

ANNUAL REPORT AND FINANCIAL STATEMENTS

20 24



Rialtas na hÉireann
Government of Ireland



An tÚdarás Árachas Sláinte
The Health Insurance Authority

Contents

Chairperson's statement	5
HIA Board members	7
Chief Executive and Registrar's statement	8
Our strategic vision	10
1. Drive consumer focused health insurance regulation	11
1.1 Regulatory structure of the market.....	11
1.2 Regulatory developments in 2024.....	12
1.3 Publicly available regulations	12
1.4 The Irish health insurance market in 2024	12
2. Ensure compliance and accountability	14
2.1 Irish Risk Equalisation Scheme.....	14
2.2 Overcompensation assessment	15
2.3 Inspections	15
2.3.1 Risk Equalisation Fund	15
2.3.2 Information returns	15
2.3.3 Retired plans.....	16
3. Build consumer trust and empower consumers to make informed decisions.....	17
3.1 Consumer engagement.....	17
3.1.1 Consumer information helpline.....	17
3.1.2 Website	17
3.2 Advertising and publicity	18
3.2.1 Advertising and social media	18
3.2.2 Events and publicity	18

4. Invest in digital capacity to enhance our capabilities.....	20
4.1 Enhance our processes.....	20
4.1.1 Cybersecurity.....	20
4.1.2 Data systems	20
4.2 Increase the robustness of our Risk Equalisation Fund	20
4.2.1 The Risk Equalisation Scheme	20
5. Develop our people to deliver effective outcomes and high standards of corporate governance.....	21
5.1 Developing our people	21
5.2 Corporate governance	22
5.2.1 Corporate governance code of practice	22
5.2.2 Ethics in public office	22
5.2.3 Protected disclosure	22
5.2.4 Human rights and equality	22
5.2.5 Official languages.....	22
5.2.6 Freedom of information and parliamentary questions	22
5.2.7 Annual report and accounts.....	23
5.2.8 Audit and Risk Committee/internal audit	23
5.3 Risk management.....	23
5.4 Energy consumption	23

Chairperson's statement



Patricia Byron
Chairperson

As Chairperson of the Health Insurance Authority (HIA), I am pleased to present the Annual Report for 2024, a year in which we have continued to embrace opportunities for innovation and improvement in the health insurance sector. 2024 saw the arrival of Brian Lee as the new CEO/Registrar of the HIA – I want to extend my thanks to Brian for his enthusiasm and collaboration in his first few months in the role, and to thank outgoing CEO/Registrar Ray Dolan (interim) for his support.

This year, we continued our commitment to ensuring access to high-quality, impartial health insurance information for all individuals, while navigating an ever-evolving healthcare landscape. The global health challenges of recent years have underscored the importance of a robust, adaptable health insurance system. In response, the HIA has worked diligently to enhance our regulatory frameworks, improve service delivery, and foster collaboration across public and private sectors.

These efforts have been instrumental in fulfilling our mandate as regulator, improving customer satisfaction, and maintaining the financial sustainability of the health insurance system through the calibration of the Risk Equalisation Scheme.

A key priority in 2024 was engaging with both consumers and industry stakeholders. Consumers faced significant price increases and changes to benefits in 2024. We are aware of the challenges that price increases bring, and we worked hard to reach more consumers and provide important information and tools to help consumers make informed decisions.

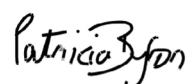
We also held our inaugural HIA conference on product choice, which brought industry stakeholders together to discuss how the market can be improved for consumers going forward to make it easier to navigate between different products.

We recognise the growing need for digital transformation in the industry, and this year, we accelerated our investment in technology to give more consumers access to easy-to-understand, impartial information about health insurance. We are working to make our comparison tool and website more intuitive, and we look forward to introducing new tools to help consumers make more informed decisions about their health coverage.

Looking ahead, the HIA remains steadfast in its mission to protect consumers by regulating the industry and being a trusted source of information. We are confident that the work we continue to do will have a lasting positive impact on the health insurance landscape for years to come. The journey ahead is one of continued collaboration, innovation, and growth, and we are confident that the HIA will play a central role in shaping the future of the health insurance landscape in Ireland, particularly as we move towards the implementation of Sláintecare.

This report reflects the important work of our team, who have been at the forefront of regulatory improvements, consumer protection, and digital innovation. These changes would not have been possible without the support of stakeholders across the health insurance landscape and regulatory arena, who have partnered with us to advance the policy goals of the HIA. I would like to express my deepest gratitude to the Minister for Health, the Department of Health, the HIA Board, as well as our dedicated staff, stakeholders, and regulatory partners for their continued commitment to advancing the health and well-being of consumers.

Patricia Byron



Chairperson

HIA Board members



Patricia Byron
Chairperson



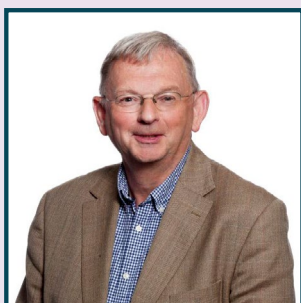
Caroline Barlow



John Armstrong



John Evans



Michael A. O'Sullivan



Damien McShane



Michael Harnett

The HIA Board consists of a Chairperson (Patricia Byron) and six ordinary members, all of whom are appointed by the Minister for Health. The members of the HIA Board were appointed for periods of between three and five years and meet at least eight times a year.

The HIA Board has two sub-committees - the Audit and Risk Committee (ARC) and the Performance Liaison Committee (PLC). Caroline Barlow is Chair of the ARC. The other members of the ARC as at 31 December 2024 are Michael A. O'Sullivan and John Evans. Damien McShane is Chair of the PLC. The other members of the PLC as at 31 December 2024 are Michael A. O'Sullivan and John Armstrong.

Chief Executive and Registrar's statement



Brian Lee
CEO/Registrar

Since my appointment as CEO/Registrar in June, I have been struck by the dedication and interest from both industry and regulators in the health insurance sector. I want to thank all our stakeholders for their welcome and support since I took up my role, with particular thanks to the HIA Board and my executive team for their encouragement and assistance since I joined the HIA.

I am delighted to present the HIA's Annual Report for 2024. As we look back over the past year, it's clear that the HIA has made significant progress towards its long-term strategic goals for the health insurance sector. The HIA has continued to adapt to the changing needs of the health insurance landscape while ensuring that health insurance is well regulated and well understood by all. Our efforts have focused on creating a more responsive and sustainable system that ensures a fair market for policyholders and providers, with a particular focus on helping consumers feel informed about their rights and choices and empowered to navigate the health insurance market.

Under our current strategic plan, we saw notable improvements in key areas such as policyholder education, RES claims processing efficiency, and stakeholder engagement.

We worked diligently to simplify processes for both consumers and insurers, ensuring that health insurance remains clear, understandable, and easy to navigate. Our increased focus on inspections shows our commitment to transparency in the industry, and our work on developing a new simplified and user-friendly health insurance comparison tool is well underway. We also began developing our new four-year strategic plan, and I look forward to the launch and execution of this in the coming years.

Equally important, we have prioritised inclusivity and accessibility, expanding our outreach to ensure that more consumers are aware of the HIA and how we can help them. The HIA team attended a number of nationwide events in 2024 aimed at the older population, who are the focus of our communications due to the level of inertia in that age group. This has been extremely beneficial in terms of raising awareness of the HIA and encouraging consumers to review their policy before renewing.

Our work is not without its challenges, but the dedication and passion of our team, in collaboration with insurers, healthcare providers, and policymakers, have made it possible for us to face these challenges head-on. As we look toward 2025 and beyond, the HIA remains committed to fostering innovation, advancing consumer protection, and ensuring that the health insurance system continues to meet the evolving needs of our society. We are excited about the work ahead and the impact it will have on the people of Ireland.

I would like to express my gratitude to the HIA Board and Chairperson, HIA staff, our stakeholders, and our regulatory partners for your continued support and collaboration. It is through our collective efforts that we can achieve the progress showcased in this report and create a healthier future for all.

Brian Lee



CEO/Registrar

Our strategic vision

Our three-year strategic plan for 2022-2024 takes account of the HIA's role as a regulator, a provider of consumer information, an adviser to the Minister for Health, a custodian of the Risk Equalisation Fund, and a competent, effective organisation committed to excellent governance standards.

Our strategy is an ambitious one, and one we are determined to fulfil. We are particularly focused on consumer engagement and information, and the importance of the HIA's role in managing the Risk Equalisation

Fund and overseeing other key aspects of health insurance regulation. We want health insurance consumers to be aware of their options in the private health insurance market and to know their rights. We want to make it easier for consumers to learn about health insurance plans and make decisions about what plan is right for them. We conduct extensive market research to help us achieve this objective, and we continue to forge strong relationships with all of our stakeholders in order to build and maintain trust in the HIA's role.

Strategic priorities



1. Drive consumer-focused health insurance regulation



2. Ensure compliance and accountability through regulatory best practice



3. Build consumer trust and empower consumers to make informed decisions



4. Invest in digital capacity to enhance our capabilities



5. Develop our people to deliver effective outcomes and high standards of corporate governance

The following sections outline our key achievements under each of the strategic priorities.

1. Drive consumer focused health insurance regulation

Technology, society, and health services are evolving at a rapid pace, and the HIA aims to ensure that health insurance regulation remains appropriate for the changing environment and needs of the consumer. We continuously assess the market environment and identify needed changes to regulations so that the Risk Equalisation Scheme remains fit for purpose and delivers on our key policy objectives.

1.1 Regulatory structure of the market

The Irish private health insurance regulatory system is based on the key principles of community rating, open enrolment, lifetime cover, and minimum benefits. It aims to ensure that private health insurance does not cost more for those who need it most.

- Community rating means that everybody is charged the same premium for a particular plan, irrespective of age, gender, and the current or likely future state of their health. There are discounts for children under 18 years of age, young adults and members of group schemes, and certain rules relating to additional charges (loadings) or credited periods in connection with lifetime community rating.
- Lifetime community rating is a system whereby the premium that individuals pay for health insurance rises with the age they enter the private health insurance market, but it does not vary in relation to their current age. Loadings apply to people above 34 years of age taking out inpatient private health insurance for the first time. However, an individual may receive credited periods which can reduce or remove the loading being applied.
- Open enrolment and lifetime cover mean that, except in tightly regulated circumstances, health insurers must accept all applicants for health insurance. All consumers are guaranteed the right to renew their policies regardless of their age or health status. If a health insurer is retiring a particular plan, there are strict rules about how similar the alternative plan offered to the consumer must be.
- Minimum benefits means that all insurance products that provide cover for inpatient hospital treatment must provide at least a certain level of benefits.

1.2 Regulatory developments in 2024

The HIA recommends annual updates to the Risk Equalisation Scheme to ensure the fair and effective operation of the Scheme. The HIA recommended the following amendments to the Health Insurance Act 1994:

- To specify the amount of credits to be paid from the Risk Equalisation Fund in respect of certain classes of insured persons, and certain claims, from 1 April 2025.
- To make a consequential amendment to the Stamp Duties Consolidation Act 1999.
- To amend definitions associated with the high cost claims pool to be more specific about the drugs which may be included as part of a high cost claim.

These recommendations were implemented through the Health Insurance (Amendment) and Health (Provision of Menopause Products) Act 2024; enacted in November 2024.

1.3 Publicly available regulations

In 2024, the HIA worked with the Law Reform Commission to create consolidated versions of statutory instruments. Links to these consolidated regulations are available on our website.

They provide readable versions of key health insurance regulations that have been amended in the years of operation of the Health Insurance Act and will continue to be updated in the case of any future changes.

1.4 The Irish health insurance market in 2024

The HIA monitors and researches the health insurance market and related sectors in Ireland. We receive two returns from insurers that inform our analysis: quarterly levy returns and biannual information returns. We use this data to publish a quarterly bulletin and an annual market report for the public. Our data on prices, customers, plans, claims paid by health insurers, and lengths of stay by patients in hospitals provides excellent insights into the market, allowing us to inform consumers of their options and helping us to understand how consumers interact with the market. This understanding lets us identify which regulations may need to be adapted to changing market conditions. Below is a summary of trends in the health insurance market for 2024:

Strategic priorities

Numbers of people with health insurance



2.52 million people have health insurance



46% of the total population



1.3% increase since 2023



Decrease in numbers of children insured

Prices



Average premium is €1,740



Average price change of individual plans is 12.2%



Over 65s paying on average 44% more

Health insurance plans



338 plans



50% of people on one of 32 plans



27 plans retired



15 new plans introduced

Claims



Health insurers premium income totals €3.6 billion



Claims down 9% on 2023



Decreasing public hospital claims



Increasing private hospital and other claims

More information can be found in our 2024 Market Report, which is available on our [website](#).

2. Ensure compliance and accountability

Public and industry trust in the HIA's role is a key priority for the organisation. One of the ways that we generate public trust is by ensuring that the insurers comply with their obligations under the Health Insurance Act. We do this by:

- managing the Risk Equalisation Scheme;
- processing payments under the Risk Equalisation Fund;
- assessing whether the Risk Equalisation Scheme leads to overcompensation of any insurer from the Risk Equalisation Fund; and,
- ensuring compliance with other aspects of health insurance legislation.

2.1 Irish Risk Equalisation Scheme

- Risk equalisation is a process that aims to address differences in insurers' claim costs because of differences in the health status of their members. Risk equalisation involves payments to or from insurers related to the risk profile and claims of their members.

The HIA has two main functions under the Risk Equalisation Scheme:

- We make recommendations to the Minister for Health each year regarding the level of credits payable under the scheme and associated stamp duty.
- We administer the Risk Equalisation Fund.

The main elements of the Risk Equalisation Scheme are the following:

- A community rated health insurance levy is collected on all health insurance policies as a stamp duty and paid to Revenue by the insurers on a quarterly basis. This quarterly levy is paid by Revenue to the HIA Risk Equalisation Fund.
- Risk equalisation premium credits are payable in respect of older people insured; they vary based on age, gender, and level of cover.
- Risk equalisation credits are payable in respect of hospital claims, called hospital utilisation credits. A fixed amount is payable from the Risk Equalisation Fund for each inpatient overnight and day case stay which an insured person spends in private hospital accommodation in a public or private hospital.
- High cost claims pool credits compensate insurers directly for members whose claim costs in a 12-month period are much higher than the market average.

The insurers submit risk equalisation credit claims and returns to the HIA for validation and payment. Risk equalisation credit payments in 2024 totalled €801 million (including €31 million in high-cost claims pool payments). Stamp duty paid into the fund in 2024 amounted to €828 million.

2.2 Overcompensation assessment

We also assess whether the Risk Equalisation Scheme overcompensates any insurer, enabling them to earn more than a reasonable profit. This is based on whether an insurer's return on sales gross of reinsurance and excluding investment activities exceeds a predetermined rate of return per year, calculated on a rolling three-year basis. If, following a fair and thorough process, the HIA determines under the Health Insurance Acts that an insurer has been overcompensated, the insurer must refund the amount of overcompensation to the Risk Equalisation Fund.

For the period 2021-2023 inclusive, we evaluated and analysed the information provided to us by the three participants in the Risk Equalisation Scheme and determined that the insurers had not been overcompensated as a result of the Risk Equalisation Scheme. We published the redacted version of the Overcompensation Report on our website and provided the Minister for Health (upon request) with an unredacted version.

The Health Insurance Acts have been amended to change the maximum allowable return on sales profit of beneficiaries of the Risk Equalisation Scheme to 6% for three-year periods commencing 2022-2024.

2.3 Inspections

2.3.1 Risk Equalisation Fund

We conduct yearly inspections of each of the insurers to ensure compliance with the regulations of the Risk Equalisation Fund. We report on any areas of non-compliance and outline the findings and the recommended actions that should be taken by the insurers to address this non-compliance.

The inspections reflect the importance of the security and efficient administration of the Risk Equalisation Fund, and of ensuring robust controls are in place for verifying and paying eligible Risk Equalisation Scheme claims. In 2024, we published the RES Inspection Reports for 2021 and 2022 on our website.

2.3.2 Information returns

HIA conducted an inspection on each of the insurers' information returns submissions in 2024, which form part of the annual Risk Equalisation Scheme recommendation to the Department of Health. We issued inspection findings letters to each insurer outlining the findings, required remediations, and an implementation date, in addition to best practice recommendations.

The inspections highlight the importance of a strong control environment and appropriate application and interpretation of the applicable legislation, in addition to regular engagement between each insurer and their independent accountant. The full report was published in 2025 and can be found on our website.

2.3.3 Retired plans

A number of inpatient health insurance plans were closed for renewal during 2024. When an insurer closes an inpatient plan for renewal, they must offer a suitably similar alternative plan. The rules regarding how similar the alternative plan must be are set out in section 9 of the Health Insurance Act, 1994 (as amended).

The HIA inspected compliance by insurers with these regulations. This inspection was carried out in collaboration with the Central Bank of Ireland, one of whose objectives is to ensure consumers' interests are secured in all respects including the non-renewal of contracts.

The HIA found no evidence that the insurers did not comply with the requirements. The HIA found that inpatient benefits were the same, or the excess amount for inpatient benefits on the replacement contract was not greater than €100 more than the equivalent excess amount provided in the non-renewed contract.

3. Build consumer trust and empower consumers to make informed decisions

The HIA's aim is to make the health insurance shopping process as straightforward as possible. We provide free, impartial, comprehensive, and accurate information to make consumers aware of their rights and to empower consumers to make informed decisions. We use a wide range of engagement strategies to reach consumers and increase awareness of the HIA as a trusted independent authority.

Research plays a key role in understanding the consumers' needs, and the HIA uses its knowledge and understanding of the health insurance market to identify how consumers interact with the market, what the current trends are, and what barriers exist to shopping around and comparing products, and to switching plans or providers.

3.1 Consumer engagement

3.1.1 Consumer information helpline

Consumers can contact the HIA by phone and email with any queries or complaints about health insurance. In 2024, we received 10,425 queries from members of the public. The most common reason that consumers contacted us was a request for comparison between health insurance products (67% of total queries). Other common queries included:

- Waiting periods
- Lifetime community rating
- Level of cover on a particular plan
- Claims and excesses

3.1.2 Website

Our website provides consumers with information on a range of topics including lifetime community rating, cancelling and switching plans, and waiting periods. Our website also has a health insurance comparison tool that allows consumers to compare up to four plans at once.

In 2024, our website had approximately 294,000 unique users. The comparison tool was the most visited section of the website, while "Waiting periods", "Lifetime community rating", and "Frequently asked questions" were the most popular consumer information pages.

3.2 Advertising and publicity

3.2.1 Advertising and social media

In 2024, we ran two advertising campaigns:

- A general awareness campaign from October 2023 to March 2024 focused on raising awareness of the HIA during the busiest months for health insurance renewals, encouraging consumers to visit our website or contact us as a source of free, independent information; and
- A waiting periods campaign in June and July 2024 aimed at informing consumers about waiting periods and encouraging consumers to shop around.

We used a variety of media to reach consumers, including radio, podcast in-reads, video-on-demand, and digital display. We also reached consumers throughout the year using paid search advertising and social media advertising.

In addition to paid social media advertising, we also posted organic (unpaid) content across our social media channels, which include Facebook, Instagram, and LinkedIn. We used these platforms to share useful information about various aspects of health insurance, such as tips for choosing a policy and ways to save money, and to share research and industry news. In 2024, we focused on employee-generated video content which led to higher views and engagement.

3.2.2 Events and publicity

The HIA held its first conference in September 2024 in the Dublin Royal Convention Centre. The topic of the conference was “Empowering consumers to make informed decisions”, with a keynote address from Colm Burke, T.D., Minister of State at the Department of Health with special responsibility for Public Health, Wellbeing and the National Drugs Strategy. The conference also hosted speakers and panel members from the Central Bank of Ireland, the Economic and Social Research Institute, the Competition and Consumer Protection Commission, the Financial Services and Pensions Ombudsman, and the Risk Adjustment Network, an international group of industry professionals and academics specialising in the health insurance industry. The conference was attended by stakeholders from the insurance industry, healthcare sector, government departments, and other State regulators.



Figure 1: HIA CEO Brian Lee, Minister Colm Burke, and HIA Chairperson Patricia Byron.



Figure 2: Brian Lee, Patricia Byron, Liam Sloyan (Financial Services and Pensions Ombudsman), Sharon Donnery (Central Bank of Ireland), Gráinne Griffin (Competition and Consumer Protection Commission).

The HIA also participated in the National Ploughing Championships in September 2024, and in the 50 Plus Show in various locations around Ireland throughout the year. These events gave us the opportunity to interact with a wide range of consumers and raise our profile.

In addition to events, the HIA issued several press releases in 2024 about our own activity and research as well as in reaction to industry updates. We featured in and received requests for comment from a number of national and regional media outlets, including the Irish Times, the Irish Examiner, and RTE. Members of the senior management team gave interviews on both national and local radio stations, which allowed us to spread our messaging across the country and to raise our profile as the regulator of private health insurance.

4. Invest in digital capacity to enhance our capabilities

The HIA is committed to establishing the resources and capabilities required to ensure that it develops and maintains a technical infrastructure that is secure, highly available, and fit for use, and that allows our staff to readily access the necessary systems and information.

4.1 Enhance our processes

4.1.1 Cybersecurity

We are continuously enhancing the protection of our data and systems and raising awareness of the role staff play in protecting the organisation from cyberattacks. We also have robust recovery responses in place to support the organisation's business continuity plans.

An audit of our cybersecurity preparedness was conducted in 2023 and the recommendations from that have been fully implemented. We are planning another cybersecurity preparedness audit in 2025 to see what further vulnerabilities we may have.

4.1.2 Data systems

The HIA is data-driven and has introduced several new systems to help us collect and analyse more data. We use a Microsoft Azure-based database platform to help us collect data on our Risk Equalisation Scheme and Risk Equalisation Fund and we use the collected data to generate better analytics and reports. For our consumer helpline system, we use a combination of Zoom and Zendesk to collect high quality

data and generate insightful reports and analytics.

This data collection and analysis allows the HIA to be more informed and better managed, both for the benefit of the consumer and the benefit of the industry.

4.2 Increase the robustness of our Risk Equalisation Fund

4.2.1 The Risk Equalisation Scheme

The HIA manages significant amounts of data in delivering on its functions. This includes claims data from the health insurers to facilitate payment from the Risk Equalisation Fund, and information on holders of health insurance. With the introduction of the high cost claims pool credit in April 2022, considerably more data has been and will be submitted to the HIA as part of the assessment of high cost claims pool claims. Payments in 2024 in relation to risk equalisation credits totalled €801.2 million (including high cost claims pool credits of €31.1 million), while community-rated health insurance levies paid into the fund in 2024 amounted to €828.3 million.

5. Develop our people to deliver effective outcomes and high standards of corporate governance

The HIA recognises that its staff are its most critical asset. We aim to continuously develop and support our staff to increase our ability to deliver on our strategic objectives. We apply high standards of governance in our operations, and we actively manage risk.

Figure 3: HIA staff. Back, from left to right: Leah Byrne, Michael McNaughton, Cormac Delaney, Sinead Pembroke, Áine Murphy, Adrienne Smith, Eithne Rafferty, Ethelbert Ekoba, Faye Murphy, and Eoin Livingston. Front, from left to right: Christina Prendergast, Síle Hanley, Brian Lee, Catherine O'Reilly, and Laura Reidy.

5.1 Developing our people

Continuous professional development is one of our core priorities and ensures that knowledge and skills within the organisation continuously align with the HIA's strategic priorities. We provided training and professional development courses to our staff throughout 2024 on a range of topics, including IT, digital marketing, health and safety, data protection, and governance and risk. Upskilling our staff is essential to developing the knowledge available within our organisation and ensuring we have the necessary skills and competencies to meet our objectives.



In 2024, we worked to promote a culture of equality, diversity, and inclusion across our organisation and actively promoted staff wellbeing through an Employee Assistance Programme as well as wellbeing initiatives and social events organised by the HIA Wellbeing Committee.

5.2 Corporate governance

5.2.1 Corporate governance code of practice

The HIA complies with the revised Code of Practice for the Governance of State Bodies (2016) which came into effect on 1 September 2016.

5.2.2 Ethics in public office

The HIA is included in Statutory Instrument No. 699 of 2004 for the purposes of the Ethics in Public Office Acts, 1995 and 2001. Members of the HIA Board and relevant HIA staff have fulfilled their obligations under this legislation.

5.2.3 Protected disclosure

In accordance with Section 21 of the Protected Disclosures Act, 2014, the HIA has established and maintains procedures for current or former employees to make protected disclosures in relation to the HIA and its work and for dealing with such disclosures. Written information about these procedures has been provided to all employees. The HIA's policy can be found on its website.

In 2024, no disclosures were made to the HIA under the Protected Disclosures Act 2014.

5.2.4 Human rights and equality

In accordance with Section 42 of the Irish Human Rights and Equality Commission Act, 2014 the HIA has established and maintains procedures to eliminate discrimination, promote equality and protect the human rights of people that use the HIA's services, people affected by its policies, and people employed by the HIA.

In 2024, no disclosures were made to the HIA under the Irish Human Rights and Equality Commission Act, 2014.

5.2.5 Official languages

In 2024, HIA staff met with a representative from An Coimisinéir Teanga to further understand our responsibilities when it comes to the Irish language.

The HIA also put training in place for staff to better meet our obligation to provide services in Irish.

5.2.6 Freedom of information and parliamentary questions

The HIA continues to meet its obligations in relation to the Freedom of Information Act (FOI) 2014. In 2024 one FOI request was received by the HIA. The request was refused. The HIA provided responses to nine parliamentary questions.

5.2.7 Annual report and accounts

The annual accounts for 2024 for both the HIA and the Risk Equalisation Fund (administered by the HIA) were prepared and submitted to the Office of the Comptroller and Auditor General for audit. These accounts will be audited by that office in 2025.

5.2.8 Audit and Risk Committee/ Internal Audit

The functions of the HIA are set out in Section 21(1) of the Health Insurance Acts. The HIA Board established an Audit and Risk Committee whose function is to support the HIA in relation to its responsibility for issues of risk, control and governance, and associated assurance.

5.3 Risk management

The HIA is exposed to a variety of strategic, operational, financial, and other risks while conducting its role and functions. We aim to manage and mitigate all these risks as soon as they are anticipated or materialise.

Risk is limited and managed in the HIA through embedded actions in our processes, formal reviews, and review and approval by the HIA ARC and Board of changes to the Corporate Risk Register, which identifies the principal risks to the organisation. These reviews take place three times annually, or more frequently if required.

We have a comprehensive risk management policy in place and related risk management processes that operate across the organisation. The HIA Board has ultimate responsibility for the HIA's system of internal controls including risk management. The HIA Board is responsible for approving the organisation's risk management policy including risk appetite and monitoring the effectiveness of the overall system of risk management. The HIA's management, staff, Chief Risk Officer, and the Audit and Risk Committee each have responsibilities in meeting the HIA's Risk Policy commitments.

The details of the HIA's principal risks and uncertainties, as at December 2024, are contained in our Risk Management Policy.

5.4 Energy consumption

The public sector has been set a target by the government of a 50% energy efficiency saving by 2030. The HIA has one office in a multi-occupancy office building, and we report on our energy performance to the Sustainable Energy Authority of Ireland in accordance with Statutory Instrument 426 of 2014 – European Communities (Energy End Use Efficiency and Energy Services) Regulations 2009.

In 2024, the HIA consumed 17,616.06 kWh of energy, consisting of:

- 13,688.1 kWh (2023: 9,961.36 kWh) of electricity and
- 3,927.96 kWh (2023: 385.62 kWh) of fossil fuels (heating)

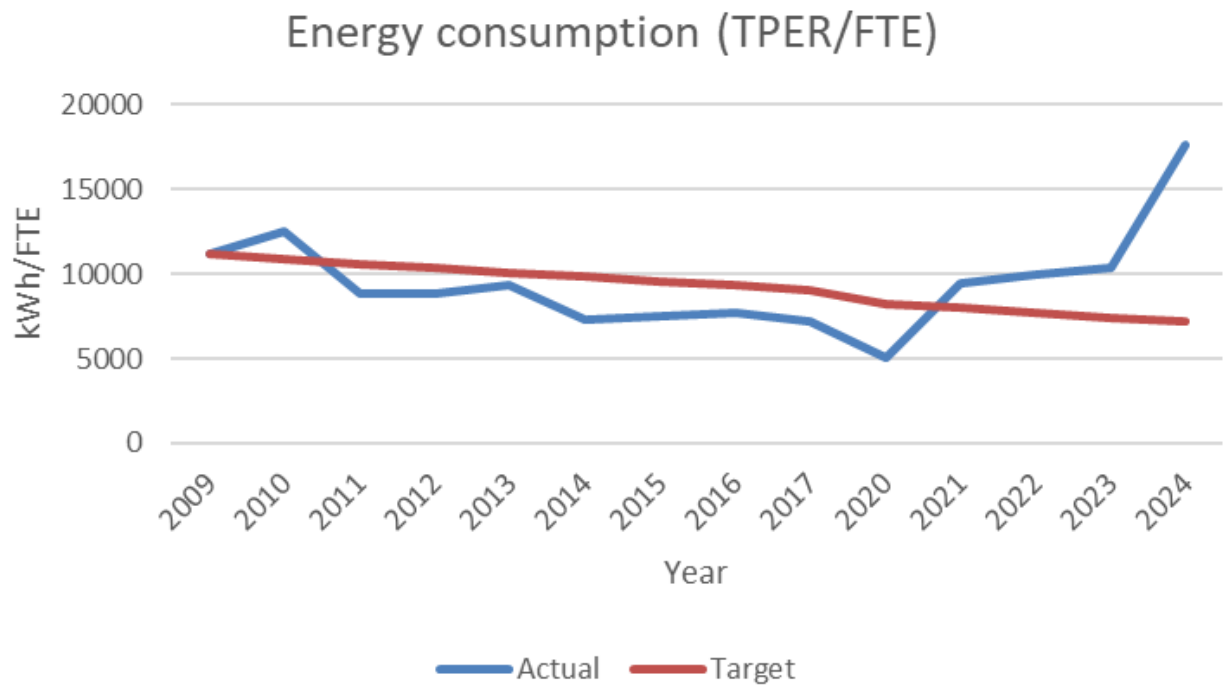


Figure 4: Historical energy usage to date.

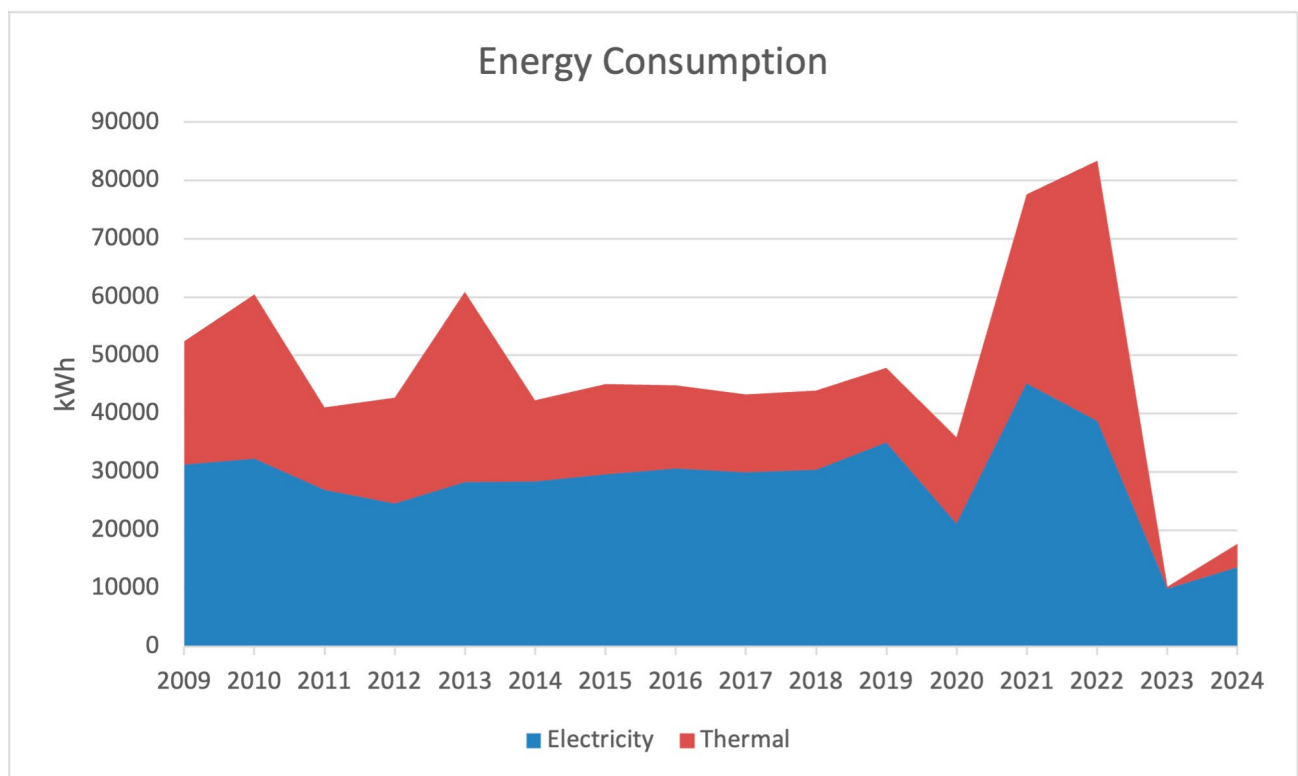


Figure 5: Historical energy usage to date broken down by thermal (gas) and electricity

Figures 4 and 5 show the historical energy performance for the HIA starting at the baseline year of 2009 up to 2024. A move to a new office with significant energy usage but low occupancy in 2021/2022 as well as an aggressive apportionment formula in this period has given the impression of very high usage. This formula was amended in 2023 to better reflect the HIA's footprint in the building. Increase in staff numbers in 2024 has driven up gross consumption. HIA is closely monitoring its energy usage and is encouraging energy efficiency projects in our building through our participation in the management company. To address this increased consumption, the HIA plans to implement energy-saving projects including awareness programmes for staff, and energy-efficient procurement.

The Health Insurance Authority

Report and Financial Statements

for the year 1 January 2024 to 31 December 2024

To the Minister for Health

In accordance with the terms of Section 32(2) of the Health Insurance Act, 1994, The Health Insurance Authority presents its Report and Accounts for the twelve-month period ended 31 December 2024.

The Health Insurance Authority
Report and Financial Statements

Contents

Board Information28

Governance Statement and Board Members’ Report29

Statement on Internal Control39

Report of the Comptroller and Auditor General.....44

Financial Statements48

Board Information

Members of the Board

Patricia Byron (Chair)
Caroline Barlow
Michael A. O’Sullivan
Damien McShane
John Armstrong
Dr John Evans
Michael Harnett

Chief Executive/Registrar

Brian Lee (appointed 4th June 2024)
Ray Dolan (Interim, resigned 3rd June 2024)

Secretary

Deirdre Coleman (appointed 19 September 2025)
Ursula Moran (BDO) (appointed 22 May 2024,
resigned 19 September 2025)
Michelle Keane (BDO) (resigned 21 May 2024)

Bankers

AIB plc.
7/12 Dame Street
Dublin 2

Auditors

Office of the Comptroller and Auditor General
3A Mayor Street Upper
Dublin 1
D01PF72

Offices

Beaux Lane House
Mercer Street Lower
Dublin 2
D02 DH60

Governance Statement and Board Members' Report

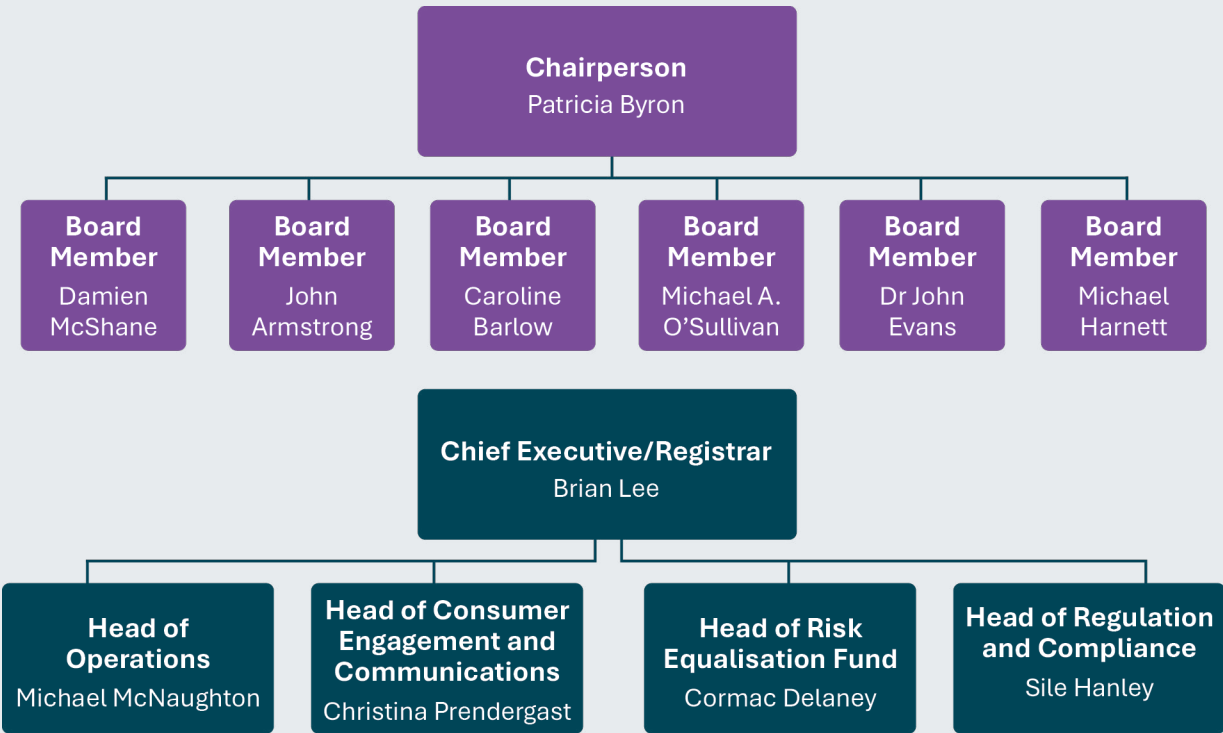
Governance

The HIA was established by Ministerial Order on 1 February 2001, under the Health Insurance Act, 1994 as amended (the Health Insurance Acts). Schedule 1 of the Health Insurance Acts establishes the HIA as a corporate body and the arrangements for appointing the Chairperson and Board Members of the HIA. The HIA Board consists of seven members appointed by the Minister for Health, one of whom is appointed as Chairperson.

The HIA has put in place Rules of Business (Terms of Reference) which set out the arrangements for board membership, the calling and conducting of meetings, the role of the Secretary of the HIA, and the HIA's duties and reporting responsibilities. The Rules are in line with the Code of Practice for the Governance of State Bodies 2016 (the Code) as published by the Department of Public Expenditure, NDP Delivery and Reform in August 2016.

These arrangements also apply to the Risk Equalisation Fund, responsibility for which, rests with the HIA under the Acts.

Organisational Structure



The functions of the HIA are set out in section 21(1) of the Health Insurance Acts. The HIA reports, in respect of its governance arrangements, to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of the Health Insurance Authority are the responsibility of the Chief Executive/Registrar (CE/R) and the senior management team. The CE/R and the senior management team must follow the broad strategic direction set by the HIA and must ensure that all Members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CE/R acts as a direct liaison between the HIA board and management.

HIA Board Responsibilities

The work and responsibilities of the HIA Board are set out in the Terms of Reference of the HIA Board, which also contain the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 32(2) of the Health Insurance Acts, requires the HIA to keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the HIA is required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The HIA Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 32(2) of the Health Insurance Acts. The maintenance and integrity of the corporate and financial information on the Health Insurance Authority's website is the responsibility of the HIA.

The HIA Board is responsible for approving the annual plan and budget. An evaluation of the performance of the organisation by reference to the annual plan and budget was carried out by the Board on 10 December 2024 and by reference to the full year financial results on 19th March 2025.

The HIA Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The HIA Board is responsible for the establishment, administration and maintenance of the Risk Equalisation Fund (the Fund). The Members of the Board are responsible for the production and approval of financial statements for the Fund.

The HIA Board considers that the financial statements of both the Health Insurance Authority and the Fund give true and fair views of the financial performance and the financial positions of both entities at 31 December 2024.

HIA Board Structure

The HIA Board consists of a Chairperson and six ordinary members, all of whom are appointed by the Minister for Health. The Members of the Board are appointed for periods of between three to five years and meet at least 8 times per year. The table below details the appointment period for current Members:

Authority Member	Role	Date Appointed	Date Appointment Ends
Patricia Byron	Chairperson	1 July 2021	30 June 2026
Dr John Evans	Ordinary Member	24 June 2021	23 June 2026
Caroline Barlow	Ordinary Member	24 June 2019 Reappointed 24 June 2024	23 June 2027
Michael A.O'Sullivan	Ordinary Member	24 June 2019 Reappointed 24 June 2024	23 June 2027
Damien McShane	Ordinary Member	5 July 2019 Reappointed 5 July 2022	4 July 2027
John Armstrong	Ordinary Member	18 September 2019 Reappointed 18 September 2022	17 September 2027
Michael Harnett	Ordinary Member	14 September 2023	4 July 2027

Board and Governance Effectiveness

The HIA Board undertook an annual self-assessment evaluating its own performance in March 2024.

The board has established two committees, as follows:

1. Audit and Risk Committee: consists of at least two Board Members. The role of the Audit and Risk Committee (ARC) is to support the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The ARC is independent from the financial management of the organisation. In particular the ARC ensures that the internal control systems including audit activities are monitored actively and independently. The ARC reports to the Board after each meeting, and formally in writing annually.

The Members of the ARC are: Caroline Barlow (Chairperson), Michael A. O’Sullivan, and John Evans. There were 4 meetings of the ARC in 2024.

2. Performance Liaison Committee: consists of three HIA Board Members. The Performance Liaison Committee (PLC) was set up in December 2022 and met twice in 2024. The role of the PLC is to provide for an effective mechanism to facilitate the HIA in considering the performance of the HIA’s CEO; in conjunction with the Chairperson of the HIA, liaise with the CEO thereon; and assist in the setting of appropriate objectives as well as monitor discharge of the same in a full, effective, and transparent manner. The Performance Liaison Committee Chairperson provides periodic updates to the HIA Board as required.

Members of the PLC are: Damien McShane (Chairperson), John Armstrong, and Michael O’Sullivan.

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Board and committee meetings for 2024 is set out below including the fees and expenses received by each Member:

	Board	Audit & Risk Committee	Performance Liaison	Fees 2024 €	Expense 2024 €
Number of Meetings	8	4	2		
Patricia Byron	8	-	-	8,978	74
Dr John Evans	8	4	-	-	-
Caroline Barlow	8	4	-	5,985	-
Michael A.O'Sullivan	8	4	2	5,985	816
Damien McShane	8	-	2	5,985	-
John Armstrong	8	-	2	5,985	-
Michael Harnett	8	-	-	6,146	-
				39,064	890

One Member of the Board, Dr John Evans did not receive a fee under the One Person One Salary (OPOS) principle.

Key Personnel Changes

Ray Dolan resigned as interim CEO/Registrar on 3rd June 2024, Brian Lee was appointed as CEO/Registrar on 4th June 2024.

In 2024 the Board Secretarial Services were provided by BDO under contract, Michelle Keane acted as Board Secretary from January 2024 to 21 May 2024 and Ursula Moran acted as Board Secretary from 22 May 2024 to September 2025. In September 2025 Deirdre Coleman was appointed as Board Secretary.

Two members of the Board were re-appointed in 2024. There were no other changes in Board membership in the period of the accounts or in the period since these accounts were signed.

Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

The Board is responsible for ensuring that the Health Insurance Authority has complied with the requirements of the Code. The following disclosures are required by the Code:

Employee Short-Term Benefits Breakdown

Employees' short-term benefits in excess of €60,000 are categorised into the following bands:

Range			Number of employees	
From		To	2024	2023 (restated)
€60,000	-	€69,999	2	2
€70,000	-	€79,999	2	-
€80,000	-	€89,999	3	-
€90,000	-	€99,999	1	1
€100,000	-	€109,999	-	-
€110,000	-	€119,999	1	-
€120,000	+		-	-

Note: For the purposes of this disclosure, short-term employee benefits in relation to services rendered during the reporting period include salary, overtime allowances and other payments made on behalf of the employee but excluding employer's PRSI.

Consultancy Costs

Consultancy costs include the cost of external advice to management and exclude outsourced 'business-as-usual' functions.

	2024 €	2023 €
Procurement Support Services	40,683	7,603
Legal Consultancy	18,049	-
Database Consultancy	23,247	14,489
	81,979	22,092
Consultancy Costs Capitalised	-	-
Consultancy costs charged to the Income and Expenditure and Retained Revenue Reserves	81,979	22,092
Total	81,979	22,092

Legal Costs and Settlements

There were no legal costs awarded or settlements paid during 2024 (2023: Nil)

Travel and Subsistence Expenditure

Travel and subsistence expenditure is categorised as follows:

	2024 €	2023 €
Domestic	890	678
Board Members Employees	6,189	3,107
Total	7,079	3,785

There was no international travel expenditure during 2024 and 2023.

Hospitality Expenditure

The Income and Expenditure Account includes the following hospitality expenditure:

	2024 €	2023 €
Staff and Board members hospitality	4,494	2,103
Total	4,494	2,103

Statement of Compliance

The Health Insurance Authority has materially complied with the requirements of the Code, with the following exceptions:

The HIA has agreed with the Department of Health to modify its compliance with Paragraph

8.48 of the Code on legal disputes where it is stated that where a legal dispute involves another State body, unless otherwise required by statute, every effort should be made to mediate, arbitrate or otherwise resolve before expensive legal costs are incurred. State bodies should pursue the most cost effective course of action in relation to legal disputes. The HIA has qualified the requirement by inserting “(other than a registered undertaking)” after “State body”. This reflects the fact that Section 33B of the Health Insurance Acts requires that the Authority shall perform the functions conferred on them by or under this Act in such a manner as will result in registered undertakings being treated equally in similar circumstances.

The HIA has agreed with the Department of Health to modify its compliance with Appendix C, the Framework for a Code of Conduct of the Code, where it is suggested that the HIA’s Code of Conduct should address the issue of loyalty by acknowledging the responsibility to be loyal to the State body and fully committed in all its business activities while mindful that the organisation itself must at all times take into account the interests of the shareholder. The corresponding section in the HIA’s Code of Conduct states that ...the organisation must at all times take into account the requirements of its governing legislation, rather than the interests of the shareholder.

The HIA has agreed with the Department of Health the interpretation of Paragraph 3.3 of the Code which states that if a Board member/Director finds evidence that there is non-compliance with any statutory obligations that apply to the State body, he/she should immediately bring this to the attention of their fellow Board members/Directors with a view to having the matter rectified. The matter should also be brought to the attention of the relevant Minister by the Chairperson indicating (i) the consequences of such non-compliance and (ii) the steps that have been or will be taken to rectify the position. It is the Chairperson’s responsibility to make such issues known to the Minister. The HIA interprets this requirement as relating to any material non-compliance.



Patricia Byron
Chairperson



Caroline Barlow
Member

Date: 17th December 2025

Statement on Internal Control

Scope of Responsibility

On behalf of The Health Insurance Authority (the HIA) I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated in respect of the HIA and the Risk Equalisation Fund. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016).

Purpose of the System of Internal Control

The System of Internal Control is designed to manage risk to a tolerable level rather than to eliminate it. The System can therefore only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely way.

The System of Internal Control, which accords with guidance issued by the Department of Public Expenditure, NDP Delivery and Reform, has been in place in the HIA and REF for the year ended 31 December 2024 and up to the date of approval of the financial statements.

Capacity to Handle Risk

The HIA has an Audit and Risk Committee (ARC) comprising at least two Members of the Board with financial and audit expertise, one of whom is the Chairperson. The ARC met four times in 2024.

The HIA engages an independent Internal Auditor that operates in accordance with the approved Internal Audit Charter and reports to the ARC. An Internal Audit Plan is approved by the ARC and revised annually. The Internal Audit Plan is developed using a risk based approach.

The HIA Board has set the organisation's risk appetite and this is laid out in a Risk Appetite Statement. The ARC has developed a Risk Management Framework which sets out the Risk Management Processes in place and details the roles and responsibilities of staff in relation to risk. The policy has been issued to all staff who are expected to work within the HIA's Risk Management Policies, to alert management on emerging risks and control weaknesses and to allow staff to assume responsibility for risks and controls within their own area of work.

Risk and Control Framework

The HIA has implemented a Risk Management System which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

Risk management is a standing item on the agenda of both the ARC and the HIA Board. A Risk Register is in place which identifies the key risks facing the HIA and these have been identified, evaluated and graded according to their significance. The HIA Board, three times a year, review the key risks identified on the Risk Register and the management plan for mitigating the identified risks. Risks identified throughout the year are added to the Risk Register on an on-going basis. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The Risk Register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management and the HIA Board,
- there are systems aimed at ensuring the security of the information and communication technology systems and
- there are systems in place to safeguard the HIA's assets.

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Board, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management and the HIA Board of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.
- In relation to the REF, procedures and controls for reconciliation of stamp duty, claim payments and bank accounts are in place and are completed in a timely manner. The financial reports which indicate the performance of the fund are regularly reviewed by senior management and the HIA Board.
- The outcomes of the yearly inspections of the insurers are reviewed by the HIA.

Procurement

I confirm that the HIA has procedures in place to ensure compliance with current procurement rules and guidelines. The HIA has conducted several internal procurement reviews in 2024 and have put in place action plans to address any issues arising from these. The below internal control issues were identified in 2024.

Internal Control Issues

Non-Compliant Procurement

Media Services €188,383

A procurement process was undertaken for this service in 2024. A delay transferring these services to the successful tenderer meant that these costs were borne by this company for several months, outside of the contract terms.

Secretarial Services..... €76,354

This contract was put in place for 6 months in 2023, as a result of the resignation of the previous board secretaries in quick succession (December 2022 and February 2023). This contract was extended in non-compliance in 2024 and part of 2025. Services provided by this company ended in 2025 and were replaced by a temporary contracted staff

Accounting Services €57,887

This contract was extended by a year outside of the possible extensions allowable under the contract terms. The services provided by this company ended in 2025 and were replaced by a temporary contracted staff.

IT Support Services €59,317

This contract was extended outside of the possible extensions allowable by the contract. The services provided by this company ended in 2025.

Insurance Broker Services €41,045

The HIA were not aware that the insurance brokerage service required a separate tendering process, the matter only came to light in procurement training delivered by our external procurement advisor in Q2 2025. This contract was advertised for retender in 2025 in advance of insurance renewal in February 2026.

Website Hosting Services €28,784

Our website hosting service was unsuccessful in a new tender process, technical delays in handing over to the newly appointed provider meant payments were made to keep the website up outside of contract

PR Services..... €20,267

This contract was extended outside of the contract terms while the retendering process was undertaken in 2024. The same company were successful in the retender

Total €472,036

The HIA appointed a procurement advisor in Q4 2023 to assist in remediating non-compliant procurement, a number of these contracts non-compliances was as a result of an intense period of re-tendering and regularising our contracts.

We have put in place a procurement register, refreshed our contracts approval process, and set up a contracts management committee internally to monitor contract performance and compliance.

There was no substantive internal control issues identified with the Risk Equalisation Fund.

Internal Controls

No other weaknesses in internal controls that resulted in, or may result in, a material loss, were identified in relation to 2024.

Review of Effectiveness

I confirm that the HIA Board has procedures to monitor the effectiveness of its Risk Management and Control Procedures for both the HIA and the REF. The board's monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the Internal and External Auditors, the ARC which oversees their work, and the senior management within the HIA and REF responsible for the development and maintenance of the internal financial control framework.

I confirm that the HIA board conducted an annual review of the effectiveness of the Internal Controls in respect of 2024;

- For the REF in March 2025 which was approved by the Board at its meeting on 21st March 2025
- And for the HIA in May 2025 which was approved by the Board at its meeting on 23rd May 2025

On behalf of the Members of the HIA Board;



Patricia Byron

Chairperson

Date: 17th December 2025



Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas Health Insurance Authority

Qualified opinion on the financial statements

I have audited the financial statements of the Health Insurance Authority for the year ended 31 December 2024 as required under the provisions of section 32 of the Health Insurance Act 1994. The financial statements comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of financial position
- the statement of cash flows, and
- the related notes, including a summary of significant accounting policies.

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the Health Insurance Authority at 31 December 2024 and of its income and expenditure for 2024 in accordance with Financial Reporting Standard (FRS) 102

— The Financial Reporting Standard applicable in the UK and the Republic of Ireland.

Basis for qualified opinion on financial statements

Non-recognition of accrued pension liabilities

In compliance with the directions of the Minister for Health, the Health Insurance Authority does not account for its accrued retirement benefit liability. This does not comply with FRS 102 which requires that the financial statements recognise the full accrued liability at the reporting date.

As explained in note 11 to the financial statements, the Authority has estimated the liability in relation to the Employee Superannuation Scheme (for pre-2013 staff) at €2.6 million at 31 December 2024. Pension contributions (from the employer and employees) in relation to members of that scheme are retained by the Authority and held as a reserve and are applied to meet pension payments as they arise. The balance in that reserve is recognised as an accumulated pension provision (€2.5 million at 31 December 2024).

Basis of audit

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Health Insurance Authority and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The Health Insurance Authority has presented certain other information together with the financial statements. This comprises the annual report including the governance statement and Authority members' report, and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.



Deirdre Quaid

For and on behalf of
Comptroller and Auditor General

22 December 2025

Appendix to the report

Responsibilities of Authority members

As detailed in the governance statement and Authority members' report, the Authority members are responsible for

- the preparation of annual financial statements in the form prescribed under section 32 of the Health Insurance Act 1994
- ensuring that the financial statements give a true and fair view in accordance with FRS102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 32 of the Health Insurance Act 1994 to audit the financial statements of the Health Insurance Authority and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.

- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Insurance Authority's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Health Insurance Authority to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

Statement of Income and Expenditure and Retained Revenue Reserves for the year ended 31 December 2024

	Notes	31 December 2024 €	31 December 2023 €
Income	2	3,516,484	3,164,441
Administration costs	3	(3,758,561)	(3,750,185)
Excess of expenditure over income		(242,077)	(585,744)
Interest receivable	7	63,040	66,079
Deficit for the year		(179,037)	(519,665)
Retained revenue reserves at beginning of year		9,055,897	9,575,562
Retained revenue reserves at end of year		8,876,860	9,055,897



Patricia Byron
Chairperson

Date: 17th December 2025



Caroline Barlow
Member

Notes 1 to 15 form part of these Financial Statements.

Statement of Financial Position as at 31 December 2024

	Notes	2024 €	2023 €
Non-Current Assets			
Tangible assets	6	84,788	212,752
Intangible Assets	6	264,339	233,807
		349,127	446,559
Current assets			
Cash and cash equivalents	7	9,674,430	10,008,521
Prepayments and other debtors	8	1,782,639	1,545,670
		11,457,069	11,554,191
Creditors (amounts falling due within one year)			
Creditors and accruals	9	(2,929,336)	(2,944,853)
Net current assets			
		8,527,733	8,609,338
Total assets less current liabilities			
		8,876,860	9,055,897
Net assets			
		8,876,860	9,055,897
Represented by			
Retained revenue reserves		8,876,860	9,055,897
		8,876,860	9,055,897



Patricia Byron
Chairperson

Date: 17th December 2025



Caroline Barlow
Member

Notes 1 to 15 form part of these Financial Statements.

Statement of Cash Flows for the year ended 31 December 2024

	Notes	2024 €	2023 €
Reconciliation of operating surplus to net cash inflow from operating activities			
Operating deficit for year		(179,037)	(519,665)
Depreciation	6	161,220	133,831
Increase in debtors	8	(236,969)	(320,394)
(Decrease) / Increase in creditors	9	(15,517)	90,982
Net cash outflow from operating activities		(270,303)	(615,246)
Cashflow from investing activities			
Correction of prior year over accrual		35,916	-
Correction of Expense Capitalised		9,225	-
Payments to acquire tangible fixed assets	6	(108,929)	(189,090)
		(334,091)	(804,336)
Cashflow from financing activities			
Interest earned	7	(63,040)	(66,079)
Interest received	7	63,040	66,079
Decrease in cash and cash equivalents		(334,091)	(804,336)
Cash and cash equivalents at 1 January	7	10,008,521	10,812,857
Cash and cash equivalents at 31 December	7	9,674,430	10,008,521
Decrease in cash and cash equivalents		(334,091)	(804,336)



Patricia Byron
Chairperson

Date: 17th December 2025



Caroline Barlow
Member

Notes 1 to 15 form part of these Financial Statements.

Notes to the Financial Statements (forming part of the financial statements)

1. Accounting Policies

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

Statement of Compliance

The financial statements have been prepared in accordance with Financial Reporting Standard 102 “The Financial Reporting Standard Applicable in the UK and Republic of Ireland” (FRS102), as modified by the directions of the Minister for Health in relation to superannuation. In compliance with the directions of the Minister for Health, the HIA accounts for the costs of superannuation entitlements only as they become payable (see Retirement Benefit accounting policy below). The basis of accounting does not comply with FRS 102, which requires such costs to be recognised in the year in which the entitlement is earned.

Basis of Preparation

The financial statements have been prepared on the accruals basis of accounting in accordance with generally accepted accounting principles and under the historical cost convention.

The financial statements of the HIA are presented in Euro (€) which is also the functional currency of the HIA.

The HIA is of the opinion that there are no critical judgements that have a significant impact on the amounts recognised in the financial statements.

Going Concern

The HIA has a reasonable expectation that the organisation has adequate resources to continue in operational existence for the foreseeable future. The HIA therefore continues to adopt the going-concern basis in preparing the financial accounts.

Levy Income

The levy income represents the amount receivable by the HIA in respect of the period. This takes account of payments made to the HIA in accordance with the Health Insurance Act 1994 as amended. The reasonableness of this figure is checked against the expected levy income based on the HIA's profile of private health insurance schemes

Interest Income

Interest income is recognised in the financial statements on an accruals basis and only if said interest is payable on immediate redemption of principal and without financial penalties for early withdrawal in the case of a term deposit.

Expenditure Recognition

Expenditure is recognised in the financial statements on an accruals basis.

Tangible Fixed Assets

The HIA has three classes of tangible fixed assets;

Computer equipment; comprising high value ICT equipment (e.g. Server, Printers, etc)

Office Fit Out; comprising the cost of fitting out the HIA offices at Beaux Lane House in 2020 (e.g. Duct work, Kitchen Fit-out, etc), and

Office Fitting, Furniture and Equipment; comprising the movable office equipment (e.g. Desks, Franking machine, etc).

Tangible fixed assets are stated at cost less accumulated depreciation. Depreciation, charged to the Statement of Income and Expenditure and Retained Revenue Reserves, is calculated in order to write off the cost of fixed assets over their estimated useful lives, under the straight-line method, at the annual rate of 33 1/3% for computer equipment and 20% for all other assets from date of acquisition.

Intangible Fixed Assets

Intangible Fixed Assets are stated at cost less depreciation and are depreciated on a straight line basis over three years. Intangible assets in the HIA primarily consist of self-developed software, branding and ICT assets. These assets are capitalised upon satisfactory development and launch and are depreciated at an annual rate of 33 1/3% from date of completion. Intangible assets under development are not depreciated.

Foreign Currencies

Transactions denominated in foreign currencies are converted into Euro during the year and are included in the Statement of Income and Expenditure and Retained Revenue Reserves for the period.

Monetary assets and liabilities denominated in foreign currencies are converted into Euro at exchange rates ruling at the reporting date and resulting gains and losses are included in the Statement of Income and Expenditure and Retained Revenue Reserves for the period.

Risk Equalisation Fund

The Risk Equalisation Fund (the Fund) was established on 1 January 2013 under the Health Insurance (Amendment) Act 2012. The HIA is responsible for maintaining and administering the Fund and recoups the costs incurred from the Fund. The basis for recouping costs comprises full apportionment of costs which are directly related to the Fund and partial apportionment of costs incurred by the HIA as set out in Note 14 of the financial statements. Separate financial statements are prepared by the HIA for the Fund on an annual basis.

Retirement Benefits

The HIA operates two pension schemes: the Employee Superannuation Scheme (for pre-2013 employees) and the Single Public Service Pension Scheme. All new employees to the HIA, who are new entrants to the Public Sector, on or after 1 January 2013 are members of the Single Scheme.

a) Employee Superannuation Scheme

In accordance with Section 28 of the Health Insurance Act, 1994, the HIA may, with the consent of the Minister for Health and the Minister for Public Expenditure and Reform, make a scheme for the granting of superannuation benefits to staff members of the HIA.

The HIA Employee Superannuation Scheme (SI 637 of 2016) (the Scheme) was signed on 21 December 2016. The Rules set out in the Schedule to the Rules for Pre-existing Public Service Pension Scheme Members Regulations 2014 (S.I. No. 582 of 2014) are adopted as a Scheme for the granting of superannuation benefits to or in respect of staff, including the Chief Executive/Registrar, of the HIA, as appropriate.

The HIA is making the necessary deductions from salaries which are retained by the HIA but are not recognised as income. These deductions are recognised as a cash asset on our Balance sheet, and an identical liability is recognised as pension provision.

The HIA is also providing for employer contributions to the Scheme at a rate of 25% of pensionable pay. These contributions are recognised as a cost to the HIA as can be seen in note 4 a) to the financial statements. The contributions are also recognised as a cash asset on our Balance sheet and an identical liability is recognised as pension provision.

The HIA is in discussion with the Department of Health in regard to the HIA's pension funding mechanism. The Scheme is a defined benefit superannuation scheme for employees. Pending the outcome of these discussions, the pension payments under the scheme are met from the accumulated pension provision (€2,507,754 as at 31st December 2024 as shown in note 11).

The actuarial pension liability for the employee superannuation scheme at 31 December 2024 is €2,600,000. By direction of the Minister for Health, no provision has been made in respect of benefits payable in future years. As a result, the additional pension liability, beyond the €2,507,754 already recognised, is not reflected in these financial statements.

b) Single Public Service Pension Scheme

New Entrant staff employed by the HIA after 1 January 2013 are members of the Single Public Service Pension Scheme in accordance with Public Service Pensions (Single Scheme and Other Provisions) Act 2012. The HIA makes the necessary deductions from salaries for staff who are part of the scheme. Employee and employer contributions are transferred to the Department of Public Expenditure, NDP Delivery and Reform on a monthly basis in accordance with the Public Service Pensions (Single Scheme and Other Provisions) Act 2012.

In 2024: €41,734 (2023: €14,252) was deducted from staff in respect of the Single Public Service Pension Scheme and transferred to the Department of Public Expenditure, NDP Delivery and Reform. As a result, these are not recognised in these financial statements.

In 2024: €125,203 (2023: €46,232) in employer contributions were also remitted to Department of Public Expenditure, NDP Delivery and Reform. These are recognised as an expense as can be seen in note 4 a) to the financial state.

2. Income

Section 17 of the Health Insurance Act, 1994 provides for the payment of an income levy by registered undertakings to the HIA every quarter in order to fund the operations of the HIA and make adequate provision for contingencies. Statutory Instrument 528/2014, Health Insurance Act 1994 (Section 17) Levy Regulations 2014 amended the income levy to its current rate of 0.09% which applied in 2023 and 2024.

	2024 €	2023 €
Income Levy	3,014,601	2,734,796
Recharged Risk Equalisation Fund costs (Note 14)	501,883	429,645
	3,516,484	3,164,441

3. Administration Costs

	2024 €	2023 €
Salaries, pension cost and other staff costs (Note 4)	1,473,332	1,284,891
Training costs	27,054	26,114
Directors' Fees (Note 4)	39,064	37,476
Rent, Service Charges and Maintenance	319,166	313,236
Consultancy (Note 5)	485,237	506,337
Insurance	35,958	35,851
Computer and Stationery Costs	71,573	109,025
Other Administration Costs	134,301	103,000
Consumer Information	992,656	1,186,424
Audit	19,000	14,000
Depreciation	161,220	133,831
	3,758,561	3,750,185

Administration expenses of €501,883 (2023: €429,645) in respect of the Risk Equalisation Fund are recouped from the Fund and treated as income. This figure includes the REF share of Salary and Staff Costs, Rent/Service Charges/Maintenance, Computer and Stationery Costs together with other Administration Costs as set out in Note 14.

4. Remuneration

The objective of the disclosure is to provide information on remuneration in State bodies, in terms of the total expenditure incurred by the State body and remuneration arrangements of key staff including the CE/R and other key management. Employee benefits, as defined by Financial Reporting Standard 102 “The Financial Reporting Standard Applicable in the UK and Republic of Ireland” (FRS 102), includes salaries and pension costs, termination benefits, post-employment benefits, other long-term benefits and share based payment transactions.

Directors Fees

Fees payable to individual board members for 2024:

Directors	Fees 2024 €	Fees 2023 €
Patricia Byron (Chairperson)	8,978	8,978
Dr John Evans	-	-
Michael A. O’Sullivan	5,985	5,985
Damien McShane	5,985	5,985
Caroline Barlow	5,985	4,558
John Armstrong	5,985	5,985
Marcella Flood	-	4,558
Michael Harnett	6,146	-
Total	39,064	36,049

Expenses paid to board members in 2024 were €890 (2023: €678).

Employee Remuneration

a) Aggregate Employee Benefits

	2024 €	2023 €
Salaries	1,119,485	762,099
Employer's contribution to social insurance	118,907	74,365
Employer superannuation Pension cost (Note 11)	57,517	85,709
Employer SPSPS (DPER) pension cost		
Contracted staff	125,203	46,232
Total	1,473,332	1,284,891

In addition, in 2024: €25,159 (2023: €18,744) was deducted directly from staff via payroll by way of additional superannuation contributions and was paid to the Department of Health.

These payments are not recognised in these accounts.

The total number of staff employed at year end of 31 December 2024 was 17 FTE (2023: 17 FTE)

(b) Staff Salaries, Pension & Short-Term Benefits

	2024 €	2023 €
Basic pay	1,119,485	762,099
Total	1,119,485	762,099

There were no overtime or allowances paid to staff during 2024 and 2023.

(c) Key Management Personnel

Key management personnel in the HIA consists of Members of the HIA board, the CE/R, the Head of Operations, the Head of Consumer Engagement and Communications, the Head of Risk Equalisation Fund and the Head of Regulation and Compliance. The total value of employee benefits for key management personnel is set out below:

	2024 €	2023 €
Salary	497,392	350,892
Contracted staff		240,469
Total	497,392	591,361

There were no Allowances, Termination Benefits and Health Insurances paid to staff in 2024 and 2023

This does not include the value of retirement benefits earned in the period. The key management personnel are members of the Health Insurance Authority pension scheme or the Single Public Service Pension Scheme and their entitlements in that regard do not extend beyond the terms of the model public service pension scheme or the Single Public Service Pension Scheme.

Under FRS102 key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity.

(d) Chief Executive/Registrar Salary and Benefits

The CE/R remuneration package for the financial period was as follows:

	2024 €	2023 €
CE/R (resigned 7th July 2023)	-	69,571
Interim CE/R (resigned on 4th June 2024)	39,413	29,011
CE/R (appointed 4th June 2024)	86,794	-
Total	126,207	98,582

The CE/R received travel and subsistence for 2024 of €702. The interim CE/R did not receive travel and subsistence for 2024 or 2023.

The Interim CE/R was a not member of the Employee Superannuation Scheme.

The CE/R is a member of the superannuation scheme and his entitlements in that regard did not extend beyond the benefits of that scheme. The value of the retirement benefits earned in that period is not included in the above.

The CE/R and the interim CE/R did not receive any perquisites or benefits in 2024.

5. Consultancy Costs

Directors	Fees 2024 €	Fees 2023 €
Accountancy and Internal Audit	56,811	58,174
Actuarial Services	28,905	29,151
Legal Services	111,593	36,653
Communications	54,277	44,588
Research	94,661	119,947
Recruitment	24,514	68,129
Database Consultancy	23,247	14,489
Procurement Support	40,683	7,603
Superannuation	10,955	816
Translation Services	1,705	1,732
Economic consultancy	37,886	125,055
	485,237	506,337

6. Non-Current Assets

	Computer Equipment €	Office Fitting, Furniture & Equipment €	IT Software Assets €	Office Fit Out €	Assets Under Development €	Total €
Cost						
At 31 December 2023	145,946	133,568	333,442	432,046	233,807	1,278,809
Additions during year	196	1,317	-	-	107,416	108,929
Overaccrual in 2023	-	-	-	-	(35,916)	(35,916)
Reversal of Expense Capitalised	-	-	-	-	(9,225)	(9,225)
Transfer from Assets Under Development	-	-	191,224	-	(191,224)	-
At 31 December 2024	146,142	134,885	524,666	432,046	104,858	1,342,597
Depreciation						
At 31 December 2023	106,023	88,545	333,442	304,240	-	832,250
Charge for year	17,777	25,291	31,743	86,409	-	161,220
Depreciation on disposals	-	-	-	-	-	-
At 31 December 2024	123,800	113,836	365,185	390,649	-	993,470
Net Book Value						
At 31 December 2024	22,342	21,049	159,481	41,397	104,858	349,127
At 31 December 2023	39,923	45,023	-	127,806	233,807	446,559

In respect of prior year

	Computer Equipment €	Office Fitting, Furniture & Equipment €	IT Software Assets €	Office Fit Out €	Assets Under Development €	Total €
Cost						
At 31 December 2022	94,933	126,168	333,442	432,046	105,129	1,091,718
Additions during year	53,012	7,400	-	-	128,678	189,090
Disposals during year	(1,999)	-	-	-	-	(1,999)
At 31 December 2023	145,946	133,568	333,442	432,046	233,807	1,278,809
Depreciation						
At 31 December 2022	84,934	64,211	333,442	217,831	-	700,418
Charge for year	23,088	24,334	-	86,409	-	133,831
Depreciation on disposals	(1,999)	-	-	-	-	(1,999)
At 31 December 2023	106,023	88,545	333,442	304,240	-	832,250
Net Book Value						
At 31 December 2023	39,923	45,023	-	127,806	233,807	446,559
At 31 December 2022	9,999	61,957	-	214,215	105,129	391,300

All assets in the category IT software assets were developed in-house by the HIA, while these assets are being developed they are shown in the Assets under Development category. Both categories of assets are classed as intangible assets in the Statement of Financial Position.

Computer Equipment, Office Fit out and Office Furniture and Equipment are classed as Tangible assets in the Statement of Financial Position.

7. Cash and cash equivalents

	2024 €	2023 €
Cash and Cash Equivalents	1,458,754	1,894,915
Deposit Bank Account (superannuation)	2,602,677	2,557,701
Short Term Deposits	5,612,999	5,555,905
Total	9,674,430	10,008,521

NTMA Exchequer Notes

Short term deposits comprise investments in Exchequer Notes issued by the National Treasury Management Agency (NTMA). Exchequer notes are short term interest bearing notes. Excess income, capital or other benefit received that is not immediately required for the purposes the HIA is invested in exchequer notes.

Investments in NTMA Exchequer Notes have a fixed return of 1% per annum and run for fixed terms of 30-90 Days.

One Exchequer Note was held at year end totalling €5,612,999. Interest accruing on this note to 31st December 2024 amounted to €4,133. This has not been included in the interest receivable figure shown in the Accounts on the basis that it is only payable on the maturity of the Exchequer Note. The interest that will be earned at the maturity date (4 March 2025) amounts to €14,032.

There was €63,040 in interest receivable during the period (2023: €66,079). This is made up of interest earned on bank deposit account and interest earned and received on the exchequer note.

8. Prepayments and Other Debtors

	2024 €	2023 €
Accrued Levy Income	777,484	682,071
Accrued Interest	1,629	-
Prepayments	58,492	98,839
Other Debtors	131,487	-
Risk Equalisation Fund	765,759	723,355
SPSPS Pension Debtor	47,788	41,405
	1,782,639	1,545,670

9. Creditors (amounts falling due within one year)

	2024 €	2023 €
Trade creditors and accruals	365,246	396,833
Superannuation pension provision (Note 11)	2,507,754	2,510,989
Additional Superannuation Contributions	2,220	-
Single Public Service Pension Scheme	14,909	(1,468)
PAYE/PRSI	33,234	29,609
Professional Services Withholding Tax	5,531	7,321
Value Added Taxation	442	1,569
	2,929,336	2,944,853

10. Commitments under Operating Leases

The HIA entered into a 10 year lease for the offices in October 2019 for offices at Beaux Lane House, Lower Mercer Street, Dublin 2. This lease was renegotiated in October 2024 to a cost of €220,000.

At the year end, the HIA has the following annual commitments that fall due as follows:

	2024 €	2023 €
within 1 year	220,000	228,575
Later than one year but within 5 years	843,333	914,300
Later than 5 years	-	190,479
Total	1,063,333	1,333,354

11. Employee superannuation pension provision

The accumulated superannuation pension provision at year end is as follows:

	2024 €	2023 €
At beginning of period	2,510,989	2,439,533
Employee Contributions (deducted from salaries)	11,831	14,215
Employer Contributions (Note 4)	57,517	85,709
Pensions Paid	(30,622)	(28,468)
Transfer to SPSPS in respect of prior periods	(26,473)	-
Correction to prior years ER contributions	(15,488)	-
Total	2,507,754	2,510,989

A member of the HIA eligible for the SPSPS pension scheme was incorrectly placed on the HIA superannuation scheme in 2021. As a result of a review of the pension scheme carried out in 2023 this error was identified and took steps to regularise this. A recalculation of the appropriate pension payments was made and this resulted in the relevant EE and ER payments in relation to the SPSPS scheme being paid over to DPENDR and a credit was recognised in the Statement of Income and Expenditure relating to the previous overpayment of ER pension contributions

The pension provision in this note is for superannuation scheme only and does not include SPSPS pension scheme. The actuarial pension liability for the employee superannuation scheme at 31 December 2024 is €2,600,000. By direction of the Minister for Health, no provision has been made in respect of benefits payable in future years. As a result, the additional pension liability, beyond the €2,507,754 already recognised, is not reflected in these financial statements.

12. Capital Commitments

There were no commitments for capital expenditure at 31 December 2024.

13. Related Party Disclosure

The HIA has adopted procedures in accordance with the guidelines issued by the Department of Finance in relation to the disclosure of interests by the Board members and the HIA has adhered to these procedures. There were no transactions in the year in relation to the HIA's activities in which Board Members had an interest.

14. Risk Equalisation Fund

The Health Insurance (Amendment) Act 2012 provides for the establishment of the Risk Equalisation Fund (the Fund) from 1 January 2013. Stamp Duty payments for policies commencing or renewing on or after 1 January 2013 are paid by insurers to the Revenue Commissioners who in turn transfer the money to the Fund. Risk Equalisation Credits are paid, on behalf of consumers, out of the Fund to the health insurance undertakings by the Health Insurance Authority. Separate financial statements are prepared in respect of the Fund on an annual basis. The HIA is responsible for administering and maintaining the Fund.

There are no employees directly employed by the Fund. Total costs of €765,759 (2023: €723,355) in respect of the Fund were charged by the HIA for 2024 as follows:

Type of cost	Total recharged to Fund	
	2024 €	2023 €
Salary and staff costs	295,120	266,910
Rent, service charges and maintenance	95,978	72,795
Computer and stationery costs	18,270	25,347
Depreciation	49,893	31,228
Other administrative costs	42,622	33,365
Recharged Risk Equalisation Fund costs	501,883	429,645
Costs directly charged to the fund	264,261	293,710
Overpayment made in 2024 for 2023	(385)	-
	765,759	723,355

Costs directly charged to the fund are not accounted for within HIA expenditure, and therefore, there is no requirement for HIA to recognise corresponding income relating to these costs.

15. Approval of Financial Statements

The Financial Statements were approved by the HIA board on 17 December 2025

The Risk Equalisation Fund Report and Financial Statements for the year 1 January 2024 to 31 December 2024

To the Minister for Health

In accordance with the terms of the Health Insurance Act 1994 (as amended), The Health Insurance Authority presents the Financial Statements of the Risk Equalisation Fund for the 12 month period ended 31 December 2024.

Contents

Statement of Responsibilities 69

Report of the Comptroller and Auditor General..... 70–74

Financial Statements 75–88

Statement of Responsibilities

Section 11D(8) of the Health Insurance Act of 1994 (as amended) (the Act) requires the Health Insurance Authority (the Authority) to prepare financial statements in respect of the Risk Equalisation Fund (the Fund). In preparing those financial statements, the Authority is required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether the financial statements have been prepared in accordance with applicable accounting standards, identify those standards, and note the effect and the reason for any material departure from those standards; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Fund will continue in operation.

The Authority is responsible for keeping adequate accounting records which correctly explain and record the transactions of the Fund, enable at any time the assets, liabilities and financial position of the Fund to be determined with reasonable accuracy and enable it to ensure that the financial statements comply with Section 11D(8) of the Act. The Authority is also responsible for safeguarding the assets of the Fund and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



Patricia Byron
Chairperson

Date: 17th December 2025



Caroline Barlow
Member



Ard Reachtaire Cuntas agus Ciste **Comptroller and Auditor General**

Report for presentation to the Houses of the Oireachtas **Risk Equalisation Fund**

Opinion on the financial statements

I have audited the financial statements of the Risk Equalisation Fund prepared by the Health Insurance Authority for the year ended 31 December 2024 as required under the provisions of section 11D(9) of the Health Insurance Act 1994 (as amended). The financial statements comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of financial position
- the statement of cash flows, and
- the related notes, including a summary of significant accounting policies.

In my opinion, the financial statements give a true and fair view of the assets, liabilities and financial position of the Fund at 31 December 2024 and of its income and expenditure for 2024 in accordance with Financial Reporting Standard (FRS) 102 The Financial Reporting Standard applicable in the UK and the Republic of Ireland.

Basis of opinion

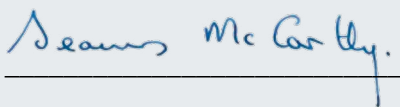
I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Health Insurance Authority and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The Health Insurance Authority has presented the financial statements together with certain information in relation to the operation of the Fund. This comprises the Authority's annual report, the governance statement and Authority members' report, and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.

A handwritten signature in blue ink that reads "Seamus McCarthy." The signature is written in a cursive style and is positioned above a horizontal line.

Seamus McCarthy
Comptroller and Auditor General

19 December 2025

Appendix to the report

Responsibilities of the Health Insurance Authority

As detailed in the statement of responsibilities for the Fund, the Authority members are responsible for

- the preparation of annual financial statements in the form prescribed under section 11D(8) of the Act
- ensuring that the financial statements give a true and fair view in accordance with FRS102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 11D(9) of the Act to audit the financial statements of the Fund and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.

- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Fund's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Fund to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

Statement of Income and Expenditure and Retained Revenue Reserves for the year ended 31 December 2024

	Notes	31 December 2024 €'000	31 December 2023 €'000
Income			
Stamp duty	2	833,494	792,270
Investment Income	7	3,535	3,157
Total Income		837,029	795,427
Expenditure			
Risk Equalisation Premium Credit	3	596,885	616,186
Hospital Utilisation Credit	4	173,680	184,487
High Cost Claims Pool	5	105,471	58,265
Staff and other costs	6	767	724
Total Expenditure		876,803	859,662
Excess of Expenditure over Income		(39,774)	(64,235)
(Deficit)/Surplus for the year		(39,774)	(64,235)
Retained Revenue Reserves at beginning of year		48,766	113,001
Retained Revenue Reserves at end of year		8,992	48,766



Patricia Byron
Chairperson

Date: 17th December 2025



Caroline Barlow
Member

Notes 1 to 15 form part of these Financial Statements.

Statement of Financial Position at 31 December 2024

	Notes	2024 €'000	2023 €'000
Current Assets			
Short Term Deposits	7	308,364	370,500
Cash and Cash Equivalents		111,557	19,513
Prepayments and Other Debtors	8	225,036	236,737
		644,957	626,750
Creditors (amounts falling due within one year)			
Creditors and accruals	9	(504,965)	(477,084)
High Cost Claims Pool Provision	11	(73,400)	(41,000)
Hospital Utilisation Credit Provision	10	(57,600)	(59,900)
		(635,965)	(577,984)
Net assets		8,992	48,766
Representing			
Retained revenue reserves		8,992	48,766



Patricia Byron
Chairperson

Date: 17th December 2025



Caroline Barlow
Member

Notes 1 to 15 form part of these Financial Statements.

Statement of Cash Flows for the year ended 31 December 2024

	Notes	2024 €'000	2023 €'000
Reconciliation of operating surplus to net cash inflow from operating activities			
Operating excess of income over expenditure for year		(39,774)	(64,235)
Bank Interest Received	7	(3,535)	(3,157)
Decrease / (Increase) in debtors	8	11,701	(14,753)
Increase in creditors	9, 10 & 11	57,981	75,200
Net cash inflow from operating activities		26,373	(6,945)
Cash inflow from investing activities			
Bank interest received		3,535	3,157
Net cash inflow from investing activities		3,535	3,157
Increase / (Decrease) in cash and cash equivalents		29,908	(3,788)
Cash and cash equivalents at 1 January		390,013	393,801
Cash and cash equivalents at 31 December		419,921	390,013
Increase / (Decrease) in cash and cash equivalents		29,908	(3,788)



Patricia Byron
Chairperson

Date: 17th December 2025

Notes 1 to 15 form part of these Financial Statements.

Notes (forming part of the financial statements)

1. Accounting Policies

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

Basis of Preparation

The financial statements have been prepared in compliance with Financial Reporting Standard 102 “The Financial Reporting Standard Applicable in the UK and Republic of Ireland” (FRS 102). The financial statements have been prepared on the accruals basis of accounting in accordance with generally accepted accounting principles and under the historical cost convention.

The financial statements of the Fund are presented in Euro (€’000), which is also the functional currency of the Fund.

General Information

The Health Insurance Act 1994, as amended by the Health Insurance (Amendment) Act 2012, introduced risk equalisation whereby registered undertakings receive credits in relation to certain classes of insured persons so that they do not collect a premium payable in respect of provision of health insurance to the individual. The 2012 Act also provided for the establishment of the Fund.

The Authority is responsible for the establishment, administration and maintenance of the Fund. The Members of the Authority are responsible for the production and approval of financial statements for the Fund. The Authority is responsible for the authorisation and approval of all Fund transactions. Details of the Authority’s governance and control systems and procedures are set out in the Internal Controls and Governance Statements disclosed in the Authority’s financial statements.

The Act provided that all stamp duty paid by virtue of Section 125A of the Stamp Duties Consolidation Act 1999 in respect of health insurance contracts commencing on or after 1 January 2013 be paid into the Fund.

Payments out of the Fund include:

- **Risk Equalisation Premium Credit** – Under the Act, the level of risk that a particular consumer poses to a registered undertaking does not affect the premium paid. All insured individuals are charged the same premium for a particular plan, irrespective of age, gender and the current or likely future state of their health subject to exceptions in respect of children under 18 years of age, discounts for members in group schemes, young adults and lifetime community rating loadings. The Fund provides for registered undertakings to receive higher premiums in respect of insuring older, and generally less healthy people, with the higher amount paid by way of a risk equalisation premium credit from the Fund. The level of risk equalisation credits payable from the Fund in respect of premiums vary on the basis of age, gender and level of cover.
- **Hospital Utilisation Credit** – Under the Act, a specified amount is payable from the Fund for each stay an insured person spends in private hospital accommodation or in a publicly funded hospital where a charge is payable under Section 55 of the Health Insurance Act 1970 for such a stay.
- **High Cost Claims Pool Credit** – Under the Act, means the amount that is equal to the high cost claim quota share multiplied by the amount by which the high cost claim exceeds the high cost claim threshold.

In December 2020, The European Commission consented to the prolongation of the Risk Equalisation Scheme to 31 March 2022. Certain legislative changes were introduced during 2022. On 31 March 2022, the European Commission also approved the extension and modification of the Risk Equalisation Scheme (RES) for the period 1 April 2022 to 31 March 2027 (a term of 4 years, 11 months, 30 days excluding the end date). The RES was also updated to include a new credit type called the High Cost Claims Pool Credit (HCCP).

Under section 7F(1) of the Act, every provider of private health insurance in Ireland is required to provide the Authority with a statement of its profits and losses and its balance sheet in respect of its health insurance business. The 2016 RES did not provide specific rules as to which accounting standards should be used, other than be consistent with “approved accounting standards”.

The Government introduced the Health Insurance Act 1994 (preparation of Financial Statements) Regulations 2022. These Regulations set down the rules that apply to financial statements furnished to the Authority pursuant to section 7F(1) of the Act. They introduced accounting regulations to improve the consistency of how undertakings reported profits and losses for the purpose of assessing financial statements for overcompensation.

These Accounts reflect the application of provisions of the Health Insurance (Amendment) Act, 2021, as supported by the Health Insurance Act 2022 and the Health Insurance Act 1994 (Preparation of Financial Statements) Regulations 2022 (S.I. No. 146 of 2022), where applicable.

The Health Insurance (Amendment) and Health (Provision of Menopause Products) Act 2024 was enacted on 11 November 2024 and updated the Risk Equalisation Scheme parameters.

This Act amends the Health Insurance Act 1994 to specify the amount of premium to be paid from the Risk Equalisation Fund in respect of certain classes of insured persons from 1 April 2025 and amends the definition, in that Act, of a high cost claim. It also amends the Stamp Duties Consolidation Act 1999 with effect from 1 April 2025.

Section 7 of the 2024 Amendment Act amends Section 6A of the 1994 Act whereby the definition of “high cost claim” is updated. Subsection 7(1)(b) provides a definition of what “Health Service Executive (HSE) approved drugs” means. The eligibility of HSE approved drug costs is defined with an effective date of 1st April 2022, the date on which the High Cost Claims Pool (HCCP) credit was introduced. The impact of this amendment will be to increase eligible Drug costs for inclusion in HCCP Claims. The impact of this legislative change has been reflected in these Accounts.

Accounting Period

The financial statements are for the year from 1 January 2024 to 31 December 2024.

Income

Stamp Duty income is recognised in the financial statements over the term of the relevant insurance contract, assumed to be twelve months in all cases. Stamp duty on policies commencing on or after 1 January 2013 is paid by registered undertakings to the Revenue Commissioners on a quarterly basis. The stamp duty is then paid into the Fund. The receipts of the Fund in the financial year are adjusted to take account of:

- Accrued stamp duty which represents outstanding stamp duty due to the Fund at the year-end and represents amounts payable by registered undertakings in relation to the last quarter of the financial year. This amount due is recorded as a debtor to the Fund.
- Deferred stamp duty represents the estimated proportion of stamp duty paid into the Fund during the financial year and accrued at year end which relates to the unexpired term of the relevant insurance contracts at the reporting date. This amount is recorded as un-earned stamp duty at the reporting date (see **Note 9** – Creditors and Accruals).
- Interest Earned on the investment of surplus REF Funds is accounted for when received. All interest earned in the Year Ended 31st December 2024 derives from Exchequer Notes purchased from NTMA.

Expenditure Recognition

Expenditure is recognised in the financial statements on an accruals basis as it is incurred.

Risk Equalisation Premium Credit

Risk equalisation premium credit is accounted for on an accruals basis. Registered undertakings claim risk equalisation premium credit from the Fund on a monthly basis.

In determining the amount to be recognised as an expense in the financial year, the payments made from the Fund are adjusted to take account of:

- Amounts claimed and payable to registered undertakings which have not been paid at the reporting date.
- Un-expensed risk equalisation premium credit – a majority of individuals pay insurance policies either by monthly instalments or annually in advance. Credits claimed in relation to monthly instalments are expensed in the month to which the claim relates. Credits claimed for policies paid annually in advance are expensed uniformly over the twelve months of the contract. At the reporting date any amounts paid to registered undertakings which have not been expensed are recognised as a debtor (See **Note 8** – Prepayments and Other Debtors).

Hospital Utilisation Credit

The hospital utilisation credit is accounted for on an accruals basis. In determining the amount to be recognised as an expense in the financial year, the payments made from the Fund are adjusted to take account of:

- Amounts claimed by and payable to registered undertakings which have not been paid at the reporting date.
- A provision for hospital utilisation credit arising in respect of hospital episodes which had occurred in the financial year but had not been claimed by registered undertakings at year end.

The provision assumes that the number of nights and days in private hospital accommodation is uniform across contracts commencing on different dates and that hospitalisation occurs uniformly throughout the policy period. The settlement period for hospital claims can vary considerably. This may result in registered undertakings making a claim for a hospital utilisation credit a year or more after a hospital episode.

- An adjustment in respect of any under or over provision for unclaimed credits in respect of prior financial years that remains outstanding at the reporting date.

High Cost Claims Pool

The High Costs Claims Pool, introduced in 2022, is accounted for on an accruals basis. In determining the amount to be recognised as an expense in the financial year, the payments made from the Fund are adjusted to take account of:

- Amounts claimed by and payable to registered undertakings which have not been paid at the reporting date.
- A provision for high cost claims arising in respect of high cost claims which had occurred in the financial year but had not been claimed by registered undertakings at year end. The provision assumes that claims are uniform across contracts commencing on different dates and that hospitalisation occurs uniformly throughout the policy period. The settlement period for high cost claims can vary considerably. This may result in registered undertakings making a claim for a high cost claim a year or more after a hospital episode.
- An adjustment in respect of any under or over provision for unclaimed credits in respect of prior financial years that remains outstanding at the reporting date.

Critical Accounting Judgements and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities at the reporting date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that the actual outcomes could differ from those estimates. The following judgements have had the most significant effect on the amounts recognised in the financial statements.

The level of reserves in respect of future claims included in the financial statements should at least be as strong as a best estimate and should at all times be sufficient to cover any liabilities arising in respect of hospital episodes yet to be claimed as far as can reasonably be foreseen. The hospital utilisation credit provision (HUC) and High-Cost Claims Pool (HCCP) provision is calculated based on independent actuarial advice using a number of generally accepted actuarial techniques to arrive at the central estimate and a range of reasonable estimates. The provision recorded in the financial statements is at least as strong as a best estimate derived using generally accepted actuarial methods plus a margin for uncertainty of 10%. The margin for uncertainty of 10% has been informed by the level of uncertainty in the provision and the uncertainties in the claim environment.

The process of estimating future HUC and HCCP payments is an inherently uncertain exercise due to the random nature of claim occurrences. When projecting future liabilities based on past experience, an element of subjectivity is inevitably introduced. The HCCP was only introduced into the RES in April 2022 and claims to date are limited. The nature of the HUC and HCCP is such that future development could be adversely affected by the emergence of different claims development relative to historic experience. Projections of future surpluses/deficits are also dependent on future contingent events and are affected by many additional factors,

including Hospital behaviour, Insurer behaviour, Sickness and Random fluctuations given the relatively limited history. Particular sources of uncertainty in the provision at 31 December 2024 are factors relating to changes in the balance of public: private hospital usage, increasing proportion of day cases, the impact of the global pandemic COVID-19 and the HSE cyber-attack on hospitalisation usage, and waiver forms.

The Health Insurance (Amendment) and Health (Provision of Menopause Products) Act 2024 was enacted on 11 November 2024 and updated the Risk Equalisation Scheme parameters.

This Act amends the Health Insurance Act 1994 to specify the amount of premium to be paid from the Risk Equalisation Fund in respect of certain classes of insured persons from 1 April 2025 and amends the definition, in that Act, of a high cost claim. It also amends the Stamp Duties Consolidation Act 1999 with effect from 1 April 2025.

2. Income

Stamp duty payments for policies commencing or renewing on or after 1 January 2013 are paid by registered undertakings to the Revenue Commissioners who in turn transfer the money to the Fund.

	2024 €'000	2023 €'000
Stamp duty paid into the Fund	828,340	798,439
Stamp duty receivable movement in year	(4,361)	16,703
Deferred stamp duty movement in year	9,515	(22,872)
	833,494	792,270

3. Risk Equalisation Premium Credit

	2024 €'000	2023 €'000
Payments made to registered undertakings	596,110	613,206
Risk equalisation premium credit payable to registered undertakings movement in year	(6,565)	1,031
Un-expensed risk equalisation premium credit movement in year	7,340	1,949
	596,885	616,186

4. Hospital Utilisation Credit

	2024 €'000	2023 €'000
Payments made to registered undertakings	174,006	177,224
Hospital utilisation credit payable to registered undertakings movement in year	1,974	363
Hospital utilisation credit provision movement in year	(2,300)	6,900
	173,680	184,487

5. High Costs Claims Pool

	2024 €'000	2023 €'000
Payments made to registered undertakings	31,127	14,465
High cost claims payable to registered undertakings movement in year	41,944	24,000
High cost claims provision movement in year	32,400	19,800
	105,471	58,265

6. Staff and Other Costs

	2024 €'000	2023 €'000
Health Insurance Authority recharged costs:		
Salaries and staff costs	274	252
Training costs	9	6
Directors Fees	12	9
Rent, service charge, and maintenance	96	73
Insurance	9	7
Computer and stationery	18	25
Other administration costs	34	27
Depreciation	50	31
	502	430
Costs directly charged to the Fund:		
Audit	10	9
Accountancy	56	77
Actuarial	165	161
Legal	3	2
Economic Consultancy	-	26
ICT Support	11	-
Recruitment	12	-
Inspections	-	14
Insurance	7	4
	264	293
Costs directly incurred by the Fund:		
Bank charges	1	1
	767	724

7. Short Term Deposits

	2024 €'000	2023 €'000
NTMA Exchequer Notes	308,364	370,500

- Short term deposits comprise investments in Exchequer Notes issued by the National Treasury Management Agency (NTMA). Exchequer notes are short-term interest-bearing notes. Excess income, capital or other benefit received that is not immediately required for the purposes of the Fund is invested in exchequer notes.
- Investments in NTMA Exchequer Notes have a fixed return of 1% per annum and run generally for fixed terms of 30-90 Days.
- There were two Exchequer Notes held at year end totalling €308,363,699. Interest Accruing on these Notes to 31st December 2024 amounted to €73,371 which has not been included in the Interest Received figure shown in the Accounts on the basis that it is only payable on maturity of the Exchequer Note. The interest that will be earned at the maturity dates (20th January 2025 and 28th February 2025) amounts to €326,004.
- There was €3,534,617 in interest received during the period (2023: €3,157,138).

8. Prepayments and Other Debtors

	2024 €'000	2023 €'000
Un-expensed risk equalisation premium credit	44,694	52,034
Accrued stamp duty receivable	180,342	184,703
	225,036	236,737

9. Creditors and Accruals

	2024 €'000	2023 €'000
Deferred stamp duty	313,980	323,495
Risk equalisation premium credit payable	91,711	98,276
Hospital utilisation credit payable	30,798	28,824
High Cost Claims Pool Payable	67,710	25,766
Health Insurance Authority	766	723
Total	504,965	477,084

10. Hospital Utilisation Credit Provision

	2024 €'000	2023 €'000
At start of year	59,900	53,000
Arising during the year	174,625	184,486
Utilised during the year	(176,925)	(177,586)
At end of year	57,600	59,900

11. High Cost Claims Pool Provisions

	2024 €'000	2023 €'000
At start of year	41,000	21,200
Arising during the year	105,458	58,266
Utilised during the year	(73,058)	(38,466)
At end of year	73,400	41,000

12. Financial Position of the Risk Equalisation Fund

As per the Statement of Income and Expenditure and Retained Revenue Reserves, the retained surplus was €8.99m (2023: €48.77m). Any surplus or deficit arising in respect of past and current contract periods is taken into account when making recommendations to the Minister on risk equalisation credits and stamp duty.

At 31 December 2024, the Fund held cash and cash equivalents of €420m (2023: €390m).

13. Disclosure of Interests

The Authority has adopted procedures in accordance with the guidelines issued by the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation in relation to the disclosure of interests by Authority Members and the Authority has adhered to these procedures. There were no transactions in the year in relation to the Fund's activities in which Authority Members had an interest.

14. Events After the Reporting Period

There were no events after the Reporting Period affecting these Financial Statements.

15. Approval of Financial Statements

The Financial Statements were approved by the Authority on 17th December 2025.