

醫療索償數據知多少？

2015年醫療索償數據調查

Medical Claims Statistics 2015



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1. 提綱

書中刊載 2015 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 2015 年醫療保險市場保費收入超過 60%。

書中包括以下分析：

- 團體醫療保單及個人醫療保單的私家醫療開支總覽
- 手術費用的調查

2. 團體保單調查結果

2.1 調查結果摘要

私家醫療開支總覽

項目	賬面總額		個案數目		每宗個案 平均收費 (港元)
	金額 (千港元)	%	數目	%	
2015 年					
住院	3,542,860	49%	192,716	2%	18,384
門診	3,747,925	51%	9,268,445	98%	404
總數	7,290,784	100%	9,461,161	100%	771
2014 年					
住院	3,333,550	49%	189,148	2%	17,624
門診	3,479,103	51%	9,110,903	98%	382
總數	6,812,654	100%	9,300,051	100%	733

備註：(1) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

(2) 額外醫療保障紀錄及資料不詳之首次索償均被剔除在分析之外。

表 2.1 的數據顯示在 2015 年的總賬面醫療收費中，住院服務佔 49%，而門診服務佔 51%，但是住院個案的數目僅佔所有個案的 2%。

每宗個案之手術費調查

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

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2015 年			
頭等房	20,000	38,377	2,269
二等房	15,000	24,516	6,549
三等房	10,000	16,784	41,106
診所小手術	2,185	4,300	83,100
2014 年			
頭等房	20,000	35,292	2,455
二等房	14,000	23,106	6,061
三等房	9,800	15,908	41,534
診所小手術	2,030	4,141	81,917

備註：上表的分析並不包括手術費賬面金額為「0」的個案。

2.2 分析

2.2.1 住院個案

(i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

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

(ii) 每宗個案之平均費用

表 2.3 及圖 2.1 詳列各級住院個案在 2014 年與 2015 年的平均實付金額、賬面金額及相對比率。相對比率以三等房之平均賬面或實付金額作百分比基準（即 100%）顯示，舉例說：頭等房之賬面金額相對比率為 238%，即入住頭等房之病人須付出之平均賬面金額是三等房病人的 238%。

各級住院	賬面金額		實付金額		償付百分率 %
	(港元)	相對比率	(港元)	相對比率	
2015 年					
頭等房	86,427	238%	43,602	162%	50%
二等房	45,438	125%	33,268	123%	73%
三等房	36,252	100%	26,952	100%	74%
診所小手術	5,701	16%	4,715	17%	83%
2014 年					
頭等房	80,204	237%	40,900	169%	51%
二等房	42,573	126%	31,375	130%	74%
三等房	33,828	100%	24,154	100%	71%
診所小手術	5,500	16%	4,547	19%	83%

備註：(1) 相對比率 - 三等房 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖 2.1

2014年及2015年團體保單每宗個案之平均賬面金額和實付金額(港元)

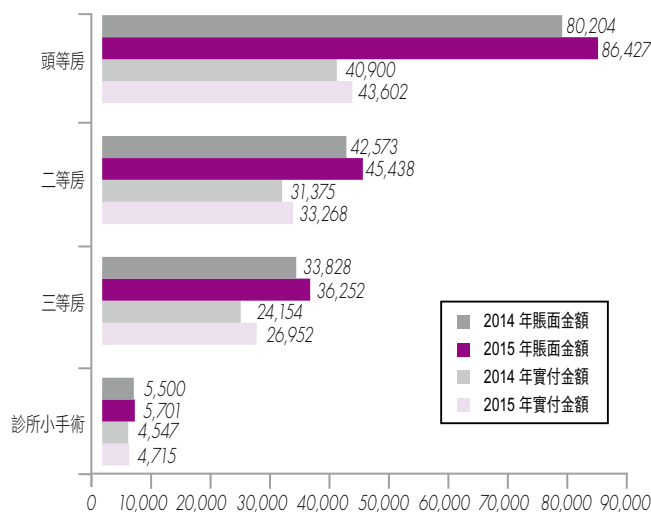
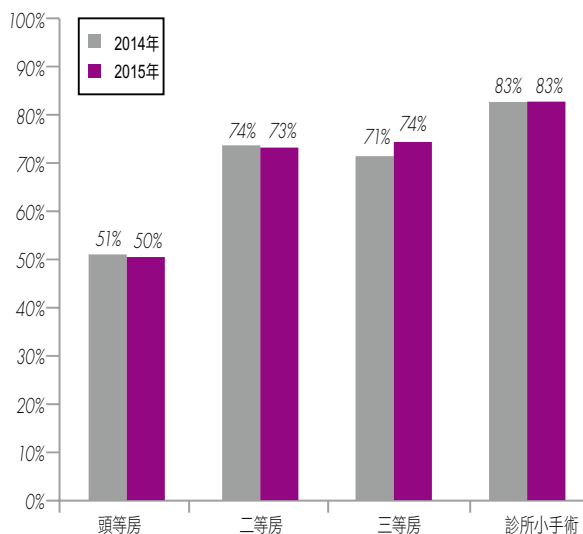


圖 2.2

2014年及2015年團體保單償付百分率



(iii) 手術費調查

此部分將 2,023 種常見手術類別歸納為 425 個組別，並羅列四類住院級別的收費標準。由於本調查以私家醫院之手術費為主，故此並不包括在政府醫院進行的治療。調查結果摘錄見表 2.4。同時，表 2.5 顯示為各級住院之住院日數摘要。

各級住院	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目	平均數	中位數	低位	高位
2015 年						
頭等房	87,078	2,269	38,377	20,000	12,000	35,000
二等房	160,554	6,549	24,516	15,000	9,500	24,000
三等房	689,928	41,106	16,784	10,000	7,000	16,000
診所小手術	357,292	83,100	4,300	2,185	1,200	4,170
2014 年						
頭等房	86,642	2,455	35,292	20,000	12,000	35,000
二等房	140,043	6,061	23,106	14,000	9,000	22,500
三等房	660,726	41,534	15,908	9,800	6,500	15,000
診所小手術	339,244	81,917	4,141	2,030	1,200	4,000

備註：(1) 上述分析並不包括手術費賬面金額為「0」之個案。

(2) 低位 = 第30 百分位數；高位 = 第70 百分位數。

各級住院	平均住院日數
2015 年	
頭等房	3.2
二等房	2.8
三等房	2.5
診所小手術	0.0
2014 年	
頭等房	3.3
二等房	2.9
三等房	2.5
診所小手術	0.0

(iv) 第 70 百分位數的賬面住院醫療收費水平

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

醫療收費類別	頭等房	二等房	三等房
2015 年			
每日住院及膳食費用	4,707	1,502	791
手術費	35,000	24,000	16,000
每日醫生巡房費	3,000	2,000	1,077
麻醉師費用	12,195	9,000	6,000
手術室費用	12,656	8,525	5,951
住院費用	24,257	18,566	13,702
專科醫生費用	6,100	3,750	2,800
2014 年			
每日住院及膳食費用	4,809	1,437	757
手術費	35,000	22,500	15,000
每日醫生巡房費	2,885	1,800	1,000
麻醉師費用	12,630	9,000	6,000
手術室費用	12,982	8,473	5,910
住院費用	23,551	17,795	13,088
專科醫生費用	6,000	3,702	2,644

(v) 住院醫療服務使用率

住院醫療服務使用率包括診所小手術及住院項目，兩者在 2014 年及 2015 年的平均使用率見表 2.7。

治療年度	診所小手術	住院
2015 年	6.0%	5.1%
2014 年	6.1%	5.4%

備註：(1) 2015 年使用率 = 2015 年的治療數目 / 2015 年保單之滿期受保人數。

(2) 由於參與調查的會員公司數目改變，所以 2014 年的使用率跟往年所顯示的不同。

2.2.2 門診個案

(i) 以診症分類

門診個案可細分為以下七個類別：

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

(ii) 每宗個案平均費用

表 2.8 和圖 2.3 顯示每宗門診個案之平均賬面金額及實付金額，償付百分比見圖 2.4。醫療服務的賬面金額和實付金額在 2015 年，均較 2014 年的為高。

治療項目	2015 年		2014 年		14-15 年 變化
	賬面金額 (港元)	相對比率	賬面金額 (港元)	相對比率	
中醫師	386	127%	368	126%	5.0%
普通科醫生	303	100%	292	100%	3.9%
專科醫生	675	223%	643	220%	5.1%
物理治療師	495	163%	469	160%	5.6%
脊醫	709	234%	695	238%	1.9%
X光/化驗室	935	308%	908	311%	3.0%
牙醫	976	322%	892	305%	9.5%
門診總數	404	133%	382	131%	5.9%

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

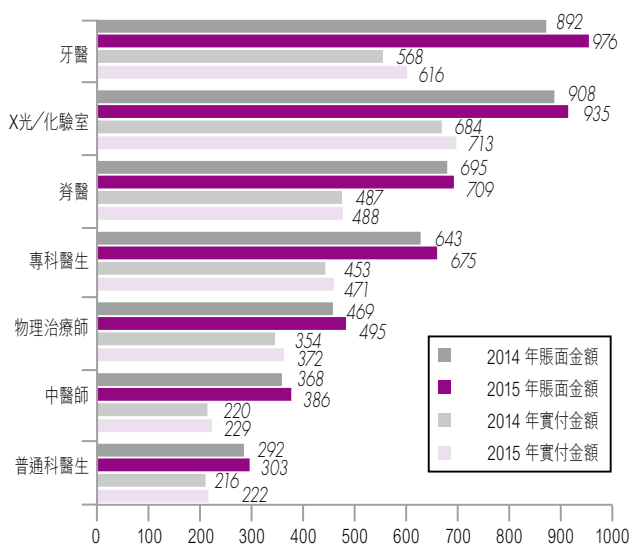
治療項目	2015 年		2014 年		14-15 年 變化
	實付金額 (港元)	相對比率	實付金額 (港元)	相對比率	
中醫師	229	103%	220	102%	4.1%
普通科醫生	222	100%	216	100%	2.8%
專科醫生	471	212%	453	210%	3.8%
物理治療師	372	168%	354	164%	5.2%
脊醫	488	220%	487	225%	0.3%
X光/化驗室	713	321%	684	317%	4.3%
牙醫	616	277%	568	263%	8.4%
門診總數	283	127%	270	125%	4.8%

備註：(1) 普通科醫生相對比率 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖2.3

2014年及2015年團體保單每宗個案平均賬面和實付金額（港元）

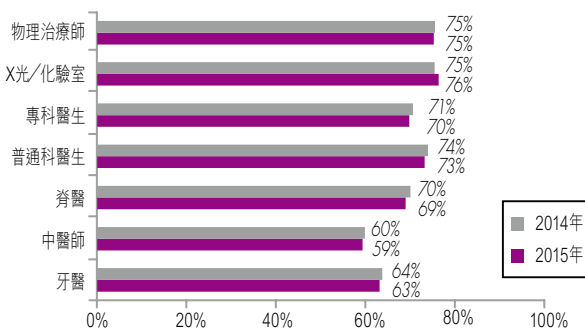


從圖2.3可見，在所有門診個案中，牙醫費用的平均賬面金額最高，普通科醫生費用則最低。

在償付百分率方面，普通科醫生的償付百分率由2014年的74%降至2015年的73%；X光/化驗室費用的償付百分率最高，為76%，而中醫師的償付百分率則最低，只有59%（見圖2.4）。

圖2.4

2014年及2015年團體保單償付百分率



(iii) 第 70 百分位數之賬面門診醫療收費水平

第 70 百分位數之賬面醫療收費水平指，投保金額若達致此水平，預計有七成機會足以支付實際的門診醫療費用；七類門診醫療費用的第 70 百分位數的水平見表 2.9。

表 2.9 團體保單第 70 百分位數之賬面醫療收費水平（港元）

醫療收費類別	2015 年	2014 年
中醫師	390	375
普通科醫生	280	270
專科醫生	700	680
物理治療師	550	500
脊醫	700	700
X光/化驗室	900	864
牙醫	800	700

(iv) 門診醫療服務使用率

在 2015 年及 2014 年，按服務類型分類的門診醫療服務使用率，詳見表 2.10。

表 2.10 團體保單門診醫療服務平均使用率

醫療服務類別	2015 年	2014 年
中醫師	116.5%	111.1%
普通科醫生	412.4%	431.4%
專科醫生	56.9%	54.5%
物理治療師	18.4%	17.4%
脊醫	3.0%	2.4%
X光/化驗室	23.1%	22.8%
牙醫	45.3%	46.4%

備註：(1) 2015 年的使用率 = 2015 年的治療數目 / 2015 年保單之滿期受保人數。
(2) 由於參與調查的會員公司數目改變，所以 2014 年的使用率跟往年所顯示的不同。

3. 個人保單調查結果

3.1 調查結果摘要

私家醫療開支總覽

項目	賬面總額		個案數目		每宗個案 平均收費 (港元)
	金額 (千港元)	%	數目	%	
2015 年					
住院	5,245,233	98%	175,571	65%	29,875
門診	83,596	2%	94,861	35%	881
總數	5,328,829	100%	270,432	100%	19,705
2014 年					
住院	4,652,300	98%	166,971	61%	27,863
門診	83,891	2%	104,856	39%	800
總數	4,736,191	100%	271,827	100%	17,424

備註：因需要調整為整數的關係，以上數字可能與實際數目有出入。

表 3.1 的數據顯示在 2015 年的總賬面醫療收費中，住院服務佔 98%，而門診服務僅佔 2%，這符合市場慣例，個別成員通常只購買住院保障。住院個案的數目佔所有個案的 65%。

每宗個案之手術費調查

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

住院級別	手術費 (港元)		個案數目
	中位數	平均數	
2015 年			
頭等房	24,000	39,251	3,071
二等房	12,600	21,164	10,154
三等房	10,000	15,365	72,987
診所小手術	4,720	7,909	29,132
2014 年			
頭等房	22,000	35,064	2,564
二等房	12,000	20,234	8,638
三等房	10,000	14,741	71,821
診所小手術	4,500	7,425	23,334

備註：上表的分析並不包括手術費賬面金額為「0」的個案。

3.2 分析

3.2.1 住院個案

(i) 以服務分類

每個住院個案的索償費用皆細分為以下七個類別：

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

(ii) 每宗個案之平均費用

表 3.3 及圖 3.1 詳列各級住院個案在 2014 年與 2015 年的平均實付金額、賬面金額及相對比率。相對比率以三等房之平均賬面或實付金額作百分比基準（即 100%）顯示，舉例說：頭等房之賬面金額相對比率為 276%，即入住頭等房之病人須付出之平均賬面金額是二等房病人的 276%。

各級住院	賬面金額		實付金額		償付百分率 %
	(港元)	相對比率	(港元)	相對比率	
2015 年					
頭等房	95,643	276%	73,635	256%	77%
二等房	42,852	124%	34,114	118%	80%
三等房	34,616	100%	28,818	100%	83%
診所小手術	9,414	27%	7,984	28%	85%
2014 年					
頭等房	80,905	247%	63,882	232%	79%
二等房	39,874	122%	31,670	115%	79%
三等房	32,792	100%	27,493	100%	84%
診所小手術	8,763	27%	7,429	27%	85%

備註：(1) 相對比率 - 三等房 = 100%。

(2) 因需要調整為整數的關係，以上數字可能與實際數目有出入。

圖3.1

2014年及2015年個人保單每宗個案之平均賬面金額和實付金額(港元)

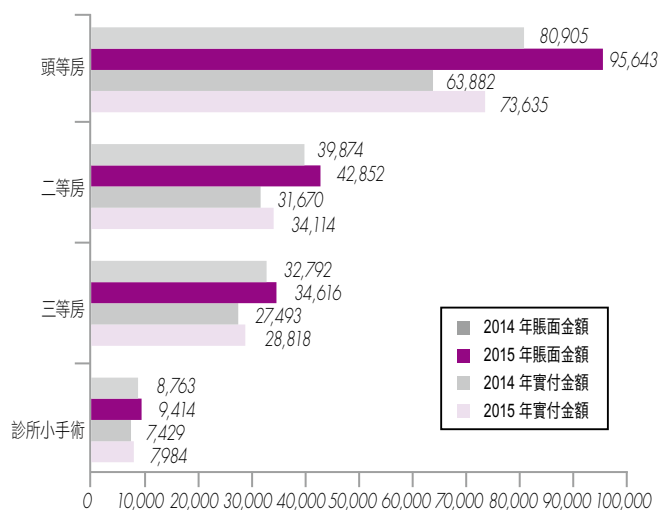
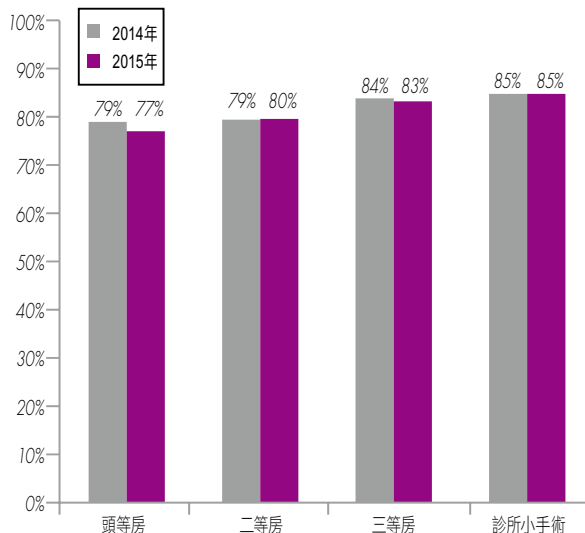


圖3.2

2014年及2015年個人保單償付百分率



(iii) 手術費調查

此部分將 2,023 種常見手術類別歸納為 425 個組別，並羅列四類住院級別的收費標準。由於本調查以私家醫院之手術費為主，故此並不包括在政府醫院進行的治療。調查結果摘錄見表 3.4。同時，表 3.5 顯示為各級住院之住院日數摘要。

各級住院	賬面金額		賬面金額 (港元)			
	(千港元)	個案數目	平均數	中位數	低位	高位
2015 年						
頭等房	120,541	3,071	39,251	24,000	16,000	34,000
二等房	214,895	10,154	21,164	12,600	8,000	20,000
三等房	1,121,411	72,987	15,365	10,000	6,600	14,500
診所小手術	230,391	29,132	7,909	4,720	2,700	7,500
2014 年						
頭等房	89,903	2,564	35,064	22,000	15,000	33,000
二等房	174,778	8,638	20,234	12,000	8,000	19,000
三等房	1,058,747	71,821	14,741	10,000	6,360	14,000
診所小手術	173,257	23,334	7,425	4,500	2,500	7,000

備註：(1) 上述分析並不包括手術費賬面金額為「0」之個案。

(2) 低位 = 第30 百分位數；高位 = 第70 百分位數。

各級住院	平均住院日數
2015 年	
頭等房	3.2
二等房	2.8
三等房	2.4
診所小手術	0.0
2014 年	
頭等房	3.2
二等房	2.8
三等房	2.4
診所小手術	0.0

(iv) 第 70 百分位數的賬面住院醫療收費水平

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

醫療收費類別	頭等房	二等房	三等房
2015 年			
每日住院及膳食費用	3,850	1,335	792
手術費	34,000	20,000	14,500
每日醫生巡房費	4,500	2,000	1,160
麻醉師費用	12,000	7,000	5,000
手術室費用	13,747	7,700	5,667
住院費用	29,251	17,406	13,418
專科醫生費用	7,700	3,500	2,840
2014 年			
每日住院及膳食費用	3,760	1,300	763
手術費	33,000	19,000	14,000
每日醫生巡房費	4,000	1,800	1,080
麻醉師費用	11,700	6,800	5,000
手術室費用	12,696	7,659	5,595
住院費用	26,622	16,705	12,748
專科醫生費用	7,795	3,360	2,800

(v) 住院醫療服務使用率

住院醫療服務使用率包括診所小手術及住院項目，兩者在 2014 年及 2015 年的平均使用率見表 3.7。

治療年度	診所小手術	住院
2015 年	2.4%	8.4%
2014 年	1.9%	8.2%

備註：(1) 2015 年使用率 = 2015 年的治療數目 / 2015 年保單之滿期受保人數。

(2) 由於參與調查的會員公司數目改變，所以 2014 年的使用率跟往年所顯示的不同。

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 2015 provided by 16 of the largest medical underwriters in Hong Kong, which represent a total of over 60% of the medical insurance market paid medical fees in 2015.

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\$)
	Amount (HK\$000's)	%	Number	%	
2015					
In-Patient	3,542,860	49%	192,716	2%	18,384
Out-Patient	3,747,925	51%	9,268,445	98%	404
Total	7,290,784	100%	9,461,161	100%	771
2014					
In-Patient	3,333,550	49%	189,148	2%	17,624
Out-Patient	3,479,103	51%	9,110,903	98%	382
Total	6,812,654	100%	9,300,051	100%	733

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

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

The figures in Table 2.1 indicate that 49% of the total cost was attributed to in-patient services and the remaining 51% out-patient services in 2015. 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 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	
2015			
Private	20,000	38,377	2,269
Semi-Private	15,000	24,516	6,549
Ward	10,000	16,784	41,106
Day Case	2,185	4,300	83,100
2014			
Private	20,000	35,292	2,455
Semi-Private	14,000	23,106	6,061
Ward	9,800	15,908	41,534
Day Case	2,030	4,141	81,917

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

2.2 Analysis

2.2.1 In-Patient Cases

(i) Distribution by Type of Service

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

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

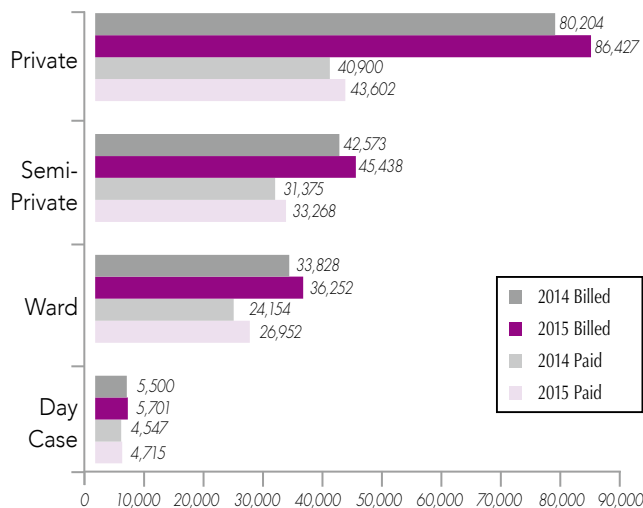
(ii) Average Cost per Case

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 238% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 238% of that of a Ward case.

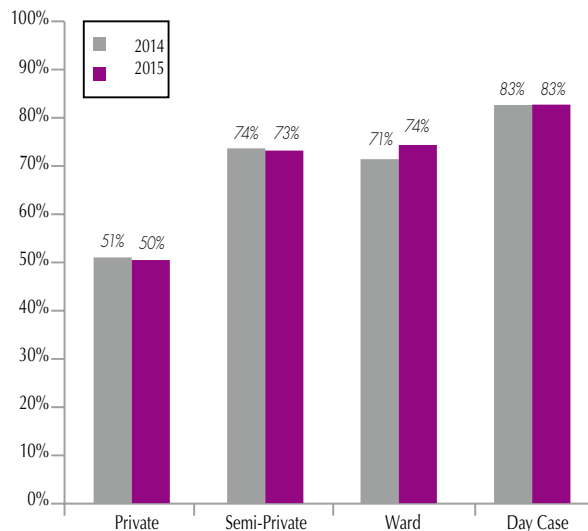
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2015					
Private	86,427	238%	43,602	162%	50%
Semi-Private	45,438	125%	33,268	123%	73%
Ward	36,252	100%	26,952	100%	74%
Day Case	5,701	16%	4,715	17%	83%
2014					
Private	80,204	237%	40,900	169%	51%
Semi-Private	42,573	126%	31,375	130%	74%
Ward	33,828	100%	24,154	100%	71%
Day Case	5,500	16%	4,547	19%	83%

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

GRAPH 2.1
Average Billed and Paid Amounts per Case (HK\$) in 2014 and 2015 – Group Policies



GRAPH 2.2
Reimbursement Ratios in 2014 and 2015 – 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 is illustrated in Table 2.5.

Level of Accommodation	Billed Amount (HK\$000's)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
2015						
Private	87,078	2,269	38,377	20,000	12,000	35,000
Semi-Private	160,554	6,549	24,516	15,000	9,500	24,000
Ward	689,928	41,106	16,784	10,000	7,000	16,000
Day Case	357,292	83,100	4,300	2,185	1,200	4,170
2014						
Private	86,642	2,455	35,292	20,000	12,000	35,000
Semi-Private	140,043	6,061	23,106	14,000	9,000	22,500
Ward	660,726	41,534	15,908	9,800	6,500	15,000
Day Case	339,244	81,917	4,141	2,030	1,200	4,000

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

Level of Accommodation	Average Number of Days of Hospital Confinement
2015	
Private	3.2
Semi-Private	2.8
Ward	2.5
Day Case	0.0
2014	
Private	3.3
Semi-Private	2.9
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
2015			
Room & Board Cost Per Day	4,707	1,502	791
Surgeons' Fees	35,000	24,000	16,000
Physicians' Fees Per Day	3,000	2,000	1,077
Anesthetists' Fees	12,195	9,000	6,000
Operating Theatre Expenses	12,656	8,525	5,951
Hospital Expenses	24,257	18,566	13,702
Specialists' Fees	6,100	3,750	2,800
2014			
Room & Board Cost Per Day	4,809	1,437	757
Surgeons' Fees	35,000	22,500	15,000
Physicians' Fees Per Day	2,885	1,800	1,000
Anesthetists' Fees	12,630	9,000	6,000
Operating Theatre Expenses	12,982	8,473	5,910
Hospital Expenses	23,551	17,795	13,088
Specialists' Fees	6,000	3,702	2,644

(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 2014 and 2015 are summarized in Table 2.7.

Treatment Year	Clinical Surgeries	Hospital Confinements
2015	6.0%	5.1%
2014	6.1%	5.4%

Note: (1) Utilization for 2015 = No. of treatment in 2015 / No. of insured earned in 2015.

(2) The Utilization Rates in 2014 are different from the last survey due to changes in participating member companies.

2.2.2 Out-Patient Cases

(i) Distribution by Type of Service

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

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

(ii) Average Cost per Case

The average billed and paid amounts per case are 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 2014 to 2015.

TABLE 2.8a
Average Billed Amounts per Case – Group Policies

Treatment	2015		2014		14-15 Change
	Billed (HK\$)	Relativity	Billed (HK\$)	Relativity	
Chinese Medicine Practitioners	386	127%	368	126%	5.0%
General Practitioners	303	100%	292	100%	3.9%
Specialists	675	223%	643	220%	5.1%
Physiotherapists	495	163%	469	160%	5.6%
Chiropractors	709	234%	695	238%	1.9%
X-ray/Laboratory	935	308%	908	311%	3.0%
Dentists	976	322%	892	305%	9.5%
Out-Patient Total	404	133%	382	131%	5.9%

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

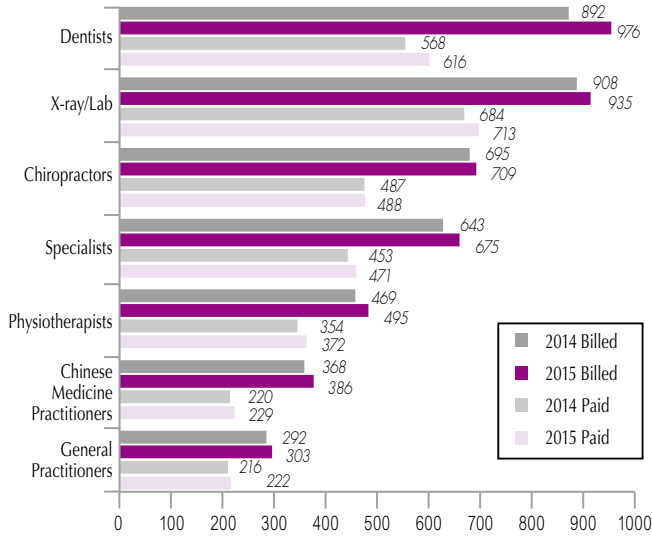
TABLE 2.8b
Average Paid Amounts per Case – Group Policies

Treatment	2015		2014		14-15 Change
	Paid (HK\$)	Relativity	Paid (HK\$)	Relativity	
Chinese Medicine Practitioners	229	103%	220	102%	4.1%
General Practitioners	222	100%	216	100%	2.8%
Specialists	471	212%	453	210%	3.8%
Physiotherapists	372	168%	354	164%	5.2%
Chiropractors	488	220%	487	225%	0.3%
X-ray/Laboratory	713	321%	684	317%	4.3%
Dentists	616	277%	568	263%	8.4%
Out-Patient Total	283	127%	270	125%	4.8%

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 2014 and 2015 – Group Policies

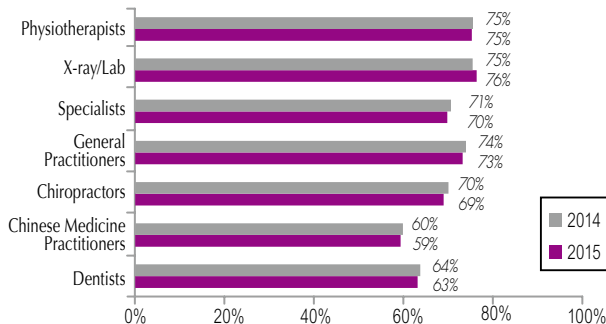


The average billed amount of Dentists' Fees is the highest, and of the General Practitioners' Fees is the lowest among all out-patient cases.

The reimbursement ratio of general practitioners decreases from 74% in 2014 to 73% in 2015. The X-ray/Laboratory receives the highest reimbursement ratio of 76%, while the Chinese Medicine Practitioners receive the lowest reimbursement ratio of 59% in 2015 (Graph 2.4).

GRAPH 2.4

Reimbursement Ratios in 2014 and 2015 – 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	2015	2014
Chinese Medicine Practitioners' Fees	390	375
General Practitioners' Fees	280	270
Specialists' Fees	700	680
Physiotherapists' Fees	550	500
Chiropractors' Fees	700	700
X-ray/Laboratory Expenses	900	864
Dentists' Fees	800	700

(iv) Utilization Rates of Out-Patient Medical Services

The utilization rates of out-patient medical services by service category in 2014 and 2015 are summarized in Table 2.10.

TABLE 2.10

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

Category of Medical Services	2015	2014
Chinese Medicine Practitioners	116.5%	111.1%
General Practitioners	412.4%	431.4%
Specialists	56.9%	54.5%
Physiotherapists	18.4%	17.4%
Chiropractors	3.0%	2.4%
X-ray/Laboratory	23.1%	22.8%
Dental	45.3%	46.4%

Note: (1) Utilization for 2015 = No. of treatment in 2015 / No. of insured earned in 2015.
 (2) The Utilization Rates in 2014 are different from the last survey due to changes in participating member companies.

3. RESULTS OF SURVEY – INDIVIDUAL POLICIES

3.1 Summary of Findings

Overview of Private Medical Expenses

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

Description	Total Billed		Number of Cases		Average Cost Per Claim (HK\$)
	Amount (HK\$000's)	%	Number	%	
2015					
In-Patient	5,245,233	98%	175,571	65%	29,875
Out-Patient	83,596	2%	94,861	35%	881
Total	5,328,829	100%	270,432	100%	19,705
2014					
In-Patient	4,652,300	98%	166,971	61%	27,863
Out-Patient	83,891	2%	104,856	39%	800
Total	4,736,191	100%	271,827	100%	17,424

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 2015. This is consistent with market practice that individual members usually purchase only in-patient cover. In-patient treatments accounted for about 65% of the number of cases.

Survey of Surgeons' Fees per Case

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

TABLE 3.2
Summary of Surgeons' Fees – Individual Policies

Level of Accommodation	Surgeons' Fees (HK\$)		Number of Cases
	Median	Mean	
2015			
Private	24,000	39,251	3,071
Semi-Private	12,600	21,164	10,154
Ward	10,000	15,365	72,987
Day Case	4,720	7,909	29,132
2014			
Private	22,000	35,064	2,564
Semi-Private	12,000	20,234	8,638
Ward	10,000	14,741	71,821
Day Case	4,500	7,425	23,334

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

3.2 Analysis

3.2.1 In-Patient Cases

(i) Distribution by Type of Service

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

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

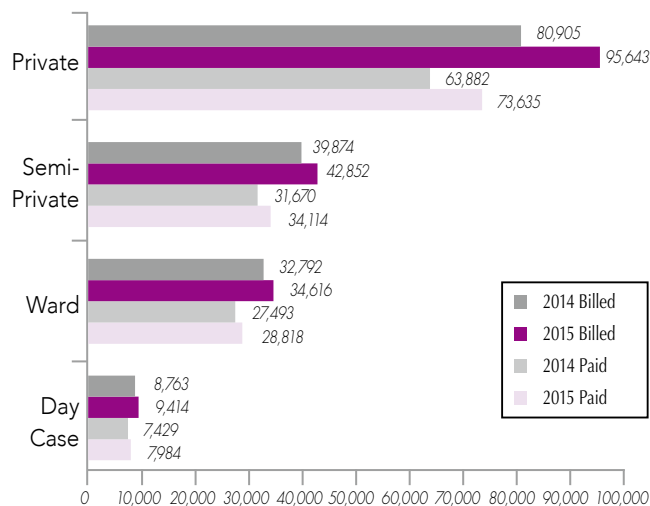
(ii) Average Cost per Case

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 276% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 276% of that of a Ward case.

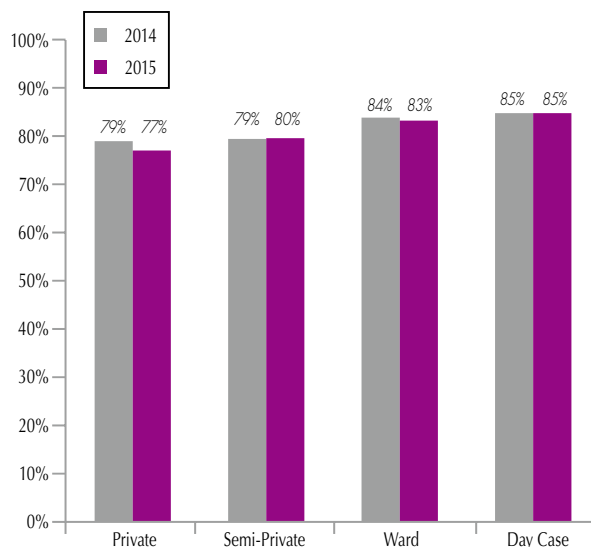
Level of Accommodation	Billed (HK\$)	Relativity Factor	Paid (HK\$)	Relativity Factor	Reimbursement %
2015					
Private	95,643	276%	73,635	256%	77%
Semi-Private	42,852	124%	34,114	118%	80%
Ward	34,616	100%	28,818	100%	83%
Day Case	9,414	27%	7,984	28%	85%
2014					
Private	80,905	247%	63,882	232%	79%
Semi-Private	39,874	122%	31,670	115%	79%
Ward	32,792	100%	27,493	100%	84%
Day Case	8,763	27%	7,429	27%	85%

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 2014 and 2015 – Individual Policies**



**GRAPH 3.2
Reimbursement Ratios in 2014 and 2015 – 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 is illustrated in Table 3.5.

Level of Accommodation	Billed Amount (HK\$000's)	Number of Cases	Billed Amount (HK\$)			
			Mean	Median	Low	High
2015						
Private	120,541	3,071	39,251	24,000	16,000	34,000
Semi-Private	214,895	10,154	21,164	12,600	8,000	20,000
Ward	1,121,411	72,987	15,365	10,000	6,600	14,500
Day Case	230,391	29,132	7,909	4,720	2,700	7,500
2014						
Private	89,903	2,564	35,064	22,000	15,000	33,000
Semi-Private	174,778	8,638	20,234	12,000	8,000	19,000
Ward	1,058,747	71,821	14,741	10,000	6,360	14,000
Day Case	173,257	23,334	7,425	4,500	2,500	7,000

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

Level of Accommodation	Average Number of Days of Hospital Confinement
2015	
Private	3.2
Semi-Private	2.8
Ward	2.4
Day Case	0.0
2014	
Private	3.2
Semi-Private	2.8
Ward	2.4
Day Case	0.0

(iv) Seventieth Percentile Level of Billed Medical Fees

The seventieth percentiles of billed medical fees of in-patient claims by level of accommodation and category are displayed in Table 3.6. It is expected that the billed amounts displayed in Table 3.6 would cover the actual billed cost for 70% of all in-patient treatments.

Category of Medical Fees	Private	Semi-Private	Ward
2015			
Room & Board Cost Per Day	3,850	1,335	792
Surgeons' Fees	34,000	20,000	14,500
Physicians' Fees Per Day	4,500	2,000	1,160
Anesthetists' Fees	12,000	7,000	5,000
Operating Theatre Expenses	13,747	7,700	5,667
Hospital Expenses	29,251	17,406	13,418
Specialists' Fees	7,700	3,500	2,840
2014			
Room & Board Cost Per Day	3,760	1,300	763
Surgeons' Fees	33,000	19,000	14,000
Physicians' Fees Per Day	4,000	1,800	1,080
Anesthetists' Fees	11,700	6,800	5,000
Operating Theatre Expenses	12,696	7,659	5,595
Hospital Expenses	26,622	16,705	12,748
Specialists' Fees	7,795	3,360	2,800

(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 2014 and 2015 are summarized in Table 3.7.

Treatment Year	Clinical Surgeries	Hospital Confinements
2015	2.4%	8.4%
2014	1.9%	8.2%

Note: (1) Utilization for 2015 = No. of treatment in 2015 / No. of insured earned in 2015.
(2) The Utilization Rates in 2014 are different from the last survey due to changes in participating member companies.

3.2.2 Out-Patient Cases

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

APPENDIX 附表

Results by Operation 各類手術費

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-Private 二等房	Ward 三等房
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	362	2.2	22,500	15,000	15,000
Anus 肛門					
Excision 切除	1,733	2.5	26,150	18,000	14,000
Suture 縫線	172	2.1	26,486	18,423	16,100
Appendix 盲腸					
Excision 切除	330	4.5	40,000	30,000	21,000
Biliary Tract 膽道疾病					
Endoscopy 內窺鏡檢法	588	3.5	59,750	36,900	27,000
Excision 切除	185	3.9	63,176	39,842	28,000
Esophagus 食道					
Endoscopy 內窺鏡檢法	22,681	1.9	22,000	12,000	9,500
Intestines (Except Rectum) 腸 (直腸除外)					
Excision 切除	184	8.7	75,425	60,000	56,000
Pharynx, Adenoids, and Tonsils 咽部、腺樣增殖 (體) 及扁桃腺					
Excision, Destruction 切除、破除	769	2.0	17,400	8,532	6,000
Rectum 直腸					
Endoscopy 內窺鏡檢法	17,108	1.8	15,000	10,200	7,000
Repair 修復					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	266	2.2	28,400	23,000	18,000
Salivary gland and Ducts 唾液腺及唾液導管					
Excision 切除	177	3.5	70,000	40,000	30,000
ENDOCRINE SYSTEM 分泌系統					
Thyroid Gland 甲狀腺					
Excision 切除	760	3.4	60,000	42,000	32,100
EYE AND OCULAR ADNEXA 眼球及眼副體					
Eyelids 眼皮					
Excision 切除	205	1.3	9,500	7,000	6,800
Lens 晶體					
Removal Cataract 割除白內障	856	1.4	36,000	25,000	19,500
Posterior Segment 後部					
Vitreous 玻璃體手術	403	1.8	33,000	44,290	49,000
Retina or Choroid 視網膜或脈絡膜					
Repair 修復	308	1.6	65,000	12,500	18,900

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-Private 二等房	Ward 三等房
AUDITORY SYSTEM 聽覺系統					
Inner Ear 內耳					
Temporal Bone, Middle Fossa Approach 顳骨、顳中窩入路手術	1,892	2.4	50,000	47,680	37,160
FEMALE GENITAL SYSTEM 女性生殖系統					
Corpus Uteri 子宮體					
Excision 切除	1,295	3.9	35,500	37,750	30,000
Repair 修復	2,244	1.9	27,750	14,800	10,535
Ovary 卵巢					
Excision 切除	388	4.3	50,000	40,000	30,000
Oviduct 輸卵管					
Incision 切割	310	3.1	27,000	33,701	30,000
Vagina 陰道					
Endoscopy 內窺鏡檢法	839	1.4	13,800	10,750	7,605
Vulva, Perineu and Introitus 外陰、會陰及陰道口					
Incision 切割	174	1.7	20,000	9,900	7,200
Laparoscopy/Hysteroscopy 腹腔鏡檢查/子宮鏡檢查	1,268	2.3	25,000	28,000	18,000
INTEGUMENTARY SYSTEM 皮膚系統					
Breast 乳房					
Excision 切除	2,123	2.9	30,170	24,000	17,000
Repair (Closure) 修復 (縫合)					
Repair - Simple 修復 - 簡單	417	1.7	14,500	9,000	8,000
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	2,714	1.7	15,000	9,000	7,000
Incision and Drainage 切割及排水	407	2.8	18,600	8,000	7,000
Nails 指 (趾) 甲	239	1.4	18,500	9,000	6,300
MALE GENITAL SYSTEM 男性生殖系統					
Penis 陰莖					
Excision 切除	954	1.6	19,000	9,800	8,600
MEDIASTINUM AND DIAPHRAGM 縱膈及橫膈					
Diaphragm 橫膈					
Repair 修復	406	2.2	29,500	15,000	11,000
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	280	5.5	45,850	48,000	41,760
Forearm and Wrist 前臂及手腕					
Excision 切除	288	2.0	35,000	13,500	8,000
Fracture and/or Dislocation 骨折及/或脫位	250	2.5	45,000	25,500	24,000

Region of Body / Detailed Anatomy / Type of Procedure 人體系統/詳細部位/手術名稱	Number of Cases 個案數目	Average No. of Days in Hospital 平均住院日數	Median (HK\$) 中位數 (港元)		
			Private 頭等房	Semi-Private 二等房	Ward 三等房
General 全身					
Introduction or Removal 導藥法或割除	396	2.3	19,575	13,000	9,250
Lower Extremity 下肢					
Endoscopy/Arthroscopy 內窺鏡/關節鏡檢查	1,127	2.9	60,000	40,000	27,000
NERVOUS SYSTEM 神經系統					
Spine and Spinal Cord 脊椎及脊髓					
Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Disks 後硬膜外椎板切開或椎板切除術探索/神經元素壓迫症或椎間盤凸出切除	247	5.1	89,394	54,725	46,000
Skull, Meninges, and Brain 頭顱、腦脊髓膜及腦部					
Craniectomy or Craniotomy 顱骨切除術或顱骨切開術	175	7.1	100,000	100,000	68,320
RESPIRATORY SYSTEM 呼吸系統					
Larynx 喉					
Endoscopy 內窺鏡檢法	744	2.3	9,000	6,500	8,385
Nose 鼻					
Endoscopy 內窺鏡檢法	736	2.2	12,300	11,000	7,195
Excision 切除	193	2.5	60,000	35,000	24,477
Repair 修復	218	2.6	50,000	47,000	25,000
Trachea and Bronchi 氣管及支氣管					
Endoscopy 內窺鏡檢法	591	3.2	15,000	10,000	7,000
URINARY SYSTEM 泌尿系統					
Kidney 腎臟					
Endoscopy 內窺鏡檢法	1,196	2.2	25,500	17,250	18,000
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	806	2.0	14,500	8,900	6,500
Repair 修復	717	1.8	15,000	8,875	7,000
Ureter and Pelvis 尿管及股盆					
Introduction 導藥法	187	2.6	50,000	23,390	20,000
Urethra and Bladder 尿道及膀胱					
Transurethral Surgery 經由尿道進行之手術	352	2.2	25,000	10,000	8,975
Vesical Neck and Prostate 膀胱頸及前列腺					
Urodynamics 尿流動力學檢查	186	5.0	70,000	38,150	24,000

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。

