





Background and Methodology



- A nationally represented sample of 1,832 interviews were conducted face-to-face in late 2015, mirroring the timing of research previously undertaken. In order to ensure a representative sample of the Adult population in the Republic of Ireland (aged 18+), quotas were set around gender, social class and region. Data for the years preceding 2009 have been taken from published reports as previous research was not conducted by Millward Brown.
- When reading figures presented in the report it is important to note that the margin of error for a sample of 1,832 is +/- 2.3%. For a sub sample such as the number of respondents with PHI insurance (739 of the sample) the Margin of Error is +/-3.6%, and the MoE for those without PHI (1,093) is 3.0%.
- Specific questions were asked of policy and non policy holders with a group of questions towards the end of the survey being asked of the entire population. Topics included;
- Incidence of Health Insurance
- Reasons for not having Health Insurance and the possibility of taking out Private Health Insurance in the future
- Awareness and attitudes towards the Lifetime Community Rating Initiative.
- The number of adults and children on the policy, duration of being insured
- Questions around switching (- incidence and consideration)
- Perceptions of cost
- Past actions and future intentions, Incidence of "dropping" cover for other family members and reasons why
- Incidence of Work schemes, and changes in employer policies
- Claim experience, Complaint experience
- Attitudes towards PHI, Awareness of the Health Insurance Authority (HIA)







Executive Summary - Profile of PHI Holders



• The HIA has conducted consumer research on health insurance biannually since 2002. This report shows the findings from the 7th round of research conducted in late 2015.

Profile of Health Insurance holders

- The proportion of the population who report having Private Health Insurance (PHI) has risen after falling from 2009 to 2013. Official HIA data show that 45.8% of the population had PHI in December 2015.
- While 41% of the population are classified in the ABC1 socio-demographic category, 62% of PHI holders are.
- Younger adults are under-represented among PHI holders. 30% of the adult population are under 35, yet just 21% of adults with PHI are.
- While 50% of the adult population are married, 70% of adult PHI holders are. 35% of adult PHI holders have dependant children.
- Those with VHI policies tend to be older, whilst those with policies from Aviva and GloHealth tend to be of a younger demographic.
- Ten percent of the population report having PHI in the past, but no longer have it.
- The average length of time holding a PHI policy remains steady at 19 years, and there is much loyalty within the marketplace the average number of years policy holders have been with their current PHI provider is 14 years.



Reasons for having, and satisfaction with, PHI



- The key reason given for having Health Insurance is that the cost of medical treatment and accommodation is high. There is also a strong belief among a substantial minority of PHI holders (27%) that public services are of an inadequate standard, and that there is a lack of access to such services (18%). Another reason that was given by 17% was that they were offered PHI as part of their employment.
- In terms of attitudes towards PHI, there is a broad consensus across the population as a whole that having PHI means you can "skip queues" (58% believe this to be the case, albeit down seven points since 2013). In addition, a majority (56%) agree that "having PHI means always getting a better level of healthcare service", and that "PHI is a necessity, not a luxury" (56%).
- Policy Holders' overall satisfaction with their current PHI provider has increased, with over half (56%) giving a rating of at least eight out of ten. Satisfaction ratings with all aspects of Health Insurance have risen. There has been a substantial increase in satisfaction with the level of out patient/non hospital cover on plans.
- There has been a sharp decrease in the proportion who feel that premium increases are inappropriate, and are not justified by the cost of treatments or services.
- Those aged 55+ are consistently most satisfied possibly because they are more likely to be claiming from their PHI.
- Satisfaction with the level of understanding of health insurance cover has increased significantly (up nine points to 85%).

Summary of Switching and Discontinuation



- Nearly one in four (24%) have switched their PHI provider at some stage in the past, representing a four percentage point increase since 2013. Of these, most (68%) have switched once, with over a quarter (27%) having switched more often.
- VHI tends to be the provider that loses out, which is understandable given its size and long legacy within the marketplace. Over half (58%) of switchers were originally with VHI. However, there is also switching from newer entrants to the marketplace; one in six (17%) switched from Laya, and one in five moved from Aviva.
- The main reason for switching is cost (65% citing this to be the case) and secondly, improved levels of cover (23%). These reasons (along with the new insurer having a better product/service range) have remained relatively consistent since 2013.
- Among those that have never switched, there is a strong loyalty evident to their current provider just 13% have ever considered switching. This is the highest level of loyalty seen so far in this series of studies.
- Looking to the future, and specifically levels of cover, those with PHI are generally quite settled nearly four in five (80%) believe they will continue with their current level of cover over the next twelve months. 5% said that they intended to upgrade their level of cover and 5% also said that they would downgrade. 10% didn't know.
- The main factors that would cause policy holders to discontinue their cover are generally financial 33% say they would drop their cover in the event of losing their job (similar to 2013), and 17% would do so if their salary/wages were reduced (down from 26% previously).
- Over one in five (21%) say they will never discontinue cover, rising to 32% of older customers.
- The average price paid for policies tends to rise with age as people get older, some tend to upgrade the level of cover they are entitled to. Others might have remained on the same policy for years, with the price becoming gradually less competitive. In addition, those with multiple children on their policies pay more.



Other PHI issues



Workplace PHI schemes

- Among those with PHI, three in ten (31%) have it through a work scheme. However, less than half of these participants (45%) receive any contribution from their employer
- 22% of those in work schemes said that their employer offers a choice of health insurance companies.
- The importance of these work schemes is evident insofar as only six in ten in work schemes would take out PHI cover in the absence of such initiatives 27% say they would be unable to do so.

Claims experience

- 35% have claimed at some time for overnight stays, down six points since 2013. 38% have claimed for Day Patient treatment, down two points since 2013.
- There has been a slight decrease in the proportion stating to have claimed on their PHI Overall, 57% have claimed for something, down from 61% in 2013.

Awareness

• 36% of all those surveyed and 47% of those with health insurance said that they were aware of the Health Insurance Authority. This compares to 29% and 39% respectively in the 2013 survey.







Sample Profile

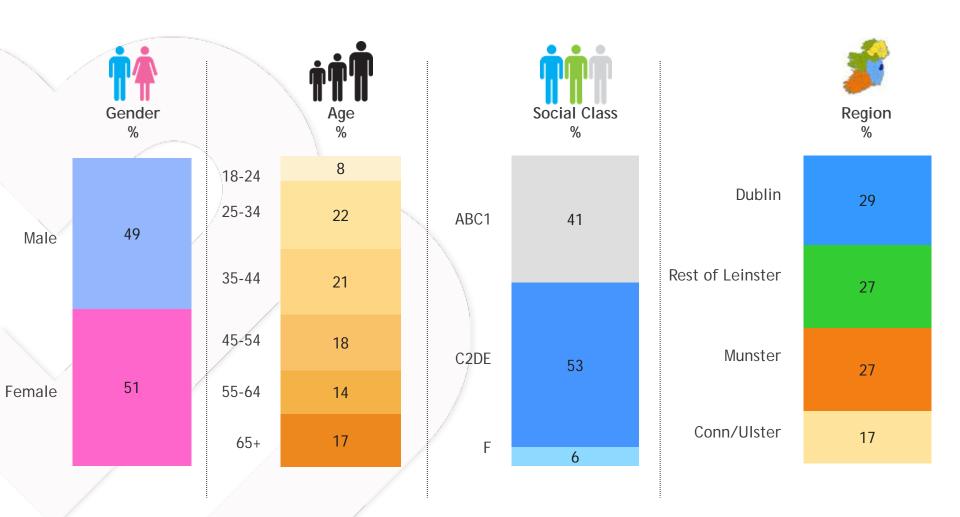




Demographic Sample Profile



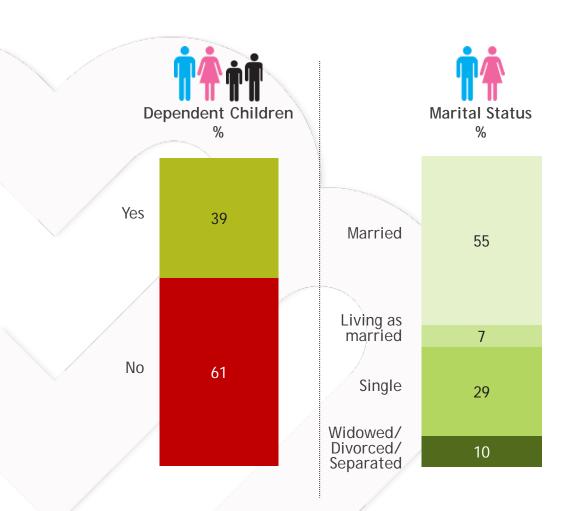
Base: All Adults Aged 18+, n= 1,832

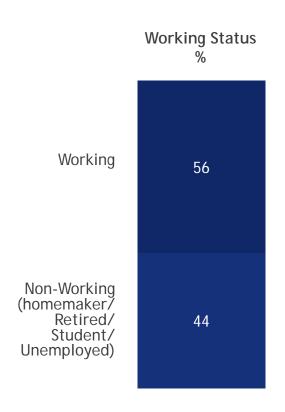


Demographic Sample Profile



Base: All Adults Aged 18+, n= 1,832









Some Context Before we Start...

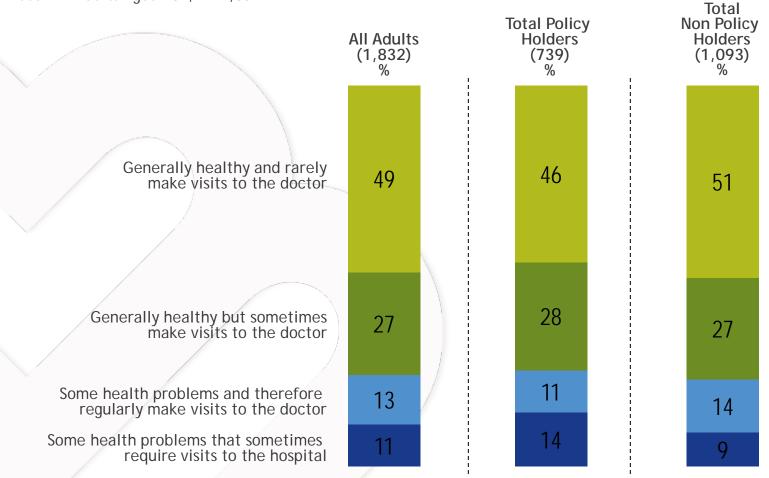




State of Health





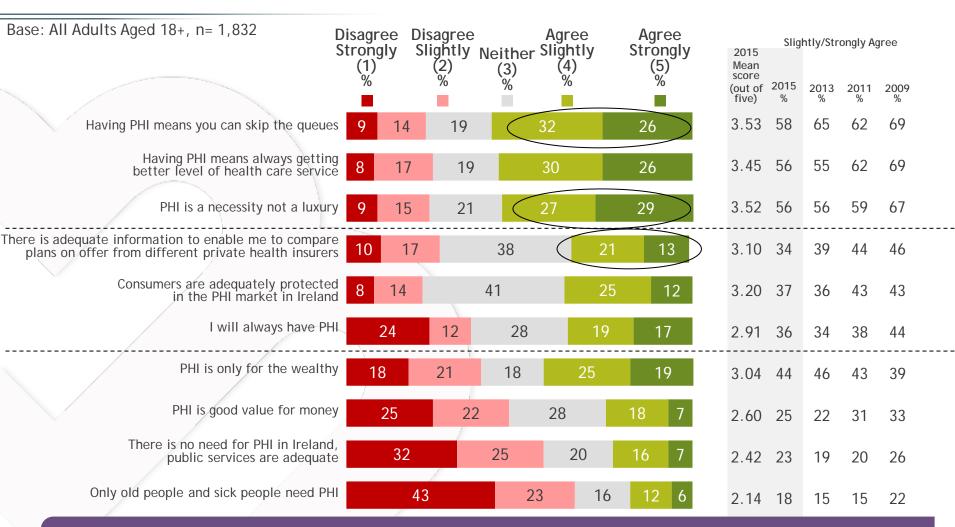


Over one in ten Policy Holders regularly visit their doctor, with one in seven being regular attendees to hospital.



Statements about Health Insurance





The perception that having PHI means you can skip queues has changed considerably with a seven percentage point drop on the 2013 agree figure of 65 to 58 in 2015. 34% now agree that there is adequate information to enable comparisons between plans. This percentage has declined since 2009.



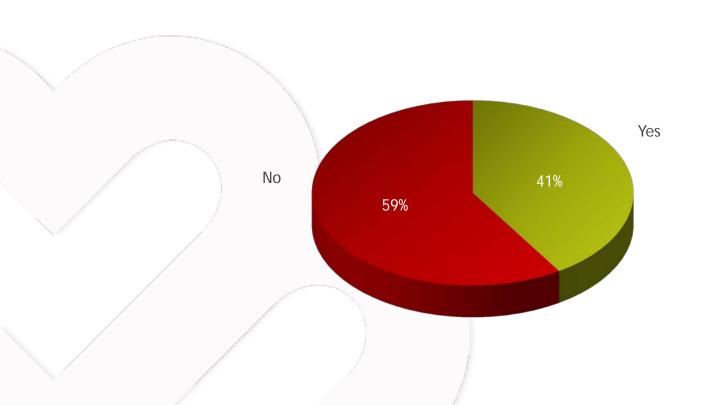
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Incidence of Private Health Insurance*



Base: All Adults Aged 18+, n= 1,832

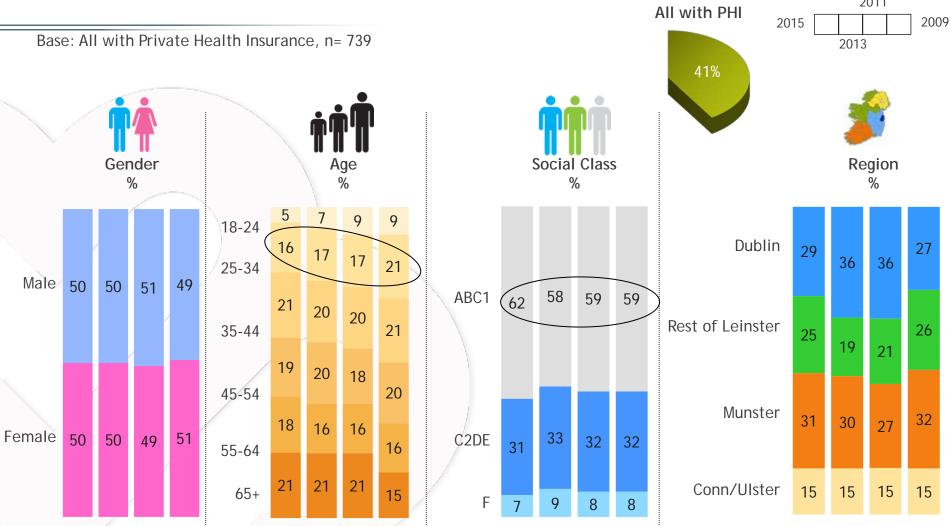


Incidence of Having PHI Policies In Previous Years	%
2013	40
2011	43
2009	48
2007	49
2005	52
2002	47

There has been a small rise in health insurance numbers since 2013, which reverses a declining trend since 2009. (HIA data show that the actual population penetration figure was 45.8% in December 2015.)

Profile of people with PHI





The Socio Economic profile of PHI holders has remained steady (more white collar). The proportion of younger adults with PHI has continued to decline.

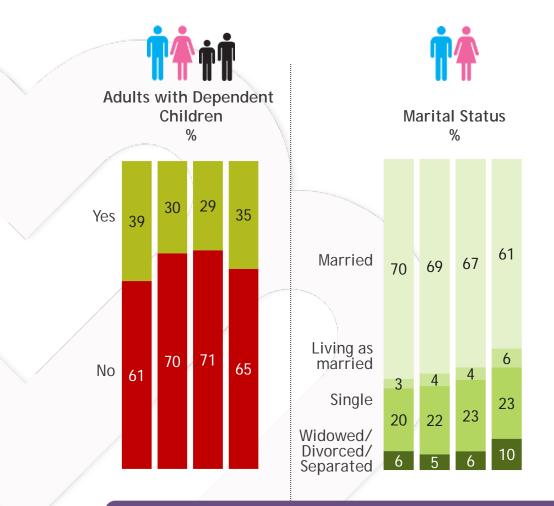


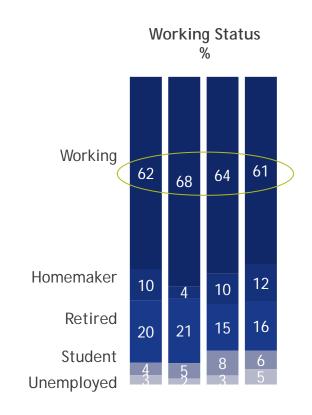
Profile of PHI Holders

An tÚdarás Árachas Sláinte
The Health Insurance Authority
2011
2009

2015 2013

Base: All with Private Health Insurance, n= 739





70% of PHI holders are married compared to 50% of the adult population. However, younger adults, who are less likely to be married, are also less likely to have PHI.

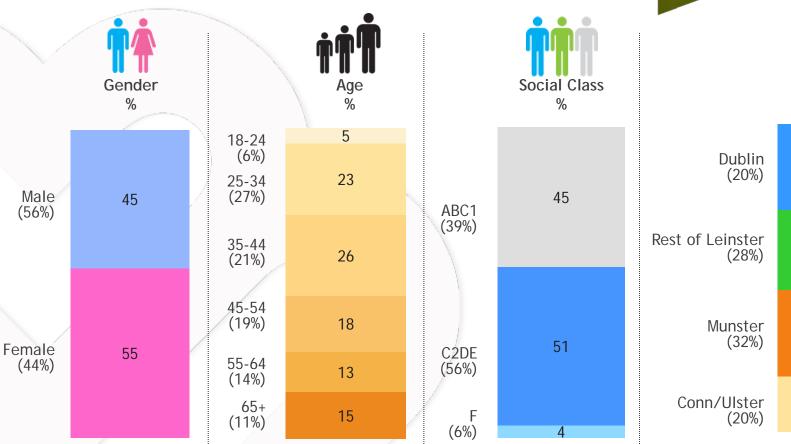


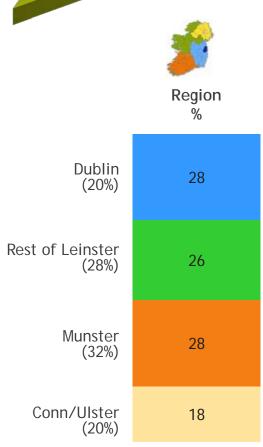
Demographic Sample Profile - Those who used to have PHI, but have relinquished it



All who used to have PHI

Base: All who used to have PHI, n= 186





() = 2013 results

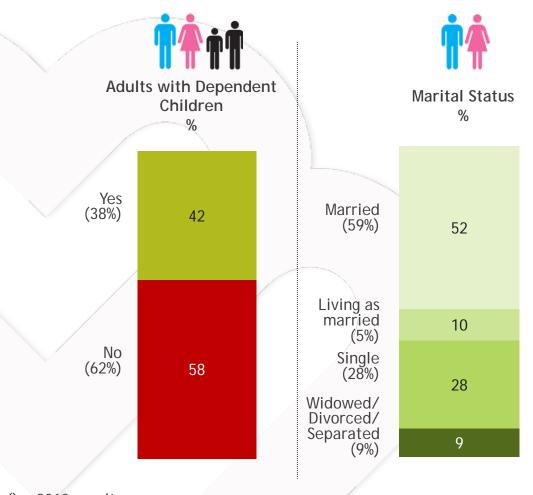
Whilst other age groups have remained stable the 65+ age group have shown an increase in relinquishing their PHI, from 11% in 2013 to 15% in 2015. Gender and region changes are also evident with more females and those living in Dublin also showing an increase in the numbers relinguishing their policy.

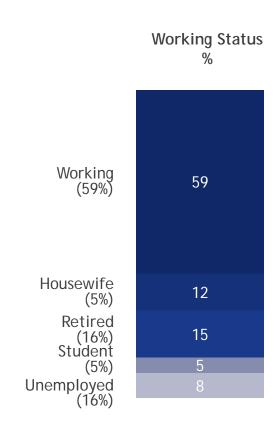


Demographic Sample Profile Cont'd (Those who used to have PHI, but have relinquished it)



Base: All who used to have PHI, n= 186





() = 2013 results



Current Private Health Insurance Provider



Base: All who personally pay for PHI, n= 485

	2015	2013	2011 %	2009 %	2007 %	2004 %	2002
Vhi	49	55	58	57	70	76	82
Laya	21	18	18	24	20	18	13
AVIVA	16	17	19	12	6	1	n/a
GloHealth Clearly different. Clearly better. Clearly great cover.	4	2	n/a	n/a	n/a	n/a	n/a
Any Garda/ESB/Prison Office scheme*	4	n/a	n/a	n/a	n/a	n/a	n/a
Other	3	7	4	2	4	6	5
Don't know	3	1	2	4	-	-	-

^{*} New code added in 2015

VHI's share of the market has dropped slightly (six percentage points since 2013) with a portion of its market share taken by Laya (formerly Quinn) and GloHealth.



Current Private Health Insurance Provider by Age Group



Base: All who personally pay for PHI n= 485

Policy Holders	, 11-3	0.								ndent
Tolloy Holders		Gender		Age Group			Social Class		Children	
26%		Male	Female (210)	18-34	35-54	55+ (214)	ABC1	C2DE	Yes	No (330)
20%	%	(266) %	(219) %	(76) %	(193) %	(216) %	(317) %	(142) %	(155) %	(330)
Vhi	49	48	50	33	45	> 58	46	51	44	52
Laya	21	21	21	14	29	17	23	16	28	17
AVIVA	16	14	18	21	13	15	16	18	12	17
GloHealth Clearly different. Clearly better. Clearly great cover.	4	3	5	7	5	2	5	4	6	3
Any Garda/ESB/ Prison Office scheme	4	6	2	2	5	5	3	7	5	4
Other	3	4	2	12	2	1	4	3	2	4
Don't know	3	4	1	11	2	1	4	1	3	3

VHI continues to have a large proportion of the oldest health insurance customers.



Current Private Health Insurance Provider by Demographics



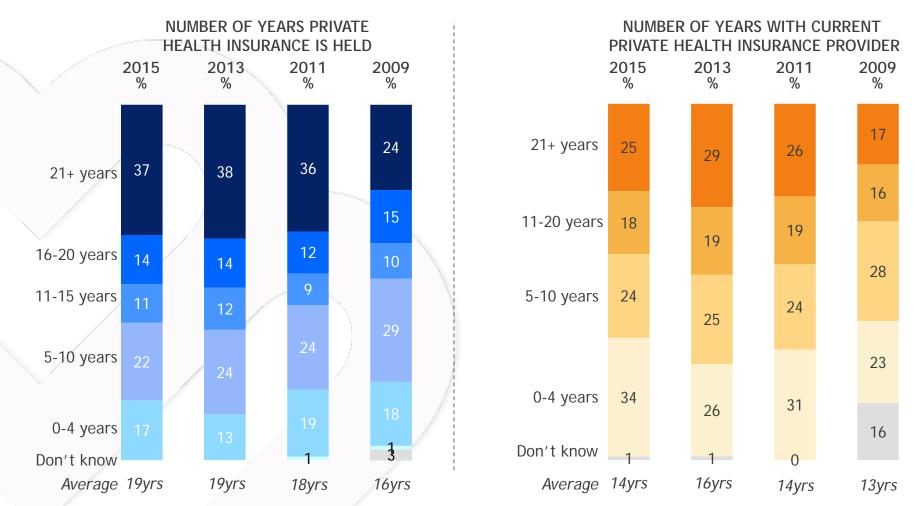
Base: All who personally pay for PHI, n=485

		Vhi	Laya healthcare	AVIVA	GloHealth Clearly different. Clearly better. Clearly great cover
	Total	49	21	16	4
GENDER	Male	48	21	14	3
GENDER	Female	50	21	(18)	5
	18-34	33	13	20	(7)
	35-44	39	31	16	6
AGE	45-54	50	25	13	4
	55-64	56	20	15	1
	65+	(60)	14	16	4
SOCIAL	ABC1	46	23	16	5
CLASS	C2DE	51	16	18	4
Dependent children	Yes	44	(28)	12	6
U.16 years	No	52	17	18	3

Length of time being covered by Private Health Insurance



Base: All with Private Health Insurance, n=739



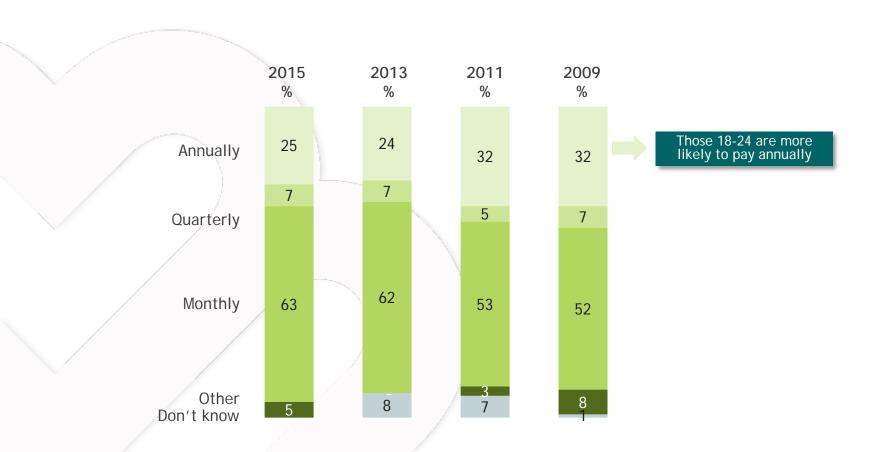
The average length of time holding PHI has remained steady at 19 years. The average length of time with the incumbent provider is 14 years.

Q.18 For how many years have you held private health insurance either through your policy or the policy of a partner/spouse? Q.19 How long have you been with your current insurer as the policy holder or partner/spouse of the policy holder?

Frequency of Private Health Insurance Payment An tÚdarás Árachas Sláinte The Health Insurance Authority



Base: All who personally pay for PHI, n=485



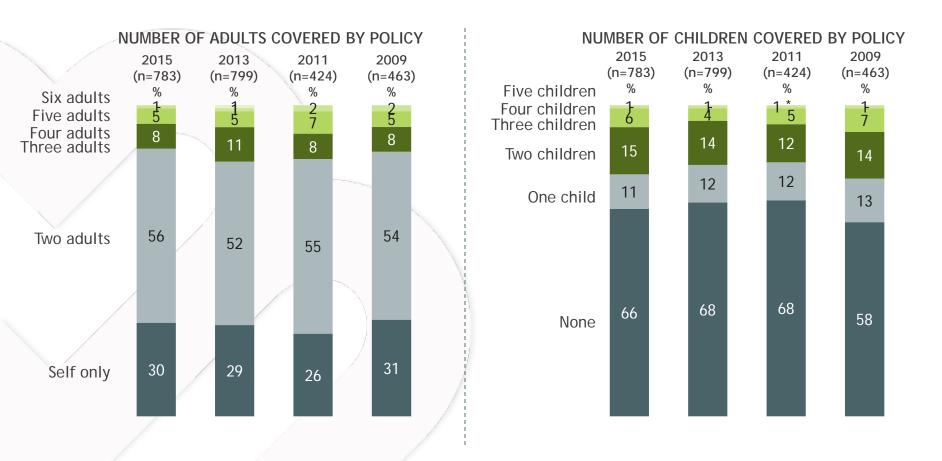
The number of PHI consumers paying monthly and annually in 2015 has stabilised, reflecting the change seen in 2013 which saw a sharp rise in those paying monthly as opposed to annually.



Number of people covered on insurance policy An tÚdarás Árachas Sláinte The Health Insurance Authority



Base: All with Private Health Insurance, n=739



The average number of children & adults included on policies has remained steady, as does the proportion of policies with children covered (34%).





Key Driver for having Private Health Insurance



Base: All with Private Health Insurance, n=739	Main Reason %	Any Reason %	Any reason 2013 %	Any reason 2011 %	Any reason 2009 %	Any reason 2007 %
Cost of medical treatment/accommodation is very high	20	31	32	24	45	52
Inadequate standard of public services	16	27	29	24	42	38
Offered with employment (fully/partially paid by employer)	15 1	7	17	17	15	17
Lack of access to public services	8 18		19	13	26	15
I can afford it	6 12		13	13	20	18
My spouse/partner recommended it	6 12		10	8	11	11
Have (or plan to have) children	48		12	9	17	18
Offered with employment (paid for by the employee)	57		7	5	5	8
I had a health scare/am getting older*	48		n/a	n/a	n/a	n/a
My parents included me on their policy	55		8	8	9	14
Friend recommended it	1		3	5	5	4
I took it out because the introduction of lifetime community rating*	1		n/a	n/a	n/a	n/a
I became pregnant*]1		n/a	n/a	n/a	n/a
Don't know	8 7		10	n/a	n/a	n/a

^{*} New code added in 2015

Cost of medical treatment and the perceived inadequate standards of, <u>and access</u> to, public services continue to be key drivers for having PHI. Another significant driver is when PHI is fully or partly paid by an employer.



Key Driver for having Private Health Insurance



Base: All with Private Health Insurance, n=739		Main	Main	Main	Main	
		Main Reason %	reason 2013 %	reason 2011 %	reason 2009 %	reason 2007 %
Cost of medical treatment/accommodati	on is very high	20	18	17	22	31
Inadequate standard of p	oublic services	16	18	19	20	14
Offered with employment (fully/partially paid	d by employer)	15	13	16	11	10
	I can afford it	8	12	8	5	2
Have (or plan to	have) children	6	6	7	8	4
My parents included me	on their policy	6	3	2	5	4
Lack of access to p	oublic services	5	6	8	7	10
My spouse/partner re	commended it	5	6	5	2	4
Offered with employment (paid for	by employee)	4	7	8	7	6
Friend re	commended it	4	n/a	n/a	n/a	n/a
I took it out because of the introduction of Lifetime Com		I	2	1	1	0
I had a health scare/a	(LCR)	ĺ	n/a	n/a	n/a	n/a
I had a health scare/a		į	n/a	n/a	n/a	n/a
	came pregnant ner/Don't know	8	9	6	7	14
* New code added in 2015	iei/Don't know					

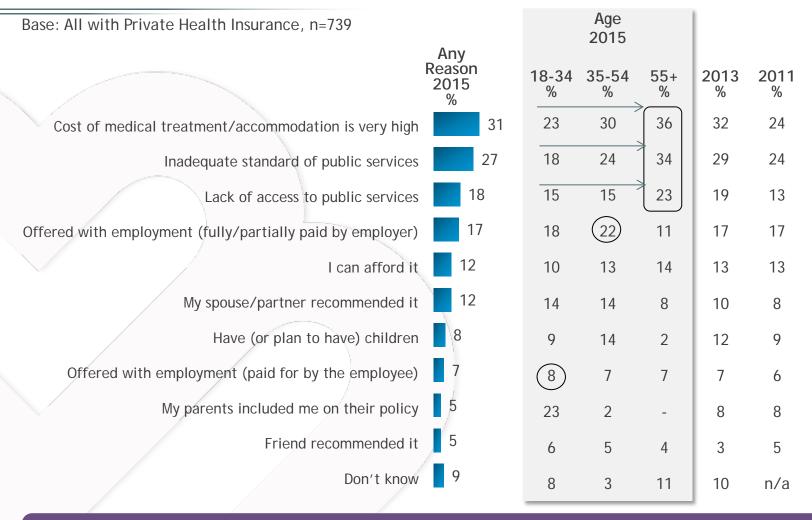
* New code added in 2015

Cost of medical treatment and the perceived inadequate standards of public services continue to be key drivers for having PHI. Another significant driver is when PHI is fully or partly paid by an employer.



Reasons for having Private Health Insurance by Age





Cost of treatment and inadequate public services are the dominant reasons given for having PHI, especially by those over age 55. Younger policy holders might also be subsidised by their employers and the youngest adults might be included on their parents' policies.

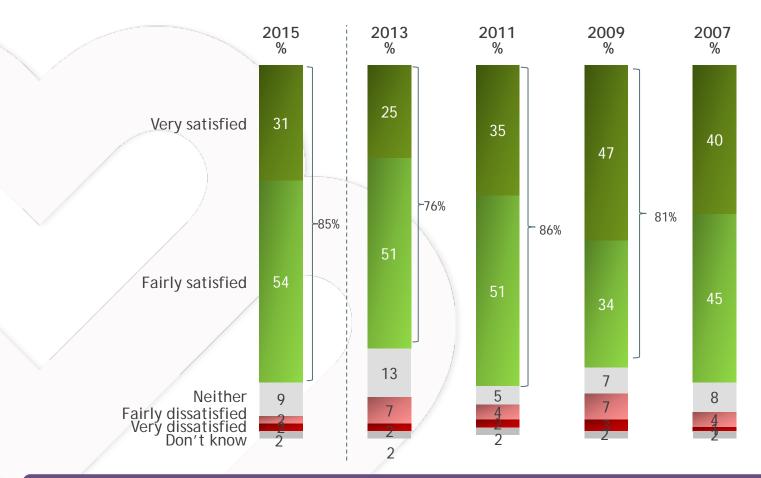


Overall Satisfaction with level of understanding of current health insurance cover



Base: All with Private Health Insurance, n=739

(Note: Wording of scales changed slightly in 2009 and therefore may not be directly comparable Previous scale used - Very Satisfied, Satisfied, Neither, Dissatisfied, Very Dissatisfied)



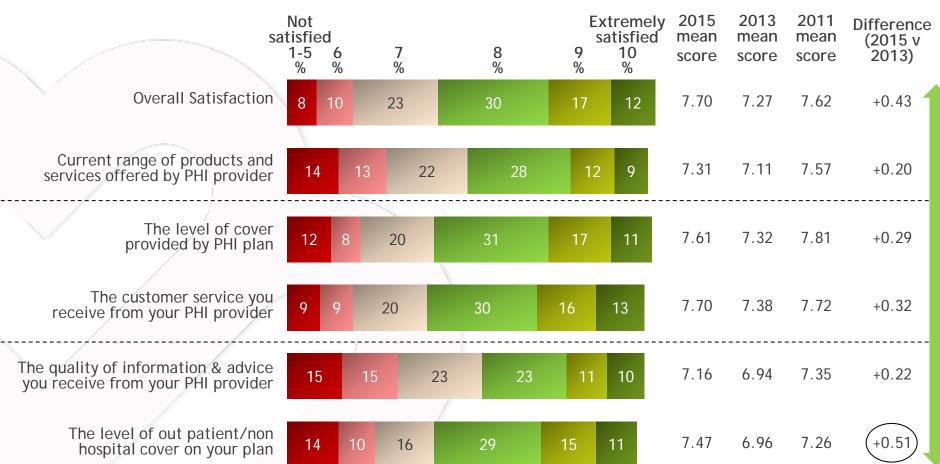
Satisfaction with the level of understanding of current health insurance is high with 85% stating they are very or fairly satisfied. This compares favourably with 2013 with a nine point increase on the comparable figure.



Level of satisfaction with aspects of health insurance



Base: All with Private Health Insurance, n=739



Levels of satisfaction with varying aspects of health insurance increased since 2013. The highest increase concerns satisfaction with the level of out patient/non hospital cover on plans.



Level of satisfaction with aspects of health insurance by age



Base: All with Private Health Insurance, n=739

		Current range of products and services offered by PHI provider %	The level of cover provided by PHI plan %	The customer service you receive from your PHI provider %	The quality of information & advice you receive from your PHI provider	The level of out patient/non hospital cover on your plan %
	Total	7.31	7.61	7.70	7.16	7.47
	18-34	7.37	7.64	7.70	7.08	7.43
AGE	35-54	7.12	7.45	7.50	7.00	7.35
	55+	7.48	7.77	7.90	7.35	7.60

On average those over 55 years of age expressed greater satisfaction with all elements of Private Health Insurance

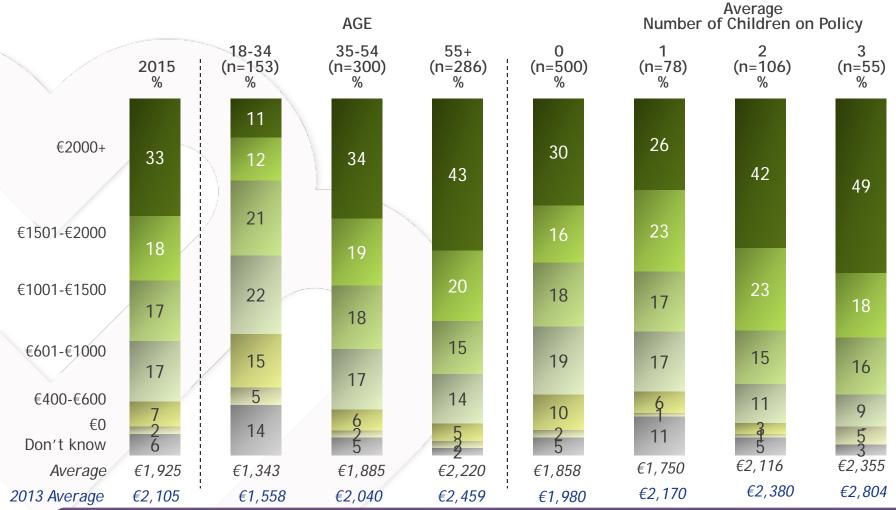




Cost of Policy







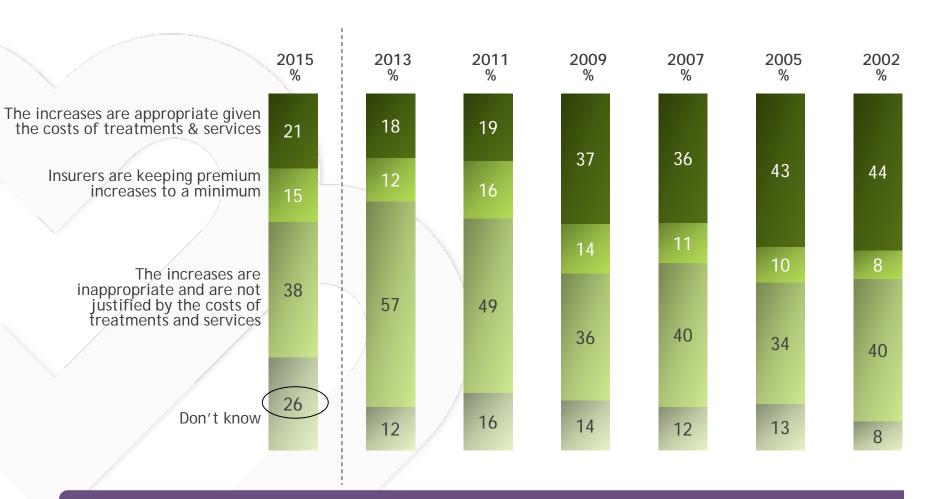
The reported cost of policy has decreased across the board. The average amount spent on insurance increases substantially relative to the customer's age.



Attitude to Premium Increases



Base: All with Private Health Insurance, n=739

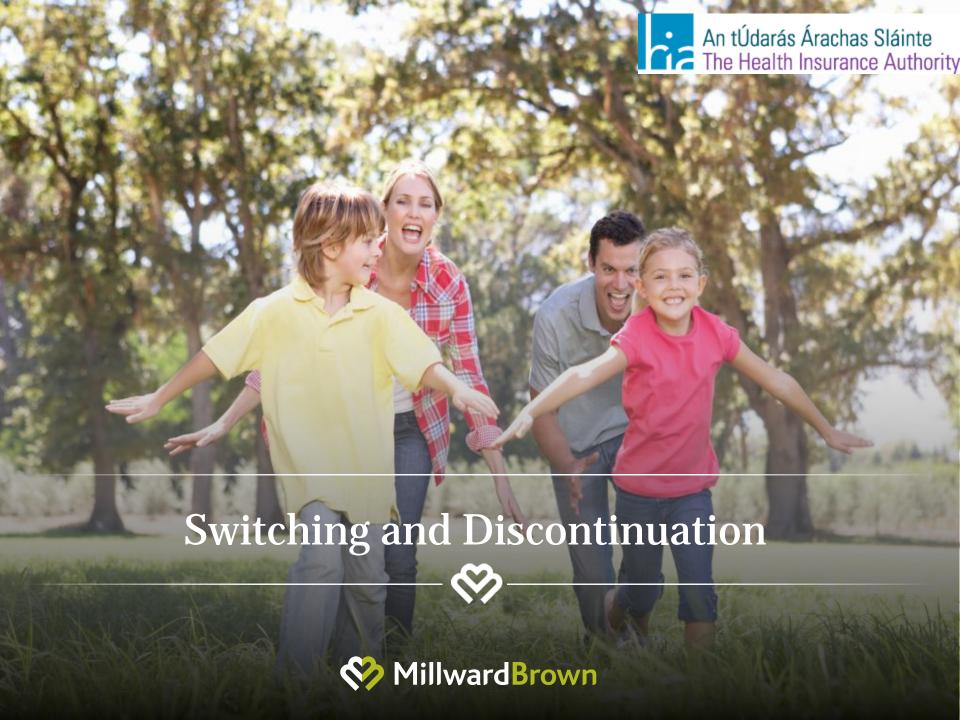


Nearly four in ten feel that increases in PHI costs are not justified - a significant decrease since 2013.

However, the proportion who are unsure of costs has increased



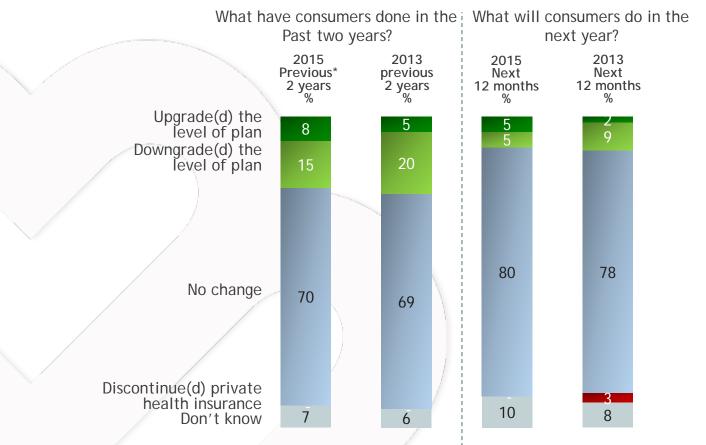
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Private Health Insurance: Past Action vs. Future Plans



Base: All with Private Health Insurance, n=739



One in seven have downgraded their cover in the past two years, although there is evidence of stability returning to the market - four in five don't see themselves changing policy cover over the next year



Likely Action to PHI policy over next 12 months An tÚdarás Árachas Sláinte The Health Insurance Authority



Base: All with Private Health Insurance, n=739

			Upgrade %	Downgrade %	No change %	Discontinue %	Don't know %
ľ	Total		5	5	80	0	10
		18-34	5	3	72	0	20
	AGE	35-54	5	6	79	0	9
		55+	4	6	85	0	5
		Pay all themselves	4	5	80	0	11
	POLICY TYPE	Employer pays all	6	7	62	0	21
		Employer pays some	7	1	89	0	2

Older respondents are most certain about their future PHI plans, whilst younger policy holders are more likely to hedge their bets



Actions to PHI policy over previous 2 years



Base: All with Private Health Insurance, n=739

		Upgrade %	Downgrade %	No change %	Don't Know %
Total		8	15	70	7
	18-34	4	2	75	18
AGE	35-54	9	21	64	6
	55+	9	15	73	3
	Pay all themselves	8	16	69	7
POLICY TYPE	Employer pays all	9	9	61	21
	Employer pays some	45	9	86	1

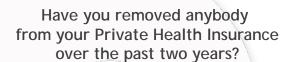
The most likely category of customer to have downgraded are those aged 35-54 (arguably the squeezed middle).

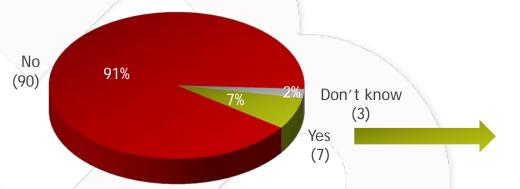


Have people been removed from policies?



Base: All with Private Health Insurance, n=739





Who have you removed from your private health insurance over the past two years?

Base: all who have removed somebody from policy (n=55)

	2015	2013
Spouse/Partner	15%	7%
An Adult child (over 18 years)	82%	68%
A child under the age of 18	9%	16%
Someone else/refused	0%	9%

The incidence of removing people from a policy remains low, and largely due to demographic factors (children coming of age)

New question 2013

() = 2013 results

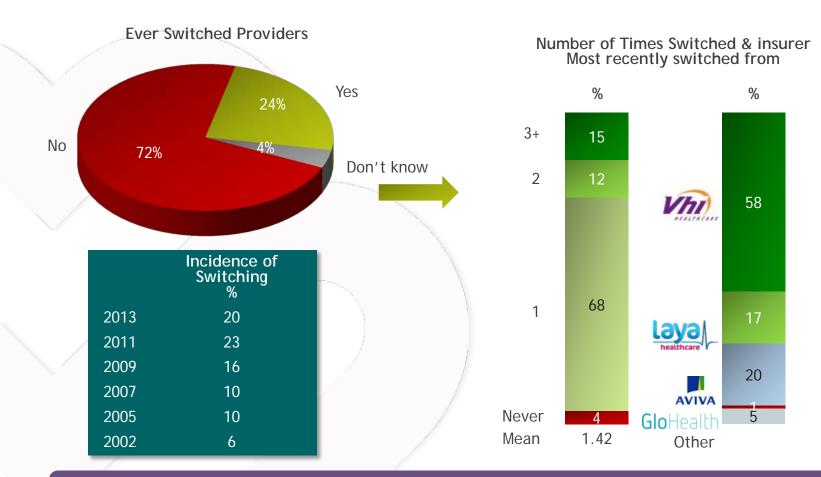


Incidence of Ever Switching



Base: All with Private Health Insurance, n=739





Incidence of switching has increased in 2015 (nearly one in four have done so). The majority have switched just once. VHI, as the longest PHI provider established, sees the highest proportion switching away from it.

Q.34 Have you ever switched from one health insurer in Ireland to another health insurer in Ireland?

Q.35 How many times have you switched private health insurers?

Q.36 Which insurance provider did you switch from (most recently)?

Reasons for Switching Private Health Insurance provider



Base: All who have switched PHI Provider, n=172

		%	2013 %	2011
	New insurer was cheaper /Cost savings	65	69	62
	Level of cover was better	23	24	17
	New insurer had a better product/service range	16	14	8
	Group scheme switched	8	7	7
	Recommendation by friend	7	5	6
	Recommendation from family member	5	5	7
	Level of information and advice better	3	3	1
	Changed employer	2	6	3
Dissat	isfaction with service provision of previous insurer	2	4	5
	Recommendation from other	2	1	*
	Had bad experience with previous insurer	2	4	2
Previous insurer a	nnounced they were withdrawing from the market	1	1	3
	Employer no longer pays for all/some of the cost	1	-	-
	Wanted to switch to an Irish Company	1	1	-
	Wanted to support competition	-	1	-

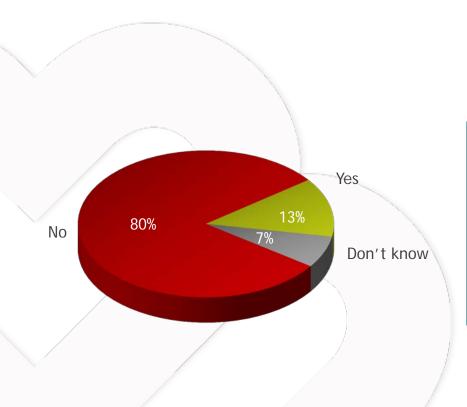
Cost remains the primary motivator for switching, followed by an improved level of cover.



Incidence of having *considered* switching from current PHI provider to another



Base: All who have never switched PHI provider, n=534



	Incidence of having Considered Switching							
	Yes %	No %	Don't know %					
2013	20	76	4					
2011	20	75	4					
2009	13	77	10					
2007	14	77	8					
2005	13	73	13					
2002	12	71	17					

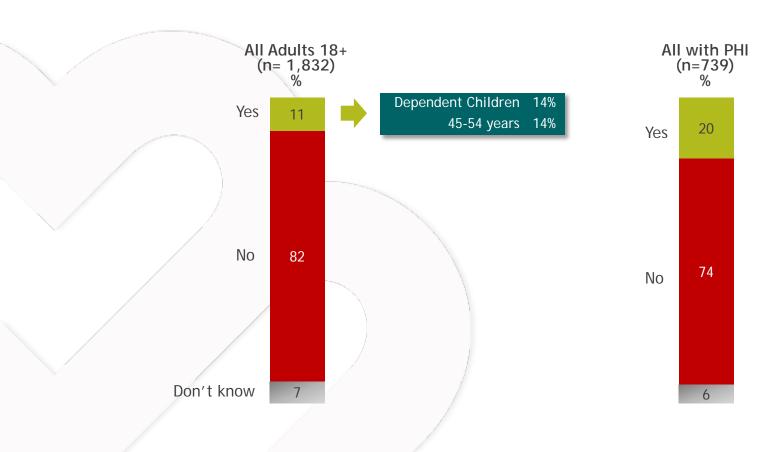
Among those who have never switched, 13% have considered switching, compared to 20% in 2013.



Do people regularly shop around for health insurance?



Base: All Adults Aged 18+, n= 1,832



One in five holders of PHI say they regularly "shop around" for health insurance.



Reasons for not Switching Private Health Insurer Provider



Base: All who have not switched PHI Provider, n=534

%	2013	2011	2009	2007	2005	2002
Satisfied with current provider 40	38	44	41	45	36	27
Level of cover no better 14	15	13	13	16	15	13
Too much hassle/paper work 15	18	10	12	16	12	12
Range of products/services no better 7	10	9	10	10	6	7
Couldn't be bothered 11	12	8	12	27	13	14
Work/employer looks after it 6	7	8	10	9	7	11
Not my decision 9	9	6	13	14	9	12
Been with existing provider for a long time 6	8	4	13	14	6	3
Feel loyal to my current provider 8	10	4	9	9	8	4
Too difficult to compare plans 8	9	4	7	7	4	4
Concerned that coverage would not be the same 5	7	n/a	n/a	n/a	n/a	n/a

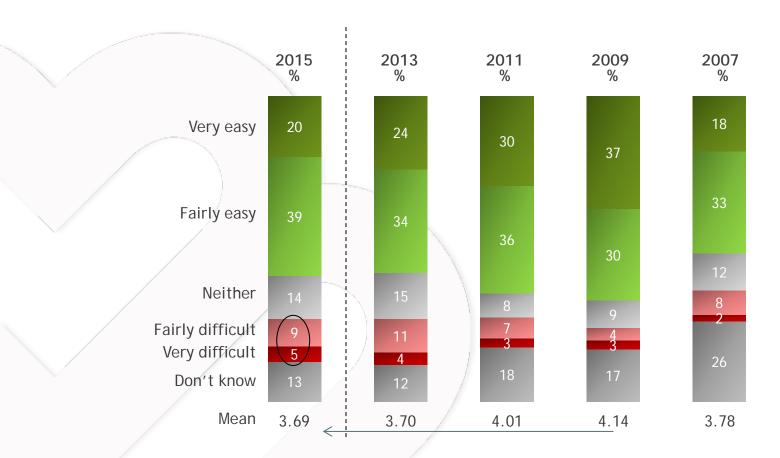
People who have never switched are generally satisfied with their current provider. Lesser reasons for not switching include general apathy and confusion about plans.



Perception of Ease of Switching



Base: All with Private Health Insurance, n=739



The majority of health insurance customers believe that it is easy to switch insurers. One in seven perceive that it is difficult to switch PHI provider.



Savings needed to switch



Base: All with Private Health Insurance, n=739



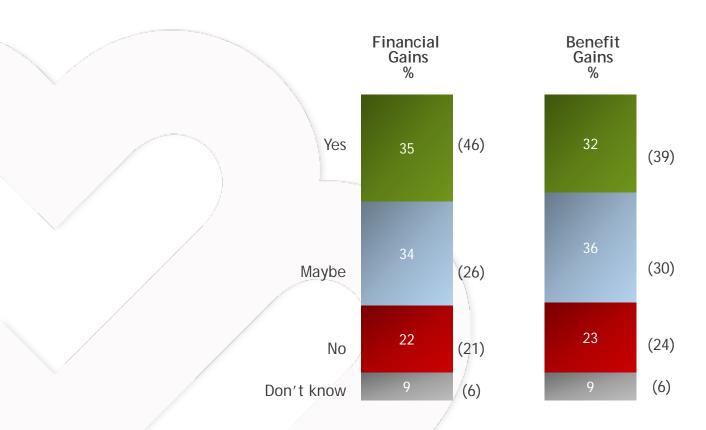
A financial saving of 20% or more of the policy price would provide a sufficient incentive for a majority of consumers to switch.



Incidence of considering switching from current insurer for financial or benefit gains



Base: All with Private Health Insurance, n=739



Financial gains outweigh benefit gains in terms of propensity to consider switching, although the inclination to switch has generally declined since 2013.

() = 2013 data



Q.46 Would you consider switching from your current insurer, if you thought financial gains could be made?
Q.47 Would you consider switching from your current insurer, if you thought benefit gains could be made for a similar policy fee?

Factors that would encourage discontinuing cover



Base: All with Private Health Insurance, n=739

	%
If I lost my job	33
Nothing/would never discontinue cover	21
If my salary/wages were reduced	17
If service levels deteriorated	17
If the level of cover deteriorated	16
If public services improved	15
If the range of products were reduced	10
If my hours were cut	9
If my parents no longer paid for it	4
Other	- /
Don't know	14

2013	2011	2009	2007	2005	2002
34	36	31	27	24	28
18	19	25	17	24	21
26	24	19	n/a	n/a	n/a
18	18	23	27	5	18
22	17	22	32	25	29
14	11	12	14	13	14
13	10	15	20	16	10
9	8	6	n/a	n/a	n/a
5	6	6	7	5	7
-	3	3	3	7	3
7	5	4	7	0	7

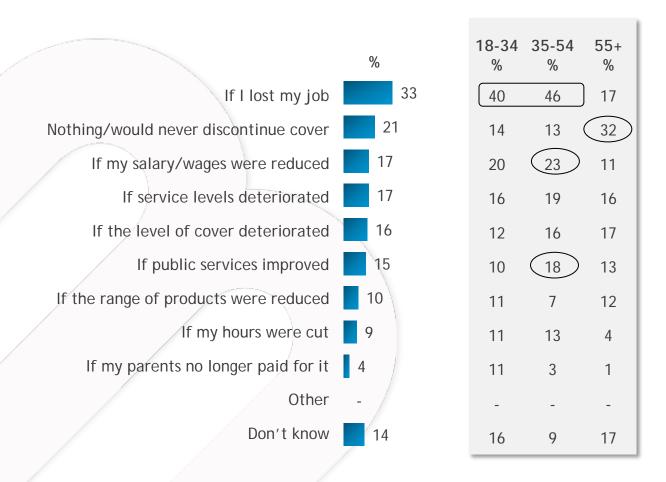
Personal financial circumstances are the primary reasons why PHI policy holders would discontinue their policy, especially if one's job was lost. Anticipated salary reductions are less of a factor in 2015, reflecting a more buoyant economy. One in five (21%) claim they would never abandon PHI.



Other factors that would encourage discontinuing cover x Age



Base: All with Private Health Insurance, n=739



Older customers (55+) are much more likely to maintain their PHI whatever the circumstances, whilst nearly one in five of those in the middle age group would consider discontinuation if public services improved.







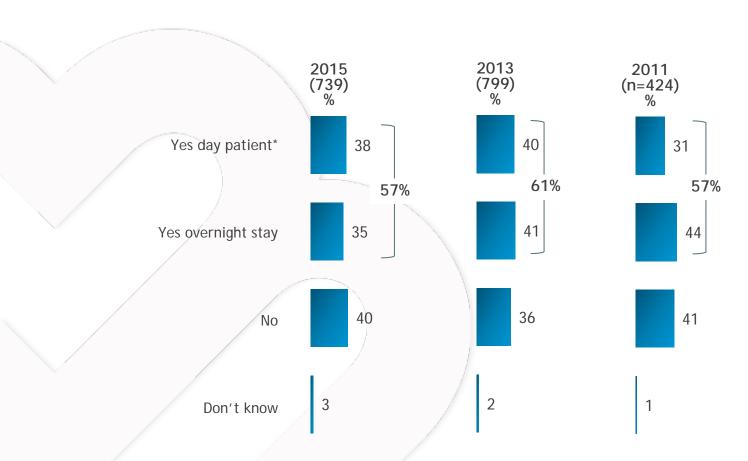




Incidence of Ever Claiming on Private Health Insurance Policy



Base: All who currently have PHI



*Day Patient refers to a Hospital Admission Day Patient

Incidence of claiming on Health Insurance has remained relatively steady - Nearly three in five who currently have PHI have had cause to claim on it



Incidence of Claiming on Private Health Insurance Policy by demographics



Base: All who have ever had PHI, n=929

		As a Day Patient* %	Overnight Stay %
	Total	32	33
GENDER	Male	32	31
GENDER	Female	33	35
	18-34 (n=208)	16	16
	35-44 (n=205)	29	27
AGE	45-54 (n=167)	34	33
	55-64 (n=177)	41	36
	65+ (n=163)	45	56
SOCIAL CLASS	ABC1 (n=582)	33	33
	C2DE (n=297)	30	35
Dependent children	Yes	29	30
children U.16 years	No	34	35

^{*}Hospital Admission Day Patient

Unsurprisingly, there is a strong correlation between both Day admissions and Overnight stays and age. Females are marginally more likely to claim for overnight stays.







A closer look at those without Private Health Insurance

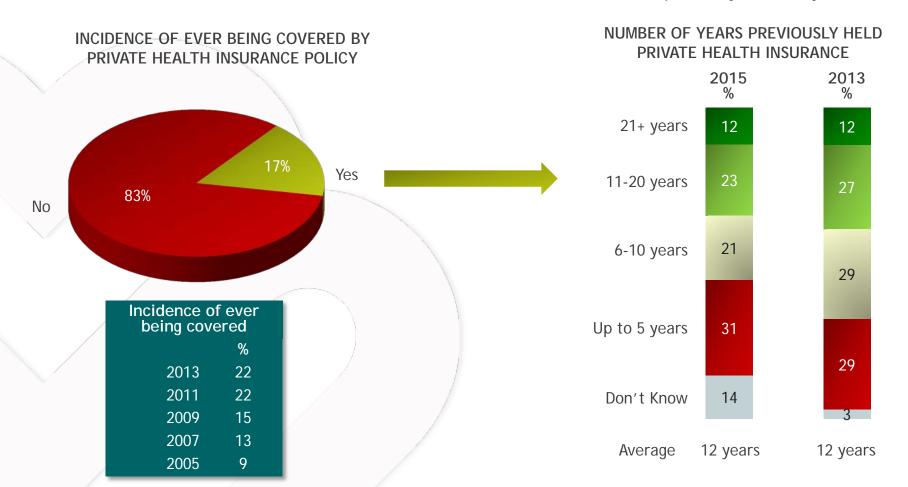


Incidence of lapsed policies





Base: All who were previously covered by PHI, n=190



One in six (17%) non policy holders have previously had private health insurance. This has dipped from a high of 22% in 2013.

Reasons for no longer having private health insurance



Base: All who were previously covered by PHI, n=190

base. All who were previously covered by Frii,	11-170					Age	(Any Reas	ons)
	Any Reason %	Any reason 2013 %	Any reason 2011 %	Any reason 2009 %	Any reason 2007	18-34 %	35-54 %	55+ %
Too expensive/premiums too high/can't afford it	53	64	50	44	49	28	67	58
Have a medical card	12	12	10	23	23	6	8	22
No longer covered by my parents insurance	16	14	11	16	22	40	10	3
No longer provided through work	12	6	11	14	21	11	7	21
No longer represented value for money	11	21	8	12	17	6	11	17
*I lost my job and had to cancel it	6	8	16	19	-	2	10	5
I'm healthy/don't need it	5	3	5	11	3	6	7	-
Satisfied with public services	5	3	5	4	7	2	7	5
Haven't thought about it	3	2	4	6	5	7	2	-
Will get it when I'm older	/	1	3	5	5	5	2	-
Too much uncertainty in the health insurance		2	n/a	n/a	n/a	- !	1	1
market Other	12	10	6	16	16	12	14	9

Whilst Cost is the key reason why people cancelled their PHI, it has dipped sharply as a driver since 2013. There has been a sharp increase in those who cancelled their PHI as a result of workplace policies.



Drivers to take out Private Health Insurance again



Base: All who were previously covered by PHI, n=190

	%	2013 %	2011 %	2009 %	2007 %	2005 %	2002
	/0	/0	/0	/0	/0	/0	/0
If I had more money	36	38	36	43	29	27	28
If premiums were reduced/if it were cheaper	26	40	16	26	17	25	27
Nothing/I will never get Private Health Insurance again	14	10	17	17	34	22	30
When I get older	11	9	11	9	18	4	11
If I was offered through my employment	7	11	9	11	18	n/a	n/a
If the level of Private Health Insurance coverage improved	6	8	4	1	7	7	2
If public health services deteriorate	5	4	9	17	6	3	4
If a family member got sick	5	3	2	1	1	7	8
If I got sick	4	3	3	7	7	7	9
If I have (plan to have) children	4	4	4	6	3	2	10
If I get married	4	3	3	1	9	9	6
If higher premiums were introduced for people who join later	4	2	2	0	1	0	n/a
*If I become employed	2	10	7	14	n/a	n/a	n/a
If my spouse/partner takes it out	2	1	1	1	3	n/a	n/a
Other	5	5	6	7	7	21	9

Similarly, lack of money is the main barriers to uptake again. However, the cost of premiums is less of a barrier in 2015, but this is mirrored by an increase in those stating they would never get PHI again. This suggests that for some, PHI is no longer an absolute necessity.



Reasons for never having private health insurance



Base: All who have never held PHI, n=903

	Main Reason %	Any Reason %
Too expensive/premiums too high/can't afford it	47	59
Have a medical card	20 31	
Haven't thought about it	8 13	
I'm healthy/don't need it	6 12	
Satisfied with public services	412	
Will get it when I'm older	36	
Don't approve of it	2 2	
Don't know	7 4	

Any	Any	Age				
reason 2013 %	reason 2011 %	18-34 %	35-54 %	55+ %		
67	54	50	65	64		
29	25	22	27	50		
15	16	18	12	7		
16	10	18	10	6		
12	11	8	13	17		
9	7	14	2	-		
2	n/a	1	3	3		
2	6	5	6	2		

Affordability mainly, and secondly, access to the public health service (medical cards) remain the main reasons for never having private health insurance



Factors that would encourage those who never had PHI to opt for it



Base: All who have never held PHI, n=903

		%	2013	2011	2009	2007	2005 %	2002
	If I had more money	28	31	27	36	25	24	28
	If premiums were reduced/if it were cheaper	18	22	22	24	16	16	22
	Nothing/I will never get Private Health Insurance	19	17	20	17	35	25	32
	When I get older	16	15	17	15	16	14	10
	If I got sick	7	11	6	12	8	7	7
	If public health services deteriorate	6	8	4	9	5	5	7
	If a family member got sick	4	7	2	8	5	5	5
	*If I become employed	3	6	n/a	n/a	n/a	n/a	n/a
If it was offered through my employment and employer going to pay for it		3	6	5	12	n/a	n/a	n/a
	If I have (plan to have) children	5	5	4	5	5	4	5
	If I get married	3	5	5	2	5	6	7
If the le	vel of Private Health Insurance coverage improved	4	4	3	5	3	3	2
If it was offered through	ny employment and employer going to part fund it	3	4	n/a	n/a	n/a	n/a	n/a
	If my spouse/partner takes it out	2	2	2	2	3	n/a	n/a
If higher pr	emiums were introduced for people who join later	2	1	1	2	1	1	1
	Other	2	2	3	4	2	4	6

Reduced premiums and an upturn in financial fortunes are the primary factors that would encourage uptake among those who have never had PHI. One in five (19%) will never consider PHI



Perception of annual cost of private health insurance per adult (among those without PHI)



Base: All without private health insurance, n=1093



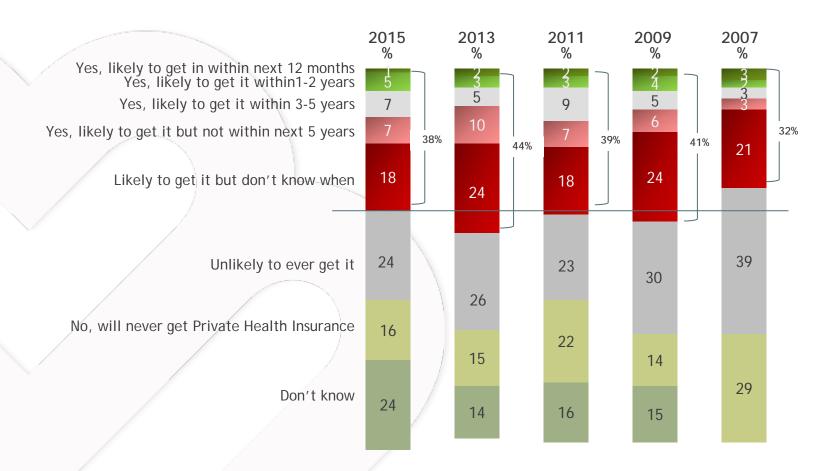
The perceived amount of the cost of Health Insurance has decreased in 2015.



Future intentions for Private Health Insurance



Base: All without PHI, n=1093



Just 38% of those without PHI are considering getting it at some stage - down from 44% in 2013. This is the lowest potential uptake since 2007. Only 6% likely to get PHI in next two years.





Do employers organise Work group schemes?



2009

29

41

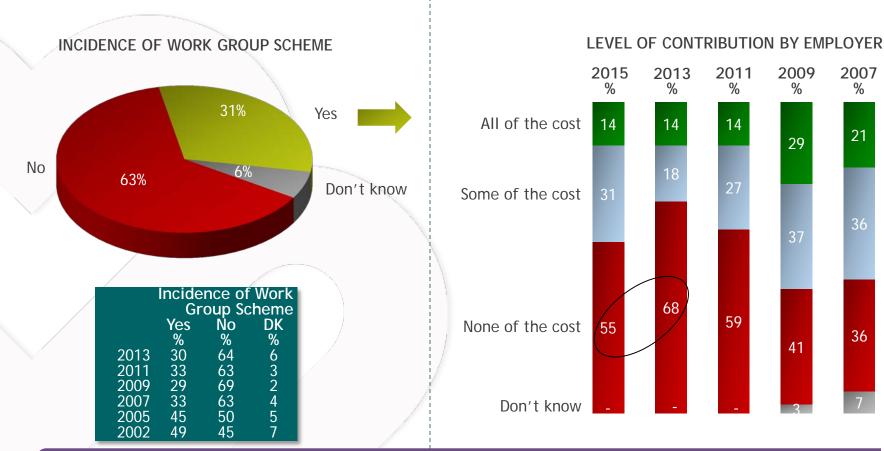
2007

21

36







Just three in ten policy holders have access to group work schemes, similar to 2013, but down dramatically over the past 10 years. 14% of employers pay all of the cost and 31% some of the cost of employees'

Q.24 To the best of your knowledge is your health insurance policy part of a work group scheme - a work group scheme is any health insurance scheme arranged or administered by an employer. For example a work based scheme does not necessarily mean the employer pays the premium - it could be paid by salary deduction on behalf of the employee?



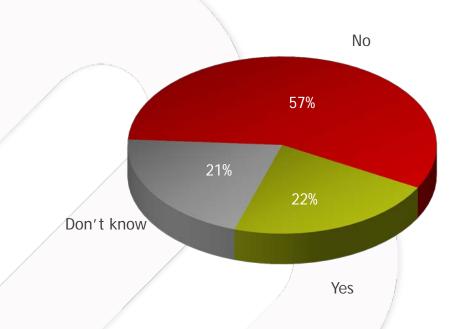


How work group schemes are organised



Base: All with PHI under a work scheme, n=178

INCIDENCE OF PROVIDER CHOICE IN WORK GROUP SCHEME



Incidence of provider choice						
	Yes %	No %	DK %			
2013	26	66	9			
2011	31	57	12			
2009	19	64	17			
2007	23	64	13			

Just over one in five (22%) offer a choice of PHI provider.

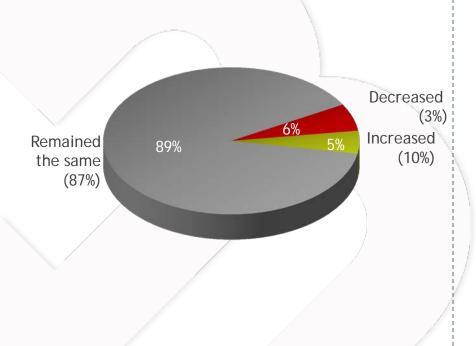


Employer choice of private health insurance

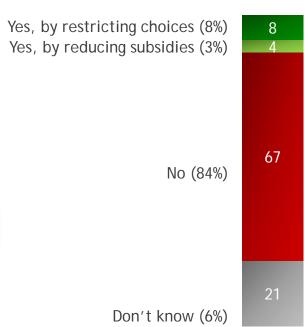


Base: All with PHI under a work scheme, n=178

Has your employer increased or decreased the choice of PHI that they make available to you or your partner/spouse?



Has your employer reduced the amount that they are prepared to pay for your PHI, either for you and/or your partner/spouse?



12% have had their employer contributions cut, either by restricting choice or subsidies

Q27b Has your employer increased or decreased the choice of Private Health Insurers that they make available to you or your partner/spouse?





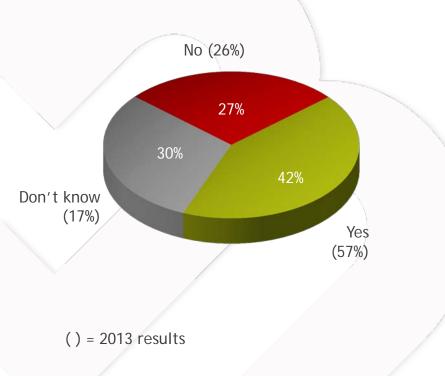
() = 2013 results

Work place schemes (Cont'd)



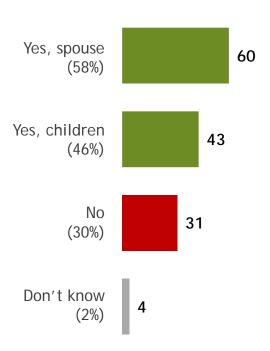
Base: All with PHI under a work scheme, n=178

Do you think you would be able to buy one of the insurance plans as an individual and not an employee?



Does the scheme that the employer offers you include any other members of your family?

%



There is a decline in people saying that they would be able to buy insurance if not in a work scheme

Q28. Some Insurance plans are directed to company groups. Do you think you would be able to buy one of the plans as an individual and not an employee?

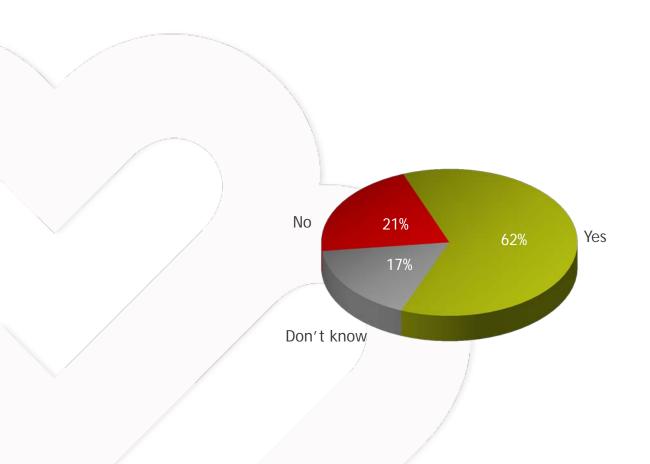




Likelihood of taking out private health insurance if it was not organised through employer



Base: All with PHI under a work scheme, n=178



Incidence of taking out PHI if not through employer						
	Yes %	No %	DK %			
2013	72	22	6			
2011	70	24	6			
2009	76	13	11			
2007	69	17	14			

Six in ten (62%) would still take out a PHI policy regardless of an employers' action, representing a decrease of ten percentage points since 2013.





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Health Insurance Authority The Health Insurance Authority is a statutory regulator of

the private health insurance market in Ireland. The

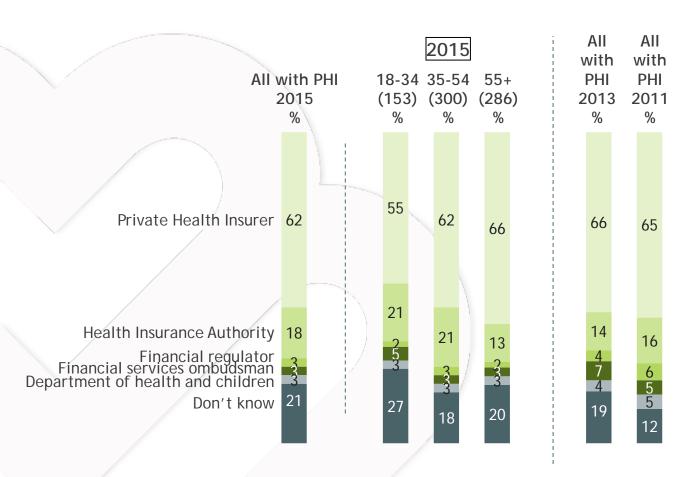
Vhi rate and benefit changes 01.02.2014



Who to approach to seek advice or help if a problem with private health insurance occurs



Base: All with Private Health Insurance, n= 739

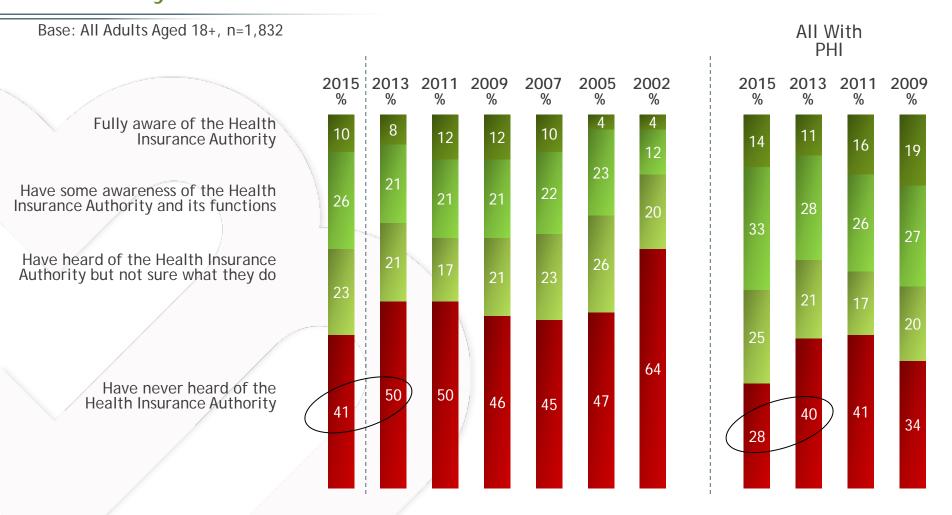


62% of policy holders would contact their PHI provider to seek help or advice. 18% would contact the HIA, which is an increase compared to the 2013 survey.



Awareness of Ireland's Health Insurance Authority





Awareness of the HIA has increased significantly since 2013 both among the general public and those with PHI, and is at its highest level seen so far.



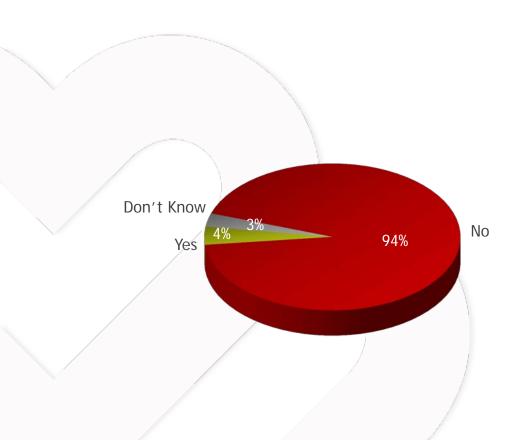




Incidence of making a complaint to health insurer



Base: All with Private Health Insurance, n=783



	Incidence of Making a Complaint %
2013	6
2011	7
2009	2
2007	1
2005	4
2002	3

The incidences of complaints made to Health Insurers has slipped back slightly over the past two years



Agreement with statements about health insurance by demographics



Base: All Adults Aged 18+, n=1,832

		PHI is a necessity not a luxury %	Having PHI means always getting better level of health care service %	Having PHI means you can skip the queues %	Consumers are adequately protected in the PHI market in Ireland %	PHI is only for the wealthy %
	Total Agree %	56	56	58	37	43
GENDER	Male	56	57	58	38	41
GENDER	Female	55	55	59	36	45
	18-24	46	50	43	34	40
	25-34	52	53	52	38	42
AGE	35-44	53	54	59	36	40
AGE	45-54	59	54	61	33	45
	55-64	63	59	64	42	44
	65+	57	64	66	39	48
	ABC1	60	54	57	39	33
SOCIAL CLASS	C2DE	51	56	60	36	51
	F	62	61	56	33	44
Total Policy Ho (n=739)		75	63	61	45	27
DEODLE WITH	18-34	67	54	44	47	19
PEOPLE WITH PHI	35-54	74	60	63	43	27
	55+	80	72	69	47	30
Total Non-Policy (n=1093)		42	51	56	31	55
PEOPLE	18-34	44	52	51	33	50
WITHOUT PHI	35-54	42	49	57	28	53
Willied I I III	55+	38	52	61	33	64



Agreement with statements about health insurance by demographics



Base: All Adults Aged 18+, n=1,832

		There is adequate information to enable me to compare plans on offer from different private health insurers	I will always have PHI %	There is no need for PHI in Ireland, public services are adequate %	PHI is good value for money %	Only old people and sick people need PHI %
	Total Agree %	34	36	23	25	18
GENDER	Male	35	38	22	27	19
GENDER	Female	33	34	24	24	16
	18-24	25	23	25	23	28
	25-34	35	28	23	23	20
AGE	35-44	34	37	23	18	17
AGE	45-54	39	35	21	27	14
	55-64	38	45	23	31	19
	65+	32	46	24	33	14
	ABC1	40	<u>48</u>	15	28	17
SOCIAL CLASS	C2DE	30	26	28	22	17
	F	36	45	30	35	24
Total Policy Ho (n=739)	olders	43	69	11	37	15
	18-34	43	59	11	32	15
PEOPLE WITH PHI	35-54	42	65	8	32	14
	55+	44	78	14	44	15
Total Non-Policy (n=1,093)	Holders	28	13	31	17	20
	18-34	28	15	29	19	25
PEOPLE WITHOUT PHI	35-54	32	14	32	15	17
WITHOUT TII	55+	23	10	35	19	17



