



HEALTH INSURANCE SURVEY
AUSTRALIA
MARCH 1980

CATALOGUE NO. 4335.0

AUSTRALIAN BUREAU OF STATISTICS Canberra

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AUSTRALIAN BUREAU OF STATISTICS

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MAIN FEATURES

At March 1980, 59.4 per cent of all possible contributor units had some type of private health insurance. A further 15.8 per cent were covered by special Commonwealth health benefits (i.e. as pensioners, veterans or disadvantaged), leaving 24.8 per cent of all possible contributor units with neither health insurance nor access to special Commonwealth health benefits.

Comparing the overall results obtained in this survey with those obtained in a similar survey in March 1979, there appears to have been a net decrease of 3 percentage points in the proportion of contributor units with some type of private health insurance. (Note: See page 5 for a brief discussion of comparisons between the two years.)

An estimated 3,448,100 contributor units (or 52.5 per cent of all possible contributor units) as at March 1980, had both hospital and medical cover. A further 193,300 (2.9 per cent) contributor units had medical cover but no hospital cover, 207,400 (3.2 per cent) had hospital cover but no medical cover, and 25,100 (0.4 per cent) contributor units had ancillary cover only.

The only State and Territory where the proportion of contributor units insured was less than 60 per cent were Queensland and the Northern Territory where the proportions insured were 45.4 per cent and 49.4 per cent, respectively.

The highest proportion of contributor units with health insurance occurs among those composed of a married couple with dependent children, with 78.2 per cent insured. This compares with 64.6 per cent of contributor units composed of a married couple with no dependent children, 46.8 per cent of contributor units composed of a head only (i.e. one person only) and 40.2 per cent of contributor units composed of a head with dependent children. However, the latter three types of contributor units have much higher proportions of contributor units with access to special Commonwealth health benefits (see Table 11).

As the gross weekly income of contributor units increased, the proportion of contributor units with health insurance also tended to increase. The lowest proportion of contributor units insured was in the income range \$10 and under \$80 (25.4 per cent) and the highest proportion occurred where the contributor unit income was more than \$300 (82.5 per cent).

Of those uninsured contributor units without access to special Commonwealth health benefits, 879,200 (54.0 per cent) gave 'cost' as a reason for not insuring. The proportion rose to 69.7 per cent in the case of uninsured married couples with dependent children.

EXPLANATORY NOTES

Introduction

In March 1980 a survey was conducted throughout Australia to obtain information about levels of health insurance cover in the Australian community. Interviews were carried out over a period of two weeks commencing 10 March. Preliminary results were released in June 1980 (Catalogue No. 4341.0) and the present publication contains the final, more detailed results.

Scope and coverage

2. The survey was conducted as part of the regular population survey, which is based on a multi-stage area sample of private dwellings (about 30,000 houses, flats, etc.) and non-private dwellings (hotels, motels, etc.) and covers about two-thirds of one per cent of the population of Australia. Certain groups of persons, such as occupants of non-private dwellings (e.g. hospitals, motels, hotels), diplomatic personnel and persons from overseas touring or holidaying in Australia, were excluded from the survey.

Survey method

3. The information about health insurance was obtained from the head of the contributor unit (see paragraphs 12-14 for definitions) within each selected dwelling by carefully chosen and specially trained interviewers. If the head of the contributor unit was not available for interview, another responsible adult could answer on his or her behalf. Thus all insurance data relate to the insurance status of the head of the contributor unit.

Reliability of the estimates

4. Since the estimates are based on a sample they are subject to sampling variability (see Appendix II page 22 for further details). Some figures in this publication are replaced by the symbol *. These have a relative standard error greater than 30 per cent, which is considered too high for most practical purposes.

5. In addition to sampling errors, the estimates are subject to non-sampling errors. These may be caused by errors in reporting (e.g. because some answers were based on memory, or because of misunderstanding or unwillingness of respondents to reveal all details) or errors arising during processing (e.g. coding, data recording). Such errors may occur in any statistical collection whether it is a full census count or a sample survey. Every effort is made to reduce non-sampling errors in the survey to a minimum by careful design and testing of questionnaires, by intensive training and supervision of interviewers, and by efficient operating procedures.

Outline of the medical and hospital benefits schemes

6. An outline of the medical and hospital benefits schemes that operated during 1979 and up to the March 1980 survey, is presented as Appendix I on page 20. It also shows the changes, made by the Commonwealth Government, which came into effect from 1 September 1979.

Definitions

7. The definitions which follow are those applicable to the March 1980 Health Insurance Survey and may not be the same as those used in March 1979.

8. *Health insurance* – cover provided by insurance organisations to reimburse all or part of the cost of hospital, medical, or ancillary health services.

9. *Insurance organisation* – any insurance organisation which provides private health insurance cover to insurers and their dependants. The majority of insurance organisations which offer private health insurance are those registered under the National Health Act and are operated on a non-profit basis. The survey questionnaire (see Appendix III) was designed so as not to exclude health insurance offered by other insurance organisations from the scope of this survey.

10. Type of health insurance

- (a) *Medical cover* – health insurance cover provided by insurance organisations to reimburse 100 per cent, 75 per cent or some other proportion of the schedule fee for medical services.
- (b) *Hospital cover* – health insurance cover provided by insurance organisations to cover the cost of accommodation in shared wards of public hospitals or towards the cost of single rooms in public hospitals or accommodation in private hospitals.
- (c) *Ancillary cover* – any cover provided by insurance organisations for health related services other than medical or hospital cover (e.g. physiotherapy, dental, funeral benefits, ambulance).
- (d) *Schedule fee* – each medical service which attracts a medical benefit has a schedule fee which is set by an independent tribunal. These fees are set for medical benefits payment purposes only and doctors are not compelled to adhere to them.

11. Level of hospital cover

- (a) *Basic private cover* – insures people for a reimbursement of \$50 per day for accommodation in a public hospital with treatment by a doctor of their choice or, for accommodation in a private hospital with a reimbursement of \$66 per day (including \$16 Commonwealth subsidy paid directly to the hospital) with treatment by a doctor of their choice.

- (b) *Higher private cover* – insures people for higher levels of reimbursement than basic private hospital cover.

12. Contributor unit – in the tables of this publication the term contributor unit refers to:

- (a) an individual or a family who has taken out private health insurance
- or
- (b) uninsured persons who, for purposes of comparison with the insured, have been grouped into potential contributor units on the basis of household composition (see also paragraph 15).

13. *Dependants* – persons in a contributor unit who are eligible to be accepted as dependants for the purposes of private health insurance. Any contributor unit therefore has only one non-dependant member, i.e. the head of the contributor unit. In the survey, dependants included:

- (a) for married couples, the wife
- (b) all children under 15 years of age
- (c) unmarried full-time students between 15 and 25 years of age without dependants of their own and who are living with their parents.

14. Head of contributor unit – the non-dependant member of the contributor unit.

15. *Contribution rate* – contributor units were classified according to their private health insurance contribution rate (i.e. single or family). Potential contributor units (i.e. the uninsured), were classified to these categories, but on the basis of household composition as follows: uninsured households containing one person were classified as potential contributor units at the single rate. Uninsured households containing more than one person were firstly subdivided into dependent and non-dependent units (by application of the definition in paragraph 13) and then classified to the appropriate potential contribution rate (i.e. dependent units to the family rate and the remainder to the single rate).

16. *Gross weekly contributor unit income* – is the gross weekly income, at the time of the survey and from all sources, of the head of the contributor unit and spouse (if applicable). Income of any other dependants was not included.

17. *Special Commonwealth health benefits* – some persons, such as pensioners, veterans and the disadvantaged, may be eligible for special Commonwealth health benefits. Details of these benefits are as follows:

- (a) *Pensioner Health Benefit (PHB)* – the holder of a PHB card and his/her dependants are entitled to receive medical benefits from the Government at 85% of the schedule fee for

each medical service with a maximum patient payment of \$5 for any one service where the schedule fee is charged. Persons eligible for a PHB card (subject to an income test) are the following types of pensioners: age, invalid, widow, and service pensioners; recipients of supporting parent's benefit; recipients of sheltered employment allowance; and certain recipients of rehabilitation training allowance. Recipients of tuberculosis allowance and permanently blind pensioners are issued with a PHB card, free of income test.

In this survey, details of PHB entitlement were only collected for contributor units whose head worked (or usually worked) for less than 35 hours per week, AND whose combined weekly income of the head and spouse (if applicable) from all sources, was \$10 or more, AND more than half of that income came from Government pensions and benefits.

- (b) *Personal Treatment Entitlement (PTE) cards issued by the Department of Veterans' Affairs* — the holder of a PTE card is entitled to the full range of treatment benefits provided under Repatriation treatment arrangements, including conditions which are not related to service. Those eligible for a PTE card include the following: veterans receiving a disability pension at or above the 100 per cent general rate; veterans who served in the 1914-18 War; veterans of the South African War; veterans receiving a Service Pension (provided their income is within the limits governing the provision of free medical treatment); and some dependants of deceased veterans.

In this survey, details of PTE were only collected for persons who were more than 45 years of age and were the head of a contributor unit.

- (c) *Disadvantaged* — persons without private medical insurance and identified by medical practitioners as disadvantaged are treated free of charge and the Commonwealth pays the doctor 75% of the schedule fee for each medical service.

In this survey, for practical reasons, the term 'disadvantaged' refers only to contributor units in which the head was uninsured AND any member of that contributor unit had consulted a doctor (other than at a hospital casualty or outpatient department) between Christmas 1979 and the interview AND they did not pay for the most recent consultation because they were 'disadvantaged' or the 'Government paid'. EXCLUDED were contributor units that had already been identified as being insured, having PHB cover or having PTE cover.

18. *Insurance packages* — some insurance organisations offer 'package' or 'front end deductible' health insurance tables. The levels and types of health insurance under these tables are generally the same as

others offered by the organisation. However, the insured pay lower premiums for this type of insurance cover and the insurance organisation requires them to meet some specified health costs themselves. Typically, once the insured have expended a certain amount on hospital and/or medical services that would otherwise be covered by their insurance, their insurance organisation will begin to reimburse them for subsequent costs. Alternatively, the insured may only be able to claim a maximum total of reimbursements from their insurance organisations and have to pay all further costs themselves.

In this survey only the underlying level of insurance was recorded e.g. a contributor unit with a medical insurance package covering them for 100 per cent of the schedule fee but only for the first ten visits in a year was recorded as having 100 per cent medical cover.

Interpretation of results

19. The following factors should be considered in interpreting the estimates in this publication:

- The exclusion from the survey of persons who were in hospitals, nursing homes, and other health institutions may have affected the estimates.
- All insurance data relate to the insurance status of the head of the contributor unit.
- Persons who were eligible to be accepted as dependants for the purposes of private health insurance (see paragraph 13) were assumed to be covered by the insurance of the head of their household, and were not asked the health insurance questions. A small proportion (0.7%) of contributor units containing such dependent persons was reported as having insurance only at the single rate. This may have occurred where the head was the only person insured or where the dependants were insured independently. It was also possible that some persons assumed to be dependants in insured contributor units may in fact have held single health insurance and should have been regarded as separate contributor units.
- Some contributor units (1.8%) consisting of one person only, reported having family rate of health insurance. Such cases could have arisen, for example, when all dependants were living in a different dwelling from the head of the contributor unit at the time of the survey, or, the personal situation of a contributor may have altered (separation, divorce, death etc.), but insurance arrangements may not have been changed.
- As a result of (c) and (d) above, estimates relating to insured contributor units composed of a 'head only' (i.e. one person) and those composed of a 'head with dependants' (i.e. two or more persons) will not agree with estimates relating to 'single rate' or 'family rate' health insurance respectively.

Comparison with the March 1979 survey results

20. Care should be taken when comparing 1980 survey estimates with those obtained in 1979 as the movements in figures represent the sum total of net changes of any number of factors, which could have changed at any time during the intervening period. Some of these factors include: the types and levels of health insurance, both available and taken out; the composition of contributor units; the population structure and sampling factors. It should therefore be emphasised that apparent movements in the results do not necessarily reflect the changes made to administrative arrangements for health insurance which came into effect on 1 September 1979. Comparison of 1980 survey estimates with those for 1979 is presented and discussed in more detail in Section 2 of this publication.

Related publications

21. Other ABS publications which may be of interest include:

Health Insurance Survey, March 1979 (4335.0)

Australian Health Survey, 1977-78 (4311.0)

Persons Covered by Hospital and Medical Expenditure Schemes, August 1972 (4303.0)

22. Current publications produced by the ABS are listed in *Catalogue of Publications (1101.0)* which is available free of charge from any ABS office.

Symbols and other usages

- .. not applicable
- * subject to sampling variability too high for most practical purposes. (See paragraph 4)

23. Where figures have been rounded, discrepancies may occur between sums of the component items and totals. Published percentages are calculated prior to rounding of figures and therefore some discrepancy may exist between these percentages and those that could be calculated from the rounded figures.

SECTION I. HEALTH INSURANCE, MARCH 1980

TABLE 1. HEALTH INSURANCE, MARCH 1980 - SUMMARY

<i>Private health insurance</i>	<i>Contributor units ('000)</i>			<i>Percentage of contributor units</i>		
	<i>Single rate</i>	<i>Family rate</i>	<i>Total</i>	<i>Single rate</i>	<i>Family rate</i>	<i>Total</i>
Insured	1,312.1	2,590.4	3,902.5	45.5	70.2	59.4
Uninsured (a)	1,570.4	1,097.8	2,668.2	54.5	29.8	40.6
Total	2,882.5	3,688.3	6,570.7	100.0	100.0	100.0

(a) Some of these have access to special health benefits such as those available to pensioners, veterans, etc. See Table 1.1 for further details.

TABLE 2. NUMBER OF CONTRIBUTOR UNITS: TYPE AND LEVEL OF HEALTH INSURANCE BY CONTRIBUTION RATE, MARCH 1980
CONTRIBUTOR UNITS ('000)

Level of medical cover	Level of hospital cover			Total with hospital cover	No hospital cover	All contributor units	Per cent
	Basic	Higher	Not known				
SINGLE RATE							
100% medical cover	211.9	239.3	5.6	456.9	24.5	481.4	16.7
75% medical cover	460.6	95.3	11.4	567.2	42.2	609.4	21.1
Other levels of medical cover	11.5	3.5	*	16.0	5.6	21.6	0.7
Level of medical cover not known	24.7	10.2	25.2	60.1	4.8	64.8	2.2
Total with medical cover	708.7	348.3	43.1	1,100.2	77.1	1,177.2	40.8
No medical cover	79.2	28.6	3.5	111.2	(a)1,583.3	1,694.6	58.8
All contributor units	787.9	376.9	46.6	1,211.4	1,660.4	(b)(c)2,882.5	100.0
Per cent	27.3	13.1	1.6	42.0	57.6	100.0	..
FAMILY RATE							
100% medical cover	451.9	603.6	9.8	1,065.4	41.2	1,106.7	30.0
75% medical cover	876.3	273.3	17.6	1,167.2	64.4	1,231.6	33.4
Other levels of medical cover	22.2	8.8	*	32.2	7.8	40.0	1.1
Level of medical cover not known	31.1	20.0	32.1	83.1	2.8	85.9	2.3
Total with medical cover	1,381.5	905.7	60.8	2,348.0	116.2	2,464.2	66.8
No medical cover	71.1	22.0	3.0	96.1	(a)1,110.0	1,206.1	32.7
All contributor units	1,452.6	927.7	63.8	2,444.1	1,226.2	(b)(c)3,688.3	100.0
Per cent	39.4	25.2	1.7	66.3	33.2	100.0	..
TOTAL							
100% medical cover	663.8	843.0	15.5	1,522.3	65.7	1,588.0	24.2
75% medical cover	1,336.9	368.6	29.0	1,734.4	106.6	1,841.0	28.0
Other levels of medical cover	33.7	12.3	*	48.2	13.4	61.6	0.9
Level of medical cover not known	55.8	30.1	57.2	143.2	7.6	150.8	2.3
Total with medical cover	2,090.2	1,254.0	103.9	3,448.1	193.3	3,641.4	55.4
No medical cover	150.3	50.5	6.5	207.4	(a)2,693.3	2,900.7	44.1
All contributor units	2,240.5	1,304.5	110.4	3,655.5	2,886.6	(b)(c)6,570.7	100.0
Per cent	34.1	19.9	1.7	55.6	43.9	100.0	..

(a) Consists of uninsured contributor units (1,570,400 single rate and 1,097,800 family rate) plus contributor units with only ancillary insurance cover (12,900 single rate and 12,200 family rate). (b) Includes insured contributor units about which details of type of health insurance were not known (10,700 single rate and 18,000 family rate). (c) Consists of all insured contributor units plus all uninsured contributor units as detailed in Table 1.

TABLE 3. NUMBER OF PERSONS IN CONTRIBUTOR UNITS (a) : TYPE AND LEVEL OF HEALTH INSURANCE BY CONTRIBUTION RATE, MARCH 1980
PERSONS ('000)

Level of medical cover	Level of hospital cover			Total with hospital cover	No hospital cover	All persons	Per cent
	Basic	Higher	Not known				
SINGLE RATE							
100% medical cover	211.9	239.3	5.6	456.9	24.5	481.4	16.7
75% medical cover	460.6	95.3	11.4	567.2	42.2	609.4	21.1
Other levels of medical cover	11.5	3.5	*	16.0	5.6	21.6	0.7
Level of medical cover not known	24.7	10.2	25.2	60.1	4.8	64.8	2.2
Total with medical cover	708.7	348.3	43.1	1,100.2	77.1	1,177.2	40.8
No medical cover	79.2	28.6	3.5	111.2	(b)1,583.3	1,694.6	58.8
All persons	787.9	376.9	46.6	1,211.4	1,660.4	(c)(d)2,882.5	100.0
Per cent	27.3	13.1	1.6	42.0	57.6	100.0	..
FAMILY RATE							
100% medical cover	1,459.4	1,934.1	28.6	3,422.1	140.1	3,562.2	31.4
75% medical cover	2,765.6	856.2	53.4	3,675.2	211.9	3,887.1	34.2
Other levels of medical cover	72.5	27.7	*	103.1	23.2	126.3	1.1
Level of medical cover not known	98.0	57.4	88.8	244.1	8.7	252.8	2.2
Total with medical cover	4,395.5	2,875.4	173.7	7,444.6	383.9	7,828.5	69.0
No medical cover	186.6	57.0	6.9	250.5	(b)3,220.2	3,470.6	30.6
All persons	4,582.1	2,932.4	180.5	7,695.0	3,604.1	(c)(d)11,351.6	100.0
Per cent	40.4	25.8	1.6	67.8	31.7	100.0	..
TOTAL PERSONS							
100% medical cover	1,671.3	2,173.5	34.2	3,879.0	164.6	4,043.6	28.3
75% medical cover	3,226.2	951.5	64.8	4,242.5	254.1	4,496.6	31.5
Other levels of medical cover	84.0	31.2	*	119.1	28.8	147.9	1.0
Level of medical cover not known	122.7	67.6	113.9	304.2	13.5	317.7	2.2
Total with medical cover	5,104.2	3,223.7	216.8	8,544.7	461.0	9,005.7	63.0
No medical cover	265.8	85.5	10.3	361.7	(b)4,803.5	5,165.2	36.1
All persons	5,370.0	3,309.3	227.2	8,906.4	5,264.5	(c)(e)14,293.1	100.0
Per cent	37.6	23.2	1.6	62.3	36.8	100.0	..

(a) Estimates of persons were derived by applying the survey expansion factor from each contributor unit to the respective members of each unit. (b) Consists of uninsured persons (1,570,400 potential insurers at the single rate and 3,180,700 potential insurers at the family rate) plus persons with only ancillary insurance cover (12,900 single rate and 39,500 family rate). (c) Includes insured persons about whom details of type of health insurance were not known (10,700 single rate and 52,500 family rate). (d) Consists of all insured persons (1,312,100 single rate and 8,171,000 family rate) plus all uninsured persons as detailed in footnote b. (e) Consists of all insured persons as detailed in footnote d plus all uninsured persons as detailed in footnote b plus 59,000 persons about whom no health insurance details were known. These 59,000 persons were the dependent members of 47,100 contributor units reporting only single rate insurance and were therefore not covered by that insurance (see explanatory notes paragraph 19c) and are not included elsewhere in this table.

TABLE 4. NUMBER OF CONTRIBUTOR UNITS : TYPE OF HEALTH INSURANCE BY CONTRIBUTION RATE BY
STATE OR TERRITORY, MARCH 1980
CONTRIBUTOR UNITS ('000)

<i>Type of health insurance</i>	<i>N.S.W.</i>	<i>Vic.</i>	<i>Qld</i>	<i>S.A.</i>	<i>W.A.</i>	<i>Tas.</i>	<i>N.T.</i>	<i>A.C.T.</i>	<i>Australia</i>
SINGLE RATE									
Insured									
Hospital and medical	418.5	312.5	108.2	120.9	91.4	31.5	5.9	11.3	1,100.2
Hospital no medical	28.7	47.7	17.6	11.9	3.7	0.8	*	*	111.2
Medical, no hospital	21.2	12.0	14.2	15.9	7.2	5.0	*	1.4	77.1
Ancillary only	3.0	5.6	*	1.5	*	*	*	*	12.9
Type of insurance not known	3.4	5.0	*	*	1.5	*	*	*	10.7
<i>Total insured</i>	<i>474.8</i>	<i>382.8</i>	<i>141.1</i>	<i>150.9</i>	<i>104.9</i>	<i>37.8</i>	<i>6.2</i>	<i>13.6</i>	<i>1,312.1</i>
Uninsured	564.7	378.9	307.3	115.6	133.2	41.4	11.6	17.7	1,570.4
<i>Total</i>	<i>1,039.5</i>	<i>761.7</i>	<i>448.4</i>	<i>266.5</i>	<i>238.0</i>	<i>79.2</i>	<i>17.8</i>	<i>31.3</i>	<i>2,882.5</i>
FAMILY RATE									
Insured									
Hospital and medical	870.5	647.8	275.8	220.6	206.1	70.2	15.9	41.1	2,348.0
Hospital, no medical	22.0	44.1	17.1	7.6	4.4	*	*	*	96.1
Medical, no hospital	30.7	18.0	19.6	20.3	18.2	7.5	*	1.6	116.2
Ancillary only	2.1	2.7	2.3	2.3	1.8	*	*	*	12.2
Type of insurance not known	7.1	5.7	*	1.7	2.4	*	*	*	18.0
<i>Total insured</i>	<i>932.5</i>	<i>718.2</i>	<i>315.4</i>	<i>252.5</i>	<i>232.9</i>	<i>78.8</i>	<i>16.7</i>	<i>43.4</i>	<i>2,590.4</i>
Uninsured	364.0	258.7	241.3	85.7	91.7	30.9	11.9	13.6	1,097.8
<i>Total</i>	<i>1,296.6</i>	<i>976.9</i>	<i>556.7</i>	<i>338.2</i>	<i>324.7</i>	<i>109.7</i>	<i>28.6</i>	<i>57.0</i>	<i>3,688.3</i>
TOTAL									
Insured									
Hospital and medical	1,289.0	960.3	384.0	341.5	297.5	101.7	21.7	52.4	3,448.1
Hospital, no medical	50.7	91.7	34.7	19.5	8.1	1.0	*	*	207.4
Medical, no hospital	52.0	30.0	33.8	36.2	25.4	12.5	*	3.0	193.3
Ancillary only	5.1	8.3	3.2	3.8	2.9	1.2	*	*	25.1
Type of insurance not known	10.5	10.7	*	2.3	3.9	*	*	*	28.7
<i>Total insured</i>	<i>1,407.3</i>	<i>1,101.1</i>	<i>456.4</i>	<i>403.4</i>	<i>337.8</i>	<i>116.6</i>	<i>22.9</i>	<i>57.0</i>	<i>3,902.5</i>
Uninsured	928.7	637.6	548.6	201.3	224.9	72.4	23.5	31.3	2,668.2
<i>Total</i>	<i>2,336.1</i>	<i>1,738.6</i>	<i>1,005.0</i>	<i>604.7</i>	<i>562.7</i>	<i>188.9</i>	<i>46.4</i>	<i>88.3</i>	<i>6,570.7</i>

TABLE 6. NUMBER OF CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT (a) BY TYPE AND LEVEL OF HEALTH INSURANCE, MARCH 1980
CONTRIBUTOR UNITS ('000)

Level of medical cover	Level of hospital cover			Total with hospital cover	No hospital cover	All contributor units	Per cent
	Basic	Higher	Not known				
HEAD ONLY							
100% medical cover	222.5	254.8	6.6	483.9	24.0	508.0	17.2
75% medical cover	487.8	99.6	12.6	600.0	43.5	643.5	21.8
Other levels of medical cover	11.7	3.8	*	16.7	5.3	22.0	0.7
Level of medical cover not known	25.4	12.4	29.9	67.7	4.6	72.3	2.4
Total with medical cover	747.3	370.7	50.3	1,168.3	77.4	1,245.7	42.2
No medical cover	79.1	28.6	3.3	111.0	(b)1,582.8	1,693.8	57.4
All contributor units	826.4	399.3	53.6	1,279.3	1,660.2	(c)2,951.0	100.0
Per cent	28.0	13.5	1.8	43.4	56.3	100.0	..
HEAD WITH DEPENDENT CHILDREN							
100% medical cover	18.4	22.0	*	41.1	3.6	44.7	15.6
75% medical cover	38.1	8.3	*	47.2	4.1	51.3	17.9
Other levels of medical cover	*	*	*	*	*	*	*
Level of medical cover not known	3.3	*	*	6.8	*	7.0	2.4
Total with medical cover	60.8	32.1	3.5	96.3	9.0	105.3	36.8
No medical cover	5.5	*	*	7.1	(b)173.2	180.3	63.0
All contributor units	66.2	33.7	3.5	103.4	182.2	(c)286.1	100.0
Per cent	23.1	11.8	1.2	36.1	63.7	100.0	..
MARRIED COUPLE (d) WITH NO DEPENDENT CHILDREN							
100% medical cover	159.8	218.1	3.1	381.0	10.8	391.8	26.6
75% medical cover	306.5	107.4	6.4	420.3	19.6	440.0	29.9
Other levels of medical cover	7.9	3.0	*	11.3	3.4	14.7	1.0
Level of medical cover not known	10.4	6.6	11.7	28.8	*	30.2	2.0
Total with medical cover	484.6	335.1	21.8	841.5	35.2	876.7	59.5
No medical cover	46.0	14.0	2.6	62.6	(b)525.0	587.7	39.9
All contributor units	530.6	349.1	24.3	904.1	560.3	(c)1,472.9	100.0
Per cent	36.0	23.7	1.7	61.4	38.0	100.0	..
MARRIED COUPLE (d) WITH DEPENDENT CHILDREN							
100% medical cover	263.2	348.0	5.0	616.2	27.3	643.5	34.6
75% medical cover	504.5	153.2	9.2	666.9	39.3	706.2	38.0
Other levels of medical cover	13.2	5.2	*	19.0	3.7	22.7	1.2
Level of medical cover not known	16.7	9.7	13.6	40.0	*	41.3	2.2
Total with medical cover	797.6	516.1	28.4	1,342.1	71.7	1,413.7	76.0
No medical cover	19.7	6.3	*	26.6	(b)412.3	438.9	23.6
All contributor units	817.3	522.4	29.0	1,368.7	484.0	(c)1,860.8	100.0
Per cent	43.9	28.1	1.6	73.6	26.0	100.0	..
TOTAL							
100% medical cover	663.8	843.0	15.5	1,522.3	65.7	1,588.0	24.2
75% medical cover	1,336.9	368.6	29.0	1,734.4	106.6	1,841.0	28.0
Other levels of medical cover	33.7	12.3	*	48.2	13.4	61.6	0.9
Level of medical cover not known	55.8	30.1	57.2	143.2	7.6	150.8	2.3
Total with medical cover	2,090.2	1,254.0	103.9	3,448.1	193.3	3,641.4	55.4
No medical cover	150.3	50.5	6.5	207.4	(b)2,693.3	2,900.7	44.1
All contributor units	2,240.5	1,304.5	110.4	3,655.5	2,886.6	(c)6,570.7	100.0
Per cent	34.1	19.9	1.7	55.6	43.9	100.0	..

(a) The composition of some insured contributor units does not agree with the contribution rate (i.e. family or single) paid by the heads of those units. See explanatory notes paragraph 19 for more details. (b) Consists of uninsured contributor units plus contributor units with only ancillary insurance cover. Estimates of contributor units with ancillary cover only are: 12,300 composed of a Head only; 2,000 composed of a Head with dependent children; 4,400 composed of a Married couple with no dependent children; and 6,400 composed of a Married couple with dependent children. Estimates of uninsured contributor units are given in Table 7. (c) Consists of all insured contributor units plus all uninsured contributor units as detailed in Table 7. Insured contributor units include those for which the details of type of insurance was not known. (d) Includes de facto relationships.

TABLE 7. NUMBER OF CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT (a) BY TYPE OF HEALTH INSURANCE BY AGE OF HEAD OF CONTRIBUTOR UNIT, MARCH 1980
CONTRIBUTOR UNITS ('000)

Type of health insurance	Age group of head of contributor unit (years)						Total	Per cent
	15-24	25-34	35-49	50-59	60-64	65 or more		
HEAD ONLY								
Insured								
Hospital and medical	578.2	200.0	119.1	102.8	47.6	120.7	1,168.3	39.6
Hospital, no medical	16.5	8.0	4.0	8.1	10.5	63.9	111.0	3.8
Medical, no hospital	48.9	10.7	6.0	4.5	2.7	4.6	77.4	2.6
Total insured (b)	655.6	221.7	131.4	116.5	62.4	192.9	1,380.6	46.8
Uninsured	678.5	209.0	108.7	119.4	83.5	371.3	1,570.4	53.2
Total	1,334.1	430.6	240.1	236.0	145.9	564.2	2,951.0	100.0
HEAD WITH DEPENDENT CHILDREN								
Insured								
Hospital and medical	8.1	26.9	47.9	12.3	*	*	96.3	33.7
Hospital, no medical	*	*	3.6	*	*	*	7.1	2.5
Medical, no hospital	*	2.8	3.7	*	*	*	9.0	3.1
Total insured (b)	9.9	31.9	56.2	15.3	*	*	114.9	40.2
Uninsured	31.7	60.5	60.6	15.8	*	*	171.2	59.8
Total	41.5	92.4	116.8	31.1	2.5	*	286.1	100.0
MARRIED COUPLE (c) WITH NO DEPENDENT CHILDREN								
Insured								
Hospital and medical	50.4	139.1	134.6	287.2	111.9	118.2	841.5	57.1
Hospital, no medical	*	5.4	3.2	7.4	7.8	37.7	62.6	4.3
Medical, no hospital	2.7	6.1	4.7	11.9	5.1	4.8	35.2	2.4
Total insured (b)	54.7	152.7	144.0	310.7	126.8	163.4	952.2	64.6
Uninsured	23.5	47.1	47.5	90.2	79.1	233.3	520.7	35.4
Total	78.2	199.7	191.5	400.9	205.9	396.7	1,472.9	100.0
MARRIED COUPLE (c) WITH DEPENDENT CHILDREN								
Insured								
Hospital and medical	39.2	454.9	667.0	165.5	11.7	3.7	1,342.1	72.1
Hospital, no medical	*	9.5	12.1	4.1	*	*	26.6	1.4
Medical, no hospital	3.9	27.2	32.7	7.3	*	*	71.7	3.9
Total insured (b)	44.2	493.3	719.2	179.5	12.5	4.1	1,454.8	78.2
Uninsured	26.0	147.0	179.0	42.1	5.8	6.1	405.9	21.8
Total	70.2	642.3	898.2	221.6	18.2	10.2	1,860.8	100.0
TOTAL								
Insured								
Hospital and medical	676.0	820.9	968.7	567.8	171.9	242.9	3,448.1	52.5
Hospital, no medical	18.3	24.5	22.9	21.0	19.0	101.6	207.4	3.2
Medical, no hospital	56.8	46.8	47.1	24.9	8.2	9.6	193.3	2.9
Ancillary only	8.1	4.0	4.8	3.0	*	3.1	25.1	0.4
Type of insurance not known	5.2	5.4	7.4	5.3	*	3.5	28.7	0.4
Total insured	764.3	901.6	1,050.9	622.0	202.9	360.7	3,902.5	59.4
Uninsured	759.8	463.5	395.7	267.6	169.6	612.0	2,668.2	40.6
Total	1,524.1	1,365.1	1,446.6	889.6	372.6	972.7	6,570.7	100.0

(a) The composition of some insured contributor units does not agree with the contribution rate (i.e. family or single) paid by the heads of those units. See explanatory notes paragraph 19 for more details. (b) Includes contributor units with ancillary insurance only or with insurance for which details of type were not known. In most cases these estimates were subject to relative standard errors exceeding 30 per cent. (c) Includes de facto relationships.

TABLE 8. NUMBER OF CONTRIBUTOR UNITS: COMPOSITION OF CONTRIBUTOR UNIT (a) BY TYPE OF HEALTH INSURANCE BY GROSS WEEKLY INCOME OF CONTRIBUTOR UNIT, MARCH 1980
CONTRIBUTOR UNITS ('000)

Type of health insurance	Gross weekly income of contributor unit (b)								Not known	Total
	Less than 10	10-79	80-119	120-159	160-199	200-239	240-299	300 or more		
HEAD ONLY										
Insured										
Hospital and medical	25.9	137.6	174.3	206.5	218.5	147.0	97.6	79.7	81.2	1,168.3
Hospital, no medical	*	70.2	14.4	5.9	5.4	4.7	*	2.4	4.2	111.0
Medical, no hospital	*	16.5	16.0	14.7	12.4	6.5	5.9	*	2.7	77.4
Total insured (b)	28.7	230.8	209.6	228.8	240.5	160.8	107.3	85.3	88.8	1,380.6
Uninsured	57.5	682.1	216.9	183.6	162.6	101.3	36.8	48.2	61.6	1,570.4
Total	86.2	912.9	426.5	412.4	403.1	262.2	164.0	133.4	150.3	2,951.0
HEAD WITH DEPENDENT CHILDREN										
Insured										
Hospital and medical	*	11.4	10.1	11.9	15.8	13.1	10.1	15.9	6.0	96.3
Hospital, no medical	*	2.4	2.4	*	*	*	*	*	*	7.1
Medical, no hospital	*	*	*	*	*	*	*	*	*	9.0
Total insured (b)	*	15.5	14.1	14.5	17.4	15.4	11.3	18.0	6.5	114.9
Uninsured	5.1	70.5	49.0	14.1	12.7	6.8	5.4	5.2	2.5	171.2
Total	7.3	86.0	63.0	28.6	30.1	22.2	16.7	23.2	9.0	286.1
MARRIED COUPLE (c) WITH NO DEPENDENT CHILDREN										
Insured										
Hospital and medical	3.4	13.1	38.1	55.7	84.4	102.8	117.4	343.5	83.0	841.5
Hospital, no medical	*	4.3	29.5	8.7	3.5	3.0	2.5	7.4	3.1	62.6
Medical, no hospital	*	*	3.8	3.7	6.1	5.2	3.9	9.8	*	35.2
Total insured (b)	3.9	18.7	71.5	69.2	96.0	113.0	124.9	364.3	88.7	952.2
Uninsured	3.1	38.9	219.7	55.3	41.6	33.9	28.6	73.0	26.5	520.7
Total	7.1	57.6	293.2	124.5	137.6	146.8	153.6	437.3	115.1	1,472.9
MARRIED COUPLE (c) WITH DEPENDENT CHILDREN										
Insured										
Hospital and medical	3.9	6.0	22.2	55.2	129.9	223.6	250.9	547.6	102.9	1,342.1
Hospital, no medical	*	*	*	*	2.5	4.1	3.4	10.6	*	26.6
Medical, no hospital	*	*	*	6.0	11.2	13.7	15.2	18.5	4.5	71.7
Total insured (b)	4.2	7.7	25.8	63.3	146.0	242.5	272.4	582.3	110.7	1,454.8
Uninsured	4.7	9.1	43.6	44.7	56.7	69.9	54.3	95.9	27.1	405.9
Total	8.9	16.7	69.3	108.0	202.7	312.4	326.7	678.2	137.8	1,860.8
TOTAL										
Insured										
Hospital and medical	34.9	168.1	244.8	329.3	448.6	486.5	476.0	986.7	273.2	3,448.1
Hospital, no medical	*	77.5	48.2	17.1	11.5	12.3	7.8	21.1	9.6	207.4
Medical, no hospital	*	19.1	22.5	26.3	30.7	26.5	26.1	31.3	9.4	193.3
Ancillary only	*	4.9	4.7	*	5.0	2.4	*	3.1	*	25.1
Type of insurance not known	*	3.0	2.7	*	4.2	4.1	3.7	7.7	*	28.7
Total insured	39.0	272.6	332.9	375.7	560.0	531.8	515.9	1,049.9	294.6	3,902.5
Uninsured	70.5	800.6	529.1	297.8	273.5	211.9	145.1	222.2	117.6	2,668.3
Total	109.5	1,073.2	852.0	673.6	773.5	743.6	661.0	1,272.1	412.2	6,570.7

(a) The composition of some insured contributor units does not agree with the contribution rate (i.e. family or single) paid by the heads of those units. See explanatory notes paragraph 19 for more details. (b) Includes contributor units with ancillary insurance only or with insurance for which the details of type were not known. In most cases these estimates were subject to relative standard errors exceeding 30 per cent. (c) Includes de facto relationships.

TABLE 9. NUMBER OF CONTRIBUTOR UNITS IN WHICH THE HEAD HAS PENSIONER HEALTH BENEFIT (PHB) ENTITLEMENT (a) : TYPE AND LEVEL OF HEALTH INSURANCE, MARCH 1980
CONTRIBUTOR UNITS ('000)

Level of medical cover	Level of hospital cover			Total with hospital cover	No hospital cover	All contributor units	Per cent
	Basic	Higher	Not known				
100% medical cover	24.5	20.3	*	45.7	4.5	50.2	4.6
75% medical cover	28.6	7.6	*	36.6	*	38.1	3.5
Other levels of medical cover	*	*	*	*	*	*	*
Level of medical cover not known	*	*	*	5.4	*	6.2	0.6
Total with medical cover	55.8	30.0	3.3	89.1	7.5	96.6	8.8
No medical cover	82.1	29.4	4.0	115.4	(b)881.3	996.7	91.0
All contributor units	137.9	59.3	7.3	204.5	888.8	(c)1,095.6	100.0
Per cent	12.6	5.4	0.7	18.7	81.1	100.0	--

(a) Includes 88,800 contributor units in which the head has both PHB and PTE entitlement. See explanatory notes paragraph 17 for definitions. (b) Consists of 875,700 uninsured contributor units plus 5,600 contributor units with only ancillary insurance cover. (c) Consists of 219,900 insured contributor units (including those about which details of type of health insurance were not known) plus 875,700 uninsured contributor units.

TABLE 10. NUMBER OF CONTRIBUTOR UNITS IN WHICH THE HEAD HAS PERSONAL TREATMENT ENTITLEMENT (PTE) FROM DEPARTMENT OF VETERANS' AFFAIRS (a) TYPE AND LEVEL OF HEALTH INSURANCE, MARCH 1980
CONTRIBUTOR UNITS ('000)

Level of medical cover	Level of hospital cover			Total with hospital cover	No hospital cover	All contributor units	Per cent
	Basic	Higher	Not known				
100% medical cover	6.6	12.9	*	19.5	*	20.2	9.4
75% medical cover	14.2	4.4	*	18.6	*	19.6	9.0
Other levels of medical cover	*	*	*	*	*	*	*
Level of medical cover not known	*	*	*	*	*	*	*
Total with medical care	21.2	17.6	*	39.8	*	41.8	19.3
No medical cover	6.0	2.7	*	9.0	(b)165.0	174.0	80.5
All contributor units	27.2	20.3	*	48.8	167.0	(c)216.1	100.0
Per cent	12.6	9.4	*	22.6	77.3	100.0	--

(a) Includes 88,800 contributor units in which the head has both PTE and PHB entitlement. See explanatory notes paragraph 17 for definitions. (b) Consists of 164,900 uninsured contributor units plus contributor units with only ancillary insurance cover. (c) Consists of 51,200 insured contributor units (including those about which details of type of health insurance were not known) plus 164,900 uninsured contributor units.

TABLE 11. NUMBER OF UNINSURED CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT BY REASONS FOR NOT INSURING BY ACCESS TO SPECIAL COMMONWEALTH HEALTH BENEFITS (a), MARCH 1980
CONTRIBUTOR UNITS ('000)

Reasons for not insuring	The head of the contributor unit has FIB and/or PTE entitlement (b)	A member of the contributor unit has been classed as dis-advantaged	Total with access to special Commonwealth health benefits	No access to special Commonwealth health benefits (c)	Total uninsured	Per cent
HEAD ONLY						
Covered by being pensioner/repatriation	490.1	7.2	497.3	26.7	524.0	33.4
Cost	40.7	21.3	62.1	477.9	540.0	34.4
Healthy enough	9.7	3.4	13.1	277.1	290.2	18.5
Political/ideological reasons	2.3	*	3.0	33.4	36.3	2.3
Tax benefits	*	*	*	*	*	*
Confused about scheme; how to go about it	4.1	*	6.2	32.4	38.6	2.5
Don't want to; too bothersome; haven't got around to it	13.2	5.6	18.8	276.0	294.8	18.8
Other reasons	8.4	4.2	12.6	105.6	118.3	7.5
Don't know, no reason	8.0	2.5	8.5	57.8	66.3	4.2
Total uninsured (d)	528.6	39.5	568.1	1,002.4	1,570.4	100.0
Per cent (e)	17.9	1.3	19.2	34.0	53.2	..
HEAD WITH DEPENDENT CHILDREN						
Covered by being pensioner/repatriation	28.1	2.8	90.9	4.4	95.3	55.7
Cost	22.4	4.2	26.6	36.8	63.5	37.1
Healthy enough	*	*	*	8.5	10.1	5.9
Political/ideological reasons	*	*	*	*	*	*
Tax benefits	*	*	*	*	*	*
Confused about scheme; how to go about it	*	*	*	*	*	*
Don't want to; too bothersome; haven't got around to it	3.0	*	4.0	3.1	3.1	1.8
Other reasons	*	*	4.0	9.3	13.3	7.8
Don't know, no reason	2.4	*	2.8	4.6	5.9	3.4
Total uninsured (d)	104.9	7.6	112.4	58.7	171.2	2.9
Per cent (e)	36.7	2.6	39.3	20.5	58.8	..
MARRIED COUPLE (f) WITH NO DEPENDENT CHILDREN						
Covered by being pensioner/repatriation	282.9	3.0	285.9	8.5	294.4	56.5
Cost	22.5	6.4	28.9	116.5	145.4	27.9
Healthy enough	3.7	*	4.3	54.0	58.3	11.2
Political/ideological reasons	3.0	*	3.2	14.0	17.2	3.3
Tax benefits	*	*	*	*	*	*
Confused about scheme; how to go about it	*	*	*	*	*	*
Don't want to; too bothersome; haven't got around to it	5.9	*	6.5	13.0	14.5	2.8
Other reasons	5.6	*	6.3	28.4	46.5	8.9
Don't know, no reason	2.8	*	3.0	9.5	12.6	2.4
Total uninsured (d)	300.1	9.0	309.2	211.5	520.7	100.0
Per cent (e)	20.4	0.6	21.0	14.4	35.4	..
MARRIED COUPLE (f) WITH DEPENDENT CHILDREN						
Covered by being pensioner/repatriation	22.7	*	23.1	1.5	24.6	6.0
Cost	5.2	19.0	24.3	247.9	272.2	67.1
Healthy enough	*	*	*	72.9	75.1	18.5
Political/ideological reasons	*	*	*	17.5	18.2	4.5
Tax benefits	*	*	*	*	*	*
Confused about scheme; how to go about it	*	*	*	19.2	21.0	5.2
Don't want to; too bothersome; haven't got around to it	*	2.7	3.1	55.5	58.6	14.4
Other reasons	*	*	*	41.7	43.5	10.7
Don't know, no reason	*	*	*	12.0	13.1	3.2
Total uninsured (d)	27.0	24.1	50.1	355.9	405.9	100.0
Per cent (e)	1.4	1.2	2.7	19.1	21.8	..
TOTAL						
Covered by being pensioner/repatriation	883.7	13.4	897.1	41.1	938.2	35.2
Cost	91.0	50.9	141.9	879.2	1,021.0	38.3
Healthy enough	15.4	5.8	21.2	412.5	433.7	16.3
Political/ideological reasons	5.6	*	6.7	67.1	73.8	2.8
Tax benefits	*	*	*	3.3	3.3	0.1
Confused about scheme; how to go about it	6.5	3.9	10.4	66.8	77.2	2.9
Don't want to; too bothersome; haven't got around to it	22.4	10.0	32.5	380.8	413.3	15.5
Other reasons	15.2	6.8	22.0	180.3	202.4	7.6
Don't know, no reason	11.9	3.6	15.5	81.5	97.0	3.6
Total uninsured (d)	960.6	79.2	1,039.7	1,628.5	2,668.2	100.0
Per cent (e)	14.6	1.2	15.8	24.8	40.6	..

(a) See explanatory notes paragraph 17 for definitions. (b) This benefit may or may not cover other members of the contributor unit. (c) Members of the contributor unit may have had access to health benefits other than those disclosed by the survey questions. (d) Totals are less than the sum of component items because more than one reason could be given for not insuring. (e) Total uninsured expressed as a percentage of all contributor units with that composition. (f) Includes de facto relationships.

SECTION 2. HEALTH INSURANCE CHANGES 1979-1980

NOTES ON TABLES SHOWING HEALTH INSURANCE CHANGES

Introduction

In this section, estimates from the 1980 Health Insurance Survey, are presented in a manner to facilitate crude comparisons with the health insurance situation in 1979.

2. The first table (Table 12) shows estimates from the March 1980 survey allocated to categories as defined in the March 1979 survey. The remaining tables show the changes to health insurance reported by respondents in the March 1980 survey as having been made in the 12 months before interview.

Interpretation of results

3. The following factors should be considered when making comparisons with 1979:

- (a) *Types and levels of health insurance available* — the types and levels of health insurance available have changed since 1979. Apart from changes to the Health Insurance Scheme made by the Commonwealth Government in September 1979 and outlined in Appendix I, most medical benefits organisations offer a wider range of health insurance options than were available in early 1979. In particular, more organisations now offer 'package' or 'front end deductible' options (see paragraph 13 of explanatory notes) or options with reimbursement of medical expenses at less than 75% of the schedule fee.

During 1979 there had been an increase in the availability of health insurance with organisations other than medical benefits organisations registered under the National Health Act. Although they were not specifically excluded from the 1980 survey, no special questions were asked to ascertain the extent to which health insurance was being taken out with organisations not registered under the National Health Act.

In summary, therefore, it is not known to what extent the changes in types and levels of health insurance available, may have caused the movements apparent from the March 1980 survey.

- (b) *The composition of contributor units* — the composition of some contributor units would have changed since March 1979 because of marriages, separations, births or deaths. Others may have changed as a result of dependent students (aged under 26 years) completing studies, or others because members may have become eligible for special Commonwealth health benefits. As a result some of the apparent movements in results may have been caused by these changes.

- (c) *Sampling factors* — since both the 1979 and 1980 surveys were based on interviews with samples of the Australian population, results are subject to sampling variability (see Appendix II for further details) and any assessment or comparison of results should take this into account.

- (d) *Differences in the definition of the category 'type of insurance not known'* — in the March 1979 survey, the category 'type of health insurance not known', comprised two groups of insured contributor units:

- (i) those who did not know the type of insurance (i.e. medical, hospital or ancillary) they held
- (ii) those who knew the type of insurance they held but who did not know the level of that insurance (e.g. 75%; basic)

In the 1980 survey, the latter group were allocated to the type of insurance they reported but against the 'level not known' category, thereby reducing the size of the 'type of health insurance not known' category for 1980 from 232,700 contributor units to 28,700.

Apart from Table 12, in which the March 1980 survey estimates have been allocated to type of insurance using the 1979 categories, all tables in this publication use the 1980 categories. Comparison of the various types of insurance between 1979 and 1980 is possible, however, provided that the 'level not known' categories are subtracted from the relevant types of insurance.

- 4. The following additional factors should be considered when assessing those tables showing the changes reported by respondents in the March 1980 survey as having been made in the 12 months before interview.

- (a) *Recall problems* — because of the long reference period (12 months), recall or memory problems of the following kind can be expected:
 - (i) poor quality of reporting because exact details are not remembered
 - (ii) poor relationship to the reference period because respondents may have recalled events or situations from a period anywhere between 9 and 18 months before interview.

The latter problem is particularly relevant in the March 1980 survey because of the significant alterations made to the Health

Insurance Scheme in November 1978. This is evident from the results in Tables 13 to 15 which show larger movements in health insurance than is apparent from a comparison of the 1980 and 1979 surveys.

Because of the above considerations, Tables 13 to 15 should not be used to estimate the insurance situation as at March 1979 nor to estimate the size of changes made between March 1979 and March 1980. The tables can,

however, be used to assess the source and direction of changes made to health insurance in the period extending to about 18 months before the 1980 survey.

- (b) *Composition of contributor units* — the changes reported by some respondents would have been made as a direct result of changes in the composition of contributor units (see paragraph 3b above for examples).

TABLE 12. HEALTH INSURANCE AS AT MARCH 1980 AND MARCH 1979, STATES AND TERRITORIES (a)

As at March	Hospital and medical	Type of health insurance (1979 categories)(b)				Total insured	Uninsured	Total
		Hospital only	Medical only	Ancillary only	Don't know(c)			
NEW SOUTH WALES								
				Contributor units ('000)				
1980	1,224.5	49.8	50.0	5.1	77.9	1,407.3	928.7	2,336.1
1979	1,258.2	70.0	42.4	7.1	91.5	1,469.2	837.4	2,306.5
				Per cent of contributor units				
1980	52.4	2.1	2.1	0.2	3.3	60.2	39.8	100.0
1979	54.6	3.0	1.8	0.3	4.0	63.7	36.3	100.0
VICTORIA								
				Contributor units ('000)				
1980	905.5	88.4	28.6	8.3	70.3	1,101.1	637.6	1,738.6
1979	946.9	90.6	16.4	6.6	81.3	1,141.9	552.7	1,694.6
				Per cent of contributor units				
1980	52.1	5.1	1.6	0.5	4.0	63.3	36.7	100.0
1979	55.9	5.3	1.0	0.4	4.8	67.4	32.6	100.0
QUEENSLAND								
				Contributor units ('000)				
1980	365.6	33.9	31.2	3.2	22.5	456.4	548.6	1,005.0
1979	378.1	33.5	22.6	7.9	22.9	464.9	526.8	991.7
				Per cent of contributor units				
1980	36.4	3.4	3.1	0.3	2.2	45.4	54.6	100.0
1979	38.1	3.4	2.3	0.8	2.3	46.9	53.1	100.0
SOUTH AUSTRALIA								
				Contributor units ('000)				
1980	323.4	18.8	35.4	3.8	22.0	403.4	201.3	604.7
1979	334.3	22.1	18.1	4.6	26.3	405.4	189.5	594.8
				Per cent of contributor units				
1980	53.5	3.1	5.9	0.6	3.6	66.7	33.3	100.0
1979	56.2	3.7	3.0	0.8	4.4	68.1	31.9	100.0
WESTERN AUSTRALIA								
				Contributor units ('000)				
1980	274.0	7.8	24.8	2.9	28.3	337.8	224.9	562.7
1979	302.9	12.1	12.7	2.1	29.3	359.1	199.6	558.6
				Per cent of contributor units				
1980	48.7	1.4	4.4	0.5	5.0	60.0	40.0	100.0
1979	54.2	2.2	2.3	0.4	5.2	64.3	35.7	100.0
TASMANIA								
				Contributor units ('000)				
1980	95.7	0.9	12.3	1.2	6.5	116.6	72.4	188.9
1979	101.4	1.5	5.1	1.0	7.5	116.5	66.3	182.9
				Per cent of contributor units				
1980	50.6	0.5	6.5	0.6	3.4	61.7	38.3	100.0
1979	55.5	0.8	2.8	0.5	4.1	63.7	36.3	100.0
NORTHERN TERRITORY								
				Contributor units ('000)				
1980	19.1	*	*	*	3.3	22.9	23.5	46.4
1979	13.3	*	*	*	3.4	18.5	21.1	39.6
				Per cent of contributor units				
1980	41.2	*	*	*	7.1	49.4	50.6	100.0
1979	33.6	*	*	*	8.6	46.7	53.3	100.0
AUSTRALIAN CAPITAL TERRITORY								
				Contributor units ('000)				
1980	50.6	*	3.0	*	1.9	57.0	31.3	88.3
1979	46.3	2.1	1.2	*	2.9	53.2	30.3	83.5
				Per cent of contributor units				
1980	57.3	*	3.4	*	2.2	64.5	35.5	100.0
1979	55.4	2.5	1.4	*	3.5	63.7	36.3	100.0
AUSTRALIA								
				Persons ('000) (d)				
1980	8,182.4	354.3	453.1	53.2	499.1	9,542.0	4,751.1	14,293.1
1979	8,556.7	437.4	290.9	64.2	580.7	9,929.8	4,274.9	14,204.8
				Contributor units ('000)				
1980	3,258.3	200.8	185.7	25.1	232.7	3,902.5	2,668.2	6,570.7
1979	3,381.4	232.6	119.6	30.0	265.0	4,028.6	2,423.6	6,452.3
				Per cent of contributor units				
1980	49.6	3.1	2.8	0.4	3.5	59.4	40.6	100.0
1979	52.4	3.6	1.0	0.5	4.1	62.4	37.6	100.0

(a) See notes on tables showing health insurance changes, page 15. (b) Data from the Health Insurance Survey, March 1980 have been allocated to categories as defined in the March 1979 Survey. Therefore estimates in this table will not necessarily agree with those shown elsewhere in this publication. (c) Contributor units with private health insurance who did not know the level of that insurance. (d) Estimates of persons were derived by applying the survey expansion factor from each contributor unit to the respective members of each unit.

TABLE 13. NUMBER OF CONTRIBUTOR UNITS AS AT MARCH 1980 : TYPE OF HEALTH INSURANCE AS AT MARCH 1980, BY WHETHER THEY HAD CHANGED THEIR INSURANCE IN THE PREVIOUS 12 MONTHS BY TYPE OF HEALTH INSURANCE PREVIOUSLY HELD (a)
CONTRIBUTOR UNITS ('000)

Type of health insurance as at March 1980	Changed health insurance in previous 12 months					Total changed in previous 12 months (c)	Health insurance not changed in previous 12 months	Total (d)
	Previously hospital and medical	Previously hospital no medical	Previously medical no hospital	Previously neither hospital nor medical	Total previously insured (b)	Previously uninsured		
Insured								
Hospital and medical	518.6	9.5	10.0	*	541.0	60.1	601.9	2,797.2
Hospital, no medical	37.1	8.3	*	*	46.4	5.9	52.5	153.3
Medical, no hospital	58.2	*	9.2	*	69.3	12.2	81.7	110.1
Ancillary only	3.8	*	*	*	5.0	*	5.5	19.2
Type of insurance not known	3.6	*	*	*	4.0	*	4.3	24.4
Total insured	621.3	18.9	20.4	2.4	665.8	78.9	745.8	3,104.2
Uninsured	478.4	23.0	41.8	3.0	560.9	..	560.9	2,068.0
Total	1,099.6	41.9	62.2	5.4	1,226.6	78.9	1,306.7	5,172.2

(a) Contributor units reporting a change in health insurance in the previous 12 months and recorded as having the same type of health insurance (i.e. medical and/or hospital) at March 1980 as previously held, could have changed their level of insurance (e.g.: 75% to 100%) and/or their contribution rate and/or their insurance company. See also notes on tables showing health insurance changes, page 15. (b) Includes 17,500 contributor units who did not recall the type of health insurance previously held. (c) Includes contributor units who did not know if they were insured previously. (d) Includes 91,800 contributor units who did not know whether they had changed their health insurance in the previous 12 months.

TABLE 14. NUMBER OF INSURED AND UNINSURED CONTRIBUTOR UNITS AS AT MARCH 1980 : COMPOSITION OF CONTRIBUTOR UNIT AS AT MARCH 1980 BY WHETHER THEY HAD CHANGED THEIR HEALTH INSURANCE IN THE PREVIOUS 12 MONTHS (a)
CONTRIBUTOR UNITS ('000)

Health insurance as at March 1980	Changed health insurance in previous 12 months		Total changed in previous 12 months	Health insurance not changed in previous 12 months	Total
	Previously insured	Previously uninsured			
HEAD ONLY					
Insured	183.4	40.3	224.6	1,129.0	1,380.6
Uninsured	290.2	..	290.2	1,253.1	1,570.4
Total	473.6	40.3	514.8	2,382.1	2,951.0
HEAD WITH DEPENDENT CHILDREN					
Insured	19.8	2.4	22.1	90.4	114.9
Uninsured	32.0	..	32.0	138.2	171.2
Total	51.8	2.4	54.1	228.6	286.1
MARRIED COUPLE (b) WITH NO DEPENDENT CHILDREN					
Insured	174.2	16.0	190.2	751.6	952.2
Uninsured	95.9	..	95.9	418.3	520.7
Total	270.0	16.0	286.0	1,169.9	1,472.9
MARRIED COUPLE (b) WITH DEPENDENT CHILDREN					
Insured	288.5	20.3	309.0	1,133.1	1,454.8
Uninsured	142.8	..	142.8	258.5	405.9
Total	431.2	20.3	451.7	1,391.6	1,860.8
TOTAL					
Insured	665.8	78.9	745.8	3,104.2	3,902.5
Uninsured	560.9	..	560.9	2,068.0	2,668.2
Total	1,226.6	78.9	1,306.7	5,172.2	6,570.7

(a) See notes on tables showing health insurance changes, page

(b) Includes de facto relationships.

TABLE 15. NUMBER OF UNINSURED CONTRIBUTOR UNITS AS AT MARCH 1980 : REASONS FOR NOT BEING INSURED AT MARCH 1980 BY WHETHER THEY HAD HEALTH INSURANCE 12 MONTHS PREVIOUSLY BY TYPE OF HEALTH INSURANCE PREVIOUSLY HELD (a)
CONTRIBUTOR UNITS ('000)

Reasons for not insuring at March 1980	Insured 12 months previously					Don't know if insured 12 months previously	Not insured 12 months previously	Total
	Previously hospital and medical	Previously hospital no medical	Previously medical no hospital	Previously other type or don't know	Total previously insured			
Covered by being pensioners/repatriation	54.6	7.6	4.2	2.6	69.1	14.7	854.4	938.2
Cost	277.4	13.0	25.4	8.4	324.3	12.0	684.7	1,021.0
Healthy enough	92.4	2.4	11.3	*	108.4	4.2	321.2	433.7
Political/ideological reasons	10.3	*	*	*	12.2	*	61.1	73.8
Tax benefits	*	*	*	*	*	*	*	3.3
Confused about scheme; how to go about it	21.6	*	*	*	25.3	*	51.0	77.2
Don't want to; too bothersome; haven't got around to it	99.8	2.5	6.2	3.5	112.0	5.4	295.8	413.3
Other reasons	46.6	1.4	6.4	*	56.4	*	143.7	202.4
Don't know; no reason	10.7	*	*	*	14.6	5.2	77.1	97.0
Total uninsured (b)	478.4	23.0	41.8	17.6	560.9	39.3	2,068.0	2,668.2

(a) See notes on tables showing health insurance changes, page 15. (b) Totals are less than the sum of component items because more than one reason could be given for not insuring.

APPENDIX I

OUTLINE OF THE MEDICAL AND HOSPITAL BENEFITS SCHEMES
1979-1980

MEDICAL BENEFITS SCHEMES

1. Commonwealth medical benefit:

Prior to 1 September 1979 the Commonwealth benefit was 40% of the schedule fee for each medical service with a maximum patient payment of \$20 for any one service where the schedule fee was charged.

From 1 September 1979, medical benefits were paid by the Commonwealth for the amount (if any) by which the schedule fee exceeded \$20, i.e. the maximum payment by the patient for any one medical service would be \$20 where the doctor charged the schedule fee. The Commonwealth no longer pays benefits where the schedule fee is \$20 or less.

Under these health insurance arrangements, and those in operation prior to 1 September 1979, the Commonwealth benefits continued to be payable to all Australian residents whether privately insured or uninsured, except persons covered by Pensioner Health Benefit cards and uninsured persons identified as disadvantaged by medical practitioners.

Pensioners with Pensioner Health Benefit entitlements and the dependants of such pensioners continued to be eligible to receive medical benefits from the Government at 85% of the schedule fee for each medical service with a maximum patient payment of \$5 for any one service where the schedule fee is charged.

Persons without private medical insurance identified by medical practitioners as disadvantaged continued to be treated free. The Commonwealth pays the doctor 75% of the schedule fee for each medical service.

2. Private insurance medical benefit:

Private insurance is offered by non-profit organisations registered under the National Health Act, and by other insurance companies.

There is no requirement to take out private health insurance. Those who elect not to insure for fund benefits need to register with a registered medical benefits organisation that has agreed to pay the Commonwealth medical benefit to uninsured persons on behalf of the Commonwealth. There is no charge for this registration.

Persons with private insurance are able to claim both Commonwealth and fund benefits.

As a condition of registration under the National Health Act, private health insurance organisations are required to offer a basic medical benefit table which, together with the Commonwealth benefit, covers at least 75% of the schedule fee for each medical service with a maximum patient payment of \$10 for any one service where the schedule fee is charged.

In addition to providing a basic medical benefits table, insurance organisations offer a variety of medical benefits packages up to a maximum of the schedule fee level, and ancillary benefits tables. They also offer 'front end deductible' schemes under which, for example, contributors meet their own medical costs up to an agreed value and subsequent costs are met by their insurance organisation.

Registered medical benefits organisations claim reimbursement of the Commonwealth medical benefits paid for both insured and uninsured people from the Department of Health.

These provisions are the same as those in operation prior to 1 September 1979.

HOSPITAL BENEFITS SCHEMES

3. Commonwealth hospital benefit:

All persons without private insurance for hospital benefits are entitled to shared ward accommodation in public hospitals at no direct cost with treatment by doctors engaged by the hospital. However, in Queensland those with private insurance for hospital benefits are also eligible for free shared ward accommodation with treatment by doctors engaged by the hospital, if they so choose. These provisions are the same as those in operation prior to 1 September 1979.

4. Private insurance hospital benefit:

Private insurance is offered by non-profit organisations registered under the National Health Act, and by other insurance companies.

There is no requirement to take out private insurance.

Persons with hospital insurance, with the exception of those in Queensland, are not eligible for the free accommodation and treatment arrangements described in 3 above.

As a condition of registration under the National Health Act, private hospital insurance organisations are required to provide a basic hospital benefit table covering the hospital charges for shared ward accommodation in approved hospitals for patients who choose to be treated by the private doctor of their choice.

Private insurance organisations also offer supplementary benefits covering charges raised for single bed wards in approved hospitals and benefits to wholly or substantially cover private hospital charges. In addition the organisations offer 'front end deductible' schemes and tables of ancillary benefits.

These provisions are the same as those in operation prior to 1 September 1979.

TECHNICAL NOTE ON SAMPLING VARIABILITY

Estimation procedure

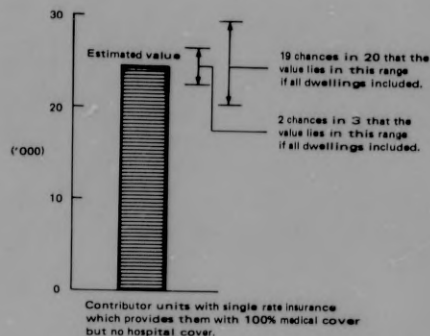
Estimates derived from the survey are obtained by using a complex ratio estimation procedure, which ensures that the survey estimates conform to an independently estimated distribution of the population by age and sex, rather than to the age and sex distribution within the sample itself.

Reliability of the estimates

2. Since the estimates in this publication are based on information obtained from occupants of a sample of dwellings they are subject to sampling variability; that is, they may differ from the figures that would have been produced if all dwellings had been included in the survey. One measure of the likely difference is given by the *standard error*, which indicates the extent to which an estimate might have varied by chance because only a sample of dwellings was included. There are about two chances in three that a sample estimate will differ by less than one standard error from the figure that would have been obtained if all dwellings had been included, and about nineteen chances in twenty that the difference will be less than two standard errors. Another measure of the likely difference is the *relative standard error*, which is obtained by expressing the standard error as a percentage of the estimate.

3. Space does not allow for the separate indication of the standard error of all estimates in this publication. A table of standard errors and relative standard errors for estimates of numbers of contributor units is given below (Table A). These figures will not give a precise measure of the standard error of a particular estimate but they will provide an indication of its magnitude. An example of the calculation and use of standard errors is as follows: Table 2 shows that the estimated number of contributor units with single rate insurance which provides them with 100% medical cover but no hospital cover is 24,500. From Table A below it can be seen that the estimate has a standard error of about 2,100 and therefore there are about two chances in three that the value that would have been produced if all dwellings had

been included in the survey will fall within the range 22,400 to 26,600, and about nineteen chances in twenty that the value will fall within the range 20,300 to 28,700. This example is illustrated in the following diagram.



The size of the standard error in relation to the estimate indicates that the actual value could be greater or less (within standard error ranges) than the published figure.

4. The relative standard error of an estimate of 'numbers of persons' is approximately the same as the relative standard error of the numbers of contributor units corresponding to that estimate.

TABLE A. STANDARD ERRORS OF ESTIMATES - NUMBER OF CONTRIBUTOR UNITS

Size of estimate	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Australia	
	Number								percent (a)	
500				340	340	180				
1,000				410	410	250	340	330		
1,300			500	460	460	300	410	390	560	37
2,000	690	700	570	510	510	340	470	440	650	33
2,500	780	780	630	550	550	380	510	480	720	29
3,000	850	850	690	620	620	410	550	510	800	27
4,000	980	960	780	680	680	460	620	560	920	23
5,000	1,100	1,100	860	730	730	500	680	610	1,000	20
6,000	1,200	1,200	930	790	790	530	740	650	1,100	18
10,000	1,500	1,400	1,200	900	920	640	910	750	1,400	14
20,000	2,000	1,900	1,500	1,200	1,200	810	1,200	910	2,000	10
50,000	3,000	2,700	2,200	1,600	1,700	1,100	1,700	1,100	2,900	5.8
100,000	3,900	3,500	2,800	2,100	2,100	1,300	..	1,300	3,900	3.9
200,000	5,000	4,400	3,600	2,600	2,600	1,500	..	..	5,100	2.6
300,000	5,800	5,000	4,100	2,900	2,900	..	..	..	6,000	2.0
500,000	6,900	5,800	4,800	3,300	3,900	..	..	..	7,200	1.4
1,000,000	8,500	7,000	5,900	..	..	..	..	..	9,100	0.9
2,000,000	10,000	8,400	..	..	..	..	..	..	11,000	0.6
5,000,000	..	..	..	..	..	..	..	..	15,000	0.3

(a) In this publication, estimates with a standard error of more than 30 per cent have not been published.

5. As the standard errors in the table show, the smaller the estimate the higher is the relative standard error. Very small estimates would thus be subject to such high standard errors (relative to the size of the estimate) as to detract seriously from their value for most reasonable uses. In this publication, only estimates with relative standard errors less than 30 per cent are considered sufficiently reliable for most purposes. Estimates with relative standard errors greater than 30 per cent have not been shown and although figures for these components can in some cases be derived by subtraction, they should not be regarded as reliable.

6. The reliability of an estimated percentage or rate computed by using sample data for both numerator and denominator, depends upon both the size of the numerator and the size of the denominator. However, the relative standard error of the estimated percentage will generally be lower than the relative standard error of the estimate of the numerator. The relative standard errors of the numerator can be determined from Table A.

Approximate standard errors of rates or percentages may be derived by first obtaining the relative standard error of the number of contributor units corresponding to the numerator of this rate or percentage and then applying this figure to the estimated rate or percentage. An example of this calculation is as follows: Table 1 shows that the percentage of insured contributor units is 59.4 and that the numerator of this percentage is 3,902,500. By interpolation from Table A the standard error of the numerator is approximately 13,500, which is a relative standard error of 0.3 per cent. The standard error of 59.4 can then be approximated by:

Percentage x Relative standard error

$$= 59.4 \times \frac{0.3}{100.0}$$

$$= 0.2$$

Therefore there are two chances in three that the percentage that would have been obtained if all dwellings had been included in the survey is in the range 59.2 to 59.6 per cent and about nineteen chances in twenty that it is in the range 59.0 to 59.8 per cent.

7. Published figures may also be used to estimate the difference between two survey estimates (estimates of numbers, rates or percentages). Such a figure is itself an estimate and is therefore subject to sampling error.

The sampling error of the difference between two survey estimates depends on the standard errors of the original estimates and on the relationship (correlation) between the two original estimates. An approximate standard error of the difference between two estimates (x-y) may be calculated by the following formula:

Standard error (x-y)

$$= \sqrt{[\text{Standard error (x)}]^2 + [\text{Standard error (y)}]^2}$$

While this formula will only be exact for differences between separate and uncorrelated (unrelated) characteristics or sub-populations, it is expected to provide a good approximation for all differences likely to be of interest in this publication.

An example of the use of the above formula is as follows: The difference between the estimates of the number of insured contributor units in 1979 and 1980 (Table 12) is

$$4,028,600 - 3,902,500 = 126,100$$

The standard error of this estimate can be calculated as follows. From Table A the standard errors of each of the two original estimates can be approximated as 13,700 and 13,500 respectively. Therefore the standard error of the difference 126,100 is given by:

Standard error (difference)

$$= \sqrt{(13,700)^2 + (13,500)^2}$$

$$= 19,200 \text{ (rounded to nearest 100)}$$

Thus there are about two chances in three that the difference that would have been obtained, if all dwellings had been included in the survey is within the range 106,900 to 145,300 and about nineteen chances in twenty that this difference is between 87,700 and 164,500.

8. The imprecision due to sampling variability, which is measured by the standard error, should not be confused with inaccuracies that may occur because of imperfections in reporting by interviewers and respondents. Inaccuracies of this kind are referred to as the non-sampling error, and they may occur in any enumeration, whether it be a full count or only a sample. Every effort is made to reduce the non-sampling error to a minimum by careful design of questionnaires, intensive training and supervision of interviewers and efficient operating procedures.

APPENDIX III

SURVEY QUESTIONNAIRE, MARCH 1980

Introduction

The extract which follows shows the health insurance survey questions that were asked of all heads of contributor units. Questions for the usual population survey and supplementary survey on persons in the labour force (including discouraged job seekers), educational institution attendance and assisted/unassisted migrants, were included elsewhere in the questionnaire.

2. It has been included to assist in interpretation of the tables, but it should be borne in mind that the questions are asked by interviewers who have been specially trained and have written instructions on the use of the questionnaire.

Differences from the questionnaire used in March 1979

3. The main differences between this questionnaire and that used in March 1979 are:

- (a) Removal of any direct reference to 'Funds' so that health insurance held with organisations not registered under the National Health Act would not be excluded
- (b) Extension of the question on level of medical cover to include levels other than 100% and 75%
- (c) Addition of a separate question concerning ancillary cover
- (d) Questions on previous insurance were concerned with the previous 12 months instead of the previous six months
- (e) Addition of new questions concerning Personal Treatment Entitlement from the Department of Veterans' Affairs
- (f) Addition of new questions concerning the 'disadvantaged'.

91. THE NEXT FEW QUESTIONS ARE ABOUT ... HEALTH INSURANCE ARRANGEMENTS.	
92. DOES ... CURRENTLY HAVE HEALTH INSURANCE?	
Yes (Go to Q. 94)	☐ 1
No	☐ 2
93. DOES ... HAVE SOME PRIVATE HEALTH COVER BECAUSE OF SOMEONE ELSE'S HEALTH INSURANCE?	
Yes	☐ 1
No (Go to Q. 111)	☐ 2
94. IS THIS INSURANCE AT THE SINGLE OR FAMILY MEMBERSHIP RATES?	
Single	☐ 1
Family	☐ 2
Other arrangements	☐ 3

95. WHAT IS THE NAME OF THE HEALTH INSURANCE ORGANISATION ... BELONGS TO?	
Book produced (Go to Q. 106)	☐ 1
Don't know	☐ 2
Name (specify)	☐ 3
96. DOES ... INSURANCE COVER ... FOR HOSPITAL EXPENSES?	
Book produced (Go to Q. 106)	☐ 1
Yes	☐ 2
No	☐ 3
97. DOES ... INSURANCE COVER ... FOR MEDICAL EXPENSES?	
Book produced (Go to Q. 106)	☐ 1
Yes	☐ 2
No	☐ 3

98. DOES ... INSURANCE COVER ... FOR EXTRA EXPENSES SUCH AS DENTAL, OPTICAL AND SO ON? Book produced (Go to Q.106) ... ☐ 1 Yes ... ☐ 2 No ... ☐ 3 Don't know ... ☐ 4	104. <u>Sequence Guide</u> If Q.101 asked, go to Q.107 ... ☐ 1 Otherwise, go to Q.105 ... ☐ 2	111. WHAT ARE ... REASONS FOR NOT TAKING OUT HEALTH INSURANCE? Covered by being pensioner/Repatriation ... ☐ 1 Cost ... ☐ 2 Healthy enough ... ☐ 3 Political/ideological reasons ... ☐ 4 Tax benefits ... ☐ 5 Confused about scheme; how to go about it ... ☐ 6 Don't want to; too bothersome; haven't got around to it ... ☐ 7 Other reasons ... ☐ 8 Don't know; no reason ... ☐ 9
99. <u>Sequence Guide</u> If code 2 in Q.96, go to Q.100 ... ☐ 1 Otherwise, go to Q.102 ... ☐ 2	105. DO YOU HAVE THE MEMBERSHIP BOOK SO THAT YOU COULD CHECK THE DETAILS? Book produced (Go to Q.106) ... ☐ 1 Book not available (Go to Q.107) ... ☐ 2	112. THIS TIME LAST YEAR DID ... HAVE HEALTH INSURANCE? Yes ... ☐ 1 No (Go to Q.114) ... ☐ 2 Don't know (Go to Q.114) ... ☐ 3
100. FOR HOSPITAL COVER - IS ... COVERED TO HAVE A SHARED WARD, OR HAS ... ADDITIONAL COVER TO HAVE A SINGLE ROOM IN HOSPITAL? Book produced (Go to Q.106) ... ☐ 1 Single (private) (Go to Q.102) ... ☐ 2 Shared (intermediate) (Go to Q.102) ... ☐ 3 Top table/highest cover ... ☐ 4 Don't know/other (specify) ... ☐ 5	106. <u>Interviewer:</u> COMPANY: TABLE: COVER (To be coded)	113. WAS THAT HEALTH COVER FOR BOTH HOSPITAL AND MEDICAL EXPENSES, OR WAS IT FOR HOSPITAL ONLY, OR FOR MEDICAL ONLY? Both hospital & medical ... ☐ 1 Hospital (but no medical) ... ☐ 2 Medical (but no hospital) ... ☐ 3 Neither hospital or medical ... ☐ 4 Don't know ... ☐ 5
101. DO YOU HAVE THE MEMBERSHIP BOOK SO THAT YOU COULD CHECK THE DETAILS? Book produced (Go to Q.106) ... ☐ 1 Book not available ... ☐ 2	107. HAS ... MADE ANY CHANGES TO THE LEVEL OF ... HEALTH INSURANCE IN THE LAST 12 MONTHS? Yes ... ☐ 1 No (Go to Q.114) ... ☐ 2 Don't know (Go to Q.114) ... ☐ 3	110. Go to Q.114
102. <u>Sequence Guide</u> If code 2 in Q.97, go to Q.103 ... ☐ 1 Otherwise, go to Q.107 ... ☐ 2	108. THIS TIME LAST YEAR DID ... HAVE HEALTH INSURANCE? Yes ... ☐ 1 No (Go to Q.114) ... ☐ 2 Don't know (Go to Q.114) ... ☐ 3	
103. FOR MEDICAL COVER - IS ... COVERED TO GET BACK 75% OR 100% OF THE SCHEDULE FEE, OR SOME OTHER PROPORTION? Book produced (Go to Q.106) ... ☐ 1 100% (Go to Q.107) ... ☐ 2 75% (Go to Q.107) ... ☐ 3 Top table/highest cover ... ☐ 4 Don't know ... ☐ 5 Other (specify) ... ☐ 6	109. WAS THAT HEALTH COVER FOR BOTH HOSPITAL AND MEDICAL EXPENSES, OR WAS IT FOR HOSPITAL ONLY, OR FOR MEDICAL ONLY? Both hospital & medical ... ☐ 1 Hospital (but no medical) ... ☐ 2 Medical (but no hospital) ... ☐ 3 Neither hospital or medical ... ☐ 4 Don't know ... ☐ 5	

114. <u>Sequence Guide</u> If married and spouse listed on HF, go to 115A. ☐ 1 Otherwise, go to 115B. ☐ 2	119. <u>Sequence Guide</u> If aged 46 years or more go to Q.120. ☐ 1 Otherwise, go to Q.122. ☐ 2	123. AT ANY TIME SINCE CHRISTMAS HAS ... (OR ANY MEMBER OF ... FAMILY) VISITED AN OUTPATIENTS CLINIC OR CASUALTY DEPARTMENT OF A HOSPITAL? Yes ☐ 1 No ☐ 2 Don't know ☐ 3
115A. THE NEXT QUESTION IS ABOUT THE COMBINED WEEKLY INCOME OF ... AND ... (spouse). Show prompt card A IN WHICH OF THESE GROUPS IS (THEIR/YOUR) COMBINED TOTAL WEEKLY INCOME FROM ALL SOURCES BEFORE TAX OR ANYTHING ELSE IS TAKEN OUT? 115B. Show prompt card A IN WHICH OF THESE GROUPS IS ... TOTAL WEEKLY INCOME FROM ALL SOURCES BEFORE TAX OR ANYTHING ELSE IS TAKEN OUT? Group ☐ 1 Don't know ☐ 9	120. DOES ... HAVE A PERSONAL TREATMENT ENTITLEMENT CARD FROM THE DEPARTMENT OF VETERAN'S AFFAIRS? Yes ☐ 1 No (Go to Q.122) ☐ 2 Don't know (Go to Q.122) ☐ 3	124. (APART FROM THIS), HAS ... (OR ANY MEMBER OF ... FAMILY) VISITED A DOCTOR SINCE CHRISTMAS? Yes ☐ 1 No (Go to Q.127) ☐ 2 Don't know (Go to Q.127) ☐ 3
116. <u>Sequence Guide</u> If worked 35 hours or more (Q.24D), go to Q.119. ☐ 1 If usually works 35 hours or more ('2' in Q.26 or '1' in Q.52), go to Q.119. ☐ 2 If group 1 in Q.115, go to Q.119. ☐ 3 Otherwise, go to Q.117. ☐ 4	121. DID ... USE ... REPATRIATION ENTITLEMENT LAST TIME ... VISITED A DOCTOR OR SPECIALIST? Yes (Go to Q.127) ☐ 1 No (Go to Q.127) ☐ 2 Don't know (Go to Q.127) ☐ 3	125. WAS ... (OR ... FAMILY) CHARGED A FEE FOR THE LAST VISIT TO THE DOCTOR? Yes (Go to Q.127) ☐ 1 No ☐ 2 Don't know (Go to Q.127) ☐ 3
117. DOES ... GET HALF OR MORE OF THAT INCOME FROM GOVERNMENT PENSIONS AND BENEFITS? Yes ☐ 1 No (Go to Q.119) ☐ 2 Don't know (Go to Q.119) ☐ 3	122. <u>Sequence Guide</u> If has health insurance ('3' in Q.92 or '4' in Q.93), go to Q.127. ☐ 1 If has Pensioner Health Benefits Card ('1' in Q.118), go to Q.127. ☐ 2 Otherwise, go to Q.123. ☐ 3	126. WHY WAS ... NOT CHARGED A FEE FOR THAT VISIT? Expected to pay later/bill hasn't come ☐ 1 Relative of, or work for, the doctor ☐ 2 Related to workers compensation or third party insurance ☐ 3 Disadvantaged/Govt. paid ☐ 4 Don't know ☐ 5 Other (specify) ☐ 6
118. DOES ... HAVE PENSIONER HEALTH BENEFIT CARD? Yes ☐ 1 No ☐ 2 Don't know ☐ 3		127. <u>Interviewer:</u> Code number of dependent children (Children less than 15, plus children 15-25 years at full-time education) None ☐ 9 One or more (If 8 or more, code 8) ☐ 8