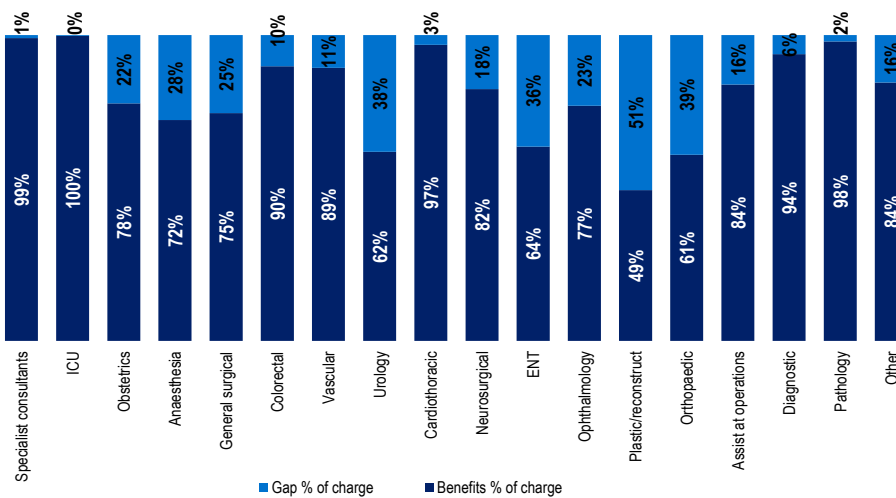
Average out-of-pocket per episode/service

	March 2026	Change from Dec 25	Change from Mar 25
Hospital treatment	\$511.02	8.4%	8.9%
Hospital-substitute treatment	\$4.63	28.8%	31.9%
General treatment ancillary	\$65.02	3.4%	5.5%
Medical gap where gap was paid	\$245.08	-11.6%	-9.5%

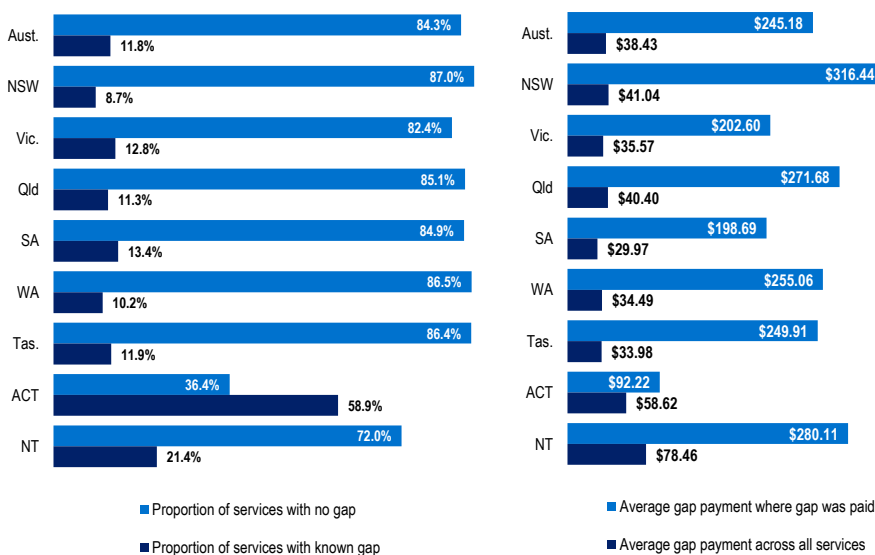
The out-of-pocket payments for hospital episodes increased by 8.9% compared to the same quarter for the previous year. Out-of-pocket payments for medical services were \$245.08 where an out-of-pocket payment was payable. The amount of gap for medical services varies depending on the specialty group. The specialty group with the largest out-of-pocket payment was Orthopaedic with an average gap of \$849.93. 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 \$511 in the March 2026 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



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.

"APRA replacing any references to the terms prosthesis, prostheses and prosthetic with medical device/s or human tissue product/s effective from 31 March 2024, to ensure consistency between the terminology used in the updated PHI legislation and APRA reporting standards below.

Reporting Standard HRS 601.0 Statistical Data by State (HRS 601.0);

Reporting Standard HRS 603.0 Statistical Data on Prosthetic Benefits (HRS 603.0); and

Reporting Standard HRS 605.0 Private Health Insurance Reform Data Collection (HRS 605.0)."

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.

[Medical devices or human tissue 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>