

# 醫療索償數據知多少？

2013年醫療索償數據調查

Medical Claims Statistics 2013





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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 2013 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 家具規模之醫療承保商提供，分別佔 2013 年團體及個人醫療保險市場保費收入至少 85%。

書中包括以下分析：

- 團體醫療保單及個人醫療保單的私家醫療開支總覽
- 手術費用的調查

## 2. 團體保單調查結果

### 2.1 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)
	金額 (千港元)	%	數目	%	
2013 年					
住院	3,059,582	49%	192,082	2%	15,929
門診	3,160,932	51%	9,025,945	98%	350
總數	6,220,514	100%	9,218,027	100%	675
2012 年					
住院	2,256,039	46%	141,633	2%	15,929
門診	2,639,807	54%	7,841,605	98%	337
總數	4,895,846	100%	7,983,238	100%	613

備註：(1) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

(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 2013 年的總賬面醫療收費中，住院服務佔 49%，而門診服務佔 51%，但是住院個案的數目僅佔所有個案的 2%。

### 每宗個案之手術費調查

手術費用細分為超過 2,000 種類別，手術費的賬面金額摘要，詳見表 2.2。手術費賬面金額因應入住的是三等房、二等房，以至頭等房而增加。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2013 年			
頭等房	19,025	33,760	2337
二等房	13,000	21,886	5,990
三等房	9,000	14,864	40,691
診所小手術	1,650	3,514	89,117
2012 年			
頭等房	20,000	32,645	1,855
二等房	13,600	22,709	4,822
三等房	9,000	14,701	29,673
診所小手術	1,600	3,377	64,110

備註：上表的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：

- 住院及膳食費用
- 住院雜費
- 手術費
- 麻醉師費用
- 手術室費用
- 醫生巡房費
- 專科醫生費用

## (ii) 每宗個案之平均費用

表 2.3 及圖 2.1 詳列各級住院個案在 2012 年與 2013 年的平均實付金額、賬面金額及相對比率。相對比率以三等房之平均賬面或實付金額作百分比基準（即 100%）顯示，舉例說：頭等房之賬面金額相對比率為 225%，即入住頭等房之病人須付出之平均賬面金額是三等房病人的 225%。

各級住院	賬面金額		實付金額		償付百分率 %
	(港元)	相對比率	(港元)	相對比率	
2013 年					
頭等房	71,992	225%	36,965	160%	51%
二等房	41,089	128%	30,021	130%	73%
三等房	32,042	100%	23,127	100%	72%
診所小手術	4,648	15%	3,930	17%	85%
2012 年					
頭等房	66,034	211%	35,760	158%	54%
二等房	40,516	129%	29,713	131%	73%
三等房	31,305	100%	22,683	100%	72%
診所小手術	4,226	13%	3,518	16%	83%

備註：(1) 相對比率 - 三等房 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖 2.1

2012年及2013年團體保單每宗個案之平均實付金額及賬面金額(港元)

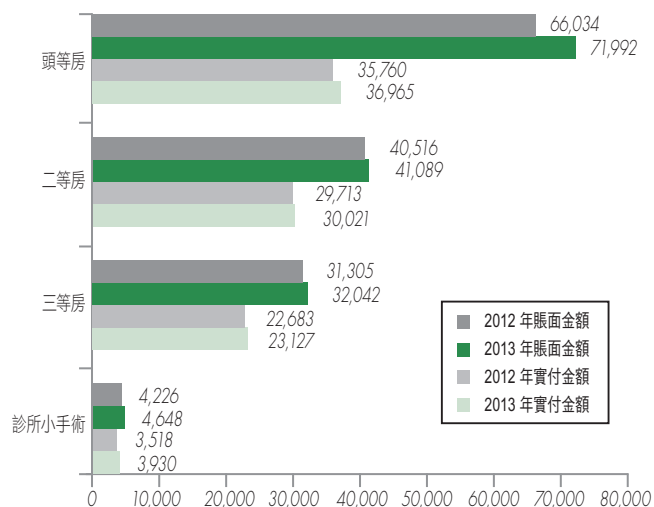
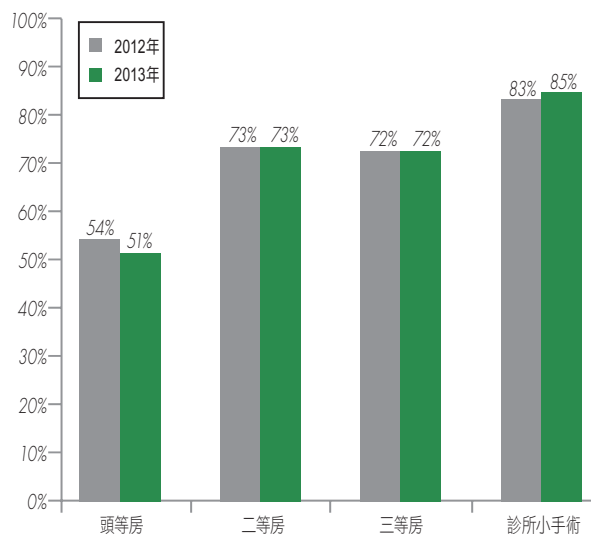


圖 2.2

2012年及2013年團體保單償付百分率



### (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標準。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。同時，表 2.5 顯示為各級住院之住院日數摘要。

各級住院	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目	平均數	中位數	低位	高位
2013 年						
頭等房	78,898	2,337	33,760	19,025	11,890	33,973
二等房	131,097	5,990	21,886	13,000	8,100	22,000
三等房	604,841	40,691	14,864	9,000	6,000	15,000
診所小手術	313,200	89,117	3,514	1,650	950	3,300
2012 年						
頭等房	60,556	1,855	32,645	20,000	12,000	33,999
二等房	109,504	4,822	22,709	13,600	8,500	22,500
三等房	436,234	29,673	14,701	9,000	6,000	15,000
診所小手術	216,474	64,110	3,377	1,600	914	3,030

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 百分位數；高位 = 第70 百分位數。

各級住院	平均住院日數
2013 年	
頭等房	3.2
二等房	2.9
三等房	2.5
診所小手術	0.0
2012 年	
頭等房	3.4
二等房	2.9
三等房	2.7
診所小手術	0.2

### (iv) 第 70 百分位數的賬面住院醫療收費水平

表 2.6 的數據是按住院級別和醫療收費的類型，計算第 70 百分位數水平的住院索償的賬面醫療收費水平，表 2.6 所列的金額預計有七成機會足以支付住院索償的實際賬面醫療開支。

醫療收費類別	頭等房	二等房	三等房
2013 年			
每日住院及膳食費用	4,200	1,400	747
手術費	33,973	22,000	15,000
每日醫生巡房費	2,857	1,767	1,000
麻醉師費用	12,000	8,500	6,000
手術室費用	11,950	8,139	5,677
住院費用	23,227	16,816	12,457
專科醫生費用	5,780	3,365	2,520
2012 年			
每日住院及膳食費用	3,900	1,374	714
手術費	33,999	22,500	15,000
每日醫生巡房費	2,800	1,733	1,000
麻醉師費用	12,990	9,000	6,000
手術室費用	12,816	8,922	5,642
住院費用	21,578	16,353	12,088
專科醫生費用	6,000	3,500	2,560

### (v) 住院醫療服務使用率

住院醫療服務使用率包括診所小手術及住院項目，兩者在 2012 年及 2013 年的平均使用率見表 2.7。

治療年度	診所小手術	住院
2013 年	6.3%	5.1%
2012 年	5.5%	4.8%

備註：(1) 2013 年使用率 = 2013 年的治療數目 / 2013 年保單之滿期受保人數。

(2) 由於參與調查的會員公司數目改變，所以 2012 年的使用率跟往年所顯示的不同。

## (vi) 2015 年 7 月至 2016 年 6 月

### 住院醫療服務趨勢預測 (2015/2016)

診所小手術和住院項目的預計使用率及平均索償金額見表 2.8。由於潛在的通貨膨脹壓力，預計平均索償金額的增幅會較使用率為顯著。

項目	診所小手術	住院
預計使用率	7.1%	5.5%
預計平均索償金額 (港元)	5,229	32,295

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

## 2.2.2 門診個案

### (i) 以診症分類

門診個案可細分為以下七個類別：

- 中醫師費用
- 普通科醫生費用
- 專科醫生費用
- 物理治療師費用
- 脊醫費用
- X 光 / 化驗室費用
- 牙醫費用

### (ii) 每宗個案平均費用

表 2.9 和圖 2.3 顯示每宗門診個案之平均賬面金額及實付金額，索償百分比見圖 2.4。除了專科醫生、物理治療師及 X 光 / 化驗室外，其他醫療服務的賬面金額和實付金額在 2013 年，均較 2012 年的為高。

治療項目	2013 年		2012 年		12-13 年 變化
	賬面金額 (港元)	相對比率	賬面金額 (港元)	相對比率	
中醫師	334	124%	324	126%	3.3%
普通科醫生	269	100%	256	100%	5.1%
專科醫生	588	218%	627	245%	(6.3%)
物理治療師	396	147%	418	163%	(5.3%)
脊醫	693	258%	663	259%	4.5%
X 光 / 化驗室	771	286%	811	317%	(5.0%)
牙醫	838	311%	803	314%	4.3%
門診總數	350	130%	337	N/A	4.0%

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

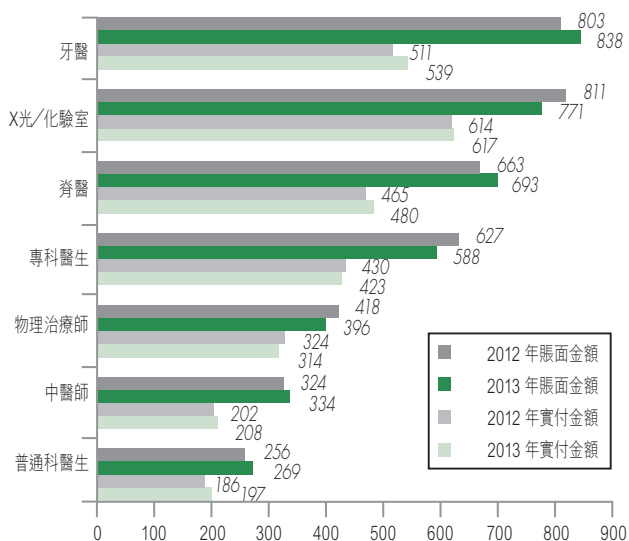
治療項目	2013 年		2012 年		12-13 年 變化
	賬面金額 (港元)	相對比率	賬面金額 (港元)	相對比率	
中醫師	208	105%	202	108%	2.9%
普通科醫生	197	100%	186	100%	5.9%
專科醫生	423	215%	430	231%	(1.5%)
物理治療師	314	159%	324	174%	(3.2%)
脊醫	480	243%	465	250%	3.1%
X 光 / 化驗室	617	313%	614	330%	0.5%
牙醫	539	273%	511	275%	5.4%
門診總數	251	127%	236	N/A	6.2%

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖2.3

2012年及2013年團體保單每宗個案平均賬面和實付金額（港元）

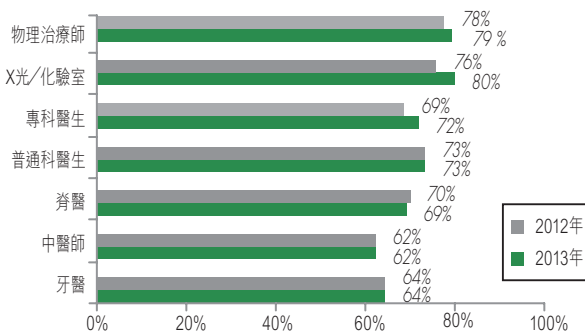


從圖2.3可見，在所有門診個案中，牙醫費用的平均賬面金額最高，普通科醫生費用則最低。

在償付百分率方面，2013年的普通科醫生的償付百分率與2012年相若，為73%；X光/化驗室費用的償付百分率最高，為80%，而中醫師的償付百分率則最低，只有62%（見圖2.4）。

圖2.4

2012年及2013年團體保單償付百分率



### (iii) 第70百分位數之賬面門診醫療收費水平

第70百分位數之賬面醫療收費水平指，投保金額若達致此水平，預計有七成機會足以支付實際的門診醫療費用；七類門診醫療費用的70百分位數的水平見表2.10。

表 2.10 團體保單第70百分位數之賬面醫療收費水平（港元）

醫療收費類別	2013年	2012年
中醫師	331	320
普通科醫生	250	250
專科醫生	600	650
物理治療師	400	450
脊醫	680	650
X光/化驗室	720	780
牙醫	650	610

### (iv) 門診醫療服務使用率

在2013年及2012年，按服務類型分類的門診醫療服務使用率，詳見表2.11。除普通科醫生費用和牙醫費用外，2013年各類門診服務的使用率均比2012年的為高。

表 2.11 團體保單門診醫療服務平均使用率

醫療服務類別	2013年	2012年
中醫師	113.6%	109.9%
普通科醫生	456.7%	459.2%
專科醫生	51.0%	46.1%
物理治療師	22.9%	20.8%
脊醫	2.0%	1.8%
X光/化驗室	26.6%	24.6%
牙醫	59.9%	61.5%

備註：(1) 2013年的使用率 = 2013年的治療數目/2013年保單之滿期受保人數。

(2) 由於參與調查的會員公司數目改變，所以2012年的使用率跟往年所顯示的不同。



## (v) 2015年7月至2016年6月

### 門診醫療服務之趨勢預測 (2015/16)

根據 2012 及 2013 年之數據，預計 2015/2016 年門診醫療服務的使用率及平均索償金額將會持續上升。2015/2016 年的預測數字見表 2.12。

門診保障	預測使用率 (%)	預測平均索償金額 (港元)
中醫師	112.8%	395
普通科醫生	458.4%	286
專科醫生	51.0%	690
物理治療師	23.1%	469
脊醫	2.0%	799
X光/化驗室	26.8%	879
牙醫	59.7%	905

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

## 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)
	金額 (千港元)	%	數目	%	
2013 年					
住院	4,338,516	98%	164,088	63%	26,440
門診	79,424	2%	95,847	37%	829
總數	4,417,939	100%	259,935	100%	16,996
2012 年					
住院	3,512,215	99%	142,628	70%	24,625
門診	42,294	1%	61,867	30%	684
總數	3,554,509	100%	204,495	100%	17,382

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

表 3.1 的數據顯示在 2013 年的總賬面醫療收費中，住院服務佔 98%，而門診服務僅佔 2%，這符合市場慣例，個別成員通常只購買住院保障。住院個案的數目佔所有個案的 63%。

#### 每宗個案之手術費調查

手術費用細分為超過 2,000 種類別，手術費的賬面金額摘要，詳見表 3.2。手術費賬面金額因應入住的是三等房、二等房，以至頭等房而增加。

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2013 年			
頭等房	20,000	34,334	2,284
二等房	11,500	18,694	8,292
三等房	9,200	14,014	71,570
診所小手術	4,000	6,799	20,301
2012 年			
頭等房	20,000	33,880	1,859
二等房	10,000	16,350	9,324
三等房	9,000	13,088	59,236
診所小手術	3,800	6,279	14,047

備註：上表的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：

- 住院及膳食費用
- 住院雜費
- 手術費
- 麻醉師費用
- 手術室費用
- 醫生巡房費
- 專科醫生費用

## (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 2012 年與 2013 年的平均實付金額、賬面金額及相對比率。相對比率以三等房之平均賬面或實付金額作百分比基準 (即 100%) 顯示, 舉例說: 頭等房之賬面金額相對比率為 253%, 即入住頭等房之病人須付出之平均賬面金額是三等房病人的 253%。

各級住院	賬面金額		實付金額		償付百分率 %
	(港元)	相對比率	(港元)	相對比率	
2013 年					
頭等房	78,304	253%	58,161	224%	74%
二等房	36,618	118%	29,259	113%	80%
三等房	30,906	100%	25,998	100%	84%
診所小手術	7,953	26%	6,646	26%	84%
2012 年					
頭等房	70,500	249%	53,053	218%	75%
二等房	32,605	115%	26,976	111%	83%
三等房	28,332	100%	24,368	100%	86%
診所小手術	7,916	28%	6,523	27%	82%

備註: (1) 相對比率 - 三等房 = 100%。

(2) 因需要調整為整數的關係, 以上數字可能與實際數目有出入。

圖 3.1

2012年及2013年個人保單每宗個案之平均賬面金額及實付金額(港元)

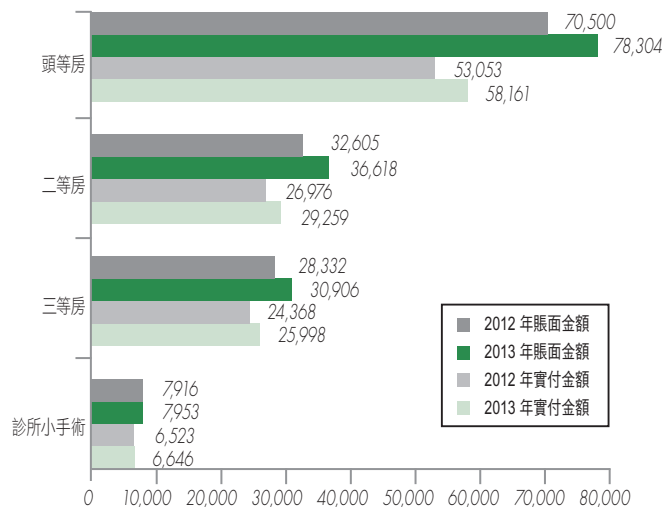
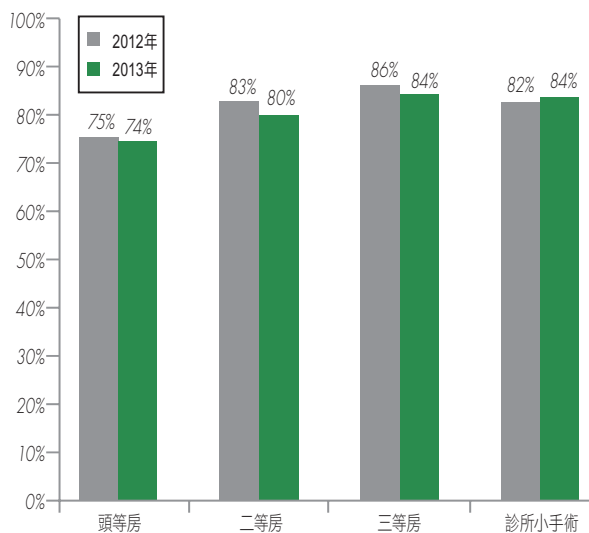


圖 3.2

2012年及2013年個人保單償付百分率



### (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標準。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。同時，表 3.5 顯示為各級住院之住院日數摘要。

各級住院	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目	平均數	中位數	低位	高位
2013 年						
頭等房	78,419	2,284	34,334	20,000	14,000	31,500
二等房	155,007	8,292	18,694	11,500	7,500	17,570
三等房	1,003,007	71,570	14,014	9,200	6,000	14,000
診所小手術	138,025	20,301	6,799	4,000	2,100	6,465
2012 年						
頭等房	62,983	1,859	33,880	20,000	12,128	31,008
二等房	152,444	9,324	16,350	10,000	7,000	16,000
三等房	775,261	59,236	13,088	9,000	6,000	13,000
診所小手術	88,201	14,047	6,279	3,800	2,000	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 百分位數；高位 = 第70 百分位數。

各級住院	平均住院日數
2013 年	
頭等房	3.1
二等房	2.8
三等房	2.4
診所小手術	0.0
2012 年	
頭等房	3.0
二等房	2.8
三等房	2.4
診所小手術	0.0

### (iv) 第 70 百分位數的賬面住院醫療收費水平

表 3.6 的數據是按住院級別和醫療收費的類型，計算第 70 百分位數水平的住院索償的賬面醫療收費水平，表 3.6 所列的金額預計有七成機會足以支付住院索償的實際賬面醫療開支。

醫療收費類別	頭等房	二等房	三等房
2013 年			
每日住院及膳食費用	3,360	1,185	701
手術費	31,500	17,570	14,000
每日醫生巡房費	3,870	1,600	1,067
麻醉師費用	12,000	6,300	5,000
手術室費用	12,400	6,746	5,408
住院費用	26,447	15,710	12,192
專科醫生費用	6,790	3,000	2,676
2012 年			
每日住院及膳食費用	3,108	1,107	724
手術費	31,008	16,000	13,000
每日醫生巡房費	3,486	1,500	1,050
麻醉師費用	12,000	6,300	5,000
手術室費用	12,600	6,929	5,463
住院費用	24,233	14,330	11,690
專科醫生費用	6,832	3,000	2,500

### (v) 住院醫療服務使用率

住院醫療服務使用率包括診所小手術及住院項目，兩者在 2012 年及 2013 年的平均使用率見表 3.7。

治療年度	診所小手術	住院
2013 年	2.5%	9.1%
2012 年	1.9%	8.7%

備註：(1) 2013 年使用率 = 2013 年的治療數目 / 2013 年保單之滿期受保人數。

(2) 由於參與調查的會員公司數目改變，所以 2012 年的使用率跟往年所顯示的不同。

(vi) 2015 年 7 月至 2016 年 6 月

住院醫療服務趨勢預測 (2015/2016)

診所小手術和住院項目的預計使用率及平均索償金額見表 3.8。由於潛在的通貨膨脹壓力，預計平均索償金額的增幅會較使用率為顯著。

項目	診所小手術	住院
預計使用率	2.8%	9.5%
預計平均索償金額 (港元)	8,313	32,992

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

### 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 nor the consultant guarantees its accuracy or accept any liability for any loss or damage arising from any inaccuracies or omissions.

## 1. EXECUTIVE SUMMARY

This booklet contains the compilation of the group and individual medical claims statistics for the period from Jan to Dec 2013 provided by 18 of the largest medical underwriters in Hong Kong, which represent at least 85% of the written premium in 2013 for group and individual medical insurance business, respectively.

This booklet includes analysis of:

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

## 2. RESULTS OF SURVEY – GROUP POLICIES

### 2.1 Summary of Findings

#### Overview of Private Medical Expenses

Description	Total Billed Amount		Number of Cases		Average Cost Per Claim (HK\$)
	Amount (HK\$000's)	%	Number	%	
<b>2013</b>					
In-Patient	3,059,582	49%	192,082	2%	15,929
Out-Patient	3,160,932	51%	9,025,945	98%	350
<b>Total</b>	<b>6,220,514</b>	<b>100%</b>	<b>9,218,027</b>	<b>100%</b>	<b>675</b>
<b>2012</b>					
In-Patient	2,256,039	46%	141,633	2%	15,929
Out-Patient	2,639,807	54%	7,841,605	98%	337
<b>Total</b>	<b>4,895,846</b>	<b>100%</b>	<b>7,983,238</b>	<b>100%</b>	<b>613</b>

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 49% of the total cost was attributed to in-patient services and the remaining 51% out-patient services in 2013. However, in-patient treatments accounted for only 2% of the cases.

### Survey of Surgeons' Fees per Case

The Surgeons' Fees were categorized into more than 2000 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.

**TABLE 2.2**  
Summary of Surgeons' Fees – Group Policies

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
<b>2013</b>			
Private	19,025	33,760	2,337
Semi-Private	13,000	21,886	5,990
Ward	9,000	14,864	40,691
Day Case	1,650	3,514	89,117
<b>2012</b>			
Private	20,000	32,645	1,855
Semi-Private	13,600	22,709	4,822
Ward	9,000	14,701	29,673
Day Case	1,600	3,377	64,110

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 Cost
- Physicians' Fees
- Specialist's Fees

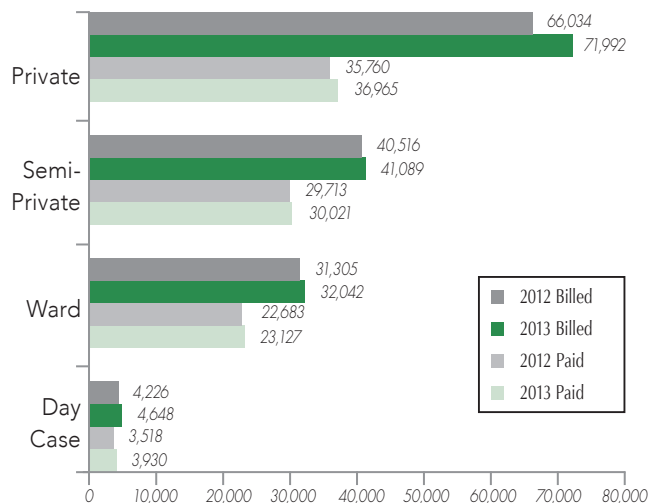
**(ii) Average Cost per Case**

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 225% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 225% of that of a Ward case.

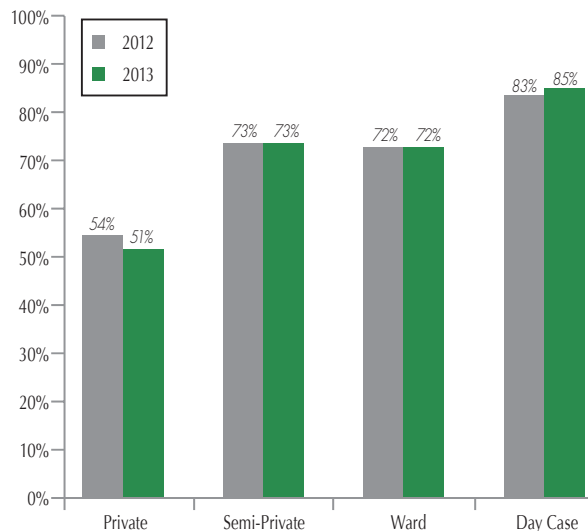
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
<b>2013</b>					
Private	71,992	225%	36,965	160%	51%
Semi-Private	41,089	128%	30,021	130%	73%
Ward	32,042	100%	23,127	100%	72%
Day Case	4,648	15%	3,930	17%	85%
<b>2012</b>					
Private	66,034	211%	35,760	158%	54%
Semi-Private	40,516	129%	29,713	131%	73%
Ward	31,305	100%	22,683	100%	72%
Day Case	4,226	13%	3,518	16%	83%

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\$) in 2012 and 2013 – Group Policies**



**GRAPH 2.2  
Reimbursement Ratios in 2012 and 2013 – 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. The summary of hospital days by level of accommodation are illustrated in Table 2.5.

Level of Accommodation	Billed Amount (HK\$000s)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
<b>2013</b>						
Private	78,898	2,337	33,760	19,025	11,890	33,973
Semi-Private	131,097	5,990	21,886	13,000	8,100	22,000
Ward	604,841	40,691	14,864	9,000	6,000	15,000
Day Case	313,200	89,117	3,514	1,650	950	3,300
<b>2012</b>						
Private	60,556	1,855	32,645	20,000	12,000	33,999
Semi-Private	109,504	4,822	22,709	13,600	8,500	22,500
Ward	436,234	29,673	14,701	9,000	6,000	15,000
Day Case	216,474	64,110	3,377	1,600	914	3,030

Note: The above analysis excludes those cases with zero billed surgeons' fee. Low=30 Percentile, High=70 Percentile.

Level of Accommodation	Average Number of Days of Hospital Confinement
<b>2013</b>	
Private	3.2
Semi-Private	2.9
Ward	2.5
Day Case	0.0
<b>2012</b>	
Private	3.4
Semi-Private	2.9
Ward	2.7
Day Case	0.2

### (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 2.6. It is expected that the billed amounts displayed in Table 2.6 would cover the actual billed cost for 70% of all in-patient treatments.

Category of Medical Fees	Private	Semi-Private	Ward
<b>2013</b>			
Room & Board Cost Per Day	4,200	1,400	747
Surgeons' Fees	33,973	22,000	15,000
Physicians' Fees Per Day	2,857	1,767	1,000
Anesthetists' Fees	12,000	8,500	6,000
Operating Theatre Expenses	11,950	8,139	5,677
Hospital Expenses	23,227	16,816	12,457
Specialists' Fees	5,780	3,365	2,520
<b>2012</b>			
Room & Board Cost Per Day	3,900	1,374	714
Surgeons' Fees	33,999	22,500	15,000
Physicians' Fees Per Day	2,800	1,733	1,000
Anesthetists' Fees	12,990	9,000	6,000
Operating Theatre Expenses	12,816	8,922	5,642
Hospital Expenses	21,578	16,353	12,088
Specialists' Fees	6,000	3,500	2,560

### (v) 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 in 2012 and 2013 are summarised in Table 2.7.

Treatment Year	Clinical Surgeries	Hospital Confinements
2013	6.3%	5.1%
2012	5.5%	4.8%

Note: (1) Utilization for 2013 = No. of treatment in 2013 / No. of insured earned in 2013.

(2) The Utilization Rates in 2012 are different from the last survey due to changes in participating member companies.



**(vi) Forecasting of In-Patient Medical Services between July 2015 and June 2016 (2015/16)**

The projected in-patient utilization rate and average claim size for day case and hospital confinement are summarized in Table 2.8. The average claim size increased more significantly than utilization rate because of underlying inflationary pressure.

Item	Day Case	Hospital Confinements
Forecasted Utilization Rate	7.1%	5.5%
Forecasted Average Claim Size (HK\$)	5,229	32,295

Note: Figures may not be additive due to rounding.

**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 Medical Practitioners' Fees
- General Practitioners' Fees
- Specialists' Fees
- Physiotherapists' Fees
- Chiropractors' Fees
- X-ray/Laboratory Expenses
- Dentists' Fees

**(ii) Average Cost per Case**

The average billed and paid amounts per case are summarised in Table 2.9 and Graph 2.3. The reimbursement percentages are displayed in Graph 2.4. The average billed and paid amounts for all types of treatments increased from 2012 to 2013, except for Specialists, Physiotherapists and X-ray/Laboratory.

Treatment	2013		2012		12-13 Change
	Billed (HK\$)	Relativity	Billed (HK\$)	Relativity	
Chinese Medicine Practitioners	334	124%	324	126%	3.3%
General Practitioners	269	100%	256	100%	5.1%
Specialists	588	218%	627	245%	(6.3%)
Physiotherapists	396	147%	418	163%	(5.3%)
Chiropractors	693	258%	663	259%	4.5%
X-ray/Laboratory	771	286%	811	317%	(5.0%)
Dentists	838	311%	803	314%	4.3%
Out-Patient Total	350	130%	337	131%	4.0%

Note: (1) Relativity of General Practitioner = 100%.

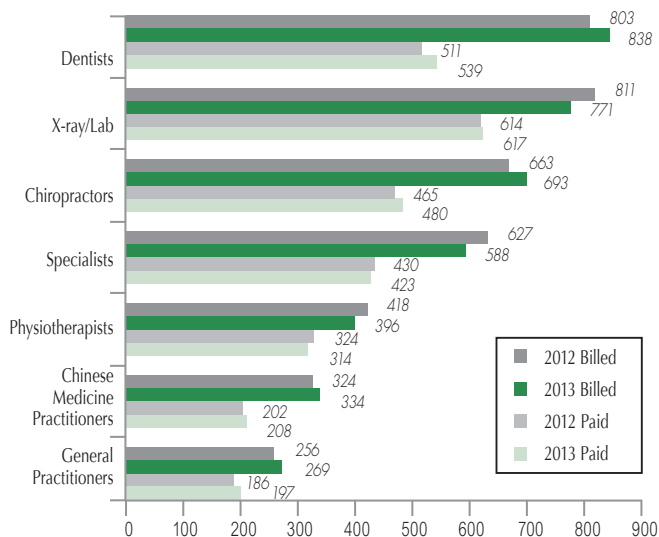
(2) Figures may not be additive due to rounding.

Treatment	2013		2012		12-13 Change
	Paid (HK\$)	Relativity	Paid (HK\$)	Relativity	
Chinese Medicine Practitioners	208	105%	202	108%	2.9%
General Practitioners	197	100%	186	100%	5.9%
Specialists	423	215%	430	231%	(1.5%)
Physiotherapists	314	159%	324	174%	(3.2%)
Chiropractors	480	243%	465	250%	3.1%
X-ray/Laboratory	617	313%	614	330%	0.5%
Dentists	539	273%	511	275%	5.4%
Out-Patient Total	251	127%	236	127%	6.2%

Note: (1) Relativity of General Practitioner = 100%.

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

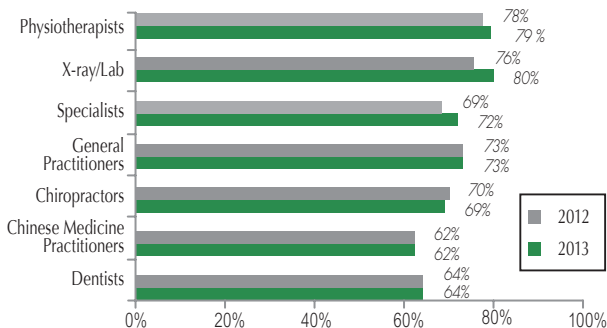
**GRAPH 2.3**  
Average Billed and Paid Amounts per Case (HK\$) in 2012 and 2013 – Group Policies



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 in 2013 is similar to 2012 at approximately 73%. The X-ray/Laboratory receive the highest reimbursement ratio of 80%, while the Chinese Medicine Practitioners receive the lowest reimbursement ratio of 62% in 2013 (Graph 2.4).

**GRAPH 2.4**  
Reimbursement Ratios in 2012 and 2013 – 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 2.10.

**TABLE 2.10**  
Seventieth Percentile of Out-Patient Billed Medical Fees (HK\$) – Group Policies

Category of Medical Fees	2013	2012
Chinese Medicine Practitioners' Fees	331	320
General Practitioners' Fees	250	250
Specialists' Fees	600	650
Physiotherapists' Fees	400	450
Chiropractors' Fees	680	650
X-ray/Laboratory Expenses	720	780
Dentists' Fees	650	610

**(iv) Utilization Rates of Out-Patient Medical Services**

The utilization rates of out-patient medical services by service category in 2013 and 2012 are summarised in Table 2.11. Except for Generalists and Dental, the utilization rates of all out-patient service are generally higher in 2013 than 2012.

**TABLE 2.11**  
Average Utilization Rates of Out-Patient Medical Services – Group Policies

Service Category	2013	2012
Chinese Medicine Practitioners	113.6%	109.9%
General Practitioners	456.7%	459.2%
Specialists	51.0%	46.1%
Physiotherapists	22.9%	20.8%
Chiropractors	2.0%	1.8%
X-ray/Laboratory	26.6%	24.6%
Dental	59.9%	61.5%

Note: (1) Utilization for 2013 = No. of treatment in 2013 / No. of insured earned in 2013.

(2) The Utilization Rates in 2012 are different from the last survey due to changes in participating member companies.

**(v) Forecasting of Out-Patient Medical Services in between July 2015 and June 2016 (2015/16)**

Based on the data from 2012 and 2013, it is expected that both the utilization rate and the average claim size of out-patient services will continue to increase. The forecasted results for the year 2015/16 are summarised in Table 2.12.

**TABLE 2.12**  
**Forecasting of Out-Patient Medical Services in 2015/16 (HK\$) – Group Policies**

Out-Patient Coverage	Forecasted Utilization Rate (%)	Forecasted Average Claim Size (HK\$)
Chinese Medicine Practitioners	112.8%	395
General Practitioners	458.4%	286
Specialists	51.0%	690
Physiotherapists	23.1%	469
Chiropractors	2.0%	799
X-ray/Laboratory	26.8%	879
Dental	59.7%	905

Note: Figures may not be additive due to rounding.

### 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		Number of Cases		Average Cost Per Claim (HK\$)
	Amount (HK\$000's)	%	Number	%	
2013					
In-Patient	4,338,516	98%	164,088	63%	26,440
Out-Patient	79,424	2%	95,847	37%	829
Total	4,417,939	100%	259,935	100%	16,996
2012					
In-Patient	3,512,215	99%	142,628	70%	24,625
Out-Patient	42,294	1%	61,867	30%	684
Total	3,554,509	100%	204,495	100%	17,382

Note: Figures may not be additive due to rounding.

The figures in Table 3.1 indicate that 98% of the total medical cost was for in-patient services and the remaining 2% for out-patient services in 2013. This is consistent with market practice that individual members usually purchase only inpatient cover. In-patient treatments accounted for about 63% of the number of cases.

##### Survey of Surgeons' Fees per Case

The Surgeons' Fees were categorized into more than 2000 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	
2013			
Private	20,000	34,334	2,284
Semi-Private	11,500	18,694	8,292
Ward	9,200	14,014	71,570
Day Case	4,000	6,799	20,301
2012			
Private	20,000	33,880	1,859
Semi-Private	10,000	16,350	9,324
Ward	9,000	13,088	59,236
Day Case	3,800	6,279	14,047

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 Cost
- Physicians' Fees
- Specialist's Fees

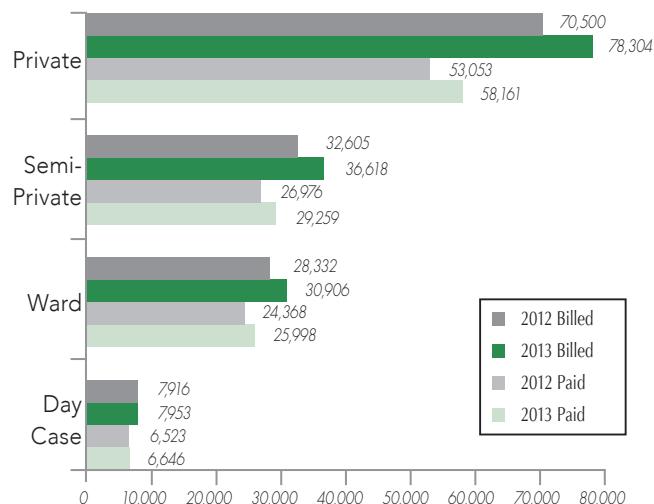
**(ii) Average Cost per Case**

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 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 253% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 253% of that of a Ward case.

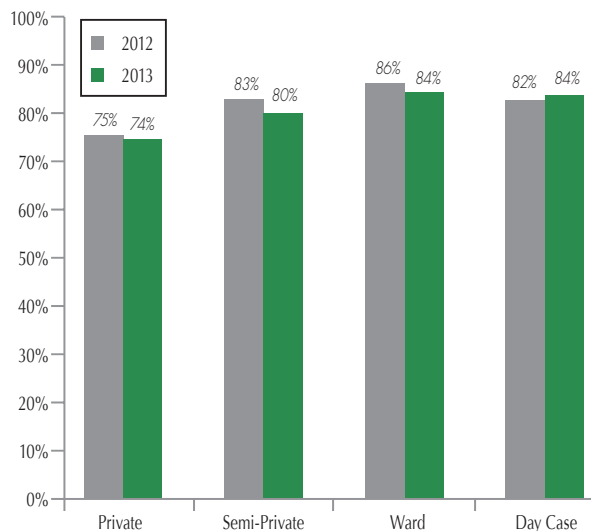
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
<b>2013</b>					
Private	78,304	253%	58,161	224%	74%
Semi-Private	36,618	118%	29,259	113%	80%
Ward	30,906	100%	25,998	100%	84%
Day Case	7,953	26%	6,646	26%	84%
<b>2012</b>					
Private	70,500	249%	53,053	218%	75%
Semi-Private	32,605	115%	26,976	111%	83%
Ward	28,332	100%	24,368	100%	86%
Day Case	7,916	28%	6,523	27%	82%

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\$) in 2012 and 2013 – Individual Policies**



**GRAPH 3.2  
Reimbursement Ratios in 2012 and 2013 – 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. The summary of hospital days by level of accommodation are illustrated in Table 3.5.

Level of Accommodation	Billed Amount (HK\$000s)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
<b>2013</b>						
Private	78,419	2,284	34,334	20,000	14,000	31,500
Semi-Private	155,007	8,292	18,694	11,500	7,500	17,570
Ward	1,003,007	71,570	14,014	9,200	6,000	14,000
Day Case	138,025	20,301	6,799	4,000	2,100	6,465
<b>2012</b>						
Private	62,983	1,859	33,880	20,000	12,128	31,008
Semi-Private	152,444	9,324	16,350	10,000	7,000	16,000
Ward	775,261	59,236	13,088	9,000	6,000	13,000
Day Case	88,201	14,047	6,279	3,800	2,000	6,000

Note: The above analysis excludes those cases with zero billed surgeons' fee. Low=30 Percentile, High=70 Percentile.

Level of Accommodation	Average Number of Days of Hospital Confinement
<b>2013</b>	
Private	3.1
Semi-Private	2.8
Ward	2.4
Day Case	0.0
<b>2012</b>	
Private	3.0
Semi-Private	2.8
Ward	2.4
Day Case	0.0

### (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 3.6. It is expected that the billed amounts displayed in Table 3.6 would cover the actual billed cost for 70% of all in-patient treatments.

Category of Medical Fees	Private	Semi-Private	Ward
<b>2013</b>			
Room & Board Cost Per Day	3,360	1,185	701
Surgeons' Fees	31,500	17,570	14,000
Physicians' Fees Per Day	3,870	1,600	1,067
Anesthetists' Fees	12,000	6,300	5,000
Operating Theatre Expenses	12,400	6,746	5,408
Hospital Expenses	26,447	15,710	12,192
Specialists' Fees	6,790	3,000	2,676
<b>2012</b>			
Room & Board Cost Per Day	3,108	1,107	724
Surgeons' Fees	31,008	16,000	13,000
Physicians' Fees Per Day	3,486	1,500	1,050
Anesthetists' Fees	12,000	6,300	5,000
Operating Theatre Expenses	12,600	6,929	5,463
Hospital Expenses	24,233	14,330	11,690
Specialists' Fees	6,832	3,000	2,500

### (v) 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 in 2012 and 2013 are summarised in Table 3.7.

Treatment Year	Clinical Surgeries	Hospital Confinements
2013	2.5%	9.1%
2012	1.9%	8.7%

Note: (1) Utilization for 2013 = No. of treatment in 2013 / No. of insured earned in 2013.

(2) The Utilization Rates in 2012 are different from the last survey due to changes in participating member companies.

**(vi) Forecasting of In-Patient Medical Services between July 2015 to June 2016 (2015/16)**

The projected in-patient utilization rate and average claim size for day case and hospital confinement are summarized in Table 3.8. The average claim size increased more significantly than utilization rate because of underlying inflationary pressure.

Item	Day Case	Hospital Confinements
Forecasted Utilization Rate	2.8%	9.5%
Forecasted Average Claim Size (HK\$)	8,313	32,992

*Note: Figures may not be additive due to rounding.*

### **3.2.2 Out-Patient Cases**

No further analysis will be conducted for out-patient 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 頭等房	Semi-Private 二等房	Ward 三等房
<b>DIGESTIVE SYSTEM 消化系統</b>					
<b>Abdomen, Peritoneum, and Omentum 腹、腹膜及網膜</b>					
Introduction, Revision, and/or Removal 導藥法、二度置換及/或割除	346	2.2	28,000	20,000	15,000
<b>Anus 肛門</b>					
Excision 切除	2,161	2.7	20,500	17,000	12,833
Suture 縫線	400	1.8	21,900	14,415	10,000
<b>Appendix 盲腸</b>					
Excision 切除	367	4.6	50,500	27,000	20,000
<b>Biliary Tract 膽道疾病</b>					
Endoscopy 內窺鏡檢法	683	3.3	61,000	34,692	25,000
Excision 切除	266	4.7	73,000	38,347	27,250
<b>Esophagus 食道</b>					
Endoscopy 內窺鏡檢法	23,328	1.9	16,000	9,900	7,000
<b>Intestines (Except Rectum) 腸 (直腸除外)</b>					
Excision 切除	248	9.3	91,415	64,700	50,000
<b>Pharynx, Adenoids, and Tonsils 咽部、腺樣增殖 (體) 及扁桃腺</b>					
Excision, Destruction 切除、破除	757	2.3	22,000	15,000	8,000
<b>Rectum 直腸</b>					
Endoscopy 內窺鏡檢法	18,950	1.8	13,750	9,450	6,500
<b>Repair 修復</b>					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	426	2.3	37,450	19,950	16,600
<b>ENDOCRINE SYSTEM 分泌系統</b>					
<b>Thyroid Gland 甲狀腺</b>					
Excision 切除	954	3.4	45,200	39,500	27,500
<b>EYE AND OCULAR ADNEXA 眼球及眼副體</b>					
<b>Eyelids 眼皮</b>					
Excision 切除	253	1.3	6,300	7,800	6,000
<b>Lens 晶體</b>					
Removal Cataract 割除白內障	1,442	1.3	30,000	25,500	18,000
<b>Posterior Segment 後部</b>					
Vitreous 玻璃體手術	306	1.8	60,000	60,000	50,000
<b>Retina or Choroid 視網膜或脈絡膜</b>					
Destruction 破除	247	1.3	31,000	9,000	9,000
Repair 修復	459	1.5	15,000	26,500	10,000



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 頭等房	Semi-Private 二等房	Ward 三等房
<b>AUDITORY SYSTEM 聽覺系統</b>					
<b>Inner Ear 內耳</b>					
Temporal Bone, Middle Fossa Approach 顳骨、顳中窩入路手術	1,936	2.5	38,200	40,000	39,500
<b>FEMALE GENITAL SYSTEM 女性生殖系統</b>					
<b>Cervix Uteri 子宮頸</b>					
Excision 切除	213	1.8	11,705	9,000	7,800
<b>Corpus Uteri 子宮體</b>					
Excision 切除	1,831	4.0	49,000	29,260	25,000
Repair 修復	1,865	2.0	24,000	15,000	9,000
<b>Ovary 卵巢</b>					
Excision 切除	537	4.0	58,923	34,000	26,000
<b>Oviduct 輸卵管</b>					
Incision 切割	377	3.1	32,400	27,260	25,000
<b>Vagina 陰道</b>					
Endoscopy 內窺鏡檢法	974	1.5	14,020	10,472	7,000
Laparoscopy/Hysteroscopy 腹腔鏡檢查/子宮鏡檢查	1,307	2.5	28,712	25,000	15,000
<b>INTEGUMENTARY SYSTEM 皮膚系統</b>					
<b>Breast 乳房</b>					
Excision 切除	2,367	3.0	30,000	25,100	15,000
<b>Destruction 破除</b>					
Destruction, Benign or Premalignant Lesions 破除、良性或癌前病變	293	1.6	9,000	8,000	6,000
<b>Repair (Closure) 修復 (縫合)</b>					
Repair - Simple 修復 - 簡單	441	1.8	15,000	9,000	7,000
<b>Skin, Subcutaneous and Accessory Structures 皮膚、皮下組織及皮膚副體</b>					
Excision - Benign Lesions 切除 - 良性病變	3,985	1.7	10,000	10,000	6,000
Incision and Drainage 切割及排水	494	2.9	15,000	8,000	6,000
Nails 指 (趾) 甲	271	1.7	12,000	6,000	6,000
<b>MALE GENITAL SYSTEM 男性生殖系統</b>					
<b>Penis 陰莖</b>					
Excision 切除	981	1.6	15,000	9,600	8,000
<b>MEDIASTINUM AND DIAPHRAGM 縱膈及橫膈</b>					
<b>Diaphragm 橫膈</b>					
Repair 修復	410	2.5	16,000	11,000	10,000
<b>MUSCULOSKELETAL SYSTEM 肌肉骨骼系統</b>					
<b>Femur (Thigh Region) and Knee Joint 股骨 (股) 及膝關節</b>					
Repair, Revision, and/or Reconstruction 修復、二度置換及/或重建	235	5.5	52,121	45,000	36,000
<b>Forearm and Wrist 前臂及手腕</b>					
Excision 切除	454	2.0	20,000	10,975	7,500
Fracture and/or Dislocation 骨折及/或脫位	299	2.8	25,000	24,000	20,000

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 頭等房	Semi-Private 二等房	Ward 三等房
<b>General 全身</b>					
Introduction or Removal 導藥法或割除	462	2.2	18,000	8,000	6,000
<b>Lower Extremity 下肢</b>					
Endoscopy/Arthroscopy 內窺鏡/關節鏡檢查	1,195	3.0	41,350	36,110	25,000
<b>NERVOUS SYSTEM 神經系統</b>					
<b>Spine and Spinal Cord 脊椎及脊髓</b>					
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	308	5.0	71,650	50,000	40,000
<b>RESPIRATORY SYSTEM 呼吸系統</b>					
<b>Larynx 喉</b>					
Endoscopy 內窺鏡檢法	895	1.9	10,500	6,000	7,360
<b>Nose 鼻</b>					
Endoscopy 內窺鏡檢法	1,037	2.2	19,891	8,000	5,000
Excision 切除	272	2.7	30,000	21,250	20,000
Repair 修復	312	2.9	45,000	30,000	25,000
<b>Trachea and Bronchi 氣管及支氣管</b>					
Endoscopy 內窺鏡檢法	593	4.2	12,000	9,079	7,000
<b>URINARY SYSTEM 泌尿系統</b>					
<b>Kidney 腎臟</b>					
Endoscopy 內窺鏡檢法	1,107	2.3	24,500	14,440	15,000
<b>Ureter 尿管</b>					
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	635	2.2	12,600	6,800	7,000
Repair 修復	850	1.7	8,000	8,000	6,000
<b>Ureter and Pelvis 尿管及股盆</b>					
Introduction 導藥法	219	2.7	39,000	17,500	16,500
<b>Urethra and Bladder 尿道及膀胱</b>					
Transurethral Surgery 經由尿道進行之手術	496	2.7	20,000	13,200	9,000
<b>Vesical Neck and Prostate 膀胱頸及前列腺</b>					
Urodynamics 尿流動力學檢查	238	5.1	44,500	33,000	25,000

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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