

What Price Health? Private Health Insurance cost pressures and product pricing

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Health insurance prices in the news

No relief for health premiums

Health funds: pay
more and get lessMore jolts expected as system fails to keep lid on premiumsDouble trouble: rates, health premiums up

	Cost is a killer	Health at too high a premium	Private health
premium	issue for family health cover	Technology takes 50pc	costs
increases Health-fur	nd premiums to	of health	to rise

Cost of	Health	Rises could force out young	
health	costs us	Health fund pain	
cover	an arm and a leg	tipped Propping up a costly private health system	
to soar		18pc health cover rise	



- Cost pressures
 - Hospital
 - Medical
 - Ancillary
 - Ageing
- Industry Profitability
- Price Increases Industry, Fund
- Product choice
- Prices in the market
- Pricing dilemma: product design vs claims experience
- Discussion



Cost Pressures

Year ended	% increase in Benefits paid per SEU over previous year		
	Hospital	Ancillary	
Dec 97	4.9%	3.5%	
Dec 98	4.4%	1.6%	
Dec 99	0.6%	6.1%	
Dec 00	-14.4%	-1.1%	
Dec 01	7.6%	13.5%	
Dec 02	12.3%	13.8%	
Dec 03	9.3%	0.8%	
Dec 04	9.0%	1.3%	
3 years to Dec 04	10.2% pa	5.1% pa	

- Hospital benefits per SEU growth \cong 4 x CPI
- Ancillary benefits per SEU growth \cong 2 x CPI
- Ancillary benefits affected by growth, then removal, of "lifestyle" benefits



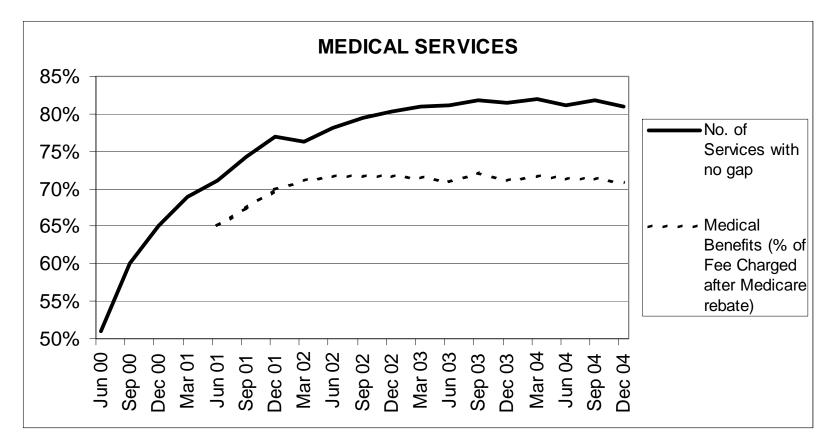
Cost Pressures: Hospital

Year ended	% increase in Hospital Benefits paid per SEU over previous year			
	Accommodation	Medical	Prostheses	
Dec 97	3.7%	3.7%	27.3%	
Dec 98	2.7%	9.2%	22.5%	
Dec 99	-1.1%	9.4%	11.0%	
Dec 00	-16.0%	1.4%	-14.2%	
Dec 01	4.0%	29.7%	16.6%	
Dec 02	7.6%	30.4%	28.8%	
Dec 03	6.5%	10.7%	28.4%	
Dec 04	6.8%	13.0%	18.0%	
3 years to Dec 04	7.0% pa	17.7% pa	25.0% pa	

- Rapid growth areas are prostheses and medical has this abated?
- Prospects for lower accommodation benefits growth? contracting



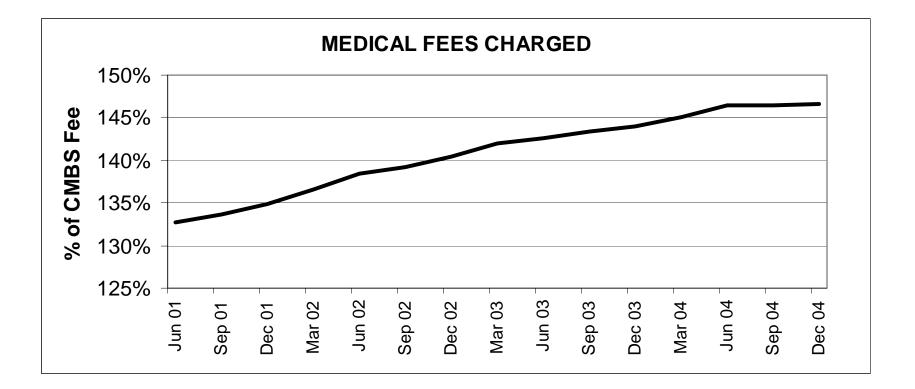
Cost Pressures: Medical



- No Gap coverage of medical services has reached saturation
- Any further increase in coverage will be expensive largest gaps remain



Cost Pressures: Medical



- Medical Fee increases: did fees increase in response to fund contracting?
- Has fund contracting stabilised fee levels relative to CMBS?



Cost Pressures: Ancillary

Year ended	% increase in Ancillary Benefits paid per SEU over previous year				
	Dental	Optical	Physiotherapy	Chiropractic	Other
Dec 97	4.2%	5.1%	-0.1%	3.0%	1.0%
Dec 98	1.9%	0.3%	4.7%	2.2%	-0.2%
Dec 99	3.8%	6.3%	10.4%	7.4%	12.2%
Dec 00	-4.7%	5.7%	-0.5%	1.8%	3.2%
Dec 01	13.9%	11.8%	10.8%	12.6%	15.8%
Dec 02	7.3%	10.4%	10.0%	7.7%	42.7%
Dec 03	0.9%	3.4%	1.2%	0.4%	-1.7%
Dec 04	4.1%	3.6%	3.3%	3.9%	-9.5%
3 years to Dec 04	4.1% pa	5.8% pa	4.8% pa	3.9% pa	8.3% pa

- Benefit growth per SEU in most major benefit categories \cong 1 to 2 x CPI
- Other category affected by popularity of "lifestyle" benefits in 2001-02 and removal in 2003



Cost Pressures: Ageing

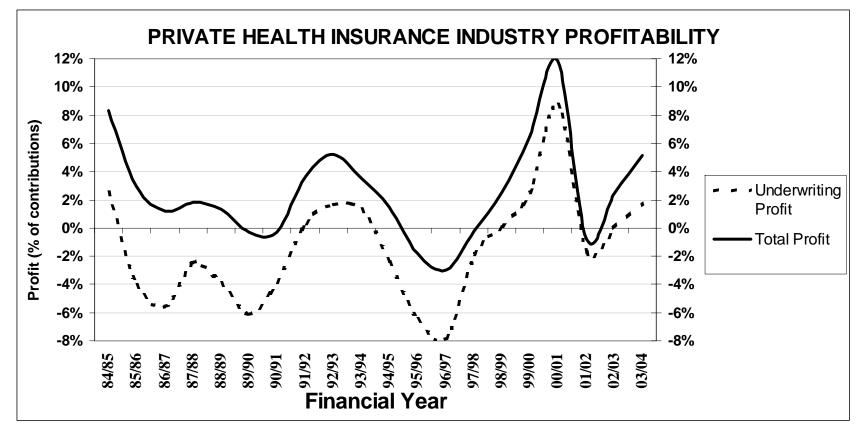
Year ended	Hospital Insurance	Change in Hospital
	Risk Profile change	Persons Covered
Dec 98	1.9%	-3.6%
Dec 99	-1.1%	5.2%
Dec 00	-12.0%	46.4%
Dec 01	1.9%	0.2%
Dec 02	1.9%	-0.5%
Dec 03	1.9%	-0.3%
Dec 04	1.9%	0.2%

• Changes in the age profile of the PHI population has consistently led to hospital benefit increases of 1.9% per annum

• Impact of Rebate/Lifetime Health Cover in 1999 and 2000



Industry Profitability

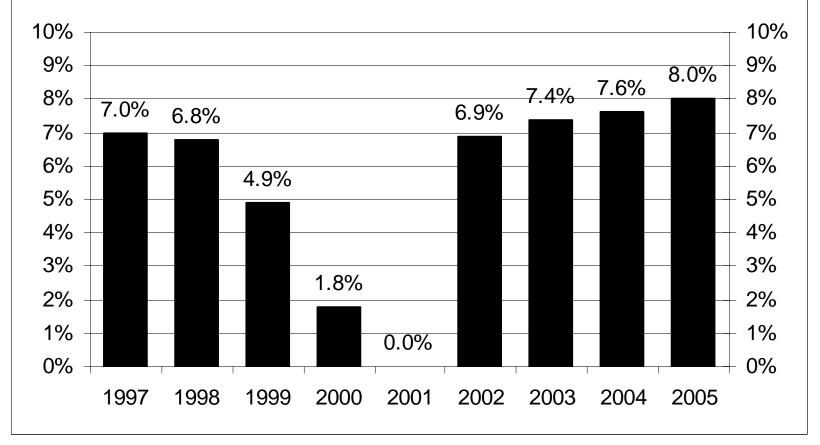


- 20 year averages: Underwriting Margin –1.3%; Total Profit Margin 2.6%
- Estimated that a margin of 2.5% is required to maintain Capital Adequacy



Price Increases: Industry

AVERAGE CONTRIBUTION RATE INCREASES

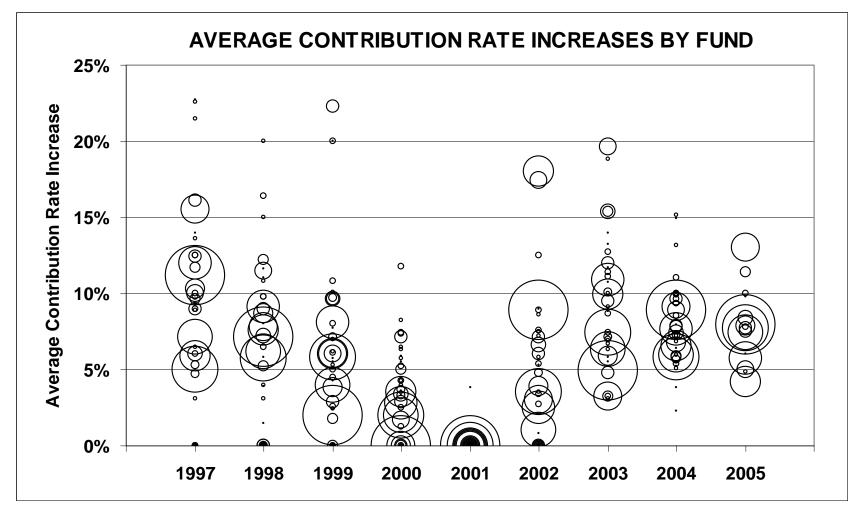


Industry average contribution rate increase has consistently been 7% - 8%

• Exception was immediately before and after start of Lifetime Health Cover



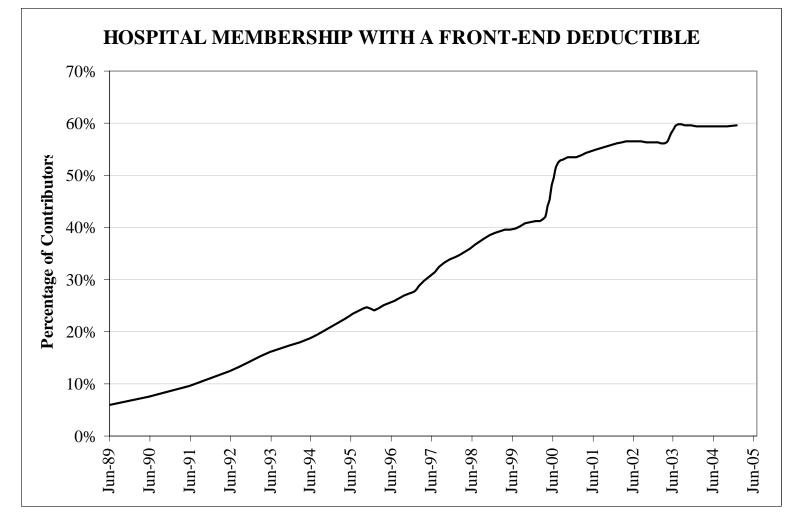
Price Increases: by fund



- Wide variation in average increase between funds
- Narrowing range in recent years?



Product Choice



• FEDs allowed in 1985: increased from 30% in 1997 to 60% in 2004



Product Choice

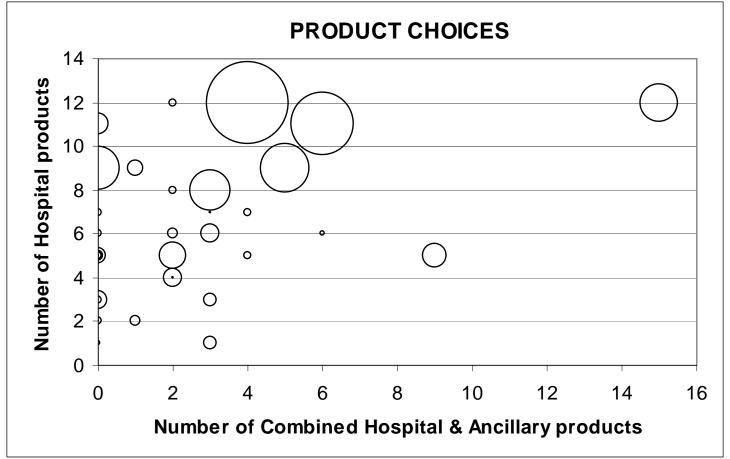
Product Type	No Exclusions	With Exclusions	Total
Full cover	63%	1%	65%
Restricted cover	33%	3%	35%
Total	96%	4%	100%

Excess/Co-Payment Level per annum	% of contributors
Nil	27%
Up to \$500 Single / \$1000 Family	54%
Over \$500 Single / \$1000 Family	19%

- 63% of members have full cover ie. no restrictions or exclusions
- 37% of members have either products with benefit restrictions or exclusions
- •73% of members have some form of member moiety (FED, excess, co-payment)



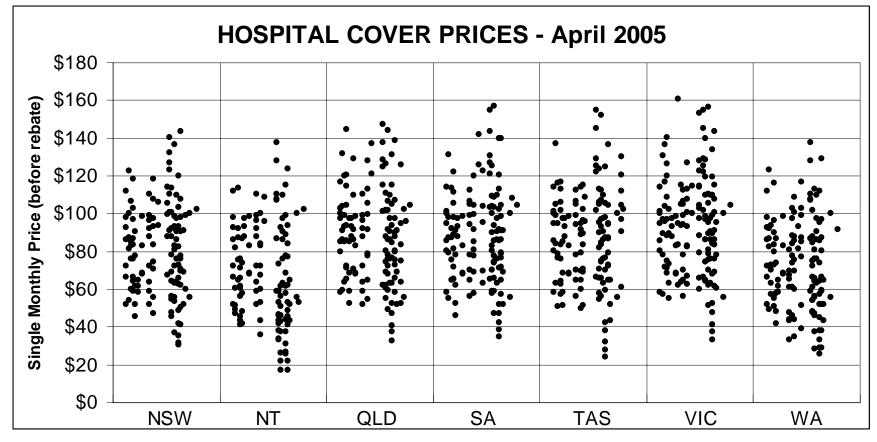
Product Choice



Number of product choices on offer generally increases with size of fund



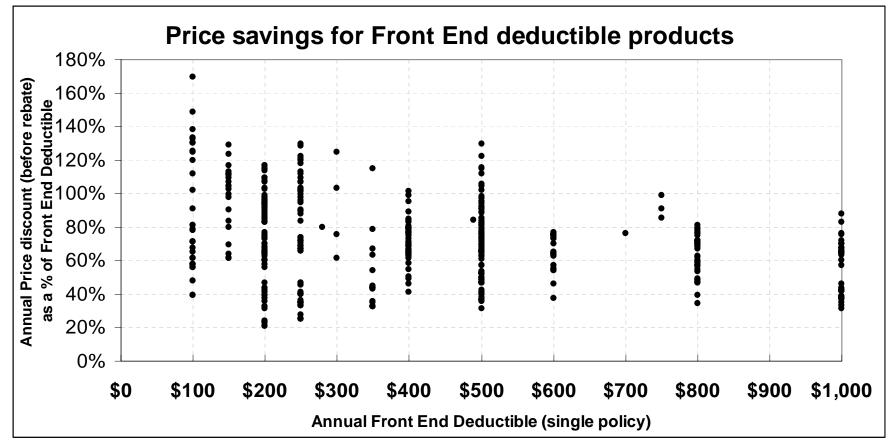
Prices in the Market



Survey of hospital prices for 32 funds (May 2005 prices)
Price of hospital cover varies between \$20 and \$160 per month (single)
 ¹⁶



Prices in the Market: FED pricing

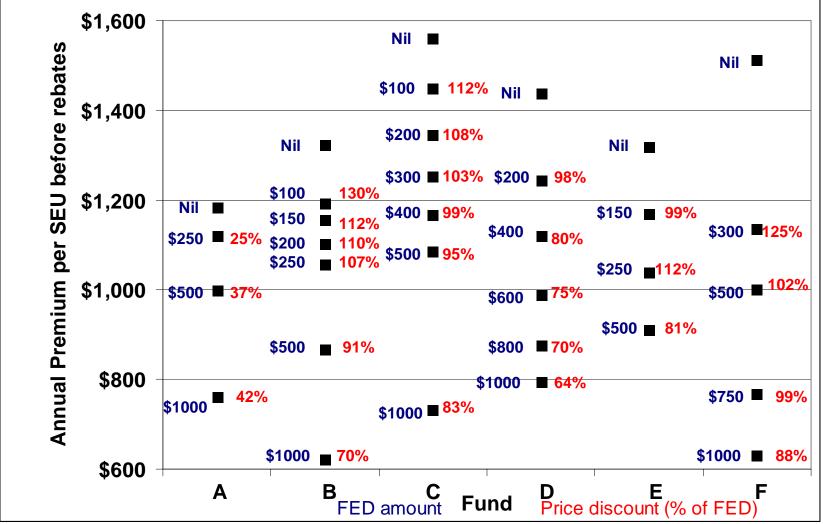


- Wide variation in pricing approaches across the industry
- Reliance on inertia and ignorance of members?
- Explicit/Implicit cross subsidisation decisions?

SUSTAIN ABILITY ACTUARIES AND THE FUTURE



A selection of product prices



Products are not necessarily directly comparable between funds

Not all funds are from the one state



Prices in the Market: Too cheap?

State	Minimum Cost =	Cheapest Product	Margin to cover
	Reinsurance Levy plus	in Market per SEU	claims, expenses and
	Ambulance Levy pa per	pa (before rebate)	profit
	SEU year ended Dec 2004	at April 2005	(% of contributions)
NSW	\$347*	\$364	4.7%
NT	\$93	\$205	54.6%
QLD	\$372	\$392	5.1%
SA	\$358	\$417	14.1%
TAS	\$371	\$287	(29.3%)
VIC	\$365	\$397	8.1%
WA	\$276	\$310	11.0%

• Minimum cost = Reinsurance Deficit per SEU + Ambulance Levy

• Based on prices in the market, some cheap products must be loss making





Pricing dilemma: product design vs claims experience

per SEU per annum	Hospital	Hospital	Hospital
	Product	Product	Product
	A	B	C
Annual FED	Nil	\$200	\$400
FED collected	0	50	70
Claims paid	2350	1800	900
Reinsurance payt/(recpt)	-900	-600	100
Net Claims Cost	1450	1200	1000
Price	1600	1450	1300
Price discount (% of FED)		75%	75%
Gross Margin	9%	17%	23%
Price for 13% margin	1667	1379	1149
Price discount (% of FED)		144%	129%

• Should the price of product A be increased, despite the cannibalisation²⁰isk?



Discussion Points

- Is Community Rating dead?
- Is it necessary to break down Community Rating in order to support it?
- How should funds respond to adverse selection and its disparate margin outcomes
- Should funds voluntarily cross-subsidise between products
- How to respond to the pricing dilemma: striking a balance between product design and claims experience
- Potential for product cannibalisation
- Is is possible to redesign the risk adjustment scheme to adequately respond to adverse selection?