Reviews undertaken in previous term of Parliament

REQUEST:

A summary table providing details of the 70 Reviews mentioned in the Department's Incoming Government Brief to the Minister. Please include the title of each review, a brief description and its current status.

PROPOSED RESPONSE:

For a summary of the 70 Reviews mentioned in the Department of Health, Disability and Ageing's Incoming Government Brief, please refer to Freedom of Information - FOI 26-1905 - published on 4 September 2025, available at https://www.health.gov.au/resources/foi-disclosure-log/foi-26-1905-list-of-reviews-mentioned-in-the-incoming-government-brief.

It was not possible in the time available to provide a status update on each of the reviews.

Health, Disability and Ageing Economic Reform Attendee List

REQUEST:

The full list of attendees and organisations that attended the Health, Disability and Ageing Economic Reform Roundtable in August.

RESPONSE:

Health, Disability and Ageing Economic Reform Roundtable - final attendance list

Name	**Organisation**
Dr Martin Laverty	Aruma
Ms Joanne Schofield	United Workers Union
Dr Danielle McMullen	Australian Medical Association
Professor Richard Murray	Queensland Health
Professor Lisa Nissen	Centre for the Business and Economics of Health, Faculty of Health, University of Queensland
Dr Jason Agostino	National Aboriginal Community Controlled Health Organisation
Ms Cathryn Cox PSM	Sydney Children's Hospital Network
Mr Andrew Rowley	Ability First Australia
Mr Lloyd Williams	Health Services Union
Ms Annie Butler	Australian Nursing & Midwifery Federation
Ms Emma King OAM	HumanAbility
Ms Monika Wheeler	Healthy North Coast PHN
Dr Simon Kos	Microsoft
Dr David Hansen	Australian e-Health Research Centre, CSIRO
Dr Neil Soderlund	Quantium
Professor Ian Hickie AO	Brain and Mind Centre, University of Sydney

Ms Bronwyn Le Grice	ANDHealth
Mr Tom Symondson	Ageing Australia
Adjunct Professor Elizabeth Koff AM	Telstra Health
Professor Enrico Coiera	Australian Institute of Health Innovation
Ms Andrea Morris	Independent Living Assessment
Mr Marcus Riley	BallyCara
Mr Michael Walsh	Powerhouse Partners
Ms Melissa Coad	United Workers Union
Professor Tanya Buchanan	Dementia Australia
Professor Samuel Harvey	Black Dog Institute
Mr Robert Sturrock*	Australian Council of Social Service
Dr Erin Lalor AM	Alcohol and Drug Foundation
Ms Elizabeth de Somer	Medicines Australia
Ms Patricia Sparrow	COTA Australia
Professor Dorothy Keefe PSM	Cancer Australia
Ms Georgie Harman AO	Beyond Blue
Professor Stephen Jan	The George Institute for Global Health
Professor Jennifer Smith-Merry	University of Sydney
Dr Sarah White	Jean Hailes for Women's Health
Mr David Koczkar	Medibank Group
Ms Sarah Abbott	KPMG

Mr Brad Swan	Life Without Barriers
Ms Susan Pearce AM	NSW Health
Mr Andrew Thorburn	HammondCare
Professor Adam Elshaug	Centre for Health Policy, Melbourne School of Population and Global Health, The University of Melbourne
Ms Mary Ann Baquero Geronimo	Federation of Ethnic Communities' Councils of Australia
Ms Bronwyn Morris-Donovan	Allied Health Professions Australia
Professor Michael Pervan	Independent Health and Aged Care Pricing Authority
Dr Elizabeth Deveny	Consumers Health Forum of Australia
Mr Brian Hewitt	Carbal Medical Services
Ms Nadia Levin	Research Australia
Ms Katrina Armstrong	Mental Health Carers Australia

*Had to step out for 90 minutes, replaced by Dr Peter Davidson, Australian Council of Social Service.

Bulk Billing Data

REQUEST:

The Bulk Billing rate by electorate for 2024-25

The Bulk Billing rate specifically for the cohorts that are currently eligible for the bulk billing incentive (Concession Card Holders and Under 16s) each month from May 2022 until September 2025.

RESPONSE:

September 2025 figures are pre release and still undergoing quality assurance. We have provided August figures as the latest verified month.

GP Non-Referred Attendance Bulk Billing Rate, by Electorate, 2024-25

Electorate Name	Bulk Billing Rate
Banks	85.4%
Barton	87.1%
Bennelong	74.8%
Berowra	81.8%
Blaxland	97.4%
Bradfield	72.0%
Calare	81.6%
Chifley	97.4%
Cook	71.7%
Cowper	83.2%
Cunningham	76.1%
Dobell	75.9%
Eden-Monaro	72.4%
Farrer	74.3%
Fowler	96.6%
Gilmore	83.5%
Grayndler	77.5%
Greenway	92.3%
Hughes	84.8%
Hume	91.3%
Hunter	75.0%
Kingsford Smith	76.7%
Lindsay	95.1%
Lyne	81.4%
Macarthur	94.3%
Mackellar	67.5%
Macquarie	84.0%
McMahon	97.0%
Mitchell	86.2%
New England	78.4%
Newcastle	60.6%
Page	79.5%
Parkes	85.0%
Parramatta	91.4%
Paterson	75.7%

Electorate Name	Bulk Billing Rate
Reid	83.5%
Richmond	77.9%
Riverina	82.9%
Robertson	76.1%
Shortland	65.9%
Sydney	69.6%
Warringah	58.6%
Watson	96.6%
Wentworth	60.4%
Werriwa	94.7%
Whitlam	79.0%
Aston	79.6%
Ballarat	82.9%
Bendigo	76.8%
Bruce	88.5%
Calwell	89.8%
Casey	73.8%
Chisholm	75.6%
Cooper	73.3%
Corangamite	72.5%
Corio	73.0%
Deakin	72.4%
Dunkley	79.6%
Flinders	69.2%
Fraser	84.6%
Gellibrand	81.4%
Gippsland	84.1%
Goldstein	63.1%
Gorton	88.1%
Hawke	80.3%
Holt	91.9%
Hotham	81.4%
Indi	73.8%
Isaacs	81.9%
Jagajaga	68.7%
Kooyong	60.8%
La Trobe	85.9%
Lalor	89.5%
Macnamara	61.7%
Mallee	82.6%
Maribyrnong	75.0%
McEwen	75.2%
Melbourne	69.7%
Menzies	76.5%
Monash	84.0%
Nicholls	82.4%
Scullin	85.0%
Wannon	77.5%
Wills	74.4%
Blair	81.6%
Bonner	67.3%
Bowman	71.0%
Brisbane	56.0%

Electorate Name	Bulk Billing Rate
Capricornia	73.2%
Dawson	75.7%
Dickson	66.9%
Fadden	82.7%
Fairfax	70.2%
Fisher	70.0%
Flynn	74.6%
Forde	83.5%
Griffith	61.3%
Groom	79.7%
Herbert	81.0%
Hinkler	84.2%
Kennedy	78.1%
Leichhardt	81.1%
Lilley	65.4%
Longman	79.9%
Maranoa	79.8%
McPherson	77.8%
Moncrieff	80.8%
Moreton	76.5%
Oxley	81.2%
Petrie	74.3%
Rankin	84.1%
Ryan	59.6%
Wide Bay	77.6%
Wright	82.5%
Adelaide	71.7%
Barker	78.2%
Boothby	67.2%
Grey	83.2%
Hindmarsh	75.6%
Kingston	72.4%
Makin	77.3%
Mayo	71.0%
Spence	82.6%
Sturt	70.3%
Brand	75.0%
Bullwinkel	70.9%
Burt	77.9%
Canning	72.9%
Cowan	73.6%
Curtin	55.5%
Durack	74.9%
Forrest	76.5%
Fremantle	66.3%
Hasluck	71.3%
Moore	63.4%
O'Connor	76.1%
Pearce	68.8%
Perth	62.5%
Swan	69.9%
Tangney	67.6%
Bass	74.0%

Electorate Name	Bulk Billing Rate
Braddon	85.6%
Clark	62.4%
Franklin	60.5%
Lyons	76.9%
Lingiari	83.8%
Solomon	71.6%
Bean	54.4%
Canberra	49.2%
Fenner	58.1%

GP Non-Referred Attendance Bulk Billing Rate, Concession Card Holders and Under 16s

Month of Processing	Bulk Billing Rate
May-22	94.3%
Jun-22	93.8%
Jul-22	92.8%
Aug-22	91.8%
Sep-22	91.3%
Oct-22	90.8%
Nov-22	90.3%
Dec-22	90.3%
Jan-23	89.3%
Feb-23	89.2%
Mar-23	89.4%
Apr-23	89.5%
May-23	89.8%
Jun-23	89.0%
Jul-23	88.4%
Aug-23	88.3%
Sep-23	88.1%
Oct-23	88.0%
Nov-23	90.0%
Dec-23	90.7%
Jan-24	90.5%
Feb-24	90.6%
Mar-24	90.9%
Apr-24	91.5%
May-24	91.7%
Jun-24	91.5%
Jul-24	91.1%
Aug-24	91.1%
Sep-24	91.1%
Oct-24	91.1%
Nov-24	91.0%
Dec-24	91.1%
Jan-25	91.1%
Feb-25	91.2%
Mar-25	91.4%
Apr-25	92.2%
May-25	92.2%
Jun-25	91.8%
Jul-25	91.4%
Aug-25	91.4%

Ministerial Statement of Expectations sent to Private Health Insurers regarding the 2026 premium round

REQUEST:

Copies of the letters (or the template wording) sent to Private Health Insurers from the Minister concerning the Government's approach to premium changes for 2026.

RESPONSE:

While the request refers to a letter from the Minister, the communication to private health insurers was issued by the department on Minister Butler's behalf, as part of the following email regarding the 2026 premium round. This email was sent to private health insurers by the department on 19 September 2025. **Appendix A** includes:

- The Minister's Statement of Expectations regarding the 2026 premium round
- The approved application forms for the 2026 Premium Round
- Responses to questions received during the consultation process
- Additional departmental guidance on completing the forms
- A consultation paper on outlawing product phoenixing.

Better Access

REQUEST:

The number of Australians who accessed a mental health session through the Better Access Program by electorate for the months January 2022 and September 2025.

RESPONSE:

Better Access Program, by Electorate*, January 2022, January 2025, and August 2025.

*Electorates are based on 2025 boundaries. The response in February 2022 used 2021 Electorate boundaries

Electorate Name	Patients January-2022	Patients January-2025	Patients August-2025
Banks	2,652	2,881	3,508
Barton	2,664	2,850	3,400
Bennelong	3,475	3,905	4,794
Berowra	3,648	4,059	5,098
Blaxland	2,506	2,963	3,468
Bradfield	3,624	3,921	4,819
Calare	2,169	2,580	3,335
Chifley	2,170	2,395	3,019
Cook	2,952	3,456	4,323
Cowper	3,403	3,665	4,793
Cunningham	4,004	4,562	5,667
Dobell	2,992	3,416	4,117
Eden-Monaro	2,363	2,674	3,480
Farrer	2,236	2,519	3,137
Fowler	2,100	2,318	2,809
Gilmore	3,089	3,255	3,972
Grayndler	4,782	5,281	6,340
Greenway	2,439	2,963	3,769
Hughes	2,555	3,167	3,971
Hume	2,176	2,834	3,762
Hunter	2,719	3,343	4,316
Kingsford Smith	3,319	3,403	4,323
Lindsay	2,810	3,237	4,091
Lyne	2,376	2,659	3,516
Macarthur	2,277	2,540	3,325
Mackellar	3,467	3,933	4,882
Macquarie	3,479	3,910	5,097
McMahon	2,522	2,835	3,588
Mitchell	2,931	3,447	4,303
New England	1,890	2,215	3,075
Newcastle	3,950	4,457	5,488
Page	3,423	3,453	4,450
Parkes	1,907	2,078	2,717
Parramatta	3,025	3,189	3,966
Paterson	2,573	3,409	4,233
Reid	2,945	3,263	3,988

Electorate Name	Patients January-2022	Patients January-2025	Patients August-2025
Richmond	4,449	4,901	5,932
Riverina	2,134	2,562	3,220
Robertson	3,031	3,667	4,465
Shortland	2,937	3,583	4,580
Sydney	5,162	5,396	6,216
Warringah	3,709	4,266	5,483
Watson	2,428	2,609	3,107
Wentworth	4,585	4,912	5,859
Werriwa	2,060	2,283	2,813
Whitlam	3,147	3,335	4,359
Aston	3,333	3,828	4,756
Ballarat	3,649	4,414	5,639
Bendigo	3,385	4,041	5,186
Bruce	3,200	3,700	4,553
Calwell	2,823	2,923	3,914
Casey	3,658	4,303	5,444
Chisholm	3,492	4,031	5,031
Cooper	4,993	6,147	7,730
Corangamite	2,832	3,879	4,983
Corio	3,586	4,380	5,359
Deakin	3,873	4,634	5,832
Dunkley	4,052	4,449	5,711
Flinders	3,404	3,702	4,663
Fraser	3,916	4,307	5,613
Gellibrand	3,182	3,799	4,905
Gippsland	2,289	2,895	3,620
Goldstein	4,294	5,056	6,481
Gorton	2,631	2,923	3,788
Hawke	3,396	3,850	4,988
Holt	2,473	3,101	3,984
Hotham	3,443	3,869	4,749
Indi	2,331	2,852	3,791
Isaacs	3,040	3,539	4,627
Jagajaga	3,801	4,757	6,282
Kooyong	3,927	4,709	5,880
La Trobe	2,746	3,269	4,327
Lalor	2,729	2,938	3,905
Macnamara	5,093	5,505	6,722
Mallee	2,194	2,604	3,047
Maribyrnong	3,815	4,470	5,650
McEwen	3,318	4,071	5,093
Melbourne	5,346	6,172	7,037
Menzies	3,242	3,908	4,888
Monash	2,596	3,029	3,909
Nicholls	2,597	2,946	3,466
Scullin	2,848	3,041	3,938
Wannon	2,372	2,954	3,780
Wills	5,606	6,918	8,385
Blair	3,675	4,187	4,969
Bonner	3,305	3,490	4,222
Bowman	2,956	3,387	3,928
Brisbane	4,771	4,946	5,753

Electorate Name	Patients January-2022	Patients January-2025	Patients August-2025
Capricornia	1,940	2,360	3,144
Dawson	2,126	2,250	2,852
Dickson	3,488	3,716	4,566
Fadden	4,235	4,200	4,873
Fairfax	4,236	4,806	5,360
Fisher	4,030	4,567	5,274
Flynn	1,999	2,055	2,284
Forde	3,727	4,213	4,804
Griffith	4,328	4,666	5,495
Groom	3,127	3,518	4,141
Herbert	3,264	3,335	4,150
Hinkler	2,453	2,988	3,327
Kennedy	1,890	2,078	2,628
Leichhardt	2,902	3,081	3,544
Lilley	3,533	3,842	4,656
Longman	3,345	3,528	4,116
Maranoa	1,816	1,919	2,417
McPherson	4,111	4,306	5,190
Moncrieff	4,051	4,183	4,956
Moreton	3,547	3,738	4,300
Oxley	3,376	3,623	4,188
Petrie	3,633	3,679	4,329
Rankin	3,228	3,280	3,802
Ryan	3,888	4,241	4,879
Wide Bay	2,880	3,266	4,054
Wright	3,473	3,925	4,790
Adelaide	3,894	4,254	5,015
Barker	2,146	2,588	2,861
Boothby	3,533	4,006	4,929
Grey	1,335	2,097	2,658
Hindmarsh	3,005	3,473	4,185
Kingston	3,588	4,127	4,868
Makin	3,111	3,444	3,965
Mayo	3,292	3,874	4,807
Spence	3,236	3,372	3,901
Sturt	3,511	3,836	4,673
Brand	2,874	2,931	3,591
Bullwinkel	3,637	3,243	3,625
Burt	3,102	2,849	3,495
Canning	2,298	2,286	2,818
Cowan	3,112	2,852	3,236
Curtin	4,259	4,034	4,836
Durack	1,876	1,822	2,474
Forrest	2,920	3,049	3,571
Fremantle	3,962	3,642	4,398
Hasluck	3,301	2,889	3,460
Moore	3,796	3,680	4,177
O'Connor	1,933	2,074	2,555
Pearce	3,761	3,377	4,073
Perth	4,342	3,946	4,760
Swan	3,573	3,260	3,698
Tangney	4,019	3,541	4,053

Electorate Name	Patients January-2022	Patients January-2025	Patients August-2025
Bass	1,797	2,079	2,546
Braddon	1,544	1,857	2,258
Clark	2,456	2,833	3,459
Franklin	2,225	2,703	3,397
Lyons	1,622	2,068	2,661
Lingiari	624	760	1010
Solomon	1,246	1,261	1,479
Bean	2,130	2,556	3,327
Canberra	2,704	3,035	3,796
Fenner	2,324	2,631	3,373

NOTES:

- All data accessed through the Department of Health, Disability and Ageing's Enterprise Data Warehouse.
- Data is determined by the date the service was processed, not the date the service was provided.
- Includes patients who claimed at least one MBS service provided under the Better Access initiative.
- Monthly Medicare data can be volatile. It displays seasonal trends and is influenced by the timing of weekends or public holidays and whether the holiday falls on a weekend or weekday.
- The timing of weekends or public holidays can make significant differences in the number of work days in the period and result in material differences to the number of services processed, even without underlying utilisation changes.
- August figures as the latest verified month. September figures are pre release and still undergoing quality assurance.
- Electorate boundaries have been updated from 2021 to 2025 and therefore we have updated the January 2025 figures provided in February 2025.

Workforce

REQUEST:

- An updated forecast gap of registered nurses required in residential aged care to fulfil care minute requirements currently in place, as of 1 September 2025.
- A breakdown of the current care workforce numbers across Australia, including registered nurses, enrolled nurses, general practitioners, disability care workers an aged care workers. Please provide in the same format as response tabled 15 Feb 202 from the 2023-24 Additional Estimates.

RESPONSE:

- The forecast gap of registered nurses required in residential aged care homes is estimated at 1,490 Registered Nurses in 2024-25.
- Note that the Department's workforce model has not been updated since the forecast gap was provided in November 2024 in response to your request.
- This estimate is based on supply figures from the regular Aged Care Provider Workforce Survey, most recently conducted in 2023.
- The Aged Care Workforce model is being revised to take into account the impacts of recent aged care reforms, including the new Support at Home program.
- The next Aged Care Provider Workforce Survey, which will be a input into workforce supply intelligence, is due to commence early in 2026.

See **Appendix B** for table of Health Workforce by Aged Care and Disability, Profession and Area, 2019 to 2024.

Please refer to **Table 1: 2025 Estimated Workforce Supply (Headcount)** for Residential Aged Care and Home Care as provided overleaf.

Table 1: 2025 Estimated Workforce Supply (Headcount) for Residential Aged Care and Home Care

ACWF supply	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32
Residential Aged Care							
RNs+NPs	39,079	40,020	40,707	41,142	41,424	41,935	42,327
ENs	16,976	17,357	17,638	17,824	17,958	18,185	18,358
PCWs	153,627	156,594	159,023	160,973	162,701	164,062	165,632
Total of direct care workers in RAC	209,682	213,972	217,368	219,939	222,083	224,181	226,318
All workers in RAC	266,231	271,301	275,436	278,704	281,522	284,348	287,180
Home Care Package Program and CHSP combined							
RNs+NPs	7,626	7,926	8,180	8,423	8,650	8,929	9,186
ENs	2,261	2,343	2,413	2,477	2,538	2,617	2,687
PCWs	128,258	132,704	136,701	140,958	145,311	149,177	153,219
Total of direct care workers in HCP/CHSP	138,145	142,973	147,294	151,858	156,499	160,723	165,093
All workers in HCP/CHSP	202,768	209,623	215,967	222,552	229,216	235,613	241,881
Grand total of all direct care workers	**347,827**	**356,945**	**364,661**	**371,797**	**378,582**	**384,904**	**391,411**
Grand total of all aged care workers	**468,999**	**480,924**	**491,403**	**501,256**	**510,738**	**519,960**	**529,061**

Notes:

1. Figures in the table are projected workforce supply from the department's Aged Care Workforce Model.
2. These estimates are based on Aged Care Workforce Provider Survey 2023.
3. Figures include all workers in the aged care sector, including agency staff.
4. "Direct care workers" include enrolled nurses, registered nurses, nurse practitioners and personal care workers.
5. "All workers" include nurses, personal care workers, Aboriginal and Torres Strait Islander health workers, management and administration, allied health and ancillary care workers.

Aged Care

1. **The number of Australians on the National Priority System as of 30 June 2025 and 30 September 2025. Please provide a national figure as well as by Federal Electorate.**

- As at 30 June 2025, there were 96,709 people on the National Priority System waiting for a package at their approved level.

- As at 30 September 2025, there were 121,909 people on the National Priority System waiting for a package at their approved level.

- With the commencement of the Aged Care Act 2024 on 1 November 2025, changes will be required to the manner in which data is collected and published

- 99% of people on the NPS are either receiving care at a lower level or eligible for CHSP.

- A breakdown by electorate can be found in **Appendix C**.

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 7 October 2025.

- Future extracts of the same information may differ due to the dynamic nature of the data.

2. **The number of Australians waiting to be assessed under the Single Assessment System, Aged Care Assessment Team and Regional Assessment Team as of 30 June 2025 and 30 September 2025. Please provide a national figure as well as by federal electorate.**

- As at 30 June 2025, there were 122,968 referrals for aged care needs assessments on hand (this means that a referral for an aged care needs assessment had been issued, but a support plan had not yet been completed). As at 30 September 2025, there were 116,339 referrals for aged care needs assessments on hand.

- These comprise approximately 40% referrals awaiting a home support assessment (which is typically the pathway to Commonwealth Home Support Program services) and approximately 60% awaiting a comprehensive assessment (which is the pathway to Home Care Package and residential care).

- Note that this total includes people awaiting an assessment who are already receiving aged care services. This may also include people who have been provided access to urgent CHSP services before an assessment, if required.

- A breakdown by electorate, can be found in **Appendix D**.

Please note:

- The terms ‘Aged Care Assessment Team’ and ‘Regional Assessment Team [Services]’ are old terms that applied to assessment organisations in operation prior to the commencement of the single assessment system workforce from 9 December 2024.

- Data was extracted from the Aged Care Data Warehouse on 3 October 2025.

- Future extracts of the same information may differ due to the dynamic nature of the data.

- Data relating to home support assessments and comprehensive assessments is subject to change. Upon review of an aged care needs referral, assessment organisations may reclassify a referral from a home support assessment to a comprehensive assessment, and vice versa.

3. The number of Australians who are receiving a Home Care Package at a lower level than their current assessed need as of 30 June 2025. Please provide a national figure as well as by federal electorate.

- As at 30 June 2025, there were 15,998 people who are receiving care in a lower level than their current assessed need (awaiting upgrades).

- A breakdown by electorate can be found in **Appendix E**.

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 7 October 2025.

- Future extracts of the same information may differ due to the dynamic nature of the data.

4. The median and mean wait time in days, for an Australian to receive a home care package at their approved level as of 30 June 2025 and as of 30 September 2025. Please provide an overall figure and by federal electorate.

- Median wait times from assessment approvals to allocation of a home care package can be found in the table below.

	30 June 2025			**30 September 2025**		
HCP level	High	Medium	Both priorities	High	Medium	Both priorities
Level 1	11	308	14	5	347	347
Level 2	11	291	291	11	319	319
Level 3	11	321	320	11	350	348
Level 4	11	350	13	12	378	13
All levels	11	321	295	12	349	320

- Mean wait times from assessment approvals to allocation of a home care package can be found in the table below.

	30 June 2025			**30 September 2025**		
HCP level	High	Medium	Both priorities	High	Medium	Both priorities
Level 1	9	308	134	5	348	348
Level 2	10	293	269	11	319	284
Level 3	10	320	242	10	351	229
Level 4	10	345	169	12	381	144
All levels	10	318	224	11	346	223

- A breakdown by electorate can be found in **Appendix F**.

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 7 October 2025.
- Future extracts of the same information may differ due to the dynamic nature of the data.

5. The number of new Home Care Packages that have been added into the Home Care Program system from 1 July to date. This should exclude any packages that have been reallocated from a previous participant.

- 10,001 new home care packages have been released during this period to date.

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 7 October 2025.
- Future extracts of the same information may differ due to the dynamic nature of the data.

From: Private Health Strategy Branch
Cc: Private Health Strategy Branch
Subject: 2026 Premium Round timeline, application forms, statement of expectations, and phoenixing consultation paper
Date: Friday, 19 September 2025 10:52:58 AM
Attachments: Att2A 2026 premium round statement of expectations.pdf
Att 1A PHI PR 2026 Written Application Form.pdf
Att 1B PHI PR 2026 Template Application Form.xlsx
Guidance on Insured Groups.pdf
2026 premium round consultation summary.pdf
image001.png
Consultation Paper - Outlawing product phoenixing.pdf

Dear Insurers,

Please find attached the approved application forms for the 2026 Premium Round. These forms will be published on our website as soon as possible.

The timelines are:

Dates	Events
Friday, 19 September 2025	PHI Circular released to inform industry about the timeline, the release of the Statement of Expectations, and the final application form.
Wednesday, 12 November 2025	**Applications due by 3pm.** The Department of Health, Disability and Ageing and the Australian Prudential Regulation Authority's assessment of applications commences.
December 2025 to 31 January 2026 (Indicative only – subject to Minister's consideration of applications)	Insurers notified of outcome outside business hours.
Wednesday, 1 April 2026	Premium changes take effect.

Also attached are:

- Responses to questions received during the 2026 Premium Round consultation process
- Minister for Health and Ageing's Statement of Expectations for the 2026 premium round
- Additional departmental guidance on selecting the appropriate insured groups to complete Attachment B, Template A (as foreshadowed at the Premium Round Forum). This has been provided in response to questions from some insurers on how to complete column H of Template A.

As noted in the Statement of Expectations, the department is currently developing the legislative option to achieve the Government's election commitment to outlaw product phoenixing. Insurers are encouraged to plan their product suite on the assumption that the legislative change will come into effect within the 2026 Premium Round year (1 April 2026 – 31 March 2027). The department is seeking feedback on the proposed legislative option and its implementation, due 17 October 2025. The Consultation Paper has been attached, noting that it will be published on our Consultation Hub later today.

The department intends to provide insurers with updated IHACPA estimates of projected benefits and savings associated with Prescribed List reforms in October 2025.

To facilitate a smooth Premium Round, we encourage insurers to ensure they are confident in submitting information via the Health Data Portal before applications are due. Emails recommending that nominated users test uploading documents to the Health Data Portal will be sent in due course.

The department will upload a copy of this email, and future emails relating to the 2026 Premium Round to the Health Data Portal.

Please send any questions or concerns to PHI@health.gov.au.

Regards,

Financing Section

Private Health Strategy Branch | Health Systems Strategy Division | Strategy and First Nations Group
Australian Government Department of Health, Disability and Ageing
PO Box 9848, Canberra ACT 2601, Australia

The Department of Health, Disability and Ageing acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders past, present, and emerging.

The Hon Mark Butler MP
Minister for Health and Ageing
Minister for Disability and the National Disability Insurance Scheme

STATEMENT OF EXPECTATIONS FOR THE 2026 PRIVATE HEALTH INSURANCE PREMIUM ROUND

Context

To ensure the ongoing viability of private health services, it is my intention to continue to use the private health insurance premium round process to maintain the value proposition of private health insurance for consumers, and support an appropriate balance of market powers and equitable funding arrangements in the private healthcare industry. This will support the Australian Government's investment in the private healthcare sector of $7.8 billion on the private health insurance rebate in 2025-26 and 75% of the Medicare Benefits Schedule (MBS) fee for medical services delivered to private patients in hospital.

The private hospital sector has, and is expected to continue to face, a number of temporary and systemic challenges to its sustainability and capacity to contribute to the Australian health system. While parts of the sector have remained strong, there has been a reduction in profitability over time (from a profit margin of 5.1% in 2020-21 to -0.1% in 2023-24[1]) as costs have risen faster than revenue, and there has been a decline in investment across the sector.[2]

The proportion of hospital treatment premium revenue paid out as benefits by insurers (hospital benefits ratio) dropped from pre-pandemic levels of around 90% to a low of 83% in 2022-23. I note that the benefits ratio largely does not reflect insurers pandemic commitments givebacks to consumers (of $4.5 billion between March 2020 and 30 June 2024)[3] and net margins declined for both for-profit and not-for-profit insurers between 2018-19 and 2023-24 (by 0.3 and 0.6 percentage points, to 6.4% and 0.5%, respectively). [4]

Recent data shows a more positive turnaround, with healthcare service volumes largely recovered to pre-pandemic trends, albeit at a slower rate than expected and in lower-cost delivery settings. However, the information from private health insurers to the department earlier this year that indicated the industry hospital benefits ratio would approach around 87% for 2024-25 has not materialised. Rather, the hospital benefits ratio for 2024-25 is unchanged from the previous financial year, at 85.5%. This result is linked to a drop-off in hospital utilisation (PHI funded hospital admissions per insured person), declining by 0.3% in 2024-25.

It is encouraging that there has been continued steady growth (of 3.5% in 2024-25) in hospital benefits paid per episode, with this at least partly reflecting indexation arrangements between insurers and hospitals. However, it is worth noting that even if utilisation growth had been stable, the benefits ratio would have been substantially less than what was indicated when insurers were surveyed by the department in May 2025.

More strenuous efforts by insurers are needed to support the long-term viability of this essential part of our health system, including more equitable funding outcomes for the wide range of private

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[1] ABS Australian Industry, catalogue 8455.0.

[2] Private Hospital Sector Financial Health Check – Resources | Australian Government Department of Health, Disability and Ageing

[3] Private Health Insurer pandemic commitment monitoring reports | Australian Government Department of Health, Disability and Ageing

4 APRA Quarterly private health insurance statistics and APRA Quarterly private health insurance performance statistics, March 2025 quarter.

healthcare providers. I encourage private health insurers to give a higher priority to strengthening their core hospital insurance offering and prioritising support for the private hospital sector.

I encourage private hospitals and health insurers to collaborate closely, including through the Private Health Chief Executive Officer Forum, to ensure the private health sector remains financially sustainable in the short term, and to continue adapting and innovating to deliver efficient, contemporary hospital care into the future and take pressure off public hospitals.

Further, I note the Government's election commitment to legislate against product phoenixing. I have directed the department to develop legislative options to bring this into effect. Subject to the details being finalised and the passage of legislation, I intend to achieve this by amending the PHI Act to require Ministerial approval for premiums of new products (similar to the requirement to apply for premium changes). I note insurers would continue to be able to close or terminate products at any time in order to protect against prudential risk. Insurers will be strongly encouraged to apply for new product premiums through the annual Premium Round process. I will not be minded to approve applications made outside of this process except for under exceptional circumstances. While these details are being finalised, I expect insurers to cease practices that seek to deliberately circumvent the premium approval process and restrict consumer choice.

Expectations for the 2026 Premium Round

Under section 66-10 of the *Private Health Insurance Act* (the PHI Act), private health insurers must apply to me, as Minister for Health and Ageing, for approval of proposed changes to private health insurance premiums. The PHI Act requires that I approve these changes, unless I am satisfied that doing so would be contrary to the public interest.

Each application is assessed on its individual merits and I retain broad discretion to consider any relevant matters in determining whether a proposed change is contrary to the public interest.

I acknowledge that the private health insurance sector has called for greater certainty and transparency in the Premium Round assessment process. This communication represents a first step toward that goal.

I encourage the private healthcare industry to actively engage with my department to further improve this process. This will help ensure that the private healthcare system remains well-positioned to deliver high-quality care and effectively complement the role of the public system. Strengthening the collection and analysis of key operational and performance private hospital data would also better enable the department to work closely with the sector for the benefit of the Australian health system.

For the 2026 Premium Round (for requested changes to take effect on 1 April 2026), in considering whether a change would be contrary to the public interest, some of the matters I intend to have regard to are set out below. Inclusion of the following matters would be helpful in my assessment of applications against the public interest test.

1. **Consumer value and market integrity:** How the application supports value for consumers, including by keeping premium increases as low as possible, and contributes to a fair, transparent and competitive private health insurance market.
2. **Private hospital sector viability:** How the application will support the financial viability of the private hospital sector, including how it will support a continuous increase to the industry hospital benefits ratio during the 2026 and 2027 premium years (where relevant). This includes how insurers will use their funding models to incentivise hospitals to deliver more innovative and cost-efficient models of care and to reduce significant differences in private hospital profit margins across the case mix.

3. **Balance of consumer value and sector viability**: Whether the application appropriately balances consumer value, the financial viability of the private hospital sector and the ability of the insurer to meet its obligations to its members, taking into account the insurer's historical and projected financial performance. I will pay particular attention to benefits paid, business expenses, net margins, investment income, profit and capital levels, and dividend payouts (where applicable).
4. **Accuracy of previous projections**: Whether the financial performance projections (as outlined above) used to justify previously approved premium increases differed from actual outcomes, and whether the application adequately explains and accounts for any differences. For example, if benefits growth was lower than forecasted, how has the application factored in the unexpected gain for the insurer (i.e. how much of the additional margin was kept by the insurer and how much was used to support their members, such as through funding a lower requested premium increase, or to support the viability of private hospitals).

Issued by:
The Hon Mark Butler MP
Minister for Health, Disability and Ageing
19/09/2025

Australian Government
Department of Health, Disability and Ageing

Private Health Insurance Premium Round 2026 Application Form

Submissions

Applications should be submitted via the Department of Health, Disability and Ageing's (the department's) **Health Data Portal (the portal)**, a cloud-based file transfer system, by **3pm, 12 November 2025**.

Access to the Portal has been provided to the nominated users for each insurer. To add additional users please provide details to phi@health.gov.au by 10 October 2025.

The Australian Prudential Regulation Authority (APRA) will have access to the applications and may engage with contacts on any questions they have.

Direct any enquiries on the premium round application form to the department (phi@health.gov.au) at the earliest opportunity to ensure sufficient time to respond.

Confidentiality and Publication

The submitted premium application forms will be treated as **protected information** as defined by the *Private Health Insurance Act 2007* (PHI Act). The department may use or disclose the information provided where authorised or required by law, including Division 323 of the PHI Act and, where relevant, the *Privacy Act 1988*.

The department intends to publish on its website each insurer's average premium price change and the industry average premium price change.

Only highly aggregated or non-identifiable information will be made public, such as average premium changes in jurisdictions or by insured groups.

The Premium Application Form

Section 66-10 of the PHI Act provides that a private health insurer that proposes to change the premiums charged for a complying health insurance product must apply to the Minister for Health and Ageing (the Minister) for approval of the change:

a) in the approved form; and

b) at least 60 days before the day on which the insurer proposes the change to take effect.

A written report and 5 templates (Template A, Template B, Template C, Template D and Template E) are collectively referred to as the premium application form. Optional covering letters will also be considered as part of the premium application form.

Template A details the premium changes for each complying health insurance product. For the purposes of section 66-10 of the PHI Act, the changes to the premiums in Template A are the changes for consideration by the Minister. The approved changes are the individual changed amounts for each product in Template A.

The premium application form will be assessed by the department and APRA.

In submitting the premium application form, please note:

- All products currently available and all new products expected to commence on or prior to 1 April 2026 should be included. The details of new products expected to commence prior to 1 April 2026 should be included on a best endeavours basis.
- All information should be provided as instructed in this document.
- Data should align with information provided to APRA under the reporting standards.
- Pages should be numbered in the written report.
- The premium application form should **not** be submitted in PDF format.
- Only information that is relevant to the health insurance business is required.[1]

The department and/or APRA will contact insurers to discuss applications that do not comply with the guidelines and requirements set out in this document.

2026 average premium increase

The 2026 average premium increase will be calculated from the premium as approved by the Minister in the 2025 premium round, regardless of whether this premium has been applied or not.

The written report

Applications for premium changes should include all information outlined below.

[1] Other than Template B where data is collected at a Health Benefits Fund level.

As a guide, an application which is consistent with the insurer's pricing targets and capital targets is expected to be no more than 20 pages and no more than 10 pages for the actuarial opinion.

Questions

Reference	Question	Guidance
1	Insurer name	Provide the name of the insurer as registered with APRA as at the premium application date.
2	Date(s) of premium change effect	Provide the date(s) on which the premium change(s) are to take effect. Insurers are requested to implement the premium changes to take effect on 1 April.
3	Summary statement	Option to answer this question by way of a covering letter OR as part of the written report. Summarise how the key drivers have resulted in the prices applied for and highlight any significant issues or key changes associated with the pricing or implementation approach.
4	Consistency with pricing targets	Outline whether the premium application is consistent with the insurer's approach to managing insurance risks. This is to detail products that are currently, or forecast to be, **outside** of pricing targets and any remedial action planned over the forecast period. Insurers are expected to demonstrate whether products **and** the fund as a whole are aligned to the pricing targets. Insurers are also asked to outline products with a gross margin pricing target below other insurance business expenses, i.e. products that are targeting losses and to confirm whether any action is planned on these products.
5	Consistency with capital targets	Outline whether the capital projections outlined in Template B are consistent with the insurer's capital targets. This should detail any remedial action planned over the forecast period should the projections be below the targets.

Reference	Question	Guidance
6	Benefit growth	Outline the approach to forecasting benefits over the projection period. Commentary should provide an understanding of how benefit growth is forecast (including reference to factors driving average cost growth and utilisation rates) and why they are considered reasonable. This may include quantifying growth drivers and programs affecting benefit growth. Commentary should specifically cover the insurer's view on how the underlying future benefits have been affected by Government reforms including: • Medicare Benefits Schedule changes. • Prescribed List of Medical Devices and Human Tissue Products (Prescribed List) Reforms. Include commentary on how current year projections of savings differ to prior projections of savings for the same period, if applicable. For example, projections may have changed due to new information. Also outline how any projected savings will be passed on to policyholders. • Dependents reforms (including how the insurer is implementing the reform, the maximum age of dependants and expected increase in participation). Commentary may also cover matters, such as hospital contract indexation, health system resourcing, out-of-hospital care initiatives, or other programs aimed at reducing costs etc., and any residual impacts of COVID 19 affecting underlying benefit growth, changes in claiming behaviour and/or uncertainty over the forecast period.
7	Out-of-pocket costs	Provide commentary on the insurer's strategy and activities that are expected to impact out-of-pocket costs paid by policyholders. Out-of-pocket costs also include excesses and co-payments. Commentary should cover the insurer's position on: • arrangements, such as no and known gap agreements, to limit policyholder medical out-of-pockets • strategies and actions affecting customer decisions on excesses and copayments. Where possible, quantify the expected customer impact of these initiatives from 1 April 2026.

Reference	Question	Guidance
8	Pricing	Summarise drivers affecting the requested premium increase. Commentary should include: • The extent that differences in recent experiences versus last premium round's assumption – (including benefits growth and other business expenses) have been accounted for in this year's application • Any additional commentary on benefit growth factored into pricing, not covered in section 6. • Any other drivers that have contributed to premium increases applied, changes in margins, capital and other strategies or material risks. Outline the approach to factoring Risk Equalisation payments into premium pricing. Provide commentary on the target profit margins, including: • How margins are derived • Return on capital expectations and the extent to which they are met by margins • Margins realised historically (past 5 years) Provide commentary on how profits/surpluses serve members outside of the insurance benefits. If insurers have concerns with the attribution analysis in Template E, an alternative analysis may be provided, but should adequately cover the areas mentioned above.
9	Other business expenses	Provide commentary on the insurer's strategy and activities that are expected to impact other business expenses and whether this has an impact on the requested premium increase. This may include commentary on 'health-related expenses' and 'other business expenses' that benefit members separate to regular business as usual operations.
10	Consistency with Act and Rules	Provide a declaration that the premium changes are consistent with the *Private Health Insurance Act 2007* and *Private Health Insurance (Prudential Supervision) Act 2015*, and the associated Rules, as at the date submitted.
11	Actuarial opinion	Provide an opinion (and commentary where relevant) from the Appointed Actuary regarding whether the assumptions and

Reference	Question	Guidance
		forecasts are reasonable. The Appointed Actuary should specifically comment on assumptions on future drawing rate growth. Provide a comment on the reasonableness of the conversion factor values provided by the insurer in Template C and the assumptions used to estimate the impact of the dependants reform in Template D. The Appointed Actuary may also comment on any matter he/she deems relevant to the premium application process.
12	Contact person	Provide the contact details of a primary contact person, and an alternative contact person. This should include: • name • position title • landline telephone number • mobile phone number • E-mail address.

Template A (Products)

- All complying health insurance products should be reported regardless of whether a change in premium is sought.
- Template A should be completed for all products currently available and all new products expected to commence on or prior to **1 April 2026.** The details of new products expected to commence prior to 1 April 2026 should be included on a best endeavours basis.
- All products should reflect the name, excesses, and premiums as they will appear in the Private Health Information Statements (PHIS) and Fund Rules from **1 April 2026.**
- Ambulance Only policies should be included where they are complying health insurance products, and included in HRF601.
- Information should be provided for all products, even if some products have the same price (e.g., information should be provided for couple policies even if they are priced the same as family policies).
- Do not include Overseas Visitors Health Cover or Overseas Student Health Cover products.
- Do not create new categories as a substitute for drop down list options – select only options in the drop-down menu.
- Template A "number of policies" and "insured people" should be consistent with HRF601 for the **September 2025** quarter.
- Products listed in all templates should be identified with a unique 'Product Code' identifier. This should be the PHIS ID.
- If an insurer plans to terminate products, additional information is required on the effective 2026 price of products that customers are to be migrated to. This will not be reflected in the headline increase, but rather to provide visibility of the termination-migration effect.

Field Descriptions

Field	Data Entry Guidelines	Example
Column A - Insurer	Name of insurer.	
Column B - State	Select from the drop down list the State/Territory in which the product is available. This should be consistent with the risk equalisation jurisdiction for APRA reporting Each State/Territory should be recorded separately (i.e. if the same product is available in multiple states, record in individual rows).	Drop down list: • NSW / ACT • NT • QLD • SA • TAS • VIC • WA
Column C - Product code PHIS ID	Enter in full the unique product identification code for the product, exactly as generated in the PHIS by privatehealth.gov.au (i.e. do not truncate by omitting insurer identifier component of code). Every unique PHIS ID should be included in its own row. This includes products that are closed, or have zero policies/people.	
Column D - Product name as at 1 April 2026	Enter the product name. If the name is duplicated across products, do not leave any rows blank, but instead enter the identical name for each product. This should be consistent with the information recorded in the PHIS for the product.	Gold Hospital Cover
Column E - Product status as at 1 April 2025	Select from the drop-down list whether the product is: • Open – New Product: New product opened (or planned to be open) between 1 April 2025 and 1 April 2026.	Drop down list: • Open – New Product • Open – Existing • Closed – Closing • Closed – Existing • Terminating

Field	Data Entry Guidelines	Example
	• Open – Existing: Open already existing product as at 1 April 2025 that will continue to be open to new customers on 1 April 2026. • Closed – Closing: Product open on 1 April 2025 that the insurer intends to close by 1 April 2026. • Closed – Existing: Product closed as at 1 April 2025. • Terminating: Product planned to terminate by 1 April 2026, with customers being migrated to alternative products. Note: the product status as at 1 April 2026 should be completed on a best endeavours basis based on available information as at 30 September 2025.	
Column F - Product Coverage	Select only from the drop-down list.	Drop down list: • Hospital = Hospital treatment only • General = General treatment only • Combined = Combined hospital and general treatment • General - Ambulance = Ambulance only
Column G - Hospital category as at 1 April 2026	Select only from the drop-down list. This should be consistent with the information recorded in the PHIS for the product with that particular unique product identification code. Leave blank for general products.	Drop down list: • Gold • Silver Plus • Silver • Bronze Plus • Bronze • Basic Plus • Basic

Field	Data Entry Guidelines	Example
Column H - Insured Group	Select only from the drop-down list. Enter information for each product subgroup separately even if different insured groups have the same price (e.g. include couples information in a separate row from family's information even if they have the same prices, if they have different PHIS's).	Drop down list: • ChildrenOnly • Couple • ExtendedFamily • ExtendedSingleParentFamily • Family • Single • SingleParentFamily
Column I - Annual excess as at 1 April 2026	Enter the amount of the excess for the product as at 1 April 2026. This is the maximum annual excess for the policy. For example, $500 should be entered if the excess is $250 per admission per person but limited to a maximum of $500 per year. This should be consistent with the information recorded in the PHIS for the product with that particular unique product identification code.	$500
Column J - Annual co-payment as at 1 April 2026	Enter the maximum annual total co-payment amount for the product as at 1 April 2026 as a dollar amount or "no cap". A dollar amount should report the **maximum** allowable **annual total** co-payment amount (this is an amount separate to Annual excess – see above). For example, enter $500 if the co-payment is $50 per admission for every admission up to a maximum of $500 per year. If no cap exists, enter "no cap".	$500 or "no cap"
Column K - 2025 Monthly premium ($) for	Enter the approved 1 April 2025 price, regardless of whether this price has been applied or not. The	$100.07

Field	Data Entry Guidelines	Example
products existing on 30 September 2025	2026 average premium increase will be calculated from the base price as agreed by the Minister in the 2025 premium round. Enter the price of all products opened between 1 April 2025 and 30 September 2025. This price should reflect the full price and exclude the rebate, LHC loadings, and discounts. For new products commencing after 30 September 2025, please leave blank.	
Column L - 2026 Monthly premium ($) as at 1 April 2026 - for all products (new and existing)	Enter the proposed new price per month for the product as at 1 April 2026, including for new products. This price should reflect the full price and exclude the rebate, LHC loadings, and discounts. For new products that did not yet exist as at 30 September and where the price has not yet been finalised, the price should be completed on a best endeavours basis. For products terminating, please enter the 2025 price.	$101.67
Column M - Total number of people covered by this product as at 30 September 2025	Enter the total number of people covered by the policies comprising the insured group for the particular product as at 30 September 2025 (e.g. number of people covered by family policies for the product). Do not record single equivalent units (SEUs). Please leave this as 0 for new products commencing on 1 April 2026.	2,000

Field	Data Entry Guidelines	Example
Column N - Total number of policies covered by this product as at 30 September 2025	Enter the total number of policies comprising the insured group for the particular product as at 30 September 2025 (e.g. number of couple's policies for the product). Do not record SEUs. Please leave this as 0 for new products commencing on 1 April 2026.	1,000
Column O - Average age-based discount conversion factor 2025	The average age-based discount conversion factor should be identical to that applied in the 2025 premium round. 100% should be applied to products that did not have an age-based discount in 2025.	
Column P - Average age-based discount conversion factor 2026	The average age-based discount conversion factor applied to all policies on this product. This is only relevant to products where the age-based discount will be applied. 100% should be applied to products that do not have age-based discounts or for all new products. For example, if 100 people are on a product, and 10 people are eligible for a 2% age-based discount, the difference in monthly income when the discount is applied is 0.2%, therefore, the age-based discount conversion factor is 99.8%.	
Column Q - Average age-based discount conversion factor net change	This is an automated field that calculates the 2025 age-based factor [Column O] less the 2026 age-based factor [Column P]. This provides a net factor for 2026 calculations which will flow through	

Field	Data Entry Guidelines	Example
	to the insurer average premium change figure in Template C.	
Column R - Monthly premium revenue 2025	This is an automated field that calculates the 2025 monthly income from all policies on the product based on 2025 monthly premium [Column K] multiplied by the total number of policies covered by this product as at 30 September 2025 [Column N]. Because there will be zero policies in Column N for a proposed new product, this field will be zero for all new products.	
Column S - Premium increase 2026 ($)	This is an automated field that calculates the dollar value of the premium change between the 2026 monthly premium price [Column L] and the 2025 premium price [Column K]. For new products this field will be automatically flagged as a 'new' product. For terminating products this field will be automatically flagged as "terminating".	
Column T - Premium increase 2026 (%)	This is an automated field that calculates the percentage change of the premium change between the 2026 monthly premium price [Column L] and the 2025 premium price [Column K]. For new products this field will be automatically flagged as a 'new' product. For terminating products this field will be automatically flagged as "terminating".	

Field	Data Entry Guidelines	Example
Column U - Monthly premium revenue 2026	This is an automated field that calculates the 2026 monthly premium revenue for all policies on the product based on the 2026 monthly premium [Column L] multiplied by the total number of policies covered by this product as at 30 September 2025 [Column N]. Because there will be zero policies for a proposed new product, this field will be zero for all new products. For terminating products, the 2025 monthly premium will be used in place of the 2026 monthly premium.	
Column V - Estimated migration of people due to dependents reform over the 12 months from 1 April 2026	Estimate the number of people included in "TOTAL NUMBER OF PEOPLE COVERED BY THIS PRODUCT as at 30 September 2025 (Leave blank for new products commencing on 1 April 2026)" that will migrate as a result of the dependents reform. This number should reflect a movement for either part or all of the forecast HIB premium revenue 12 month period, therefore this may be a non-integer. For example: • One person migrating for 12 months: -1 / +1 • One person migrating for six months: -0.5 / +0.5 Enter zero where there are no material movements. If impacts were reported last year, do not double-count in this year's application.	-100 +100 0

Field	Data Entry Guidelines	Example
Column W - Estimated migration of policies due to dependents reform over the 12 months from 1 April 2026	Estimate the number of policies included in "TOTAL NUMBER OF POLICIES COVERED BY THIS PRODUCT as at 30 September 2025" that will migrate as a result of the dependents reform. This number should reflect a movement for either part or all of the forecast HIB premium revenue 12 month period, therefore this may be a non-integer. For example: • One person migrating for 12 months: -1 • One person migrating for six months: -0.5 Enter zero where there are no material movements. If impacts were reported last year, do not double-count in this year's application.	-100 0
Column X - Estimated 2026 monthly premium ($) adjustment due to dependents reform migration	This is an automated field that estimates the 2026 monthly premium adjustment due to dependents reform migration.	
Column Y – MLS threshold check	This is an automated field (using the information in Columns H and I) that is used in a validation check of whether a hospital product meets the requirement for approved hospital insurance for Medicare Levy Surcharge purposes. Since 1 April 2019, the maximum permitted excesses for private hospital insurance in a single year is	

Field	Data Entry Guidelines	Example
	$750 for singles and $1,500 for couples/families.	
Column Z - 2026 Monthly effective average premium ($) as at 1 April 2026 of products to be migrated to (TEMINATING PRODUCTS ONLY)	For terminating products: enter the weighted average price per month as at 1 April 2026 of products that policy holders are planned to be migrated to. Prices used should be consistent with Column L. Insurers may opt to use product mix weights set nationally or at a more granular State/insured group level. Prices should be of the same policy attributes - State/insured group/excess, unless reasonable grounds to vary, e.g. moving to a different excess level. Leave blank if the product is not terminating.	If 10 policy holders were being migrated and: • 6 were being migrated to a policy with a new monthly premium of $400 • 4 were being migrated to a policy with a new monthly premium of $300 The average monthly premium would be $360 [($400 * 6 + $300 * 4) / 10]
Column AA - Monthly premium revenue (including terminating products) 2026 **Based on Apr26 monthly premium x number of policies as at 30 September 2025**	This is an automated field that calculates the 2026 monthly premium revenue for all policies on the product based on the 2026 monthly premium (using information from Column L for non-terminating products and Column Z for terminating products) multiplied by the total number of policies covered by this product as at 30 September 2025 [Column N]. Because there will be zero policies for a proposed new product, this field will be blank for all new products. For terminating products, this will reflect the additional premium revenue received when	

Field	Data Entry Guidelines	Example
	policies are migrated to the new product.	
Column AB - Effective premium increase 2026 (%)	This is an automated field that will equate to the Premium increase 2026 (%) [Column T] for non-terminating products. Terminating products will be calculated as the percentage change of the premium change between the 2026 monthly effective premium price [Column Z] and the 2025 premium price [Column K].	

Template B (Financials)

- Template B reflects the APRA capital and reporting framework effective as of 1 July 2023.
- Actual data submitted under Template B must be consistent with actual data submitted under the APRA reporting standards. Notwithstanding this, insurers must note the following differences:
  - Template B requests monthly data whereas the APRA reporting standards request quarterly data.
  - Data must be entered in thousands of dollars ($'000) under Template B (with the exception of Hospital and General Treatment SEUs where the data must be entered in whole numbers). However, under the APRA reporting standards via APRA Connect, data are submitted in whole dollars.
- Data items highlighted in **bold** and *italics* within the tables below are defined in the APRA reporting standards.
- For items relating to balance sheet (APRA basis), HPS 340 insurance liabilities, prescribed capital amount (PCA) and capital base / target capital, insurers are only required to complete the forecasts on a quarterly basis.
- Insurers must provide the respective actual data items for the September 2025 month (and the October 2025 month where possible), and the respective forecast data items for each month thereafter. Insurers must also provide actual monthly data from April 2024 for specified items (HIB premiums, claims, other business expenses and SEU's). These figures should align in aggregate with data submitted for quarterly and annual APRA reporting.
- Data must be reported at a Health Benefits Fund level. Where applicable, data items must be aggregated across categories to calculate the amount for a Health Benefits Fund.
- Insurers are only required to complete the white cells. Grey cells will automatically calculate.
- COVID-19 liability givebacks must be reported in the insurance performance section. Depending on its form, it may be part of premium revenue, insurance claims or other insurance business expenses.
- The PCA is a formulaic driven line item which accounts for the minimum PCA of $5 million as per Prudential Standard HPS 110 Capital Adequacy (HPS 110) paragraph 24.
- Cells in Template B without a value should have a '0' inserted and not be left blank.
- No additional columns or rows are to be inserted into Template B.

Items under insurance performance and balance sheet – APRA basis

Data item	Definition
HIB Premium Revenue	This item aligns with ***accrued premium*** reported under *Reporting Standard HRS 101.0 Regulatory Income Statement – Supplementary Information* (HRS 101.0).
Claims Incurred	This item aligns with ***claims incurred amount*** reported under HRS 101.0.
Net Risk Equalisation Special Account Amount	This item aligns with ***net RETF amount*** reported under HRS 101.0.
State Ambulance Levies	This item aligns with ***state ambulance levies*** reported under HRS 101.0.
Other Insurance Business Expenses – HIB	This item aligns with ***other business expenses amount*** for health insurance business (HIB) reported under HRS 101.0.
Gross of reinsurance HRIB Premium Revenue	This item aligns with the ***gross accrued premium*** for health-related insurance business (HRIB) reported under HRS 101.0
HRIB Premium Revenue	This item aligns with the amount calculated after deducting ***reinsurance premiums ceded amount*** from ***gross accrued premium*** for health-related insurance business (HRIB) reported under HRS 101.0
HRIB Insurance Claims	This item aligns with the amount calculated after deducting ***reinsurance recoveries amount*** from ***gross claims incurred amount*** for health-related insurance business reported under HRS 101.0
Other Insurance Business Expenses – HRIB	This item aligns with ***other business expenses amount*** for health-related insurance business reported under HRS 101.0.
Net Other Operational Revenue (Include Health-Related Business Non-Insurance)	This item aligns with the amount calculated after deducting ***other business expenses amount*** for health-related business non-insurance from the sum of ***health-related business non-insurance revenue amount*** and ***net other operational revenue amount***. The relevant data items are reported under HRS 101.0.

Data item	Definition
Investment Income Amount	This item aligns with ***investment income amount*** reported under HRS 101.0.
Gains/Losses on Investments Amount	This item aligns with ***gains/losses on investments amount*** reported under HRS 101.0.
Hospital SEUs (at months end)	This item aligns with ***Single Equivalent Units (fund) count*** reported under *HRS 115.0 Insurance Risk Charge* (HRS 115.0). These values must be reported in whole numbers.
General treatment SEUs (at month end)	General treatment SEUs reported are to exclude Hospital-Substitute, CDMP and Hospital-linked Ambulance Treatment. This should be calculated consistent with that of Hospital SEUs the values must be reported in whole numbers.
Total Assets (Excluding DTAs, Total Intangible Assets And Goodwill, And AASB 17 Insurance And Reinsurance Contracts Asset)	This item aligns with the amount calculated after deducting the following items from ***total assets***: • **Total deferred tax assets;** • **Total intangible assets and goodwill;** • **Insurance contract assets; and** • **Reinsurance contract assets.** The relevant data items are reported under *HRS 300.0 Statement of Financial Position* (HRS 300.0).

Items under capital standards

Data item	Definition
Outstanding Claims Liability At 75th Probability Of Adequacy	This item aligns with ***OCL at 75th probability of adequacy*** calculated under HRS 115.0.
Premiums Liability At 75th Probability Of Adequacy (HIB)	This item aligns with ***PL at 75th probability of adequacy*** calculated under HRS 115.0 for health insurance business.

Data item	Definition
Premiums Liability At 75th Probability Of Adequacy (HRIB)	This item aligns with ***PL at 75th probability of adequacy*** calculated under HRS 115.0 for health-related insurance business.
Risk Equalisation Transfers At 75th Probability Of Adequacy	This item aligns with the amount calculated after deducting ***unbilled gross deficit amount*** from the sum of the following items. • **Unbilled calculated deficit amount;** • **Billed risk equalisation special account liability amount; and** • **Risk margin at 75th POA – risk equalisation transfers amount.** The relevant data items are reported under HRS 115.0.
Individual Other Insurance Liability At 75th Probability Of Adequacy	This item aligns with ***individual other insurance liability at 75th POA amount*** reported under HRS 115.0.
Deferred Claims Liability At 75th Probability Of Adequacy	This item aligns with ***DCL at 75th probability of adequacy (POA) amount*** reported under HRS 115.0
Outstanding Claims Liabilities Risk Charge	This item aligns with ***Outstanding Claims Liabilities Risk Charge*** reported under *HRS 110.0 Prescribed Capital Amount* (HRS 110.0).
Premiums Liabilities Risk Charge	This item aligns with ***Premiums Liabilities Risk Charge*** reported under HRS 110.0.
Risk Equalisation Risk Charge	This item aligns with ***Risk Equalisation Risk Charge*** reported under HRS 110.0.
Other Insurance Liabilities Risk Charge	This item aligns with ***Other Insurance Liabilities Risk Charge*** reported under HRS 110.0.
Future Exposure Risk Charge (HIB)	This item aligns with ***Future Exposure Risk Charge (HIB)*** reported under HRS 110.0.

Data item	Definition
Future Exposure Risk Charge (HRIB)	This item aligns with ***Future Exposure Risk Charge (HRIB)*** reported under HRS 110.0.
Deferred Claims Liability Risk Charge	This item aligns with ***Deferred Claims Liability Risk Charge*** reported under HRS 110.0.
Asset Risk Charge	This item aligns with ***Asset Risk Charge*** reported under HRS 110.0.
Asset Concentration Risk Charge	This item aligns with ***Asset Concentration Risk Charge*** reported under HRS 110.0.
Operational Risk Charge	This item aligns with ***Operational Risk Charge*** reported under HRS 110.0.
Aggregation Benefit	This item aligns with ***aggregation benefit*** reported under HRS 110.0.
Tax Benefits	This item aligns with ***tax benefits*** reported under HRS 110.0.
Adjustments To Prescribed Capital Amount As Approved By APRA	This item aligns with ***adjustments to prescribed capital amount as approved by APRA*** reported under HRS 110.0. Only adjustments approved by APRA should be reported in this data item, consistent with the definition in HRS 110.0. Please do not report the difference between the minimum PCA and the calculated PCA in this item. Insurers electing to participate in the transitional arrangements described in HPS 110 Attachment A should report the adjustment to the PCA under this item.
Capital Base	This item aligns with ***capital base*** calculated under *HRS 112.0 Determination of Capital Base*. Insurers electing to participate in the transitional arrangements described in *Prudential Standard HPS 112 Capital Adequacy: Measurement of Capital* Attachment G should report the capital base after applying the transitional adjustment.
Dividends Declared Or Paid	This item aligns with ***dividends declared or paid*** reported under HRS 101.0. Report this item as a positive value.

Data item	Definition
Retained Earnings Movements Other Than Profit / Loss After Tax and Dividends Declared or Paid	This item is all movements in retained earnings movement within the Health Benefits Fund excluding movements due to the following items reported under HRS 101.0. • **Profit / loss after income tax attributable to members of the company; and** • **Dividends declared or paid.** Please only report those movements that impact the capital base. Report this as a positive value where it would result in an increase in retained earnings. Report this as a negative value where it would result in a decrease in retained earnings.
Share Capital Injections	This item is any share capital injections made into the Health Benefits Fund (e.g. from the parent). Report this item as a positive value.
Share Capital Movements Other Than Share Capital Injections	This item is all movements in share capital movement within the Health Benefits Fund other than share capital injections (e.g. share capital reductions). Please only report those movements that impact the capital base. Report this as a positive value where it would result in an increase in share capital. Report this as a negative value where it would result in a decrease in share capital.
Target Capital – upper bound	Insurers that use a range for its target capital should report the upper bound of the range. Insurers that use a single figure for its target capital should report the figure in the **lower bound** field and zero here.
Target Capital – lower bound	This item aligns with ***target capital amount*** reported under *HRS 104.0 Forecasts and Targets*. Insurers that use a range for its target capital should report the lower bound of the range.

Data item	Definition
	Insurers that use a single figure for its target capital should report the figure here.

Template C (Snapshot)

- Insurers are only required to complete the white cells. Grey cells will automatically calculate.
- Rate Protection Conversion Factor (%) will convert Excluding Rate Protection (%) into Including Rate Protection (%). To be calculated as per prior years.
- Proposed changes to benefits, should include an estimated cost or saving as a percentage of total HIB premium revenue (in the 12 months from 1 April). Savings should be stated as a negative amount as a percentage of total HIB premium revenue. For changes to benefits due to product changes, details should be included in the Product Changes section of the table. Product changes may be grouped as the insurer sees fit.
- The department intends to publish the insurer average premium rate change including age-based discount, rate protection and the dependents reform adjustment.
- Insurers are asked to provide estimated savings arising from the Prescribed List Reforms. These should be total savings related to the reforms in each year commencing July 2023, July 2024, July 2025 and July 2026 respectively – i.e. savings in each year for all reforms introduced to date. Forward estimates of Prescribed List Reforms savings are on a best endeavours basis.

Template D (Various)

Product gross margins

- Insurers are asked to provide actual and forecast gross margins, based on past and proposed price increases, for hospital products (by product tier) and general treatment products, for the years commencing:
  - 1 April 2024 (actual)
  - 1 April 2025 (projected in the approved 2025 premium round application, and current projection)
  - 1 April 2026 (current projection) and
  - 1 April 2027 (current projection).
- Risk equalisation should include gross deficit and calculated deficit. All relevant allocations should be done on a best endeavours basis. Gross margins excluding risk equalisation are no longer required.
- Hospital product tiers have been simplified to group ‘plus’ products with their corresponding tier.
- If the product is a combined product, margins are to be included separately for the hospital component and general treatment component of the product in the categories above.
- Insurers are asked to outline in the submission any assumptions on product and membership mix underpinning the forecasts.

Target margins

Insurers are asked to provide their target HIB gross and net margins information (leaving blank where not available). Where targets are set for different segments of business, insurers are requested to provide aggregated figures for hospital, general treatment and aggregate HIB weighted using premium revenue for the year commencing 1 April 2026.

This information will allow the department to assess insurer performance against pricing policy.

Migration impact

Where insurers plan to migrate policyholders between products, insurers are asked to report the expected Gross Margin ($) impact of the movement. The calculation should reflect both changes in premium received, relative to 2026 Monthly Premium reported in Template A, and changes in claims net of risk equalisation to reflect changes in coverage between products. Where possible, migration impacts should also consider policyholder terminations. The amount should be aggregated for all planned migrations.

Dependents reform

“Net overall impact of implementing dependents reforms $” – insurers are asked to report the expected Gross Margin ($) impact of implementing the dependents reforms. This should reflect all impacts including price changes. Insurers may also provide a description.

Grey cells have been linked to Templates A and C. The information in the grey cells for April 2025 will be used to adjust the forecast HIB premium revenue calculated in Template C. Insurers are asked to estimate net overall impact and the migration of policies for April 2026.

Products below targets

Insurers are asked to identify products that achieved below the product’s gross margin target percent. This can be margin from the last financial year or in the 12 months to 30 September 2025. The table asks for the HIB premium revenue for all these products divided by total HIB premium revenue for the insurer.

A ‘product’ for this purpose is one that shares the same coverage and name, but combined across all states, co-payments and insured groups (e.g. family, single). Products with different excesses, coverage or name should be considered a different product.

For example: a product ‘Gold $500’ excess single Victoria, would be combined with ‘Gold $500’ excess couple NSW. This would be combined with the offering in other states for Gold $500 and all insured groups. However, Gold $250 excess and Gold $500 excess would be separate products. Similarly, if an insurer has multiple Gold products at $500 excess with different names they should be considered different products. For example, Gold product A $500 and Gold product B $500 are to be considered different products.

Insurers that do not have targets at a product level are asked to apply the fund's overall gross margin target percent as the gross margin target percent for each product.

Insurers that do not have a gross margin target percent at a fund level are asked to identify products with a net margin below 0% i.e. loss-making products.

Insurers are asked to confirm whether the insurer has a gross margin target percent for the fund and at a product level in the application.

Largest products below target – by HIB premium revenue

Insurers are asked to identify the 10 largest products by HIB premium revenue that have:

- actual gross margin below the gross margin target percent; OR
- actual gross margin less than the expense ratio (previously referred to as management expense ratio). That is, the products making losses.

This is the gross margin for the products in the last financial year, or in the 12 months to 30 September 2025.

The forecast gross margins for the year commencing 1 April 2026 and 1 April 2027 are designed to align with the table on Hospital Product Margins described above.

Guidance for interpreting products and for insurers that do not have targets at a product or fund level can be found under 'Products below target' above.

Template E (Attribution)

Information is sought to inform department advice that uses a consistent attribution analysis of the requested premium increase across insurers. Template E also provides transparency of how the department is analysing these standardised inputs, while noting that this analysis is considered in the broader context with each application assessed on its individual merits.

This template includes free-text fields allowing insurers to provide additional attribution factors and clarifying commentary for the department's consideration should the resulting analysis generate results contrary to an insurer's view. If insurers have concerns with the analysis in Template E, they may choose to submit an alternative attribution analysis in the Written Report.

Insurers are only required to complete the white cells, noting some are optional fields (labelled 'as required' or 'optional'). Grey cells will automatically calculate.

Required reporting periods

'Actual' vs expected – years commencing April 2024 and April 2025

Insurers are asked to report 'actuals' vs expected experience over the premium years commencing April 2024 and April 2025 for benefits drawing rate growth, other business expenses ratio and Prescribed List benefits savings (further described in the 'Input fields' section below). "Expected (approved PR25)" relates to insurer assumptions for this period from last year's approved premium round. 'Actuals' is the latest central estimate for this period, labelled as "'Actuals' (this application)" noting that it may comprise of both recent actual and updated forecast data.

Forecast assumptions – year commencing April 2026.

Insurers are asked to report latest expected assumptions for benefits drawing rate growth, other business expenses ratio and Prescribed List reforms savings over the premium year commencing April 2026. Growth rates should be against 'actuals', as described above.

Input fields

Net benefits drawing rate growth

Net benefits drawing rate growth reflects underlying growth in benefits, after net risk equalisation effects, per policy unit (typically SEU) and should *exclude* the impact of product mix changes for consistency with the premium change reflected in Template A. Growth rates are the year-on-year changes in drawing rates.

Fields available for input are:

- Hospital treatment net benefits drawing rate growth, including net risk equalisation (gross deficit less calculated deficit), split into the following benefit-weighted components if available:

- Hospital benefits drawing rate growth, split into:
  - Utilisation (e.g. hospital episodes per policy unit) growth
  - Indexation (e.g. benefits per episode) growth, including net risk equalisation
- Medical benefits drawing rate (e.g. benefits per policy unit) growth, including net risk equalisation
- Prescribed List benefits drawing rate (e.g. benefits per policy unit) growth, including net risk equalisation – includes impact of reforms savings.

Component Drawing rate growth

Aggregation of hospital benefits and net risk equalisation means that hospital treatment net benefits drawing growth is effectively a weighted average of net benefits (including gross deficit recoveries) drawing rate growth and average calculated deficit growth. Insurers should include any commentary where changes in risk equalisation effects are expected to have a material impact on their underlying net benefit growth.

- General treatment benefits drawing rate growth.

The department's preference is for chronic disease management programs and hospital-substitute benefits to be included with hospital benefits. However, consistency of data across time periods is of greater importance, and inclusion with general treatment is not expected to materially impact results.

Other business expenses ratio

Other business expenses ratio assumptions should be provided consistent with APRA reporting.

Prescribed List of Medical Devices and Human Tissue Products Reforms Savings (% of hospital premiums)

Prescribed List Reforms resulted in price reductions for a number of items over recent years. Insurers are asked to provide assumed savings taking effect in the reported period. This should be specified as a percentage of hospital premiums.

Attribution of premium rate change

The attribution analysis attempts to link the insurer headline premium change to underlying drivers based on data provided. Insurers are asked to provide commentary (or provide reference to the relevant section of the Written Report) as required, including any concerns the insurer has with the analysis. Key attribution components are:

- Actuals vs Expected – Recent actual experience of benefits growth and expenses versus expected from last year's approved premium increase application, calculated based on the information provided in the inputs table. Whilst variations do not automatically translate into higher or lower premium increases, insurers should specify how the variation is reflected in the premium increase application.

- Underlying aggregate net benefit drawing rate growth – calculated based on the component information provided in the above table.
- Prescribed List of Medical Devices and Human Tissue Products reforms savings – while these are assumed reflected in the underlying net benefit drawing rate growth, they are stripped out for visibility.
- Migration impact – the revenue effect of terminating products and policies being migrated to other products. Any benefit impacts of migrations should be factored into benefit assumptions.
- Other expense ratio change should reflect any changes in next year's ratio compared with the current premium year.
- Other margin factors – other factors which materially affect insurer margins, and may include changes to prudential capital and risk adjustments. Insurers are requested to provide commentary (or a reference to the relevant section of the Written Report) for these factors.
- Residual – Insurers should provide commentary where the attribution residual is material, indicating contributing factors.

Avoiding Data Issues and Resubmissions

Each year a number of insurers are asked to resubmit applications due to incorrectly completing the approved form or for data issues. To avoid these in the coming round, insurers are asked to be particularly vigilant of data issues that have historically resulted in insurers being asked to resubmit.

To ensure each application does not contain data issues it is requested insurers check the following before submitting:

- The Excel spreadsheet does not contain links to other files.
- Cells surrounding the template are blank. Cells outside of the requested fields do not have checking or verification calculations.
- Changes to benefits in Template C that result in savings are expressed as a negative.
- Cells requesting a number have a number inserted and not text. Similarly, cells with a number have not been formatted to 'text'.
- The formula cells have not been edited by the insurer.
- Data entered by the insurer should be values and not include calculations.
- Compliance checks are routinely carried out to ensure premiums approved by the Minister in the premium round process reflect the corresponding PHIS. Please ensure that accurate PHIS Product IDs are provided along with the new premium price requested for each product.

TEMPLATE A - Product Information - 2026 Premium Round - Protected information under PHI Act 2007 when completed

Insurer Name:

																Automatically calculated							Automatically calculated			Automatically calculated	
Insurer	State	Product Code (PHIS id)	Product name as at 1 April 2026	Product status as at 1 April 2026	Product coverage	Hospital category as at 1 April 2026	Insured group	Annual excess as at 1 April 2026	Annual co-payments as at 1 April 2026	2025 Monthly premium ($) for products existing on 30 September 2025 Leave blank for new products commencing on 1 April 2026	2026 Monthly premium ($) as at 1 April 2026 - for all products (new and existing)	Total number of people covered by this product as at 30 September 2025 Leave blank for new products commencing on 1 April 2026	Total number of policies covered by this product as at 30 September 2025	Average age-based discount conversion factor 2025	Average age-based discount conversion factor 2026	Average age-based discount conversion factor net change	Monthly premium revenue 2025 Based on Apr25 monthly premium x number of policies as at 30 September 2025	Premium increase 2026 ($)	Premium increase 2026 (%)	Monthly premium revenue 2026 Based on Apr26 monthly premium x number of policies as at 30 September 2025	Estimated migration of people due to dependents reform over the 12 months from 1 April 2026	Estimated migration of policies due to dependents reform over the 12 months from 1 April 2026	Estimated 2026 monthly premium ($) adjustment due to dependents reform migration	MLS threshold check	2026 Monthly effective average premium ($) as at 1 April 2026 of products to be migrated to (TERMINATING PRODUCTS ONLY)	Monthly premium revenue (including terminating products) 2026 Based on Apr26 monthly premium x number of policies as at 30 September 2025	Effective premium increase 2026 (%)
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TEMPLATE B - Health Benefits Fund - Financial Forecasts - 2026 Premium Round - Protected information under PHI Act 2007 when completed

Insurer Name:

	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25
	(month end)																
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
	$000	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*
Insurance performance - APRA basis (HRS 101.0)																	
Health Insurance Business (HIB)																	
HIB Premium Revenue																	
Hospital Treatment																	
General Treatment																	
Total HIB Premium Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HIB Insurance Claims																	
Claims Incurred - Hospital Treatment																	
Claims Incurred - General Treatment																	
Net Risk Equalisation Special Account Amount																	
State Ambulance Levies																	
Total HIB Insurance Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other Insurance Business Expenses - HIB																	
Expense Ratio %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Net Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Health-Related Insurance Business (HRIB)																	
Gross of reinsurance HRIB Premium Revenue																	
HRIB Premium Revenue																	
HRIB Insurance Claims																	
Gross Margin $																	
Gross Margin %																	
Other Insurance Business Expenses - HRIB																	
Net Margin $																	
Net Margin %																	
Other																	
Net Other Operational Revenue (Include Health-Related Business Non-Insurance)																	
Investment Income Amount																	
Gains/Losses On Investments Amount																	
Hospital SEUs (at months end)																	
General treatment SEUs excluding Hospital-Substitute, CDMP and Hospital-linked Ambulance Treatment (at months end)																	
Balance Sheet - APRA basis																	
Total Assets (Excluding DTAs, Total Intangible Assets And Goodwill, And AASB 17 Insurance And Reinsurance Contracts Assets)																	
Capital Standards																	
HPS 340 Insurance Liabilities																	
Outstanding Claims Liability At 75th Probability Of Adequacy																	
Premiums Liability At 75th Probability Of Adequacy (HIB)																	
Premiums Liability At 75th Probability Of Adequacy (HRIB)																	
Risk Equalisation Transfers At 75th Probability Of Adequacy																	
Individual Other Insurance Liability At 75th Probability Of Adequacy																	
Deferred Claims Liability At 75th Probability Of Adequacy																	
Prescribed Capital Amount																	
Insurance Risk Charge																	
Insurance Liability Risk Charge																	
Outstanding Claims Liabilities Risk Charge																	
Premiums Liabilities Risk Charge																	
Risk Equalisation Risk Charge																	
Other Insurance Liabilities Risk Charge																	
Future Exposure Risk Charge																	
Future Exposure Risk Charge (HIB)																	
Future Exposure Risk Charge (HRIB)																	
Deferred Claims Liability Risk Charge																	
Asset Risk Charge																	
Asset Concentration Risk Charge																	
Operational Risk Charge																	
Aggregation Benefit																	
Tax Benefits																	
Adjustments To Prescribed Capital Amount As Approved By APRA																	
Prescribed Capital Amount																	
Capital Base and Target Capital																	
Capital Base																	
Dividends Declared Or Paid																	
Retained Earnings Movements Other Than Profit / Loss After Tax And Dividends Declared Or Paid																	
Share Capital Injections																	
Share Capital Movements Other Than Share Capital Injections																	
Target Capital - upper bound																	
Target Capital - lower bound																	

	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27
	Actual	ctual/Foreca	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	$000	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*
Insurance performance - APRA basis (HRS 101.0)																	
Health Insurance Business (HIB)																	
HIB Premium Revenue																	
Hospital Treatment																	
General Treatment																	
Total HIB Premium Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HIB Insurance Claims																	
Claims Incurred - Hospital Treatment																	
Claims Incurred - General Treatment																	
Net Risk Equalisation Special Account Amount																	
State Ambulance Levies																	
Total HIB Insurance Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other Insurance Business Expenses - HIB																	
Expense Ratio %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Net Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Health-Related Insurance Business (HRIB)																	
Gross of reinsurance HRIB Premium Revenue																	
HRIB Premium Revenue																	
HRIB Insurance Claims																	
Gross Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other Insurance Business Expenses - HRIB																	
Net Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other																	
Net Other Operational Revenue (Include Health-Related Business Non-Insurance)																	
Investment Income Amount																	
Gains/Losses On Investments Amount																	
Hospital SEUs (at months end)																	
General treatment SEUs excluding Hospital-Substitute, CDMP and Hospital-linked Ambulance Treatment (at months end)																	
Balance Sheet - APRA basis																	
Total Assets (Excluding DTAs, Total Intangible Assets And Goodwill, And AASB 17 Insurance And Reinsurance Contracts Assets)																	
Capital Standards																	
HPS 340 Insurance Liabilities																	
Outstanding Claims Liability At 75th Probability Of Adequacy																	
Premiums Liability At 75th Probability Of Adequacy (HIB)																	
Premiums Liability At 75th Probability Of Adequacy (HRIB)																	
Risk Equalisation Transfers At 75th Probability Of Adequacy																	
Individual Other Insurance Liability At 75th Probability Of Adequacy																	
Deferred Claims Liability At 75th Probability Of Adequacy																	
Prescribed Capital Amount																	
Insurance Risk Charge	0			0			0			0			0			0	
Insurance Liability Risk Charge	0			0			0			0			0			0	
Outstanding Claims Liabilities Risk Charge																	
Premiums Liabilities Risk Charge																	
Risk Equalisation Risk Charge																	
Other Insurance Liabilities Risk Charge																	
Future Exposure Risk Charge	0			0			0			0			0			0	
Future Exposure Risk Charge (HIB)																	
Future Exposure Risk Charge (HRIB)																	
Deferred Claims Liability Risk Charge																	
Asset Risk Charge																	
Asset Concentration Risk Charge																	
Operational Risk Charge																	
Aggregation Benefit																	
Tax Benefits																	
Adjustments To Prescribed Capital Amount As Approved By APRA																	
Prescribed Capital Amount	5,000			5,000			5,000			5,000			5,000			5,000	
Capital Base and Target Capital																	
Capital Base																	
Dividends Declared Or Paid																	
Retained Earnings Movements Other Than Profit / Loss After Tax And Dividends Declared Or Paid																	
Share Capital Injections																	
Share Capital Movements Other Than Share Capital Injections																	
Target Capital - upper bound																	
Target Capital - lower bound																	

	Feb 27	Mar 27	Apr 27	May 27	Jun 27	Jul 27	Aug 27	Sep 27	Oct 27	Nov 27	Dec 27	Jan 28	Feb 28	Mar 28	Apr 28	May 28	Jun 28
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	$000	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*	*$000*
Insurance performance - APRA basis (HRS 101.0)																	
Health Insurance Business (HIB)																	
HIB Premium Revenue																	
Hospital Treatment																	
General Treatment																	
Total HIB Premium Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HIB Insurance Claims																	
Claims Incurred - Hospital Treatment																	
Claims Incurred - General Treatment																	
Net Risk Equalisation Special Account Amount																	
State Ambulance Levies																	
Total HIB Insurance Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other Insurance Business Expenses - HIB																	
Expense Ratio %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Net Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Health-Related Insurance Business (HRIB)																	
Gross of reinsurance HRIB Premium Revenue																	
HRIB Premium Revenue																	
HRIB Insurance Claims																	
Gross Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gross Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other Insurance Business Expenses - HRIB																	
Net Margin $	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other																	
Net Other Operational Revenue (Include Health-Related Business Non-Insurance)																	
Investment Income Amount																	
Gains/Losses On Investments Amount																	
Hospital SEUs (at months end)																	
General treatment SEUs excluding Hospital-Substitute, CDMP and Hospital-linked Ambulance Treatment (at months end)																	
Balance Sheet - APRA basis																	
Total Assets (Excluding DTAs, Total Intangible Assets And Goodwill, And AASB 17 Insurance And Reinsurance Contracts Assets)																	
Capital Standards																	
HPS 340 Insurance Liabilities																	
Outstanding Claims Liability At 75th Probability Of Adequacy																	
Premiums Liability At 75th Probability Of Adequacy (HIB)																	
Premiums Liability At 75th Probability Of Adequacy (HRIB)																	
Risk Equalisation Transfers At 75th Probability Of Adequacy																	
Individual Other Insurance Liability At 75th Probability Of Adequacy																	
Deferred Claims Liability At 75th Probability Of Adequacy																	
Prescribed Capital Amount																	
Insurance Risk Charge		0			0			0			0			0			0
Insurance Liability Risk Charge		0			0			0			0			0			0
Outstanding Claims Liabilities Risk Charge																	
Premiums Liabilities Risk Charge																	
Risk Equalisation Risk Charge																	
Other Insurance Liabilities Risk Charge																	
Future Exposure Risk Charge		0			0			0			0			0			0
Future Exposure Risk Charge (HIB)																	
Future Exposure Risk Charge (HRIB)																	
Deferred Claims Liability Risk Charge																	
Asset Risk Charge																	
Asset Concentration Risk Charge																	
Operational Risk Charge																	
Aggregation Benefit																	
Tax Benefits																	
Adjustments To Prescribed Capital Amount As Approved By APRA																	
Prescribed Capital Amount		5,000			5,000			5,000			5,000			5,000			5,000
Capital Base and Target Capital																	
Capital Base																	
Dividends Declared Or Paid																	
Retained Earnings Movements Other Than Profit / Loss After Tax And Dividends Declared Or Paid																	
Share Capital Injections																	
Share Capital Movements Other Than Share Capital Injections																	
Target Capital - upper bound																	
Target Capital - lower bound																	

TEMPLATE C - Insurer Summary - 2026 Premium Round - Protected information under PHI Act 2007 when completed

Insurer Information

Insurer Name	
Abbreviation	#N/A
"Profit" or "Not-for-Profit"	#N/A
"Restricted" or "Open"	#N/A

Proposed Premium Rate Change

	Apr 26	Apr 27	Apr 28
Rate Change Excluding Rate Protection (%) for the year			
Rate Protection Conversion Factor (%)*			
*Conversion Factor (%) converts Excluding Rate Protection(%) into Including Rate Protection (%).			
Rate Change Including Rate Protection (%) for the year	0.00%	0.00%	0.00%
**Age Based Conversion Factor (%) calculates impact of Age Based Discounts on forecast HIB Premium Revenue			
Rate Change Including Age Based Conversion Factor and Rate Protection **			
**Dependents Reform Impact Conversion Factor (%) calculates impact of Dependent Reforms on forecast HIB Premium Revenue			
Rate Change Including Age Based Conversion Factor, Dependents reform impact and Rate Protection			

Year commencing	Jul 25	Jul 26	Jul 27
Hospital SEUs (as at end of year)	0	0	0
Total HIB Premium Revenue ($'000 for the year)	0	0	0
Total HIB Insurance Claims ($'000 for the year)	0	0	0
Lifetime Health Cover Loading Revenue ($'000 for the year)			

Prescribed List of Medical Devices and Human Tissue Products

Year commencing	Jul 23 (Actuals)	Jul 24 (Actuals)	Jul 25	Jul 26
Prescribed List of Medical Devices and Human Tissue Products (Prescribed List) benefits ($'000 for the year)				
Estimated savings (best endeavours basis) arising from the Prescribed List Reforms announced in the 2021-22 Federal Budget implemented on 1 July 2023 ($'000 for the year)				

Explain how Prescribed List Reforms have impacted future contribution rate changes (no more than 200 words) - noting that the Minister's expectation is that all savings in benefits will be passed on in full to consumers through reduced premiums

Segmented Revenue Increases for the year from 1 April 2026 (Including rate protection)

By State

NSW / ACT	
VIC	
QLD	
SA	
WA	
TAS	
NT	

By Insured Group

ChildrenOnly	
Couple	
ExtendedFamily	
ExtendedSingleParentFamily	
Family	
Single	
SingleParentFamily	
3+Adults	

By Product Coverage

Hospital	
General	
Combined	
General - Ambulance	

Net Margins ***(for the 12 months from)***

Forecast	
Apr 26	Apr 27

Proportion of total HIB Premium Revenue used to pay HIB Insurance Claims

Apr 26	Apr 27

Proportion of forecast Dividends to forecast HIB Premium Revenue *(for the 12 months from)*

Apr 26	Apr 27

Premium Product Rate Change Range

Minimum	Maximum
0.00%	0.00%

Revenue Increases for Hospital products by tier (Including rate protection)

	Gold	Silver*	Bronze*	Basic*
Hospital				
Combined				
All Hospital				

* Includes "Plus" products

Proposed Changes to Benefits

Estimated cost (or saving) as a percentage of total HIB Premium Revenue

Additional lines may be added to this section

Product Changes			Apr 26
Description of change -	Product tier	Detrimental or enhancement-	
(E.g. Add/remove service X from product range Y)			
Other			
Description of change -			

TEMPLATE D - Various - 2026 Premium Round - Protected information under PHI Act 2007 when completed

Insurer Name:					
Product Gross Margins[1]	**Actual**	**Projected (LY approved)**	**Projected (this application)**		
Year commencing	**Apr 24**	**Apr 25**	**Apr 25**	**Apr 26**	**Apr 27**
Gold					
Silver*					
Bronze*					
Basic*					
Hospital Total	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!
General Treatment Total	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!

[1] Percentage of premium revenue, on the same basis as Template B, including risk equalisation

* includes "Plus" products

Target margins - Premium year commencing April 2026

	Gross margin[1]			**Net margin[1]**		
Segment	**Lower**	**Central**	**Upper**	**Lower**	**Central**	**Upper**
HIB Hospital						
HIB General treatment						
HIB Aggregate						

[1] Target gross and net margin lower and upper bound and/or central estimates where available. Provide aggregated figures weighted by PY26 premiums if pricing policy uses other groupings.

Migration impacts

Year commencing	**Apr 26**	**Apr 27**	**Apr 28**
Migration impact $			

Dependents reform impact

Year commencing	**Apr 26**	**Apr 27**
Net overall impact of implementing dependents reform $		
Estimated migration of policies due to dependent reform over the 12 months from 1 April 2026	0	
Estimated 2026 monthly premium ($) adjusted due to dependents reform migration	0	
Forecast HIB Premium Revenue $	0	
Forecast HIB Premium Revenue formula adjustment %		
Optional - Provide a brief description of the dependents reform impacts above		

Products below targets	
The proportion of products that are below gross margin target percent. This is to be expressed as the volume of premium from the products, as a percentage of total HIB Premium Revenue.	%

Largest products with FY25 gross margins less than gross margin target percent OR less than the expense ratio

Product name	**Percentage of total HIB premium revenue for whole fund**	**Gross margin target percent**	**Actual GM FY 25**	**Forecast GM year starting 1 April 2026**	**Forecast GM year starting 1 April 2027**	**Policy holders 30 June 24**	**Policy holders 30 June 25**

TEMPLATE E - Attribution - 2026 Premium Round - Protected information under PHI Act 2007 when completed

Insurer Name:

'Actuals' vs expected for year commencing Apr 2025 and Forecast assumptions

	Actuals vs Expected				Forecast
	Year commencing Apr 24		Year commencing Apr 25		Year commencing Apr 26
Description	**Expected (approved PR25)[1]**	**'Actuals' (this application)[2]**	**Expected (approved PR25)[3]**	**'Actuals' (this application)[4]**	**Expected (this application)[5]**
Net benefits drawing rate growth					
Hospital treatment net benefits drawing rate growth					
Hospital benefits utilisation growth (optional split if available)					
Hospital benefits indexation growth, net of risk equalisation (optional split if available)					
Medical benefits drawing rate growth, net of risk equalisation (optional split if available)					
Prescribed List* benefits drawing rate growth, net of risk equalisation (optional split if available)					
General treatment benefits drawing rate growth					
Other business expenses ratio				#DIV/0!	#DIV/0!
Prescribed List* reforms savings (% of hospital premiums): reflected in benefits growth assumptions above[6]					
Note: Reflect growth in underlying benefit drawing rates after net risk equalisation, excluding the impact of product mix changes.	-	-	-	-	-

Hospital DR component check:

1 Expected drawing rate growth for premium year commencing April 2024, per last year's approved premium application.
2 Current drawing rate growth for the premium year commencing April 2024, reflecting recent actual experience and any revisions on the remainder of the year.
3 Expected drawing rate growth for premium year commencing April 2025, per last year's approved premium application.
4 Current drawing rate growth for the premium year commencing April 2025, reflecting recent actual experience and any revisions on the remainder of the year.
5 Expected drawing rate growth for the premium year commencing Apr 2026.
6 Incremental savings expected in the period.
* Prescribed List of Medical Devices and Human Tissue Products

Attribution of premium rate change

Hidden analysis in columns to the right ----->

Note: All components in this table should reflect values excluding the impact of mix change, consistent with the calculation of the headline rate change in Template C.

Premium change due to:	**% Change**	***Provide commentary here or in Written Report, where additional context will be useful to understanding the changes.***
Variance in actuals versus assumed at last premium round	#DIV/0!	
Benefit growth [1]	#DIV/0!	*Add commentary here or in Written Report, as required*
Prescribed List* reforms savings[3]	#DIV/0!	*Add commentary here or in Written Report, as required*
Other expenses ratio	#DIV/0!	*Add commentary here or in Written Report, as required*
Aggregate net benefit drawing rate growth	#DIV/0!	*Add commentary here or in Written Report, as required*
Hospital, medical and Prescribed List* net benefits drawing rate growth	#DIV/0!	*Add commentary here or in Written Report, as required*
Hospital benefits utilisation growth (optional split if available)	#DIV/0!	*Add commentary here or in Written Report, as required*
Hospital benefits indexation growth (optional split if available), net of risk equalisation	#DIV/0!	*Add commentary here or in Written Report, as required*
Medical benefits drawing rate growth, net of risk equalisation (optional split if available)	#DIV/0!	*Add commentary here or in Written Report, as required*
Prescribed List* benefits drawing rate growth, net of risk equalisation (optional split if available)	0.0%	*Add commentary here or in Written Report, as required*
General treatment benefits drawing rate growth	#DIV/0!	*Add commentary here or in Written Report, as required*
Prescribed List* reforms savings	#DIV/0!	*Add commentary here or in Written Report, as required*
Migration impact - adjustment for dilution of headline premium rate change due to terminating products	0.0%	*Add basis of migration-to price weighting, as required*
Other expenses ratio change in premium year commencing April 2026 (current) vs April 2025	#DIV/0!	*Add commentary here or in Written Report, as required*
Other margin factors (Add other factors, eg. changes to net margins, allowance for capital/risk, revenue impacts (LHC loadings, discounts)		**Net margin % impact**
eg.Change to Prudential capital	#DIV/0!	*Add commentary here or in Written Report, as required*
eg. Business risk adjustment	#DIV/0!	*Add commentary here or in Written Report, as required*
eg. Margin adjustment	#DIV/0!	*Add commentary here or in Written Report, as required*
Add additional factors as required	#DIV/0!	*Add commentary here or in Written Report, as required*
Add additional factors as required	#DIV/0!	*Add commentary here or in Written Report, as required*
Add additional factors as required	#DIV/0!	*Add commentary here or in Written Report, as required*
Base Rate Change Excluding Rate Protection (%)	**#DIV/0!**	
Rate protection	#VALUE!	
Age-based discounts	#VALUE!	
Dependent reform	#VALUE!	
Headline Rate Change %		Including Age Based Conversion Factor, Dependents reform impact and Rate Protection

[1] Reflects the difference in average benefit growth for the current premium year (updated for actual experience to date), compared to average benefit growth assumed in approved premium round application.
[2] Reflects the average benefit growth assumed in the current premium round, i.e. the estimate of average benefits for the current premium year compared to average benefits for the previous premium year (updated for actual experience).
[3] Change to premium rate due to changes in the insurer's view of savings associated with Prescribed List* reforms compared to their previous approved premium rate change,including changes relating to the previous year.
* Prescribed List of Medical Devices and Human Tissue Products

Residual
#VALUE!

Add commentary here or in Written Report, where residual is not close to zero

INSURED GROUP
Single
Couple
Family
SingleParentFamily
ExtendedFamily
ExtendedSingleParentFamily
ChildrenOnly

STATE
NSW / ACT
VIC
QLD
SA
WA
TAS
NT

PRODUCT STATUS
Open - New Product
Open - Existing
Closed - Closing
Closed - Existing
Terminating

PRODUCT TYPE
Hospital
General
Combined
General - Ambulance

HOSPITAL CATEGORY
Gold
Silver Plus
Silver
Bronze Plus
Bronze
Basic Plus
Basic

PRODUCTCODE
unique id for the standard information statement, generated by the privatehealth.gov.au

Input variables	
Premium round	2026
Previous premium round	2025
Premium year	2027
Premium year start month	30-Apr-26
Premium year end	31-Mar-27

INSURER NAME	ABBREVIATION	FP or NFP	RESTRICTED/OPEN
ACA Health Benefits Fund Ltd	ACA	Not-for-Profit	Restricted
AIA Health Insurance Pty Ltd	AIAH	For-Profit	Open
Australian Unity Health Ltd	AustUnity	For-Profit	Open
BUPA HI Pty Ltd	Bupa	For-Profit	Open
CBHS Corporate Health Pty Ltd	CBHSCH	For-Profit	Open
CBHS Health Fund Ltd	CBHS	Not-for-Profit	Restricted
Cessnock District Health Benefits Fund Ltd	CDH	Not-for-Profit	Open
Defence Health Ltd	Defence	Not-for-Profit	Restricted
Doctors' Health Fund Pty Ltd	DHF	For-Profit	Restricted
GMHBA Ltd	GMHBA	Not-for-Profit	Open
HBF Health Ltd	HBF	Not-for-Profit	Open
Health Care Insurance Ltd	HCI	Not-for-Profit	Open
Health Insurance Fund of Australia Ltd	HIF	Not-for-Profit	Open
Health Partners Ltd	HP	Not-for-Profit	Open
Hospitals Contribution Fund of Australia Ltd	HCF	Not-for-Profit	Open
Latrobe Health Services Ltd	Latrobe	Not-for-Profit	Open
Medibank Private Ltd	Medibank	For-Profit	Open
Mildura District Hospital Fund Ltd	Mildura	Not-for-Profit	Open
National Health Benefits Australia Pty Ltd	NHBA	For-Profit	Open
Navy Health Ltd	Navy	Not-for-Profit	Restricted
NIB Health Funds Ltd	nib	For-Profit	Open
Peoplecare Health Ltd	Peoplecare	Not-for-Profit	Open
Phoenix Health Fund Ltd	Phoenix	Not-for-Profit	Open
Police Health Ltd	Police	Not-for-Profit	Restricted
Reserve Bank Health Society Ltd	RBHS	Not-for-Profit	Restricted
St Luke's Medical and Hospital Benefits Association	St Luke's	Not-for-Profit	Open
Teachers Federation Health Ltd	Teachers	Not-for-Profit	Restricted
Westfund Ltd	Westfund	Not-for-Profit	Open

Field	Criteria	Number of lines not matching criteria
STATE	Field equals one of the 7 drop down selections only, ignores blank cells	0
PRODUCT CODE PHIS ID	Field requires a unique code and cannot be blank	0
PRODUCT NAME as at 1 April 2025	Checks if Template A products exceed 30,000 rows	0
PRODUCT STATUS as at 1 April 2025	Field equals one of the 5 drop down selections only, ignores blank cells	0
PRODUCT TYPE	Field equals one of the 4 drop down selections only, ignores blank cells	0
HOSPITAL CATEGORY as at 1 April 2025	Field equals one of the 7 drop down selections only, ignores blank cells	0
INSURED GROUP	Field equals one of the 8 drop down selections only, ignores blank cells	0
ANNUAL EXCESS as at 1 April 2025	The total value of Annual Excess exceeds $750 for Singles or $1500 for Non-singles, ignores blank cells. A non-zero figure is not an error, and only identifies products which are not eligible for the MLS exemption.	0
ANNUAL CO-PAYMENTS as at 1 April 2025		
ESTIMATED MIGRATION OF PEOPLE DUE TO DEPENDENT REFORM over the 12 months from 1 April 2025	Total of this column equals 0	0
Non-Terminating products incorrect price entry	Flags non-terminating products with price entered in column Z. Should be blank.	0
Terminating products new price check	Flags terminating products with no price entered in column Z. Set to average new price of products that policies will be automatically migrated to.	0

Note
Assumes Template A contains no more than 30,000 rows. Formulae will need to be updated if rows exceeded.

Guidance on Insured Groups in relation to Template A of the Premium Round Forms

The Department of Health, Disability and Ageing has developed this guidance to assist Insurers when preparing their premium price change application.

Subrule 5(2) of the Private Health Insurance (Complying Product) Rules 2015 prescribes what the insured groups are. Template A of the Premium Round form contains certain drop-down list options.

The table below lists the correct drop-down option to use depending on the type of insured group that the policy covers.

It is recommended (but not required) that insurers that have specific products falling under insured groups as defined in subrules 5(2)(e)-(g) and subrules 5(2)(i)-(k) indicate the specific subgroup via the product name.

Insurers must include all products that target an insured group and include every product with a unique PHIS ID in Template A, regardless of whether the premium is the same or different.

PHI (Complying Product) Rules - subrule 5(2) - for the purposes of 63-5(2A)(b) of the PHI Act (2) For the purposes of paragraph 63-5 (2A) (b) of the Act, the following insured groups are specified:	**Adults covered**	**Dependents**	**Template A drop-down list options**
(a) only one person;	1	none	Single
(b) only two adults;	2	none	Couple
(c) two or more dependent people and no adults;	0	all	ChildrenOnly
(d) only one adult and at least one non-classified dependent person under the age of 25, dependent child or dependent student;	1	non-classified <25, child or student	SingleParentFamily
(e) only one adult and any number of non-classified dependent people under the age of 25, dependent children or dependent students and at least one dependent non-student;	1	(d) & non-student	ExtendedSingleParentFamily
(f) only one adult and any number of non-classified dependent people under the age of 25, dependent children or dependent students and at least one conditional dependent non-student;	1	(d) & conditional non-student	ExtendedSingleParentFamily
(g) only one adult and at least one dependent person with a disability and any number of non-classified dependent people under the age of 25, dependent children, dependent students, dependent non-students or conditional dependent non-students;	1	(d) & (e) & (f) including disability	ExtendedSingleParentFamily
(h) only two adults, and at least one non-classified dependent person under the age of 25, dependent child or dependent student;	2	non-classified <25, child or student	Family
(i) only two adults and any number of non-classified dependent people under the age of 25, dependent children or dependent students and at least one dependent non-student;	2	(h) & non-student	ExtendedFamily
(j) only two adults and any number of non-classified dependent people under the age of 25, dependent children or dependent students and at least one conditional dependent non-student;	2	(h) & conditional non-student	ExtendedFamily
(k) only two adults and at least one dependent person with a disability and any number of non-classified dependent people under the age of 25, dependent children, dependent students, dependent non-students or conditional dependent non-students.	2	(h) & (i) & (j) including disability	ExtendedFamily

Australian Government
Department of Health, Disability and Ageing

2026 Premium Round consultation summary

The Department of Health, Disability and Ageing (the department) held a consultation period from 29 July to 22 August 2025 to invite feedback on the draft 2026 Premium Round application form and timeline. This included a virtual industry forum on 12 August 2025.

The table below contains feedback received during the consultation period, including the forum.

For further questions or comments about the application form and timeline, please email phi@health.gov.au.

Feedback	Response
General	
There is uncertainty around the aspects of the submission most useful for the assessment and the resubmission process.	In the interest of providing insurers with greater clarity and transparency of the matters the Minister for Health and Ageing (the Minister) intends to pay particular regard to in his consideration of applications, the Minister has issued a Statement of Expectations for the 2026 Premium Round. Note: Each application is assessed on its individual merits and the Minister has broad discretion to consider any relevant matters in determining whether a proposed change is contrary to the public interest.
Concerns relating to the financial sustainability of Gold hospital products.	The Private Health Chief Executive Officer Forum (CEO Forum) has been established to identify and develop short and medium-term options to support the sector's long-term sustainability so that it can continue to serve the health care needs of Australian patients. One of the key reform options the CEO Forum is considering is the appropriateness of the current private health insurance product tiers.

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Feedback	Response
Questions relating to the details and implementation of the Minister's election commitment to outlaw product phoenixing.	During the election campaign, the Minister made a commitment to outlaw product phoenixing and directed the department to develop legislative options to bring this into effect. Subject to the details being finalised and the passage of legislation, the proposed option is to amend the PHI Act to require Ministerial approval for premiums of new products (similar to the requirement to apply for premium changes). Insurers would continue to be able to close or terminate products at any time in order to protect against prudential risk. Insurers will be strongly encouraged to apply for new product premiums through the annual Premium Round process. To inform the development and implementation of this proposed reform, the department is seeking feedback from interested stakeholders as detailed in our consultation paper. Feedback should be submitted to the department at PHIconsultations@health.gov.au by **17 October 2025**. Insurers are encouraged to plan their product suite on the assumption that the legislative change will come into effect within the 2026 Premium Round year (1 April 2026 – 31 March 2027).
It has been requested that insurers are notified of the outcome earlier than in the previous two years to allow insurers sufficient time to notify members ahead of 1 April 2026.	Whilst the aim is for the process to conclude by 31 January 2026, the timing of any decision is ultimately a matter for the Minister and the timelines proposed are indicative only.
Noting that additional information is being requested, the department should review existing requirements with a view to removing less pertinent items.	The department is committed to continuously reviewing the requested information from year to year. Insurers with specific examples are encouraged to detail those concerns to us so we can better understand and address them.
The department should collaborate with insurers to determine data likely to be collected over the medium term (5 years), to reduce the number of unforeseen changes and improve clarity.	The department notes the need to maintain some flexibility in the data requested based on information required by the Minister to consider applications against the public interest test. Insurers are consulted on the premium round application forms each year and can advise of concerns relating to any new data proposed to be collected.

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Feedback	Response
A clear statement of intent should be included for all new templates to clarify intent and support future review if there is a benchmark for each aspect of data collected.	The explanation of the intent of the new Template E has been reviewed and refined.
Minor typographical or formula errors in the templates.	The department and APRA have reviewed and corrected errors insurers have identified.
Written report	
Question 4 (consistency with pricing targets) should be limited to the 10 largest products (by earned contributions) that is or is forecast to fall below pricing targets, and the 10 largest products with gross margin pricing targets below insurance business expenses. This will focus reporting on material products.	It is requested that all products that have a gross margin below targets or that are expected to be loss-making receive some commentary in the written application - noting the definition of 'product' in Attachment A under 'Products below targets'. Insurers are asked to focus on material products outside of targets and products expected to incur material losses. Products that may not be material can be added in a simple table with: • forecast gross margin • a brief description of whether any remedial action is planned and what it is to include.
Question 8, on pricing, should be adjusted so that 'return on capital expectations and the extent to which they are met by margins' is only applicable to for-profit insurers only.	The department notes the intent of this section is to understand how pricing is impacted by insurers' target margins, capital and business strategies, including how targets are set and responses to recent performance. If an insurer does not target a return on capital, they can state that in their response, and elaborate on key determinants of target profit margins.
Template A	
The new column for product migration does not account for any changes in benefits from a product migration. This is inconsistent with Template D.	New changes are intended to capture revenue impact of closing products and migrating policies to other products. Note that the migration revenue impact does not affect the headline increase.

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Feedback	Response
The new column for product migration does not adapt well in cases where policyholders may be migrated to different products.	Insurers are requested to provide an expected weighted average price of planned destination products to allow for multiple products. As noted in the guidance, insurers may choose the level to apply product mix weightings.
For column E, noting that product changes (opening, closing, terminating) can happen at short notice, all such products should be provided on a best endeavours basis. This would mirror the approach in Column L.	Additional clarification added that the details of new products expected to commence prior to 1 April 2026, and product status as at 1 April 2026 should be included on a best endeavours basis.
Template E	
Migration impacts reflect revenue only. A net impact approach would be more appropriate.	This is intended to capture the revenue impact of closing products and migrating policies to other products. Migration impact on benefits can be reflected in the 'other margin factors'. Note that the migration revenue impact does not affect the headline increase.
Noting that attribution of drawing rate growth by benefit category is net risk equalisation, how should risk equalisation calculated deficit growth be attributed by benefit type?	Net hospital benefits drawing rate growth is the weighted average of each component of the drawing rate growth (net of risk equalisation gross deficit) and average risk equalisation calculated deficit growth, using aggregate level weightings. Net benefits are used to weight growth rates across benefit type. For example, if Hospital benefits after gross deficit per SEU was $70 and average calculated deficit was $30, then net hospital benefits drawing rate growth would be the weighted average of hospital benefits (after gross deficit) growth and average calculated deficit growth using 70:30 weightings.
Cell B26 (benefit driver growth) does not appear to factor in actual vs estimates for benefits inflation between September 2024 to March 2025. This can lead to an improper calculation. Suggestion made to set row 58 to the gross margins that were requested in template D and use that to calculate row 54.	Attribution analysis has been updated to include impact of actual vs expected for premium year 2024/25. The department has avoided using gross margins from Template D for analysis, due to lack of confidence in a 'best endeavours' data point.

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Feedback	Response
Regarding cell A7, is that intended to be the weighted average of rows 8-11 inclusive?	Hospital treatment net benefits drawing rate growth should be the aggregate of each component of the drawing rate growth rate (hospital accommodation benefits, medical benefits and 'Prescribed List' benefits), weighted by Dollar benefits after net risk equalisation. Hospital accommodation benefits drawing rate growth is further split into utilisation (admissions per unit insured) and indexation (average benefit per admission) growth.
Regarding Cell B56, are insurers intended to confirm this arrives at zero, or are balancing items to be inserted into section B40?	The department expects insurers to be able to justify their requested premium increase. Where the residual unexplained is material, insurers should comment on contributing factors.

Australian Government
Department of Health, Disability and Ageing

Consultation Paper – Outlawing private health insurance (PHI) product phoenixing

Background

Under section 66-10 of the *Private Health Insurance Act 2007* (PHI Act), private health insurers must apply to the Minister for approval to change premiums on **existing PHI products** (premium approval power). The Minister must approve a change unless 'the Minister is satisfied that a change that would increase the amount or amounts would be contrary to the public interest.'

By convention, this process occurs via an annual PHI Premium Round process managed by the Department of Health, Disability and Ageing. The department consults with the Australian Prudential Regulation Authority (APRA) throughout this process. APRA's role in relation to the Premium Round is to advise the department whether premium increase requests from private health insurers would result in an adverse prudential outcome for individual insurers.

A legislative loophole means that an insurer can open a new product at any time at a premium of their choosing without Ministerial scrutiny. Therefore, an insurer can circumvent the Premium Round process by closing an existing health insurance product to new members and then opening a very similar new product. A particular concern is when the new product is priced much higher than the old product (referred to as 'product phoenixing'). Closing this loophole will protect consumers from unregulated private health insurance premiums.

At a press conference on 9 December 2024, the Minister reserved "the right to consider legislative options to outlaw the practice into the future." However, as the practice continued, the Minister made an election commitment on 1 April 2025 to outlaw product phoenixing.

Outlawing product phoenixing

The government intends to outlaw product phoenixing by amending the PHI Act to require insurers to apply to seek the Minister's approval of the premium for a new product against a public interest test. This is proposed to be similar to the current public interest test for a

premium increase on an existing product; i.e. the Minister must approve the premium for a new product unless satisfied that it would be contrary to the public interest.

The timing of this proposed legislative change is to be confirmed. However, the Minister has previously requested that insurers cease the practice of product phoenixing. Insurers are therefore encouraged to plan their product suite on the assumption that the legislative change will come into effect within the 2026 Premium Round year (1 April 2026 – 31 March 2027).

Insurers would be strongly encouraged to apply for new products through the existing annual Premium Round process for implementation on 1 April of each year. The department is considering requiring insurers to specify the requested premium for the proposed new product in a similar manner to the requested changes for existing products, in a form similar to Template A of Attachment B used for recent premium rounds[1]. The department would continue to consult insurers on the proposed form ahead of each Premium Round prior to the forms being published.

The industry weighted average premium change calculation formula is outlined in the *Private Health Insurance (Incentives) Rules 2012 (No.2)*. It specifies the industry average premium increase being the average change in premiums for each product subgroup offered by every private health insurer and weighted according to the number of people covered under complying health insurance policies in each product subgroup. The department does not propose to make any changes to this formula.

Insurers would be encouraged to only submit applications outside of the annual Premium Round process under 'exceptional circumstances'. The insurer would be requested to demonstrate there is a reason in the public interest for why the request was not made through the previous annual Premium Round process or could not wait for the next annual Premium Round process.

Insurers would continue to be able to close and terminate products at any time to protect against prudential risk from loss-making products.

In this regard, the department notes there are pressures on the financial sustainability of Gold hospital products. The department is further considering broader private health system reform through the Private Health CEO Forum[2]. The CEO Forum aims to identify and

[1] Application forms for the Premium Round are available at Apply to increase private health insurance premiums | Australian Government Department of Health, Disability and Ageing

[2] Private Health Chief Executive Officer Forum | Australian Government Department of Health, Disability and Ageing

develop short and medium-term options to support the sector's long-term sustainability so that it can continue to serve the health care needs of Australian patients.

Consultation

Feedback provided to the department by **17 October 2025** via email at PHIconsultation@health.gov.au will be considered in the development of the proposed legislative option and its implementation. While feedback is open on all aspects of product phoenixing and the proposed change to the Minister's approval of premiums under section 66-10 of the PHI Act, the department is seeking specific feedback on the issues identified below.

1. Factors that the department should be aware of in relation to insurers' business practices, including approvals and timeframes, in developing and introducing new PHI products. What impact would the proposed legislative change and additional regulatory burden have on insurers?
2. What situations would insurers consider to be 'exceptional circumstances' under which they may seek to apply for approval of premiums outside the annual Premium Round process? How often would insurers expect to apply outside of the annual Premium Round process?
3. Factors that the department should consider when designing the proposed application forms (noting these would be subject to further consultation for each Premium Round, as per the current process) and in assessing and advising the Minister on whether an application for a premium for a new product should be approved under the public interest test.
4. Noting that the intent of this process is to outlaw product phoenixing, any context the insurer wishes to provide about the drivers of 'product phoenixing'. What would be the likely responses by insurers as a result of removing this loophole?
5. Any other matters the department should have regard to in relation to product phoenixing, the proposed legislative change and its implementation.

Aged Care and Disability Workforce across Australia

Table 1. Health Workforce by Aged Care and Disability, Profession, and Area, 2019 to 2024

Profession Division / Area / Setting	2019		2020		2021		2022		2023		2024		CAGR (2019 to latest)	
	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE
Total Registered Nurses	**286,907**	**245,590.2**	**292,184**	**248,971.3**	**303,440**	**267,509.4**	**309,851**	**279,347.1**	**326,838**	**296,535.5**	**345,377**	**312,511.6**	**3.8%**	**4.9%**
Registered Nurses in Aged Care & Disability *	**39,108**	**35,389.9**	**40,408**	**36,574.6**	**36,549**	**34,154.3**	**36,767**	**35,954.6**	**38,816**	**38,151.9**	**43,792**	**42,701.5**	**2.3%**	**3.8%**
Aged Care	31,613	28,671.1	33,302	30,329.1	35,055	32,810.6	35,191	34,554.3	37,013	36,575.4	41,957	41,134.1	5.8%	7.5%
Residential Aged Care Setting	25,619	23,261.6	27,396	25,027.4	27,078	25,462.5	26,452	26,275.3	28,249	28,224.8	32,328	32,010.5	4.8%	6.6%
Other settings	5,994	5,409.5	5,906	5,301.7	7,977	7,348.1	8,739	8,279.0	8,764	8,350.6	9,629	9,123.6	9.9%	11.0%
Rehabilitation & Disability	7,495	6,718.9	7,106	6,245.4										
Residential Aged Care Setting	517	473.2	469	419.7										
Other settings	6,978	6,245.7	6,637	5,825.8										
Disability					1,494	1,343.7	1,576	1,400.3	1,803	1,576.6	1,835	1,567.4		
Residential Aged Care Setting					391	378.7	354	336.8	316	299.3	298	273.1		
Other settings					1,103	965.0	1,222	1,063.5	1,487	1,277.2	1,537	1,294.4		
Rehabilitation					7,091	6,404.3	7,232	6,731.2	7,657	7,102.4	7,984	7,444.2		
Total Enrolled Nurses	**53,293**	**44,238.6**	**52,420**	**43,041.9**	**54,234**	**45,372.0**	**53,654**	**46,058.1**	**54,453**	**47,043.2**	**54,050**	**45,826.8**	**0.3%**	**0.7%**
Enrolled Nurses in Aged Care & Disability *	**20,605**	**16,840.6**	**20,222**	**16,395.7**	**18,439**	**15,155.6**	**17,415**	**14,955.6**	**17,463**	**15,152.4**	**17,422**	**14,741.3**	**-3.3%**	**-2.6%**
Aged Care	17,382	14,119.2	17,319	14,022.2	17,600	14,472.7	16,541	14,219.2	16,504	14,334.2	16,438	13,927.4	-1.1%	-0.3%
Residential Aged Care Setting	14,241	11,555.6	14,404	11,615.9	13,374	10,943.9	12,304	10,516.9	12,376	10,743.9	12,324	10,359.0	-2.9%	-2.2%
Other settings	3,141	2,563.7	2,915	2,406.2	4,226	3,528.8	4,237	3,702.3	4,128	3,590.3	4,114	3,568.4	5.5%	6.8%
Rehabilitation & Disability	3,223	2,721.3	2,903	2,373.6										
Residential Aged Care Setting	318	280.2	298	262.8										
Other settings	2,905	2,441.1	2,605	2,110.8										
Disability					839	682.9	874	736.3	959	818.3	984	813.9		
Residential Aged Care Setting					260	222.3	212	196.4	226	207.8	210	185.4		
Other settings					579	460.6	662	539.9	733	610.4	774	628.5		
Rehabilitation					2,671	2,215.8	2,647	2,308.3	2,773	2,381.5	2,796	2,343.0		
Medical Practitioners excluding GPs	**70,739**	**77,441.4**	**73,673**	**78,799.2**	**76,659**	**81,967.6**	**79,982**	**85,829.5**	**90,011**	**94,819.0**	**89,187**	**93,380.7**	**4.7%**	**3.8%**
Aged Care	46	41.1	76	70.8	73	59.7	90	77.9	130	116.7	85	73.3	13.1%	12.3%
Primary Care GPs	**37,530**	**29,608.9**	**37,837**	**29,353.4**	**38,357**	**31,056.3**	**38,881**	**29,920.5**	**39,449**	**29,215.0**	**40,375**	**29,975.9**	**1.5%**	**0.2%**
VR GPs	29,378	24,638.4	30,156	24,914.5	30,931	26,646.5	31,599	25,764.6	31,885	24,987.6	32,557	25,593.8	2.1%	0.8%
Non-VR GPs	3,902	2,691.8	3,293	2,115.8	2,435	1,512.6	1,632	818.0	1,562	665.7	1,618	706.0	-16.1%	-23.5%
GP Trainee	4,250	2,278.8	4,388	2,323.2	4,991	2,897.1	5,650	3,337.9	6,002	3,561.7	6,200	3,676.2	7.8%	10.0%
Total Allied Health Practitioners	**178,446**	**164,655.0**	**187,597**	**172,009.2**	**195,219**	**179,695.3**	**203,888**	**190,682.7**	**214,467**	**197,194.1**	**NA**	**NA**	**4.7%**	**4.6%**
Allied Health in Aged Care & Disability	**6,472**	**5,886.8**	**7,387**	**6,701.8**	**7,962**	**7,208.6**	**8,058**	**7,371.6**	**7,317**	**6,567.8**	**NA**	**NA**	**3.1%**	**2.8%**
Aged Care	3,899	3,594.9	4,092	3,744.1	3,968	3,585.4	3,546	3,222.9	2,649	2,342.6	NA	NA	-9.2%	-10.2%
Disability	2,573	2,292.0	3,295	2,957.6	3,994	3,623.2	4,512	4,148.7	4,668	4,225.2	NA	NA	16.1%	16.5%

* Note: *Nurses in Aged Care & Disability* includes nurses who may have worked in rehabilitation in 2015 to 2020, as survey responses did not differentiate between rehabilitation and disability until 2021.

Table 2. Primary Care GP FTE and Number of Services 2022 to 2024

Primary Care GPs	2022		2023		2024		CAGR (2022 to 2024)	
	GP FTE	Services	GP FTE	Services	GP FTE	Services	GP FTE	Services
Total	**29,920.5**	**179,705,394**	**29,215.0**	**169,130,457**	**29,975.9**	**172,197,544**	**0.1%**	**-1.4%**
Services in Residential Aged Care Facilities (RACF)	965.2	5,022,668	1,051.7	5,489,111	1,122.4	5,928,588	5.2%	5.7%

→ Sources
- National Health Workforce Dataset (NHWDS), 2019 - 2024 (excluding Primary Care GPs)
- Medicare Benefits Schedule (MBS), 2022 - 2024, Primary Care GPs

Date of Data Extraction:
22 September 2025

Purpose of the Analysis:
Senate Estimates Brief on the aged care and disability workforce

Notes on the Analysis:
Table 1 shows registered and employed health practitioners (excluding those on extended leave), by:
- aged care or disability, and
- residential aged care settings (including residential health care facilities and community aged care services).

Registered Nurses shows all registered nurses including dual registrations. **Enrolled Nurses** shows enrolled nurses who were not also a Registered Nurse. The nursing job area is used to allocate to Aged Care and Disability.

Note: Nurses in Aged Care & Disability includes nurses who may have worked in Rehabilitation in 2015 to 2020, as survey responses did not differentiate between Rehabilitation and Disability until 2021.

Medical Practitioners excl GPs shows medical practitioners who did not indicate their main occupation as General Practice. Their job setting is used to allocate to Aged Care and Disability.

Allied Health includes: ATSI Health Practitioners; Chinese Medicine Practitioners; Chiropractors; Dental Practitioners; Medical Radiation Practitioners; Occupational Therapists; Optometrists; Osteopaths; Paramedicine Practitioners; Pharmacists; Physiotherapists; Podiatrists; and Psychologists. Their job setting is used to allocate to Aged Care and Disability.

Full-Time Equivalent (FTE) is based on 38 hours per week for Allied Health, 38 nursing hours per week for Nurses, and 40 hours per week for Medical Practitioners and Primary Care GPs.

Primary Care GPs headcount is a workforce specific method which uses elements from the MBS data set to count when, where and by what type of GP services are being delivered.

Full-time Equivalent for GPs (GP FTE) is a workforce specific method to estimate the workload of GPs providing primary care services. The method calculates a GP's workload based on the MBS services claimed as well as patient and doctor factors that affect the duration of a consultation. One GP FTE represents a 40 hour week per week for 46 weeks of the year. For each Medicare provider, the measure attributes an estimate of the amount of time they have spent on their claims compared to what would be worked by a full-time GP, including billable time, non-billable time, and non-clinical time. GP FTE measures presented here are different to the GP Full-time Service Equivalent (FSE) measures published on the MBS Online website.

For more information on how Primary Care GPs are classified and how GP FTE is calculated, see https://hwd.health.gov.au/resources/information/methods-gp-workload.html

NA: Not Available. Allied Health 2024 data is not available.

CAGR: Compound Annual Growth Rate. In Table 1, this is calculated between 2019 and 2024 for medical and nursing, and between 2019 and 2023 for allied health.

Appendix C

The number of Australians on the National Priority System by electorate as of 30 June 2025

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 7 October 2025.
- Future extracts of the same information may differ due to the dynamic nature of the data.

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
NSW	**Total for NSW**	**2,333**	**14,828**	**14,595**	**4,945**	**36,701**
	Banks	25	287	340	121	773
	Barton	15	246	347	153	761
	Bennelong	41	305	332	211	889
	Berowra	29	257	216	123	625
	Blaxland	28	292	399	129	848
	Bradfield	41	278	315	155	789
	Calare	48	371	304	74	797
	Chifley	37	263	228	129	657
	Cook	17	229	345	66	657
	Cowper	178	556	356	82	1,172
	Cunningham	28	191	270	60	549
	Dobell	118	508	356	78	1,060
	Eden-Monaro	28	424	364	126	942
	Farrer	65	237	192	66	560
	Fowler	57	316	459	99	931
	Gilmore	50	499	517	105	1,171

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Grayndler	10	151	183	130	474
	Greenway	35	242	210	114	601
	Hughes	10	162	228	67	467
	Hume	54	257	267	78	656
	Hunter	54	385	300	61	800
	Kingsford Smith	7	218	253	102	580
	Lindsay	41	313	234	89	677
	Lyne	104	530	362	71	1,067
	Macarthur	44	230	227	70	571
	Mackellar	26	254	290	152	722
	Macquarie	45	289	233	67	634
	McMahon	51	306	405	125	887
	Mitchell	43	282	226	126	677
	New England	46	329	402	81	858
	Newcastle	52	272	243	40	607
	North Sydney	25	169	221	125	540
	Page	146	496	435	145	1,222
	Parkes	38	414	352	75	879
	Parramatta	43	279	284	149	755
	Paterson	61	414	304	62	841
	Reid	29	262	368	196	855
	Richmond	196	743	532	168	1,639

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Riverina	46	285	285	66	682
	Robertson	86	519	396	94	1,095
	Shortland	81	493	305	61	940
	Sydney	9	155	222	85	471
	Warringah	24	150	228	118	520
	Watson	27	290	442	239	998
	Wentworth	13	191	190	64	458
	Werriwa	37	221	309	65	632
	Whitlam	45	268	319	83	715
VIC	**Total for VIC**	**1,117**	**8,757**	**8,101**	**2,434**	**20,409**
	Aston	53	277	256	77	663
	Ballarat	11	189	192	69	461
	Bendigo	47	226	161	64	498
	Bruce	30	191	191	57	469
	Calwell	6	112	172	38	328
	Casey	34	248	180	59	521
	Chisholm	62	378	342	104	886
	Cooper	20	256	232	91	599
	Corangamite	25	250	263	57	595
	Corio	24	206	296	84	610
	Deakin	53	316	287	86	742
	Dunkley	19	270	210	48	547

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Flinders	31	266	218	69	584
	Fraser	20	281	181	40	522
	Gellibrand	11	218	120	27	376
	Gippsland	42	298	229	45	614
	Goldstein	16	134	210	69	429
	Gorton	17	246	169	54	486
	Hawke	11	174	162	26	373
	Higgins	16	165	170	116	467
	Holt	23	116	132	37	308
	Hotham	30	249	270	70	619
	Indi	36	261	175	7	479
	Isaacs	12	131	180	43	366
	Jagajaga	33	275	244	59	611
	Kooyong	56	231	244	154	685
	La Trobe	28	174	152	38	392
	Lalor	15	167	115	35	332
	Macnamara	9	99	103	53	264
	Mallee	21	247	265	126	659
	Maribyrnong	11	174	165	35	385
	McEwen	31	186	131	29	377
	Melbourne	26	119	113	52	310
	Menzies	51	342	378	115	886

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Monash	40	225	177	45	487
	Nicholls	97	336	176	39	648
	Scullin	20	292	297	78	687
	Wannon	20	214	328	94	656
	Wills	10	218	215	45	488
QLD	**Total for QLD**	**1,228**	**8,776**	**7,197**	**1,777**	**18,978**
	Blair	124	285	168	46	623
	Bonner	29	200	263	52	544
	Bowman	37	298	270	72	677
	Brisbane	6	162	129	37	334
	Capricornia	16	190	163	19	388
	Dawson	24	187	152	30	393
	Dickson	21	241	209	42	513
	Fadden	26	229	282	130	667
	Fairfax	56	438	344	82	920
	Fisher	59	464	349	76	948
	Flynn	27	195	144	28	394
	Forde	25	200	239	77	541
	Griffith	6	147	163	28	344
	Groom	106	434	283	58	881
	Herbert	14	133	159	33	339
	Hinkler	97	559	333	59	1,048

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Kennedy	29	410	234	35	708
	Leichhardt	16	542	156	31	745
	Lilley	20	252	248	57	577
	Longman	43	496	419	89	1,047
	Maranoa	110	366	219	42	737
	McPherson	36	235	225	102	598
	Moncrieff	33	249	263	121	666
	Moreton	20	209	262	65	556
	Oxley	40	211	227	60	538
	Petrie	36	441	388	77	942
	Rankin	20	162	205	40	427
	Ryan	24	191	203	42	460
	Wide Bay	82	459	305	75	921
	Wright	46	191	193	72	502
WA	**Total for WA**	**188**	**2,620**	**3,678**	**1,561**	**8,047**
	Brand	12	217	234	110	573
	Burt	7	136	242	106	491
	Canning	27	306	338	153	824
	Cowan	16	234	366	114	730
	Curtin	11	192	259	152	614
	Durack	12	128	191	71	402
	Forrest	12	92	200	140	444

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Fremantle	4	82	128	48	262
	Hasluck	4	148	186	71	409
	Moore	22	208	239	56	525
	O'Connor	27	208	341	93	669
	Pearce	11	173	228	45	457
	Perth	10	171	304	116	601
	Swan	9	175	226	146	556
	Tangney	4	150	196	140	490
SA	**Total for SA**	**314**	**2,821**	**3,335**	**1,262**	**7,732**
	Adelaide	20	239	221	76	556
	Barker	59	288	299	115	761
	Boothby	8	193	388	164	753
	Grey	86	465	264	63	878
	Hindmarsh	40	283	224	48	595
	Kingston	9	163	345	140	657
	Makin	28	349	431	181	989
	Mayo	21	285	459	202	967
	Spence	24	266	414	180	884
	Sturt	19	290	290	93	692
TAS	**Total for TAS**	**169**	**990**	**1,080**	**393**	**2,632**
	Bass	46	175	155	60	436
	Braddon	26	165	232	79	502

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Clark	17	184	225	103	529
	Franklin	38	231	244	84	597
	Lyons	42	235	224	67	568
ACT	**Total for ACT**	**11**	**537**	**695**	**328**	**1,571**
	Bean	3	226	303	132	664
	Canberra	5	186	221	120	532
	Fenner	3	125	171	76	375
NT	**Total for NT**	**4**	**198**	**298**	**106**	**606**
	Lingiari	4	90	151	37	282
	Solomon	-	108	147	69	324
Unknown	**Total for Unknown**	**-**	**21**	**10**	**2**	**33**
	Unknown	-	21	10	2	33
National		**5,364**	**39,548**	**38,989**	**12,808**	**96,709**

The number of Australians on the National Priority System by electorate as of 30 September 2025

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 7 October 2025.
- Future extracts of the same information may differ due to the dynamic nature of the data.

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
NSW	**Total for NSW**	**2,500**	**18,547**	**18,299**	**5,978**	**45,324**
	Banks	36	386	477	148	1,047
	Barton	25	339	430	184	978
	Bennelong	50	459	469	275	1,253
	Berowra	35	367	297	168	867
	Blaxland	33	403	541	163	1,140
	Bradfield	45	413	422	212	1,092
	Calare	49	361	333	85	828
	Chifley	40	382	330	163	915
	Cook	21	282	342	66	711
	Cowper	128	592	406	86	1,212
	Cunningham	44	268	378	81	771
	Dobell	101	571	408	89	1,169
	Eden-Monaro	33	503	386	106	1,028
	Farrer	45	256	248	77	626
	Fowler	84	447	633	146	1,310
	Gilmore	67	637	630	117	1,451

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Grayndler	14	171	265	175	625
	Greenway	32	334	281	130	777
	Hughes	14	220	275	74	583
	Hume	65	338	345	107	855
	Hunter	54	462	352	72	940
	Kingsford Smith	13	315	305	103	736
	Lindsay	55	363	295	109	822
	Lyne	92	625	435	83	1,235
	Macarthur	67	315	294	87	763
	Mackellar	49	383	382	203	1,017
	Macquarie	65	351	266	88	770
	McMahon	76	434	583	152	1,245
	Mitchell	44	378	310	146	878
	New England	51	395	423	92	961
	Newcastle	39	330	261	49	679
	North Sydney	30	279	272	148	729
	Page	128	559	518	187	1,392
	Parkes	33	453	413	76	975
	Parramatta	41	399	383	174	997
	Paterson	59	502	396	67	1,024
	Reid	32	310	517	236	1,095
	Richmond	218	886	629	218	1,951

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Riverina	27	242	322	80	671
	Robertson	76	549	416	87	1,128
	Shortland	65	559	348	61	1,033
	Sydney	13	204	290	111	618
	Warringah	41	216	286	146	689
	Watson	32	394	608	288	1,322
	Wentworth	20	225	195	64	504
	Werriwa	51	322	459	99	931
	Whitlam	68	368	445	100	981
VIC	**Total for VIC**	**1,725**	**12,410**	**10,140**	**2,630**	**26,905**
	Aston	83	416	313	83	895
	Ballarat	<10	189	224	83	502
	Bendigo	57	324	191	58	630
	Bruce	52	296	281	70	699
	Calwell	13	203	232	34	482
	Casey	64	332	224	67	687
	Chisholm	108	548	453	118	1,227
	Cooper	24	342	304	88	758
	Corangamite	28	310	315	75	728
	Corio	29	296	348	103	776
	Deakin	90	410	340	79	919
	Dunkley	53	421	253	53	780

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Flinders	50	398	275	81	804
	Fraser	27	361	256	53	697
	Gellibrand	19	322	183	33	557
	Gippsland	119	479	307	43	948
	Goldstein	35	213	250	69	567
	Gorton	20	337	211	41	609
	Hawke	21	226	190	36	473
	Higgins	28	220	219	104	571
	Holt	30	180	168	42	420
	Hotham	53	376	356	94	879
	Indi	41	352	223	<10	624
	Isaacs	37	209	249	49	544
	Jagajaga	30	327	279	68	704
	Kooyong	64	317	274	154	809
	La Trobe	50	297	190	54	591
	Lalor	21	237	138	45	441
	Macnamara	22	158	128	60	368
	Mallee	26	308	341	124	799
	Maribyrnong	21	301	222	45	589
	McEwen	32	219	159	31	441
	Melbourne	26	159	132	47	364
	Menzies	96	509	454	124	1,183

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Monash	100	473	279	49	901
	Nicholls	81	388	220	38	727
	Scullin	28	380	322	70	800
	Wannon	22	257	389	107	775
	Wills	19	320	248	50	637
	Total for QLD	**1,753**	**11,464**	**9,152**	**2,246**	**24,615**
	Blair	116	410	252	66	844
	Bonner	41	249	260	64	614
	Bowman	67	346	294	70	777
	Brisbane	16	218	187	60	481
	Capricornia	41	304	212	30	587
	Dawson	46	306	242	36	630
	Dickson	43	304	279	66	692
QLD	Fadden	72	409	426	179	1,086
	Fairfax	67	466	358	76	967
	Fisher	76	496	377	73	1,022
	Flynn	51	316	202	40	609
	Forde	38	288	339	95	760
	Griffith	15	168	189	30	402
	Groom	112	514	331	81	1,038
	Herbert	40	240	242	37	559
	Hinkler	107	707	443	98	1,355

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Kennedy	57	502	287	40	886
	Leichhardt	31	563	203	41	838
	Lilley	32	350	309	80	771
	Longman	72	636	492	148	1,348
	Maranoa	102	432	257	42	833
	McPherson	64	430	355	128	977
	Moncrieff	56	464	413	168	1,101
	Moreton	39	240	289	58	626
	Oxley	52	273	265	64	654
	Petrie	59	564	482	117	1,222
	Rankin	36	226	249	44	555
	Ryan	34	243	271	64	612
	Wide Bay	99	515	372	63	1,049
	Wright	72	285	275	88	720
WA	**Total for WA**	**285**	**3,270**	**4,280**	**1,631**	**9,466**
	Brand	20	257	291	107	675
	Burt	11	191	254	111	567
	Canning	43	382	401	164	990
	Cowan	14	268	425	120	827
	Curtin	22	238	305	155	720
	Durack	18	195	256	69	538
	Forrest	18	133	230	142	523

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Fremantle	12	116	159	53	340
	Hasluck	<10	163	217	63	451
	Moore	30	229	274	76	609
	O'Connor	48	287	372	109	816
	Pearce	16	213	270	60	559
	Perth	12	209	343	122	686
	Swan	<10	188	250	137	583
	Tangney	<10	201	233	143	582
SA	**Total for SA**	**417**	**3,757**	**4,337**	**1,357**	**9,868**
	Adelaide	29	316	348	97	790
	Barker	59	411	413	131	1,014
	Boothby	14	278	486	179	957
	Grey	72	530	427	106	1,135
	Hindmarsh	69	397	376	88	930
	Kingston	12	288	409	134	843
	Makin	46	401	481	160	1,088
	Mayo	46	372	532	178	1,128
	Spence	27	329	455	162	973
	Sturt	43	435	410	122	1,010
TAS	**Total for TAS**	**236**	**1,297**	**1,206**	**468**	**3,207**
	Bass	70	253	167	56	546
	Braddon	48	237	280	110	675

ACPR State	Electorate	Level 1	Level 2	Level 3	Level 4	Total
	Clark	29	213	239	110	591
	Franklin	41	284	262	108	695
	Lyons	48	310	258	84	700
ACT	**Total for ACT**	**20**	**638**	**766**	**289**	**1,713**
	Bean	12	255	323	108	698
	Canberra	<10	230	242	105	583
	Fenner	<10	153	201	76	432
NT	**Total for NT**	**19**	**279**	**327**	**130**	**755**
	Lingiari	17	132	164	44	357
	Solomon	<10	147	163	86	398
Unknown	**Total for Unknown**	-	**28**	19	<10	**56**
	Unknown	-	28	19	<10	56
National		**6,955**	**51,690**	**48,526**	**14,738**	**121,909**

Appendix D

The number of referrals on hand for aged care needs assessments under the Single Assessment System as at 30 September 2025.

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 3 October 2025. Future extracts of the same information may differ due to the dynamic nature of the data.
- Data relating to home support assessments and comprehensive assessments is subject to change. Upon review of an aged care needs referral, assessment organisations may reclassify a referral from a home support assessment to a comprehensive assessment, and vice versa.

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive assessment
ACT	**Total for ACT**	**412**	**392**
	Bean	165	167
	Canberra	141	111
	Fenner	106	114
NSW	**Total for NSW**	**13,108**	**25,810**
	Banks	236	950
	Barton	222	900
	Bennelong	271	588
	Berowra	249	431
	Blaxland	337	880
	Bradfield	225	455
	Calare	159	488
	Chifley	330	551
	Cook	233	879

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive assessment
	Cowper	488	1,212
	Cunningham	333	635
	Dobell	163	305
	Eden-Monaro	234	419
	Farrer	314	295
	Fowler	316	1,224
	Gilmore	540	819
	Grayndler	145	127
	Greenway	331	432
	Hughes	209	709
	Hume	289	527
	Hunter	273	414
	Kingsford Smith	219	841
	Lindsay	214	409
	Lyne	398	997
	Macarthur	383	567
	Mackellar	227	424
	Macquarie	212	385
	McMahon	352	910

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive assessment
	Mitchell	405	555
	New England	321	447
	Newcastle	196	311
	North Sydney	199	352
	Page	411	298
	Parkes	117	370
	Parramatta	383	597
	Paterson	391	438
	Reid	272	277
	Richmond	376	221
	Riverina	209	369
	Robertson	169	299
	Shortland	271	417
	Sydney	145	284
	Warringah	136	284
	Watson	286	411
	Wentworth	144	545
	Werriwa	293	866
	Whitlam	482	696

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive assessment
NT	**Total for NT**	**164**	**203**
	Lingiari	77	110
	Solomon	87	93
QLD	**Total for QLD**	**11,153**	**17,123**
	Blair	305	456
	Bonner	462	669
	Bowman	622	978
	Brisbane	233	230
	Capricornia	183	274
	Dawson	283	335
	Dickson	257	344
	Fadden	497	726
	Fairfax	349	728
	Fisher	395	879
	Flynn	159	353
	Forde	447	848
	Griffith	289	429
	Groom	304	379
	Herbert	422	304
	Hinkler	481	1,282

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive assessment
	Kennedy	324	325
	Leichhardt	187	258
	Lilley	336	362
	Longman	519	710
	Maranoa	280	485
	McPherson	404	538
	Moncrieff	565	725
	Moreton	474	712
	Oxley	420	619
	Petrie	517	612
	Rankin	404	738
	Ryan	262	241
	Wide Bay	358	1,011
	Wright	415	573
	Total for SA	**4,514**	**2,951**
	Adelaide	302	273
	Barker	449	244
SA	Boothby	484	293
	Grey	541	321
	Hindmarsh	357	279
	Kingston	460	275

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive assessment
	Makin	505	291
	Mayo	390	323
	Spence	496	254
	Sturt	530	398
TAS	**Total for TAS**	**1,019**	**1,428**
	Bass	301	345
	Braddon	153	231
	Clark	131	265
	Franklin	184	307
	Lyons	250	280
VIC	**Total for VIC**	**12,592**	**17,955**
	Aston	268	604
	Ballarat	654	632
	Bendigo	478	326
	Bruce	230	485
	Calwell	247	484
	Casey	243	522
	Chisholm	337	903
	Cooper	228	480
	Corangamite	633	309

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive assessment
	Corio	541	332
	Deakin	282	656
	Dunkley	195	232
	Flinders	331	536
	Fraser	516	502
	Gellibrand	353	326
	Gippsland	292	551
	Goldstein	244	399
	Gorton	450	480
	Hawke	434	385
	Higgins	165	346
	Holt	183	346
	Hotham	339	743
	Indi	216	414
	Isaacs	288	445
	Jagajaga	265	452
	Kooyong	124	280
	La Trobe	185	431
	Lalor	270	317
	Macnamara	197	283
	Mallee	630	608

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive assessment
	Maribyrnong	287	440
	McEwen	246	323
	Melbourne	193	227
	Menzies	291	746
	Monash	275	522
	Nicholls	290	522
	Scullin	263	656
	Wannon	714	368
	Wills	215	342
	Total for WA	**3,300**	**3,890**
	Brand	194	235
	Burt	268	260
	Canning	234	339
	Cowan	192	313
	Curtin	132	268
WA	Durack	282	261
	Forrest	375	284
	Fremantle	205	188
	Hasluck	183	249
	Moore	98	211
	O'Connor	368	334

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive assessment
	Pearce	110	200
	Perth	181	262
	Swan	221	238
	Tangney	257	248
Unknown	**Total for Unknown**	190	135
	Unknown	190	135
National		**46,452**	**69,887**

The number of referrals on hand for aged care needs assessments under the Single Assessment System as at 30 June 2025.

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 3 October 2025. Future extracts of the same information may differ due to the dynamic nature of the data.
- Data relating to home support assessments and comprehensive assessments is subject to change. Upon review of an aged care needs referral, assessment organisations may reclassify a referral from a home support assessment to a comprehensive assessment, and vice versa.

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive Assessment
ACT	**Total for ACT**	**216**	**354**
	Bean	96	130
	Canberra	64	109
	Fenner	56	115
NSW	**Total for NSW**	**11,472**	**29,341**
	Banks	269	1,073
	Barton	171	987
	Bennelong	248	769
	Berowra	208	524
	Blaxland	333	988
	Bradfield	219	621
	Calare	149	376
	Chifley	303	663
	Cook	188	875

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive Assessment
	Cowper	399	1,025
	Cunningham	328	784
	Dobell	152	249
	Eden-Monaro	152	430
	Farrer	312	306
	Fowler	395	1,478
	Gilmore	445	1,025
	Grayndler	100	168
	Greenway	289	513
	Hughes	203	758
	Hume	320	667
	Hunter	164	483
	Kingsford Smith	152	906
	Lindsay	155	458
	Lyne	370	989
	Macarthur	410	737
	Mackellar	155	564
	Macquarie	136	406
	McMahon	319	1,117
	Mitchell	395	620

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive Assessment
	New England	256	485
	Newcastle	139	348
	North Sydney	113	462
	Page	366	295
	Parkes	225	374
	Parramatta	348	730
	Paterson	185	518
	Reid	185	308
	Richmond	299	451
	Riverina	221	310
	Robertson	168	281
	Shortland	175	446
	Sydney	130	323
	Warringah	124	393
	Watson	219	516
	Wentworth	96	572
	Werriwa	350	1,052
	Whitlam	434	918
NT	**Total for NT**	**294**	**254**
	Lingiari	115	135
	Solomon	179	119

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive Assessment
QLD	**Total for QLD**	**10,248**	**17,853**
	Blair	440	637
	Bonner	370	607
	Bowman	547	809
	Brisbane	231	209
	Capricornia	287	329
	Dawson	361	381
	Dickson	246	342
	Fadden	395	945
	Fairfax	299	606
	Fisher	337	709
	Flynn	254	421
	Forde	400	933
	Griffith	234	409
	Groom	149	394
	Herbert	534	425
	Hinkler	486	1,530
	Kennedy	359	311
	Leichhardt	140	199
	Lilley	341	362
	Longman	500	731

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive Assessment
	Maranoa	206	490
	McPherson	331	766
	Moncrieff	361	934
	Moreton	384	635
	Oxley	328	598
	Petrie	427	601
	Rankin	389	618
	Ryan	252	254
	Wide Bay	306	951
	Wright	354	717
SA	**Total for SA**	**5,030**	**3,652**
	Adelaide	450	368
	Barker	401	324
	Boothby	575	374
	Grey	486	283
	Hindmarsh	509	443
	Kingston	499	355
	Makin	511	339
	Mayo	509	293
	Spence	474	319
	Sturt	616	554

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive Assessment
TAS	**Total for TAS**	**1,026**	**1,349**
	Bass	188	347
	Braddon	200	243
	Clark	188	190
	Franklin	213	267
	Lyons	237	302
VIC	**Total for VIC**	**16,395**	**16,611**
	Aston	379	542
	Ballarat	545	473
	Bendigo	380	267
	Bruce	395	453
	Calwell	250	392
	Casey	298	476
	Chisholm	399	790
	Cooper	310	427
	Corangamite	676	373
	Corio	472	429
	Deakin	371	590
	Dunkley	284	233
	Flinders	551	472
	Fraser	683	437

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive Assessment
	Gellibrand	467	318
	Gippsland	728	689
	Goldstein	350	372
	Gorton	574	431
	Hawke	501	320
	Higgins	253	328
	Holt	225	297
	Hotham	447	667
	Indi	557	437
	Isaacs	371	441
	Jagajaga	358	365
	Kooyong	160	240
	La Trobe	315	354
	Lalor	350	274
	Macnamara	293	274
	Mallee	680	520
	Maribyrnong	408	410
	McEwen	293	264
	Melbourne	231	187
	Menzies	373	761
	Monash	666	696

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive Assessment
	Nicholls	526	368
	Scullin	400	527
	Wannon	656	410
	Wills	220	307
	Total for WA	**4,459**	**4,215**
	Brand	312	294
	Burt	381	287
	Canning	455	409
	Cowan	272	293
	Curtin	210	304
	Durack	279	330
	Forrest	446	345
WA	Fremantle	262	167
	Hasluck	196	222
	Moore	145	220
	O'Connor	442	386
	Pearce	129	200
	Perth	229	275
	Swan	316	237
	Tangney	385	246

State	Electorate	Number of clients waiting for a home support assessment	Number of clients waiting for a comprehensive Assessment
Unknown	**Total for Unknown**	**125**	**74**
	Unknown	125	74
National		**49,265**	**73,703**

Appendix E

The number of Australians who are receiving a home care package at a lower level than their current assessed need by electorate as of 30 June 2025

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 7 October 2025.
- Future extracts of the same information may differ due to the dynamic nature of the data.

State	Electorate	Level 1	Level 2	Level 3	Total
NSW	**Total for NSW**	**1,084**	**4,249**	**1,746**	**7,079**
	Banks	25	95	44	164
	Barton	18	73	42	133
	Bennelong	20	118	36	174
	Berowra	16	58	33	107
	Blaxland	34	112	37	183
	Bradfield	28	92	39	159
	Calare	10	85	36	131
	Chifley	22	65	33	120
	Cook	8	76	15	99
	Cowper	55	126	41	222
	Cunningham	18	55	21	94
	Dobell	26	118	46	190
	Eden-Monaro	16	128	53	197
	Farrer	36	92	31	159
	Fowler	36	135	37	208

State	Electorate	Level 1	Level 2	Level 3	Total
	Gilmore	25	130	53	208
	Grayndler	7	55	43	105
	Greenway	23	69	24	116
	Hughes	11	48	14	73
	Hume	20	64	31	115
	Hunter	27	62	19	108
	Kingsford Smith	10	61	29	100
	Lindsay	14	54	40	108
	Lyne	22	91	32	145
	Macarthur	20	43	21	84
	Mackellar	29	85	36	150
	Macquarie	8	63	24	95
	McMahon	33	88	39	160
	Mitchell	19	70	33	122
	New England	20	87	25	132
	Newcastle	24	66	13	103
	North Sydney	14	55	30	99
	Page	42	206	80	328
	Parkes	27	107	34	168
	Parramatta	34	89	41	164
	Paterson	22	71	25	118
	Reid	17	116	64	197

State	Electorate	Level 1	Level 2	Level 3	Total
	Richmond	55	276	109	440
	Riverina	29	92	37	158
	Robertson	28	147	63	238
	Shortland	34	71	25	130
	Sydney	13	61	33	107
	Warringah	11	62	24	97
	Watson	25	149	75	249
	Wentworth	15	55	33	103
	Werriwa	23	65	20	108
	Whitlam	15	63	33	111
VIC	**Total for VIC**	**473**	**2,059**	**661**	**3,193**
	Aston	17	75	23	115
	Ballarat	5	44	21	70
	Bendigo	2	11	6	19
	Bruce	11	67	15	93
	Calwell	-	4	4	8
	Casey	22	64	27	113
	Chisholm	52	104	35	191
	Cooper	24	118	38	180
	Corangamite	7	32	5	44
	Corio	6	50	14	70
	Deakin	43	89	29	161

State	Electorate	Level 1	Level 2	Level 3	Total
	Dunkley	8	43	10	61
	Flinders	18	72	24	114
	Fraser	2	57	16	75
	Gellibrand	1	32	7	40
	Gippsland	15	30	10	55
	Goldstein	3	38	13	54
	Gorton	2	56	20	78
	Hawke	1	30	6	37
	Higgins	6	43	26	75
	Holt	6	37	8	51
	Hotham	14	69	19	102
	Indi	6	29	-	35
	Isaacs	6	31	17	54
	Jagajaga	25	96	29	150
	Kooyong	24	109	36	169
	La Trobe	8	33	11	52
	Lalor	1	39	16	56
	Macnamara	-	19	9	28
	Mallee	3	72	19	94
	Maribyrnong	-	10	4	14
	McEwen	8	37	10	55
	Melbourne	19	42	18	79

State	Electorate	Level 1	Level 2	Level 3	Total
	Menzies	57	126	28	211
	Monash	13	39	15	67
	Nicholls	21	42	14	77
	Scullin	10	93	32	135
	Wannon	7	66	22	95
	Wills	-	11	5	16
QLD	**Total for QLD**	**344**	**1,759**	**676**	**2,779**
	Blair	27	47	27	101
	Bonner	12	55	27	94
	Bowman	14	66	37	117
	Brisbane	1	34	15	50
	Capricornia	7	25	10	42
	Dawson	2	33	9	44
	Dickson	8	42	18	68
	Fadden	10	63	29	102
	Fairfax	11	103	38	152
	Fisher	9	81	31	121
	Flynn	6	28	8	42
	Forde	13	51	20	84
	Griffith	1	30	11	42
	Groom	34	90	30	154
	Herbert	2	31	6	39

State	Electorate	Level 1	Level 2	Level 3	Total
	Hinkler	38	103	27	168
	Kennedy	5	73	19	97
	Leichhardt	6	64	21	91
	Lilley	2	57	28	87
	Longman	20	79	28	127
	Maranoa	35	73	14	122
	McPherson	5	60	17	82
	Moncrieff	9	62	29	100
	Moreton	6	55	30	91
	Oxley	11	64	22	97
	Petrie	9	78	36	123
	Rankin	9	50	14	73
	Ryan	5	32	17	54
	Wide Bay	14	82	40	136
	Wright	13	48	18	79
	Total for WA	**64**	**638**	**439**	**1,141**
	Brand	1	36	23	60
	Burt	5	38	26	69
WA	Canning	5	65	35	105
	Cowan	8	75	45	128
	Curtin	7	71	62	140
	Durack	2	16	7	25

State	Electorate	Level 1	Level 2	Level 3	Total
	Forrest	-	20	47	67
	Fremantle	-	14	9	23
	Hasluck	-	17	8	25
	Moore	10	51	30	91
	O'Connor	-	22	27	49
	Pearce	12	52	18	82
	Perth	4	42	51	97
	Swan	7	70	30	107
	Tangney	3	49	21	73
SA	**Total for SA**	**94**	**595**	**238**	**927**
	Adelaide	4	36	16	56
	Barker	6	54	10	70
	Boothby	1	35	33	69
	Grey	21	54	14	89
	Hindmarsh	4	27	12	43
	Kingston	2	34	26	62
	Makin	25	125	39	189
	Mayo	13	74	28	115
	Spence	14	103	35	152
	Sturt	4	53	25	82
TAS	**Total for TAS**	**51**	**258**	**137**	**446**
	Bass	5	29	25	59

State	Electorate	Level 1	Level 2	Level 3	Total
	Braddon	7	45	16	68
	Clark	12	66	39	117
	Franklin	14	67	35	116
	Lyons	13	51	22	86
ACT	**Total for ACT**	**16**	**209**	**80**	**305**
	Bean	9	80	42	131
	Canberra	2	80	17	99
	Fenner	5	49	21	75
NT	**Total for NT**	**1**	**78**	**49**	**128**
	Lingiari	1	29	16	46
	Solomon	-	49	33	82
Unknown	**Total for Unknown**	**-**	**-**	**-**	**-**
	Unknown	-	-	-	-
National		**2,127**	**9,845**	**4,026**	**15,998**

Appendix F

Median elapsed time (in days) from HCP approval to package assignment at approved level by electorate during June 2025 and September 2025

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 7 October 2025.
- Future extracts of the same information may differ due to the dynamic nature of the data.

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
NSW	**Total for NSW**	**11**	**321**	**12**	**348**
	Banks	12	321	12	351
	Barton	12	322	12	351
	Bennelong	11	321	12	356
	Berowra	12	318	12	350
	Blaxland	11	321	12	348
	Bradfield	12	322	12	345
	Calare	9	320	12	335
	Chifley	12	320	12	349
	Cook	12	322	12	348
	Cowper	11	317	11	341
	Cunningham	12	321	12	351
	Dobell	11	318	12	335
	Eden-Monaro	8	321	11	349
	Farrer	12	319	12	330
	Fowler	11	316	12	350

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Gilmore	11	320	12	348
	Grayndler	10	322	12	355
	Greenway	11	322	11	338
	Hughes	10	322	11	349
	Hume	11	321	11	333
	Hunter	12	321	12	343
	Kingsford Smith	7	321	12	351
	Lindsay	10	321	11	344
	Lyne	11	319	12	337
	Macarthur	9	315	13	348
	Mackellar	10	321	13	355
	Macquarie	12	320	12	353
	McMahon	8	318	12	349
	Mitchell	11	315	12	348
	New England	11	322	12	348
	Newcastle	11	320	12	344
	North Sydney	11	321	11	357
	Page	11	316	12	345
	Parkes	11	314	12	326
	Parramatta	12	321	12	351
	Paterson	12	320	13	333

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Reid	12	322	12	356
	Richmond	11	316	12	334
	Riverina	10	320	12	347
	Robertson	11	309	12	343
	Shortland	11	321	12	326
	Sydney	11	322	14	348
	Warringah	11	321	11	351
	Watson	11	322	13	356
	Wentworth	12	321	13	349
	Werriwa	11	321	12	349
	Whitlam	12	322	12	356
VIC	**Total for VIC**	**11**	**320**	**12**	**349**
	Aston	11	317	12	344
	Ballarat	12	321	11	351
	Bendigo	10	313	11	322
	Bruce	11	320	11	348
	Calwell	11	322	12	353
	Casey	11	298	11	350
	Chisholm	11	320	11	349
	Cooper	12	321	12	350
	Corangamite	11	322	11	350

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Corio	12	320	12	351
	Deakin	11	321	12	349
	Dunkley	11	318	12	349
	Flinders	11	318	12	350
	Fraser	11	318	12	321
	Gellibrand	11	322	12	320
	Gippsland	11	294	12	349
	Goldstein	11	322	12	349
	Gorton	11	304	12	349
	Hawke	11	320	12	343
	Higgins	10	322	12	356
	Holt	11	321	12	355
	Hotham	11	320	12	350
	Indi	10	295	12	329
	Isaacs	11	320	12	344
	Jagajaga	12	314	12	343
	Kooyong	12	322	12	355
	La Trobe	11	306	11	324
	Lalor	11	321	11	323
	Macnamara	11	321	12	356
	Mallee	11	322	11	356

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Maribyrnong	11	326	11	326
	McEwen	11	320	12	350
	Melbourne	12	318	12	349
	Menzies	12	315	12	350
	Monash	12	294	12	349
	Nicholls	10	294	12	344
	Scullin	11	321	12	349
	Wannon	11	322	13	349
	Wills	11	320	11	326
QLD	**Total for QLD**	**11**	**319**	**12**	**348**
	Blair	10	310	10	351
	Bonner	10	315	12	350
	Bowman	11	321	11	343
	Brisbane	8	321	12	343
	Capricornia	12	318	12	320
	Dawson	11	320	12	349
	Dickson	11	321	12	350
	Fadden	10	322	12	353
	Fairfax	11	314	12	347
	Fisher	11	315	12	326
	Flynn	11	318	12	321

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Forde	11	322	12	349
	Griffith	11	318	11	348
	Groom	11	294	11	348
	Herbert	11	321	12	344
	Hinkler	11	311	12	322
	Kennedy	11	294	11	322
	Leichhardt	11	293	11	320
	Lilley	9	321	12	351
	Longman	11	318	11	348
	Maranoa	11	294	11	343
	McPherson	12	325	12	355
	Moncrieff	8	323	12	355
	Moreton	11	321	12	345
	Oxley	11	318	12	355
	Petrie	12	317	11	350
	Rankin	11	321	11	353
	Ryan	11	321	11	348
	Wide Bay	11	316	12	346
	Wright	12	323	12	356
WA	**Total for WA**	**11**	**323**	**12**	**352**
	Brand	11	322	13	350

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Burt	11	327	13	355
	Canning	11	322	12	355
	Cowan	11	321	11	350
	Curtin	12	322	12	352
	Durack	11	326	12	355
	Forrest	11	326	12	357
	Fremantle	11	324	12	352
	Hasluck	11	323	12	343
	Moore	11	315	12	355
	O'Connor	11	323	12	353
	Pearce	11	321	11	349
	Perth	11	323	13	357
	Swan	11	326	12	349
	Tangney	11	323	12	351
SA	**Total for SA**	**11**	**321**	**12**	**350**
	Adelaide	12	321	12	349
	Barker	11	321	12	355
	Boothby	11	322	12	356
	Grey	11	306	12	322
	Hindmarsh	11	316	12	343
	Kingston	11	323	12	355

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Makin	11	322	12	350
	Mayo	11	322	12	354
	Spence	11	322	12	355
	Sturt	11	320	12	349
TAS	**Total for TAS**	**11**	**321**	**12**	**350**
	Bass	11	321	12	355
	Braddon	12	322	12	356
	Clark	12	322	12	349
	Franklin	12	320	12	349
	Lyons	11	320	12	349
ACT	**Total for ACT**	**10**	**322**	**12**	**349**
	Bean	8	322	12	350
	Canberra	11	322	12	350
	Fenner	10	317	11	344
NT	**Total for NT**	**11**	**321**	**12**	**349**
	Lingiari	9	321	12	335
	Solomon	11	321	11	350
Unknown	**Total for Unknown**	**7**	**-**	**12**	**-**
	-	7	-	12	-
National		**11**	**321**	**12**	**349**

Mean elapsed time (in days) from HCP approval to package assignment at approved level by electorate during June 2025 and September 2025

Please note:

- Data extracted from the Ageing and Aged Care Data Warehouse on 7 October 2025.
- Future extracts of the same information may differ due to the dynamic nature of the data.

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
NSW	**Total for NSW**	**10**	**317**	**12**	**346**
	Banks	11	314	11	351
	Barton	11	321	11	348
	Bennelong	11	319	12	356
	Berowra	12	316	11	350
	Blaxland	10	322	11	347
	Bradfield	12	319	12	344
	Calare	9	315	11	339
	Chifley	11	316	12	346
	Cook	12	323	13	348
	Cowper	11	312	12	341
	Cunningham	11	318	12	350
	Dobell	10	311	12	344
	Eden-Monaro	9	318	11	347
	Farrer	11	314	12	343
	Fowler	11	315	12	350

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Gilmore	11	312	12	343
	Grayndler	10	326	12	356
	Greenway	11	322	11	342
	Hughes	10	319	11	348
	Hume	11	317	10	341
	Hunter	11	315	11	342
	Kingsford Smith	8	320	11	354
	Lindsay	10	319	11	341
	Lyne	10	312	11	339
	Macarthur	9	314	13	349
	Mackellar	11	322	12	356
	Macquarie	10	313	11	347
	McMahon	9	319	12	345
	Mitchell	10	314	11	344
	New England	10	323	11	343
	Newcastle	11	315	12	344
	North Sydney	10	320	11	360
	Page	10	312	11	345
	Parkes	11	309	12	338
	Parramatta	11	321	13	355
	Paterson	11	314	12	340

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Reid	11	322	11	357
	Richmond	10	311	11	341
	Riverina	10	314	12	342
	Robertson	10	308	11	340
	Shortland	10	316	11	338
	Sydney	11	321	11	347
	Warringah	11	320	11	351
	Watson	11	326	13	355
	Wentworth	10	318	12	350
	Werriwa	10	318	12	344
	Whitlam	11	322	11	353
VIC	**Total for VIC**	**11**	**319**	**11**	**347**
	Aston	11	402	11	339
	Ballarat	11	318	11	352
	Bendigo	10	310	11	333
	Bruce	11	319	11	345
	Calwell	10	328	11	347
	Casey	10	298	11	348
	Chisholm	10	315	11	348
	Cooper	11	320	11	354
	Corangamite	10	319	11	350

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Corio	10	319	12	350
	Deakin	10	316	11	350
	Dunkley	11	314	11	353
	Flinders	11	313	11	345
	Fraser	11	315	12	331
	Gellibrand	10	320	11	334
	Gippsland	11	305	11	348
	Goldstein	10	321	11	351
	Gorton	14	306	12	347
	Hawke	10	316	11	341
	Higgins	10	323	12	356
	Holt	11	321	12	356
	Hotham	11	318	12	349
	Indi	10	306	12	337
	Isaacs	10	318	11	345
	Jagajaga	11	309	11	340
	Kooyong	10	325	12	354
	La Trobe	11	307	11	335
	Lalor	10	320	11	333
	Macnamara	10	324	11	359
	Mallee	11	322	11	356

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Maribyrnong	10	330	11	342
	McEwen	12	316	11	346
	Melbourne	11	316	12	344
	Menzies	11	312	12	349
	Monash	11	305	12	347
	Nicholls	10	305	11	343
	Scullin	11	319	12	349
	Wannon	10	323	12	344
	Wills	10	318	11	341
QLD	**Total for QLD**	**10**	**313**	**11**	**343**
	Blair	10	308	10	349
	Bonner	10	313	11	345
	Bowman	10	315	11	341
	Brisbane	9	318	11	340
	Capricornia	10	311	11	336
	Dawson	10	311	11	348
	Dickson	11	320	11	353
	Fadden	10	321	11	350
	Fairfax	11	309	12	343
	Fisher	10	313	11	337
	Flynn	10	312	11	334

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Forde	10	325	11	346
	Griffith	10	312	10	342
	Groom	10	305	11	344
	Herbert	10	319	11	345
	Hinkler	10	310	11	333
	Kennedy	10	304	11	336
	Leichhardt	10	302	11	330
	Lilley	9	316	12	349
	Longman	10	312	11	345
	Maranoa	10	301	10	344
	McPherson	11	329	11	358
	Moncrieff	9	323	12	357
	Moreton	10	317	12	345
	Oxley	10	316	12	349
	Petrie	11	315	11	349
	Rankin	10	319	11	349
	Ryan	11	320	11	335
	Wide Bay	10	310	11	344
	Wright	12	323	12	353
WA	**Total for WA**	**10**	**324**	**12**	**352**
	Brand	11	325	13	348

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Burt	10	332	12	356
	Canning	10	324	12	355
	Cowan	10	322	11	350
	Curtin	11	318	12	355
	Durack	11	329	12	358
	Forrest	10	333	12	358
	Fremantle	10	320	12	350
	Hasluck	10	318	11	345
	Moore	10	311	13	341
	O'Connor	10	326	12	350
	Pearce	10	324	11	348
	Perth	11	326	12	361
	Swan	10	332	11	347
	Tangney	11	326	12	349
SA	**Total for SA**	**10**	**320**	**11**	**350**
	Adelaide	11	317	12	347
	Barker	10	320	11	347
	Boothby	10	324	11	356
	Grey	10	307	11	337
	Hindmarsh	10	313	11	339
	Kingston	10	328	11	360

State	Electorate	Jun-2025		Sep-2025	
		High	Medium	High	Medium
	Makin	10	321	11	351
	Mayo	11	324	12	354
	Spence	10	323	12	355
	Sturt	10	314	12	347
TAS	**Total for TAS**	**11**	**318**	**12**	**348**
	Bass	10	316	11	348
	Braddon	11	322	12	357
	Clark	12	321	12	344
	Franklin	11	315	12	347
	Lyons	10	318	12	347
ACT	**Total for ACT**	**10**	**320**	**11**	**347**
	Bean	9	322	12	349
	Canberra	10	324	12	350
	Fenner	10	312	10	341
NT	**Total for NT**	**9**	**319**	**11**	**344**
	Lingiari	9	314	10	338
	Solomon	10	322	11	351
Unknown	**Total for Unknown**	**7**	**-**	**12**	**-**
	-	7	-	12	-
National		**10**	**318**	**11**	**346**