



Health, Defence and Immigration: The impact of health coverage arrangements for military, overseas visitors and students on private health insurance

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1. Abstract

The Australian Government provides or mandates compulsory private health cover for current and certain former military service personnel (and their families), temporary residents and foreign students. Examining the historical and current impact of these arrangements on the resident private health insurance market is crucial to understanding changes in private health insurance demographics, claims costs and premiums.

This paper is being presented soon after the 2019 Federal election. While health, defence, immigration and education are all good subjects for political debate, the title of this paper reflects the additional 'hidden insured' groups of veterans (and their families), some temporary residents and foreign students who are covered for private hospital services separate to usual private health insurance arrangements.

I presented an Actuaries Institute Insights session "War and Peace (and Health Insurance): The impact of Veterans health care on Private Health Insurance" in October 2017. This paper includes and expands on the analysis presented in that session.

Key words: private health insurance, veterans, gold card, students, visitors

2. The 'hidden insured'

It would be so nice if something made sense for a change – Alice in Wonderland, Lewis Carroll

Three 'hidden insured' groups have been identified that are covered for private hospital services outside of the normal private health insurance arrangements:

- Holders of Department of Veteran Affairs Gold Cards
- Overseas Students studying in Australia on student visas
- Overseas Visitors residing in Australia on certain visitor visas

These groups are described further below.

2.1 Veteran Gold card holders

What the horrors of war are, no one can imagine - Florence Nightingale (nurse & statistician)

Numerous Australians have served their country in armed conflicts around the globe. The Australian Government has supported returned soldiers and their families in various ways, including the provision of medical treatment. Eligibility and benefits for medical treatment has varied over time. For many veterans and their families, these medical benefits are similar to the level of cover provided by Private Health Insurance so they have not needed to purchase additional insurance.

Health, Defence and Immigration

These arrangements for veterans have had an impact on the trends in demographics and claims experience of the private health insurance market.

The Australian Defence Forces have been involved in a number of major conflicts:

Conflict	Years	Number enlisted
World War I	1914-18	416,809 (39% of males aged 18-40)
World War II	1939-45	1,118,000 (80% of males aged 18-40)
Malaya	1948-60 }	86,480
Korea	1950-53 }	
Vietnam	1965-73 }	
Gulf War	1990-91	
Afghanistan	2001-14	
Iraq	2003-09	
East Timor	2006-13	
Islamic State	2014-	

Approximately 25% of Australian males born between 1899-1903, 28% born between 1904-1908, 35% born between 1909-1913 and 45% born between 1914-1923 saw service in the Australian Defence Forces.¹

Following World War I, the Australian Government introduced assistance to service personnel and their families through the Australian Soldiers' Repatriation Act 1920. Initially medical benefits were limited to service-related disabilities, but from 1924 onwards medical benefits have been progressively extended to cover non-service-related treatment for various categories of veterans and their dependants.

In 1973, Personal Treatment Entitlement Cards and Specific Treatment Entitlement Cards (replaced by the Gold and White Card in 1996) were issued to facilitate medical treatment by health service providers.

The Gold Card provides access to treatment for medically required treatment for any medical condition, regardless of whether it is related to their military service. Benefits include treatment as a private patient in a public or private hospital, choice of doctor, pharmaceuticals at the concessional rate, optical care, physiotherapy, dental care, podiatry and chiropractic services.

Therefore Gold Card holders do not need to separately purchase private health insurance to access private hospital treatment. Gold Card holders are also exempt from paying the Medicare levy.

Gold Cards are issued to:

- All veterans and nurses of World War I
- All prisoners of war
- All World War II veterans
- All veterans receiving 100% or more disability pension

¹ See 1973/74 Repatriation Commission report p24

- All veterans receiving 50%+ disability pension and any amount of service pension
- Veterans who receive a service pension and qualify for treatment under the income and assets test
- War widows, war widowers and dependant children.

There have been three major changes to eligibility to a Gold Card:

- 1973: all Boer War and World War I veterans received a Gold Card
- 1998: all World War II ex-servicewomen received a Gold Card
- 1999: all World War II veterans aged 70+ received a Gold Card

The White Card ("Specific Conditions") entitles eligible veterans to treatment and care for conditions that are accepted as service-related or due to cancer, tuberculosis, post-traumatic stress disorder and anxiety disorder (Vietnam veterans only), regardless of whether the conditions are service-related.

The Orange Card ("Pharmaceutical Benefits") provides eligible veterans with access to pharmaceutical products and services at concessional rates. The Orange Card was introduced on 1 January 2002.

Full benefits of the veterans' cards are listed in fact sheets from the Department of Veterans' Affairs (DVA).²

A comprehensive history of the provision of health care benefits to veterans and the families is contained in the Clarke review³.

2.2 Overseas Students

The Department of Health has issued circulars⁴ relevant to the provision of Overseas Students Health Cover:

August 1999	HBF 579	Changes to Overseas Students Health Cover
March 2001	HBF 699	Overseas Students Health Cover
January 2006	PHI 06/06	Review of Overseas Students Health Cover
August 2011	PHI 55/11	Deed setting out minimum coverage requirements

Overseas Students must purchase health cover as a condition of their visa. While this was once provided as a monopoly by Medibank Private, a number of Australian private health insurers provide this cover under the terms of a deed with the Department of Health which sets out the conditions with which health insurers must comply.⁵

² see section 7 for links to DVA fact sheets outlining benefits of each veterans' card

³ See Clarke review chapter 22 (p485) for a comprehensive history of the provision of health care benefits to veterans

⁴ HBF circulars can be found at: www.health.gov.au/internet/main/publishing.nsf/Content/health-privatehealth-providers-circulars.htm

⁵ See www.health.gov.au/internet/main/publishing.nsf/Content/health-privatehealth-consumers-deed.htm

2.3 Overseas Visitors

Most visitors to Australia are not covered by Australia's Medicare system. Citizens of New Zealand and ten European countries are covered by Reciprocal Healthcare Agreements with those countries which provide access to Medicare cover while resident in Australia.

The holders of the following visas are generally required to purchase private health insurance⁶ as a condition of their visa:

Visa	Description
403	Temporary Work (International Relations)
405	Investor Retirement
408	Temporary Work
419	Visiting Academic
457	Temporary Work (Skilled)
482	Temporary Skills Shortage
485	Temporary Graduate
489	Skilled Regional (Provisional)

Some holders of other overseas visitors visas (eg visa type 600) may also be required to purchase private health insurance as a condition of their visa, but I have not included these as I have not been able to obtain data on how many have this mandatory health insurance condition. The Department of Health has issued circulars relevant to the provision of Overseas Visitors Health Cover:

December 2000	HBF 685	Applicants for permanent visas
August 2005	PHI41/05	Overseas Visitors – Medicare Levy surcharge
March 2007	PHI 16/07	Overseas Visitors transitional arrangements
March 2007	PHI 12/07	Overseas apprentice health care
May 2009	PHI 25/09	Changes to subclass 457 visa program

Overseas Visitors who require health cover as part of their visa can purchase cover from a number of Australian private health insurers.

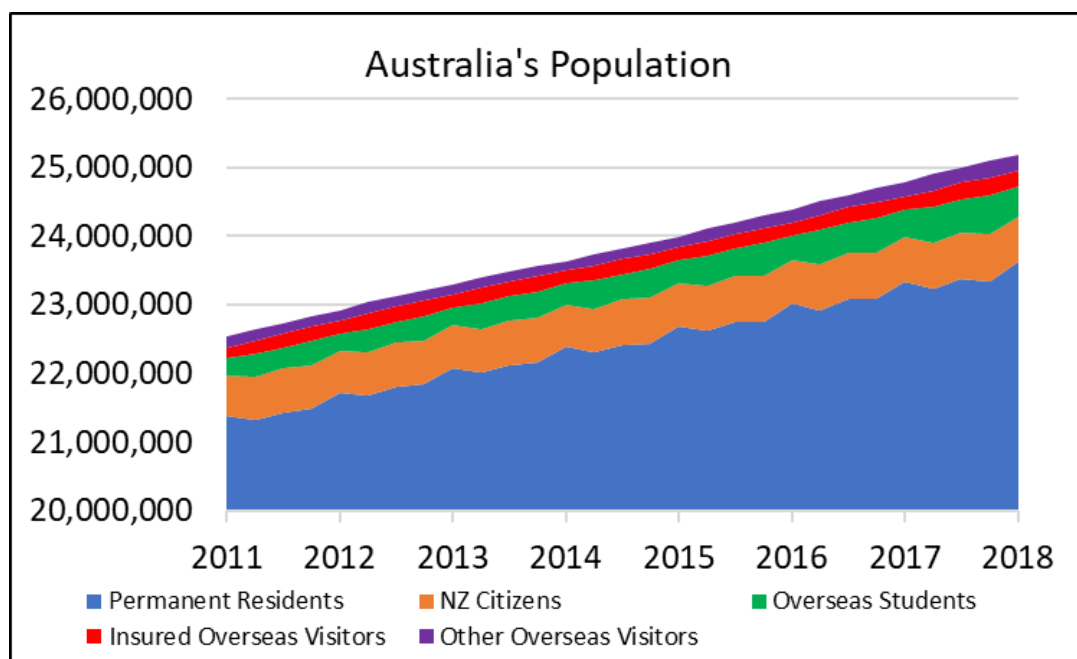
⁶ Minimum coverage requirements are set out at immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health/adequate-health-insurance

3. Australia's population

The Estimated Resident Population⁷ is the official measure of the population of Australia and includes everyone who usually lives in Australia, with the exception of foreign diplomatic personnel and their families.

The population and census counts include International students and visitors in Australia for more than 12 months.⁸ Population data is published each quarter by the Australian Bureau of Statistics in its publication Australian Demographic Statistics (3101.0).

The following graph shows the components of Australia's population:



⁷ See www.abs.gov.au/websitedbs/censushome.nsf/home/factsheetspm?opendocument&navpos=450 for further details on ABS population measurement

⁸ www.abs.gov.au/websitedbs/D3310114.nsf/4a256353001af3ed4b2562bb00121564/28f87f934c9c1f4bca257178001546b9!OpenDocument

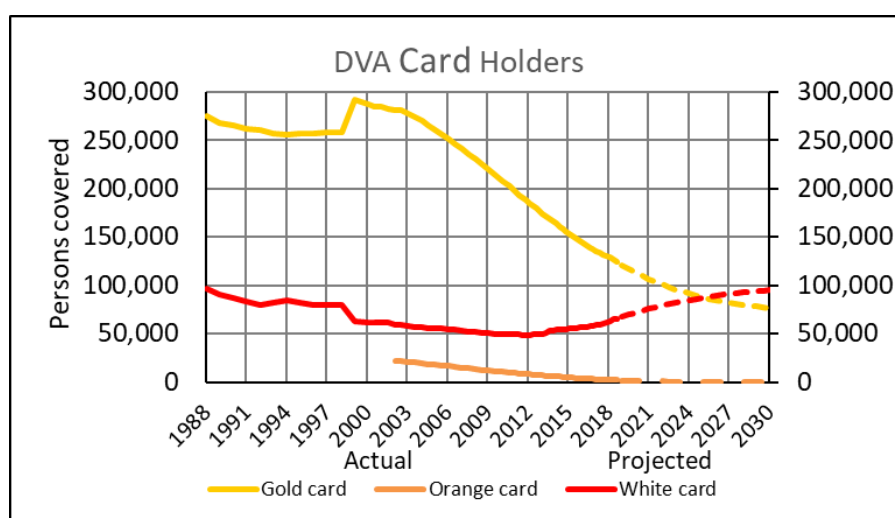
4. A more complete picture of hospital coverage

A more complete picture of coverage for private hospital services can be obtained by combining the three groups described above together with the private health insurance population.

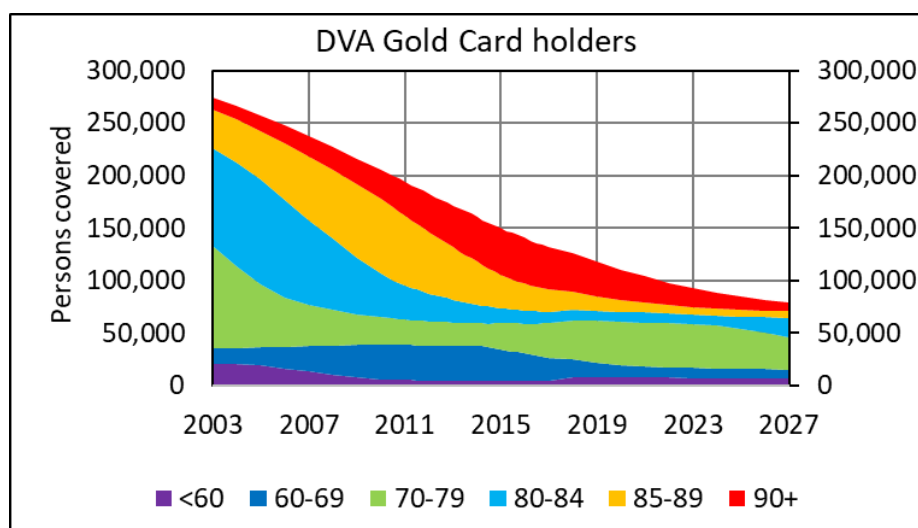
4.1 Gold Card holders

The Department of Veterans' affairs publish data in their reports and on their website about the veteran population, including the number of Gold Card Holders.⁹ To supplement this data, the Department of Veterans Affairs provided me with the Gold Card population broken down by five-year age range and by sex for each quarter from December 2002 to December 2018.¹⁰

The following graph shows the number of persons covered by Department of Veterans Affairs health cards over time by card type (actual and projected):



The following graph shows Gold Card holders by age group over time (actual and projected):

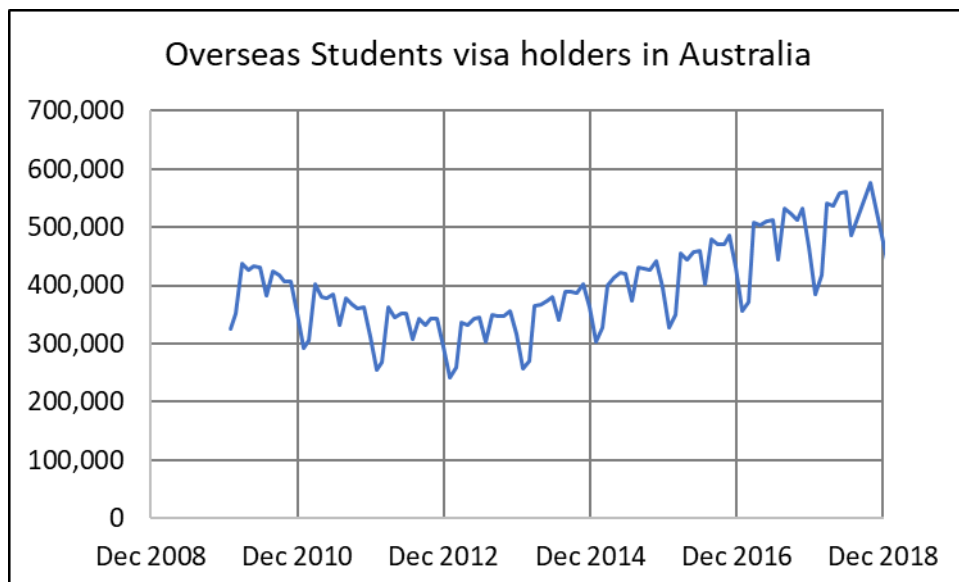


⁹ See www.dva.gov.au/about-dvab/statistics-about-veteran-population

¹⁰ This additional data is summarised in the Appendix

4.2 Overseas Students

The number of Overseas Students in Australia was obtained from reports produced by the Department of Home Affairs:¹¹



The number of Overseas Students is highly seasonal, being linked to the university and school calendar. Unfortunately this data was not segmented by age. An age breakdown of the number of student visas granted was obtained from the Department of Home Affairs BP0015 Student visas granted pivot table.¹² This data was used to determine an age mix to apply to the number of Overseas Students residing in Australia each quarter.

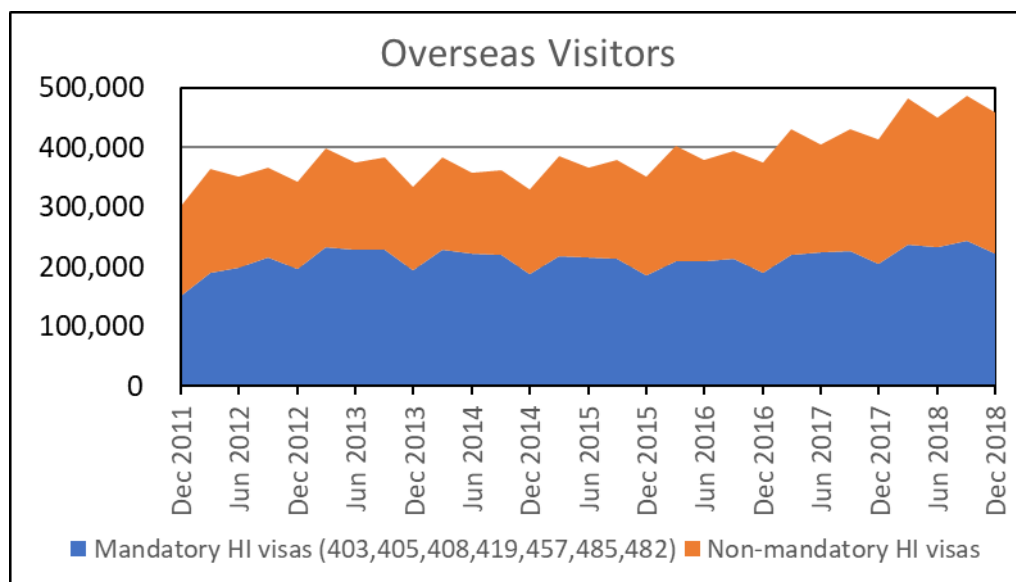
The data described above covered both the student (primary applicant) and their family members (secondary applicant) to produce the number of persons covered.

¹¹ www.homeaffairs.gov.au/research-and-statistics/statistics/visa-statistics/study

¹² data.gov.au/data/dataset/student-visas/resource/cd93ff4c-c8b0-494b-b994-6f7c6d1f8a4c?view_id=621519bf-a41a-4c16-a107-cf2017f27da5

4.3 Overseas Visitors

Data on the number of overseas visitors in Australia from 2011 onwards was obtained from the Department of Home Affairs. The number of overseas visitors resident in Australia was obtained from the Temporary Residents dataset:¹³



This data on the number of overseas visitors resident in Australia did not include a breakdown by age group, so the number of visas granted each year for visa types 457 and 482 by age was used as a proxy to the total mandatory health cover visa population, but with all holders of retirement visas type 405 allocated to age 65+. The number of visas granted was obtained from the skilled visa holders dataset from the Department of Home Affairs.¹⁴

This data on visa grants was used to apportion the inforce holders of mandatory visas in Australia at a point in time to age groups.

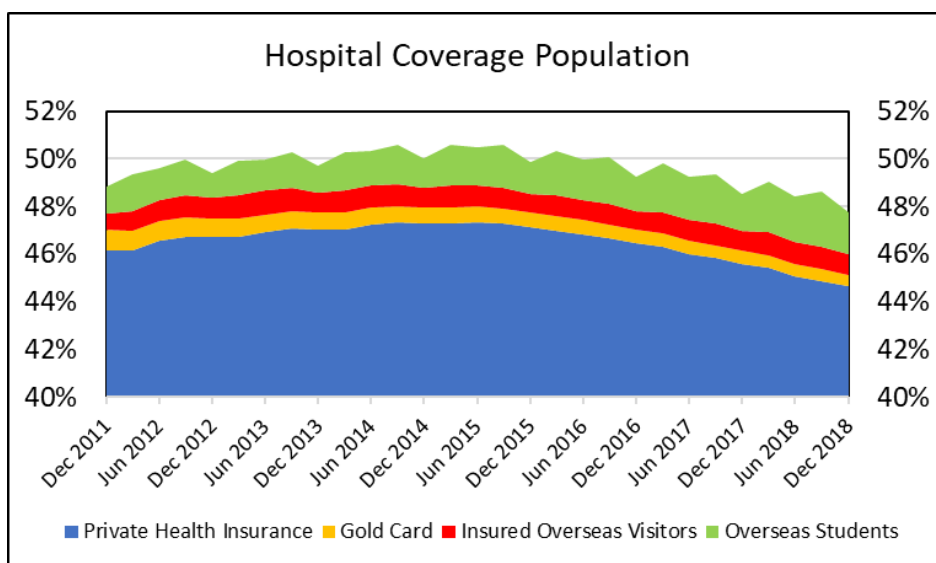
The data described above covered both the visitor (primary applicant) and their family members (secondary applicant) to produce the number of persons covered.

¹³ data.gov.au/dataset/ds-dga-ab245863-4dea-4661-a334-71ee15937130/details?q=visa%20holders

¹⁴ data.gov.au/dataset/ds-dga-2515b21d-0dba-4810-afd4-ac8dd92e873e/details?q=visa%20holders

4.4 Combined coverage

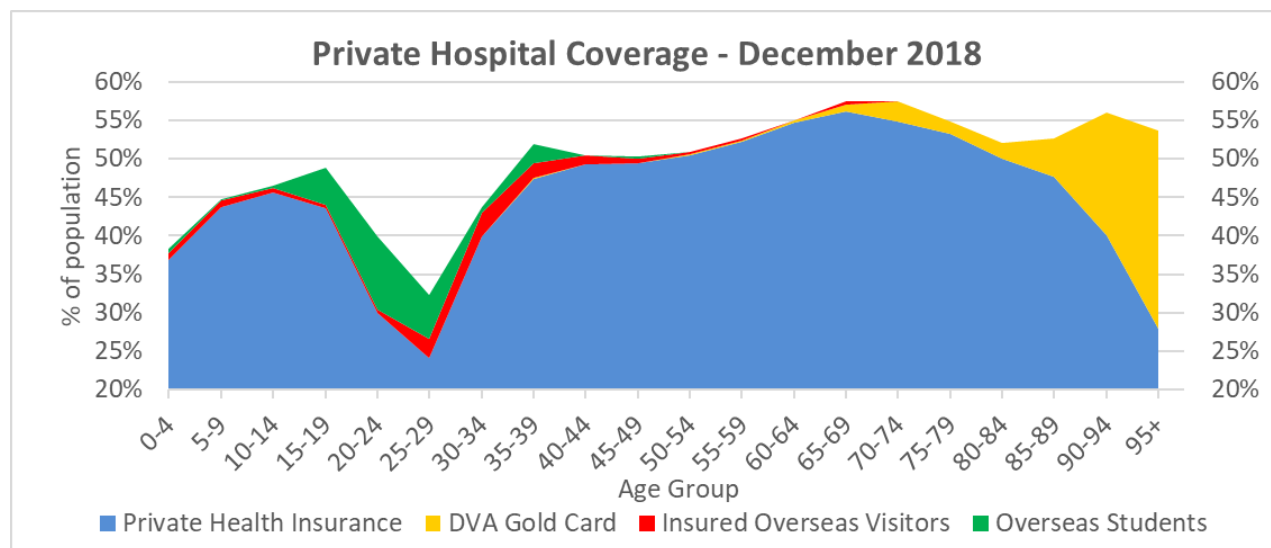
Combining these groups produces the following private hospital insurance participation rates over time:



The three 'hidden insured' groups represent around 3% of the population:

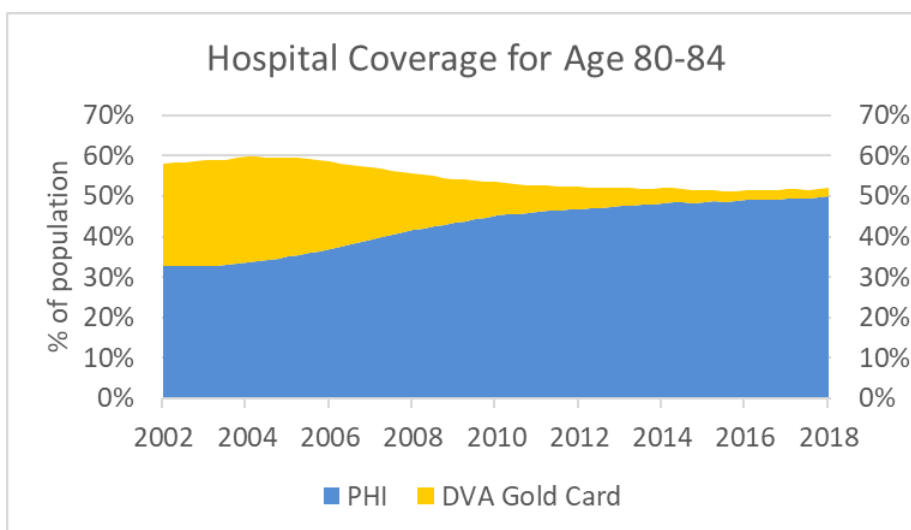
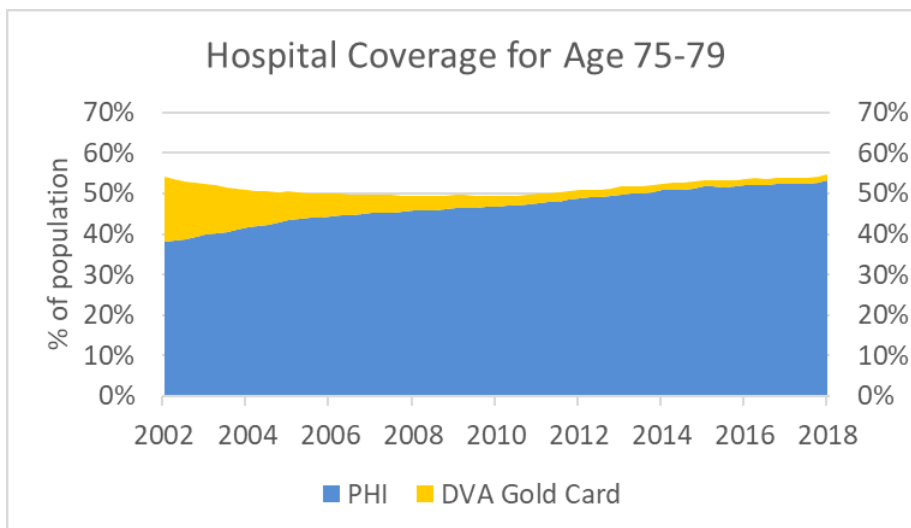
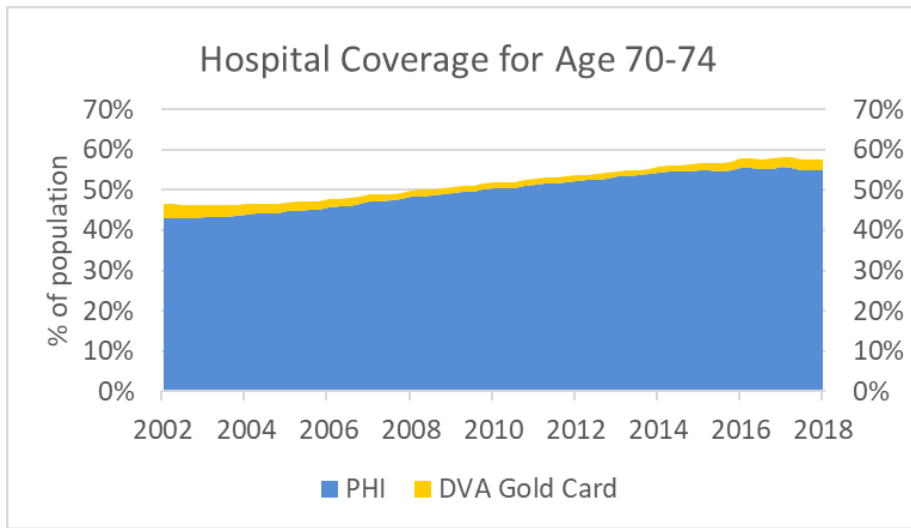
	Private Health Insurance	Gold Card holders	Overseas Students	Overseas Visitors	Total
Jun 2012	46.6%	0.8%	1.4%	0.9%	49.6%
Jun 2013	46.9%	0.8%	1.3%	1.0%	50.0%
Jun 2014	47.3%	0.7%	1.4%	0.9%	50.3%
Jun 2015	47.4%	0.6%	1.6%	0.9%	50.5%
Jun 2016	46.8%	0.6%	1.7%	0.9%	50.0%
Jun 2017	46.0%	0.5%	1.8%	0.9%	49.3%
Jun 2018	45.1%	0.5%	1.9%	0.9%	48.5%

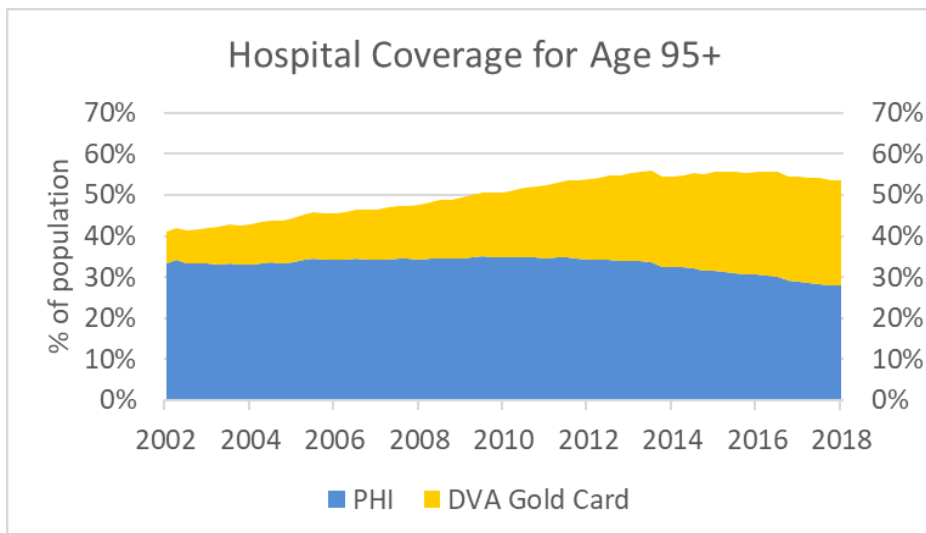
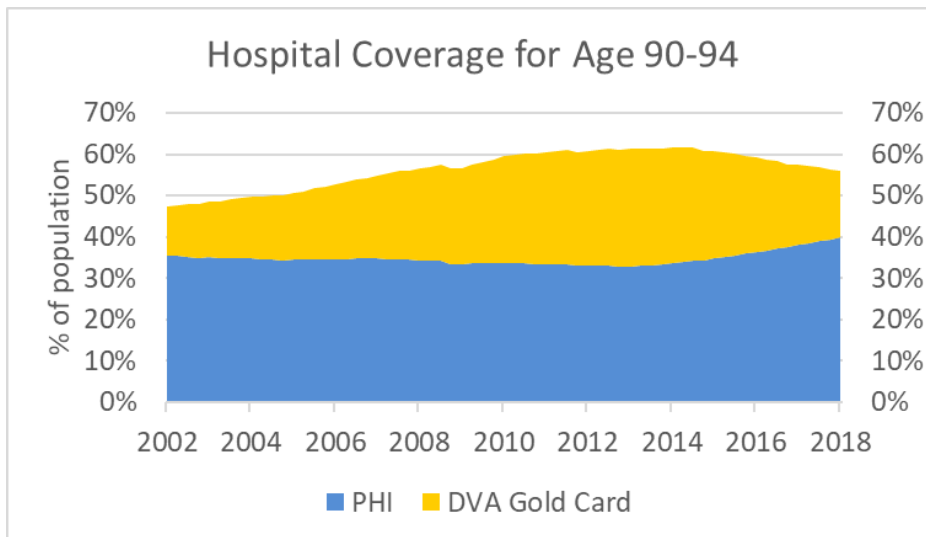
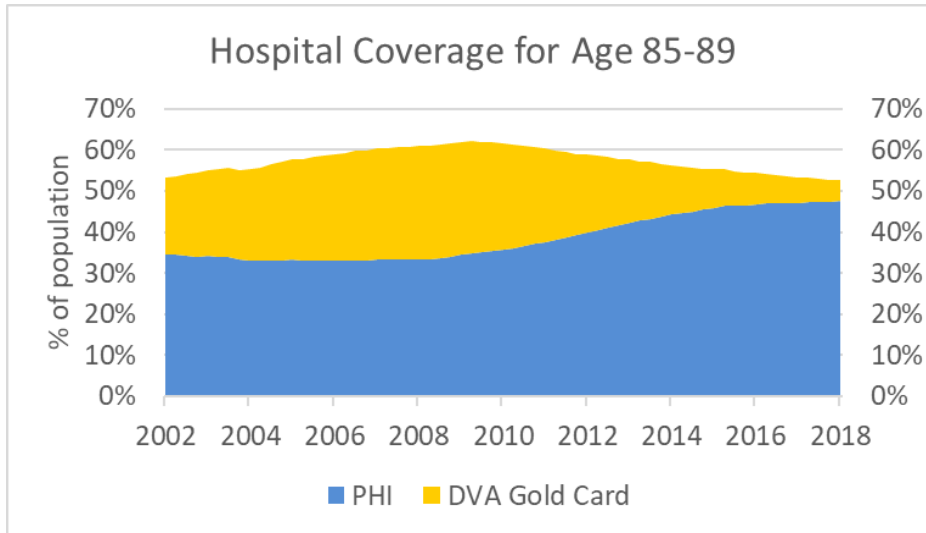
The following graph shows the combined hospital coverage participation rate by age group at December 2018:



4.5 Gold Card impacts by age

The impact of Gold Card coverage at older age groups over time can be seen in the following graphs:

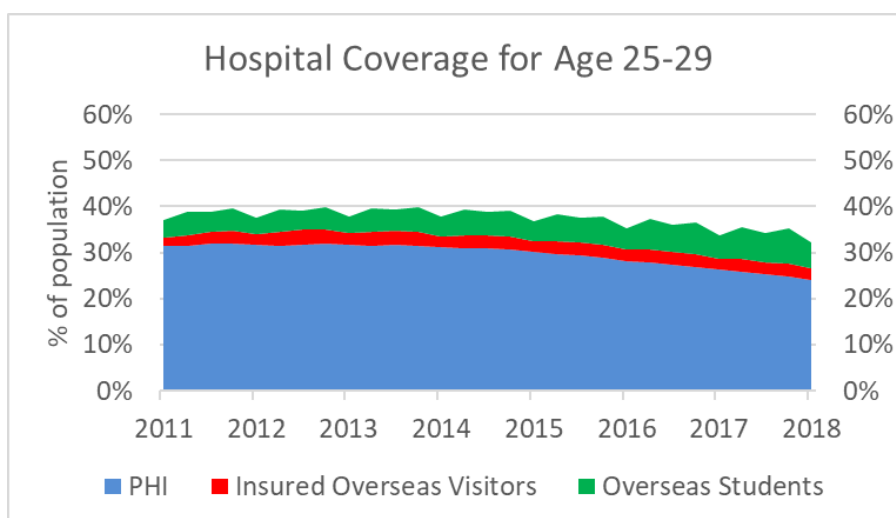
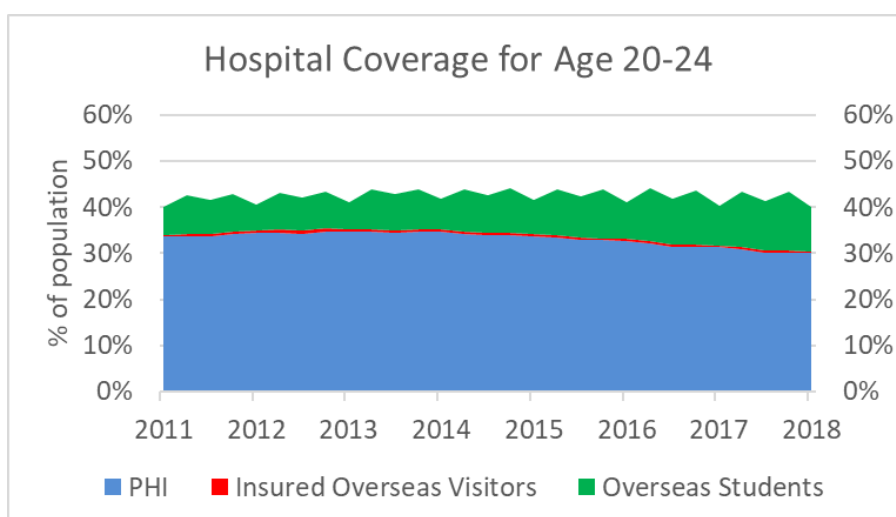
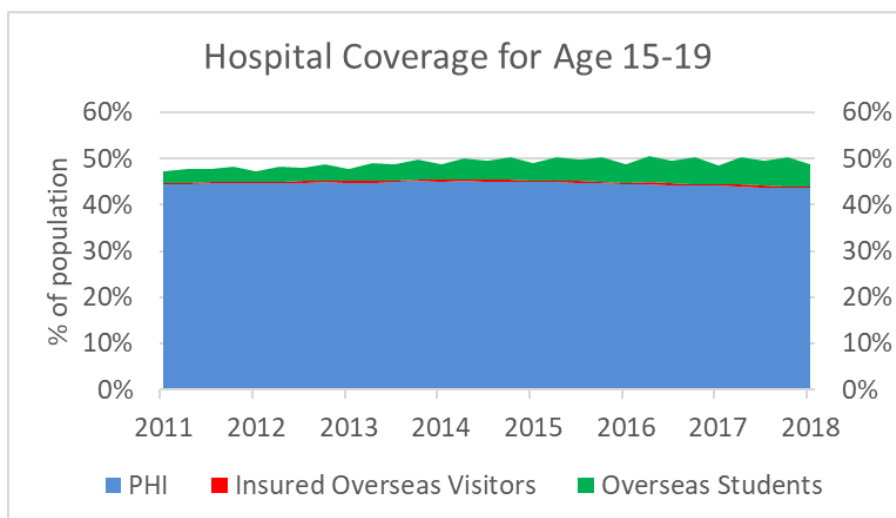


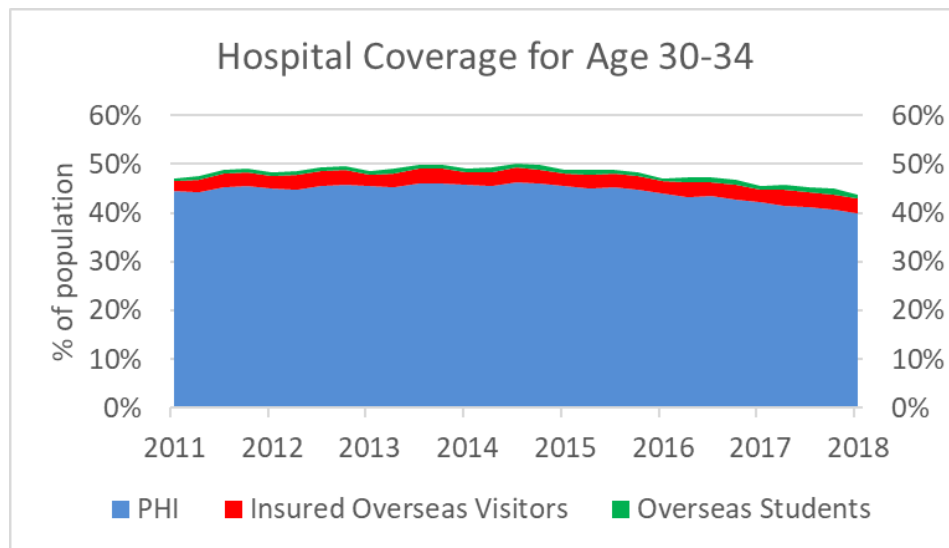


The main reason the private health insurance participation rates have increased for people aged 75-94 since 2002 is the generational change impact of Gold Card holders moving through these age groups.

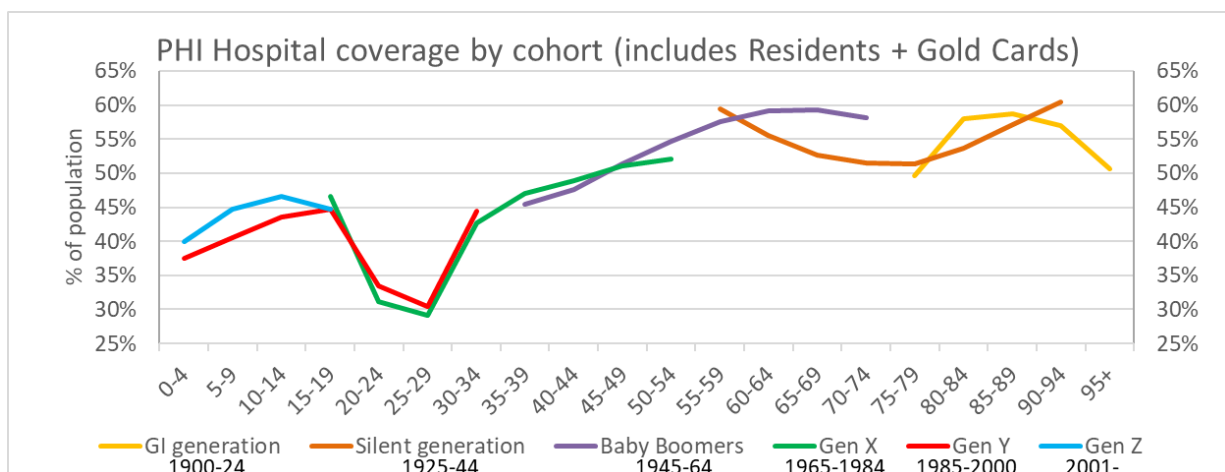
4.6 Overseas Student and Visitor impacts by age

The impact of Overseas Student and Overseas Visitors coverage at younger age groups over time can be seen in the following graphs:





The trends in private hospital coverage of the combined private health insurance and Gold Card population for each cohort can be seen in the following graph:



It appears that the Baby Boomer generation is purchasing health insurance at higher rates than preceding generations.

5. Implications

The most misleading assumptions are the ones you don't even know you're making – Douglas Adams

5.1 Coverage Trends

The analysis of the impact of veteran, student and visitor populations highlights the need to be careful interpreting historical private health insurance trend data. In particular, the “Gold Card effect” is very pronounced over the past 20 years, with one-off generational impacts on:

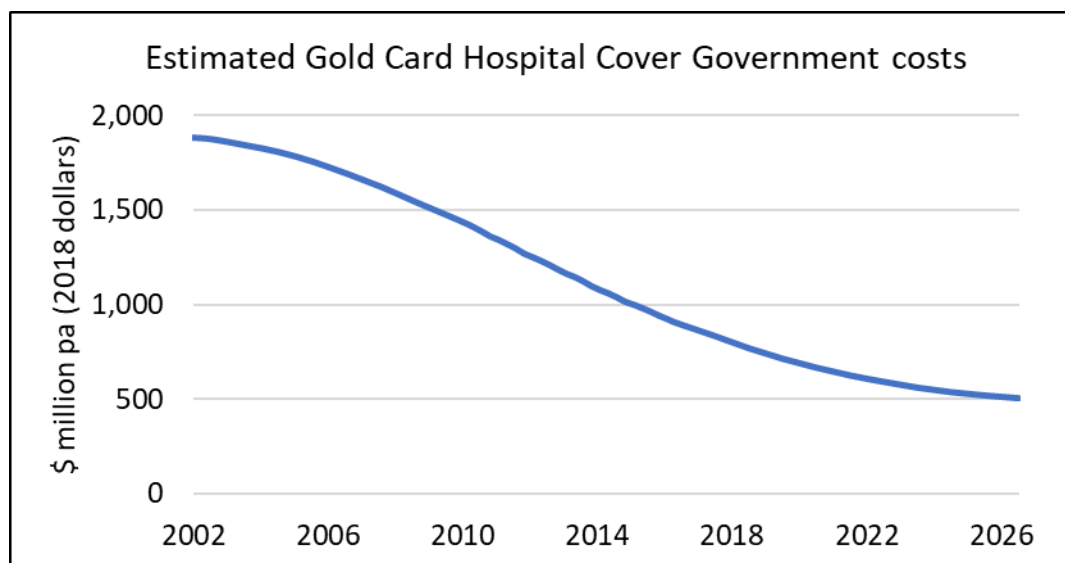
- participation rates
- Industry hospital drawing rate growth
- Risk equalisation pool and calculated deficit growth

5.2 Government health funding for older Australians

The country incurs great expense in educating the soldier for his duties, and it is difficult to over-estimate the value of a good soldier. The productive power of the country is further taxed for the support of a large proportion of men temporarily or permanently disabled by diseases contracted in the service. – Florence Nightingale, Notes on matters affecting the health, efficiency and hospital administration of the British Army, 1858

The provision of health services to veterans is a significant cost to Government. Expenditure on private hospital treatment for veteran card holders was \$1.0 billion in 2015/16.¹⁵ The total cost of all health services to veterans was \$4.6 billion in 2015/16.¹⁶

The following graph shows how the estimated costs to Government of providing private hospital services to Gold Card holders has changed (and is projected to change) over time:



¹⁵ Department of Veterans' Affairs, Annual Report 2015-16 p62-63

¹⁶ Department of Veterans' Affairs, Annual Report 2015-16 p157

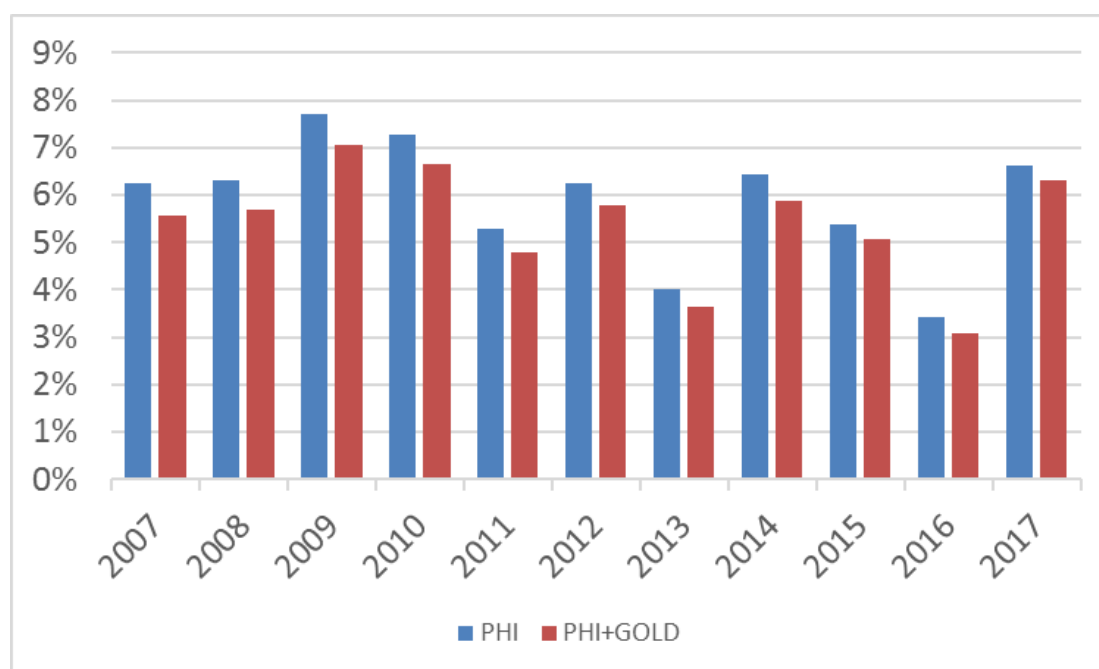
In effect, the government has been reducing health expenditure as costs for older Australians are shifted to private health insurance. Could the private health insurance industry be so bold as to point out this 'cost shift' from government to the private health insurance industry of over \$1 billion per annum since 2002, increasing to around \$1.4 billion per annum by 2026?

The higher private health insurance premium rebates for persons aged 65-69 and 70 and over provide some increased subsidy for members as they age, however these go to the member rather than assist the industry to directly counter the increased costs from an ageing membership.

5.3 Impact on drawing rate growth

This increase in participation for older age groups resulting from the "Gold Card effect" combined with the higher claims costs of older members translates into higher aggregate claims growth as illustrated by the following graph:

Hospital Drawing Rate growth

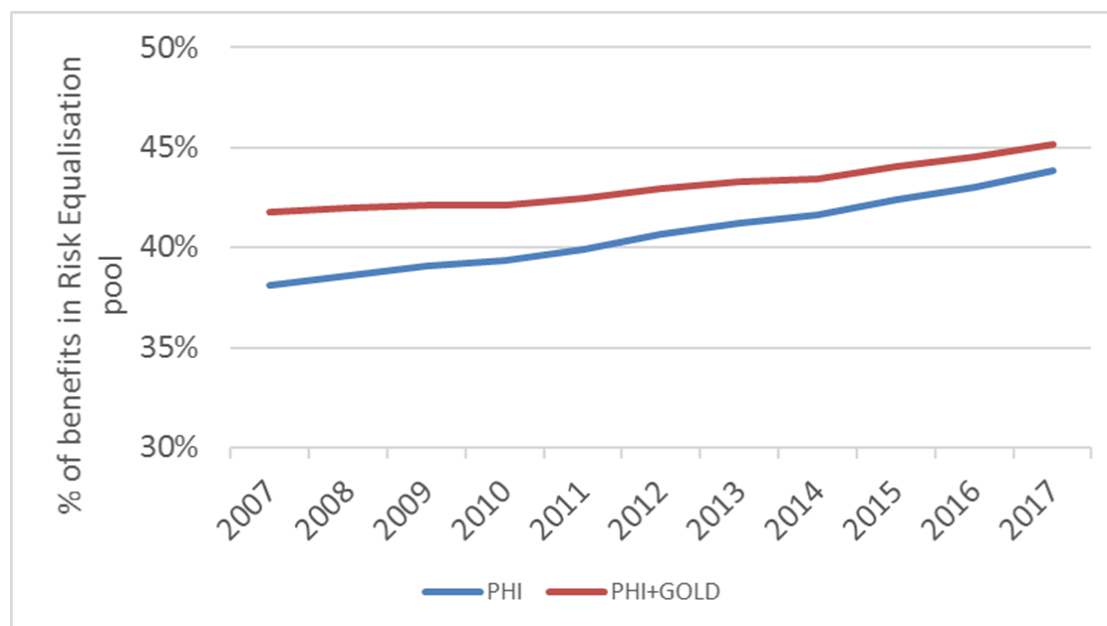


In the past ten years the hospital drawing rate has increased around 0.5% per annum to 0.8% per annum faster due to the Gold Card effect.

The hospital drawing rate is forecast to increase by about 0.7% per annum between 2018 and 2030 or about 8% in aggregate as the number of Gold Card holders plateaus at around 75,000 with a corresponding increase in the private health insurance aged population.

5.4 Risk Equalisation Pool

A major reason for the growth in the size of the risk equalisation pool has been the increase in the private health insurance participation rate for older age groups, particularly 80-84 and 85-89 year olds. The “Gold Card effect can be quantified by recalculating the risk equalisation pool by including all Gold Card holders (assuming similar average hospital claims experience as the privately insured population of the same age):



Around 40% of the growth in the percentage of benefits in the Risk Equalisation pool is due to the impact of the ageing of the Gold Card holders and the following cohorts of older Australians having to make their own private health insurance arrangements. There is also evidence that Baby Boomers have tended to have a higher propensity to purchase private health insurance than their predecessors.

6. Time to Act?

The theme of the 2019 Actuaries Summit is *Time to Act*. Having identified these additional populations who have hospital cover at an equivalent level to private health insurance, I consider below some possible actions:

6.1 Expand APRA Data Collections

The Australian Prudential Regulation Authority (APRA) collects and publishes data from private health insurers. Currently these data collections are limited for Overseas Students and Overseas Visitors. APRA should collect and publish membership and margin data for these categories equivalent to that presently collected for residents private health insurance. This would increase the visibility of these insured sub-groups.

6.2 Classify Overseas Students and Overseas Visitors as Health Insurance Business

If Overseas Students and Overseas Visitors were to be classified as Health Insurance Business under the Private Health Insurance Act, they would be included together with resident private health insurance business for the purposes of risk equalisation pooling.

The impact of this change would be a reduction in the Risk Equalisation Calculated Deficit of approximately \$58 per Single Equivalent Unit (single person policy) per annum (providing capacity to reduce premiums for private health insurance resident members) and an increase cost for Overseas Students and Overseas Visitors of approximately \$798 per Single Equivalent Unit (single person policy) per annum.

6.3 Amend Coverage reporting

Gold Card holders, Overseas Students and Overseas Visitors comprise the “hidden insured” in the population. These three groups have cover for private hospital services but are currently excluded from the key reported private health insurance participation rate.

The published private hospital insurance coverage statistics could be modified to adjust for the fact that these three identified groups have cover, for example lifting the December 2018 reported participation rate from 44.6% to 47.7% of the population.

6.4 Additional Government support for PHI

The continuing decline in the Gold Card population and the consequent increase in private health insurance participation amongst older Australians has led to reduced Government health expenditure on veterans and increased costs for private health insurers. In section 5.3 above it was estimated that between 2018 and 2030 hospital claims will increase by about 8% simply as a result of the completion of the 'Gold Card effect' from World War II.

The Federal Government has stated its commitment to restoring the Private Health Insurance Rebate to 30% when fiscal circumstances improve. Restoration of the rebate would equate to about \$1.2 billion or 8% of hospital claims. This is broadly equivalent to the decline in Government expenditure in hospital costs for veterans identified in section 5.2. Therefore, restoration of the rebate could represent a fair reinvestment in the support of health care costs of older Australians that Government has been progressively saving through the decline in spending on the veteran population.

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APPENDIX A – Gold Card holders by age group

	<55	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+	Total
Dec 2002	10,825	12,471	6,714	8,585	23,183	84,935	89,247	34,900	8,531	1,466	280,857
Mar 2003	10,172	13,296	6,764	8,439	22,256	80,721	91,234	35,994	8,929	1,507	279,312
Jun 2003	9,802	14,040	6,839	8,302	21,410	76,180	93,135	37,200	9,266	1,573	277,747
Sep 2003	9,349	14,777	6,943	8,179	20,424	71,312	94,764	38,260	9,588	1,617	275,213
Dec 2003	8,908	15,321	7,100	8,115	19,521	67,160	96,465	39,314	10,031	1,694	273,629
Mar 2004	8,236	15,969	7,150	8,113	18,796	63,101	97,805	40,432	10,402	1,778	271,782
Jun 2004	7,823	16,387	7,258	8,049	18,093	59,069	98,822	41,336	10,863	1,844	269,544
Sep 2004	7,518	16,705	7,329	8,054	17,403	54,871	99,871	42,128	11,243	1,885	267,007
Dec 2004	7,086	16,960	7,570	8,044	16,584	50,901	100,554	43,446	11,726	1,968	264,839
Mar 2005	6,716	16,317	8,587	8,021	15,960	47,470	100,757	44,858	12,170	2,043	262,899
Jun 2005	6,487	15,790	9,563	8,058	15,291	44,146	100,006	46,690	12,716	2,117	260,864
Sep 2005	6,330	15,391	10,281	8,088	14,625	40,820	98,928	48,417	13,045	2,162	258,087
Dec 2005	6,090	14,809	11,131	8,086	14,034	37,831	97,565	50,340	13,499	2,240	255,625
Mar 2006	5,871	14,517	11,597	8,143	13,536	35,450	96,123	51,944	13,984	2,342	253,507
Jun 2006	5,732	13,915	12,413	8,163	13,089	33,501	93,646	53,527	14,522	2,449	250,957
Sep 2006	5,629	13,363	13,168	8,188	12,779	31,786	90,763	54,995	15,018	2,481	248,170
Dec 2006	5,487	12,550	14,148	8,264	12,393	30,250	87,540	56,767	15,634	2,547	245,580
Mar 2007	5,339	11,860	15,044	8,243	12,148	28,882	84,534	58,653	16,171	2,645	243,519
Jun 2007	5,315	11,152	15,914	8,221	11,919	27,464	80,843	60,283	16,781	2,750	240,642
Sep 2007	5,272	10,357	16,840	8,281	11,713	26,306	77,470	61,407	17,133	2,828	237,607
Dec 2007	5,270	9,686	17,625	8,307	11,436	25,210	74,201	62,883	17,775	2,876	235,269
Mar 2008	5,108	8,955	18,459	8,358	11,196	24,084	70,886	64,323	18,380	3,012	232,761
Jun 2008	5,164	8,263	19,318	8,402	10,999	23,053	67,341	65,631	18,925	3,128	230,224
Sep 2008	5,128	7,564	20,090	8,451	10,833	21,980	63,650	66,638	19,377	3,154	226,865
Dec 2008	5,030	6,911	20,776	8,607	10,741	20,820	60,070	68,050	19,899	3,302	224,206
Mar 2009	4,908	6,172	21,479	8,689	10,695	19,879	56,690	68,965	20,459	3,470	221,406
Jun 2009	4,946	5,625	22,044	8,744	10,615	19,090	53,445	69,810	20,929	3,610	218,858
Sep 2009	4,923	5,293	22,413	8,814	10,583	18,301	50,312	70,517	21,228	3,723	216,107
Dec 2009	4,870	4,850	22,729	9,000	10,534	17,424	47,176	71,190	21,840	3,898	213,511
Mar 2010	4,722	4,517	21,727	10,347	10,509	16,617	44,146	71,480	22,631	4,018	210,714
Jun 2010	4,741	4,167	20,926	11,473	10,531	15,827	41,465	71,002	23,607	4,206	207,945
Sep 2010	4,702	3,906	20,329	12,383	10,555	15,163	38,751	70,269	24,694	4,266	205,018
Dec 2010	4,741	3,718	19,683	13,259	10,603	14,544	36,490	69,487	25,739	4,377	202,641
Mar 2011	4,665	3,537	19,241	13,821	10,662	13,915	34,262	68,409	26,705	4,513	199,730
Jun 2011	4,689	3,338	18,461	14,702	10,652	13,445	32,500	66,674	27,462	4,696	196,619
Sep 2011	4,656	3,198	17,701	15,597	10,667	13,068	30,823	64,589	28,175	4,862	193,336
Dec 2011	4,650	3,089	16,674	16,677	10,719	12,713	29,506	62,681	29,128	5,038	190,875
Mar 2012	4,546	2,971	15,687	17,767	10,709	12,407	28,057	60,501	30,131	5,213	187,989
Jun 2012	4,587	2,875	14,680	18,749	10,655	12,206	26,628	58,250	30,952	5,450	185,032
Sep 2012	4,582	2,861	13,715	19,757	10,648	11,972	25,348	55,867	31,436	5,548	181,734
Dec 2012	4,581	2,812	12,923	20,575	10,660	11,669	24,157	53,925	32,294	5,743	179,339
Mar 2013	4,555	2,747	11,976	21,503	10,692	11,378	22,995	51,918	33,111	5,954	176,829
Jun 2013	4,611	2,710	11,038	22,390	10,674	11,167	21,919	49,530	33,938	6,191	174,168
Sep 2013	4,596	2,701	10,201	23,182	10,745	11,001	20,775	47,138	34,542	6,308	171,189
Dec 2013	4,642	2,680	9,430	23,826	10,871	10,896	19,690	44,698	35,265	6,528	168,526
Mar 2014	4,619	2,680	8,622	24,520	10,917	10,839	18,858	42,669	35,848	6,731	166,303
Jun 2014	4,677	2,678	7,880	25,099	10,943	10,738	17,935	40,483	36,240	6,905	163,578
Sep 2014	4,698	2,650	7,401	25,464	11,035	10,647	17,044	38,124	36,418	6,953	160,434
Dec 2014	4,718	2,614	6,823	25,753	11,215	10,606	16,196	35,982	36,812	7,165	157,884
Mar 2015	4,665	2,610	6,395	24,828	12,741	10,566	15,432	34,031	36,950	7,426	155,644
Jun 2015	4,711	2,621	5,920	23,862	14,241	10,561	14,635	32,026	36,655	7,801	153,033
Sep 2015	4,702	2,635	5,603	23,109	15,309	10,558	13,936	30,197	35,960	8,117	150,126
Dec 2015	4,723	2,614	5,362	22,353	16,335	10,545	13,356	28,640	35,726	8,534	148,188
Mar 2016	4,685	2,599	5,165	21,836	17,002	10,575	12,737	27,143	35,327	8,886	145,955
Jun 2016	4,716	2,608	4,903	21,026	18,080	10,549	12,300	25,740	34,510	9,203	143,635
Sep 2016	4,771	2,581	4,702	20,206	19,093	10,514	11,978	24,342	33,394	9,447	141,028
Dec 2016	4,835	2,591	4,567	19,013	20,410	10,553	11,638	23,070	32,366	9,708	138,751
Mar 2017	4,876	2,598	4,413	18,027	21,603	10,531	11,404	22,046	31,541	10,100	137,139
Jun 2017	4,978	2,630	4,318	17,026	22,780	10,517	11,198	20,899	30,512	10,405	135,263
Sep 2017	5,103	2,666	4,251	15,919	23,979	10,561	11,087	19,917	29,332	10,526	133,341
Dec 2017	5,233	2,735	4,160	14,986	24,956	10,571	10,849	18,931	28,371	10,883	131,675
Mar 2018	5,312	2,769	4,100	14,070	25,942	10,544	10,640	18,077	27,570	11,237	130,261
Jun 2018	5,493	2,778	4,061	13,085	26,966	10,509	10,441	17,184	26,496	11,504	128,517
Sep 2018	5,758	2,807	4,038	12,166	27,843	10,539	10,305	16,269	25,373	11,676	126,774
Dec 2018	5,993	2,856	4,008	11,328	28,602	10,618	10,190	15,365	24,344	12,062	125,366

APPENDIX B – Overseas Students persons covered by age group

	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55+	Total
Jun 2006	3,562	2,384	3,264	41,286	93,208	42,607	5,331	13,940	796	2,307	318	166	209,169
Jun 2007	4,644	2,801	3,705	52,131	108,710	51,724	6,171	16,195	827	2,627	327	196	250,058
Jun 2008	7,165	3,729	4,077	62,534	133,918	69,934	8,676	22,794	1,126	3,429	430	219	318,030
Jun 2009	10,340	4,250	4,299	66,294	162,573	90,227	11,253	30,440	1,514	4,207	569	300	386,266
Sep 2009	12,467	5,311	5,465	71,847	174,429	103,351	14,236	38,031	1,964	5,646	809	464	434,020
Dec 2009	9,323	3,972	4,087	53,727	130,438	77,286	10,645	28,440	1,469	4,222	605	347	324,560
Mar 2010	12,233	5,211	5,362	70,497	171,152	101,409	13,968	37,317	1,927	5,540	794	455	425,866
Jun 2010	10,994	4,683	4,819	63,354	153,811	91,134	12,553	33,536	1,732	4,979	713	409	382,716
Sep 2010	13,524	4,983	4,582	58,526	164,320	99,932	13,733	38,869	1,941	5,340	749	406	406,906
Dec 2010	9,678	3,566	3,279	41,884	117,596	71,517	9,828	27,817	1,389	3,822	536	291	291,204
Mar 2011	12,665	4,667	4,291	54,811	153,891	93,590	12,862	36,402	1,818	5,001	701	380	381,080
Jun 2011	11,058	4,074	3,746	47,854	134,357	81,710	11,229	31,781	1,587	4,367	612	332	332,709
Sep 2011	13,198	5,100	4,157	47,733	140,991	89,810	13,528	38,421	1,994	5,152	870	414	361,368
Dec 2011	9,302	3,594	2,930	33,642	99,368	63,297	9,534	27,078	1,405	3,631	613	292	254,686
Mar 2012	12,581	4,861	3,963	45,501	134,397	85,610	12,895	36,624	1,900	4,912	829	395	344,468
Jun 2012	11,214	4,333	3,532	40,558	119,798	76,311	11,495	32,646	1,694	4,378	739	352	307,050
Sep 2012	11,075	4,117	3,690	48,133	132,144	82,763	13,292	37,864	2,298	5,514	882	487	342,258
Dec 2012	7,837	2,913	2,611	34,061	93,510	58,566	9,406	26,794	1,626	3,902	624	345	242,195
Mar 2013	10,755	3,998	3,583	46,741	128,322	80,369	12,907	36,769	2,232	5,354	856	473	332,359
Jun 2013	9,845	3,660	3,280	42,788	117,470	73,572	11,816	33,659	2,043	4,902	784	433	304,251
Sep 2013	9,803	4,061	3,661	53,287	133,503	82,675	13,380	37,754	2,134	5,363	874	467	346,962
Dec 2013	7,283	3,017	2,720	39,590	99,188	61,425	9,941	28,050	1,585	3,984	650	347	257,781
Mar 2014	10,367	4,294	3,872	56,351	141,179	87,429	14,150	39,925	2,256	5,671	925	494	366,912
Jun 2014	9,600	3,976	3,585	52,181	130,732	80,959	13,103	36,971	2,089	5,251	856	457	339,761
Sep 2014	10,115	4,334	5,113	63,089	143,687	94,053	14,777	42,737	2,475	5,792	998	625	387,797
Dec 2014	7,908	3,389	3,997	49,321	112,331	73,528	11,552	33,411	1,935	4,528	780	489	303,169
Mar 2015	10,776	4,618	5,446	67,209	153,070	100,195	15,742	45,528	2,637	6,170	1,063	666	413,121
Jun 2015	9,770	4,187	4,938	60,936	138,784	90,844	14,273	41,279	2,391	5,595	964	604	374,564
Sep 2015	9,233	4,255	5,170	72,460	161,313	102,089	15,774	44,847	2,667	6,237	1,074	622	425,741
Dec 2015	7,116	3,280	3,985	55,847	124,328	78,683	12,157	34,565	2,055	4,807	828	479	328,129
Mar 2016	9,633	4,440	5,394	75,601	168,305	106,514	16,458	46,791	2,782	6,508	1,120	649	444,194
Jun 2016	8,705	4,012	4,875	68,321	152,099	96,258	14,873	42,285	2,514	5,881	1,012	586	401,423
Sep 2016	9,163	4,252	6,167	78,321	182,008	114,010	16,871	49,275	2,631	6,375	1,109	630	470,811
Dec 2016	6,924	3,213	4,660	59,181	137,529	86,148	12,748	37,233	1,988	4,817	838	476	355,755
Mar 2017	9,784	4,540	6,584	83,628	194,341	121,735	18,014	52,614	2,809	6,807	1,184	673	502,712
Jun 2017	8,637	4,008	5,813	73,827	171,565	107,468	15,903	46,448	2,480	6,009	1,045	594	443,798
Sep 2017	9,345	4,606	6,176	84,066	199,629	126,450	18,906	53,562	2,473	6,280	1,023	587	513,104
Dec 2017	6,992	3,446	4,621	62,900	149,366	94,612	14,146	40,076	1,850	4,699	765	439	383,913
Mar 2018	9,759	4,810	6,449	87,787	208,464	132,046	19,743	55,932	2,582	6,558	1,068	613	535,811
Jun 2018	8,869	4,371	5,861	79,779	189,447	120,001	17,942	50,830	2,347	5,960	971	557	486,934
Sep 2018	11,004	5,344	5,793	95,452	221,951	144,160	20,888	59,948	2,530	6,798	921	549	575,337
Dec 2018	8,294	4,028	4,366	71,941	167,281	108,652	15,743	45,182	1,907	5,123	694	413	433,624

APPENDIX C – Mandatory Cover Overseas Visitors persons covered by age group

	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Total
Dec 2011	11,362	9,478	7,403	4,087	5,830	30,090	30,923	19,863	13,247	7,189	3,917	2,141	994	5,580	152,104
Mar 2012	13,396	11,436	8,971	4,870	8,145	39,831	39,314	23,996	16,273	8,987	4,962	2,857	1,317	5,681	190,035
Jun 2012	13,654	11,536	8,958	4,848	9,058	42,651	42,047	25,185	17,002	9,249	5,046	2,953	1,361	5,119	198,667
Sep 2012	14,872	12,501	9,702	5,122	10,252	47,898	45,558	26,797	18,152	9,982	5,377	3,149	1,475	5,334	216,173
Dec 2012	14,640	12,103	9,297	4,917	9,033	41,795	41,387	24,535	16,443	8,895	4,380	2,594	1,196	5,496	196,711
Mar 2013	16,064	13,832	10,705	5,629	11,531	53,085	49,268	28,503	18,930	10,549	5,456	3,093	1,475	5,348	233,467
Jun 2013	15,072	12,715	9,791	5,214	11,690	54,457	49,618	27,752	18,145	9,997	5,229	2,997	1,388	4,613	228,677
Sep 2013	15,031	12,800	9,824	5,248	11,146	54,511	49,861	27,535	17,850	9,903	5,181	3,085	1,386	4,591	227,952
Dec 2013	13,740	11,410	8,659	4,646	9,038	45,202	42,257	23,684	15,278	8,210	4,231	2,410	1,108	4,777	194,649
Mar 2014	14,842	12,991	10,043	5,482	10,650	54,892	50,294	27,056	17,534	9,747	5,126	2,960	1,425	4,678	227,719
Jun 2014	14,627	12,093	9,250	5,213	10,382	54,138	49,906	26,555	16,902	9,295	4,832	2,782	1,261	4,137	221,372
Sep 2014	14,242	11,894	9,244	5,310	9,862	53,881	50,084	26,230	16,699	9,385	5,009	2,842	1,302	4,247	220,232
Dec 2014	13,265	10,429	8,093	4,574	7,958	44,661	43,082	22,944	14,116	7,779	4,003	2,276	1,049	4,378	188,606
Mar 2015	14,417	11,843	9,243	5,275	9,162	52,746	49,963	26,284	16,239	9,103	4,810	2,803	1,352	4,440	217,679
Jun 2015	14,458	11,226	8,719	5,008	9,062	52,851	50,845	26,310	15,832	8,935	4,602	2,695	1,229	3,957	215,730
Sep 2015	14,261	11,191	8,780	5,136	8,615	51,865	50,407	26,201	15,649	9,049	4,665	2,743	1,251	4,127	213,939
Dec 2015	13,078	10,132	7,745	4,473	7,110	43,005	44,072	23,085	13,498	7,666	3,827	2,228	1,015	4,267	185,200
Mar 2016	13,998	11,372	8,755	5,069	7,876	48,851	49,550	26,102	15,193	8,828	4,401	2,640	1,232	4,375	208,243
Jun 2016	14,097	11,178	8,466	4,863	8,062	49,801	51,176	26,810	14,982	8,562	4,242	2,553	1,202	4,053	210,046
Sep 2016	14,052	11,574	8,706	4,865	8,156	49,983	51,570	27,391	15,177	8,796	4,284	2,634	1,219	4,236	212,643
Dec 2016	13,258	10,667	7,826	4,297	7,178	42,890	45,845	24,978	13,480	7,781	3,676	2,281	1,000	4,460	189,616
Mar 2017	14,417	12,224	9,137	5,012	8,454	50,867	53,034	28,872	15,795	9,314	4,477	2,818	1,266	4,608	220,294
Jun 2017	14,739	12,244	8,962	4,885	8,575	51,328	54,417	30,046	15,941	9,312	4,407	2,766	1,252	4,387	223,261
Sep 2017	14,916	12,638	9,267	5,020	8,121	51,343	55,153	31,024	16,595	9,709	4,612	2,843	1,303	4,228	226,770
Dec 2017	13,948	11,628	8,435	4,349	7,083	44,745	50,326	28,818	14,716	8,192	3,943	2,462	1,058	4,621	204,324
Mar 2018	15,621	13,673	9,900	5,247	7,756	52,327	58,121	33,642	17,291	9,523	4,742	2,998	1,326	4,796	236,962
Jun 2018	14,676	13,155	9,465	4,973	7,400	51,595	58,066	34,068	17,272	9,366	4,747	2,958	1,301	4,256	233,297
Sep 2018	15,255	13,925	10,071	5,181	7,302	53,740	60,732	35,730	18,296	9,861	4,958	3,129	1,261	4,337	243,777
Dec 2018	14,897	13,307	9,432	4,793	6,533	46,436	55,449	33,250	16,738	8,759	4,243	2,672	1,129	4,686	222,323

Please contact the author at AndrewGaleConsulting@inet.net.au for an Excel spreadsheet containing the detailed data used in this paper.