



# Statistics

## **Private Health Insurance Quarterly Statistics**

June 2015 (issued 18 August 2015)

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### Forthcoming issues

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

### Revisions

Significant revisions to this publication, if any, are identified and quantified in the 'Notes on statistics' section.

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

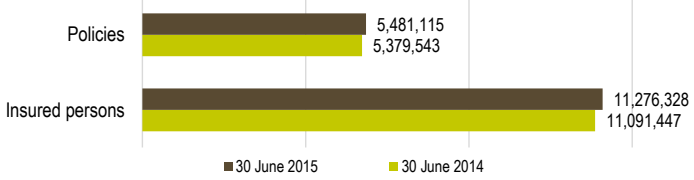
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# Key metrics

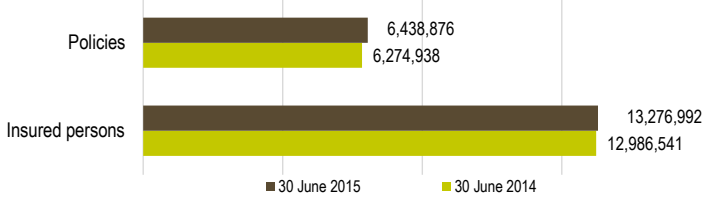
## Hospital treatment membership



**47.4%** of population at 30 June 2015  
**0.0%** percentage points from 31 Mar 2015  
**↑ 47,043** insured persons over the quarter

**55.8%** of population at 30 June 2015  
**↑ 0.1%** percentage points from 31 Mar 2015  
**↑ 71,370** insured persons over the quarter

## General treatment membership



**↑ 5.0%** over the 12 months to June 2015  
**↑ 9.3%** over the quarter

**↑ 4.1%** over the 12 months to June 2015  
**↓ -0.7%** over the quarter

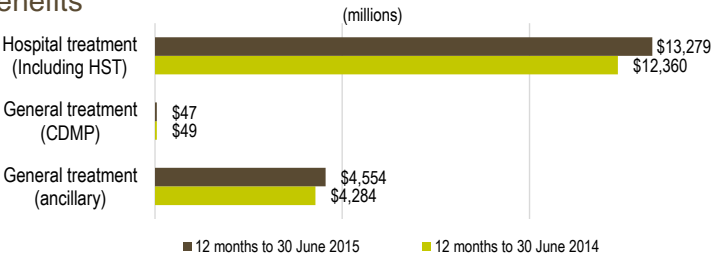
### Hospital treatment episodes

Period	Value
12 months to 30 June 2015	4,287,718
12 months to 30 June 2014	4,085,203

### General treatment services (ancillary)

Period	Value
12 months to 30 June 2015	86,304,557
12 months to 30 June 2014	82,932,821

## Benefits



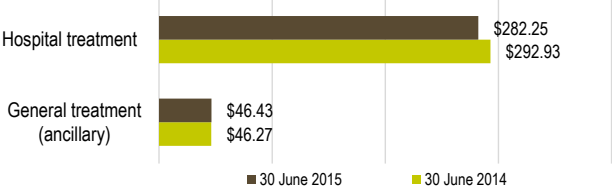
**↑ 7.4%** over the 12 months to June 2015  
**↑ 8.6%** over the quarter

**↑ 6.3%** over the 12 months to June 2015  
**↑ 5.6%** over the quarter

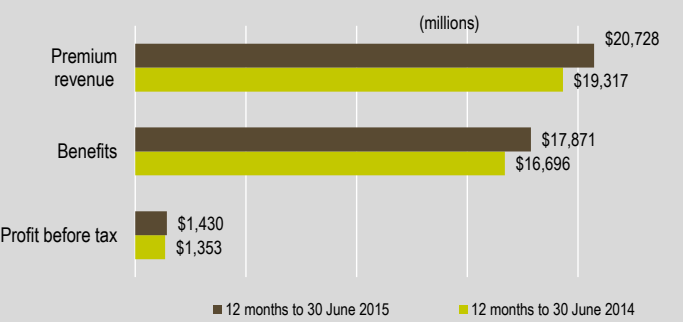
**↓ -3.8%** over the 12 months to June 2015

**↑ 0.3%** over the 12 months to June 2015

## Out-of-pocket per episode/service



## Financial



**↑ 7.3%** over the 12 months to June 2015

**↑ 7.0%** over the 12 months to June 2015

**↑ 5.7%** over the 12 months to June 2015

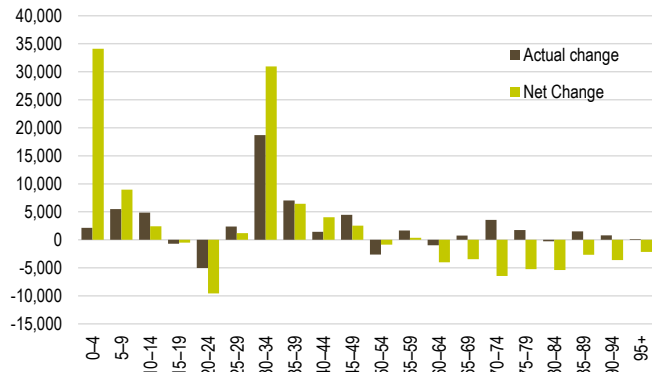
## Hospital Treatment

At 30 June 2015, 11,276,328 people, or 47.4% of the population, were covered by hospital treatment cover. There was no change in the percent coverage compared to March 2015.

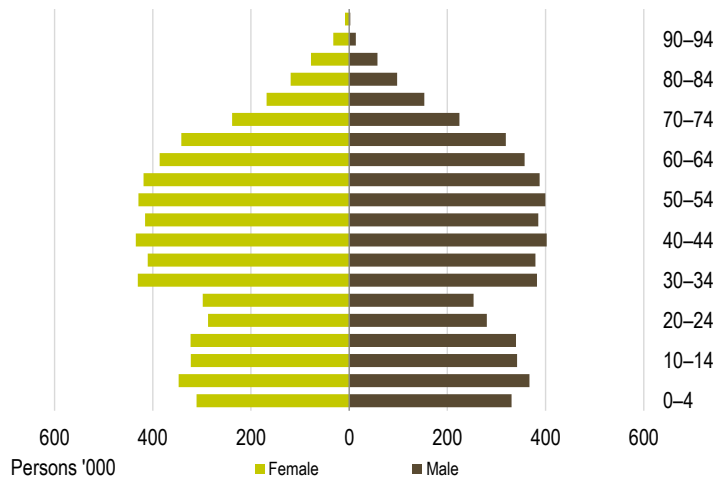
There was an increase in coverage of 47,043 insured people in the June 2015 quarter. Single policies rose by 22,682 and family policies by 11,010 during the quarter. For the 12 months to 30 June 2015, the number of insured people with hospital treatment cover has increased by 184,881 corresponding to an increase of 101,572 hospital treatment policies.

The largest increase in coverage during the quarter was 18,706 for people aged between 30 and 34, and the largest net increase (taking into account movement between age groups) was 30,939 for the same age group (disregarding new births).

Net quarterly change in insured persons



Number of persons insured by age



## Lifetime health cover

The majority of adults with hospital cover (85.4%) have a certified age of entry of 30, with no penalty loading. There was no change in proportion of adults with hospital cover between March 2015 and June 2015.

At the end of the June 2015 quarter, there were 1,189,538 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 14,988. There was a net increase in people with a certified age of entry of 30 (with no penalty) over the year of 124,559. Over the year 79,728 people had their loading removed after paying a loading for ten years.

State/Territory	Insured persons (%)	Non insured persons (%)	Total insured persons	Total non insured persons	Male (%)	Female (%)	Single policies (%)	Family policies (%)
Aust.	47.4%	52.6%	5,474,930	5,801,398	48.1%	51.9%	48.1%	51.9%
NSW	48.1%	51.9%	1,781,202	1,884,752	48.1%	51.9%	48.1%	51.9%
VIC	45.0%	55.0%	1,289,033	1,383,230	51.0%	49.0%	51.0%	49.0%
QLD	45.2%	54.8%	1,049,169	1,114,540	45.4%	54.6%	45.4%	54.6%
SA	46.2%	53.8%	378,274	407,190	47.8%	52.2%	47.8%	52.2%
WA	55.0%	45.0%	708,824	722,280	46.8%	53.2%	46.8%	53.2%
TAS	45.1%	54.9%	111,144	121,683	48.1%	51.9%	48.1%	51.9%
ACT	58.4%	41.6%	109,083	118,385	49.2%	50.8%	49.2%	50.8%
NT	39.8%	60.2%	48,201	49,338	46.8%	53.2%	46.8%	53.2%

## General Treatment

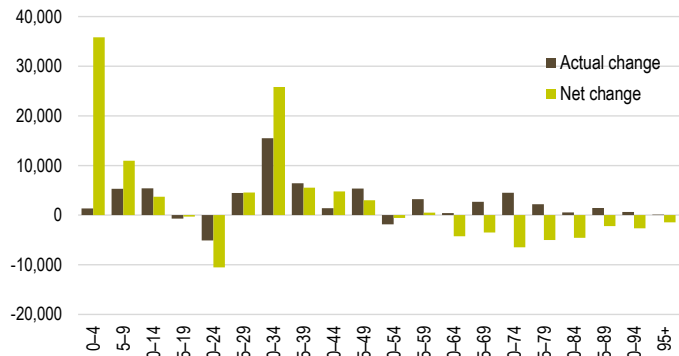
At 30 June 2015, 13,276,992 people or 55.8% of the population had some form of general treatment cover. There was an increase of 71,370 people when compared to the March 2015 quarter.

The increase in single policies was 32,808 and family policies increased by 16,816 during the quarter. The overall increase was 49,624 general treatment policies. For the 12 months to 30 June 2015, the number of insured persons with general treatment cover has increased by 290,451 with policies increasing by 163,938.

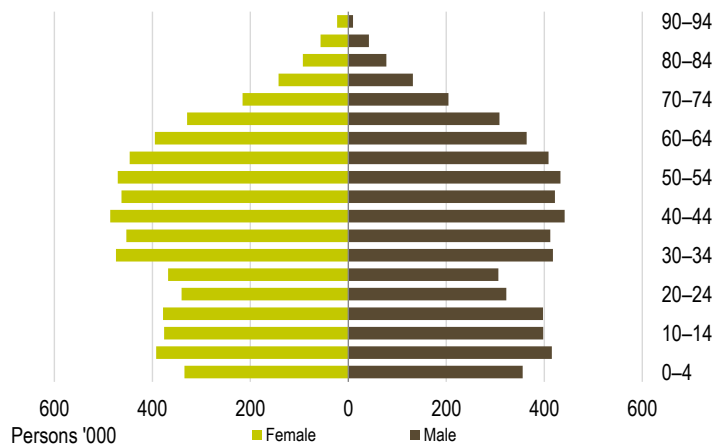
The general treatment (ancillary) by age charts and data in this report show data for those people that have general treatment policies covering ancillary services, regardless of other treatment included in the product. This excludes those general treatment policies that do not cover ancillary treatment.

There was an increase of 53,206 people with general treatment (ancillary) coverage in the June 2015 quarter. The largest net increase in coverage was 15,477 for people in the 30 to 34 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.	55.8%	44.2%	5,869,662	6,243,307	48.5%	51.5%
NSW	57.6%	42.4%	1,952,827	2,061,962	47.8%	52.2%
VIC	51.4%	48.6%	1,252,328	1,343,107	51.1%	48.9%
QLD	50.6%	49.4%	1,080,679	1,161,324	46.3%	53.7%
SA	59.2%	40.8%	454,726	493,906	48.2%	51.8%
WA	68.2%	31.8%	848,583	878,409	48.3%	51.7%
TAS	51.6%	48.4%	118,140	130,561	48.8%	51.2%
ACT	68.3%	31.7%	113,445	123,296	49.5%	50.5%
NT	42.9%	57.1%	48,934	50,742	47.6%	52.4%

# Benefits Paid

## Hospital treatment

### Benefits per episode/service

	June 2015	Change from March 2015
Hospital Treatment		
Acute	\$2,157	0.2%
Medical	\$60	0.4%
Prostheses	\$787	1.8%
Cardiac	\$6,544	4.2%
Hip	\$2,010	-0.8%
Knee	\$2,134	0.6%
Total benefits and growth rate		
Hospital	\$3,437,773,118	10.1%
General	\$1,161,853,731	-4.3%

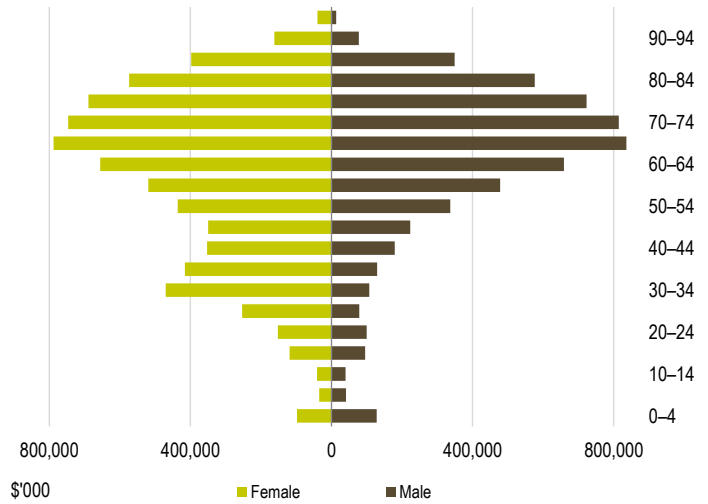
During the June 2015 quarter, insurers paid \$3,438 million in hospital treatment benefits, an increase of 10.1% compared to the March 2015 quarter. Hospital treatment benefits were comprised of:

- ◇ \$2,398 million for hospital services such as accommodation and nursing
- ◇ \$538 million for medical services
- ◇ \$501 million for prostheses items

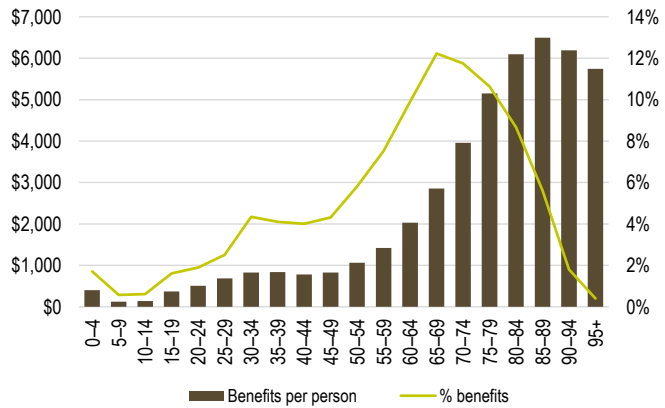
The age group for which most hospital benefits are paid is between 60 and 79 (top chart). Total benefits by age group is affected by the benefits paid per person (displayed in the second chart) and the number of people in each age group. The older age groups have a higher claiming rate. The rise in benefits in the 20–39 age cohorts is due to increases in female benefits associated with child bearing.

For the 12 month period ending 30 June, hospital treatment benefits per person increased from \$1,114 (June 2014) to \$1,178 (June 2015). The largest amount of benefits per person was spent on hospital accommodation and nursing, followed by medical and prostheses benefits.

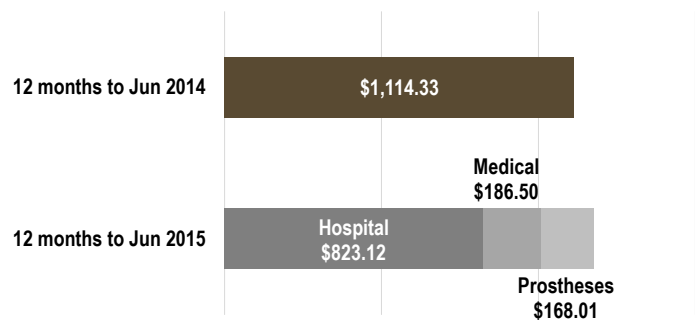
### Hospital treatment benefits paid by age 12 months to 30 June 2015



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



### Hospital treatment benefits per person



**General treatment**

**Benefits per service**

	June 2015	Change from March 2015
Dental	\$65	-3.0%
Chiropractic	\$30	-4.2%
Physiotherapy	\$35	-4.7%
Optical	\$71	-1.9%

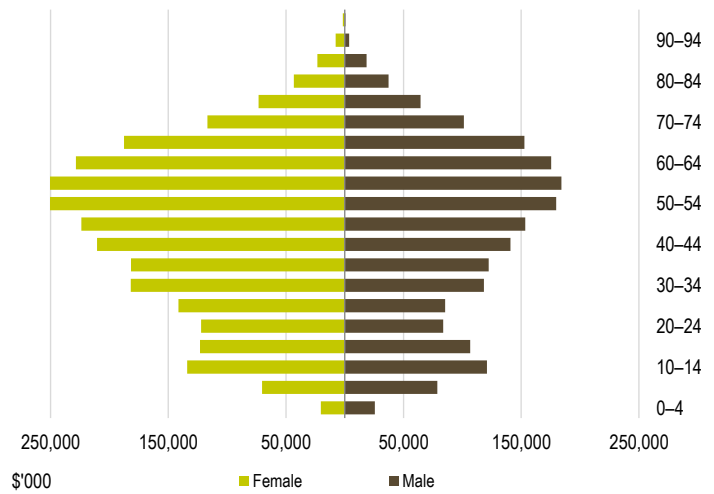
During the June 2015 quarter, insurers paid \$1,149 million in general treatment (ancillary) benefits. This was a decrease of 4.6% compared to the March 2015 quarter. Ancillary benefits for the June 2015 quarter included the major categories of:

- ◇ Dental \$604 million
- ◇ Optical \$180 million
- ◇ Physiotherapy \$101 million
- ◇ Chiropractic \$76 million.

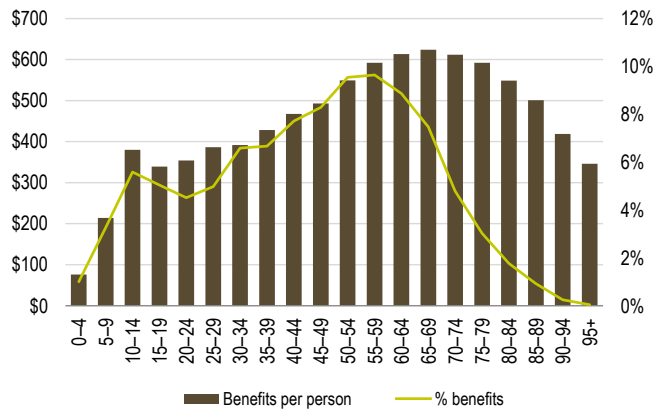
There is a marked difference between the distribution of benefits over age groups between hospital benefits and ancillary benefits. The major difference is the higher claiming rate in older age groups for hospital benefits while benefits per person for ancillary benefits are more evenly spread over the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

General treatment (ancillary) benefits per person during the year to June 2015 were \$375, increasing from \$361 for the year to June 2014. The largest component of ancillary benefits is dental, for which \$195 was paid per insured.

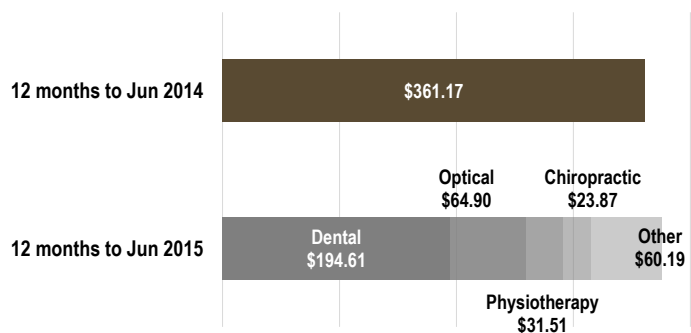
**General treatment benefits paid by age 12 months to 30 June 2015 (ancillary)**



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



**General treatment benefits per person (ancillary)**



## Medical benefits

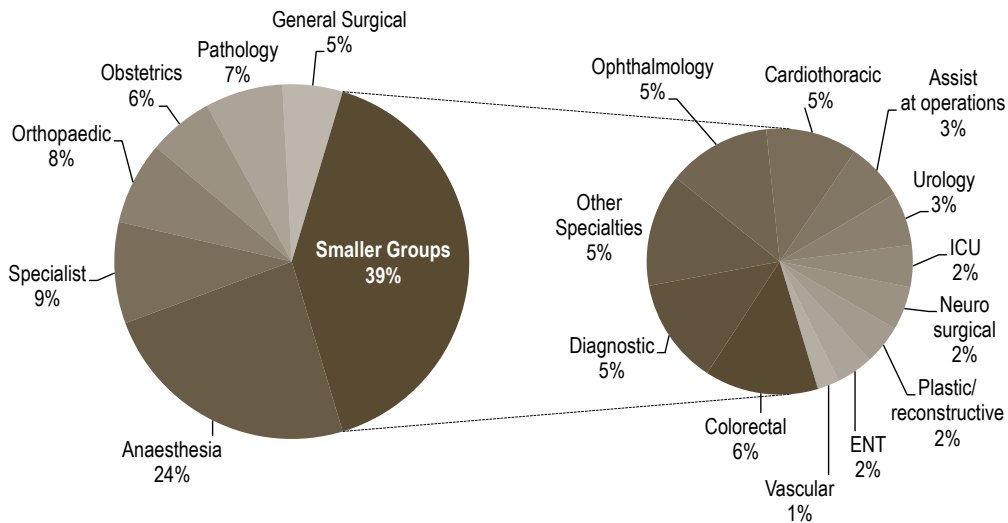
Total benefits for medical services increased 9.5% during the June quarter and there was no change in the amount of benefits paid per service.

The change in medical benefits per service was calculated over a range of medical services and does not mean medical services overall decreased or increased in cost. The average benefits paid reflects the type of medical services utilised during the quarter as well as the volume of services. The medical service for which the greatest amount of benefits was paid was anaesthetics, comprising 24.0% of all medical benefits and totalling \$126 million.

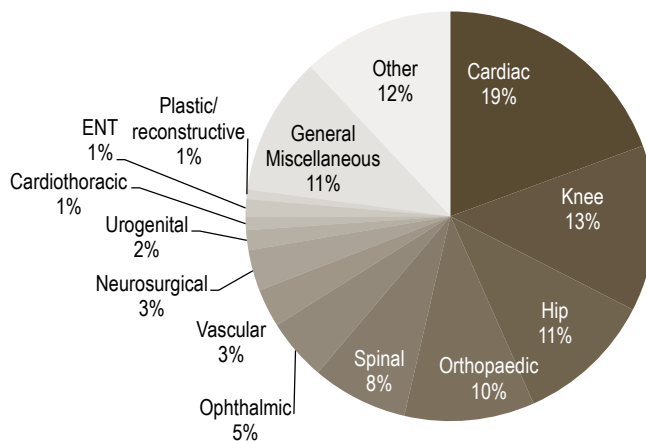
## Prostheses benefits

Total benefits paid for prostheses increased by 13.7% in June compared to the March 2015 quarter. 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 19.4% of all prosthetic benefits and totalling \$97 million.

Medical benefits by Speciality group



Benefits paid for prostheses





# Service utilisation

## Episodes/Services by type

	June 2015	Change from March
Hospital Episodes	1,111,828	9.3%
Hospital Days	2,874,379	8.2%
Medical Services	8,961,420	9.0%
Prostheses Items	637,044	11.7%
Specialist Orthopaedic	124,440	11.4%
Ophthalmic	80,643	20.6%
Spinal	48,085	15.8%
General	21,883,996	-0.7%
Dental	9,337,455	2.5%
Chiropractic	2,526,471	-0.4%
Physiotherapy	2,901,180	4.7%
Optical	2,556,853	-18.3%

Hospital utilisation is distributed over four categories of hospital—public, private, day only facilities and hospital-substitute. During the June 2015 quarter, hospital episodes were distributed as follows:

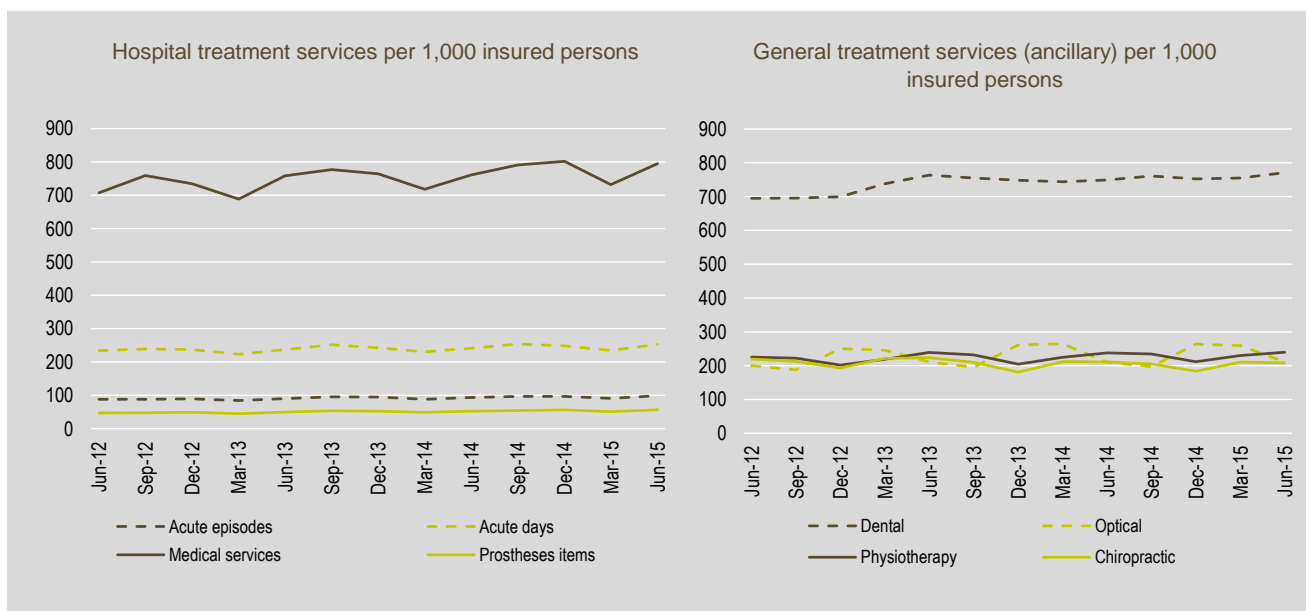
- ◇ public hospitals 196,228 episodes
- ◇ private hospitals 712,659 episodes
- ◇ day hospital facilities 158,126 episodes
- ◇ hospital substitute 44,815 episodes

For the June 2015 quarter, hospital utilisation (measured in episodes) increased by 9.3%. This was driven by increases in all hospital settings. Episodes in all hospital settings also increased over the year.

During the June 2015 quarter, insurers paid benefits for 2.87 million days in hospital, arising from 1.11 million hospital episodes of care.

	Quarter change	Year change
◇ public hospitals	↑ 9.5%	↑ 7.6%
◇ private hospitals	↑ 9.4%	↑ 4.0%
◇ day hospital facilities	↑ 8.1%	↑ 5.0%
◇ hospital-substitute	↑ 11.3%	↑ 9.7%

Day-only episodes in the four categories of hospital totalled 731,062, a decrease of 10.6% compared to the March 2015 quarter.



# Out-of-pocket payments

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

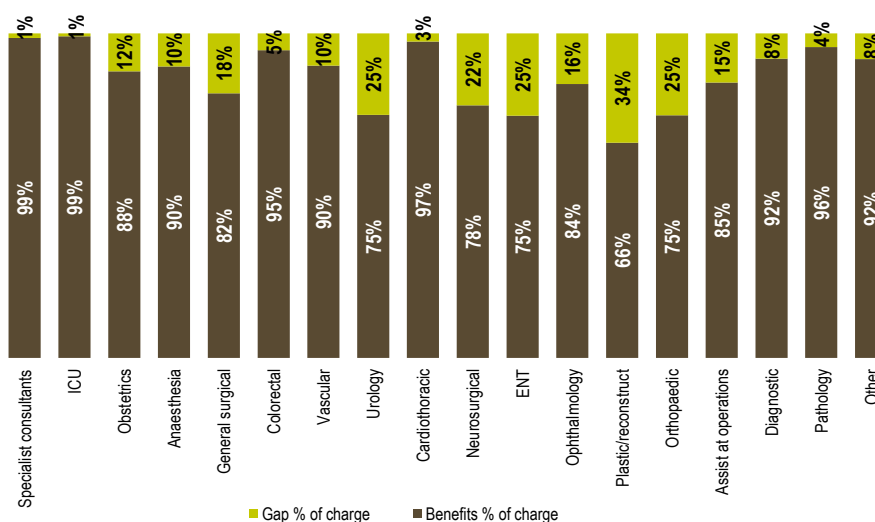
	June 2015	Change from March	Change from Jun 14
Hospital treatment	\$282.25	-3.8%	-3.6%
Hospital-substitute treatment	\$4.52	-28.6%	-20.6%
General treatment ancillary	\$46.43	1.4%	0.3%
Medical gap where gap was paid	\$135.11	-16.1%	-32.7%

The out-of-pocket payments for hospital episodes decreased by 3.6% compared to the same quarter for the previous year.

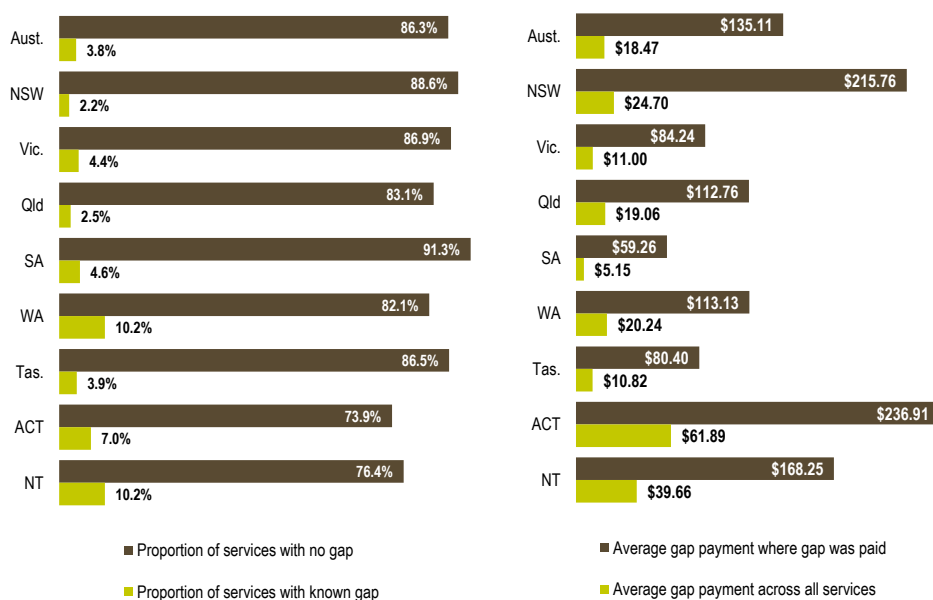
Out-of-pocket payments for medical services were \$135 where an out-of-pocket payment was payable. The amount of gap for medical services varies depending on the specialty group. The specialty group with the largest out-of-pocket payment was orthopaedic with an average gap of just over \$312, followed by plastic/reconstructive with an average gap per service of just under \$312. 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 \$282 in the June 2015 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

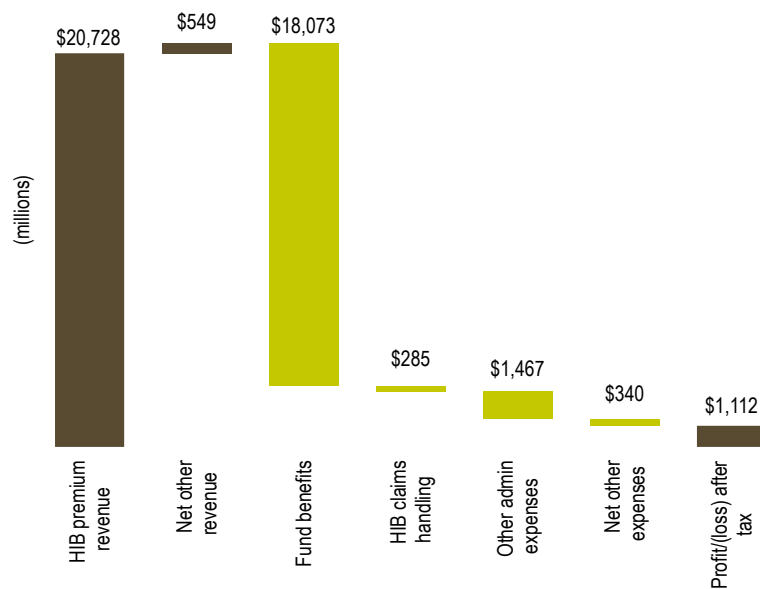
All Figures \$'000	12 months to June 2015	12 months to June 2014
<b>Revenue</b>		
HIB premium revenue	20,727,757	19,316,899
Net HRB and other revenue	549,244	587,950
<b>Total revenue</b>	<b>21,277,001</b>	<b>19,904,849</b>
<b>Benefits</b>		
Fund benefits	17,871,209	16,696,439
State ambulance levies	201,735	190,728
<b>Total fund benefits</b>	<b>18,072,944</b>	<b>16,887,168</b>
<b>Expenses</b>		
HIB expenses	1,466,766	1,345,764
HIB claims handling	284,759	298,272
Other expenses	22,851	20,748
<b>Total expenses</b>	<b>1,774,376</b>	<b>1,664,784</b>
<b>Profit</b>		
Profit/(loss) before tax	1,429,681	1,352,898
Taxation expense	317,581	295,182
<b>Profit/(loss) of the industry</b>	<b>1,112,100</b>	<b>1,057,716</b>
<b>Margins</b>		
Gross margin	12.81%	12.58%
HIB expenses	8.45%	8.51%
Net margin	4.36%	4.07%

Gross and net margins were slightly higher for the 12 months to June 2015, resulting in an after-tax profit of \$1.11 billion.

Health Insurance Business premium revenue was up 7.3% for the year to June 2015, while total fund benefits increased by 7.0%. Notwithstanding the increase in membership, these figures suggest that, for the 12 months to June 2015, the increasing cost of health services and growing utilisation rates have been more than offset by higher premiums. The net effect was a rise in gross margin, from 12.6% to 12.8%.

Expenses as a percentage of revenue remained stable at 8.5%. This, coupled with the slightly lower growth in fund benefits resulted in the net margin rising from 4.1% to 4.4%.

Health Benefits Fund Profit After Tax Breakdown for 12 months to June 2015



## Prudential Position

All figures \$'000	June 2015	March 2015	June 2014
<b>Assets</b>			
Cash	1,209,962	1,085,887	1,174,128
Investments			
Equities	1,308,310	1,278,711	1,154,490
Interest bearing assets	6,773,110	6,749,322	6,549,721
Property	519,035	512,964	496,152
Subsidiary and associated entities	103,155	101,874	102,558
Loans	12,071	19,687	19,755
Receivables	59,071	67,331	59,807
Intangibles DAC and FITBS	573,152	536,523	415,629
Pre-paid expenses	29,049	31,096	22,976
Other*	1,235,956	1,428,734	1,123,125
<b>Total assets</b>	<b>11,822,870</b>	<b>11,812,129</b>	<b>11,118,341</b>
<b>Liabilities</b>			
Unearned premium liabilities	2,546,937	2,642,775	2,276,026
Unpresented & outstanding claims	1,722,154	1,706,223	1,533,441
Other fund liabilities	211,379	206,515	176,933
Interest bearing liabilities	32,139	32,102	33,044
Payables, provisions & other liabilities	758,643	783,052	898,676
<b>Total liabilities</b>	<b>5,271,253</b>	<b>5,370,666</b>	<b>4,918,120</b>
<b>Health benefits fund capital</b>	<b>6,551,617</b>	<b>6,441,462</b>	<b>6,200,221</b>
<b>Capital Adequacy Requirement**</b>			
Liability risk charges	370,848	346,083	331,862
Loss risk charges	764,022	723,422	675,448
Operational risk charges	148,809	148,429	141,329
Other capital charges	0	0	0
<b>Total Capital Adequacy Requirement</b>	<b>6,524,931</b>	<b>6,558,601</b>	<b>6,036,759</b>
<b>Surplus Capital</b>	<b>5,297,939</b>	<b>5,253,528</b>	<b>5,081,582</b>

\* includes health insurance equipment and other assets

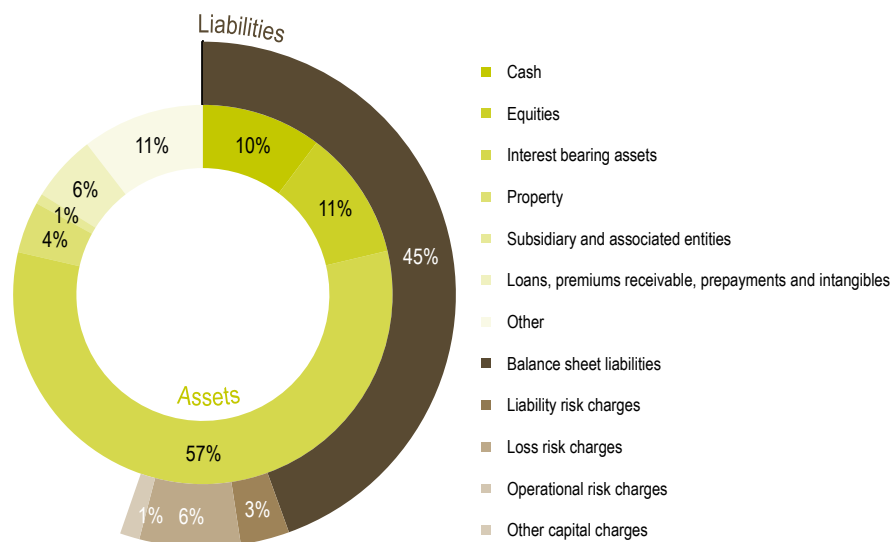
The industry held total assets of \$11.8 billion and around \$5.3 billion in excess of the capital adequacy requirements as at 30 June 2015.

Total assets have increased by \$705 million in the last 12 months with the additional assets being invested in cash, equities and interest bearing assets.

Liabilities dropped by around \$100 million over the quarter. This was due to a fall in unearned premium liabilities which was not unexpected given the large increase in contributions in advance experienced in the March 2015 quarter.

As noted in the previous quarter's statistical report, changes in the Capital Adequacy requirements applicable to private health insurers came into effect early in 2014.

Health Benefits Fund Assets vs Liabilities as at June 2015



## Notes on statistics

### Source of data

On 1 July 2015, supervisory responsibilities were transferred from 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.

Net change by five year age group is the actual change adjusted for the number of people 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.

## Definitions and abbreviations

CDMP	Chronic Disease Management Program: intended to reduce complications in a person with a diagnosed chronic disease, prevent or delay the onset of chronic disease for a person with identified multiple risk factors for chronic disease.
Change by age	<p>Actual change by age: The gross change in the number of people in each age group compared to the previous period. This method ignores ageing.</p> <p>Net change by age: The net change in each age group taking into account the number of people moving into the age from the age group below and the number of people moving into the age group above.</p> <p>This calculation assumes:</p> <ol style="list-style-type: none"> <li>1. 1/5 of the people in each age group moves into the next age group each year, or on a quarterly basis 1/20 people move into the next age group, and</li> <li>2. even ageing.</li> </ol> <p>As APRA does not have access to quarter of birth or year of birth data this method is a simplification of reality, but does provide a much better description of changes than ignoring ageing.</p> <p>The calculation is:</p> <p>Change in age group 0-4: Number of people at the end of the quarter minus (the number of people at the end of the last quarter less 1/20 of the people at the end of the last quarter).</p> <p>Change in age groups 5-9 to 90-94: Number of people at the end of the quarter minus (the number of people at the end of the last quarter less 1/20 of the people at the end of the last quarter plus 1/20 of the people from the lower age group at the end of the last quarter).</p> <p>Change in age group 95+: Number of people at the end of the quarter minus (the number of people at the end of the last quarter plus 1/20 of the people from the 90-94 age group at the end of the previous quarter).</p>
DAC	Deferred Acquisition Costs.
Episode	The period of admitted patient care between an admission and separation (eg. discharge) characterised by only one care type.
Family policy	A policy under which more than one person is insured including: two parents and children; single parent and children; two or more children and no adults; three or more adults.
FITBS	Future Income Tax Benefits.
General treatment	Treatment that is intended to manage or prevent a disease, injury or condition and is not hospital treatment.
General treatment services	Ancillary services such as dental and optical.
Gross margin	The difference between total premium revenue and total cost of benefits (inclusive of state levies) expressed as a percentage of premium revenue.
HIB	Health Insurance Business: the business of undertaking liability, by way of insurance or an employee health benefits scheme, that relates to hospital treatment and general treatment.
Hospital treatment	Treatment that is intended to manage a disease, injury or condition provided to a person at a hospital or arranged with the direct involvement of a hospital. Hospital treatment includes hospital substitute treatment in this report, unless stated otherwise.
Hospital-substitute treatment (HST)	General treatment that substitutes for an episode of hospital treatment.
HRB	<p>Health Related Business includes one or more of:</p> <ul style="list-style-type: none"> <li>• Providing goods and/or services to manage or prevent disease, injuries or conditions (may include dental or optical centres),</li> <li>• Undertaking liability, by way of insurance, to indemnify people who are ineligible for Medicare,</li> <li>• Providing a financial service to assist people meet the costs associated with treatment, goods or services that are provided to manage or prevent diseases, injuries or conditions.</li> </ul>
Medical service	Medical specialist services such as the anaesthetist or obstetrician. A hospital episode may involve several medical services.
Net margin	Gross margin less management expenses expressed as a percentage of premium revenue.
Out-of-pocket	Refers to the amount paid by the policy holder for a service after private health insurance benefits and medicare benefits are paid. Out-of-pocket includes medical gap, excess or copayments for hospital or hospital-substitute episodes, and copayments for ancillary services.
Persons	Refer to the number of persons covered by private health insurance policies.
Policies	Refer to the number of private health insurance policies referable to private health insurance funds. Each policy may cover one or more persons.
Single policy	A policy under which only one person is insured.
State ambulance levy	Amounts payable to the New South Wales and Australian Capital Territory governments in respect of levies on policy holders of insurers with hospital treatment cover, for ambulance cover.

## Related Publications

### Quarterly publications

A number of related quarterly publications are available from:  
[www.apra.gov.au/PHI/Publications/Pages/Industry-Statistics.aspx](http://www.apra.gov.au/PHI/Publications/Pages/Industry-Statistics.aspx)

These include:

#### [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 \(formerly PHIA C A\)](#)

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:

<http://www.apra.gov.au/PHI/Publications/Pages/Industry-Statistics.aspx>



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