



Health Insurance Authority

A review of Private Health Insurance in Ireland, 2017

KANTAR MILLWARD BROWN

hia An tÚdarás Árachas Sláinte
The Health Insurance Authority

Background and Methodology

- A nationally represented sample of 1,891 interviews were conducted face-to-face in September and October 2017, mirroring the timing of research previously undertaken. In order to ensure a representative sample of the Adult population in the Republic of Ireland (aged 18+), quotas were set around gender, social class and region. Data for the years preceding 2009 have been taken from published reports as previous research was not conducted by Kantar Millward Brown.
- When reading figures presented in the report it is important to note that the margin of error for a sample of 1,891 is +/- 2.3%. For a sub sample such as the number of respondents with PHI insurance (819 of the sample) the Margin of Error is +/-3.4%, and the MoE for those without PHI (1,072) is 3.0%.
- Specific questions were asked of policy and non policy holders with a group of questions towards the end of the survey being asked of the entire population. Topics included;
 - Incidence of Health Insurance
 - Reasons for not having Health Insurance and the possibility of taking out Private Health Insurance in the future
 - Awareness and attitudes towards the Lifetime Community Rating Initiative.
 - The number of adults and children on the policy, duration of being insured
 - Questions around switching (- incidence and consideration)
 - Perceptions of cost
 - Past actions and future intentions, Incidence of “dropping” cover for other family members and reasons why
 - Claim experience, Complaint experience
 - Attitudes towards PHI, Awareness of the Health Insurance Authority (HIA)



Executive Summary

Executive Summary

Update of PHI, and Profile among PHI holders

The proportion of those who have Private Health Insurance has increased again this year. 43% of the population now claim to be covered by PHI; an increase of two percentage points, broadly reflecting more buoyant economic circumstances.

Those with PHI are more likely to be from the more affluent white collar workers/professional cohort (ABC1s), whilst those from more manual professions or reliant on state benefits are significantly less likely to have cover.

Uptake of PHI under-indexes among younger adults (under the age of 35). Whilst they account for nearly 30% of the adult population, only 21% have cover.

Nearly four in ten (39%) of those with health insurance have dependent children, whilst nearly seven in ten policy holders are married— this may be more related to their age as opposed to other reasons.

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

Laya has increased its share of the market significantly, and now has 27% of the market. It should be noted that the number of companies in the Health Insurance arena has decreased since 2015.

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

Laya attracts the younger cohort (18-34 year olds), while Irish Life attracts those in the middle age groups (35-54 year olds).

Executive Summary

Attitudes towards PHI

At an overall level, there continues to be a strong belief that PHI allows people to skip queues (59%) and ensures they receive a better level of service (57%). It is also deemed a necessity, not a luxury by nearly six in ten (58%).

Among those with PHI, the main reasons given for having such insurance are that the cost of medical treatment/accommodation is high (mentioned by 40% in total, a significant rise from 31% in 2015), the standard of public services are inadequate (mentioned by 30%) and the perceived lack of access to public services (24%, also up significantly from 18% in 2015).

Among those without PHI, price considerations are paramount (64% of those who never had PHI cited this, with 63% among those who have relinquished it). Even among those without Private Health Insurance, there is a strong recognition (43%) that PHI is a necessity and not a luxury, suggesting that if they could afford it, they would purchase it.

Switching Behaviour

There is evidence that the incidence of switching providers may have plateaued. Less than one in four (22%) have ever switched; quite similar to 2015 results (24%). In addition, there are few “serial switchers” within this domain. Of those who have ever switched, a sizeable majority (63%) have only done so once.

Among those who have never switched, just ten percent have even considered switching. This has fallen from a high point of 20% in 2013. This is also against a backdrop of a growing perception that the switching process is becoming easier (61% believe the process is “fairly”/“very” easy).

Reflecting this, the average length of time for having a PHI policy remains relatively consistent at 18 years, and the average length of time with their current provider is 15 years.

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

Executive Summary

Switching Behaviour cont'd

It is important to note that the dynamic behind propensity to switch is changing. Among those who have switched, cost considerations (whilst still important) are not cited to the same degree. 54% of switchers mentioned price as a factor in 2017, a significant drop from 65% in 2015. This change in motivations for switching may be down to improving economic conditions, or arguably that the price of policies on offer are converging.

In tandem with this, cover and service considerations are becoming more important. Also, those with PHI are now more likely to examine benefit gains (33%) if they were to consider switching, vs 32% examining financial gains – the first time this has happened.

Attitudes towards the Cost of Current PHI Policies

The perceived annual cost of a policy has actually decreased slightly compared to 2015. The average price paid now stands at €1,858, down from €1,925. The price paid for health insurance increases with age, suggesting that as people become older, they invest more into their healthcare.

Interestingly, the proportion of those who have downgraded their plan over the past two years has decreased; 11% have downgraded compared to 20% in 2013. Similarly, ten percent have upgraded their plan, vs just five percent in 2013.

Looking to the future, a modest six percent plan to upgrade their policies, although this has increased significantly from just two percent in 2013. The proportion planning to downgrade is just four percent; down from nine percent in 2013.

Executive Summary

Satisfaction with Health Insurance companies

Satisfaction with the level and clarity of information given by insurance companies has increased significantly (88% net satisfied compared to 85% previously). It would seem that the drive for greater transparency is paying dividends.

Overall satisfaction with insurance companies has also continued to improve. Specific elements of PHI where policy holders are happiest concern the quality of information/advice received, customer service and the range of products offered.

Satisfaction on all metrics has consistently trended upwards since 2013.

Claims experience

43% have made a claim for an overnight hospital stay at some point, a significant uplift of eight points from 2015. Claims for Day Patient treatment follow suit, with an increase of five points since 2015.

There has been a small rise in the proportion stating to have claimed on their PHI – Overall, 60% have made a claim for something, up slightly from 57% in 2015.

Awareness

One in four spontaneously nominated the HIA as a source of advice if they had a problem with their health insurance provider, up seven points since 2015.

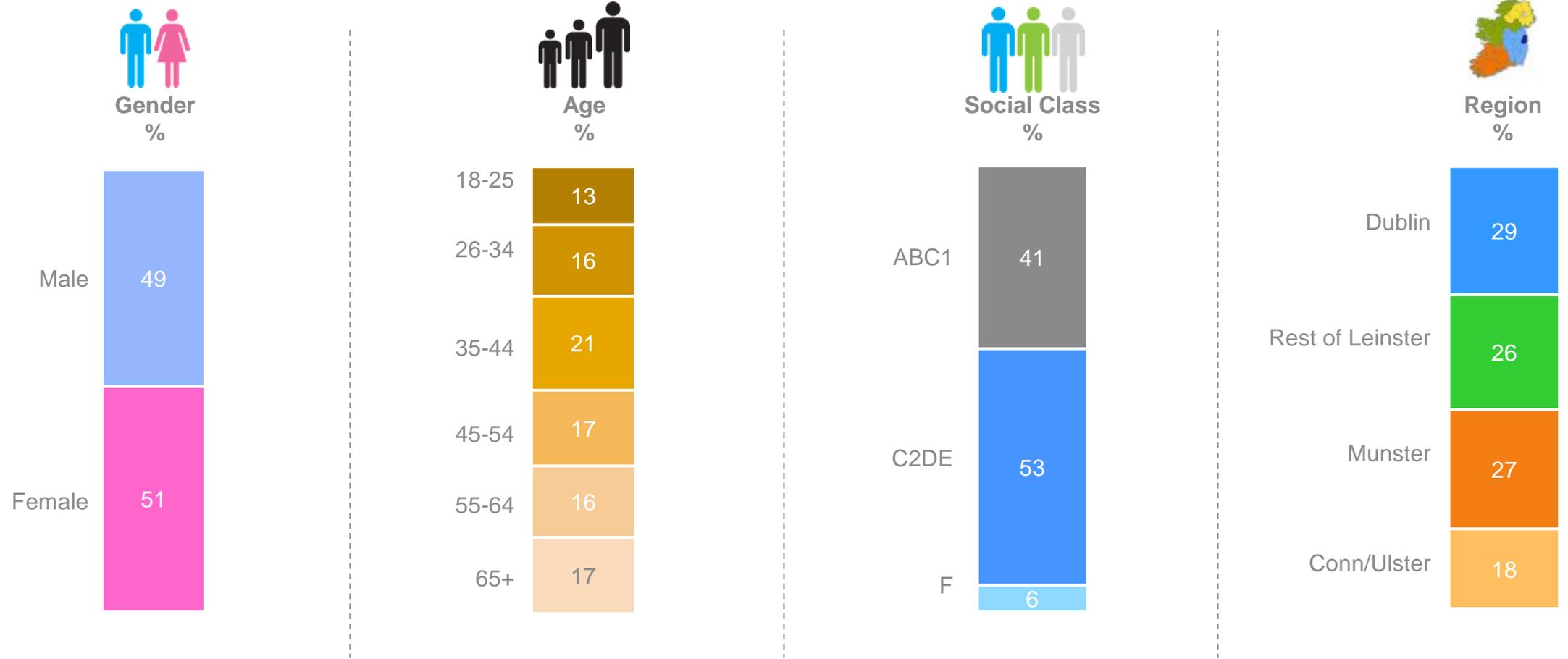
42% of all those surveyed and 57% of those with health insurance said that they were aware of the roles/functions of the Health Insurance Authority. This is a sizeable increase from 36% of the overall population and 47% of policy holders stating the same in 2015.

Sample Profile



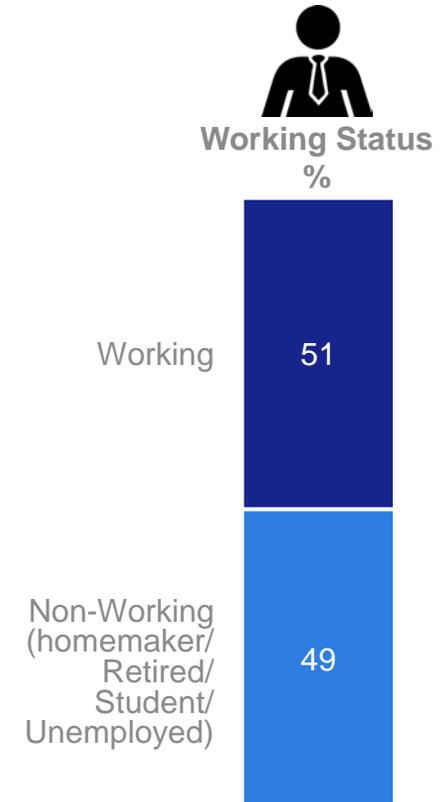
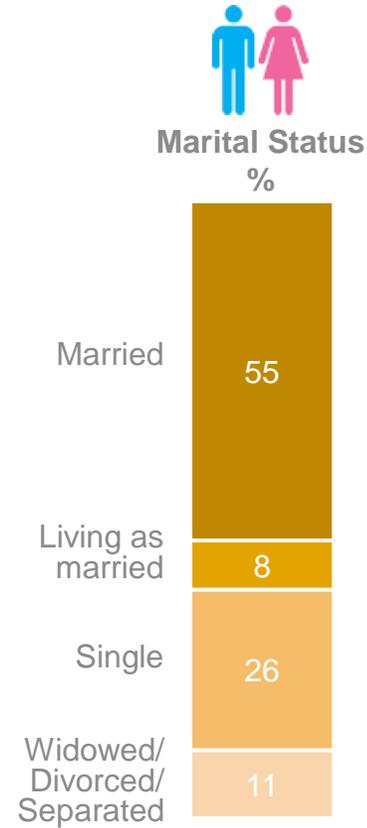
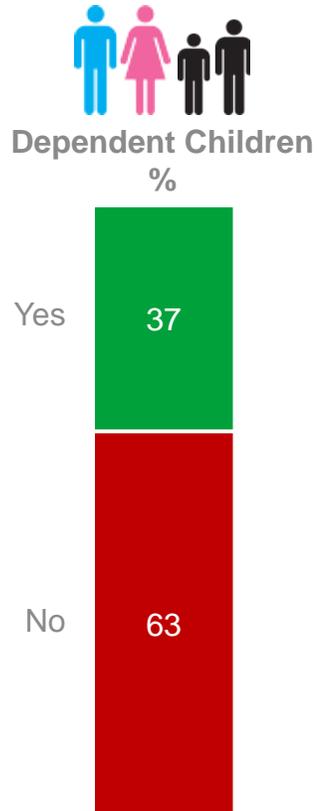
Demographic Sample Profile: The sample reflects the known population profile of adults aged 18+ in the Republic of Ireland, and is based on the latest CSO data.

Base: All Adults Aged 18+, n= 1,891



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

Base: All Adults Aged 18+, n= 1,891

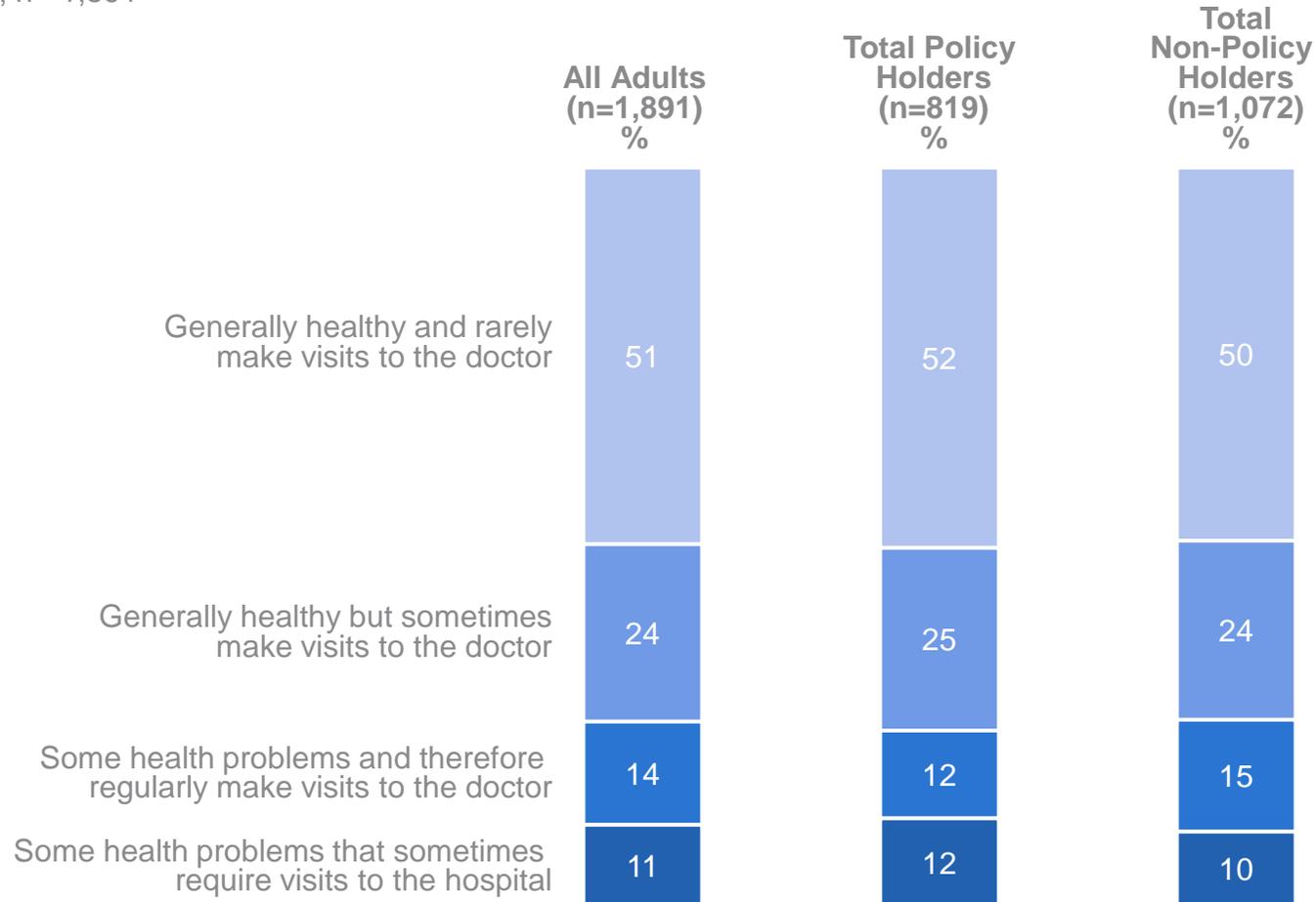


A woman with long brown hair, wearing a white t-shirt and blue jeans, is kneeling on a light-colored carpet in a nursery. She is holding a yellow spoon and feeding a baby who is sitting on the floor. The baby is wearing a blue bib and a blue skirt. In the background, there is a white crib with colorful toys hanging from it. The room is brightly lit, likely from a window with white curtains on the right.

Some context before we start

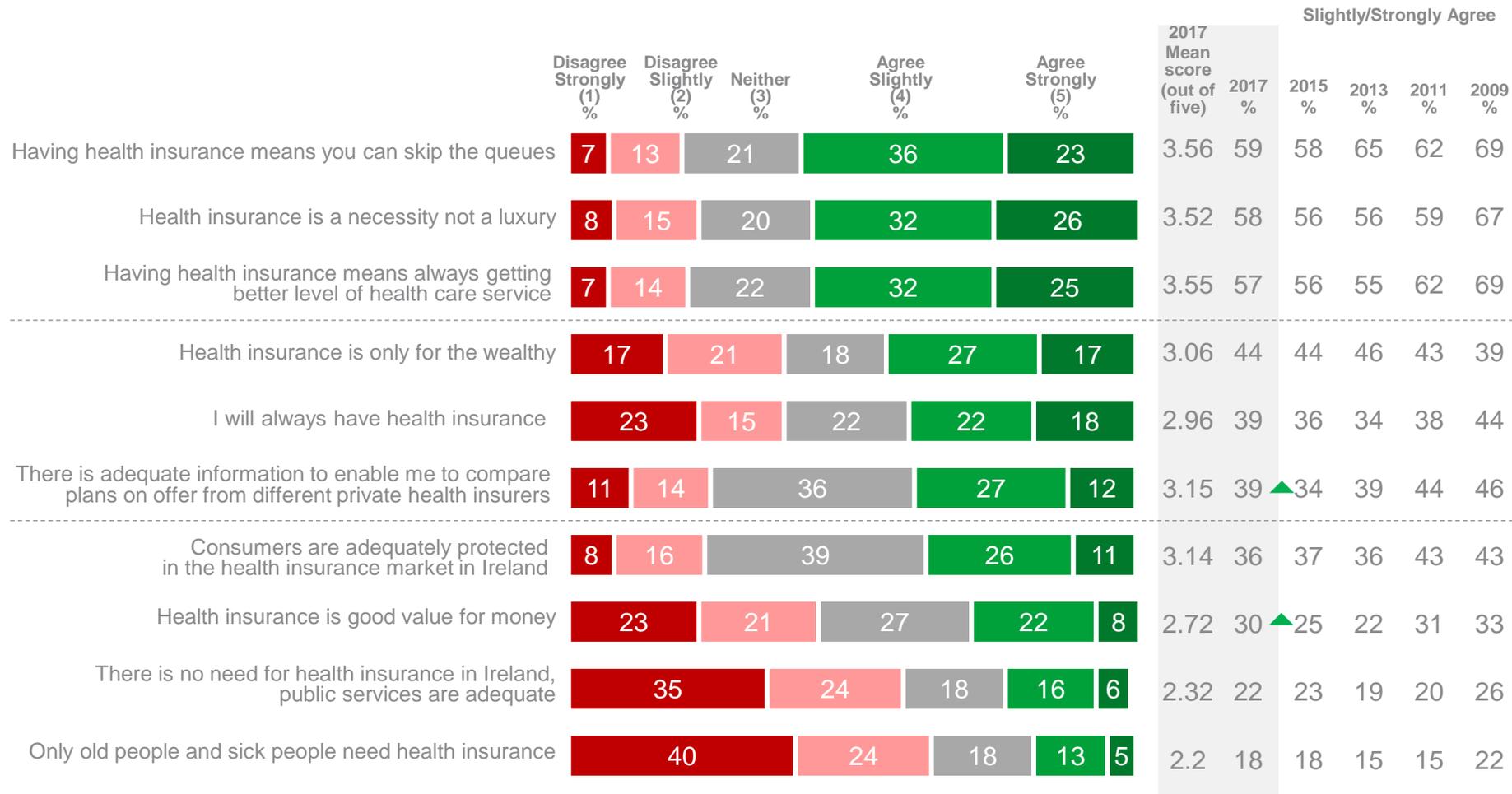
State of Health: Half the population rate themselves as generally healthy, with few dealings with the Health service. One in four have more intensive interactions with Health Professionals, either via GPs or the Hospital system.

Base: All Adults Aged 18+, n= 1,891



Statements about Health Insurance: there continues to be a strong belief that PHI allows people to skip queues and ensures they receive a better level of service. It is also deemed a necessity, not a luxury by nearly six in ten.

Base: All Adults Aged 18+, n= 1,891



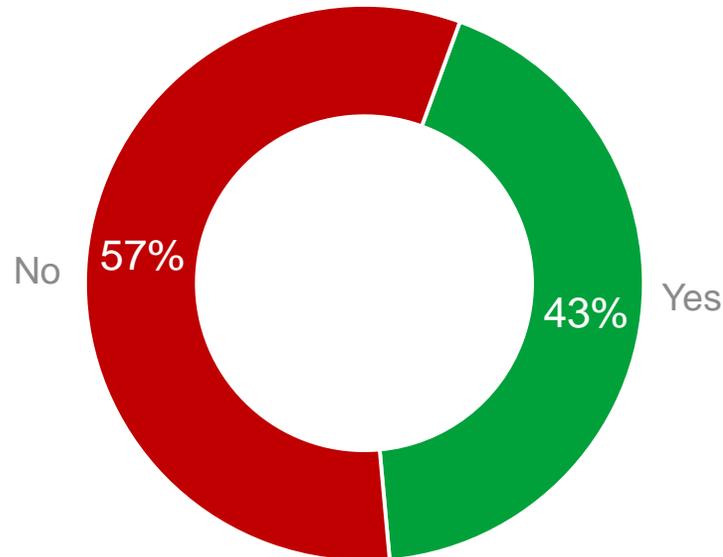
▲ ▼ Significant Difference vs 2015



Incidence of Health Insurance

Incidence of Health Insurance: the incidence of having PHI cover has increased by two percentage points in 2017 vs 2015, reflecting a more buoyant, if arguably cautious economy. It is still significantly below PHI uptake during the Boom.

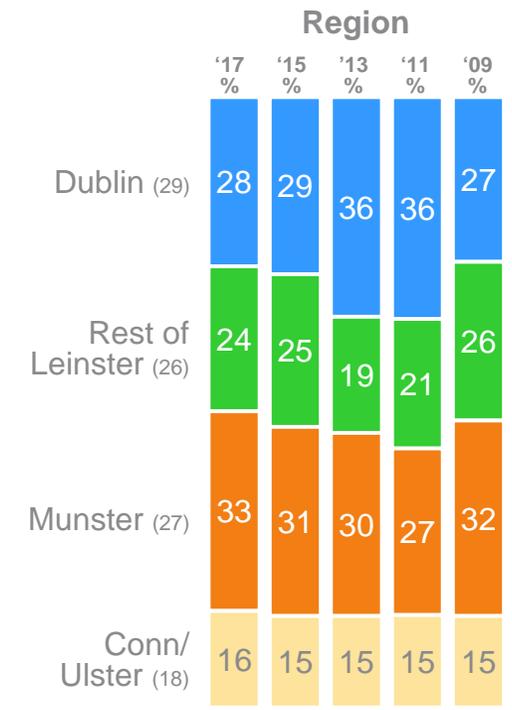
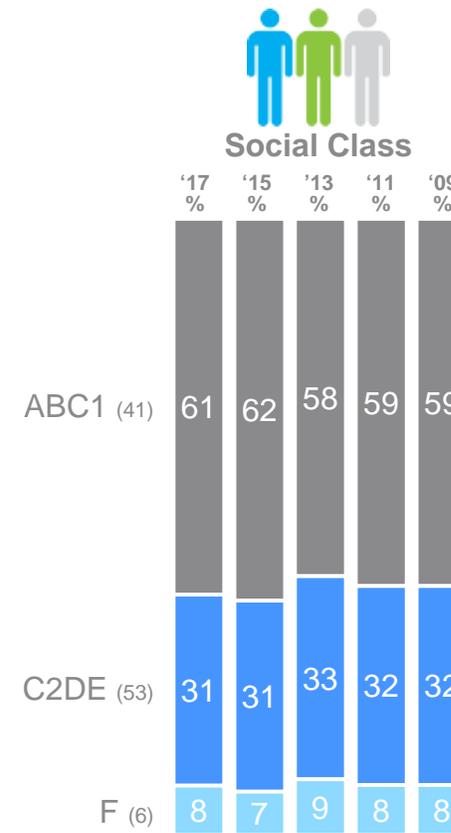
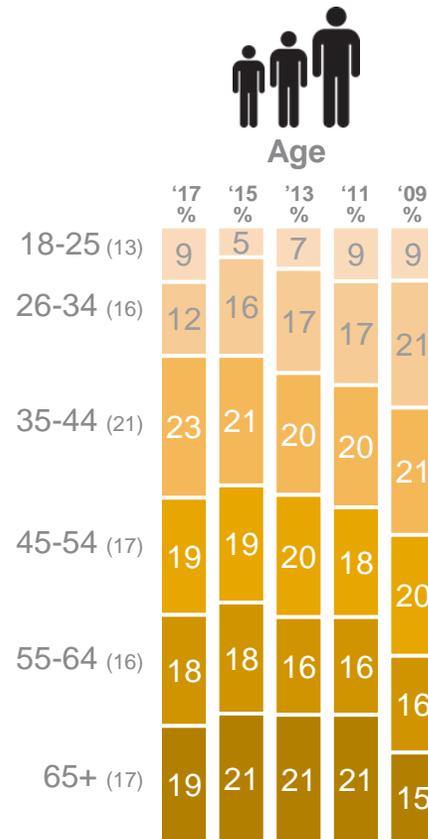
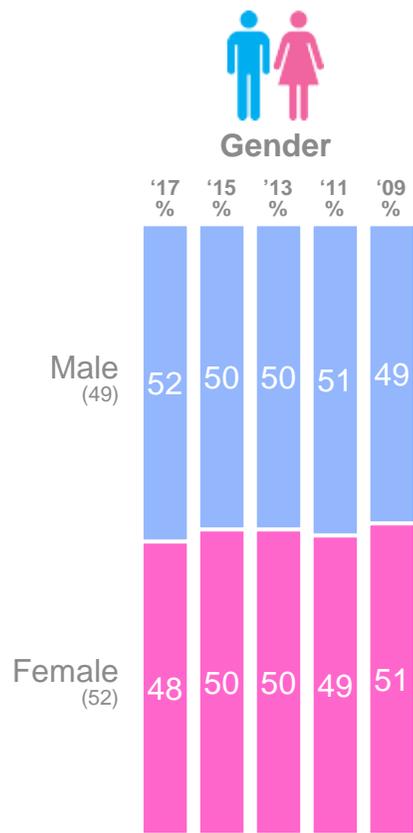
Base: All Adults Aged 18+, n= 1,891



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

Profile of people with Health Insurance: those with PHI are more likely to be white collar workers (ABC1s), be aged 35+ and living in Munster.

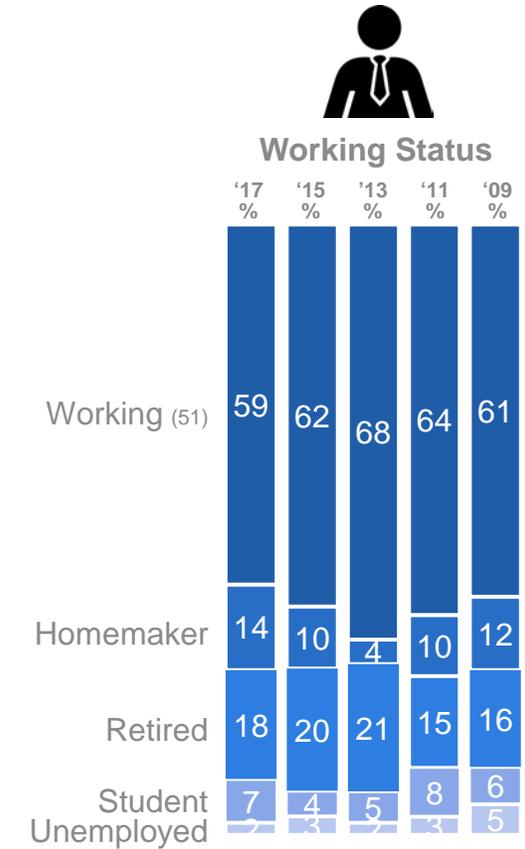
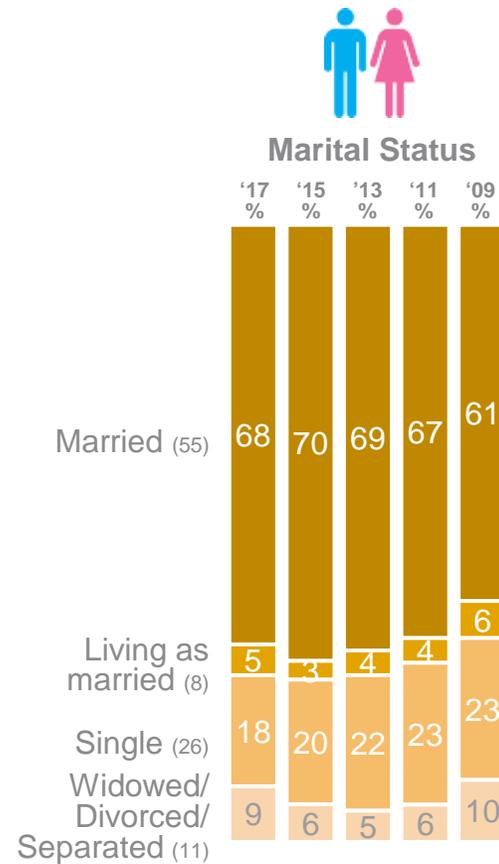
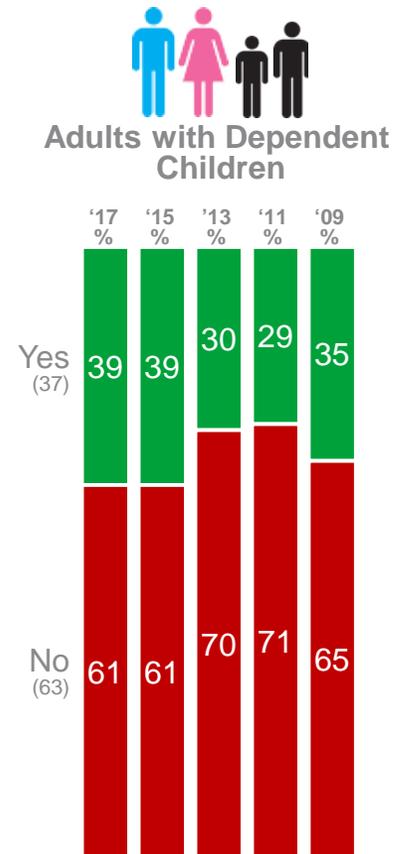
Base: All with Health Insurance, n= 819



() = National Profile

Profile of people with Health Insurance: those with dependent children are marginally more likely to have PHI.

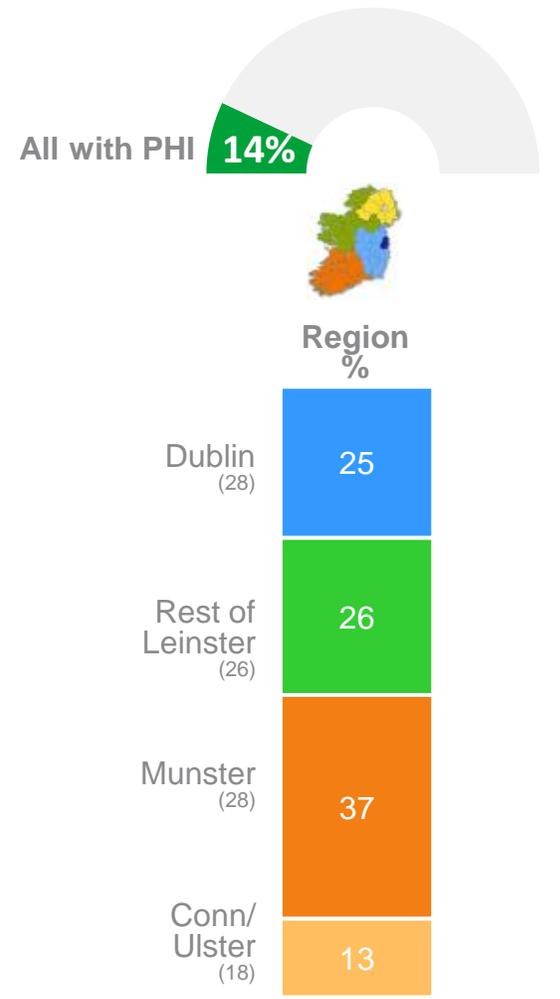
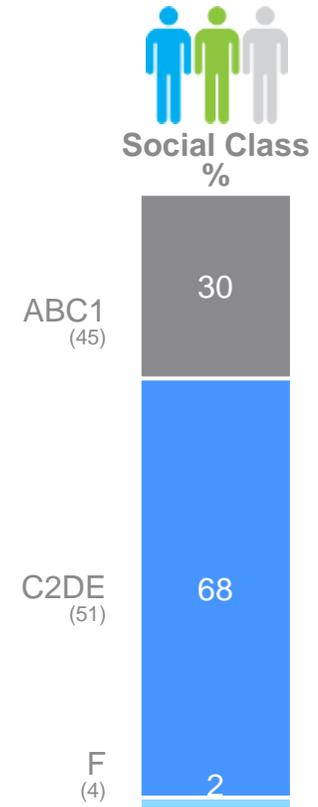
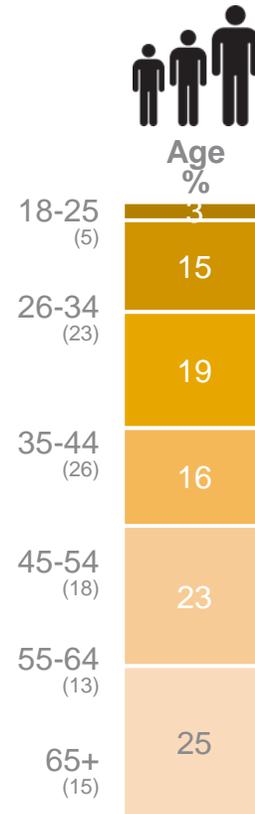
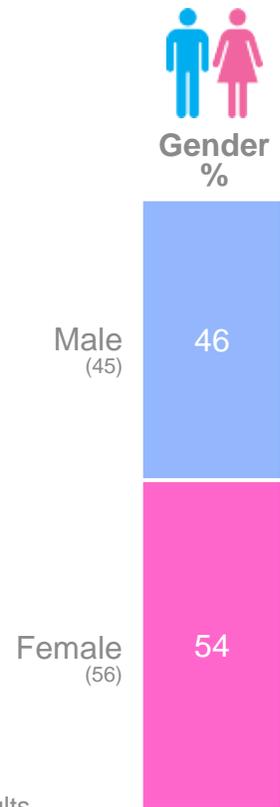
Base: All with Health Insurance, n= 819



() = National Profile

Demographic Sample Profile – Those who used to have PHI, but have relinquished it: Those aged 55+ are most likely to have dropped their PHI, as have C2DEs and Munster residents.

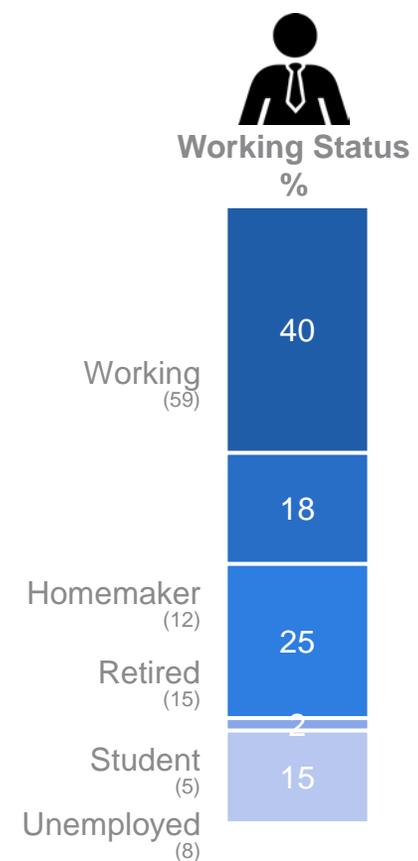
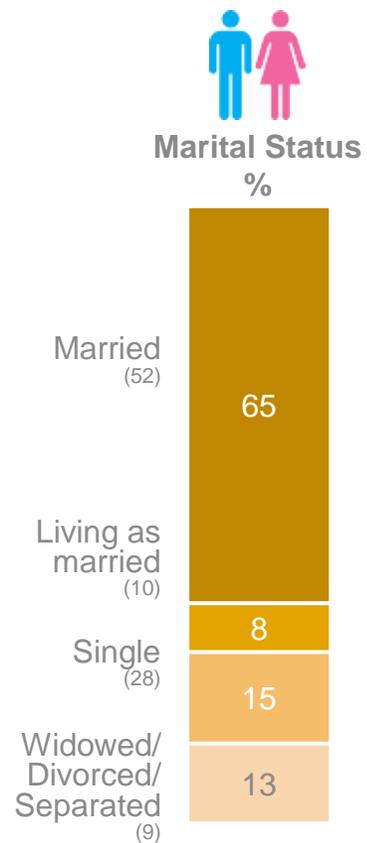
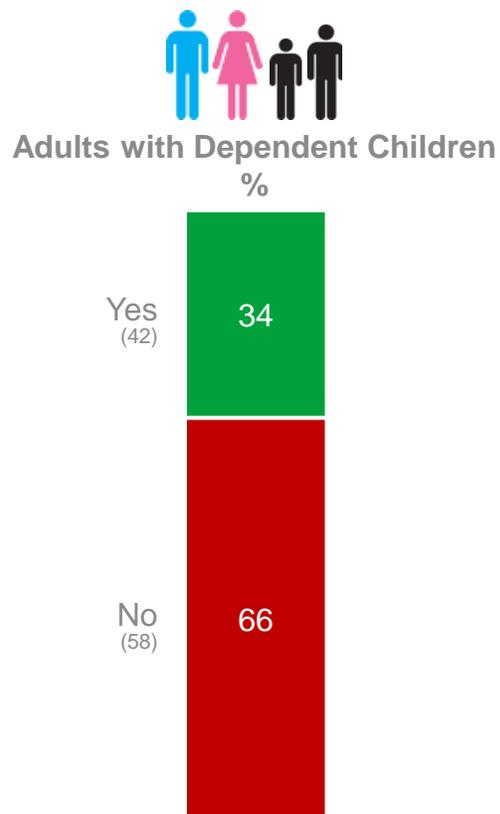
Base: All who used to have Health Insurance, n= 149



() = 2015 results

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

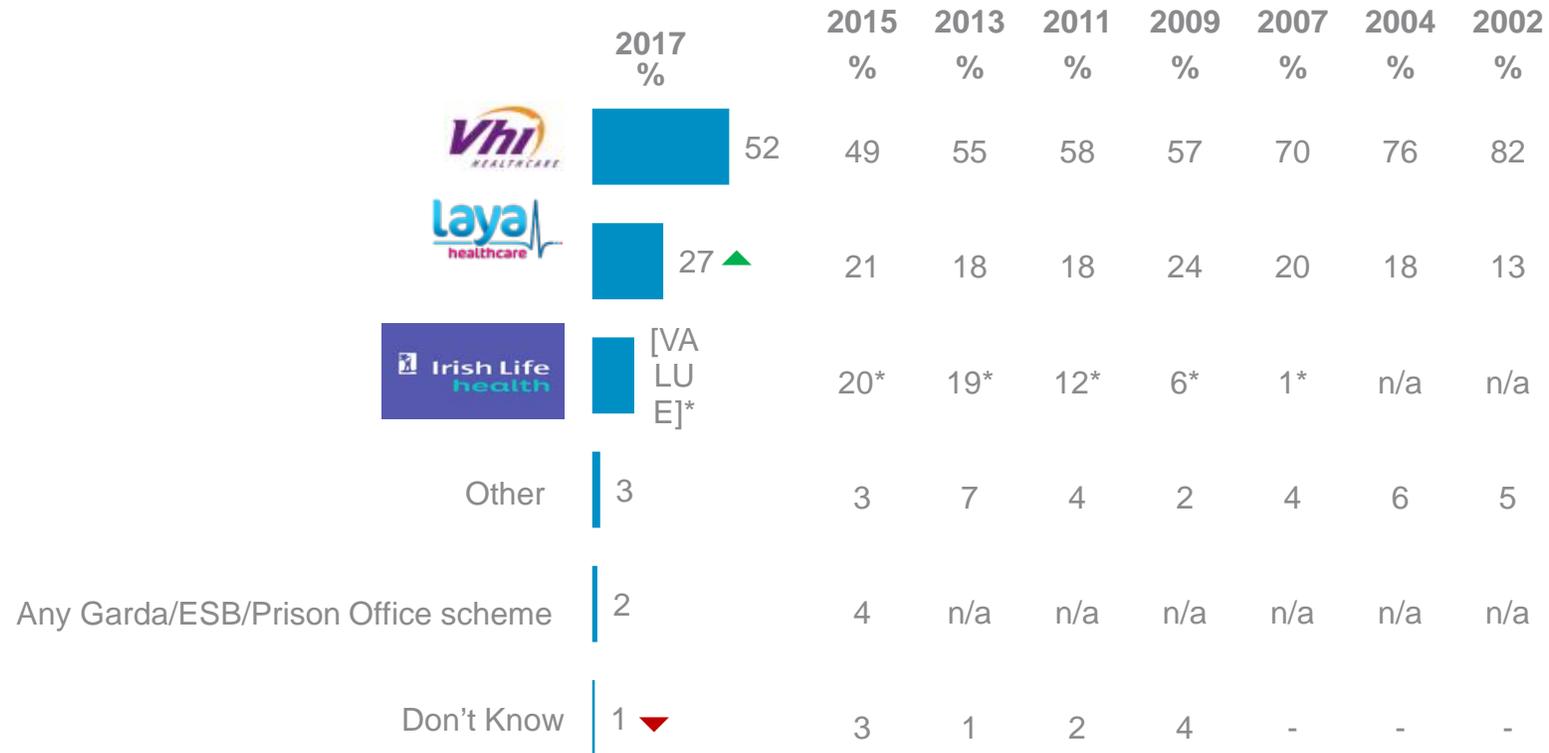
Base: All who used to have Health Insurance, n= 149



() = 2015 results

Current Health Insurance Provider: Among those who personally pay for health insurance, VHI continues to be the most widely used PHI provider. Laya has increased its share significantly.

Base: All who personally pay for Health Insurance, n= 528



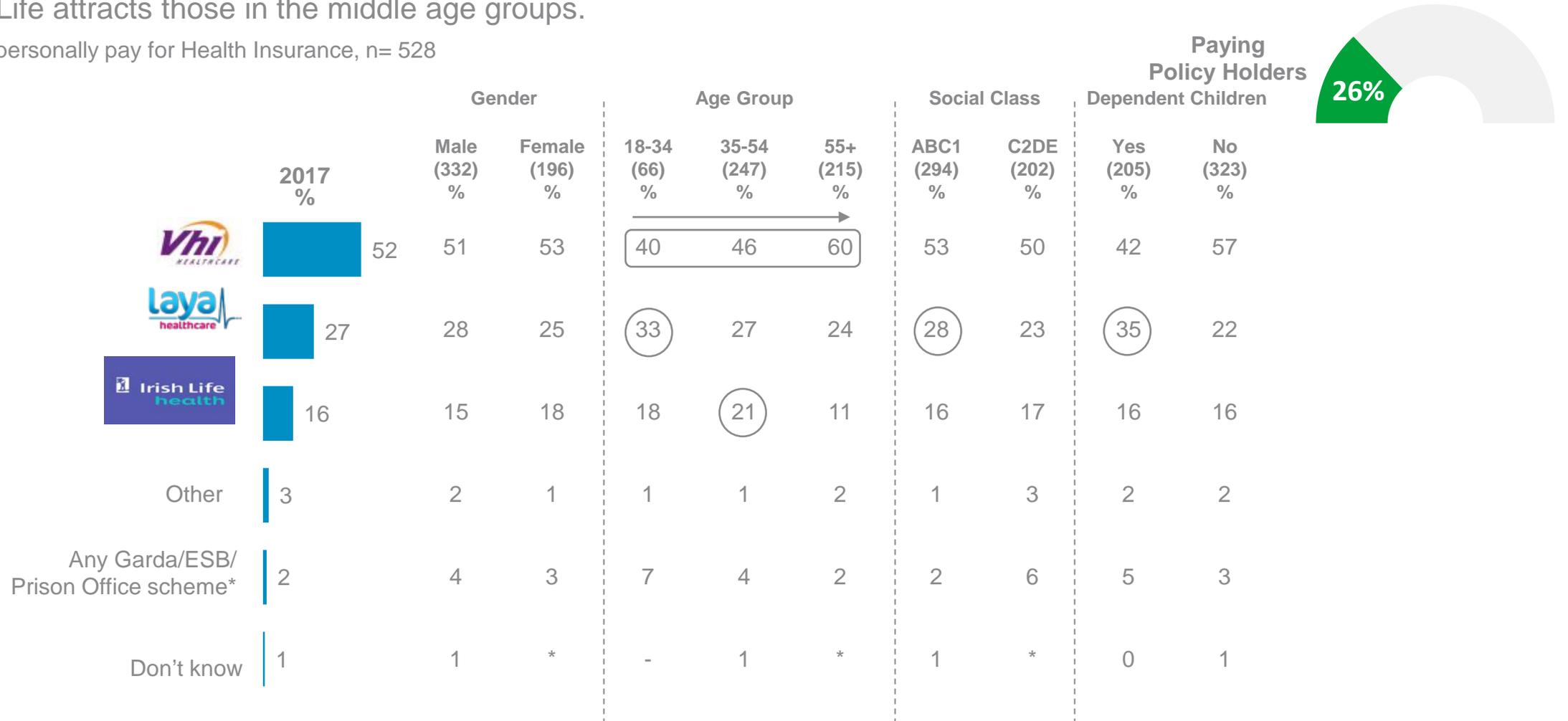
* New Brand added in 2017. Previously Aviva/Hibernian/GloHealth

▲ ▼ Significant Difference vs 2015

Current Health Insurance Provider by Age Group:

Among those who personally pay for health insurance, VHI's customer base tends to grow with age, but is balanced in terms of gender and Social Class. Laya attracts the younger cohort, while Irish Life attracts those in the middle age groups.

Base: All who personally pay for Health Insurance, n= 528



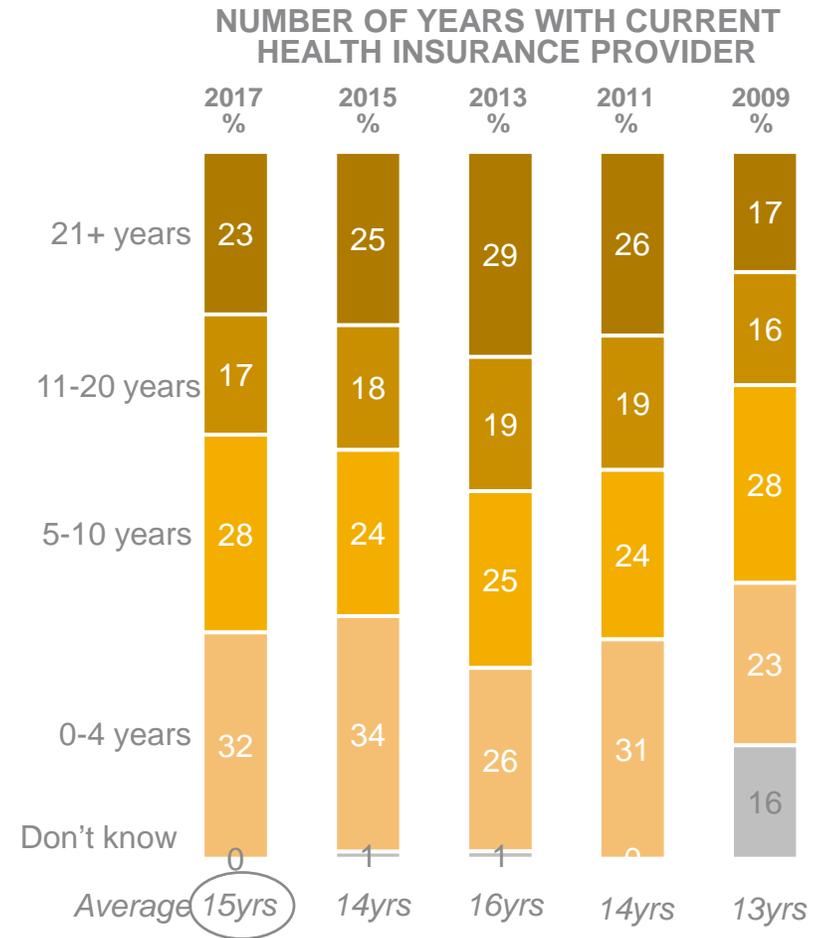
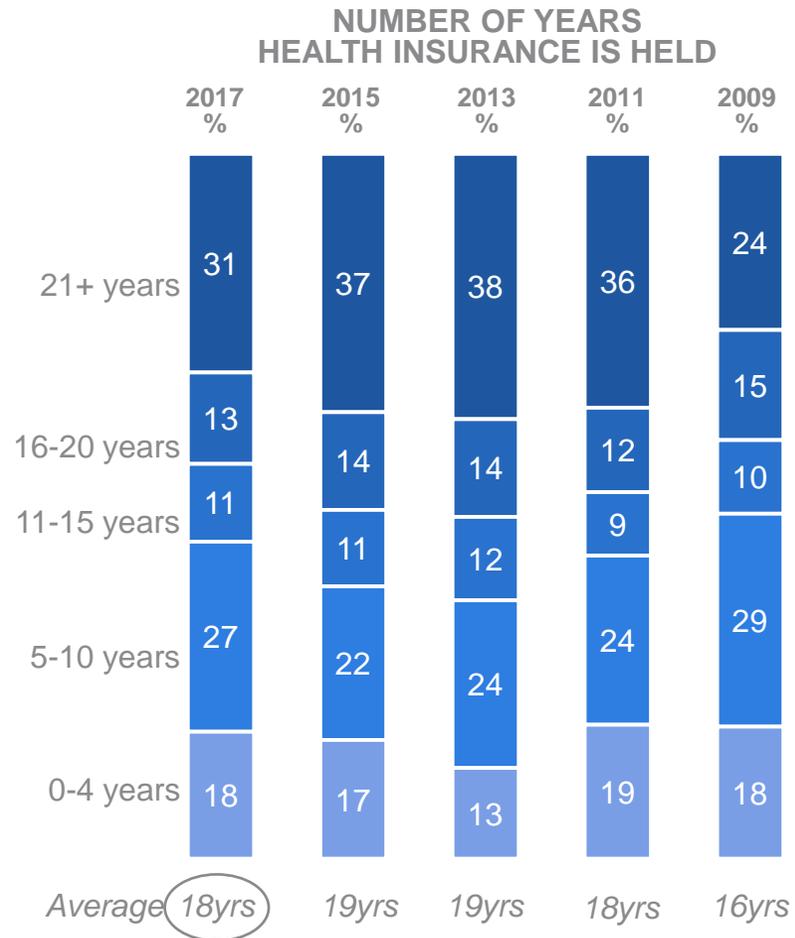
Current Health Insurance Provider by Demographics: An Overview of main providers among those who personally pay for health insurance.

Base: All who personally pay for Health Insurance, n= 528

				
	Total	27	52	16
GENDER	Male	28	51	15
	Female	25	53	18
AGE	18-34	33	40	18
	35-44	28	44	26
	45-54	26	50	20
	55-64	31	48	15
	65+	19	69	8
SOCIAL CLASS	ABC1	28	53	16
	C2DE	23	50	17
Dependent children U.18 years	Yes	35	42	16
	No	22	57	16

Length of time being covered by Health Insurance: Among those with health insurance, the average number of years for holding PHI policies is 18 years. Policy holders are generally loyal to their current providers, suggesting little appetite for switching.

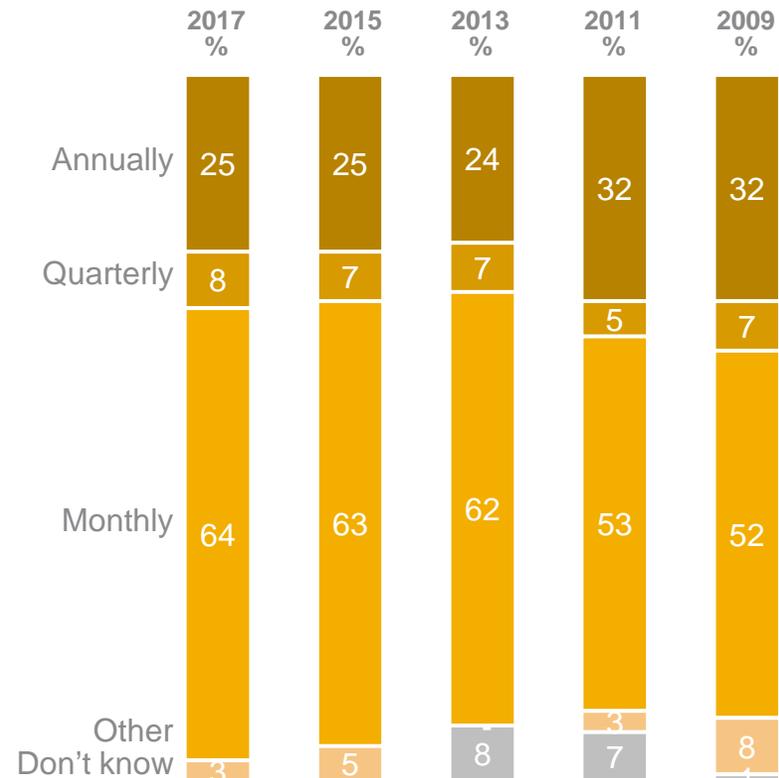
Base: All with Health Insurance, n=819



Frequency of Health Insurance Payments:

Similar to recent years, one in four pay their premiums annually, but the preferred method for most is to pay on a monthly basis.

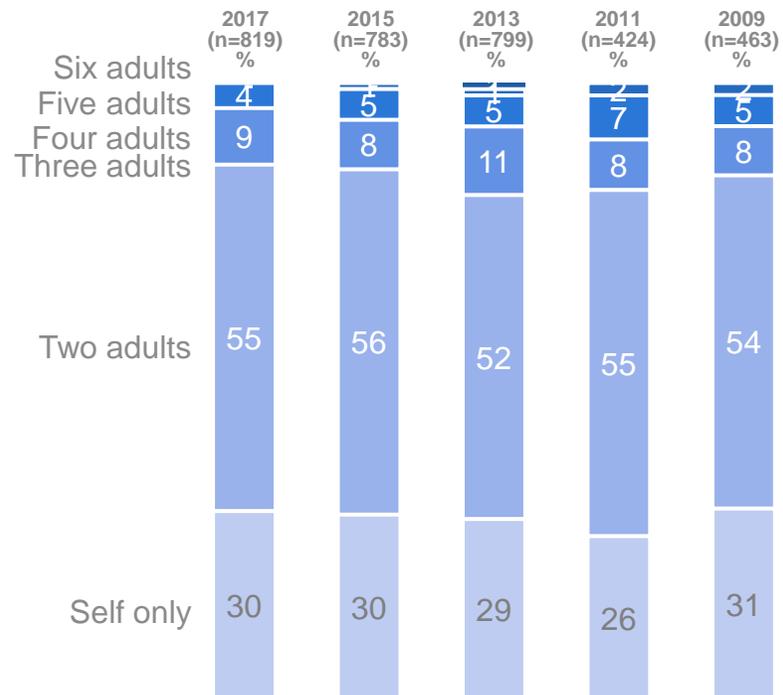
Base: All who personally pay for Health Insurance, n= 528



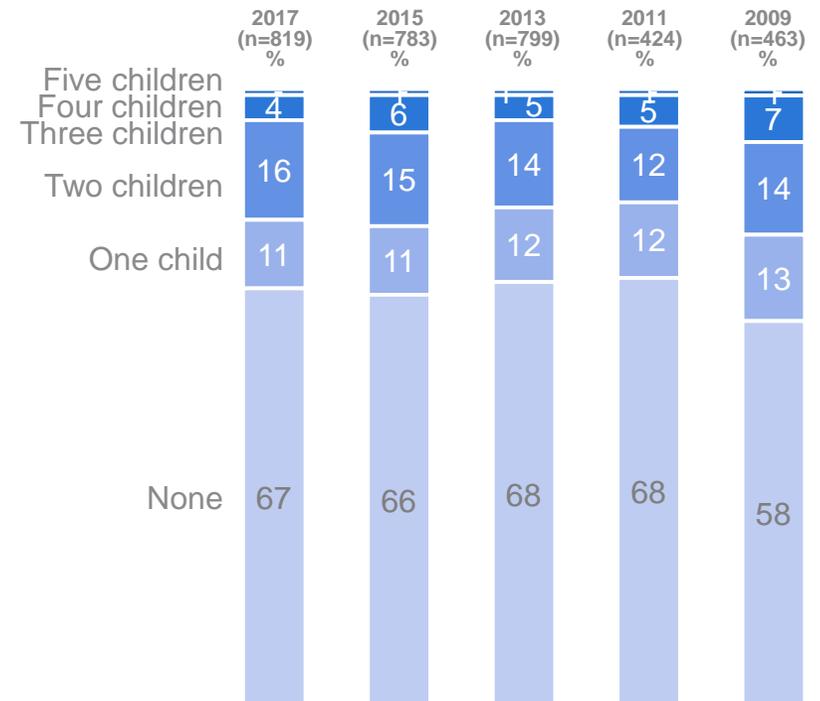
Number of people covered on insurance policy: There is little incidence of having multiple (3+) adults in policies, with the median being for couples or individuals only.

Base: All with Health Insurance, n=819

NUMBER OF ADULTS COVERED BY POLICY



NUMBER OF CHILDREN COVERED BY POLICY





Drivers and Satisfaction Levels Among those with Health Insurance

Key Driver for having Health Insurance: The cost of medical treatments/accommodation continues to be the primary reason for having PHI, and has increased significantly this year. Perceived shortfalls in the standard of, and access to, public services are also key drivers.

Base: All with Health Insurance, n=819

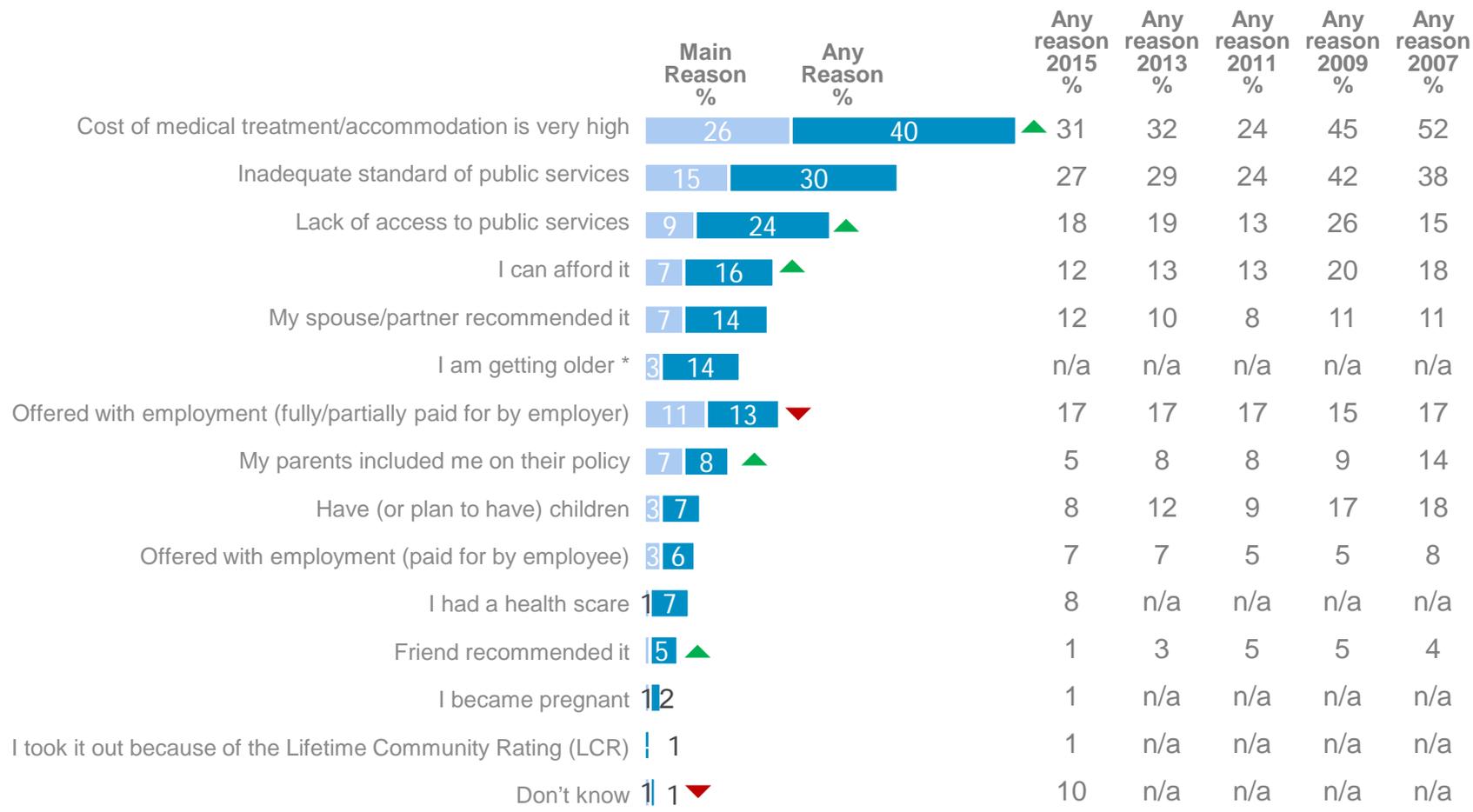
	Main Reason %	Main reason 2015 %	Main reason 2013 %	Main reason 2011 %	Main reason 2009 %	Main reason 2007 %
Cost of medical treatment/accommodation is very high	26 ▲	20	18	17	22	31
Inadequate standard of public services	15	16	18	19	20	14
Lack of access to public services	9 ▲	5	6	8	7	10
I can afford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

* New code added in 2017

▲ ▼ Significant Difference vs 2015

Other Key Drivers for having Health Insurance: Aside from cost/standards of the public service and policies being paid for, other reasons cited are ability to pay for it, getting older and medical reasons (health scare, pregnancy).

Base: All with Health Insurance, n=819

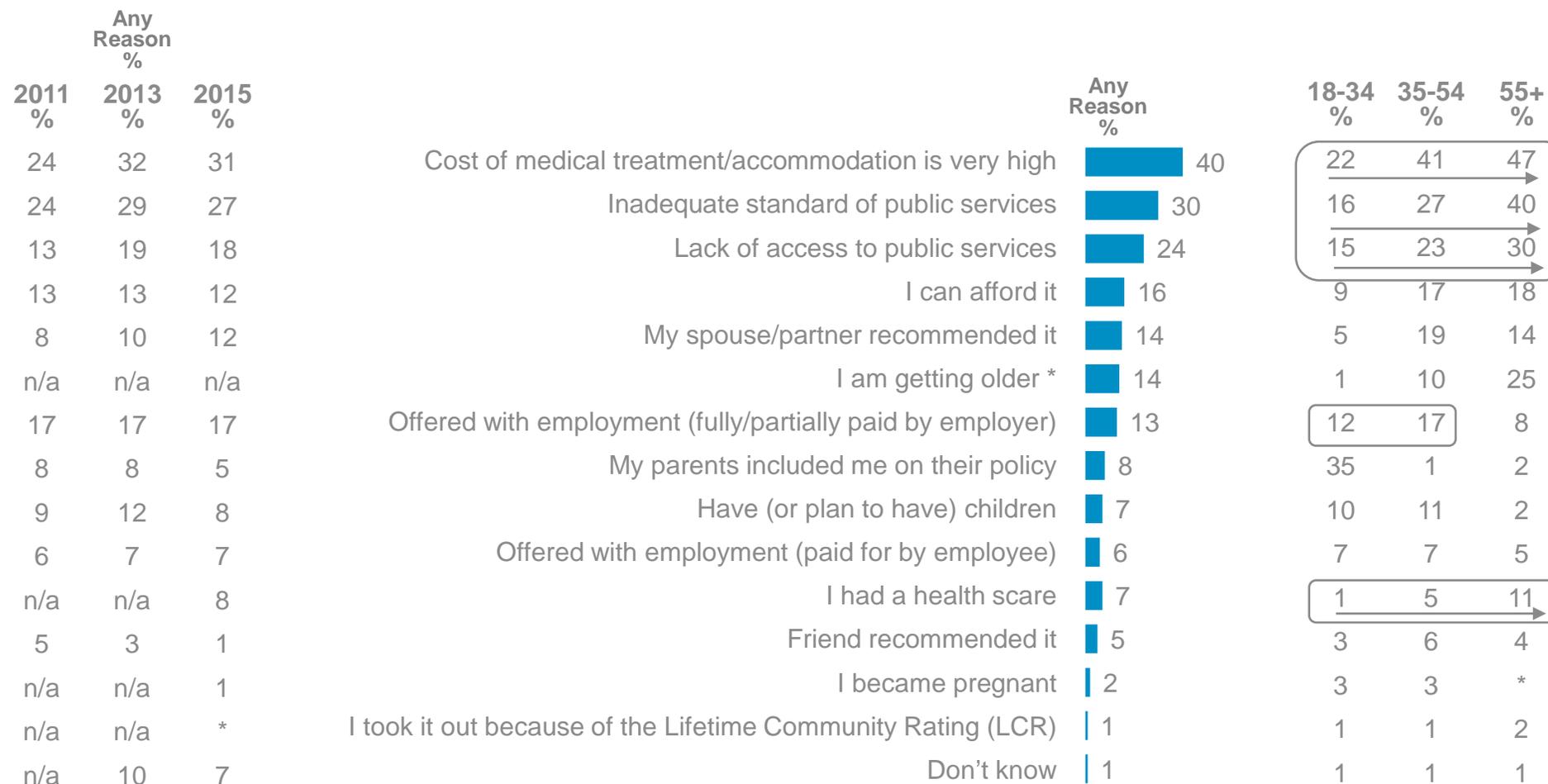


* New code added in 2017

▲ ▼ Significant Difference vs 2015

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

Base: All with Health Insurance, n=819



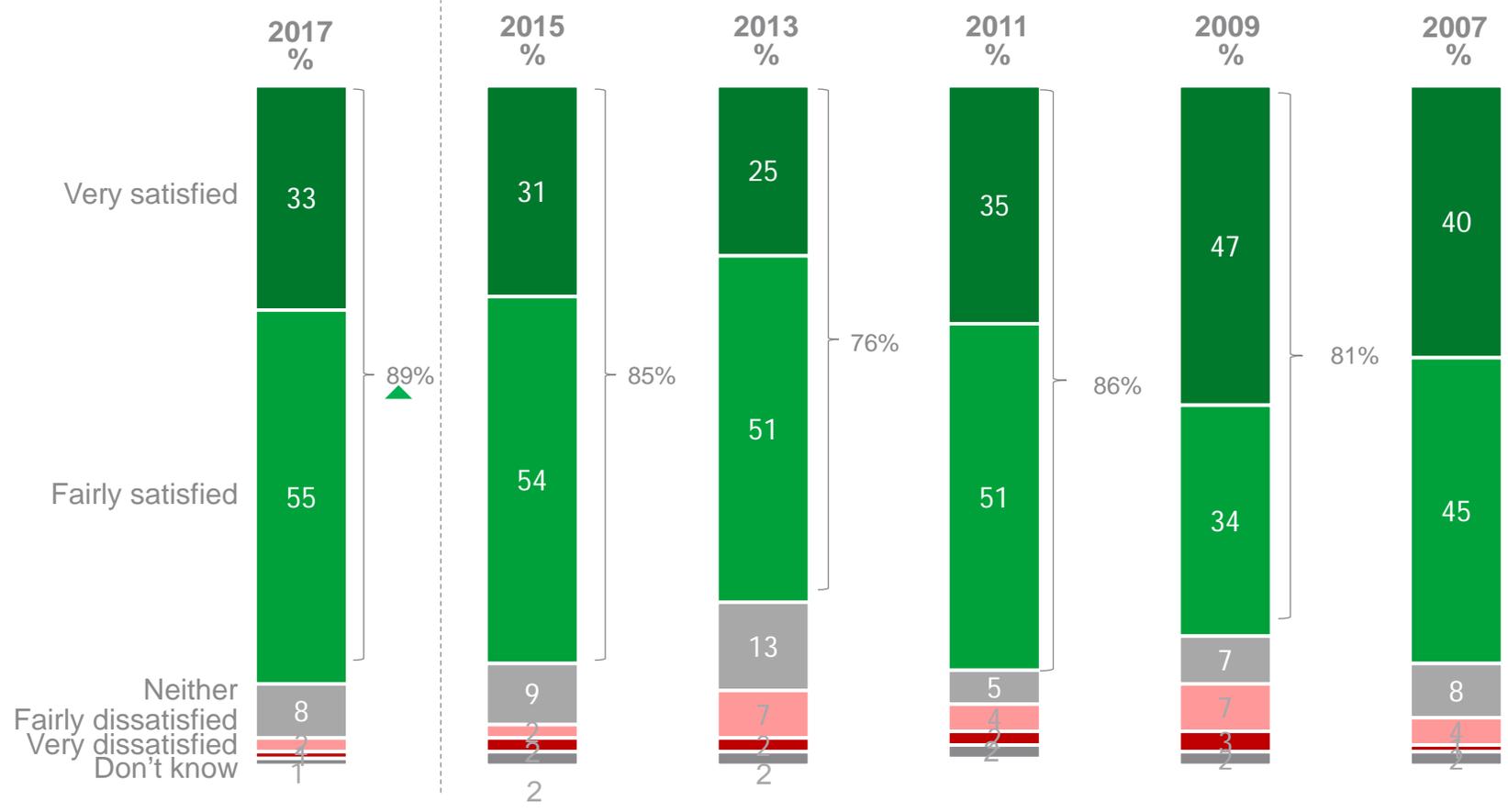
* New code added in 2017

Overall Satisfaction with level of understanding of current health insurance cover:

For the third study in a row, satisfaction with how cover is communicated to holders has increased; nearly nine in ten are happy.

Base: All with Health Insurance, n=819

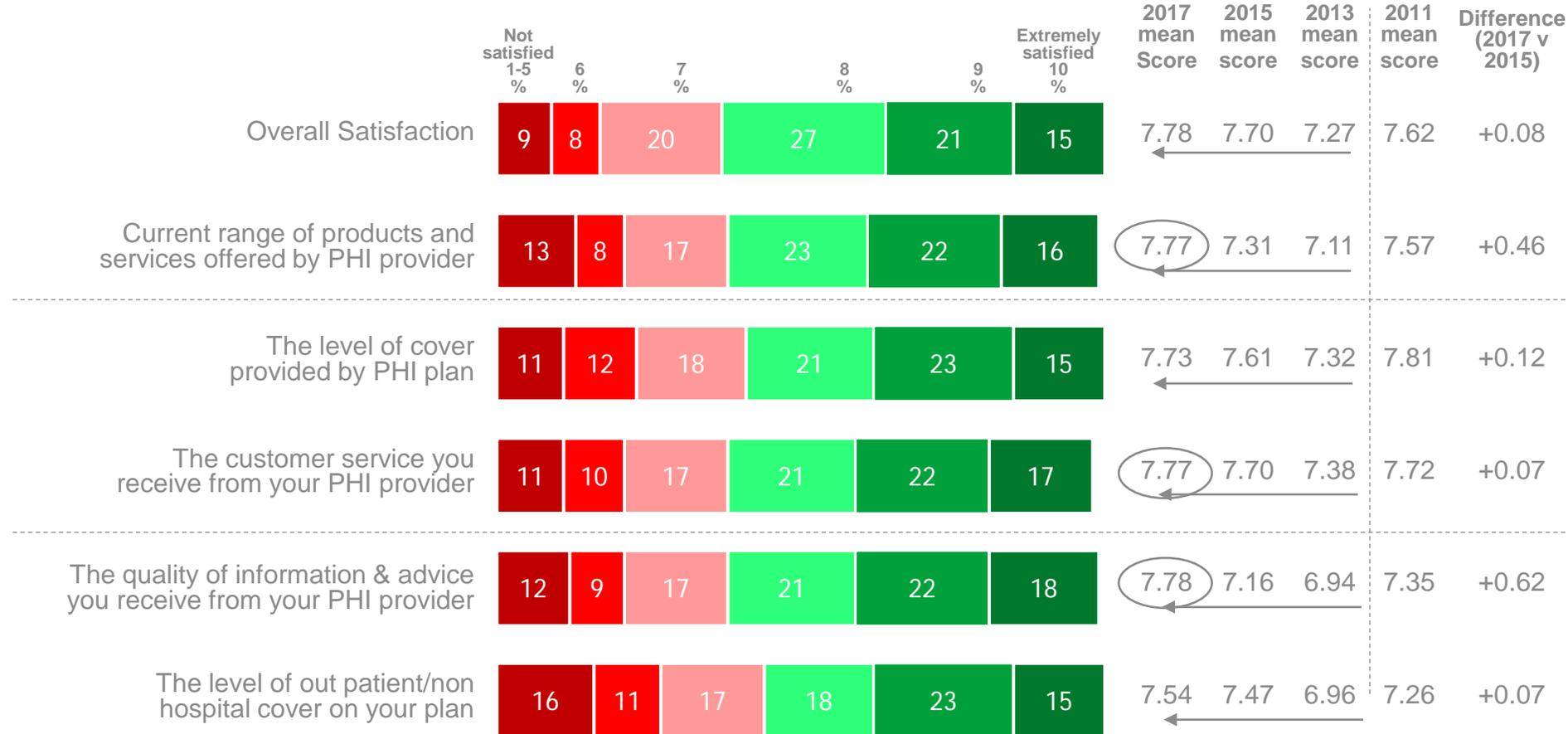
(Note: Wording of scales changed slightly in 2009 and therefore may not be directly comparable
Previous scale used – Very Satisfied, Satisfied, Neither, Dissatisfied, Very Dissatisfied)



▲ ▼ Significant Difference vs 2015

Level of satisfaction with aspects of health insurance: Reflecting this, elements of PHI where policy holders are happiest concern the quality of information/advice received, customer service and the range of products offered. Satisfaction on all metrics has consistently trended upwards since 2013.

Base: All with Health Insurance, n=819



Level of satisfaction with aspects of health insurance by age: Older Policy holders tend to be marginally more satisfied, although they only rate the information received similarly to other cohorts; suggesting that simplifying communications could be improved.

Base: All with Health Insurance, n=819

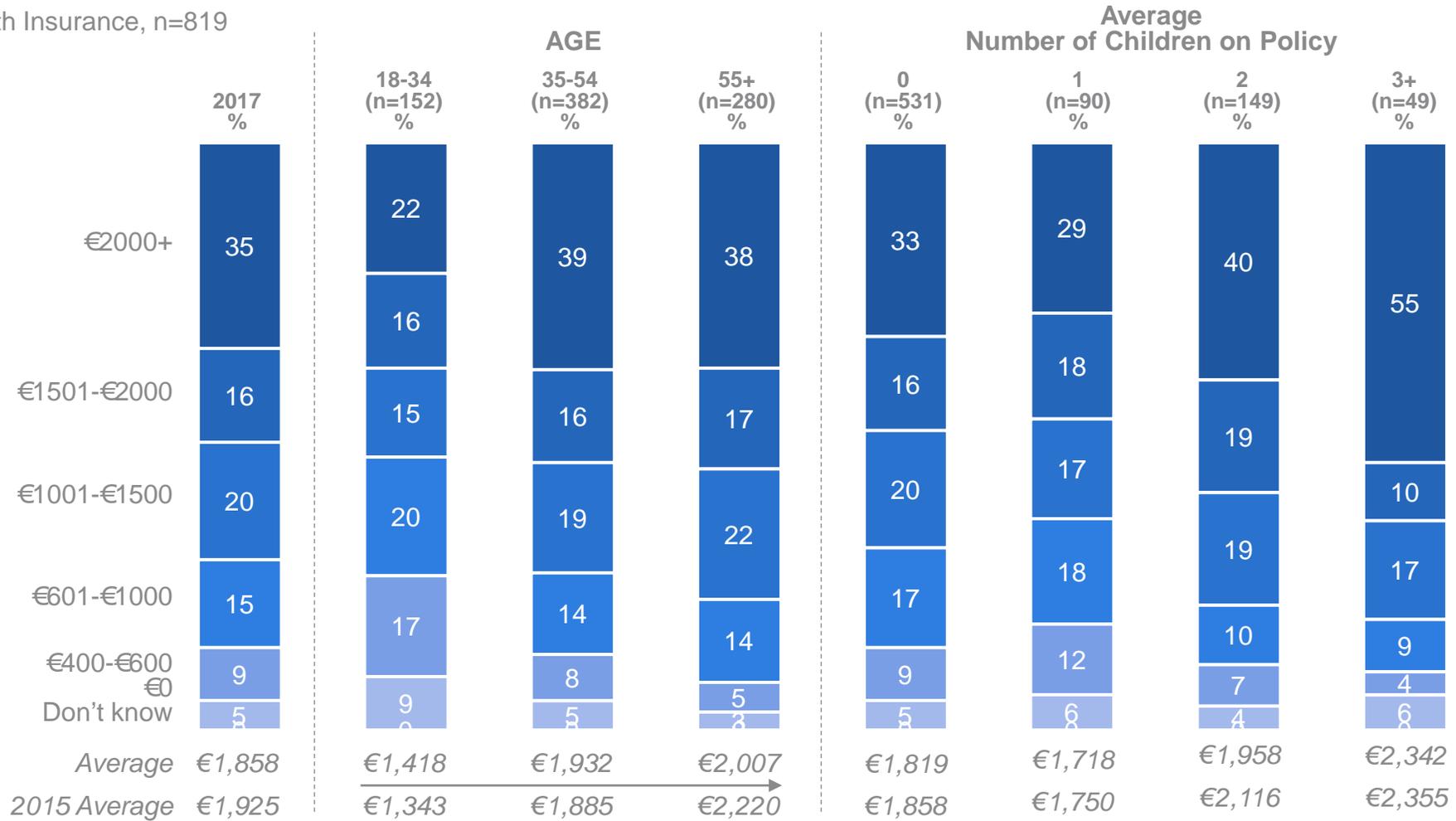
		Current range of products and services offered by PHI provider %	The level of cover provided by PHI plan %	The customer service you receive from your PHI provider %	The quality of information & advice you receive from your PHI provider %	The level of out patient/non hospital cover on your plan %
	Total	7.77	7.73	7.77	7.78	7.54
AGE	18-34	7.69	7.70	7.67	7.71	7.51
	35-54	7.68	7.64	7.70	7.77	7.42
	55+	7.90	7.85	7.89	7.82	7.69

A person wearing blue jeans and white socks is walking on a large, weathered log in a forest. The forest floor is covered in fallen leaves, and the background is filled with green trees and foliage. The lighting is soft and natural, suggesting a daytime setting.

Cost

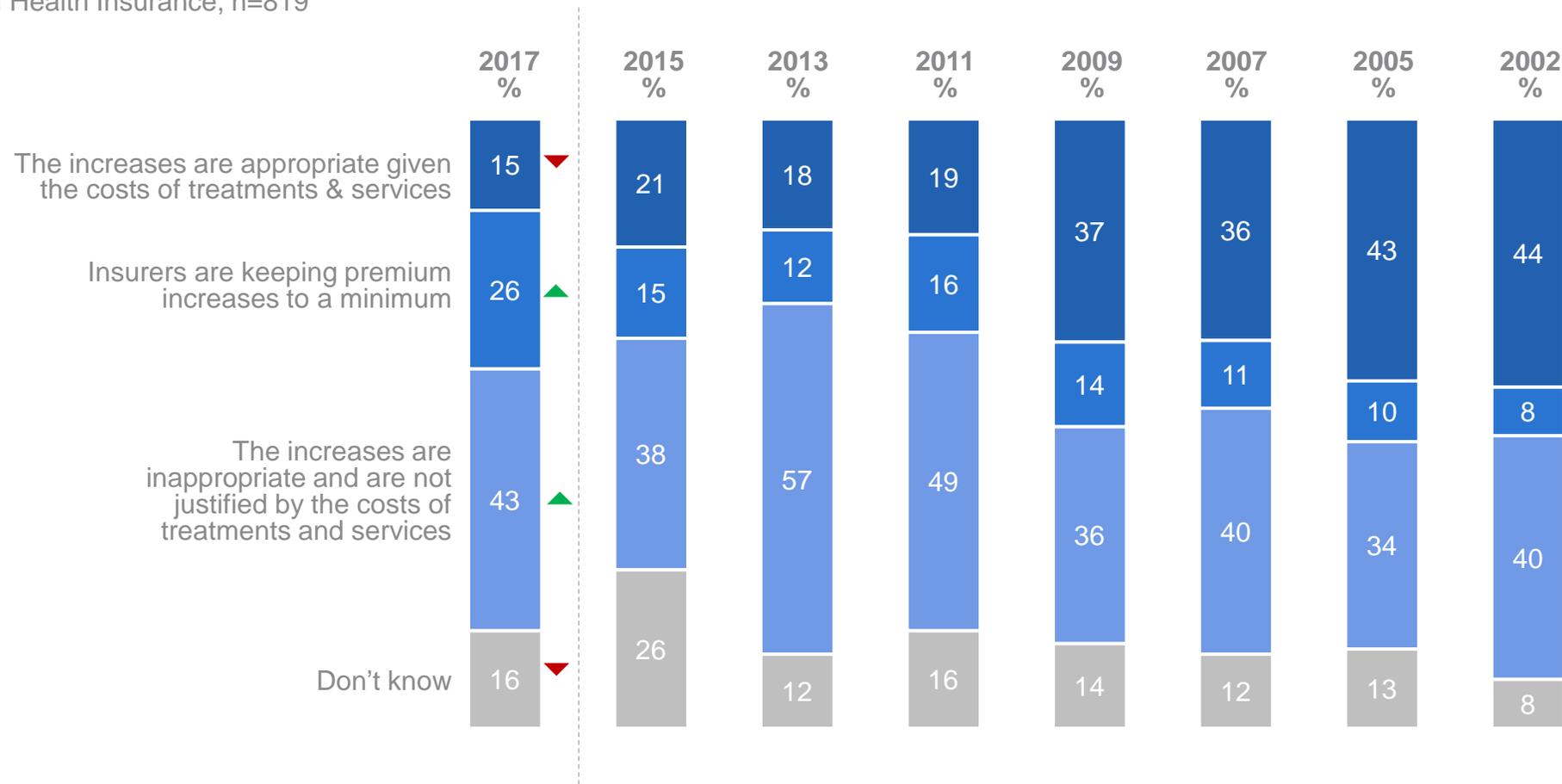
Cost of Policy: The average perceived cost of policies has decreased this year. This may be either a function of policy holders actually paying less (for reduced cover) or the perceived cost of cover relative to income levels. As in previous years, the cost of policies (or level of cover) increase with age.

Base: All with Health Insurance, n=819



Attitude to Premium Increases: There has been a significant increase in those believing that premium increases are unjustified, but others feel that premium increases are being kept to a minimum – suggesting that consumers may lay the blame elsewhere. Compared to 2015, policy holders are more vocal in their outlook towards premium increases.

Base: All with Health Insurance, n=819



▲ ▼ Significant Difference vs 2015

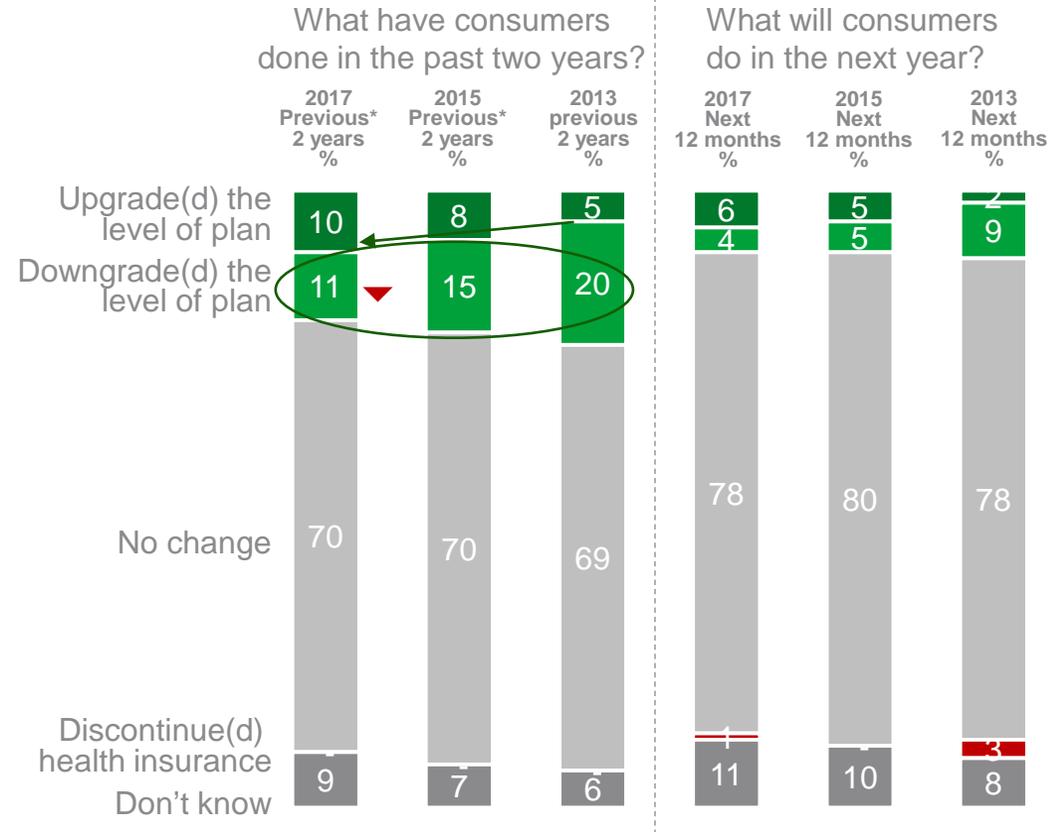


Switching and Discontinuation

Health Insurance: Past Action vs. Future Plans:

Reflecting increased consumer confidence in the economy, policy holders are more likely to have upgraded their plans, and the proportion have downgraded has halved since 2013. in general however, most holders are quite reluctant to change, either in the past or looking to the future.

Base: All with Health Insurance, n=819



▲ ▼ Significant Difference vs 2015

Likely Action to health insurance policy over next 12 months: A review by age and policy type.

Base: All with Health Insurance, n=819

		Upgrade %	Downgrade %	No change %	Discontinue %	Don't Know %
Total		6	4	78	1	11
AGE	18-34	3	6	67	1	23
	35-54	5	5	79	1	10
	55+	8	2	82	1	7
POLICY TYPE	Pay all themselves	5	3	79	1	11
	Employer pays all	-	-	-	-	-
	Employer pays some	1	12	74	-	13

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

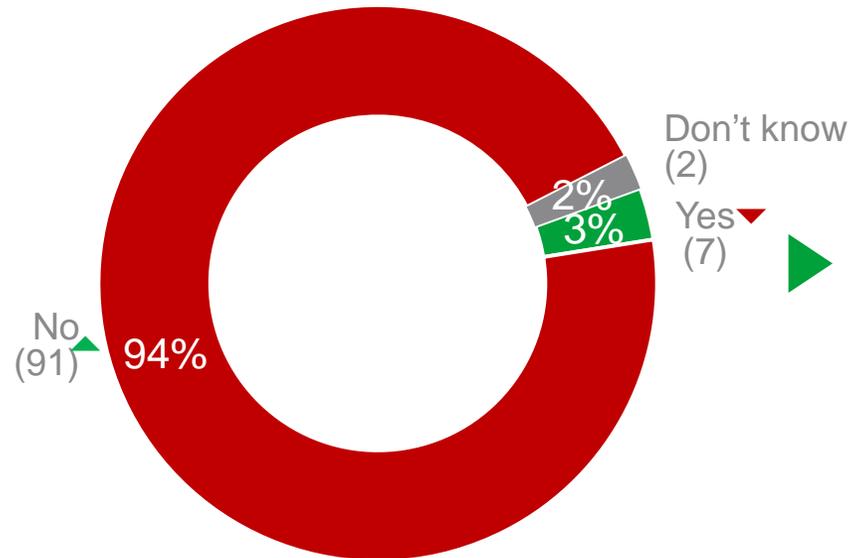
Base: All with Health Insurance, n=819

		Upgrade %	Downgrade %	No change %	Don't Know %
Total		10	11	70	9
AGE	18-34	6	5	67	22
	35-54	10	13	69	9
	55+	12	12	72	3
POLICY TYPE	Pay all themselves	10	10	71	8
	Employer pays all	-	-	-	-
	Employer pays some	5	17	65	13

Have people been removed from policies? Removing others from policies has decreased in 2017.

Base: All with Health Insurance, n=819

Have you removed anybody from your Health Insurance over the past two years?



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

Base: All who have removed somebody from policy (n=28*)

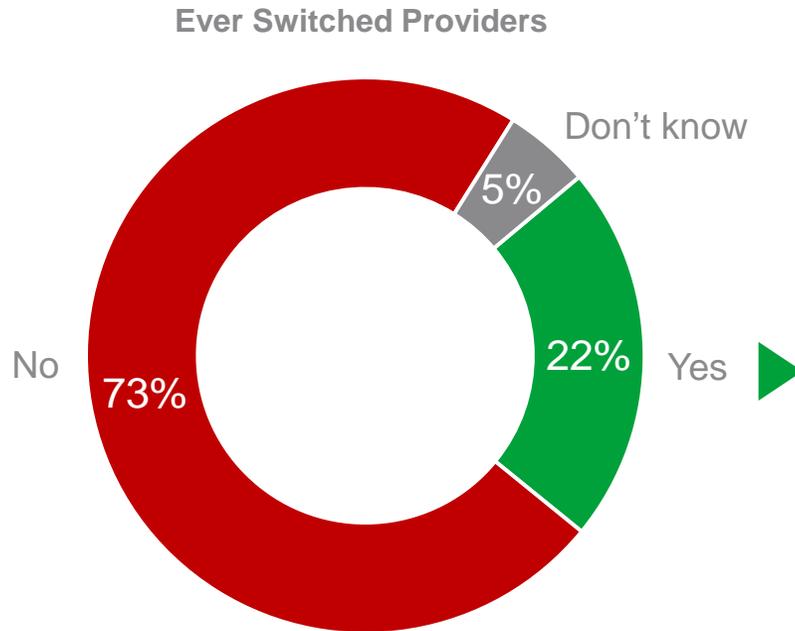
	2017	2015	2013
Spouse/ Partner	24%	15%	7%
An Adult child (over 18 years)	58%	82%	68%
A child under the age of 18	6%	9%	16%
Someone else/refused	14%	0%	9%

*Caution – small base
▲ ▼ Significant Difference vs 2015

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

Base: All with Health Insurance, n=819

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



Base: All Switchers, n=181

Number of Times Switched & Insurer Most Recently Switched From



Reasons for Switching Health Insurance Provider: Cost savings have traditionally been the key driver for those who are switching (and this remains to be the case). However, the level of cover/products and services is becoming more important.

Base: All who have switched Health Insurance Provider, n=181

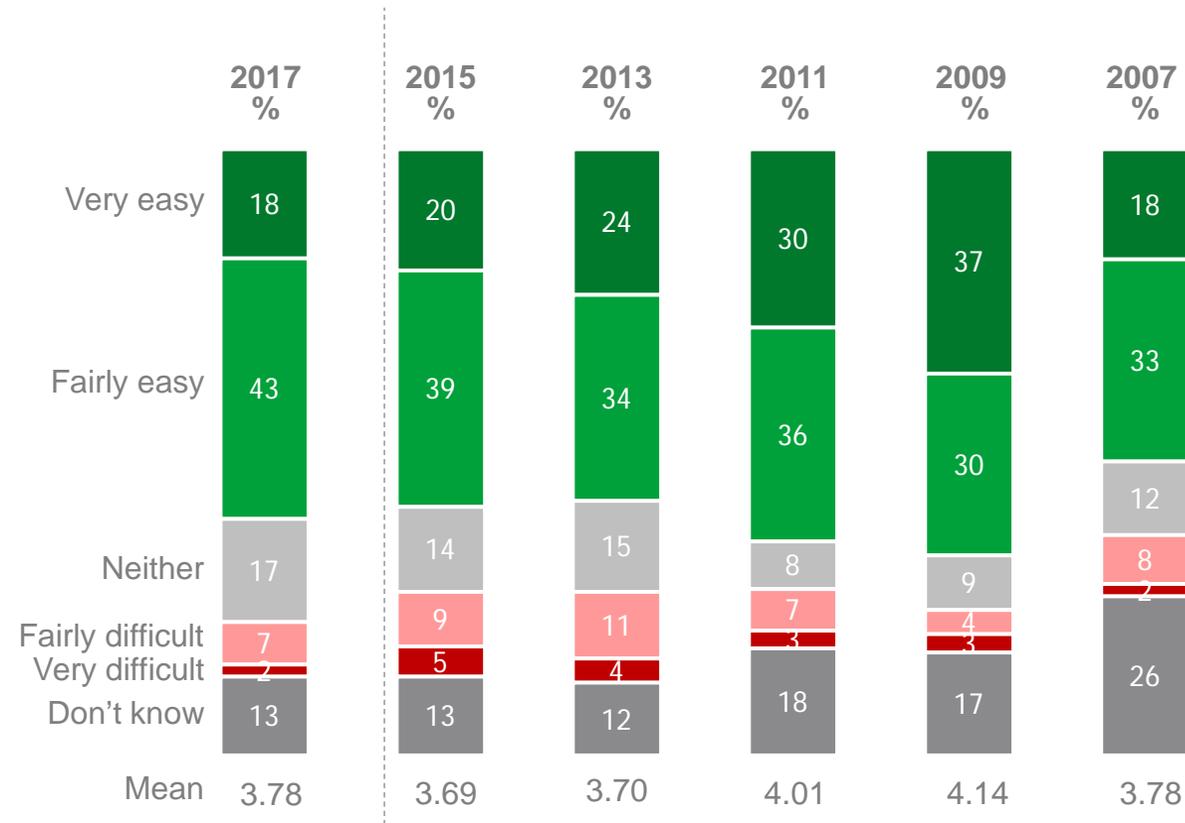


* New code added in 2015

▲ ▼ Significant Difference vs 2015

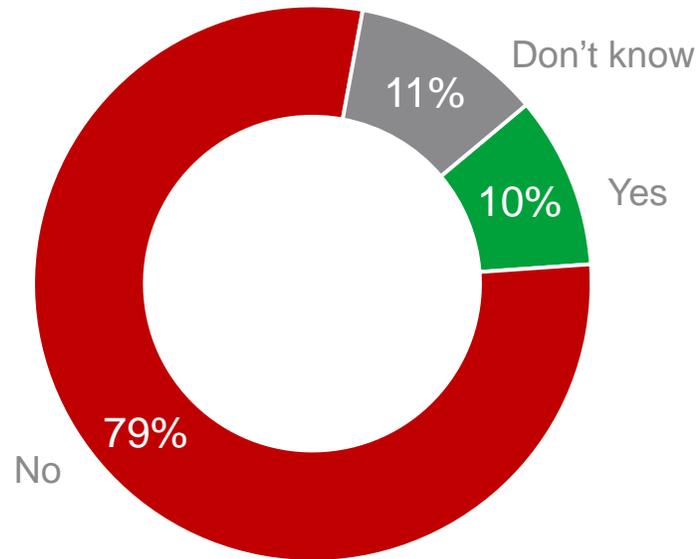
Perception of Ease of Switching: Perceptions of the ease of switching PHI providers remains relatively unchanged year on year; two-thirds still see it as an easy process.

Base: All with Health Insurance, n= 819



Incidence of having *considered* switching from current PHI provider to another: Customers who have never switched health insurance provider are increasingly sticking with one health insurance provider as consideration for switching from current health insurance provider has reached an all-time low.

Base: All who have never switched Health Insurance Provider, n=638



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

Reasons for not Switching PHI Provider: Nearly half cite satisfaction with their current provider as the reason for not considering a switch; lack of cost savings also becoming less important in switch consideration.

Base: All who have never switched Health Insurance Provider, n=638

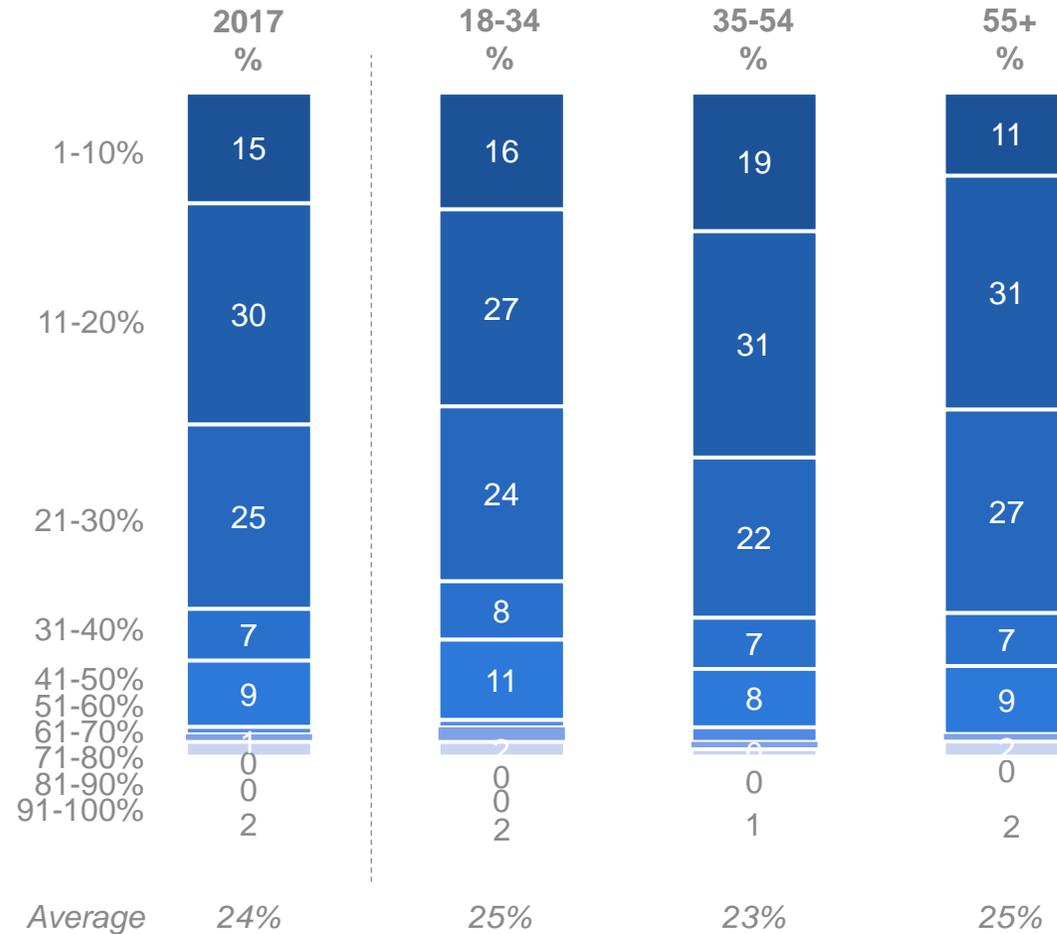
	%	2015 %	2013 %	2011 %	2009 %	2007 %	2005 %	2002 %
Satisfied with current provider	46	40	38	44	41	45	36	27
No significant cost savings*	17 ▼	23	n/a	n/a	n/a	n/a	n/a	n/a
Not my decision	15 ▲	9	9	6	13	14	9	12
Level of cover no better	14	14	15	13	13	16	15	13
Too much hassle/paperwork	13	15	n/a	n/a	n/a	n/a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

* New code added in 2015

▲ ▼ Significant Difference vs 2015

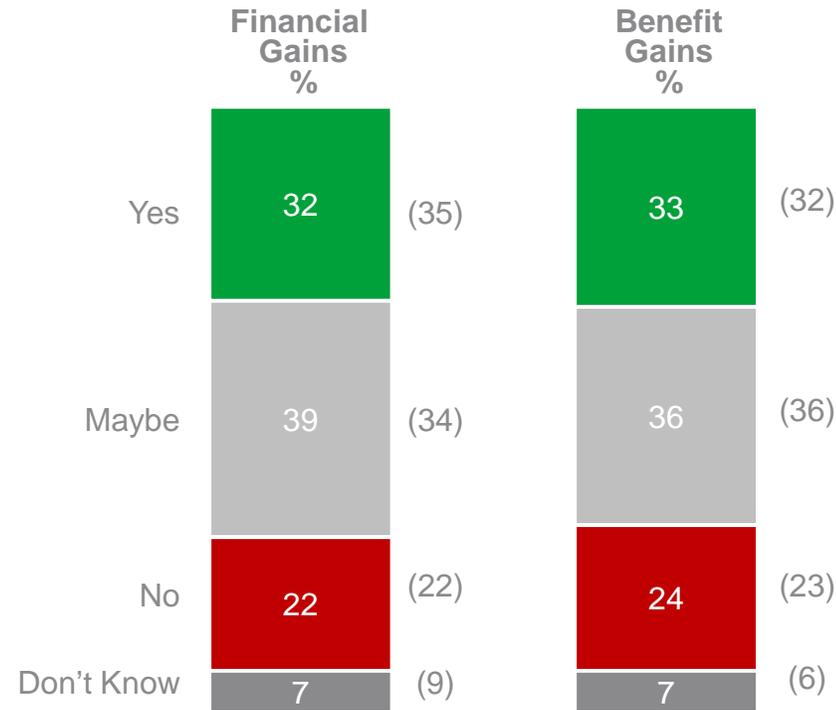
Savings needed to switch: Savings of around 25% continues to be the average needed to encourage consideration for switching insurance providers.

Base: All with Health Insurance, n= 819



Incidence of considering switching from current insurer for financial or benefit gains: In-line with decreased overall appetite for switching providers, little year-on-year movement for considering a change for financial or benefit gains as there is a lack of perceived differentiation of policy offerings and cost savings.

Base: All with Health Insurance, n= 819



() 2015 data

Factors that would encourage discontinuing cover: The perceived importance of having PHI has grown after a dip in 2015 as more say nothing would lead them to discontinue coverage, including job loss. However, a decline in product offering or level of coverage have increased as being drivers for ending coverage.

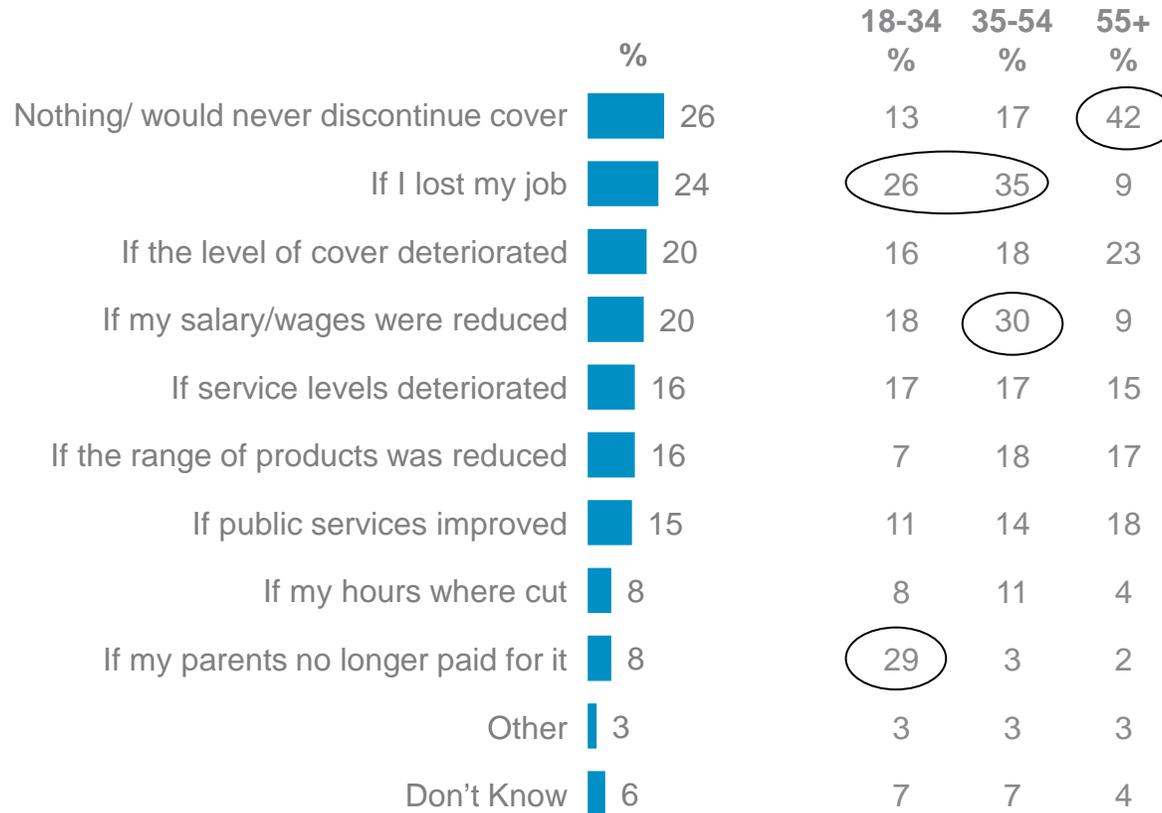
Base: All with Health Insurance, n= 819

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

▲ ▼ Significant Difference vs 2015

Other factors that would encourage discontinuing cover x Age: Financial hardship is the primary reason that would lead workforce-aged consumers to cancel their PHI coverage. The older age cohort, who are more likely to have health concerns, are also more likely to say that nothing would lead them to discontinuing their policy.

Base: All with Health Insurance, n= 819

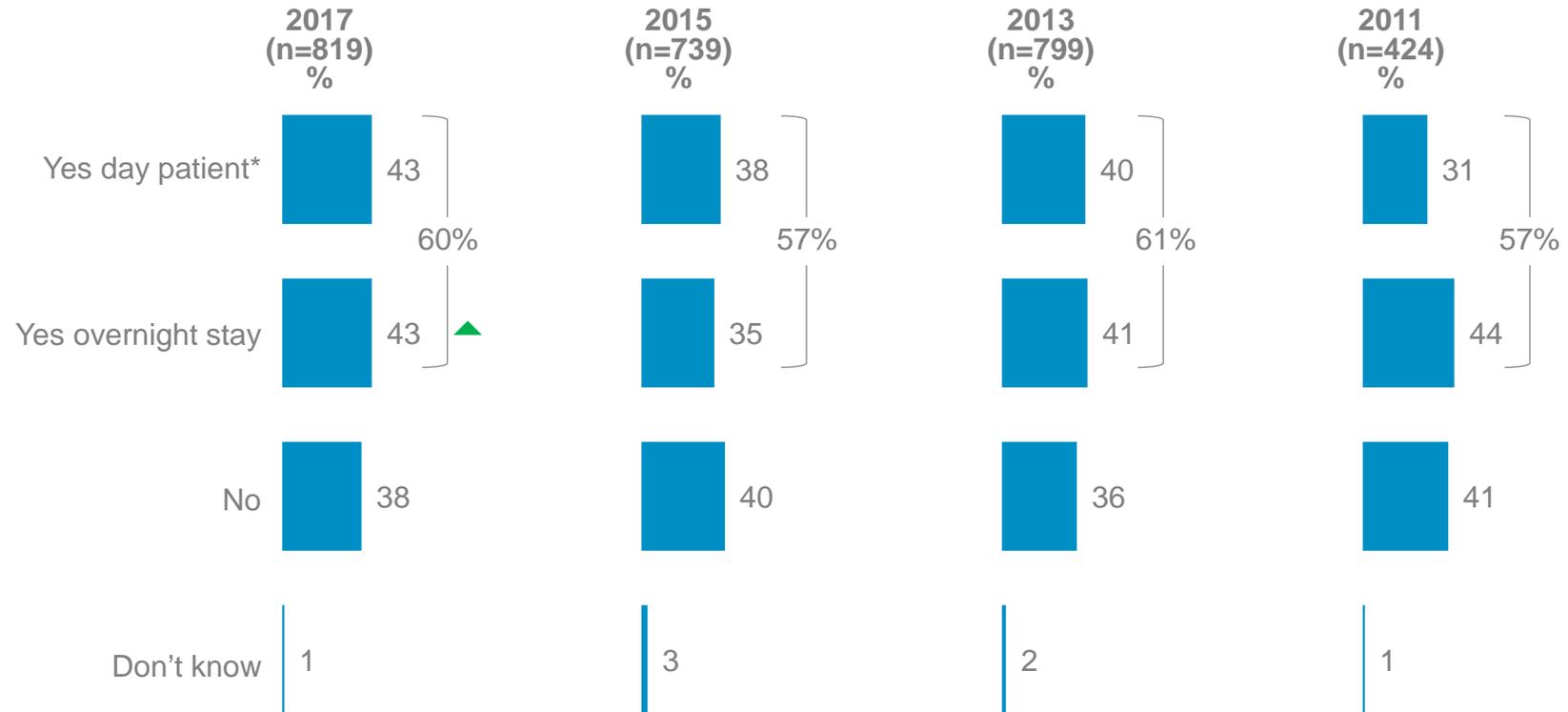


A close-up photograph of two elderly men with white hair. The man on the left is leaning in and whispering into the ear of the man on the right, who is wearing glasses and has a slight smile. The background is a soft-focus green outdoor setting.

Claim Experience

Incidence of Ever Claiming on Health Insurance Policy: Overall claims up slightly from 2015 with significantly more claiming for an overnight hospital stay.

Base: All with Health Insurance, n= 819



*Day Patient refers to a Hospital Admission Day Patient

▲ ▼ Significant Difference vs 2015

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

Base: All who have ever had Health Insurance, n= 968

		As a Day Patient*	Overnight Stay
		%	%
GENDER	Total	40	41
	Male	37	38
	Female	42	45
AGE	18-34 (n=176)	22	22
	35-44 (n=240)	38	32
	45-54 (n=210)	37	42
	55-64 (n=181)	38	48
	65+ (n=161)	56	63
SOCIAL CLASS	ABC1 (n=521)	42	41
	C2DE (n=388)	34	41
Dependent children U.18 years	Yes	37	36
	No	41	44

*Hospital Admission Day Patient

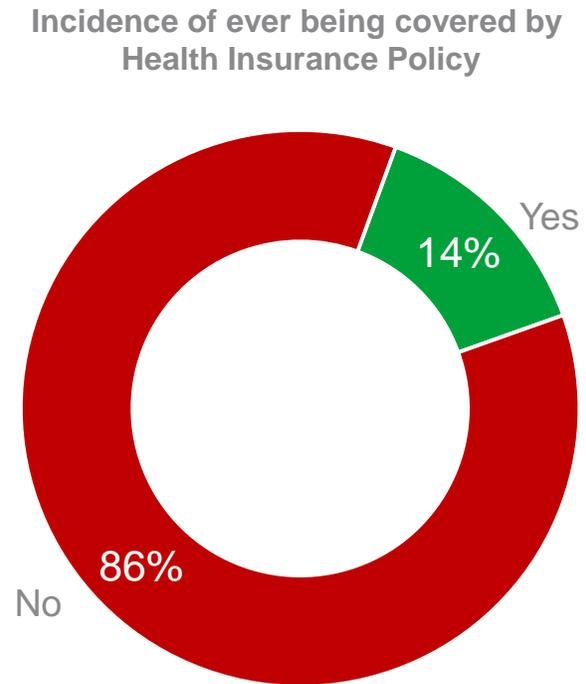


A closer look at those without Health Insurance

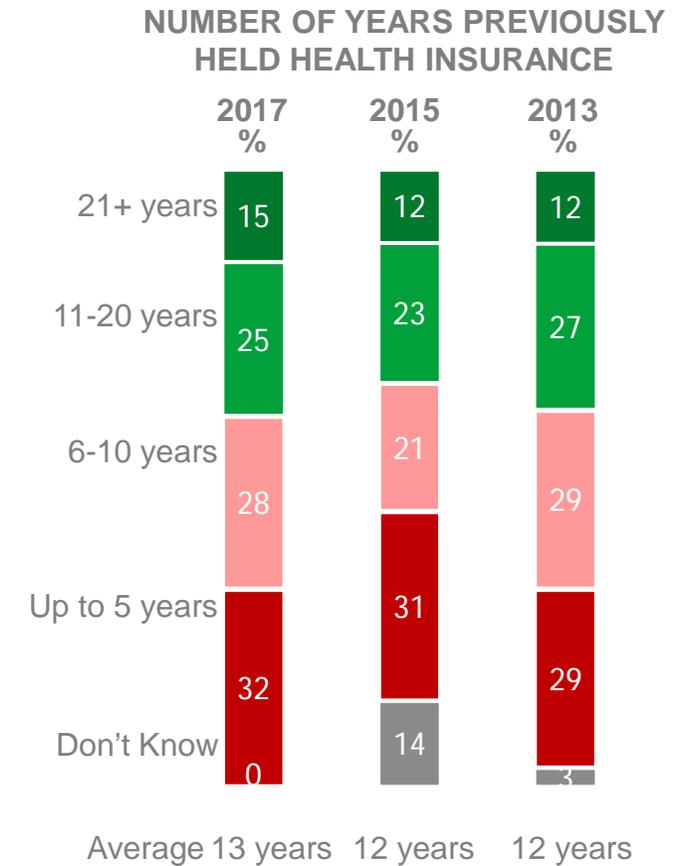
Incidence of lapsed policies: Incidence of having previously held PHI has declined this year among those who do not currently have coverage; the average length of previous coverage remains fairly consistent.

Base: All without Health Insurance, n= 1,072

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



Base: All who were previously covered by HI, n=149



Reasons for no longer having health insurance: Cost/financial hardship is the key reason those previously covered no longer have health insurance; subsequently, there has been an increase in those stating they have medical/GP visit cards.

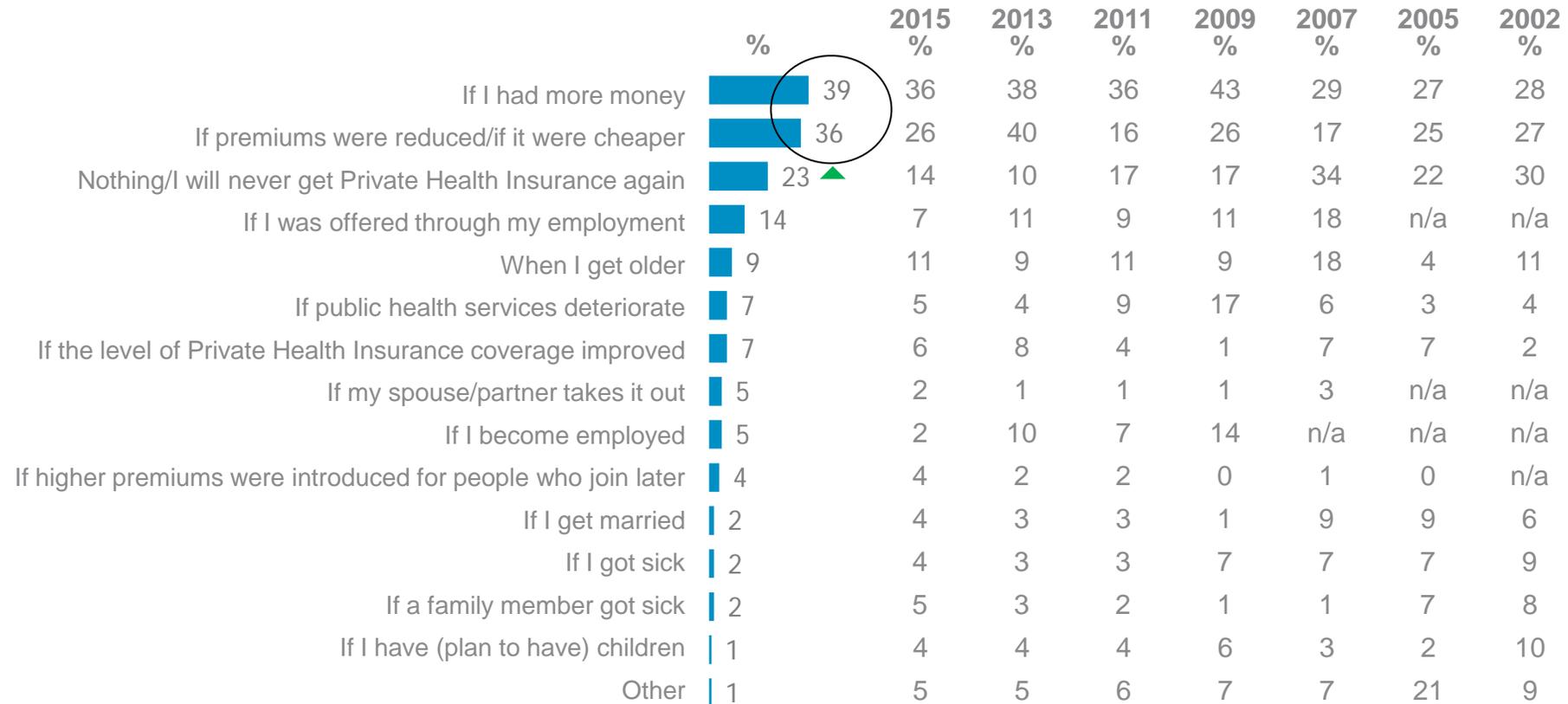
Base: All who were previously covered by Health Insurance, n= 149

	Any Reason %	Any reason 2015 %	Any reason 2013 %	Any reason 2011 %	Any reason 2009 %	Any reason 2007 %	Age (Any Reasons)		
							18-34 %	35-54 %	55+ %
Too expensive/ Premiums too high/Can't afford it	63	53	n/a	n/a	n/a	n/a	65	61	64
Have a medical card	18	12	12	10	23	23	14	3	31
No longer represented value for money	17	11	21	8	12	17	14	10	23
No longer provided through work	15	12	6	11	14	21	16	20	12
I lost my job and had to cancel it	15 ▲	6	8	16	19	-	7	17	17
No longer covered by my parent's insurance	8 ▼	16	n/a	n/a	n/a	n/a	39	5	0
Satisfied with public services	8	5	3	5	4	7	-	5	3
I have a GP Visit Card	7 ▲	2	n/a	n/a	n/a	n/a	4	3	12
I'm healthy/Don't need it	4	5	3	5	11	3	4	6	2
Haven't thought about it	2	3	2	4	6	5	4	4	-
Will get it when I'm older	1	2	n/a	n/a	n/a	n/a	4	1	-
Don't approve of it	1	1	n/a	n/a	n/a	n/a	-	-	2
I went abroad	1	n/a	n/a	n/a	n/a	n/a	-	4	-
Other	7	12	10	6	16	16	-	4	-
Don't know	1	1	n/a	n/a	n/a	n/a	-	-	1

▲ ▼ Significant Difference vs 2015

Drivers to take out Health Insurance again: Dovetailing with cost as the main barrier to reinstate coverage, one-third say they would take out PHI again if they had more money while another third say they would if premiums were reduced. One-quarter say they will never get coverage again, up 9 points from 2015.

Base: All who were previously covered by Health Insurance, n= 149



▲ ▼ Significant Difference vs 2015

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

Base: All who have never held Health Insurance, n= 923

	Main Reason %	Any Reason %	Any reason 2015 %	Any reason 2013 %	Any reason 2011 %	Age		
						18-34 %	35-54 %	55+ %
Too expensive/ Premiums too high/Can't afford it	52	64 ▲	59	67	54	56	68	68
Have a medical card	18	27	31	29	25	21	22	43
Haven't thought about it	8	16	13	15	16	22	15	8
Satisfied with public services	9	16 ▲	12	12	11	11	23	16
I'm healthy/Don't need it	7	15	12	16	10	19	17	7
Will get it when I'm older	4	9	6	9	7	14	10	1
Don't approve of it	- 1		2	2	n/a	*	1	2
Other	1	2	n/a	n/a	n/a	1	2	2
Don't know	-	2	4	2	6	3	1	2

▲ ▼ Significant Difference vs 2015

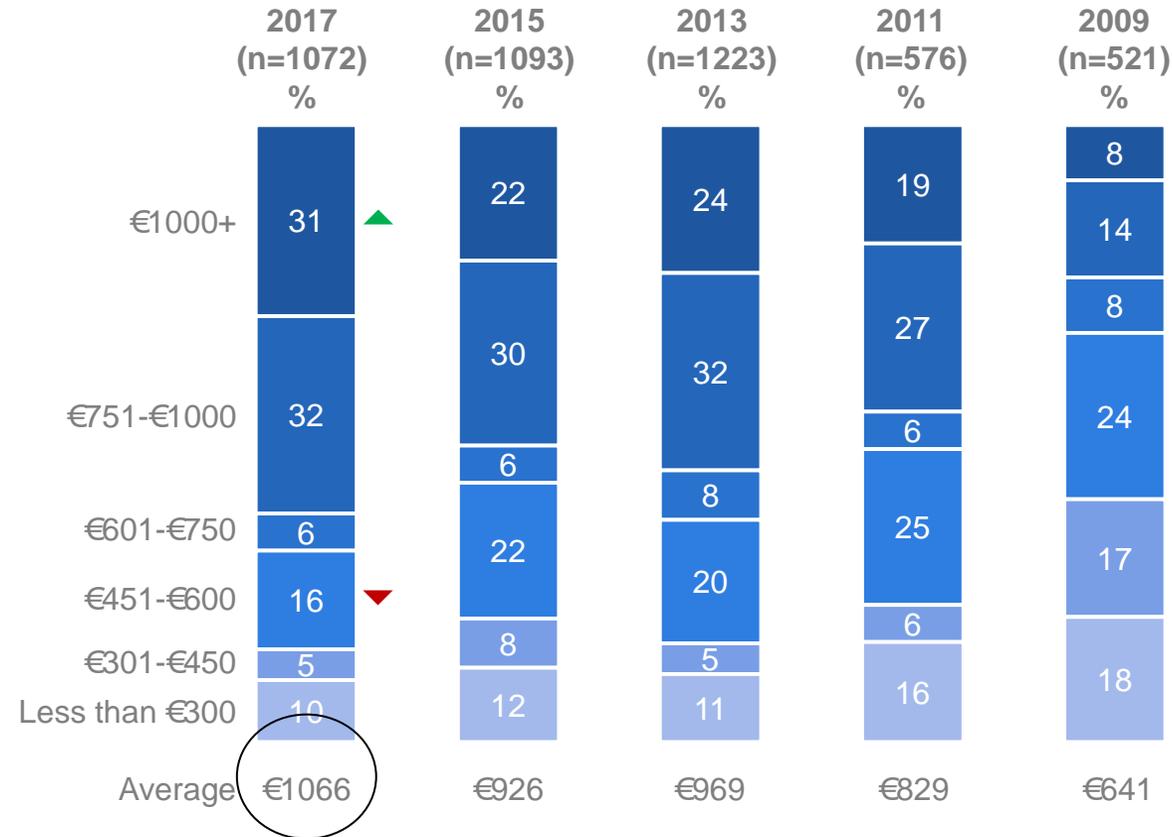
Factors that would encourage those who never had PHI to opt for it: As with drivers to re-instating PHI coverage, having more money and cheaper premiums emerge as the top factors that would encourage PHI purchase among those who have never had a policy.

Base: All who have never held Health Insurance, n= 923

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

Perception of annual cost of health insurance per adult (among those without PHI): Increased perceptions that PHI is expensive helps to explain why cost is the main barrier in getting insurance for both those who have previously and never held PHI; the perceived average cost has risen by €140 since 2015.

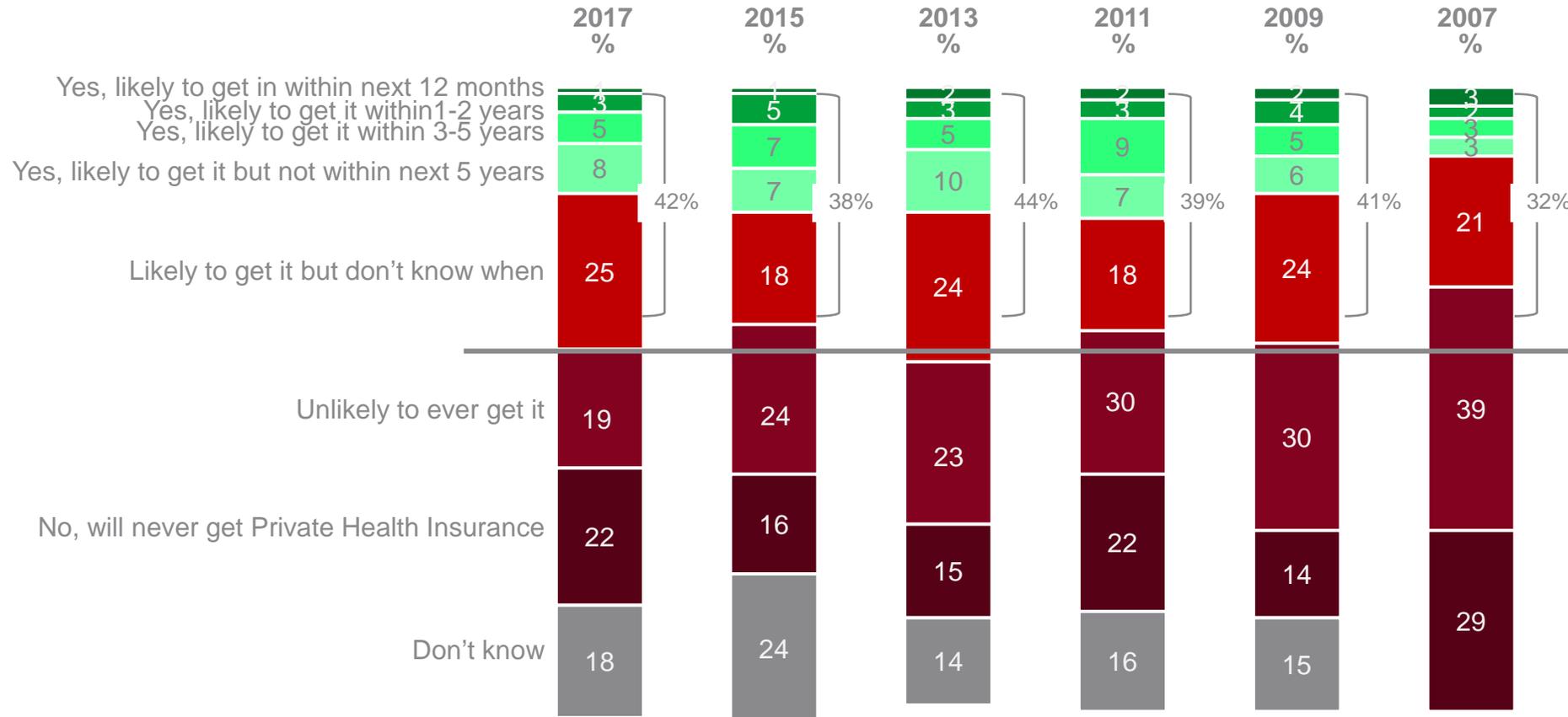
Base: All without Health Insurance, n= 1,072



▲ ▼ Significant Difference vs 2015

Future intentions for Health Insurance: Little overall change in future intentions to purchase PHI from 2015.

Base: All without Health Insurance, n= 1,072



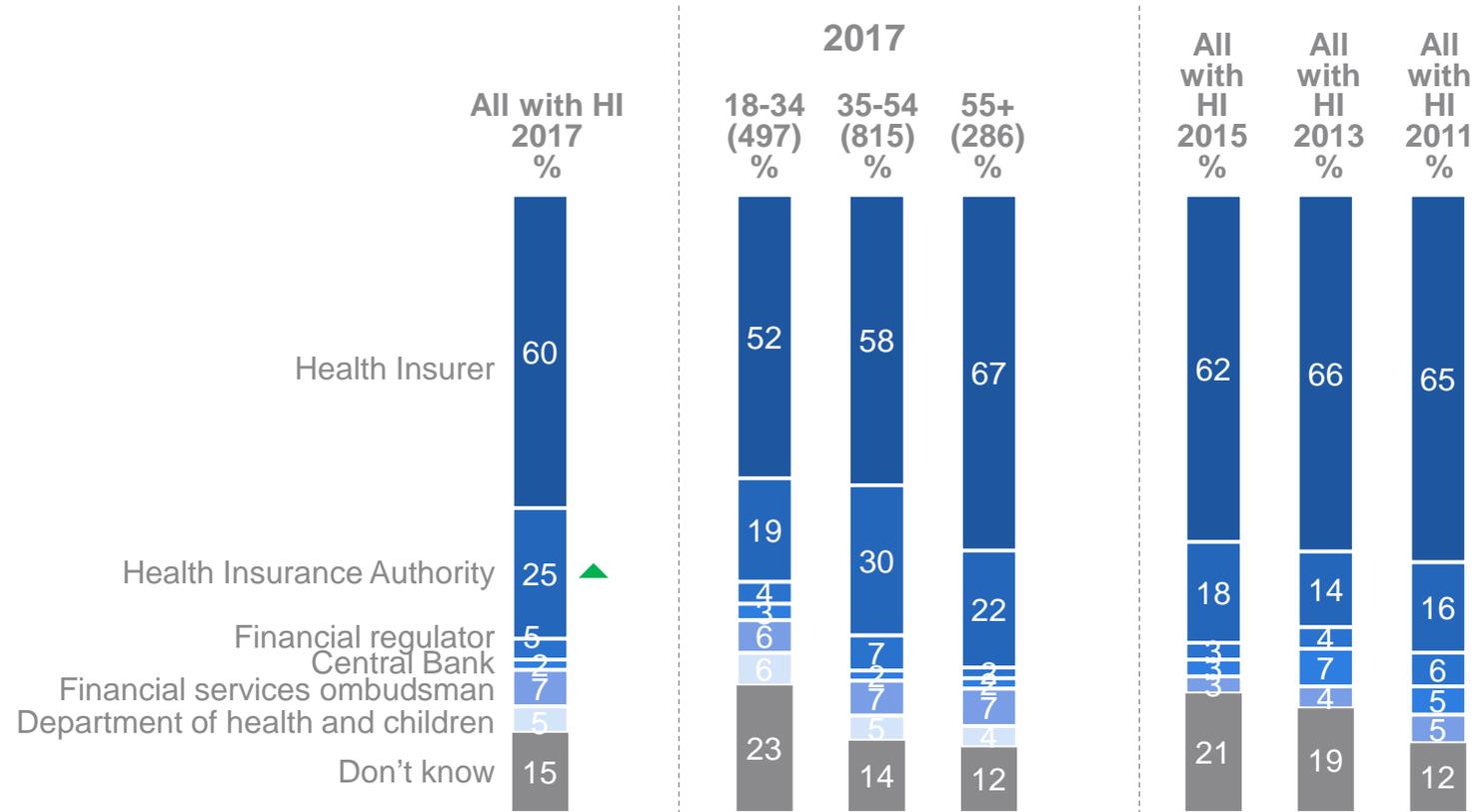


Health Insurance Authority

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

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

Base: All with Health Insurance, n=819

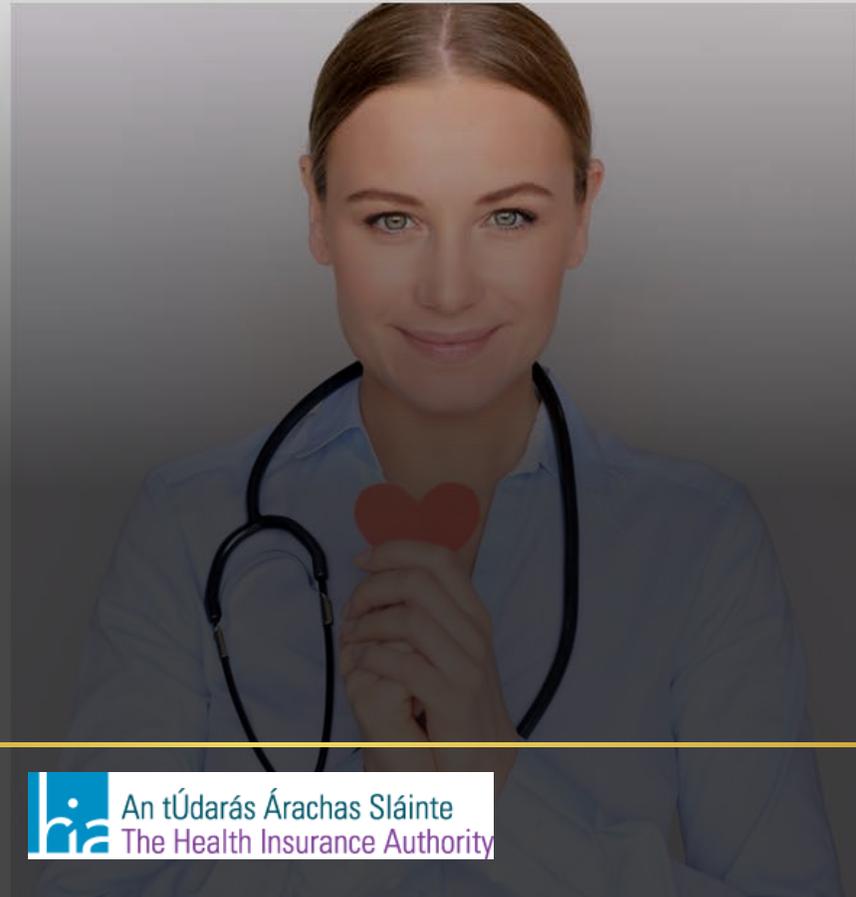


▲ ▼ Significant Difference vs 2015

Awareness of Ireland's Health Insurance Authority: Awareness of the HIA has increased significantly from 2015 both among all adults 18+ and those who hold health insurance.

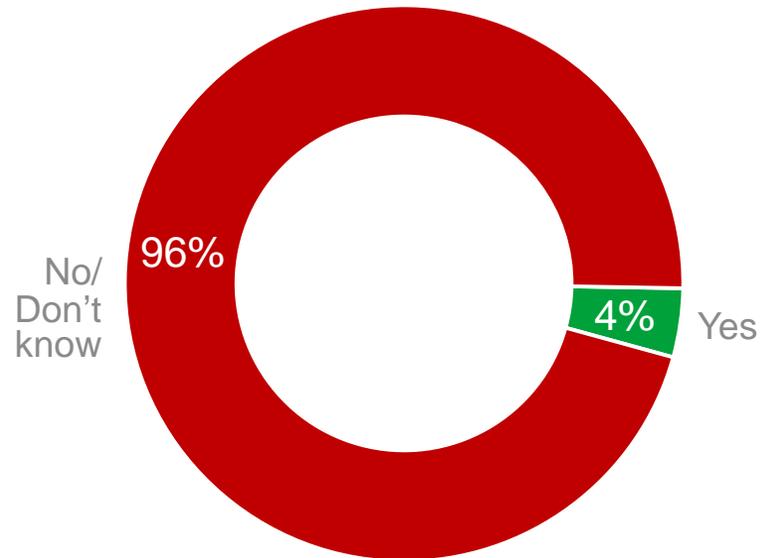
Base: All Adults Aged 18+, n=1,891





Incidence of making a complaint to health insurer: The incidence of reporting complaints to health insurers remains stable from 2015.

Base: All with Health Insurance, n=819



Incidence of Making a Complaint %	
2015	4
2013	6
2011	7
2009	2
2007	1
2005	4
2002	3

Agreement with statements about health insurance by demographics.

Even among those without Private Health Insurance, there is a strong recognition (43%) that PHI is a necessity and not a luxury, suggesting that if they could afford it, they would purchase it.

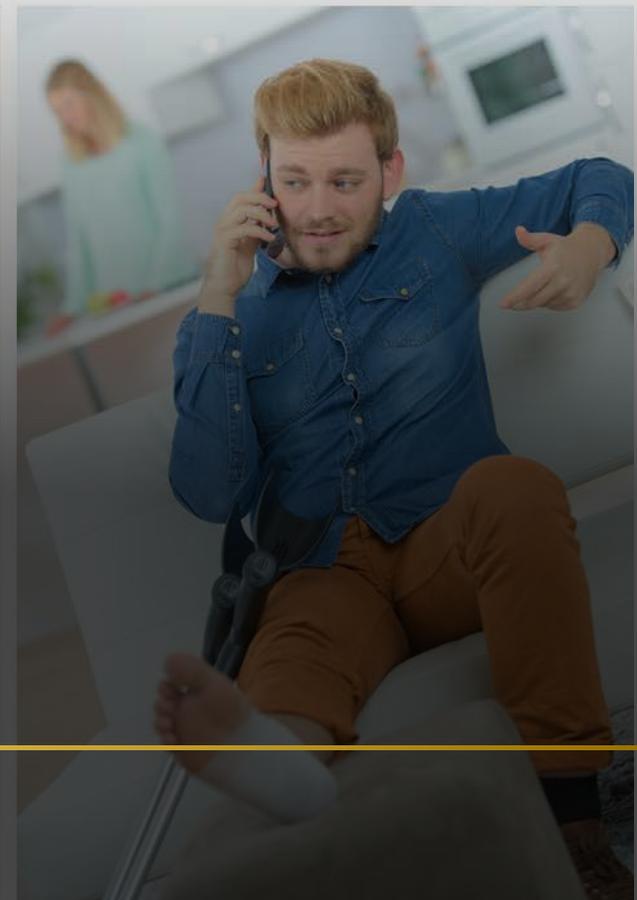
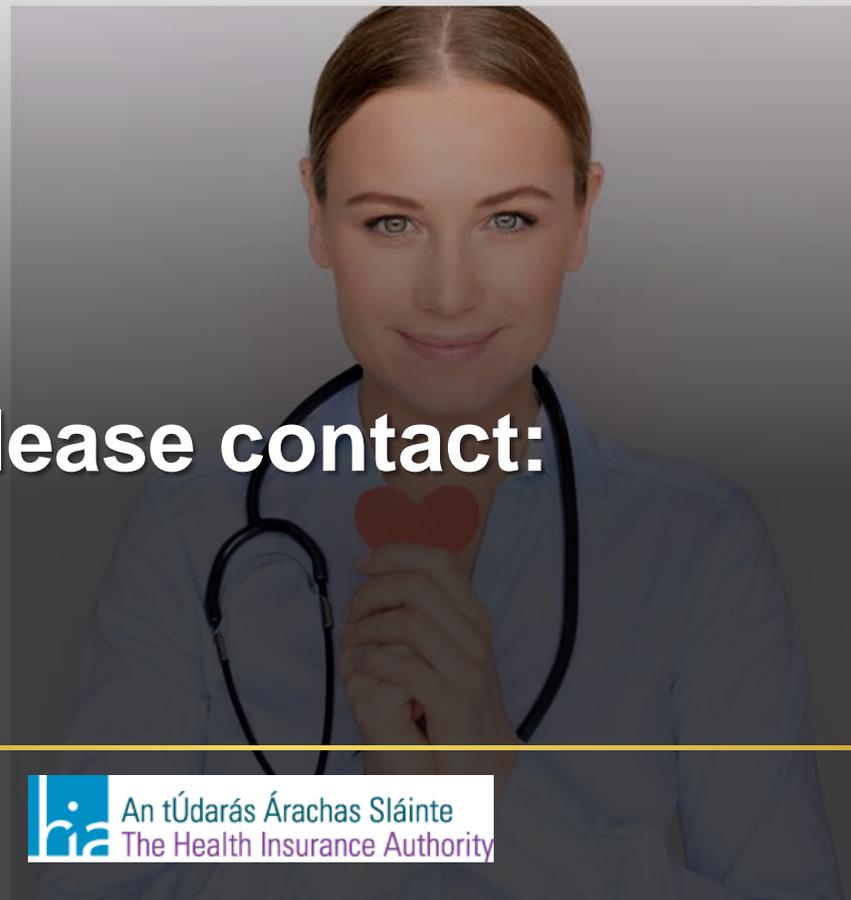
Base: All Adults Aged 18+, n=1,891

		PHI is a necessity not a luxury %	Having PHI means always getting better level of health care service %	Having PHI means you can skip the queues %	Consumers are adequately protected in the PHI market in Ireland %	PHI is only for the wealthy %
Total Agree %		58	57	59	36	44
GENDER	Male	58	59	60	38	44
	Female	57	56	58	35	43
AGE	18-25	58	61	56	35	47
	26-34	56	53	54	35	44
	35-44	57	53	53	38	45
	45-54	55	55	55	33	41
	55-64	55	60	69	36	44
	65+	63	64	70	40	42
SOCIAL CLASS	ABC1	66	59	60	43	33
	C2DE	51	55	57	31	52
Total Policy Holders (n=819)		61	67	73	38	44
PEOPLE WITH PHI	18-34	77	64	63	47	25
	35-54	73	61	59	48	25
	55+	74	59	55	44	30
Total Non-Policy Holders (n=1072)		82	71	74	49	20
PEOPLE WITHOUT PHI	18-34	43	53	56	29	58
	35-54	50	55	53	30	54
	55+	40	50	52	29	55
		37	53	65	28	66

Agreement with statements about health insurance by demographics

Base: All Adults Aged 18+, n=1,891

		There is adequate information to enable me to compare plans on offer from different health insurers %	I will always have PHI %	There is no need for PHI in Ireland, public services are adequate %	PHI is good value for money %	Only old people and sick people need PHI %
Total Agree %		39	39	22	30	18
GENDER	Male	41	41	24	32	20
	Female	38	39	19	27	17
AGE	18-25	39	29	21	29	25
	26-34	40	30	22	28	18
	35-44	39	42	27	30	23
	45-54	40	43	20	28	16
	55-64	36	41	20	31	17
	65+	40	49	19	32	11
SOCIAL CLASS	ABC1	48	56	22	37	18
	C2DE	33	27	22	25	19
	E	33	42	14	25	10
Total Policy Holders (n=819)		51	75	16	44	18
PEOPLE WITH PHI	18-34	54	63	18	41	24
	35-54	50	72	18	41	19
	55+	50	85	12	48	13
Total Non-Policy Holders (n=1072)		30	13	26	19	19
PEOPLE WITHOUT PHI	18-34	33	16	23	23	20
	35-54	31	16	29	18	21
	55+	26	7	26	16	15



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