

醫療索償數據知多少？

2021年醫療索償數據調查

Medical Claims Statistics 2021



香港保險業聯會
The Hong Kong Federation of Insurers

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書中所載數據由專業顧問收集及分析，香港保險業聯會（保聯）於編纂過程中已竭盡所能，確保資料準確無誤，惟保聯或顧問未能保證有關內容準確無誤，亦概不負責因內容謬誤或遺漏而導致的任何虧損或損失。

1. 提綱

書中刊載 2021 年 1 月至 12 月期間團體及個人醫療保單的索償數據，由本港 18 家醫療承保商提供，佔 2021 年醫療保險市場保費收入約 70%。

書中包括以下分析：

- 團體及個人醫療保單的私家醫療開支總覽
- 手術費用調查

自 2020 年初爆發新冠疫情後，由於社交距離限制和公眾對健康和衛生意識的加強，社交活動於 2020 年放緩。部分醫院僅維持主要及必要的服務，而日間手術中心為小型手術和其他臨床治療提供服務。因此，許多治療／用藥被推遲，醫療索償行為模式出現變化。

考慮到數據完整性及比較的需要，本冊子中包含了 2019 年至 2021 年的調查數據。讀者應根據需要將 2020 年和 2021 年的統計數據合併解讀，因為個別年度數據或受到疫情的影響而未能反映實際情況。

2. 團體保單調查結果

2.1 調查結果摘要

團體保單之私家醫療開支總覽

項目	賬面總額		個案數目		每宗個案 平均收費 (港元)
	(千港元)	%	(宗)	%	
2021 年					
住院	5,835,191	57%	280,356	4%	20,814
門診	4,403,368	43%	7,717,556	96%	571
總數	10,238,559	100%	7,997,912	100%	1,280
2020 年					
住院	4,485,256	56%	229,421	3%	19,550
門診	3,546,337	44%	6,545,780	97%	542
總數	8,031,593	100%	6,775,201	100%	1,185
2019 年					
住院	4,350,259	50%	235,900	2%	18,441
門診	4,312,009	50%	9,208,882	98%	468
總數	8,662,268	100%	9,444,782	100%	917

備註：(1) 因調整為整數的關係，以上數字可能與實際數目有所出入。

(2) 額外醫療保障紀錄及資料不詳之首次索償均被剔除在分析之外。

表 2.1 的數據顯示在 2021 年的私家醫療開支總額中，住院服務佔 57%，而門診服務佔 43%。然而，住院治療個案僅佔所有個案的 4%。

每宗個案之手術費調查

手術費用可細分為 2,000 多個類別，有關的賬面金額摘要見表 2.2。
手術費賬面金額因應入住標準房、半私家房及私家房而遞增。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2021 年			
私家房	32,000	57,127	1,787
半私家房	21,000	35,794	7,685
標準房	15,000	25,819	40,188
日間手術	4,610	7,234	156,813
2020 年			
私家房	34,116	56,980	1,546
半私家房	24,000	38,926	5,802
標準房	14,450	24,591	34,350
日間手術	3,798	6,446	125,961
2019 年			
私家房	31,000	54,617	1,756
半私家房	17,766	29,558	9,075
標準房	13,000	21,739	33,621
日間手術	3,125	5,479	116,936

備註：上述分析並不包括手術費賬面金額為「0」的個案。

2.2 分析

2.2.1 住院個案

(i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

- 每日病房及膳食
- 住院雜費
- 外科醫生手術費
- 麻醉科醫生費

- 手術室費
- 每日醫生巡房費
- 專科醫生費

(ii) 每宗個案之平均費用

表 2.3 及圖 2.1 詳列各級住院個案的平均賬面金額、實際償付金額及其相對比率。相對比率以標準房之平均賬面或實際償付金額作百分比基準（即 100%）顯示，舉例說：私家房之賬面金額相對比率為 216%，即私家房住院個案之平均賬面金額是標準房的 216%。

住院級別	賬面金額 (港元)		實付金額 (港元)		償付比率 %
	賬面金額	相對比率	實付金額	相對比率	%
2021 年					
私家房	120,406	216%	77,562	193%	64%
半私家房	73,833	132%	52,032	130%	70%
標準房	55,742	100%	40,099	100%	72%
日間手術	8,831	16%	7,381	18%	84%
2020 年					
私家房	117,783	219%	75,555	198%	64%
半私家房	77,593	144%	53,795	141%	69%
標準房	53,707	100%	38,191	100%	71%
日間手術	7,491	14%	6,268	16%	84%
2019 年					
私家房	97,427	219%	61,994	186%	64%
半私家房	56,789	128%	40,677	122%	72%
標準房	44,523	100%	33,314	100%	75%
日間手術	6,523	15%	5,676	17%	87%

備註：(1) 相對比率 - 標準房 = 100%。

(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

圖2.1
2019年至2021年團體保單每宗個案之平均賬面金額及實付金額 (港元)

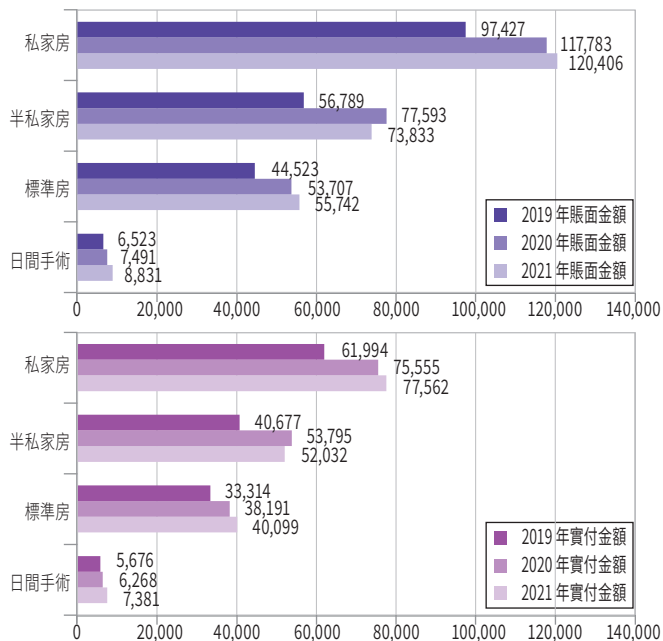
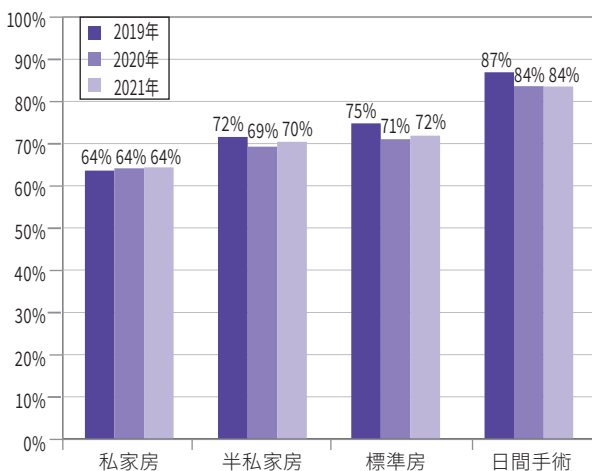


圖2.2
2019年至2021年團體保單償付比率



(iii) 手術費調查

此部分將 2,023 種常見手術類別歸納為 425 個組別，並羅列四類住院級別的收費水平。由於本調查以私家醫院之手術費為主，故此並不包括在政府醫院進行的治療。調查結果摘錄見表 2.4。

表 2.4 團體保單各級住院之手術費摘要

住院級別	賬面金額 (千港元)	個案數目 (宗)	賬面金額 (港元)			
			平均數	中位數	低位	高位
2021 年						
私家房	102,086	1,787	57,127	32,000	20,000	60,000
半私家房	275,076	7,685	35,794	21,000	13,500	36,000
標準房	1,037,598	40,188	25,819	15,000	10,000	25,000
日間手術	1,134,383	156,813	7,234	4,610	2,300	7,630
2020 年						
私家房	88,092	1,546	56,980	34,116	20,000	60,000
半私家房	225,847	5,802	38,926	24,000	14,755	40,000
標準房	844,700	34,350	24,591	14,450	9,000	24,700
日間手術	811,909	125,961	6,446	3,798	1,950	6,600
2019 年						
私家房	95,907	1,756	54,617	31,000	18,775	54,000
半私家房	268,237	9,075	29,558	17,766	10,000	30,000
標準房	730,879	33,621	21,739	13,000	8,500	20,000
日間手術	640,656	116,936	5,479	3,125	1,675	6,000

備註：(1) 上述分析並不包括手術費賬面金額為「0」之個案。
(2) 低位 = 第30個百分位數；高位 = 第70個百分位數。

(iv) 第 70 個百分位數的賬面住院醫療費用水平

表 2.5 顯示按住院級別和收費類別劃分的住院醫療費用的第 70 個百分位數。當中所列的金額預計足夠支付 70% 住院治療個案中的實際賬面開支。

醫療費用類別	私家房	半私家房	標準房
2021 年			
每日病房及膳食	3,984	1,803	961
外科醫生手術費	60,000	36,000	25,000
每日醫生巡房費	4,500	2,596	1,600
麻醉科醫生費	19,875	11,700	8,250
手術室費	18,241	12,292	9,220
住院雜費	37,993	27,143	20,019
專科醫生費	8,000	4,885	3,389
2020 年			
每日病房及膳食	3,873	1,779	906
外科醫生手術費	60,000	40,000	24,700
每日醫生巡房費	4,000	2,400	1,425
麻醉科醫生費	20,000	13,000	8,300
手術室費	18,533	13,670	8,850
住院雜費	37,048	27,338	18,471
專科醫生費	7,670	5,000	3,300
2019 年			
每日病房及膳食	3,613	1,421	880
外科醫生手術費	54,000	30,000	20,000
每日醫生巡房費	4,000	2,000	1,333
麻醉科醫生費	17,636	10,000	7,098
手術室費	20,362	11,728	7,383
住院雜費	30,683	21,563	16,534
專科醫生費	8,000	4,310	3,200

(v) 每宗個案平均住院日數

各住院級別之平均住院日數摘要見表 2.6。

住院級別	平均住院日數		
	2021 年	2020 年	2019 年
私家房	3.3	3.4	3.4
半私家房	2.7	3.1	3.0
標準房	2.3	2.4	2.6
日間手術	0.0	0.1	0.0

(vi) 住院醫療服務使用率

住院醫療服務包括診所手術及住院，兩者在 2019 年至 2021 年的平均使用率見表 2.7。

治療年度	日間手術	住院
2021 年	10.8%	4.7%
2020 年	8.8%	4.1%
2019 年	8.0%	4.6%

備註：2021 年使用率 = 2021 年的治療數目 / 2021 年保單之滿期受保人數。

2.2.2 門診個案

(i) 以診症分類

門診個案可細分為以下七類治療：

- 中醫
- 普通科醫生
- 專科醫生
- 物理治療師
- 脊醫
- X光診斷或化驗
- 牙醫

(ii) 每宗個案之平均費用

2.8 和圖 2.3 顯示每宗門診個案之平均賬面金額及實際償付金額，償付比率見圖表 2.3。所有類型治療的賬面金額和實際償付金額從 2019 年到 2021 年都有所增加。

治療項目	2021年		2020年		2019年		20-21年 變化	19-20年 變化
	賬面金額 (港元)	相對比率	賬面金額 (港元)	相對比率	賬面金額 (港元)	相對比率		
中醫	467	128%	455	127%	429	132%	2.6%	6.1%
普通科醫生	364	100%	358	100%	325	100%	1.9%	10.3%
專科醫生	870	239%	848	237%	793	244%	2.5%	6.9%
物理治療師	590	162%	566	158%	534	165%	4.2%	5.9%
脊醫	848	233%	821	230%	812	250%	3.2%	1.1%
X光診斷或化驗	1,008	277%	941	263%	904	279%	7.2%	4.1%
牙醫	1,187	326%	1,182	330%	1,103	340%	0.4%	7.2%
門診總數	571	157%	542	151%	468	144%	5.3%	15.7%

備註：(1) 普通科醫生的相對比率 = 100%。

(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

表 2.8b 團體保單每宗門診個案平均實付金額

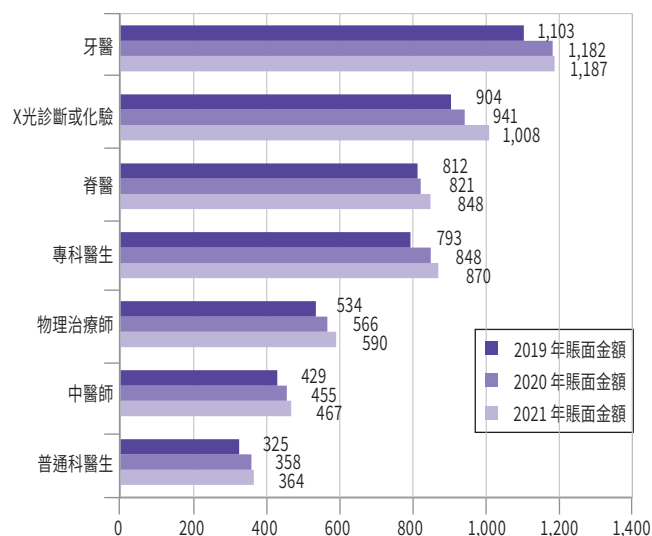
治療項目	2021年		2020年		2019年		變化	20-21年 19-20年 變化
	實付金額 (港元)	相對比率	實付金額 (港元)	相對比率	實付金額 (港元)	相對比率		
中醫	272	111%	269	107%	258	109%	1.2%	4.0%
普通科醫生	244	100%	251	100%	236	100%	(2.6%)	6.2%
專科醫生	557	228%	556	222%	536	227%	0.1%	3.8%
物理治療師	435	178%	426	170%	412	175%	2.1%	3.3%
脊醫	593	243%	578	231%	583	247%	2.6%	(0.8%)
X光診斷或化驗	763	312%	741	296%	726	307%	3.0%	2.1%
牙醫	777	318%	773	309%	739	313%	0.5%	4.6%
門診總數	378	155%	368	147%	328	139%	2.7%	12.2%

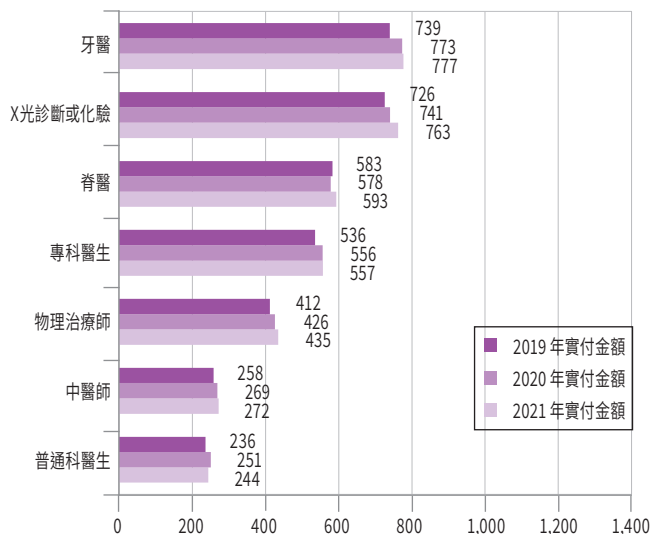
備註：(1) 普通科醫生的相對比率 = 100%。

(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

圖2.3

2019年至2021年團體保單每宗個案之平均賬面和實付金額 (港元)

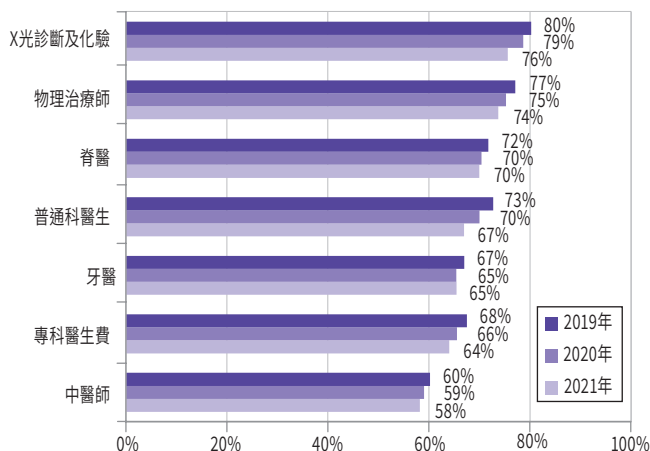




在所有門診個案中，牙醫費用的平均賬面金額最高，普通科醫生費用則最低。

圖2.4顯示，2021年普通科醫生的償付比率下降至67%；X光診斷或化驗的償付比率最高，達76%，而中醫的償付比率則最低，只有58%。

圖2.4
2019年至2021年團體保單償付比率



(iii) 第 70 個百分位數之賬面門診醫療費用水平

第 70 個百分位數之賬面醫療費用顯示，所列金額預計足以支付七成門診索償中的實際賬面醫療開支；七類門診醫療費用的第 70 個百分位數水平見表 2.9。

醫療費用類別	2021 年	2020 年	2019 年
中醫師	500	480	445
普通科醫生	360	350	330
專科醫生	950	900	850
物理治療師	700	680	650
脊醫	882	800	800
X 光診斷或化驗	1,000	960	900
牙醫	1,000	980	900

(iv) 門診醫療服務使用率

在 2019 年至 2021 年，按服務類型分類的門診醫療服務使用率，見表 2.10。

醫療服務類別	2021 年	2020 年	2019 年
中醫師	130.4%	101.0%	115.1%
普通科醫生	204.1%	192.1%	330.3%
專科醫生	64.5%	50.7%	56.2%
物理治療師	31.7%	19.2%	19.8%
脊醫	4.2%	3.1%	2.3%
X 光診斷或化驗	31.8%	22.9%	24.0%
牙醫	43.3%	32.6%	46.9%

備註：2021年使用率 = 2021年的治療數目 / 2021年保單之滿期受保人數。

3. 個人保單調查結果

3.1 調查結果摘要

私家醫療開支總覽

項目	賬面總額		個案數目		每宗個案 平均收費 (港元)
	(千港元)	%	(宗)	%	
2021 年					
住院	11,654,810	99%	334,107	74%	34,883
門診	132,178	1%	117,636	26%	1,124
總數	11,786,988	100%	451,743	100%	26,092
2020 年					
住院	8,470,819	99%	253,897	71%	33,363
門診	111,864	1%	102,982	29%	1,086
總數	8,582,683	100%	356,879	100%	24,049
2019 年					
住院	9,037,471	99%	271,037	69%	33,344
門診	117,558	1%	121,613	31%	967
總數	9,155,029	100%	392,650	100%	23,316

備註：因調整為整數的關係，以上數字可能與實際數目有所出入。

表 3.1 的數據顯示在 2021 年的私家醫療開支總額中，住院服務佔 99%，而門診服務僅佔 1%。這符合個別成員通常只購買住院保障的市場慣例。住院治療個案佔所有個案的 74%。

每宗個案之手術費調查

手術費用可細分為 2,000 多個類別，有關的賬面金額摘要見表 3.2。手術費賬面金額因應入住標準房、半私家房及私家房而遞增。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2021 年			
私家房	32,000	57,657	3,165
半私家房	20,000	34,396	18,467
標準房	15,000	25,775	77,937
日間手術	7,000	10,187	126,615
2020 年			
私家房	32,000	60,387	2,443
半私家房	20,000	33,998	12,083
標準房	15,000	25,582	58,087
日間手術	6,000	9,407	89,008
2019 年			
私家房	31,000	54,471	3,227
半私家房	18,000	29,782	15,418
標準房	14,000	22,324	71,813
日間手術	6,056	9,335	79,390

備註：上述分析並不包括手術費賬面金額為「0」的個案。

3.2 分析

3.2.1 住院個案

(i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

- 每日病房及膳食
- 住院雜費
- 外科醫生手術費
- 麻醉科醫生費
- 手術室費
- 每日醫生巡房費
- 專科醫生費

(ii) 每宗個案之平均費用

表 3.3 及圖 3.1 詳列各級住院個案在 2019 年至 2021 年的平均賬面金額、實際償付金額及其相對比率。相對比率以標準房之平均賬面或實付金額作百分比基準（即 100%）顯示，舉例說：私家房之賬面金額相對比率為 231%，即私家房住院個案之平均賬面金額是標準房的 231%。

住院級別	賬面金額		實付金額		償付比率
	(港元)	相對比率	(港元)	相對比率	%
2021 年					
私家房	143,016	231%	97,237	208%	68%
半私家房	74,782	121%	54,878	117%	73%
標準房	61,910	100%	46,762	100%	76%
日間手術	13,975	23%	12,041	26%	86%
2020 年					
私家房	149,433	250%	104,879	236%	70%
半私家房	74,226	124%	53,237	120%	72%
標準房	59,667	100%	44,527	100%	75%
日間手術	12,335	21%	10,331	23%	84%
2019 年					
私家房	127,367	255%	94,728	245%	74%
半私家房	55,258	111%	43,440	112%	79%
標準房	49,932	100%	38,708	100%	78%
日間手術	12,686	25%	10,993	28%	87%

備註：(1) 相對比率 - 標準房 = 100%。

(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

圖3.1
2019年至2021年個人保單每宗個案之平均賬面金額及實付金額（港元）

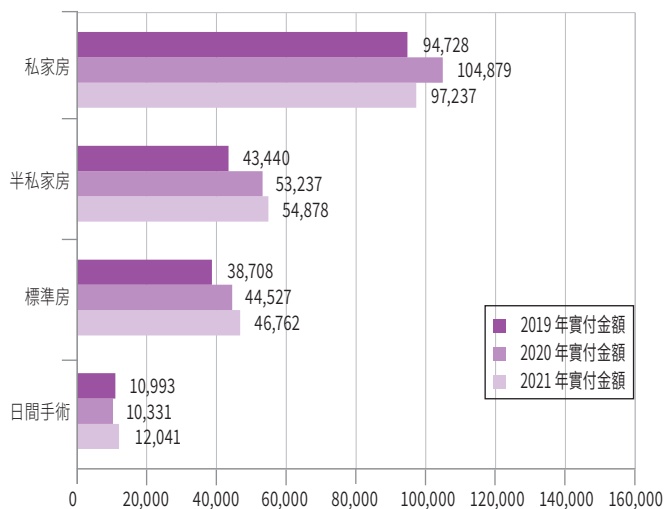
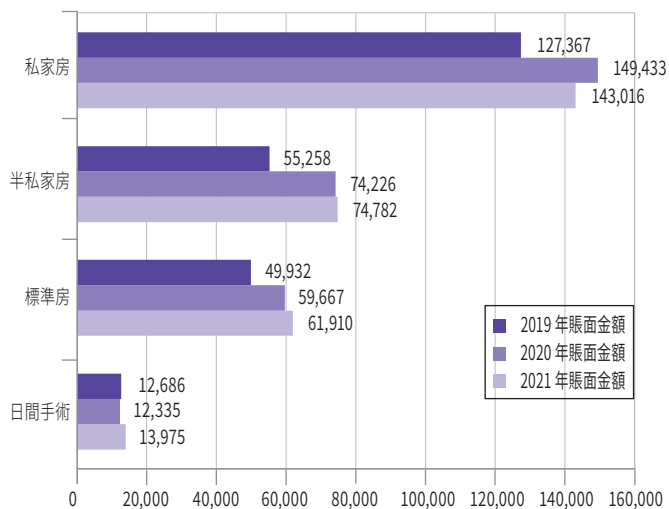
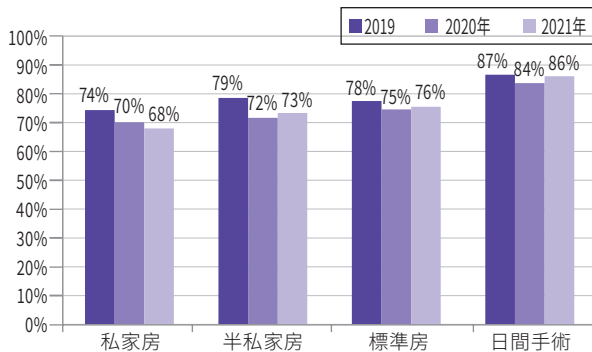


圖3.2
2019年至2021年個人保單之償付比率



(iii) 手術費調查

此部分將 2,023 種常見手術類別歸納為 425 個組別，並羅列四類住院級別的收費水平。由於本調查以私家醫院之手術費為主，故此並不包括在政府醫院進行的治療。調查結果摘錄見表 3.4。

表 3.4 個人保單各級住院之手術費摘要

住院級別	賬面金額 (千港元)		賬面金額 (港元)			
	個案數目 (宗)	平均數	中位數	低位	高位	
2021 年						
私家房	182,486	3,165	57,657	32,000	20,715	54,250
半私家房	635,185	18,467	34,396	20,000	12,863	33,000
標準房	2,008,864	77,937	25,775	15,000	11,300	24,000
日間手術	1,289,784	126,615	10,187	7,000	4,500	12,000
2020 年						
私家房	147,526	2,443	60,387	32,000	20,000	57,700
半私家房	410,801	12,083	33,998	20,000	12,000	32,000
標準房	1,486,007	58,087	25,582	15,000	10,001	25,000
日間手術	837,317	89,008	9,407	6,000	3,800	10,181
2019 年						
私家房	175,779	3,227	54,471	31,000	22,000	50,000
半私家房	459,178	15,418	29,782	18,000	12,000	28,338
標準房	1,603,169	71,813	22,324	14,000	9,500	20,000
日間手術	741,096	79,390	9,335	6,056	4,000	10,300

備註：(1) 上述分析並不包括手術費賬面金額為「0」之個案。
(2) 低位 = 第30個百分位數；高位 = 第70個百分位數。

(iv) 第 70 個百分位數的賬面住院醫療費用水平

表 3.5 顯示按住院級別和收費類別劃分的住院醫療費用的第 70 個百分位數。當中所列的金額預計足夠支付七成住院治療個案中的實際賬面開支。

醫療費用類別	私家房	半私家房	標準房
2021 年			
每日病房及膳食	4,191	1,445	902
外科醫生手術費	54,250	33,000	24,000
每日醫生巡房費	4,950	2,380	1,600
麻醉科醫生費	20,000	11,601	8,000
手術室費	19,523	10,520	9,036
住院雜費	41,920	25,076	19,263
專科醫生費	10,000	4,480	3,200
2020 年			
每日病房及膳食	4,231	1,480	900
外科醫生手術費	57,700	32,000	25,000
每日醫生巡房費	5,300	2,400	1,500
麻醉科醫生費	22,000	12,000	8,600
手術室費	20,913	11,200	9,189
住院雜費	43,964	25,655	19,168
專科醫生費	9,875	4,500	3,200
2019 年			
每日病房及膳食	4,171	1,492	936
外科醫生手術費	50,000	28,338	20,000
每日醫生巡房費	5,024	2,200	1,500
麻醉科醫生費	17,000	9,900	7,000
手術室費	18,431	9,850	7,400
住院雜費	34,226	20,444	17,501
專科醫生費	9,500	4,000	3,200

(v) 個人保單各級住院之平均住院日數

各住院級別之平均住院日數摘要見表 3.6。

住院級別	平均住院日數		
	2021 年	2020 年	2019 年
私家房	3.8	4.0	3.4
半私家房	2.9	3.2	2.9
標準房	2.4	2.6	2.5
日間手術	0.0	0.0	0.0

(vi) 住院醫療服務使用率

住院醫療服務包括日間手術及住院，兩者在 2019 年至 2021 年的平均使用率見表 3.7。

治療年度	日間手術	住院
2021 年	4.9%	6.7%
2020 年	3.3%	5.3%
2019 年	3.0%	7.0%

備註：2021 年使用率 = 2021 年的治療數目 / 2021 年保單之滿期受保人數。

3.2.2 門診個案

由於門診個案數據量有限，遂未能就有關服務作進一步分析。

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The statistics in this booklet have been collected and compiled by a professional consultant. While every effort has been made to ensure the accuracy of the information contained, neither the Hong Kong Federation of Insurers (HKFI) nor the consultant guarantees its accuracy or accepts any liability for any loss or damage arising from any inaccuracies or omissions.

1. INTRODUCTION

This booklet contains the compilation of the group and individual medical claims statistics for the period from Jan to Dec 2021 provided by 18 of the largest medical underwriters in Hong Kong, which represent a total of around 70% of the medical insurance market paid medical fees in 2021.

This booklet includes analysis of:

- Overview of private medical expenses of group and individual insurance policies
- Survey of Surgeons' Fees

After outbreak of Covid-19 pandemic in early 2020, social activities slow down in 2020 due to restrictive social distancing and strengthened public awareness of health and hygiene. Some hospitals maintain major and necessary services only while Day-Case centers still provide services for minor surgeries and other clinical services. Therefore, many treatments/ medications were deferred and changes in the medical claims behavior patterns were observed.

For completeness and comparison purpose, results from 2019 to 2021 have been included in this booklet. Readers should consider interpreting the 2020 and 2021 statistics in conjunction as necessary as the yearly results alone might have been impacted by pandemic.

2. RESULTS OF SURVEY – GROUP POLICIES

2.1 Summary of Findings

Overview of Private Medical Expenses

TABLE 2.1

Summary of Total Billed Amount and Average Cost – Group Policies

Description	Total Billed Amount		Number of Cases		Average Cost Per Claim (HK\$)
	(HK\$000's)	%	(Number)	%	
2021					
In-Patient	5,835,191	57%	280,356	4%	20,814
Out-Patient	4,403,368	43%	7,717,556	96%	571
Total	10,238,559	100%	7,997,912	100%	1,280
2020					
In-Patient	4,485,256	56%	229,421	3%	19,550
Out-Patient	3,546,337	44%	6,545,780	97%	542
Total	8,031,593	100%	6,775,201	100%	1,185
2019					
In-Patient	4,350,259	50%	235,900	2%	18,441
Out-Patient	4,312,009	50%	9,208,882	98%	468
Total	8,662,268	100%	9,444,782	100%	917

Note: (1) Figures may not be additive due to rounding.

(2) Supplementary Major Medical ("SMM") records with unknown primary claims were excluded from the analysis.

The figures in Table 2.1 indicate that 57% of the total cost was attributed to in-patient services and the remaining 43% out patient services in 2021. However, in patient treatments accounted for only 4% of the cases.

Survey of Surgeons' Fees per Case

The Surgeons' Fees were categorized into more than 2,000 surgical procedures. Table 2.2 summarizes the billed amount of Surgeon's Fees. The billed Surgeons' Fees increased with the level of accommodation received from Ward to Semi-Private to Private.

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
2021			
Private	32,000	57,127	1,787
Semi-Private	21,000	35,794	7,685
Ward	15,000	25,819	40,188
Day Case	4,610	7,234	156,813
2020			
Private	34,116	56,980	1,546
Semi-Private	24,000	38,926	5,802
Ward	14,450	24,591	34,350
Day Case	3,798	6,446	125,961
2019			
Private	31,000	54,617	1,756
Semi-Private	17,766	29,558	9,075
Ward	13,000	21,739	33,621
Day Case	3,125	5,479	116,936

Note: The above analysis excludes those cases with zero billed Surgeons' Fee.

2.2 Analysis

2.2.1 In-Patient Cases

(i) Distribution by Type of Service

The cost of each in-patient claim is separated into the following seven categories:

- Room & Board Cost
- Hospital Expenses
- Surgeons' Fees
- Anaesthetists' Fees
- Operating Theatre Expenses
- Physicians' Fees
- Specialists' Fees

(ii) Average Cost per Case

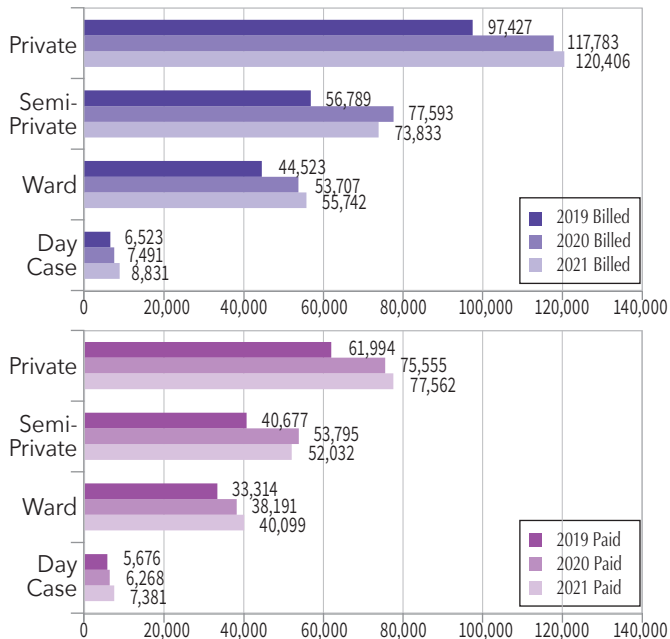
The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 2.3 and Graph 2.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 216% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 216% of that of a Ward case.

Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2021					
Private	120,406	216%	77,562	193%	64%
Semi-Private	73,833	132%	52,032	130%	70%
Ward	55,742	100%	40,099	100%	72%
Day Case	8,831	16%	7,381	18%	84%
2020					
Private	117,783	219%	75,555	198%	64%
Semi-Private	77,593	144%	53,795	141%	69%
Ward	53,707	100%	38,191	100%	71%
Day Case	7,491	14%	6,268	16%	84%
2019					
Private	97,427	219%	61,994	186%	64%
Semi-Private	56,789	128%	40,677	122%	72%
Ward	44,523	100%	33,314	100%	75%
Day Case	6,523	15%	5,676	17%	87%

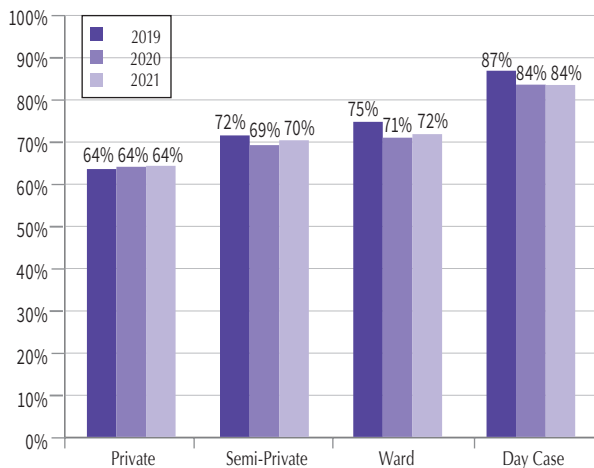
Note: (1) Relativity – Ward = 100%.

(2) Figures may not be additive due to rounding.

GRAPH 2.1
Average Billed and Paid Amounts per Case (HK\$) from 2019 to 2021 – Group Policies



GRAPH 2.2
Reimbursement Ratios from 2019 to 2021 – Group Policies



(iii) Survey of Surgeons' Fees

A total of 2,023 surgical procedures with different descriptors were categorized into 425 groupings and four different levels of accommodation. Because of the scope of this survey being private medical fees, all treatments performed in Government Ward were excluded from the survey. The results are summarized in Table 2.4.

TABLE 2.4
Summary of Surgical Fees by Level of Accommodation – Group Policies

Level of Accommodation	Billed Amount (HK\$000's)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
2021						
Private	102,086	1,787	57,127	32,000	20,000	60,000
Semi-Private	275,076	7,685	35,794	21,000	13,500	36,000
Ward	1,037,598	40,188	25,819	15,000	10,000	25,000
Day Case	1,134,383	156,813	7,234	4,610	2,300	7,630
2020						
Private	88,092	1,546	56,980	34,116	20,000	60,000
Semi-Private	225,847	5,802	38,926	24,000	14,755	40,000
Ward	844,700	34,350	24,591	14,450	9,000	24,700
Day Case	811,909	125,961	6,446	3,798	1,950	6,600
2019						
Private	95,907	1,756	54,617	31,000	18,775	54,000
Semi-Private	268,237	9,075	29,558	17,766	10,000	30,000
Ward	730,879	33,621	21,739	13,000	8,500	20,000
Day Case	640,656	116,936	5,479	3,125	1,675	6,000

Note: (1) The above analysis excludes those cases with zero billed Surgeons' Fee.
(2) Low=30th Percentile, High=70th Percentile.

(iv) Seventieth Percentile Level of Billed Medical Fees

The seventieth percentiles of billed medical fees of in-patient claims by level of accommodation and category are displayed in Table 2.5. It is expected that the billed amounts displayed in Table 2.5 would cover the actual billed cost for 70% of all in-patient treatments.

Category of Medical Fees	Private	Semi-Private	Ward
2021			
Room & Board Cost Per Day	3,984	1,803	961
Surgeons' Fees	60,000	36,000	25,000
Physicians' Fees Per Day	4,500	2,596	1,600
Anaesthetists' Fees	19,875	11,700	8,250
Operating Theatre Expenses	18,241	12,292	9,220
Hospital Expenses	37,993	27,143	20,019
Specialists' Fees	8,000	4,885	3,389
2020			
Room & Board Cost Per Day	3,873	1,779	906
Surgeons' Fees	60,000	40,000	24,700
Physicians' Fees Per Day	4,000	2,400	1,425
Anaesthetists' Fees	20,000	13,000	8,300
Operating Theatre Expenses	18,533	13,670	8,850
Hospital Expenses	37,048	27,338	18,471
Specialists' Fees	7,670	5,000	3,300
2019			
Room & Board Cost Per Day	3,613	1,421	880
Surgeons' Fees	54,000	30,000	20,000
Physicians' Fees Per Day	4,000	2,000	1,333
Anaesthetists' Fees	17,636	10,000	7,098
Operating Theatre Expenses	20,362	11,728	7,383
Hospital Expenses	30,683	21,563	16,534
Specialists' Fees	8,000	4,310	3,200

(v) Average Days of Confinement per Case

The summary of hospital days by level of accommodation are illustrated in Table 2.6.

Level of Accommodation	Average Number of Days of Hospital Confinement		
	2021	2020	2019
Private	3.3	3.4	3.4
Semi-Private	2.7	3.1	3.0
Ward	2.3	2.4	2.6
Day Case	0.0	0.1	0.0

(vi) Utilization Rates of In-Patient Medical Services

In-patient medical services consist of clinical surgeries and hospital confinements. The average utilization rates of clinical surgeries and hospital confinements from 2019 to 2021 are summarised in Table 2.7.

Treatment Year	Day Cases	Hospital Confinements
2021	10.8%	4.7%
2020	8.8%	4.1%
2019	8.0%	4.6%

Note: Utilization for 2021 = No. of treatment in 2021 / No. of insured earned in 2021.

2.2.2 Out-Patient Cases

(i) Distribution by Type of Service

The out-patient cases are separated into the following seven categories of treatment:

- Chinese Medicine Practitioners' Fees
- General Practitioners' Fees
- Specialists' Fees
- Physiotherapists' Fees
- Chiropractors' Fees
- X-rays / Laboratory Expenses
- Dentists' Fees

(ii) Average Cost per Case

The average billed and paid amounts per case are summarised in Table 2.8 and Graph 2.3. The reimbursement percentages are displayed in Graph 2.3. The average billed and paid amounts for all types of treatments increased from 2019 to 2021.

TABLE 2.8a
Average Billed Amounts per Case – Group Policies

Treatment	2021		2020		2019		20-21 Change	19-20 Change
	Billed (HK\$)	Relativity (%)	Billed (HK\$)	Relativity (%)	Billed (HK\$)	Relativity (%)		
Chinese Medicine Practitioners	467	128%	455	127%	429	132%	2.6%	6.1%
General Practitioners	364	100%	358	100%	325	100%	1.9%	10.3%
Specialists	870	239%	848	237%	793	244%	2.5%	6.9%
Physiotherapists	590	162%	566	158%	534	165%	4.2%	5.9%
Chiropractors	848	233%	821	230%	812	250%	3.2%	1.1%
X-ray/Laboratory	1,008	277%	941	263%	904	279%	7.2%	4.1%
Dentists	1,187	326%	1,182	330%	1,103	340%	0.4%	7.2%
Out-Patient Overall	571	157%	542	151%	468	144%	5.3%	15.7%

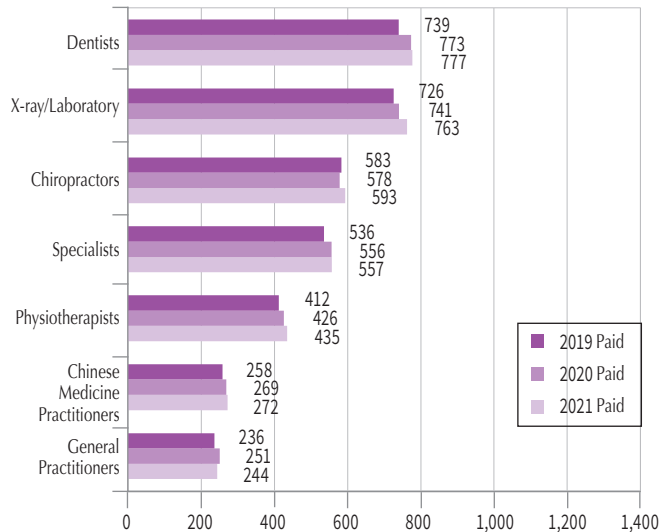
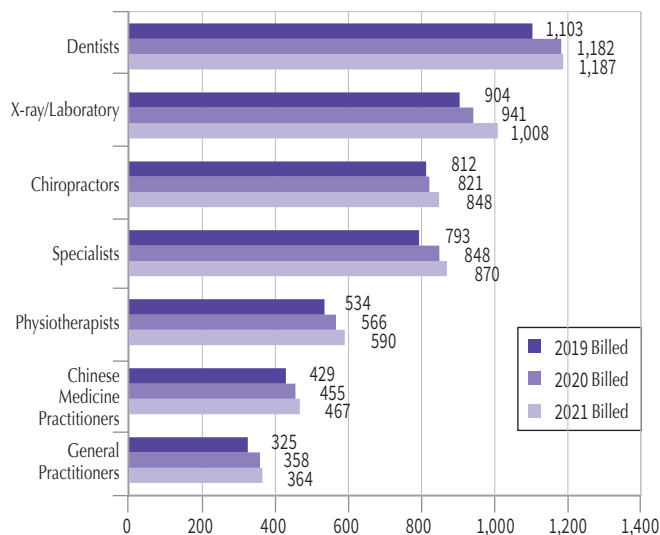
Note: (1) Relativity of General Practitioners = 100%.
(2) Figures may not be additive due to rounding.

TABLE 2.8b
Average Paid Amounts per Case – Group Policies

Treatment	2021		2020		2019		20-21 Change	19-20 Change
	Paid (HK\$)	Relativity (%)	Paid (HK\$)	Relativity (%)	Paid (HK\$)	Relativity (%)		
Chinese Medicine Practitioners	272	111%	269	107%	258	109%	1.2%	4.0%
General Practitioners	244	100%	251	100%	236	100%	(2.6)%	6.2%
Specialists	557	228%	556	222%	536	227%	0.1%	3.8%
Physiotherapists	435	178%	426	170%	412	175%	2.1%	3.3%
Chiropractors	593	243%	578	231%	583	247%	2.6%	(0.8)%
X-ray/Laboratory	763	312%	741	296%	726	307%	3.0%	2.1%
Dentists	777	318%	773	309%	739	313%	0.5%	4.6%
Out-Patient Overall	378	155%	368	147%	328	139%	2.7%	12.2%

Note: (1) Relativity of General Practitioners = 100%.
(2) Figures may not be additive due to rounding.

GRAPH 2.3
Average Billed and Paid Amounts per Case (HK\$) from 2019 to 2021 – Group Policies

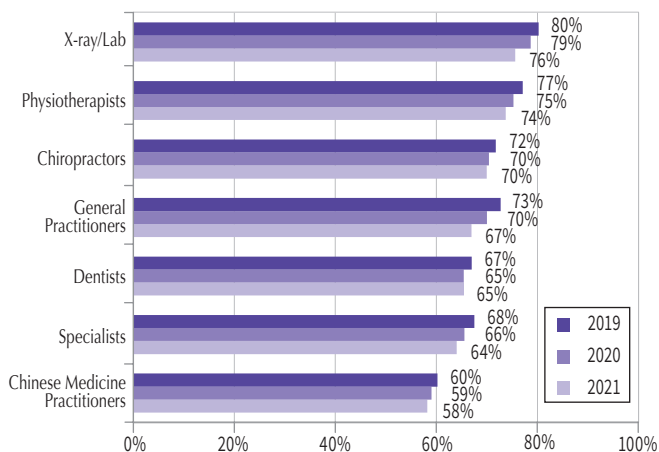


The average billed amount of Dentists Fees is the highest, and of the General Practitioners' Fees the lowest among all out-patient cases.

The reimbursement ratio of general practitioners decreased to 67% in 2021. The X-ray/Laboratory receive the highest reimbursement ratio of 76%, while the Chinese Medicine Practitioners receive the lowest reimbursement ratio of 58% in 2021 (Graph 2.4).

GRAPH 2.4

Reimbursement ratios from 2019 to 2021 – Group Policies



(iii) Seventieth Percentile Level of Billed Medical Fees

The seventieth percentile of billed medical fees represents the amount, which is expected to be sufficient to cover the actual billed cost of medical treatment for 70% of all out-patient claims. The seventieth percentile level of medical fees for each of the seven categories is summarized in Table 2.9.

TABLE 2.9

Seventieth Percentile of Out-Patient Billed Medical Fees (HK\$) – Group Policies

Category of Medical Fees	2021	2020	2019
Chinese Medicine Practitioners' Fees	500	480	445
General Practitioners' Fees	360	350	330
Specialists' Fees	950	900	850
Physiotherapists' Fees	700	680	650
Chiropractors' Fees	882	800	800
X-ray/Laboratory Expenses	1,000	960	900
Dentists' Fees	1,000	980	900

(iv) Utilization Rates of Out-Patient Medical Services

The utilization rates of out-patient medical services by service category from 2019 to 2021 are summarised in Table 2.10.

TABLE 2.10

Average Utilization Rates of Out-Patient Medical Services – Group Policies

Category of Medical Services	2021	2020	2019
Chinese Medicine Practitioners	130.4%	101.0%	115.1%
General Practitioners	204.1%	192.1%	330.3%
Specialists	64.5%	50.7%	56.2%
Physiotherapists	31.7%	19.2%	19.8%
Chiropractors	4.2%	3.1%	2.3%
X-ray/Laboratory	31.8%	22.9%	24.0%
Dental	43.3%	32.6%	46.9%

Note: Utilization for 2021 = No. of treatment in 2021/ No. of insured earned in 2021.

3. RESULTS OF SURVEY – INDIVIDUAL POLICIES

3.1 Summary of Findings

Overview of Private Medical Expenses

TABLE 3.1
Summary of Total Billed Amount and Average Cost – Individual Policies

Description	Total Billed Amount		Number of Cases		Average Cost Per Claim (HK\$)
	(HK\$000's)	%	(Number)	%	
2021					
In-Patient	11,654,810	99%	334,107	74%	34,883
Out-Patient	132,178	1%	117,636	26%	1,124
Total	11,786,988	100%	451,743	100%	26,092
2020					
In-Patient	8,470,819	99%	253,897	71%	33,363
Out-Patient	111,864	1%	102,982	29%	1,086
Total	8,582,683	100%	356,879	100%	24,049
2019					
In-Patient	9,037,471	99%	271,037	69%	33,344
Out-Patient	117,558	1%	121,613	31%	967
Total	9,155,029	100%	392,650	100%	23,316

Note: Figures may not be additive due to rounding.

The figures in Table 3.1 indicate that 99% of the total medical cost was for in-patient services and the remaining 1% for out patient services in 2021. This is consistent with market practice that individual members usually purchase only in-patient cover. In patient treatments accounted for about 74% of the number of cases.

Survey of Surgeons' Fees per Case

The Surgeons' Fees were categorized into more than 2,000 surgical procedures. Table 3.2 summarizes the billed amount of Surgeon's Fees. The billed Surgeons' Fees increased with the level of accommodation received from Ward to Semi-Private to Private.

TABLE 3.2
Summary of Surgeons' Fees – Individual Policies

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
2021			
Private	32,000	57,657	3,165
Semi-Private	20,000	34,396	18,467
Ward	15,000	25,775	77,937
Day Case	7,000	10,187	126,615
2020			
Private	32,000	60,387	2,443
Semi-Private	20,000	33,998	12,083
Ward	15,000	25,582	58,087
Day Case	6,000	9,407	89,008
2019			
Private	31,000	54,471	3,227
Semi-Private	18,000	29,782	15,418
Ward	14,000	22,324	71,813
Day Case	6,056	9,335	79,390

Note: The above analysis excludes those cases with zero billed Surgeons' Fee.

3.2 Analysis

3.2.1 In-Patient Cases

(i) Distribution by Type of Service

The cost of each in-patient claim is separated into the following seven categories:

- Room & Board Cost
- Hospital Expenses
- Surgeons' Fees
- Anaesthetists' Fees
- Operating Theatre Expenses
- Physicians' Fees
- Specialists' Fees

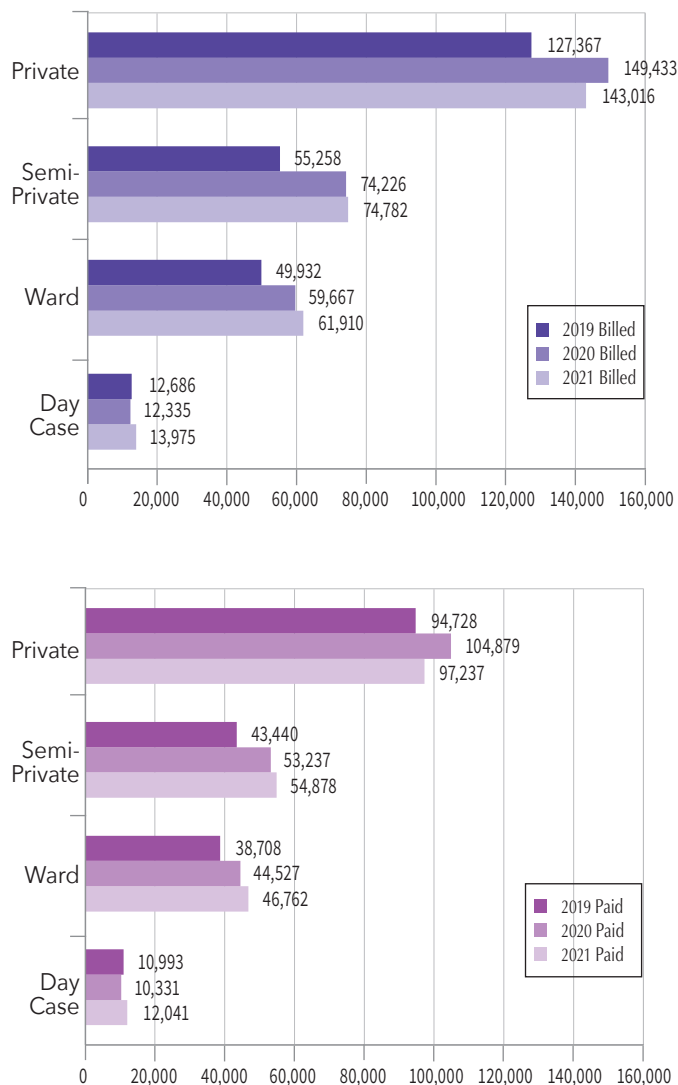
(ii) Average Cost per Case

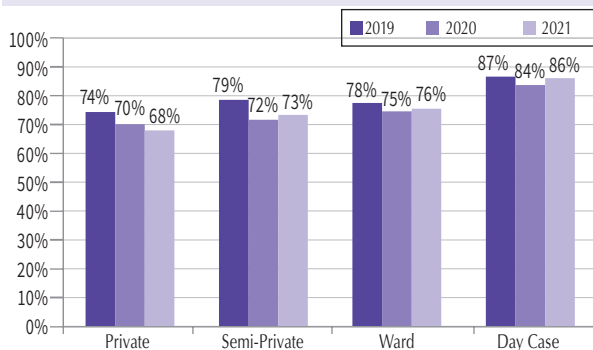
The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 3.3 and Graph 3.1 from 2019 to 2021. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 231% for the Private accommodation means that the average billed amount of a Private inpatient case is expected to be on average 231% of that of a Ward case.

Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2021					
Private	143,016	231%	97,237	208%	68%
Semi-Private	74,782	121%	54,878	117%	73%
Ward	61,910	100%	46,762	100%	76%
Day Case	13,975	23%	12,041	26%	86%
2020					
Private	149,433	250%	104,879	236%	70%
Semi-Private	74,226	124%	53,237	120%	72%
Ward	59,667	100%	44,527	100%	75%
Day Case	12,335	21%	10,331	23%	84%
2019					
Private	127,367	255%	94,728	245%	74%
Semi-Private	55,258	111%	43,440	112%	79%
Ward	49,932	100%	38,708	100%	78%
Day Case	12,686	25%	10,993	28%	87%

Note: (1) Relativity – Ward = 100%.
 (2) Figures may not be additive due to rounding.

**GRAPH 3.1
Average Billed and Paid Amounts per Case (HK\$) from 2019 to 2021 – Individual Policies**



GRAPH 3.2**Reimbursement Ratios from 2019 to 2021 – Individual Policies****(iii) Survey of Surgeons' Fees**

A total of 2,023 surgical procedures with different descriptors were categorized into 425 groupings and four different levels of accommodation. Because of the scope of this survey being private medical fees, all treatments performed in Government Ward were excluded from the survey. The results are summarized in Table 3.4.

TABLE 3.4**Summary of Surgical Fees by Level of Accommodation – Individual Policies**

Level of Accommodation	Billed Amount (HK\$000's)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
2021						
Private	182,486	3,165	57,657	32,000	20,715	54,250
Semi-Private	635,185	18,467	34,396	20,000	12,863	33,000
Ward	2,008,864	77,937	25,775	15,000	11,300	24,000
Day Case	1,289,784	126,615	10,187	7,000	4,500	12,000
2020						
Private	147,526	2,443	60,387	32,000	20,000	57,700
Semi-Private	410,801	12,083	33,998	20,000	12,000	32,000
Ward	1,486,007	58,087	25,582	15,000	10,001	25,000
Day Case	837,317	89,008	9,407	6,000	3,800	10,181
2019						
Private	175,779	3,227	54,471	31,000	22,000	50,000
Semi-Private	459,178	15,418	29,782	18,000	12,000	28,338
Ward	1,603,169	71,813	22,324	14,000	9,500	20,000
Day Case	741,096	79,390	9,335	6,056	4,000	10,300

Note: (1) The above analysis excludes those cases with zero billed Surgeons' Fee.

(2) Low=30th Percentile, High=70th Percentile.

(iv) Seventieth Percentile Level of Billed Medical Fees

The seventieth percentiles of billed medical fees of in-patient claims by level of accommodation and category are displayed in Table 3.5. It is expected that the billed amounts displayed in Table 3.5 would cover the actual billed cost for 70% of all in-patient treatments.

TABLE 3.5**Seventieth Percentile Level of In-Patient Billed Medical Fees (HK\$) – Individual Policies**

Category of Medical Fees	Private	Semi-Private	Ward
2021			
Room & Board Cost Per Day	4,191	1,445	902
Surgeons' Fees	54,250	33,000	24,000
Physicians' Fees Per Day	4,950	2,380	1,600
Anaesthetists' Fees	20,000	11,601	8,000
Operating Theatre Expenses	19,523	10,520	9,036
Hospital Expenses	41,920	25,076	19,263
Specialists' Fees	10,000	4,480	3,200
2020			
Room & Board Cost Per Day	4,231	1,480	900
Surgeons' Fees	57,700	32,000	25,000
Physicians' Fees Per Day	5,300	2,400	1,500
Anaesthetists' Fees	22,000	12,000	8,600
Operating Theatre Expenses	20,913	11,200	9,189
Hospital Expenses	43,964	25,655	19,168
Specialists' Fees	9,875	4,500	3,200
2019			
Room & Board Cost Per Day	4,171	1,492	936
Surgeons' Fees	50,000	28,338	20,000
Physicians' Fees Per Day	5,024	2,200	1,500
Anaesthetists' Fees	17,000	9,900	7,000
Operating Theatre Expenses	18,431	9,850	7,400
Hospital Expenses	34,226	20,444	17,501
Specialists' Fees	9,500	4,000	3,200

(v) Average Days of Confinement per Case

The summary of hospital days by level of accommodation are illustrated in Table 3.6.

Level of Accommodation	The Average Number of Days of Hospital Confinement		
	2021	2020	2019
Private	3.8	4.0	3.4
Semi-Private	2.9	3.2	2.9
Ward	2.4	2.6	2.5
Day Case	0.0	0.0	0.0

(vi) Utilization Rates of In-Patient Medical Services

In-patient medical services consist of clinical surgeries and hospital confinements. The average utilization rates of clinical surgeries and hospital confinements from 2019 to 2021 are summarised in Table 3.7.

Treatment Year	Clinical Surgeries	Hospital Confinements
2021	4.9%	6.7%
2020	3.3%	5.3%
2019	3.0%	7.0%

Note: Utilization for 2021 = No. of treatment in 2021 / No. of insured earned in 2021.

3.2.2 Out-Patient Cases

No further analysis will be conducted for outpatient services of individual policies due to limited data volume.

APPENDIX 附表

Results by Operation 各類手術費

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 私家房	Semi-Private 半私家房	Ward 標準房
DIGESTIVE SYSTEM 消化系統					
Abdomen, Peritoneum and Omentum 腹、腹膜及網膜					
Introduction, Revision, and/or Removal 導藥法、二度置換及/或割除	307	2.2	40,000	20,000	20,000
Anus 肛門					
Excision 切除	1,295	2.2	37,000	22,000	16,500
Appendix 盲腸					
Excision 切除	319	4.7	57,600	39,000	30,000
Biliary Tract 膽道疾病					
Endoscopy 內窺鏡檢法	914	3.1	75,000	42,000	32,000
Excision 切除	171	4.3	73,000	54,000	36,250
Esophagus 食道					
Endoscopy 內窺鏡檢法	17,699	1.8	28,000	18,000	13,000
Intestines (Except Rectum) 小腸 (直腸除外)					
Excision 切除	217	9.5	159,500	80,000	72,000
Pharynx, Adenoids and Tonsils 咽部、腺樣增殖(體)及扁桃腺					
Excision, Destruction 切除、破除	295	2.0	41,500	25,000	18,700
Rectum 直腸					
Endoscopy 內窺鏡檢法	10,483	1.6	20,000	13,000	9,000
Repair 修復					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	394	2.2	53,800	36,000	24,000
Salivary Gland and Ducts 唾液腺及唾液導管					
Excision 切除	180	3.8	110,000	65,800	40,385
ENDOCRINE SYSTEM 分泌系統					
Thyroid Gland 甲狀腺					
Excision 切除	864	3.1	40,185	48,339	44,104
AUDITORY SYSTEM 聽覺系統					
Inner Ear 內耳					
Temporal Bone, Middle Fossa Approach 顛骨、顛中窩入路手術	3,965	2.4	90,000	72,000	64,000
EYE AND OCULAR ADNEXA 眼球及眼副體					
Lens 晶體					
Removal Cataract 割除白內障	365	1.3	51,200	39,500	22,450
Posterior Segment 後部					
Vitreous 玻璃體手術	391	1.7	94,226	76,000	74,588

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 私家房	Semi-Private 半私家房	Ward 標準房
FEMALE GENITAL SYSTEM 女性生殖系統					
Corpus Uteri 子宮體					
Excision 切除	1,113	4.2	107,635	58,000	45,000
Repair 修復	3,649	1.7	36,000	18,000	15,000
Laparoscopy / Hysteroscopy 腔鏡檢查/子宮鏡檢查	1,865	2.1	45,000	30,000	19,000
Ovary 卵巢					
Excision 切除	414	4.5	60,000	45,000	45,000
Oviduct 輸卵管					
Incision 切割	453	3.3	74,000	50,000	40,000
Vagina 陰道					
Endoscopy 內窺鏡檢法	723	1.2	21,600	12,000	9,875
INTEGUMENTARY SYSTEM 皮膚系統					
Breast 乳房					
Excision 切除	2,226	3.1	53,000	38,000	28,646
Repair (Closure) 修復(縫合)					
Repair - Simple 修復 - 簡單	359	1.8	28,000	17,000	14,550
Skin, Subcutaneous and Accessory Structures 皮膚、皮下組織及皮膚副體					
Excision - Benign Lesions 切除 - 良性病變	1,543	1.7	27,200	13,000	9,000
Incision and Drainage 切割及排水	418	2.9	15,770	12,000	10,000
MALE GENITAL SYSTEM 男性生殖系統					
Penis 陰莖					
Excision 切除	1,128	1.5	27,500	12,000	12,000
Prostate 前列腺					
Incision 切割	315	1.7	30,000	15,500	12,000
MEDIASTINUM AND DIAPHRAGM 縱膈及橫膈					
Diaphragm 橫膈					
Repair 修復	242	2.0	45,000	19,400	14,310
MUSCULOSKELETAL SYSTEM 肌肉骨骼系統					
Femur (Thigh Region) and Knee Joint 股骨(股)及膝關節					
Repair, Revision, and/or Reconstruction 修復、二度置換及/或重建	708	4.8	112,343	70,000	53,000
Forearm and Wrist 前臂及手腕					
Fracture and/or Dislocation 骨折及/或脫位	339	3.0	62,000	42,000	32,000
General 全身					
Introduction or Removal 導藥法或割除	373	2.4	28,000	15,000	12,000
Lower Extremity 下肢					
Endoscopy / Arthroscopy 內窺鏡/關節鏡檢查	1,126	2.4	83,500	56,000	38,000
Leg (Tibia and Fibula) and Ankle Joint 小腿(脛骨及腓骨)及踝關節					
Repair, Revision, and/or Reconstruction 修復、二度置換及/或重建	183	2.6	60,000	52,470	30,000

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 私家房	Semi-Private 半私家房	Ward 標準房
Hand and Fingers 手部及手指					
Repair, Revision, and/or Reconstruction 修復、二度置換及/或重建	171	5.8	110,000	90,000	60,000
NERVOUS SYSTEM 神經系統					
Spine and Spinal Cord 脊椎及脊髓					
Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Disks 後硬膜外椎板切開或椎板切除術探索/神經系元素壓迫症或椎間盤凸出切除	355	4.6	120,000	80,000	64,500
Injection, Drainage, or Aspiration 注射、排液或吸引術	260	3.4	20,000	9,000	10,000
Skull, Meninges and Brain 頭顱、腦脊髓膜及腦部					
Craniectomy or Craniotomy 顱骨切除術或顱骨切開術	251	7.9	150,000	160,000	130,000
RESPIRATORY SYSTEM 呼吸系統					
Larynx 喉					
Endoscopy 內窺鏡檢法	607	1.9	20,000	9,402	9,679
Nose 鼻					
Endoscopy 內窺鏡檢法	850	2.1	14,000	13,435	11,000
Repair 修復	330	2.4	66,500	37,985	29,000
Trachea and Bronchi 氣管及支氣管					
Endoscopy 內窺鏡檢法	871	3.4	15,000	15,000	10,000
Lungs and Pleura 肺部及胸膜					
Endoscopy 內窺鏡檢法	187	6.7	111,400	71,000	60,375
Excision 切除	407	4.5	100,850	43,310	17,320
URINARY SYSTEM 泌尿系統					
Kidney 腎臟					
Endoscopy 內窺鏡檢法	1,340	2.1	37,600	25,150	20,000
Ureter 尿管					
Endoscopy – Cystoscopy, Urethroscopy, Cystourethroscopy 內窺鏡檢法 - 膀胱鏡檢法、尿道鏡檢法、膀胱尿道檢法	714	1.9	24,000	13,500	7,703
Repair 修復	619	1.7	10,500	12,000	9,000
Ureter and Pelvis 尿管及股盆					
Introduction 導藥法	244	2.2	22,240	29,700	24,500
Urethra and Bladder 尿道及膀胱					
Transurethral Surgery 經由尿道進行之手術	622	2.2	33,000	24,000	12,000
Vesical Neck and Prostate 膀胱頸及前列腺					
Urodynamics 尿流動力學檢查	238	4.2	85,000	37,575	30,000
CARDIOVASCULAR SYSTEM 心血管系統					
Spleen 脾					
Introduction 導藥法	212	4	4,720	14,500	10,000

Note : Figures for Private are subjected to larger uncertainty due to small volume of data.

備註：由於調查數據量少，頭等房手術費的統計數字或會出現較大的不確定性。



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