



中華人民共和國香港特別行政區政府總部食物及衛生局  
Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

Our Ref. : FHB/H/1/5/4/2 Pt. 9  
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24 October 2013

Ms Maisie LAM  
Chief Council Secretary  
Legislative Council Secretariat  
Legislative Council Complex  
1, Legislative Council Road  
Central

Dear Ms LAM,

**Panel on Health Services  
Subcommittee on Health Protection Scheme**

**Meeting on 8 July 2013**

I refer to the actionable items recorded in the minutes of the captioned meeting. The requested supplementary information is provided at **Annex**.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sheung-yuen LEE'.

( Sheung-yuen LEE )  
for Secretary for Food and Health

Encl.

**Supplementary information requested by the meeting of  
Subcommittee on Health Protection Scheme  
of the Panel on Health Services on 8 July 2013**

Paragraph 7

*Real examples of existing packages offered by private hospitals to demonstrate the typical items that would be covered by packages for some common procedures.*

Administration's response

2. Based on publicly available information, we set out below some examples of packages for common procedures/operations currently offered by private hospitals.

<b>Procedure/ Operation (Hospital)</b>	<b>Included Items</b>	<b>Excluded Items</b>
Gastrosocopy (Canossa Hospital (Caritas))	<ul style="list-style-type: none"> <li>• Doctor's fee (for designated doctors only)</li> <li>• Basic medications and consumables</li> <li>• General medical equipment</li> <li>• Use of recovery room</li> <li>• Helicobacter pylori (CLO) test for gastrosocopy</li> <li>• One endoscopic photo</li> </ul>	<ul style="list-style-type: none"> <li>• Pathology and laboratory tests</li> <li>• Anesthetist charges and anesthesia drugs</li> <li>• DVD of operation</li> </ul>
Cataract extraction (Tsuen Wan Adventist Hospital)	<ul style="list-style-type: none"> <li>• Surgeon's fee</li> <li>• Operating room charge</li> <li>• Nursing Care</li> <li>• All necessary medications</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-operative consultations</li> <li>• Emergency services beyond the routine procedure</li> <li>• Treatment fees for any post-operative complications</li> <li>• Special lens AcrySof IQ or Restore lens</li> <li>• Post-operative medications</li> </ul>

<b>Procedure/ Operation (Hospital)</b>	<b>Included Items</b>	<b>Excluded Items</b>
Laparoscopic Appendicectomy (Union Hospital)	<ul style="list-style-type: none"> <li>• Standard room charge for 3 days</li> <li>• Essential pre-operative investigation</li> <li>• Instrument, equipment and consumable for operation</li> <li>• Post-operative care</li> <li>• Surgeon's fee and ward round fee</li> <li>• Anaesthetist's fee</li> <li>• During the same period of hospitalization, all subsequent costs of treatment, surgeon and anaesthetist fees for further operations for complications arising from the above mentioned operations.</li> <li>• Maximum cover of \$200,000 for extended costs of prolonged hospital stay due to complications.</li> </ul>	<ul style="list-style-type: none"> <li>• Additional operation charges not related to operation package and any complications</li> <li>• Irrelevant test and examination fee</li> <li>• Consultation fee before admission and after discharge</li> <li>• Pathology test and treatment for neoplastic diseases</li> <li>• All meal and sundries charges</li> <li>• Treatment fee for chronic illness and its complications</li> <li>• Treatment fee for illness during hospitalization not related to operation</li> <li>• Charges for Active MRSA Surveillance Screening</li> <li>• Discharge medication</li> </ul>

Paragraph 10

*Information on the respective number of persons currently covered by individually-purchased indemnity insurance policies for hospital admission and hospital cash policies.*

Administration's response

3. According to the Thematic Household Survey conducted by the Census and Statistics Department in 2011, the number of persons with hospital cash policies only (i.e. without coverage of indemnity hospital insurance) was about 341,000. The number of persons currently covered by individually-purchased indemnity hospital insurance policies was about 1.53 million (who may or may not have hospital cash concurrently). The breakdown on the number of persons with both hospital cash and indemnity hospital insurance policies is not available from the survey.

Paragraph 12

*The proportion of those insured who still resorted to the public system despite having adequate coverage for access to private services.*

Administration's response

4. According to the Thematic Household Survey conducted by the Census and Statistics Department in 2011, about 46% of those covered by indemnity hospital insurance went to public hospitals when making use of hospital services.

Paragraph 15

*Illustrative figures, together with a detailed explanation, to support its stance that the proposal for incorporating a savings feature into HPS should not be pursued.*

Administration's response

5. In order to encourage policyholders to stay insured continuously and to enhance premium affordability at older age, the Second Stage Public Consultation Document on Healthcare Reform proposed the option of building in a savings component in health insurance plans under the Health Protection Scheme (HPS). Nevertheless, the outcomes of the consultation revealed considerable reservations within the community over the inclusion of compulsory savings component as an essential part of the HPS.

6. According to the Public Opinion Survey conducted between November 2010 to April 2011 in connection with the Second Stage Public Consultation on Healthcare Reform, the proposal of requiring the insured who have received incentives under the HPS to save for premium in their old age was the least favoured by the respondents amongst other proposals of supporting infrastructure for the HPS. We also received views during the Second Stage Consultation raising concerns over the inflexible use of savings for paying premium, the return rate of savings and administrative costs of the savings account. Some considered that compulsory savings would make HPS plans less attractive and discourage people from enrolling in HPS plans.

7. Apart from public views on the issue, it is worth noting that the circumstances in Hong Kong and in overseas countries are different in the sense that the tax rate in overseas countries is relatively high. As a result, stronger incentives may be required to encourage people in overseas countries to save. Whereas in Hong Kong, the situation is different as Hong Kong people are culturally more accustomed to personal savings.

8. Taking into account of the above reasons, we consider it more appropriate for the savings component to be an optional feature rather than a mandatory requirement under the Minimum Requirements proposed for the HPS.

**Food and Health Bureau  
October 2013**