The Private Health Insurance Market in Ireland

- A Market Review -

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Appendix A Marked-Up Questionnaire

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1. **Introduction and Methodology**

The Health Insurance Authority (the Authority) commissioned Insight Statistical Consulting (Insight) to carry out a quantitative research study of the private health insurance (PHI) market in Ireland.

The Authority wished to discover, *inter alia*:

- factors that would influence a decision to transfer between health insurers;
- factors influencing the decision to take out private health insurance; and
- factors that would lead to discontinuation of cover/exit from the market.

As part of a wider investigation into the private health insurance market, the Authority wished to gauge consumers’ attitudes towards various features of the market. These included, *inter alia*:

- the level of competition in the market;
- value for money/premium rises;
- choice of products;
- appropriateness of cover;
- adequacy of information about products and about the market in general; and
- experience of claims/complaints.
The Authority also wished to assess the level of knowledge amongst consumers relating to various aspects of the market, including *inter alia*:

- community rating, open enrolment, lifetime cover and risk equalisation;
- consumers’ rights, e.g. ability to transfer between health insurers without incurring a waiting period, requirement for waiting period when upgrading cover, right of health insurers to refuse cover to over-65s;*
- consumers’ own cover and any restrictions thereon;
- awareness of the Authority and its functions; and
- awareness of the Authority’s work to provide consumer information.

* On July 1, 2005 new Health Insurance Act 2001 (Open Enrolment) Regulations 2005 came into force. Accordingly, insurers are not now entitled to refuse cover to people aged 65 and over. The amendments provided for these changes while retaining the basic structure of the existing regulations in relation to the serving of certain waiting periods before insurance cover takes effect. This survey was carried out prior to these changes occurring.

This research follows on from a similar study conducted in 2002/’03. In terms of methodology, face-to-face interviews were carried out with a national sample of 1,002 Irish adults. Quota controls were set by region, age, gender and social class. Corrective weightings were subsequently applied, where necessary, to reflect the known profiles of all adults aged 18+ living in the Republic of Ireland. The fieldwork was conducted by Quota Search Ireland between the 7th March and 15th April 2005. Surveys were conducted in respondents’ own homes at 100 locations throughout the Republic of Ireland.

This document presents independent research conducted on behalf of The Health Insurance Authority by Insight Statistical Consulting. The material presented in this report does not necessarily represent the views or opinions of The Health Insurance Authority.
Terms and Expressions

**Base:** Each tabular or graphical output contains a base from which the percentages are calculated. This is the number of people who responded to a particular question and is the unweighted base figure, i.e. the *actual* number of respondents from which the findings were based.

**Margin of Error:** The margin of error for a random sample of 1,002 respondents from a large population is approximately +/- 3%. The quota sampling used in this study provides a reasonable approximation of random sampling.

**Rounding Error:** Some rounding errors may occur in the data tables and charts. This means that, for single response questions, not all figures will add up to 100% due to rounding. For example, 48.5% and 51.5% may be rounded to 49% and 52% respectively.

**Consumers and Non-Consumers:** All respondents currently holding private health insurance are referred to as consumers and all respondents who do not currently hold private health insurance are referred to as non-consumers. Throughout the report, any statements about consumers and non-consumers are based on the data collected from the sample interviewed as part of this study.

**Private Health Insurance Providers:** Throughout the report BUPA Ireland is referred to as BUPA, VHI Healthcare is referred to as VHI and VIVAS Health as VIVAS. All providers are referred to collectively as insurers.

**PHI:** PHI is used throughout the report to mean Private Health Insurance.

**Switcher:** A switcher is defined as any consumer who ever switched private health insurance from one provider to another in Ireland.
Previous study: Throughout the report, the previous study refers to a similar review of the private health insurance market undertaken in 2002/’03, i.e. the fieldwork was undertaken in 2002 and the report was written in 2003.

Social Class: The occupation of the chief income earner for the household was recorded and categorised into social class according to Central Statistics Office (CSO) guidelines. A is Upper Middle Class; B is Middle Class; C1 is Lower Middle Class; C2 is Skilled Working Class; D is Other Working Class; E is Casual Workers and those dependent on welfare. Farmers are classified as F1 and F2, F1 being farmers who farm more than 50 acres, F2 being those with smaller farms, i.e. 50 acres or less.

Mean: The mean (or average) is the most commonly used measure of centre. It sums the numbers and divides by the total number of values summed.

Median and Inter-Quartiles: The median is the middle value, i.e. half of the numbers in the variable are less than or equal to the median and half are greater than or equal to the median. The median is not affected by occasional extraordinary data values and can often be a more accurate description of the central tendency of the data than a mean. The upper quartile is the middle value between the median and highest value, i.e. 75% of the values are equal to or less than the upper quartile. By the same rationale, 25% of values fall below the lower quartile.

The Health Insurance Authority: The Health Insurance Authority is referred to in this report as the Authority or the HIA.
2. Executive Summary

This chapter summarises the main findings from each of the main chapters of the report.

Chapter Three: Market Overview

- Ownership of private health insurance has increased from 47% in the previous study to 52% of all Irish adults in 2005. Social class has remained a key determinant of ownership and this was not surprising considering the rising cost of cover and the relationship of social class to disposable income.

- Approximately a quarter (26%) of adults indicated they had a medical card with 3% of adults having both a medical card and private health insurance. Age (65+ years) and social class (DE) were key determinants of medical card ownership.

- A sizeable proportion (over 20%) of adults held other health insurance related products (e.g. critical illness, income protection plan) and most considered them as complements to (rather than substitutes for) private health insurance. A high proportion of respondents did not know whether each product was a complement to or a substitute for private health insurance.

- There was a high level of multiple other health insurance related products held by respondents. For example, 75% of those with cash plans also had a critical illness policy and 70% of those with cash plans also had an income protection plan.
Chapter Four: PHI Consumer Market

- VHI retained its status as the clear market leader with 76% of the consumer sample (a decrease of 6 percentage points from 82% in the previous study). In comparison, BUPA accounted for 17.5% of the consumer sample (an increase of 4.5 percentage points from 13% in the previous study). The remainder was made up of the new entrant to the market, VIVAS (0.5%), and other nominated schemes (6%).

- Although the age profile of VHI consumers sampled was older than that of BUPA consumers, the difference in the average age was less than in the previous study.

- The most popular VHI plan was Plan B with 44% of all VHI consumers sampled holding this plan. Essential Plus (with and without excess) was the most popular type of BUPA plan with 44% of all BUPA consumers sampled holding this plan.

- One-in-five (20%) consumers considered it likely that they would upgrade their plan at some time in the future (11% in the previous study).

- The median length of PHI ownership was 19 years (20 years for VHI consumers sampled and 10 years for BUPA consumers sampled). BUPA only entered the Irish market in 1997 but approximately half of all BUPA consumers sampled had switched from another insurer, i.e. had held PHI prior to joining BUPA.

- A lower than expected proportion of PHI holders (45%) said they were part of a group scheme. Approximately a quarter of those who said they were part of a group scheme had some or all of their health insurance policy costs paid for by their employer. Of these, just over one-third had all of the costs covered.
• Seventy-seven percent (77%) of plans had at least two adults and 44% of plans had at least one child named on the policy. The most common plan profiles were 2 adults with no children (23% of all plans), 1 adult with no children (20% of all plans) and 2 adults with 2 children (13% of all plans).

• The median age at which policyholders took out private health insurance was 28 years old (Mean: 30). Approximately 44% of policyholders took out PHI between the ages of 25-34 years old.

• Approximately 4% of respondents previously held private health insurance in another country and half of these had sought to take out PHI since moving to Ireland.

• Almost three-in-ten (29%) of all respondents who sought private health insurance since moving to Ireland (having previously held PHI in another country) had their overseas insurance taken into account when waiting periods were being set. No such respondent was refused private health insurance on age grounds.

Chapter Five: Switching Behaviour

• Although the rate of switching insurer has increased since the previous study, only 10% of all consumers sampled have ever switched insurer within Ireland (6% in the previous study).

• BUPA continued to receive the majority of switchers. The median age of a switcher was 44 (Mean: 44) and this was similar to the median age of a non-switcher (42, Mean: 44). Taking into account that switchers have changed insurers at various times in the past, the median age at which switchers changed insurer was 39 (Mean: 39).
• For those who have switched already, the primary reason was because of cost savings. Although a high proportion of switchers would switch again (if financial or other gains could be made) they were very satisfied with the changeover process and with the new insurer.

• For those consumers who have never switched, only a minority (13%) have ever considered switching. Most consider themselves satisfied with their current insurer.

• There was some evidence to suggest that older consumers were slightly more open to switching insurer than in the previous study.

• A minimum cost saving of 20% would be required to encourage at least half of all consumers to switch. Three-quarters of non-switchers said they would switch if a cost saving of 30% were realised.

• Forty-one percent (41%) of non-switchers were not aware that if they completed the required waiting period with one insurer and decided to switch to a comparable plan with another insurer, they would not need to serve an additional waiting period. However, knowledge of waiting time implications when switching insurers was not a strong motivator to prompt switching in the future.

• Nearly half of all consumers sampled (46%) agreed that there was adequate information available to enable them to compare plans on offer from different private health insurers. Only 21% of non-consumers agreed with this statement.

Chapter Six: Claims Experience

• Nearly two-thirds of consumers (64%) said that a claim had been made on their current policy, either by them or by another person named on the policy. Claims experience was closely linked to age.
• Where a consumer could remember the number of claims, the median number of claims made was three. The majority of claimants (87%) were satisfied with the way in which the insurer dealt with their claim but 10% were dissatisfied.

Chapter Seven: Market Concepts

• Between 20-30% of all respondents said they were aware of the general market concepts of community rating, open enrolment and lifetime cover. Although risk rating is not used in the private health insurance market in Ireland, awareness of this concept was also at a similar level. In general, consumers were more aware of these market concepts than non-consumers.

• Consumers were more likely than non-consumers to have some awareness of The Health Insurance Authority with almost two-thirds (65%) having (at least) heard of the HIA. Nearly 60% of non-consumers had never heard of the HIA.

Chapter Eight: Knowledge and Understanding of PHI

• In general, the level of understanding about cover and excluded treatments has improved since the previous study and consumers were quite satisfied with their level of understanding.

• The consumers with the lowest level of understanding of cover provided (and lowest awareness level of excluded treatments) were more likely to be single, young and male. Consumers who have not made a claim had a lower level of understanding of cover provided and a lower awareness level of excluded treatments.
Chapter Nine: Satisfaction with PHI

- Overall, consumers appeared to be satisfied with all aspects of their PHI plan (cover and outpatient cover) and insurer (products, customer service and quality of information). Only 4% of consumers had ever made a complaint to an insurer.

- Hospital treatment was the most valued aspect of PHI. Consumers would like to see more dental care, GP cover and outpatient cover as part of their existing policy.

Chapter Ten: Value for Money and Premium Increases

- Despite a series of increases in PHI since the previous study, the majority of consumers still felt that PHI was good value for money. In response to premium increases, 10% of consumers felt insurers were keeping premium increases to a minimum and a further 43% felt that the increases were appropriate given the costs of treatment and service.

- Respondents estimated that the median cost per plan was €1,000 and this accounted for all members on the policy. When only single adult plans were considered, the median policy cost was €500.

- The median increase in policy cost after which consumers would discontinue cover was 30% and this did not vary significantly by age.

- The majority (84%) of consumers were aware that they could claim tax relief on medical expenses and of those who were aware, 60% had actually made such a claim. Only 39% of non-consumers were aware that they could claim tax relief on medical expenses and of those who were aware, only 23% had actually made such a claim.
Chapter Eleven: Reasons for not having PHI

• Just under half of all respondents did not hold PHI and the main reasons were cost and possession of a medical card. A large proportion of non-consumers haven’t thought about it and these were more likely to be young, single and social class AB. About a quarter of all non-consumers said they would never take out PHI and these were more likely to be older, social class DE and medical cardholders.

• Apart from financial considerations, other motivations for taking out PHI include becoming sick, getting married or having children. Approximately 14% of non-consumers were prepared to wait until they were older (and perhaps more likely to need health insurance) before taking out PHI.

• The introduction of late entry loadings (see Chapter 11 for a definition) would encourage approximately 29% of non-consumers to take out PHI sooner than later. Approximately 63% of those who said they were likely to take out PHI would be more likely to take out PHI sooner rather than later if late entry loadings were introduced.

• The perceived cost of PHI among non-consumers was €500 for a standard single person plan and this was slightly above the current cost of the most popular plans with the main insurers.

• Previous consumers discontinued PHI primarily for financial reasons or because they now held a medical card. A smaller proportion of previous consumers was no longer on their parents’ policy.

• About a third of all non-consumers intend to take out PHI at some stage in the future. About a quarter of all non-consumers said they would never take out PHI and the main reason was because of medical card ownership.
Chapter Twelve: Competition

- Taking into consideration that there was a new entrant to the private health insurance market in Ireland (VIVAS), the majority of all respondents were unaware of the actual number of companies offering private health insurance. Consumers were more aware of the number of insurers than non-consumers. Bearing this in mind, the majority of consumers (and non-consumers) would welcome the introduction of more health insurance providers in the Irish market.

Chapter Thirteen: Consumer Attitudes

- The vast majority of consumers intended to always have PHI as it was considered a necessity and provided peace of mind. It was also perceived as enabling them to get a better level of health care and skip the queues. Non-consumers considered that PHI was only for the wealthy and also enabled people to gain access to better health care.

- Neither consumers nor non-consumers agreed that public services were adequate or that only old/sick people needed PHI. The majority of all respondents agreed that people who can afford to pay for PHI have a responsibility not to rely only on public health services and that private health insurers should pay the full economic cost for private beds in public hospitals.

Chapter Fourteen: Key trends since the previous study

Consumers

- Since the previous study, the estimated proportion of the Irish PHI Market for BUPA has increased from 13% to 17.5% whilst the corresponding proportion for VHI’s has changed from 82% to 76% during the same period.
The mean (average) policy cost of €1,108 represented a €340 (44%) increase on the mean policy cost in the previous study. A large proportion of this increase can be attributed to actual premium increases experienced in the private health insurance market since the previous study was undertaken in 2002/'03. Other reasons include additional members on each policy and varying consumer estimates.

There was a greater likelihood that consumers would upgrade their plan at some stage in the future.

An increased proportion of consumers were aware that tax relief could be claimed on medical expenses and a larger proportion had made a claim.

Consumers remained largely unaware that they were part of a group scheme.

Consumers currently have a better understanding about the level of cover their health insurance offers and are equally satisfied with this level of understanding as in the previous study. Consumers were also more aware of treatments excluded from their policy.

Although consumers were unable to accurately provide the precise maximum number of beds in a semi-private room, they had slightly more realistic expectations when it comes to getting this type of accommodation.

There is now a greater awareness that cover can be refused in certain circumstances and that an excess may be payable on a claim made by an insurer.

Hospital treatment remained the element of health insurance cover that consumers valued the most.
• Satisfaction among consumers has increased across all aspects of private health insurance.

• A greater proportion of consumers had made a claim on their policy. Dissatisfaction with the way in which their health insurer processed a claim has increased since the previous study.

• Despite a series of premium increases, a greater proportion of consumers still consider PHI good value for money and intend to always have PHI.

• Although an increased proportion of consumers have switched insurers, the overall rate of switching remains relatively low at 10% as non-switchers were generally more satisfied with their PHI provider.

• Switchers were more satisfied with the changeover process than in the previous study and less likely to consider switching again in the future.

• More consumers were aware that additional waiting periods need not be served when deciding to switch to a comparable plan with another insurer.

• The increase in total policy cost which would lead consumers to discontinue cover is similar in 2005 to that in the previous study. Other (non-cost) factors which would increasingly lead to a consumer discontinuing cover were if service levels deterioriated or range of products were reduced. Consumers were less worried about losing their job or their level of cover deteriorating.

• Despite premium increases since the previous study, a similar proportion of consumers (43%) felt that such increases were appropriate given the costs of treatment and service.
Since the previous study, fewer consumers agreed that PHI was only for the wealthy, that having PHI meant that you can skip the queues or that there was no need for PHI as public services were adequate.

**Non-Consumers**

- The overall proportion of non-consumers in the adult population has fallen marginally from 53% in the previous study to 48% in 2005.

- Cost and ownership of a medical card were still the main reasons why non-consumers do not have PHI (and why previous consumers allowed their policy to lapse).

- Since the previous study, a similar proportion of non-consumers intended to take out PHI at some stage in the future (33%). The introduction of late-entry loadings would encourage a greater proportion of non-consumers to take out PHI sooner rather than later.

- Since the previous study, a similar proportion of non-consumers were aware that tax relief could be claimed on medical expenses. Of those who knew of this, a similar proportion had made a claim.

- The perceived cost of PHI among non-consumers in 2005 was similar to that from the previous study.

- Since the previous study, fewer non-consumers were in agreement that PHI was a necessity, that PHI provided peace of mind and that people who could afford to pay for PHI had a responsibility to pay for it and not rely only on public health services.
3. Market Overview

The results from the 2005 survey on the private health insurance market in Ireland are divided into separate chapters, each of which are summarised by key findings. In some cases, a reference is made to the results from the previous study, i.e. similar review of the private health insurance market in 2002/’03. The full comparison of results with the previous study, where applicable, is contained within Chapter 14 of this report.

This chapter presents an overview of PHI ownership in Ireland and examines how the overall level of PHI ownership differs across several socio-demographic variables. Ownership of medical cards and other related insurance products are also examined.

Private Health Insurance Ownership

Just over half (52%) of the sample held PHI (a 5 percentage point increase from 47% in the previous study). Forty-four percent (44%) of the sample had never held PHI and four percent (4%) held PHI in the past but were no longer covered by it.

![Pie chart showing PHI ownership](chart.png)

Of consumers interviewed, nearly two-thirds (64%) were the policyholders while the remaining 36% were covered on another policy (generally the spouse/partner or relative of the policyholder).
In determining the profile of consumers, i.e. PHI holders, a number of important differentiating factors were highlighted. A profile of consumers, non-consumers and the Irish adult population is shown below across the key demographic variables.

### Comparison of PHI Ownership and National Profile

<table>
<thead>
<tr>
<th>Socio-Demographic Variables (Respondent)</th>
<th>Consumers</th>
<th>Non-Consumers</th>
<th>All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52%</td>
<td>46%</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>48%</td>
<td>54%</td>
<td>51%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>11%</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>25-34</td>
<td>19%</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td>35-44</td>
<td>22%</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>45-54</td>
<td>20%</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>55-64</td>
<td>15%</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>65+</td>
<td>13%</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Social Class</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB</td>
<td>21%</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td>C1</td>
<td>38%</td>
<td>14%</td>
<td>26%</td>
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<tr>
<td>C2</td>
<td>20%</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>DE</td>
<td>10%</td>
<td>47%</td>
<td>28%</td>
</tr>
<tr>
<td>Farming</td>
<td>10%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Region</strong></td>
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</tr>
<tr>
<td>Dublin</td>
<td>33%</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>Rest of Leinster</td>
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<td>25%</td>
</tr>
<tr>
<td>Munster</td>
<td>27%</td>
<td>30%</td>
<td>28%</td>
</tr>
<tr>
<td>Connaught/Ulster</td>
<td>14%</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Base: All respondents (n = 1,002)
A number of key differentiating factors emerge from the above table.

- Social class appears to be related to PHI ownership whereby PHI ownership was higher among the ABC1 category. ABC1s accounted for 39% of the overall Irish adult population but 59% of the consumer population.
- Age was also related to PHI ownership whereby PHI ownership was lower among younger Irish adults. The 18-34 year olds accounted for 37% of the overall Irish adult population but only 30% of the consumer population.
- Dublin had a slightly higher proportion of PHI ownership. Approximately 29% of Irish adults (and 33% of the consumer population) lived in Dublin.

Two of the key differentiators of PHI ownership were social class and age. The proportion of PHI ownership across social class and age-bands is shown below and the proportion of previous consumers is also provided.

For social class, the ownership of private health insurance ranged from 18% for DE (non-skilled working class and casual workers) to 85% for AB (upper and middle social class). The increase in PHI ownership since the previous study appears to have come from Farmers and ABC1s as approximately 78% of ABC1s currently hold PHI (70% in the previous study) and 55% of Farmers currently hold PHI (39% in the previous study).
proportion of previous consumers reached a peak (6%) within the C2 social class and was present within all social classes.

PHI ownership was lowest at each end of the age scale, i.e. 18-34 and 65+ years. Conversely, it was highest for the intervening age band, i.e. 35-64 year olds. Again, a proportion of previous consumers was present across all age groups.

### Medical Card Ownership

Each respondent was also asked whether they owned a medical card.
Just over a quarter (26%) of all respondents claimed to own a medical card (National Estimate of 28%, Source: IMO, 2005). When examined by type of respondent, 6% of consumers and 48% of non-consumers claimed to own a medical card. From the sample, 59% of DE social class (and 60% of 65+ year olds) claimed to own a medical card.

Twelve percent (32 respondents) of medical cardholders currently hold PHI (compared with 16% in the previous study). Three percent (3%) of all respondents currently hold PHI and a medical card.

**Related Medical Cover**

All respondents were asked whether they held any other health insurance related products.

Consumers were more likely than non-consumers to hold other health insurance related products, e.g. a cash plan. Critical illness and income protection/permanent health insurance were the most popular choices with over 30% of consumers also holding these products.

There was a high level of multiple ‘other health insurance related products’ held by respondents. For example, 75% of those with cash plans also had a critical illness policy and 70% of those with cash plans also had an income protection plan. Approximately
60% of respondents with cash plans also held a critical illness policy and an income protection plan. Nearly two-thirds of respondents (65%) with critical illness policies also held income protection plans/permanent health insurance.

Respondents were asked to indicate whether they felt these health insurance related products were a complement to or a substitute for private health insurance.

![Image of bar chart]

Approximately four-in-ten respondents felt that each health/sickness related insurance product mentioned was a complement to private health insurance. Only one-in-ten respondents felt that these products were a substitute for private health insurance. A high proportion of respondents did not know whether each product was a complement to or a substitute for private health insurance.

When the view of respondents was examined by actual ownership of the product, owners of each product were about twice as likely to consider these products as complements to private health insurance, e.g. 71% of respondents with cash plans considered a cash plan as a complement to private health insurance whereas only 34% of respondents without a cash plan considered such a plan to be a complement to private health insurance.
Extending this point further, consumers were more likely to consider these products as being complementary (than non-consumers). On average 57% of consumers (25% of non-consumers) considered the products as complements to private health insurance.

**Key Findings**

- Fifty-two percent (52%) of all adults interviewed currently hold PHI (up 5 percentage points from 47% in the previous study).
- Ownership of PHI remained to be strongly related to social class.
- PHI ownership was lowest at each end of the age scale, i.e. 18-34 and 65+ years.
- Just over a quarter (26%) of all respondents claimed to have a medical card (6% of consumers and 48% of non-consumers).
- Twelve percent (32 respondents) of medical cardholders also held PHI and 3% of all respondents held both PHI and a medical card.
- Consumers were more likely than non-consumers to hold other health insurance related products and there was a high level of cross-ownership between each product. Critical illness and income protection/permanent health insurance were the most popular choices with over 30% of consumers also holding these products.
- Owners of other health insurance related products and consumers were more likely to consider them as complements to (rather than substitutes for) private health insurance. A high proportion of respondents did not know whether each product was a complement to or a substitute for private health insurance.
4. PHI Consumer Market

This chapter describes the PHI market in Ireland in terms of market share and nature of policy held. Almost two-thirds (64%) of consumers surveyed were policyholders with the balance generally being the spouse/partner or relative of the policyholder. The median age at which a PHI-holder became a policyholder was 28 years old (Mean: 30) with 44% taking out their policy between the ages of 25-34 years.

PHI Market Share

All consumers were asked with which company they held their PHI.

![Pie chart showing PHI Market Share](chart.png)

VHI Healthcare (VHI) retained the status as the clear market leader with 76% (82% in the previous study) of the consumer sample. BUPA Ireland (BUPA) accounted for 17.5% of the market (13% in the previous study). VIVAS Health (VIVAS) entered the market in late 2004 and accounted for 0.5% of the consumer sample. The remaining 6% of the consumer sample were on other schemes such as those associated with ESB, Gardai and Prison Officers.

Between them, BUPA and VHI accounted for over 93% of the total consumer market. However, there were differences in terms of customer profile.
The VHI age profile was generally older than that of BUPA. The median age of all VHI consumers was 44 years (Mean: 45) and this compared with the median age of 41 years for BUPA (Mean: 43). The mean age of consumers in the previous study was 44 years for VHI and 38 for BUPA.

The age profile of VHI consumers was spread across each age group. Caution must be taken when interpreting the results from the relatively small sample size of BUPA consumers sampled (Base: 94).

The length of time each consumer held PHI is summarised below.
The overall median length of PHI ownership was 19 years (30 years for 65+ year olds and 7 years for 25-34 year olds). When examined by insurer, the median length of PHI ownership was 20 years for VHI consumers sampled and 10 years for BUPA consumers sampled. Although BUPA entered the market in 1997, approximately half of all BUPA consumers sampled had switched from another insurer, i.e. had held PHI prior to joining BUPA. In addition to age and length of membership differences, a higher proportion of BUPA consumers were from Munster (where BUPA have a significant presence).

**Group Schemes**

Each consumer was asked whether they were a member of a group scheme and a detailed explanation of a group scheme was provided.

A lower than expected proportion of PHI plans (45%) was described as part of a group scheme. This proportion was consistent across health insurers. Awareness of group scheme membership was marginally higher among policyholders (49%).
Of those who indicated they were in a group scheme, 68% were on a work group scheme, 18% were on an affinity group scheme (e.g. Credit Union, IFA) and the remainder on other (or online) group schemes.

**Payment of PHI**

Consumers were asked if an employer paid some or all of their health insurance costs.

Approximately a quarter (24%) of all consumers within a group scheme had some or all of their health insurance policy costs paid by an employer or an employer of a policy member. Of those in an employer-supported group scheme, over one-third (36%) had all of their health insurance policy costs paid and 60% had some of their costs paid.
Policy Choices

A detailed breakdown of the various plans is shown below.

<table>
<thead>
<tr>
<th>BUPA (Base: n = 94)</th>
<th>%</th>
<th>VHI (Base: n = 405)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential</td>
<td>15%</td>
<td>Plan A</td>
<td>5%</td>
</tr>
<tr>
<td>Essential Plus - no excess</td>
<td>22%</td>
<td>Plan A Option</td>
<td>3%</td>
</tr>
<tr>
<td>Essential Plus - with excess</td>
<td>22%</td>
<td>Plan B</td>
<td>44%</td>
</tr>
<tr>
<td>Essential Gold</td>
<td>5%</td>
<td>Plan B Excess</td>
<td>3%</td>
</tr>
<tr>
<td>Health Manager</td>
<td>8%</td>
<td>Plan B Option</td>
<td>18%</td>
</tr>
<tr>
<td>Health Manager Starter</td>
<td>6%</td>
<td>Plan C</td>
<td>6%</td>
</tr>
<tr>
<td>Health Manager Gold</td>
<td>2%</td>
<td>Plan C Option</td>
<td>1%</td>
</tr>
<tr>
<td>Can't remember/Not sure/DK</td>
<td>19%</td>
<td>Plan D</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td>Plan D Option</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan E</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VIVAS (Base: n = 3)</th>
<th>%</th>
<th>Plan E Option</th>
<th>1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>i plan - Level 2</td>
<td>35%</td>
<td>Plan P</td>
<td>1%</td>
</tr>
<tr>
<td>Teachers Plan</td>
<td>31%</td>
<td>Company Plan</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>me plan - Level 1</td>
<td>35%</td>
<td>Family Plan</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td>Family Plan Plus</td>
<td>&lt;1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>First Plan</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Insurer (Base: n = 33)</th>
<th>%</th>
<th>First Plan Plus</th>
<th>&lt;1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Pauls (Garda)</td>
<td>48%</td>
<td>Other</td>
<td>1%</td>
</tr>
<tr>
<td>Prison Officers Medical Aid Society</td>
<td>6%</td>
<td>Can't remember/Not sure/DK</td>
<td>10%</td>
</tr>
<tr>
<td>ESB</td>
<td>12%</td>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>Other/Not Stated</td>
<td>34%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Essential Plus (with and without excess) range of products from BUPA was its most popular choice of plan, accounting for 44% of all BUPA consumers sampled. Plan B was the most popular plan with VHI, accounting for 44% of all VHI consumers sampled. At the time of fielding (March/April 2005), there were not sufficient responses from VIVAS or other insurers to make comments with any degree of accuracy.
Policy Upgrades

Consumers were asked about the likelihood of upgrading, downgrading or discontinuing cover sometime in the future.

It appears more likely that consumers would upgrade their policy with 20% of consumers being likely to upgrade their PHI plan at some stage in the future. This compares with 11% from the previous study. Over three-quarters of consumers were not at all likely to downgrade or discontinue their PHI plan at sometime in the future.

A higher proportion of consumers intending to upgrade were observed from the following groups; C2 social class, 25-44 age-group or those holding PHI for less than 5 years.
Composition of Plan Members

Consumers were asked to describe how many adults and children, if any, were named on their policy.

Excluding children, over half of all policies (54%) had two adults named on the policy. Under a quarter (23%) of all consumers had no other adult named on their policy (27% in the previous study).

Approximately 44% of all consumers had at least one child named on their policy (39% in the previous study).
On average, there were just over three persons named on each policy (adults and children). When the number of adults and children were jointly considered, the most frequently occurring membership profiles were; 1 adult with no children (20% of all plans), 2 adults with no children (23% of all plans) and two adults with 2 children (13% of all plans).

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4 or more</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 adult</td>
<td>20%</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>23%</td>
</tr>
<tr>
<td>2 adults</td>
<td>23%</td>
<td>8%</td>
<td>13%</td>
<td>8%</td>
<td>3%</td>
<td>54%</td>
</tr>
<tr>
<td>3 adults</td>
<td>6%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>13%</td>
</tr>
<tr>
<td>4 or more adults</td>
<td>7%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>56%</td>
<td>15%</td>
<td>17%</td>
<td>9%</td>
<td>3%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Base: All consumers (n = 535)

The total number of family members from the consumer sample was compared to the total number of people per household from the national population.

From the above, although not conclusive, consumers were slightly more likely to come from households with more persons.
Health Insurance Outside Ireland

Respondents were asked whether they ever had health insurance outside Ireland.

<table>
<thead>
<tr>
<th>Have you ever had health insurance in another country besides Ireland?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Only 4% (39 respondents) held health insurance outside Ireland and half of those (19 respondents) have sought to take out private health insurance since they moved or returned to Ireland. The remaining half, i.e. those who have not sought to take out PHI since they moved or returned to Ireland, stated cost and medical card ownership as the main reasons why not.

Almost three-in-ten (29%) of all respondents who sought private health insurance since moving to Ireland (having previously held PHI in another country) had their overseas insurance taken into account when waiting periods were being set. No such respondent was refused private health insurance on age grounds.

Key Findings

- VHI had a 76% share of the Irish adult private health insurance market, BUPA had a 17.5% market share and VIVAS had a 0.5% share. The restricted undertakings, e.g. St. Pauls (Garda), accounted for 6% of the PHI market.
- Although the age profile of VHI consumers was older than that of BUPA, the difference in the average age was less than in the previous study.
• The median length of PHI ownership was 19 years and this differed by insurer, i.e. 20 years for VHI consumers sampled and 10 years for BUPA consumers sampled. Approximately half of all BUPA consumers sampled had switched from another insurer.
• The median age at which policyholders took out private health insurance was 28 years old (Mean: 30). Approximately 44% of policyholders took out PHI between the ages of 25-34 years old.
• A lower than expected proportion of consumers (45%) said they were members of a group scheme. Of those who claimed to be a member of a group scheme, over two-thirds (68%) were members of a work group scheme.
• Approximately a quarter of all those in a group scheme had some or all of their health insurance policy costs paid for by their employer. Of these, just over one-third had all of the costs covered.
• Essential Plus (with and without excess) was the most popular BUPA plan and Plan B was the most popular VHI plan.
• Approximately 20% of consumers considered it likely that they would upgrade their PHI plan at some stage in the future. The majority did not intend to downgrade or discontinue their plan in the near future.
• Over three-quarters of all consumers sampled had at least one other person named on their policy and 44% had at least one child on their PHI plan. There was an increase in the total number of adults (and children) on a policy since the previous study.
• Consumers were marginally more likely to come from households with more persons.
• Approximately 4% of all respondents held private health insurance in another country and half of these sought to take out PHI since moving/returning to Ireland.
• Almost three-in-ten (29%) respondents who sought private health insurance since moving to Ireland (having previously held PHI in another country) had their overseas insurance taken into account when waiting periods were being set. No such respondent was refused private health insurance on age grounds.
5. Switching Behaviour

A major research focus was to examine the propensity to switch health insurer and explore the barriers to and motivations for switching from one health insurer to another.

![Pie Chart: Switching Behaviour](image)

The proportion of consumers who switched from one insurer to another within Ireland was 10% and this represented an increase of 4 percentage points from 6% in the previous study. Although there was an increase in the total proportion of switchers, the overall rate remained relatively low.

Fifty-four (54) switchers were found in the main sample. In order to provide more precise findings on switchers, an additional 26 switchers were sourced and appended. This provided 80 switchers in total and an associated margin of error estimate of +/- 11% at the 95% confidence level (assuming random sampling). Where applicable, results in this chapter were based on the 80 switchers (and indicated clearly on charts and tables).
A large proportion of switchers were VHI consumers, the majority of which joined BUPA. Over half (52%) of all BUPA consumers sampled were switchers and this increased from 34% in the previous study. Where possible, the type of switching between insurers was explored and consumers generally switched to a similar product, i.e. not an upgrade or downgrade. The most frequent plan from which consumers switched plans was Plan B with VHI and the most popular plan to which consumers switched was Essential Plus (with and without excess) with BUPA.

The age at which a switcher changed insurers is compared with that of all non-switchers.
Switchers were more likely to change insurers between the age of 25 and 44 years (65% of all switchers were within this age band when they switched). Approximately four-in-ten (41%) of all non-switchers are currently within this age-band. The current median age of a switcher was 44 (Mean: 44) and this was similar to the median age of a non-switcher (42, Mean: 44). Taking into account that switchers have changed insurers at various times, the median age at which switchers actually changed insurer was 39 (Mean: 39). Switchers were with the previous insurer for a median of 12 years (Mean: 14) and with the current insurer for a median of 5 years (Mean: 5).

Switchers were more likely to have multiple adults and children on the same policy. There was an average of 3.6 persons on policies of persons who switched and 3 persons on policies of non-switchers.

Switchers were more likely to say that they were more knowledgeable about their level of cover and aware of treatments that were excluded from their policy. Approximately 58% of switchers fully understood the cover provided in their health insurance plan (41% for non-switchers). Approximately 40% of switchers were fully aware of treatments excluded from their existing policy (29% for non-switchers).

<table>
<thead>
<tr>
<th>Why did you decide to change insurers?</th>
<th>All Factors</th>
<th>Main Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>New insurer was cheaper /Cost savings</td>
<td>62%</td>
<td>48%</td>
</tr>
<tr>
<td>Level of cover was better</td>
<td>32%</td>
<td>12%</td>
</tr>
<tr>
<td>New insurer had a better product/service range</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>Recommendation by friend</td>
<td>17%</td>
<td>2%</td>
</tr>
<tr>
<td>Group scheme switched</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>Level of information and advice better</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>Changed employer</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Had bad experience with previous insurer</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Dissatisfaction with service provision of previous insurer</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Recommendation from family member</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>No Choice/Not my decision</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Wanted to support competition</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Recommendation from other</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Wanted to switch to an Irish Company</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Base: All switchers inc. booster sample (n = 80)
In determining the motivations behind switching, ‘cost savings’ was the main factor with 48% of all switchers stating this as the main factor. Nearly 15% of switchers stated that the main reason for changing insurer was because of factors beyond their control, i.e. group scheme switched, changed employer and no choice/not my decision.

Switchers were asked whether they would switch again if they thought financial or other gains were possible.

Although 38% of switchers would definitely consider switching again, this represented a decrease from 46% of switchers in the previous study.
Satisfaction with Switching

Switchers were asked how pleased they were with the changeover process to the new insurer and whether they were happy with the new insurer.

<table>
<thead>
<tr>
<th>Satisfaction with changeover process</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Don't Know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>75%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>79%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>4%</td>
<td>16%</td>
<td>0%</td>
<td>0%</td>
<td>19%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>79%</td>
<td>19%</td>
<td>0%</td>
<td>1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Switchers appeared to be very satisfied with the changeover process and the new insurer as the majority (75%) of all switchers rated both of these attributes at least an 8 out of 10 (where 10 was completely satisfied). This represented an increase from the previous study where 55% rated at least 8 out of 10 for the change of insurer.
Contemplating Switching

Of those consumers who have never switched, only a small minority (13%) have ever considered switching.

The age profile of those considering switching is illustrated below.

Those who considered switching were more likely to be aged 45-54 (19%). Six percent (representing 5 consumers) of 65+ year olds had considered switching and although the sample size was low for this group, no consumers aged 65+ considered switching in the previous study. When examined by insurer, a higher proportion of VHI consumers had considered switching (15%) than BUPA consumers (9%).
There was a low level of interest in switching PHI insurer and the reasons why consumers would not consider switching are summarised below.

<table>
<thead>
<tr>
<th>Why have you not switched your PHI provider?</th>
<th>BUPA</th>
<th>VHI</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Unprompted and multiple response allowed]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied with current provider</td>
<td>32%</td>
<td>35%</td>
<td>36%</td>
</tr>
<tr>
<td>Level of cover no better</td>
<td>15%</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>Not my decision</td>
<td>15%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>No significant cost savings</td>
<td>15%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Been with existing provider for a long time</td>
<td>2%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Too much hassle/paperwork</td>
<td>9%</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Couldn't be bothered</td>
<td>13%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Feel loyal to my current provider</td>
<td>4%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Prefer to stay with an Irish company</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Concerned that coverage would not be the same</td>
<td>2%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Range of products/services no better</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Work/employer looks after it</td>
<td>5%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Too difficult to compare plans</td>
<td>-</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Concerned about waiting periods</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Too expensive</td>
<td>9%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Still considering/Have not made up my mind</td>
<td>-</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Just joined the current policy</td>
<td>5%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Lack of information</td>
<td>-</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Other insurer wouldn't want me/am too high risk</td>
<td>-</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Wanted to support competition</td>
<td>2%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Didn't know/Not aware that I could switch</td>
<td>-</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Don't know</td>
<td>-</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Base: All non-switchers (481)

In general, consumers were satisfied with their current provider and didn’t feel the need to switch. Satisfaction with current provider was in excess of 50% for respondents from restricted undertakings, i.e. not BUPA, VHI or VIVAS. They also felt that there were not significant cost savings to be made and the level of cover would be no better if they did switch. VHI consumers were more likely to feel loyal to their current provider, be concerned that coverage would not be the same with another provider, and state that they had been with the existing provider for a long time as reasons why they haven’t switched insurers. BUPA consumers were more likely to state that they had just joined the current policy and that the alternative was too expensive as reasons why they haven’t switched provider. Interestingly, a similar proportion of BUPA consumers as VHI consumers
stated that they preferred to stay with an Irish company. Although BUPA Ireland is a tied agent of BUPA Insurance Limited (UK), its prominence in Fermoy (Co. Cork) has had some impact on consumers’ perceptions about where the company originated. Various other reasons (not stated above) were provided and these ranged from being too old to not being convinced that one insurer was any better than another.

**Switching Motivators**

Although satisfaction with current provider was the main reason why switching was not considered by consumers, they were also asked what factors would encourage a switch from one provider to another.

<table>
<thead>
<tr>
<th>What Factors would encourage you to switch from your current health insurance provider to another provider?</th>
<th>All Factors</th>
<th>Main Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>If there were significant cost savings to be made</td>
<td>51%</td>
<td>33%</td>
</tr>
<tr>
<td>If the level of cover was better</td>
<td>32%</td>
<td>16%</td>
</tr>
<tr>
<td>Nothing/ would never switch insurer</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>If the range of products was better</td>
<td>25%</td>
<td>9%</td>
</tr>
<tr>
<td>If premiums of my current insurer increased significantly</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>If comparisons between plans of different insurers were easier</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>If I knew more about it</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>If there were no waiting periods</td>
<td>3%</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>Don't know</td>
<td>10%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Base: All non-switchers (n = 481)

Cost saving was the main factor that would encourage a consumer to switch from one health insurer to another (33% of all consumers). Consumers considering switching for this reason were characterised by being from C2DE social class, from outside Dublin or aged between 45-54 years. Other main factors that would encourage a switch from one provider to another were if the level of cover was better (16% of respondents) or if the range of products was better (9% of all respondents).

A significant minority (15%) said that the main factor why they would never be encouraged to switch provider was nothing, i.e. they would never switch provider. This
subgroup was more likely to be aged 55+ years, live outside Leinster or be from social class AB. The ‘Other’ factors mentioned mainly consisted of respondents stating that it was ‘not their decision’.

**Level of Cost Savings Required**

The above findings suggested that significant cost savings would be required to encourage a switch of insurer from consumers who have never switched. Even consumers who have switched would still be only somewhat inclined to switch again should financial, or other, gains be made. All consumers, i.e. switchers and non-switchers, were asked what percentage savings would be required to switch from one insurer to another.

<table>
<thead>
<tr>
<th></th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
<th>Mean</th>
<th>Base*</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Saving (Switchers)</td>
<td>10%</td>
<td>20%</td>
<td>21%</td>
<td>22%</td>
<td>53</td>
<td>35%</td>
</tr>
<tr>
<td>% Saving (Non-switchers)</td>
<td>20%</td>
<td>20%</td>
<td>30%</td>
<td>26%</td>
<td>283</td>
<td>42%</td>
</tr>
</tbody>
</table>

* Base: All respondents who provided an estimate

The percentage savings in total policy cost for which switchers and non-switchers would be prepared to switch insurance plans (again) were very similar (median of 20%). Three-quarters of non-switchers said they would switch if there were a 30% saving in total policy cost. A large number of non-switchers provided an estimate of 20% and this explained why the median was equal to the lower quartile (see Introduction for an explanation of median and quartiles).

The median saving required for a non-switcher to switch insurance plans did not differ significantly by age. The price differential required to switch for 65+ year olds was 25% and suggested more openness to switch than in the previous study.
Waiting Periods

Only 14% of those who have never switched thought there was an additional waiting period to be served when a consumer switched to a comparable plan with another insurer (when a waiting period had already been served with the previous insurer). This represented an improvement from the previous study when 21% of non-switchers felt that a waiting period would have to be served.

When informed that no additional waiting period needed to be served, only 10% of those who were unaware of such a waiting period said they would be much more likely to switch. An additional 16% said they would be a little more likely to switch (similar to the previous study).
Switching Information Needs

With an increasing range of products being offered by health insurers, access to proper information is important to enable potential consumers (and non-consumers) to compare plans and decide which product is most suitable for their needs.

Consumers were more in agreement (than non-consumers) that there was adequate information to enable plans to be compared from different insurers. Some 46% of consumers agreed with this statement whereas only 21% of non-consumers agreed. A high proportion of non-consumers (40%) didn’t know whether there was adequate information to enable them to compare plans on offer from different insurance providers.

The level of agreement with this question was closely related to the level of awareness of The Health Insurance Authority in that the majority of those who disagreed with this statement were less than fully aware of The Health Insurance Authority and its functions.
Key Findings

- Although the rate at which switchers change insurers has increased since the previous study, only 10% of consumers sampled have switched insurer and only 13% of non-switchers have ever considered switching.

- The median age of a switcher was 44 (Mean: 44) and this was similar to the median age of a non-switcher (42, Mean: 44). Taking into account that switchers have changed insurers at various times over the past 10 years, the median age at which switchers actually changed insurer was 39 (Mean: 39).

- Those who have switched were very satisfied with the new insurer and changeover process.

- Although non-switchers appeared to be satisfied with their insurer, cost savings would be the main motivation in changing insurer. This was also the main reason cited by switchers as motivating their switch.

- There was some evidence to suggest that older consumers were slightly more open to switching insurers than in the previous study.

- The majority of switchers moved from VHI to BUPA and an increasing proportion of BUPA’s sample were switchers (52% in current study compared with 34% in the previous study).

- A cost saving of at least 20% would be required in order to encourage at least half of all consumers to switch. Three-quarters of non-switchers said they would switch if cost savings of 30% were realised.

- The median saving required for a non-switcher to switch insurance plans did not differ significantly by age. The price differential required to switch for 65+ year olds was 25% and suggested more openness to switch than in the previous study.

- There was a greater awareness that additional waiting periods need not be served when an insurance plan is switched to a comparable plan with another insurer. Knowledge of this fact would not necessarily encourage a switch in the future.

- Nearly half of all consumers sampled (46%) agreed that there was adequate information to enable them to compare plans on offer from different private health insurers. Only 21% of non-consumers agreed with this statement.
6. **Claims Experience**

*Claims can be made to a health insurer in respect of hospital charges, treatment received as an overnight, day or outpatient or non-hospital treatment. A claim form does not necessarily have to have been filled out by the claimant/person treated.*

**Making Claims**

All consumers were asked whether anyone had ever made a claim on their current policy (as defined above).

<table>
<thead>
<tr>
<th>Have you, or anyone else, ever made a claim on your current policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don’t Know</td>
</tr>
</tbody>
</table>

Base: All consumers (n = 535)

Almost two-thirds of all consumers (64%) had made a claim on their policy and this increased from 55% in the previous study. Approximately half of all BUPA consumers made at least one claim and over two-thirds of VHI consumers made at least one claim during the lifetime of their policies. It was expected that more VHI consumers would have made a claim than BUPA consumers (as BUPA began Irish operations in 1997 and VHI has operated in Ireland for nearly 50 years). Taking into account only those who have taken out private health insurance within the last 8 years for the first time, i.e. when both insurers were offering PHI, 38% of BUPA consumers, and 41% of VHI consumers, made at least one claim. Caution must be taken when interpreting the results from the
relatively small sample size of VHI consumers sampled (79) and BUPA consumers sampled (38).

As expected, a key determinant of a claim was the age of the respondent with the proportion of respondents who made a claim increasing with age. Approximately 30% of consumers aged 18-24 years and 86% of 65+ year olds made at least one claim.

All consumers who made a claim were asked how many claims were made on their policy.

The median number of claims was three and one-in-five respondents could not remember how many claims were made on their policy.
Satisfaction with Claims Process

The majority (87%) of consumers were satisfied with the way in which their insurer dealt with their claim(s).

```
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Know (3%)</td>
<td></td>
</tr>
<tr>
<td>Yes (10%)</td>
<td></td>
</tr>
<tr>
<td>No (87%)</td>
<td></td>
</tr>
</tbody>
</table>
```

Were you/other claimant ever dissatisfied with the way in which the health insurer processed a claim on your policy?

However, 10% were dissatisfied with the way in which their insurer processed their claim and this was an increase from 4% in the previous study. The reasons given as to why they were dissatisfied generally related to expectations not being met and treatments not being covered.

Key Findings

- Nearly two-thirds of consumers had made at least one claim on their policy and of those who made a claim, the median number of claims was three per policy.
- As expected, a key determinant of a claim was the age of the respondent with the proportion of respondents who made a claim increasing with age.
- Although the majority of consumers were pleased with the way in which claims were processed, some 10% were not satisfied.
7. Market Concepts

This chapter explores the knowledge of common private health insurance concepts.

Community Rating

A show card explaining Community Rating was read out: \textit{A system whereby all people are charged the same premium for a particular plan, irrespective of age, and the state of their health, i.e. the amount you pay is not related to the risk you represent to insurers.}

A third (34\%) of consumers were aware that community rating operated in the Irish private health insurance market. This was considerably higher than the proportion of non-consumers, only 11\% of whom knew it operated. A large proportion of consumers and non-consumers could not provide an answer to this question.

Open Enrolment

A show card explaining Open Enrolment was read out: \textit{A system whereby all applicants for private health insurance must be accepted by a health insurance company, irrespective of the risk they represent to the insurer, subject to maximum age limits [see note on page 4 for further information] and prescribed waiting periods.}
Nearly three-in-ten (29%) consumers knew open enrolment operated in the private health insurance market of Ireland. This was considerably higher than the proportion of non-consumers, only 10% of whom knew it operated. A large proportion of consumers and non-consumers could not provide an answer for this question.

**Risk Rating**

A show card explaining Risk Rating was read out: *A system whereby all people are charged different premiums, depending on their age, gender, current and future state of health, i.e. the amount you pay is related to the risk you represent to insurers.*
Over one-third (35%) of consumers incorrectly stated that risk rating operated in the private health insurance market in Ireland. A large proportion of consumers and non-consumers could not provide an answer for this question.

There was an element of confusion surrounding the above questions. Although show cards were presented to explain the concepts, a high level of ‘don’t knows’ were recorded. In addition, nearly half of all respondents who indicated that community rating operated in Ireland stated incorrectly that risk rating also operated in the Irish market.

**Lifetime Cover**

A show card explaining Lifetime Cover was read out. *A system that guarantees health insurance consumers the right to renew their policies, irrespective of the risk they represent to the insurer, such as age, claims history, etc.*

![Lifetime Cover Chart](chart.png)

Over four-in-ten (43%) consumers knew lifetime cover operated in the private health insurance market of Ireland. This was considerably higher than the proportion of non-consumers, only 15% of whom knew it operated. A large proportion of consumers and non-consumers could not provide an answer for this question.
Awareness of The Health Insurance Authority

All respondents were asked whether they were aware of The Health Insurance Authority.

The level of awareness of The Health Insurance Authority was higher for consumers than non-consumers. Nearly four-in-ten (38%) consumers had, at least, some awareness of its functions. Among non-consumers, the equivalent percentage was only 16% and nearly six-in-ten had never heard of the HIA. The overall level of awareness (as measured by those who had at least heard of the HIA) has increased since the previous study from 36% to 65% of all consumers sampled.

Key Findings

- One-third of all consumers were aware that community rating operated in Ireland (awareness level was 11% for non-consumers).
- Nearly three-in-ten consumers (29%) were aware that open enrolment operated in Ireland (awareness level was 10% for non-consumers).
- Over four-in-ten consumers (43%) were aware that lifetime cover operated in Ireland (awareness level was 15% for non-consumers).
• Over a third of consumers (35%) incorrectly thought risk rating operated in the private health insurance market in Ireland (17% of non-consumers thought it operated).

• Almost two-thirds (65%) of consumers have, at least, heard of The Health Insurance Authority. Approximately 7% were fully aware of the HIA and its functions. Nearly six-in-ten non-consumers had never heard of the HIA.
8. Knowledge and Understanding of PHI

It is important that consumers have a reasonable understanding of their private health insurance plan in order to satisfy their health insurance needs.

Approximately 43% of consumers claimed to have a full understanding of cover and this proportion represented an increase from 30% in the previous study. The consumers with the lowest level of understanding of cover provided were more likely to be single, young and male.

Interestingly, the length of time a consumer held PHI was not strongly related to the level of understanding. Also, consumers who have never made a claim were twice as likely to have little or no understanding of cover provided than claimants.
Consumers were asked about satisfaction with their knowledge of their PHI cover.

Of the 11% of consumers who claimed they had little or no understanding of cover, only 11% of these were dissatisfied with this level of understanding. Overall, consumers were generally satisfied with the level of understanding they have about their cover.

**Excluded Treatments**

Approximately 31% of consumers claimed they were aware of the treatments that were excluded from their policy. This was an increase from 15% in the previous study. Over one-in-five consumers were not aware of excluded treatments and they were more likely to be described as; male, single or from younger age groups.
Consumers who have not made a claim had a lower level of awareness of excluded treatments.

**Awareness of PHI Features**

Consumers were asked about their awareness of various features of PHI.

A third (33%) of consumers were unaware that insurers, in certain circumstances, could refuse cover (a decrease from 46% in the previous study). Those unaware of this fact were more likely to be from the 18-24 age group or single.

Nearly one-in-five consumers (19%) were unaware that a waiting period must first be served before a claim can be made on a new policy. Those unaware of this fact were more likely to be from 18-24 year age group or single.

Nearly a third of consumers (32%) were unaware of the level of outpatient/non-hospital cover they have (an increase from 26% in the previous study). Those unaware were more likely to be recent consumers, i.e. within the previous five years, single or 18-24 years old.
The majority of consumers (81%) were aware that an excess may be payable on a claim made to a health insurer (75% in the previous study based on outpatient claims only).

The level of awareness with each of the above was cross-referenced with the level of general understanding about cover. Although 43% of consumers claimed to have a full understanding of cover, not all of these consumers were fully aware of the above cover related issues, e.g. 26% of consumers who claimed to have a full understanding of cover were not aware that an insurer could refuse cover in certain circumstances.

**Accommodation Expectations**

Forty-four percent (44%) of consumers believed that when hospitalised they would get private or semi-private accommodation all of the time if their plan covered it. A further 38% would expect it most of the time and a further 14% some of the time.

<table>
<thead>
<tr>
<th>If your plan covers private or semi-private accommodation would you expect to get this type of accommodation..</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or never when hospitalised</td>
</tr>
<tr>
<td>2%</td>
</tr>
</tbody>
</table>

In measuring what was understood by semi-private accommodation, consumers were asked about the maximum number of beds they would expect to find in a semi-private room.
As was the case in the previous study, few consumers were able to accurately provide the precise maximum number of beds in a semi-private room. However, the maximum number is five beds and consumers provided a slightly closer estimate than in the previous study.

**Key Findings**

- Although less than half of consumers had a thorough understanding of plan details, the level of understanding has improved and consumers appeared to be satisfied with their level of knowledge.
- The consumers with the lowest level of understanding of cover provided (and lowest level of awareness of excluded treatments) were more likely to be single, young and male.
- Consumers who have not made a claim had a lower level of understanding of cover provided and a lower level of awareness of excluded treatments.
- Although consumers were unable to accurately provide the precise maximum number of beds in a semi-private room, they had slightly more realistic expectations when it comes to getting this type of accommodation.
9. Satisfaction with PHI

This chapter measures how satisfied consumers were with various aspects of their PHI cover. Consumers were asked to rate products and services offered by their PHI insurer on a scale of one to ten where 1 means not at all satisfied and 10 means completely satisfied. Responses were categorised into batches where ‘Very Satisfied’ is defined as any score from 8 to 10, ‘Satisfied’ is defined as any score from 4 to 7 and ‘Dissatisfied’ is defined as any score from 1 to 3 (out of 10).

![Graph showing the current range of products and services offered by the private health insurer]

Nearly half of all consumers were very satisfied with the current range of products and services offered (an increase from 40% in the previous study).

![Graph showing the level of cover provided by the private health insurance plan]

Base: All consumers (n = 535)
Over half of all consumers were very satisfied with the level of coverage by their health insurance plan (an increase from 37% in the previous study).

In general, consumers were very satisfied with the level of customer service they received from their private health insurer (only 45% were very satisfied in the previous study).

Although the proportion of consumers who were very satisfied with the level of out-patient/non-hospital cover appeared low at 32%, it represented an increase from 20% in the previous study. A relatively high proportion of consumers were not able to provide a rating for this statement.
Approximately half of all consumers were very satisfied with the quality of information and advice they received from their insurer (37% in the previous study).

**Complaints**

All consumers were asked whether they, or any other policy member, ever made a complaint to their insurer.

Only 4% of consumers (21 respondents) indicated they, or another policy member, had ever made a complaint to their health insurer. Over half of these (11 respondents) were dissatisfied with the complaints procedure.
**Most Important Aspect of PHI**

Consumers were asked about which elements of their health insurance cover they valued the most.

![Graph showing the most important aspects of PHI]

Hospital treatment was the most important aspect of private health insurance (77% of all responses), followed by hospital accommodation (11% of all responses) and out-patient treatment (5% of responses). These proportions were very similar to those from the previous study.
Policy Improvements

Consumers were asked what benefits they would like to see improved or included on their policy.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental care</td>
<td>23%</td>
</tr>
<tr>
<td>GP cover</td>
<td>20%</td>
</tr>
<tr>
<td>Outpatient cover</td>
<td>17%</td>
</tr>
<tr>
<td>Price</td>
<td>12%</td>
</tr>
<tr>
<td>Consultant/specialist cover</td>
<td>10%</td>
</tr>
<tr>
<td>Drug scheme</td>
<td>5%</td>
</tr>
<tr>
<td>Optician costs</td>
<td>5%</td>
</tr>
<tr>
<td>Alternative medicine</td>
<td>4%</td>
</tr>
<tr>
<td>Quicker treatments</td>
<td>4%</td>
</tr>
<tr>
<td>Accommodation</td>
<td>4%</td>
</tr>
<tr>
<td>Maternity</td>
<td>3%</td>
</tr>
<tr>
<td>Lower/no excess</td>
<td>3%</td>
</tr>
<tr>
<td>Less waiting period/procedure</td>
<td>2%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>2%</td>
</tr>
<tr>
<td>More information</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

Base: All consumers who named a benefit (n = 327)

A large number of consumers stated they were satisfied with their current policy and did not suggest any additional benefits. Of those who provided benefits (327 respondents), the most frequently mentioned benefits were dental care, GP cover and outpatient cover.

Key Findings

- Overall, consumers appeared to be more satisfied with their PHI plan than in the previous study, i.e. cover, service, range of products and information.
- A minority of consumers (4%) had made a complaint to their insurer.
- Although sample size was low, half of those who have made a complaint (11 consumers) were dissatisfied with the way in which the complaint was dealt with.
• Hospital treatment was the main element of PHI cover valued the most, followed by hospital accommodation and out-patient treatment.

• Additional benefits that would be welcomed most by consumers as part of their existing plans were increased dental care, more GP cover and more outpatient cover.
10. Value for Money and Premium Increases

Following a series of premium increases since the previous study*, value for money and attitudes to premium increases were assessed. Other factors that would encourage policy lapses were also examined.

* The fieldwork for the previous study was carried out in Nov./Dec. 2002. VHI increased premiums by 18% in September 2002 (the effect of which would not have been fully felt by the time the fieldwork for the previous study was undertaken), 8% in September 2003 and 3% in September 2004. BUPA increased premiums by 14.4% in March 2003, 8.25% in March 2004 and 6% in March 2005.

Cost of PHI

Consumers were asked to estimate the total annual cost of their PHI plan.

<table>
<thead>
<tr>
<th>Annual cost of PHI plan</th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
<th>Mean</th>
<th>Base*</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>All plans</td>
<td>€ 600</td>
<td>€ 1,000</td>
<td>€ 1,440</td>
<td>€ 1,108</td>
<td>334</td>
<td>37%</td>
</tr>
<tr>
<td>Single person plans</td>
<td>€ 400</td>
<td>€ 500</td>
<td>€ 581</td>
<td>€ 530</td>
<td>84</td>
<td>23%</td>
</tr>
</tbody>
</table>

* Base: All consumers who provided an estimate of cost

Some 37% of consumers were not able to provide an estimate of annual (monthly or weekly) policy cost. For those who did provide an estimate of cost, the median value across all policies was €1,000 per year (Mean of €1,108). The median cost of PHI was the same for VHI as for BUPA (€1,000) but the median cost of PHI for other insurers was higher at €1,107 per year. These costs were for the entire policy, i.e. including spouses and/or dependents. When only single person plans were considered the median policy cost was €500.

The mean (average) policy cost of €1,108 represented a €340 (44%) increase on the mean policy cost in the previous study. A large proportion of this increase can be attributed to
actual premium increases experienced in the private health insurance market since the previous study was undertaken in 2002/’03. Other reasons include additional members on each policy and varying consumer estimates.

**Value for Money Ratings**

Consumers were asked to rate their level of satisfaction with the overall value for money of their private health insurance.

![The overall value for money of your private health insurance](chart)

Despite continuous premium increases in recent years, there still appears to be a high satisfaction level with value for money in PHI (38% were very satisfied with value for money). This represented an increase from 29% very satisfied in the previous study. The most satisfied consumers were described as being from the following sub-groups; aged 65+, those aged 18-24 or those living in Dublin. Older consumers were more likely to gain value from PHI given their higher propensity to make a claim. Younger consumers may not have experienced the steady increases in PHI cost over the last number of years, i.e. may be on parents’ policy, and might still consider PHI good value for money. While respondents living in Dublin may have a higher disposable income and might value a greater choice of private hospitals within the area.
Another question asked whether consumers (and non-consumers) agreed that PHI was good value for money.

Over half (51%) of all consumers agreed or strongly agreed that PHI was good value for money. However, only 13% of non-consumers shared this view. Interestingly, the strength of the agreement with this statement has decreased somewhat since the previous study when 20% of consumers strongly agreed and 35% of consumers agreed that PHI was good value for money.

**Premium Increases**

Consumers were asked for their reaction to recent premium increases.

Base: All consumers (n = 535)
Over one-third (34%) of consumers believed that recent increases in premiums were inappropriate and were not justifiable by the costs of treatment and service (40% in the previous study). One-in-ten consumers (10%) felt that insurers kept increases to a minimum (8% in the previous study). Forty-three percent (43%) of consumers felt the increases were appropriate given the costs of treatment and service (similar to the previous study). Consumers from Dublin were more likely to state that insurers were keeping premium increases to a minimum. Social class AB were more likely to say increases were appropriate given the costs of treatment and service. Those who said that increases in premiums were inappropriate were more likely to be from social class C2DE or living outside Dublin.

**Discontinuing Cover**

In an attempt to decipher the level at which consumers would discontinue cover, consumers were presented with a scenario whereby the premium rose by increasing amounts. Consumers were asked at what level they would discontinue cover.

The median percentage increase in premium at which consumers said they would discontinue cover was 30%. A 20% increase would result in approximately 27% of consumers discontinuing cover. Approximately 17% of consumers did not provide a response to this question and this may suggest that they were willing to accept increases
in excess of 100%. The levels at which consumers would discontinue cover is shown below for each age-group.

<table>
<thead>
<tr>
<th>If your annual premium rose by the following amount would you discontinue cover?</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>10%</td>
<td>4%</td>
<td>9%</td>
<td>5%</td>
<td>10%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>20%</td>
<td>25%</td>
<td>25%</td>
<td>20%</td>
<td>21%</td>
<td>19%</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
<td>18%</td>
<td>25%</td>
<td>24%</td>
<td>21%</td>
<td>26%</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>40%</td>
<td>7%</td>
<td>14%</td>
<td>17%</td>
<td>15%</td>
<td>12%</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>50%</td>
<td>8%</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>60%</td>
<td>-</td>
<td>3%</td>
<td>-</td>
<td>3%</td>
<td>4%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>70%</td>
<td>-</td>
<td>-</td>
<td>&lt;1%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>80%</td>
<td>-</td>
<td>-</td>
<td>&lt;1%</td>
<td>-</td>
<td>1%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>90%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>100%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
<td>6%</td>
<td>4%</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>No Increase Specified</td>
<td>28%</td>
<td>13%</td>
<td>13%</td>
<td>17%</td>
<td>10%</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Average/Mean</td>
<td>31%</td>
<td>34%</td>
<td>34%</td>
<td>37%</td>
<td>35%</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>Median</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

The levels at which consumers would discontinue cover was reasonably even across age bands. The average level which consumers would discontinue cover was marginally higher for consumers sampled over the age of 44 years. Consumers from Dublin had a higher than average threshold before deciding to discontinue cover and this may be due to more convenient access to private hospital accommodation.

Consumers were asked what other factors would lead them to discontinue cover.
A range of factors (other than premium increases) would lead consumers to discontinue cover. Loss of job (24%), deteriorating level of cover (25%) and deterioration of service level (25%) were the main factors. A large proportion (24%) indicated they would never discontinue cover. Other factors were mentioned by 7% of all consumers and covered a range of personal experiences.

**Tax Relief**

All respondents were asked about their awareness that tax relief can be claimed on some medical expenses (even if they didn’t have PHI).

![Bar chart showing awareness of tax relief on medical expenses]

Over eight-in-ten consumers (84%) were aware that tax relief could be claimed against some medical expenses not fully covered by PHI (65% in the previous study). Only four-in-ten (39%) non-consumers were aware that tax relief could be claimed on some medical expenses (33% in the previous study).
Six-in-ten (60%) consumers who were aware they could claim tax relief on some medical expenses have made such a claim. Claimants were more likely to be described as; from Dublin, long term PHI holders, social class AB or aged 55+ years. Less than a quarter (23%) of non-consumers, who were aware that tax relief could be claimed on some medical expenses, had ever made such a claim. Claimants were more likely to be female, married social class DE, from Dublin or aged 55+ years.

**Key Findings**

- The median policy value was €1,000 across all policies (inc. multiple members) and €500 for a single person policy.
- A majority of consumers considered PHI to be good value for money. Non-consumers did not share this view.
- A third of consumers considered premium increases to be inappropriate and unjustifiable but over half felt that insurers were keeping increases to a minimum or that increases were appropriate given the costs of treatment and service.
- The median increase in premiums at which consumers said they would discontinue cover was 30% and this did not vary by age.
- Apart from premium increases, other factors that would lead a consumer to discontinue cover include loss of job, deterioration in service levels and decrease...
in cover. A considerable proportion of consumers (24%) would never consider discontinuing cover.

- The majority (84%) of consumers were aware that they could claim tax relief on medical expenses (an increase from 65% in the previous study) and of those that were aware, 60% had made such a claim.
- Only 39% of non-consumers were aware that they could claim tax relief on medical expenses (an increase from 33% in the previous study) and of those that were aware, only 23% had made such a claim.
11. Reasons for not having Private Health Insurance

Just under half of Irish adults do not currently hold private health insurance. This chapter explores their reasons why and identifies what would encourage them to take out PHI.

<table>
<thead>
<tr>
<th>Reasons why you do not have private health insurance?</th>
<th>All Reasons</th>
<th>Main Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too expensive/ Premiums too high/Can't afford</td>
<td>57%</td>
<td>38%</td>
</tr>
<tr>
<td>Have a medical card</td>
<td>33%</td>
<td>21%</td>
</tr>
<tr>
<td>Haven't thought about it</td>
<td>29%</td>
<td>14%</td>
</tr>
<tr>
<td>I'm healthy/Don't need it</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Satisfied with public services</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Will get it when I'm older</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Don't approve of it</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Don't know</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Base: Non-consumers excluding previous consumers (n = 423)

The perceived high cost of PHI, ownership of a medical card and simply not having thought about it were the main reasons why non-consumers had not purchased PHI. Those mentioning that premiums were too high were more likely to be married, from social classes DE and F, living outside Dublin or 55-64 years old. Non-consumers who just haven’t thought about it can be described as single, social class AB or 18-24 years old.

Seven percent (7%) of non-consumers stated the main reason they have not taken out private health insurance is because they were satisfied with public services. A further 7% felt healthy and did not require PHI (at present). Those who were waiting until they were older were asked about open enrolment and those results are contained later within this chapter.
Motivations for getting PHI

Respondents were asked about what would encourage them to take out PHI.

<table>
<thead>
<tr>
<th>What, if anything, would encourage you to get private health insurance?</th>
<th>All Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing/I will never get private health insurance</td>
<td>25%</td>
</tr>
<tr>
<td>If I had more money</td>
<td>24%</td>
</tr>
<tr>
<td>If premiums were reduced/If it were cheaper</td>
<td>16%</td>
</tr>
<tr>
<td>When I get older</td>
<td>14%</td>
</tr>
<tr>
<td>If I got sick</td>
<td>7%</td>
</tr>
<tr>
<td>If I get married</td>
<td>6%</td>
</tr>
<tr>
<td>If public health services deteriorate</td>
<td>5%</td>
</tr>
<tr>
<td>If a family member got sick</td>
<td>5%</td>
</tr>
<tr>
<td>If I have children</td>
<td>4%</td>
</tr>
<tr>
<td>If the level of private health insurance coverage improved</td>
<td>3%</td>
</tr>
<tr>
<td>If higher premiums were introduced for people who join later</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
<tr>
<td>Don't know</td>
<td>9%</td>
</tr>
</tbody>
</table>

Base: Non-consumers excluding previous consumers (n = 423)

Two of the main aspects that would encourage non-consumers to become private health insurance holders related to money, i.e. if non-consumers had more money or if premiums were cheaper. Approximately 14% of non-consumers stated that they were waiting until they got older to take out PHI and a quarter (25%) of all non-consumers said they would never get PHI. Those who stated that they would never get PHI were more likely to be from social class DE, Munster or aged 55+ years.
Restricted Entry into PHI

Prior to 1st July 2005, ‘open’ insurance companies could refuse cover to people aged 65 or over who did not previously hold health insurance. The Health Insurance Act 2001 (Open Enrolment) Regulations 2005 came into force on 1 July 2005 and now insurers are not entitled to refuse cover to people aged 65 and over. The amendments provided for these changes while retaining the basic structure of the existing regulations in relation to the serving of certain waiting periods before insurance cover takes effect. This survey was carried out prior to these changes occurring and all references below reflect the former position.

Non-consumers were informed about how insurers are not obliged to accept prospective consumers who have reached the age of 65 years. Non-consumers were then asked how this might affect their future plans to take out private health insurance.

<table>
<thead>
<tr>
<th>Insurers are currently not obliged to accept you if you are aged 65 or over when you first apply for Private Health Insurance. With this in mind, do you think you would be more inclined to take out private health insurance before the age of 65?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don't Know</td>
</tr>
</tbody>
</table>

Base: Non-consumers excluding previous consumers (n = 423)

About a third (33%) of non-consumers would be more inclined to take out private health insurance before the age of 65 when made aware that insurers were not obliged to accept you if you are aged 65 or over when you first apply for PHI. These prospective consumers were more likely to be from social class ABC1C2 or non-medical cardholders.
The proportion within each age group is illustrated below.

Knowledge that insurers were not obliged to accept you if you are aged 65 or over when you first apply for PHI would encourage a higher proportion of younger non-consumers to take out PHI before the age of 65 years.

**Perception of Cost**

All non-consumers were then asked approximately how much they thought standard private health insurance costs per adult (per year).

<table>
<thead>
<tr>
<th>Annual cost of Standard PHI plan</th>
<th>Lower Quartile</th>
<th>Median</th>
<th>Upper Quartile</th>
<th>Mean</th>
<th>Base*</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Cost (Non-Consumers)</td>
<td>€ 300</td>
<td>€ 500</td>
<td>€ 600</td>
<td>€ 553</td>
<td>177</td>
<td>62%</td>
</tr>
<tr>
<td>Estimate of Actual Cost (Consumers)</td>
<td>€ 400</td>
<td>€ 500</td>
<td>€ 581</td>
<td>€ 530</td>
<td>84</td>
<td>23%</td>
</tr>
</tbody>
</table>

* Base: All (non)-consumers who provided an estimate of cost

A significant proportion of non-consumers were not able to provide a cost (62%). Those who could not provide an estimate of PHI cost were more likely to be medical cardholders, from Connaught/Ulster or from 65+ years age group. Where an estimate
was obtained, the median was €500. This was slightly above the cost of the most popular plans; BUPA Essential Plus with excess (€432.63), VHI Plan B (€484.02) and VIVAS i Plan Level 2 no day-to-day cover (€421.20). These costs were obtained during May 2005 and were based on adult group rates net of tax relief at source.

**Previous Consumers**

A small proportion of non-consumers were PHI holders previously (n = 44) and allowed their policies to lapse. The median number of years they were personally covered by PHI was 10 years and the median number of years since they were covered was 7 years. Three-quarters (75%) of all previous consumers said they had never made a claim on a previous policy. Previous consumers were asked to identify the reasons why they no longer held PHI.

<table>
<thead>
<tr>
<th>Reasons why you no longer have private health insurance?</th>
<th>All Reasons</th>
<th>Main Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too expensive/ Premiums too high/Can't afford it</td>
<td>48%</td>
<td>26%</td>
</tr>
<tr>
<td>Have a medical card</td>
<td>27%</td>
<td>22%</td>
</tr>
<tr>
<td>Haven't thought about it</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>Did not think it was worth it/poor value for money</td>
<td>20%</td>
<td>9%</td>
</tr>
<tr>
<td>No longer covered by my parent's insurance</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>Had it before with work and no longer have through work</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>Coverage not good</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Satisfied with public services</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Will get it when I'm older</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>I'm healthy/Don't need it</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Don't know</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>26%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Base: All previous consumers (n = 44)

A number of reasons were given as to why previous consumers no longer held PHI. The main reason was cost (26% of all previous consumers) followed by possession of a medical card (22% of all previous consumers). The *other* reasons mentioned by previous consumers included persons moving to Ireland from abroad and a range of other personal reasons.
Previous consumers were asked about their awareness of how insurers would treat an application for PHI in the future.

Did you know that if your policy has lapsed for more than 13 weeks and you seek to take out private health insurance again, an insurer might not take into account any waiting periods you have already served on a previous policy?

```
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Don't Know</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>40%</td>
<td>13%</td>
<td>47%</td>
</tr>
</tbody>
</table>
```

Base: All previous consumers (n = 44)

Only four-in-ten previous consumers (17 respondents) were aware that if a previous policy had lapsed for more than 13 weeks an insurer would not be obliged to take into account any waiting periods already served.

Did you know that if your policy has lapsed for more than 13 weeks and you seek to take out private health insurance again, an insurer would not be obliged to cover you if you are aged 65 or over?

```
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Don't Know</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>32%</td>
<td>18%</td>
<td>51%</td>
</tr>
</tbody>
</table>
```

Base: All previous consumers (n = 44)

One-in-three previous consumers (14 respondents) were aware that if a policy had lapsed for more than 13 weeks an insurer would not be obliged to cover you if you are aged 65 or over (see note on page 76 for further information).
Previous consumers were then asked what factors, if any, would lead them to take out cover again.

<table>
<thead>
<tr>
<th>What, if anything, would encourage you to get private health insurance?</th>
<th>All Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I had more money</td>
<td>27%</td>
</tr>
<tr>
<td>If premiums were reduced/ if it were cheaper</td>
<td>25%</td>
</tr>
<tr>
<td>Nothing/I will never get private health insurance again</td>
<td>22%</td>
</tr>
<tr>
<td>If I get married</td>
<td>9%</td>
</tr>
<tr>
<td>If a family member got sick</td>
<td>7%</td>
</tr>
<tr>
<td>If I got sick</td>
<td>7%</td>
</tr>
<tr>
<td>If the level of private health insurance coverage improved</td>
<td>7%</td>
</tr>
<tr>
<td>When I get older</td>
<td>4%</td>
</tr>
<tr>
<td>If public health services deteriorate</td>
<td>3%</td>
</tr>
<tr>
<td>If I have children</td>
<td>2%</td>
</tr>
<tr>
<td>If higher premiums were introduced for people who join later</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>21%</td>
</tr>
</tbody>
</table>

Base: All previous consumers (n = 44)

A quarter (25%) of all previous consumers said they would be encouraged to get PHI if premiums were reduced and 27% would be encouraged if they had more money. Other factors accounted for 21% of all respondents and a frequently occurring factor within Other was *if work paid for it*. Over one-in-five (22%) said they would never get private health insurance again (the majority of whom have medical cards).
Future Market Growth

All non-consumers were asked when, if ever, were they likely to get private health insurance (again).

Approximately one-third of non-consumers were likely to take out PHI at some stage in the future. These were likely to be single, ABC1 and C2, in full-time employment and aged between 18-34 years old. Over four-in-five non-consumers who said they would never take out PHI currently hold medical cards.
All non-consumers were asked whether a proposal, to charge higher premiums to people who wait until they are older to take out PHI, would encourage them to take out private health insurance sooner than later. This concept, late entry loading, has been proposed as a move towards lifetime community rating.

Would charging higher premiums to people who take out PHI when they are older encourage you to take out PHI sooner rather than later?

<table>
<thead>
<tr>
<th>Yes</th>
<th>29%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Know</td>
<td>28%</td>
</tr>
<tr>
<td>No</td>
<td>43%</td>
</tr>
</tbody>
</table>

Base: All non-consumers (n = 467)

It appears that the introduction of late entry loadings would encourage nearly three-in-ten (29%) non-consumers to take out PHI sooner rather than later. This group were more likely to be single, C1C2, working, living in Leinster (outside Dublin) or aged between 18-34 years old.

When examined by the likelihood of taking out PHI in the future, the introduction of late entry loadings would encourage nearly two-thirds (63%), of those who intended to take PHI out at some stage in the future, to take out PHI sooner than later.
Would you be more likely to take out private health insurance sooner rather than later if late entry loadings were introduced?

About a quarter (24%) of those who didn’t know whether they were going to take out PHI would be more likely to take out PHI sooner than later if late entry loadings were introduced.

Key Findings

- The perceived high cost of PHI, ownership of a medical card and not having thought about it were the three main reasons why non-consumers have not purchased PHI.
- Having more money, reduced premiums and getting older were the three main motivations to taking out PHI in the future. About a quarter of all non-consumers said they would never take out PHI.
- A third of all non-consumers would be more inclined to take out PHI if made aware that insurers are not obliged to insure you if you are aged 65+.
- The perceived cost of PHI is €500 among non-consumers.
- Non-consumers who were once consumers, i.e. lapsed, were most likely to state affordability and possession of a medical card as reasons for not holding PHI anymore.
- One-third of non-consumers were likely to take out PHI at some stage in the future and were more likely to be single, ABC1C2 and 18-34 years old.
The introduction of late entry loadings would encourage approximately 29% of non-consumers to take out PHI sooner than later. Approximately 63% of those who said they were likely to take out PHI would be more likely to take out PHI sooner rather than later if late entry loadings were introduced.
12. Competition

With the recent introduction of a new insurer and possible entry of other insurers, the Irish private health insurance market is undergoing a period of change. Over four-in-ten respondents believed there were only two private health insurance companies in Ireland.

![Graph showing the number of companies offering private health insurance in Ireland](image)

A higher proportion of consumers (than non-consumers) correctly said there were three companies offering private health insurance in Ireland, i.e. only commercial undertakings (there are also a number of restricted undertakings). This was consistent with the following chart where 40% of all consumers were aware another commercial undertaking had entered the market within the last six months.

![Graph showing awareness of new company entering the market](image)
Although a higher proportion of consumers (than non-consumers) knew that another company had entered the private health insurance market within the last six months (fielding took place during March/April 2005), over half of consumers (55%) remained unaware of this fact. The level of awareness among non-consumers was very low (11%). All respondents were asked whether they would welcome the introduction of more health insurance providers in the Irish market.

Bearing in mind that awareness of a new entrant to the private health insurance market was low, there was strong support for more health insurance providers. Over four-in-five (82%) of consumers and nearly three-in-five non-consumers (58%) would welcome the introduction of more providers.

**Key Findings**

- Awareness about the entry of a third insurer in Ireland within the previous six months was low, especially among non-consumers (11%).
- Following the introduction of VIVAS, the majority of consumers (68%) and non-consumers (92%) were unaware there were three companies now offering private health insurance in Ireland.
- Bearing in mind awareness of the new entrant to the private health insurance market was low, there was strong support for the introduction of more health insurance providers in the Irish market.
13. Consumer Attitudes

The attitudes and opinions of Irish adults to a variety of statements about Private Health Insurance were explored. In many cases the responses were predictably different from consumer to non-consumer.

![Graph showing attitudes towards Private Health Insurance](image)

Consumers agreed that PHI was a necessity and not a luxury (93% agreed with this statement). Non-consumers were less likely to agree with this statement although more non-consumers agreed with this statement than disagreed.

The level of commitment to PHI ownership among consumers is illustrated below.

![Graph showing commitment to PHI ownership](image)
The majority of consumers were not planning to relinquish their PHI as over 80% of consumers agreed that they would *always have PHI*. The following chart illustrates part of the reason why.

![Chart illustrating private health insurance provides peace of mind](chart)

In addition to the core attributes of PHI there was a clear perception amongst all Irish adults that PHI provided considerable peace of mind. Ninety-six percent (96%) of consumers and 60% of non-consumers agreed that PHI provided peace of mind.

![Chart illustrating people who can afford to pay for private health insurance have a responsibility to pay for it and not rely only on public health services](chart)

There was some evidence to suggest that non-consumers (and consumers) felt that people who can afford to pay for PHI should pay for it and not rely on public health services.
There was also a feeling among all respondents that public services were not adequate.

A higher proportion (90%) of consumers than non-consumers disagreed that public services were adequate. This was a view shared by approximately half of all non-consumers.

There was a general perception that having PHI does provide a better level of health care. Nearly 70% of consumers and 60% of non-consumers agreed that having PHI always meant getting a better level of health care service.
There was a stronger feeling amongst non-consumers that PHI was only for the wealthy.

Both consumers and non-consumers agreed that having private health insurance means you could skip the queues.
In view of an increasing range of different policies being offered by health insurers covering a wider range of treatments and specialising in certain areas, there was general disagreement that only old and sick people need PHI.

In reference to the debate on whether health insurers should pay the full economic cost for private beds in public hospitals, over half of all non-consumers agreed with this statement. Although over half of all consumers also agreed that health insurers should pay the full economic cost for private beds in public hospitals, it is uncertain how many would be willing to accept higher premiums as a result.
Key Findings

- PHI was considered more of a necessity than a luxury by consumers than non-consumers and over four-in-five consumers said they would always have PHI.
- The majority of consumers and non-consumers agreed that PHI provided peace of mind, a better level of health service and allowed people to skip the queues.
- The majority of consumers and non-consumers believed that people who can pay for PHI had an obligation to pay for it and not rely on public health services.
- Consumers disagreed with non-consumers over whether PHI was only for the wealthy.
- The majority of consumers and non-consumers agreed that insurers should pay the full economic cost for private beds in public hospitals.
- Although over half of all consumers agreed that health insurers should pay the full economic cost for private beds in public hospitals, it is uncertain how many would be willing to accept higher premiums as a result.
- There was general disagreement among consumers and non-consumers that public services were adequate and that PHI was only for old and sick people.
14. Key Comparison Tables

A full marked-up questionnaire is contained within Appendix B. This chapter displays the trends for key questions from the previous study to 2005 in tabular format. Both years are based on approximately 1,000 interviews with the general public. Exact base sizes are contained within the text of each report.

** All consumers and non-consumers **

Q.1a Are you personally currently covered by private health Insurance?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>52%</td>
<td>47%</td>
<td>+5</td>
</tr>
<tr>
<td>No</td>
<td>48%</td>
<td>53%</td>
<td>-5</td>
</tr>
</tbody>
</table>

** All non-consumers **

Q.3 What is the main reason why you do not have private health insurance?

<table>
<thead>
<tr>
<th>List of Reasons (multiple choice)</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too expensive/ Premiums too high/Can’t afford it</td>
<td>38%</td>
<td>42%</td>
<td>-4</td>
</tr>
<tr>
<td>Haven’t thought about it</td>
<td>14%</td>
<td>14%</td>
<td>-</td>
</tr>
<tr>
<td>Will get it when I’m older</td>
<td>5%</td>
<td>4%</td>
<td>+1</td>
</tr>
<tr>
<td>Satisfied with public services</td>
<td>7%</td>
<td>5%</td>
<td>+2</td>
</tr>
<tr>
<td>I’m healthy/Don’t need it</td>
<td>7%</td>
<td>5%</td>
<td>+2</td>
</tr>
<tr>
<td>Don’t approve of it</td>
<td>1%</td>
<td>2%</td>
<td>-1</td>
</tr>
<tr>
<td>Have a medical card</td>
<td>21%</td>
<td>25%</td>
<td>-4</td>
</tr>
<tr>
<td>Other, please specify:</td>
<td>6%</td>
<td>4%</td>
<td>+2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1%</td>
<td>1%</td>
<td>-</td>
</tr>
</tbody>
</table>
Q.4a  What, if anything, would encourage you to get private health insurance?

<table>
<thead>
<tr>
<th>Reason(s) (multiple choice)</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I get older</td>
<td>14%</td>
<td>10%</td>
<td>+4</td>
</tr>
<tr>
<td>If I have children</td>
<td>4%</td>
<td>5%</td>
<td>-1</td>
</tr>
<tr>
<td>If I get married</td>
<td>6%</td>
<td>7%</td>
<td>-1</td>
</tr>
<tr>
<td>If public health services deteriorate</td>
<td>5%</td>
<td>7%</td>
<td>-2</td>
</tr>
<tr>
<td>If premiums were reduced/ if it were cheaper</td>
<td>16%</td>
<td>22%</td>
<td>-6</td>
</tr>
<tr>
<td>If I got sick</td>
<td>7%</td>
<td>7%</td>
<td>-</td>
</tr>
<tr>
<td>If a family member got sick</td>
<td>5%</td>
<td>5%</td>
<td>-</td>
</tr>
<tr>
<td>If the level of private health insurance coverage improved</td>
<td>3%</td>
<td>2%</td>
<td>+1</td>
</tr>
<tr>
<td>If higher premiums were introduced for people who join later</td>
<td>1%</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>If I had more money</td>
<td>24%</td>
<td>28%</td>
<td>-4</td>
</tr>
<tr>
<td>Other (Please specify________________________________________)</td>
<td>4%</td>
<td>6%</td>
<td>-2</td>
</tr>
<tr>
<td>Nothing/I will never get private health insurance</td>
<td>25%</td>
<td>32%</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9%</td>
<td>2%</td>
<td>+7</td>
</tr>
</tbody>
</table>

** Previous consumers **

Q.7b  And what is the main reason why you no longer have private health insurance?

<table>
<thead>
<tr>
<th>Reason(s) (multiple choice)</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>No longer covered by my parent’s insurance</td>
<td>5%</td>
<td>14%</td>
<td>-9</td>
</tr>
<tr>
<td>Did not think it was worth it/poor value for money</td>
<td>9%</td>
<td>14%</td>
<td>-5</td>
</tr>
<tr>
<td>Had it before with work and no longer have through work</td>
<td>4%</td>
<td>16%</td>
<td>-12</td>
</tr>
<tr>
<td>Too expensive/ Premiums too high/Can’t afford it</td>
<td>26%</td>
<td>25%</td>
<td>+1</td>
</tr>
<tr>
<td>Haven’t thought about it</td>
<td>9%</td>
<td>0%</td>
<td>+9</td>
</tr>
<tr>
<td>Will get it when I’m older</td>
<td>2%</td>
<td>0%</td>
<td>+2</td>
</tr>
<tr>
<td>Satisfied with public services</td>
<td>2%</td>
<td>3%</td>
<td>-1</td>
</tr>
<tr>
<td>I’m healthy/Don’t need it</td>
<td>-</td>
<td>4%</td>
<td>-4</td>
</tr>
<tr>
<td>Coverage not good</td>
<td>3%</td>
<td>-</td>
<td>+3</td>
</tr>
<tr>
<td>Have a medical card</td>
<td>22%</td>
<td>13%</td>
<td>+9</td>
</tr>
<tr>
<td>Other, please specify:</td>
<td>19%</td>
<td>10%</td>
<td>+9</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
** All non-consumers **

Q.10 When, if ever, are you likely to get private health insurance [again]?
(The 2005 results are shown excluding the ‘Don’t know’ category)

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – likely to get it within the next 12 months</td>
<td>5%</td>
<td>2%</td>
<td>+3</td>
</tr>
<tr>
<td>Yes – likely to get it within 1-2 years</td>
<td>2%</td>
<td>5%</td>
<td>-3</td>
</tr>
<tr>
<td>Yes – likely to get it within 3-5 years</td>
<td>9%</td>
<td>6%</td>
<td>+3</td>
</tr>
<tr>
<td>Yes – likely to get it but not within the next 5 years</td>
<td>4%</td>
<td>7%</td>
<td>-3</td>
</tr>
<tr>
<td>Likely to get it, but don’t know when</td>
<td>25%</td>
<td>22%</td>
<td>+3</td>
</tr>
<tr>
<td>Unlikely to ever get it</td>
<td>21%</td>
<td>29%</td>
<td>-8</td>
</tr>
<tr>
<td>No, will never get private health insurance</td>
<td>34%</td>
<td>29%</td>
<td>+5</td>
</tr>
</tbody>
</table>

Q.11a Some people decide not to take out private health insurance until an older age. It is proposed to apply higher premiums to people who wait until they are older to take out private health insurance. Would you be more likely to take out PHI sooner than later?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>29%</td>
<td>16%</td>
<td>+13</td>
</tr>
<tr>
<td>No</td>
<td>43%</td>
<td>58%</td>
<td>-15</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>28%</td>
<td>26%</td>
<td>+2</td>
</tr>
</tbody>
</table>

Q.11b Are you aware that you can claim tax relief of some medical expenses even if you don't have private health insurance?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>39%</td>
<td>33%</td>
<td>+6</td>
</tr>
<tr>
<td>No</td>
<td>61%</td>
<td>67%</td>
<td>-6</td>
</tr>
</tbody>
</table>

Q.11c Have you ever made such a claim?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>23%</td>
<td>21%</td>
<td>+2</td>
</tr>
<tr>
<td>No</td>
<td>77%</td>
<td>79%</td>
<td>-2</td>
</tr>
</tbody>
</table>

Q.12 Approximately how much do you think standard private health insurance costs per adult, per year?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>€ 500</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mean</td>
<td>€ 553</td>
<td>€ 533</td>
<td>+€20</td>
</tr>
<tr>
<td>Don't know</td>
<td>62%</td>
<td>47%</td>
<td>+15</td>
</tr>
</tbody>
</table>
** Consumers **

Q.17 How many adults, (i.e. aged 18+) including yourself, are covered by the private health insurance policy you are on (i.e. named or the policyholder)?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself only</td>
<td>23%</td>
<td>27%</td>
<td>-4</td>
</tr>
<tr>
<td>Two adults</td>
<td>54%</td>
<td>44%</td>
<td>+10</td>
</tr>
<tr>
<td>Three adults</td>
<td>13%</td>
<td>16%</td>
<td>-3</td>
</tr>
<tr>
<td>Four adults</td>
<td>7%</td>
<td>6%</td>
<td>+1</td>
</tr>
<tr>
<td>Five adults</td>
<td>2%</td>
<td>4%</td>
<td>-2</td>
</tr>
<tr>
<td>Six adults</td>
<td>1%</td>
<td>2%</td>
<td>-1</td>
</tr>
<tr>
<td>Please specify no. if more than six</td>
<td>0%</td>
<td>1%</td>
<td>-1</td>
</tr>
</tbody>
</table>

Q.18 And how many children [aged under 18], if any, are covered by this private health insurance policy?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>56%</td>
<td>61%</td>
<td>-5</td>
</tr>
<tr>
<td>One child</td>
<td>15%</td>
<td>12%</td>
<td>+3</td>
</tr>
<tr>
<td>Two children</td>
<td>17%</td>
<td>15%</td>
<td>+2</td>
</tr>
<tr>
<td>Three</td>
<td>9%</td>
<td>8%</td>
<td>+1</td>
</tr>
<tr>
<td>Four</td>
<td>2%</td>
<td>3%</td>
<td>-1</td>
</tr>
<tr>
<td>Five</td>
<td>1%</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>Six</td>
<td>0%</td>
<td>0%</td>
<td>-</td>
</tr>
<tr>
<td>Other (Please specify number if more than six)</td>
<td>0%</td>
<td>1%</td>
<td>-1</td>
</tr>
</tbody>
</table>

Q.19 Approximately how much is the total cost of this private health insurance policy? Please include the cost for all persons named on the policy.

<table>
<thead>
<tr>
<th>Yearly cost</th>
<th>2005</th>
<th>2002</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>€ 1,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mean</td>
<td>€ 1,108</td>
<td>€ 768</td>
<td>+€340</td>
</tr>
<tr>
<td>DK/Not sure</td>
<td>37%</td>
<td>38%</td>
<td>-1</td>
</tr>
</tbody>
</table>

Q.20 How likely/unlikely are you to upgrade your private health insurance plan sometime in the future?

<table>
<thead>
<tr>
<th>Very Likely and Quite Likely</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upgrade</td>
<td>20%</td>
<td>11%</td>
<td>+9</td>
</tr>
</tbody>
</table>

Q.22 Are you a member of a Group Scheme (as described above)?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>45%</td>
<td>49%</td>
<td>-4</td>
</tr>
<tr>
<td>No</td>
<td>50%</td>
<td>45%</td>
<td>+5</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>5%</td>
<td>7%</td>
<td>-2</td>
</tr>
</tbody>
</table>
** Consumers **

Q.26 To what extent do you understand the level of cover your health insurance plan offers?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a full understanding of cover provided</td>
<td>43%</td>
<td>30%</td>
<td>+13</td>
</tr>
<tr>
<td>I have some understanding of cover provided</td>
<td>46%</td>
<td>50%</td>
<td>-4</td>
</tr>
<tr>
<td>I have little to no understanding of cover provided</td>
<td>11%</td>
<td>20%</td>
<td>-9</td>
</tr>
</tbody>
</table>

Q.27 Overall, are you satisfied or dissatisfied with your level of understanding of your health insurance cover?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>28%</td>
<td>26%</td>
<td>+2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>56%</td>
<td>57%</td>
<td>-1</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
<td>10%</td>
<td>*</td>
<td>-</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>3%</td>
<td>10%</td>
<td>-7</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0%</td>
<td>2%</td>
<td>-2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2%</td>
<td>6%</td>
<td>-4</td>
</tr>
</tbody>
</table>
* option not provided previously

Q.28 How aware are you of the treatments which are excluded from your policy?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully aware of excluded treatments</td>
<td>31%</td>
<td>15%</td>
<td>+16</td>
</tr>
<tr>
<td>Somewhat aware of excluded treatments</td>
<td>47%</td>
<td>51%</td>
<td>-4</td>
</tr>
<tr>
<td>Not aware of excluded treatments</td>
<td>22%</td>
<td>34%</td>
<td>-12</td>
</tr>
</tbody>
</table>

Q.29 If your plan covers private or semi-private accommodation would you expect to get this type of accommodation… .

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or never when hospitalised</td>
<td>2%</td>
<td>1%</td>
<td>+1</td>
</tr>
<tr>
<td>Some of the time when hospitalised</td>
<td>14%</td>
<td>13%</td>
<td>+1</td>
</tr>
<tr>
<td>Most of the time when hospitalised</td>
<td>38%</td>
<td>33%</td>
<td>+5</td>
</tr>
<tr>
<td>All the time when hospitalised</td>
<td>44%</td>
<td>52%</td>
<td>-8</td>
</tr>
<tr>
<td>Do not have cover for private/semi-private accommodation</td>
<td>2%</td>
<td>2%</td>
<td>-</td>
</tr>
</tbody>
</table>

Q.30 What is the maximum number of beds you would expect to find in a semi-private room?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 2 beds in a room</td>
<td>32%</td>
<td>41%</td>
<td>-9</td>
</tr>
<tr>
<td>3 beds</td>
<td>19%</td>
<td>16%</td>
<td>+3</td>
</tr>
<tr>
<td>4 beds</td>
<td>38%</td>
<td>32%</td>
<td>+6</td>
</tr>
<tr>
<td>5 beds</td>
<td>4%</td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td>Other (Please specify_ )</td>
<td>4%</td>
<td>3%</td>
<td>+1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3%</td>
<td>3%</td>
<td>-</td>
</tr>
</tbody>
</table>
** Consumers **

<table>
<thead>
<tr>
<th>Are you aware... Yes</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.31 that cover can be refused by a private health insurance company in certain circumstances?</td>
<td>62%</td>
<td>54%</td>
<td>+8</td>
</tr>
<tr>
<td>Q.32 that a waiting period must first be served before a claim can be made on a new policy?</td>
<td>76%</td>
<td>*</td>
<td>-</td>
</tr>
<tr>
<td>Q.33 of the level of outpatient/non-hospital cover you have?</td>
<td>60%</td>
<td>*</td>
<td>-</td>
</tr>
<tr>
<td>Q.34 that an excess may be payable on a claim made to a health insurer?, i.e. you may be required to meet some of the cost yourself. **</td>
<td>81%</td>
<td>75%</td>
<td>+6</td>
</tr>
</tbody>
</table>

* option not provided previously

** not exact wording used previously

Q.36 Which of the following elements of your health insurance cover do you value the most?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital treatment</td>
<td>77%</td>
<td>76%</td>
<td>+1</td>
</tr>
<tr>
<td>Hospital accommodation</td>
<td>11%</td>
<td>11%</td>
<td>+</td>
</tr>
<tr>
<td>Out-patient treatment</td>
<td>5%</td>
<td>4%</td>
<td>+1</td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>2%</td>
<td>3%</td>
<td>-1</td>
</tr>
<tr>
<td>Other (Please specify______)</td>
<td>1%</td>
<td>2%</td>
<td>-1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3%</td>
<td>4%</td>
<td>-1</td>
</tr>
</tbody>
</table>

Q.38 Have you, or anyone else, ever made a claim on your current policy?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>64%</td>
<td>55%</td>
<td>+9</td>
</tr>
<tr>
<td>No</td>
<td>33%</td>
<td>45%</td>
<td>-12</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3%</td>
<td>*</td>
<td>+</td>
</tr>
</tbody>
</table>

* option not provided previously

Q.39 How many such claims have been made on your policy?

<table>
<thead>
<tr>
<th>Number of claims made</th>
<th>2005</th>
<th>2002</th>
<th>Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mean</td>
<td>3.78</td>
<td>3.95</td>
<td>-0.18</td>
</tr>
<tr>
<td>Can’t Remember/DK</td>
<td>21%</td>
<td>7%</td>
<td>+12</td>
</tr>
</tbody>
</table>

Q.41 Were you/other claimant ever dissatisfied with the way in which the health insurer processed a claim on your policy?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10%</td>
<td>4%</td>
<td>+6</td>
</tr>
<tr>
<td>No</td>
<td>87%</td>
<td>96%</td>
<td>-9</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3% (*)</td>
<td>*</td>
<td>-</td>
</tr>
</tbody>
</table>

* option not provided previously
** Consumers **

Q.43 On scale of 1 to 10 where 1 is not at all satisfied and 10 is extremely satisfied, how satisfied or dissatisfied are you with the following? (percentages combine scores from 8 to 10 for very satisfied)

<table>
<thead>
<tr>
<th>Service</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current range of products and services offered by your private health insurer</td>
<td>47%</td>
<td>41%</td>
<td>+6</td>
</tr>
<tr>
<td>The level of cover provided by your private health insurance plan</td>
<td>51%</td>
<td>37%</td>
<td>+14</td>
</tr>
<tr>
<td>The customer service you receive from your private health insurer</td>
<td>59%</td>
<td>46%</td>
<td>+13</td>
</tr>
<tr>
<td>The level of Out-patient/Non-Hospital cover on your plan*</td>
<td>32%</td>
<td>20%</td>
<td>+12</td>
</tr>
<tr>
<td>The quality of information and advice you receive from your private health insurer explaining your cover and benefits</td>
<td>51%</td>
<td>36%</td>
<td>+15</td>
</tr>
<tr>
<td>The overall value for money of your private health insurance</td>
<td>38%</td>
<td>29%</td>
<td>+9</td>
</tr>
</tbody>
</table>

Q.44 Have you, or any policy member, ever made a complaint to your health insurer?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4%</td>
<td>3%</td>
<td>+1</td>
</tr>
<tr>
<td>No</td>
<td>96%</td>
<td>97%</td>
<td>-1</td>
</tr>
</tbody>
</table>

Q.45 Were you satisfied or dissatisfied with the complaints procedure?

<table>
<thead>
<tr>
<th>Level</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>15%</td>
<td>13%</td>
<td>+2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>15%</td>
<td>34%</td>
<td>-19</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
<td>14%</td>
<td>*</td>
<td>-</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>52%</td>
<td>31%</td>
<td>+21</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>4%</td>
<td>21%</td>
<td>-17</td>
</tr>
</tbody>
</table>

* option not provided previously

Q.48 Have you personally ever switched from one health insurer in Ireland to another health insurer in Ireland?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10%</td>
<td>6%</td>
<td>+4</td>
</tr>
<tr>
<td>No</td>
<td>90%</td>
<td>94%</td>
<td>-4</td>
</tr>
</tbody>
</table>
** All Switchers **

### Q.56 What was the main factor that led you to change your health insurer?

<table>
<thead>
<tr>
<th>Factor</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>New insurer was cheaper /Cost savings</td>
<td>48%</td>
<td>46%</td>
<td>+2</td>
</tr>
<tr>
<td>Level of cover was better</td>
<td>12%</td>
<td>4%</td>
<td>+8</td>
</tr>
<tr>
<td>New insurer had a better product/service range</td>
<td>8%</td>
<td>0%</td>
<td>+8</td>
</tr>
<tr>
<td>Group scheme switched</td>
<td>8%</td>
<td>14%</td>
<td>-6</td>
</tr>
<tr>
<td>Dissatisfaction with service provision of previous insurer</td>
<td>2%</td>
<td>3%</td>
<td>-1</td>
</tr>
<tr>
<td>Level of information and advice better</td>
<td>2%</td>
<td>0%</td>
<td>+2</td>
</tr>
<tr>
<td>Recommendation by friend</td>
<td>2%</td>
<td>0%</td>
<td>+2</td>
</tr>
<tr>
<td>Recommendation from family member</td>
<td>1%</td>
<td>4%</td>
<td>-3</td>
</tr>
<tr>
<td>Recommendation from other</td>
<td>1%</td>
<td>0%</td>
<td>+1</td>
</tr>
<tr>
<td>Had bad experience with previous insurer</td>
<td>4%</td>
<td>0%</td>
<td>+4</td>
</tr>
<tr>
<td>Wanted to switch to an Irish Company</td>
<td>0%</td>
<td>0%</td>
<td>-</td>
</tr>
<tr>
<td>Changed employer</td>
<td>3%</td>
<td>16%</td>
<td>-13</td>
</tr>
<tr>
<td>Wanted to support competition</td>
<td>0%</td>
<td>0%</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>3%</td>
<td>+2</td>
</tr>
<tr>
<td>No Choice/Not my decision</td>
<td>3%</td>
<td>11%</td>
<td>-8</td>
</tr>
<tr>
<td>Don't Know</td>
<td>0%</td>
<td>0%</td>
<td>-</td>
</tr>
</tbody>
</table>

### Q.57 On a scale of 1 to 10, where 1 is not at all satisfied and 10 is extremely satisfied, how satisfied or dissatisfied…(percentages combine scores from 8 to 10 for very satisfied)

<table>
<thead>
<tr>
<th>9 and 10</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>…were you with the changeover process to the new Insurer</td>
<td>80%</td>
<td>55%</td>
<td>+25</td>
</tr>
<tr>
<td>…are you with the new Insurer</td>
<td>79%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Q.58 What percentage savings on the total policy cost, do you think would be needed to encourage you to switch again, to a comparable plan, with another health insurance provider?

<table>
<thead>
<tr>
<th>Saving</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>20%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mean</td>
<td>22%</td>
<td>17%</td>
<td>+5</td>
</tr>
<tr>
<td>Don't Know</td>
<td>35%</td>
<td>40%</td>
<td>-5</td>
</tr>
</tbody>
</table>

### Q.59 Would you consider switching again, if you thought financial or other gains could be made?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – Definitely</td>
<td>38%</td>
<td>46%</td>
<td>-8</td>
</tr>
<tr>
<td>Yes – Probably</td>
<td>29%</td>
<td>23%</td>
<td>+6</td>
</tr>
<tr>
<td>No</td>
<td>16%</td>
<td>13%</td>
<td>+3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>18%</td>
<td>18%</td>
<td>-</td>
</tr>
</tbody>
</table>
** All Non-Switchers **

Q.60 Have you ever considered switching from your current health insurance provider to another?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13%</td>
<td>12%</td>
<td>+1</td>
</tr>
<tr>
<td>No</td>
<td>73%</td>
<td>71%</td>
<td>+2</td>
</tr>
<tr>
<td>Not my decision</td>
<td>13%</td>
<td>17%</td>
<td>-4</td>
</tr>
</tbody>
</table>

Q.61 Are there any particular reasons why you have never switched companies?

<table>
<thead>
<tr>
<th>Reason(s) (multiple choice)</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>No significant cost savings</td>
<td>13%</td>
<td>17%</td>
<td>-4</td>
</tr>
<tr>
<td>Level of cover no better</td>
<td>15%</td>
<td>13%</td>
<td>+2</td>
</tr>
<tr>
<td>Too much hassle/paperwork</td>
<td>12%</td>
<td>12%</td>
<td>-</td>
</tr>
<tr>
<td>Range of products/services no better</td>
<td>6%</td>
<td>7%</td>
<td>-1</td>
</tr>
<tr>
<td>Satisfied with current provider</td>
<td>36%</td>
<td>27%</td>
<td>+9</td>
</tr>
<tr>
<td>Couldn’t be bothered</td>
<td>9%</td>
<td>12%</td>
<td>-3</td>
</tr>
<tr>
<td>Too difficult to compare plans</td>
<td>4%</td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td>Feel loyal to my current provider</td>
<td>8%</td>
<td>4%</td>
<td>+4</td>
</tr>
<tr>
<td>Other insurer wouldn’t want me/am too high risk</td>
<td>1%</td>
<td>4%</td>
<td>-3</td>
</tr>
<tr>
<td>Not my decision</td>
<td>14%</td>
<td>6%</td>
<td>+8</td>
</tr>
<tr>
<td>Work/employer looks after it</td>
<td>6%</td>
<td>3%</td>
<td>+3</td>
</tr>
<tr>
<td>Concerned that coverage would not be the same</td>
<td>7%</td>
<td>11%</td>
<td>-4</td>
</tr>
<tr>
<td>Concerned about waiting periods</td>
<td>3%</td>
<td>5%</td>
<td>-2</td>
</tr>
<tr>
<td>Still considering it/Have not made up my mind</td>
<td>3%</td>
<td>3%</td>
<td>-</td>
</tr>
<tr>
<td>Prefer to stay with an Irish company</td>
<td>7%</td>
<td>10%</td>
<td>-3</td>
</tr>
<tr>
<td>Been with existing provider for a long time</td>
<td>13%</td>
<td>14%</td>
<td>-1</td>
</tr>
<tr>
<td>Wanted to support competition</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Too expensive</td>
<td>3%</td>
<td>1%</td>
<td>+2</td>
</tr>
<tr>
<td>Didn’t know/Not aware that I could switch</td>
<td>-</td>
<td>2%</td>
<td>-2</td>
</tr>
<tr>
<td>Lack of information</td>
<td>2%</td>
<td>-</td>
<td>+2</td>
</tr>
<tr>
<td>Just joined the current policy</td>
<td>2%</td>
<td>2%</td>
<td>-</td>
</tr>
<tr>
<td>Other (Please specify__________)</td>
<td>6%</td>
<td>*</td>
<td>+</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5%</td>
<td>7%</td>
<td>-2</td>
</tr>
</tbody>
</table>

* option not provided previously
**All Non-Switchers**

Q.63 What is the main factor that would encourage you to switch from your current insurance provider to another?

<table>
<thead>
<tr>
<th>Factors</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>If there were significant cost savings to be made</td>
<td>33%</td>
<td>34%</td>
<td>-1</td>
</tr>
<tr>
<td>If the range of products was better</td>
<td>9%</td>
<td>7%</td>
<td>+2</td>
</tr>
<tr>
<td>If the level of cover was better</td>
<td>16%</td>
<td>17%</td>
<td>-1</td>
</tr>
<tr>
<td>If I knew more about it</td>
<td>2%</td>
<td>3%</td>
<td>-1</td>
</tr>
<tr>
<td>If premiums of my current insurer increased significantly</td>
<td>7%</td>
<td>7%</td>
<td>-</td>
</tr>
<tr>
<td>If there were no waiting periods</td>
<td>-</td>
<td>2%</td>
<td>-2</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>7%</td>
<td>4%</td>
<td>+3</td>
</tr>
<tr>
<td>Nothing/ would never switch insurer</td>
<td>15%</td>
<td>16%</td>
<td>-1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9%</td>
<td>9%</td>
<td>-</td>
</tr>
</tbody>
</table>

Q.64 What percentage savings on the total policy cost, do you think would be needed to encourage a switch, to a comparable plan, with another health insurance provider? [Interviewer: If unsure of % ask for annual amount of savings in Euro]

<table>
<thead>
<tr>
<th>Saving</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>20%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mean</td>
<td>26%</td>
<td>26%</td>
<td>-</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>42%</td>
<td>34%</td>
<td>+8</td>
</tr>
</tbody>
</table>

Q.65 If you completed the required waiting period with one insurer and decided to switch to a comparable plan with another insurer, do you think you would need to serve an additional waiting period with the new insurer before being covered?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14%</td>
<td>21%</td>
<td>-7</td>
</tr>
<tr>
<td>No</td>
<td>59%</td>
<td>47%</td>
<td>+12</td>
</tr>
<tr>
<td>Don’t know</td>
<td>27%</td>
<td>32%</td>
<td>-5</td>
</tr>
</tbody>
</table>

Q.66 The current situation in Ireland is that you would not have to serve an additional waiting period. With this information in mind would you be more likely to switch from your current insurance provider to another insurance provider?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – much more likely to switch</td>
<td>10%</td>
<td>10%</td>
<td>-</td>
</tr>
<tr>
<td>Yes – a little more likely to switch</td>
<td>16%</td>
<td>19%</td>
<td>-3</td>
</tr>
<tr>
<td>No</td>
<td>41%</td>
<td>43%</td>
<td>-2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>33%</td>
<td>27%</td>
<td>+6</td>
</tr>
</tbody>
</table>
** All Consumers **

Q.67 If your annual premium rose by the following amount would you discontinue cover?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>7%</td>
<td>8%</td>
<td>-1</td>
</tr>
<tr>
<td>20%</td>
<td>20%</td>
<td>22%</td>
<td>-2</td>
</tr>
<tr>
<td>30%</td>
<td>23%</td>
<td>24%</td>
<td>-1</td>
</tr>
<tr>
<td>40%</td>
<td>13%</td>
<td>15%</td>
<td>-2</td>
</tr>
<tr>
<td>50%</td>
<td>11%</td>
<td>10%</td>
<td>+1</td>
</tr>
<tr>
<td>60%</td>
<td>3%</td>
<td>4%</td>
<td>-1</td>
</tr>
<tr>
<td>70%</td>
<td>1%</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>80%</td>
<td>1%</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>90%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>100%</td>
<td>4%</td>
<td>1%</td>
<td>+3</td>
</tr>
<tr>
<td>No % specified</td>
<td>17%</td>
<td>15%</td>
<td>+2</td>
</tr>
</tbody>
</table>

Q.68a Other than premium increases, what factors, if any, would lead you to discontinue cover?

<table>
<thead>
<tr>
<th>Factor(s) (multiple choice)</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I lost my job</td>
<td>24%</td>
<td>28%</td>
<td>-4</td>
</tr>
<tr>
<td>If my parents no longer paid for it</td>
<td>5%</td>
<td>7%</td>
<td>-2</td>
</tr>
<tr>
<td>If service levels deteriorated</td>
<td>25%</td>
<td>18%</td>
<td>+7</td>
</tr>
<tr>
<td>If the level of cover deteriorated</td>
<td>25%</td>
<td>29%</td>
<td>-4</td>
</tr>
<tr>
<td>If the range of products was reduced</td>
<td>16%</td>
<td>10%</td>
<td>+6</td>
</tr>
<tr>
<td>If public services improved</td>
<td>13%</td>
<td>14%</td>
<td>-1</td>
</tr>
<tr>
<td>Other (Please specify __________________________)</td>
<td>7%</td>
<td>2%</td>
<td>+5</td>
</tr>
<tr>
<td>Nothing/ would never discontinue cover</td>
<td>24%</td>
<td>21%</td>
<td>+3</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-</td>
<td>7%</td>
<td>-7</td>
</tr>
</tbody>
</table>

Q.68b Which one of the following statements most closely reflects your attitude to premium increases that have occurred in recent years?

<table>
<thead>
<tr>
<th>Statement</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurers are keeping premium increases to a minimum</td>
<td>10%</td>
<td>8%</td>
<td>+2</td>
</tr>
<tr>
<td>The increases are appropriate given the costs of treatment and service</td>
<td>43%</td>
<td>44%</td>
<td>-1</td>
</tr>
<tr>
<td>The increases are inappropriate and are not justifiable by the costs of treatment and service</td>
<td>34%</td>
<td>40%</td>
<td>-6</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>13%</td>
<td>8%</td>
<td>+5</td>
</tr>
</tbody>
</table>
** All Consumers **

**Q.69a Are you aware that you can claim tax relief of some medical expenses even if you don't have private health insurance?**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>84%</td>
<td>65%</td>
<td>+19</td>
</tr>
<tr>
<td>No</td>
<td>16%</td>
<td>35%</td>
<td>-19</td>
</tr>
</tbody>
</table>

**Q.69b Have you ever made such a claim?**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60%</td>
<td>36%</td>
<td>+24</td>
</tr>
<tr>
<td>No</td>
<td>40%</td>
<td>64%</td>
<td>-24</td>
</tr>
</tbody>
</table>

**Q.70 Can you tell me how many companies currently offer private health insurance in Ireland?**

<table>
<thead>
<tr>
<th>Number of claims made</th>
<th>2005</th>
<th>2002</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mean</td>
<td>4.17</td>
<td>3.17</td>
<td>+1</td>
</tr>
<tr>
<td>Can’t remember/DK</td>
<td>26%</td>
<td>22%</td>
<td>+4</td>
</tr>
</tbody>
</table>
** All Respondents **

Q.73 I am going to read out a number of statements, and I would like you to say to what extent you agree or disagree with each statement… (percentages are combined scores for agree and strongly agree)

<table>
<thead>
<tr>
<th>Agree or Strongly Agree</th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Private health insurance is a necessity not a luxury</td>
<td>69%</td>
<td>73%</td>
<td>-4</td>
</tr>
<tr>
<td>2. I will always have Private Health Insurance (question only asked of consumers)</td>
<td>82%</td>
<td>87%</td>
<td>-5</td>
</tr>
<tr>
<td>3. Private health insurance is good value for money</td>
<td>33%</td>
<td>33%</td>
<td>-</td>
</tr>
<tr>
<td>4. Private health insurance provides peace of mind</td>
<td>79%</td>
<td>81%</td>
<td>-2</td>
</tr>
<tr>
<td>5. People who can afford to pay for private health insurance have a responsibility to pay for it and not rely only on public health services</td>
<td>54%</td>
<td>64%</td>
<td>-10</td>
</tr>
<tr>
<td>6. There is no need for private health insurance in Ireland, public services are adequate</td>
<td>12%</td>
<td>16%</td>
<td>-4</td>
</tr>
<tr>
<td>7. Having private health insurance means always getting a better level of health care service</td>
<td>64%</td>
<td>70%</td>
<td>-6</td>
</tr>
<tr>
<td>8. Private health insurance is only for the wealthy</td>
<td>27%</td>
<td>41%</td>
<td>-14</td>
</tr>
<tr>
<td>9. I would welcome the introduction of more health insurance providers in the Irish market</td>
<td>70%</td>
<td>*</td>
<td>n/a</td>
</tr>
<tr>
<td>10. Having private health insurance means you can skip the queues</td>
<td>60%</td>
<td>75%</td>
<td>-15</td>
</tr>
<tr>
<td>11. Only old people and sick people need private health insurance</td>
<td>10%</td>
<td>10%</td>
<td>-</td>
</tr>
<tr>
<td>12. Private health insurers should pay the full economic cost for private beds in public hospitals</td>
<td>52%</td>
<td>*</td>
<td>n/a</td>
</tr>
<tr>
<td>13. There is adequate information to enable me to compare plans on offer from different private health insurers</td>
<td>35%</td>
<td>*</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*Question not asked in previous study

Q.79 Which of these statements best describes your awareness of The Health Insurance Authority?

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2002</th>
<th>Percentage Point Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully aware of The Health Insurance Authority and its functions</td>
<td>4%</td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td>Have some awareness of The Health Insurance Authority and its functions</td>
<td>23%</td>
<td>12%</td>
<td>+11</td>
</tr>
<tr>
<td>Have heard of The Health Insurance Authority, but I’m not sure what they do</td>
<td>26%</td>
<td>20%</td>
<td>+6</td>
</tr>
<tr>
<td>Have never heard of The Health Insurance Authority</td>
<td>47%</td>
<td>64%</td>
<td>-17</td>
</tr>
</tbody>
</table>
Appendix A:- Marked Up Questionnaire
**HEALTH INSURANCE COVER**

**Q.1a**  Are you **personally** currently covered by private health Insurance?  
**SINGLE CODE**  
- Yes...........................................  52% (47%)  GO TO Q.1b  
- No ...........................................  48% (53%)  GO TO Q.1d

**Q.1b**  Are you **personally** the policyholder of your private health insurance?  
**SINGLE CODE**  
- Yes...........................................  64% (74%)  GO TO Q.13  
- No ...........................................  36% (26%)  GO TO Q.1c

**Q.1c**  Please tell me who is the **main policyholder** of your private health insurance?  
**Probe to pre-codes**  
**SINGLE CODE**  
- Spouse/partner .........................  67%  
- Parent .......................................  26%  
- Other family member ....................  3%  ALL  
- Other [specify below] ....................  4%  GO TO Q.14

**Q.1d**  Have you **personally, ever** been covered by private health Insurance?  
**SINGLE CODE**  
- Yes...........................................  9%  GO TO Q.5a  
- No ...........................................  91%  CONTINUE
**NON-CONSUMERS ****
THOSE WHO HAVE NEVER BEEN COVERED BY PRIVATE HEALTH INSURANCE, I.E. CODE 2 AT Q.1a/d

Q.2  Are there any reasons why you do not have private health insurance?  
DO NOT PROMPT, CODE ALL THAT APPLY

Q.3  What is the main reason why you do not have private health insurance?  
DO NOT PROMPT, SINGLE CODE

<table>
<thead>
<tr>
<th>List of Reasons</th>
<th>Q.2 Any</th>
<th>Q.3 Main</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Too expensive/ Premiums too high/Can’t afford it</td>
<td>57%</td>
<td>38% (42%)</td>
</tr>
<tr>
<td>2. Haven’t thought about it</td>
<td>29%</td>
<td>14% (14%)</td>
</tr>
<tr>
<td>3. Will get it when I’m older</td>
<td>11%</td>
<td>5% (4%)</td>
</tr>
<tr>
<td>4. Satisfied with public services</td>
<td>16%</td>
<td>7% (5%)</td>
</tr>
<tr>
<td>5. I’m healthy/Don’t need it</td>
<td>16%</td>
<td>7% (5%)</td>
</tr>
<tr>
<td>6. Don’t approve of it</td>
<td>2%</td>
<td>1% (2%)</td>
</tr>
<tr>
<td>7. Have a medical card</td>
<td>33%</td>
<td>21% (25%)</td>
</tr>
<tr>
<td>8. Other, please specify:</td>
<td>9%</td>
<td>6% (4%)</td>
</tr>
<tr>
<td>9. Don’t know</td>
<td>2%</td>
<td>1% (1%)</td>
</tr>
</tbody>
</table>

Q.4a  What, if anything, would encourage you to get private health insurance?  
DO NOT PROMPT, CODE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Reason(s)</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I get older</td>
<td>14% (10%)</td>
</tr>
<tr>
<td>2. If I have children</td>
<td>4% (5%)</td>
</tr>
<tr>
<td>3. If I get married</td>
<td>6% (7%)</td>
</tr>
<tr>
<td>4. If public health services deteriorate</td>
<td>5% (7%)</td>
</tr>
<tr>
<td>5. If premiums were reduced/ if it were cheaper</td>
<td>16% (22%)</td>
</tr>
<tr>
<td>6. If I got sick</td>
<td>7% (7%)</td>
</tr>
<tr>
<td>7. If a family member got sick</td>
<td>5% (5%)</td>
</tr>
<tr>
<td>8. If the level of private health insurance coverage improved</td>
<td>3% (2%)</td>
</tr>
<tr>
<td>9. If higher premiums were introduced for people who join later</td>
<td>1% (1%)</td>
</tr>
<tr>
<td>10. If I had more money</td>
<td>24% (28%)</td>
</tr>
<tr>
<td>11. Other (Please specify__________________________)</td>
<td>4% (6%)</td>
</tr>
<tr>
<td>12. Nothing/I will never get private health insurance</td>
<td>25% (32%)</td>
</tr>
<tr>
<td>13. Don’t know</td>
<td>9% (2%)</td>
</tr>
</tbody>
</table>

Q.4b  Interviewer readout:  
Insurers are currently not obliged to accept you if you are aged 65 or over when you first apply for Private Health Insurance.  
With this in mind, do you think you would be more inclined to take out private health insurance before the age of 65?  
SINGLE CODE

Yes.......................................................... 33%
No ............................................................. 39%
Don’t Know .................................................. 28%

NOW GO TO Q.10
Q.5a For how many years were you personally covered by private health insurance?
PLEASE WRITE IN NUMBER OF YEARS BELOW
If unsure, ask respondent to give best estimate

| Median: 10 | Mean: 12 (13) | Years |

Q.5b How many years is it since you have been covered by private health insurance?
PLEASE WRITE IN NUMBER OF YEARS BELOW
If unsure, ask respondent to give best estimate

| Median: 7 | Mean: 8 (7) | Years |

Interviewer Readout: Claims can be made to a health insurer in respect of hospital charges, treatment received as an overnight, day or outpatient or non-hospital treatment. A claim form does not necessarily have to have been filled out by the claimant/person treated.

* Definition If Asked: Outpatient/Non-hospital treatment: Treatment carried out at a hospital outpatient facility, which does not involve the occupation of a bed. This could also include visits to a GP, physiotherapist, dentist, optician, alternative practitioner, etc., which may be covered by the health insurance policy.

Q.6a Did you, or any other person named on the policy, ever make such a claim?
SINGLE CODE

Yes ......................................................18% CONTINUE
No........................................................75% GO TO Q.7a
Don’t know..........................................7%

Q.6b How many such claims were made on your policy?
PLEASE WRITE IN NUMBER OF CLAIMS MADE BELOW
If unsure, ask respondent to give best estimate

<table>
<thead>
<tr>
<th>Number of claims made</th>
<th>Median: 1</th>
<th>Mean: 1.34 (2.12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can’t remember/DK</td>
<td>47%</td>
<td></td>
</tr>
</tbody>
</table>

Q.6c Were you, or any other claimant on your policy, ever dissatisfied with the way in which a health insurer processed a claim?
SINGLE CODE

Yes...................................................... 30% CONTINUE
No ..................................................... 42% GO TO Q.7a
Don’t know ................................. 27%

Q.6d Why were you not satisfied? PROBE FULLY AND RECORD VERBATIM
**Q.7a**  Are there any reasons why you no longer have private health insurance?  
**DO NOT PROMPT, CODE ALL THAT APPLY**

**Q.7b**  And what is the main reason why you no longer have private health insurance?  
**DO NOT PROMPT, SINGLE CODE**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Q.7a Any</th>
<th>Q.7b Main</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No longer covered by my parent’s insurance</td>
<td>18%</td>
<td>5% (14%)</td>
</tr>
<tr>
<td>2. Did not think it was worth it/poor value for money</td>
<td>20%</td>
<td>9% (14%)</td>
</tr>
<tr>
<td>3. Had it before with work and no longer have through work</td>
<td>14%</td>
<td>4% (16%)</td>
</tr>
<tr>
<td>4. Too expensive/ Premiums too high/Can’t afford it</td>
<td>48%</td>
<td>26% (25%)</td>
</tr>
<tr>
<td>5. Haven’t thought about it</td>
<td>11%</td>
<td>9% (14%)</td>
</tr>
<tr>
<td>6. Will get it when I’m older</td>
<td>2%</td>
<td>2% (14%)</td>
</tr>
<tr>
<td>7. Satisfied with public services</td>
<td>5%</td>
<td>2% (16%)</td>
</tr>
<tr>
<td>8. I’m healthy/Don’t need it</td>
<td>4%</td>
<td>- (4%)</td>
</tr>
<tr>
<td>9. Coverage not good</td>
<td>3%</td>
<td>3% (14%)</td>
</tr>
<tr>
<td>10. Have a medical card</td>
<td>27%</td>
<td>22% (13%)</td>
</tr>
<tr>
<td>11. Other, please specify:</td>
<td>26%</td>
<td>19% (10%)</td>
</tr>
<tr>
<td>12. Don’t know</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**INTERVIEWER READ OUT:**

Did you know that if your policy has lapsed for more than 13 weeks and you seek to take out private health insurance again….

**Q.8a**  …an Insurer might not take into account any waiting periods you have already served on a previous policy?  
**SINGLE CODE**

Yes.......................................................................................... 40%

No .......................................................................................... 47%

Don’t Know .............................................................................. 13%

**Q.8b**  …an Insurer would not be obliged to cover you if you are aged 65 or over?  
**SINGLE CODE**

Yes.......................................................................................... 32%

No .......................................................................................... 51%

Don’t Know .............................................................................. 18%

**Q.9**  What factors, if any, would lead you to take out cover again?  
**DO NOT PROMPT, CIRCLE ALL THAT APPLY**

<table>
<thead>
<tr>
<th>Factor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I get older</td>
<td>4% (11%)</td>
</tr>
<tr>
<td>2. If I have children</td>
<td>2% (10%)</td>
</tr>
<tr>
<td>3. If I get married</td>
<td>9% (6%)</td>
</tr>
<tr>
<td>4. If public health services deteriorate</td>
<td>3% (4%)</td>
</tr>
<tr>
<td>5. If premiums were reduced/ if it were cheaper</td>
<td>25% (27%)</td>
</tr>
<tr>
<td>6. If I got sick</td>
<td>7% (9%)</td>
</tr>
<tr>
<td>7. If a family member got sick</td>
<td>7% (8%)</td>
</tr>
<tr>
<td>8. If the level of private health insurance coverage improved</td>
<td>7% (2%)</td>
</tr>
<tr>
<td>9. If higher premiums were introduced for people who join later</td>
<td>0%</td>
</tr>
<tr>
<td>10. If I had more money</td>
<td>27% (28%)</td>
</tr>
<tr>
<td>11. Other (Please specify__________)</td>
<td>21% (9%)</td>
</tr>
<tr>
<td>12. Nothing/I will never get private health insurance again</td>
<td>22% (30%)</td>
</tr>
</tbody>
</table>
*** ALL NON-CONSUMERS AND PREVIOUS CONSUMERS ***

Q.10 When, if ever, are you likely to get private health insurance [again]?
PROBE TO PRECODES SINGLE CODE. *(Figures in italic correspond to the 2005 results excluding ‘Don’t know’).*

1. Yes – likely to get it within the next 12 months *(5%)* ........................................ 4% (2%)
2. Yes – likely to get it within 1-2 years *(2%)* ..................................................... 1% (5%)
3. Yes – likely to get it within 3-5 years *(9%)* ..................................................... 7% (6%)
4. Yes – likely to get it but not within the next 5 years *(4%)* .......................... 3% (7%)
5. Likely to get it, but don’t know when *(25%)* ................................................. 19% (22%)
6. Unlikely to ever get it *(21%)* ........................................................................ 15% (29%)
7. No, will never get private health insurance *(34%)* ........................................ 26% (29%)
8. Don’t Know ..................................................................................................... 25%

Q.11a Some people decide not to take out private health insurance until an older age, when they believe they would be more likely to need it. It is proposed to apply higher premiums to people who wait until they are older to take out private health insurance.

If this were to happen, would you be more likely to take out private health insurance sooner rather than later?

SINGLE CODE

Yes............................................................................. 29% (16%)
No ............................................................................. 43% (58%)
Don’t Know ..................................................................... 28% (26%)

Q.11b Are you aware that you can claim tax relief on some medical expenses even if you don’t have private health insurance?

SINGLE CODE

Yes......................................................... 39% (33%) CONTINUE
No........................................................... 61% (67%) GO TO Q.12

Q.11c Have you ever made such a claim?

SINGLE CODE

Yes......................................................... 23% (21%) CONTINUE
No........................................................... 77% (79%) CONTINUE

Q.12 Approximately how much do you think standard private health insurance costs per adult, per year?

WRITE IN EXACT AMOUNT STATED, IN EUROS, IN THE BOX BELOW

<table>
<thead>
<tr>
<th>€</th>
<th>Median: €500</th>
<th>Mean: €553 (€533)</th>
<th>DON’T KNOW 62% (47%)</th>
</tr>
</thead>
</table>

NOW GO TO Q.70
PRIVATE HEALTH INSURANCE HOLDERS

ASK ALL CODED 1 AT Q.1b (i.e. only policy holders) OTHERS GO TO Q.14

Q.13 At what age did you first become a policy holder?

PLEASE WRITE IN EXACT AGE BELOW
If unsure ask respondent to give best estimate

<table>
<thead>
<tr>
<th>Median</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>30</td>
</tr>
</tbody>
</table>

Q.14 How long have you personally been covered by private health insurance?

PLEASE WRITE IN NUMBER OF YEARS
If unsure ask respondent to give best estimate

<table>
<thead>
<tr>
<th>Median</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>18</td>
</tr>
</tbody>
</table>

Q.15 With which company do you currently have your private health insurance?

READ OUT, SINGLE CODE

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPA Ireland</td>
<td>17.5% (13%)</td>
</tr>
<tr>
<td>VHI Healthcare</td>
<td>76% (82%)</td>
</tr>
<tr>
<td>VIVAS Health</td>
<td>0.5% (n/a)</td>
</tr>
<tr>
<td>Other [specify]</td>
<td>6% (5%)</td>
</tr>
</tbody>
</table>

Q.16 What private health insurance plan are you personally on with …… [health insurance company named at Q.15]?

READ OUT LIST IF NECESSARY – CAN BE MULTICODED *

BUPA Ireland [Code 1 Q.15]

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential</td>
<td>15%</td>
</tr>
<tr>
<td>Essential Plus [no excess]</td>
<td>22%</td>
</tr>
<tr>
<td>Essential Plus [with excess]</td>
<td>22%</td>
</tr>
<tr>
<td>Essential Gold</td>
<td>5%</td>
</tr>
</tbody>
</table>

Health Manager

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Manager</td>
<td>8%</td>
</tr>
<tr>
<td>Health Manager Starter</td>
<td>6%</td>
</tr>
<tr>
<td>Health Manager Gold</td>
<td>2%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A</td>
<td>5%</td>
</tr>
<tr>
<td>Plan A Option</td>
<td>3%</td>
</tr>
<tr>
<td>Plan B</td>
<td>44%</td>
</tr>
<tr>
<td>Plan B Excess</td>
<td>3%</td>
</tr>
<tr>
<td>Plan B Option</td>
<td>18%</td>
</tr>
<tr>
<td>Plan C</td>
<td>6%</td>
</tr>
<tr>
<td>Plan C Option</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan D</td>
<td>4%</td>
</tr>
<tr>
<td>Plan D Option</td>
<td>1%</td>
</tr>
<tr>
<td>Plan E</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Plan E Option</td>
<td>1%</td>
</tr>
<tr>
<td>Plan F</td>
<td>-</td>
</tr>
</tbody>
</table>

VIVAS Health [Code 3 at Q.15] - CAN BE MULTICODED

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>-</td>
</tr>
<tr>
<td>Level 2</td>
<td>35%</td>
</tr>
<tr>
<td>Level 3</td>
<td>-</td>
</tr>
<tr>
<td>Level 4</td>
<td>-</td>
</tr>
<tr>
<td>Level 5</td>
<td>-</td>
</tr>
<tr>
<td>Day-to-day A</td>
<td>-</td>
</tr>
<tr>
<td>Day-to-day B</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>35%</td>
</tr>
<tr>
<td>Level 2</td>
<td>-</td>
</tr>
<tr>
<td>Level 3</td>
<td>-</td>
</tr>
<tr>
<td>Level 4</td>
<td>-</td>
</tr>
<tr>
<td>Level 5</td>
<td>-</td>
</tr>
<tr>
<td>Day-to-day A</td>
<td>-</td>
</tr>
<tr>
<td>Day-to-day B</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Nurses Plan</td>
</tr>
<tr>
<td>Level 2</td>
<td>Teachers Plan</td>
</tr>
<tr>
<td>Level 3</td>
<td>Other [specify]</td>
</tr>
<tr>
<td>Level 4</td>
<td></td>
</tr>
<tr>
<td>Level 5</td>
<td>Can’t remember/Not sure/DK</td>
</tr>
<tr>
<td>Day-to-day A</td>
<td></td>
</tr>
<tr>
<td>Day-to-day B</td>
<td></td>
</tr>
</tbody>
</table>

OTHER INSURER I.E. code 4 at Q.15

<table>
<thead>
<tr>
<th>Insurer Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses Plan</td>
<td>-</td>
</tr>
<tr>
<td>Teachers Plan</td>
<td>31%</td>
</tr>
<tr>
<td>Other [specify]</td>
<td>1%</td>
</tr>
<tr>
<td>Can’t remember/Not sure/DK</td>
<td>10%</td>
</tr>
</tbody>
</table>

* weighted percentages
Q.17 How many adults, (i.e. aged 18+) including yourself, are covered by the private health insurance policy you are on (i.e. named or the policyholder)?

**SINGLE CODE**

1. Yourself only ................................................................. 23% (27%)
2. Two adults ........................................................................ 54% (44%)
3. Three adults .................................................................... 13% (16%)
4. Four adults ...................................................................... 7% (6%)
5. Five adults ....................................................................... 2% (4%)
6. Six adults ........................................................................ <1% (2%)
7. Please specify no. if more than six .................................. - (1%)

Q.18 And how many children [aged under 18], if any, are covered by this private health insurance policy?

**SINGLE CODE**

1. None .............................................................................. 56% (61%)
2. One child ........................................................................ 15% (12%)
3. Two children ................................................................... 17% (15%)
4. Three ............................................................................... 9% (8%)
5. Four .................................................................................. 2% (3%)
6. Five .................................................................................. <1% (1%)
7. Six .................................................................................. - (0%)
8. Other (Please specify number if more than six) ................. - (1%)

Q.19 Approximately how much is the total cost of this private health insurance policy? Please include the cost for all persons named on the policy.

**WRITE IN EXACT AMOUNT STATED IN EUROS IN THE RELEVANT BOX BELOW**

<table>
<thead>
<tr>
<th>£</th>
<th>Median: €1,000</th>
<th>Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean: €1,108 (€768)</td>
<td>DK/Not sure</td>
</tr>
<tr>
<td>37% (38%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q.20 How likely/unlikely are you to [read out options] your private health insurance plan sometime in the future?

<table>
<thead>
<tr>
<th>Read out</th>
<th>Very likely</th>
<th>Quite likely</th>
<th>Not at all likely</th>
<th>Not my decision</th>
<th>Don’t know/Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Upgrade</td>
<td>5% (2%)</td>
<td>15% (9%)</td>
<td>57% (60%)</td>
<td>14% (14%)</td>
<td>10% (14%)</td>
</tr>
<tr>
<td>b) Downgrade</td>
<td>0%</td>
<td>2%</td>
<td>77%</td>
<td>15%</td>
<td>7%</td>
</tr>
<tr>
<td>c) Discontinue</td>
<td>0%</td>
<td>1%</td>
<td>78%</td>
<td>13%</td>
<td>7%</td>
</tr>
</tbody>
</table>

**THERE IS NO Q. 21**
DEFINITION OF GROUP SCHEME - READ OUT-

A group scheme is one which entitles people within a group to a discount of 10% off the price of the health insurance. A group scheme could, for example, be **work-based** (but doesn’t necessarily mean that the employer pays the premium – it could be paid by salary deduction), or it could be **affinity**-based (e.g. Credit Union, Trade Union, Graduates’ Association, etc.), or it could be an **online** scheme, or any **other** type of group scheme.

Q.22 Are you a member of a Group Scheme (as described above)?

**SINGLE CODE**

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>45% (49%)</td>
</tr>
<tr>
<td>No</td>
<td>50% (45%)</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>5% (7%)</td>
</tr>
</tbody>
</table>

CONTINUE

GO TO Q.26

Q.23 Please describe the type of group scheme of which you are a member?

**SINGLE CODE**

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Group Scheme</td>
<td>68% (78%)</td>
</tr>
<tr>
<td>Affinity Group Scheme, please specify *</td>
<td>18% (12%)</td>
</tr>
<tr>
<td>Online Group Scheme**</td>
<td>1% (-)</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>12% (8%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1% (1%)</td>
</tr>
</tbody>
</table>

* not exact wording used previously

** option not provided previously

Q.24 To the best of your knowledge does your employer, or an employer of a policy member; pay some or all of your health insurance policy costs?

**SINGLE CODE**

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>24%</td>
</tr>
<tr>
<td>No</td>
<td>71%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>5%</td>
</tr>
</tbody>
</table>

CONTINUE

GO TO Q.26

Q.25 What level of contribution is paid towards your health insurance policy costs?

**PROBE TO PRECODES**

<table>
<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the costs</td>
<td>36%</td>
</tr>
<tr>
<td>Some of the costs</td>
<td>60%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4%</td>
</tr>
</tbody>
</table>
Q.26  To what extent do you understand the level of cover your health insurance plan offers?

**PROBE TO PRECODES SINGLE CODE**

- I have a **full** understanding of cover provided ......................................................... 43% (30%)
- I have some understanding of cover provided ............................................................. 46% (50%)
- I have **little to no** understanding of cover provided .................................................. 11% (20%)

Q.27  Overall, are you satisfied or dissatisfied with your level of understanding of your health insurance cover?

**PROBE TO PRECODES SINGLE CODE**

- Very satisfied ...................................................................................................................... 28% (26%)
- Satisfied ............................................................................................................................. 56% (57%)
- Neither satisfied nor dissatisfied .................................................................................... 10% (*)
- Dissatisfied ....................................................................................................................... 3% (10%)
- Very dissatisfied ............................................................................................................. 0% (2%)
- Don’t know ...................................................................................................................... 2% (6%)

* option not provided previously

Q.28  How aware are you of the treatments which are excluded from your policy?

**PROBE TO PRECODES, SINGLE CODE**

- Fully aware of excluded treatments .................................................................................. 31% (15%)
- Somewhat aware of excluded treatments ........................................................................... 47% (51%)
- Not aware of excluded treatments ................................................................................... 22% (34%)

Q.29  If your plan covers private or semi-private accommodation would you expect to get this type of accommodation...

**READ OUT SINGLE CODE**

- Rarely or never when hospitalised .................................................................................. 2% (1%)
- Some of the time when hospitalised ............................................................................... 14% (13%)
- Most of the time when hospitalised ............................................................................... 38% (33%)
- All the time when hospitalised ....................................................................................... 44% (52%)
- Do not have cover for private/semi-private accommodation .......................................... 2% (2%)

Q.30  What is the maximum number of beds you would expect to find in a semi-private room?

**DO NOT PROMPT SINGLE CODE**

- Up to 2 beds in a room ...................................................................................................... 32% (41%)
- 3 beds .............................................................................................................................. 19% (16%)
- 4 beds .............................................................................................................................. 38% (32%)
- 5 beds .............................................................................................................................. 4% (4%)
- Other (Please specify___________________) .................................................................... 4% (3%)
- Don’t know .................................................................................................................... 3% (3%)
INTERVIEWER READ OUT

<table>
<thead>
<tr>
<th>Are you aware …</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.31 . . .that cover can be refused by a private health insurance company in certain circumstances?</td>
<td>62% (54%)</td>
<td>33% (46%)</td>
<td>5%(*)</td>
</tr>
<tr>
<td>Q.32 . . .that a waiting period must first be served before a claim can be made on a new policy?</td>
<td>76%</td>
<td>19%</td>
<td>5%</td>
</tr>
<tr>
<td>Q.33 . . .of the level of outpatient/non-hospital cover you have?</td>
<td>60%</td>
<td>32%</td>
<td>9%</td>
</tr>
<tr>
<td>Q.34 . . .that an excess may be payable on a claim made to a health insurer?, i.e. you may be required to meet some of the cost yourself.</td>
<td>81% (75%)**</td>
<td>14% (25%)</td>
<td>5%(*)</td>
</tr>
</tbody>
</table>

* option not provided previously
** not exact wording used previously

**THERE IS NO Q.35**

Q.36 Which of the following elements of your health insurance cover do you value the most?
READ OUT, SINGLE CODE

1. Hospital treatment .......................................77% (76%)
2. Hospital accommodation .............................11% (11%)
3. Out-patient treatment .................................5% (4%)
4. Maternity Benefit .....................................2% (3%)
5. Other (Please specify___________)............1% (2%)
6. Don’t know.............................................3% (4%)

Q.37 What benefits, if any, would you like to see improved or included in your existing policy?
PROBE FULLY AND RECORD VERBATIM CAN BE MULTICODE

Dental care...................................................... 23%
GP cover.......................................................... 20%
Outpatient cover............................................ 17%
Price.............................................................. 12%
Consultant/specialist cover.......................... 10%
Drug scheme.................................................... 5%
Optician costs............................................... 5%
Alternative medicine................................... 4%
Quicker treatments........................................ 4%
Accommodation.............................................. 4%
Maternity...................................................... 3%
Lower/no excess............................................. 3%
Less waiting period/procedure..................... 2%
Physiotherapist............................................ 2%
More information......................................... 2%
Other........................................................... 6%

Base: All consumers who named a benefit (n = 327)
Interviewer Readout: Claims can be made to a health insurer in respect of hospital charges, treatment received as an overnight, day or outpatient or non-hospital treatment. A claim form does not necessarily have to have been filled out by the claimant/person treated.

Definition If Asked: Outpatient/Non-hospital treatment: Treatment carried out at a hospital outpatient facility, which does not involve the occupation of a bed. This could also include visits to a GP, physiotherapist, dentist, optician, alternative practitioner, etc., which may be covered by the health insurance policy.

Q.38 Have you, or anyone else, ever made a claim on your current policy?  

<table>
<thead>
<tr>
<th></th>
<th>SINGLE CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.........................64% (55%)</td>
<td>CONTINUE</td>
</tr>
<tr>
<td>No .........................33% (45%)</td>
<td>GO TO Q.43</td>
</tr>
<tr>
<td>Don’t know ..................3% (*)</td>
<td></td>
</tr>
</tbody>
</table>

* option not provided previously

Q.39 How many such claims have been made on your policy?  

** PLEASE WRITE IN NUMBER OF CLAIMS MADE BELOW  
If unsure, ask respondent to give best estimate

<table>
<thead>
<tr>
<th>Number of claims made</th>
<th>Median: 3</th>
<th>Can’t remember/DK</th>
<th>21% (7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean: 3.78 (3.95)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** THERE IS NO Q.40**

Q.41 Were you/other claimant ever dissatisfied with the way in which the health insurer processed a claim on your policy?  

<table>
<thead>
<tr>
<th></th>
<th>SINGLE CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.........................10% (4%)</td>
<td>CONTINUE</td>
</tr>
<tr>
<td>No .........................87% (96%)</td>
<td>GO TO Q.43</td>
</tr>
<tr>
<td>Don’t know ..................3% (*)</td>
<td></td>
</tr>
</tbody>
</table>

* option not provided previously

Q.42 Why were you not satisfied?  

PROBE FULLY AND RECORD VERBATIM

Q.43 SHOWCARDS ‘A’ On scale of 1 to 10 where 1 means not at all satisfied and 10 means extremely satisfied, how satisfied or dissatisfied are you with the following? (All figures in percent)

<table>
<thead>
<tr>
<th>READ OUT STATEMENTS</th>
<th>Dissatisfied Score 1 to 3</th>
<th>Satisfied Score 4 to 7</th>
<th>Very Satisfied Score 8 to 10</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current range of products and services offered by your private health insurer</td>
<td>3%</td>
<td>45%</td>
<td>47% (41%)</td>
<td>5%</td>
</tr>
<tr>
<td>2. The level of cover provided by your private health insurance plan</td>
<td>2%</td>
<td>43%</td>
<td>51% (37%)</td>
<td>4%</td>
</tr>
<tr>
<td>3. The customer service you receive from your private health insurer</td>
<td>4%</td>
<td>29%</td>
<td>59% (46%)</td>
<td>9%</td>
</tr>
<tr>
<td>4. The level of Out-patient/Non-Hospital cover on your plan*</td>
<td>10%</td>
<td>42%</td>
<td>32% (20%)</td>
<td>16%</td>
</tr>
<tr>
<td>5. The quality of information and advice you receive from your private health insurer explaining your cover and benefits</td>
<td>4%</td>
<td>39%</td>
<td>51% (36%)</td>
<td>6%</td>
</tr>
<tr>
<td>6. The overall value for money of your private health insurance</td>
<td>6%</td>
<td>50%</td>
<td>38% (29%)</td>
<td>6%</td>
</tr>
</tbody>
</table>
Q.44 Have you, or any policy member, ever made a complaint to your health insurer?
SINGLE CODE

Yes................................................... 4% (3%)  CONTINUE
No .................................................... 96% (97%)  GO TO Q.48

Q.45 Were you satisfied or dissatisfied with the complaints procedure?
READ OUT, SINGLE CODE

Very satisfied................................................ 15% (13%)
Satisfied ........................................................ 15% (34%)
Neither satisfied nor dissatisfied..................... 14% (*)
Dissatisfied .................................................... 52% (31%)
Very dissatisfied ........................................... 4% (21%)

* option not provided previously

** THERE IS NO Q.46 **

** THERE IS NO Q.47 **
Q.48  Have you **personally** ever switched from one health insurer in **Ireland** to another health insurer in **Ireland**?

Yes ................................................... 10% (6%)  CONTINUE
No.................................................... 90% (94%)  GO TO Q.60

** RESULTS FROM Q49 to Q59 ARE BASED ON DATA FROM BASE SAMPLE PLUS SUPPLEMENTARY SWITCHER SAMPLE **

Q.49  Which insurer did you switch from?

- BUPA Ireland ............................................................ 8% (20%)
- VHI Healthcare .................................................... 89% (76%)
- VIVAS Health ....................................................... - (n/a)
- Other (Please specify__________________) ............ 2% (4%)

Q.50  Which insurer did you switch to?

- BUPA Ireland ............................................................ 89% (76%)
- VHI Healthcare .................................................... 7% (20%)
- VIVAS Health ....................................................... 1% (n/a)
- Other (Please specify__________________) ............ 3% (4%)

Q.51  How long were you with your previous insurer?

**PLEASE WRITE IN NUMBER OF YEARS BELOW**

If unsure, please give best estimate

| Median: 12 | Mean: 14 (8) | Years |

Q.52  How long have you been with your current insurer?

**PLEASE WRITE IN NUMBER OF YEARS BELOW**

If unsure, please give best estimate

| Median: 5 | Mean: 5 (3) | Years |
Q.53 What plan were you on immediately before you switched? READ OUT IF NECESSARY - MULTI CODE POSSIBLE

**BUPA Ireland**

<table>
<thead>
<tr>
<th>Essential</th>
<th>Health Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential</td>
<td>Health Manager</td>
</tr>
<tr>
<td>Essential Plus [no excess]</td>
<td>Health Manager Starter</td>
</tr>
<tr>
<td>Essential Plus [with excess]</td>
<td>Health manager Gold</td>
</tr>
<tr>
<td>Essential Gold</td>
<td>Other [specify]</td>
</tr>
<tr>
<td></td>
<td>DK/can’t remember</td>
</tr>
</tbody>
</table>

**VHI Healthcare – MULTI CODE POSSIBLE**

<table>
<thead>
<tr>
<th>Plan A</th>
<th>Plan D</th>
<th>Company Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Plan A Option</td>
<td>Plan D Option</td>
<td>Company Plan Plus</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan B</td>
<td>Plan E</td>
<td>Family Plan</td>
</tr>
<tr>
<td>44%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Plan B Excess</td>
<td>Plan E Option</td>
<td>Family Plan Plus</td>
</tr>
<tr>
<td>2%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Plan B Option</td>
<td>Plan P</td>
<td>First Plan</td>
</tr>
<tr>
<td>14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan C</td>
<td>Plan P</td>
<td>First Plan Plus</td>
</tr>
<tr>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan C Option</td>
<td></td>
<td>Forward Plan</td>
</tr>
<tr>
<td>3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VIVAS Health - MULTI CODE POSSIBLE**

<table>
<thead>
<tr>
<th>I PLAN</th>
<th>ME PLAN</th>
<th>WE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Level 1</td>
<td>Level 1</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>Nurses Plan</td>
</tr>
<tr>
<td>Level 2</td>
<td>Level 2</td>
<td>Level 2</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>Teachers Plan</td>
</tr>
<tr>
<td>Level 3</td>
<td>Level 2</td>
<td>Level 3</td>
</tr>
<tr>
<td>Day-to-day</td>
<td></td>
<td>Day-to-day</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>Other Plan</td>
</tr>
<tr>
<td>Level 4</td>
<td>Level 4</td>
<td>-</td>
</tr>
<tr>
<td>Level 5</td>
<td>Level 5</td>
<td>-</td>
</tr>
<tr>
<td>Day-to-day</td>
<td>Day-to-day A</td>
<td>DK/Can’t remember</td>
</tr>
<tr>
<td>Level 6</td>
<td>Day-to-day A</td>
<td></td>
</tr>
<tr>
<td>Level 7</td>
<td>Day-to-day B</td>
<td></td>
</tr>
</tbody>
</table>

**OTHER INSURER**

| Insurer name            | CODE TO LIST [       ] |

HIA – Marked-up Questionnaire (with the previous study)
**Q.54** What plan did you switch to? READ OUT IF NECESSARY - MULTI CODE POSSIBLE

### BUPA Ireland

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential</td>
<td>6%</td>
</tr>
<tr>
<td>Essential [no excess]</td>
<td>30%</td>
</tr>
<tr>
<td>Essential [with excess]</td>
<td>30%</td>
</tr>
<tr>
<td>Essential Gold</td>
<td>1%</td>
</tr>
<tr>
<td>Health Manager</td>
<td>10%</td>
</tr>
<tr>
<td>Health Manager Starter</td>
<td>7%</td>
</tr>
<tr>
<td>Health manager Gold</td>
<td>2%</td>
</tr>
<tr>
<td>Other [specify]</td>
<td>-</td>
</tr>
<tr>
<td>DK/can’t remember</td>
<td>13%</td>
</tr>
</tbody>
</table>

### VHI Healthcare - MULTI CODE POSSIBLE

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A</td>
<td>-</td>
</tr>
<tr>
<td>Plan A Option</td>
<td>-</td>
</tr>
<tr>
<td>Plan B</td>
<td>50%</td>
</tr>
<tr>
<td>Plan B Excess</td>
<td>-</td>
</tr>
<tr>
<td>Plan B Option</td>
<td>23%</td>
</tr>
<tr>
<td>Plan C</td>
<td>-</td>
</tr>
<tr>
<td>Plan C Option</td>
<td>-</td>
</tr>
<tr>
<td>Plan D</td>
<td>-</td>
</tr>
<tr>
<td>Plan D Option</td>
<td>-</td>
</tr>
<tr>
<td>Plan E</td>
<td>-</td>
</tr>
<tr>
<td>Plan E Option</td>
<td>-</td>
</tr>
<tr>
<td>Plan P</td>
<td>-</td>
</tr>
<tr>
<td>Plan P Option</td>
<td>-</td>
</tr>
<tr>
<td>Company Plan</td>
<td>-</td>
</tr>
<tr>
<td>Company Plan Plus</td>
<td>-</td>
</tr>
<tr>
<td>Family Plan</td>
<td>-</td>
</tr>
<tr>
<td>Family Plan Plus</td>
<td>27%</td>
</tr>
<tr>
<td>First Plan</td>
<td>-</td>
</tr>
<tr>
<td>First Plan Plus</td>
<td>-</td>
</tr>
<tr>
<td>Forward Plan</td>
<td>-</td>
</tr>
<tr>
<td>Health Steps Gold</td>
<td>-</td>
</tr>
<tr>
<td>Health Steps Silver</td>
<td>-</td>
</tr>
<tr>
<td>Other Plan</td>
<td>-</td>
</tr>
<tr>
<td>DK/Can’t remember</td>
<td>-</td>
</tr>
</tbody>
</table>

### VIVAS Health - MULTI CODE POSSIBLE

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I PLAN Level 1</td>
<td>-</td>
</tr>
<tr>
<td>ME PLAN Level 1</td>
<td>-</td>
</tr>
<tr>
<td>WE PLAN Level 1</td>
<td>-</td>
</tr>
<tr>
<td>I PLAN Level 2</td>
<td>-</td>
</tr>
<tr>
<td>ME PLAN Level 2</td>
<td>-</td>
</tr>
<tr>
<td>WE PLAN Level 2</td>
<td>-</td>
</tr>
<tr>
<td>I PLAN Level 3</td>
<td>-</td>
</tr>
<tr>
<td>ME PLAN Day-to-day</td>
<td>-</td>
</tr>
<tr>
<td>WE PLAN Level 3</td>
<td>-</td>
</tr>
<tr>
<td>I PLAN Level 4</td>
<td>-</td>
</tr>
<tr>
<td>ME PLAN Level 4</td>
<td>-</td>
</tr>
<tr>
<td>WE PLAN Level 4</td>
<td>-</td>
</tr>
<tr>
<td>I PLAN Level 5</td>
<td>-</td>
</tr>
<tr>
<td>ME PLAN Level 5</td>
<td>-</td>
</tr>
<tr>
<td>WE PLAN Level 5</td>
<td>-</td>
</tr>
<tr>
<td>I PLAN Level 6</td>
<td>-</td>
</tr>
<tr>
<td>ME PLAN Day-to-day</td>
<td>-</td>
</tr>
<tr>
<td>WE PLAN Day-to-day A</td>
<td>-</td>
</tr>
<tr>
<td>I PLAN Level 7</td>
<td>-</td>
</tr>
<tr>
<td>ME PLAN Day-to-day B</td>
<td>-</td>
</tr>
<tr>
<td>WE PLAN Day-to-day B</td>
<td>-</td>
</tr>
</tbody>
</table>

### OTHER INSURER

Insurer name .................................................................................................. CODE TO LIST [ ]
Q.55  Why did you decide to change insurers? **DO NOT PROMPT, CIRCLE ALL THAT APPLY**

Q.56  What was the **main factor** that led you to change your health insurer?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Q.55Any</th>
<th>Q.56Main</th>
</tr>
</thead>
<tbody>
<tr>
<td>New insurer was cheaper /Cost savings</td>
<td>62%</td>
<td>48% (46%)</td>
</tr>
<tr>
<td>Level of cover was better</td>
<td>32%</td>
<td>12% (4%)</td>
</tr>
<tr>
<td>New insurer had a better product/service range</td>
<td>22%</td>
<td>8% (-)</td>
</tr>
<tr>
<td>Group scheme switched</td>
<td>12%</td>
<td>8% (14%)</td>
</tr>
<tr>
<td>Dissatisfaction with service provision of previous insurer</td>
<td>7%</td>
<td>2% (3%)</td>
</tr>
<tr>
<td>Level of information and advice better</td>
<td>8%</td>
<td>2% (-)</td>
</tr>
<tr>
<td>Recommendation by friend</td>
<td>17%</td>
<td>2% (-)</td>
</tr>
<tr>
<td>Recommendation from family member</td>
<td>7%</td>
<td>1% (4%)</td>
</tr>
<tr>
<td>Recommendation from other (Please specify)</td>
<td>1%</td>
<td>1% (-)</td>
</tr>
<tr>
<td>Had bad experience with previous insurer</td>
<td>7%</td>
<td>4% (-)</td>
</tr>
<tr>
<td>Wanted to switch to an Irish Company</td>
<td>-</td>
<td>- (-)</td>
</tr>
<tr>
<td>Changed employer</td>
<td>7%</td>
<td>3% (16%)</td>
</tr>
<tr>
<td>Wanted to support competition</td>
<td>2%</td>
<td>- (-)</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>12%</td>
<td>5% (3%)</td>
</tr>
<tr>
<td>No Choice/Not my decision</td>
<td>4%</td>
<td>3% (11%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-</td>
<td>- (-)</td>
</tr>
</tbody>
</table>

**SHOWCARD “A”**

Q.57  On a scale of 1 to 10, where 1 means not at all satisfied and 10 means extremely satisfied, how satisfied or dissatisfied….

(All figures in percent)

<table>
<thead>
<tr>
<th>READ OUT STATEMENTS</th>
<th>Dissatisfied Score 1 to 3</th>
<th>Satisfied Score 4 to 7</th>
<th>Very Satisfied Score 8 to 10</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. …were you with the <strong>changeover process</strong> to the new Insurer*</td>
<td>0%</td>
<td>19%</td>
<td>80% (55%)</td>
<td>1%</td>
</tr>
<tr>
<td>2. …are you with the new Insurer</td>
<td>0%</td>
<td>19%</td>
<td>79%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Q.58  What percentage savings on the total policy cost, do you think would be needed to encourage you to switch again, **to a comparable plan**, with another health insurance provider?

[Interviewer: If unsure of % ask for annual amount of savings in Euro]

<table>
<thead>
<tr>
<th>Saving</th>
<th>Median: 20%</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean: 22% (17%)</td>
<td>35% (40%)</td>
<td></td>
</tr>
</tbody>
</table>

Q.59  Would you consider switching again, if you thought financial or other gains could be made?

Yes – Definitely ............................................ 38% (46%)
Yes – Probably ............................................ 29% (23%)
No ................................................................. 16% (13%)
Don’t know .......................................................... 18% (18%)

**NOW GO TO Q.67**
ASK ALL THOSE CODE 2 AT Q.48 I.E. THOSE WHO HAVE NEVER SWITCHED PRIVATE INSURANCE PROVIDER, OTHERS GO TO Q.67

Q.60 Have you ever considered switching from your current health insurance provider to another?

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Not my decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13%</td>
<td>73%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Q.61 Are there any particular reasons why you have never switched companies?
**DO NOT PROMPT, PROBE FOR MORE THAN ONE RESPONSE, CIRCLE ALL THAT APPLY**

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No significant cost savings</td>
<td>13%</td>
<td>17%</td>
</tr>
<tr>
<td>Level of cover no better</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>Too much hassle/paperwork</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Range of products/services no better</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Satisfied with current provider</td>
<td>36%</td>
<td>13%</td>
</tr>
<tr>
<td>Couldn’t be bothered</td>
<td>9%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Too difficult to compare plans</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Feel loyal to my current provider</td>
<td>8%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other insurer wouldn’t want me/am too high risk</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Not my decision</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>Work/employer looks after it</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>14%</td>
<td>5%</td>
</tr>
</tbody>
</table>

* option not provided previously

Q.62 What factors would encourage you to switch from your current health insurance provider to another provider?
**DO NOT PROMPT, MULTIPLE RESPONSE**

Q.63 What is the main factor that would encourage you to switch from your current insurance provider to another?
**DO NOT PROMPT, SINGLE CODE**

<table>
<thead>
<tr>
<th>Factors</th>
<th>Q.62 All</th>
<th>Q.63 Main</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If there were significant cost savings to be made</td>
<td>51%</td>
<td>33% (34%)</td>
</tr>
<tr>
<td>2. If the range of products was better</td>
<td>25%</td>
<td>9% (7%)</td>
</tr>
<tr>
<td>3. If the level of cover was better</td>
<td>37%</td>
<td>16% (17%)</td>
</tr>
<tr>
<td>4. If I knew more about it</td>
<td>8%</td>
<td>2% (3%)</td>
</tr>
<tr>
<td>5. If comparisons between plans of different insurers were easier</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>6. If premiums of my current insurer increased significantly</td>
<td>16%</td>
<td>7% (7%)</td>
</tr>
<tr>
<td>7. If there were no waiting periods</td>
<td>3%</td>
<td>- (2%)</td>
</tr>
<tr>
<td>8. Other (Please specify)</td>
<td>9%</td>
<td>7% (4%)</td>
</tr>
<tr>
<td>9. Nothing/ would never switch insurer</td>
<td>19%</td>
<td>15% (16%)</td>
</tr>
<tr>
<td>10. Don’t know</td>
<td>10%</td>
<td>9% (9%)</td>
</tr>
</tbody>
</table>

Q.64 What percentage savings on the total policy cost, do you think would be needed to encourage a switch, **to a comparable plan**, with another health insurance provider?  [Interviewer: If unsure of % ask for annual amount of savings in Euro]

<table>
<thead>
<tr>
<th>Saving</th>
<th>Median: 20%</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean: 26%</td>
<td>(26%)</td>
<td>42% (34%)</td>
</tr>
</tbody>
</table>

Q.65 If you completed the required waiting period with one insurer and decided to switch to a comparable plan with another insurer, do you think you would need to serve an additional waiting period with the new insurer before being covered?
**SINGLE CODE**

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14%</td>
<td>(21%)</td>
</tr>
<tr>
<td>No</td>
<td>59%</td>
<td>(47%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>27%</td>
<td>(32%)</td>
</tr>
</tbody>
</table>
Q.66  The current situation in Ireland is that you would **not** have to serve an additional waiting period. With this information in mind would you be more likely to switch from your current insurance provider to another insurance provider?

**SINGLE CODE**

- Yes – much more likely to switch................................. 10% (10%)
- Yes – a little more likely to switch .............................. 16% (19%)
- No ............................................................................... 41% (43%)
- Don’t know ................................................................... 33% (27%)

**ASK ALL CONSUMERS, i.e. Switchers and Non-Switchers**

Q.67  If your annual premium rose by the following amount would you discontinue cover?

**READ OUT UNTIL RESPONDENT OFFERS A YES I.E. ANY CODE 1 OR UNTIL YOU REACH 100%**

<table>
<thead>
<tr>
<th>READ OUT</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>7%  (8%)</td>
<td>Z</td>
</tr>
<tr>
<td>20%</td>
<td>20% (22%)</td>
<td>Z</td>
</tr>
<tr>
<td>30%</td>
<td>23% (24%)</td>
<td>Z</td>
</tr>
<tr>
<td>40%</td>
<td>13% (15%)</td>
<td>Z</td>
</tr>
<tr>
<td>50%</td>
<td>11% (10%)</td>
<td>Z</td>
</tr>
<tr>
<td>60%</td>
<td>3%  (4%)</td>
<td>Z</td>
</tr>
<tr>
<td>70%</td>
<td>1%  (1%)</td>
<td>Z</td>
</tr>
<tr>
<td>80%</td>
<td>&lt;1% (1%)</td>
<td>Z</td>
</tr>
<tr>
<td>90%</td>
<td>- (0%)</td>
<td>Z</td>
</tr>
<tr>
<td>100%</td>
<td>4%  (1%)</td>
<td>Z</td>
</tr>
<tr>
<td>No % specified</td>
<td>17% (15%)</td>
<td>Z</td>
</tr>
</tbody>
</table>

Q.68a  Other than premium increases, what factors, if any, would lead you to discontinue cover?

**DO NOT PROMPT, CIRCLE ALL THAT APPLY.**

1. If I lost my job......................................................... 24% (28%)
2. If my parents no longer paid for it........................... 5% (7%)
3. If service levels deteriorated .................................. 25% (18%)
4. If the level of cover deteriorated ............................. 25% (29%)
5. If the range of products was reduced ...................... 16% (10%)
6. If public services improved.................................... 13% (14%)
7. Other (Please specify______________________).. 7% (2%)
8. Nothing/ would never discontinue cover................. 24% (21%)
9. Don’t know ............................................................. - (7%)

Q.68b  Which one of the following statements most closely reflects your attitude to premium increases that have occurred in recent years?

**READ OUT**

- Insurers are keeping premium increases to a minimum........................................ 10% (8%)
- The increases are appropriate given the costs of treatment and service............... 43% (44%)
- The increases are inappropriate and are not justifiable by the costs of treatment and service.......................................................... 34% (40%)
- Don’t Know ........................................................................... 13% (8%)

Q.69a  Are you aware that you can claim tax relief on some medical expenses, if those expenses are not fully covered by your private health insurance?

**SINGLE CODE**

- Yes.................................................... 84% (65%)  **CONTINUE**
- No................................................... 16% (35%)  **GO TO Q70**
**Q.69b**  Have you ever made such a claim?  SINGLE CODE

<table>
<thead>
<tr>
<th></th>
<th>Yes (60%) (36%)</th>
<th>No (40%) (64%)</th>
</tr>
</thead>
</table>

**ASK ALL**

**Q.70**  Can you tell me how many companies currently offer private health insurance in Ireland?  
**Write in no. of companies, if unsure, ask respondent to give best estimate**

<table>
<thead>
<tr>
<th>Median: 2 Mean 4.17 (3.17)</th>
<th>Number of companies</th>
<th>Don’t know 26% (22%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q.71**  Are you aware that another company has entered the Irish health insurance market within the last six months?  SINGLE CODE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26%</td>
</tr>
<tr>
<td>No</td>
<td>68%</td>
</tr>
<tr>
<td>Don’t’ Know</td>
<td>6%</td>
</tr>
</tbody>
</table>

** THERE IS NO Q.72 **

**Q.73**  SHOWCARD ‘B’I am going to read out a number of statements, and I would like you to say to what extent you agree or disagree with each statement… Figures in brackets correspond to the 2003 results for the categories ‘Agree’ or ‘Strongly Agree’

<table>
<thead>
<tr>
<th>READ OUT &amp; ROTATE ORDER</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Private health insurance is a necessity not a luxury (73% Agree or strongly agree)</td>
<td>35%</td>
<td>34%</td>
<td>10%</td>
<td>13%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>2. I will always have Private Health Insurance (87%) * (question only asked of consumers)</td>
<td>37%</td>
<td>45%</td>
<td>6%</td>
<td>3%</td>
<td>-</td>
<td>9%</td>
</tr>
<tr>
<td>3. Private health insurance is good value for money (33%)</td>
<td>5%</td>
<td>28%</td>
<td>18%</td>
<td>19%</td>
<td>11%</td>
<td>19%</td>
</tr>
<tr>
<td>4. Private health insurance provides peace of mind (81%)</td>
<td>32%</td>
<td>47%</td>
<td>8%</td>
<td>5%</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>5. People who can afford to pay for private health insurance have a responsibility to pay for it and not rely only on public health services (64%)</td>
<td>14%</td>
<td>40%</td>
<td>15%</td>
<td>18%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>6. There is no need for private health insurance in Ireland, public services are adequate (16%)</td>
<td>2%</td>
<td>10%</td>
<td>11%</td>
<td>33%</td>
<td>38%</td>
<td>5%</td>
</tr>
<tr>
<td>7. Having private health insurance means always getting a better level of health care service (70%)</td>
<td>17%</td>
<td>48%</td>
<td>13%</td>
<td>13%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>8. Private health insurance is only for the wealthy (41%)</td>
<td>7%</td>
<td>20%</td>
<td>12%</td>
<td>34%</td>
<td>24%</td>
<td>4%</td>
</tr>
<tr>
<td>9. I would welcome the introduction of more health insurance providers in the Irish market</td>
<td>33%</td>
<td>37%</td>
<td>16%</td>
<td>4%</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>10. Having private health insurance means you can skip the queues (75%)</td>
<td>15%</td>
<td>46%</td>
<td>13%</td>
<td>14%</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>11. Only old people and sick people need private health insurance (10%)</td>
<td>2%</td>
<td>8%</td>
<td>9%</td>
<td>37%</td>
<td>40%</td>
<td>4%</td>
</tr>
<tr>
<td>12. Private health insurers should pay the full economic cost for private beds in public hospitals.</td>
<td>16%</td>
<td>36%</td>
<td>18%</td>
<td>12%</td>
<td>5%</td>
<td>12%</td>
</tr>
<tr>
<td>13. There is adequate information to enable me to compare plans on offer from different private health insurers</td>
<td>6%</td>
<td>29%</td>
<td>18%</td>
<td>16%</td>
<td>7%</td>
<td>25%</td>
</tr>
</tbody>
</table>
ASK ALL

Q.74 Do you have a medical card? SINGLE CODE

Yes ............................................................ 26% (33%)
No ............................................................. 74% (67%)

**THERE ARE NO Q 75/Q76**

Q.77 To the best of your knowledge, does this system operate in the private health insurance market in Ireland…

<table>
<thead>
<tr>
<th>Interviewer: Show each card in turn</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Rating – Show card “C”</td>
<td>23%</td>
<td>26%</td>
<td>51%</td>
</tr>
<tr>
<td>Open-Enrolment – Show card “D”</td>
<td>20%</td>
<td>27%</td>
<td>53%</td>
</tr>
<tr>
<td>Risk Rating – Show card “E”</td>
<td>27%</td>
<td>22%</td>
<td>51%</td>
</tr>
<tr>
<td>Lifetime Cover – Show card “F”</td>
<td>30%</td>
<td>18%</td>
<td>53%</td>
</tr>
</tbody>
</table>

**THERE IS NO Q.78 **

Q.79 Which of these statements best describes your awareness of Ireland’s Health Insurance Authority? READ OUT

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully aware of The Health Insurance Authority and its functions</td>
<td>4% (4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have some awareness of The Health Insurance Authority and its functions</td>
<td>23% (12%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have heard of The Health Insurance Authority, but I’m not sure what they do</td>
<td>26% (20%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have never heard of The Health Insurance Authority</td>
<td>47% (64%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** THERE ARE NO Q’S.80/81**

Q.82 Have you ever had health insurance in another country besides Ireland? SINGLE CODE

Yes ............................................................ 4% CONTINUE
No ............................................................. 96% GO TO Q.86

Q.83 Have you sought to take out private health insurance since you moved or returned to Ireland? SINGLE CODE

Yes ............................................................ 52% CONTINUE
No ............................................................. 48% GO TO Q.86

Q.84 Did your Irish health insurer take your overseas health insurance into account when setting the waiting periods?

Yes ............................................................ 29%
No ............................................................. 52%
Don’t Know .................................................. 19%

Q.85 Were you refused private health insurance in Ireland on age grounds? SINGLE CODE

Yes ............................................................ -
No ............................................................. 100%
Don’t Know .................................................. -
Q.86  Have you got any of the following: READ OUT
Q.87  Do you think that ……. is/would be a complement or a substitute for private health insurance?

<table>
<thead>
<tr>
<th>SHOWCARDS “G”, “H” and “I”</th>
<th>Q.86</th>
<th>Q.87</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cash Plan – Show card G</td>
<td>13%</td>
<td>77%</td>
</tr>
<tr>
<td>Critical Illness Policy – Show card H</td>
<td>22%</td>
<td>70%</td>
</tr>
<tr>
<td>Income Protection Plan/Permanent Health Insurance – Show card I</td>
<td>20%</td>
<td>72%</td>
</tr>
<tr>
<td>Any other form of health/sickness related insurance [excluding PHI]</td>
<td>6%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Please specify:

THANK RESPONDENT, COMPLETE CLASSIFICATION & CLOSE.
PROVIDE HEALTH INSURANCE AUTHORITY LEAFLET (If wanted)