
Basic questions

Introduction

Please confirm that you have read the [Participant Information Sheet](#) and agree to the items on page 4 by ticking the check-box below.

I agree, start survey.

Please select your gender.

- Male
 Female

What is your age in years?

From the options below, what is the highest level of education you have achieved?

- Year 11 or below
 Year 12 or equivalent
 Certificate / Trade certificate
 Diploma / Advanced diploma
 Graduate degree / Post-graduate degree

Please indicate how satisfied you are with the following.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Your life overall?	<input type="radio"/>				
The neighbourhood in which you live?	<input type="radio"/>				
Your financial situation?	<input type="radio"/>				
This is an attention filter. Please select 'Dissatisfied'.	<input type="radio"/>				

Please indicate which of the following best describes your current relationship status.

- Single
 Married
 De-facto
 Widowed
 Separated

How many dependent children do you have? A dependent child is classified as a child aged under 18 years (or under 24 years if studying full-time) who relies on you for maintenance.

- 0
 1
 2
 3
 4
 5 or more

At any time at all during the last 7 days, did you do any work in a job, business or farm?

- Yes
 No

Did you have a job, business or farm, but did not work during the last 7 days because of holidays, sickness or any other reason (such as maternity leave or on workers compensation)?

- Yes
- No

What category best describes your main occupation?

- Manager
- Professional
- Technician or trade worker
- Community or personal service worker
- Clerical or administrative worker
- Sales worker
- Machinery operator or driver
- Labourer
- Unsure

What State or Territory do you currently live in?

- New South Wales
- Victoria
- Queensland
- Western Australia
- South Australia
- Tasmania
- Australian Capital Territory
- Northern Territory

Do you live in one of the following major cities: Sydney, Melbourne, Brisbane, Adelaide, Perth, Canberra?

- Yes
- No

How would you rate your current health?

- Excellent
- Very good
- Good
- Fair
- Poor

Do you currently wear glasses or contact lenses to correct, or partially correct, eyesight?

- Yes
- No

Which of the following describes your current private health insurance status?

- I don't have private health insurance
- I have insurance for hospital treatment only
- I have insurance for ancillaries (extras) only
- I have combined hospital and ancillaries (extras) insurance

Imagine that you are asked to participate in the following game. A coin is tossed and if it lands heads, you get payoff A, if it lands tails, you get payoff B. The coin is fair so that the probability of heads/tails is 50%. From the five gambles below, which option would you choose?

- Heads you get \$10, tails you get \$10
- Heads you get \$18, tails you get \$6
- Heads you get \$26, tails you get \$2
- Heads you get \$34, tails you get \$-2
- Heads you get \$42, tails you get \$-6

Which of the following statements comes closest to describing the amount of financial risk that you are willing to take with your spare cash? That is, cash used for savings or investment.

- I take substantial financial risks expecting to earn substantial returns
- I take above-average financial risks expecting to earn above average returns
- I take average financial risks expecting to earn average returns
- I am not willing to take any financial risks
- I never have any spare cash

Assume you had some spare cash that could be used for savings or investment. Which of the following statements comes closest to describing the amount of financial risk that you would be willing to take with this money?

- I would take substantial financial risks expecting to earn substantial returns
- I would take above-average financial risks expecting to earn above average returns
- I would take average financial risks expecting to earn average returns
- I would not be willing to take any financial risks

Which of the following correctly defines a co-payment in the context of insurance?

- An amount that must be paid by the claimant before the insurer begins to cover any costs.
- A contribution that the claimant pays for each service claimed.
- A refund paid back to the insurance holder when no claims are made during a specified period.
- A claim threshold above which the insurer stops paying benefits to the claimant.
- I don't know

Which of the following correctly defines a deductible (excess) in the context of insurance?

- An amount that must be paid by the claimant before the insurer begins to cover any costs.
- A contribution that the claimant pays for each service claimed.
- A refund paid back to the insurance holder when no claims are made during a specified period.
- A claim threshold above which the insurer stops paying benefits to the claimant.
- I don't know

If the chance of getting a disease is 10 percent, how many people out of 1,000 would be expected to get the disease?

- I don't know
- If you think you know the answer, please write it below.

Treatment 1 (Block 1)

The following questions are designed to understand what features of health insurance policies are important to you. You will be asked to choose between two different general treatment ('extras') private health insurance plans a total of eight times. These plans provide cover for you only (i.e. cannot be used to cover health services received by your child or partner). Please indicate your preferred plan, taking into account all features and your personal circumstances.

Important information before you start

For each health service, the amount displayed is the annual cap, which is the maximum amount the insurer will cover each year. For example, a \$350 cap for General Dental means that the most you can get back from the insurer on General Dental services is \$350 each year. For definitions and further information on policy features, you can hover your cursor over the feature you would like more information about.

Feature	Policy A	Policy B
Monthly premium	\$25.83	\$14.17
Insurer's co-payment rate	70%	60%
General dental	\$350	\$700
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$0
Naturopathy	\$100	\$0
Remedial massage	\$0	\$100

- Policy A
- Policy B

Feature	Policy A	Policy B
Monthly premium	\$31.67	\$25.83
Insurer's co-payment rate	70%	60%

General dental	\$350	\$700
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$0	\$150
Naturopathy	\$0	\$100
Remedial massage	\$0	\$0

- Policy A
- Policy B

Feature	Policy A	Policy B
Monthly premium	\$20.00	\$14.17
Insurer's co-payment rate	70%	70%
General dental	\$350	\$700
Optical	\$150	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$300
Naturopathy	\$0	\$100
Remedial massage	\$100	\$0

- Policy A
- Policy B

Feature	Policy A	Policy B
Monthly premium	\$25.83	\$14.17
Insurer's co-payment rate	60%	70%
General dental	\$350	\$700
Optical	\$150	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$0	\$300
Naturopathy	\$100	\$100
Remedial massage	\$100	\$0

- Policy A
- Policy B

Feature	Policy A	Policy B
Monthly premium	\$31.67	\$25.83
Insurer's co-payment rate	70%	60%
General dental	\$700	\$350
Optical	\$150	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$0	\$150
Naturopathy	\$100	\$0
Remedial massage	\$100	\$100

- Policy A
- Policy B

Feature	Policy A	Policy B
Monthly premium	\$31.67	\$14.17
Insurer's co-payment rate	60%	70%
General dental	\$700	\$350
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$0
Naturopathy	\$100	\$0
Remedial massage	\$100	\$0

- Policy A
- Policy B

Feature	Policy A	Policy B
Monthly premium	\$20.00	\$25.83
Insurer's co-payment rate	60%	70%
General dental	\$350	\$350
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$300
Naturopathy	\$100	\$0
Remedial massage	\$0	\$100

- Policy A
- Policy B

Feature	Policy A	Policy B

Monthly premium	\$31.67	\$20.00
Insurer's co-payment rate	60%	70%
General dental	\$350	\$700
Optical	\$150	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$0
Naturopathy	\$0	\$100
Remedial massage	\$0	\$100

- Policy A
 Policy B

Treatment 1 (Block 2)

The following questions are designed to understand what features of health insurance policies are important to you. You will be asked to choose between two different general treatment ('extras') private health insurance plans a total of eight times. These plans provide cover for you only (i.e. cannot be used to cover health services received by your child or partner). Please indicate your preferred plan, taking into account all features and your personal circumstances.

Important information before you start

For each health service, the amount displayed is the annual cap, which is the maximum amount the insurer will cover each year. For example, a \$350 cap for General Dental means that the most you can get back from the insurer on General Dental services is \$350 each year. For definitions and further information on policy features, you can hover your cursor over the feature you would like more information about.

Feature	Policy A	Policy B
Monthly premium	\$14.17	\$31.67
Insurer's co-payment rate	70%	60%
General dental	\$700	\$700
Optical	\$150	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$300
Naturopathy	\$100	\$0
Remedial massage	\$0	\$100

- Policy A
 Policy B

Feature	Policy A	Policy B
Monthly premium	\$14.17	\$20.00
Insurer's co-payment rate	60%	60%
General dental	\$350	\$700
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$300
Naturopathy	\$100	\$0
Remedial massage	\$100	\$0

- Policy A
 Policy B

Feature	Policy A	Policy B
Monthly premium	\$31.67	\$14.17
Insurer's co-payment rate	70%	60%
General dental	\$700	\$350
Optical	\$150	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$0
Naturopathy	\$100	\$0
Remedial massage	\$0	\$0

- Policy A
 Policy B

Feature	Policy A	Policy B
Monthly premium	\$31.67	\$25.83
Insurer's co-payment rate	70%	60%
General dental	\$350	\$700
Optical	\$150	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$0
Naturopathy	\$0	\$100
Remedial massage	\$100	\$100

- Policy A
 Policy B

Feature	Policy A	Policy B
Monthly premium	\$20.00	\$31.67
Insurer's co-payment rate	70%	60%
General dental	\$700	\$350
Optical	\$300	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$0
Naturopathy	\$0	\$100
Remedial massage	\$100	\$0

- Policy A
 Policy B

Feature	Policy A	Policy B
Monthly premium	\$25.83	\$14.17
Insurer's co-payment rate	70%	70%
General dental	\$700	\$350
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$0	\$300
Naturopathy	\$0	\$100
Remedial massage	\$0	\$100

- Policy A
 Policy B

Feature	Policy A	Policy B
Monthly premium	\$20.00	\$25.83
Insurer's co-payment rate	60%	70%
General dental	\$350	\$700
Optical	\$150	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$150
Naturopathy	\$100	\$0
Remedial massage	\$0	\$0

- Policy A
 Policy B

Feature	Policy A	Policy B
Monthly premium	\$25.83	\$14.17
Insurer's co-payment rate	70%	60%
General dental	\$350	\$700
Optical	\$300	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$150
Naturopathy	\$100	\$0
Remedial massage	\$0	\$100

- Policy A
 Policy B

Treatment 2 (Block 1)

The following questions are designed to understand what features of health insurance policies are important to you. You will be asked to choose between two different combined hospital and general treatment ('extras') private health insurance plans a total of eight times. These plans provide cover for you only (i.e. cannot be used to cover health services received by your child or partner). Please indicate your preferred plan, taking into account all features and your personal circumstances.

Important information before you start

Each policy described below provides full exemption from the Medicare levy surcharge and Lifetime Health Cover loading.

For the ancillary health services, the amount displayed is the annual cap, which is the maximum amount the insurer will cover each year. For example, a \$350 cap for General Dental means that the most you can get back from the insurer on General Dental services is \$350 each year. For definitions and further information on policy features, you can hover your cursor over the feature you would like more information about.

Note that you may find it easier to compare policies by reducing the text size. On most browsers you can reduce the text size by pressing 'ctrl' and '-' (minus sign) together (or 'command' and '-' together on Safari).

	Policy A	Policy B
Monthly premium	\$125.00	\$112.50
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	✗ Cardiac and cardiac related services ✗ Pregnancy and birth related	✗ Cardiac and cardiac related services ✗ Pregnancy and birth related

	<p>services</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assisted reproductive services <input checked="" type="checkbox"/> Joint replacements ie shoulder, knee, hip and elbow, including revisions <input checked="" type="checkbox"/> Dialysis for chronic renal failure <input checked="" type="checkbox"/> Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<p>services</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Assisted reproductive services <input checked="" type="checkbox"/> Joint replacements ie shoulder, knee, hip and elbow, including revisions <input checked="" type="checkbox"/> Dialysis for chronic renal failure <input checked="" type="checkbox"/> Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery <input checked="" type="checkbox"/> Cataract and eye lens procedures <input checked="" type="checkbox"/> Gastric banding and related services <input checked="" type="checkbox"/> Sterilisation
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Palliative care <input checked="" type="checkbox"/> Psychiatric services <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Cataract and eye lens procedures <input checked="" type="checkbox"/> Gastric banding and related services <input checked="" type="checkbox"/> Sterilisation 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Palliative care <input checked="" type="checkbox"/> Psychiatric services <input checked="" type="checkbox"/> Rehabilitation
Doctors and hospital bills	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$500
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	60%	60%
General dental	\$350	\$350
Optical	\$150	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$150
Naturopathy	\$0	\$100

Policy A
O

Policy B
O

	Policy A	Policy B
Monthly premium	\$100.00	\$137.50
Hospital features		
What is covered if I have to go to hospital?	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees 	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pregnancy and birth related services <input checked="" type="checkbox"/> Assisted reproductive services <input checked="" type="checkbox"/> Joint replacements ie shoulder, knee, hip and elbow, including revisions <input checked="" type="checkbox"/> Dialysis for chronic renal failure <input checked="" type="checkbox"/> Cardiac and cardiac related services <input checked="" type="checkbox"/> Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Pregnancy and birth related services <input checked="" type="checkbox"/> Assisted reproductive services <input checked="" type="checkbox"/> Joint replacements ie shoulder, knee, hip and elbow, including revisions <input checked="" type="checkbox"/> Dialysis for chronic renal failure
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Palliative care <input checked="" type="checkbox"/> Psychiatric services <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Cataract and eye lens procedures <input checked="" type="checkbox"/> Gastric banding and related services <input checked="" type="checkbox"/> Sterilisation 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Palliative care <input checked="" type="checkbox"/> Psychiatric services <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Cataract and eye lens procedures <input checked="" type="checkbox"/> Gastric banding and related services <input checked="" type="checkbox"/> Sterilisation <input checked="" type="checkbox"/> Cardiac and cardiac related services <input checked="" type="checkbox"/> Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
Doctors and hospital bills	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$250
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	70%	60%
General dental	\$700	\$350
Optical	\$300	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$0
Naturopathy	\$0	\$0
Remedial massage	\$0	\$100

Policy A

Policy B

	Policy A	Policy B
Monthly premium	\$137.50	\$100.00
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure ✗ Cataract and eye lens procedures ✗ Gastric banding and related services ✗ Sterilisation ✗ Cardiac and cardiac related services ✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation 	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation ✓ Cardiac and cardiac related services ✓ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
Doctors and hospital bills	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$250	\$250
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	70%	60%
General dental	\$700	\$350
Optical	\$300	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$0	\$300
Naturopathy	\$0	\$100

Policy A
O

Policy B
O

	Policy A	Policy B
Monthly premium	\$125.00	\$125.00
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure ✗ Cataract and eye lens procedures ✗ Gastric banding and related services ✗ Sterilisation ✗ Cardiac and cardiac related services ✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation 	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation ✓ Cardiac and cardiac related

		services ✓ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
Doctors and hospital bills	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$250
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	70%	70%
General dental	\$350	\$700
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$300
Naturopathy	\$100	\$100
Remedial massage	\$0	\$0

Policy A
○

Policy B
○

	Policy A	Policy B
Monthly premium	\$137.50	\$125.00
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure 	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure ✗ Cataract and eye lens procedures ✗ Gastric banding and related services ✗ Sterilisation ✗ Cardiac and cardiac related services ✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation ✓ Cardiac and cardiac related services ✓ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation
Doctors and hospital bills	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$500
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	70%	60%
General dental	\$350	\$700
Optical	\$150	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$0
Naturopathy	\$0	\$100
Remedial massage	\$100	\$0

Policy A
○

Policy B
○

	Policy A	Policy B
Monthly premium	\$125.00	\$112.50
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, 	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder,

	knee, hip and elbow, including revisions x Dialysis for chronic renal failure x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery	knee, hip and elbow, including revisions x Dialysis for chronic renal failure
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation	✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation ✓ Cardiac and cardiac related services ✓ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
Doctors and hospital bills	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$250	\$500
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	70%	70%
General dental	\$350	\$700
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$0
Naturopathy	\$0	\$100
Remedial massage	\$100	\$100

Policy A

Policy B

	Policy A	Policy B
Monthly premium	\$137.50	\$100.00
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure x Cataract and eye lens procedures x Gastric banding and related services x Sterilisation x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery	x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation	✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation ✓ Cardiac and cardiac related services ✓ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
Doctors and hospital bills	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$500
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	70%	60%
General dental	\$700	\$350
Optical	\$300	\$300
	\$300	\$0

Physiotherapy; chiropractic; osteopathy; acupuncture		
Naturopathy	\$100	\$0
Remedial massage	\$0	\$0

Policy A

Policy B

	Policy A	Policy B
Monthly premium	\$112.50	\$137.50
Hospital features		
What is covered if I have to go to hospital?	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees 	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure 	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
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Doctors and hospital bills	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$250
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	60%	70%
General dental	\$700	\$350
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$150	\$0
Naturopathy	\$0	\$100
Remedial massage	\$0	\$0

Policy A

Policy B

Treatment 2 (Block 2)

The following questions are designed to understand what features of health insurance policies are important to you. You will be asked to choose between two different combined hospital and general treatment ('extras') private health insurance plans a total of eight times. These plans provide cover for you only (i.e. cannot be used to cover health services received by your child or partner). Please indicate your preferred plan, taking into account all features and your personal circumstances.

Important information before you start

Each policy described below provides full exemption from the Medicare levy surcharge and Lifetime Health Cover loading.

For the ancillaries health services, the amount displayed is the annual cap, which is the maximum amount the insurer will cover each year. For example, a \$350 cap for General Dental means that the most you can get back from the insurer on General Dental services is \$350 each year. For definitions and further information on policy features, you can hover your cursor over the feature you would like more information about.

Note that you may find it easier to compare policies by reducing the text size. On most browsers you can reduce the text size by pressing 'ctrl' and '-' (minus sign) together (or 'command' and '-' together on Safari).

	Policy A	Policy B
Monthly premium	\$112.50	\$137.50
Hospital features		
What is covered if I have to go to hospital?	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees 	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including 	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including

	<ul style="list-style-type: none"> revisions x Dialysis for chronic renal failure x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery x Cataract and eye lens procedures x Gastric banding and related services x Sterilisation 	<ul style="list-style-type: none"> revisions x Dialysis for chronic renal failure x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation 	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation
Doctors and hospital bills	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$250	\$250
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	70%	60%
General dental	\$350	\$700
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$150
Naturopathy	\$100	\$100
Remedial massage	\$100	\$0

Policy A
O

Policy B
O

	Policy A	Policy B
Monthly premium	\$112.50	\$125.00
Hospital features		
What is covered if I have to go to hospital?	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees 	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery x Cataract and eye lens procedures x Gastric banding and related services x Sterilisation
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation 	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation
Doctors and hospital bills	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$250	\$500
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	60%	70%
General dental	\$700	\$350
Optical	\$300	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$150
Naturopathy	\$100	\$100
Remedial massage	\$100	\$0

Policy A
O

Policy B
O

	Policy A	Policy B
Monthly premium	\$125.00	\$100.00
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure 	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure x Cataract and eye lens procedures x Gastric banding and related services x Sterilisation x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation ✓ Cardiac and cardiac related services ✓ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation
Doctors and hospital bills	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$250
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	70%	70%
General dental	\$700	\$350
Optical	\$150	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$300
Naturopathy	\$0	\$0
Remedial massage	\$100	\$0

Policy A
○

Policy B
○

	Policy A	Policy B
Monthly premium	\$137.50	\$125.00
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure x Cataract and eye lens procedures x Gastric banding and related services x Sterilisation x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation 	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation ✓ Cardiac and cardiac related services ✓ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery

		Medicare pays no benefit eg most cosmetic surgery
Doctors and hospital bills	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$250
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	60%	60%
General dental	\$700	\$350
Optical	\$150	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$0
Naturopathy	\$0	\$100
Remedial massage	\$100	\$0

Policy A
○

Policy B
○

	Policy A	Policy B
Monthly premium	\$112.50	\$125.00
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure ✗ Cardiac and cardiac related services ✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery ✗ Cataract and eye lens procedures ✗ Gastric banding and related services ✗ Sterilisation 	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure ✗ Cardiac and cardiac related services ✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation 	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation
Doctors and hospital bills	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$250	\$250
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	60%	70%
General dental	\$350	\$350
Optical	\$150	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$300	\$150
Naturopathy	\$0	\$0
Remedial massage	\$0	\$100

Policy A
○

Policy B
○

	Policy A	Policy B
Monthly premium	\$100.00	\$125.00
Hospital features		
What is covered if I have to go to hospital?	• Doctor's bills in hospital • Ambulance fees	• Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure ✗ Cardiac and cardiac related services ✗ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<ul style="list-style-type: none"> ✗ Pregnancy and birth related services ✗ Assisted reproductive services ✗ Joint replacements ie shoulder, knee, hip and elbow, including revisions ✗ Dialysis for chronic renal failure

What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation 	<ul style="list-style-type: none"> ✓ Palliative care ✓ Psychiatric services ✓ Rehabilitation ✓ Cataract and eye lens procedures ✓ Gastric banding and related services ✓ Sterilisation ✓ Cardiac and cardiac related services ✓ Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
Doctors and hospital bills	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$250
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	60%	70%
General dental	\$700	\$700
Optical	\$150	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$0	\$300
Naturopathy	\$100	\$100
Remedial massage	\$100	\$0

Policy A

Policy B

	Policy A	Policy B
Monthly premium	\$112.50	\$112.50
Hospital features		
What is covered if I have to go to hospital?	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees 	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees
What services are not covered at all (exclusions)?	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery 	<ul style="list-style-type: none"> x Pregnancy and birth related services x Assisted reproductive services x Joint replacements ie shoulder, knee, hip and elbow, including revisions x Dialysis for chronic renal failure x Cardiac and cardiac related services x Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery x Cataract and eye lens procedures x Gastric banding and related services x Sterilisation
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Doctors and hospital bills	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$500	\$500
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	70%	60%
General dental	\$350	\$350
Optical	\$300	\$150
Physiotherapy; chiropractic; osteopathy; acupuncture	\$0	\$150
Naturopathy	\$0	\$100
Remedial massage	\$0	\$100

Policy A

Policy B

	Policy A	Policy B
Monthly premium	\$125.00	\$137.50
Hospital features		
What is covered if I have to go to hospital?	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees 	<ul style="list-style-type: none"> • Doctor's bills in hospital • Ambulance fees

What services are not covered at all (exclusions)?	<input checked="" type="checkbox"/> Pregnancy and birth related services <input checked="" type="checkbox"/> Assisted reproductive services <input checked="" type="checkbox"/> Joint replacements ie shoulder, knee, hip and elbow, including revisions <input checked="" type="checkbox"/> Dialysis for chronic renal failure <input checked="" type="checkbox"/> Cataract and eye lens procedures <input checked="" type="checkbox"/> Gastric banding and related services <input checked="" type="checkbox"/> Sterilisation <input checked="" type="checkbox"/> Cardiac and cardiac related services <input checked="" type="checkbox"/> Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery	<input checked="" type="checkbox"/> Pregnancy and birth related services <input checked="" type="checkbox"/> Assisted reproductive services <input checked="" type="checkbox"/> Joint replacements ie shoulder, knee, hip and elbow, including revisions <input checked="" type="checkbox"/> Dialysis for chronic renal failure
What services are only covered to a limited extent (restrictions, benefit limitations periods)?	<input checked="" type="checkbox"/> Palliative care <input checked="" type="checkbox"/> Psychiatric services <input checked="" type="checkbox"/> Rehabilitation	<input checked="" type="checkbox"/> Palliative care <input checked="" type="checkbox"/> Psychiatric services <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Cataract and eye lens procedures <input checked="" type="checkbox"/> Gastric banding and related services <input checked="" type="checkbox"/> Sterilisation <input checked="" type="checkbox"/> Cardiac and cardiac related services <input checked="" type="checkbox"/> Hospital treatment for which Medicare pays no benefit eg most cosmetic surgery
Doctors and hospital bills	9/10 medical services paid by this health insurance policy have no out-of-pocket expenses	8/10 medical services paid by this health insurance policy have no out-of-pocket expenses
Excess	\$250	\$500
Co-payment	None	None
Ancillaries features		
Insurer's co-payment rate	60%	60%
General dental	\$700	\$350
Optical	\$300	\$300
Physiotherapy; chiropractic; osteopathy; acupuncture	\$0	\$300
Naturopathy	\$0	\$100
Remedial massage	\$100	\$0
	Policy A O	Policy B O

Satisfaction and utilisation

How difficult did you find it to decide the best policy for yourself in the choice tasks you just completed?

- Very Difficult
- Difficult
- Somewhat Difficult
- Neutral
- Somewhat Easy
- Easy
- Very Easy

Did you visit any of these health care providers in the last 12 months? Please indicate how many visits you had with each provider.

	0 visits	1 visits	2 visits	3 visits	4 visits	5 or more visits
Hospital	<input type="radio"/>					
Dentist	<input type="radio"/>					
Optometrist	<input type="radio"/>					
Physiotherapist	<input type="radio"/>					
Chiropractor	<input type="radio"/>					
Osteopath	<input type="radio"/>					
Acupuncturist	<input type="radio"/>					
Natural therapist	<input type="radio"/>					
Massage therapist	<input type="radio"/>					

For each health service below, use the slider to indicate how likely (from 0% to 100%) you are to visit this type of health care provider in the next 12 months.



	Percentage probability of visiting the health care provider										
	0	10	20	30	40	50	60	70	80	90	100
Hospital											
Dentist											
Optometrist											
Physiotherapist; Chiropractor; Osteopath; or Acupuncturist.											
Natural therapist											
Massage therapist											

How many dental visits do you think you are likely to make in the next 12 months?

- 0
- 1
- 2
- More than 2

How often do you experience toothaches?

- Very often
- Often
- Sometimes
- Hardly ever
- Never

How likely are you to purchase new glasses/contact lenses in the next 12 months?

	Percentage probability										
	0	10	20	30	40	50	60	70	80	90	100
Purchase new glasses/contacts in the next 12 months											

If you had to replace your corrective eye wear tomorrow, how much would you expect to pay (ignoring any reimbursements you might receive from your private health insurer)?

- Please enter the amount in dollars below.

Which of the following categories describes your total household income from all sources for the previous 12 months before tax and other deductions?

Remember that all information will remain confidential and will never be used to identify you.

- 0-\$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 - \$99,999
- \$100,000 - \$124,999
- \$125,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 or more
- Unsure

