

# Quarterly Update:

## 1 January to 31 March 2026

The Office of the Commonwealth Ombudsman, as the Private Health Insurance Ombudsman (PHIO), protects the interests of private health insurance consumers. We do this in many ways, including:

- assisting health insurance consumers to resolve complaints through our independent complaint-handling service
- identifying underlying problems with private health insurers or health care providers
- reporting and providing advice and recommendations to industry and government about private health insurance, including the performance of the sector and the nature of complaints
- managing [PrivateHealth.gov.au](https://www.privatehealth.gov.au), a comprehensive source of independent information about private health insurance for consumers.

This update covers the January–March 2026 quarter.

The PHIO received 853 complaints.<sup>1</sup> This was a decrease of 3.7% per cent compared to the same period in 2024–25.

The quarter by quarter comparison of all complaints received by the PHIO is shown in **Figure 1**.

### Data

The data in this Quarterly Update is for the period 1 January 2026 to 31 March 2026. The Office transitioned to a new complaints management system in May 2026. As a result of the transition, some historical data could not be retrospectively reconciled or updated. Accordingly, some figures or datasets may differ from previously reported figures or subsequent reporting.

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<sup>1</sup> Includes complaints about private health insurers, hospitals, practitioners and brokers. Refer to [Private Health Insurance industry updates](#) for definitions of complaints, issues and other terms, and previous quarterly updates. Our data is dynamic and regularly updated. This means there may be minor differences when compared to the last quarterly update.



Figure 1: Complaints received by quarter

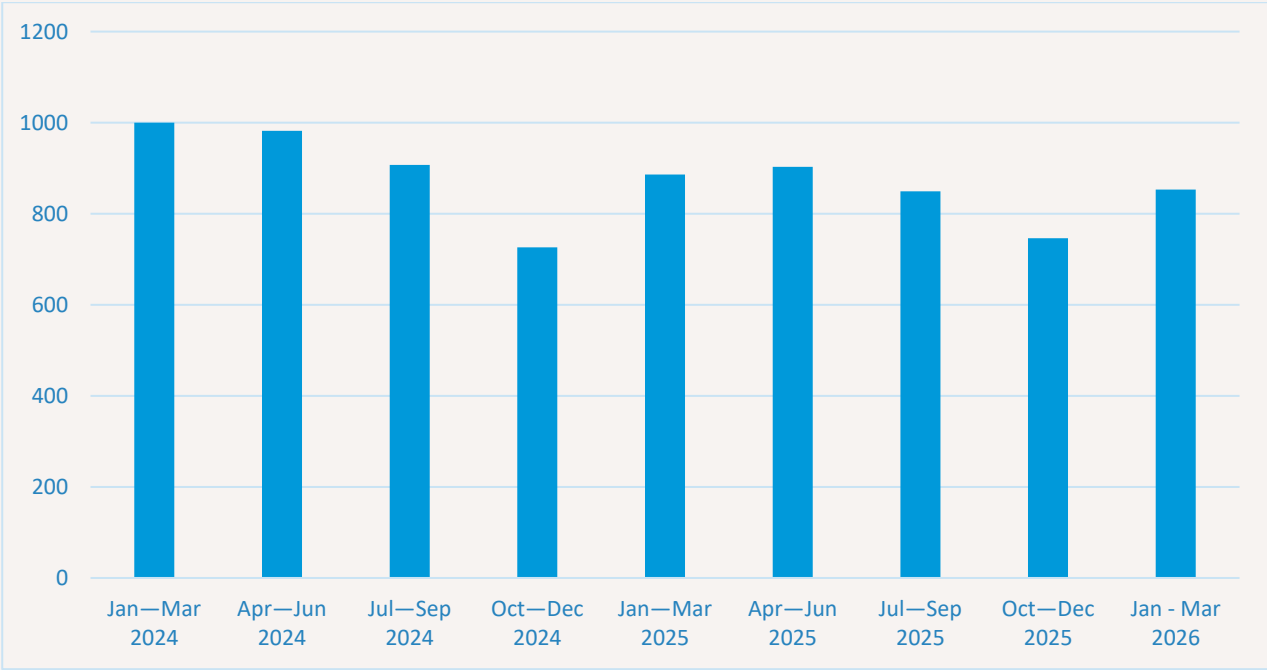


Table 1: Complaints by provider or organisation type in previous 4 quarters

| Provider or organisation type                                       | Apr-Jun 2025 | Jul-Sep 2025 | Oct-Dec 2025 | Jan-Mar 2026 |
|---------------------------------------------------------------------|--------------|--------------|--------------|--------------|
| Health insurers                                                     | 791          | 707          | 668          | 741          |
| Overseas visitors and overseas student health insurers              | 104          | 121          | 53           | 82           |
| Brokers and comparison services                                     | 4            | 9            | 10           | 4            |
| Doctors, dentists, and other medical providers                      | 0            | 0            | 1            | 2            |
| Hospitals and area health services                                  | 1            | 9            | 1            | 2            |
| Other (e.g., legislation, ambulance services, industry peak bodies) | 3            | 3            | 13           | 22           |
| Total                                                               | 903          | 849          | 746          | 853          |



Figure 2: Top complaint issues in January–March 2026, compared to previous 3 quarters

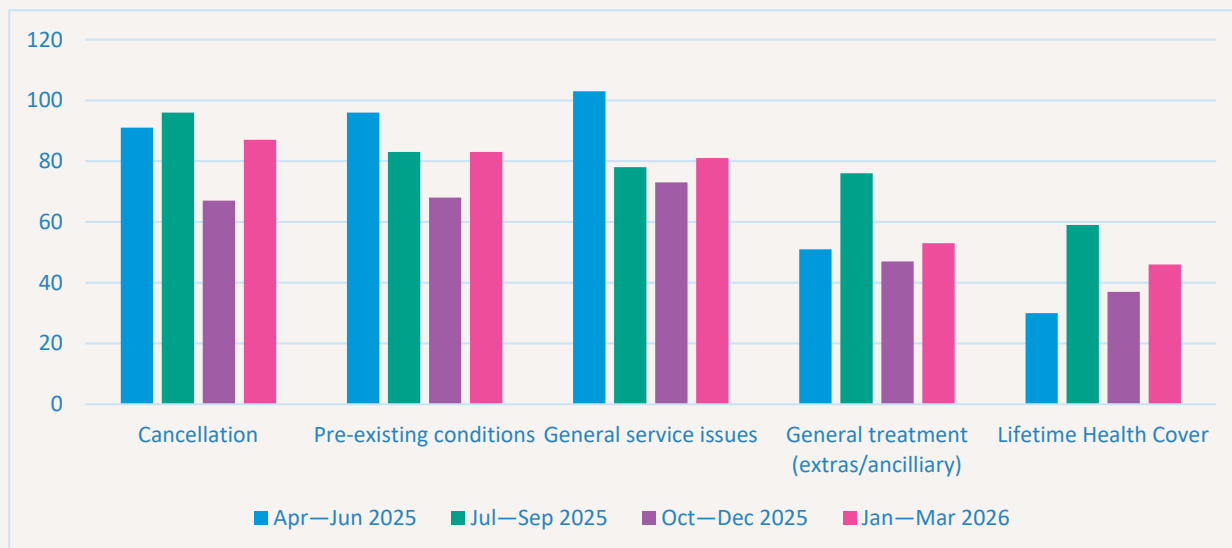


**Figure 2** shows the top 5 complaint issues and their frequency across the previous 4 quarters.

While the top four complaint issues have remained consistent with the previous quarters, we have seen an increase in complaints relating to hospital exclusions, which we will continue to monitor.

### Infertility and private health insurance

Private health insurance waiting periods can be particularly difficult for consumers to understand when they relate to infertility and fertility treatment. Generally, under the private health insurance rules, a waiting period of up to 12 months may apply where a medical practitioner determines that a condition was pre-existing when the person took out or increased their hospital cover.

Infertility can be a complex issue in this context. A person may not know they have a fertility issue when they take out private health insurance and may only become aware of it when they begin trying to have a child or seek treatment such as IVF. It is also important to remember that needing fertility treatment does not necessarily mean that a condition is pre-existing. The individual circumstances of each person and the relevant medical assessment need to also be considered.

Complaints about this issue demonstrate the importance of distinguishing between infertility as a medical concept, and the test used to determine whether a condition is pre-existing under the private health insurance rules. These are not necessarily the same thing, which often make decisions about waiting period difficult for consumers to understand.

This distinction can be particularly difficult where a person seeks fertility treatment for reasons that are not related to a diagnosed medical condition affecting fertility, for example, same-sex couples and people who seek to have a child without a partner. For these consumers, a pre-existing condition determination may be difficult to reconcile with their understanding of their

circumstances, particularly where they did not consider themselves to have a fertility 'condition'. This can make clear explanations of what has been assessed and why, especially important.

From a complaints perspective, the issue is not simply whether a waiting period applies but whether the consumer understands what has been assessed, which condition the assessment relates to, and how the pre-existing provisions apply to their particular circumstances.

Fertility and infertility can also be highly personal and sensitive issues. For some, fertility treatment may be the only pathway available to have a child. For others, the news of a fertility issue may be unexpected. Whatever the reason, conversations about waiting periods and access to treatment require an appropriate level of care and sensitivity.

Complaints about infertility and pre-existing conditions highlight the importance of clear and accessible information. Consumers may encounter different definitions of infertility and fertility across medical, government and insurance information, while the private health insurance rules apply a specific legal test to determine whether a condition is pre-existing. Distinguishing between these concepts is important: a medical definition of infertility is not necessarily the same as the legal test used to determine whether a condition is pre-existing for private health insurance purposes.

For insurers, this creates an opportunity to improve how information about fertility-related treatment, waiting periods and pre-existing conditions is communicated. Explaining the purpose of the pre-existing condition rule, the test that is applied, and how an individual assessment is made can help consumers better understand decisions affecting their cover. Clear explanations are particularly important where the outcome may delay access to significant and time-sensitive treatment.

While the underlying rules provide a framework for determining waiting periods, complaints in this area demonstrate that how the rules are communicated and applied matters. Greater clarity around terminology, the distinction between infertility and a pre-existing condition, and the individual nature of the assessment may assist consumers to better understand their rights, responsibilities and coverage when navigating fertility treatment.

Our Office will continue to monitor complaints concerning fertility and infertility. We are committed to working with insurers to promote transparency and consumer confidence in this area.



## Complaint statistics by health insurer and by issue

Table 2: Complaints by health insurer market share, January – March 2026<sup>2</sup>

| Name of insurer                              | No further action | Percentage of no further action | Referrals  | Percentage of referrals | Investigations <sup>3</sup> | Percentage of investigations | Market share <sup>4</sup> |
|----------------------------------------------|-------------------|---------------------------------|------------|-------------------------|-----------------------------|------------------------------|---------------------------|
| ACA Health Benefits                          | 0                 | 0.0%                            | 0          | 0.0%                    | 0                           | 0.0%                         | 0.1%                      |
| AIA Health (myOwn)                           | 1                 | 2.0%                            | 18         | 2.7%                    | 0                           | 0.0%                         | 0.5%                      |
| Australian Unity                             | 2                 | 4.1%                            | 23         | 3.5%                    | 0                           | 0.0%                         | 2.1%                      |
| BUPA                                         | 9                 | 18.4%                           | 196        | 29.5%                   | 1                           | 33.3%                        | 25.5%                     |
| CBHS                                         | 0                 | 0.0%                            | 12         | 1.8%                    | 0                           | 0.0%                         | 1.4%                      |
| CBHS Corporate Health                        | 0                 | 0.0%                            | 1          | 0.2%                    | 0                           | 0.0%                         | <0.1%                     |
| CDH (Hunter Health Insurance)                | 0                 | 0.0%                            | 0          | 0.0%                    | 0                           | 0.0%                         | <0.1%                     |
| Defence Health                               | 0                 | 0.0%                            | 6          | 0.9%                    | 0                           | 0.0%                         | 1.9%                      |
| Doctors' Health Fund                         | 1                 | 2.0%                            | 5          | 0.8%                    | 0                           | 0.0%                         | 0.6%                      |
| GMHBA (incl. Health.com.au)                  | 3                 | 6.1%                            | 20         | 3%                      | 0                           | 0.0%                         | 2.1%                      |
| HBH Health (GMF/Healthguard, CUA, QCH) (4)   | 2                 | 4.1%                            | 34         | 5.1%                    | 1                           | 33.3%                        | 7.9%                      |
| HCF (incl. RT Health and Transport Health)   | 16                | 32.7%                           | 79         | 11.9%                   | 0                           | 0.0%                         | 12.8%                     |
| HCI (Health Care Insurance)                  | 0                 | 0.0%                            | 0          | 0.0%                    | 0                           | 0.0%                         | 0.1%                      |
| Health Partners                              | 0                 | 0.0%                            | 1          | 0.2%                    | 0                           | 0.0%                         | 0.6%                      |
| HIF (Health Insurance Fund of Aus.)          | 1                 | 2.0%                            | 3          | 0.5%                    | 0                           | 0.0%                         | 0.6%                      |
| Latrobe Health                               | 0                 | 0.0%                            | 5          | 0.8%                    | 0                           | 0.0%                         | 0.7%                      |
| MDHF                                         | 0                 | 0.0%                            | 0          | 0.0%                    | 0                           | 0.0%                         | 0.3%                      |
| Medibank Private & AHM                       | 9                 | 18.4%                           | 150        | 22.6%                   | 0                           | 0.0%                         | 26.5%                     |
| NHBA (National Health Benefits Aus.)         | 0                 | 0.0%                            | 0          | 0.0%                    | 0                           | 0.0%                         | 0.1%                      |
| Navy Health                                  | 0                 | 0.0%                            | 0          | 0.0%                    | 0                           | 0.0%                         | 0.4%                      |
| NIB Health & GU Corporate Health             | 3                 | 6.1%                            | 70         | 10.5%                   | 1                           | 33.3%                        | 9.8%                      |
| Peoplecare                                   | 0                 | 0.0%                            | 6          | 0.9%                    | 0                           | 0.0%                         | 0.5%                      |
| Phoenix Health Fund                          | 0                 | 0.0%                            | 0          | 0.0%                    | 0                           | 0.0%                         | 0.2%                      |
| Police Health                                | 0                 | 0.0%                            | 7          | 1.1%                    | 0                           | 0.0%                         | 0.6%                      |
| Reserve Bank Health                          | 0                 | 0.0%                            | 0          | 0.0%                    | 0                           | 0.0%                         | <0.1%                     |
| St Lukes Health                              | 0                 | 0.0%                            | 1          | 0.2%                    | 0                           | 0.0%                         | 0.6%                      |
| Teachers Health (including TUH) <sup>5</sup> | 2                 | 4.1%                            | 24         | 3.6%                    | 0                           | 0.0%                         | 3.2%                      |
| Westfund                                     | 0                 | 0%                              | 3          | 0.5%                    | 0                           | 0.0%                         | 0.6%                      |
| <b>Total for Health Insurers</b>             | <b>49</b>         | <b>100.0%</b>                   | <b>664</b> | <b>100.0%</b>           | <b>3</b>                    | <b>100.0%</b>                |                           |

<sup>2</sup> This table shows complaints regarding Australian registered health insurers. This table excludes complaints regarding Overseas Visitors Health Cover and Overseas Student Health Cover insurers, and other bodies.

<sup>3</sup> Investigations required the intervention of the Ombudsman and the health insurer.

<sup>4</sup> Source: Australian Prudential Regulation Authority, Market Share, All Policies, 30 June 2025.

<sup>5</sup> TUH merged with Teachers Health effective 1 July 2025.



Table 3: Complaint issues and sub-issues for January–March 2026 and previous 3 quarters

| ISSUE                                | Jun 25 | Sep 25 | Dec 25 | Mar 26 |
|--------------------------------------|--------|--------|--------|--------|
| <b>BENEFIT</b>                       |        |        |        |        |
| Accident and emergency               | 11     | 10     | 6      | 12     |
| Accrued benefits                     | 0      | 6      | 4      | 6      |
| Ambulance                            | 5      | 10     | 3      | 6      |
| Amount                               | 23     | 17     | 20     | 17     |
| Delay in payment                     | 42     | 24     | 26     | 44     |
| Excess                               | 11     | 9      | 6      | 7      |
| Gap—Hospital                         | 2      | 5      | 17     | 3      |
| Gap—Medical                          | 18     | 28     | 20     | 33     |
| General treatment (extras/ancillary) | 51     | 76     | 62     | 53     |
| High-cost drugs                      | 1      | 0      | 1      | 1      |
| Hospital exclusion/restriction       | 31     | 38     | 47     | 48     |
| Insurer rule                         | 16     | 27     | 10     | 10     |
| Limit reached                        | 4      | 7      | 4      | 3      |
| New baby                             | 2      | 1      | 6      | 6      |
| Non-health insurance                 | 0      | 0      | 4      | 0      |
| Non-recognised other practitioner    | 3      | 1      | 0      | 0      |
| Non-recognised podiatry              | 0      | 1      | 0      | 3      |
| Other compensation                   | 9      | 3      | 5      | 5      |
| Out of pocket not elsewhere covered  | 9      | 5      | 16     | 13     |
| Out of time                          | 0      | 1      | 2      | 0      |
| Preferred provider schemes           | 3      | 6      | 3      | 0      |
| Prostheses                           | 3      | 2      | 2      | 3      |
| Workers compensation                 | 0      | 0      | 1      | 1      |
| <b>CONTRACT</b>                      |        |        |        |        |
| Hospitals                            | 0      | 2      | 3      | 4      |
| Preferred provider schemes           | 3      | 0      | 2      | 0      |
| Second tier default benefit          | 0      | 3      | 0      | 2      |
| <b>COST</b>                          |        |        |        |        |
| Dual charging                        | 6      | 9      | 8      | 6      |
| Rate increase                        | 27     | 3      | 1      | 25     |
| <b>INCENTIVES</b>                    |        |        |        |        |
| Lifetime Health Cover                | 29     | 59     | 37     | 46     |
| Medicare Levy Surcharge              | 1      | 6      | 2      | 6      |
| Private health insurance reforms     | 1      | 0      | 0      | 0      |
| Rebate                               | 8      | 8      | 4      | 5      |
| Rebate tiers and surcharge changes   | 1      | 0      | 0      | 1      |
| <b>INFORMATION</b>                   |        |        |        |        |
| Brochures and websites               | 5      | 6      | 8      | 9      |
| Lack of notification                 | 12     | 9      | 6      | 6      |
| Radio and television                 | 0      | 0      | 0      | 1      |
| Standard Information Statement       | 2      | 0      | 4      | 2      |



|                                    |     |    |    |    |
|------------------------------------|-----|----|----|----|
| Verbal advice                      | 18  | 17 | 15 | 11 |
| Written advice                     | 4   | 4  | 6  | 2  |
| <b>INFORMED FINANCIAL CONSENT</b>  |     |    |    |    |
| Doctors                            | 1   | 2  | 1  | 0  |
| Hospitals                          | 4   | 8  | 3  | 2  |
| Other                              | 2   | 0  | 0  | 1  |
| <b>MEMBERSHIP</b>                  |     |    |    |    |
| Adult dependents                   | 8   | 2  | 4  | 6  |
| Arrears                            | 5   | 9  | 6  | 4  |
| Authority over membership          | 5   | 4  | 8  | 9  |
| Cancellation                       | 91  | 96 | 67 | 87 |
| Clearance certificates             | 36  | 23 | 19 | 33 |
| Continuity                         | 20  | 13 | 22 | 19 |
| Rate and benefit protection        | 4   | 2  | 5  | 1  |
| Suspension                         | 10  | 12 | 8  | 5  |
| <b>SERVICE</b>                     |     |    |    |    |
| Customer service advice            | 45  | 38 | 28 | 27 |
| General service issues             | 103 | 78 | 73 | 81 |
| Premium payment problems           | 45  | 25 | 25 | 42 |
| Service delays                     | 20  | 17 | 7  | 15 |
| <b>WAITING PERIOD</b>              |     |    |    |    |
| General                            | 21  | 25 | 20 | 17 |
| Obstetric                          | 3   | 5  | 2  | 2  |
| Other                              | 10  | 5  | 4  | 5  |
| Pre-existing conditions            | 98  | 83 | 68 | 85 |
| <b>OTHER</b>                       |     |    |    |    |
| Access                             | 2   | 1  | 4  | 3  |
| Acute care and type C certificates | 1   | 0  | 0  | 0  |
| Complaint not elsewhere covered    | 7   | 9  | 13 | 13 |
| Confidentiality and privacy        | 1   | 2  | 3  | 0  |
| Non-English speaking background    | 0   | 0  | 1  | 0  |
| Non-Medicare patient               | 0   | 1  | 0  | 0  |
| Private patient election           | 1   | 2  | 0  | 0  |
| Rule change                        | 2   | 3  | 2  | 2  |



## Data

Some figures may differ from our Annual Report as our data is dynamic and regularly updated as new information becomes known. Previous PHIO updates are available on the Ombudsman's [website](#).

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