

# 醫療索償數據知多少？

2017年醫療索償數據調查

Medical Claims Statistics 2017



## 目錄

1. 提綱 .....	2
2. 團體保單調查結果 .....	2
2.1 調查結果摘要 .....	2
2.2 分析 .....	3
2.2.1 住院個案 .....	3
2.2.2 門診個案 .....	8
3. 個人保單調查結果 .....	12
3.1 調查結果摘要 .....	12
3.2 分析 .....	14
3.2.1 住院個案 .....	14
3.2.2 門診個案 .....	18
附表 - 各類手術費 .....	38

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 2017 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 16 家醫療承保商提供，佔 2017 年醫療保險市場保費收入超過 75%。

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

由於擴大了是次調查的研究範圍，以涵蓋額外的保障類別，本書所列的 2016 年調查結果已作修正。惟礙於數據量有限，本書中未有包括額外保障類別的分析結果。

## 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)
	(千港元)	%	(宗)	%	
2017 年					
住院	3,597,973	48%	208,638	2%	17,245
門診	3,868,624	52%	9,306,714	98%	416
總數	7,466,598	100%	9,515,352	100%	785
2016 年					
住院	3,375,170	46%	195,211	2%	17,290
門診	3,931,070	54%	9,733,412	98%	404
總數	7,306,240	100%	9,928,623	100%	736

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 2017 年的私家醫療開支總額中，住院服務佔 48%，而門診服務佔 52%。然而，住院治療個案僅佔所有個案的 2%。

### 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	
2017 年			
私家房	28,000	46,376	1,766
半私家房	15,000	25,787	8,267
標準房	11,640	18,913	33,719
日間手術	2,500	4,531	99,299
2016 年			
私家房	25,000	39,698	1,739
半私家房	15,000	24,628	6,129
標準房	10,771	17,678	38,327
日間手術	2,350	4,248	88,370

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：

- 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 詳列各級住院個案在 2016 年與 2017 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 217%，即私家房住院個案之平均賬面金額是標準房的 217%。

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	
2017 年					
私家房	84,422	217%	56,327	190%	67%
半私家房	51,365	132%	37,969	128%	74%
標準房	38,947	100%	29,573	100%	76%
日間手術	5,348	14%	4,738	16%	89%
2016 年					
私家房	80,081	210%	55,912	188%	70%
半私家房	46,462	122%	36,794	124%	79%
標準房	38,206	100%	29,679	100%	78%
日間手術	5,016	13%	4,465	15%	89%

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

2016年及2017年團體保單每宗個案之平均賬面金額及實付金額(港元)

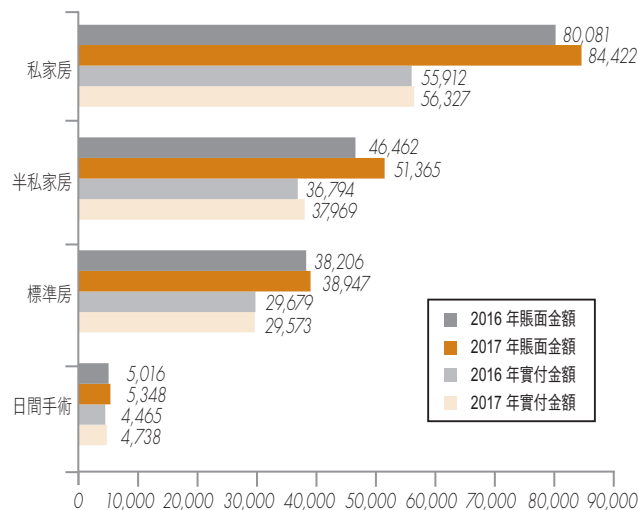
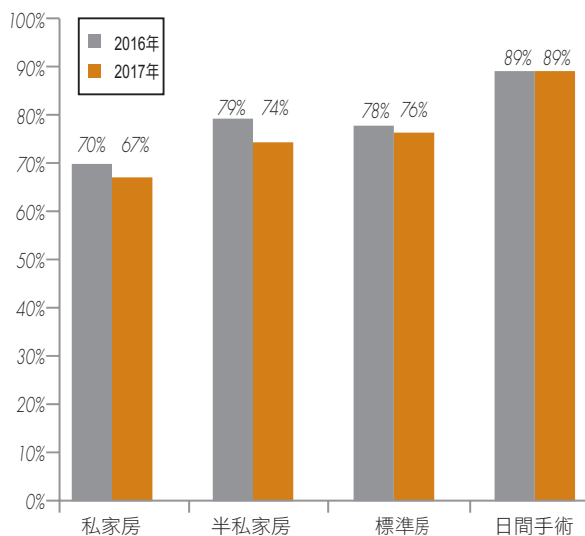


圖 2.2

2016年及2017年團體保單之償付比率



### (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。而各住院級別之平均住院日數摘要見表 2.5。

住院級別	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目 (宗)	平均數	中位數	低位	高位
2017 年						
私家房	81,900	1,766	46,376	28,000	17,595	48,000
半私家房	213,179	8,267	25,787	15,000	9,000	25,000
標準房	637,729	33,719	18,913	11,640	7,600	18,000
日間手術	449,884	99,299	4,531	2,500	1,400	4,880
2016 年						
私家房	69,035	1,739	39,698	25,000	15,000	40,000
半私家房	150,948	6,129	24,628	15,000	9,600	24,000
標準房	677,554	38,327	17,678	10,771	7,000	16,000
日間手術	375,356	88,370	4,248	2,350	1,250	4,500

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。

住院級別	平均住院日數
2017 年	
私家房	3.3
半私家房	3.0
標準房	2.6
日間手術	0.0
2016 年	
私家房	3.2
半私家房	3.1
標準房	2.5
日間手術	0.0

### (iv) 第 70 個百分位數的賬面住院醫療費用水平

表 2.6 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
2017 年			
每日病房及膳食	3,312	1,418	844
外科醫生手術費	48,000	25,000	18,000
每日醫生巡房費	3,600	1,900	1,200
麻醉科醫生費	16,000	9,000	6,513
手術室費	16,535	10,515	6,715
住院雜費	26,301	18,867	14,719
專科醫生費	6,600	3,980	2,840
2016 年			
每日病房及膳食	3,200	1,582	826
外科醫生手術費	40,000	24,000	16,000
每日醫生巡房費	3,500	1,964	1,133
麻醉科醫生費	13,944	8,400	6,000
手術室費	13,910	8,814	6,280
住院雜費	26,566	18,878	14,117
專科醫生費	6,000	4,000	2,840

### (v) 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 2016 年及 2017 年的平均使用率見表 2.7。

治療年度	日間手術	住院
2017 年	7.0%	4.8%
2016 年	6.5%	4.9%

備註：2017 年使用率 = 2017 年的治療數目 / 2017 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光診斷及化驗
- 牙醫

### (ii) 每宗個案之平均費用

表 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，償付百分比見圖 2.4。2017 年各項治療的賬面金額和實際償付金額均較 2016 年的為高。

治療項目	2017 年		2016 年		16-17 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	416	142%	402	138%	3.4%
普通科醫生	293	100%	291	100%	0.8%
專科醫生	716	244%	700	241%	2.3%
物理治療師	502	171%	502	173%	(0.0%)
脊醫	803	274%	755	259%	6.2%
X光診斷及化驗	847	289%	880	302%	(3.7%)
牙醫	1,015	346%	988	339%	2.8%
門診總數	416	142%	404	139%	2.9%

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。

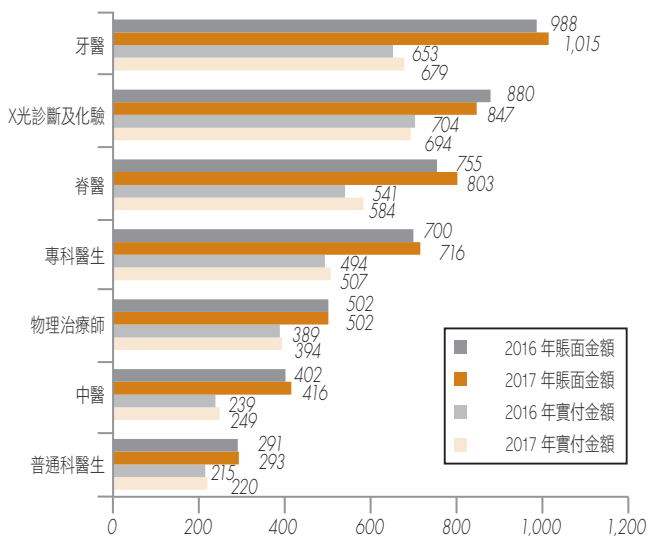
治療項目	2017 年		2016 年		16-17 年 變化
	實付金額 (港元)	相對比率	實付金額 (港元)	相對比率	
中醫	249	113%	239	111%	4.0%
普通科醫生	220	100%	215	100%	2.3%
專科醫生	507	230%	494	230%	2.7%
物理治療師	394	179%	389	181%	1.3%
脊醫	584	265%	541	251%	7.9%
X光診斷及化驗	694	315%	704	327%	(1.4%)
牙醫	679	308%	653	303%	4.0%
門診總數	299	136%	287	133%	4.2%

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

2016年及2017年團體保單每宗個案之平均賬面和實付金額（港元）

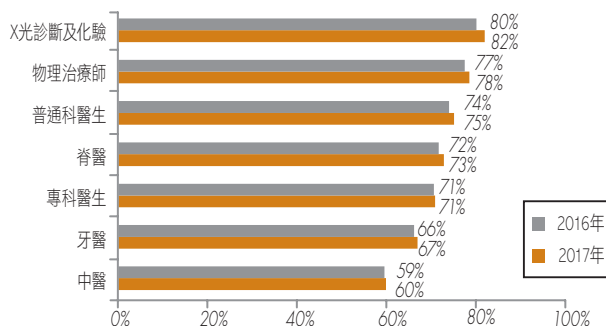


從圖2.3可見，在所有門診個案中，牙醫費用的平均賬面金額最高，普通科醫生費用則最低。

圖2.4顯示，2017年普通科醫生的償付比率上升至75%；X光診斷及化驗的償付比率最高，達82%，而中醫的償付比率則最低，只有60%。

圖 2.4

2016年及2017年團體保單之償付比率



## (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。

表 2.9 團體保單第 70 個百分位數之賬面門診醫療費用（港元）

醫療費用類別	2017年	2016年
中醫	418	400
普通科醫生	295	290
專科醫生	750	730
物理治療師	570	550
脊醫	750	706
X光診斷及化驗	830	860
牙醫	800	800

## (iv) 門診醫療服務使用率

在 2017 年及 2016 年，按服務類型分類的門診醫療服務使用率，見表 2.10。

表 2.10 團體保單門診醫療服務之平均使用率

醫療服務類別	2017年	2016年
中醫	109.5%	116.0%
普通科醫生	368.2%	396.8%
專科醫生	53.1%	54.4%
物理治療師	17.6%	19.3%
脊醫	1.9%	2.7%
X光診斷及化驗	22.4%	23.6%
牙醫	40.9%	44.5%

備註：2017年的使用率 = 2017年的治療數目 / 2017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)	%	
2017 年					
住院	7,106,853	98%	224,455	64%	31,663
門診	144,590	2%	124,859	36%	1,158
總數	7,251,443	100%	349,314	100%	20,759
2016 年					
住院	6,477,851	99%	205,997	67%	31,446
門診	85,741	1%	100,313	33%	855
總數	6,563,593	100%	306,310	100%	21,428

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 2017 年的私家醫療開支總額中，住院服務佔 98%，而門診服務僅佔 2%。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 64%。

##### 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	
2017 年			
私家房	28,000	47,118	2,991
半私家房	14,000	22,696	17,468
標準房	12,000	18,371	70,716
日間手術	5,500	8,421	53,008
2016 年			
私家房	25,000	37,834	3,578
半私家房	12,000	20,334	16,504
標準房	11,000	16,003	76,987
日間手術	5,000	8,133	36,046

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：

- 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 2016 年與 2017 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 248%，即私家房住院個案之平均賬面金額是標準房的 248%。

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	
2017 年					
私家房	102,224	248%	81,533	249%	80%
半私家房	45,993	111%	36,138	110%	79%
標準房	41,259	100%	32,734	100%	79%
日間手術	11,490	28%	10,067	31%	88%
2016 年					
私家房	95,791	258%	78,811	260%	82%
半私家房	43,205	116%	34,257	113%	79%
標準房	37,200	100%	30,353	100%	82%
日間手術	10,710	29%	9,330	31%	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

2016年及2017年個人保單每宗個案之平均賬面金額及實付金額(港元)

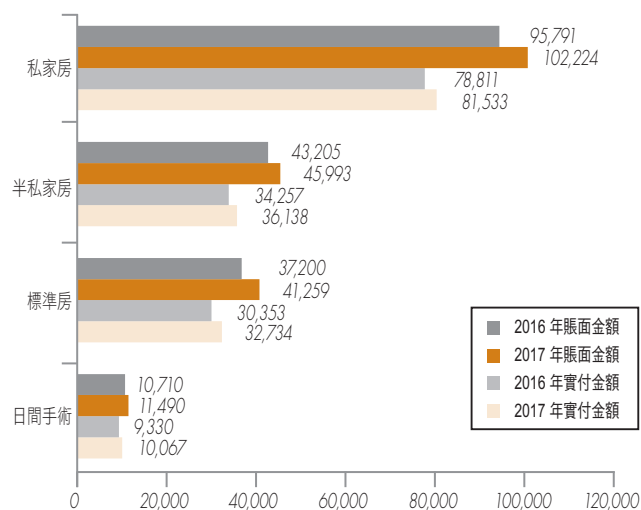
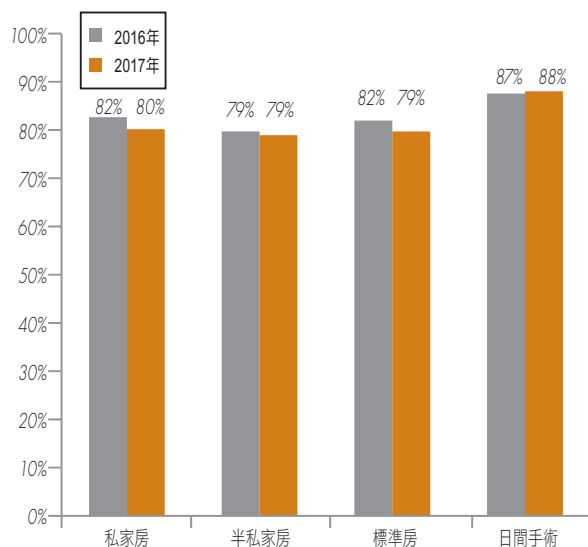


圖3.2

2016年及2017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。而各住院級別之平均住院日數摘要見表 3.5。

住院級別	個案數目		賬面金額 (港元)			
	賬面金額 (千港元)	(宗)	平均數	中位數	低位	高位
2017 年						
私家房	140,931	2,991	47,118	28,000	20,000	41,830
半私家房	396,455	17,468	22,696	14,000	9,000	21,000
標準房	1,299,119	70,716	18,371	12,000	7,600	16,000
日間手術	446,370	53,008	8,421	5,500	3,621	8,950
2016 年						
私家房	135,370	3,578	37,834	25,000	18,000	35,850
半私家房	335,585	16,504	20,334	12,000	8,000	19,000
標準房	1,232,040	76,987	16,003	11,000	7,000	15,000
日間手術	293,175	36,046	8,133	5,000	3,000	8,000

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。

住院級別	平均住院日數
2017 年	
私家房	3.3
半私家房	2.9
標準房	2.6
日間手術	0.1
2016 年	
私家房	3.1
半私家房	2.8
標準房	2.5
日間手術	0.1

### (iv) 第 70 個百分位數的賬面住院醫療費用水平

表 3.6 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
2017 年			
每日病房及膳食	4,030	1,316	860
外科醫生手術費	41,830	21,000	16,000
每日醫生巡房費	4,800	1,800	1,200
麻醉科醫生費	14,010	7,500	6,000
手術室費	16,107	8,215	6,393
住院雜費	30,579	17,467	15,359
專科醫生費	8,584	3,400	3,000
2016 年			
每日病房及膳食	3,957	1,257	816
外科醫生手術費	35,850	19,000	15,000
每日醫生巡房費	4,600	1,675	1,200
麻醉科醫生費	12,000	7,000	5,000
手術室費	14,376	7,540	5,800
住院雜費	30,178	16,832	14,343
專科醫生費	8,310	3,000	2,840

### (v) 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 2016 年及 2017 年的平均使用率見表 3.7。

治療年度	日間手術	住院
2017 年	2.7%	7.3%
2016 年	2.3%	7.7%

備註：2017 年使用率 = 2017 年的治療數目 / 2017 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。

## Contents

1. EXECUTIVE SUMMARY .....	20
2. RESULTS OF SURVEY – GROUP POLICIES.....	21
2.1 Summary of Findings.....	21
2.2 Analysis.....	22
2.2.1 In-Patient Cases.....	22
2.2.2 Out-Patient Cases.....	27
3. RESULTS OF SURVEY – INDIVIDUAL POLICIES	31
3.1 Summary of Findings.....	31
3.2 Analysis.....	32
3.2.1 In-Patient Cases.....	32
3.2.2 Out-Patient Cases.....	36
APPENDIX – Results by Operation.....	38

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 accepts 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 2017 provided by 16 of the largest medical underwriters in Hong Kong, which represent a total of more than 75% of the medical insurance market written premium in 2017.

This booklet includes analyses of:

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

The 2016 results are modified and different from the last survey, due to the scope expansion to cover additional benefit types in this survey. However, the analysis results of these additional benefit types are not included in this booklet due to limited data volume.

## 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)	%	
2017					
In-Patient	3,597,973	48%	208,638	2%	17,245
Out-Patient	3,868,624	52%	9,306,714	98%	416
Total	7,466,598	100%	9,515,352	100%	785
2016					
In-Patient	3,375,170	46%	195,211	2%	17,290
Out-Patient	3,931,070	54%	9,733,412	98%	404
Total	7,306,240	100%	9,928,623	100%	736

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 48% of the total cost was attributed to in-patient services and the remaining 52% outpatient services in 2017. However, inpatient treatments accounted for only 2% of the total 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 Surgeons' 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	
<b>2017</b>			
Private	28,000	46,376	1,766
Semi-Private	15,000	25,787	8,267
Ward	11,640	18,913	33,719
Day Case	2,500	4,531	99,299
<b>2016</b>			
Private	25,000	39,698	1,739
Semi-Private	15,000	24,628	6,129
Ward	10,771	17,678	38,327
Day Case	2,350	4,248	88,370

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:

- Daily Room & Board
- Hospital Expenses
- Surgeons' Fees
- Anaesthetists' Fees
- Operating Theatre Charges
- Daily Physicians' Visit Fees
- Specialists' Fees

#### (ii) Average Cost per Case

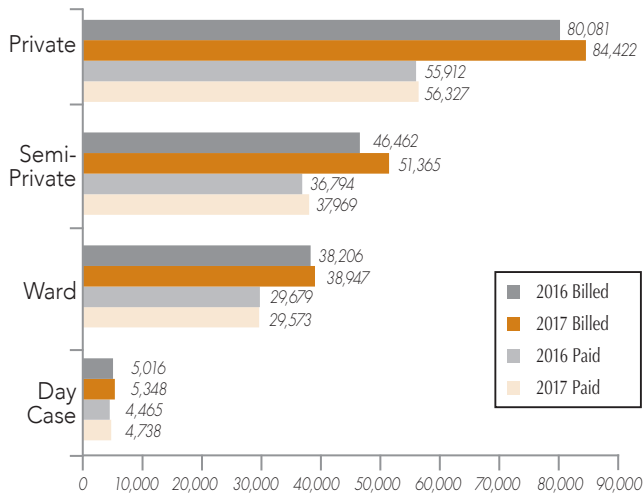
The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 2.3 and Graph 2.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 217% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 217% of that of a Ward case.

Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
<b>2017</b>					
Private	84,422	217%	56,327	190%	67%
Semi-Private	51,365	132%	37,969	128%	74%
Ward	38,947	100%	29,573	100%	76%
Day Case	5,348	14%	4,738	16%	89%
<b>2016</b>					
Private	80,081	210%	55,912	188%	70%
Semi-Private	46,462	122%	36,794	124%	79%
Ward	38,206	100%	29,679	100%	78%
Day Case	5,016	13%	4,465	15%	89%

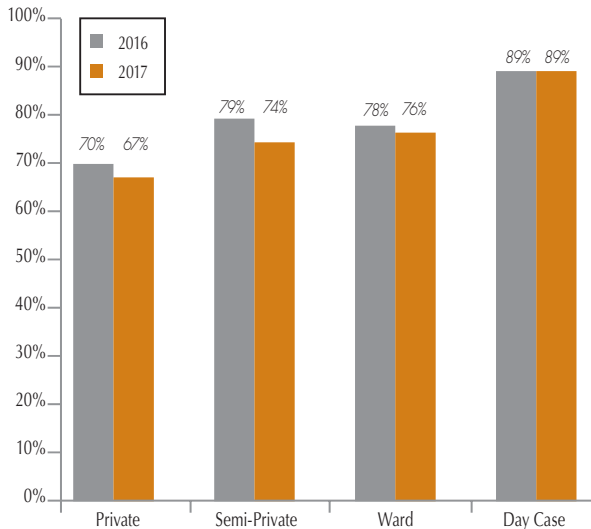
Note: (1) Relativity – Ward = 100%.

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

**GRAPH 2.1**  
Average Billed and Paid Amounts per Case (HK\$) in 2016 and 2017 – Group Policies



**GRAPH 2.2**  
Reimbursement Ratios in 2016 and 2017 – 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.

**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
<b>2017</b>						
Private	81,900	1,766	46,376	28,000	17,595	48,000
Semi-Private	213,179	8,267	25,787	15,000	9,000	25,000
Ward	637,729	33,719	18,913	11,640	7,600	18,000
Day Case	449,884	99,299	4,531	2,500	1,400	4,880
<b>2016</b>						
Private	69,035	1,739	39,698	25,000	15,000	40,000
Semi-Private	150,948	6,129	24,628	15,000	9,600	24,000
Ward	677,554	38,327	17,678	10,771	7,000	16,000
Day Case	375,356	88,370	4,248	2,350	1,250	4,500

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

**TABLE 2.5**  
Summary of Hospital Days by Level of Accommodation – Group Policies

Level of Accommodation	Average Number of Days of Hospital Confinement
<b>2017</b>	
Private	3.3
Semi-Private	3.0
Ward	2.6
Day Case	0.0
<b>2016</b>	
Private	3.2
Semi-Private	3.1
Ward	2.5
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 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>2017</b>			
Daily Room & Board	3,312	1,418	844
Surgeons' Fees	48,000	25,000	18,000
Daily Physicians' Visit Fees	3,600	1,900	1,200
Anaesthetists' Fees	16,000	9,000	6,513
Operating Theatre Charges	16,535	10,515	6,715
Hospital Expenses	26,301	18,867	14,719
Specialists' Fees	6,600	3,980	2,840
<b>2016</b>			
Daily Room & Board	3,200	1,582	826
Surgeons' Fees	40,000	24,000	16,000
Daily Physicians' Visit Fees	3,500	1,964	1,133
Anaesthetists' Fees	13,944	8,400	6,000
Operating Theatre Charges	13,910	8,814	6,280
Hospital Expenses	26,566	18,878	14,117
Specialists' Fees	6,000	4,000	2,840

#### (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 2016 and 2017 are summarized in Table 2.7.

Treatment Year	Day Cases	Hospital Confinements
2017	7.0%	4.8%
2016	6.5%	4.9%

Note: Utilization for 2017 = No. of treatment in 2017 / No. of insured earned in 2017.

## 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
- General Practitioners
- Specialists
- Physiotherapists
- Chiropractors
- X-rays & Laboratory Tests
- Dentists

### (ii) Average Cost per Case

The average billed and paid amounts per case are summarized in Table 2.8 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 2016 to 2017.

Treatment	2017		2016		16-17 Change
	Billed (HK\$)	Relativity	Billed (HK\$)	Relativity	
Chinese Medicine Practitioners	416	142%	402	138%	3.4%
General Practitioners	293	100%	291	100%	0.8%
Specialists	716	244%	700	241%	2.3%
Physiotherapists	502	171%	502	173%	(0.0%)
Chiropractors	803	274%	755	259%	6.2%
X-rays & Laboratory Tests	847	289%	880	302%	(3.7%)
Dentists	1,015	346%	988	339%	2.8%
Out-Patient Total	416	142%	404	139%	2.9%

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

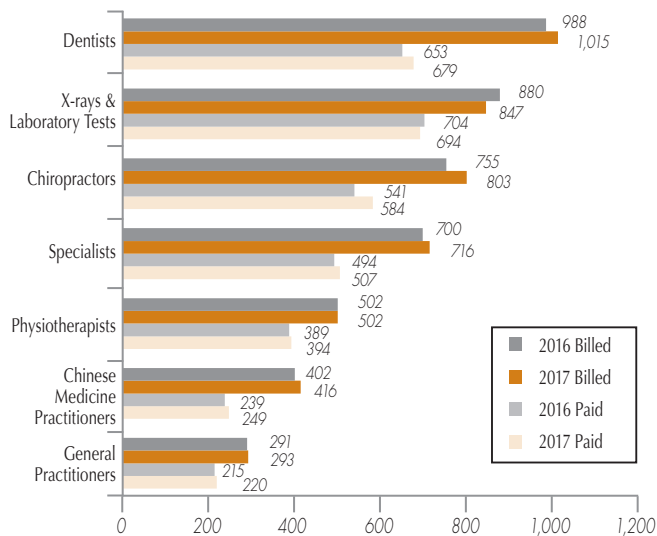


**TABLE 2.8b**  
**Average Paid Amounts per Case – Group Policies**

Treatment	2017		2016		16-17
	Paid (HK\$)	Relativity	Paid (HK\$)	Relativity	
Chinese Medicine Practitioners	249	113%	239	111%	4.0%
General Practitioners	220	100%	215	100%	2.3%
Specialists	507	230%	494	230%	2.7%
Physiotherapists	394	179%	389	181%	1.3%
Chiropractors	584	265%	541	251%	7.9%
X-rays & Laboratory Tests	694	315%	704	327%	(1.4%)
Dentists	679	308%	653	303%	4.0%
Out-Patient Total	299	136%	287	133%	4.2%

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

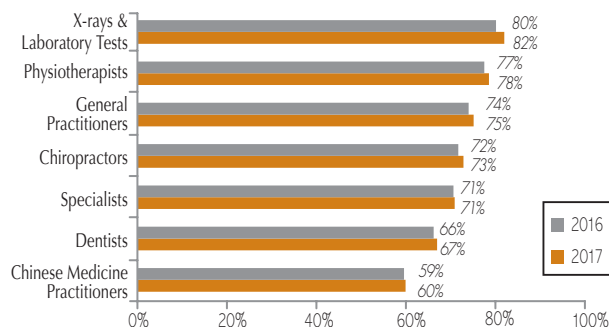
**GRAPH 2.3**  
**Average Billed and Paid Amounts per Case (HK\$) in 2016 and 2017 – Group Policies**



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 increased to 75% in 2017. The X-rays & Laboratory Tests receive the highest reimbursement ratio of 82%, while the Chinese Medicine Practitioners receive the lowest reimbursement ratio of 60% in 2017 (Graph 2.4).

**GRAPH 2.4**  
**Reimbursement Ratios in 2016 and 2017 – 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	2017	2016
Chinese Medicine Practitioners' Fees	418	400
General Practitioners' Fees	295	290
Specialists' Fees	750	730
Physiotherapists' Fees	570	550
Chiropractors' Fees	750	706
X-rays & Laboratory Tests Expenses	830	860
Dentists' Fees	800	800

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

The utilization rates of out-patient medical services by service category in 2016 and 2017 are summarized in Table 2.10.

Category of Medical Services	2017	2016
Chinese Medicine Practitioners	109.5%	116.0%
General Practitioners	368.2%	396.8%
Specialists	53.1%	54.4%
Physiotherapists	17.6%	19.3%
Chiropractors	1.9%	2.7%
X-rays & Laboratory Tests	22.4%	23.6%
Dental	40.9%	44.5%

Note: Utilization for 2017 = No. of treatment in 2017/ No. of insured earned in 2017.

### 3. RESULTS OF SURVEY – INDIVIDUAL POLICIES

#### 3.1 Summary of Findings

##### Overview of Private Medical Expenses

Description	Total Billed		Number of Cases		Average Cost Per Claim (HK\$)
	(HK\$000's)	%	(Number)	%	
<b>2017</b>					
In-Patient	7,106,853	98%	224,455	64%	31,663
Out-Patient	144,590	2%	124,859	36%	1,158
Total	7,251,443	100%	349,314	100%	20,759
<b>2016</b>					
In-Patient	6,477,851	99%	205,997	67%	31,446
Out-Patient	85,741	1%	100,313	33%	855
Total	6,563,593	100%	306,310	100%	21,428

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 outpatient services in 2017. This is consistent with market practice that individual members usually purchase only inpatient cover. Inpatient treatments accounted for about 64% of the total 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 Surgeons' 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	
<b>2017</b>			
Private	28,000	47,118	2,991
Semi-Private	14,000	22,696	17,468
Ward	12,000	18,371	70,716
Day Case	5,500	8,421	53,008
<b>2016</b>			
Private	25,000	37,834	3,578
Semi-Private	12,000	20,334	16,504
Ward	11,000	16,003	76,987
Day Case	5,000	8,133	36,046

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:

- Daily Room & Board
- Hospital Expenses
- Surgeons' Fees
- Anaesthetists' Fees
- Operating Theatre Charges
- Daily Physicians' Visit 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 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 248% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 248% of that of a Ward case.

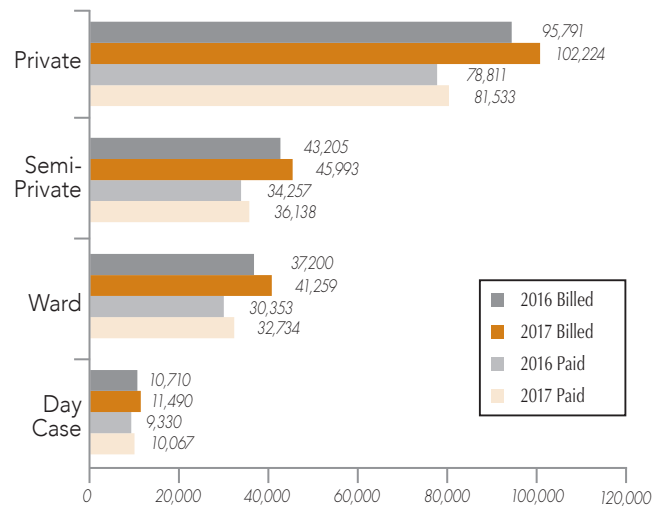
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
<b>2017</b>					
Private	102,224	248%	81,533	249%	80%
Semi-Private	45,993	111%	36,138	110%	79%
Ward	41,259	100%	32,734	100%	79%
Day Case	11,490	28%	10,067	31%	88%
<b>2016</b>					
Private	95,791	258%	78,811	260%	82%
Semi-Private	43,205	116%	34,257	113%	79%
Ward	37,200	100%	30,353	100%	82%
Day Case	10,710	29%	9,330	31%	87%

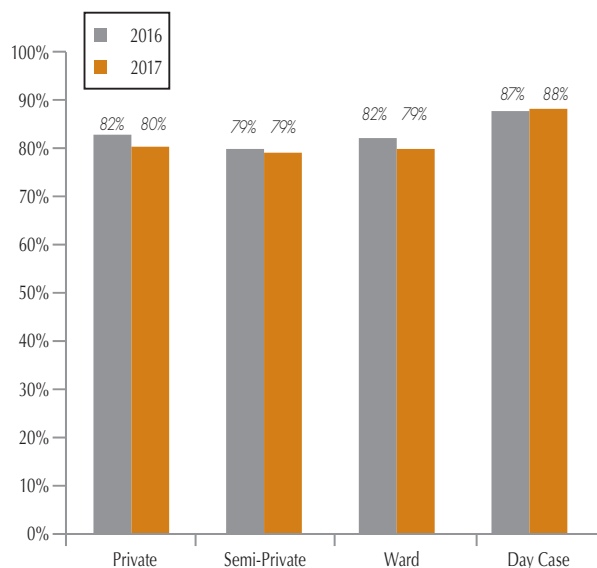
Note: (1) Relativity – Ward = 100%.

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

**GRAPH 3.1**

Average Billed and Paid Amounts per Case (HK\$) in 2016 and 2017 – Individual Policies



**GRAPH 3.2****Reimbursement Ratios in 2016 and 2017 – 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.

**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
<b>2017</b>						
Private	140,931	2,991	47,118	28,000	20,000	41,830
Semi-Private	396,455	17,468	22,696	14,000	9,000	21,000
Ward	1,299,119	70,716	18,371	12,000	7,600	16,000
Day Case	446,370	53,008	8,421	5,500	3,621	8,950
<b>2016</b>						
Private	135,370	3,578	37,834	25,000	18,000	35,850
Semi-Private	335,585	16,504	20,334	12,000	8,000	19,000
Ward	1,232,040	76,987	16,003	11,000	7,000	15,000
Day Case	293,175	36,046	8,133	5,000	3,000	8,000

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

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

**TABLE 3.5****Summary of Hospital Days by Level of Accommodation – Individual Policies**

Level of Accommodation	Average Number of Days of Hospital Confinement
<b>2017</b>	
Private	3.3
Semi-Private	2.9
Ward	2.6
Day Case	0.1
<b>2016</b>	
Private	3.1
Semi-Private	2.8
Ward	2.5
Day Case	0.1

**(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.

**TABLE 3.6****Seventieth Percentile Level of In-Patient Billed Medical Fees (HK\$) – Individual Policies**

Category of Medical Fees	Private	Semi-Private	Ward
2017			
Daily Room & Board	4,030	1,316	860
Surgeons' Fees	41,830	21,000	16,000
Daily Physicians' Visit Fees	4,800	1,800	1,200
Anaesthetists' Fees	14,010	7,500	6,000
Operating Theatre Charges	16,107	8,215	6,393
Hospital Expenses	30,579	17,467	15,359
Specialists' Fees	8,584	3,400	3,000
2016			
Daily Room & Board	3,957	1,257	816
Surgeons' Fees	35,850	19,000	15,000
Daily Physicians' Visit Fees	4,600	1,675	1,200
Anaesthetists' Fees	12,000	7,000	5,000
Operating Theatre Charges	14,376	7,540	5,800
Hospital Expenses	30,178	16,832	14,343
Specialists' Fees	8,310	3,000	2,840

**(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 2016 and 2017 are summarized in Table 3.7.

**TABLE 3.7****Average Utilization Rates of In-Patient Medical Services – Individual Policies**

Treatment Year	Day Cases	Hospital Confinements
2017	2.7%	7.3%
2016	2.3%	7.7%

Note: Utilization for 2017 = No. of treatment in 2017 / No. of insured earned in 2017.

**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
<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	386	2.2	36,000	20,000	18,000
<b>Anus 肛門</b>					
Excision 切除	1,593	2.4	36,000	15,000	15,000
<b>Appendix 盲腸</b>					
Excision 切除	319	4.2	50,000	26,000	24,000
<b>Biliary Tract 膽道疾病</b>					
Endoscopy 內窺鏡檢法	616	3.2	50,000	30,000	28,000
Excision 切除	205	4.2	60,000	43,100	30,000
<b>Esophagus 食道</b>					
Endoscopy 內窺鏡檢法	16,582	1.9	24,000	12,000	10,390
<b>Intestines (Except Rectum) 腸 (直腸除外)</b>					
Excision 切除	175	9.1	158,000	70,000	60,000
<b>Pharynx, Adenoids and Tonsils 咽部、腺樣增殖 (體) 及扁桃腺</b>					
Excision, Destruction 切除、破除	516	2.3	33,000	18,000	14,700
<b>Rectum 直腸</b>					
Endoscopy 內窺鏡檢法	12,514	1.7	18,000	10,000	8,000
<b>Repair 修復</b>					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	259	2.1	43,970	23,000	20,000
<b>Salivary gland and Ducts 唾液腺及唾液導管</b>					
Excision 切除	184	3.4	80,000	41,000	31,850
<b>ENDOCRINE SYSTEM 分泌系統</b>					
<b>Thyroid Gland 甲狀腺</b>					
Excision 切除	811	3.3	80,000	38,050	35,000
<b>EYE AND OCULAR ADNEXA 眼球及眼副體</b>					
<b>Eyelids 眼皮</b>					
Excision 切除	189	1.3	15,000	8,193	8,000
<b>Lens 晶體</b>					
Removal Cataract 割除白內障	596	1.4	40,000	27,000	20,000
<b>Posterior Segment 後部</b>					
Vitreous 玻璃體手術	405	1.6	81,763	60,000	61,400
<b>Retina or Choroid 視網膜或脈絡膜</b>					
Repair 修復	194	1.6	118,600	55,983	49,600

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
<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	2,658	2.7	74,159	35,000	39,000
<b>FEMALE GENITAL SYSTEM 女性生殖系統</b>					
<b>Cervix Uteri 子宮頸</b>					
Excision 切除	177	1.4	37,400	12,500	10,000
<b>Corpus Uteri 子宮體</b>					
Excision 切除	1,172	4.0	66,250	40,000	36,000
Repair 修復	2,438	1.7	30,000	13,000	11,000
<b>Ovary 卵巢</b>					
Excision 切除	248	4.5	100,000	42,500	35,000
<b>Oviduct 輸卵管</b>					
Incision 切割	350	3.0	38,210	36,750	30,000
<b>Vagina 陰道</b>					
Endoscopy 內窺鏡檢法	922	1.4	20,000	10,000	9,000
<b>Vulva, Perineu and Introitus 外陰、會陰及陰道口</b>					
Incision 切割	190	1.8	16,500	9,000	8,175
Laparoscopy / Hysteroscopy 腹腔鏡檢查/子宮鏡檢查	1,336	2.2	45,000	24,000	16,000
<b>INTEGUMENTARY SYSTEM 皮膚系統</b>					
<b>Breast 乳房</b>					
Excision 切除	2,091	3.0	44,500	27,750	20,000
<b>Repair (Closure) 修復(縫合)</b>					
Repair - Simple 修復 - 簡單	475	1.7	20,000	10,000	9,240
<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	2,069	1.6	18,000	10,000	8,000
Incision and Drainage 切割及排水	502	3.3	18,000	9,800	7,800
Nails 指(趾)甲	176	1.5	18,000	7,920	7,680
<b>MALE GENITAL SYSTEM 男性生殖系統</b>					
<b>Penis 陰莖</b>					
Excision 切除	934	1.6	29,825	9,800	9,100
<b>Prostate 前列腺</b>					
Incision 切割	175	1.7	20,000	9,000	7,500
<b>MEDIASTINUM AND DIAPHRAGM 縱膈及橫膈</b>					
<b>Diaphragm 橫膈</b>					
Repair 修復	268	2.1	15,000	13,750	11,000
<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	358	5.3	87,500	47,600	45,000



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
<b>Forearm and Wrist 前臂及手腕</b>					
Excision 切除	262	2.1	47,500	15,000	9,000
Fracture and/or Dislocation 骨折及/或脫位	278	2.5	54,000	27,750	26,560
<b>General 全身</b>					
Introduction or Removal 導藥法或割除	426	2.2	16,160	10,000	10,000
<b>Lower Extremity 下肢</b>					
Endoscopy / Arthroscopy 內窺鏡 / 關節鏡檢查	1,110	2.6	60,000	38,000	30,149
<b>Hand and Fingers 手部及手指</b>					
Incision 切割	185	1.6	27,000	8,500	8,690
<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	280	5.0	85,000	62,000	52,272
Injection, Drainage or Aspiration 注射、引流或抽吸	190	4.2	19,665	8,000	8,000
<b>Skull, Meninges and Brain 頭顱、腦脊髓膜及腦部</b>					
Craniectomy or Craniotomy 顱骨切除術或顱骨切開術	195	8.8	165,000	120,000	110,000
<b>RESPIRATORY SYSTEM 呼吸系統</b>					
<b>Larynx 喉</b>					
Endoscopy 內窺鏡檢法	707	2.0	12,000	6,000	8,799
<b>Nose 鼻</b>					
Endoscopy 內窺鏡檢法	774	2.2	23,000	9,300	8,000
Repair 修復	271	2.8	65,400	35,000	28,000
<b>Trachea and Bronchi 氣管及支氣管</b>					
Endoscopy 內窺鏡檢法	838	3.3	17,250	10,000	7,500
<b>URINARY SYSTEM 泌尿系統</b>					
<b>Kidney 腎臟</b>					
Endoscopy 內窺鏡檢法	1,264	2.1	40,000	20,000	18,000
<b>Ureter 尿管</b>					
Endoscopy – Cystoscopy, Urethroscopy, Cystourethroscopy 內窺鏡檢法 - 膀胱鏡檢法、尿道鏡檢法、膀胱尿道鏡檢法	663	2.0	15,000	7,300	7,000
Repair 修復	864	1.6	16,562	8,000	7,000
<b>Urethra and Bladder 尿道及膀胱</b>					
Transurethral Surgery 經由尿道進行之手術	385	2.1	17,458	8,970	9,396

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。



香港保險業聯會

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