醫療索償數據知多少？

2023年醫療索償數據調查

Medical Claims Statistics 2023



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

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1. 提綱

書中刊載 2023 年 1 月至 12 月期間團體及個人醫療保單的索償數據，由本港 18 家醫療承保商提供，佔 2023 年醫療保險市場保費收入約 70%。

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

根據上年度的調查結果，2022 年索償數字有所回落，可能是由於 2022 年初出現第五波新冠疫情，導致非緊急治療個案積壓。因此，2022 年和 2023 年觀察到的變化仍受新冠疫情所影響。

2. 團體保單調查結果

2.1 調查結果摘要

團體保單之私家醫療開支總覽

表 2.1　團體保單之賬面總額及平均收費摘要

項目	賬面總額 (千港元)	%	個案數目 (宗)	%	每宗個案平均收費 (港元)
2023 年					
住院	5,809,775	52%	276,694	3%	20,997
門診	5,352,562	48%	9,365,931	97%	571
總數	11,162,336	100%	9,642,625	100%	1,158
2022 年					
住院	4,899,817	54%	230,688	3%	21,240
門診	4,118,473	46%	6,908,350	97%	596
總數	9,018,290	100%	7,139,038	100%	1,263

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 2023 年的私家醫療開支總額中，住院服務佔 52%，而門診服務佔 48%。然而，住院治療個案僅佔所有個案的 3%。

每宗個案之手術費調查

手術費用可細分為 2,000 多個類別，相關之賬面金額摘要見表 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。

表 2.2　團體保單手術費賬面金額摘要

	手術費 (港元)		
住院級別	中位數	平均數	個案數目
2023 年			
私家房	35,100	59,966	1,325
半私家房	22,400	40,025	6,922
標準房	16,265	28,514	32,384
日間手術	5,000	7,822	162,016
2022 年			
私家房	36,000	64,306	1,559
半私家房	24,000	39,481	6,304
標準房	16,262	28,620	29,261
日間手術	4,680	7,123	132,447

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 2023 年和 2022 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 190%，即私家房住院個案之平均賬面金額是標準房的 190%。

表 2.3　團體保單各級住院之平均賬面金額和實付金額

	賬面金額		實付金額		償付比率
住院級別	(港元)	相對比率	(港元)	相對比率	%
2023 年					
私家房	115,066	190%	82,744	191%	72%
半私家房	75,696	125%	52,763	122%	70%
標準房	60,557	100%	43,255	100%	71%
日間手術	9,365	15%	7,679	18%	82%
2022 年					
私家房	138,254	216%	91,317	205%	66%
半私家房	81,881	128%	59,262	133%	72%
標準房	63,908	100%	44,478	100%	70%
日間手術	8,696	14%	7,255	16%	83%

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

2022年至2023年團體保單每宗個案之平均賬面金額及實付金額（港元）

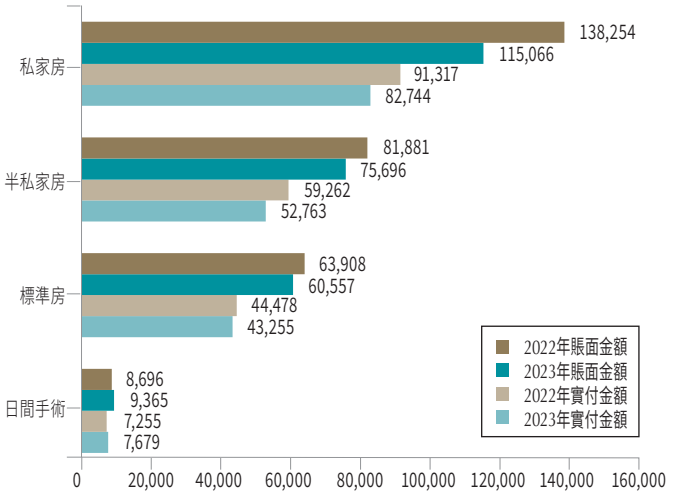
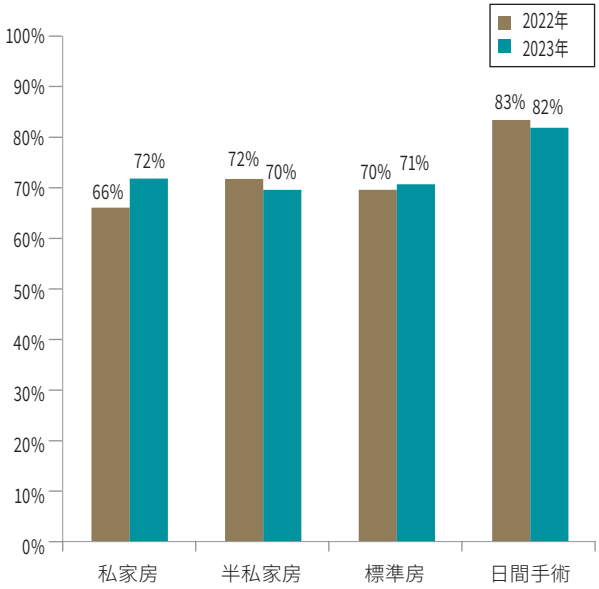


圖2.2

2022年至2023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水平。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。

表 2.4　團體保單各級住院之手術費摘要

住院級別	賬面金額（千港元）	個案數目（宗）	賬面金額（港元） 平均數	中位數	低位	高位
2023 年						
私家房	79,455	1,325	59,966	35,100	21,000	61,628
半私家房	277,050	6,922	40,025	22,400	14,207	40,500
標準房	923,387	32,384	28,514	16,265	10,000	28,843
日間手術	1,267,255	162,016	7,822	5,000	2,600	8,480
2022 年						
私家房	100,252	1,559	64,306	36,000	20,410	61,621
半私家房	248,891	6,304	39,481	24,000	14,990	42,000
標準房	837,456	29,261	28,620	16,262	10,000	29,740
日間手術	943,409	132,447	7,123	4,680	2,300	7,800

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。

(iv) 第 70 個百分位數的賬面住院醫療費用水平

表 2.5 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 70% 住院治療個案中的實際賬面開支。

表 2.5　團體保單第 70 個百分位數之賬面住院醫療費用（港元）

醫療費用類別	私家房	半私家房	標準房
2023 年			
每日病房及膳食	4,200	1,970	1,052
外科醫生手術費	61,628	40,500	28,843
每日醫生巡房費	5,000	2,900	1,873
麻醉科醫生費	20,000	13,500	9,800
手術室費	21,600	13,713	10,459
住院雜費	40,121	27,907	22,270
專科醫生費	8,500	5,400	3,919
2022 年			
每日病房及膳食	4,080	1,944	1,000
外科醫生手術費	61,621	42,000	29,740
每日醫生巡房費	4,500	2,640	1,633
麻醉科醫生費	20,000	13,500	9,500
手術室費	19,715	13,740	10,560
住院雜費	44,937	29,329	21,517
專科醫生費	8,995	5,233	3,800

(v) 每宗個案平均住院日數

各住院級別之平均住院日數摘要見表 2.6。

表 2.6　團體保單各級住院之住院日數摘要

住院級別	平均住院日數	
	2023 年	2022 年
私家房	3.2	3.4
半私家房	2.8	2.7
標準房	2.3	2.3
日間手術	0.0	0.0

(vi) 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 2022 年至 2023 年的平均使用率見表 2.7。

表 2.7　團體保單住院醫療服務的平均使用率

治療年度	日間手術	住院
2023 年	11.0%	4.1%
2022 年	10.7%	3.4%

備註：2023年使用率 = 2023年的治療數目 /2023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 光診斷或化驗
- 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，償付比率見圖表 2.4。所有類型治療的賬面金額和實際償付金額從 2022 年到 2023 年，除普通科醫生外，普遍有所增加。

表 2.8a　團體保單每宗門診個案之平均賬面金額

治療項目	2023 年 賬面金額（港元）	2023 年 相對比率	2022 年 賬面金額（港元）	2022 年 相對比率	22-23 年 變化
中醫	478	126%	475	122%	0.7%
普通科醫生	379	100%	390	100%	(2.6%)
專科醫生	887	234%	879	226%	1.0%
物理治療師	643	170%	607	156%	6.0%
脊醫	859	226%	859	220%	0.0%
X 光診斷或化驗	1,048	276%	1,032	265%	1.5%
牙醫	1,312	346%	1,269	326%	3.4%
門診總數	571	151%	596	153%	(4.1%)

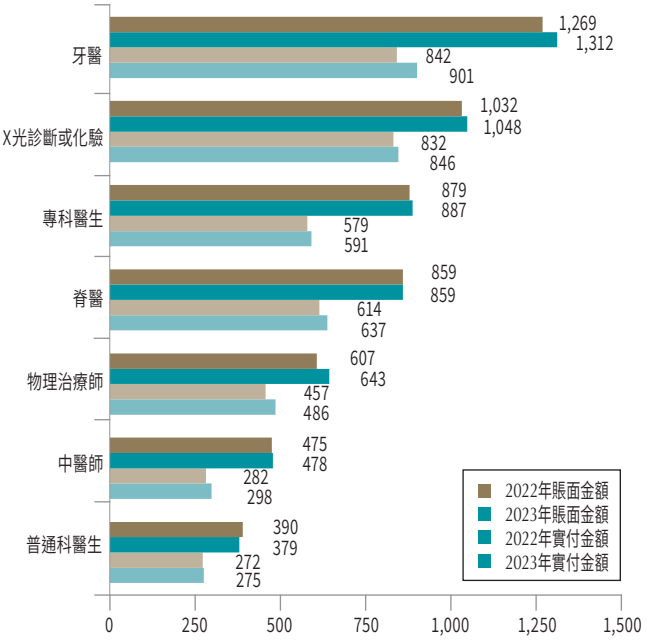
備註：(1) 普通科醫生的相對比率 = 100%。
(2) 因調整為整數的關係，以上數字可能與實際數目有所出入。

表 2.8b　團體保單每宗門診個案平均實付金額

治療項目	2023 年 實付金額（港元）	2023 年 相對比率	2022 年 實付金額（港元）	2022 年 相對比率	22-23 年 變化
中醫	298	108%	282	103%	5.8%
普通科醫生	275	100%	272	100%	1.0%
專科醫生	591	215%	579	213%	2.0%
物理治療師	486	177%	457	168%	6.4%
脊醫	637	232%	614	225%	3.8%
X 光診斷或化驗	846	307%	832	305%	1.7%
牙醫	901	327%	842	309%	7.1%
門診總數	401	146%	408	150%	(1.8%)

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。

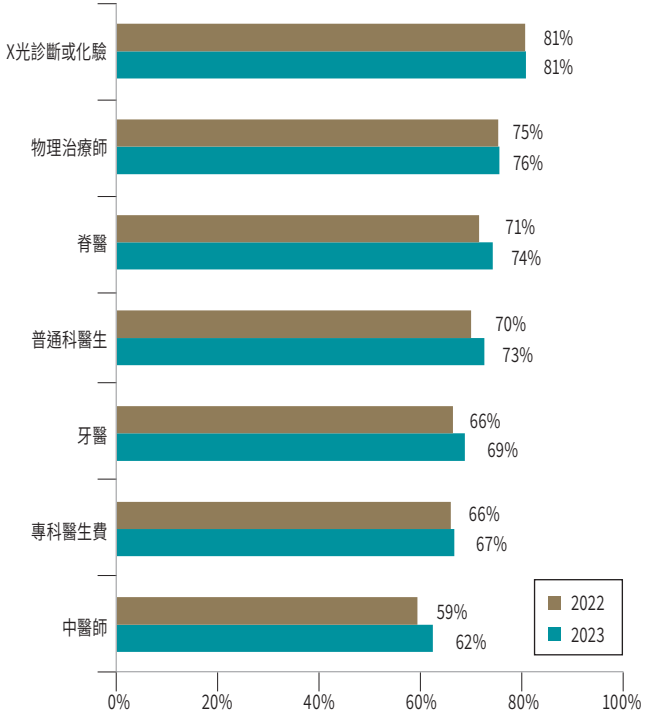
圖2.3
2022年至2023年團體保單每宗個案之平均賬面和實付金額（港元）



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，2023年普通科醫生的償付比率上升至73%；X光診斷或化驗的償付比率最高，達81%，而中醫的償付比率則最低，只有62%。

圖2.4
2022年至2023年團體保單償付比率



(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	2023 年	2022 年
中醫師	500	500
普通科醫生	400	380
專科醫生	982	950
物理治療師	800	750
脊醫	950	900
X 光診斷或化驗	1,048	1,000
牙醫	1,100	1,000

(iv) 門診醫療服務使用率

由 2022 年至 2023 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	2023 年	2022 年
中醫師	160.8%	138.8%
普通科醫生	270.1%	174.0%
專科醫生	68.5%	59.2%
物理治療師	31.9%	28.4%
脊醫	3.8%	3.7%
X 光診斷或化驗	30.2%	28.9%
牙醫	53.7%	45.9%

備註：2023年使用率 = 2023年的治療數目 / 2023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

表 3.1　個人保單之賬面總額及平均收費摘要

項目	賬面總額 (千港元)	%	個案數目 (宗)	%	每宗個案平均收費 (港元)
2023 年					
住院	15,043,309	99%	430,403	78%	34,952
門診	128,672	1%	122,769	22%	1,048
總數	15,171,981	100%	553,172	100%	27,427
2022 年					
住院	12,246,407	99%	365,342	78%	33,520
門診	113,555	1%	102,906	22%	1,103
總數	12,359,963	100%	468,248	100%	26,396

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 2023 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 78%

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。

表 3.2　個人保單手術費賬面金額摘要

住院級別	手術費 (港元) 中位數	手術費 (港元) 平均數	個案數目
2023 年			
私家房	39,040	70,511	2,309
半私家房	27,000	45,933	12,467
標準房	17,000	29,411	94,584
日間手術	7,810	10,625	170,076
2022 年			
私家房	35,000	60,307	2,690
半私家房	21,000	36,207	17,907
標準房	16,000	27,948	76,096
日間手術	7,000	10,134	143,851

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 2022 年至 2023 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 213%，即私家房住院個案之平均賬面金額是標準房的 213%。

表 3.3　個人保單各級住院之平均賬面金額和實付金額

	賬面金額		實付金額		償付比率
住院級別	（港元）	相對比率	（港元）	相對比率	%
2023 年					
私家房	141,743	213%	100,144	201%	71%
半私家房	84,532	127%	64,557	129%	76%
標準房	66,575	100%	49,933	100%	75%
日間手術	14,174	21%	12,125	24%	86%
2022 年					
私家房	147,480	224%	95,977	198%	65%
半私家房	79,444	120%	57,832	120%	73%
標準房	65,980	100%	48,379	100%	73%
日間手術	13,236	20%	11,292	23%	85%

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

2022年至2023年個人保單每宗個案之平均賬面金額及實付金額（港元）

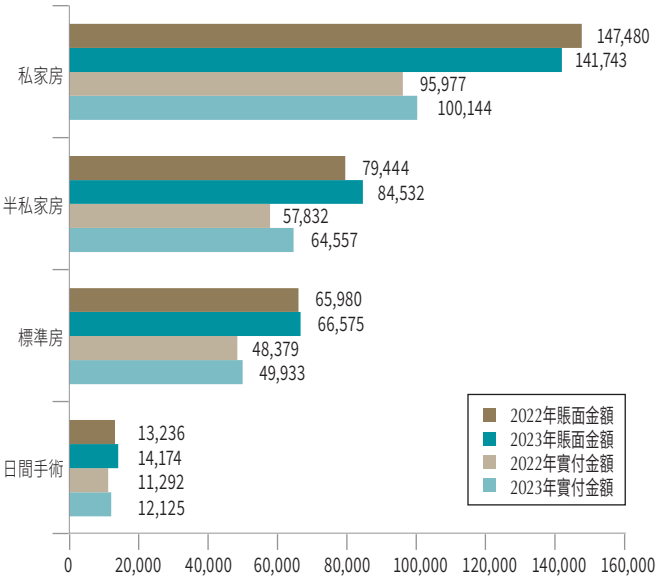
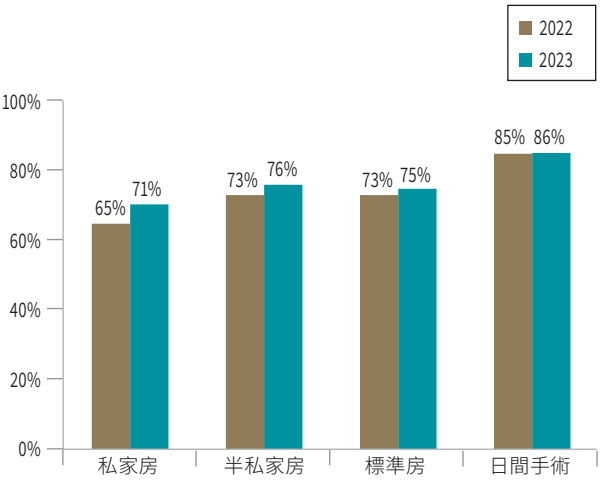


圖3.2

2022年至2023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。

表 3.4　個人保單各級住院之手術費摘要

	賬面金額	個案數目	賬面金額（港元）			
住院級別	（千港元）	（宗）	平均數	中位數	低位	高位
2023 年						
私家房	162,809	2,309	70,511	39,040	26,000	66,600
半私家房	572,651	12,467	45,933	27,000	17,000	45,000
標準房	2,781,844	94,584	29,411	17,000	12,700	28,500
日間手術	1,807,028	170,076	10,625	7,810	4,500	13,000
2022 年						
私家房	162,226	2,690	60,307	35,000	22,000	58,000
半私家房	648,358	17,907	36,207	21,000	14,000	36,000
標準房	2,126,702	76,096	27,948	16,000	12,000	27,190
日間手術	1,457,854	143,851	10,134	7,000	4,400	12,000

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。

(iv) 第 70 個百分位數的賬面住院醫療費用水平

表 3.5 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。

表 3.5　個人保單第 70 個百分位數之賬面住院醫療費用（港元）

醫療費用類別	私家房	半私家房	標準房
2023 年			
每日病房及膳食	4,430	1,900	980
外科醫生手術費	66,600	45,000	28,500
每日醫生巡房費	5,850	3,180	1,800
麻醉科醫生費	23,450	15,000	9,800
手術室費	21,188	14,040	9,889
住院雜費	41,963	27,365	20,882
專科醫生費	12,290	5,600	4,000
2022 年			
每日病房及膳食	4,256	1,443	900
外科醫生手術費	58,000	36,000	27,190
每日醫生巡房費	5,400	2,400	1,583
麻醉科醫生費	20,000	12,000	9,100
手術室費	19,960	11,070	9,866
住院雜費	42,636	25,761	19,762
專科醫生費	11,828	4,500	3,585

(v) 個人保單各級住院之平均住院日數

各住院級別之平均住院日數摘要見表 3.6。

表 3.6　個人保單各級住院之住院日數摘要

住院級別	平均住院日數	
	2023 年	2022 年
私家房	3.4	3.7
半私家房	3.1	2.9
標準房	2.6	2.6
日間手術	0.0	0.0

(vi) 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 2022 年至 2023 年的平均使用率見表 3.7。

表 3.7　個人保單住院醫療服務的平均使用率

治療年度	日間手術	住院
2023 年	5.1%	5.9%
2022 年	5.0%	5.3%

備註：2023年使用率 = 2023年的治療數目 / 2023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 (HKFI) nor the consultant guarantees its accuracy or accepts any liability for any loss or damage arising from any inaccuracies or omissions.

1. INTRODUCTION

This booklet contains the compilation of the group and individual medical claims statistics for the period from January to December 2023 provided by 18 of the largest medical underwriters in Hong Kong, which represent a total of around 70% of the medical insurance market paid medical fees in 2023.

This booklet includes analysis of:

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

In the previous survey, the number of claims recorded in 2022 decreased, likely due to the deferral of non-emergency treatments caused by the fifth wave of Covid-19 in early 2022. As a result, the observed changes between the 2022 and 2023 surveys remain influenced by the Covid-19 pandemic.

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

	Total Billed Amount		Number of Cases		Average Cost
Description	(HK$000's)	%	(Number)	%	Per Claim (HK$)
2023					
In-Patient	5,809,775	52%	276,694	3%	20,997
Out-Patient	5,352,562	48%	9,365,931	97%	571
Total	11,162,336	100%	9,642,625	100%	1,158
2022					
In-Patient	4,899,817	54%	230,688	3%	21,240
Out-Patient	4,118,473	46%	6,908,350	97%	596
Total	9,018,290	100%	7,139,038	100%	1,263

Note: (1) Figures may not be additive due to rounding.
(2) Supplementary Major Medical ("SMM") record with unknown primary claims were excluded from the analysis.

The figures in Table 2.1 indicate that 52% of the total cost was attributed to in-patient services and the remaining 48% out-patient services in 2023. However, in-patient treatments accounted for only 3% 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.

TABLE 2.2

Summary of Surgeons' Fees – Group Policies

	Surgeons' Fees (HK$)		
Level of Accommodation	Median	Mean	Number of Cases
2023			
Private	35,100	59,966	1,325
Semi-Private	22,400	40,025	6,922
Ward	16,265	28,514	32,384
Day Case	5,000	7,822	162,016
2022			
Private	36,000	64,306	1,559
Semi-Private	24,000	39,481	6,304
Ward	16,262	28,620	29,261
Day Case	4,680	7,123	132,447

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 Expenses
- 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 190% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 190% of that of a Ward case.

TABLE 2.3

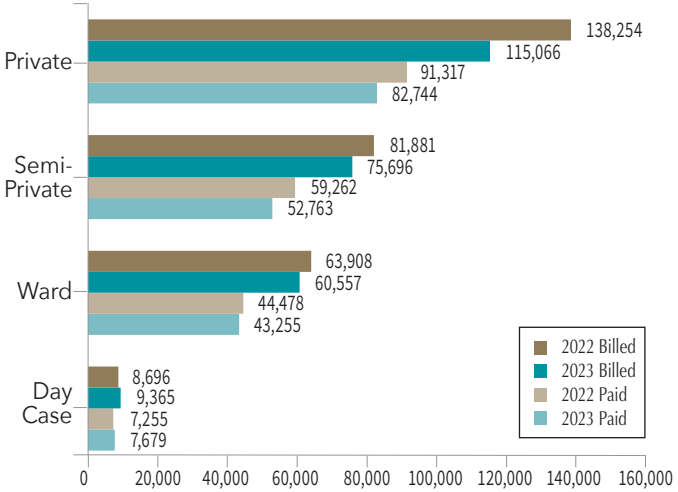
Average Billed and Paid Amounts by Level of Accommodation – Group Policies

Level of Accommodation	Billed (HK$)	Relativity Factor	Paid (HK$)	Relativity Factor	Reimbursement %
2023					
Private	115,066	190%	82,744	191%	72%
Semi-Private	75,696	125%	52,763	122%	70%
Ward	60,557	100%	43,255	100%	71%
Day Case	9,365	15%	7,679	18%	82%
2022					
Private	138,254	216%	91,317	205%	66%
Semi-Private	81,881	128%	59,262	133%	72%
Ward	63,908	100%	44,478	100%	70%
Day Case	8,696	14%	7,255	16%	83%

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

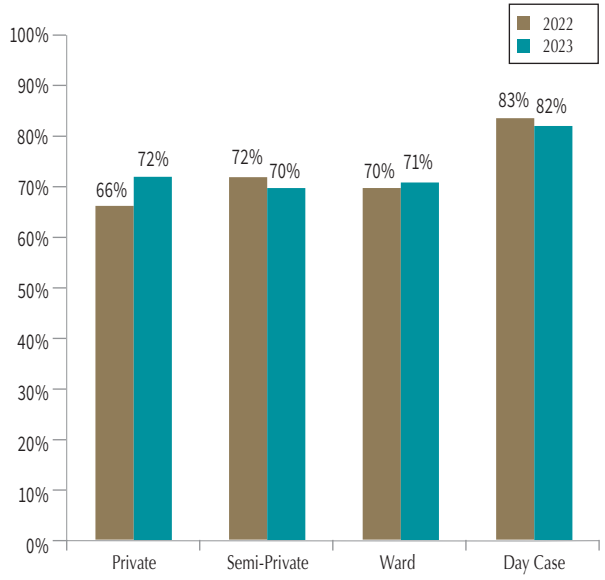
GRAPH 2.1

Average Billed and Paid Amounts per Case (HK$) from 2022 to 2023 – Group Policies



GRAPH 2.2

Reimbursement Ratios from 2022 to 2023 – 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.

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
2023						
Private	79,455	1,325	59,966	35,100	21,000	61,628
Semi-Private	277,050	6,922	40,025	22,400	14,207	40,500
Ward	923,387	32,384	28,514	16,265	10,000	28,843
Day Case	1,267,255	162,016	7,822	5,000	2,600	8,480
2022						
Private	100,252	1,559	64,306	36,000	20,410	61,621
Semi-Private	248,891	6,304	39,481	24,000	14,990	42,000
Ward	837,456	29,261	28,620	16,262	10,000	29,740
Day Case	943,409	132,447	7,123	4,680	2,300	7,800

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

(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 2.5. It is expected that the billed amounts displayed in Table 2.5 would cover the actual billed cost for 70% of all in-patient treatments.

TABLE 2.5

Seventieth Percentile Level of In-Patient Billed Medical Fees (HK$) – Group Policies

Category of Medical Fees	Private	Semi-Private	Ward
2023			
Room & Board Cost Per Day	4,200	1,970	1,052
Surgeons' Fees	61,628	40,500	28,843
Physicians' Fees Per Day	5,000	2,900	1,873
Anaesthetists' Fees	20,000	13,500	9,800
Operating Theatre Expenses	21,600	13,713	10,459
Hospital Expenses	40,121	27,907	22,270
Specialists' Fees	8,500	5,400	3,919
2022			
Room & Board Cost Per Day	4,080	1,944	1,000
Surgeons' Fees	61,621	42,000	29,740
Physicians' Fees Per Day	4,500	2,640	1,633
Anaesthetists' Fees	20,000	13,500	9,500
Operating Theatre Expenses	19,715	13,740	10,560
Hospital Expenses	44,937	29,329	21,517
Specialists' Fees	8,995	5,233	3,800

(v) Average Days of Confinement per Case

The summary of hospital days by level of accommodation are illustrated in Table 2.6.

TABLE 2.6

Summary of Hospital Days by Level of Accommodation – Group Policies

Level of Accommodation	Average Number of Days of Hospital Confinement	
	2023	2022
Private	3.2	3.4
Semi-Private	2.8	2.7
Ward	2.3	2.3
Day Case	0.0	0.0

(vi) 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 from 2022 to 2023 are summarized in Table 2.7.

TABLE 2.7

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

Treatment Year	Day Cases	Hospital Confinements
2023	11.0%	4.1%
2022	10.7%	3.4%

Note: Utilization for 2023 = No. of treatment in 2023 / No. of insured earned in 2023.

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' Fees
- General Practitioners' Fees
- Specialists' Fees
- Physiotherapists' Fees
- Chiropractors' Fees
- X-rays / 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 are generally increased from 2022 to 2023, except General Practitioners.

TABLE 2.8a
Average Billed Amounts per Case – Group Policies

Treatment	2023 Billed (HK$)	2023 Relativity	2022 Billed (HK$)	2022 Relativity	22-23 Change
Chinese Medicine Practitioners	478	126%	475	122%	0.7%
General Practitioners	379	100%	390	100%	(2.6%)
Specialists	887	234%	879	226%	1.0%
Physiotherapists	643	170%	607	156%	6.0%
Chiropractors	859	226%	859	220%	0.0%
X-ray/Laboratory	1,048	276%	1,032	265%	1.5%
Dentists	1,312	346%	1,269	326%	3.4%
Out-Patient Overall	571	151%	596	153%	(4.1%)

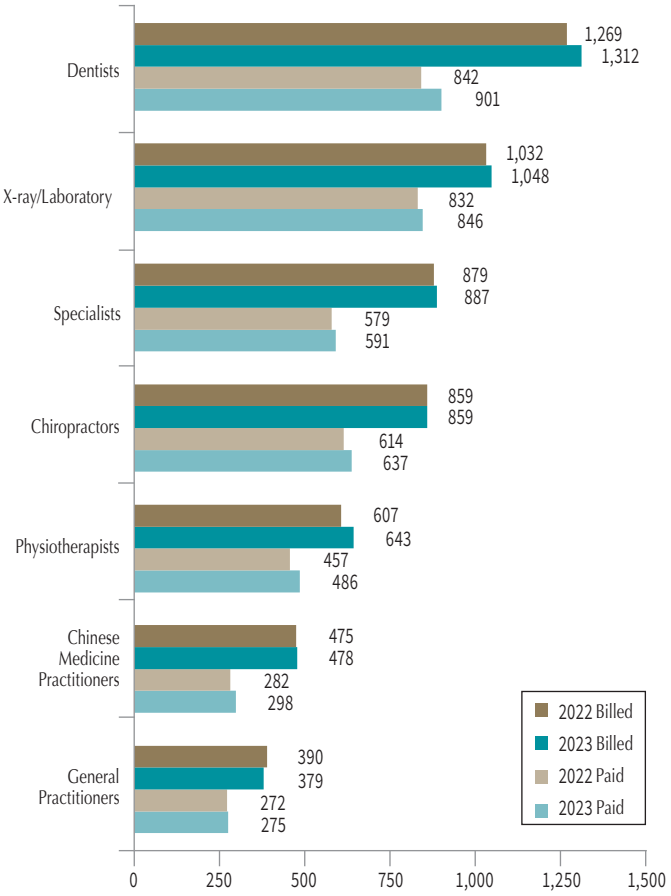
Note: (1) Relativity of General Practitioners = 100%.
(2) Figures may not be additive due to rounding.

TABLE 2.8b
Average Paid Amounts per Case – Group Policies

Treatment	2023 Paid (HK$)	2023 Relativity	2022 Paid (HK$)	2022 Relativity	22-23 Change
Chinese Medicine Practitioners	298	108%	282	103%	5.8%
General Practitioners	275	100%	272	100%	1.0%
Specialists	591	215%	579	213%	2.0%
Physiotherapists	486	177%	457	168%	6.4%
Chiropractors	637	232%	614	225%	3.8%
X-ray/Laboratory	846	307%	832	305%	1.7%
Dentists	901	327%	842	309%	7.1%
Out-Patient Overall	401	146%	408	150%	(1.8%)

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$) from 2022 to 2023 – Group Policies

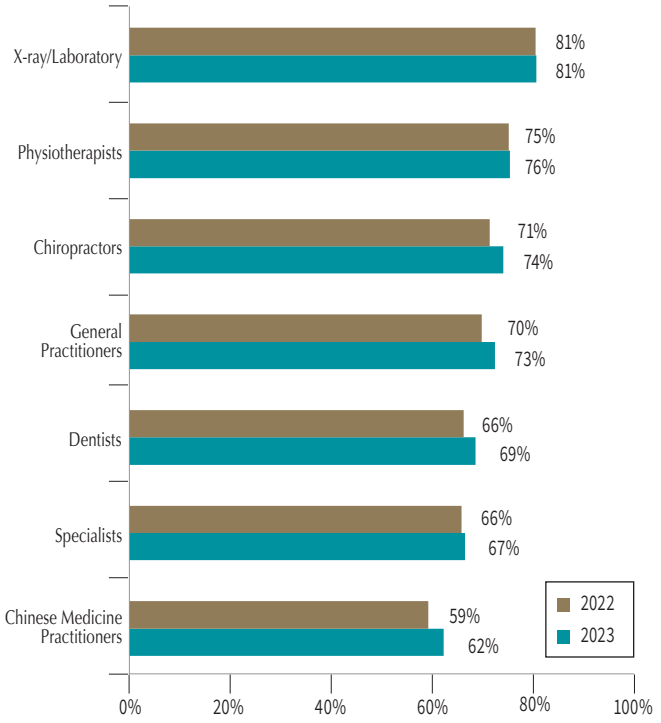


The average billed amount of Dentists Fees is the highest, and of the General Practitioners' Fees the lowest among all out-patient cases.

The reimbursement ratio of general practitioners increased to 73% in 2023. The X-ray/Laboratory receive the highest reimbursement ratio of 81%, while the Chinese Medicine Practitioners receive the lowest reimbursement ratio of 62% in 2023 (Graph 2.4).

GRAPH 2.4

Reimbursement ratios from 2022 to 2023 – 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	2023	2022
Chinese Medicine Practitioners' Fees	500	500
General Practitioners' Fees	400	380
Specialists' Fees	982	950
Physiotherapists' Fees	800	750
Chiropractors' Fees	950	900
X-ray/Laboratory Expenses	1,048	1,000
Dentists' Fees	1,100	1,000

(iv) Utilization Rates of Out-Patient Medical Services

The utilization rates of out-patient medical services by service category from 2022 to 2023 are summarized in Table 2.10.

TABLE 2.10

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

Category of Medical Services	2023	2022
Chinese Medicine Practitioners	160.8%	138.8%
General Practitioners	270.1%	174.0%
Specialists	68.5%	59.2%
Physiotherapists	31.9%	28.4%
Chiropractors	3.8%	3.7%
X-ray/Laboratory	30.2%	28.9%
Dental	53.7%	45.9%

Note: Utilization for 2023 = No. of treatment in 2023/ No. of insured earned in 2023.

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

	Total Billed Amount		Number of Cases		Average Cost
Description	(HK$000's)	%	(Number)	%	Per Claim (HK$)
2023					
In-Patient	15,043,309	99%	430,403	78%	34,952
Out-Patient	128,672	1%	122,769	22%	1,048
Total	15,171,981	100%	553,172	100%	27,427
2022					
In-Patient	12,246,407	99%	365,342	78%	33,520
Out-Patient	113,555	1%	102,906	22%	1,103
Total	12,359,963	100%	468,248	100%	26,396

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 2023. This is consistent with market practice that individual members usually purchase only in-patient cover. In-patient treatments accounted for about 78% 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 Surgeon's Fees. The billed Surgeons' Fees increased with the level of accommodation received from Ward to Semi-Private to Private.

TABLE 3.2

Summary of Surgeons' Fees – Individual Policies

	Surgeons' Fees (HK$)		
Level of Accommodation	Median	Mean	Number of Cases
2023			
Private	39,040	70,511	2,309
Semi-Private	27,000	45,933	12,467
Ward	17,000	29,411	94,584
Day Case	7,810	10,625	170,076
2022			
Private	35,000	60,307	2,690
Semi-Private	21,000	36,207	17,907
Ward	16,000	27,948	76,096
Day Case	7,000	10,134	143,851

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 Expenses
- 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 213% for the Private accommodation means that the average billed amount of a Private in-patient case is expected to be on average 213% of that of a Ward case.

TABLE 3.3

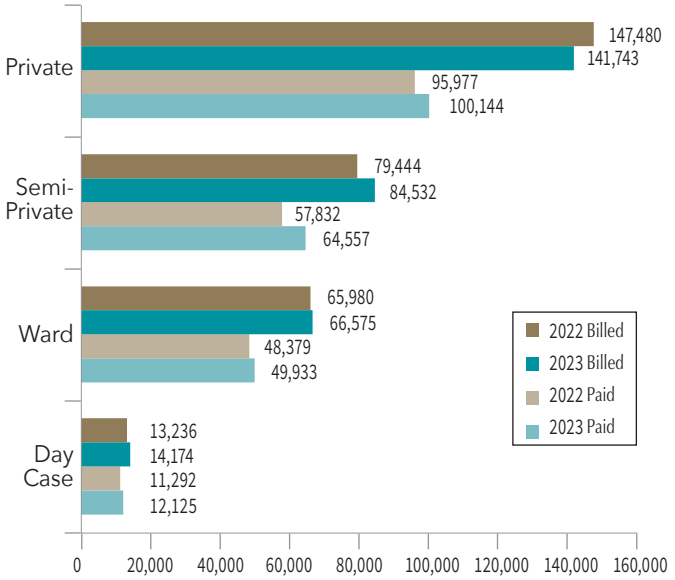
Average Billed and Paid Amounts by Level of Accommodation – Individual Policies

Level of Accommodation	Billed (HK$)	Relativity Factor	Paid (HK$)	Relativity Factor	Reimbursement %
2023					
Private	141,743	213%	100,144	201%	71%
Semi-Private	84,532	127%	64,557	129%	76%
Ward	66,575	100%	49,933	100%	75%
Day Case	14,174	21%	12,125	24%	86%
2022					
Private	147,480	224%	95,977	198%	65%
Semi-Private	79,444	120%	57,832	120%	73%
Ward	65,980	100%	48,379	100%	73%
Day Case	13,236	20%	11,292	23%	85%

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

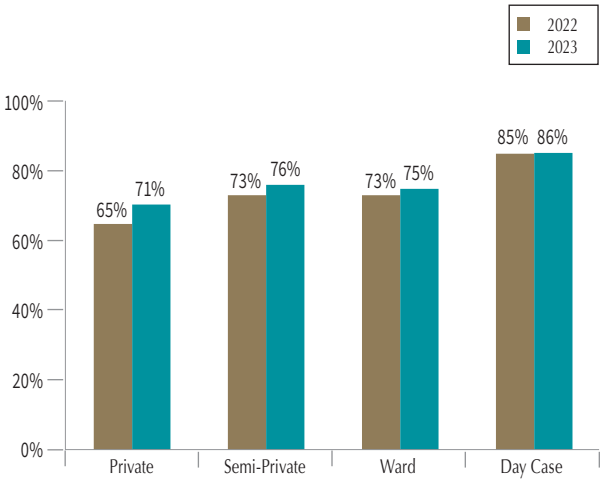
GRAPH 3.1

Average Billed and Paid Amounts per Case (HK$) from 2022 to 2023 – Individual Policies



GRAPH 3.2

Reimbursement Ratios from 2022 to 2023 – 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.

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
2023						
Private	162,809	2,309	70,511	39,040	26,000	66,600
Semi-Private	572,651	12,467	45,933	27,000	17,000	45,000
Ward	2,781,844	94,584	29,411	17,000	12,700	28,500
Day Case	1,807,028	170,076	10,625	7,810	4,500	13,000
2022						
Private	162,226	2,690	60,307	35,000	22,000	58,000
Semi-Private	648,358	17,907	36,207	21,000	14,000	36,000
Ward	2,126,702	76,096	27,948	16,000	12,000	27,190
Day Case	1,457,854	143,851	10,134	7,000	4,400	12,000

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

(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 3.5. It is expected that the billed amounts displayed in Table 3.5 would cover the actual billed cost for 70% of all in-patient treatments.

TABLE 3.5

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

Category of Medical Fees	Private	Semi-Private	Ward
2023			
Room & Board Cost Per Day	4,430	1,900	980
Surgeons' Fees	66,600	45,000	28,500
Physicians' Fees Per Day	5,850	3,180	1,800
Anaesthetists' Fees	23,450	15,000	9,800
Operating Theatre Expenses	21,188	14,040	9,889
Hospital Expenses	41,963	27,365	20,882
Specialists' Fees	12,290	5,600	4,000
2022			
Room & Board Cost Per Day	4,256	1,443	900
Surgeons' Fees	58,000	36,000	27,190
Physicians' Fees Per Day	5,400	2,400	1,583
Anaesthetists' Fees	20,000	12,000	9,100
Operating Theatre Expenses	19,960	11,070	9,866
Hospital Expenses	42,636	25,761	19,762
Specialists' Fees	11,828	4,500	3,585

(v) Average Days of Confinement per Case

The summary of hospital days by level of accommodation are illustrated in Table 3.6.

TABLE 3.6

Summary of Hospital Days by Level of Accommodation – Individual Policies

Level of Accommodation	The Average Number of Days of Hospital Confinement	
	2023	2022
Private	3.4	3.7
Semi-Private	3.1	2.9
Ward	2.6	2.6
Day Case	0.0	0.0

(vi) 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 from 2022 to 2023 are summarized in Table 3.7.

TABLE 3.7

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

Treatment Year	Clinical Surgeries	Hospital Confinements
2023	5.1%	5.9%
2022	5.0%	5.3%

Note: Utilization for 2023 = No. of treatment in 2023 / No. of insured earned in 2023.

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	409	2.1	57,300	33,750	22,600
Anus 肛門					
Endoscopy 內窺鏡檢法	232	1.3	26,000	23,000	18,000
Excision 切除	1,718	1.7	20,300	19,900	15,000
Appendix 盲腸					
Excision 切除	413	4.3	60,000	45,000	35,000
Biliary Tract 膽道疾病					
Endoscopy 內窺鏡檢法	1,203	2.9	69,020	46,111	36,700
Esophagus 食道					
Endoscopy 內窺鏡檢法	23,431	1.5	21,000	13,500	9,700
Intestines (Except Rectum) 小腸（直腸除外）					
Excision 切除	257	8.1	108,000	97,500	75,400
Pharynx, Adenoids and Tonsils 咽部、腺樣增殖（體）及扁桃腺					
Excision, Destruction 切除、破除	542	2.0	51,500	36,000	22,050
Rectum 直腸					
Endoscopy 內窺鏡檢法	16,174	1.2	18,000	12,121	8,500
Repair 修復					
Hernioplasty, Herniorrhaphy, Herniotomy 疝整復術、疝縫合術、疝切開術	491	2.0	51,675	31,527	23,412
Salivary Gland and Ducts 唾液腺及唾液導管					
Excision 切除	234	3.4	65,100	46,800	50,000
ENDOCRINE SYSTEM 分泌系統					
Thyroid Gland 甲狀腺					
Excision 切除	948	2.9	55,000	62,277	50,000
EYE AND OCULAR ADNEXA 眼球及眼副體					
Lens 晶體					
Removal Cataract 割除白內障	489	1.3	50,000	52,500	27,125
Posterior Segment 後部					
Vitreous 玻璃體手術	490	1.6	73,550	87,500	85,000
FEMALE GENITAL SYSTEM 女性生殖系統					
Corpus Uteri 子宮體					
Excision 切除	1,957	2.8	41,373	45,000	30,000
Repair 修復	3,718	1.6	27,500	20,793	16,447

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
Laparoscopy / Hysteroscopy 腹腔鏡檢查／子宮鏡檢查	1,550	2.0	27,421	30,000	20,000
Ovary 卵巢					
Excision 切除	422	4.4	113,450	65,000	59,000
Oviduct 輸卵管					
Incision 切割	603	2.8	53,200	46,500	40,506
Vagina 陰道					
Endoscopy 內窺鏡檢法	966	1.2	21,000	15,000	11,200
INTEGUMENTARY SYSTEM 皮膚系統					
Breast 乳房					
Excision 切除	2,347	3.0	62,257	55,000	40,000
Repair (Closure) 修復（縫合）					
Repair - Simple 修復 - 簡單	504	2.1	45,000	20,000	18,000
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	1,742	1.6	28,550	17,930	12,000
Incision and Drainage 切割及排水	587	3.1	22,500	13,860	12,000
MALE GENITAL SYSTEM 男性生殖系統					
Penis 陰莖					
Excision 切除	1,463	1.4	42,000	16,000	13,934
Prostate 前列腺					
Incision 切割	408	1.9	40,000	24,804	16,128
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	913	4.8	121,400	65,000	55,000
Forearm and Wrist 前臂及手腕					
Fracture and/or Dislocation 骨折及／或脫位	370	2.9	42,400	50,000	36,000
General 全身					
Introduction or Removal 導藥法或割除	496	2.3	18,154	20,000	15,000
Hand and Fingers 手部及手指					
Repair, Revision, and/or Reconstruction 修復、二度置換及／或重建	231	5.4	150,000	99,970	63,600
Leg (Tibia and Fibula) and Ankle Joint 小腿(脛骨及腓骨)及踝關節					
Repair, Revision, and/or Reconstruction 修復、二度置換及／或重建	261	2.5	90,000	45,640	38,000
Lower Extremity 下肢					
Endoscopy / Arthroscopy 內窺鏡／關節鏡檢查	1,715	2.4	68,200	60,000	41,039
Shoulder 肩部					
Fracture and/or Dislocation 骨折及／或脫位	234	2.6	68,800	45,000	40,000

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					
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	299	8.0	284,000	164,700	150,000
Spine and Spinal Cord 脊椎及脊髓					
Injection, Drainage, or Aspiration 注射、排液或吸引術	229	3.7	30,000	13,000	11,514
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	408	4.0	220,000	84,000	71,419
RESPIRATORY SYSTEM 呼吸系統					
Larynx 喉					
Endoscopy 內窺鏡檢法	881	2.3	13,500	6,500	9,000
Lungs and Pleura 肺部及胸膜					
Excision 切除	508	4.8	113,400	50,000	27,420
Nose 鼻					
Endoscopy 內窺鏡檢法	933	2.1	29,825	18,000	16,667
Excision 切除	228	2.0	79,500	35,259	26,000
Repair 修復	569	2.2	62,506	50,377	32,000
Trachea and Bronchi 氣管及支氣管					
Endoscopy 內窺鏡檢法	1,603	3.7	20,000	15,000	11,947
URINARY SYSTEM 泌尿系統					
Kidney 腎臟					
Endoscopy 內窺鏡檢法	1,211	1.9	50,000	30,020	21,000
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	707	1.9	16,000	14,775	8,000
Repair 修復	967	1.5	19,900	12,000	8,500
Ureter and Pelvis 尿管及股盆					
Introduction 導藥法	492	2.3	65,250	30,000	24,000
Urethra and Bladder 尿道及膀胱					
Transurethral Surgery 經由尿道進行之手術	635	2.0	41,000	19,800	15,000
Vesical Neck and Prostate 膀胱頸及前列腺					
Urodynamics 尿流動力學檢查	277	4.2	58,500	37,983	35,000
CARDIOVASCULAR SYSTEM 心血管系統					
Bypass Graft 繞道手術					
Venous 靜脈	220	3.1	28,000	17,163	30,000
Spleen 脾					
Introduction 導藥法	302	5.9	13,800	15,000	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。



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