

醫療索償數據知多少？

2018年醫療索償數據調查

Medical Claims Statistics 2018



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

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1. 提綱

書中刊載 2018 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 17 家醫療承保商提供，佔 2018 年醫療保險市場保費收入超過 85%。

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

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)	%	
2018 年					
住院	3,970,854	48%	223,760	2%	17,746
門診	4,232,653	52%	9,768,578	98%	433
總數	8,203,507	100%	9,992,338	100%	821
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

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 2018 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	
2018 年			
私家房	30,000	50,327	1,687
半私家房	16,000	28,016	8,774
標準房	12,229	20,300	33,712
日間手術	2,962	5,045	108,502
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

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 2017 年與 2018 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 221%,即私家房住院個案之平均賬面金額是標準房的 221%。

住院級別	2018 年		2017 年		償付比率 %
	賬面金額 (港元)	相對比率	賬面金額 (港元)	相對比率	
私家房	92,520	221%	84,422	217%	63%
半私家房	53,798	129%	51,365	132%	72%
標準房	41,802	100%	38,947	100%	75%
日間手術	5,962	14%	5,348	14%	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 2017年及2018年團體保單每宗個案之平均賬面金額及實付金額 (港元)

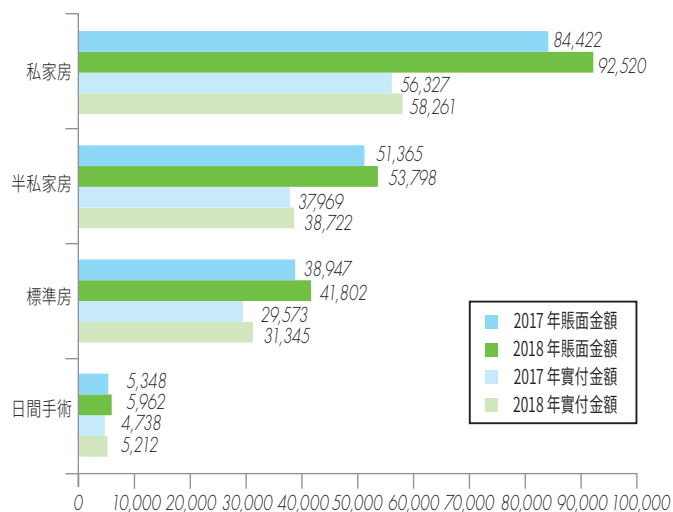
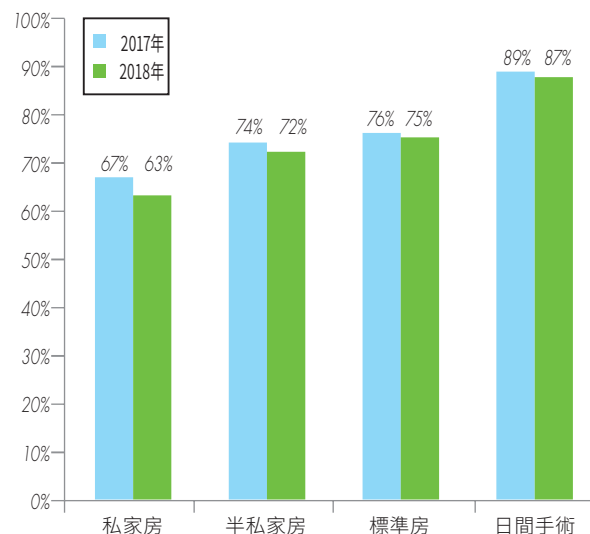


圖 2.2 2017年及2018年團體保單償付比率



(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		個案數目			
	(千港元)	(宗)	平均數	中位數	低位	高位
2018 年						
私家房	84,901	1,687	50,327	30,000	18,166	50,444
半私家房	245,813	8,774	28,016	16,000	10,000	27,000
標準房	684,368	33,712	20,300	12,229	8,000	19,446
日間手術	547,389	108,502	5,045	2,962	1,500	5,441
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

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
2018 年	
私家房	3.4
半私家房	3.1
標準房	2.6
日間手術	0.0
2017 年	
私家房	3.3
半私家房	3.0
標準房	2.6
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
2018 年			
每日病房及膳食	3,528	1,416	866
外科醫生手術費	50,444	27,000	19,446
每日醫生巡房費	3,971	2,000	1,250
麻醉科醫生費	17,590	9,412	7,000
手術室費	18,415	11,120	6,894
住院雜費	28,082	19,771	15,717
專科醫生費	7,430	4,084	3,000
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

(v) 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 2017 年及 2018 年的平均使用率見表 2.7。

治療年度	日間手術	住院
2018 年	7.3%	4.6%
2017 年	7.0%	4.8%

備註：2018 年使用率 = 2018 年的治療數目 / 2018 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，償付比率見圖 2.4。除脊醫外，2018 年各項治療的賬面金額和實際償付金額均較 2017 年的為高。

治療項目	2018 年		2017 年		17-18 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	419	139%	416	142%	0.8%
普通科醫生	302	100%	293	100%	3.0%
專科醫生	751	249%	716	244%	4.9%
物理治療師	514	170%	502	171%	2.3%
脊醫	782	259%	803	274%	(2.5%)
X光診斷及化驗	873	289%	847	289%	3.0%
牙醫	1,092	341%	1,015	346%	7.6%
門診總數	433	143%	416	142%	4.2%

備註：(1) 普通科醫生的相對比率 = 100%。

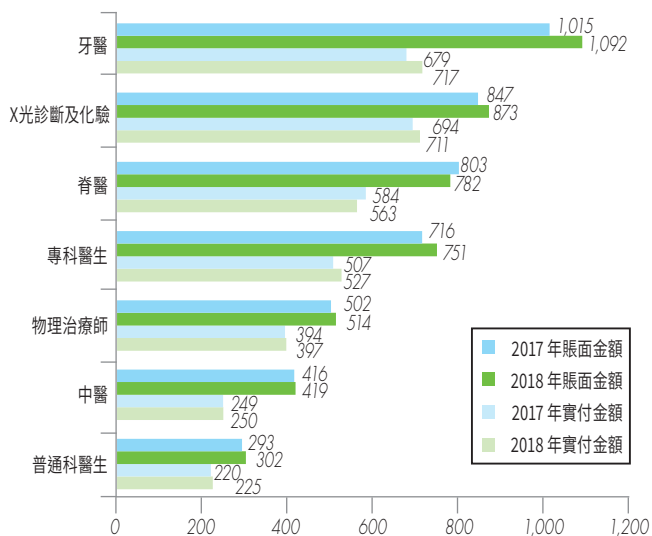
(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

治療項目	2018 年		2017 年		17-18 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	250	111%	249	113%	0.3%
普通科醫生	225	100%	220	100%	2.1%
專科醫生	527	234%	507	230%	3.8%
物理治療師	397	177%	394	179%	0.7%
脊醫	563	251%	584	265%	(3.5%)
X光診斷及化驗	711	316%	694	315%	2.4%
牙醫	717	319%	679	308%	5.5%
門診總數	308	137%	299	136%	3.2%

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。

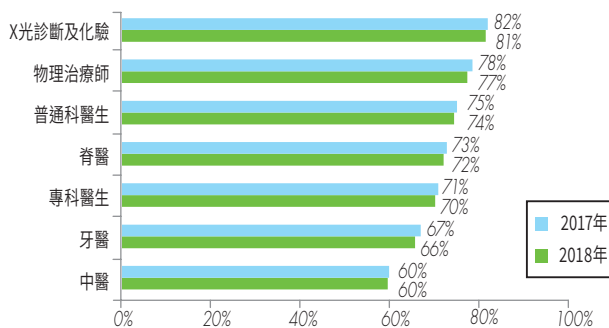
圖2.3
2017年及2018年團體保單每宗個案之平均賬面和實付金額 (港元)



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，2018年普通科醫生的償付比率下降至74%；X光診斷及化驗的償付比率最高，達81%，而中醫的償付比率則最低，只有60%。

圖2.4
2017年及2018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。

醫療費用類別	2018 年	2017 年
中醫	426	418
普通科醫生	300	295
專科醫生	800	750
物理治療師	600	570
脊醫	800	750
X 光診斷及化驗	860	830
牙醫	880	800

(iv) 門診醫療服務使用率

在 2018 年及 2017 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	2018 年	2017 年
中醫	111.9%	109.5%
普通科醫生	359.0%	368.2%
專科醫生	53.9%	53.1%
物理治療師	18.4%	17.6%
脊醫	2.3%	1.9%
X 光診斷及化驗	22.8%	22.4%
牙醫	42.9%	40.9%

備註：2018年的使用率 = 2018年的治療數目 / 2018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)	%	
2018 年					
住院	7,910,813	98%	249,531	65%	31,703
門診	175,714	2%	135,895	35%	1,293
總數	8,086,527	100%	385,426	100%	20,981
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

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 65%。

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	
2018 年			
私家房	30,000	48,509	2,758
半私家房	15,000	24,931	18,925
標準房	13,000	20,784	67,169
日間手術	6,000	8,812	67,202
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

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 2017 年與 2018 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 239%, 即私家房住院個案之平均賬面金額是標準房的 239%。

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	
2018 年					
私家房	108,986	239%	87,737	246%	81%
半私家房	50,314	110%	39,436	111%	78%
標準房	45,577	100%	35,670	100%	78%
日間手術	11,959	26%	10,602	30%	89%
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%

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

2017年及2018年個人保單每宗個案之平均賬面金額及實付金額 (港元)

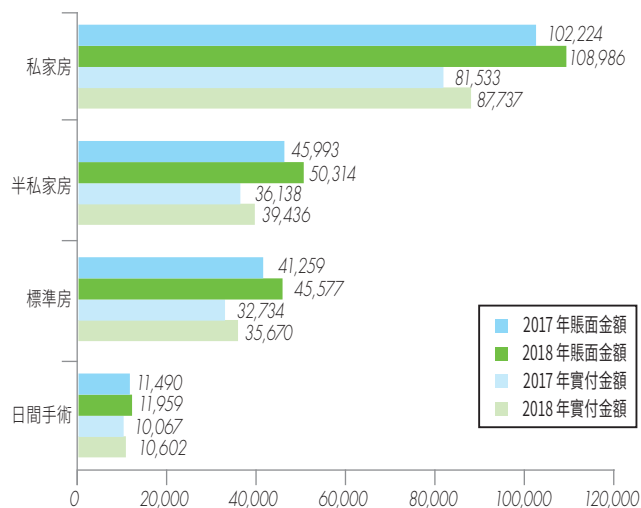
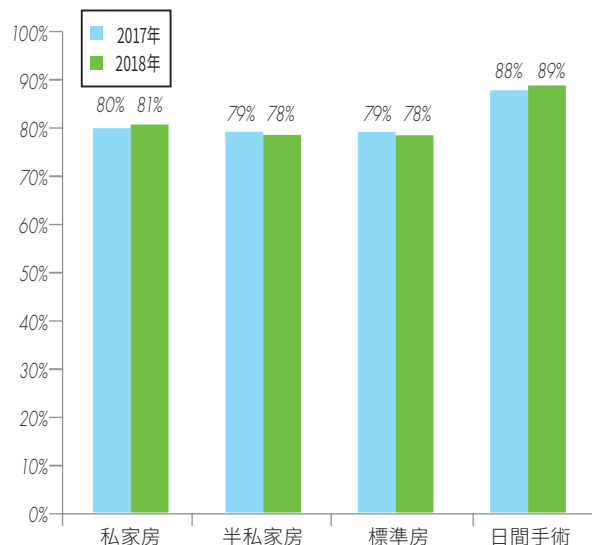


圖3.2

2017年及2018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
2018 年						
私家房	133,788	2,758	48,509	30,000	20,000	46,000
半私家房	471,813	18,925	24,931	15,000	10,000	24,000
標準房	1,396,072	67,169	20,784	13,000	8,300	19,000
日間手術	592,199	67,202	8,812	6,000	3,987	10,000
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

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
2018 年	
私家房	3.3
半私家房	2.9
標準房	2.6
日間手術	0.1
2017 年	
私家房	3.3
半私家房	2.9
標準房	2.6
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
2018 年			
每日病房及膳食	4,149	1,348	891
外科醫生手術費	46,000	24,000	19,000
每日醫生巡房費	5,000	1,900	1,363
麻醉科醫生費	16,000	8,000	6,800
手術室費	17,186	8,880	7,170
住院雜費	33,900	18,096	16,462
專科醫生費	9,425	3,600	3,000
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

(v) 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 2017 年及 2018 年的平均使用率見表 3.7。

治療年度	日間手術	住院
2018 年	2.8%	7.3%
2017 年	2.7%	7.3%

備註：2018 年使用率 = 2018 年的治療數目 / 2018 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 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 2018 provided by 17 of the largest medical underwriters in Hong Kong, which represent a total of around 85% of the medical insurance market written premium in 2018.

This booklet includes analyses 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\$)
	(HK\$000's)	%	(Number)	%	
2018					
In-Patient	3,970,854	48%	223,760	2%	17,746
Out-Patient	4,232,653	52%	9,768,578	98%	433
Total	8,203,507	100%	9,992,338	100%	821
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

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% out-patient services in 2018. 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 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	
2018			
Private	30,000	50,327	1,687
Semi-Private	16,000	28,016	8,774
Ward	12,229	20,300	33,712
Day Case	2,962	5,045	108,502
2017			
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

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

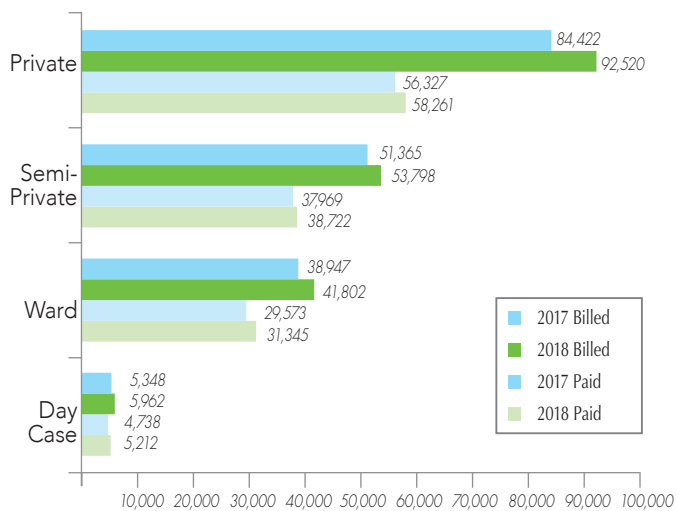
The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 2.3 and Graph 2.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 221% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 221% of that of a Ward case.

Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2018					
Private	92,520	221%	58,261	186%	63%
Semi-Private	53,798	129%	38,722	124%	72%
Ward	41,802	100%	31,345	100%	75%
Day Case	5,962	14%	5,212	17%	87%
2017					
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%

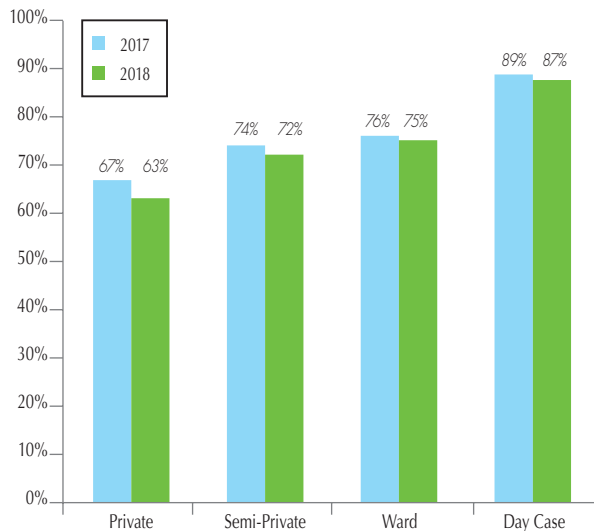
Note: (1) Relativity – Ward = 100%.

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

GRAPH 2.1
Average Billed and Paid Amounts per Case (HK\$) in 2017 and 2018 – Group Policies



GRAPH 2.2
Reimbursement Ratios in 2017 and 2018 – 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
2018						
Private	84,901	1,687	50,327	30,000	18,166	50,444
Semi-Private	245,813	8,774	28,016	16,000	10,000	27,000
Ward	684,368	33,712	20,300	12,229	8,000	19,446
Day Case	547,389	108,502	5,045	2,962	1,500	5,441
2017						
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

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
2018	
Private	3.4
Semi-Private	3.1
Ward	2.6
Day Case	0.0
2017	
Private	3.3
Semi-Private	3.0
Ward	2.6
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
2018			
Daily Room & Board	3,528	1,416	866
Surgeons' Fees	50,444	27,000	19,446
Daily Physicians' Visit Fees	3,971	2,000	1,250
Anaesthetists' Fees	17,590	9,412	7,000
Operating Theatre Charges	18,415	11,120	6,894
Hospital Expenses	28,082	19,771	15,717
Specialists' Fees	7,430	4,084	3,000
2017			
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

(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 2017 and 2018 are summarized in Table 2.7.

Treatment Year	Day Cases	Hospital Confinements
2018	7.3%	4.6%
2017	7.0%	4.8%

Note: Utilization for 2018 = No. of treatment in 2018 / No. of insured earned in 2018.

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 2017 to 2018, except Chiropractors.

Treatment	2018		2017		17-18 Change
	Billed (HK\$)	Relativity	Billed (HK\$)	Relativity	
Chinese Medicine Practitioners	419	139%	416	142%	0.8%
General Practitioners	302	100%	293	100%	3.0%
Specialists	751	249%	716	244%	4.9%
Physiotherapists	514	170%	502	171%	2.3%
Chiropractors	782	259%	803	274%	(2.5%)
X-rays & Laboratory Tests	873	289%	847	289%	3.0%
Dentists	1,092	341%	1,015	346%	7.6%
Out-Patient Total	433	143%	416	142%	4.2%

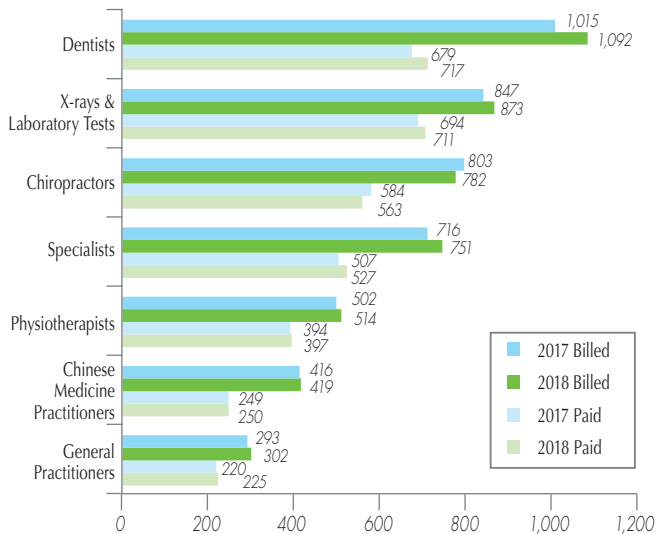
Note: (1) Relativity of General Practitioners = 100%.
(2) Figures may not be additive due to rounding.

TABLE 2.8b
Average Paid Amounts per Case – Group Policies

Treatment	2018		2017		17-18 Change
	Paid (HK\$)	Relativity	Paid (HK\$)	Relativity	
Chinese Medicine Practitioners	250	111%	249	113%	0.3%
General Practitioners	225	100%	220	100%	2.1%
Specialists	527	234%	507	230%	3.8%
Physiotherapists	397	177%	394	179%	0.7%
Chiropractors	563	251%	584	265%	(3.5%)
X-rays & Laboratory Tests	711	316%	694	315%	2.4%
Dentists	717	319%	679	308%	5.5%
Out-Patient Total	308	137%	299	136%	3.2%

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

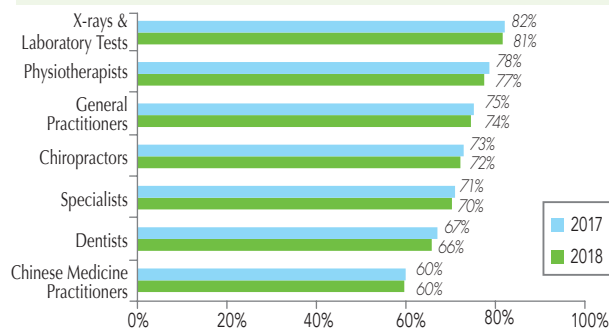
GRAPH 2.3
Average Billed and Paid Amounts per Case (HK\$) in 2017 and 2018 – Group Policies



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 74% in 2018. The X-rays & Laboratory Tests receive the highest reimbursement ratio of 81%, while the Chinese Medicine Practitioners receive the lowest reimbursement ratio of 60% in 2018 (Graph 2.4).

GRAPH 2.4
Reimbursement Ratios in 2017 and 2018 – 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	2018	2017
Chinese Medicine Practitioners' Fees	426	418
General Practitioners' Fees	300	295
Specialists' Fees	800	750
Physiotherapists' Fees	600	570
Chiropractors' Fees	800	750
X-rays & Laboratory Tests Expenses	860	830
Dentists' Fees	880	800

(iv) Utilization Rates of Out-Patient Medical Services

The utilization rates of out-patient medical services by service category in 2017 and 2018 are summarized in Table 2.10.

Category of Medical Services	2018	2017
Chinese Medicine Practitioners	111.9%	109.5%
General Practitioners	359.0%	368.2%
Specialists	53.9%	53.1%
Physiotherapists	18.4%	17.6%
Chiropractors	2.3%	1.9%
X-rays & Laboratory Tests	22.8%	22.4%
Dental	42.9%	40.9%

Note: Utilization for 2018 = No. of treatment in 2018 / No. of insured earned in 2018.

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)	%	
2018					
In-Patient	7,910,813	98%	249,531	65%	31,703
Out-Patient	175,714	2%	135,895	35%	1,293
Total	8,086,527	100%	385,426	100%	20,981
2017					
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

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 2018. This is consistent with market practice that individual members usually purchase only in-patient cover. In-patient treatments accounted for about 65% 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	
2018			
Private	30,000	48,509	2,758
Semi-Private	15,000	24,931	18,925
Ward	13,000	20,784	67,169
Day Case	6,000	8,812	67,202
2017			
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

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

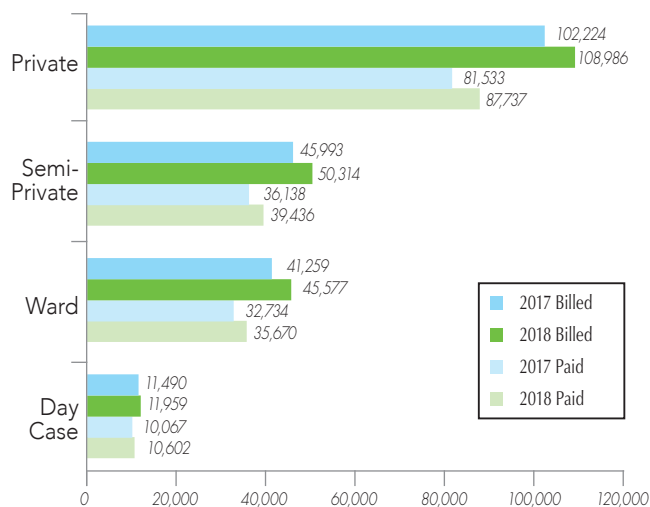
The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 3.3 and Graph 3.1 for the current and previous studies. The relativity factor is expressed as a percentage

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 239% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 239% of that of a Ward case.

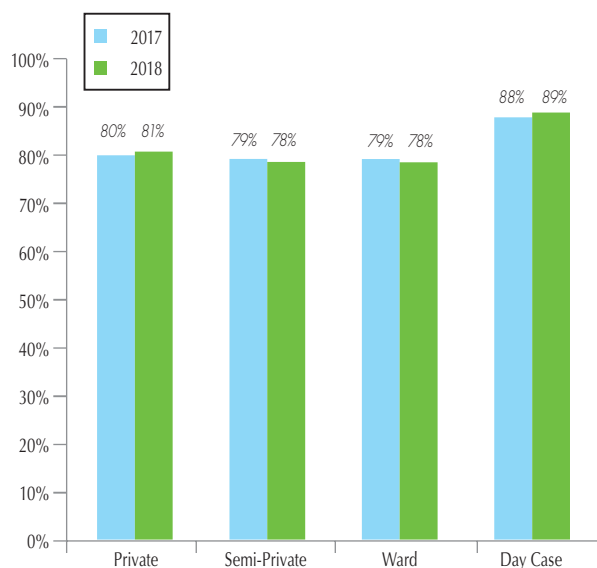
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2018					
Private	108,986	239%	87,737	246%	81%
Semi-Private	50,314	110%	39,436	111%	78%
Ward	45,577	100%	35,670	100%	78%
Day Case	11,959	26%	10,602	30%	89%
2017					
Private	102,224	248%	81,533	249%	80%
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%

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 2017 and 2018 – Individual Policies



GRAPH 3.2
Reimbursement Ratios in 2017 and 2018 – 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
2018						
Private	133,788	2,758	48,509	30,000	20,000	46,000
Semi-Private	471,813	18,925	24,931	15,000	10,000	24,000
Ward	1,396,072	67,169	20,784	13,000	8,300	19,000
Day Case	592,199	67,202	8,812	6,000	3,987	10,000
2017						
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

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
2018	
Private	3.3
Semi-Private	2.9
Ward	2.6
Day Case	0.1
2017	
Private	3.3
Semi-Private	2.9
Ward	2.6
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
2018			
Daily Room & Board	4,149	1,348	891
Surgeons' Fees	46,000	24,000	19,000
Daily Physicians' Visit Fees	5,000	1,900	1,363
Anaesthetists' Fees	16,000	8,000	6,800
Operating Theatre Charges	17,186	8,880	7,170
Hospital Expenses	33,900	18,096	16,462
Specialists' Fees	9,425	3,600	3,000
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

(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 2017 and 2018 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
2018	2.8%	7.3%
2017	2.7%	7.3%

Note: Utilization for 2018 = No. of treatment in 2018 / No. of insured earned in 2018.

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 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	342	2.1	40,000	20,455	18,000
Anus 肛門					
Excision 切除	1,574	2.3	32,000	15,000	15,000
Appendix 盲腸					
Excision 切除	306	4.3	50,000	31,500	27,000
Biliary Tract 膽道疾病					
Endoscopy 內窺鏡檢法	686	3.3	56,000	30,107	30,000
Excision 切除	175	4.2	66,400	45,000	31,350
Esophagus 食道					
Endoscopy 內窺鏡檢法	13,958	1.9	25,000	12,200	11,200
Intestines (Except Rectum) 腸 (直腸除外)					
Excision 切除	203	9.1	100,000	72,000	60,000
Pharynx, Adenoids and Tonsils 咽部、腺樣增殖 (體) 及扁桃腺					
Excision, Destruction 切除、破除	415	2.1	45,000	21,659	15,287
Rectum 直腸					
Endoscopy 內窺鏡檢法	10,314	1.7	18,905	10,000	8,000
Repair 修復					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	356	2.3	45,000	21,985	20,000
Salivary Gland and Ducts 唾液腺及唾液導管					
Excision 切除	193	3.5	48,573	36,000	38,000
ENDOCRINE SYSTEM 分泌系統					
Thyroid Gland 甲狀腺					
Excision 切除	791	3.2	80,000	38,115	38,000
EYE AND OCULAR ADNEXA 眼球及眼副體					
Lens 晶體					
Removal Cataract 割除白內障	535	1.4	44,000	25,000	22,000
Posterior Segment 後部					
Vitreous 玻璃體手術	357	1.8	90,000	60,000	71,000
Retina or Choroid 視網膜或脈絡膜					
Repair 修復	176	1.8	80,500	67,500	66,553
AUDITORY SYSTEM 聽覺系統					
Inner Ear 內耳					
Temporal Bone, Middle Fossa Approach 顛骨、顛中窩入路手術	3,029	2.8	56,700	33,200	41,000

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
FEMALE GENITAL SYSTEM 女性生殖系統					
Cervix Uteri 子宮頸					
Excision 切除	184	1.5	26,800	12,000	11,000
Corpus Uteri 子宮體					
Excision 切除	1,120	4.2	80,000	40,000	40,000
Repair 修復	2,599	1.7	30,000	12,000	12,000
Ovary 卵巢					
Excision 切除	231	4.6	115,000	36,015	40,000
Oviduct 輸卵管					
Incision 切割	316	2.9	45,215	36,000	32,940
Vagina 陰道					
Endoscopy 內窺鏡檢法	910	1.3	18,000	10,000	9,800
Vulva, Perineu and Introitus 外陰、會陰及陰道口					
Incision 切割	183	1.7	15,000	10,000	9,000
Laparoscopy / Hysteroscopy 腹腔鏡檢查 / 子宮鏡檢查	1,403	2.3	48,000	24,000	16,600
INTEGUMENTARY SYSTEM 皮膚系統					
Breast 乳房					
Excision 切除	2,167	2.9	60,000	27,500	21,600
Repair (Closure) 修復 (縫合)					
Repair - Simple 修復 - 簡單	508	1.8	19,000	13,560	10,250
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	2,020	1.7	20,772	10,000	8,500
Incision and Drainage 切割及排水	518	3.4	19,000	9,000	8,000
MALE GENITAL SYSTEM 男性生殖系統					
Penis 陰莖					
Excision 切除	986	1.5	26,500	10,000	10,000
MEDIASTINUM AND DIAPHRAGM 縱膈及橫膈					
Diaphragm 橫膈					
Repair 修復	240	2.1	44,800	16,000	12,000
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	457	5.3	96,400	50,282	50,000
Forearm and Wrist 前臂及手腕					
Excision 切除	289	2.1	27,000	15,000	10,000
Fracture and/or Dislocation 骨折及 / 或脫位	243	2.3	62,500	28,000	27,000
General 全身					
Introduction or Removal 導藥法或割除	402	2.1	22,000	12,000	11,348
Lower Extremity 下肢					
Endoscopy / Arthroscopy 內窺鏡 / 關節鏡檢查	1,044	2.6	67,080	39,440	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
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	316	4.5	90,000	80,000	55,845
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	198	8.1	220,000	120,000	123,000
RESPIRATORY SYSTEM 呼吸系統					
Larynx 喉					
Endoscopy 內窺鏡檢法	733	2.0	12,000	7,000	9,433
Nose 鼻					
Endoscopy 內窺鏡檢法	805	2.1	16,500	8,000	8,500
Excision 切除	181	2.3	53,000	27,000	25,400
Repair 修復	315	2.6	60,750	30,190	27,190
Trachea and Bronchi 氣管及支氣管					
Endoscopy 內窺鏡檢法	966	3.4	18,000	10,000	8,000
Lungs and Pleura 肺部及胸膜					
Excision 切除	180	5.1	90,000	13,780	17,000
URINARY SYSTEM 泌尿系統					
Kidney 腎臟					
Endoscopy 內窺鏡檢法	1,254	2.0	40,000	20,000	18,000
Excision 切除	186	5.1	24,000	20,000	15,000
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	603	1.9	14,700	7,750	7,500
Repair 修復	847	1.6	15,000	7,925	7,500
Urethra and Bladder 尿道及膀胱					
Transurethral Surgery 經由尿道進行之手術	380	2.0	25,904	10,000	9,734
Vesical Neck and Prostate 膀胱頸及前列腺					
Urodynamics 尿流動力學檢查	214	4.4	48,312	25,230	27,000
Ureter and Pelvis 尿管及股盆					
Introduction 導藥法	188	2.6	45,000	25,000	23,000

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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