



HEALTH INSURANCE SURVEY AUSTRALIA

MARCH 1983

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CONTENTS

<i>Table</i>		<i>Page</i>
. .	Main features	1
. .	Explanatory notes	1
1	Health insurance, March 1983: summary	5
2	Number of contributor units: type and level of health insurance by contribution rate	5
3	Number of persons in contributor units: type and level of health insurance by contribution rate	6
4	Number of contributor units: type of health insurance by contribution rate by State or Territory	7
5	Percentage of contributor units: type of health insurance by contribution rate by State or Territory	8
6	Number of contributor units: composition of contributor unit— by type and level of health insurance	9
7	by type of health insurance by age of head of contributor unit	10
8	by type of health insurance by gross weekly income of contributor unit	11
9	Number of contributor units: composition of contributor unit by type of health insurance by access to special Commonwealth health benefits	12
10	Number of contributor units in which the head has a Health Care card: type and level of health insurance	13
11	Number of contributor units in which the head has a Pensioner Health Benefit or Health Benefit card: type and level of health insurance	13
12	Number of contributor units in which the head has a Personal Treatment Entitlement card from Department of Veterans' Affairs: type and level of health insurance	13
13	Number of uninsured contributor units: composition of contributor unit by reasons for not insuring by access to special Commonwealth health benefits	14
14	Number of uninsured contributor units without a concession card: State or Territory by reason for not insuring	14
15	Health insurance as at March, 1980 to 1983, States and Territories	15
. .	Appendix I — Outline of the medical and hospital benefits schemes, 1 November 1978 to 30 June 1983	17
. .	Appendix II — Technical note on sampling variability	22
. .	Appendix III — Survey questionnaire, March 1983	24

MAIN FEATURES

At March 1983 there were an estimated 4,443,200 contributor units in Australia with some type of health insurance cover. This represents 63.9 per cent of all possible contributor units. Compared with an estimate of 65.8 per cent obtained in a similar survey conducted in March 1982, the above estimate represents a net decrease of 1.9 percentage points in the previous twelve months in the proportion of possible contributor units with some type of health insurance cover.

1,481,000 contributor units (21.3 per cent) without insurance cover were identified in the survey as having access to special Commonwealth health benefits. Compared with an estimate of 17.7 per cent obtained in March 1982, this represents a net increase of 3.6 percentage points.

1,031,500 contributor units (containing 1,826,300 persons) were without health insurance cover and were not identified in the survey as having access to special Commonwealth health benefits. In March 1982 there were an estimated 1,129,300 such contributor units (1,953,000 persons).

An estimated 52.7 per cent of all possible single contributor units had health insurance cover compared with 73.0 per cent of all possible family contributor units. 4,016,100 contributor units (or 57.7 per cent of all possible contributor units) as at March 1983, had both hospital and medical cover. A further 55,000 (0.8 per cent) contributor units had medical cover but no hospital cover, 302,700 (4.4 per cent) had hospital but no medical cover, and 15,700 (0.2 per cent) contributor units had ancillary cover only.

Queensland, which retained free shared ward accommodation in hospitals with treatment by doctors engaged by the hospital, had the lowest proportion of contributor units insured, with only 43.3 per cent with some type of health insurance.

As gross weekly income of contributor units increased, the proportion of contributor units with health insurance also increased. The lowest proportion of contributor units insured occurred where the contributor unit income was less than \$112 per week (23.1 per cent) and the highest proportion where the contributor unit income was \$301 or more (90.3 per cent). These were similar to results obtained in previous surveys.

Of those uninsured contributor units without access to special Commonwealth health benefits, 403,500 (39.1 per cent) gave 'cost' as a reason for not insuring. The proportion rose to 58.4 per cent in the case of uninsured married couples with dependent children.

EXPLANATORY NOTES

Introduction

In March 1983 a survey was conducted throughout Australia to obtain information about levels of health insurance cover in the Australian community. The survey was based on a multi-stage area sample of private dwellings (about 30,000 houses, flats, etc.) and covered about two-thirds of one per cent of the population of Australia. Interviews were carried out over a period of two weeks commencing 7 March. Preliminary results were released in August 1983 (Cat. No. 4341.0) and the

present publication contains the final, more detailed results. It should be noted that some estimates have been revised since the release of the preliminary publication.

Scope

2. The survey included all persons aged fifteen years and over, except:

- (a) members of the permanent defence forces;
- (b) certain diplomatic personnel of overseas governments, customarily excluded from census and estimated populations;
- (c) overseas visitors holidaying in Australia;
- (d) members of non-Australian defence forces (and their dependants) stationed in Australia;
- (e) all persons in non-private dwellings (hotels, motels, hospitals, etc.);
- (f) visitors to private dwellings; and
- (g) persons staying at caravan parks.

Survey method

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

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 1983 is presented as Appendix I. It shows the changes, made by the Commonwealth Government, which came into effect from 1 September 1979, and 1 September 1981.

Definitions

7. The definitions which follow are those applicable to the Health Insurance Survey of March 1983. Some differ from those used in previous surveys (see paragraph 19).

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 dependants. 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 to include in the scope of this survey health insurance offered by other insurance organisations.

10. *Type of health insurance*

- (a) *Medical cover*—health insurance cover provided by insurance organisations to reimburse 100 per cent of the Schedule fee for medical services, or 85 per cent of this fee with a maximum contribution per patient of \$10 for each service where the Schedule fee is charged.
- (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. This also covers the cost of outpatients services in public hospitals and of professional services provided to inpatients by hospital doctors in public 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) *Unknown type of cover*—this category was used to describe the health insurance of contributor units where it was not known which type of cover (i.e. medical, hospital or ancillary) they held, or where the details of the insurance organisation were not known. Included under this category are contributor units insured with organisations not registered under the National Health Act.

11. *Level of hospital cover*

- (a) *Basic cover*—insures people for the equivalent of charges to private patients for shared ward accommodation in public hospitals. This level of benefit, together with the Commonwealth subsidy (\$16 per day or \$28 per day for surgical patients - paid directly to the hospital) is also applicable to accommodation in private hospitals.
- (b) *Higher 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:—*

- (a) *Health concession cards issued by the Department of Social Security:* Persons (and their dependants) eligible for health concession cards from the Department are entitled to:

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; shared ward accommodation in public hospitals with treatment by doctors engaged by the hospital. This also covers the cost of outpatients services in public hospitals.

Details of eligibility for each type of card are as follows:

- (i) *Pensioner Health Benefit (PHB) card*—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 parents 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.
- (ii) *Health Benefits (HB) card*—issued to recipients of Sickness Benefits (subject to an income test).

- (iii) Health Care (HC) card—issued to people determined to be in special need. These include: Immigrants and refugees during their first six months in Australia (there is no income test for this group); people who receive unemployment or special benefits (subject to an income test); people on low incomes who satisfy the relevant income test.

In this survey, the type of health concession card was derived by applying details of income, composition of contributor unit and type of pension/benefit (if applicable) to the criteria set by the Department of Social Security for card entitlement.

- (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.

Interpretation of results

18. 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 (1.0 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 (1.4 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 previous survey results

19. Care should be taken when comparing 1983 survey estimates with those obtained in previous years, as the movement 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:

- (a) *Types and levels of health insurance available*—the type and level of health insurance available varied as a result of major changes to the Health Insurance Scheme implemented by the Commonwealth government in September 1979 and in September 1981. Details of the schemes which operated between 1 November 1978 and 30 June 1983 are given in Appendix 1. 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 attempt was made in those years to ascertain the extent to which health insurance was being taken out with organisations not registered under the National Health Act. The 1983 results indicate that the extent of such insurance is less than 1 per cent of all insured contributor units. They therefore have not been separately categorised but are included in the category 'type of health insurance not known' in all tables.
- (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.
- (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'*—various changes to this category have been made since 1979 which only affect comparisons of type of insurance but do not affect comparison of totals insured. Tables showing comparison of 1983 with earlier years are footnoted accordingly.

Related publications

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

Health Insurance Survey, Australia, March 1983 (Preliminary) (4341.0)

Australian Health Survey, 1977-78 (4311.0)

21. Current publications produced by the ABS are listed in the *Catalogue of Publications, Australia* (1101.0). The ABS also issues, on Tuesdays and Fridays, a *Publications Advice* (1105.0) which lists publications to be released in the next few days. The Catalogue and Publications Advice are available from any ABS office.

Symbols and other usages

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

22. 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.

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Australian Statistician

TABLE 1. HEALTH INSURANCE, MARCH 1983—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)	1,650.4	2,792.8	4,443.2	52.7	73.0	63.9
Uninsured						
The head of the contributor unit has a concession card(b)	824.2	656.8	1,481.0	26.3	17.2	21.3
The head of the contributor unit does not have a concession card	655.2	376.3	1,031.5	20.9	9.8	14.8
Total uninsured	1,479.4	1,033.1	2,512.5	47.3	27.0	36.1
Total	3,129.8	3,825.9	6,955.7	100.0	100.0	100.0

(a) Includes some contributor units who may also have access to special Commonwealth health benefits. (b) Includes Pensioner Health Benefits, Health Benefits Card and Health Care Card from the Department of Social Security and Personal Treatment Entitlement Card from the Department of Veterans' Affairs. See paragraph 17 of Explanatory notes.

TABLE 2. NUMBER OF CONTRIBUTOR UNITS : TYPE AND LEVEL OF HEALTH INSURANCE BY CONTRIBUTION RATE, MARCH 1983
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	155.7	321.6	6.5	483.8	7.2	491.0	15.7
85% medical cover	764.6	117.8	11.3	893.7	15.3	908.9	29.0
Level of medical cover not known	16.8	4.2	26.5	47.5	*	49.4	1.6
Total with medical cover	937.1	443.6	44.3	1,425.0	24.4	1,449.4	46.3
No medical cover	139.4	28.8	2.8	171.0	(a)1,487.1	1,658.1	53.0
All contributor units	1,076.5	472.4	47.1	1,596.0	1,511.5	(b)(c)3,129.8	100.0
Proportion (%)	34.4	15.1	1.5	51.0	48.3	100.0	..
FAMILY RATE							
100% medical cover	375.2	707.5	6.3	1,088.9	6.2	1,095.2	28.6
85% medical cover	1,180.2	270.3	12.1	1,462.6	24.0	1,486.6	38.9
Level of medical cover not known	15.4	8.6	15.6	39.6	*	40.0	1.0
Total with medical cover	1,570.7	986.4	34.0	2,591.1	30.6	2,621.7	68.5
No medical cover	113.2	17.0	*	131.7	(a)1,041.1	1,172.9	30.7
All contributor units	1,684.0	1,003.4	35.5	2,722.8	1,071.7	(b)(c)3,825.9	100.0
Proportion (%)	44.0	26.2	0.9	71.2	28.0	100.0	..
TOTAL							
100% medical cover	530.9	1,029.1	12.7	1,572.7	13.5	1,586.2	22.8
85% medical cover	1,944.7	388.1	23.5	2,356.3	39.3	2,395.5	34.4
Level of medical cover not known	32.2	12.8	42.1	87.1	*	89.4	1.3
Total with medical cover	2,507.8	1,429.9	78.3	4,016.1	55.0	4,071.1	58.5
No medical cover	252.6	45.8	4.3	302.7	(a)2,528.2	2,831.0	40.7
All contributor units	2,760.4	1,475.8	82.6	4,318.8	2,583.3	(b)(c)6,955.7	100.0
Proportion (%)	39.7	21.2	1.2	62.1	37.1	100.0	..

(a) Consists of uninsured contributor units (1,479,400 single rate and 1,033,100 family rate) plus contributor units with only ancillary insurance cover (7,700 single rate and 8,000 family rate). (b) Includes contributor units about which details of health insurance were not known (see Explanatory notes, paragraph 10(d) for details). (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 1983
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	155.7	321.6	6.5	483.8	7.2	491.0	15.7
85% medical cover	764.6	117.8	11.3	893.7	15.3	908.9	29.0
Level of medical cover not known	16.8	4.2	26.5	47.5	*	49.4	1.6
<i>Total with medical cover</i>	<i>937.1</i>	<i>443.6</i>	<i>44.3</i>	<i>1,425.0</i>	<i>24.4</i>	<i>1,449.4</i>	<i>46.3</i>
No medical cover	139.4	28.8	2.8	171.0	(b)1,487.1	1,658.1	53.0
<i>All persons</i>	<i>1,076.5</i>	<i>472.4</i>	<i>47.1</i>	<i>1,596.0</i>	<i>1,511.5</i>	<i>(c)(d)3,129.8</i>	<i>100.0</i>
<i>Per cent</i>	<i>34.4</i>	<i>15.1</i>	<i>1.5</i>	<i>51.0</i>	<i>48.3</i>	<i>100.0</i>	<i>..</i>
FAMILY RATE(e)							
100% medical cover	1,215.8	2,178.8	18.0	3,412.6	20.7	3,433.3	29.7
85% medical cover	3,723.2	840.4	33.5	4,597.1	76.3	4,673.4	40.4
Level of medical cover not known	47.3	25.1	40.7	113.1	*	115.0	1.0
<i>Total with medical cover</i>	<i>4,986.2</i>	<i>3,044.3</i>	<i>92.2</i>	<i>8,122.8</i>	<i>98.9</i>	<i>8,221.7</i>	<i>71.1</i>
No medical cover	317.3	43.8	*	364.8	(b)2,882.0	3,246.8	28.1
<i>All persons</i>	<i>5,303.5</i>	<i>3,088.2</i>	<i>95.9</i>	<i>8,487.6</i>	<i>2,980.9</i>	<i>(c)(d)11,567.8</i>	<i>100.0</i>
<i>Per cent</i>	<i>45.8</i>	<i>26.7</i>	<i>0.8</i>	<i>73.4</i>	<i>25.8</i>	<i>100.0</i>	<i>..</i>
TOTAL PERSONS							
100% medical cover	1,371.5	2,500.4	24.4	3,896.4	27.9	3,924.3	26.5
85% medical cover	4,487.7	958.2	44.8	5,490.7	91.6	5,582.3	37.8
Level of medical cover not known	64.1	29.3	67.2	160.6	*	164.5	1.1
<i>Total with medical cover</i>	<i>5,923.3</i>	<i>3,487.9</i>	<i>136.5</i>	<i>9,547.7</i>	<i>123.3</i>	<i>9,671.1</i>	<i>65.4</i>
No medical cover	456.7	72.7	6.5	535.8	(b)4,369.1	4,904.9	33.2
<i>All persons</i>	<i>6,380.0</i>	<i>3,560.6</i>	<i>143.0</i>	<i>10,083.5</i>	<i>4,492.4</i>	<i>(c)(f)14,781.2</i>	<i>100.0</i>
<i>Per cent</i>	<i>43.2</i>	<i>24.1</i>	<i>1.0</i>	<i>68.2</i>	<i>30.4</i>	<i>100.0</i>	<i>..</i>

(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 1983. (b) Consists of uninsured persons (1,479,400 potential insurers at the single rate and 2,856,000 potential insurers at the family rate) plus persons with only ancillary insurance cover (7,700 single rate and 26,000 family rate). (c) Includes insured persons about whom details of type of health insurance were not known (22,300 single rate and 99,300 family rate). (d) Consists of all insured persons (1,650,400 single rate and 8,711,800 family rate) plus all uninsured persons as detailed in footnote (b). (e) Includes 94,187 contributor units consisting of one person only who reported family rate insurance (see Explanatory notes, paragraph 18(d)).

(f) Consists of all insured persons as detailed in footnote (d) plus all uninsured persons as detailed in footnote (b) plus 83,600 persons about whom no health insurance details were known. These 83,600 persons were the dependent members of 68,700 contributor units reporting only single rate insurance and were therefore not covered by that insurance (see Explanatory notes paragraph 18(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 1983
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	570.8	406.1	118.2	134.2	123.0	41.2	10.8	20.7	1,425.0
Hospital, no medical	41.3	81.1	16.7	14.7	10.6	3.3	*	2.8	171.0
Medical, no hospital	5.0	2.7	11.9	2.1	1.6	*	*	*	24.4
Ancillary only	*	*	*	2.4	*	*	*	*	7.7
Type of insurance not known(a)	8.0	5.4	3.1	2.1	2.6	*	*	*	22.3
Total insured	626.8	497.1	150.6	155.5	138.5	45.7	11.6	24.6	1,650.4
Uninsured	516.9	337.2	333.9	112.3	110.1	41.9	10.9	16.4	1,479.4
Total	1,143.7	834.3	484.4	267.8	248.6	87.6	22.5	41.0	3,129.8
FAMILY RATE									
Insured—									
Hospital and medical	962.6	704.8	281.5	247.9	246.9	74.8	26.6	45.9	2,591.1
Hospital, no medical	32.9	54.6	14.0	15.4	7.1	4.5	*	2.3	131.7
Medical, no hospital	5.4	*	20.7	1.9	1.4	*	*	*	30.6
Ancillary only	2.8	*	*	2.4	*	*	*	*	8.0
Type of insurance not known(a)	11.5	7.7	3.9	3.3	3.5	*	*	*	31.3
Total insured	1,015.2	769.0	321.1	270.8	259.5	80.5	27.9	48.9	2,792.8
Uninsured	319.9	220.3	284.8	85.2	80.9	28.9	4.4	8.6	1,033.1
Total	1,335.1	989.3	605.9	356.0	340.3	109.5	32.3	57.5	3,825.9
TOTAL									
Insured—									
Hospital and medical	1,533.4	1,110.9	399.7	382.0	369.9	116.0	37.4	66.6	4,016.1
Hospital, no medical	74.2	135.7	30.8	30.0	17.7	7.9	1.3	5.2	302.7
Medical, no hospital	10.4	3.5	32.6	4.0	3.0	1.0	*	*	55.0
Ancillary only	4.6	2.8	*	4.8	1.3	*	*	*	15.7
Type of insurance not known(a)	19.4	13.0	7.0	5.3	6.1	*	*	1.2	53.6
Total insured	1,642.0	1,266.1	471.6	426.2	398.0	126.2	39.5	73.5	4,443.2
Uninsured	836.8	557.5	618.7	197.5	190.9	70.8	15.3	25.0	2,512.5
Total	2,478.8	1,823.5	1,090.3	623.8	588.9	197.0	54.8	98.5	6,955.7

(a) See Explanatory notes, paragraph 10(d) for details.

**TABLE 5. PERCENTAGE OF CONTRIBUTOR UNITS : TYPE OF HEALTH INSURANCE BY CONTRIBUTION RATE
BY STATE OR TERRITORY, MARCH 1983
(Per cent)**

Type of health insurance	N.S.W	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Australia
SINGLE RATE									
Insured—									
Hospital and medical	49.9	48.7	24.4	50.1	49.5	47.1	48.2	50.4	45.5
Hospital, no medical	3.6	9.7	3.5	5.5	4.3	3.8	*	6.9	5.5
Medical, no hospital	0.4	0.3	2.5	0.8	0.6	*	*	*	0.8
Ancillary only	*	*	*	0.9	*	*	*	*	0.2
Type of insurance not known(a)	0.7	0.6	0.6	0.8	1.1	*	*	*	0.7
Total insured	54.8	59.6	31.1	58.1	55.7	52.2	51.5	59.9	52.7
Uninsured	45.2	40.4	68.9	41.9	44.3	47.8	48.5	40.1	47.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
FAMILY RATE									
Insured—									
Hospital and medical	72.1	71.2	46.5	69.6	72.6	68.3	82.2	79.8	67.7
Hospital, no medical	2.5	5.5	2.3	4.3	2.1	4.1	*	4.1	3.4
Medical, no hospital	0.4	*	3.4	0.5	0.4	*	*	*	0.8
Ancillary only	0.2	*	*	0.7	*	*	*	*	0.2
Type of insurance not known(a)	0.9	0.8	0.6	0.9	1.0	*	*	*	0.8
Total insured	76.0	77.7	53.0	76.1	76.2	73.6	86.4	85.0	73.0
Uninsured	24.0	22.3	47.0	23.9	23.8	26.4	13.6	15.0	27.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TOTAL									
Insured—									
Hospital and medical	61.9	60.9	36.7	61.2	62.8	58.9	68.3	67.6	57.7
Hospital, no medical	3.0	7.4	2.8	4.8	3.0	4.0	2.4	5.2	4.4
Medical, no hospital	0.4	0.2	3.0	0.6	0.5	0.5	*	*	0.8
Ancillary only	0.2	0.2	*	0.8	0.2	*	*	*	0.2
Type of insurance not known(a)	0.8	0.7	0.6	0.9	1.0	*	*	1.2	0.8
Total insured	66.2	69.4	43.3	68.3	67.6	64.1	72.1	74.6	63.9
Uninsured	33.8	30.6	56.7	31.7	32.4	35.9	27.9	25.4	36.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) See Explanatory notes, paragraph 10(d) for details.

TABLE 6. NUMBER OF CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT(a) BY TYPE AND LEVEL OF HEALTH INSURANCE, MARCH 1983
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	161.0	331.5	6.3	498.8	6.7	505.5	16.0
85% medical cover	776.9	122.2	12.0	911.1	14.8	925.8	29.3
Level of medical cover not known	17.2	4.8	28.4	50.4	*	52.3	1.7
Total with medical cover	955.1	458.5	46.7	1,460.3	23.3	1,483.6	47.0
No medical cover	133.5	27.3	2.6	163.4	(b)1,487.2	1,650.6	52.3
All contributor units	1,088.6	485.8	49.3	1,623.7	1,510.5	(c)3,155.3	100.0
Per cent	34.5	15.4	1.6	51.5	47.9	100.0	..
HEAD WITH DEPENDENT CHILDREN							
100% medical cover	10.7	17.1	*	27.8	*	28.5	9.8
85% medical cover	39.8	7.2	*	47.3	*	48.6	16.8
Level of medical cover not known	*	*	*	2.9	*	2.9	1.0
Total with medical cover	51.7	24.6	*	78.0	*	80.0	27.6
No medical cover	8.9	*	*	9.7	(b)198.9	208.6	72.0
All contributor units	60.6	25.4	*	87.7	200.9	(c)289.8	100.0
Per cent	20.9	8.8	*	30.3	69.3	100.0	..
MARRIED COUPLE(d) WITH NO DEPENDENT CHILDREN							
100% medical cover	129.1	292.6	3.7	425.4	*	427.5	26.2
85% medical cover	447.9	105.1	5.8	558.8	8.8	567.6	34.8
Level of medical cover not known	5.8	3.8	6.0	15.5	*	15.7	1.0
Total with medical cover	582.8	401.5	15.4	999.7	11.0	1,010.7	62.0
No medical cover	63.1	12.9	*	77.4	(b)528.5	605.9	37.2
All contributor units	645.9	414.4	16.8	1,077.1	539.5	(c)1,630.6	100.0
Per cent	39.6	25.4	1.0	66.1	33.1	100.0	..
MARRIED COUPLE(d) WITH DEPENDENT CHILDREN							
100% medical cover	230.0	388.0	2.8	620.7	3.9	624.7	33.2
85% medical cover	680.2	153.6	5.3	839.1	14.4	853.5	45.4
Level of medical cover not known	8.0	3.8	6.4	18.3	*	18.6	1.0
Total with medical cover	918.2	545.4	14.6	1,478.2	18.6	1,496.8	79.6
No medical cover	47.0	4.8	*	52.2	(b)313.7	365.9	19.5
All contributor units	965.3	550.2	14.9	1,530.3	332.4	(c)1,880.0	100.0
Per cent	51.3	29.3	0.8	81.4	17.7	100.0	..
TOTAL							
100% medical cover	530.9	1,029.1	12.7	1,572.7	13.5	1,586.2	22.8
85% medical cover	1,944.7	388.1	23.5	2,356.3	39.3	2,395.5	34.4
Level of medical cover not known	32.2	12.8	42.1	87.1	*	89.4	1.3
Total with medical cover	2,507.8	1,429.9	78.3	4,016.1	55.0	4,071.1	58.5
No medical cover	252.6	45.8	4.3	302.7	(b)2,528.2	2,831.0	40.7
All contributor units	2,760.4	1,475.8	82.6	4,318.8	2,583.3	(c)6,955.7	100.0
Per cent	39.7	21.2	1.2	62.1	37.1	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 18 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: 7,800 composed of a Head only; * composed of a Head with dependent children; 3,400 composed of a Married couple with no dependent children; and 3,600 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 1983
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	65-69	70 or more		
HEAD ONLY									
Insured—									
Hospital and medical	709.1	278.4	163.4	122.8	46.0	35.8	104.8	1,460.3	46.3
Hospital, no medical	42.3	30.5	10.0	9.2	9.9	11.3	50.4	163.4	5.2
Medical, no hospital	14.1	3.8	*	*	*	*	*	23.3	0.7
Total insured(b)	774.7	318.4	179.1	135.6	59.1	50.0	159.0	1,675.9	53.1
Uninsured	608.1	192.8	109.6	117.7	87.5	104.1	259.6	1,479.4	46.9
Total	1,382.8	511.2	288.8	253.3	146.6	154.0	418.6	3,155.3	100.0
HEAD WITH DEPENDENT CHILDREN									
Insured—									
Hospital and medical	4.5	22.7	42.3	8.4	*	*	*	78.0	26.9
Hospital, no medical	*	3.5	3.8	*	*	*	*	9.7	3.3
Medical, no hospital	*	*	*	*	*	*	*	*	*
Total insured(b)	5.3	27.7	48.2	9.6	*	*	*	91.9	31.7
Uninsured	38.7	72.3	68.9	15.3	*	*	*	197.9	68.3
Total	44.0	99.9	117.1	24.9	2.6	*	*	289.8	100.0
MARRIED COUPLE(c) WITH NO DEPENDENT CHILDREN									
Insured—									
Hospital and medical	70.1	171.1	165.5	331.4	134.0	63.5	64.0	999.7	61.3
Hospital, no medical	*	11.9	6.7	10.7	10.3	13.7	22.5	77.4	4.7
Medical, no hospital	*	*	*	*	*	*	*	11.0	0.7
Total insured(b)	74.3	186.9	177.2	349.0	147.9	79.9	90.2	1,105.5	67.8
Uninsured	20.7	34.7	38.4	77.2	88.5	104.6	160.9	525.1	32.2
Total	95.0	221.6	215.6	426.3	236.5	184.5	251.1	1,630.6	100.0
MARRIED COUPLE(c) WITH DEPENDENT CHILDREN									
Insured—									
Hospital and medical	29.9	487.1	793.7	151.2	13.1	2.8	*	1,478.2	78.6
Hospital, no medical	*	15.4	29.7	4.9	*	*	*	52.2	2.8
Medical, no hospital	*	7.4	9.2	*	*	*	*	18.6	1.0
Total insured(b)	32.6	516.5	845.2	158.5	13.6	3.2	*	1,569.9	83.5
Uninsured	21.9	100.1	141.2	32.7	6.9	5.3	*	310.1	16.5
Total	54.5	616.6	986.4	191.2	20.5	8.5	*	1,880.0	100.0
TOTAL									
Insured—									
Hospital and medical	813.7	959.4	1,164.8	613.9	193.2	102.0	169.1	4,016.1	57.7
Hospital, no medical	46.2	61.4	50.2	25.9	20.9	25.4	72.8	302.7	4.4
Medical, no hospital	16.2	12.9	13.5	4.2	3.0	2.6	2.5	55.0	0.8
Ancillary only	2.5	*	3.7	*	*	2.6	*	15.7	0.2
Type of insurance not known(d)	8.3	14.6	17.5	6.9	2.9	*	3.0	53.6	0.8
Total insured	886.9	1,049.5	1,249.8	652.7	221.6	133.1	249.6	4,443.2	63.9
Uninsured	689.5	399.9	358.1	242.9	184.5	214.6	423.0	2,512.5	36.1
Total	1,576.3	1,449.4	1,607.9	895.7	406.1	347.7	672.6	6,955.7	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 18 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 such estimates were subject to relative standard errors exceeding 30 per cent. (c) Includes de facto relationships. (d) See Explanatory notes, paragraph 10(d) for details.

TABLE 8. NUMBER OF CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT(a) BY TYPE OF HEALTH INSURANCE BY GROSS WEEKLY INCOME OF CONTRIBUTOR UNIT, MARCH 1983
CONTRIBUTOR UNITS (' 000)

Type of health insurance	Gross weekly income of contributor unit (\$)								Total
	Less than 112	112-150	151-190	191-225	226-245	246-300	301 or more	Not known	
HEAD ONLY									
Insured—									
Hospital and medical	176.2	171.4	157.6	186.7	108.2	243.8	293.5	122.9	1,460.3
Hospital, no medical	72.9	16.0	10.3	11.3	6.6	16.5	23.5	6.3	163.4
Medical, no hospital	4.7	3.7	2.8	2.8	*	*	3.2	3.0	23.3
Total insured(b)	264.4	193.3	172.0	202.4	117.9	264.6	327.8	133.5	1,675.9
Uninsured	917.5	147.6	73.8	85.0	41.9	87.3	69.8	56.5	1,479.4
Total	1,181.9	340.9	245.8	287.4	159.8	351.9	397.6	189.9	3,155.3
HEAD WITH DEPENDENT CHILDREN									
Insured—									
Hospital and medical	7.9	6.9	4.2	10.5	6.2	14.6	22.1	5.7	78.0
Hospital, no medical	2.8	*	*	*	*	*	*	*	9.7
Medical, no hospital	*	*	*	*	*	*	*	*	*
Total insured(b)	11.8	8.7	5.1	12.3	7.0	16.2	25.0	5.7	91.9
Uninsured	104.9	58.8	10.7	9.0	3.4	4.7	3.1	3.3	197.9
Total	116.8	67.5	15.8	21.3	10.5	20.9	28.1	9.0	289.8
MARRIED COUPLE(c) WITH NO DEPENDENT CHILDREN									
Insured—									
Hospital and medical	26.2	46.4	36.9	72.4	44.7	141.2	541.8	90.1	999.7
Hospital, no medical	4.6	26.5	8.2	4.7	*	7.3	20.4	4.2	77.4
Medical, no hospital	*	*	*	*	*	*	4.0	*	11.0
Total insured(b)	32.0	77.9	47.5	78.6	47.4	152.3	574.1	95.6	1,105.5
Uninsured	52.3	283.1	57.9	20.4	10.1	26.1	56.4	18.8	525.1
Total	84.3	361.0	105.4	99.1	57.5	178.4	630.5	114.4	1,630.6
MARRIED COUPLE(c) WITH DEPENDENT CHILDREN									
Insured—									
Hospital and medical	18.2	24.8	28.3	82.0	60.4	270.5	894.2	99.7	1,478.2
Hospital, no medical	*	*	*	3.4	3.2	9.3	27.5	4.4	52.2
Medical, no hospital	*	*	*	*	*	5.2	7.8	*	18.6
Total insured(b)	19.7	29.5	31.6	88.3	65.8	288.4	940.2	106.4	1,569.9
Uninsured	15.9	77.1	44.1	26.7	16.5	41.4	70.2	18.1	310.1
Total	35.6	106.6	75.7	115.0	82.4	329.8	1,010.4	124.6	1,880.0
TOTAL									
Insured—									
Hospital and medical	228.4	249.5	227.1	351.6	219.4	670.1	1,751.5	318.4	4,016.1
Hospital, no medical	81.0	45.4	20.9	20.9	11.8	34.3	73.4	15.0	302.7
Medical, no hospital	6.4	6.9	4.0	5.9	4.0	8.1	15.2	4.5	55.0
Ancillary only	7.5	4.0	*	*	*	*	*	*	15.7
Type of insurance not known(d)	4.6	3.6	2.6	2.9	3.0	8.2	25.8	2.9	53.6
Total insured	328.0	309.4	256.2	381.6	238.2	721.5	1,867.1	341.2	4,443.2
Uninsured	1,090.7	566.6	186.5	141.2	71.9	159.4	199.5	96.7	2,512.5
Total	1,418.6	876.0	442.6	522.7	310.1	880.9	2,066.6	437.9	6,955.7
Total insured	436.0	477.4	406.5	742.7	490.1	1,761.1	5,284.7	763.7	10,362.2
Uninsured	1,333.7	1,201.3	430.7	258.3	139.3	317.7	476.3	178.1	4,335.4
Total	1,769.7	1,678.7	837.2	1,001.0	629.4	2,078.8	5,761.0	941.7	(e)14,781.2

(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 18 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 such estimates were subject to relative standard errors exceeding 30 per cent. (c) Includes de facto relationships. (d) See Explanatory notes, paragraph 10(d) for details. (e) Includes persons who were the dependent members of contributor units reporting only single rate insurance and were therefore not covered by that insurance and are not included elsewhere in this table.

TABLE 9. NUMBER OF CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT(a) BY TYPE OF HEALTH INSURANCE BY ACCESS TO SPECIAL COMMONWEALTH HEALTH BENEFITS(b), MARCH 1983
CONTRIBUTOR UNITS (' 000)

Type of health insurance	The head of the contributor unit has a concession card from the Department of Social Security			The head of the contributor unit has a PTE card(c)	Total with concession cards	Not identified as having a health concession card(d)	Total
	PHB/HB	HC	Total				
HEAD ONLY							
Insured—							
Hospital and medical	53.1	33.7	86.8	7.1	92.9	1,367.4	1,460.3
Hospital, no medical	66.8	5.0	71.8	3.2	74.8	88.7	163.4
Medical, no hospital	*	*	3.5	*	3.5	19.8	23.3
Total insured(e)	128.2	44.0	172.1	10.3	181.2	1,494.7	1,675.9
Uninsured	448.5	317.9	766.3	69.7	824.2	655.2	1,479.4
Total	576.6	361.8	938.4	79.9	1,005.3	2,150.0	3,155.3
HEAD WITH DEPENDENT CHILDREN							
Insured—							
Hospital and medical	2.9	6.2	9.0	*	9.0	68.9	78.0
Hospital, no medical	2.5	*	4.1	*	4.1	5.6	9.7
Medical, no hospital	*	*	*	*	*	*	*
Total insured(e)	6.2	8.7	14.9	*	14.9	77.0	91.9
Uninsured	53.2	100.9	154.1	*	154.9	43.0	197.9
Total	59.4	109.5	169.0	*	169.8	120.0	289.8
MARRIED COUPLE(f) WITH NO DEPENDENT CHILDREN							
Insured—							
Hospital and medical	25.3	10.3	35.6	27.1	59.9	939.7	999.7
Hospital, no medical	30.2	3.9	34.1	6.3	38.4	39.1	77.4
Medical, no hospital	*	*	*	*	*	9.3	11.0
Total insured(e)	59.4	15.4	74.8	34.6	104.4	1,001.1	1,105.5
Uninsured	232.0	64.8	296.8	118.5	380.1	145.0	525.1
Total	291.4	80.1	371.6	153.1	484.5	1,146.1	1,630.6
MARRIED COUPLE(f) WITH DEPENDENT CHILDREN							
Insured—							
Hospital and medical	3.2	15.0	18.2	2.8	20.8	1,457.3	1,478.2
Hospital, no medical	*	*	2.6	*	2.6	49.6	52.2
Medical, no hospital	*	*	*	*	*	17.6	18.6
Total insured(e)	5.7	19.2	24.9	3.2	27.6	1,542.3	1,569.9
Uninsured	32.7	84.7	117.4	5.2	121.9	188.2	310.1
Total	38.3	103.9	142.3	8.4	149.5	1,730.5	1,880.0
TOTAL							
Insured—							
Hospital and medical	84.4	65.2	149.6	37.0	182.6	3,833.4	4,016.1
Hospital, no medical	100.5	12.1	112.6	9.7	119.9	182.9	302.7
Medical, no hospital	3.5	3.2	6.7	*	7.1	47.9	55.0
Ancillary only	7.8	5.0	12.8	*	13.3	2.5	15.7
Type of insurance not known(g)	3.4	*	5.0	*	5.2	48.4	53.6
Total insured	199.5	87.2	286.7	48.0	328.1	4,115.1	4,443.2
Uninsured	766.3	568.3	1,334.6	194.4	1,481.0	1,031.5	2,512.5
Total	965.8	655.5	1,621.2	242.4	1,809.1	5,146.6	6,955.7
<i>Persons (' 000)</i>							
Total insured	280.7	172.4	453.1	83.5	526.3	9,835.9	10,362.2
Uninsured	1,191.2	1,077.6	2,268.8	325.3	2,509.1	1,826.3	4,335.4
Total	1,471.8	1,250.1	2,721.9	408.8	3,035.4	11,662.2	(h)14,781.2

(a) The composition of some 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 18 for more details. (b) See Explanatory notes paragraph 17 for details. (c) Includes contributor units in which the head also has a PHB/HB or HC card. (d) Includes contributor units who may be eligible for a concession card but have not obtained one. (e) Includes contributor units with ancillary insurance only or with insurance for which details of type were not known. (f) Includes de facto relationships. (g) See Explanatory notes, paragraph 10(d) for details. (h) Includes persons who were the dependent members of contributor units reporting only single rate insurance and were therefore not covered by that insurance and are not included elsewhere in this table.

TABLE 10. NUMBER OF CONTRIBUTOR UNITS IN WHICH THE HEAD HAS A HEALTH CARE (HC) CARD(a) : TYPE AND LEVEL OF HEALTH INSURANCE, MARCH 1983
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	11.0	13.0	*	24.0	*	25.1	3.8
85% medical cover	32.2	6.4	*	39.4	*	41.1	6.3
Level of medical cover not known	*	*	*	*	*	*	*
Total with medical cover	44.0	19.7	*	65.2	3.2	68.4	10.4
No medical cover	9.8	*	*	12.1	(b)573.3	585.4	89.3
All contributor units	53.8	22.0	*	77.3	576.5	(c)655.5	100.0
Per cent	8.2	3.4	*	11.8	88.0	100.0	..

(a) Includes contributor units in which the head also has a PTE card. See Explanatory notes paragraph 17 for definitions. (b) Consists of uninsured contributor units plus contributor units with only ancillary insurance cover. (c) Consists of all insured contributor units (including those about which details of type of health insurance were not known) plus all uninsured contributor units.

TABLE 11. NUMBER OF CONTRIBUTOR UNITS IN WHICH THE HEAD HAS A PENSIONER HEALTH BENEFIT (PHB) OR HEALTH BENEFIT (HB) CARD(a) : TYPE AND LEVEL OF HEALTH INSURANCE, MARCH 1983
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	16.1	26.2	*	42.5	*	44.0	4.6
85% medical cover	30.9	6.7	*	38.0	*	39.5	4.1
Level of medical cover not known	*	*	*	3.9	*	4.4	0.5
Total with medical cover	48.6	33.2	2.5	84.4	3.5	87.8	9.1
No medical cover	74.4	24.9	*	100.5	(b)774.1	874.6	90.6
All contributor units	123.0	58.2	3.7	184.9	777.6	(c)965.8	100.0
Per cent	12.7	6.0	0.4	19.1	80.5	100.0	..

(a) Includes contributor units in which the head also has a PTE card. See Explanatory notes paragraph 17 for definitions. (b) Consists of uninsured contributor units plus contributor units with only ancillary insurance cover. (c) Consists of all insured contributor units (including those about which details of type of health insurance were not known) plus all uninsured contributor units.

TABLE 12. NUMBER OF CONTRIBUTOR UNITS IN WHICH THE HEAD HAS A PERSONAL TREATMENT ENTITLEMENT (PTE) CARD FROM DEPARTMENT OF VETERANS' AFFAIRS(a) TYPE AND LEVEL OF HEALTH INSURANCE, MARCH 1983
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	3.6	11.5	*	15.3	*	15.4	6.4
85% medical cover	16.1	4.6	*	20.6	*	20.9	8.6
Level of medical cover not known	*	*	*	*	*	*	*
Total with medical cover	20.0	16.2	*	37.0	*	37.5	15.5
No medical cover	6.0	3.4	*	9.7	(b)195.0	204.7	84.5
All contributor units	26.1	19.6	*	46.7	195.4	(c)242.4	100.0
Per cent	10.8	8.1	*	19.3	80.6	100.0	..

(a) Includes contributor units in which the head also has a PHB/HB or HC card. See Explanatory notes paragraph 17 for definitions. (b) Consists of uninsured contributor units plus contributor units with only ancillary insurance cover. (c) Consists of all insured contributor units (including those about which details of type of health insurance were not known) plus all uninsured contributor units.

TABLE 13. NUMBER OF UNINSURED CONTRIBUTOR UNITS : COMPOSITION OF CONTRIBUTOR UNIT BY REASONS FOR NOT INSURING BY ACCESS TO SPECIAL COMMONWEALTH HEALTH BENEFITS(a), MARCH 1983
CONTRIBUTOR UNITS (' 000)

Reasons for not insuring	The head of the contributor unit has a concession card from the Department of Social Security			The head of the contributor unit has a PTE card(b)	Total with concession cards	Not identified as having a health concession card(c)	Total uninsured	Per cent
	PHB/HB	HC	Total					
HEAD ONLY								
Covered by Health Care card/ Repat. card/being a pensioner	415.6	244.9	660.5	68.0	717.1	92.7	809.8	54.7
Healthy enough	7.5	10.3	17.8	*	18.1	169.9	188.0	12.7
Cost	30.9	64.4	95.3	*	96.3	224.1	320.4	21.7
State has free hospital	5.9	8.0	13.9	*	13.9	36.6	50.5	3.4
Don't know	7.7	10.5	18.2	*	18.6	168.0	186.6	12.6
Other	3.9	4.7	8.7	*	8.7	46.0	54.7	3.7
Total uninsured(d)	448.5	317.9	766.3	69.7	824.2	655.2	1,479.4	100.0
Per cent(e)	14.2	10.1	24.3	2.2	26.1	20.8	46.9	..
HEAD WITH DEPENDENT CHILDREN								
Covered by Health Care card/ Repat. card/being a pensioner	48.2	89.0	137.2	*	137.8	18.0	155.7	78.7
Healthy enough	*	*	*	*	*	2.4	3.6	1.8
Cost	6.2	12.4	18.6	*	18.6	15.4	34.0	17.2
State has free hospital	*	*	*	*	*	3.5	4.9	2.5
Don't know	*	2.6	3.4	*	3.7	5.0	8.7	4.4
Other	*	*	*	*	*	*	2.5	1.3
Total uninsured(d)	53.2	100.9	154.1	*	154.9	43.0	197.9	100.0
Per cent(e)	18.4	34.8	53.2	*	53.5	14.8	68.3	..
MARRIED COUPLE(f) WITH NO DEPENDENT CHILDREN								
Covered by Health Care card/ Repat. card/being a pensioner	216.6	54.2	270.8	114.7	351.0	30.3	381.3	72.6
Healthy enough	3.2	*	3.9	*	4.3	32.4	36.7	7.0
Cost	16.6	13.0	29.6	3.3	32.2	54.1	86.3	16.4
State has free hospital	4.2	*	6.4	*	7.2	16.5	23.7	4.5
Don't know	3.6	*	4.8	*	6.0	26.2	32.2	6.1
Other	*	*	*	*	*	9.0	11.0	2.1
Total uninsured(d)	232.0	64.8	296.8	118.5	380.1	145.0	525.1	100.0
Per cent(e)	14.2	4.0	18.2	7.3	23.3	8.9	32.2	..
MARRIED COUPLE(f) WITH DEPENDENT CHILDREN								
Covered by Health Care card/ Repat. card/being a pensioner	27.7	57.9	85.5	4.7	89.5	12.6	102.2	33.0
Healthy enough	*	*	*	*	*	34.1	36.2	11.7
Cost	6.8	32.0	38.8	*	38.9	110.0	149.0	48.0
State has free hospital	*	*	3.3	*	3.4	23.3	26.7	8.6
Don't know	*	2.4	2.7	*	2.8	31.6	34.4	11.1
Other	*	*	*	*	*	7.9	9.1	2.9
Total uninsured(d)	32.7	84.7	117.4	5.2	121.9	188.2	310.1	100.0
Per cent(e)	1.7	4.5	6.2	0.3	6.5	10.0	16.5	..
TOTAL								
Covered by Health Care card/ Repat. card/being a pensioner	708.1	446.0	1,154.1	188.0	1,295.5	153.6	1,449.1	57.7
Healthy enough	11.3	13.5	24.8	*	25.6	238.8	264.4	10.5
Cost	60.4	121.8	182.3	5.0	186.0	403.5	589.6	23.5
State has free hospital	11.7	13.3	25.1	*	26.0	79.9	105.9	4.2
Don't know	12.5	16.7	29.2	*	31.0	230.8	261.9	10.4
Other	5.8	7.4	13.2	*	13.5	63.8	77.3	3.1
Total uninsured(d)	766.3	568.3	1,334.6	194.4	1,481.0	1,031.5	2,512.5	100.0
Per cent(e)	11.0	8.2	19.2	2.8	21.3	14.8	36.1	..

(a) See Explanatory notes paragraph 17 for definitions. (b) Includes contributor units in which the head also has a PHB/HB or HC card. (c) Includes contributor units who may be eligible for a concession card but have not obtained one. (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.

TABLE 14. NUMBER OF UNINSURED CONTRIBUTOR UNITS WITHOUT A CONCESSION CARD(a): STATE OR TERRITORY BY REASON FOR NOT INSURING, MARCH 1983
CONTRIBUTOR UNITS (' 000)

Reasons for not insuring	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	N.T.	A.C.T.	Australia
Covered by Health Care and/ Repat. card/being a pensioner	44.1	54.6	13.3	15.0	15.4	7.6	2.4	*	153.6
Healthy enough	59.0	37.8	115.9	8.9	10.4	3.1	1.5	2.3	238.8
Cost	103.1	68.5	179.4	19.9	20.4	6.0	2.0	4.2	403.5
State has free hospital	*	*	75.7	*	*	*	*	*	79.9
Don't know	64.4	59.3	61.9	13.5	20.6	6.0	2.2	2.9	230.8
Other	21.9	10.9	20.3	2.4	5.2	1.4	1.4	*	63.8
Total(b)	261.4	216.3	391.8	53.2	65.7	22.3	10.4	10.4	1,031.5
Per cent(c)	10.5	11.9	35.9	8.5	11.2	11.3	18.9	10.5	14.8

(a) Includes contributor units who may be eligible for a concession card but have not obtained one. (b) Total is less than the sum of the component items because more than one reason could be given for not insuring. (c) Total uninsured expressed as a percentage of all contributor units.

TABLE 15. HEALTH INSURANCE AS AT MARCH, 1980 TO 1983, STATES AND TERRITORIES

As at March	Type of health insurance						Total insured	Uninsured	Total
	Hospital and medical	Hospital only	Medical only	Ancillary only	Not known				
NEW SOUTH WALES									
<i>Contributor units ('000)</i>									
1980	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	
1982	1,568.4	85.3	16.3	3.1	20.9	1,694.0	760.0	2,454.0	
1983	1,533.4	74.2	10.4	4.6	19.4	1,642.0	836.8	2,478.8	
<i>Per cent of contributor units</i>									
1980	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	
1982	63.9	3.5	0.7	0.1	0.9	69.0	31.0	100.0	
1983	61.9	3.0	0.4	0.2	0.8	66.2	33.8	100.0	
VICTORIA									
<i>Contributor units ('000)</i>									
1980	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	
1982	1,118.7	134.9	7.6	*	18.1	1,281.2	523.0	1,804.2	
1983	1,110.9	135.7	3.5	2.8	13.0	1,266.1	557.5	1,823.5	
<i>Per cent of contributor units</i>									
1980	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	
1982	62.0	7.5	0.4	*	1.0	71.0	29.0	100.0	
1983	60.9	7.4	0.2	0.2	0.7	69.4	30.6	100.0	
QUEENSLAND									
<i>Contributor units ('000)</i>									
1980	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	
1982	403.0	30.7	28.5	*	4.4	468.1	575.8	1,044.0	
1983	399.7	30.8	32.6	*	7.0	471.6	618.7	1,090.3	
<i>Per cent of contributor units</i>									
1980	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	
1982	38.6	2.9	2.7	*	0.4	44.8	55.2	100.0	
1983	36.7	2.8	3.0	*	0.6	43.3	56.7	100.0	
SOUTH AUSTRALIA									
<i>Contributor units ('000)</i>									
1980	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	
1982	389.1	36.7	3.4	2.7	4.5	436.4	187.1	623.5	
1983	382.0	30.0	4.0	4.8	5.3	426.2	197.5	623.8	
<i>Per cent of contributor units</i>									
1980	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	
1982	62.4	5.9	0.6	0.4	0.7	70.0	30.0	100.0	
1983	61.2	4.8	0.6	0.8	0.9	68.3	31.7	100.0	
WESTERN AUSTRALIA									
<i>Contributor units ('000)</i>									
1980	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	
1982	362.2	21.9	3.2	1.8	5.6	394.7	191.1	585.7	
1983	369.9	17.7	3.0	1.3	6.1	398.0	190.9	588.9	
<i>Per cent of contributor units</i>									
1980	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	
1982	61.8	3.7	0.5	0.3	1.0	67.4	32.6	100.0	
1983	62.8	3.0	0.5	0.2	1.0	67.6	32.4	100.0	

TABLE 15. HEALTH INSURANCE AS AT MARCH, 1980 TO 1983, STATES AND TERRITORIES—continued

As at March	Type of health insurance						Total insured	Uninsured	Total
	Hospital and medical	Hospital only	Medical only	Ancillary only	Not known				
TASMANIA									
<i>Contributor units ('000)</i>									
1980	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
1982	118.1	8.1	2.2	*	1.1		130.0	67.4	197.4
1983	116.0	7.9	1.0	*	*		126.2	70.8	197.0
<i>Per cent of contributor units</i>									
1980	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
1982	59.8	4.1	1.1	*	0.6		65.9	34.1	100.0
1983	58.9	4.0	0.5	*	*		64.1	35.9	100.0
NORTHERN TERRITORY									
<i>Contributor units ('000)</i>									
1980	21.7	*	*	*	*		22.9	23.5	46.4
1981	18.0	*	*	*	*		19.4	27.5	46.9
1982	31.8	3.9	*	*	*		36.9	14.3	51.2
1983	37.4	1.3	*	*	*		39.5	15.3	54.8
<i>Per cent of contributor units</i>									
1980	46.9	*	*	*	*		49.4	50.6	100.0
1981	38.4	*	*	*	*		41.5	58.5	100.0
1982	62.0	7.6	*	*	*		72.0	28.0	100.0
1983	68.3	2.4	*	*	*		72.1	27.9	100.0
AUSTRALIAN CAPITAL TERRITORY									
<i>Contributor units ('000)</i>									
1980	52.4	*	3.0	*	*		57.0	31.3	88.3
1981	45.8	2.1	3.6	*	*		52.0	37.2	89.2
1982	65.5	5.7	*	*	*		72.8	24.0	96.7
1983	66.6	5.2	*	*	1.2		73.5	25.0	98.5
<i>Per cent of contributor units</i>									
1980	59.3	*	3.4	*	*		64.5	35.5	100.0
1981	51.3	2.4	4.0	*	*		58.3	41.7	100.0
1982	67.7	5.9	*	*	*		75.2	24.8	100.0
1983	67.5	5.2	*	*	1.2		74.6	25.4	100.0
AUSTRALIA									
<i>Persons ('000)(a)</i>									
1980	8,544.7	361.7	461.0	52.4	63.3		9,483.1	4,751.1	(c)14,293.1
1981	8,075.4	363.1	482.4	35.5	54.4		9,010.7	5,272.5	(c)14,342.6
1982	9,693.7	586.4	138.3	23.1	125.8		10,567.3	4,042.4	(c)14,716.6
1983	9,547.7	535.8	123.3	33.8	121.6		10,362.2	4,335.4	(c)14,781.2
<i>Contributor units ('000)</i>									
1980	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
1982	4,056.8	327.3	62.6	11.7	55.7		4,514.1	2,342.7	6,856.7
1983	4,016.1	302.7	55.0	15.7	(b)53.6		4,443.2	2,512.5	6,955.7
<i>Per cent of contributor units</i>									
1980	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
1982	59.2	4.8	0.9	0.2	0.8		65.8	34.2	100.0
1983	57.7	4.4	0.8	0.2	(b)0.8		63.9	36.1	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 populations therefore differ from the Australian populations as at March in each year. (b) Consists of those about whom details of health insurance were not known including 14,200 contributor units insured with organisations not registered under the National Health Act, 23,300 contributor units insured with unknown organisations and 2,000 contributor units insured with organisations not offering health insurance. (c) Includes persons who were the dependent members of contributor units reporting only single rate insurance and were therefore not covered by that insurance and are not included elsewhere in this table.

APPENDIX 1

**OUTLINE OF THE MEDICAL AND HOSPITAL BENEFITS SCHEMES
1 NOVEMBER 1978 TO 30 JUNE 1983**

MEDICAL BENEFITS SCHEMES**1. Commonwealth medical benefit:**

1 November 1978—31 August 1979

- (a) Pensioners with Pensioner Health Benefit entitlements (i.e. they satisfied a specified income test) and the dependants of such pensioners were eligible to receive medical benefits from the Commonwealth 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. Payment of Commonwealth medical benefits for Pensioner Health Benefit card holders was made in one of two ways:

- (i) by bulk-billing: the doctor claimed direct from the Commonwealth Department of Health 85 per cent of the Schedule fee for each medical service. The maximum personal payment by an eligible pensioner was \$5 where the Schedule fee was charged.
- (ii) through a medical benefits organisation registered under the National Health Act: the patient was required to register with a registered medical benefits organisation (there was no charge for this) before being reimbursed 85 per cent of the Schedule fee, with a maximum patient payment of \$5 for each service where the Schedule fee was charged.

- (b) Persons without medical insurance and identified by medical practitioners as disadvantaged were treated with no direct cost to the patient. The Commonwealth paid the doctor 75 per cent of the Schedule fee for each medical service, in full settlement for those services (i.e. through bulk-billing).

- (c) Repatriation beneficiaries were eligible for treatment at Commonwealth Government expense (some only for service related conditions, others for all their medical conditions) through the Local Medical Officer Scheme operated by the Department of Veterans' Affairs. Under this scheme, the Department appointed a panel of General Practitioners for each metropolitan and country area throughout Australia to provide general medical services locally to eligible persons. The Department reimbursed local medical officers for their services on a fee-for-service basis. Payments for consultations and visits were made at 85 per cent of the Schedule fee plus 60 cents, while payments for other

services were made at the full Schedule fee. Persons eligible for the full range of treatment benefits under these Repatriation treatment arrangements included 1914-18 War veterans, ex-prisoners of war, veterans receiving disability pension at or above the 100% general rate, veterans receiving a Service pension (subject to an income test) and War Widows. Some persons eligible under these Repatriation treatment arrangements may also have been eligible for Pensioner Health Benefit entitlements outlined in paragraph 1(a) or the Disadvantaged Persons arrangements outlined in paragraph 1(b) depending on their situation. In such cases, only one Commonwealth benefit could be obtained for any one service.

- (d) Those persons not eligible under paragraphs 1(a), (b) or (c) were eligible for a Commonwealth medical benefit of at least 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. This Commonwealth medical benefit was paid to all persons, whether insured or not, through medical benefits organisations registered under the National Health Act.

1 September 1979—31 August 1981

- (e) The Commonwealth medical benefit for pensioners and the disadvantaged during this period was the same as outlined in 1(a) and 1(b) above, except that Pensioner Health Benefit entitlements were extended to Supporting Parent Beneficiaries on 1 November 1979. Equivalent health benefits were provided to Sickness Beneficiaries from 1 November 1980 in the form of a Health Benefit card.
- (f) The Commonwealth medical benefits under the Repatriation arrangements outlined in paragraph 1(c) remained the same. However, in November 1979, Personal Treatment Entitlement cards were issued to those Repatriation beneficiaries eligible for treatment for all their medical conditions at Commonwealth expense, to enable them to be treated by any doctor throughout Australia who was a member of the Local Medical Officer Scheme. They replaced the Entitlement Cards, previously held by Local Medical Officers, as well as the Treatment Entitlement Cards which War Widows and other eligible dependants had presented in the past.
- (g) Those persons not eligible under paragraphs 1(a), (b) or (c) were eligible for a Commonwealth medical benefit to cover the amount (if any) by which the Schedule fee exceeded \$20, i.e. the maximum payment by the patient for any one medical service was \$20 where the doctor charged the Schedule fee. The Commonwealth medical benefit was available to all persons, whether insured or uninsured, and was paid through medical benefits organisations registered under the National Health Act.

1 September 1981—30 June 1983

- (h) Pensioner Health Benefit and Health Benefit card holders and their dependants remained eligible to receive Commonwealth medical benefits as described in paragraph 1(a).
- (i) People who satisfied the Commonwealth defined criteria as people in special need, as follows:

New migrants and refugees in their first six months in Australia

Unemployment beneficiaries (subject to an income test)

Special benefit recipients (subject to an income test)

Persons on low incomes (subject to an income test)

were eligible to receive Commonwealth medical benefits at 85 per cent of the Schedule fee for each medical service or the Schedule fee less \$5 whichever was the greater amount. Such persons were issued with a Health Care card through the Department of Social Security. The Health Care card arrangements replaced the Disadvantaged Persons arrangements outlined in paragraph 1(b). Payment of Commonwealth medical benefits for Health Care card holders was made in one of two ways:

- (i) by bulk-billing: the doctor claimed direct from the Commonwealth Department of Health 85 per cent of the Schedule fee for each medical service in full settlement for those services. There was no cost to the patient.
- (ii) through a medical benefits organisation registered under the National Health Act: the patient was required to register with a registered medical benefits organisation (there was no charge for this) before being reimbursed 85 per cent of the Schedule fee, with a maximum patient payment of \$5 for each service where the Schedule fee was charged.
- (j) Commonwealth medical benefits under the Repatriation arrangements outlined in paragraphs 1(c) and (f) remained the same.
- (k) Commonwealth medical benefits for those not eligible under paragraphs 1(h), (i) or (j) were restricted to persons with basic medical insurance with an organisation registered under the National Health Act and was 30 per cent of the Schedule fee for each medical service, paid to persons through those medical benefits organisations.

- (l) Persons not insured with organisations registered under the National Health Act, or who did not meet the eligibility criteria outlined in paragraphs 1(h), (i) and (j) were not eligible for Commonwealth medical benefits.

2. Medical insurance

1 November 1978—31 August 1981

- (a) Medical insurance was offered by non-profit medical benefits organisations registered under the National Health Act, and by other insurance companies.
- (b) 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.
- (c) Persons with at least basic medical insurance were able to claim both Commonwealth and insurance benefits.
- (d) 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.
- (e) 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. Some 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 partly or wholly met by their insurance organisation.
- (f) Registered medical benefits organisations claimed reimbursement of the Commonwealth medical benefits paid to both insured and uninsured people from the Department of Health.

1 September 1981—30 June 1983

- (g) Medical insurance was offered by non-profit medical benefits organisations registered under the National Health Act, and by other insurance companies.
- (h) Only persons with medical insurance with a registered medical benefits organisation were able to claim both Commonwealth and insurance benefits.

- (i) 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 85 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.
- (j) In addition to providing basic medical benefits, many registered insurance organisations offered supplementary medical benefits up to a maximum of the Schedule fee level, and ancillary benefits tables. Registered medical benefits organisations were no longer able to offer 'front-end deductible' schemes.
- (k) Registered medical benefits organisations claimed reimbursement of the Commonwealth medical benefit from the Department of Health for both insured persons and concession card holders.
- (l) from 1 July 1981 to 30 June 1983, premiums for the 'basic' component of medical insurance paid to organisations registered under the National Health Act qualified for a taxation rebate.
- (d) Amendments to the Health Insurance Act and the National Health Act were made in June 1979 concerning long-term patients in hospitals. Where State/Territory Governments agreed to apply these arrangements, long-term patients accommodated in hospitals who no longer required hospital treatment were reclassified as nursing home type patients and required to contribute towards their care and accommodation in the same way as patients in nursing homes. A 'nursing home type patient' was an inpatient whose hospitalisation exceeded 60 days, unless a certificate had been issued by a medical practitioner to certify that a patient was in need of acute care.
- (e) In Queensland, Western Australia and the Northern Territory, outpatient services were available to all persons free of charge. In the other States and the Australian Capital Territory, outpatient services were available free of charge only to persons without hospital insurance, while those with hospital insurance were charged a flat fee.

1 September 1981—30 June 1983

- (f) In all States and Territories, the entitlement to free treatment as a 'public' patient was available to the following categories of persons and their dependants:

- (i) Holders of Pensioner Health Benefit cards or Health Benefit cards—issued to recipients of certain pensions and benefits from the Department of Social Security who have satisfied specified income requirements.
- (ii) Holders of Health Care cards—issued to new migrants, refugees and persons determined by the Department of Social Security to be in special need (the latter based on income and family composition).
- (iii) In general, entitlement also applied to persons requiring treatment as a result of sexually transmitted diseases; sexual abuse; child abuse and some infectious diseases.

- (g) In New South Wales, apart from those listed under paragraph 3(f), entitlement to free treatment as a 'public' patient was retained for all recipients of pensions or benefits from the Department of Social Security and Veterans' Affairs service pensioners provided they were not covered by hospital insurance.

- (h) In Queensland, the entitlement to free treatment as a 'public' patient was retained for all Queensland residents, irrespective of whether they were insured or not.

HOSPITAL BENEFITS SCHEMES

3. Public Hospitals

1 November 1978—31 August 1981

- (a) In all States and Territories, all persons without hospital insurance were entitled to shared ward accommodation in public hospitals with treatment by doctors engaged by the hospitals (i.e. treatment as a 'public' patient). No fee was charged for such treatment or accommodation.
- (b) In all States and Territories, all persons who elected to be treated by their own doctor and/or persons who chose to be treated in a private ward or room, were treated as 'private' patients and were charged a fee for the accommodation. Such persons, whether insured or not, were also required to meet the costs of all the charges made for medical services provided by doctors not engaged by the hospitals. In all States and Territories except Queensland and Western Australia, 'private' patients who received treatment solely from hospital doctors could also be charged a professional service fee by the hospital.
- (c) In all States and Territories except Queensland, hospital insured patients were classified as 'private' patients and liable for various charges as outlined in paragraph 3(b) irrespective of whether they chose to be treated by their own doctor or in a private room/ward. In Queensland, insured persons could elect to be treated as 'public' patients as outlined in paragraph 3(a).

- (i) All persons not entitled to free treatment as a 'public' patient and those referred to in paragraphs 3(f) (g) and (h) but who elected to be treated by their own doctor were charged a fee for accommodation and a professional service fee for treatment by hospital doctors (if applicable), irrespective of whether they were insured or not.
- (j) The arrangements relating to long-term patients in public hospitals (outlined in paragraph 3(d)) were operable in all States and Territories except New South Wales, and the Northern Territory. These arrangements applied to South Australia from 1 July 1982.
- (k) In all States and Territories, charges were made for all outpatient services except those provided to persons referred to in paragraphs 3(f), (g), (h).

4. Repatriation hospitals

1 November 1978—30 June 1983

A major general hospital in each State capital city was operated by the Department of Veterans' Affairs to provide hospital treatment for eligible veterans and dependants (see Paragraph 1(c) for details of eligible persons) at Commonwealth Government expense. Some beds in these hospitals were made available for public use as public hospital beds from time to time dependent upon capacity and generally subject to the arrangements outlined in paragraph 3. In addition, a small number of auxiliary hospitals were maintained. Some patients eligible for treatment under Repatriation treatment arrangements could be treated at Commonwealth Government expense at hospitals other than Repatriation hospitals subject to guidelines issued by the Department of Veterans' Affairs.

5. Private hospitals

1 November 1978—31 August 1981

- (a) Except for a few hospitals in South Australia where Pensioner Medical Service patients were entitled to treatment free of charge (under Section 34 of the Health Insurance Act) all persons treated in private hospitals, whether insured or not, were required to meet all the charges for accommodation and medical services. There was, however, a Commonwealth Government subsidy to private hospitals as outlined in paragraph 8.

- (b) The arrangements relating to long-term patients in hospitals, as outlined in paragraph 3(d), also applied to all private hospitals effective from the date when they were introduced for public hospitals in each State or Territory.

1 September 1981—30 June 1983

- (c) All persons treated in private hospitals, whether insured or not, were required to meet all the charges for accommodation and medical services. The Section 34 arrangements (see paragraph 5(a)) ceased.
- (d) The arrangements relating to long-term patients as referred to in paragraph 5(b) became effective Australia wide.

6. Hospital insurance

1 November 1978—31 August 1981

- (a) Hospital insurance was offered by non-profit hospital benefits organisations registered under the National Health Act, and by other insurance companies.
- (b) 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 public hospitals for patients who chose to be treated by the doctor of their choice, and charges for professional services rendered to inpatients and for outpatients services.
- (c) In addition to providing basic hospital benefits, many registered insurance organisations also offered supplementary benefits covering charges raised for single bed wards in public hospitals and benefits to wholly or substantially cover private hospital charges. In addition, some organisations offered tables of ancillary benefits, and 'front-end deductible' schemes under which, for example, contributors met their own hospital costs up to an agreed value.

1 September 1981—30 June 1983

- (d) Hospital benefits organisations registered under the National Health Act were required to provide a minimum of a basic hospital benefit table covering the standard fee for shared ward accommodation in public hospitals for patients who chose to be treated by the doctor of their choice, charges for professional services rendered to inpatients and for outpatients services, and charges for longterm nursing home type patients in hospitals.
- (e) In addition to providing basic hospital benefits, many registered insurance organisations also offered supplementary benefits covering charges raised for single bed wards in public hospitals and benefits to wholly or substantially cover private hospital charges. Hospital benefits organisations registered under the National Health Act were no longer able to offer 'front-end deductible' schemes.

- (f) From 1 July 1981 to 30 June 1983, premiums for the 'basic' component of hospital insurance paid to organisations registered under the National Health Act qualified for a taxation rebate.

7. Funding of public hospitals

1 November 1978—30 June 1981

- (a) The approved net operating costs of all public hospitals in Australia were met under 50:50 cost sharing arrangements between the Commonwealth and State Governments.

1 July 1981—30 June 1983

- (b) The 50:50 cost sharing arrangements for the funding of public hospitals ceased except for Tasmania and South Australia. The Commonwealth Government made contributions towards

the funding of public hospitals in other States and Territories through an untied but identifiable general revenue Health grant.

8. Commonwealth government subsidies to private hospitals

1 November 1978—24 June 1981

- (a) The Commonwealth Government paid a subsidy of \$16 per occupied bed day to all approved private hospitals.

25 June 1981—30 June 1983

- (b) The Commonwealth Government paid a subsidy of \$28 per occupied bed day for patients who underwent certain prescribed surgical procedures. The subsidy of \$16 continued to be available to other patients.

APPENDIX II

TECHNICAL NOTE ON SAMPLING VARIABILITY

Estimation procedure

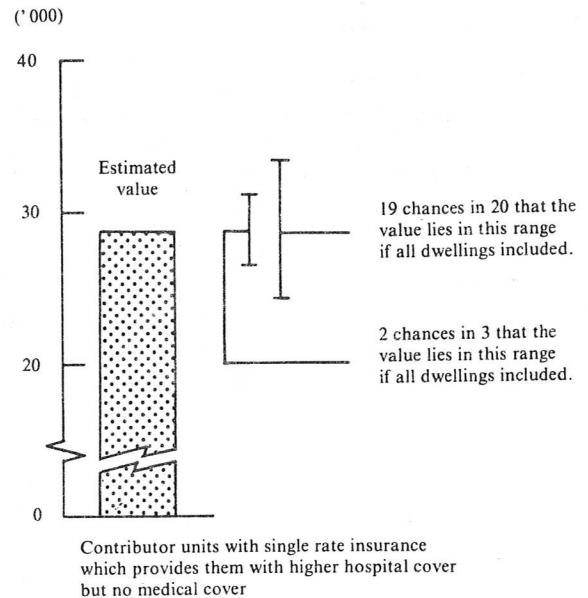
Estimates derived from the survey are obtained by using a complex ratio estimation procedure, which ensures that the survey estimates conform to an independently estimated distribution of the population by age and sex, rather than to the age and sex distribution within the sample itself.

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 higher hospital cover but no medical cover is 28,800. From Table A below it can be seen that the estimate has a

standard error of about 2,300 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 26,500 to 31,100, and about nineteen chances in twenty that the value will fall within the range 24,200 to 33,400. 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				
800				310	320	230	310	300		
1,000			410	340	350	250	340	330		
1,500	600	610	500	410	430	300	410	390	560	37
2,000	700	700	570	460	490	330	470	440	650	33
2,500	780	780	630	510	540	340	510	480	730	29
3,000	850	850	690	550	590	380	550	510	800	27
3,500	920	910	740	590	630	410	590	540	860	25
4,000	980	970	780	620	660	460	620	560	920	23
5,000	1,100	1,100	860	680	730	500	680	610	1,000	20
6,000	1,200	1,200	930	730	790	530	740	650	1,100	18
10,000	1,500	1,400	1,200	900	970	640	910	750	1,400	14
20,000	2,000	1,900	1,500	1,200	1,300	810	1,200	910	2,000	10
50,000	3,000	2,700	2,200	1,600	1,800	1,100	1,700	1,100	2,900	5.8
100,000	3,900	3,500	2,800	2,100	2,200	1,300	..	1,300	3,900	3.9
200,000	5,000	4,400	3,600	2,600	2,700	1,500	..	..	5,100	2.6
500,000	6,900	5,800	4,800	3,300	3,500	..	..	..	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 63.9 per cent and the numerator of this percentage is 4,443,200. By interpolation from Table A the standard error of the numerator is approximately 14,300, which is a relative standard error of 0.3 per cent. The standard error of 63.9 can then be approximated by:

Percentage x Relative standard error

$$= 63.9 \times \frac{0.3}{100.0}$$

$$= 0.2$$

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 63.7 to 64.1 per cent and about nineteen chances in twenty that it is in the range 63.5 to 64.3 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 1982 and 1983 (Table 15) is

$$4,514,100 - 4,443,200 = 70,900$$

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 14,400 and 14,300 respectively. Therefore the standard error of the difference 70,900 is given by:
Standard error (difference)

$$= \sqrt{(14,400)^2 + (14,300)^2}$$

$$= 20,300 \text{ (rounded to nearest 100)}$$

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 50,600 to 91,200 and about nineteen chances in twenty that this difference is between 30,300 and 111,500

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 1983

Introduction

The extract which follows shows the health insurance survey questions that were asked of all heads of contributor units. Questions for the usual monthly labour force survey and for a supplementary survey on persons in the labour force (including discouraged job seekers), and other topics 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.

<p>101. THE NEXT FEW QUESTIONS ARE ABOUT HEALTH INSURANCE ARRANGEMENTS.</p>	<p>106A. WHAT ARE THE NAMES OF THE HEALTH INSURANCE ORGANISATIONS BELONGS TO?</p>	<p>110. IS INSURED FOR MEDICAL EXPENSES?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (<i>Go to Q.112</i>) <input type="checkbox"/> 2</p> <p>Book produced (<i>Go to Q.115</i>) <input type="checkbox"/> 3</p>
<p>102. DOES CURRENTLY HAVE PRIVATE HEALTH INSURANCE?</p> <p>Yes (<i>Go to Q.105</i>) <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>106B. WHAT IS THE NAME OF THE HEALTH INSURANCE ORGANISATION BELONGS TO?</p> <p>Book(s) produced (<i>Go to Q.115</i>) <input type="checkbox"/> 1</p> <p>Don't know <input type="checkbox"/> 2</p> <p>Name(s) (<i>Specify</i>)</p> <p>.....</p> <p>.....</p> <p>..... <input type="checkbox"/> 3</p>	<p>111. IS COVERED FOR 85% OR 100% OF THE SCHEDULE FEE, OR DOES HAVE SOME OTHER FORM OF MEDICAL INSURANCE?</p> <p>85%; basic cover <input type="checkbox"/> 1</p> <p>100%; top cover <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 3</p> <p>Book produced (<i>Go to Q.115</i>) <input type="checkbox"/> 4</p> <p>Other <input type="checkbox"/> 5</p>
<p>103. WHAT ARE THE REASONS DOESN'T HAVE HEALTH INSURANCE?</p> <p>(<i>Specify</i>)</p> <p>.....</p> <p>.....</p> <p>Other person pays insurance (a) <input type="checkbox"/> 1</p> <p>Employer pays insurance (b) <input type="checkbox"/> 2</p> <p>Covered by Health Care Card/Repatriation (PTEC Card)/being a pensioner (c) <input type="checkbox"/> 3</p> <p>Healthy enough (d) <input type="checkbox"/> 4</p> <p>Cost (e) <input type="checkbox"/> 5</p> <p>State provides free hospitalization (f) <input type="checkbox"/> 6</p> <p>Other (g) <input type="checkbox"/> 7</p> <p>Don't know (h) <input type="checkbox"/> 8</p>	<p>107. IS THIS INSURANCE AT SINGLE OR FAMILY RATES?</p> <p>Single <input type="checkbox"/> 1</p> <p>Family <input type="checkbox"/> 2</p> <p>Other arrangements <input type="checkbox"/> 3</p>	<p>112. IS INSURED FOR EXTRA EXPENSES SUCH AS DENTAL, PHYSIOTHERAPY OR GLASSES?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 3</p> <p>Book produced (<i>Go to Q.115</i>) <input type="checkbox"/> 4</p>
<p>104. <u>Sequence Guide</u></p> <p>. If code '1' in Q.103 go to Q.105 <input type="checkbox"/> 1</p> <p>. If code '2' in Q.103 go to Q.105 <input type="checkbox"/> 2</p> <p>. Otherwise, go to Q.116 <input type="checkbox"/> 3</p>	<p>108. DOES INSURANCE COVER FOR HOSPITAL EXPENSES?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (<i>Go to Q.110</i>) <input type="checkbox"/> 2</p> <p>Book produced (<i>Go to Q.115</i>) <input type="checkbox"/> 3</p>	<p>113. <u>Sequence Guide</u></p> <p>. If 'don't know' in Q.106 go to Q.114 <input type="checkbox"/> 1</p> <p>. If 'don't know' or 'other' in Q.109 go to Q.114 <input type="checkbox"/> 2</p> <p>. If 'don't know' or 'other' in Q.111 go to Q.114 <input type="checkbox"/> 3</p> <p>. Otherwise, go to Q.116 <input type="checkbox"/> 4</p>
<p>105. DOES BELONG TO MORE THAN ONE HEALTH INSURANCE ORGANISATION?</p> <p>Yes (<i>Go to Q.106A</i>) <input type="checkbox"/> 1</p> <p>No (<i>Go to Q.106B</i>) <input type="checkbox"/> 2</p>	<p>109. IS THIS INSURANCE FOR SHARED WARD OR IS INSURED FOR A SINGLE ROOM?</p> <p>Shared (intermediate); basic cover <input type="checkbox"/> 1</p> <p>Single; top cover <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 3</p> <p>Book produced (<i>Go to Q.115</i>) <input type="checkbox"/> 4</p> <p>Other <input type="checkbox"/> 5</p>	<p>114. DO YOU HAVE THE MEMBERSHIP BOOK(S) SO I CAN RECORD THE NAME(S) OF THE TABLE(S) IS COVERED BY?</p> <p>Book produced (<i>Go to Q.115</i>) <input type="checkbox"/> 1</p> <p>Book not available (<i>Go to Q.116</i>) <input type="checkbox"/> 2</p>

