METHODOLOGY

Health Insurance Star Ratings & Awards

September 2019

What are the Canstar *Health Insurance Star Ratings & Awards*?

Canstar's *Health Insurance Star Ratings* use a sophisticated and unique ratings methodology that compares both the price and features of private health insurance products, assessing three separate health insurance product types – hospital cover, extras cover, and packaged hospital and extras cover. Canstar Star Ratings represent a shortlist of products, enabling consumers to narrow their search to products that have been assessed and ranked.

Ratings range from five to one star. Five-star rated products have been assessed as offering outstanding value to consumers.

Each fund's top performing policy per state/territory across all Star Ratings profiles are aggregated into the state/territory awards for all three product categories: Hospital, Extras and Packages. State/Territory awards are awarded to the fund with the best cumulative performance for each product category.

To calculate the national award, each fund's state/territory performance across the three product categories is weighted to calculate a state/territory score, which is then weighted based on population data. The national award is awarded to up to three of the top performing funds across Australia.

Profiles

Canstar recognises that consumers have different needs when it comes to choosing their health insurance policy. Hence the Canstar *Health Insurance Star Ratings* methodology has been designed to reflect a range health insurance needs based on a consumer's life stage, family structure, gender and level of coverage. The Star Ratings methodology differs for each consumer segment in terms of the relative importance placed on the price and features of the products assessed.

Eligibility Requirements

Hospital Cover

To be eligible for evaluation in Canstar's *Health Insurance Star Ratings*, a hospital policy must:

- Cover treatment as a private patient in a private hospital (i.e. not a public hospital policy)
- Exempt the policy holder from the Medicare Levy Surcharge
- Be available for new policy holders
- Be approved by the Commonwealth Ombudsman

In addition, policies are required to have a minimum level of comprehensive cover for certain consumer profiles, outlined in the following table:

Life Stage	Target Age	Single Female	Single Male	Couple	Family	Single Parent Family	Minimum Eligibility Requirements (Hospital and Package Only)
Young	<36	✓	✓	✓	✓	✓	None
Established	36 – 59	✓	✓	✓	✓	✓	Heart and Vascular System
Obstetrics	Any	✓			✓		Pregnancy and Birth
Matures	60+	✓		✓			Heart and Vascular System and Joint Replacement

Extras Cover

To be eligible for evaluation in Canstar's *Health Insurance Star Ratings*, an Extras policy must:

- Be available for new policy holders
- Be approved by the Commonwealth Ombudsman

The extras cover methodology is broken down into three tiers, with coverage increasing from tiers one to three. In order for extras policies to be eligible for consideration, a policy must meet the following criteria:

<table>
<tr><th rowspan="2">Item Category</th><th colspan="3">Extras Level of Cover</th></tr>
<tr><th>Tier 3</th><th>Tier 2</th><th>Tier 1</th></tr>
<tr><td>Dental check-ups</td><td rowspan="4">Must Include</td><td>Must Include</td><td>Must Include</td></tr>
<tr><td>Physiotherapy</td><td rowspan="3">Any 3</td><td rowspan="11">Optional</td></tr>
<tr><td>Chiropractic</td></tr>
<tr><td>Optical</td></tr>
<tr><td>Massage</td><td>Any 3</td></tr>
<tr><td>Crown Veneer</td><td rowspan="2">Must Include</td><td rowspan="2">Any 1</td></tr>
<tr><td>Root canal</td></tr>
<tr><td>Acupuncture</td><td rowspan="5">Any 3</td><td rowspan="5">Any 2</td></tr>
<tr><td>Podiatry</td></tr>
<tr><td>Psychology</td></tr>
<tr><td>Non-PBS</td></tr>
<tr><td>Speech Therapy</td></tr>
<tr><td>Dental braces</td><td rowspan="3">Any 1</td><td rowspan="3">Optional</td></tr>
<tr><td>Glucose Monitor</td></tr>
<tr><td>Hearing Aids</td></tr>
</table>

Award Eligibility

Policies are rated in the following states and territories:

- Queensland
- New South Wales and ACT
- Victoria
- Tasmania
- South Australia
- Western Australia
- Northern Territory

To be included in a state or territory, a fund must have a minimum market share of 0.4% in that state or territory or 5% of their own policy book in that state or territory. To be eligible for the national award, a fund must have a minimum market share of 0.4% in *each* state.

Star Rating Methodology
Hospital Cover

Hospital cover products are rated across seven states/territories and 14 profiles so that consumers from a diverse range of demographics are able to identify a shortlist of five-star products that are best suited to their needs. Eligibility for each of the 98 state/territory-profile combinations will depend on product availability for the state/territory and whether the insurance cover is for singles, single parents or couples and families. Products nominated for families are also eligible to be compared in the single parent profile in accordance with the sales practices of the private health insurance industry.

Each eligible health insurance policy receives a Price Score and Feature Score, with the sum of these scores determining their relative place within the market. The methodology for hospital cover policies can be summarised as follows:

Total Score = Price Score + Feature Score

Each profile combination is subject to different weightings depending on consumer need. Based on our profile descriptions, the weightings for each of the profiles' price and feature scores are as follows:

Category	Young	Single or Family with Obstetrics	Established	Mature
Price Score	**70%**	**60%**	**50%**	**60%**
Net Cost	100%			
Feature Score	**30%**	**40%**	**50%**	**40%**

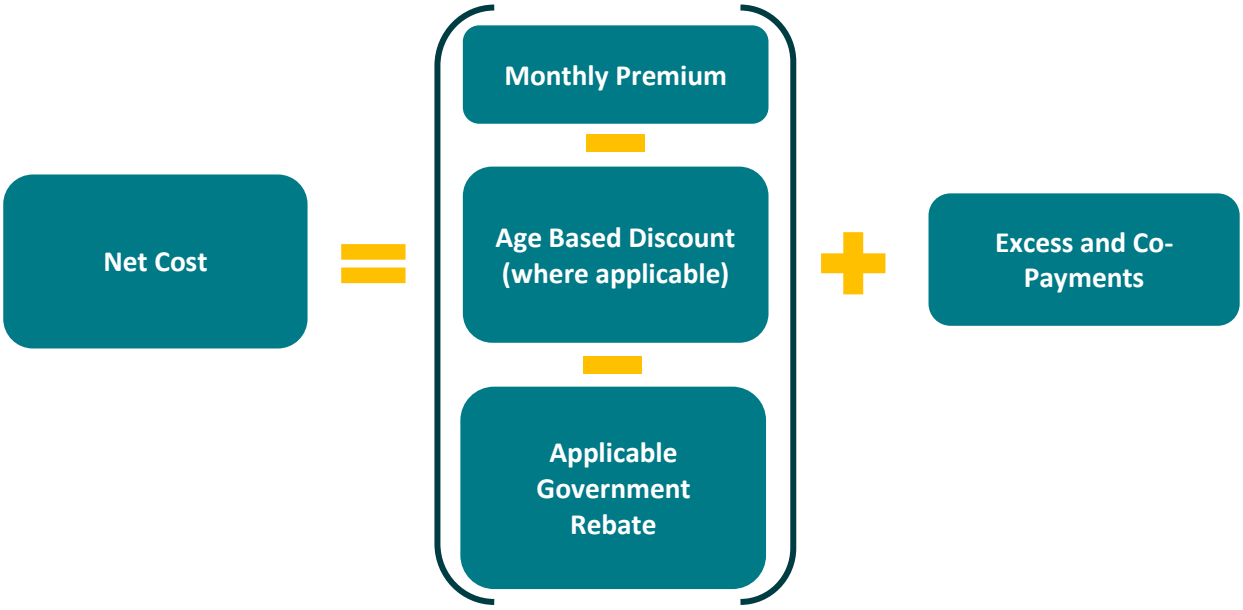
The table below outlines the components of the price and feature scores within the Hospital methodology.

Methodology Component	Description
Price	**Considers policy cost elements**
Net Cost	Considers the sum of the Premium (with an aged-based discount applied where applicable in the Young profiles), Excess and Co-Payments and the Government Rebate. **Premium:** Based on annual premium. **Aged-Based Discount:** Considers an age-based discount of 2% applied to the hospital premium. This discount is only applicable to Young profiles. **Government Rebate:** A rebate of 25.059% based on an income of <$90,000 per annum is applied to all premiums, except for Mature profiles, where a discount of 29.236% is applied. **Excess and Co-Payments:** Considers the average amount of excesses payable over 8 different hospital admission scenarios.
Features	**Considers the structure of the policy and additional fund elements**
Customer Journey	Based on the journey of a customer through the lifecycle of the policy.

Price Score

The net cost is the sum of the policy's premium, the aged-based discount (young profiles only), the government rebate, and excess and co-payments into a single amount representing the true cost incurred by the customer when owning the policy.

Net Cost Calculation:



Aged-Based Discount:

The Age Based Discount provides access to a premium discount which is tiered by age. The Aged Based Discount has a maximum discount of 10% and a minimum of 0%. To recognise the availability and also the structure of the discount, Canstar has applied a weighted discount based on the number of insured persons able to access the discount within its Life Stage profiles. The application of this discount is only on policies which make this discount available. The below table outlines the discount applied by life stage.

Aged-Based-Discount	
Life Stage	**Discount Applied**
Young (<35)	2%
Obstetrics	-
Established	-
Mature	-

Excess and Co-Payments

The cost of a policy is calculated based on how its excess and co-payment structures perform in eight hospital admission scenarios. Where applicable, waivers for day surgery and dependants are applied. These scenarios reflect the length of common hospital admissions such as childbirth, heart failure and joint replacement. More common admission scenarios are receiving a greater weighting than those that are less common, as can be seen in the table below:

Description	Admissions Per Year	Young	Obstetrics	Established	Mature
No Admission (Premium Only)	-	90%	70%	80%	60%
Day Surgery (Premium + Excess/Co-Payment)	1	2.5%	5%	5%	10%
Day Surgery (Premium + Excess/Co-Payment)	3	2%	4%	4%	8%
2 Night (Premium + Excess/Co-Payment)	1	1.5%	3%	3%	6%

2 Night (Premium + Excess/Co-Payment)	3	1%	2%	2%	4%
4 Night (Premium + Excess/Co-Payment)	1	1.5%	12.5%	3%	6%
7 Night (Premium + Excess/Co-Payment)	3	1%	2.5%	2%	4%
14 Night (Premium + Excess/Co-Payment)	1	0.5%	1%	1%	2%

Feature Score

Canstar's *Health Insurance Star Ratings* takes a customer journey approach to features, covering the steps within the journey of a health insurance policy during its life cycle. The steps are: Application, Payment, Cover, Service, Claims, Cancellation.
In addition, the Customer Journey considers both the fund's Agreement Network and the Medical Gap Score.

Category	Young (< 35)	Obstetrics	Established (36 – 59)	Mature (60+)
Application	**2.5%**			
Payment	**5%**			
Cover	**80%**			
Agreement Network	10%			
Private Hospitals	60%			
Private Day Hospitals	40%			
Inclusions	90%			
Service	**5%**			
Customer Self-Service	*60%*			
Accessibility	*40%*			
Branch Access	50%			
Phone Access	50%			
Claims	**5%**			
Claims Channels	*10%*			
Medical Gap Score	*90%*			
Cancellation	**2.50%**			

Inclusions
The Inclusions score measures the number of services included with a weighting applied based on profile needs. In total there are 40 inclusions considered and they are outlined below:

- Ambulance Cover
- Assisted Reproductive Services
- Back, Neck & Spine
- Blood
- Bone, Joint and Muscle
- Brain and Nervous System
- Breast Surgery
- Cataracts
- Chemotherapy, Radiotherapy & Immunotherapy
- Dental Surgery
- Diabetes Management
- Dialysis for Chronic Kidney Failure
- Digestive System
- Ear, Nose & Throat
- Emergency Accidental
- Eye (Not Cataracts)
- Gastrointestinal Endoscopy
- Gynaecology
- Heart and Vascular System
- Hernia and Appendix
- Hospital Psychiatric Services
- Implantation of Hearing Services
- Insulin Pumps
- Joint Reconstructions
- Joint Replacements
- Kidney and Bladder
- Lung and Chest
- Male Reproductive System
- Miscarriage and Termination of Pregnancy
- Pain Management
- Pain Management with Device
- Palliative Care
- Plastic and Reconstructive Surgery
- Podiatric Surgery
- Pregnancy and Birth
- Rehabilitation
- Skin
- Sleep Studies
- Tonsillitis, Adenoids and Grommets
- Weightloss Surgery

There are four tiers of hospital cover: basic, bronze, silver and gold. These tiers set out what is, and what is not covered based on new clinical categories. Each tier sets out which categories must be covered by health insurers, and if a policy covers a certain category, then it must cover all the items listed within it.

Inclusions categories that are either eligibility requirements of the applicable profile or covered by the lowest tier product in the profile (and therefore all products) have had a cap applied to their allocated weight. This capping allows the methodology to appropriately recognise the differentiation between policies within any given profile. There has been additional capping applied to certain profiles based on age or gender, where appropriate.

The total weight applied to all capped categories is approximately equal to the portion of claims made on the capped categories compared the total number of claims made on all categories.

The total weight applied to all capped categories by profile is detailed below.

- Mature and Obstetrics profiles – Products are Silver Tier at minimum – 80% of all claims fall into inclusions categories that are covered in full.
- Established profiles – Products are Bronze Tier at minimum – 60% of all claims fall into inclusions categories that are covered in full.
- Young profiles – No capping applied.

Following the application of the cap any remaining weight is distributed to the additional inclusions based on the life stage of the profile.

Agreement Network (Private Hospitals)

The number of agreement private hospitals in a state represents the level of choice a patient has in healthcare providers that do not charge gap fee. For each state-profile combination, the number of no-gap private hospitals for the relevant state is compared against the number for other health funds to determine the no-gap private hospital contribution to the Star Ratings score. The health fund that has the most total no-gap private hospitals in that state receives the highest score towards each of its eligible hospital cover products, while all other health funds will be awarded a score based on their number of no-gap private hospitals relative to the institution awarded the highest score.

Agreement Network (Day Hospitals)

The number of agreement day hospitals in a state represents the level of choice a patient has in healthcare providers that do not charge gap fee. For each state-profile combination, the number of no-gap day hospitals for the relevant state is compared against the number for other health funds to determine the no-gap day hospital contribution to the Star Ratings score. The health fund that has the most total no-gap day hospitals in that state receives the highest score towards each of its eligible hospital cover products, while all other health funds are awarded a score based on their number of no-gap day hospitals relative to the institution awarded the highest score.

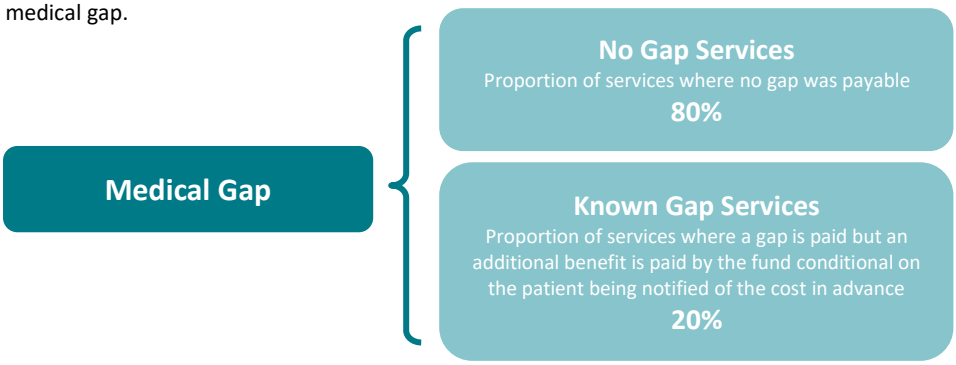
Accessibility

Accessibility is measured across the following:

- Branch Access: number of branches per state/territory
- Phone Access: functionality through the health fund's phone service

Medical Gap

Medical gap refers to the difference between doctors' fees for in-hospital services and the benefit paid by health funds. Some health funds have agreements with doctors for members to not to incur any out-of-pocket expenses. Whilst doctors can decide whether or not a particular patient is covered by a fund's gap scheme, a good indicator of the quality of a fund's gap cover arrangements is the percentage of medical services that incurred no gap payments. This data is sourced from the Private Health Insurance Ombudsman's (PHIO) State of the Health Funds Report. The fund with the best weighted-average medical gap performance in each profile receives the top score for medical gap.

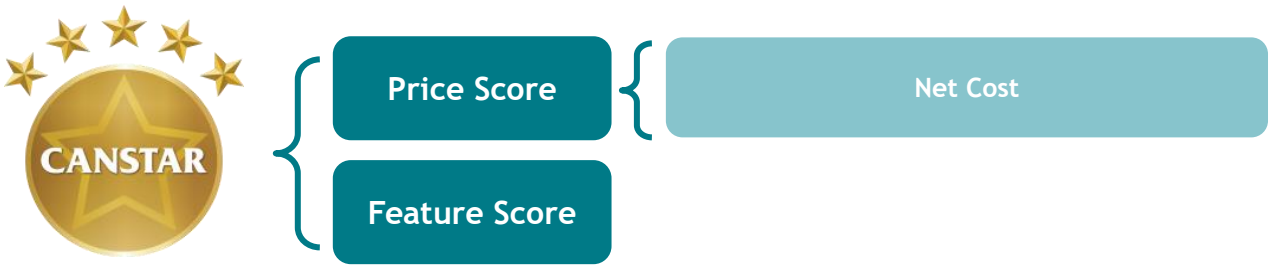


Extras Cover

Extras cover products are rated across seven states/territories and 3 profiles so that consumers from any demographic are able to identify a shortlist of five-star products that are best suited to their individual needs. Eligibility for each of the state-profile combinations will depend on product availability for the state and whether the insurance cover is for singles, single parents or couples and families. Products nominated for families are also eligible to be compared in the single parent profile in accordance with the sales practices of the private health insurance industry.

Each eligible health insurance policy will receive a Price Score and Feature Score, with the sum of these scores determining their relative place within the market. The methodology for extras cover policies can be summarised as follows:

Total Score = Price Score + Feature Score



Each profile combination is subject to different weightings depending on need. Based on our profile descriptions, the weightings for each of the profiles' price and feature scores are as follows:

Category	Tier 1	Tier 2	Tier 2
Price Score	**70%**	**70%**	**70%**
Net Cost	100%	100%	100%
Feature Score	**30%**	**30%**	**30%**

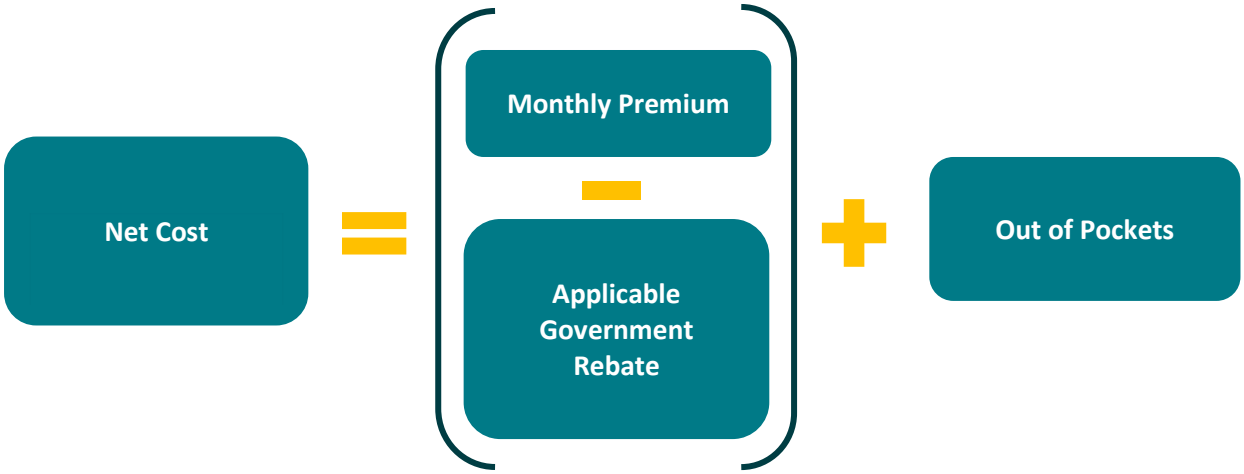
The table below outlines the components of the price and feature scores.

Methodology Component	Description
Price	**Considers policy cost elements**
Net Cost	Considers the sum of the Premium, Out-of-Pockets, and the Government Rebate. **Premium:** Considers policies on their annual premium. **Government Rebate:** A rebate of 25.059% based on an income of <$90,000 per annum is applied to all premiums, except for Mature profiles, where a discount of 29.236% is applied. **Out of Pockets:** Considers 100 hypothetical policy holders and their claim outcomes over the course of one calendar year.
Features	**Considers the structure of the policy and additional fund elements**
Customer Journey	Based on the journey of a customer through the lifecycle of the policy.

Price Score

The net cost is the sum of the policy's premium, the government rebate, and out of pockets into a single amount representing the true cost incurred by the customer when owning the policy.

Net Cost Calculation:



Out-of-Pockets

The out-of-pockets component of the price score is a scenario-based calculation, that takes into consideration standard item limits, network item limits, standard item costs, network item costs, category limits, group limits and top-up bonuses. The calculation uses 100 hypothetical new policy holders who have met all the waiting period requirements.

Policyholder usage is based on industry data with the minimum and maximum usage based on the Star Ratings profiles. The cost for the services used is based on a national average cost. Where a health fund has network providers, its standard schedule costs for the proportion of policy holders who use a network provider are used. Where a health fund does not have network provider, the standard costing will be used in the calculations. All limits are incorporated into the calculations including item limits, sub limits, category limits and group limits.

Family scenarios will include claims by dependents, where different benefits apply to dependents they are considered. Should a policy not provide cover for an item or category the total cost of the "claim" is applied to the out-of-pocket calculation. Where a policy offers the policyholder a choice of services (if available), the services considered in this comparison are chosen.

Feature Score

Canstar's *Health Insurance Star Ratings* takes a customer journey approach to features, covering the steps within the journey of a health insurance policy during its life cycle. The steps are: Application, Payment, Cover, Service, Claims, Cancellation.

Extras Category	Tier 1	Tier 2	Tier 3
Application		**2.5%**	
Payment		**5%**	
Cover		**80%**	
Inclusions		100%	
Group 1	70%	60%	45%
Dental Check-up		*25%*	
Physiotherapy		*20%*	
Chiropractic		*15%*	
Optical		*20%*	
Massage		*5%*	
Ambulance Cover		*15%*	
Group 2	25%	30%	45%
Tooth removal		*15%*	
Crown veneer		*15%*	
Root canal		*20%*	
Speech therapy		*5%*	
Wellness therapies		*5%*	
Acupuncture		*10%*	
Podiatry		*10%*	
Non-PBS Medicine		*10%*	
Psychology		*10%*	
Group 3	5%	10%	10%
Braces		*60%*	
Hearing Aids		*20%*	
Glucose Monitor		*20%*	
Service		**5%**	
Customer Self Service		*60%*	
Accessibility		*40%*	
Branch Access		50%	
Phone Access		50%	
Claims		**5%**	
Claims Channels		*100%*	
Cancellation		**2.5%**	

Within each inclusions category (e.g. Dental Check-up), products are scored on a number of policy features:

- ***Item benefit*** – The benefit for each item is considered here. For policies where benefits are payment as a percentage of costs, these are converted into a fixed amount based on average costs.
- ***Annual limits*** – Per person and per policy limits are scored separately with the policies with the highest limits receiving the top score. Since many policies have limits that are shared amount benefit groups, polices are also scored for each benefit category based on how many other services the limit is shared with. A policy where the benefit limit is not shared with other items receives the full score for shared services.
- ***Flexibility*** – Policies are scored based on additional features that may influence the out-of-pocket cost that consumers may experience. These include networks, waiting periods, and top-up bonuses.

Accessibility

Accessibility is measured across the following:

- Branch Access: number of branches per state/territory
- Phone Access: functionality through the health fund's phone service

Packaged Cover

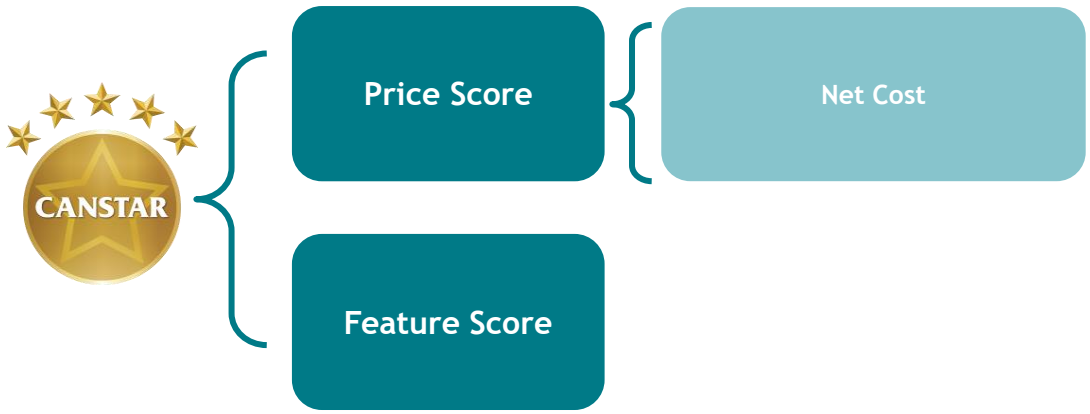
Packaged hospital and extras policies are rated in a similarly way to standalone Extras and Hospital products. All of the components of the two methodologies are combined with the weightings used on the following pages.

Where a fund does not offer packaged health cover but instead lets customers choose from a range of hospital-only or extras-only policies, Canstar creates custom products to enter into the packaged health cover Star Ratings.

For example; the top-performing Hospital product is combined with the top-performing Extras for a Young Single Male to be included in the Packaged Cover ratings for that profile. Up to five different packages are created for each fund in each consumer profile, and at least one package is created for each fund (unless they already list every combination).

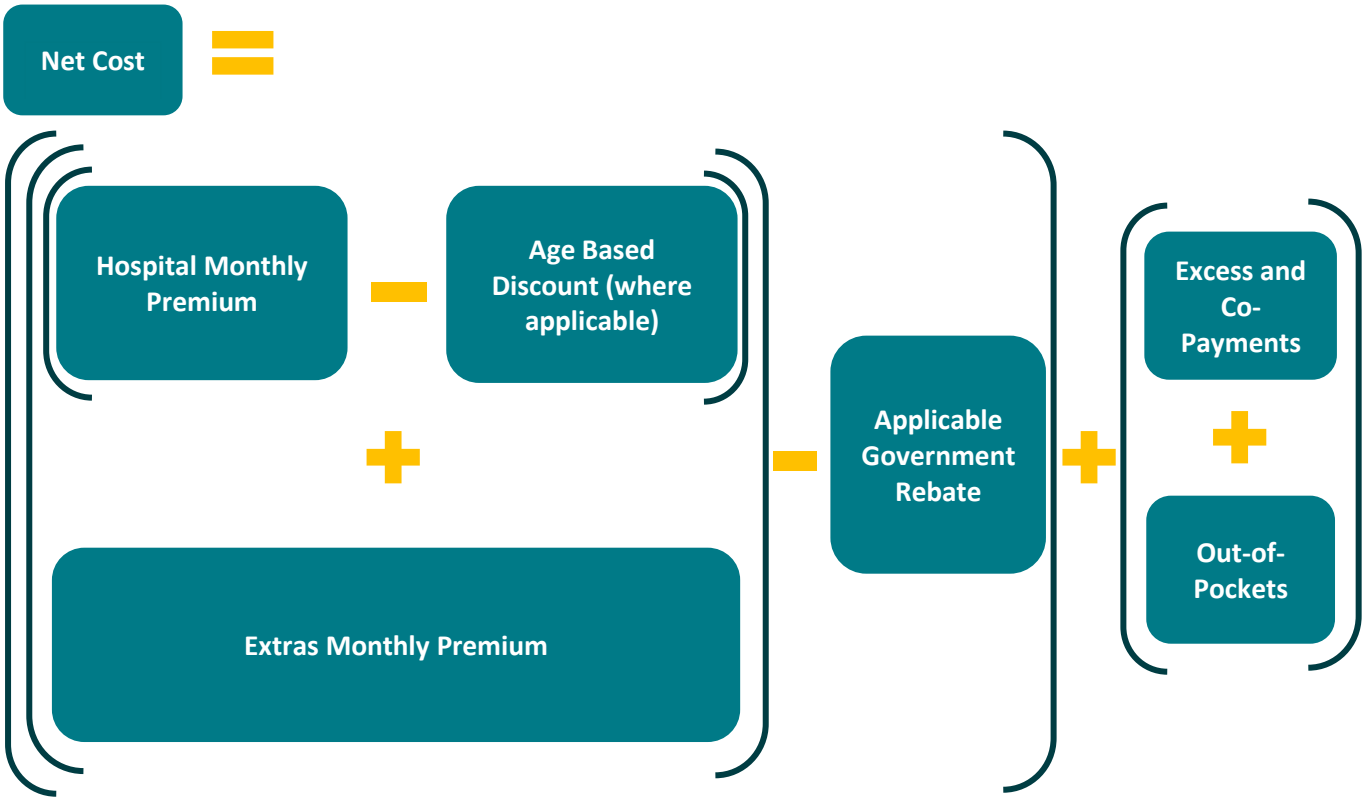
Each eligible health insurance policy receives a Price Score and Feature Score, with the sum of these scores determining their relative place within the market. The methodology for hospital cover policies can be summarised as follows:

Total Score = Price Score + Feature Score



Price Score

The net cost is the sum of the policy's hospital and extras premiums, the aged-based discount (young profiles only), the government rebate, excess and co-payments, and out of pockets into a single amount representing the true cost incurred by the customer when owning the policy.



Feature Score

Canstar's Health Insurance Star Ratings takes a customer journey approach to features, covering the steps within the journey of a health insurance policy during its life cycle. The steps are: Application, Payment, Cover, Service, Claims, Cancellation.
In addition, the Customer Journey considers both the fund's Agreement Network and the Medical Gap Score.

Category	Young	Obstetrics	Established	Mature
Features	40%	45%	50%	45%
Application	**2.5%**			
Payment	**5%**			
Cover	**80%**			
Agreement Network	5%			
Private Hospitals	60%			
Private Day Hospitals	40%			
Hospital Inclusions[1]	60%	60%	60%	60%
Extras Inclusions[1]	30%	30%	30%	30%
Ambulance	5%			
Service	**5%**			
Customer Self-Service	*60%*			
Accessibility	*40%*			
Branch Access	50%			
Phone Access	50%			
Claims	**5%**			
Claims Channels	*10%*			
Medical Gap Score	*90%*			
Cancellation	**2.50%**			

1. The Hospital and Extras Inclusions categories consider the applicable life stage approach within the Extras and Hospital methodology.

Award Methodology

The Outstanding Value Private Health Insurance Awards recognise insurers at both a state and national level. Canstar awards one insurer in each state and up to three insurers nationally, who demonstrate a consistent offering across all profiles and locations based on the following methodologies.

Each fund's top performing policy per state/territory across all Star Ratings profiles are aggregated into the state/territory awards for all three product categories: Hospital, Extras, and Packages.

The state/territory awards are awarded in the following states/territories: Queensland, New South Wales/ACT, Victoria, Tasmania, South Australia, Western Australia and Northern Territory.

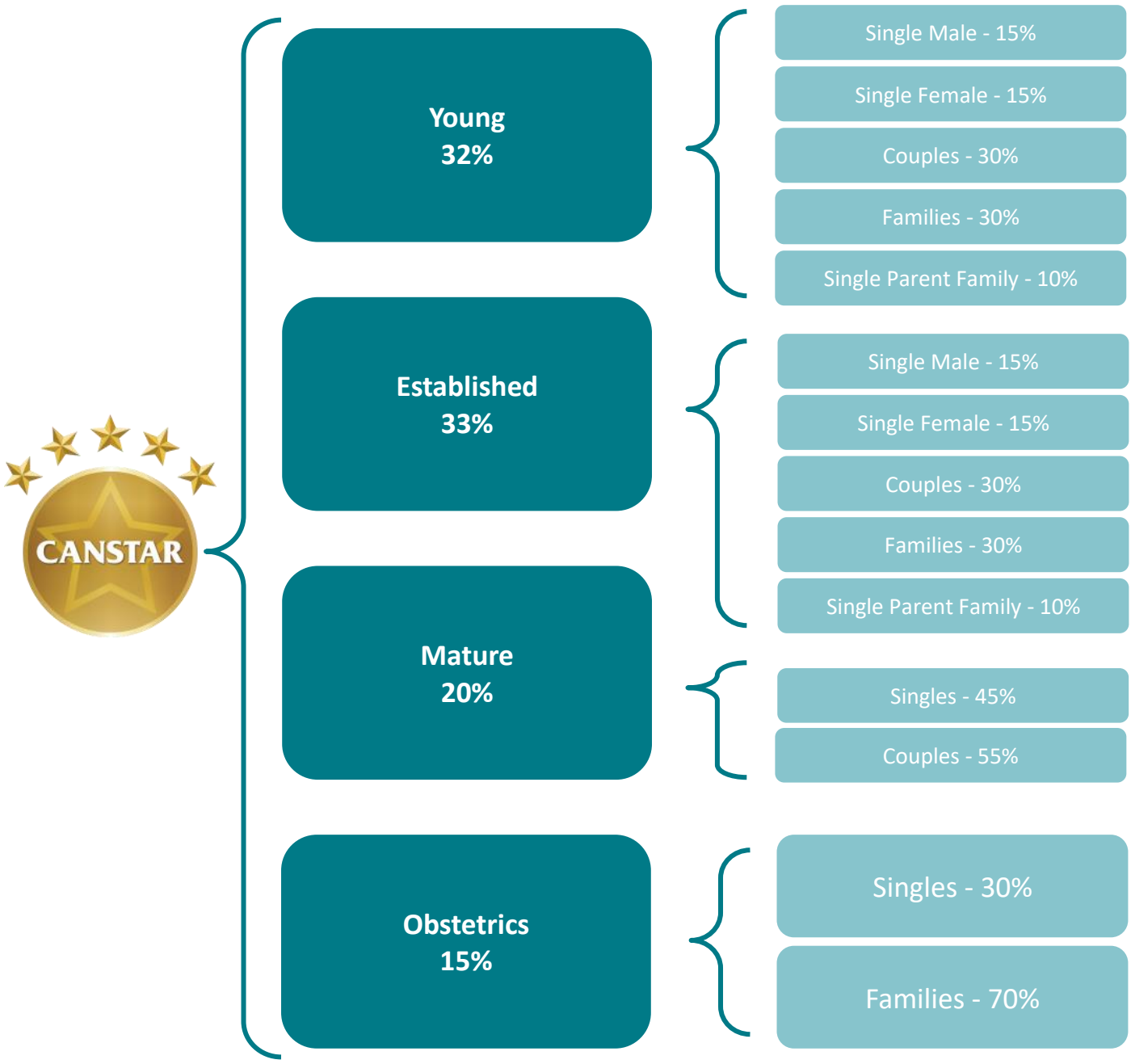
Each profile is given a weighting towards the state awards, which are shown on the following page.

State Awards

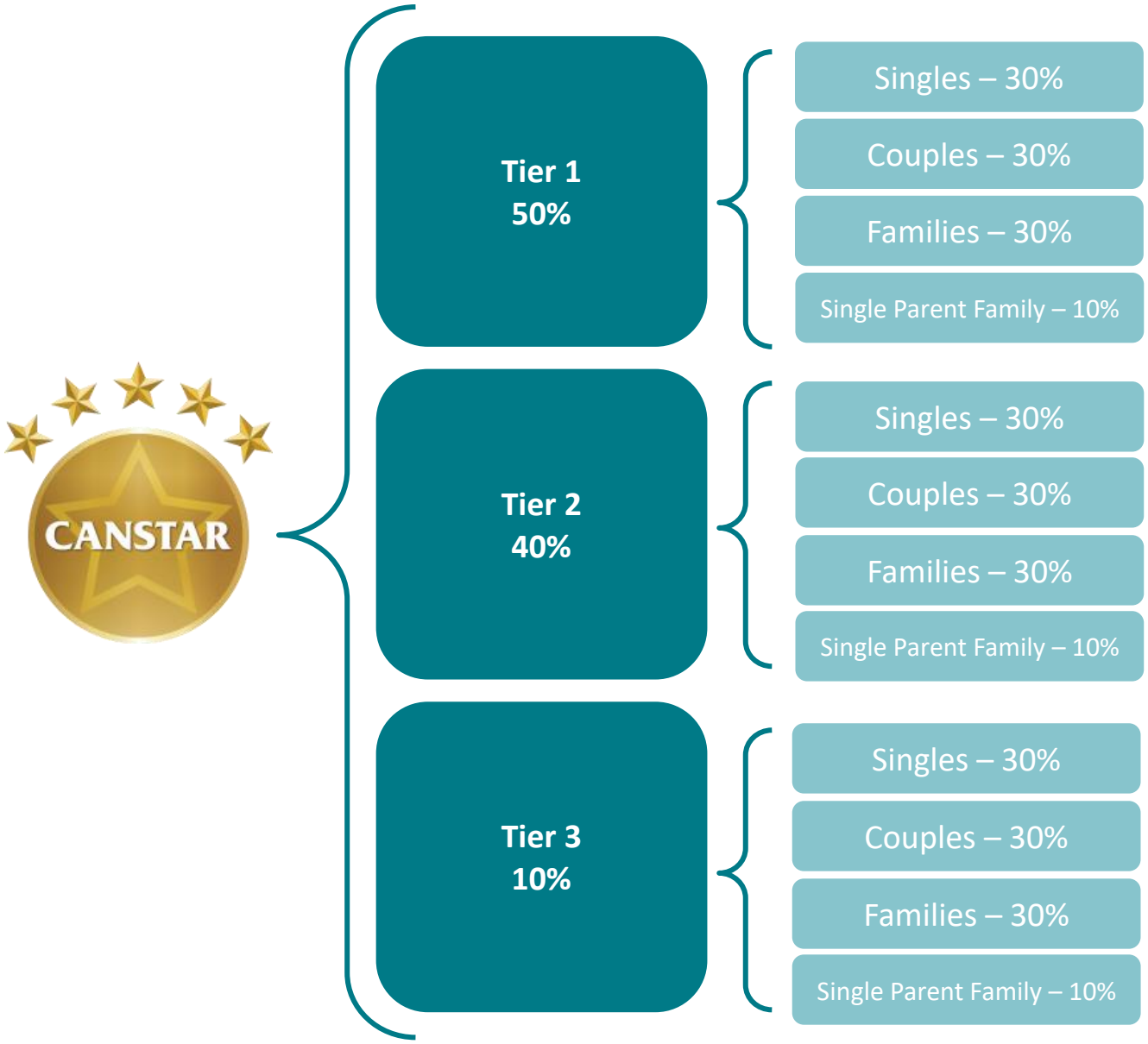
Eligibility Requirements

To be eligible for a state award for outstanding value private health insurance, funds must have a minimum market share of 0.4% in the state or territory.

State Award—Hospital Cover



State Award—Extras Cover



State Award—Packaged Cover

<table>
<tr><th colspan="4">State Award – Packaged Cover</th></tr>
<tr><td colspan="4">Life Stage</td></tr>
<tr><td>Young – 32%</td><td>Established – 33%</td><td>Mature – 20%</td><td>Obstetrics – 15%</td></tr>
<tr><td colspan="4">Extras Tiers</td></tr>
<tr><td colspan="2">Tier 1 – 50%</td><td>Tier 2 – 40%</td><td>Tier 3 – 10%</td></tr>
<tr><td colspan="4">Life Stage</td></tr>
<tr><th>Young</th><th>Established</th><th>Mature</th><th>Obstetrics</th></tr>
<tr><td>Single Male – 15%</td><td>Single Male – 15%</td><td rowspan="2">Singles – 45%</td><td rowspan="2">Family – 70%</td></tr>
<tr><td>Single Female – 15%</td><td>Single Female – 15%</td></tr>
<tr><td rowspan="2">Couples – 30%</td><td rowspan="2">Couples – 30%</td><td rowspan="3">Couples – 55%</td><td rowspan="3">Single Female – 30%</td></tr>
<tr><td>Families – 30%</td><td>Families – 30%</td></tr>
<tr><td>Single Parent Family – 10%</td><td>Single Parent Family – 10%</td></tr>
</table>

For every combination of each life stage and extras tier there are corresponding family structures. Each family structure has weights according to the make-up of the family.

For example, for Mature Tier 1, Mature Tier 2, and Mature Tier 3 have weight allocated to Singles and Couples of 45% and 55% respectively.

The weights allocated to each family structure are detailed in the table above.

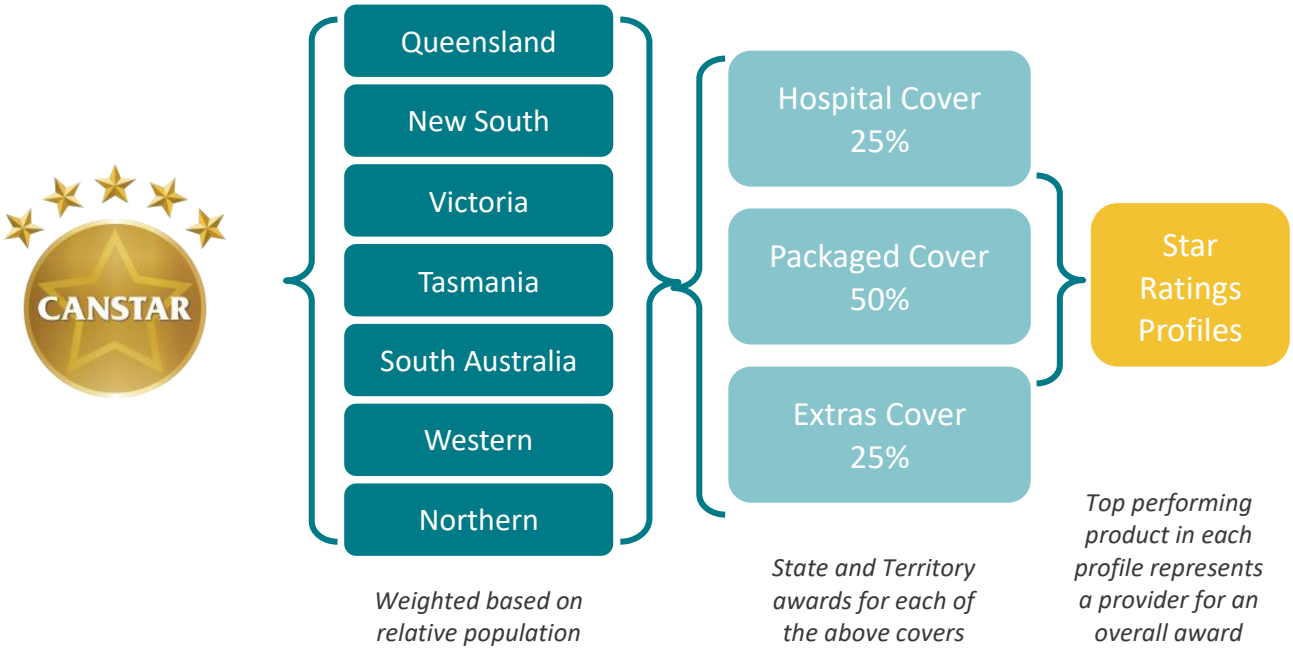
National Award

Eligibility Requirements

To be eligible for a national award for outstanding value private health insurance, funds must have a minimum market share of 0.4% in each state or territory and must have been available in the market for at least 12 months.

National Award Methodology

Each fund's state/territory performance across the three product categories is weighted to supply a state/territory score, which is then weighted based on population data. The national award is awarded to up to three of the top performing funds across Australia.



How often are products reviewed for Star Ratings and award purposes?

Ratings and awards are recalculated annually based on the latest features offered by each provider. Canstar also monitors changes on an ongoing basis. The results are published in a variety of mediums (newspapers, magazine, television, websites, etc.).

Does Canstar rate all products available in the market?

We endeavour to include the majority of product providers in the market and to compare the product features most relevant to consumers in our ratings. However, this process is not always possible and it may be that not every product in the market is included in the rating nor every feature compared that is relevant to you.

Does Canstar rate other product areas?

Canstar researches, compares and rates the suite of banking, wealth and insurance products listed below. These Star Ratings use similar methodologies to guarantee quality, consistency and transparency. Results are freely available to consumers who use the Star Ratings as a guide to product excellence. The use of similar Star Ratings logos also builds consumer recognition of quality products across all categories.

Please access the Canstar website at www.canstar.com.au if you would like to view the latest Star Ratings reports of interest.

- Account based pensions
- Business life insurance
- Deposit accounts
- Health insurance
- Landlord insurance
- Margin lending
- Package banking
- Reward programs
- Travel insurance
- Agribusiness
- Car insurance
- Direct life insurance
- Home & contents
- Life insurance
- Online banking
- Personal loans
- Superannuation
- Travel money cards
- Business banking
- Credit cards
- First home buyer
- Home loans
- Managed investments
- Online share trading
- Pet insurance
- Term deposits
- Youth banking

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