An tÚdarás Árachas Sláinte
The Health Insurance Authority

Inspection of Group Discounts and the applications of Groups used

31st July 2026

1. Background/Objective of the Inspection

The Health Insurance Authority ("the Authority") inspected compliance by registered undertakings with Section 7 (5) of the Health Insurance Act 1994 (as amended) "the 1994 Act".

This inspection contributes to meeting one of the key priorities of the Authority –

HIA's Strategic Plan 2025-2028 – "A well-functioning Health Insurance Market" where we will;

"*Continue to strengthen implementation of our supervisory and enforcement framework, such that it becomes more risk-based, intelligence driven, streamlined and effective.*"

Ensuring compliance with the 1994 Act, particularly where is relates directly to the experiences of consumers, is a key part of how the Authority meets the Principal Objective of the 1994 Act.

2. Scope of the Inspection

The inspection assessed the adequacy, design and operational effectiveness of the internal controls, the definition and compositions of group schemes across the industry and assessed the effectiveness of the controls of the processes and procedures underpinning the application of group discounts and other requirements of the Regulations, including calculation of premium net of Tax Relief at Source ("TRS") and Lifetime Community Rating ("LCR").

A sample of group scheme members' premium were collated for closer examination.

The following registered undertakings were included in the inspection:

- Aviva Insurance Ireland DAC (branded as Level Health)
- AXA Insurance dac (trading as Laya Healthcare)
- HSF Health Plan Limited (trading as HSF Health Plan)
- Irish Life Health dac (trading as Irish Life Health)
- Vhi Insurance DAC (trading as Vhi Healthcare)

Hereinafter together referred to as "the insurers".

3. Findings and Recommendations

The Authority found no evidence that the registered undertakings did not comply with the requirements under Section 5 of the 1994 Act.

The Authority found no evidence that the premium net of TRS and LCR was calculated incorrectly..

Below we highlight two general recommendations to improve the overall process.

3.1 Promotional Group Schemes

The current use of multiple group categories, for promotional or operational reasons, or the use of discretionary discounts as part of the sales and renewal process creates inconsistency and weakens clarity around how groups are defined, governed, and justified.

The Authority recommends that insurers have a formalised and streamlined approach to their group frameworks. This should include clear definitions for each group type, a consistent explanation of the purpose a group is intended to serve, a standard governance process, and a periodic review of all groups. Insurers should also have robust procedures and controls in place where more subjective

group definitions are used to ensure that they are applied fairly, transparently, across all policyholders, and remain aligned to the Principal Objective.

3.2 Members outside of Ireland

The Authority noted that certain insurers had no, or insufficient, controls relating to the verification of residency of members in group schemes prior to issuing policies.

The Authority recommends that insurers have controls to identify, record and monitor members who are not ordinarily resident in the Republic of Ireland, including existing group schemes and new groups/members. This control should ensure that insurers can readily determine whether each contract falls within the definition of a health insurance contract, under Section 2 of the Act. Only health insurance contracts, as defined under the 1994 Act, are included in the Risk Equalisation Scheme.