



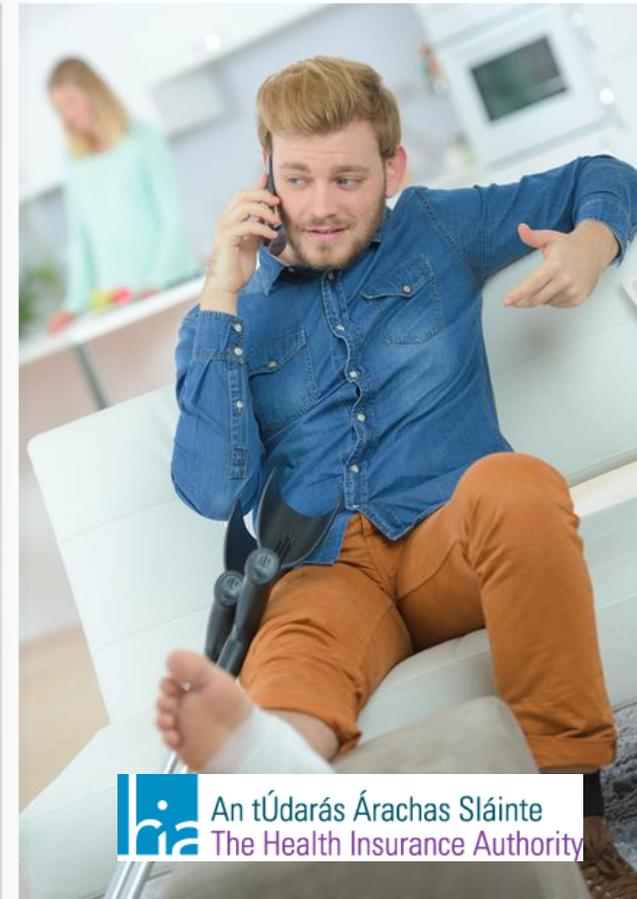
KANTAR



Health Insurance Authority

A review of Private Health Insurance
in Ireland 2019

Paul Moran
January 2020
41300825



Background and Methodology

- A nationally represented sample of 2,018 interviews were conducted face-to-face in September and October 2019, 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 was weighted at the analysis stage to reflect the known population. Results for the years preceding 2009 have been taken from published reports as previous research was not conducted by Kantar.
- When reading figures presented in the report it is important to note that the margin of error for a sample of 2,018 is +/- 2.2%. For a sub sample such as the number of respondents with PHI insurance (1,010 of the sample) the Margin of Error is +/-3.1%, and the MoE for those without PHI (1,008) is also +/-3.1%.
- 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
 - The number of adults and children on the policy, duration of being insured
 - Questions around switching (incidence and consideration)
 - Perceptions of cost
 - Claim experience, Complaint experience
 - Attitudes towards PHI, Awareness of the Health Insurance Authority (HIA)

Executive Summary



Executive Summary

Update of PHI, and Profile among PHI holders

The proportion of those who have Private Health Insurance continues to increase. 48% of the population now claim to be covered by PHI; an increase of five percentage points, reflecting continued positive economic circumstances.

Those with PHI are more likely to be from the more affluent white collar workers/professional cohort (ABC1s), whilst those from more manual professions or reliant on state benefits are significantly less likely to have cover. Additionally, PHI holders are more likely to be living in Dublin (36% compared to 28% in 2017) suggesting that the overall increase in PHI incidence is being driven by this region.

Uptake of PHI still under-indexes among younger adults (under the age of 35) but less so than in 2017. Whilst they account for 29% of the adult population, only 23% have cover. Related to this is a rise in younger adults on their parents' policies, including a rise in two younger adults on policies (10% of policies now have four adults, up from 4% in 2017).

Over one third (36%) of those with health insurance have dependent children, whilst nearly seven in ten policy holders are married or living as married and the proportion of single people with PHI increases after dipping in previous surveys.

VHI remains the largest provider of health insurance and accounts for half of all policies.

After increasing its share of the market in previous years, Laya stabilises, with 25% of the market.

The profile of each of the main companies' customer base remains somewhat different. VHI's customer base tends to grow with age, but is quite balanced in terms of gender and Social Class.

Laya attracts the younger cohort (18-34 year olds) and competes closely with VHI here, while Irish Life seems to be somewhat more popular among women and those in the C2DE category.

Executive Summary

Attitudes towards PHI

At an overall level, there is growing belief that having PHI allows people to skip queues (64%) and ensures they receive a better level of service (62%). In line with previous years, it is also deemed a necessity, not a luxury by nearly six in ten (58%). While the level of agreement is low with the claim that PHI is good value for money (35%) this increased significantly compared to 2017 (30%).

Among those with PHI, the main reasons given for having insurance are that the cost of medical treatment/accommodation is high (mentioned by 31% in total, back down after a significant increase in 2017), the standard of public services are inadequate (mentioned by 28%) and the perceived lack of access to public services (26%). The offer of fully or partially paid insurance by the employer is also an important driver in 2019 (16%).

Among those without PHI, price considerations are paramount (66% of those who never had PHI cited this, with 51% among those who have relinquished it). Even among those without Private Health Insurance, for many there is a strong recognition (40%) that PHI is a necessity and not a luxury, suggesting that if they could afford it, they would purchase it.

Switching Behaviour

After peaking in 2015, the incidence of switching providers decreases again. Just under one in five (19%) have ever switched; a little lower than 2017 results (22%). In addition, there are few “serial switchers” within this domain. Of those who have ever switched, a sizeable majority (68%) have only done so once.

Among those who have never switched, just ten percent have even considered switching. This has fallen from a high point of 20% in 2013. In 2019, there is a decrease in the perception of the switching process as being easy. 50% believe the process is fairly/very easy compared to 61% in 2017.

Reflecting this, the average length of time for having a PHI policy is now 20 years (up from 18 years in 2017); the average length of time with their current provider is consistent at 15 years.

VHI tends to “leak” customers more, which is unsurprising given its legacy within the marketplace.

Executive Summary

Switching Behaviour cont'd

Among those who have switched, cost considerations dominate again in 2019 with 66% of switchers mentioning price as a factor – back up after the drop seen in 2017 and well above the next most cited reason of better cover (29%).

This is reflected in the reasons given by non-switchers for their inactivity – lack of cost savings or improved cover are cited to significantly greater levels as reasons for not switching.

Attitudes towards the Cost of Current PHI Policies

The perceived annual cost of a policy has increased compared to 2017. The average price paid now stands at €2,059, up from €1,858 in 2017. The price paid for health insurance is unsurprisingly highest among the oldest cohort (those aged 55+).

Interestingly, the proportion of those who have downgraded their plan over the past two years continues to decrease; 6% have downgraded compared to 11% in 2017 and 15% in 2015. This low level probably reflects the economic background of rising employment and personal disposable income in the last few years.

Looking to the future, a modest six percent plan to upgrade their policies, in line with the findings in more recent years. The proportion planning to downgrade is now just two percent; down from nine percent in 2013.

Executive Summary

Satisfaction with Health Insurance companies

Satisfaction with the level and clarity of information given by insurance companies is back down after a significant increase in 2017 (81% net satisfied compared to 89% previously).

In line with this finding, overall satisfaction with insurance companies also decreases. In terms of specific elements of PHI, satisfaction is more stable but with some decrease on quality of information and advice regarding cover and benefits.

Claims experience

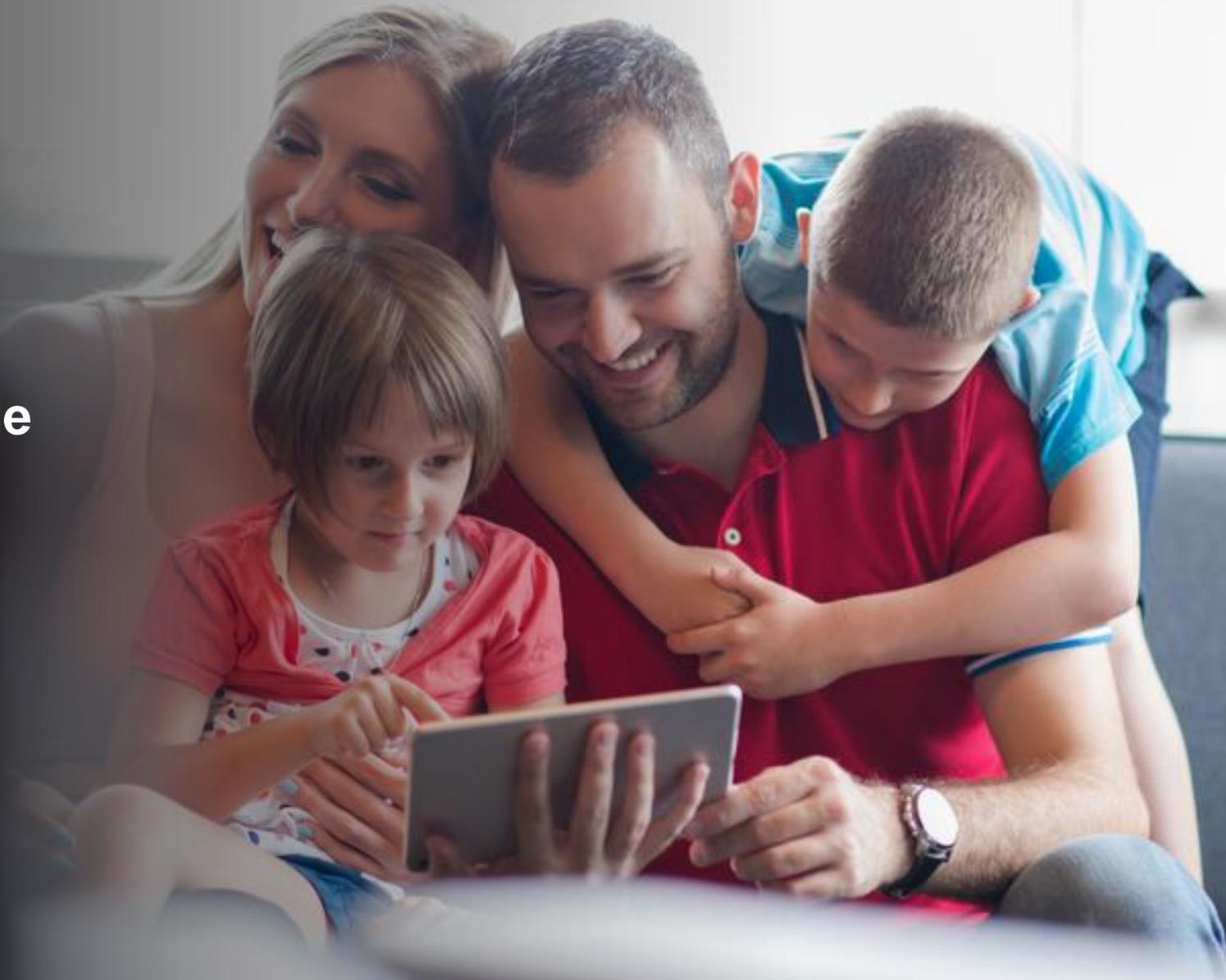
As in 2017, 43% have made a claim for an overnight hospital stay at some point. Claims for Day Patient treatment are also completely in line with 2017 at 43%.

Awareness

Over one in four spontaneously nominated the HIA as a source of advice if they had a problem with their health insurance provider, continuing the positive trend but not as dramatic as the seven point increase in 2017. A significantly higher proportion would approach their health insurer (72%, compared to 60% in 2017).

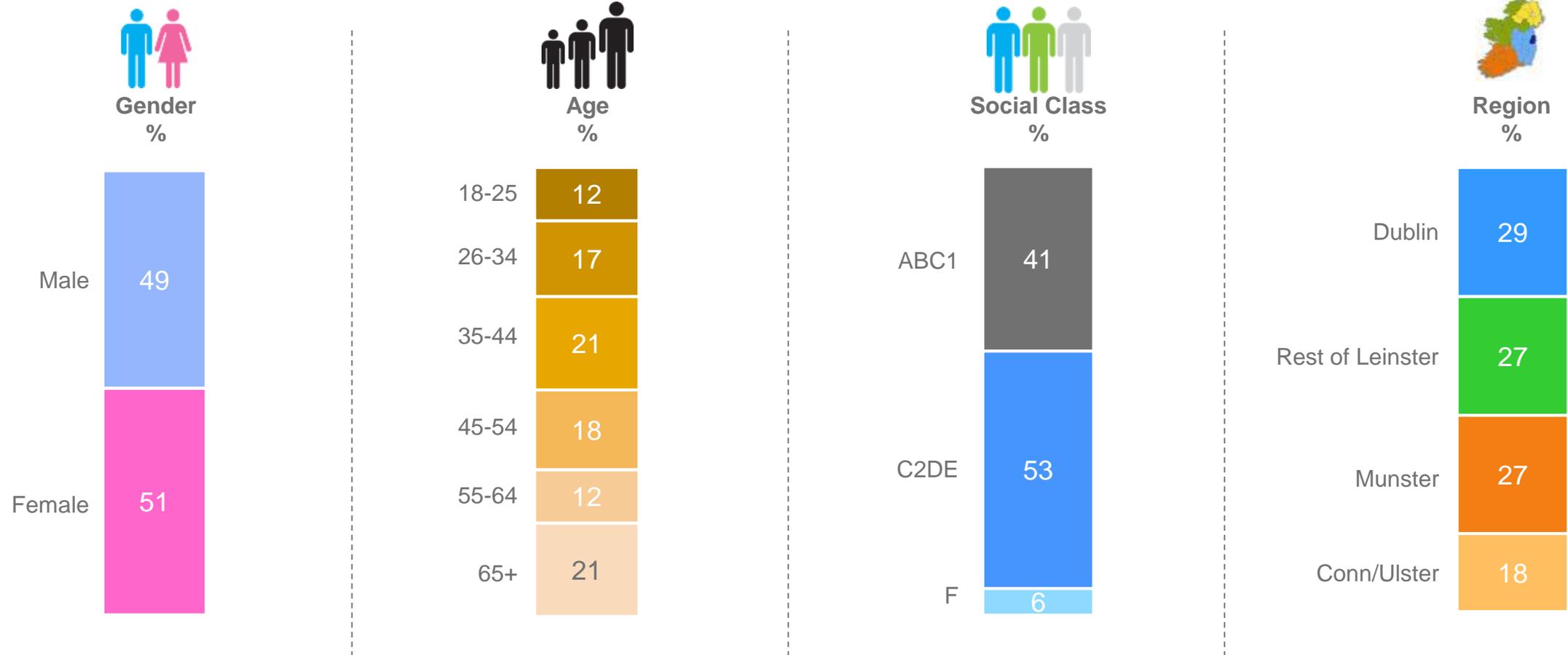
37% of all those surveyed and 50% of those with health insurance said that they were aware of the roles/functions of the Health Insurance Authority. This represents a decrease from the high score of 42% among the overall population and 57% of policy holders stating the same in 2017. In both groups we see the decrease in “some awareness” and an increase in level saying “heard of HIA but not sure what they do”.

Sample Profile



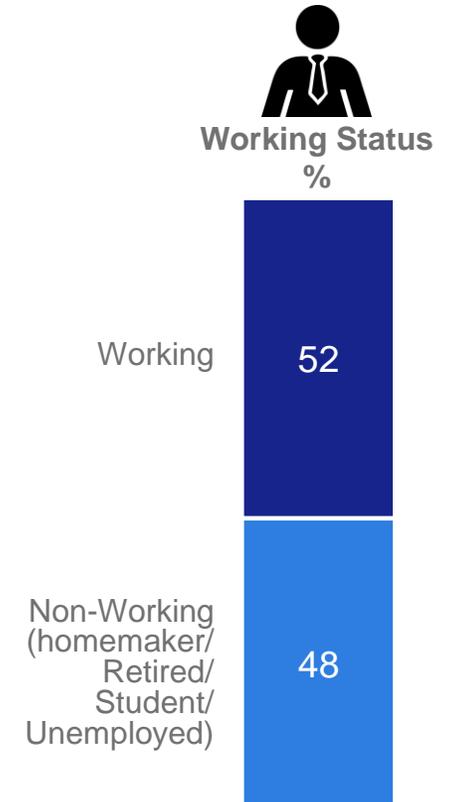
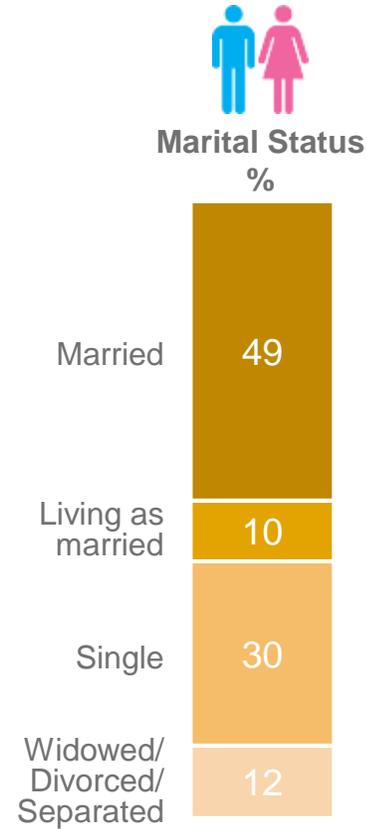
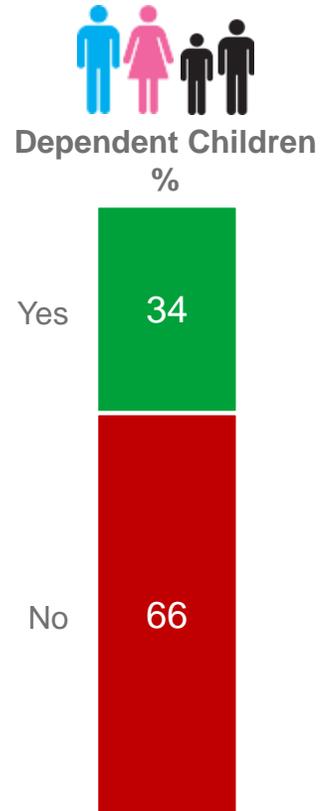
Demographic Sample Profile: The sample reflects the known population profile of adults aged 18+ in the Republic of Ireland, and is based on the latest CSO data.

Base: All Adults Aged 18+, n=2018

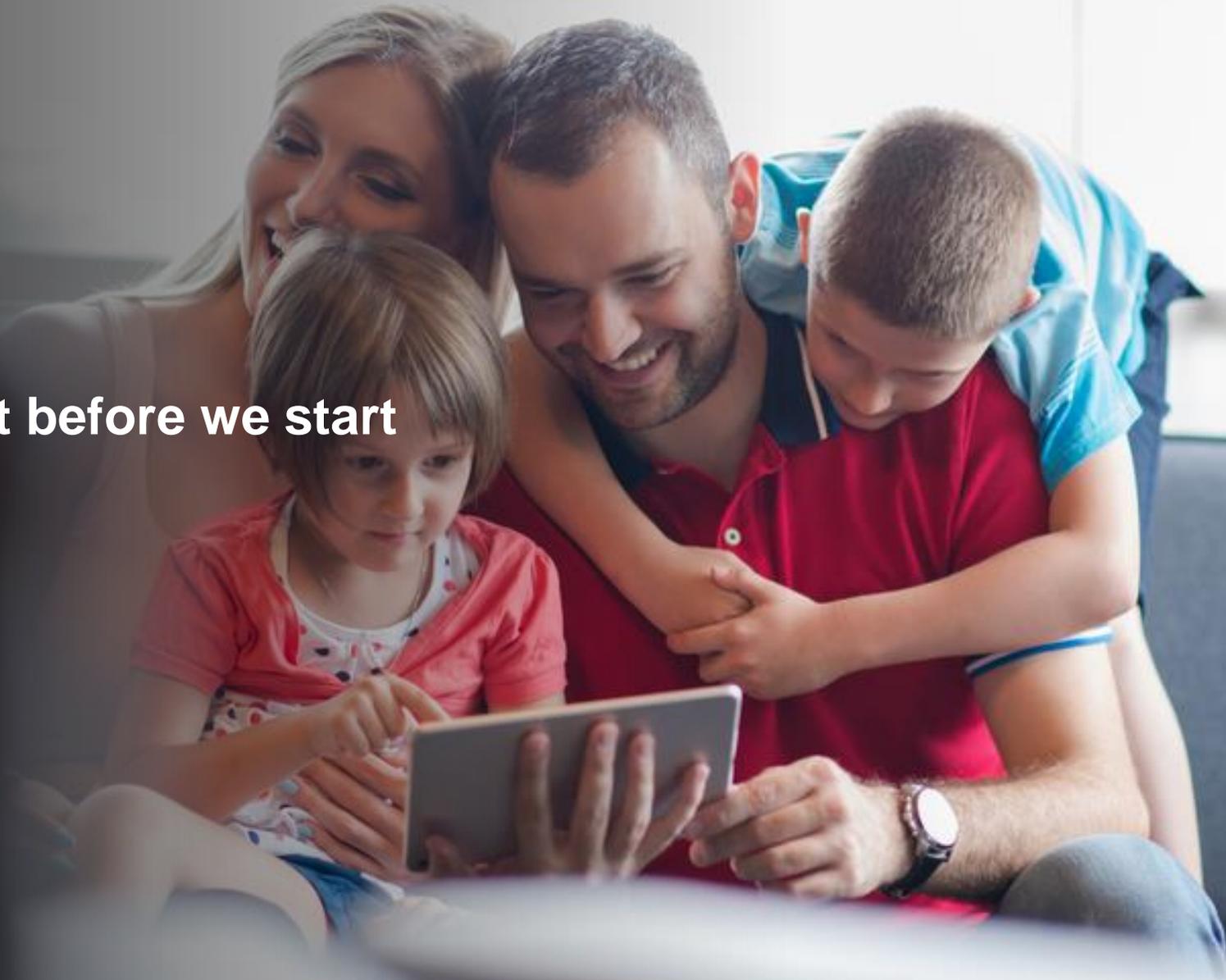


Demographic Sample Profile (Cont'd): Family, Marital and working status.

Base: All Adults Aged 18+, n=2018

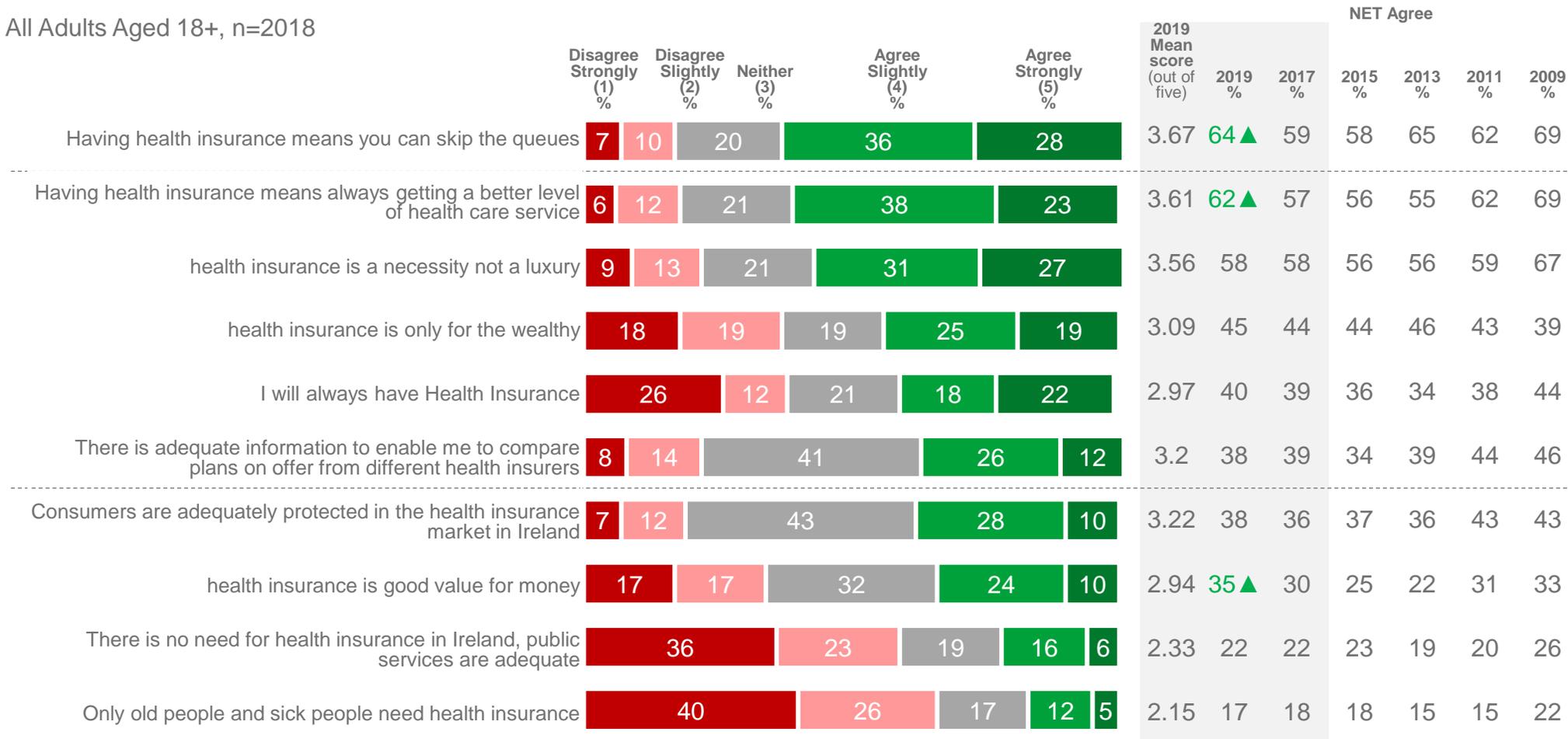


Some context before we start



Statements about Health Insurance: there is growing belief that PHI allows people to skip queues and ensures they receive a better level of service. It is also deemed a necessity, not a luxury by nearly six in ten. Highest level of agreement yet that PHI represents good value for money.

Base: All Adults Aged 18+, n=2018



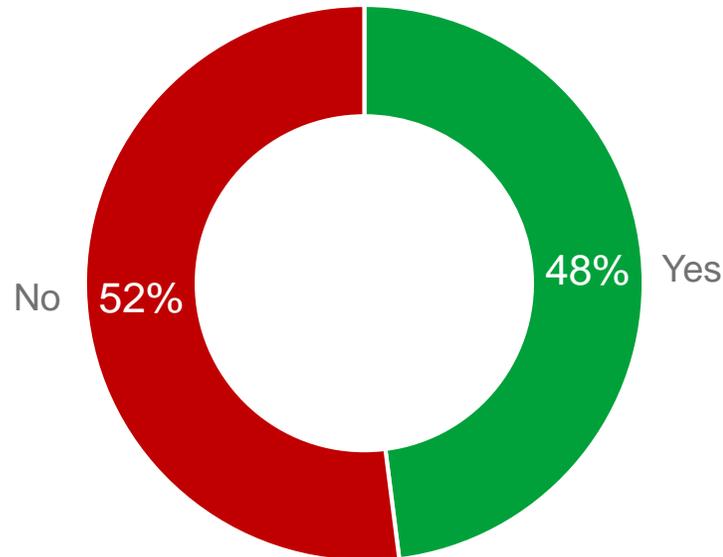
▲ ▼ Significant Difference vs 2017



Incidence of Health Insurance

Incidence of Health Insurance: the incidence of having PHI cover continues to increase, with a five percentage point growth since 2017 and returns to uptake levels seen during the boom.

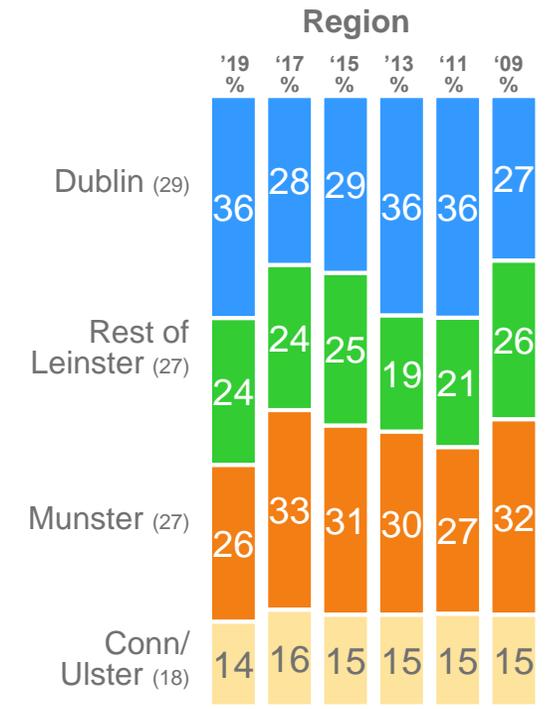
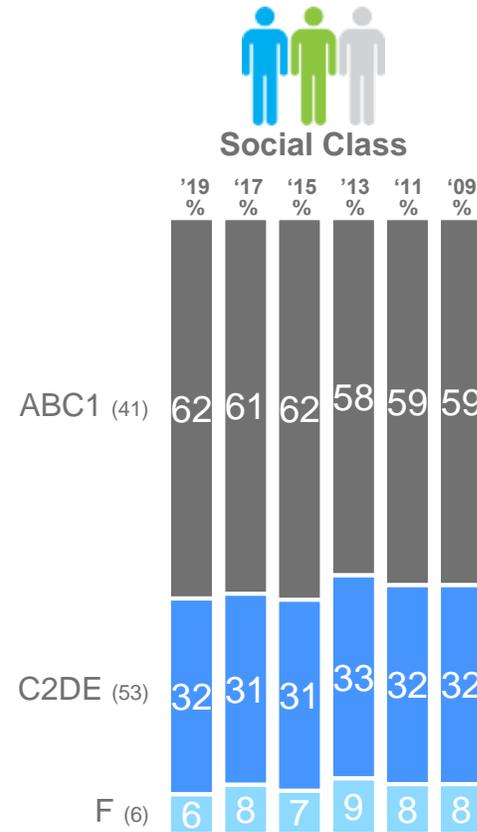
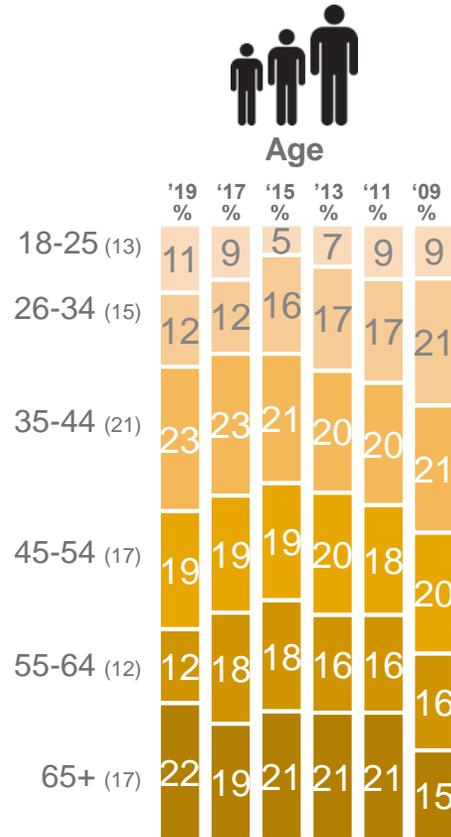
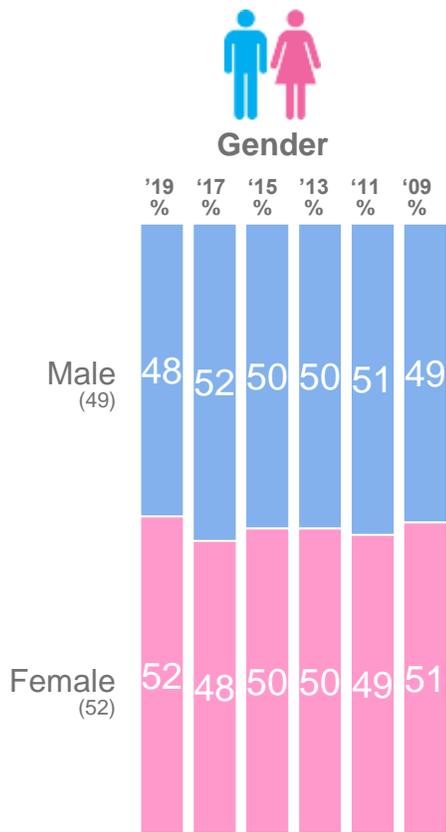
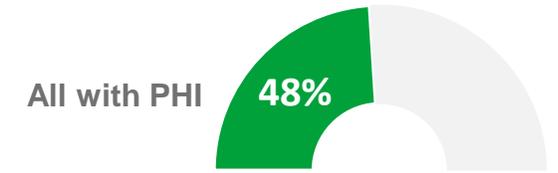
Base: All Adults Aged 18+, n=2018



Year	Incidence of Having PHI Policies In Previous Years (%)
2017	43
2015	41
2013	40
2011	43
2009	48
2007	49
2005	52
2002	47

Profile of people with Health Insurance: those with PHI are more likely to be white collar workers (ABC1s) and living in Dublin while coverage among the youngest age group is up again.

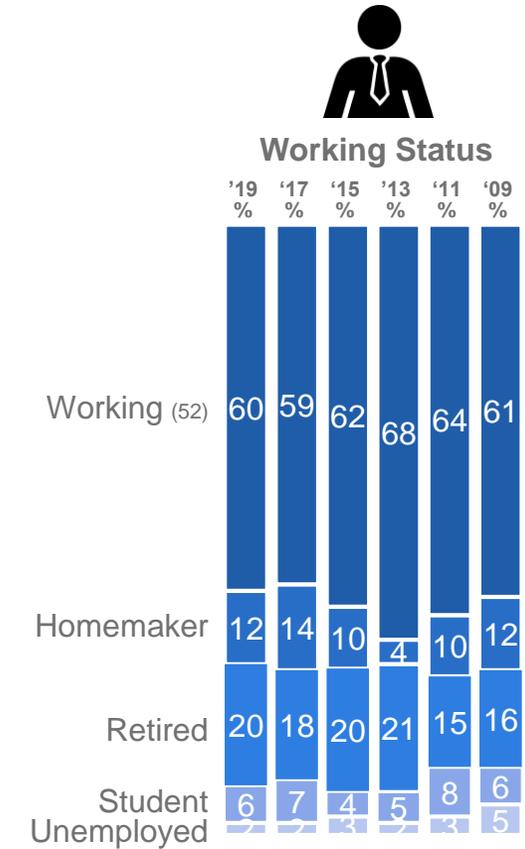
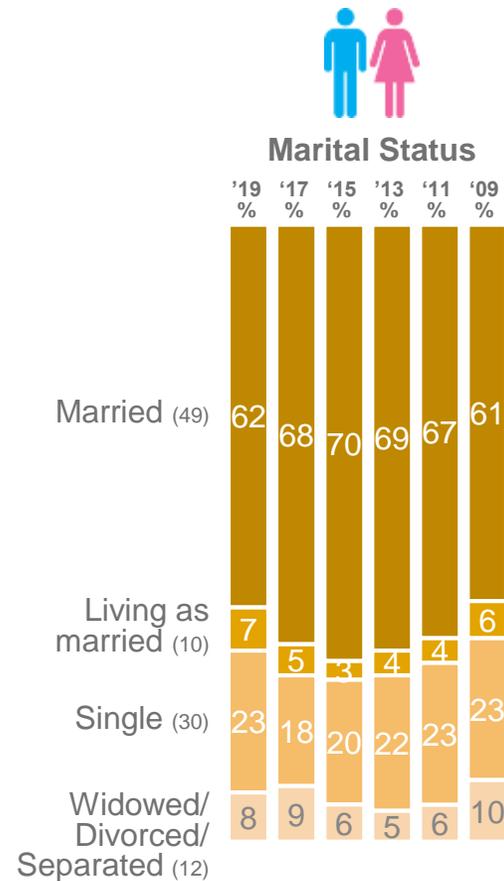
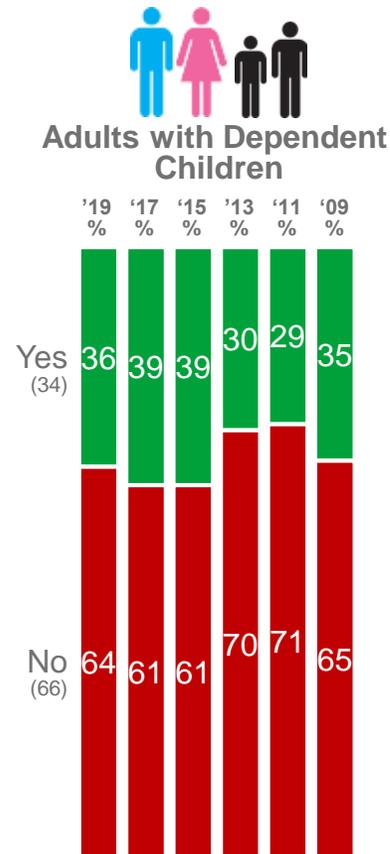
Base: All with Health Insurance, n=1010



() = National Profile

Profile of people with Health Insurance: those with dependent children are marginally more likely to have PHI. The proportion of single people with PHI increases, after dipping in 2017.

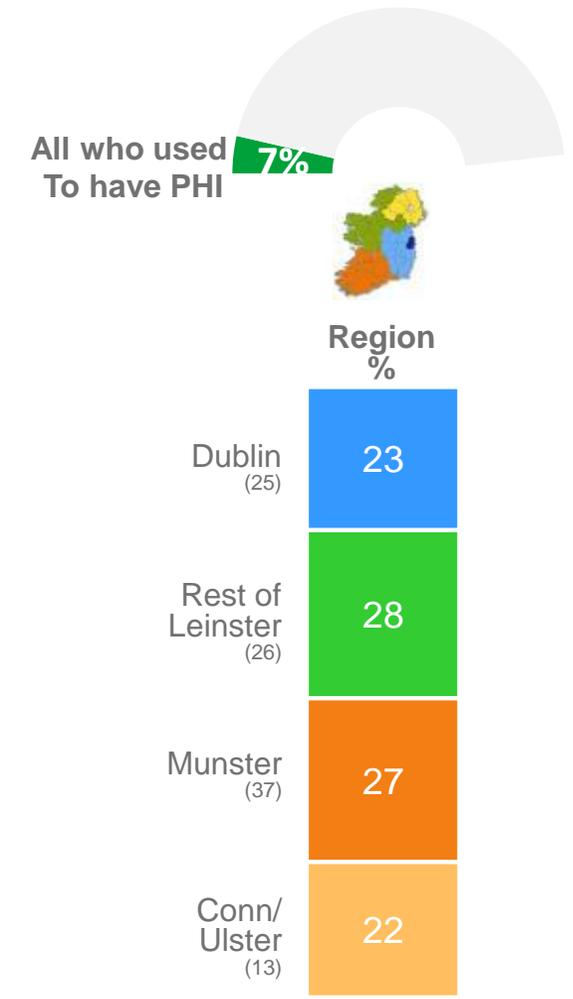
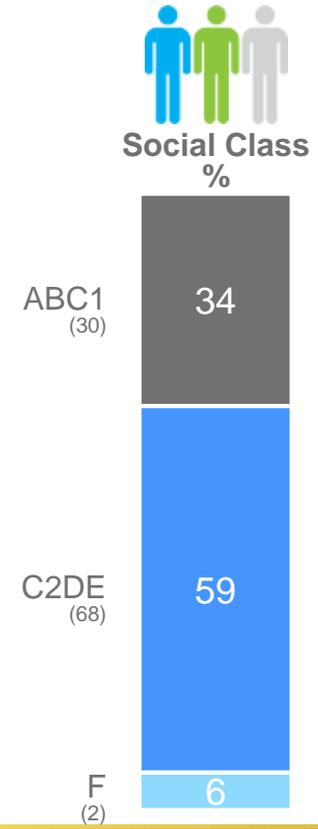
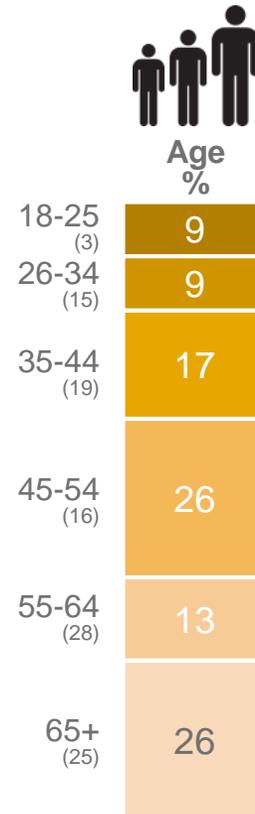
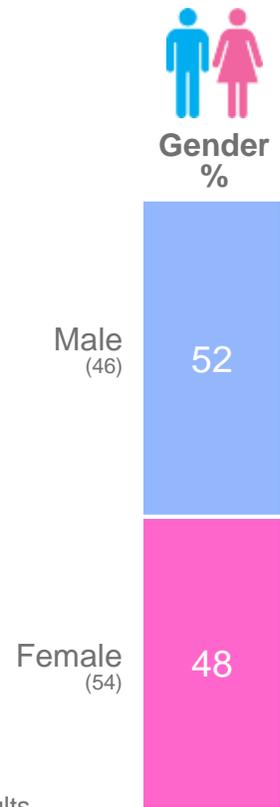
Base: All with Health Insurance, n=1010



() = Overall Profile

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

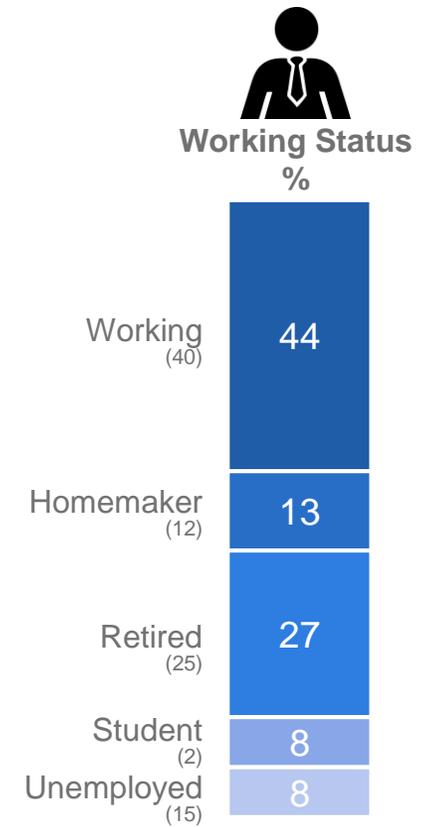
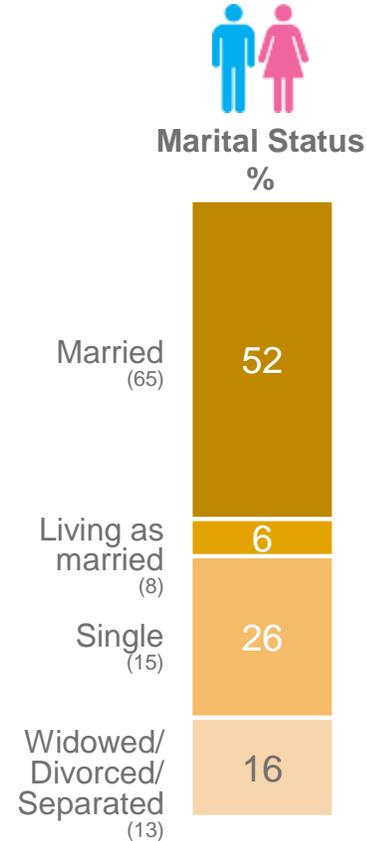
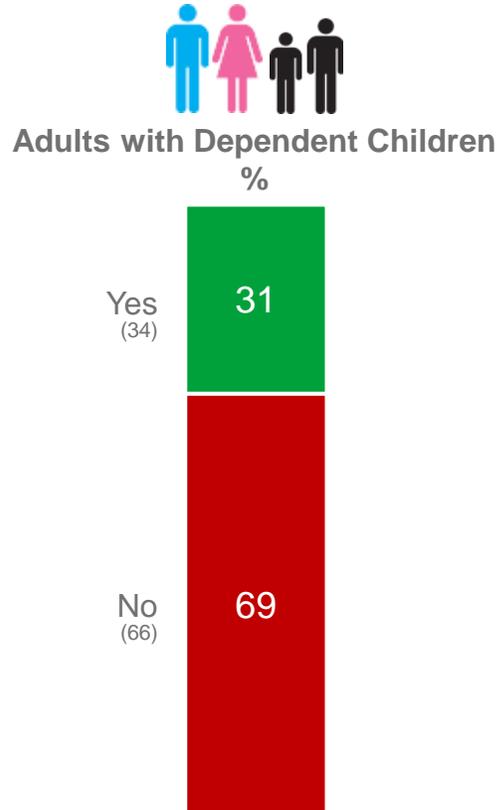
Base: All who used to have Health Insurance, n=157



() = 2017 results

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

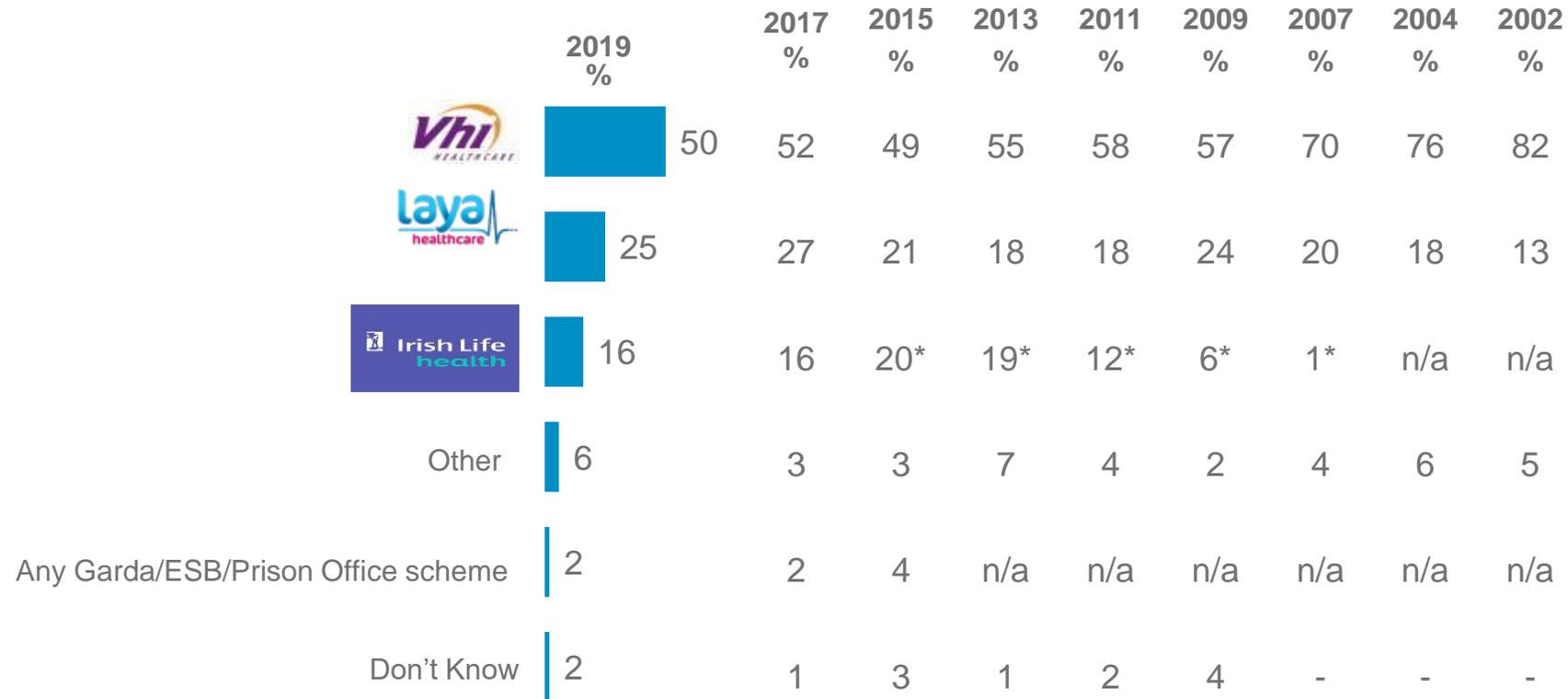
Base: All who used to have Health Insurance, n=157



() = 2017 results

Current Health Insurance Provider: Among those who personally pay for health insurance, VHI continues to be the most widely used PHI provider. Laya appears to have plateaued after increasing its share in 2015 and 2017.

Base: All who personally pay for Health Insurance, n=557



▲ ▼ Significant Difference vs 2017

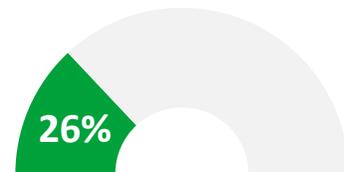
* previously Aviva/ Hibernian/ Glo Health

Current Health Insurance Provider by Age Group:

Among those who personally pay for health insurance, VHI's customer base tends to grow with age. Incidence is slightly higher among males, ABC1s and people without children. Laya's customer base is clearly younger.

Base: All who personally pay for Health Insurance, n=557

	2019 %	Gender		Age Group			Social Class		Dependent Children	
		Male (324) %	Female (233) %	18-34 (54) %	35-54 (223) %	55+ (280) %	ABC1 (346) %	C2DE (177) %	Yes (164) %	No (393) %
 Vhi	50	51	47	33	47	56	51	43	47	51
 Laya	25	27	23	29	31	20	29	21	27	24
 Irish Life health	16	13	21	18	16	16	13	21	18	15
Other	6	6	6	17	5	4	4	9	5	6
Any Garda/ESB/ Prison Office scheme	2	2	1	2	1	2	1	2	2	2
Don't know	2	2	2	2	1	2	1	2	1	2



26%
Of overall Population Personally pay for their Health Insurance (equating to 54% of those covered)

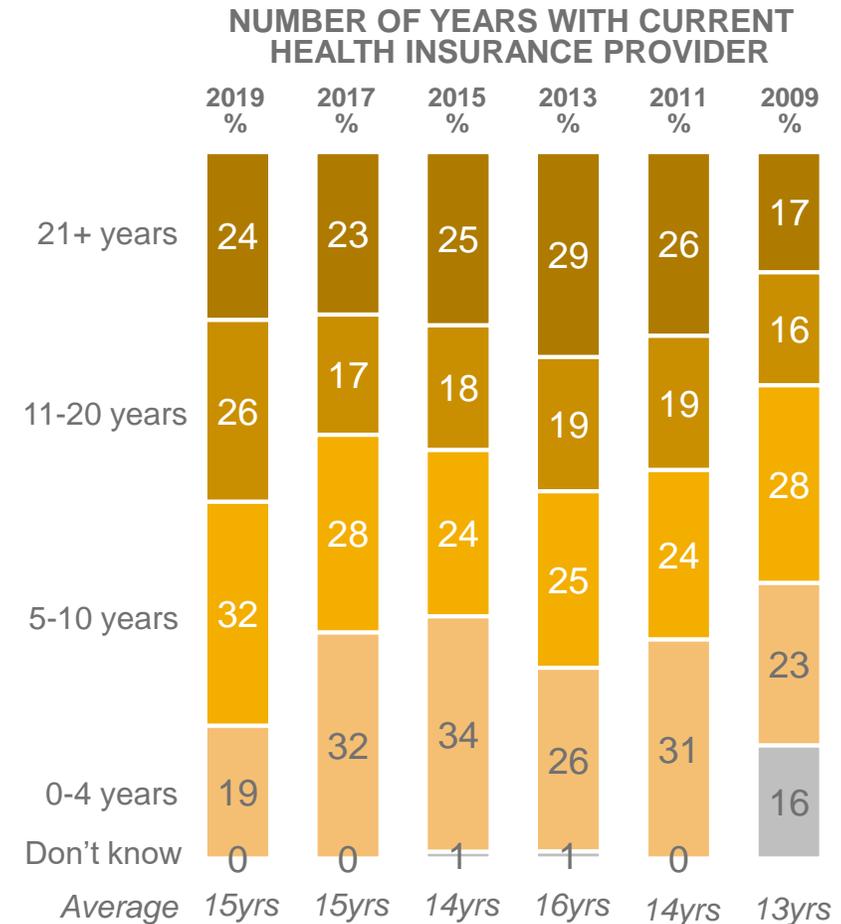
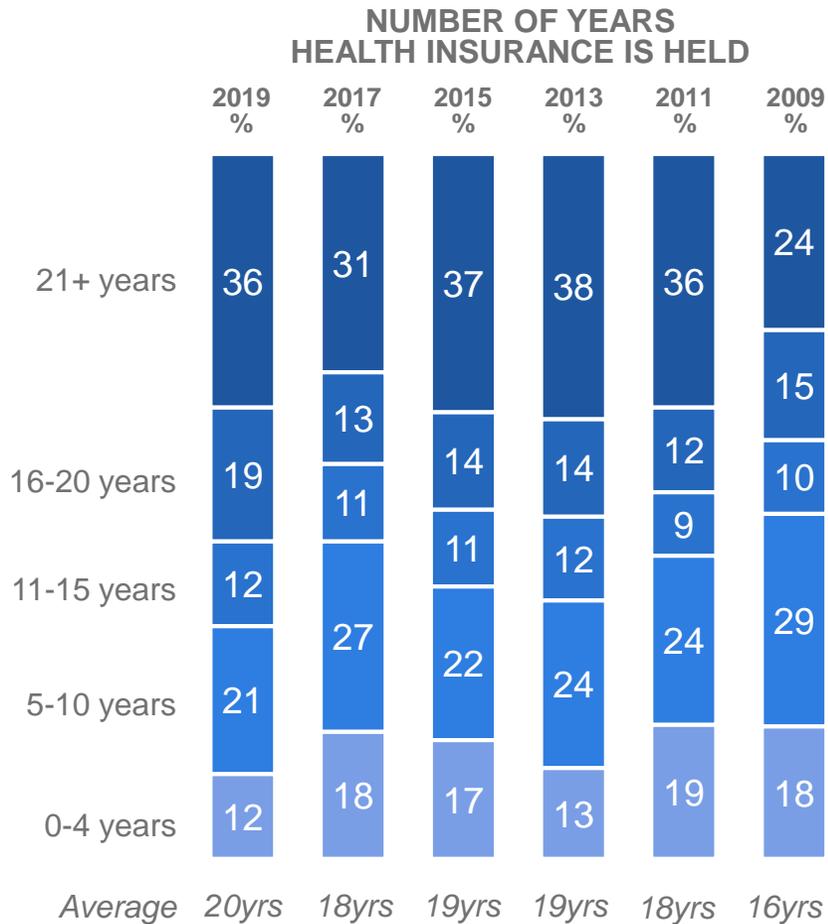
Current Health Insurance Provider by Demographics: An Overview of main providers among those who personally pay for health insurance.

Base: All who personally pay for Health Insurance, n=557

				
	Total	25	50	16
GENDER	Male	27	51	13
	Female	23	47	21
AGE	18-34	29	33	18
	35-44	33	42	19
	45-54	28	52	12
	55-64	25	53	17
	65+	17	57	15
SOCIAL CLASS	ABC1	29	51	13
	C2DE	21	43	21
Dependent children U.18 years	Yes	27	47	18
	No	24	51	15

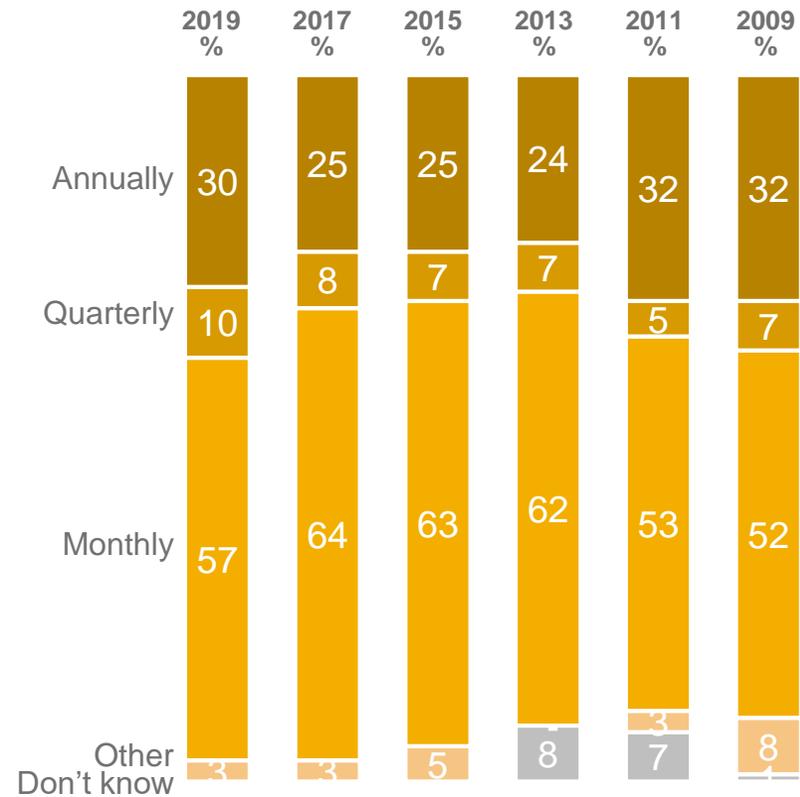
Length of time being covered by Health Insurance: Among those with health insurance, the average number of years for holding PHI policies is 20. Policy holders are generally loyal to their current providers, suggesting little appetite for switching.

Base: All with Health Insurance, n=1010



Frequency of Health Insurance Payments: while three in ten pay their premiums annually, the preferred method for most is to pay on a monthly basis – but to a lesser extent than in recent years.

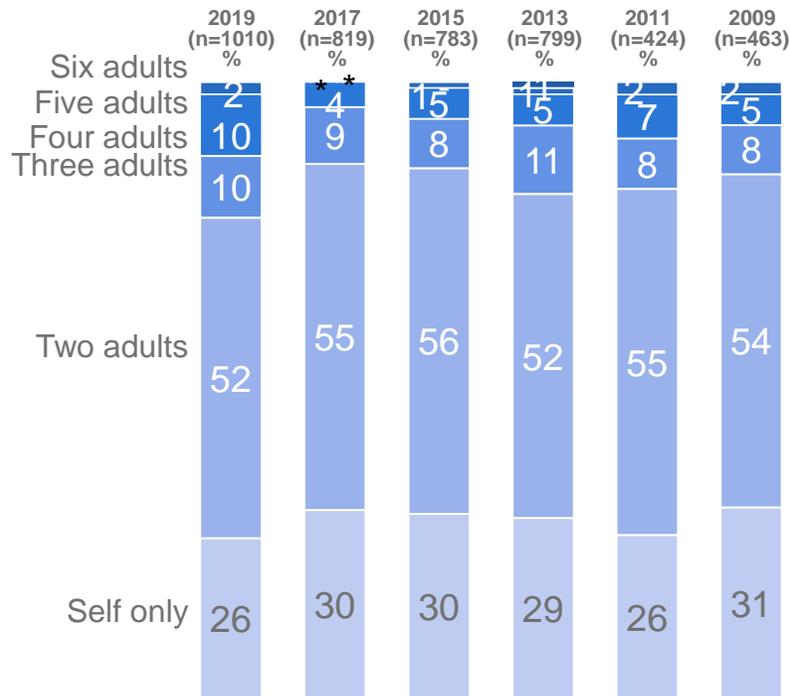
Base: All who personally pay for Health Insurance, n=557



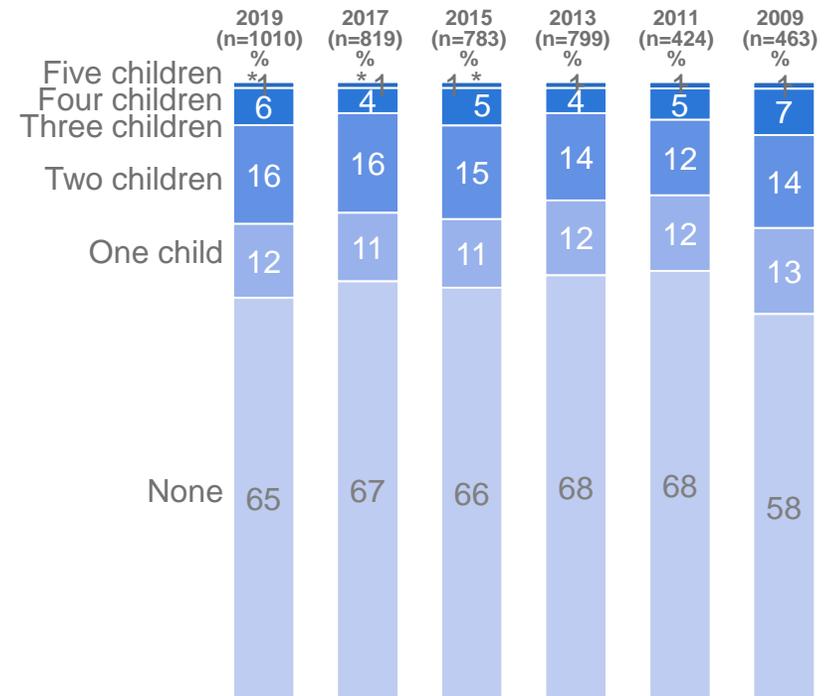
Number of people covered on insurance policy: There is a little more incidence of having multiple (3+) adults in policies, but the median is still for couples or individuals only.

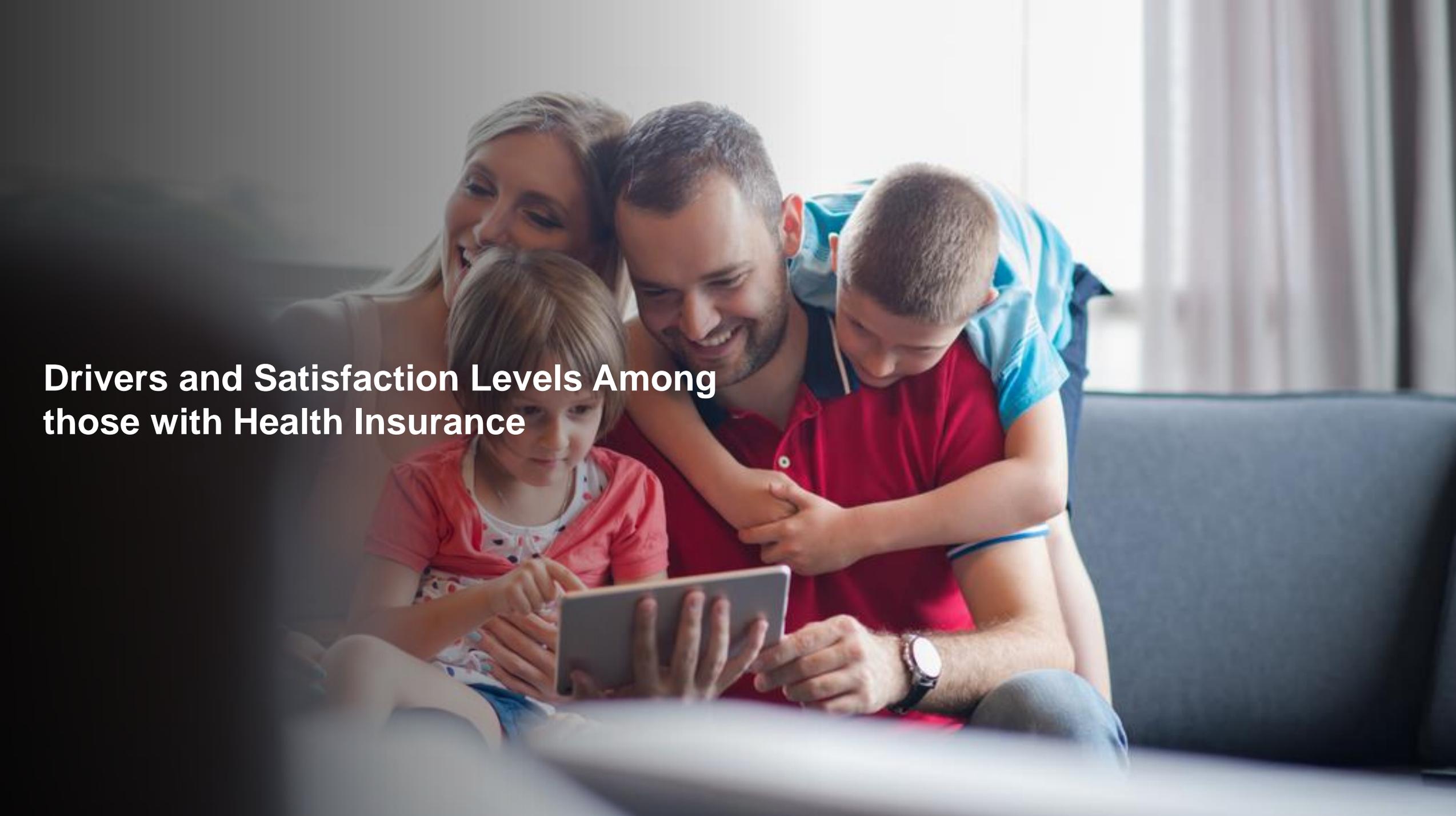
Base: All with Health Insurance, n=1010

NUMBER OF ADULTS COVERED BY POLICY



NUMBER OF CHILDREN COVERED BY POLICY





Drivers and Satisfaction Levels Among those with Health Insurance

Key Driver for having Health Insurance: The cost of medical treatments/accommodation is still a top driver but now significantly less important, while the offer of coverage with employment has become a bigger reason, as well as inclusion on parents policy. Perceived shortfalls in the standard of, and access to, public services continue to be key drivers.

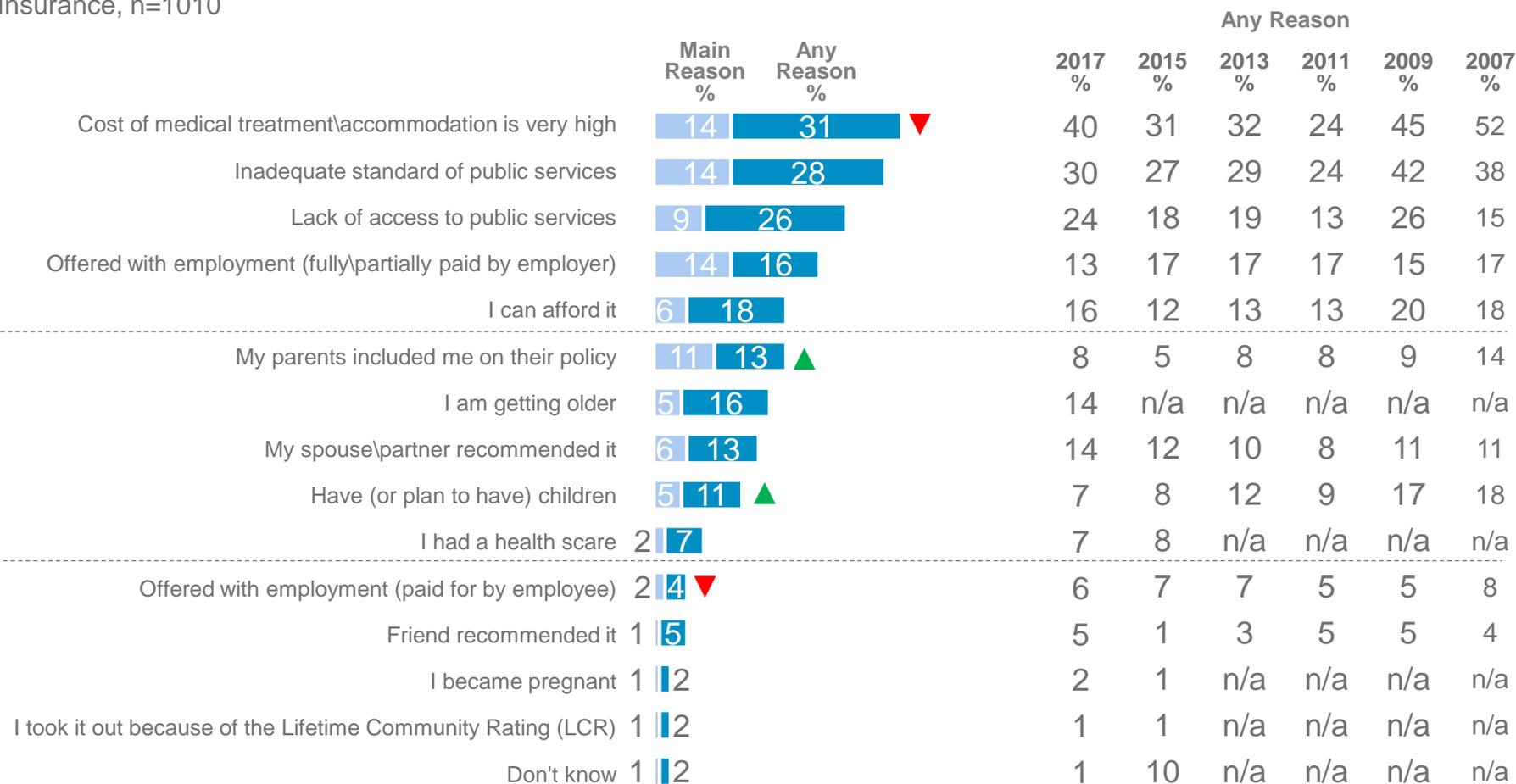
Base: All with Health Insurance, n=1010

	Main reason 2019 %		Main reason					
			2017 %	2015 %	2013 %	2011 %	2009 %	2007 %
Cost of medical treatment\accommodation is very high	14 ▼		26	20	18	17	22	31
Inadequate standard of public services	14		15	16	18	19	20	14
Offered with employment (fully\partially paid by employer)	14 ▲		3	4	7	8	7	6
My parents included me on their policy	11 ▲		7	6	3	2	5	4
Lack of access to public services	9		9	5	6	8	7	10
<hr/>								
I can afford it	6		7	8	12	8	5	2
My spouse\partner recommended it	6		7	5	6	5	2	4
I am getting older	5 ▲		3	n/a	n/a	n/a	n/a	n/a
Have (or plan to have) children	5		3	6	6	7	8	4
Offered with employment (paid for by employee)	2		11	15	13	16	11	10
<hr/>								
I had a health scare	2		1	2	n/a	n/a	n/a	n/a
Friend recommended it	1		1	4	2	1	1	0
I became pregnant	1		1	1	n/a	n/a	n/a	n/a
I took it out because of the Lifetime Community Rating (LCR)	1 ▲		0	2	n/a	n/a	n/a	n/a
Don't know	1		1	8	9	6	7	14

▲ ▼ Significant Difference vs 2017

Other Key Drivers for having Health Insurance: Aside from the drivers mentioned on the previous page, having or planning to have children increases in importance.

Base: All with Health Insurance, n=1010



▲ ▼ Significant Difference vs 2017

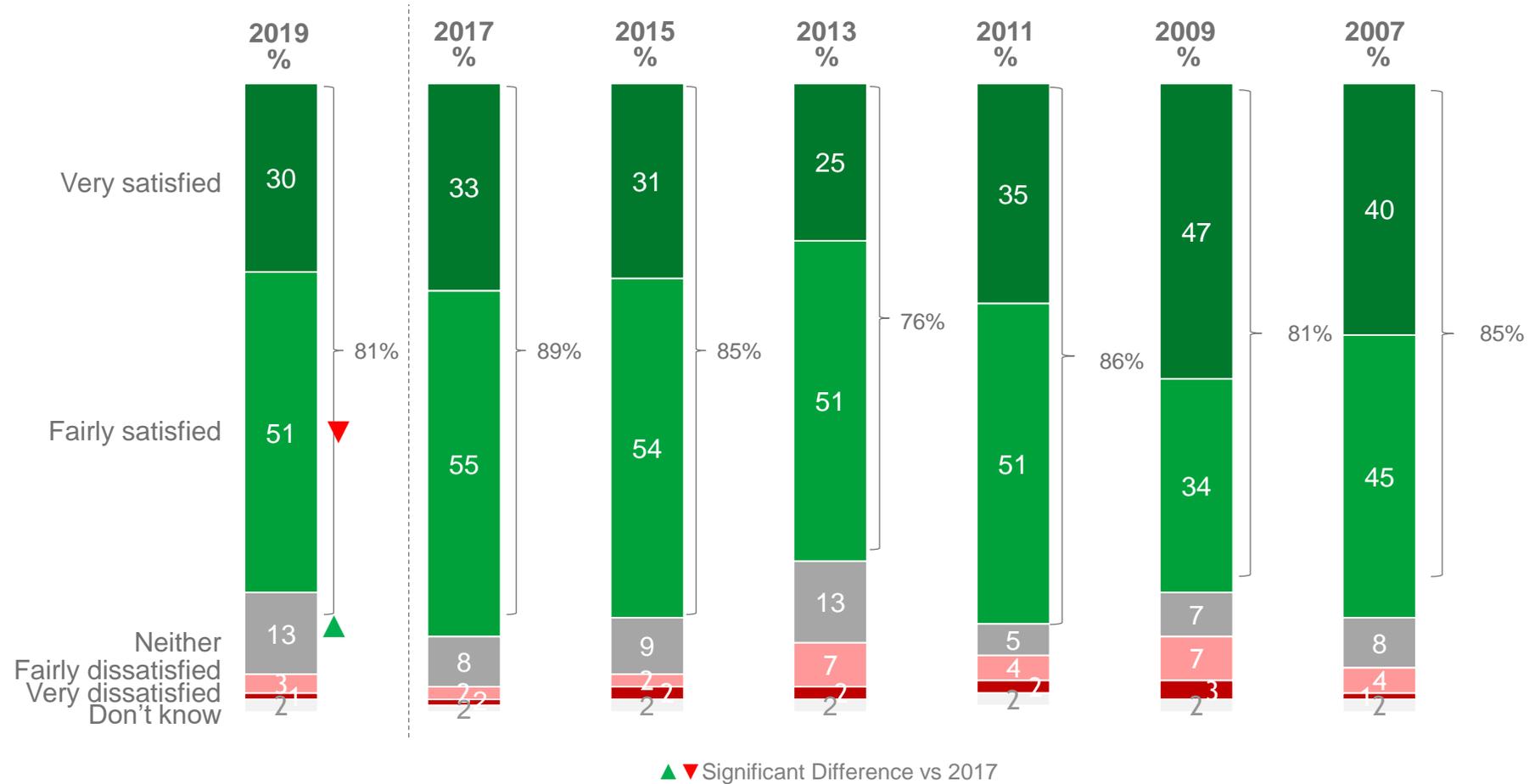
Reasons for having Health Insurance by Age: Life stage is critical in determining reasons for having PHI.

Base: All with Health Insurance, n=1010

Any Reason					Any Reason %	18-34 %	35-54 %	55+ %
2011 %	2013 %	2015 %	2017 %					
24	32	31	40	Cost of medical treatment/accommodation is very high	31	18	33	38
24	29	27	30	Inadequate standard of public services	28	14	34	30
13	19	18	24	Lack of access to public services	26	13	30	30
13	13	12	16	I can afford it	18	10	18	22
n/a	n/a	n/a	14	I am getting older	13	3	12	29
17	17	17	13	Offered with employment (fully/partially paid by employer)	16	14	21	10
8	10	12	14	My spouse/partner recommended it	13	9	17	11
8	8	5	8	My parents included me on their policy	13	44	5	1
9	12	8	7	Have (or plan to have) children	11	9	20	3
n/a	n/a	8	7	I had a health scare	7	1	4	14
5	3	1	5	Friend recommended it	5	6	5	5
7	7	7	6	Offered with employment (paid for by employee)	4	3	5	2
n/a	n/a	1	2	I became pregnant	2	1	3	*
n/a	n/a	1	1	I took it out because of the Lifetime Community Rating (LCR)	2	2	3	1
n/a	n/a	10	1	Don't know	2	3	1	4

Overall Satisfaction with level of understanding of current health insurance cover: Satisfaction dips after growth in previous studies – now with more neutral appraisal and less “fairly satisfied”.

Base: All with Health Insurance, n=1010



Level of satisfaction with aspects of health insurance:

Elements of PHI where policy holders are happiest are around customer service (the only attribute to increase compared to 2017) and level of cover.

Base: All with Health Insurance, n=1010



Level of satisfaction with aspects of health insurance by age: The older a policy holder is, the more satisfied.

Base: All with Health Insurance, n=1010

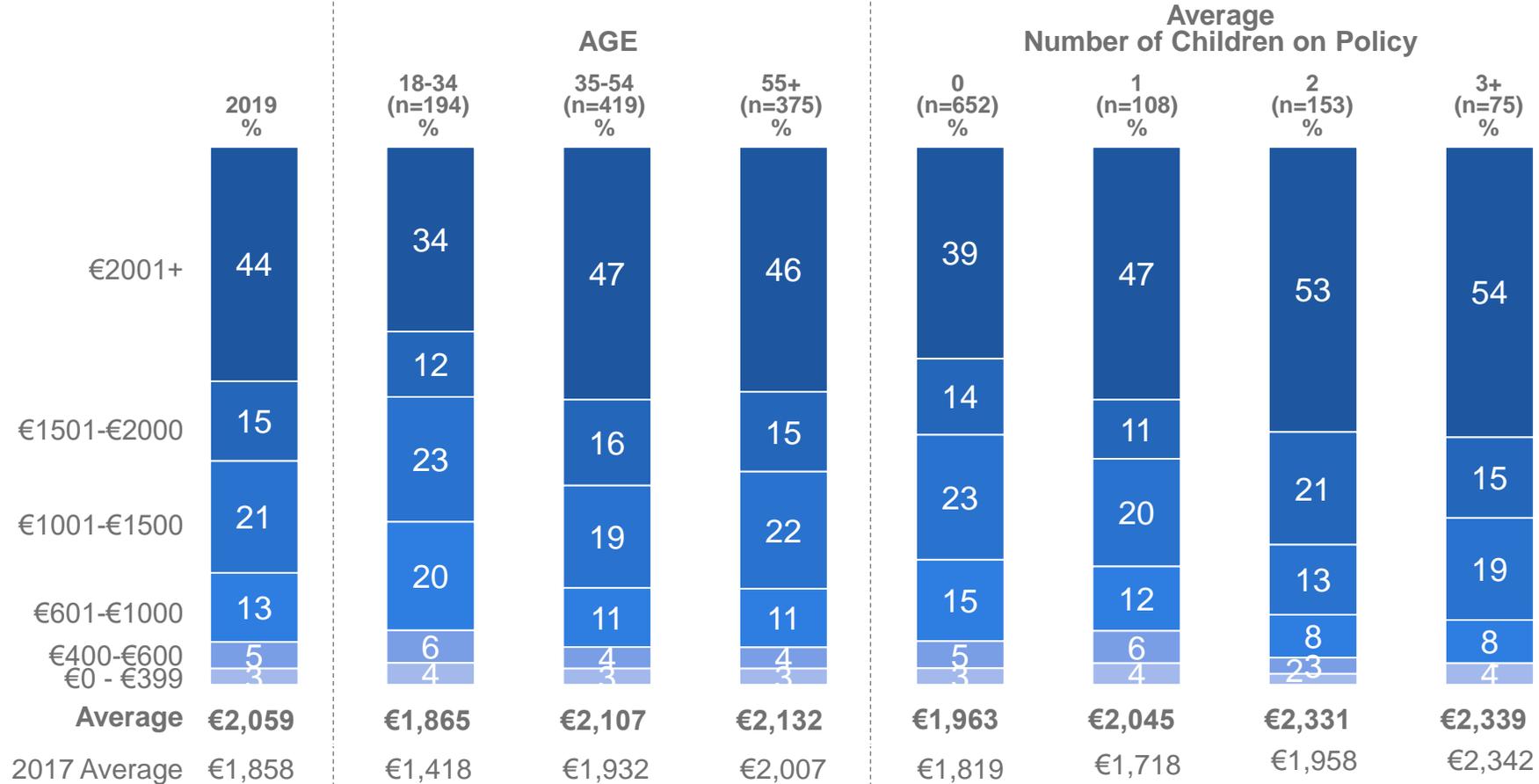
		Current range of products and services offered by PHI provider %	The level of cover provided by PHI plan %	The customer service you receive from your PHI provider %	The quality of information & advice you receive from your PHI provider %	The level of out patient/non hospital cover on your plan %
	Total	7.69	7.74	7.82	7.65	7.54
	18-34	7.46	7.61	7.62	7.46	7.36
AGE	35-54	7.71	7.73	7.84	7.65	7.50
	55+	7.82	7.83	7.91	7.78	7.70

Cost



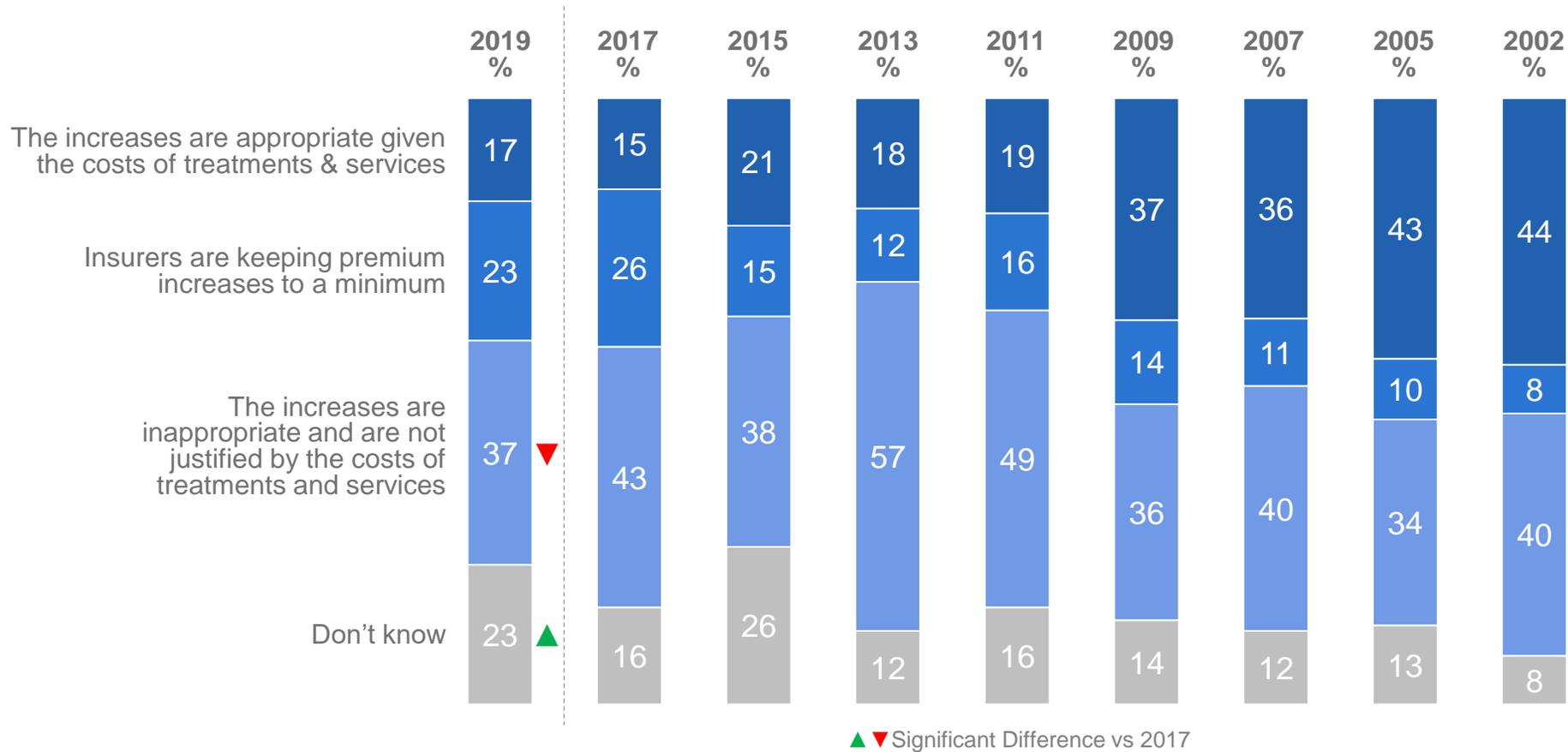
Cost of Policy: The average perceived cost of policies increases this year - clearest among the 18-34 cohort. As in previous years, the cost of policies (or level of cover) increases with age.

Base: All with Health Insurance, n=1010

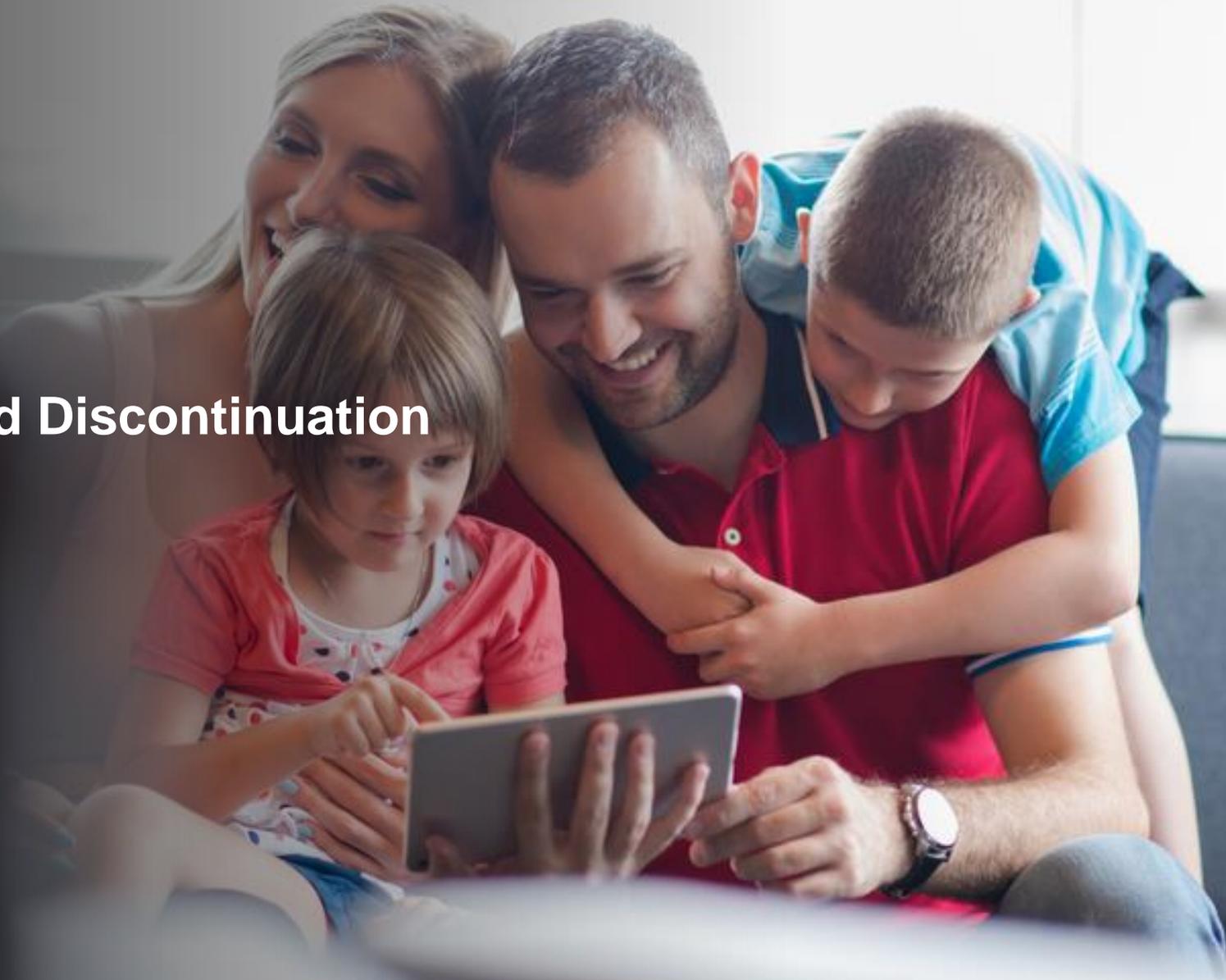


Attitude to Premium Increases: After increasing in 2017, the proportion believing that premium increases are unjustified returns to the 2015 level. The increased proportion saying “Don’t know” reflects less clarity around the subject of premium increases compared to the previous study.

Base: All with Health Insurance, n=1010



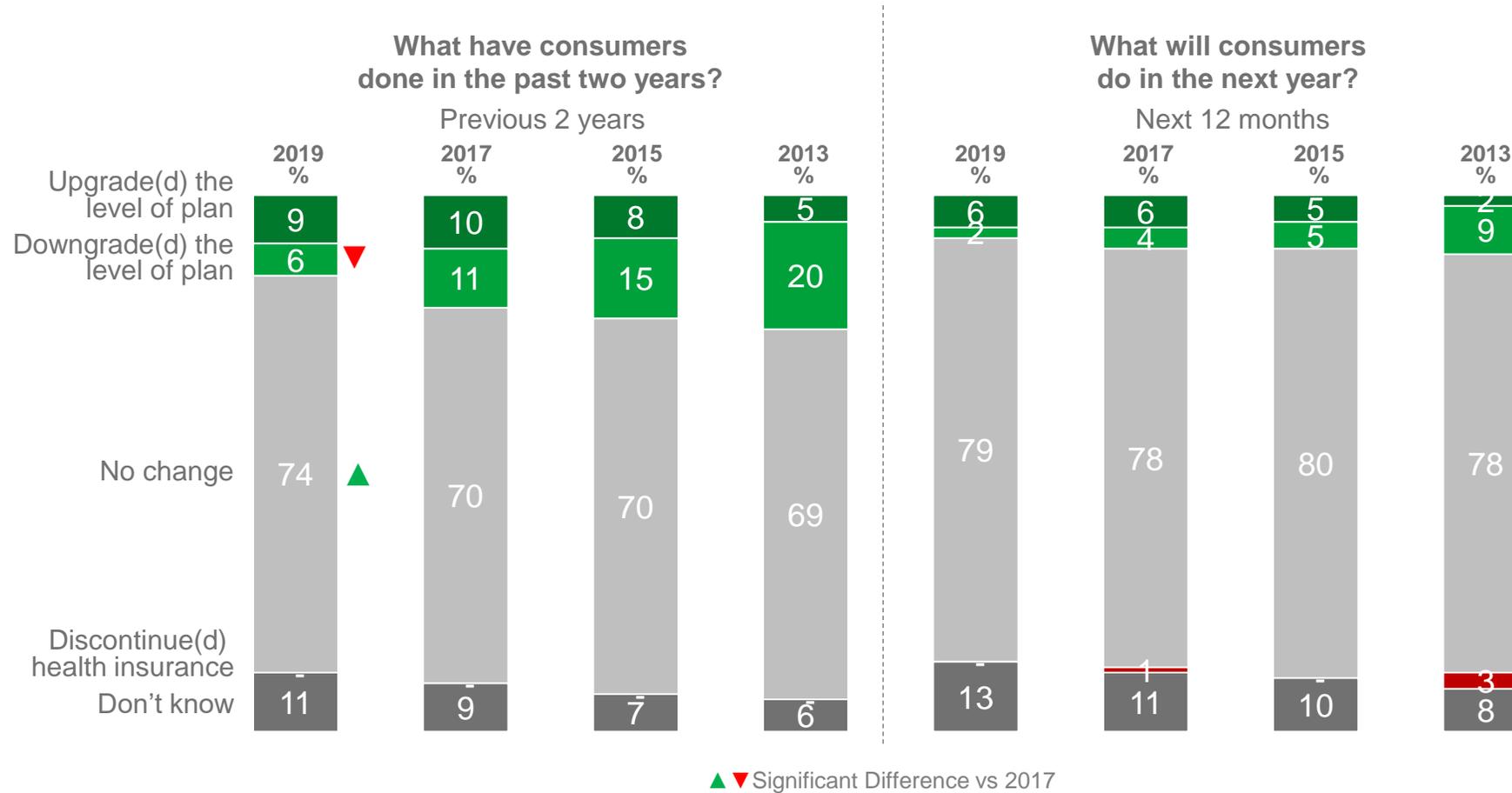
Switching and Discontinuation



Health Insurance: Past Action vs. Future Plans:

In the current study, now almost three quarters of policy holders have made no change to their plan. At the same time, fewer have chosen to downgrade. In terms of their outlook over the next two years, very few plan to change anything.

Base: All with Health Insurance, n=1010



Likely Action to health insurance policy over next 12 months: Younger policy holders appear more open to change.

Base: All with Health Insurance, n=1,010

Plan to:		Upgrade %	Downgrade %	No change %	Discontinue %	Don't Know %
Total		6	2	79	*	13
	18-34	6	*	64	-	30
AGE	35-54	7	2	82	*	8
	55+	4	3	85	-	7

Actions to health insurance policy over previous 2 years: A review by age.

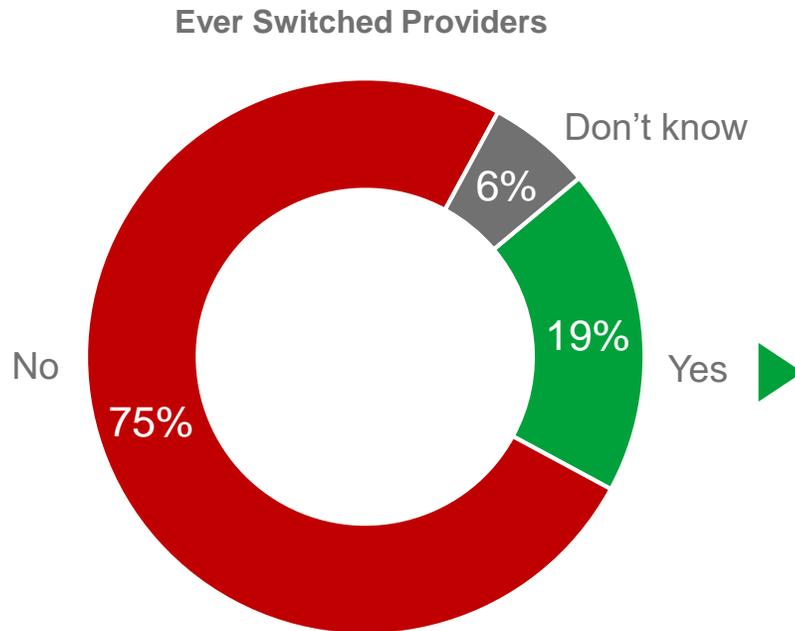
Base: All with Health Insurance, n=1,010

Have:		Upgraded %	Downgraded %	No change %	Don't Know %
Total		9	6	74	11
	18-34	6	-	64	30
AGE	35-54	10	7	77	5
	55+	10	8	76	5

Incidence of Ever Switching: Less than one in five have ever switched provider, a little lower than in recent years. There is limited desire for “serial switching” – over two thirds of those who have switched have only done so once. VHI tends to “leak” customers, which is unsurprising given its historical position in the marketplace.

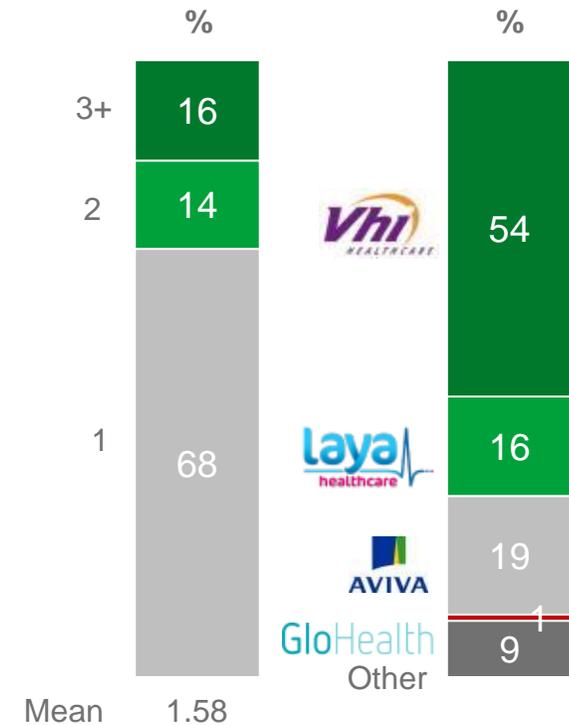
Base: All with Health Insurance, n=1010

	Incidence of Switching %
2017	22
2015	24
2013	20
2011	23
2009	16
2007	10
2005	10
2002	6



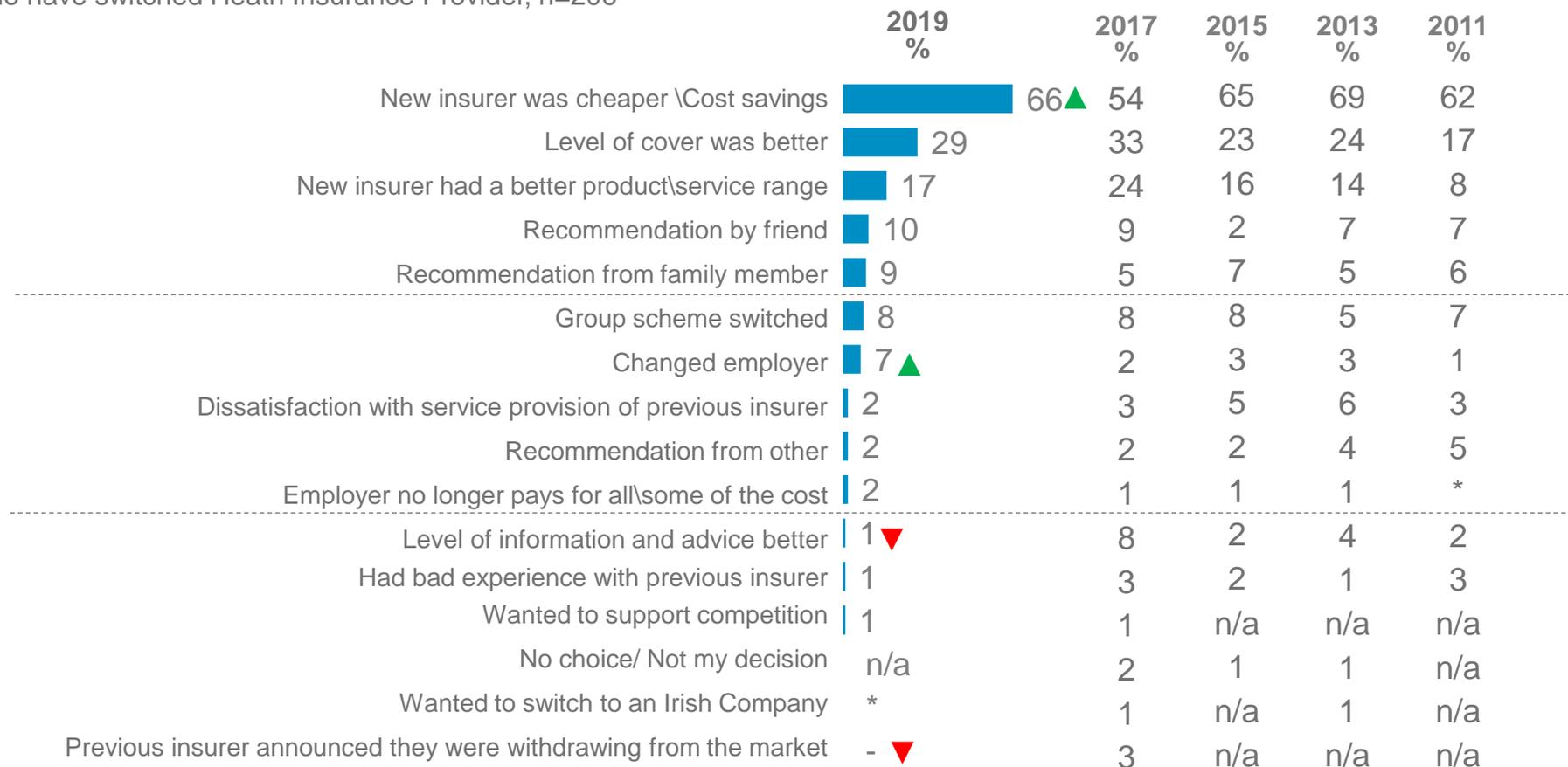
Base: All Switchers, n=206

Number of Times Switched & Insurer Most Recently Switched From



Reasons for Switching Health Insurance Provider: Cost savings have traditionally been the key driver for those who are switching and is an even more dominant reason in 2019.

Base: All who have switched Health Insurance Provider, n=206



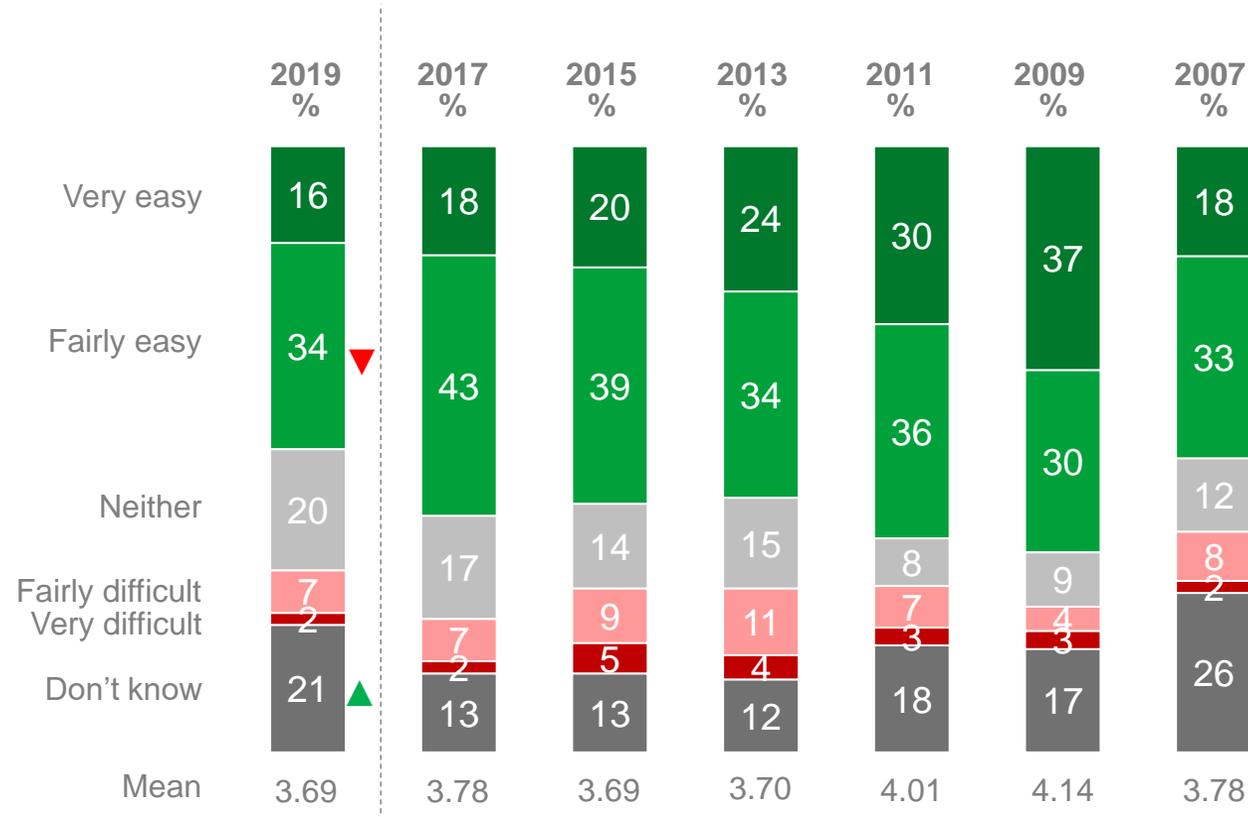
* New code added in 2015

▲▼ Significant Difference vs 2017

Perception of Ease of Switching:

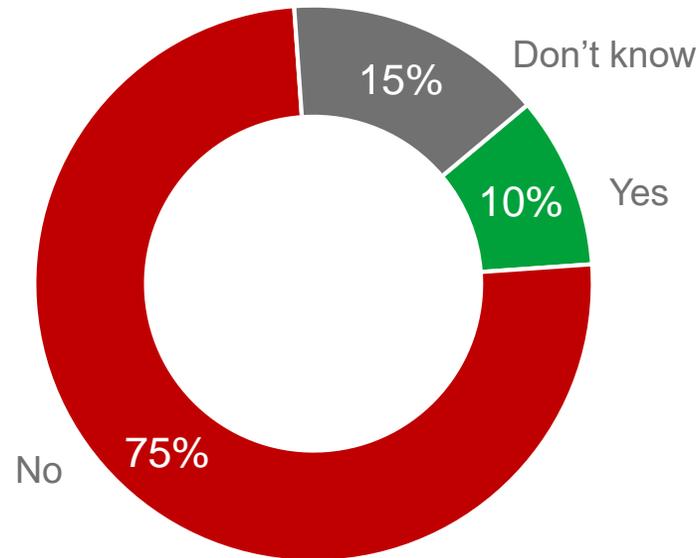
Perceptions of switching as being 'very easy' have declined year on year since 2009 and compared to 2017, the proportion saying 'fairly easy;' is also down. Over one fifth currently feel that they do not know how easy it is to switch.

Base: All with Health Insurance, n=1010



Incidence of having *considered* switching from current PHI provider to another: Only 10% of customers who have never switched health insurance provider have considered doing so – the same low level as in the 2017 study.

Base: All who have never switched Health Insurance Provider, n=804



Incidence of having Considered Switching			
	Yes %	No %	Don't know %
2017	10	79	11
2015	13	80	7
2013	20	76	4
2011	20	75	4
2009	13	77	10
2007	14	77	8
2005	13	73	13
2002	12	71	17

Reasons for not Switching PHI Provider: After the 2017 result where almost half cited satisfaction with their current provider as the reason for not considering a switch, lack of cost savings is currently almost as important.

Base: All who have never switched Health Insurance Provider, n=774

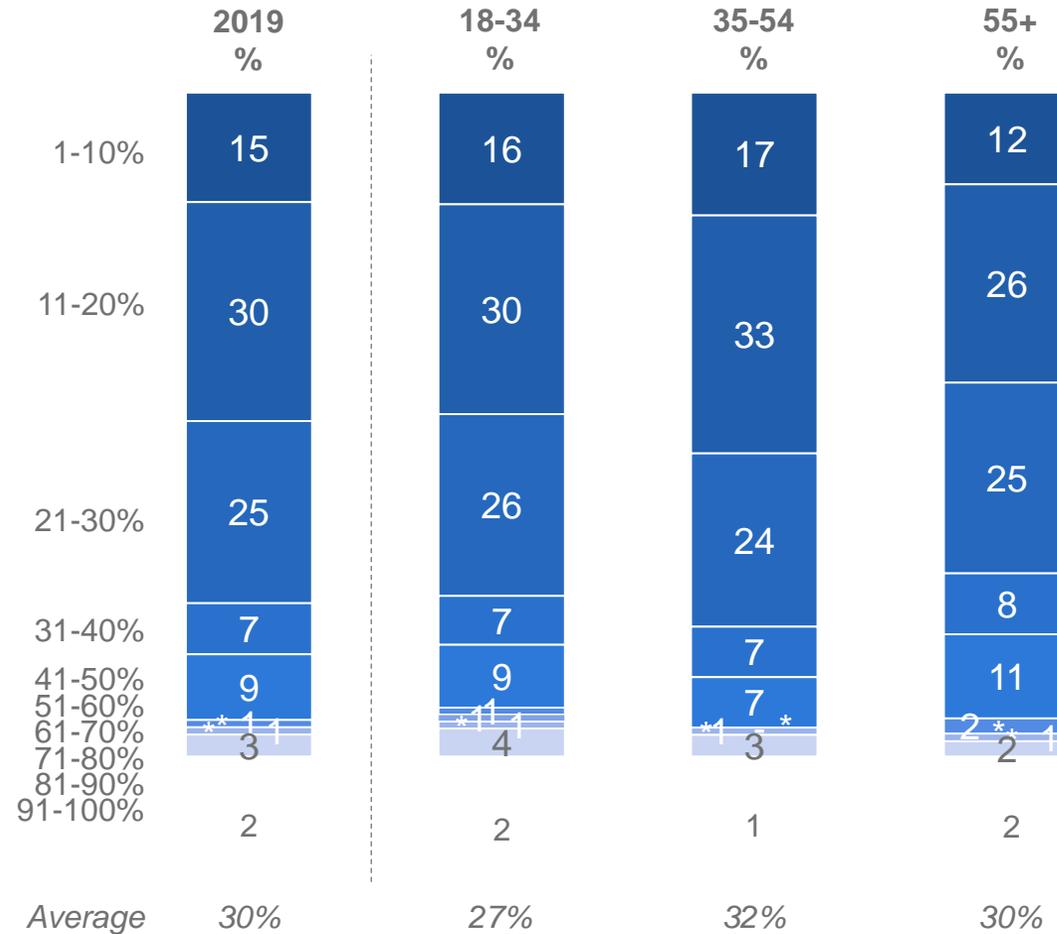
	2019 %	2017 %	2015 %	2013 %	2011 %	2009 %	2007 %	2005 %	2002 %
Satisfied with current provider	28 ▼	46	40	38	44	41	45	36	27
No significant cost savings	24 ▲	17	23	n/a	n/a	n/a	n/a	n/a	n/a
Level of cover no better	18 ▲	14	14	15	13	13	16	15	13
Not my decision	16	15	9	9	6	13	14	9	12
Too much hassle\paperwork	13	13	15	n/a	n/a	n/a	n/a	n/a	n/a
Couldnt be bothered	12	10	11	12	8	12	27	13	14
Range of products\services no better	9	11	7	10	9	10	10	6	7
Work\employer looks after it	9	7	6	7	8	10	9	7	11
Feel loyal to my current provider	8	8	8	10	4	9	9	8	4
Been with existing provider for a long time	7	7	6	8	4	13	14	6	3
Too difficult to compare plans	7	6	8	9	4	7	7	4	4
Concerned that coverage would not be the same	6	7	5	7	n/a	n/a	n/a	n/a	n/a
Prefer to stay with an Irish company	4	3	*	n/a	n/a	n/a	n/a	n/a	n/a
Other insurer wouldnt want me\am too high risk	2	2	3	n/a	n/a	n/a	n/a	n/a	n/a
Still considering it\Have not made up my mind	1	2	1	n/a	n/a	n/a	n/a	n/a	n/a
Wanted to support competition	0 ▼	1	-	n/a	n/a	n/a	n/a	n/a	n/a
Too expensive	n/a	3	2	n/a	n/a	n/a	n/a	n/a	n/a
Current uncertainty in the market	n/a	3	-	n/a	n/a	n/a	n/a	n/a	n/a
Concerned about waiting periods	n/a	3	1	n/a	n/a	n/a	n/a	n/a	n/a
I didn't want to lapse my travel insurance policy	n/a	1	-	n/a	n/a	n/a	n/a	n/a	n/a
I was persuaded not to switch by my current insurer	n/a	1	-	n/a	n/a	n/a	n/a	n/a	n/a
Just joined the current policy*	n/a	1	*	n/a	n/a	n/a	n/a	n/a	n/a
Lack of information*	n/a	1	1	n/a	n/a	n/a	n/a	n/a	n/a
Didn't know/Not aware that I could switch*	n/a	1	1	n/a	n/a	n/a	n/a	n/a	n/a

* New code added in 2015

▲ ▼ Significant Difference vs 2017

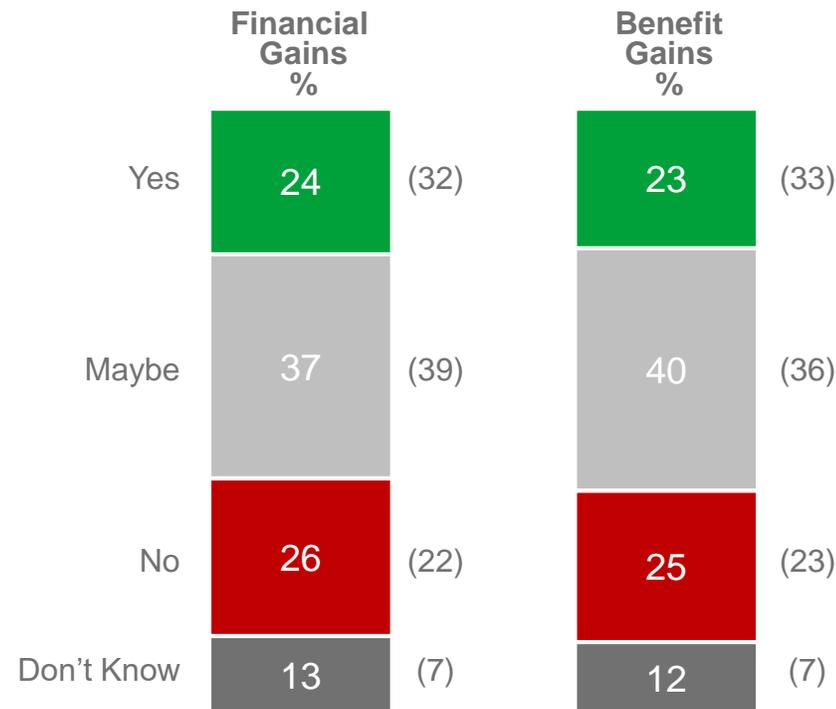
Savings needed to switch: Savings of 30% is the average needed to encourage consideration for switching insurance providers.

Base: All with Health Insurance, n=1010



Incidence of considering switching from current insurer for financial or benefit gains: In-line with decreased overall appetite for switching providers, the proportion willing to switch for either financial or benefit claims decreases somewhat.

Base: All with Health Insurance, n=1010



() 2017 data

Factors that would encourage discontinuing cover: Job loss is the top reason policy holders give for discontinuing cover. However, for almost one quarter, nothing would convince them to take that step.

Base: All with Health Insurance, n=1010

	%	2017 %	2015 %	2013 %	2011 %	2009 %	2007 %	2005 %	2002 %
If I lost my job	30 ▲	24	33	18	19	25	17	24	21
Nothing\ would never discontinue cover	23	26	21	34	36	31	27	24	28
If the level of cover deteriorated	18	20	16	26	24	19	n/a	n/a	n/a
If service levels deteriorated	20	16	17	22	17	22	32	25	29
If my salary/wages were reduced	16 ▼	19	17	18	18	23	27	5	18
If the range of products was reduced	14	16	10	14	11	12	14	13	14
If public services improved	14	15	15	13	10	15	20	16	10
If my hours where cut	8	8	9	9	8	6	n/a	n/a	n/a
If my parents no longer paid for it	6	8	4	5	6	6	7	5	7
Other	6 ▲	3	-	-	3	3	3	7	3
Don't know	9 ▲	6	14	7	5	4	7	0	7

▲ ▼ Significant Difference vs 2017

Other factors that would encourage discontinuing cover x Age: Job loss is the primary reason that would lead workforce-aged consumers to cancel PHI coverage – especially clear among the 35-64 group. The older age cohort, who are more likely to have health concerns, are also more likely to say that nothing would lead them to discontinuing their policy.

Base: All with Health Insurance, n=1010

	%	18-34 %	35-54 %	55+ %
If I lost my job	30 ▲	28	48	9
Nothing\ would never discontinue cover	23	11	14	42
If the level of cover deteriorated	18	13	20	19
If service levels deteriorated	20	13	20	19

If my salary/wages were reduced	16 ▼	17	22	7
If the range of products was reduced	14	9	16	14
If public services improved	14	9	16	15
If my hours where cut	8	11	11	1

If my parents no longer paid for it	6	26	1	*
Other	6 ▲	6	6	5
Don't know	9 ▲	16	7	8

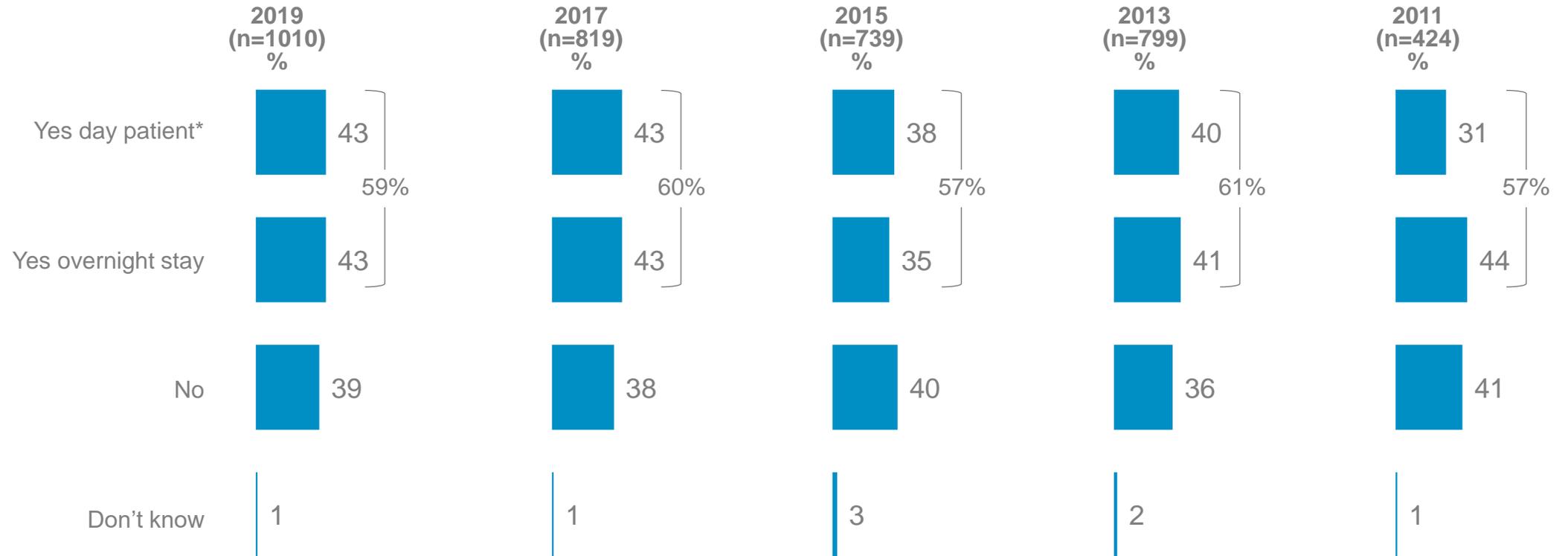
▲ ▼ Significant Difference vs 2017

Claim Experience



Incidence of Ever Claiming on Health Insurance Policy: Overall claims are very much in line with 2017 results with an equal split of day patient and overnight stay claims.

Base: All with Health Insurance, n=1010



*Day Patient refers to a Hospital Admission Day Patient

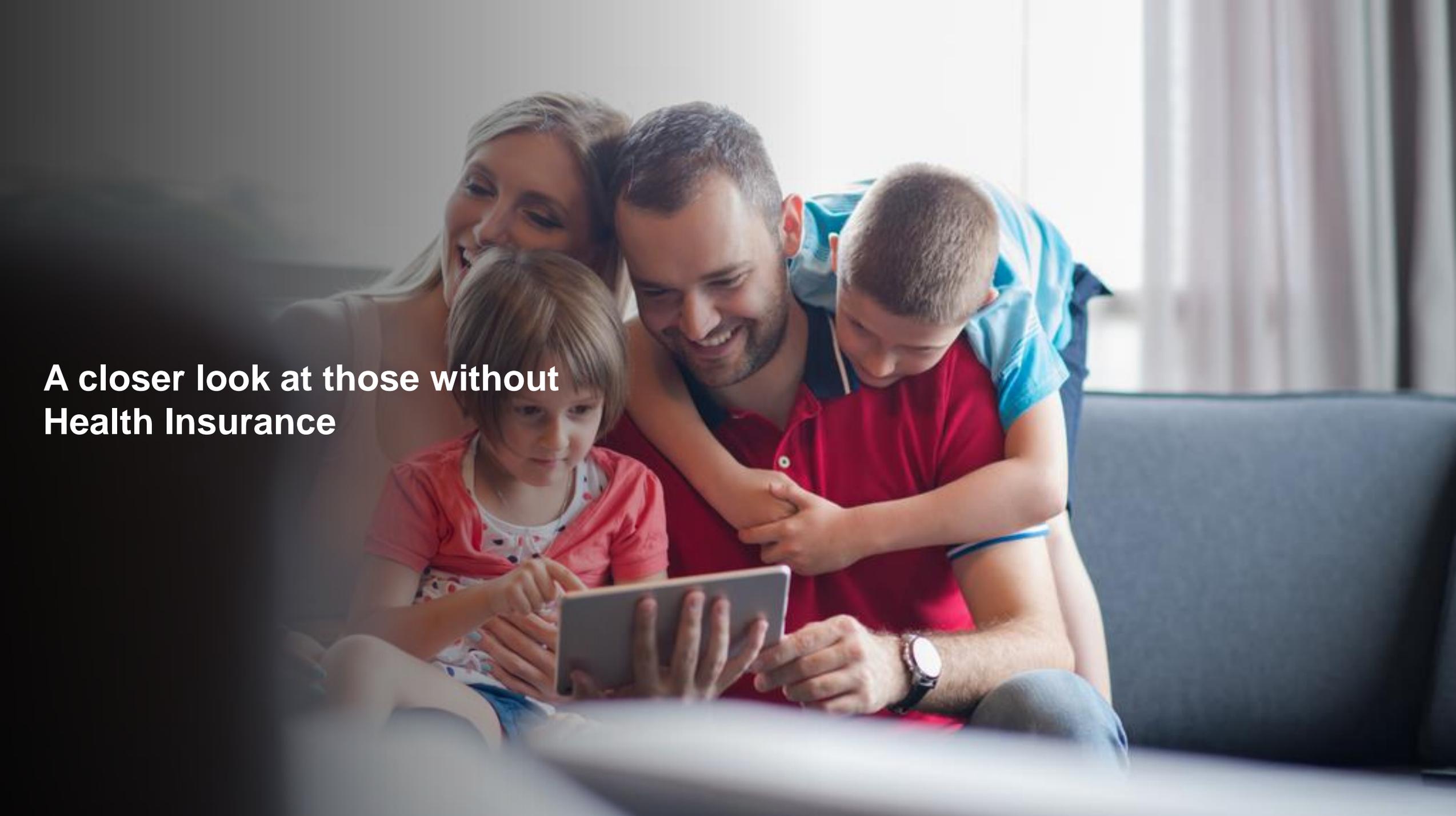
▲ ▼ Significant Difference vs 2017

Incidence of Claiming on Health Insurance Policy by demographics: Understandably, overnight stays become more frequent with the older age cohorts; C2DEs are also more likely to have an overnight, rather than day-only, stay. Women are also more likely than men to make overnight stay claims.

Base: All who have ever had Health Insurance, n=1010

		As a Day Patient*	Overnight Stay
GENDER	Total	40%	41%
	Male	40%	37%
	Female	40%	44%
AGE	18-34 (n=222)	19%	21%
	35-44 (n=262)	34%	35%
	45-54 (n=234)	45%	43%
	55-64 (n=157)	51%	44%
	65+ (n=292)	57%	62%
SOCIAL CLASS	ABC1 (n=705)	44%	42%
	C2DE (n=396)	33%	38%
Dependent children U.18 years	Yes	39%	39%
	No	41%	42%

*Hospital Admission Day Patient

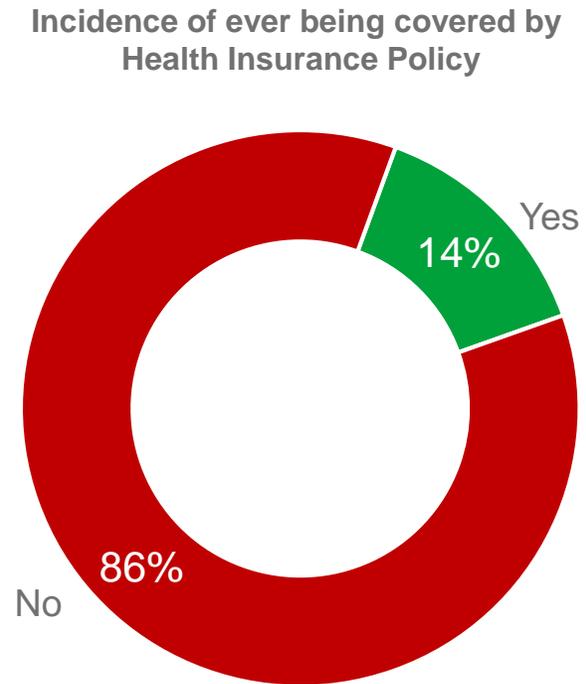


**A closer look at those without
Health Insurance**

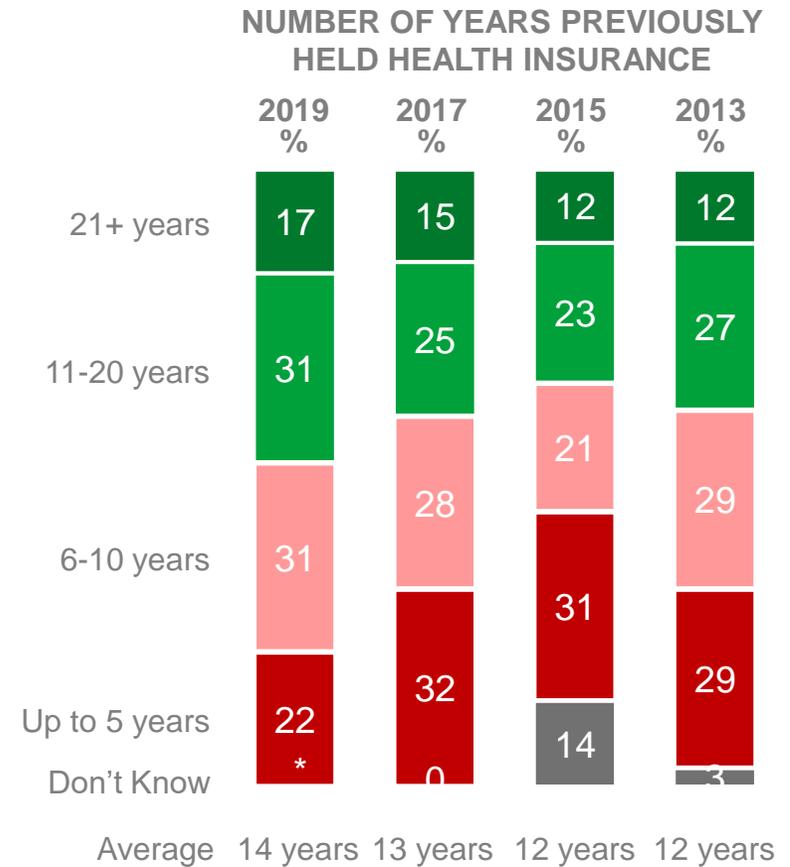
Incidence of lapsed policies: Incidence of having previously held PHI in completely in line with 2017 among those who do not currently have coverage; the average duration of previous coverage is a little longer this year.

Base: All without Health Insurance, n= 1008

Incidence of ever being covered %	
2017	14
2015	17
2013	22
2011	22
2009	15
2007	13
2005	9



Base: All who were previously covered by HI, n=157



Reasons for no longer having health insurance: Cost/financial hardship is the key reason those previously covered no longer have health insurance – but a less dominant reason than in 2017. Belief that the insurance was not good value and no longer being covered by parents are also top reasons – if considerably less important than cost.

Base: All who were previously covered by Health Insurance, n= 157

	Any Reason %	Any Reason						Age (Any Reasons)		
		2017 %	2015 %	2013 %	2011 %	2009 %	2007 %	18-34 %	35-54 %	55+ %
Too expensive\ Premiums too high\Cant afford it	51 ▼	63	53	n/a	n/a	n/a	n/a	31	57	54
No longer represented value for money	21	17	11	21	8	12	17	8	23	24
No longer covered by my parents insurance	16 ▲	8	16	n/a	n/a	n/a	n/a	62	12	-
Have a medical card	15	18	12	12	10	23	23	-	5	32
No longer provided through work	10	15	12	6	11	14	21	-	12	11
I lost my job and had to cancel it	9	15	6	8	16	19	-	-	9	13
Satisfied with public services	9	8	5	3	5	4	7	4	5	15
I have a GP Visit Card	5	7	2	n/a	n/a	n/a	n/a	-	5	8
Im healthy\Dont need it	4	4	5	3	5	11	3	11	3	2
Will get it when Im older	3	1	2	n/a	n/a	n/a	n/a	12	2	-
Havent thought about it	1	2	3	2	4	6	5	4	-	-
Dont approve of it	1	1	1	n/a	n/a	n/a	n/a	-	1	2
I went abroad	1	1	n/a	n/a	n/a	n/a	n/a	4	1	-
Other	9	7	12	10	6	16	16	7	6	13
Don't know	1	1	1	n/a	n/a	n/a	n/a	4	-	-

▲ ▼ Significant Difference vs 2017

Drivers to take out Health Insurance again: Dovetailing with cost as the main barrier to reinstate coverage, one in three say they would take out PHI again if they had more money while one quarter say they would if premiums were reduced. 29% say they will never get coverage again, up again since 2013.

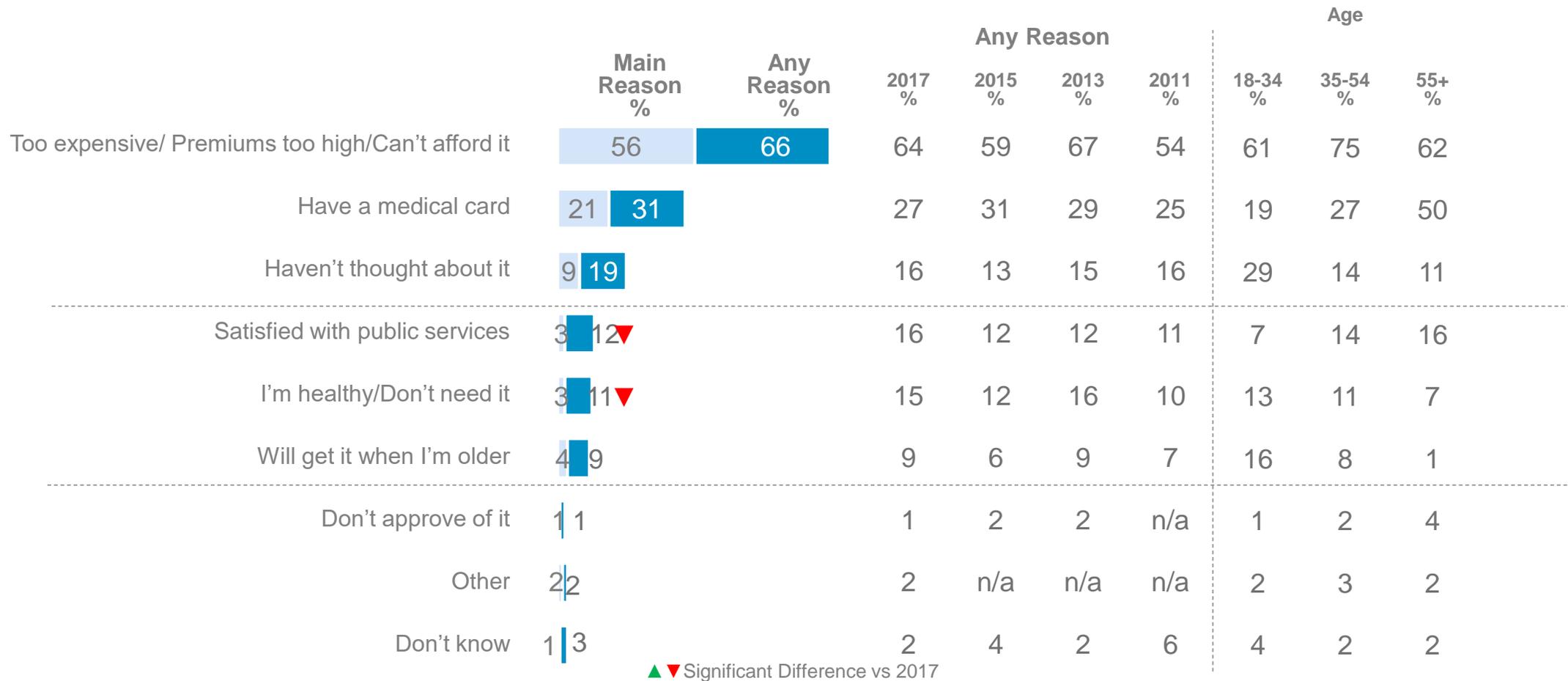
Base: All who were previously covered by Health Insurance, n= 157

	%	2017 %	2015 %	2013 %	2011 %	2009 %	2007 %	2005 %	2002 %
If I had more money	30	39	36	38	36	43	29	27	28
Nothing\I will never get health insurance again	29	23	14	10	17	17	34	22	30
If premiums were reduced\ if it were cheaper	24 ▼	36	26	40	16	26	17	25	27
When I get older	13	9	11	9	11	9	18	4	11
If it was offered through my employment	9	14	7	11	9	11	18	n/a	n/a
<hr/>									
If I got sick	6	2	4	3	3	7	7	7	9
If I have (plan to have) children	5 ▲	1	4	4	4	6	3	2	10
If public health services deteriorate	4	7	5	4	9	17	6	3	4
If the level of health insurance coverage improved	3	7	6	8	4	1	7	7	2
If I become employed	3	5	2	10	7	14	n/a	n/a	n/a
<hr/>									
If a family member got sick	3	2	5	3	2	1	1	7	8
If I get married	2	2	4	3	3	1	9	9	6
If my spouse\partner takes it out	1 ▼	5	2	1	1	1	3	n/a	n/a
If higher premiums were introduced for people who join later	- ▼	4	4	2	2	0	1	0	n/a
Other	4	1	5	5	6	7	7	21	9

▲ ▼ Significant Difference vs 2017

Reasons for never having health insurance: Similarly to those who say Cost is the reason for not reinstating previously held PHI coverage, it is also the primary reason for those who say they have never had Health Insurance. For many, economic considerations are a barrier to uptake.

Base: All who have never held Health Insurance, n=851



Factors that would encourage those who never had PHI to opt for it: As with drivers to re-instating PHI coverage, having more money (more important in 2019) and cheaper premiums emerge as the top factors that would encourage PHI purchase among those who have never had a policy.

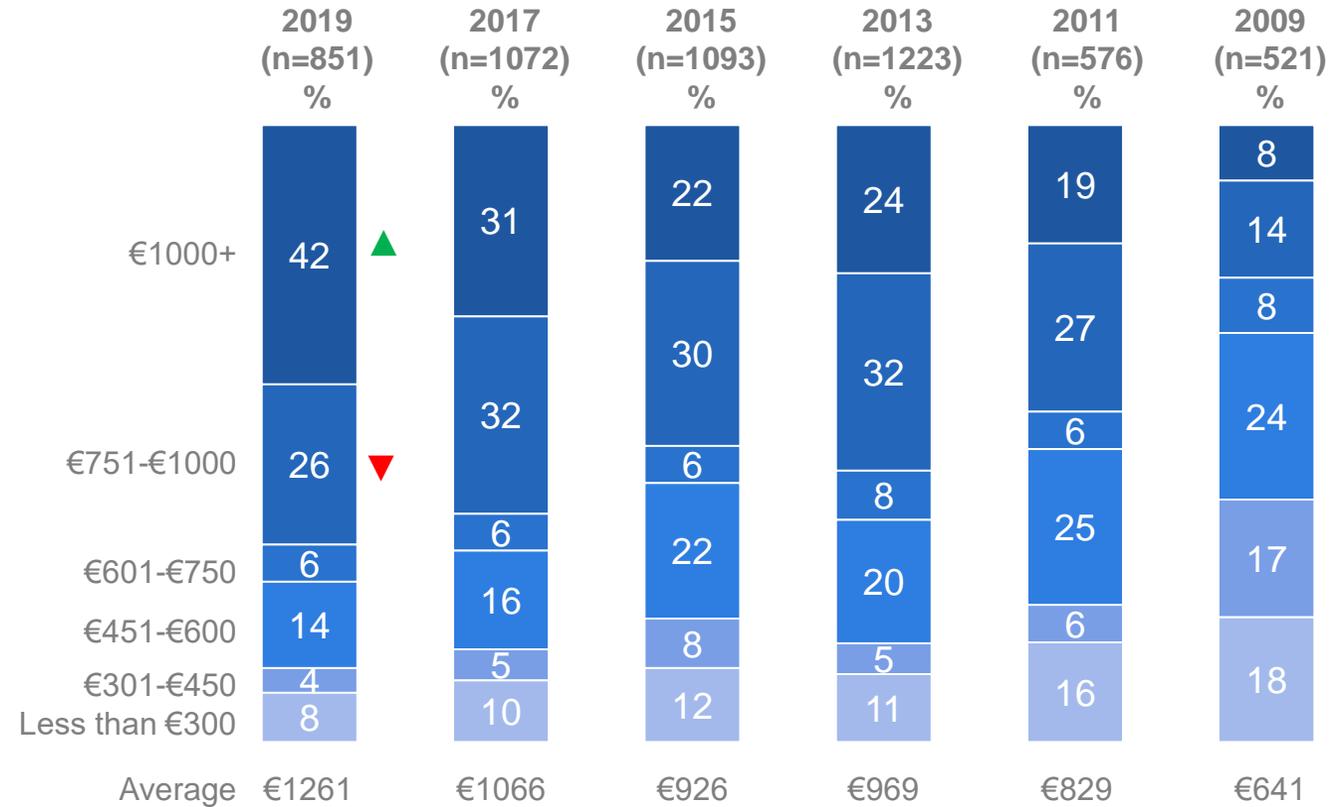
Base: All who have never held Health Insurance, n=851

	%	2017 %	2015 %	2013 %	2011 %	2009 %	2007 %	2005 %	2002 %
If I had more money	36▲	27	28	31	27	36	25	24	28
Nothing\I will never get health insurance again	21	23	19	17	20	17	35	25	32
If premiums were reduced\ if it were cheaper	20▼	24	18	22	22	24	16	16	22
When I get older	15	16	16	15	17	15	16	14	10
If it was offered through my employment – and my employer was going to pay for it	12▲	9	3	6	5	12	n/a	n/a	n/a
If public health services deteriorate	7	9	6	8	4	9	5	5	7
If I got sick	7▲	4	7	11	6	12	8	7	7
If it was offered through my employment, and my employer was going to part fund it	6	6	3	4	n/a	n/a	n/a	n/a	n/a
If I become employed	5	6	3	6	n/a	n/a	n/a	n/a	n/a
If I have (plan to have) children	4	3	5	5	4	5	5	4	5
If a family member got sick	4	2	4	7	2	8	5	5	5
If I get married	3	4	3	5	5	2	5	6	7
If the level of health insurance coverage improved	3	4	4	4	3	5	3	3	2
If my spouse\partner takes it out	2	2	2	2	2	2	3	n/a	n/a
If I had to pay a higher premium if I left it longer	1	2	2	1	1	2	1	1	1
Other	3	1	2	2	3	4	2	4	6

▲ ▼ Significant Difference vs 2017

Perception of annual cost of health insurance per adult (among those without PHI): Increased perceptions that PHI is expensive helps to explain why cost is the main barrier in getting insurance for both those who have previously and never held PHI; the perceived average cost has risen by €185 since 2017.

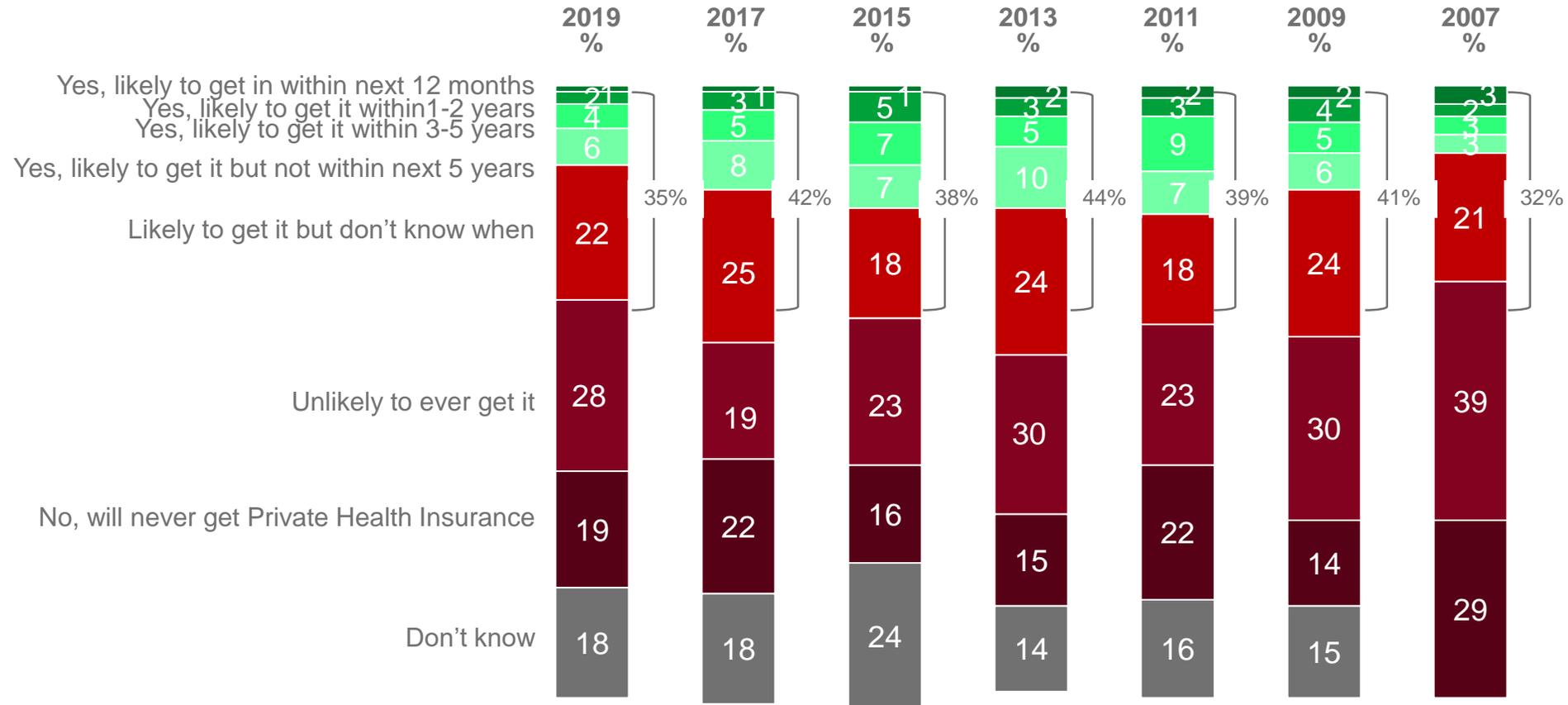
Base: All without Health Insurance, n=851

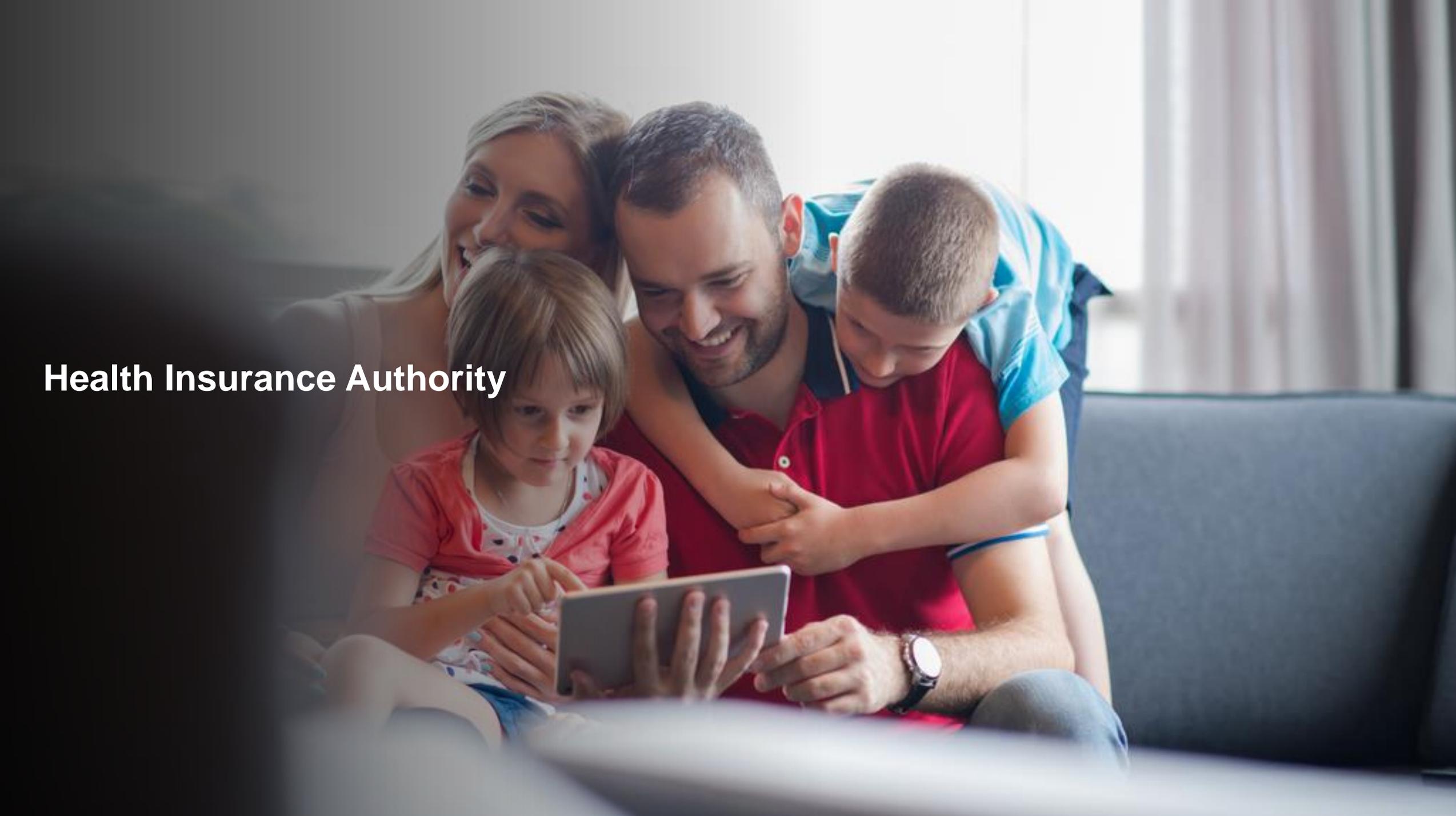


▲ ▼ Significant Difference vs 2017

Future intentions for Health Insurance: Somewhat lower likelihood regarding future intentions to purchase PHI than in 2017.

Base: All without Health Insurance, n= 1008



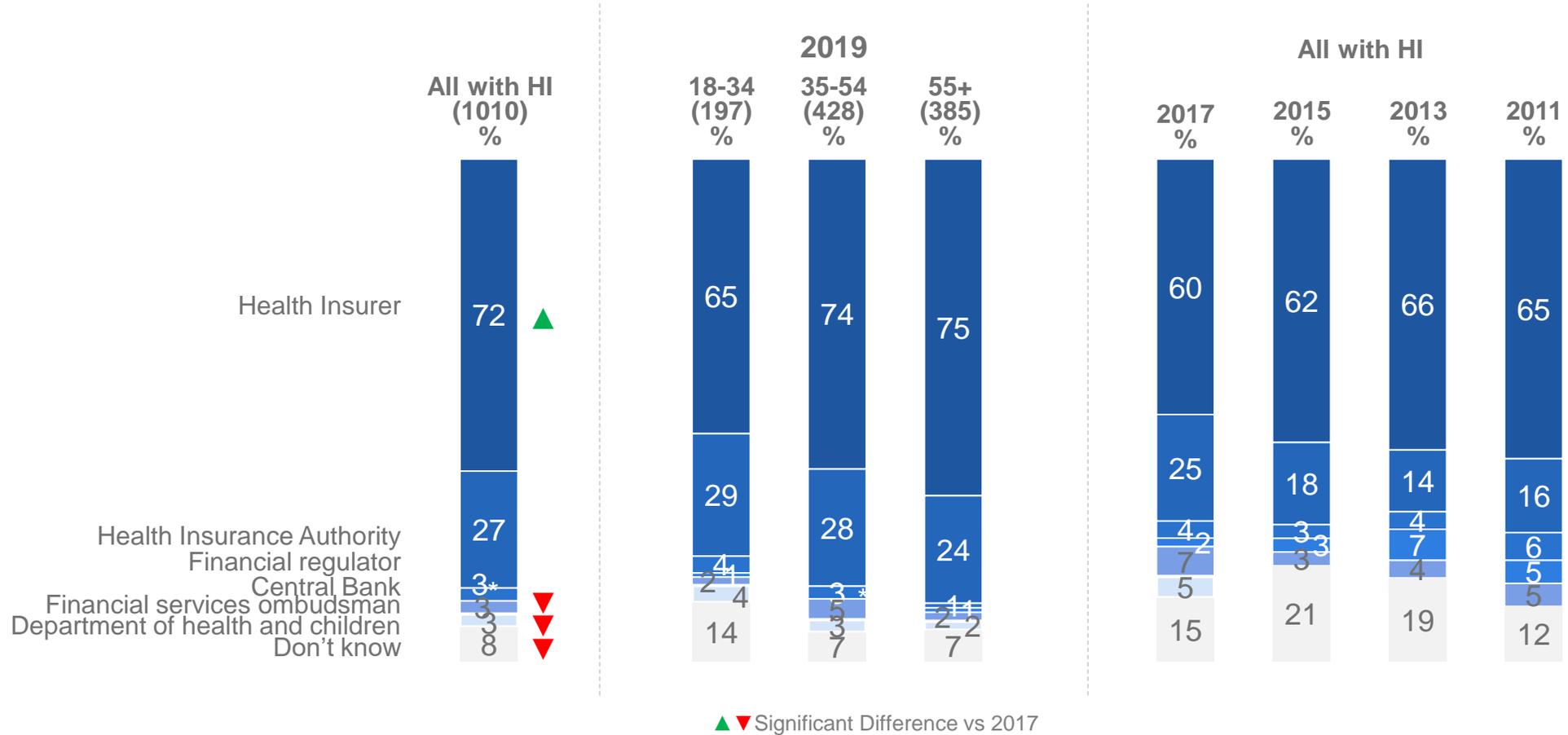


Health Insurance Authority

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

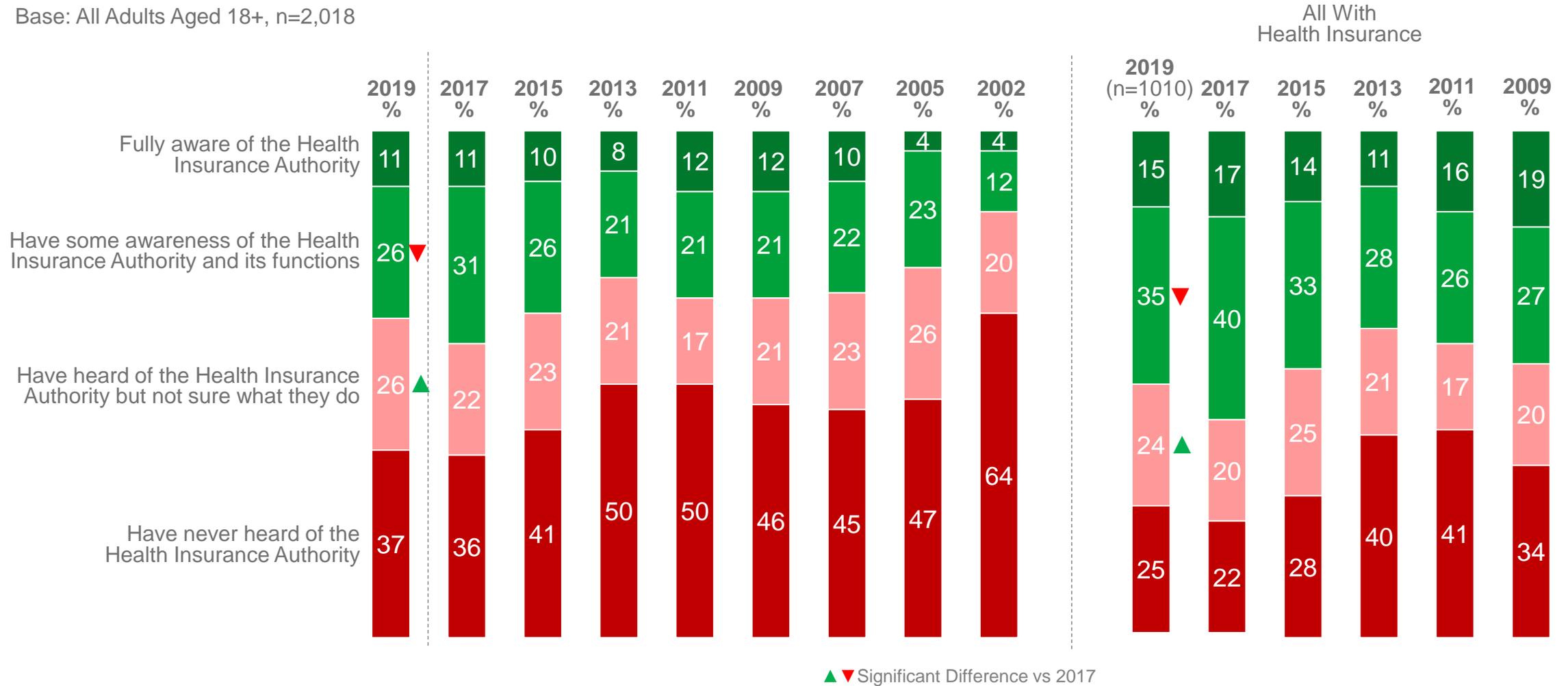
Insurers remain the primary source to turn to when there are problems with health insurance, but the HIA sees a small increase after significant growth in 2017 in those who would turn to the organisation for help in resolving their issue(s).

Base: All with Health Insurance, n=1010



Awareness of Ireland's Health Insurance Authority: Top level awareness of the HIA is stable at 11% but there is loss in the proportion with some awareness – moving into the lower awareness level of having heard of HIA but not really knowing what they do.

Base: All Adults Aged 18+, n=2,018



Appendix



Agreement with statements about health insurance by demographics.

Even among those without Private Health Insurance, there is a strong recognition (40%) that PHI is a necessity and not a luxury, suggesting that if they could afford it, they would purchase it.

Base: All Adults Aged 18+, n=2,018

		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 %	58	62	64	38	45
GENDER	Male	58	62	64	38	43
	Female	58	61	63	37	46
AGE	18-25	54	61	60	38	39
	26-34	55	62	63	32	40
	35-44	60	61	63	36	47
	45-54	63	63	63	37	47
	55-64	56	62	69	41	52
	65+	58	60	65	42	43
SOCIAL CLASS	ABC1	71	64	63	43	33
	C2DE	47	60	63	32	53
	F	69	60	69	48	49
Total Policy Holders (n=1010)		78	67	63	48	26
PEOPLE WITH PHI	18-34	71	63	56	42	21
	35-54	78	66	65	46	27
	55+	82	71	64	56	28
Total Non-Policy Holders (n=1008)		40	57	65	28	61
PEOPLE WITHOUT PHI	18-34	44	61	65	30	51
	35-54	43	58	61	27	69
	55+	33	51	68	27	65

Agreement with statements about health insurance by demographics

Base: All Adults Aged 18+, n=2,018

		There is adequate information to enable me to compare plans on offer from different 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 %		38	40	22	35	17
GENDER	Male	38	39	22	34	17
	Female	38	41	22	35	17
AGE	18-25	35	25	18	33	18
	26-34	36	30	22	33	17
	35-44	43	42	18	36	15
	45-54	43	46	22	34	18
	55-64	30	42	25	34	15
	65+	36	49	28	38	18
SOCIAL CLASS	ABC1	47	60	17	43	15
	C2DE	31	25	26	27	18
	F	41	45	21	45	25
Total Policy Holders (n=1010)		50	74	14	51	15
PEOPLE WITH PHI	18-34	45	51	16	51	14
	35-54	55	77	11	48	12
	55+	47	86	15	55	19
Total Non-Policy Holders (n=1008)		27	9	30	20	18
PEOPLE WITHOUT PHI	18-34	30	13	23	21	19
	35-54	29	7	29	20	20
	55+	21	7	38	18	16

KANTAR

**THANK
YOU**

For further information contact:

Paul Moran
paul.moran@kantar.com

087 286 0773

