



HEALTH INSURANCE SURVEY AUSTRALIA MARCH 1981

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**HEALTH INSURANCE SURVEY
AUSTRALIA
MARCH 1981**

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MAIN FEATURES

At March 1981, 56.2 per cent of all possible contributor units had some type of private health insurance. A further 16.6 per cent were identified as being covered by special Commonwealth health benefits (i.e. as pensioners, veterans or disadvantaged), leaving 27.2 per cent of all possible contributor units without health insurance nor identified access to special Commonwealth health benefits.

Compared with estimates of 62.4 per cent and 59.4 per cent obtained in similar surveys conducted in March 1979 and March 1980 respectively, the above estimate represents a net decrease of 3.2 percentage points in the previous twelve months, and 6.2 percentage points in the previous two years, in the proportion of all possible contributor units with some type of health insurance cover.

43.2 per cent of all possible single contributor units had health insurance cover compared with 66.8 per cent of all possible family contributor units.

An estimated 3,289,500 contributor units (or 49.3 per cent of all possible contributor units) as at March 1981, had both hospital and medical cover. A further 201,600 (3.0 per cent) contributor units had medical cover but no hospital cover, 211,000 (3.2 per cent) had hospital cover but no medical cover, and 19,500 (0.3 per cent) contributor units had ancillary cover only.

As in previous years, Queensland and the Northern Territory had the lowest proportions of contributor units insured, with 41.9 per cent and 41.5 per cent insured, respectively.

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 occurred where the contributor unit income was less than \$96 per week (24.5 per cent) and the highest proportion where the contributor unit income was \$290 or more (79.7 per cent). These were similar to results obtained in previous surveys.

Of those uninsured contributor units without access to special Commonwealth health benefits, 950,000 (52.4 per cent) gave 'cost' as a reason for not insuring. The proportion rose to 70.4 per cent in the case of uninsured married couples with dependent children.

EXPLANATORY NOTES

Introduction

In March 1981 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 9 March. Preliminary results were released in June 1981 (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 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 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 the estimate to be used 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 between 1 November 1978 and 30 June 1981 is presented as Appendix I. It shows the changes, made by the Commonwealth Government, which came into effect from 1 September 1979, but does not show any of the changes which came into effect after 30 June 1981.

Definitions

7. The definitions which follow are those applicable to the Health Insurance Surveys of both March 1980 and March 1981. However, some differ from those used in the March 1979 survey (see paragraph 20).

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 health insurance cover to insurers and their dependents. The majority of insurance organisations which offer 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 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 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 health insurance. Any contributor unit therefore has only one non-dependent 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-dependent member of the contributor unit.

15. *Contribution rate* — contributor units were classified according to their 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 per cent 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 medical insurance and identified by medical practitioners as disadvantaged are treated free of charge and the Commonwealth pays the doctor 75 per cent of the Schedule fee for each medical service in full settlement for those services.

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 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:

- (a) The exclusion from the survey of persons who were in hospitals, nursing homes, and other health institutions may have affected the estimates.
- (b) All insurance data relate to the insurance status of the head of the contributor unit.
- (c) Persons who were eligible to be accepted as dependants for the purpose of 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 per cent) 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.
- (d) Some contributor units (1.3 per cent) 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.
- (e) 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 and 1981 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. Comparison of survey estimates between 1979 and 1981 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, Australia, March 1981 (Preliminary) (4341.0)

Australian Health Survey, 1977-78 (4311.0)

22. Current publications produced by the ABS are listed in the *Catalogue of Publications, Australia* (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)
- break in continuity of series (where drawn across a column between two consecutive figures)

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 1. HEALTH INSURANCE, MARCH 1981

TABLE 1. HEALTH INSURANCE, MARCH 1981 : SUMMARY

Health insurance, or access to special Commonwealth health benefits	Contributor units ('000)			Percentage of contributor units		
	Single rate	Family rate	Total	Single rate	Family rate	Total
Insured(a)	1,295.3	2,452.3	3,747.6	43.2	66.8	56.2
Uninsured—						
The head of the contributor unit has PHB(b) and/or PTE(c) entitlement	538.8	454.9	993.8	18.0	12.4	14.9
A member of the contributor unit has been classed as disadvantaged in the previous three months	52.7	61.3	114.0	1.8	1.7	1.7
Not identified as having access to special Commonwealth health benefits(d)	1,110.5	702.7	1,813.3	37.0	19.1	27.2
<i>Total uninsured</i>	<i>1,702.1</i>	<i>1,218.9</i>	<i>2,921.0</i>	<i>56.8</i>	<i>33.2</i>	<i>43.8</i>
Total	2,997.4	3,671.2	6,668.7	100.0	100.0	100.0

(a) Includes some contributor units who may also have access to special Commonwealth health benefits. (b) Pensioner Health Benefits (see paragraph 17 of Explanatory notes). (c) Personal Treatment Entitlement from the Department of Veterans' Affairs (see paragraph 17 of Explanatory notes). (d) The survey methodology did not enable all contributor units with access to special Commonwealth health benefits to be identified.

TABLE 2. NUMBER OF CONTRIBUTOR UNITS : TYPE AND LEVEL OF HEALTH INSURANCE, MARCH 1981
CONTRIBUTOR UNITS ('000)

Level of medical cover	Level of hospital cover			Total with hospital cover	No hospital cover	All contributor units	Proportion (%)
	Basic	Higher	Not known				
SINGLE RATE							
100% medical cover	207.8	246.0	9.1	462.9	27.5	490.3	16.4
75% medical cover	429.9	100.6	12.7	543.2	42.5	585.6	19.5
Other levels of medical cover	11.9	3.7	2.4	18.0	6.0	24.0	0.8
Level of medical cover not known	25.5	7.7	23.0	56.1	2.7	58.8	2.0
<i>Total with medical cover</i>	<i>675.1</i>	<i>357.9</i>	<i>47.1</i>	<i>1,080.1</i>	<i>78.7</i>	<i>1,158.8</i>	<i>38.7</i>
No medical cover	84.0	26.9	4.2	115.0	(a)1,712.8	1,827.8	61.0
<i>All contributor units</i>	<i>759.1</i>	<i>384.8</i>	<i>51.3</i>	<i>1,195.2</i>	<i>1,791.5</i>	<i>(b)(c)2,997.4</i>	<i>100.0</i>
<i>Proportion (%)</i>	<i>25.3</i>	<i>12.8</i>	<i>1.7</i>	<i>39.9</i>	<i>59.8</i>	<i>100.0</i>	<i>..</i>
FAMILY RATE							
100% medical cover	445.8	593.4	9.2	1,048.4	50.4	1,098.7	29.9
75% medical cover	790.1	263.5	14.0	1,067.6	62.4	1,130.0	30.8
Other levels of medical cover	22.1	8.1	*	32.3	6.8	39.1	1.1
Level of medical cover not known	22.5	18.9	19.7	61.1	3.3	64.4	1.8
<i>Total with medical cover</i>	<i>1,280.5</i>	<i>883.9</i>	<i>45.1</i>	<i>2,209.4</i>	<i>122.9</i>	<i>2,332.3</i>	<i>63.5</i>
No medical cover	68.2	24.6	3.2	96.0	(a)1,227.7	1,323.7	36.1
<i>All contributor units</i>	<i>1,348.7</i>	<i>908.4</i>	<i>48.3</i>	<i>2,305.4</i>	<i>1,350.6</i>	<i>(b)(c)3,671.2</i>	<i>100.0</i>
<i>Proportion (%)</i>	<i>36.7</i>	<i>24.7</i>	<i>1.3</i>	<i>62.8</i>	<i>36.8</i>	<i>100.0</i>	<i>..</i>
TOTAL							
100% medical cover	653.6	839.3	18.3	1,511.2	77.8	1,589.1	23.8
75% medical cover	1,220.0	364.1	26.7	1,610.8	104.9	1,715.7	25.7
Other levels of medical cover	34.0	11.8	4.6	50.3	12.8	63.1	0.9
Level of medical cover not known	48.0	26.6	42.7	117.2	6.1	123.3	1.8
Total with medical cover	1,955.6	1,241.8	92.2	3,289.5	201.6	3,491.1	52.4
No medical cover	152.2	51.4	7.4	211.0	(a)2,940.5	3,151.5	47.3
All contributor units	2,107.8	1,293.2	99.6	3,500.6	3,142.1	(b)(c)6,668.7	100.0
Proportion (%)	31.6	19.4	1.5	52.5	47.1	100.0	..

(a) Consists of uninsured contributor units (1,702,100 single rate and 1,218,900 family rate) plus contributor units with only ancillary insurance cover (10,700 single rate and 8,800 family rate). (b) Includes insured contributor units about which details of health insurance were not known (10,800 single rate and 15,200 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 1981
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	207.8	246.0	9.1	462.9	27.5	490.3	16.4
75% medical cover	429.9	100.6	12.7	543.2	42.5	585.6	19.5
Other levels of medical cover	11.9	3.7	2.4	18.0	6.0	24.0	0.8
Level of medical cover not known	25.5	7.7	23.0	56.1	2.7	58.8	2.0
<i>Total with medical cover</i>	<i>675.1</i>	<i>357.9</i>	<i>47.1</i>	<i>1,080.1</i>	<i>78.7</i>	<i>1,158.8</i>	<i>38.7</i>
No medical cover	84.0	26.9	4.2	115.0	(b)1,712.8	1,827.8	61.0
<i>All persons</i>	<i>759.1</i>	<i>384.8</i>	<i>51.3</i>	<i>1,195.2</i>	<i>1,791.5</i>	<i>(c)(d)2,997.4</i>	<i>100.0</i>
<i>Per cent</i>	<i>25.3</i>	<i>12.8</i>	<i>1.7</i>	<i>39.9</i>	<i>59.8</i>	<i>100.0</i>	<i>..</i>
FAMILY RATE(e)							
100% medical cover	1,442.2	1,861.6	22.5	3,326.2	165.5	3,491.7	30.9
75% medical cover	2,510.8	835.6	40.4	3,386.8	203.7	3,590.5	31.8
Other levels of medical cover	73.6	25.1	5.8	104.5	23.4	127.9	1.1
Level of medical cover not known	65.6	58.9	53.2	177.7	11.2	188.9	1.7
<i>Total with medical cover</i>	<i>4,092.2</i>	<i>2,781.2</i>	<i>121.9</i>	<i>6,995.3</i>	<i>403.8</i>	<i>7,399.0</i>	<i>65.6</i>
No medical cover	174.4	63.8	9.9	248.0	(b)3,595.1	3,843.2	34.1
<i>All persons</i>	<i>4,266.6</i>	<i>2,845.0</i>	<i>131.7</i>	<i>7,243.3</i>	<i>3,998.9</i>	<i>(c)(d)11,285.8</i>	<i>100.0</i>
<i>Per cent</i>	<i>37.8</i>	<i>25.2</i>	<i>1.2</i>	<i>64.2</i>	<i>35.4</i>	<i>100.0</i>	<i>..</i>
TOTAL PERSONS							
100% medical cover	1,650.0	2,107.5	31.6	3,789.1	193.0	3,982.1	27.8
75% medical cover	2,940.7	936.3	53.1	3,930.0	246.1	4,176.1	29.1
Other levels of medical cover	85.5	28.7	8.3	122.5	29.4	151.9	1.1
Level of medical cover not known	91.1	66.6	76.1	233.8	13.9	247.7	1.7
Total with medical cover	4,767.3	3,139.1	169.0	8,075.4	482.4	8,557.8	59.7
No medical cover	258.4	90.6	14.0	363.1	(b)5,307.9	5,671.0	39.5
All persons	5,025.7	3,229.7	183.0	8,438.5	5,790.4	(c)(f)14,342.6	100.0
Per cent	35.0	22.5	1.3	58.8	40.4	100.0	..

(a) The methodology of the monthly population survey does not enable separate estimates for children to be directly obtained. Estimates relating to the total population were therefore derived by multiplying each contributor unit estimate by the numbers of persons in those units. The total estimated population therefore differs from the Australian population as at March 1981. (b) Consists of uninsured persons (1,702,100 potential insurers at the single rate and 3,570,400 potential insurers at the family rate) plus persons with only ancillary insurance cover (10,700 single rate and 24,800 family rate). (c) Includes insured persons about whom details of type of health insurance were not known (10,800 single rate and 43,500 family rate). (d) Consists of all insured persons (1,295,300 single rate and 7,715,400 family rate) plus all uninsured persons as detailed in footnote (b). (e) Includes 88,800 contributor units consisting of one person only who reported family rate insurance (see Explanatory notes, paragraph 19(d)). (f) Consists of all insured persons as detailed in footnote (d) plus all uninsured persons as detailed in footnote (b) plus 59,400 persons about whom no health insurance details were known. These 59,400 persons were the dependent members of 44,900 contributor units reporting only single rate insurance and were therefore not covered by that insurance (see Explanatory notes paragraph 19(c)) 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 1981
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	428.4	299.6	108.4	106.6	88.5	33.3	3.3	12.0	1,080.1
Hospital, no medical	27.4	52.1	20.1	10.5	3.5	0.9	*	*	115.0
Medical, no hospital	22.3	11.4	12.5	16.7	8.6	6.0	*	1.2	78.7
Ancillary only	*	3.7	*	2.4	1.2	*	*	*	10.7
Type of insurance not known	*	5.8	*	*	*	*	*	*	10.8
<i>Total insured</i>	<i>482.0</i>	<i>372.5</i>	<i>142.8</i>	<i>137.0</i>	<i>102.9</i>	<i>40.8</i>	<i>3.5</i>	<i>13.8</i>	<i>1,295.3</i>
Uninsured	597.5	418.5	332.2	132.5	147.7	39.8	13.5	20.4	1,702.1
<i>Total</i>	<i>1,079.5</i>	<i>791.1</i>	<i>474.9</i>	<i>269.5</i>	<i>250.5</i>	<i>80.7</i>	<i>17.0</i>	<i>34.2</i>	<i>2,997.4</i>
FAMILY RATE									
Insured—									
Hospital and medical	842.2	594.7	254.4	207.5	196.1	66.1	14.7	33.8	2,209.4
Hospital, no medical	27.6	40.7	12.3	7.8	4.3	0.8	*	1.7	96.0
Medical, no hospital	29.6	18.4	19.9	24.6	19.0	8.5	*	2.4	122.9
Ancillary only	*	3.3	*	1.9	*	*	*	*	8.8
Type of insurance not known	5.8	4.5	*	*	2.5	*	*	*	15.2
<i>Total insured</i>	<i>906.7</i>	<i>661.6</i>	<i>288.8</i>	<i>242.6</i>	<i>222.9</i>	<i>75.6</i>	<i>15.9</i>	<i>38.2</i>	<i>2,452.3</i>
Uninsured	386.3	296.7	266.0	102.0	104.0	33.1	13.9	16.8	1,218.9
<i>Total</i>	<i>1,293.0</i>	<i>958.3</i>	<i>554.8</i>	<i>344.6</i>	<i>326.9</i>	<i>108.8</i>	<i>29.9</i>	<i>55.0</i>	<i>3,671.2</i>
TOTAL									
Insured—									
Hospital and medical	1,270.6	894.2	362.8	314.1	284.6	99.4	18.0	45.8	3,289.5
Hospital, no medical	55.1	92.8	32.4	18.3	7.8	1.6	*	*	211.0
Medical, no hospital	51.8	29.9	32.4	41.3	27.6	14.5	*	3.6	201.6
Ancillary only	3.1	7.0	*	4.3	2.2	*	*	*	19.5
Type of insurance not known	8.1	10.2	2.2	*	3.6	*	*	*	26.0
Total insured	1,388.7	1,034.1	431.6	379.6	325.8	116.4	19.4	52.0	3,747.6
Uninsured	983.9	715.2	598.1	234.5	251.7	73.0	27.5	37.2	2,921.0
Total	2,372.6	1,749.4	1,029.8	614.0	577.4	189.4	46.9	89.2	6,668.7

TABLE 6. NUMBER OF CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT(a) BY TYPE AND LEVEL OF HEALTH INSURANCE, MARCH 1981
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	212.2	259.9	10.0	482.1	28.3	510.4	16.8
75% medical cover	442.7	106.1	13.2	562.0	42.8	604.8	19.9
Other levels of medical cover	11.5	3.8	2.8	18.1	5.9	23.9	0.8
Level of medical cover not known	27.3	8.8	24.0	60.0	3.2	63.2	2.1
<i>Total with medical cover</i>	<i>693.8</i>	<i>378.5</i>	<i>49.9</i>	<i>1,122.2</i>	<i>80.1</i>	<i>1,202.4</i>	<i>39.5</i>
No medical cover	84.5	25.4	4.7	114.5	(b)1,712.9	1,827.4	60.1
<i>All contributor units</i>	<i>778.2</i>	<i>403.9</i>	<i>54.6</i>	<i>1,236.8</i>	<i>1,793.0</i>	<i>(c)3,041.4</i>	<i>100.0</i>
<i>Per cent</i>	<i>25.6</i>	<i>13.3</i>	<i>1.8</i>	<i>40.7</i>	<i>59.0</i>	<i>100.0</i>	<i>..</i>
HEAD WITH DEPENDENT CHILDREN							
100% medical cover	16.2	20.6	*	37.5	*	39.7	14.0
75% medical cover	28.1	6.4	*	34.7	4.4	39.1	13.8
Other levels of medical cover	*	*	*	*	*	*	*
Level of medical cover not known	*	*	*	4.5	*	5.0	1.8
<i>Total with medical cover</i>	<i>47.0</i>	<i>28.1</i>	<i>3.3</i>	<i>78.4</i>	<i>7.4</i>	<i>85.8</i>	<i>30.3</i>
No medical cover	3.5	*	*	5.3	(b)191.8	197.1	69.7
<i>All contributor units</i>	<i>50.4</i>	<i>29.6</i>	<i>3.7</i>	<i>83.7</i>	<i>199.2</i>	<i>(c)282.9</i>	<i>100.0</i>
<i>Per cent</i>	<i>17.8</i>	<i>10.5</i>	<i>1.3</i>	<i>29.6</i>	<i>70.4</i>	<i>100.0</i>	<i>..</i>
MARRIED COUPLE(d) WITH NO DEPENDENT CHILDREN							
100% medical cover	157.0	225.9	5.0	387.9	16.4	404.3	27.2
75% medical cover	282.8	98.8	5.5	387.1	21.7	408.8	27.5
Other levels of medical cover	6.5	3.1	*	9.9	2.3	12.2	0.8
Level of medical cover not known	9.4	6.7	7.8	23.9	*	24.9	1.7
<i>Total with medical cover</i>	<i>455.7</i>	<i>334.5</i>	<i>18.6</i>	<i>808.8</i>	<i>41.3</i>	<i>850.1</i>	<i>57.3</i>
No medical cover	44.3	17.0	*	61.9	(b)565.2	627.1	42.3
<i>All contributor units</i>	<i>500.0</i>	<i>351.5</i>	<i>19.2</i>	<i>870.7</i>	<i>606.5</i>	<i>(c)1,484.3</i>	<i>100.0</i>
<i>Per cent</i>	<i>33.7</i>	<i>23.7</i>	<i>1.3</i>	<i>58.7</i>	<i>40.9</i>	<i>100.0</i>	<i>..</i>
MARRIED COUPLE(d) WITH DEPENDENT CHILDREN							
100% medical cover	268.2	332.9	2.7	603.7	30.9	634.7	34.1
75% medical cover	466.4	152.9	7.6	626.9	36.1	662.9	35.6
Other levels of medical cover	14.7	4.8	*	20.7	4.3	25.1	1.3
Level of medical cover not known	9.9	10.0	8.9	28.7	*	30.2	1.6
<i>Total with medical cover</i>	<i>759.1</i>	<i>500.6</i>	<i>20.4</i>	<i>1,280.1</i>	<i>72.8</i>	<i>1,352.9</i>	<i>72.7</i>
No medical cover	19.9	7.6	*	29.3	(b)470.7	499.9	26.9
<i>All contributor units</i>	<i>779.0</i>	<i>508.2</i>	<i>22.1</i>	<i>1,309.4</i>	<i>543.4</i>	<i>(c)1,860.2</i>	<i>100.0</i>
<i>Per cent</i>	<i>41.9</i>	<i>27.3</i>	<i>1.2</i>	<i>70.4</i>	<i>29.2</i>	<i>100.0</i>	<i>..</i>
TOTAL							
100% medical cover	653.6	839.3	18.3	1,511.2	77.8	1,589.1	23.8
75% medical cover	1,220.0	364.1	26.7	1,610.8	104.9	1,715.7	25.7
Other levels of medical cover	34.0	11.8	4.6	50.3	12.8	63.1	0.9
Level of medical cover not known	48.0	26.6	42.7	117.2	6.1	123.3	1.8
Total with medical cover	1,955.5	1,241.8	92.2	3,289.6	201.6	3,491.1	52.4
No medical cover	152.2	51.4	7.4	211.0	(b)2,940.5	3,151.5	47.3
All contributor units	2,107.7	1,293.2	99.6	3,500.6	3,142.1	(c)6,668.7	100.0
Per cent	31.6	19.4	1.5	52.5	47.1	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: 10,800 composed of a Head only; * composed of a Head with dependent children; 3,700 composed of a Married couple with no dependent children; and 3,400 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 1981
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	529.9	197.5	117.5	109.3	46.5	121.6	1,122.2	36.9
Hospital, no medical	18.1	6.7	4.5	8.8	9.7	66.6	114.5	3.8
Medical, no hospital	48.5	11.0	5.9	5.4	3.1	6.3	80.1	2.6
<i>Total insured(b)</i>	<i>607.1</i>	<i>218.9</i>	<i>129.8</i>	<i>125.0</i>	<i>60.1</i>	<i>198.3</i>	<i>1,339.2</i>	<i>44.0</i>
Uninsured	754.3	246.8	119.6	122.2	87.0	372.2	1,702.1	56.0
<i>Total</i>	<i>1,361.4</i>	<i>465.7</i>	<i>249.4</i>	<i>247.2</i>	<i>147.1</i>	<i>570.6</i>	<i>3,041.4</i>	<i>100.0</i>
HEAD WITH DEPENDENT CHILDREN								
Insured—								
Hospital and medical	4.9	22.5	39.1	10.9	*	*	78.4	27.7
Hospital, no medical	*	*	2.8	*	*	*	5.3	1.9
Medical, no hospital	*	*	4.4	*	*	*	7.4	2.6
<i>Total insured(b)</i>	<i>5.5</i>	<i>26.7</i>	<i>46.8</i>	<i>12.7</i>	<i>*</i>	<i>*</i>	<i>92.7</i>	<i>32.8</i>
Uninsured	33.1	69.0	69.1	16.8	*	*	190.1	67.2
<i>Total</i>	<i>38.7</i>	<i>95.6</i>	<i>116.0</i>	<i>29.5</i>	<i>*</i>	<i>*</i>	<i>282.9</i>	<i>100.0</i>
MARRIED COUPLE(c) WITH NO DEPENDENT CHILDREN								
Insured—								
Hospital and medical	47.1	117.2	122.6	290.5	110.5	121.0	808.8	54.5
Hospital, no medical	*	3.1	3.4	6.9	6.7	40.4	61.9	4.2
Medical, no hospital	2.5	6.7	7.3	13.2	6.0	5.5	41.3	2.8
<i>Total insured(b)</i>	<i>51.3</i>	<i>128.5</i>	<i>135.1</i>	<i>313.9</i>	<i>125.1</i>	<i>168.9</i>	<i>922.7</i>	<i>62.2</i>
Uninsured	26.8	53.6	50.8	101.4	86.2	242.8	561.5	37.8
<i>Total</i>	<i>78.1</i>	<i>182.0</i>	<i>185.8</i>	<i>415.2</i>	<i>211.3</i>	<i>411.8</i>	<i>1,484.3</i>	<i>100.0</i>
MARRIED COUPLE(c) WITH DEPENDENT CHILDREN								
Insured—								
Hospital and medical	31.0	432.7	644.4	153.3	14.9	3.8	1,280.1	66.8
Hospital, no medical	*	7.1	18.0	3.7	*	*	29.3	1.6
Medical, no hospital	4.0	26.4	34.8	7.1	*	*	72.8	3.9
<i>Total insured(b)</i>	<i>35.1</i>	<i>469.3</i>	<i>702.5</i>	<i>166.3</i>	<i>15.4</i>	<i>4.4</i>	<i>1,392.9</i>	<i>74.9</i>
Uninsured	26.4	177.4	207.7	47.5	3.7	4.6	467.3	25.1
<i>Total</i>	<i>61.5</i>	<i>646.6</i>	<i>910.1</i>	<i>213.8</i>	<i>19.1</i>	<i>9.0</i>	<i>1,860.2</i>	<i>100.0</i>
TOTAL								
Insured—								
Hospital and medical	612.9	769.9	923.6	564.0	172.9	246.3	3,289.6	49.3
Hospital, no medical	19.6	18.8	28.7	19.9	16.5	107.4	211.0	3.2
Medical, no hospital	55.3	45.7	52.4	26.9	9.5	11.8	201.6	3.0
Ancillary only	6.4	4.3	3.0	*	*	*	19.5	0.3
Type of insurance not known	4.9	4.7	6.4	4.9	*	3.9	26.0	0.4
Total insured	699.0	843.3	1,014.2	617.9	201.6	371.7	3,747.6	56.2
Uninsured	840.6	546.7	447.2	287.9	177.9	620.7	2,921.0	43.8
Total	1,539.7	1,390.0	1,461.4	905.8	379.5	992.3	6,668.7	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 1981
CONTRIBUTOR UNITS (' 000)

Type of health insurance	Gross weekly income of contributor unit (\$)							Total
	Less than 96	96-155	156-189	190-229	230-289	290 or more	Not known	
HEAD ONLY								
Insured—								
Hospital and medical	138.9	282.2	129.2	167.3	148.2	134.8	121.7	1,122.2
Hospital, no medical	68.4	21.3	2.4	4.6	5.7	4.7	7.2	114.5
Medical, no hospital	11.5	25.9	11.2	13.6	6.4	5.9	5.6	80.1
<i>Total insured(b)</i>	<i>224.4</i>	<i>335.1</i>	<i>145.4</i>	<i>187.7</i>	<i>162.8</i>	<i>147.7</i>	<i>136.0</i>	<i>1,339.2</i>
Uninsured	709.3	372.6	143.2	155.8	118.3	88.1	114.9	1,702.1
<i>Total</i>	<i>933.7</i>	<i>707.7</i>	<i>288.6</i>	<i>343.6</i>	<i>281.1</i>	<i>235.8</i>	<i>250.9</i>	<i>3,041.4</i>
HEAD WITH DEPENDENT CHILDREN								
Insured—								
Hospital and medical	6.5	14.6	7.0	10.5	13.7	19.4	6.8	78.4
Hospital, no medical	*	2.4	*	*	*	*	*	5.3
Medical, no hospital	*	*	*	*	*	*	*	*
<i>Total insured(b)</i>	<i>8.9</i>	<i>18.8</i>	<i>8.4</i>	<i>11.9</i>	<i>15.6</i>	<i>21.4</i>	<i>7.8</i>	<i>92.7</i>
Uninsured	38.5	106.5	10.2	14.2	7.3	8.0	5.4	190.1
<i>Total</i>	<i>47.4</i>	<i>125.4</i>	<i>18.5</i>	<i>26.1</i>	<i>23.0</i>	<i>29.4</i>	<i>13.2</i>	<i>282.9</i>
MARRIED COUPLES(c) WITH NO DEPENDENT CHILDREN								
Insured—								
Hospital and medical	14.3	65.9	48.0	87.8	114.8	371.8	106.1	808.8
Hospital, no medical	5.8	35.6	*	*	3.3	9.9	4.1	61.9
Medical, no hospital	*	6.1	4.5	6.2	4.9	13.4	4.7	41.3
<i>Total insured(b)</i>	<i>21.9</i>	<i>111.0</i>	<i>56.1</i>	<i>95.9</i>	<i>124.0</i>	<i>398.3</i>	<i>115.5</i>	<i>922.7</i>
Uninsured	48.8	280.0	28.3	34.1	32.6	94.0	43.7	561.5
<i>Total</i>	<i>70.7</i>	<i>391.0</i>	<i>84.4</i>	<i>129.9</i>	<i>156.6</i>	<i>492.3</i>	<i>159.2</i>	<i>1,484.3</i>
MARRIED COUPLE(c) WITH DEPENDENT CHILDREN								
Insured—								
Hospital and medical	6.7	48.6	60.6	144.2	224.1	663.8	132.0	1,280.1
Hospital, no medical	*	2.5	*	*	3.9	16.7	2.9	29.3
Medical, no hospital	*	3.8	8.4	11.5	17.5	23.3	7.6	72.8
<i>Total insured(b)</i>	<i>7.4</i>	<i>56.1</i>	<i>70.7</i>	<i>158.7</i>	<i>247.8</i>	<i>708.8</i>	<i>143.4</i>	<i>1,392.9</i>
Uninsured	12.3	72.5	48.0	80.9	77.4	134.4	41.7	467.3
<i>Total</i>	<i>19.7</i>	<i>128.7</i>	<i>118.7</i>	<i>239.6</i>	<i>325.2</i>	<i>843.2</i>	<i>185.1</i>	<i>1,860.2</i>
TOTAL								
Insured—								
Hospital and medical	166.3	411.3	244.8	409.9	500.8	1,189.7	366.6	3,289.5
Hospital, no medical	75.3	61.8	6.0	7.5	13.5	32.5	14.4	211.0
Medical, no hospital	14.4	37.0	25.3	32.5	30.1	43.5	18.8	201.6
Ancillary only	3.6	6.7	*	*	2.6	3.7	*	19.5
Type of insurance not known	3.0	4.3	3.9	2.9	3.2	6.8	*	26.0
Total insured	262.6	521.1	280.6	454.2	550.2	1,276.2	402.8	3,747.6
Uninsured	808.9	831.6	229.6	285.0	235.6	324.5	205.7	2,921.0
Total	1,071.5	1,352.7	510.3	739.2	785.8	1,600.7	608.5	6,668.7

(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 1981
CONTRIBUTOR UNITS (' 000)

<i>Level of medical cover</i>	<i>Level of hospital cover</i>			<i>Total with hospital cover</i>	<i>No hospital cover</i>	<i>All contributor units</i>	<i>Per cent</i>
	<i>Basic</i>	<i>Higher</i>	<i>Not known</i>				
100% medical cover	21.1	23.9	*	46.4	3.6	50.0	4.4
75% medical cover	27.4	6.2	*	33.6	3.7	37.3	3.3
Other levels of medical cover	*	*	*	*	*	*	*
Level of medical cover not known	3.7	*	*	5.7	*	6.5	0.6
Total with medical cover	53.1	31.6	2.5	87.3	8.1	95.4	8.4
No medical cover	85.5	28.3	3.4	117.2	(b)925.6	1,042.8	91.4
All contributor units	138.6	59.9	5.9	204.5	933.7	(c)1,141.0	100.0
Per cent	12.2	5.2	0.5	17.9	81.8	100.0	..

(a) Includes 94,800 contributor units in which the head has both PHB and PTE entitlement. See Explanatory notes paragraph 17 for definitions. (b) Consists of 919,800 uninsured contributor units plus 5,800 contributor units with only ancillary insurance cover. (c) Consists of 221,200 insured contributor units (including those about which details of type of health insurance were not known) plus 919,800 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 1981
CONTRIBUTOR UNITS (' 000)

<i>Level of medical cover</i>	<i>Level of hospital cover</i>			<i>Total with hospital cover</i>	<i>No hospital cover</i>	<i>All contributor units</i>	<i>Per cent</i>
	<i>Basic</i>	<i>Higher</i>	<i>Not known</i>				
100% medical cover	5.2	13.0	*	18.3	*	19.5	9.2
75% medical cover	10.3	5.3	*	16.0	*	17.1	8.1
Other levels of medical cover	*	*	*	*	*	*	*
Level of medical cover not known	*	*	*	*	*	*	*
Total with medical cover	16.1	19.1	*	36.3	2.6	38.9	18.5
No medical cover	4.9	3.5	*	8.4	(b)162.4	170.8	81.2
All contributor units	21.0	22.6	*	44.7	165.1	(c)210.4	100.0
Per cent	10.0	10.8	*	21.2	78.4	100.0	..

(a) Includes 94,800 contributor units in which the head has both PTE and PHB entitlement. See Explanatory notes paragraph 17 for definitions. (b) Consists of 161,400 uninsured contributor units plus contributor units with only ancillary insurance cover. (c) Consists of 49,000 insured contributor units (including those about which details of type of health insurance were not known) plus 161,400 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 1981
CONTRIBUTOR UNITS (' 000)

<i>Reasons for not insuring</i>	<i>The head of the contributor unit has PHB and/or PTE entitlement (b)</i>	<i>A member of the contributor unit has been classed as disadvantaged (b)</i>	<i>Total with access to special Commonwealth health benefits (c)</i>	<i>No access to special Commonwealth health benefits has been identified (c)</i>	<i>Total uninsured</i>	<i>Per cent</i>
HEAD ONLY						
Covered by being pensioner/repatriation	491.1	9.4	500.6	24.7	525.3	30.9
Cost	46.3	28.4	74.7	499.5	574.2	33.7
Healthy enough	11.6	5.6	17.3	319.1	336.4	19.8
Political/ideological reasons	3.3	*	5.2	33.8	39.0	2.3
Tax benefits	*	*	*	*	*	*
Confused about scheme; how to go about it	*	*	*	20.6	22.5	1.3
Don't want to; too bothersome; haven't got around to it	16.4	7.7	24.1	305.3	329.5	19.4
Other reasons	6.3	4.6	10.9	96.3	107.2	6.3
Don't know, no reason	6.1	2.4	8.5	71.4	80.0	4.7
<i>Total uninsured(d)</i>	<i>538.8</i>	<i>52.7</i>	<i>591.6</i>	<i>1,110.5</i>	<i>1,702.1</i>	<i>100.0</i>
<i>Per cent(e)</i>	<i>17.7</i>	<i>1.7</i>	<i>19.5</i>	<i>36.5</i>	<i>56.0</i>	<i>..</i>
HEAD WITH DEPENDENT CHILDREN						
Covered by being pensioner/repatriation	95.8	*	97.2	3.4	100.6	52.9
Cost	28.3	5.5	33.8	39.3	73.1	38.5
Healthy enough	2.8	*	3.3	9.4	12.7	6.7
Political/ideological reasons	*	*	*	*	2.7	1.4
Tax benefits	*	*	*	*	*	*
Confused about scheme; how to go about it	*	*	*	*	*	*
Don't want to; too bothersome; haven't got around to it	4.0	*	5.2	8.4	13.6	7.1
Other reasons	2.6	*	4.3	4.3	8.6	4.5
Don't know, no reason	*	*	*	3.7	5.8	3.0
<i>Total uninsured(d)</i>	<i>119.6</i>	<i>8.5</i>	<i>128.2</i>	<i>62.0</i>	<i>190.1</i>	<i>100.0</i>
<i>Per cent(e)</i>	<i>42.3</i>	<i>3.0</i>	<i>45.3</i>	<i>21.9</i>	<i>67.2</i>	<i>..</i>
MARRIED COUPLE(f) WITH NO DEPENDENT CHILDREN						
Covered by being pensioner/repatriation	285.8	4.2	289.9	7.5	297.4	53.0
Cost	30.9	9.0	39.9	126.8	166.7	29.7
Healthy enough	3.0	*	4.4	60.4	64.8	11.5
Political/ideological reasons	2.8	*	3.1	15.1	18.2	3.2
Tax benefits	*	*	*	*	*	*
Confused about scheme; how to go about it	*	*	*	8.3	8.8	1.6
Don't want to; too bothersome; haven't got around to it	6.5	*	8.6	40.7	49.3	8.8
Other reasons	2.7	*	4.4	28.0	32.4	5.8
Don't know, no reason	*	*	*	10.7	12.6	2.2
<i>Total uninsured(d)</i>	<i>308.4</i>	<i>16.1</i>	<i>324.4</i>	<i>237.1</i>	<i>561.5</i>	<i>100.0</i>
<i>Per cent(e)</i>	<i>20.8</i>	<i>1.1</i>	<i>21.9</i>	<i>16.0</i>	<i>37.8</i>	<i>..</i>
MARRIED COUPLE(f) WITH DEPENDENT CHILDREN						
Covered by being pensioner/repatriation	19.6	2.6	22.1	*	23.7	5.1
Cost	7.8	26.4	34.2	284.3	318.5	68.2
Healthy enough	*	*	2.4	80.5	82.9	17.7
Political/ideological reasons	*	*	*	17.7	18.3	3.9
Tax benefits	*	*	*	*	*	*
Confused about scheme; how to go about it	*	*	*	12.4	13.7	2.9
Don't want to; too bothersome; haven't got around to it	*	4.9	5.8	56.3	62.2	13.3
Other reasons	*	2.7	3.2	38.5	41.7	8.9
Don't know, no reason	*	2.7	3.5	16.7	20.2	4.3
<i>Total uninsured(d)</i>	<i>26.9</i>	<i>36.7</i>	<i>63.6</i>	<i>403.7</i>	<i>467.3</i>	<i>100.0</i>
<i>Per cent(e)</i>	<i>1.4</i>	<i>2.0</i>	<i>3.4</i>	<i>21.7</i>	<i>25.1</i>	<i>..</i>
TOTAL						
Covered by being pensioner/repatriation	892.3	17.6	909.8	37.1	946.9	32.4
Cost	113.4	69.3	182.7	950.0	1,132.7	38.8
Healthy enough	17.8	9.5	27.3	469.4	496.7	17.0
Political/ideological reasons	6.8	2.8	9.6	68.6	78.2	2.7
Tax benefits	*	*	*	4.3	4.3	0.1
Confused about scheme; how to go about it	2.5	*	4.0	42.7	46.6	1.6
Don't want to; too bothersome; haven't got around to it	27.8	15.9	43.7	410.8	454.5	15.6
Other reasons	12.1	10.6	22.8	167.2	190.0	6.5
Don't know, no reason	10.7	5.3	16.0	102.5	118.5	4.1
<i>Total uninsured(d)</i>	<i>993.8</i>	<i>114.0</i>	<i>1,107.8</i>	<i>1,813.3</i>	<i>2,921.0</i>	<i>100.0</i>
<i>Per cent(e)</i>	<i>14.9</i>	<i>1.7</i>	<i>16.6</i>	<i>27.2</i>	<i>43.8</i>	<i>..</i>

(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, 1979 TO 1981

NOTES ON TABLES SHOWING HEALTH INSURANCE MOVEMENTS

Introduction

In this section, estimates from the 1981 Health Insurance Survey, are presented to facilitate comparisons with the health insurance situation in previous years.

2. The first table (Table 12) shows estimates obtained in the Health Insurance Surveys in March, 1979 to 1981. The remaining tables show the changes to health insurance reported by respondents in the March 1981 survey as having been made in the 12 months before interview.

Interpretation of results

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

- (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 1, 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 18 of Explanatory notes) or options with reimbursement of medical expenses at less than 75 per cent of the Schedule fee.

Since 1979 there has 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 or 1981 surveys 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 apparent movements since the March 1979 survey.

- (b) *The composition of contributor units* — the composition of contributor units would change from time to time because of marriages, separations, births or deaths. Other contributor units may change 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 in the composition of contributor units.
- (c) *Sampling factors* — since all estimates 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 per cent, basic)

In the 1980 and 1981 surveys 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 from 269,000 contributor units in 1979 to 28,700 in 1980 and 26,000 in 1981. 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 1980-81 categories. Comparison of the various types of insurance between 1979 and later years 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 1981 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.

Because of the above considerations, Tables 13 to 15 should not be used to estimate the insurance situation as at March 1980 nor to estimate the size of changes made between March 1980 and March 1981. 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 1981 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, 1979 TO 1981, STATES AND TERRITORIES

As at March	Hospital and medical	Type of health insurance(a)				Total insured	Uninsured	Total
		Hospital only	Medical only	Ancillary only	Don't know			
NEW SOUTH WALES								
<i>Contributor units ('000)</i>								
1979	1,258.2	70.0	42.4	7.1	91.5	1,469.2	837.4	2,306.5
1980(b)	1,224.5	49.8	50.0	5.1	77.9	1,407.3	928.7	2,336.1
1980(c)	1,289.0	50.7	52.0	5.1	10.5	1,407.3	928.7	2,336.1
1981	1,270.6	55.1	51.8	3.1	8.1	1,388.7	983.9	2,372.6
<i>Per cent of contributor units</i>								
1979	54.6	3.0	1.8	0.3	4.0	63.7	36.3	100.0
1980(b)	52.4	2.1	2.1	0.2	3.3	60.2	39.8	100.0
1980(c)	55.2	2.2	2.2	0.2	0.5	60.2	39.8	100.0
1981	53.6	2.3	2.2	0.1	0.3	58.5	41.5	100.0
VICTORIA								
<i>Contributor units ('000)</i>								
1979	946.9	90.6	16.4	6.6	81.3	1,141.9	552.7	1,694.6
1980(b)	905.5	88.4	28.6	8.3	70.3	1,101.1	637.6	1,738.6
1980(c)	960.3	91.7	30.0	8.3	10.7	1,101.1	637.6	1,738.6
1981	894.2	92.8	29.9	7.0	10.2	1,034.1	715.2	1,749.4
<i>Per cent of contributor units</i>								
1979	55.9	5.3	1.0	0.4	4.8	67.4	32.6	100.0
1980(b)	52.1	5.1	1.6	0.5	4.0	63.3	36.7	100.0
1980(c)	55.2	5.3	1.7	0.5	0.6	63.3	36.7	100.0
1981	51.1	5.3	1.7	0.4	0.6	59.1	40.9	100.0
QUEENSLAND								
<i>Contributor units ('000)</i>								
1979	378.1	33.5	22.6	7.9	22.9	464.9	526.8	991.7
1980(b)	365.6	33.9	31.2	3.2	22.5	456.4	548.6	1,005.0
1980(c)	384.0	34.7	33.8	3.2	*	456.4	548.6	1,005.0
1981	362.8	32.4	32.4	*	2.2	431.6	598.1	1,029.8
<i>Per cent of contributor units</i>								
1979	38.1	3.4	2.3	0.8	2.3	46.9	53.1	100.0
1980(b)	36.4	3.4	3.1	0.3	2.2	45.4	54.6	100.0
1980(c)	38.2	3.5	3.4	0.3	*	45.4	54.6	100.0
1981	35.2	3.1	3.2	*	0.2	41.9	58.1	100.0
SOUTH AUSTRALIA								
<i>Contributor units ('000)</i>								
1979	334.3	22.1	18.1	4.6	26.3	405.4	189.5	594.8
1980(b)	323.4	18.8	35.4	3.8	22.0	403.4	201.3	604.7
1980(c)	341.5	19.5	36.2	3.8	2.3	403.4	201.3	604.7
1981	314.1	18.3	41.3	4.3	1.6	379.6	234.5	614.0
<i>Per cent of contributor units</i>								
1979	56.2	3.7	3.0	0.8	4.4	68.1	31.9	100.0
1980(b)	53.5	3.1	5.9	0.6	3.6	66.7	33.3	100.0
1980(c)	56.5	3.2	6.0	0.6	0.4	66.7	33.3	100.0
1981	51.1	3.0	6.7	0.7	0.3	61.8	38.2	100.0
WESTERN AUSTRALIA								
<i>Contributor units ('000)</i>								
1979	302.9	12.1	12.7	2.1	29.3	359.1	199.6	558.6
1980(b)	274.0	7.8	24.8	2.9	28.3	337.8	224.9	562.7
1980(c)	297.5	8.1	25.4	2.9	3.9	337.8	224.9	562.7
1981	284.6	7.8	27.6	2.2	3.6	325.8	251.7	577.4
<i>Per cent of contributor units</i>								
1979	54.2	2.2	2.3	0.4	5.2	64.3	35.7	100.0
1980(b)	48.7	1.4	4.4	0.5	5.0	60.0	40.0	100.0
1980(c)	52.9	1.4	4.5	0.5	0.7	60.0	40.0	100.0
1981	49.3	1.4	4.8	0.4	0.6	56.4	43.6	100.0

For footnotes see end of table.

TABLE 12. HEALTH INSURANCE AS AT MARCH, 1979 TO 1981, STATES AND TERRITORIES—continued

As at March	Hospital and medical	Type of health insurance(a)				Total insured	Uninsured	Total
		Hospital only	Medical only	Ancillary only	Don't know			
TASMANIA								
<i>Contributor units ('000)</i>								
1979	101.4	1.5	5.1	1.0	7.5	116.5	66.3	182.9
1980(b)	95.7	0.9	12.3	1.2	6.5	116.6	72.4	188.9
1980(c)	101.7	1.0	12.5	1.2	*	116.6	72.4	188.9
1981	99.4	1.7	14.5	0.8	*	116.4	73.0	189.4
<i>Per cent of contributor units</i>								
1979	55.5	0.8	2.8	0.5	4.1	63.7	36.3	100.0
1980(b)	50.6	0.5	6.5	0.6	3.4	61.7	38.3	100.0
1980(c)	53.8	0.5	6.6	0.6	*	61.7	38.3	100.0
1981	52.5	0.9	7.7	0.4	*	61.5	38.5	100.0
NORTHERN TERRITORY								
<i>Contributor units ('000)</i>								
1979	13.3	*	*	*	3.4	18.5	21.1	39.6
1980(b)	19.1	*	*	*	3.3	22.9	23.5	46.4
1980(c)	21.7	*	*	*	*	22.9	23.5	46.4
1981	18.0	*	*	*	*	19.4	27.5	46.9
<i>Per cent of contributor units</i>								
1979	33.6	*	*	*	8.6	46.7	53.3	100.0
1980(b)	41.2	*	*	*	7.1	49.4	50.6	100.0
1980(c)	46.9	*	*	*	*	49.4	50.6	100.0
1981	38.4	*	*	*	*	41.5	58.5	100.0
AUSTRALIAN CAPITAL TERRITORY								
<i>Contributor units ('000)</i>								
1979	46.3	2.1	1.2	*	2.9	53.2	30.3	83.5
1980(b)	50.6	*	3.0	*	1.9	57.0	31.3	88.3
1980(c)	52.4	*	3.0	*	*	57.0	31.3	88.3
1981	45.8	2.1	3.6	*	*	52.0	37.2	89.2
<i>Per cent of contributor units</i>								
1979	55.4	2.5	1.4	*	3.5	63.7	36.3	100.0
1980(b)	57.3	*	3.4	*	2.2	64.5	35.5	100.0
1980(c)	59.3	*	3.4	*	*	64.5	35.5	100.0
1981	51.3	2.4	4.0	*	*	58.3	41.7	100.0
AUSTRALIA								
<i>Persons ('000)(d)</i>								
1979	8,556.7	437.4	290.9	64.2	580.7	9,929.8	4,274.9	14,204.8
1980(b)	8,182.4	354.3	453.1	53.2	499.1	9,542.0	4,751.1	14,293.1
1980(c)	8,554.7	361.7	461.0	52.4	63.3	9,542.0	4,751.1	14,293.1
1981	8,075.4	363.1	482.4	35.5	54.4	9,010.7	5,272.5	14,342.6
<i>Contributor units ('000)</i>								
1979	3,381.4	232.6	119.6	30.0	265.0	4,028.6	2,423.6	6,452.3
1980(b)	3,258.3	200.8	185.7	25.1	232.7	3,902.5	2,668.2	6,570.7
1980(c)	3,448.1	207.4	193.3	25.1	28.7	3,902.5	2,668.2	6,570.7
1981	3,289.5	211.0	201.6	19.5	26.0	3,747.6	2,921.0	6,668.7
<i>Per cent of contributor units</i>								
1979	52.4	3.6	1.9	0.5	4.1	62.4	37.6	100.0
1980(b)	49.6	3.1	2.8	0.4	3.5	59.4	40.6	100.0
1980(c)	52.5	3.2	2.9	0.4	0.4	59.4	40.6	100.0
1981	49.3	3.2	3.0	0.3	0.4	56.2	43.8	100.0

(a) 1980 and 1981 estimates for various categories of insured are not directly comparable with those in 1979, because of differences in the definition of the category 'type of insurance not known'. For further details see Notes on tables showing health insurance movements (Section 2). (b) Using 1979 definitions (see Section 2, paragraph 3(d)). (c) Using 1980-81 definitions. (d) The methodology of the monthly population survey does not enable separate estimates for children to be directly obtained. Estimates relating to the total population were therefore derived by multiplying each contributor unit estimate by the numbers of persons in those units. The total estimated populations therefore differ from the Australian populations as at March in each year.

**TABLE 13. NUMBER OF CONTRIBUTOR UNITS AS AT MARCH 1981 : TYPE OF HEALTH INSURANCE AS AT MARCH 1981, 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 1981	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	275.6	7.3	9.1	*	294.4	54.3	349.7	2,907.0	3,289.5
Hospital, no medical	20.9	4.5	*	*	25.5	5.6	31.0	178.1	211.0
Medical, no hospital	36.8	*	5.9	*	43.7	7.8	51.8	148.1	201.6
Ancillary only	3.2	*	*	*	3.7	*	5.4	14.1	19.5
Type of insurance not known	2.8	*	*	*	2.8	*	3.3	22.6	26.0
Total insured	339.3	12.0	15.2	*	370.1	*	441.3	3,269.9	3,747.6
Uninsured	332.5	16.4	21.6	*	379.1	*	379.1	2,507.1	2,921.0
Total	671.7	28.5	36.8	3.7	749.2	69.6	820.4	5,777.0	6,668.7

(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 1981 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 movements, (Section 2). (b) Includes 8,800 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 71,000 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 1981 : COMPOSITION OF CONTRIBUTOR UNIT AS AT MARCH 1981 BY WHETHER THEY HAD CHANGED THEIR HEALTH INSURANCE IN THE PREVIOUS 12 MONTHS(a)
CONTRIBUTOR UNITS (' 000)**

Health insurance as at March 1981	Changed health insurance in previous 12 months			Total changed in previous 12 months(b)	Health insurance not changed in previous 12 months	Total(c)
	Previously insured	Previously uninsured	Total			
HEAD ONLY						
Insured	112.9	34.3	148.4	1,175.5	1,339.2	
Uninsured	204.5	..	204.5	1,472.0	1,702.1	
Total	317.4	34.3	353.0	2,647.6	3,041.4	
HEAD WITH DEPENDENT CHILDREN						
Insured	10.0	2.9	13.0	78.9	92.7	
Uninsured	23.8	..	23.8	164.9	190.1	
Total	33.8	2.9	36.8	243.8	282.9	
MARRIED COUPLE(d) WITH NO DEPENDENT CHILDREN						
Insured	93.9	14.3	108.4	807.7	922.7	
Uninsured	60.0	..	60.0	496.7	561.5	
Total	153.9	14.3	168.4	1,304.4	1,484.3	
MARRIED COUPLE(d) WITH DEPENDENT CHILDREN						
Insured	153.3	18.1	171.5	1,207.8	1,392.9	
Uninsured	90.7	..	90.7	373.4	467.3	
Total	244.0	18.1	262.2	1,581.3	1,860.2	
TOTAL						
Insured	370.1	69.6	441.3	3,269.9	3,747.6	
Uninsured	379.1	..	379.1	2,507.1	2,921.0	
Total	749.2	69.6	820.4	5,777.0	6,668.7	

(a) See Notes on tables showing health insurance movements, (Section 2). (b) Includes contributor units who did not know if they were insured previously. (c) Includes contributor units who did not know whether they had changed their health insurance in the previous 12 months. (d) Includes de facto relationships.

**TABLE 15. NUMBER OF UNINSURED CONTRIBUTOR UNITS AS AT MARCH 1981 : REASONS FOR NOT BEING INSURED AT MARCH 1981 BY WHETHER THEY HAD HEALTH INSURANCE 12 MONTHS PREVIOUSLY BY TYPE OF HEALTH INSURANCE PREVIOUSLY HELD(a)
CONTRIBUTOR UNITS (' 000)**

<i>Reasons for not insuring at March 1981</i>	<i>Insured 12 months previously</i>				<i>Total previously insured</i>	<i>Don't know if insured 12 months previously</i>	<i>Not insured 12 months previously</i>	<i>Total</i>
	<i>Previously hospital and medical</i>	<i>Previously hospital no medical</i>	<i>Previously medical no hospital</i>	<i>Previously other type or don't know</i>				
Covered by being pensioner/repatriation	41.4	5.6	*	*	50.4	8.4	888.1	946.9
Cost	183.1	8.1	12.0	3.9	207.1	10.7	914.9	1,132.7
Healthy enough	48.9	*	5.5	*	56.6	3.2	436.9	496.7
Political/ideological reasons	5.1	*	*	*	5.2	*	72.8	78.2
Tax benefits	*	*	*	*	*	*	3.5	4.3
Confused about scheme; how to go about it	4.6	*	*	*	5.7	*	40.3	46.6
Don't want to; too bothersome; haven't got around to it	78.8	2.5	3.8	*	86.9	3.9	363.7	454.5
Other reasons	29.5	*	*	*	34.4	*	154.0	190.0
Don't know; no reason	6.0	*	*	*	7.6	8.5	102.4	118.5
Total uninsured(b)	332.5	16.4	21.6	8.9	379.3	34.6	2,507.1	2,921.0

(a) See Notes on tables showing health insurance movements. (Section 2). (b) Totals are less than the sum of component items because more than one reason could be given for not insuring.

APPENDIX 1

OUTLINE OF THE MEDICAL AND HOSPITAL BENEFITS SCHEMES 1 NOVEMBER 1978 TO 30 JUNE 1981

MEDICAL BENEFITS SCHEMES

1. Commonwealth medical benefit:

From 1 November 1978 to 31 August 1979, the Commonwealth medical benefit was 40 per cent 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. Commonwealth medical benefits to pensioners and the disadvantaged during this period were the same as those outlined below for the period commencing 1 September 1979.

From 1 September 1979 to 30 June 1981, 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 medical benefit was available to all Australian residents whether insured or uninsured.

Pensioners with Pensioner Health Benefit entitlements and the dependants of such pensioners were eligible to receive medical benefits from the Government at 85 per cent of the Schedule fee for each medical service with a maximum patient payment of \$5 for any one service where the Schedule fee was charged.

Persons without medical insurance and identified by medical practitioners as disadvantaged were treated free of charge. The Commonwealth paid the doctor 75 per cent of the Schedule fee for each medical service, in full settlement for those services.

2. Medical insurance:

Medical insurance was offered by non-profit medical benefits organisations registered under the National Health Act, and by other insurance companies.

There was no requirement to take out medical insurance. Those who elected not to insure but who wished to obtain the Commonwealth medical benefit were required to register with a registered medical benefits organisation that had agreed to pay the Commonwealth medical benefit to uninsured persons on behalf of the Commonwealth. There was no charge for this registration.

Persons with medical insurance were able to claim both Commonwealth and insurance benefits.

As a condition of registration under the National Health Act, registered medical benefits organisations were required to offer a basic medical benefit table which, together with the Commonwealth benefit, covered at least 75 per cent of the Schedule fee for each medical service with a maximum patient payment of \$10 for any one service where the Schedule fee was charged.

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

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

These medical insurance provisions operated throughout the period 1 November 1978 to 30 June 1981.

HOSPITAL BENEFITS SCHEMES

3. Commonwealth hospital benefit:

All persons without insurance for hospital benefits were 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 insurance for hospital benefits were also eligible for free shared ward accommodation with treatment by doctors engaged by the hospital, if they so chose. These provisions operated throughout the period 1 November 1978 to 30 June 1981.

4. Hospital insurance:

Hospital insurance was offered by non-profit hospital benefits organisations registered under the National Health Act, and by other insurance companies.

There was no requirement to take out hospital insurance.

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

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

In addition to providing basic hospital benefits, insurance organisations also offered 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 offered 'front end deductible' schemes and tables of ancillary benefits.

These hospital insurance provisions operated throughout the period 1 November 1978 to 30 June 1981.

APPENDIX II

TECHNICAL NOTE ON SAMPLING VARIABILITY

Estimation procedure

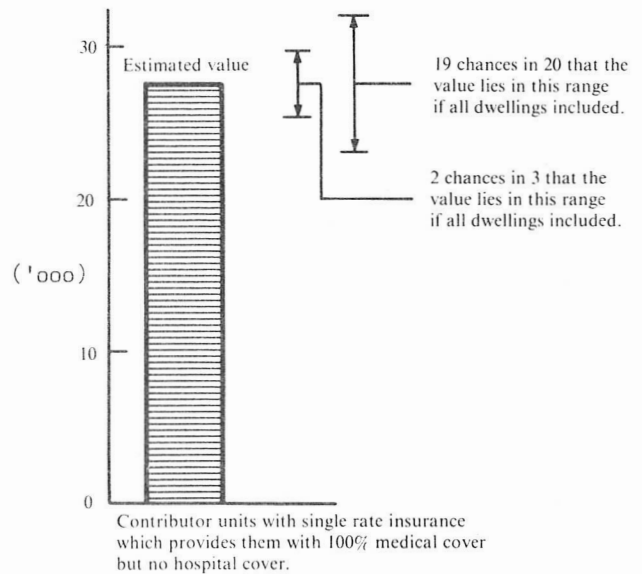
Estimates derived from the survey are obtained by using a complex ratio estimation procedure, which ensures that the survey estimates conform to an independently estimated distribution of the population by age and sex, rather than to the age and sex distribution within the sample itself.

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 per cent medical cover but no hospital cover is 27,500. From Table A below it can be seen that the

estimate has a standard error of about 2,200 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 25,300 to 29,700, and about nineteen chances in twenty that the value will fall within the range 23,100 to 31,900. 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—	per cent(a)
500						180				
1,000				340	340	250	340	330		
1,300			500	410	410	300	410	390	560	37
2,000	690	700	570	460	460	340	470	440	650	33
2,500	780	780	630	510	510	380	510	480	720	29
3,000	850	850	690	550	560	410	550	510	800	27
4,000	980	960	780	620	630	460	620	560	920	23
5,000	1,100	1,100	860	680	690	500	680	610	1,000	20
6,000	1,200	1,200	930	730	750	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 56.2 per cent and the numerator of this percentage is 3,747,600. By interpolation from Table A the standard error of the numerator is approximately 13,300, which is a relative standard error of 0.4 per cent. The standard error of 56.2 can then be approximated by:

Percentage x Relative standard error

$$= 56.2 \times \frac{0.4}{100.0}$$

$$= 0.2$$

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 56.0 to 56.4 per cent and about nineteen chances in twenty that it is in the range 55.8 to 56.6 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:

$$\text{Standard error (x-y)}$$

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

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 1980 and 1981 (Table 12) is

$$3,902,500 - 3,747,600 = 154,900$$

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 13,500 and 13,300 respectively. Therefore the standard error of the difference 154,900 is given by:

Standard error (difference)

$$= \sqrt{(13,500)^2 + (13,300)^2}$$

$$= 19,000 \text{ (rounded to nearest 100)}$$

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 135,900 to 173,900 and about nineteen chances in twenty that this difference is between 116,900 and 192,900

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 AND 1981

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 per cent and 75 per cent
- (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'

88. THE NEXT FEW QUESTIONS ARE ABOUT HEALTH INSURANCE ARRANGEMENTS.	
89. DOES CURRENTLY HAVE HEALTH INSURANCE?	
Yes (Go to Q.91)	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
90. DOES HAVE SOME PRIVATE HEALTH COVER BECAUSE OF SOMEONE ELSE'S HEALTH INSURANCE?	
Yes	<input type="checkbox"/> 1
No (Go to Q.108)	<input type="checkbox"/> 2
91. IS THIS INSURANCE AT THE SINGLE OR FAMILY MEMBERSHIP RATES?	
Single	<input type="checkbox"/> 1
Family	<input type="checkbox"/> 2
Other arrangements	<input type="checkbox"/> 3

92. WHAT IS THE NAME OF THE HEALTH INSURANCE ORGANISATION BELONGS TO?	
Book produced (Go to Q.103)	<input type="checkbox"/> 1
Don't know	<input type="checkbox"/> 2
Name (specify)	<input type="checkbox"/> 3
93. DOES INSURANCE COVER FOR HOSPITAL EXPENSES?	
Book produced (Go to Q.103)	<input type="checkbox"/> 1
Yes	<input type="checkbox"/> 2
No	<input type="checkbox"/> 3
94. DOES INSURANCE COVER FOR MEDICAL EXPENSES?	
Book produced (Go to Q.103)	<input type="checkbox"/> 1
Yes	<input type="checkbox"/> 2
No	<input type="checkbox"/> 3

95. DOES INSURANCE COVER FOR EXTRA EXPENSES SUCH AS DENTAL, PHYSIOTHERAPY AND SO ON?

Book produced (Go to Q.103) .. 1

Yes 2

No 3

Don't know 4

96. Sequence Guide

. If code 2 in Q.93 go to Q.97 .. 1

. Otherwise go to Q.99 .. 2

97. 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.103) .. 1

Single (private) (Go to Q.99) .. 2

Shared (intermediate) (Go to Q.99) .. 3

Top table/highest cover .. 4

Don't know/other (specify) .. 5

..... 5

98. DO YOU HAVE THE MEMBERSHIP BOOK SO THAT YOU COULD CHECK THE DETAILS?

Book produced (Go to Q.103) .. 1

Book not available .. 2

99. Sequence Guide

. If code 2 in Q.94, go to Q.100 .. 1

. Otherwise, go to Q.104 .. 2

100. FOR MEDICAL COVER – IS COVERED TO GET BACK 75% OR 100% OF THE SCHEDULE FEE, OR SOME OTHER PROPORTION?

Book produced (Go to Q.103) .. 1

100% (Go to Q.104) .. 2

75% (go to Q.104) .. 3

Top table/highest cover .. 4

Don't know 5

Other (specify) 6

..... 6

101. Sequence Guide

. If Q.98 asked, go to Q.104 .. 1

. Otherwise go to Q.102 .. 2

102. DO YOU HAVE THE MEMBERSHIP BOOK SO THAT YOU COULD CHECK THE DETAILS?

Book produced (Go to Q.103) .. 1

Book not available (Go to Q.104) .. 2

103. Interviewer:

COMPANY:

TABLE:

COVER (To be coded)

104. HAS MADE ANY CHANGES TO THE LEVEL OF HEALTH INSURANCE IN THE LAST 12 MONTHS?

Yes 1

No (Go to Q.111) .. 2

Don't know (Go to Q.111) .. 3

105. THIS TIME LAST YEAR DID HAVE HEALTH INSURANCE?

Yes 1

No (Go to Q.111) .. 2

Don't know (Go to Q.111) .. 3

106. 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

107. Go to Q.111

108. WHAT ARE REASONS FOR NOT TAKING OUT HEALTH INSURANCE?

.....

.....

.....

Covered by being pensioner/Repatriation (a) 1

Cost (b) 2

Healthy enough .. (c) 3

Political/ideological reasons (d) 4

Tax benefits .. (e) 5

Confused about scheme; how to go about it (f) 6

Don't want to; too bothersome; haven't got around to it .. (g) 7

Other reasons .. (h) 8

Don't know; no reason (i) 9

109. THIS TIME LAST YEAR DID HAVE HEALTH INSURANCE?

Yes 1

No (Go to Q.111) .. 2

Don't know (Go to Q.111) 3

110. 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

111. Sequence Guide

. If married and spouse listed on HF, go to 112A 1

. Otherwise go to 112B 2

112A. 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?

112B. 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 ..

Don't know 99

113. Sequence Guide

. If worked 35 hours or more (Q.24D), go to Q.116 1

. If usually works 35 hours or more ('2' in Q.26 or '1' in Q.52), go to Q.116 2

. If group 1 in Q.112, go to Q.116 3

. Otherwise, go to Q.114 4

114. DOES GET HALF OR MORE OF THAT INCOME FROM GOVERNMENT PENSIONS AND BENEFITS?

Yes 1

No (Go to Q.116) 2

Don't know (Go to Q.116) 3

115. DOES HAVE A PENSIONER HEALTH BENEFIT CARD?

Yes 1

No 2

Don't know 3

116. Sequence Guide

. If aged 46 years or more go to Q.117 1

. Otherwise, go to Q.119 2

117. DOES HAVE A PERSONAL TREATMENT ENTITLEMENT CARD FROM THE DEPARTMENT OF VETERAN'S AFFAIRS?

Yes 1

No (Go to Q.119) 2

Don't know (Go to Q.119) 3

118. DID USE REPATRIATION ENTITLEMENT LAST TIME VISITED A DOCTOR OR SPECIALIST?

Yes (Go to Q.124) 1

No (Go to Q.124) 2

Don't know (Go to Q.124) 3

119. Sequence Guide

. If has health insurance ('1' in Q.89 or '1' in Q.90), go to Q.124 1

. If has Pensioner Health Benefit Card ('1' in Q.115), go to Q.124 2

. Otherwise go to Q.120 3

120. 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

121. (APART FROM THIS), HAS (OR ANY MEMBER OF FAMILY) VISITED A DOCTOR SINCE CHRISTMAS?

Yes 1

No (Go to Q.124) 2

Don't know (Go to Q.124) 3

122. WAS (OR FAMILY) CHARGED A FEE FOR THE LAST VISIT TO THE DOCTOR?

Yes (Go to Q.124) 1

No 2

Don't know (Go to Q.124) 3

123. WHY WAS NOT CHARGED A FEE FOR THAT VISIT?

.....

.....

.....

.....

Expected to pay later/ bill hasn't come

Relative or friend of, or work for, the doctor

Paid by employer, or related to workers compensation or third party insurance

Disadvantaged/Govt. paid

Don't know 3

Other 4

124. Interviewer:

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)

