

# 醫療索償數據知多少？

2019年醫療索償數據調查

Medical Claims Statistics 2019



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

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

## 1. 提綱

書中刊載 2019 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 2019 年醫療保險市場保費收入約 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

## 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)	%	
2019 年					
住院	4,350,259	50%	235,900	2%	18,441
門診	4,312,009	50%	9,208,882	98%	468
總數	8,662,268	100%	9,444,782	100%	917
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

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 2019 年的私家醫療開支總額中，住院服務佔 50%，而門診服務佔 50%。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	
2019 年			
私家房	31,000	54,617	1,756
半私家房	17,766	29,558	9,075
標準房	13,000	21,739	33,621
日間手術	3,125	5,479	116,936
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

備註：上述分析並不包括手術費賬面金額為「0」的個案。

### 2.2 分析

#### 2.2.1 住院個案

##### (i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

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

### (ii) 每宗個案之平均費用

表 2.3 及圖 2.1 詳列各級住院個案在 2018 年與 2019 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 219%,即私家房住院個案之平均賬面金額是標準房的 219%。

住院級別	2019 年		2018 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	97,427	219%	92,520	221%	64%
半私家房	56,789	128%	53,798	129%	72%
標準房	44,523	100%	41,802	100%	75%
日間手術	6,523	15%	5,962	14%	87%
實付金額	61,994	186%	58,261	186%	
實付金額	40,677	122%	38,722	124%	
實付金額	33,314	100%	31,345	100%	
實付金額	5,676	17%	5,212	17%	

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  
2018年及2019年團體保單每宗個案之平均賬面金額及實付金額(港元)

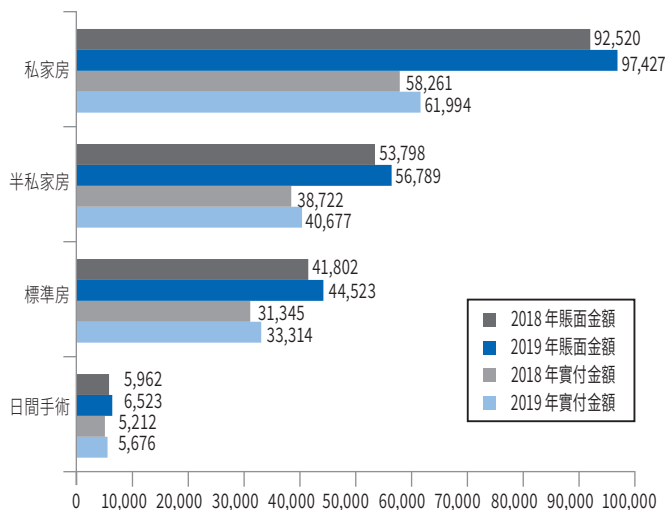
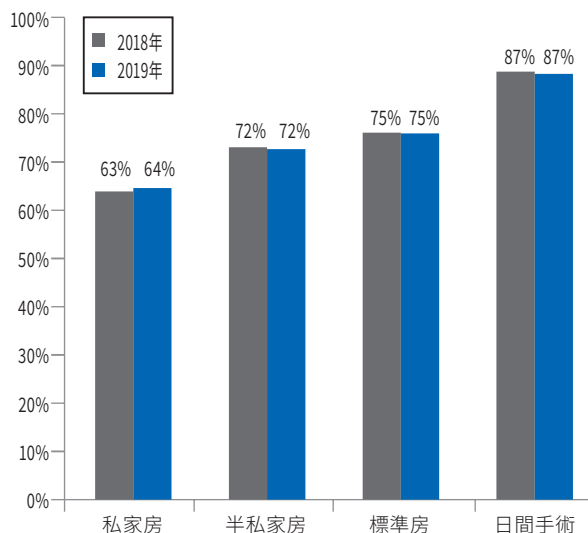


圖 2.2  
2018年及2019年團體保單償付比率



### (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
2019 年						
私家房	95,907	1,756	54,617	31,000	18,775	54,000
半私家房	268,237	9,075	29,558	17,766	10,000	30,000
標準房	730,879	33,621	21,739	13,000	8,500	20,000
日間手術	640,656	116,936	5,479	3,125	1,675	6,000
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

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
2019 年	
私家房	3.4
半私家房	3.0
標準房	2.6
日間手術	0.0
2018 年	
私家房	3.4
半私家房	3.1
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
2019 年			
每日病房及膳食	3,613	1,421	880
外科醫生手術費	54,000	30,000	20,000
每日醫生巡房費	4,000	2,000	1,333
麻醉科醫生費	17,636	10,000	7,098
手術室費	20,362	11,728	7,383
住院雜費	30,683	21,563	16,534
專科醫生費	8,000	4,310	3,200
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

### (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 2018 年及 2019 年的平均使用率見表 2.7。

治療年度	日間手術	住院
2019 年	8.0%	4.6%
2018 年	7.3%	4.6%

備註：2019 年使用率 = 2019 年的治療數目 / 2019 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。2019 年各項治療的賬面金額和實際償付金額均較 2018 年的為高。

治療項目	2019 年		2018 年		18-19 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	429	132%	419	139%	2.3%
普通科醫生	325	100%	302	100%	7.4%
專科醫生	793	244%	751	249%	5.6%
物理治療師	534	165%	514	170%	4.0%
脊醫	812	250%	782	259%	3.8%
X光診斷及化驗	904	279%	873	289%	3.5%
牙醫	1,103	340%	1,092	361%	1.0%
門診總數	468	144%	433	143%	8.1%

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。

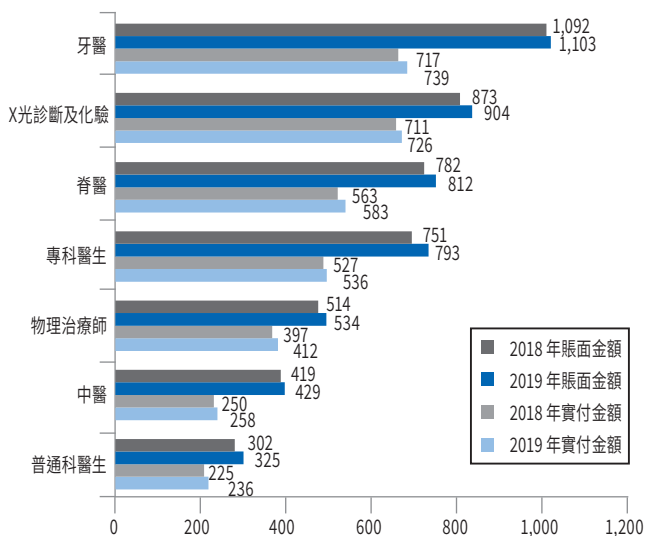
治療項目	2019 年		2018 年		18-19 年 變化
	實付金額 (港元)	相對比率	實付金額 (港元)	相對比率	
中醫	258	109%	250	111%	3.5%
普通科醫生	236	100%	225	100%	5.0%
專科醫生	536	227%	527	234%	1.7%
物理治療師	412	175%	397	177%	3.8%
脊醫	583	247%	563	251%	3.5%
X光診斷及化驗	726	307%	711	316%	2.0%
牙醫	739	313%	717	319%	3.2%
門診總數	328	139%	308	137%	6.4%

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

2018年及2019年團體保單每宗個案之平均賬面和實付金額（港元）

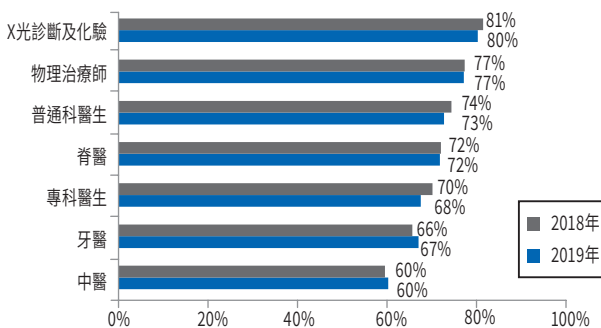


從圖2.3可見，在所有門診個案中，牙醫費用的平均賬面金額最高，普通科醫生費用則最低。

圖2.4顯示，2019年普通科醫生的償付比率下降至73%；X光診斷及化驗的償付比率最高，達80%，而中醫的償付比率則最低，只有60%。

圖2.4

2018年及2019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	2019 年	2018 年
中醫	445	426
普通科醫生	330	300
專科醫生	850	800
物理治療師	650	600
脊醫	800	800
X 光診斷及化驗	900	860
牙醫	900	880

### (iv) 門診醫療服務使用率

在 2019 年及 2018 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	2019 年	2018 年
中醫	115.1%	111.9%
普通科醫生	330.3%	359.0%
專科醫生	56.2%	53.9%
物理治療師	19.8%	18.4%
脊醫	2.3%	2.3%
X 光診斷及化驗	24.0%	22.8%
牙醫	46.9%	42.9%

備註：2019年使用率 = 2019年的治療數目 / 2019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)	%	
2019 年					
住院	9,037,471	99%	271,037	69%	33,344
門診	117,558	1%	121,613	31%	967
總數	9,155,029	100%	392,650	100%	23,316
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

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 2019 年的私家醫療開支總額中，住院服務佔 99%，而門診服務僅佔 1%。這符合個別成員通常只購買住院保障的市場慣例。住院治療個案佔所有個案的 69%。此外，由於兩家主要承保商改變其抽取數據的方式，門診個案的平均開支於 2019 年下跌。

#### 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	
2019 年			
私家房	31,000	54,471	3,227
半私家房	18,000	29,782	15,418
標準房	14,000	22,324	71,813
日間手術	6,056	9,335	79,390
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

備註：上述分析並不包括手術費賬面金額為「0」的個案。



## 3.2 分析

### 3.2.1 住院個案

#### (i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

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

#### (ii) 每宗個案之平均費用

表 3.3 及圖 3.1 詳列各級住院個案在 2018 年與 2019 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 255%, 即私家房住院個案之平均賬面金額是標準房的 255%。

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	
2019 年					
私家房	127,367	255%	94,728	245%	74%
半私家房	55,258	111%	43,440	112%	79%
標準房	49,932	100%	38,708	100%	78%
日間手術	12,686	25%	10,993	28%	87%
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%

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

2018年及2019年個人保單每宗個案之平均賬面金額及實付金額(港元)

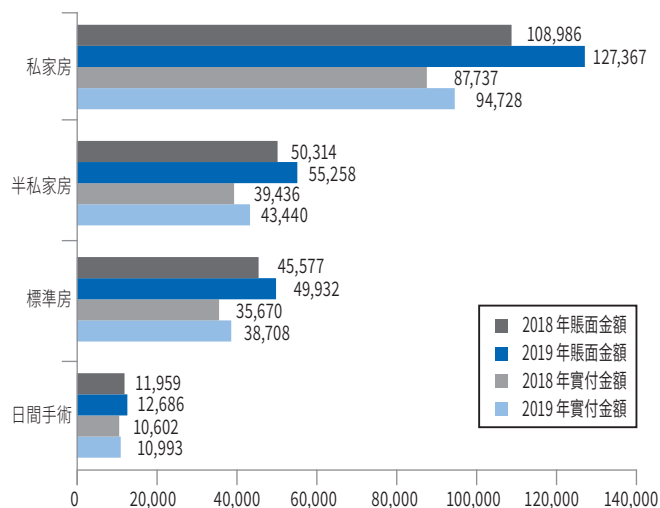
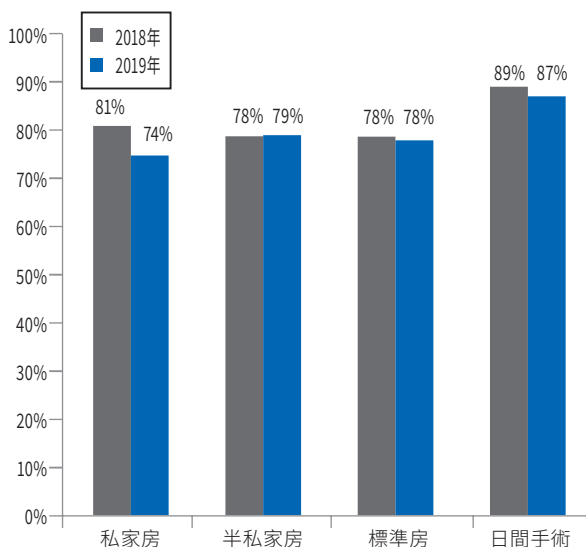


圖3.2

2018年及2019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
2019 年						
私家房	175,779	3,227	54,471	31,000	22,000	50,000
半私家房	459,178	15,418	29,782	18,000	12,000	28,338
標準房	1,603,169	71,813	22,324	14,000	9,500	20,000
日間手術	741,096	79,390	9,335	6,056	4,000	10,300
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

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
2019 年	
私家房	3.4
半私家房	2.9
標準房	2.5
日間手術	0.0
2018 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
2019 年			
每日病房及膳食	4,171	1,492	936
外科醫生手術費	50,000	28,338	20,000
每日醫生巡房費	5,024	2,200	1,500
麻醉科醫生費	17,000	9,900	7,000
手術室費	18,431	9,850	7,400
住院雜費	34,226	20,444	17,501
專科醫生費	9,500	4,000	3,200
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

### (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 2018 年及 2019 年的平均使用率見表 3.7。

治療年度	日間手術	住院
2019 年	3.0%	7.0%
2018 年	2.8%	7.3%

備註：2019 年使用率 = 2019 年的治療數目 / 2019 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 2019 provided by 17 of the largest medical underwriters in Hong Kong, which represent a total of around 75% of the medical insurance market written premium in 2019.

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

**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)	%	
2019					
In-Patient	4,350,259	50%	235,900	2%	18,441
Out-Patient	4,312,009	50%	9,208,882	98%	468
Total	8,662,268	100%	9,444,782	100%	917
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

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 50% of the total cost was attributed to in-patient services and the remaining 50% out-patient services in 2019. 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	
<b>2019</b>			
Private	31,000	54,617	1,756
Semi-Private	17,766	29,558	9,075
Ward	13,000	21,739	33,621
Day Case	3,125	5,479	116,936
<b>2018</b>			
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

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

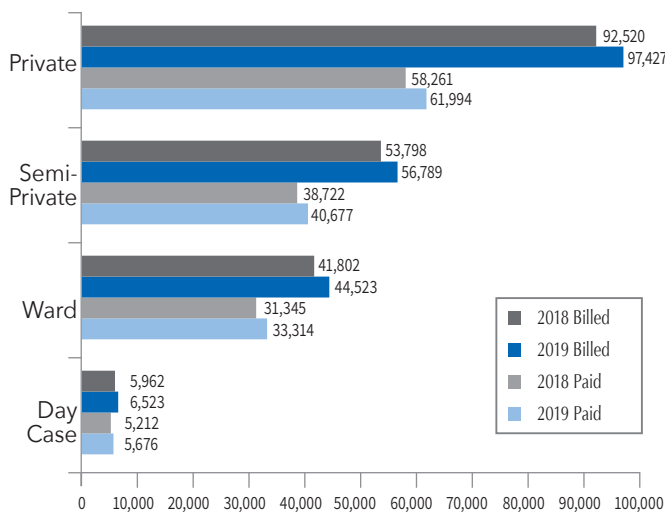
The average billed and paid amounts and their relativity factors for each level of accommodation are displayed in Table 2.3 and Graph 2.1 for the current and previous studies. The relativity factor is expressed as a percentage of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 219% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 219% of that of a Ward case.

Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
<b>2019</b>					
Private	97,427	219%	61,994	186%	64%
Semi-Private	56,789	128%	40,677	122%	72%
Ward	44,523	100%	33,314	100%	75%
Day Case	6,523	15%	5,676	17%	87%
<b>2018</b>					
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%

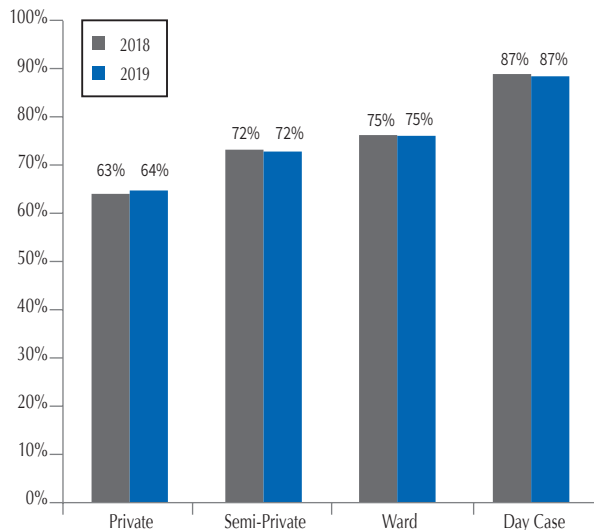
Note: (1) Relativity – Ward = 100%.

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

**GRAPH 2.1**  
Average Billed and Paid Amounts per Case (HK\$) in 2018 and 2019 – Group Policies



**GRAPH 2.2**  
Reimbursement Ratios in 2018 and 2019 – 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>2019</b>						
Private	95,907	1,756	54,617	31,000	18,775	54,000
Semi-Private	268,237	9,075	29,558	17,766	10,000	30,000
Ward	730,879	33,621	21,739	13,000	8,500	20,000
Day Case	640,656	116,936	5,479	3,125	1,675	6,000
<b>2018</b>						
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

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>2019</b>	
Private	3.4
Semi-Private	3.0
Ward	2.6
Day Case	0.0
<b>2018</b>	
Private	3.4
Semi-Private	3.1
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
<b>2019</b>			
Daily Room & Board	3,613	1,421	880
Surgeons' Fees	54,000	30,000	20,000
Daily Physicians' Visit Fees	4,000	2,000	1,333
Anaesthetists' Fees	17,636	10,000	7,098
Operating Theatre Charges	20,362	11,728	7,383
Hospital Expenses	30,683	21,563	16,534
Specialists' Fees	8,000	4,310	3,200
<b>2018</b>			
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

#### (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 2018 and 2019 are summarized in Table 2.7.

Treatment Year	Day Cases	Hospital Confinements
2019	8.0%	4.6%
2018	7.3%	4.6%

Note: Utilization for 2019 = No. of treatment in 2019 / No. of insured earned in 2019.

#### 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 2018 to 2019.

Treatment	2019		2018		18-19 Change
	Billed (HK\$)	Relativity	Billed (HK\$)	Relativity	
Chinese Medicine Practitioners	429	132%	419	139%	2.3%
General Practitioners	325	100%	302	100%	7.4%
Specialists	793	244%	751	249%	5.6%
Physiotherapists	534	165%	514	170%	4.0%
Chiropractors	812	250%	782	259%	3.8%
X-rays & Laboratory Tests	904	279%	873	289%	3.5%
Dentists	1,103	340%	1,092	361%	1.0%
Out-Patient Total	468	144%	433	143%	8.1%

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

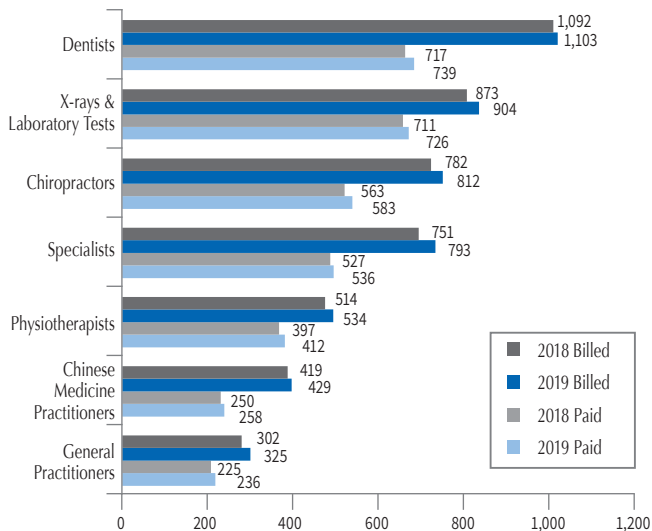


**TABLE 2.8b**  
**Average Paid Amounts per Case – Group Policies**

Treatment	2019		2018		18-19
	Paid (HK\$)	Relativity	Paid (HK\$)	Relativity	
Chinese Medicine Practitioners	258	109%	250	111%	3.5%
General Practitioners	236	100%	225	100%	5.0%
Specialists	536	227%	527	234%	1.7%
Physiotherapists	412	175%	397	177%	3.8%
Chiropractors	583	247%	563	251%	3.5%
X-rays & Laboratory Tests	726	307%	711	316%	2.0%
Dentists	739	313%	717	319%	3.2%
Out-Patient Total	328	139%	308	137%	6.4%

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

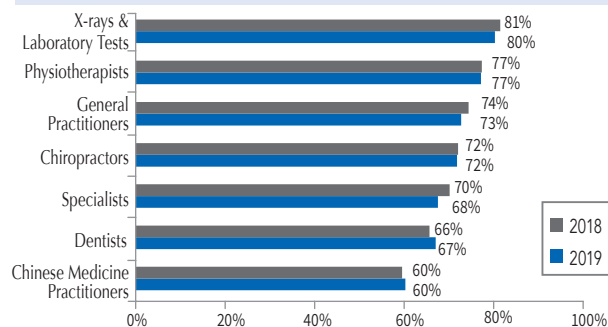
**GRAPH 2.3**  
**Average Billed and Paid Amounts per Case (HK\$) in 2018 and 2019 – Group Policies**



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 73% in 2019. X-rays and Laboratory Tests receive the highest reimbursement ratio of 80%, while Chinese Medicine Practitioners receive the lowest reimbursement ratio of 60% in 2019 (Graph 2.4).

**GRAPH 2.4**  
**Reimbursement Ratios in 2018 and 2019 – 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	2019	2018
Chinese Medicine Practitioners' Fees	445	426
General Practitioners' Fees	330	300
Specialists' Fees	850	800
Physiotherapists' Fees	650	600
Chiropractors' Fees	800	800
X-rays & Laboratory Tests Expenses	900	860
Dentists' Fees	900	880

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

The utilization rates of out-patient medical services by service category in 2018 and 2019 are summarized in Table 2.10.

Category of Medical Services	2019	2018
Chinese Medicine Practitioners	115.1%	111.9%
General Practitioners	330.3%	359.0%
Specialists	56.2%	53.9%
Physiotherapists	19.8%	18.4%
Chiropractors	2.3%	2.3%
X-rays & Laboratory Tests	24.0%	22.8%
Dental	46.9%	42.9%

Note: Utilization for 2019 = No. of treatment in 2019 / No. of insured earned in 2019.

## 3. RESULTS OF SURVEY – INDIVIDUAL POLICIES

### 3.1 Summary of Findings

#### Overview of Private Medical Expenses

Description	Total Billed	Number of Cases		Average Cost	
	(HK\$000's)	%	(Number)	Per Claim (HK\$)	
2019					
In-Patient	9,037,471	99%	271,037	69%	33,344
Out-Patient	117,558	1%	121,613	31%	967
Total	9,155,029	100%	392,650	100%	23,316
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

Note: Figures may not be additive due to rounding.

The figures in Table 3.1 indicate that 99% of the total medical cost was for in-patient services and the remaining 1% for out-patient services in 2019. This is consistent with market practice that individual members usually purchase only in-patient cover. In-patient treatments accounted for about 69% of the number of cases. The average cost of out-patient treatments decreased in 2019, due to the change in data extraction logic of two major companies.

### 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>2019</b>			
Private	31,000	54,471	3,227
Semi-Private	18,000	29,782	15,418
Ward	14,000	22,324	71,813
Day Case	6,056	9,335	79,390
<b>2018</b>			
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

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

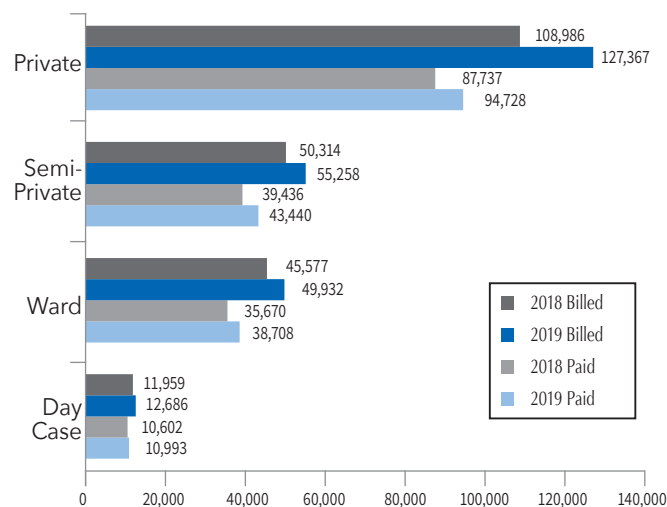
of the average billed or paid amount of a specific level of accommodation to that of the Ward accommodation. For example, the billed relativity factor of 255% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 255% of that of a Ward case.

Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
<b>2019</b>					
Private	127,367	255%	94,728	245%	74%
Semi-Private	55,258	111%	43,440	112%	79%
Ward	49,932	100%	38,708	100%	78%
Day Case	12,686	25%	10,993	28%	87%
<b>2018</b>					
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%

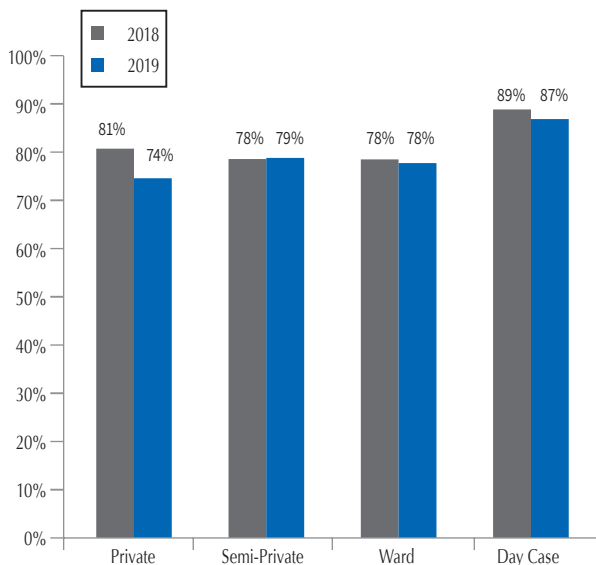
Note: (1) Relativity – Ward = 100%.

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

**GRAPH 3.1**  
Average Billed and Paid Amounts per Case (HK\$) in 2018 and 2019 – Individual Policies



**GRAPH 3.2**  
**Reimbursement Ratios in 2018 and 2019 – 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>2019</b>						
Private	175,779	3,227	54,471	31,000	22,000	50,000
Semi-Private	459,178	15,418	29,782	18,000	12,000	28,338
Ward	1,603,169	71,813	22,324	14,000	9,500	20,000
Day Case	741,096	79,390	9,335	6,056	4,000	10,300
<b>2018</b>						
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

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>2019</b>	
Private	3.4
Semi-Private	2.9
Ward	2.5
Day Case	0.0
<b>2018</b>	
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
<b>2019</b>			
Daily Room & Board	4,171	1,492	936
Surgeons' Fees	50,000	28,338	20,000
Daily Physicians' Visit Fees	5,024	2,200	1,500
Anaesthetists' Fees	17,000	9,900	7,000
Operating Theatre Charges	18,431	9,850	7,400
Hospital Expenses	34,226	20,444	17,501
Specialists' Fees	9,500	4,000	3,200
<b>2018</b>			
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

**(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 2018 and 2019 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
2019	3.0%	7.0%
2018	2.8%	7.3%

Note: Utilization for 2019 = No. of treatment in 2019 / No. of insured earned in 2019.

**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
<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	383	2.0	42,900	20,000	20,000
<b>Anus 肛門</b>					
Excision 切除	1,426	2.3	32,500	16,500	16,000
<b>Appendix 盲腸</b>					
Excision 切除	343	4.0	55,000	32,000	30,000
<b>Biliary Tract 膽道疾病</b>					
Endoscopy 內窺鏡檢法	748	3.2	60,000	38,960	30,000
<b>Esophagus 食道</b>					
Endoscopy 內窺鏡檢法	14,135	1.8	26,000	13,000	12,000
<b>Pharynx, Adenoids and Tonsils 咽部、腺樣增殖(體)及扁桃腺</b>					
Excision, Destruction 切除、破除	454	2.0	45,000	24,500	20,000
<b>Rectum 直腸</b>					
Endoscopy 內窺鏡檢法	9,888	1.7	20,000	10,500	9,000
<b>Repair 修復</b>					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	375	2.2	49,232	25,000	22,000
<b>Salivary Gland and Ducts 唾液腺及唾液導管</b>					
Excision 切除	172	3.9	122,000	53,000	45,000
<b>ENDOCRINE SYSTEM 分泌系統</b>					
<b>Thyroid Gland 甲狀腺</b>					
Excision 切除	765	3.2	59,385	40,000	40,000
<b>AUDITORY SYSTEM 聽覺系統</b>					
<b>Inner Ear 內耳</b>					
Temporal Bone, Middle Fossa Approach 顛骨、顛中窩入路手術	3,424	2.4	70,000	41,000	43,000
<b>EYE AND OCULAR ADNEXA 眼球及眼副體</b>					
<b>Lens 晶體</b>					
Removal Cataract 割除白內障	542	1.4	38,000	34,500	23,000
<b>Posterior Segment 後部</b>					
Vitreous 玻璃體手術	392	1.7	90,000	70,000	71,600
<b>FEMALE GENITAL SYSTEM 女性生殖系統</b>					
<b>Cervix Uteri 子宮頸</b>					
Excision 切除	171	1.6	20,045	15,840	12,000

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>Corpus Uteri 子宮體</b>					
Excision 切除	1,071	4.3	85,000	45,000	42,000
Repair 修復	2,846	1.6	30,580	15,000	13,800
<b>Ovary 卵巢</b>					
Excision 切除	245	4.3	100,000	52,000	42,000
<b>Oviduct 輸卵管</b>					
Incision 切割	325	3.2	60,000	38,000	35,000
<b>Vagina 陰道</b>					
Endoscopy 內窺鏡檢法	990	1.3	18,600	10,248	9,800
<b>Vulva, Perineu and Introitus 外陰、會陰及陰道口</b>					
Incision 切割	183	1.4	22,280	10,000	10,000
Laparoscopy / Hysteroscopy 腹腔鏡檢查/子宮鏡檢查	1,375	2.2	36,000	23,828	18,000
<b>INTEGUMENTARY SYSTEM 皮膚系統</b>					
<b>Breast 乳房</b>					
Excision 切除	2,287	2.9	60,000	28,000	25,000
<b>Repair (Closure) 修復(縫合)</b>					
Repair - Simple 修復 - 簡單	490	1.7	28,000	15,000	10,000
<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	1,913	1.6	20,000	12,000	9,000
Incision and Drainage 切割及排水	444	3.5	22,750	10,000	8,632
<b>MALE GENITAL SYSTEM 男性生殖系統</b>					
<b>Penis 陰莖</b>					
Excision 切除	901	1.6	30,000	12,000	10,600
<b>Prostate 前列腺</b>					
Incision 切割	230	1.6	28,800	9,700	9,000
<b>MEDIASTINUM AND DIAPHRAGM 縱膈及橫膈</b>					
<b>Diaphragm 橫膈</b>					
Repair 修復	266	2.1	28,000	18,000	13,000
<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	515	5.0	85,000	48,250	50,000
<b>Forearm and Wrist 前臂及手腕</b>					
Excision 切除	275	1.8	44,500	15,000	12,000
Fracture and/or Dislocation 骨折及/或脫位	331	2.4	60,000	32,000	30,000
<b>General 全身</b>					
Introduction or Removal 導藥法或割除	428	2.0	30,000	13,000	12,000
<b>Lower Extremity 下肢</b>					
Endoscopy / Arthroscopy 內窺鏡/關節鏡檢查	1,118	2.5	60,000	40,000	33,000



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>Leg (Tibia and Fibula) and Ankle Joint 小腿(脛骨及腓骨)及踝關節</b>					
Repair, Revision, and/or Reconstruction 修復、二度置換及/或重建	179	2.5	59,000	27,000	25,957
<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	395	4.3	108,539	58,000	60,000
Injection, Drainage, or Aspiration 注射、排液或吸引術	235	4.2	16,000	9,600	8,671
<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	220	8.7	130,000	137,500	120,000
<b>RESPIRATORY SYSTEM 呼吸系統</b>					
<b>Larynx 喉</b>					
Endoscopy 內窺鏡檢法	755	2.1	18,390	8,799	9,555
<b>Nose 鼻</b>					
Endoscopy 內窺鏡檢法	921	2.1	15,000	9,000	9,700
Excision 切除	192	2.4	54,381	30,000	25,206
Repair 修復	325	2.4	65,000	45,000	30,000
<b>Trachea and Bronchi 氣管及支氣管</b>					
Endoscopy 內窺鏡檢法	1,125	3.4	18,000	9,000	10,000
<b>Lungs and Pleura 肺部及胸膜</b>					
Excision 切除	277	4.6	63,180	14,085	20,000
<b>URINARY SYSTEM 泌尿系統</b>					
<b>Kidney 腎臟</b>					
Endoscopy 內窺鏡檢法	1,286	2.0	46,500	20,000	19,600
<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	731	2.0	20,000	10,400	8,000
Repair 修復	791	1.6	22,336	9,000	7,857
<b>Urethra and Bladder 尿道及膀胱</b>					
Transurethral Surgery 經由尿道進行之手術	441	1.9	28,000	10,408	12,000
<b>Vesical Neck and Prostate 膀胱頸及前列腺</b>					
Urodynamics 尿流動力學檢查	240	4.6	60,000	30,000	28,182
<b>Ureter and Pelvis 尿管及股盆</b>					
Introduction 導藥法	198	2.5	45,750	25,000	23,950
<b>CARDIOVASCULAR SYSTEM 心血管系統</b>					
<b>Spleen 脾</b>					
Introduction 導藥法	171	3.9	7,733	8,000	10,000

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

備註：由於調查數據量少，頭等房手術費的統計數字或會出現較大的不確定性。



香港保險業聯會

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