

# **Studies on Voluntary Supplementary Financing Scheme Consumer Market Research**

## **Report of Telephone Survey**

**Prepared for**

**Food and Health Bureau  
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**By**

**CONSUMER SEARCH**



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## **Part 1. Executive Summary**

### **1.1 Survey Objectives**

The objectives were (a) to provide quantitative analyses on attitudes, preferences, expectations and concerns of consumers regarding basic design parameters of the Scheme; and (b) to provide quantitative analyses on willingness-to-pay of consumers subject to variation in the basic design parameters of the Scheme and/or hypothetical templates of the Scheme. Perceived change in consumer behavior on healthcare utilization upon joining the Scheme was originally targeted as well but it was later found that it was practically difficult to collect reliable information through the use of telephone survey.

### **1.2 Sample Design and Data Collection Method**

The target population were persons aged 18 to 69 (excluding foreign domestic helpers) from households with telephone line. A random sample of 2,013 persons representing the target population was successfully interviewed by telephone.

### **1.3 Fieldwork Period and Response Rate**

The fieldwork was carried out from 24 June to 27 July 2010. The response rate was 21.8%.

### **1.4 Summary of Key Findings**

The following present a summary of key findings.

#### **1.4.1 Experience and Attitude towards Hospitalization Insurance**

43.9% of total respondents owned hospitalization insurance at the time of survey, as compared with 56.1% who did not own any hospitalization insurance.

10.2% of total respondents thought they were familiar / very familiar with hospitalization insurance products in the market, in contrast with 47.0% who claimed unfamiliar / very unfamiliar with hospitalization insurance products. Another 42.2% responded that their familiarity of hospitalization insurance products was on average.

For the experience of hospitalization, 34.4% of total respondents had such experience, while 65.6% of them did not have such experience.

17.9% of total respondents claimed to have chronic disease, as compared with 82.1% of the respondents who did not claim to have chronic disease.

### Owners of Hospitalization Insurance

For those respondents who owned hospitalization insurance policy, most of them owned 1 policy (73.6%), while 21.1% of them owned 2 policies. Just a few (4.3%) respondents owned 3 policies or more than 3 (1.1%).

72.8% of those owners responded that they purchased the policy(s) they owned. 23.4% told that the policy(s) they owned were purchased by their employers. Besides, 12.1% told that the policy(s) they owned were purchased by their family members.

When asked about the premium paid for the policy(s) they purchased, 87.6% of them could give an answer and the median of premiums was \$550.

37.2% of hospitalization insurance policy owners had claim experience, while 62.8% of them did not have any claim experience. For those who had claim experience, 84.3% of them were satisfied / very satisfied on that experience, and just 0.8% of them were dissatisfied / very dissatisfied with the experience.

### Non-owners of Hospitalization Insurance

Those respondents who did not own any hospitalization insurance at the time of survey cited the following reasons (multiple answers allowed) for not purchasing one: 51.8% of them did not think they had such needs, and 50.8% of them responded that the services of public hospitals could help them already. 42.4% of them replied that the premium was too high / they could not afford / no extra money to purchase.

Of those non-owners of hospitalization insurance policies, 84.2% did not have any experience of terminating the hospitalization insurance policy, while 15.8% of them had the experience before. For those who had the experience of terminating a hospitalization health insurance policy, the top 3 reasons of termination was “too high the premium” (45.1%), “no such need” (41.9%), and “dissatisfied with the coverage of the policy(s) and the services / experience of being cheated” (31.4%).

## **1.4.2 General Attitude towards the Hypothetical Scheme Products**

The respondents were provided a brief conceptual introduction to two hypothetical scheme product coverage and possible cost sharing arrangements, and were asked to give their feedback.

More than half of total respondents (54.7%) chose Hypothetical Plan 1 which was conceptually designed to cover the average cost of general-ward hospitalization in low to medium-priced private hospitals in Hong Kong. Less than a quarter (21.8%) of them chose Hypothetical Plan 2 which was designed to cover the average cost of general-ward hospitalization in medium to high-priced private hospitals. 23.5% chose neither or refused to answer.

If cost sharing element was built into the hypothetical schemes (meaning that the insured has to co-pay part of the medical expenses) so as to allow a lower insurance premium, 40.5% of the respondents found the idea acceptable / very acceptable, while 35.1% felt indifferent (without apparent preference or resistance). On the other hand, 22.7% of the respondents found it unacceptable / very unacceptable.

For those respondents who accepted or felt indifferent about the cost sharing idea, 62.2% considered the arrangement of deductible (a fixed amount of claimable medical bill that must be paid by the insured before the insurer starts to reimburse the remaining part of the bill) acceptable / very acceptable, as compared with 32.6% who felt indifferent and 4.2% who considered it unacceptable / very unacceptable.

For those respondents who accepted or felt indifferent about the cost sharing idea, 63.0% considered the arrangement of co-insurance (partial reimbursement of remaining claimable medical bill by the insurer after deductible if any is paid by the insured) acceptable / very acceptable, as compared with 28.2% who felt indifferent and 8.2% who considered it unacceptable / very unacceptable.

Two hypothetical combinations of deductible and co-insurance co-existing in the hypothetical schemes, without precise premium impact illustrated yet for simplicity sake, were presented to gauge the initial responses from those respondents who accepted or felt indifferent about the cost sharing idea. For the first combination whereby a 20% co-insurance ratio came with zero deductible, 43.1% considered it acceptable / very acceptable, as compared with 39.5% feeling indifferent and 16.5% who considered it unacceptable / very unacceptable. For the second combination whereby the co-insurance ratio was lowered to 10% while a modest amount of deductible (relative to

that in the absence of coinsurance) was introduced, the proportion of respondents who considered it acceptable / very acceptable rose to 68.2% while the proportion who felt indifferent and considered it unacceptable / very unacceptable fell to 27.4% and 3.8% respectively.

The results revealed that a combination of modest deductible and coinsurance were probably most appealing to those respondents who liked or did not resist cost sharing arrangement if it came with lower premium, although the exact choice would also depend on the precise premium impact (see findings in Part 5.4).

### 1.4.3 Attitude towards Scheme Features and Willingness-To-Pay

The attractiveness of five selected key features was tested by asking all the respondents to tell how far each feature attracts them. All the five selected features were appreciated by more than half of the respondents. The top 3 features which received broadest acceptance (i.e. being considered attractive / very attractive) were: no-claim discount (65.0%), guaranteed lifelong renewal (64.1%) and single packaged benefit limit per diagnosis / procedure (64.0%). They were followed by barrier-free portability of insurance plans across insurers (61.1%), and coverage of pre-existing condition (55.8%).

**Table 1: Views of respondents towards key features of the hypothetical scheme**

|  | No-claim Discount (%) | Guaranteed Lifelong Renewal (%) | Single packaged benefit limit per diagnosis/ procedure (%) | Barrier-Free Portability (%) | Coverage of Pre-existing Condition (%) |
|--|-----------------------|---------------------------------|--|------------------------------|--|
| <b>Very attractive/ Attractive (%)</b>               | 65.0                  | 64.1                            | 64.0   | 61.1                         | 55.8                                   |
| <b>Average (%)</b>                                   | 26.1                  | 23.9                            | 27.1   | 26.4                         | 32.5                                   |
| <b>Very unattractive/ Unattractive (%)</b>           | 8.2                   | 10.5                            | 7.9  | 10.4                         | 10.6                                   |
| <b>Don't know/ No Comment/ Refused to answer (%)</b> | 0.7                   | 1.6                             | 1.0  | 2.1                          | 1.2                                    |

For the coverage of pre-existing condition in particular, respondents were asked to give opinion on the desired length of waiting period beyond which the pre-existing condition started to be covered. 43.3% of the respondents opined that the waiting period for pre-existing condition should be less than 1 year. 26.0% opined that the period should be 1 year, while 11.8% and 5.6% opined that the period should be 2 years and 3 years

respectively.

The respondents were also asked about their level of acceptance towards a scenario whereby the pre-existing condition could be covered yet subject to a waiting period of 3 years and a rise in premium by 10%. 23.2% of the respondents found the scenario attractive / very attractive while 44.6% felt indifferent. 31.0% of them found it unattractive / very unattractive.

On willingness-to-pay, 72.1% of total respondents expressed willingness to purchase or switch to Hypothetical Scheme, while 27.9% of them were not willing to do so. 79.0% of the owners of hospitalization insurance and 66.7% of the non-owners of hospitalization insurance were willing to purchase or switch to the scheme. A majority of response being positive was widely observed for different profiles of respondents by age, working status, income level and education attainment. In particular, the responses from the younger respondents aged 18-39, working population, those with monthly personal income at \$10,000 or above, and those with post-secondary education were relatively even more positive.

Comparing this result with the choice of hypothetical plan in Question B1, there were some changes in respondents' attitude on the plan after providing them with more information. Among those who chose Plan 1 or Plan 2 in Question B1, less than one-fifth (19.3%) of them were not willing to switch to / purchase the hypothetical scheme after knowing more about the plan features. On the other hand, for those who chose neither plan in Question B1, 40.3% of them were willing to switch to / purchase the hypothetical scheme. Besides, for those who responded don't know or refused to answer, 61.8% of them are now willing to switch to / purchase the hypothetical scheme.

For the respondents who were willing to purchase or switch to the Hypothetical Scheme, the median value of monthly premiums that they were willing to pay was \$500 for Plan 1 and \$700 for Plan 2. Analysed by socio-economic background, the median monthly premiums for Plan 1 replied by respondents aged 50-69, those with chronic disease and those with education up to primary level were lower at \$400, \$400 and \$300 respectively, while the median monthly premiums for other profiles were all at \$500. As regards Plan 2, the median monthly premiums replied by respondents aged 40-69, respondents out of work, respondents with monthly personal income less than \$10,000, and respondents with chronic disease were all lower at \$600, while the corresponding figure for those with primary education or below only were even lower at \$500. On the other hand, the median monthly premiums replied by respondents aged 18-39, those with monthly personal income at \$25,000 or above, and those with post-secondary education were higher than the overall median, reaching \$800.

For those who were not willing to switch to or purchase the Hypothetical Scheme, the top 3 reasons cited (multiple answers allowed) were: “could not afford or spare extra money to purchase” (20.3%), “could not decide yet as the details of the Scheme, including the articles, coverage, claim procedure, premium and loading were yet to be clarified” (13.1%), and “content with the protection of the hospitalization insurance plans already owned” (13.1%).

#### **1.4.4 Attitude towards Ways of Premium Reduction and Government Subsidy**

The respondents were asked about their preference towards different options that might enable the premium to be lowered. The most favoured option was confinement of insurance coverage to expensive treatments only, with 37.0% considering the option attractive / very attractive. This considerably exceeded the 28.2% who considered the same option unattractive / very unattractive. The next most favoured option was confinement of insurance coverage to common procedures that had long queues in public hospitals, with 31.9% considering attractive / very attractive versus 27.3% considering unattractive / very unattractive. As regards the premium reduction methods, only those who had replied earlier that they accepted or felt indifferent about cost sharing arrangement in medical insurance were surveyed. 3 options of deductibles alone ranging from \$5,000 to \$15,000 (without other cost sharing element) accompanied by premium reduction ranging from 20% to 45% were presented. The proportions of these respondents who considered these specific deductible options attractive / very attractive stood at 20.6-24.9%, while the proportions considering unattractive / very unattractive were 24.1-37.1%.



**Table 2: Views of respondents towards different ways to enjoy premium cut**

|  | Deductible*                                      |   |   | Coverage Limited to Expensive Treatment (%) | Coverage Limited to Common Procedures that are Long Queue at Public Hospitals (%) |
|--|--|---|---|---|---|
|  | \$5,000 Deductible for 20% Premium Reduction (%) | \$10,000 Deductible for 35% Premium Reduction (%) | \$15,000 Deductible for 45% Premium Reduction (%) |   |   |
| <b>Very attractive/ Attractive (%)</b>               | 22.7   | 20.6  | 24.9  | 37.0  | 31.9  |
| <b>Average (%)</b>                                   | 52.2   | 44.1  | 37.1  | 33.7  | 39.7  |
| <b>Very unattractive/ Unattractive (%)</b>           | 24.1   | 34.1  | 37.1  | 28.2  | 27.3  |
| <b>Don't know/ No Comment/ Refused to answer (%)</b> | 1.0  | 1.2   | 1.0   | 1.1   | 1.1   |

Note: (\*) Only respondents who had replied that they accepted or felt indifferent about cost sharing arrangements were surveyed for the deductible options.

The respondents were also asked about how an early bird privilege of enjoying 30% no-claim discount upfront if enrolment was made in the first 6 months of scheme launch would attract them. 70.6% of the respondents responded that they definitely would / might be induced to purchase the Hypothetical Scheme, while 27.9% responded that they definitely would not / would not be induced.

On the desired form of government subsidy, discounted premium was the most preferred (chosen by 46.8% of total respondents), followed by refund on premium after retirement (25.6%) and tax deduction (18.7%). On the other hand, 7.2% of the respondents opined that the Government should not provide any kind of subsidy.

When asked about the percentage that the Government should subsidize on the cost of joining the Hypothetical Scheme, regardless of the subsidy mode, 93.1% of the respondents were able to provide a concrete reply, which was mostly 50%. The median value of the preferred percentage was also 50%.

#### **1.4.5 Attitude towards the Savings Component of the Hypothetical Scheme**

68.7% of the respondents agreed / strongly agreed on the proposition that their medical expenses would increase as they approached retirement, while 16.8% of them did not agree on that.

61.2% of the respondents agreed / strongly agreed that they needed to start saving for medical need after retirement and the choice of private services to fulfil such need. 13.3% of the respondents disagreed / strongly disagreed on this need.

Of those respondents who were not housewives and had not retired, 66.3% replied that they had savings for retirement while 33.7% did not have such savings.

Of those respondents who had savings for retirement, 89.5% were willing to provide an answer on their propensity to save. The median value of the saving propensity was 15% of personal income. Regarding the proportion of such savings designated for medical expenses, the median value was 20%.

The respondents were asked about their level of acceptance towards different scenarios whereby savings component was featured into the hypothetical scheme. On the first scenario whereby the savings component was put up as an optional feature that the insured person could voluntarily choose, 46.4% of the respondents considered this arrangement attractive / very attractive, while 19.3% of them considered it unattractive / very unattractive. On the second scenario whereby the savings component was enforced as a necessary feature in the scheme, 32.3% of the respondents considered this arrangement acceptable / very acceptable, while 32.6% of the respondents considered it unacceptable / very unacceptable. On the third scenario whereby the Hypothetical Scheme did not contain any savings element, 32.0% of the respondents considered this arrangement acceptable / very acceptable, while 22.7% of them considered it unacceptable / very unacceptable.

On the desired ways of encouraging people to save for post-retirement medical needs under the hypothetical scheme, two options were provided to test the level of acceptance. On the first option that there was a medical savings account that the scheme participants and the Government separately contribute to the account balance, 46.5% of the respondents considered this arrangement attractive / very attractive while 12.9% considered this unattractive / very unattractive. On the second option that the savings element was integrated into the insurance policy with higher premium at younger age to offset the premium increase at older age and that the Government subsidized the premium involved, 45.5% of the respondents found this arrangement attractive / very attractive while 15.4% found this arrangement unattractive / very unattractive.

Regardless of the savings option, the respondents were also asked about the percentage of personal income that they were willing to set aside for the savings component under the hypothetical scheme. 86.3% of the respondents were able to provide a concrete figure, and the median value of the answer was 5.0%.

#### **1.4.6 Attitude towards the Role of the Government**

67.8% of the respondents agreed / strongly agreed that the Government should directly manage the hypothetical scheme if the insurance companies did not actively participate in the scheme. 12.6% of the respondents disagreed / strongly disagreed with this.

72.2% of the respondents agreed / strongly agreed that the Government should provide private hospital services if the existing private hospitals did not have sufficient capacity to provide services required by the scheme. 11% of them however disagreed / very disagreed with this.

## Part 1. 報告摘要

### 1.1 研究目的

是次研究的目的包括 (一) 對於消費者就假設計劃的基本設計的看法、偏好、期望和關注作出量化的分析，以及 (二) 就消費者對假設計劃的基本設計和假設模式的願付價格作出量化的分析。此研究本想探討消費者如參加假設計劃後在醫療使用上的轉變，但其後發現透過電話調查去獲取可靠的相關資料存有實際困難，故未有將此包括在內。

### 1.2 抽樣方式及訪問方法

是次研究，訪問對象為有安裝電話的住戶中年齡 18 至 69 歲的本地居民 (並不包括外籍家庭傭工)，透過隨機抽樣形式進行電話問卷調查，一共成功訪問了 2013 位被訪者。

### 1.3 訪問日期及回應率

是次研究於二零一零年六月廿四日至七月廿七日期間進行。回應率為 21.8%。

### 1.4 結果摘要

以下摘要出是次研究的結果。

#### 1.4.1 對住院保險的經驗及看法

43.9%的被訪者在受訪期間擁有住院保險，相反 56.1%的被訪者有此期間並沒有擁有住院保險。

所有被訪者中，只有 10.2% 覺得自己對市面上的住院保險產品瞭解 / 非常瞭解，相反有 47.0% 的被訪者覺得自己對市面上住院保險產品不瞭解 / 非常不瞭解。另外有 42.2% 的被訪者對於住院保險產品的瞭解程度只屬普通。

關於住院經驗方面，有 34.4% 的被訪者有住院經驗，相反 65.6% 並沒有住院經驗。

17.9% 的被訪者表示自己患有長期病患，相反 82.1% 的被訪者表示自己並沒有長期病患。

### 住院保險的持有人

在擁有住院保險的被訪者中，大部份只擁有一份住院保險保單 (73.6%)，另外 21.1% 擁有兩份有關保單。只有少部份的被訪者擁有三份 (4.3%) 或三份以上 (1.1%) 有關保單。

在擁有住院保險的被訪者中，有 72.8%的保單是自行購買，23.4% 的保單由其僱主購買。另外有 12.1%的保單是由家庭成員為其購買的。

當問及被訪者自己購買的保單保費時，有 87.6% 能回答此問題，他們所付的保費中位數為 \$550。

37.2%擁有住院保險的被訪者有索取賠償的經驗，而 62.8%則沒有此經驗。在有索償經驗的被訪者中，84.3% 滿意 / 非常滿意過往的索償經驗，只有 0.8%表示不滿意 / 非常不滿意過往的索償經驗。

### 住院保險的非持有人

當問及在受訪期間未持有住院保險的被訪者的不購買原因時(可提供多個答案)，51.8%的被訪者表示覺得沒有需要購買，另外 50.8%的被訪者覺得公立醫院提供的服務已經能夠幫助他們。另外 42.4%的被訪者覺得保費太貴 / 沒有能力負擔保費 / 沒有多餘錢購買。

沒持有住院保險的被訪者中，84.2%無任何終止住院保險保單的經驗，相反 15.8%的被訪者有相關經驗。在那些有終止住院保險保單經驗的被訪者中，首三個終止保單的原因包括「保費太高」(45.1%)，「沒有需要購買」(41.9%) 以及「不滿意保障範圍和服務 / 有受騙的經驗」(31.4%)。

#### **1.4.2 對假設計劃的看法**

就兩個假設計劃及可能涉及的費用分擔安排，被訪者先聽取有關構思的簡介，然後才詢問其意見。

超過一半的被訪者 (54.7%) 選擇能應付現時香港低至中價私家醫院一般病房平均收費的假設計劃一。少於四份之一的被訪者 (21.8%) 選擇能應付現時中高價私家醫院一般病房平均收費的假設計劃二。23.5%的被訪者表示兩個假設計劃也不會選擇或拒絕回答。

如果假設計劃設有病人分擔費 (即受保者需要分擔部份的醫療費用)，以換取較低的保費，40.5%的被訪者對此安排表示接受 / 非常接受，另外 35.1%表示普通(沒有覺得接受或抗拒)。相反，22.7%的被訪者表示不接受 / 非常不接受。

對於病人分擔費表示接受或覺得普通的被訪者中，62.2%對墊底費 (即在可索償的醫療賬單中，受保人需要先支付一個特定費用，然後才開始計算可索償之金額) 表示接受 / 非常接受，

相對於 32.6%表示普通，以及 4.2%表示不接受 / 非常不接受。

對於病人分擔費表示接受或覺得普通的被訪者中，63.0%對於病人分擔部分費用的安排 (即在可索償的醫療賬單中，受保者在繳付所需的墊底費後，可以索回部份的醫療費用) 表示接受 / 非常接受，另外 28.2%表示普通，以及 8.2%表示不接受 / 非常不接受。

訪問員向那些對病人分擔費表示接受或覺得普通的被訪者，介紹計劃中包括墊底費及病人分擔費的兩個組合方法，以了解他們的初步反應，但為了簡單起見，並未有告訴被訪者有關的確實保費安排。對於第一個組合，即沒有任何墊底費以及包含 20%病人分擔費，43.1% 的相關被訪者表示接受 / 非常接受，另外 39.5%表示普通，以及 16.5%表示不接受 / 非常不接受。至於第二個組合，即病人分擔費會減至 10%，但會設有少量的墊底費 (相對於沒有病人分擔費的情況下)，表示接受 / 非常接受的相關被訪者升至 68.2%，另外 27.4%表示普通，以及 3.8%表示不接受 / 非常不接受。

結果反映如果為了減低保費，一個包含少量墊底費及病人分擔費的組合，對於喜歡或不抗拒醫療費用分擔安排的被訪者最為吸引，但他們的最終意向會受到確實保費所影響。(請參考 5.4 部份)

### 1.4.3 對於假設計劃的特徵以及願意付出之保費的看法

關於計劃中的五個主要特徵，所有被訪者問及每個特徵對其有幾吸引？有超過一半的被訪者覺得全部五個特徵都吸引。首三個受到被訪者廣泛接受 (即覺得吸引 / 非常吸引) 的特徵包括：無索償折扣 (65.0%)、保證終身續保 (64.1%) 及套餐價形式列出病症 / 手術的最高賠償總額 (64.0%)。另外兩個特徵包括無障礙保單可攜性(61.1%) 以及對投保前已有疾病保障 (55.8%)

表 1：被訪者對於假設計劃中的主要特徵的意見

|                       | 無索償折扣 (%) | 保證終身續保 (%) | 套餐價形式列出病症 / 手術的最高賠償總額 (%) | 無障礙保單可攜性 (%) | 對投保前已有疾病保障 (%) |
|-----------------------|-----------|------------|---------------------------|--------------|----------------|
| 非常吸引 / 吸引 (%)         | 65.0      | 64.1       | 64.0                      | 61.1         | 55.8           |
| 普通 (%)                | 26.1      | 23.9       | 27.1                      | 26.4         | 32.5           |
| 非常不吸引 / 不吸引 (%)       | 8.2       | 10.5       | 7.9                       | 10.4         | 10.6           |
| 不知道 / 沒有意見 / 拒絕回答 (%) | 0.7       | 1.6        | 1.0                       | 2.1          | 1.2            |

就對投保前已有疾病保障，被訪者問及他們認為對於可索償投保前已有疾病的理想等候期。43.3%的被訪者表示可索償已有疾病的等候期應少於一年。另外 26.0%表示應該定為一年，而 11.8%和 5.6%的被訪者分別表示應定為 2 年及 3 年。

對於可索償投保前已有疾病但等候期為三年及保費會增加 10%的假設情況，被訪者被問及其可接受程度，23.2%的被訪者覺得這情況吸引 / 非常吸引，另外 44.6%表示普通。31.0%覺得這情況不吸引 / 非常不吸引。

72.1%的被訪者表示會考慮轉投或購買假設方案，相反 27.9%表示不會考慮。79.0%住院保險持有人及 66.7%住院保險非持有人均表示會考慮轉投或購買假設方案。大部份不同背景的被訪者，包括年齡、工作情況、收入及教育程度，也對於假設計劃持正面態度。其中尤以 18-39 歲、有工作、每月個人收入有\$10,000 或以上、或大專或以上程度的被訪者對假設計劃較為正面。

當將此部分的結果與問題 B1 關於選擇哪個假設計劃的結果作比較時，發現在提供多些資料後，有部分被訪者在選擇假設計劃的態度上有所轉變。在問題 B1 選擇了假設計劃一及計劃二的被訪者中，少於五分之一 (19.3%) 在了解多些計劃的特徵後表示不會考慮轉投或購買假設方案。相反，在問題 B1 表示兩個假設計劃也不會考慮的被訪者中，有 40.3%現表示會考慮轉投或購買假設方案。此外，在問題 B1 表示不知道或拒絕回應的被訪者中，有 61.8%現表示會考慮轉投或購買假設方案。

在會考慮轉投或購買假設方案的被訪者中，他們就假設計劃一及計劃二願付的保費中位數分別為\$500 及\$700。當分析他們的社會經濟背景，50-69 歲、有長期病患、或小學程度或以下的被訪者對於計劃一的保費中位數分別為\$400、\$400 及\$300，較其他背景的\$500 為低。對於計劃二，40-69 歲、在職、收入少於\$10,000，或有長期病患的被訪者均為\$600，較整體為低，而小學程度或以下的被訪者的保費中位數更低至\$500。相反，18-39 歲、個人每月收入有\$25,000 或以上，或大專或以上教育程度的被訪者的保費中位數均為\$800，較整體為高。

對於不會考慮轉投或購買假設方案的被訪者，首三個不會考慮的原因 (可提供多個答案) 包括「經濟上不能負擔或未有多餘錢購買」 (20.3%)，「假設方案的詳細資料包括條款、保障範圍、索償手續、保費及附加費等仍未清晰，不能作出考慮」 (13.1%)，以及「滿意已擁有住院保險的保障」 (13.1%)。

#### 1.4.4 對於減低保費方法以及政府津貼的看法

被訪者被問及一些能降低保費的方法的意見。最受喜歡的方法是減低保障範圍至只包括部分昂貴治療，有 37.0%的被訪者覺得它吸引 / 非常吸引。這比例亦超過 28.2%覺得不吸引、非常不吸引的被訪者的比例。第二受喜歡的是減低保障範圍至只包括部分公立醫院輪候時間較長的手術，有 31.9%表示吸引 / 非常吸引，對比 27.3%表示不吸引 / 非常不吸引。對於減

低保費的方法，只有上述對於醫療費用分擔表示接受或普通的被訪者會被問及。三個墊底費的選擇分別為\$5,000 至\$15,000 (沒有其他費用分擔) 以減低保費 20%至 45%。覺得三個墊底費方法吸引 / 非常吸引的比例為 20.6%-24.9%，反之，覺得不吸引 / 非常不吸引的比例為 24.1-37.1%。

表 2：被訪者對於不同減低保費方法的意見

|                    | 墊底費*                    |                          |                          | 減低保障範圍至只包括部分昂貴治療 (%) | 減低保障範圍至只包括部分公立醫院輪候時間較長的手術 (%) |
|--------------------|-------------------------|--------------------------|--------------------------|----------------------|-------------------------------|
|                    | \$5,000 墊底費減低 20%保費 (%) | \$10,000 墊底費減低 35%保費 (%) | \$15,000 墊底費減低 45%保費 (%) |                      |                               |
| 非常吸引 / 吸引 (%)      | 22.7                    | 20.6                     | 24.9                     | 37.0                 | 31.9                          |
| 普通 (%)             | 52.2                    | 44.1                     | 37.1                     | 33.7                 | 39.7                          |
| 非常不吸引 / 不吸引 (%)    | 24.1                    | 34.1                     | 37.1                     | 28.2                 | 27.3                          |
| 不知道/ 沒有意見/ 拒絕回應(%) | 1.0                     | 1.2                      | 1.0                      | 1.1                  | 1.1                           |

注意：(\*) 只有在之前對醫療費用分擔表示接受或普通的被訪者會被問及有關墊底費的意見

被訪者亦被問及於計劃推出後首六個月內早報名參加將可享有 30%的無索償折扣的吸引程度。70.6%的被訪者表示一定會 / 可能會被吸引去購買假設方案，相反 27.9%的被訪者一定不會 / 不會被吸引去購買該方案。

對於希望政府作出津貼的方法，即時保費資助較多人喜歡 (46.8%的被訪者選擇)，之後為退休後保費回贈(25.6%) 及減稅 (18.7%)。另外，有 7.2%的被訪者覺得政府不應該提供任何資助。

當問及政府應該對參加假設方案的費用津貼多少時，93.1%的被訪者有提供答案，最多被訪者表示應津貼 50%，整體的中位數亦是 50%。

#### 1.4.5 對於假設方案中儲蓄成份的看法

68.7%的被訪者同意 / 非常同意在他們接近退休時，他們的醫療使費會上升，相反 16.8%的被訪者並不同意這看法。

61.2% 的被訪者同意 / 非常同意他們需要開始為退休後的醫療使費作儲蓄，以確保退休後自



已有能力選擇私營醫療服務。13.3%的被訪者不同意有此需要。

在並非家庭主婦及退休人仕的被訪者中，66.3% 表示他們有為將來退休作儲蓄，相反 33.7% 並沒有這項儲蓄。

在有為將來作儲蓄的被訪者中，89.5% 能夠作答他們的儲蓄比例。儲蓄比例中位數為個人收入的 15%。至於該儲蓄中有多少會作為醫療使費，中位數為 20%。

被訪者被問及他們對於假設計劃中不同儲蓄成份的接受程度。第一個儲蓄成份可讓受保者自行選擇參與，46.4%的被訪者覺得這安排吸引 / 非常吸引，相反 19.3%覺得不吸引 / 非常不吸引。第二個儲蓄成份為強制參加，是計劃必須包含的部份，32.3%被訪者覺得這安排吸引 / 非常吸引，相反 32.6%覺得不吸引 / 非常不吸引。第三個是假設計劃並沒有任何儲蓄成份，32.0%的被訪者覺得這安排吸引 / 非常吸引，相反 22.7%覺得不吸引 / 非常不吸引。

對於假設計劃中建議受保者為退休後醫療使費作儲蓄的方法，有兩個方法提供予被訪者並測試其接受程度。第一個方法是設立醫療儲蓄戶口，參加者及政府各自供款到這戶口，46.5% 被訪者表示這安排吸引 / 非常吸引，相反 12.9%被訪者覺得不吸引 / 非常不吸引。第二個選擇是提供一個有儲蓄成份的綜合保險，即在年青時保費會較高，以減輕年老時的保費，政府亦會有津貼，45.5%的被訪者覺得這安排吸引 / 非常吸引，相反 15.4%覺得不吸引 / 非常不吸引。

對於儲蓄方面，被訪者被問及願意對假設計劃作出每月個人收入的多少作為供款，86.3%被訪者能給予答案，中位數為 5%。

#### **1.4.6 對於假設方案中儲蓄成份的看法**

67.8%的被訪者同意 / 非常同意如果私營保險公司未能積極參與，政府應直接管理假設計劃。12.6%被訪者不同意 / 非常不同意此安排。

72.2%的被訪者同意 / 非常同意如果私家醫院未能提供足夠的服務去應付計劃的需求，政府應為參加者提供私家醫院服務。11.1%的被訪者則不同意 / 非常不同意此安排。

## Part 2. Research Background

In his Policy Address of 2009-10, the Chief Executive announced the plan to propose a supplementary healthcare financing option based on voluntary participation with insurance and savings components for the second stage public consultation on healthcare reform in 2010. This option will be standardized, regulated, and incentivized by the Government through the use of the \$50 billion previously set aside to support healthcare reform. To take this forward, the Food and Health Bureau (“FHB”) has commissioned a series of studies to devise a proposal for a feasible incentivized Voluntary Supplementary Financing Scheme (“the Scheme”).

The Consumer Market Research represents an integral part of the series of studies commissioned by FHB for the purpose of devising a proposal for the Scheme. It is aimed to generate both quantitative and qualitative analyses regarding consumer preferences about the Scheme, willingness-to-pay, and perceived changes in behaviour on healthcare utilization upon joining the Scheme. In particular, these findings are expected to provide important reference for two other studies in the series to be conducted in future, namely “Feasibility Study on the Key Features of the Scheme” and “Assessment of the Long-term Implication of the Scheme”.

This report presents the findings of the quantitative analysis in this Consumer Market Research. Findings of the qualitative analysis are presented in a separate report.

### **Part 3. Research Objective**

The key objectives of this telephone survey as part of the Consumer Market Research are two-fold:

- (a) To provide quantitative analyses on attitudes, preferences, expectations and concerns of consumers, who include the currently insured and uninsured, and who are the decision-makers or major influencers on healthcare expenditures of the households, regarding basic design parameters of the Scheme, covering:
- standardized insurance terms and coverage
  - benefit structure
  - medical savings component
  - premium structure
  - mode and level of subsidy, etc.

The analyses are expected to support mainly the tasks performed by “Feasibility Study on the Key Features of the Scheme”.

- (b) To provide quantitative analyses on:
- (i) willingness-to-pay of consumers (currently insured and uninsured) subject to variation in the basic design parameters of the Scheme and/or hypothetical templates of the Scheme; and
  - (ii) perceived changes in consumer behavior on healthcare utilization upon joining the Scheme.

On (b)(ii), it was subsequently found with hindsight that it was practically difficult to collect reliable information through the use of telephone survey. Nevertheless, the qualitative study of this Consumer Market Research through focus group interviews managed to collect some useful feedback about this dimension. The findings have been included in that report.

The analyses are expected to support mainly the tasks performed by “Assessment of the Long-term Implication of the Scheme”.

## **Part 4. Research Methodology**

### **4.1 Target Respondents and Sampling Method**

The target population were local residents (excluding foreign domestic helpers) who were aged 18-69 from households with telephone line. A telephone survey was conducted and a random sample of 2,013 persons representing the target population was successfully interviewed.

The Consumer Search Residential Telephone Database was used as the master sampling framework for the survey. A systematic random selection of telephone numbers by District Council districts was used to build the basic sample set for the survey. This sample was further divided into a number of sample replicates. The size of each sample replicate was about 400 telephone numbers. Each replicate contained a representative sample of telephone numbers in each District Council district.

At the second stage, telephone calls were made to households using the selected telephone numbers. In each successfully contacted household, one person aged 18 to 69 was selected for interview by using the “Kish Grid” method. The same sampling method was employed to conduct a pilot survey of 30 samples to test the questionnaire prior to the fieldwork.

To correct potential bias as introduced by the sample design, incidence of non-response and non-contact cases, weightings were applied to the data by age group (18-29, 30-39, 40-49, 50-59 and 60-69) and gender.

Survey estimates from the sample were adjusted based on the population profiles in Hong Kong. Sources of population figures were from the “General Household Survey – Land-based non-institutional Hong Kong population of age 18 to 69 as at quarter two of 2010 (excluding Foreign Domestic Helpers)” provided by the Census and Statistics Department.

The maximum sampling error at 95% confidence level for a sample with size of 2013 respondents should be in the region of  $\pm 2.2\%$ .

### Non-sampling error

This telephone survey excluded those households that did not have a residential telephone number and excluded institutional people. Beside, the household with more than one residential telephone number would have a larger chance to be randomly selected. Moreover, those who were staying less than four nights in a specific place or those were not in Hong Kong during the survey period might not be reached. All these might result in selection bias.

## **4.2 Fieldwork Period and Response Rate**

The fieldwork was carried out from 24 June to 27 July 2010. The response rate was 21.8%. The details were as follows:

|  |      |
|--|------|
| Invalid cases                                    | 2749 |
| <hr/>  |      |
| No person falling in the prescribed requirements | 1427 |
| Fax numbers                                      | 431  |
| Wrong Number                                     | 171  |
| Long tone  | 315  |
| Non-residential telephone numbers                | 322  |
| Password needed                                  | 83   |
| <br>   |      |
| Eligible telephone numbers                       | 9244 |
| <hr/>  |      |
| Successful interviews                            | 2013 |
| Rejected Cases                                   | 29   |
| Partially interviewed                            | 136  |
| Refusal  | 3901 |
| Non-Contact (Household / Sampled Respondent)     | 2974 |
| Others   | 191  |

Response rate = Successful interviews / Eligible telephone numbers = 21.8%

## **4.3 Report of Findings**

The profile of the sampled respondents can be found in Appendix I. In view of the demographic differences between the sample and the Hong Kong population, weighting has been applied in producing the survey results for all questions (excluding the respondent profile) so as to make the results more representative of the general population. The weights are derived by the proportion of each gender and age group of the land-based non-institutional population (excluding foreign domestic helpers) provided by the Census

and Statistics Department to that of the sample of the survey.

Chi-square tests were performed to check whether there was significant association between each demographic/socio-economic attribute and the responses for each question. The significance level used was 5% (95% confidence level). Besides, t-tests (5% significance level) were performed for those attributes that show significant association in chi-square test to check whether there was significant difference between each estimate within each attribute when comparing with the overall.

Percentage figures presented in this report may not add up to totals (i.e. 100%) because of rounding of decimal points.

Caution needs to be taken that due to the telephone interviewing methodology, the guided premium levels and the benefit schedules were not conveyed in detail personally to the respondents, hence the figures and percentages presented in this report need to be read with reasonable care.

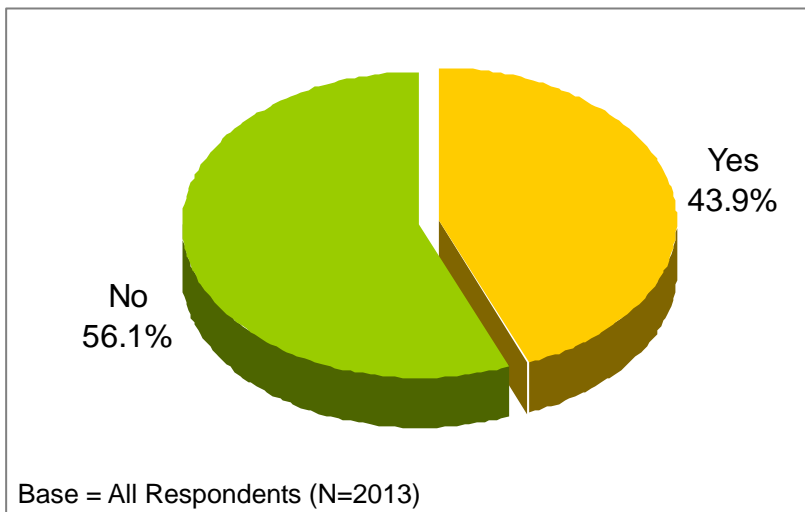
## Part 5. Research Findings

### 5.1 Experience and Attitude towards Hospitalization Insurance

#### 5.1.1 Ownership of Hospitalization Insurance (Question A2)

At the time of survey, 43.9% of the respondents owned hospitalization insurance, while 56.1% of the respondents did not own any hospitalization insurance.

Figure 5.1.1: Ownership of Hospitalization Insurance



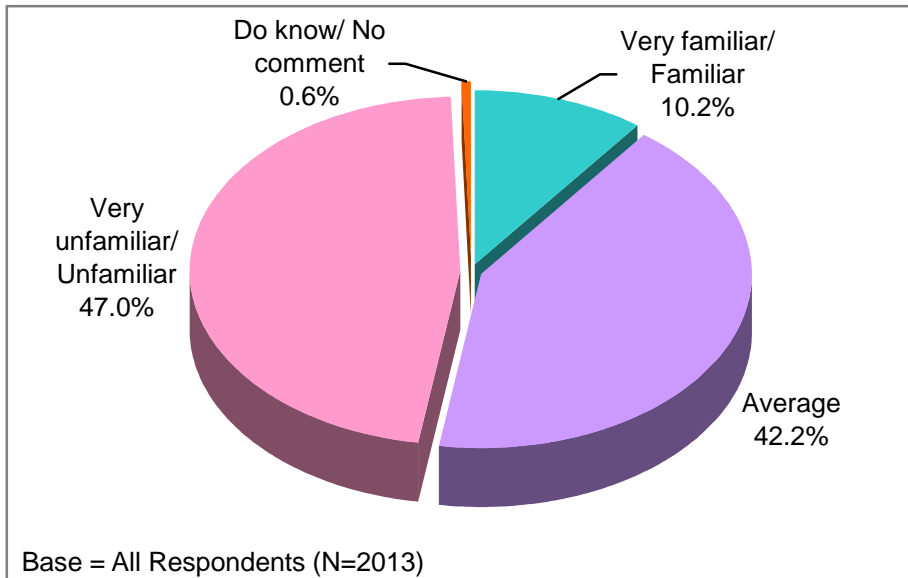
By analyzing respondents' profile, the following subgroups witnessed the relatively higher take-out rate of hospitalization insurance:

- Age group of 40-49 (56.1%)
- Those who were working (54.1%)
- Those who had monthly personal income at \$25,000 or above (71.5%)
- Those without chronic disease (46.0%)
- Those with post-secondary education attainment (54.2%)
- Those married (47.5%)

### 5.1.2 Familiarity of Hospitalization Insurance Products in the Market (Question A1)

10.2% of total respondents thought they were familiar / very familiar with hospitalization insurance products, while another 42.2% considered their level of familiarization was average. On the other hand, 47.0% of total respondents responded that they were unfamiliar / very unfamiliar with hospitalization insurance products.

Figure 5.1.2: Familiarity of Hospitalization Insurance Products in the Market



Analyzed by the respondents' profile, the following subgroups witnessed relatively higher proportion of respondents who thought they were familiar / very familiar with hospitalization or had average level of familiarization about hospitalization insurance products:

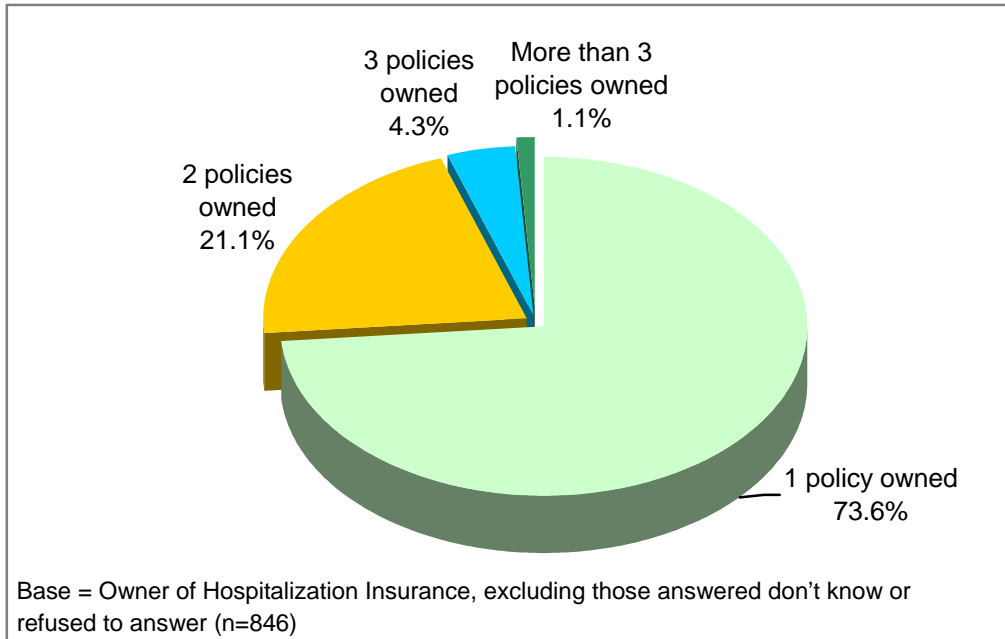
- Those who owned hospitalization insurance (73.9%)
- Those aged 40-49 (65.7%)
- Those who were working (59.6%)
- Those with monthly personal income at \$25,000 or above (70.8%)
- Those with post-secondary education (59.9%)
- Those married (56.3%)



### 5.1.3 Number of Hospitalization Insurance Policy Owned (Question A3)

For those who owned hospitalization insurance policy at the time of survey, most of them owned 1 policy (73.6%), while 21.1% of them owned 2 policies. Just a few (4.3%) respondents owned 3 policies or more than 3 (1.1%).

Figure 5.1.3: Number of Hospitalization Insurance Policy Owned

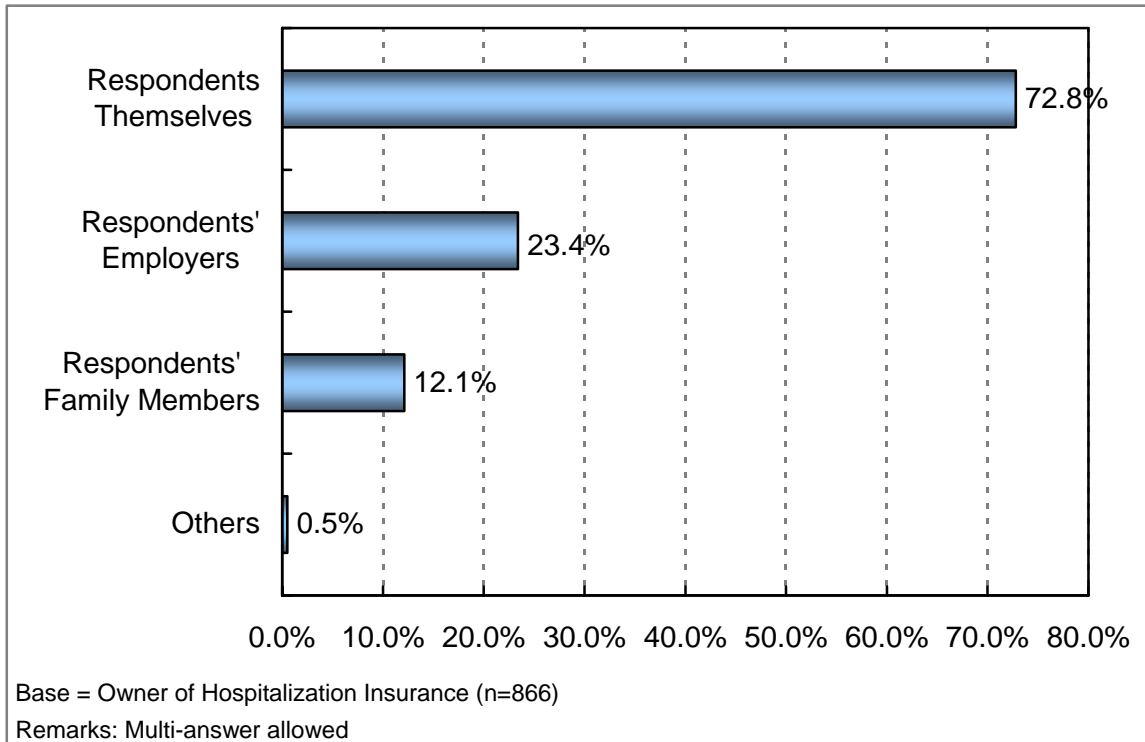


Analysis of respondents' profile showed no apparent association between any attributes and number of hospitalization policy owned.

### 5.1.4 Purchaser of the Policy Owned by the Respondents (Question A4)

Of the owners of hospitalization insurance, 72.8% responded that they purchased the policy(s) by themselves. 23.4% told that the policy(s) they owned were purchased by their employers. Besides, 12.1% told that the policy(s) they owned were purchased by their family members. Depending on the number of policies owned, a respondent might provide more than one answer for different policies.

Figure 5.1.4: Purchaser of the Policy Owned by the Respondents



Analyzed by the respondents' profile, there were salient observations as follows :

- More male respondents owned hospitalization insurances that were purchased by themselves (75.9%) and less of them owned the policies that were purchased by their family members (7.9%).
- More working respondents owned policies purchased by themselves (77.3%) and by their employers (27.9%). More non-working respondents owned policies that were purchased by their family members (40.1%).
- For those whose monthly personal income below \$10,000, they were more likely to be those policy owners that were purchased by family members (29.9%) and less likely to own policy that were purchased by themselves (63.8%). On the other hand, for the respondents with monthly personal income of \$25,000 or above, they were more likely to own policies that were purchased by their employers (38.1%). Those with monthly personal income between \$10,000 – \$24,999 tended to own the policy that purchased by themselves (79.1%).
- Those whose education attainment was up to primary level or below would be more likely to own the policies that were purchased by their family members (26.5%). For those with education attainment up to secondary level would be more likely to own the policy purchased by themselves (78.1%). Respondents with post-secondary education attainment would be more likely to own the policies purchased by their employers (37.1%).

### 5.1.5 Premium of the Policy(s) Purchased by the Respondents (Question A4)

When asked about the premium they paid for the policy(s) they purchased, 87.6% of them could give an answer, while 10.5% of them did not know / could not recall.

For those who could provide an answer, the median of the premium purchased by the respondents themselves was \$550. When analyzing respondents' profile, we found the following subgroups would have a higher median of premium:

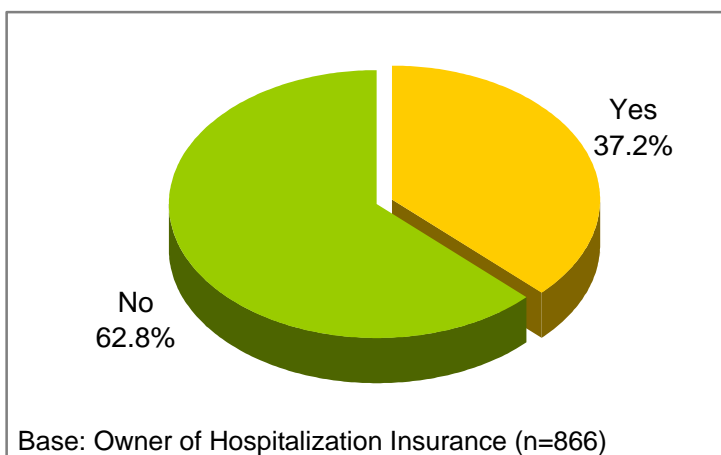
- Those males (\$600)
- Those aged 50-69 (\$667)
- Those who were non-working (\$600)
- Those who had monthly personal income \$25,000 or above (\$700)
- Those who had chronic disease (\$600)
- Those whose education attainment were up to primary (\$700)
- Those married (\$560)

As regards the premium paid by other parties (e.g. employers), most of the respondents did not know / could not recall.

### 5.1.6 Claim Experience of Hospitalization Insurance Owners (Question A5)

37.2% of hospitalization insurance policy owners had claim experience, while 62.8% of them did not have any claim experience.

Figure 5.1.6: Claim Experience of Hospitalization Insurance Owners



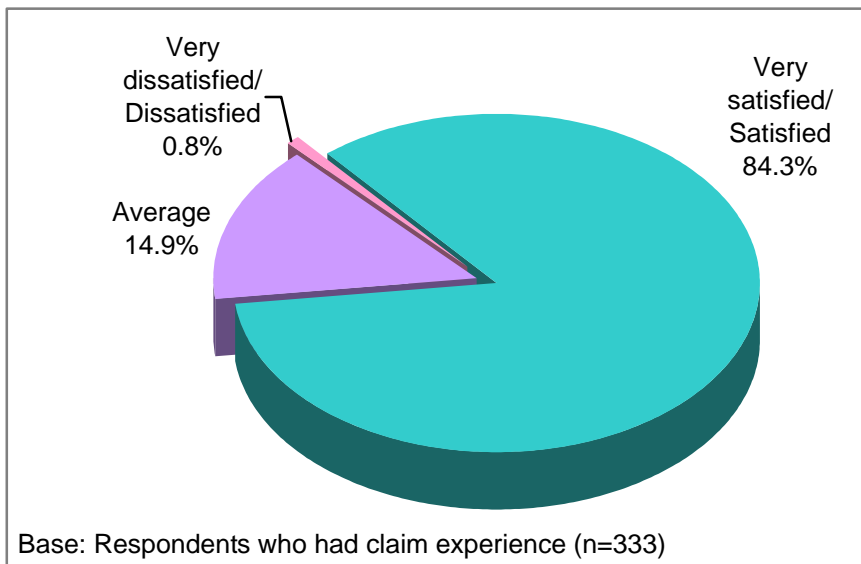
By analyzing respondents' profile, the following subgroups were found to have more claim experience:

- Those who had chronic disease (49.5%)
- Those aged 50-69 (44.2%)
- Those with \$25,000 or above (46.9%)
- Those who were married (41.1%)

### 5.1.6a Satisfaction of the Claim Experience (Question A5a)

For those respondents who had claim experience(s), 84.3% of them were satisfied / very satisfied on the experience(s) and 14.9% had average level of satisfaction while just 0.8% of them were dissatisfied / very dissatisfied with their claim experience(s).

Figure 5.1.6a: Satisfaction of the Claim Experience



Analysis of respondents' profile did not show any association of the attributes.

### 5.1.7 Reasons of Not Purchasing Hospitalization Insurance (Question A8)

Those who did not own any hospitalization insurance at the time of survey cited the following reasons (multiple answers allowed) for not purchasing one: 51.8% of them did not think they had such needs, and around half (50.8%) of them responded that the service of public hospital could help them already. 42.4% of respondents replied that the premium was too high / they could not afford / no extra money to purchase. The most popular 15 reasons (more than 1 reason allowed for each answer) were shown below.

Table 5.1.7: Reasons of Not Purchasing Hospitalization Insurance (Top 15)

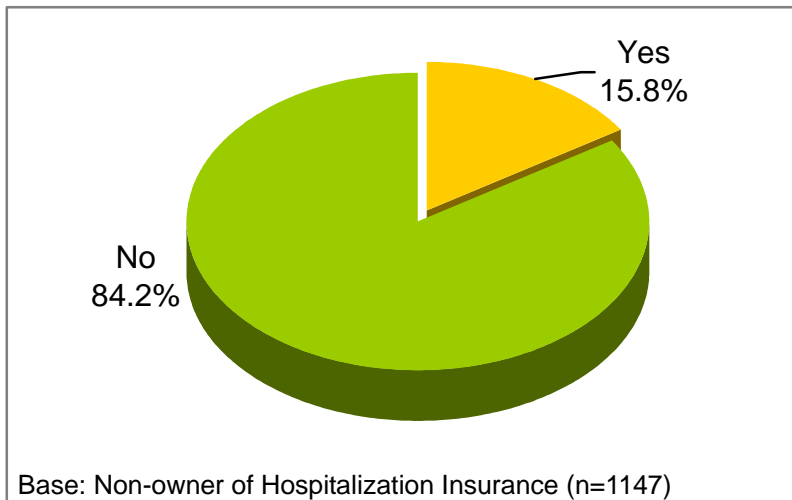
| <b>Base: Non-owner of Hospitalization Insurance (n=1147)</b>   | <b>Frequency (%)</b> |
|--|----------------------|
| <b>No such need</b>  | 51.8                 |
| <b>Public hospital services suffice</b>  | 50.8                 |
| <b>Too high the premium / Could not afford / No extra money to purchase</b>  | 42.4                 |
| <b>No one sold me related insurance products</b>   | 27.4                 |
| <b>Not aware of related insurance products</b>   | 26.6                 |
| <b>Already had health cover provided by one's employer or family member's employer.</b>  | 2.6                  |
| <b>Did not believe that insurance product could protect me or could provide enough protection for me / Doubted about or no confidence in the insurance product</b> | 2.1                  |
| <b>Refusal of policy renewal by insurers</b>   | 1.6                  |
| <b>Unclear with the content / articles / coverage of insurance products</b>  | 1.3                  |
| <b>No confidence in the insurance companies or agents</b>  | 0.9                  |
| <b>Could not find suitable insurance products or satisfied insurance agents / Dissatisfied with the coverage of insurance products</b>                             | 0.9                  |
| <b>Respondent or respondent's friend had dissatisfied claim experience / had experience to be cheated / Dissatisfied with the service of insurance agents</b>      | 0.7                  |
| <b>No interest on insurance products</b>   | 0.5                  |
| <b>Healthy / No serious disease before, no need to purchase</b>  | 0.5                  |
| <b>Had owned other kinds of health insurance</b>   | 0.4                  |

*Remark: Multi-answer allowed*

### **5.1.8 Experience of Terminating a Hospitalization Insurance Policy for the Non-owners of Hospitalization Insurance (Question A9)**

Of those non-owners of hospitalization insurance products, 84.2% did not have the experience of terminating a hospitalization insurance policy, while 15.8% of them had such experience.

Figure 5.1.8: Experience of Terminating a Hospitalization Insurance Policy for the Non-owners of Hospitalization Insurance



By analyzing the profile of non-owners of hospital insurance, we found the following subgroups more likely had the experience of terminating a policy:

- Those with chronic disease (20.1%)
- Those aged 40-49 (22.9%)
- Those with secondary education (18.0%)
- Those married (20.3%)

#### 5.1.8a Reasons of Terminating the Policy (Question A9a)

For those who had the experience of terminating a policy, they were asked about the reasons for that. The most popular reason of termination was that “the premium was too high” (45.1%), while 41.9% of those respondents responded that “they had no such need”. Another 31.4% of those respondents cited “dissatisfaction with the coverage of the policy and the service / experience of being cheated” as the reason. The most popular 10 reasons were shown below.

Table 5.1.8a: Reasons of Terminating the Policy (Top 10)

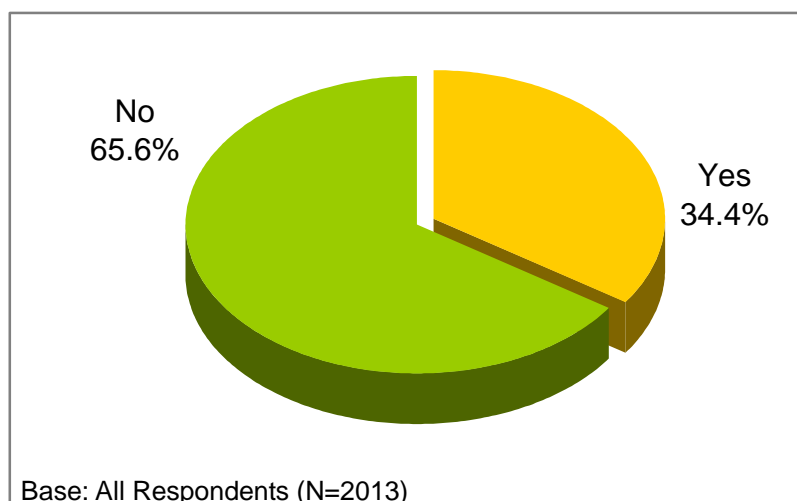
| Base: Those respondents who had experience of terminating a policy (n=187)   | Frequency (%) |
|--|---------------|
| Too high the premium   | 45.1          |
| No such need   | 41.9          |
| Dissatisfaction with the coverage of insurance policy and the services provided by the insurance companies or agents / Experience of being cheated | 31.4          |
| Dissatisfaction with claim experience  | 18.9          |
| No longer provided by employer did not provide anymore   | 13.8          |
| Not affordable / No extra money to purchase  | 13.5          |
| Refusal of enrolment by insurance companies  | 2.2           |
| Increase of premium when renewal   | 1.5           |
| Insurance not value for money  | 1.4           |
| Newly joined company had provided health care, no need to purchase insurance anymore   | 1.3           |

Remark: Multi-answer allowed

### 5.1.9 Experience of Hospitalization (Question A6 & A10)

34.4% of total respondents had the experience of hospitalization, while 65.6% of them did not have such experience.

Figure 5.1.9: Experience of Hospitalization



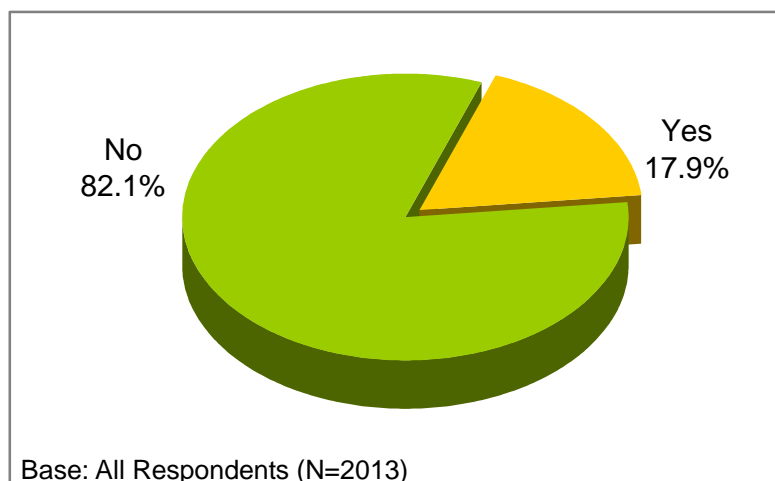
Analyzed by the respondents' profile, the following subgroups had a higher proportion who have the experience of hospitalization:

- Those who were the owners of hospitalization insurance (37.4%)
- Those aged 50-69 (44.8%)
- Those who had chronic disease (59.3%)

### 5.1.10 Respondents with Chronic Disease or Not (Question A7 & A11)

17.9% of the respondents had chronic disease while 82.1% of the respondents claimed not having chronic disease.

Figure 5.1.10: Patients with Chronic Disease or Not



Analysis of respondents' profile showed that the following subgroups had a relatively higher proportion of respondents having chronic disease:

- Non-owners of hospitalization insurance (20.9%)
- Those aged 50-69 (34.3%)
- Those who were non-working (25.8%)
- Those with monthly personal income below \$10,000 (22.5%)
- Those with education up to primary level (32.7%)
- Those who were married (21.4%)

## 5.2 General Attitude towards the Hypothetical Scheme Products

### 5.2.1 Choice of Hypothetical Plan (Question B1)

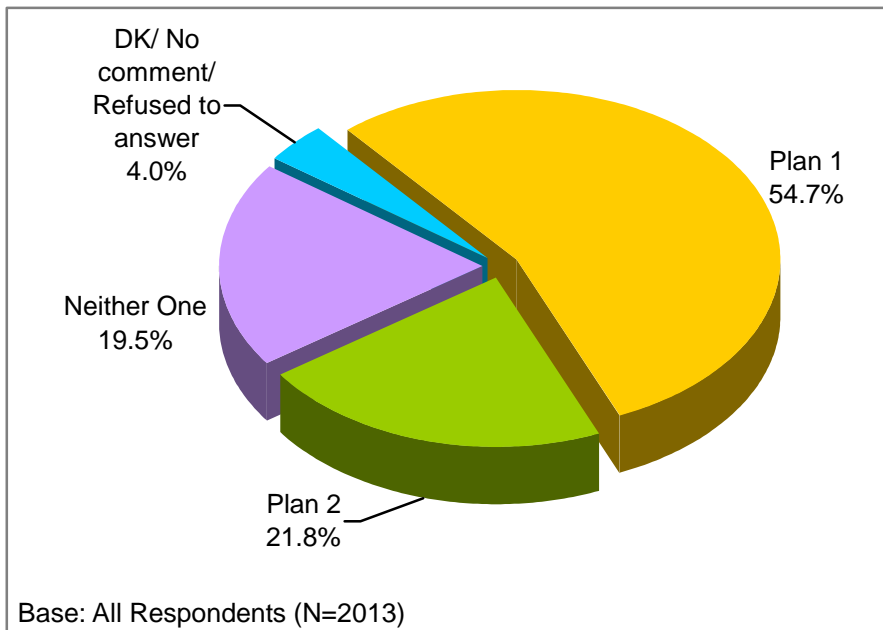
The respondents were provided a brief conceptual introduction to two hypothetical scheme product coverage and possible cost sharing arrangements, and were asked to give their feedback.

More than half of total respondents (54.7%) chose Hypothetical Plan 1 which was conceptually designed to cover the average cost of general-ward hospitalization in low to medium-priced private hospitals in Hong Kong. Less than a quarter (21.8%) of them chose Hypothetical Plan 2 which was designed to cover the average cost of general-ward



hospitalization in medium to high-priced private hospitals. 23.5% chose neither or refused to answer.

Figure 5.2.1: Choice of Hypothetical Plan



Note: DK = Don't know

Analysis by the respondents' profile showed that the following subgroups had a relatively higher proportion of respondents choosing Plan 1:

- Owners of hospitalization insurance (59.2%)
- Aged 40-49 (60.0%)
- Those who were working (56.8%)
- Those with monthly personal income at \$10,000 – 24,999 (63.3%)
- Those did not have chronic disease (55.9%)
- Those who were single (57.7%)
- Those with education up to secondary level or post-secondary (56.7% and 55.0% respectively)

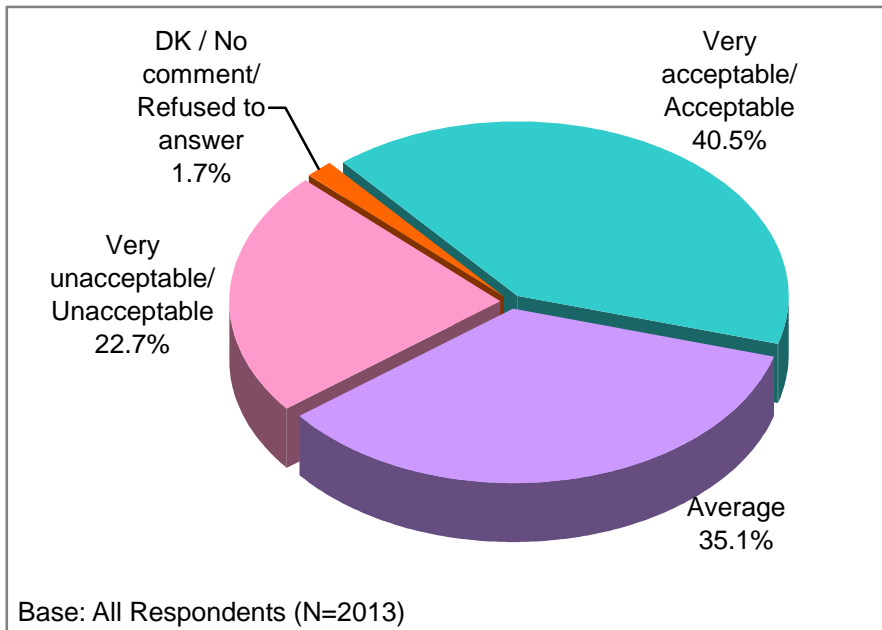
Besides, the following subgroups had a relatively higher proportion of respondents choosing Plan 2:

- Owners of hospitalization insurance (27.4%)
- Aged 18-39 (26.7%)
- Those who were working (24.1%)
- Those who with post-secondary education (30.8%)
- Those who were single (26.4%)
- Those with monthly personal income at \$25,000 or above (36.7%)

## 5.2.2 Acceptance of Cost Sharing Concept (Question B2)

If cost sharing element was built into the hypothetical schemes (meaning that the insured has to co-pay part of the medical expenses) so as to allow a lower insurance premium, 40.5% of the respondents found the idea acceptable / very acceptable, while 35.1% felt indifferent (without apparent preference or resistance). On the other hand, 22.7% of the respondents found it unacceptable / very unacceptable.

Figure 5.2.2: Acceptance of Cost Sharing Concept



By analyzing the respondents' profile, the following subgroups were more likely to accept the idea of cost sharing:

- Owners of hospitalization insurance (46.4%)
- Those with monthly personal income at \$25,000 or above (49.7%)
- Males (43.0%)
- Those with post-secondary education (46.6%)

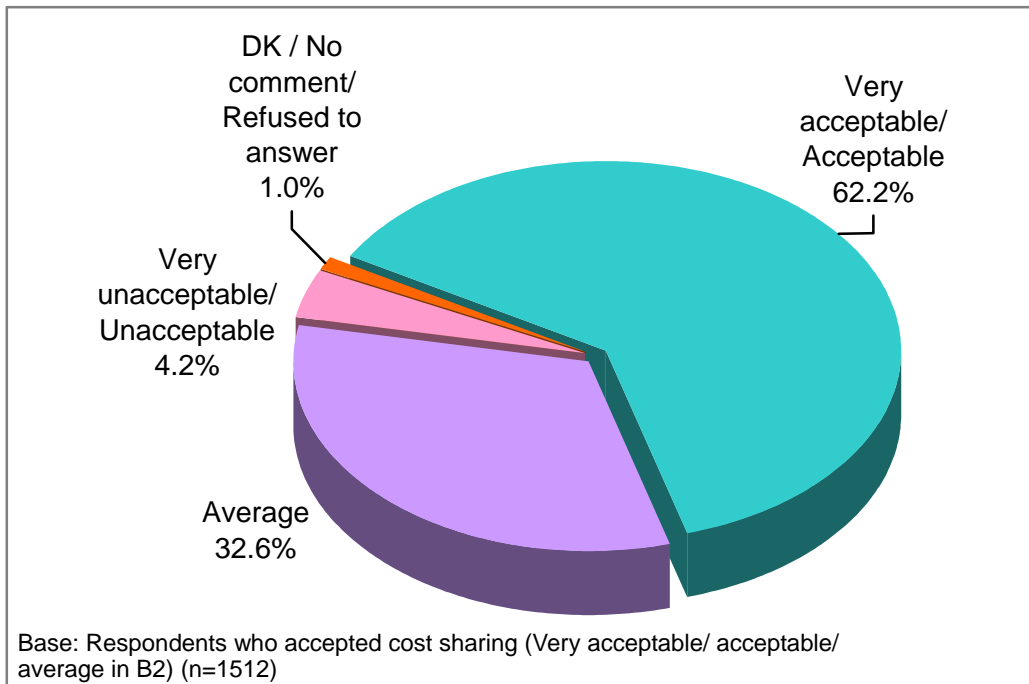
On the other hand, the following subgroups were more likely to find the idea of cost sharing unacceptable:

- Those who had chronic disease (27.9%)
- Those aged 50-69 (27.9%)
- Those with education up to primary (28.8%)
- Those married (24.0%)

### 5.2.3 Acceptance of Deductible (Question B2a)

For those respondents who accepted or felt indifferent about the cost sharing idea, 62.2% considered the arrangement of deductible (a fixed amount of claimable medical bill that must be paid by the insured before the insurer starts to reimburse the remaining part of the bill) acceptable / very acceptable, as compared with 32.6% who felt indifferent and 4.2% who considered it unacceptable / very unacceptable.

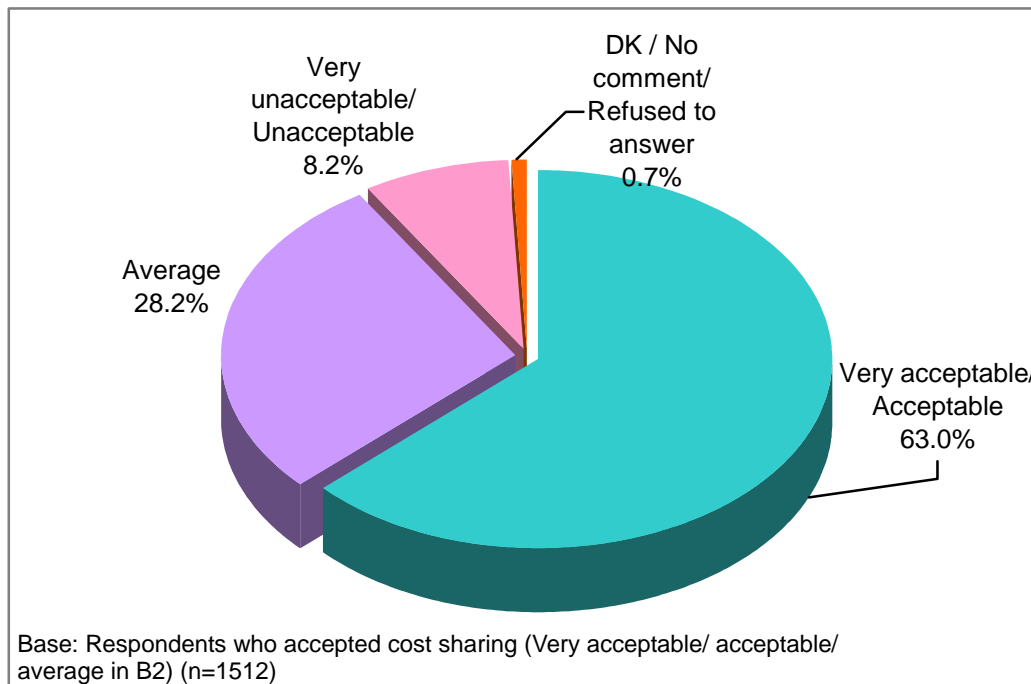
Figure 5.2.3: Acceptance of Deductible



### 5.2.4 Level of Agreement on Coinsurance Method (Question B2d)

For those respondents who accepted or felt indifferent about the cost sharing idea, 63.0% considered the arrangement of co-insurance (partial reimbursement of remaining claimable medical bill by the insurer after deductible if any is paid by the insured) acceptable / very acceptable, as compared with 28.2% who felt indifferent and 8.2% who considered it unacceptable / very unacceptable.

Figure 5.2.4: Level of Agreement on Coinsurance Method

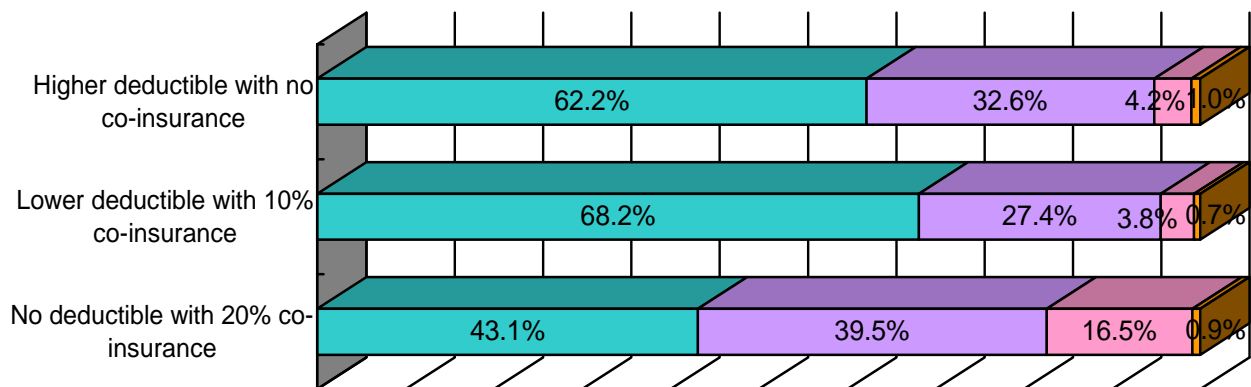


### 5.2.5 Acceptance of Co-insurance with Lower Deductible (Question B2b & B2c)

Compared with the base case whereby only deductible was introduced as the cost sharing arrangement, two hypothetical combinations of deductible and co-insurance co-existing in the hypothetical schemes, without precise premium impact illustrated yet for simplicity sake, were presented to gauge the initial responses from those respondents who accepted or felt indifferent about the cost sharing idea. For the first combination whereby a 20% co-insurance ratio came with zero deductible, 43.1% considered it acceptable / very acceptable, as compared with 39.5% feeling indifferent and 16.5% who considered it acceptable / very unacceptable. For the second combination where the co-insurance ratio was lowered to 10% while a modest amount of deductible (relative to that in the absence of coinsurance) was introduced, the proportion of respondents who considered it acceptable / very acceptable rose to 68.2% while the proportion who felt indifferent and considered it unacceptable / very unacceptable fell to 27.4% and 3.8% respectively.

The results revealed that a combination of modest deductible and coinsurance were probably most appealing to those respondents who liked or did not resist cost sharing arrangement if it came with lower premium, although the exact choice would also depend on the precise premium impact (see findings in Part 5.4).

Figure 5.2.5: Acceptance of Different Combinations of Deductible



Base: Respondents who accepted cost sharing (Very acceptable/ acceptable/ average in B2) (n=1512)

Base: All Respondents (N=2013)

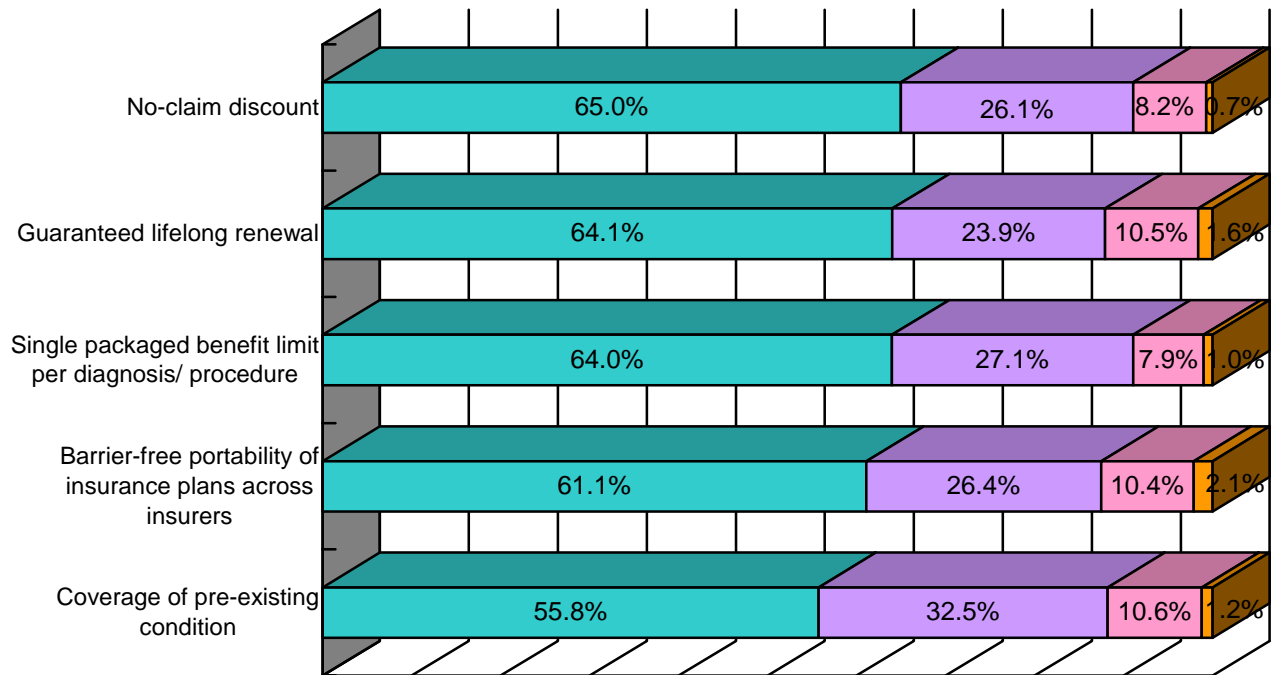
- Very attractive/ Attractive
- Average
- Very unattractive/ Unattractive
- Don't know/ No comment/ Refused to answer

### 5.3 Attitude towards Features of the Hypothetical Scheme and Willingness-to-pay

#### 5.3.1 Attractiveness of Different Features of the Hypothetical Scheme

The attractiveness of five selected key features was tested by asking all the respondents to tell how far each feature attracts them. All the five selected features were appreciated by more than half of the respondents. The top 3 features which received broadest acceptance (i.e. being considered attractive / very attractive) were: no-claim discount (65.0%), guaranteed lifelong renewal (64.1%) and single packaged benefit limit per diagnosis / procedure (64.0%). They were followed by barrier-free portability of insurance plans across insurers (61.1%), and coverage of pre-existing condition (55.8%).

Figure 5.3.1: Attractiveness of Different Features of the Hypothetical Scheme



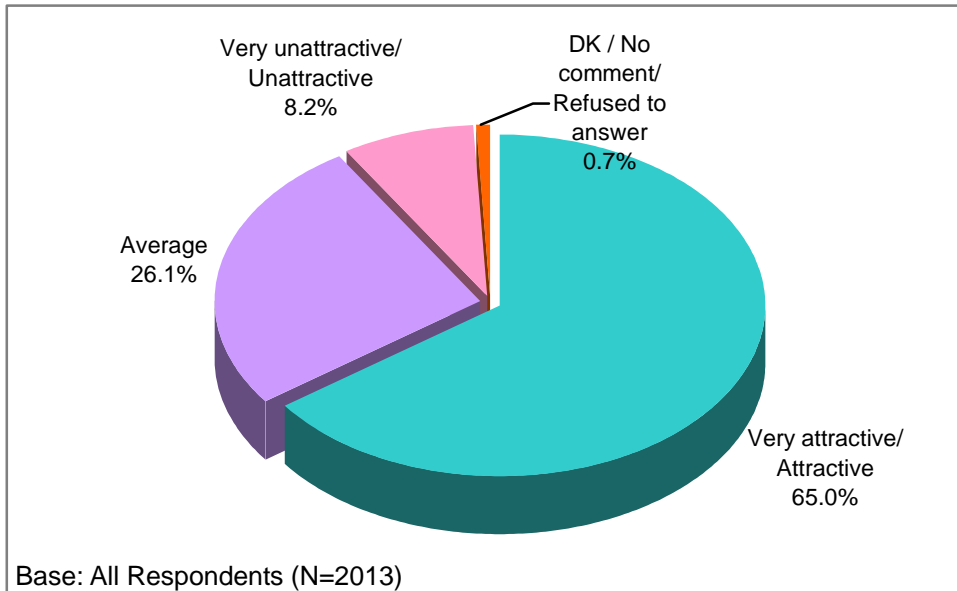
Base: All Respondents (N=2013)

- Very attractive/ Attractive
- Average
- Very unattractive/ Unattractive
- Don't know/ No comment/ Refused to answer

### 5.3.2 Features Attractiveness - No-claim Discount (Question C4)

65.0% of the respondents found no-claim discount attractive / very attractive, while 8.2% of them thought this feature unattractive / very unattractive.

Figure 5.3.2: Features Attractiveness - No-claim Discount



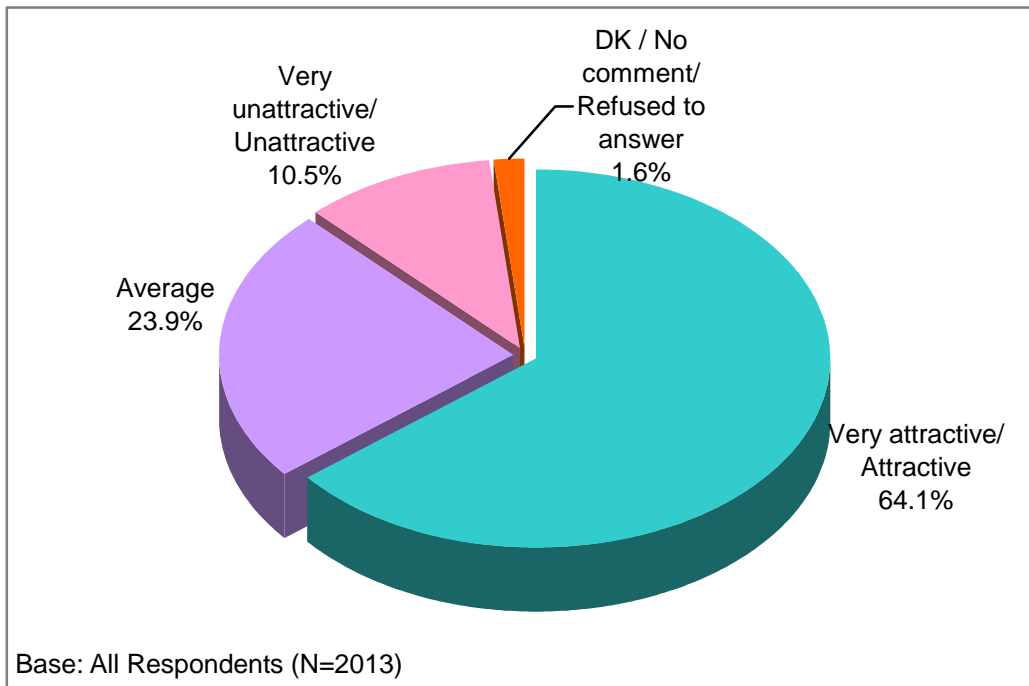
Analysis of the respondents' profile showed that this feature was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

- Owners of hospitalization insurance (76.6%)
- Those aged 40-49 (71.0%)
- Those who were working (68.8%)
- Those with monthly personal income at \$25,000 or above (78.9%)
- Those with post-secondary education (70.8%)

### 5.3.3 Features Attractiveness - Guaranteed Lifelong Renewal (Question C1)

64.1% of the respondents found guaranteed lifelong renewal attractive / very attractive, while 10.5% of them thought this feature unattractive / very unattractive.

Figure 5.3.3: Features Attractiveness - Guaranteed Lifelong Renewal



Analysis of the respondents' profile showed that this feature was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

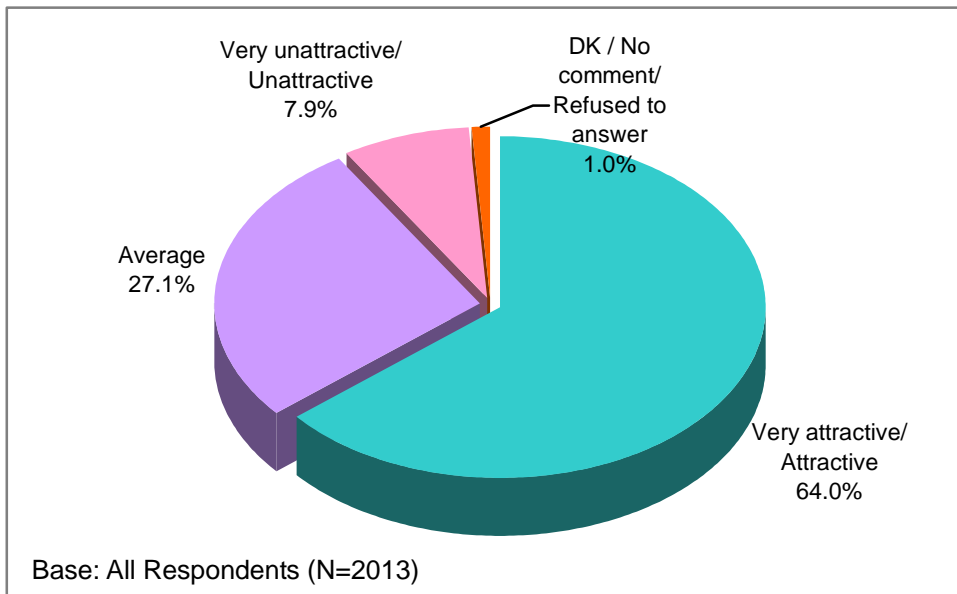
- Owners of hospitalization insurance (76.8%)
- Those aged 40-49 (68.5%)
- Those who were working (68.6%)
- Those with monthly personal income at \$25,000 or above (80.6%)
- Those with post-secondary education (72.5%)
- Those who were married (66.0%)



### 5.3.4 Features Attractiveness - Single Packaged Benefit Limit per Diagnosis / Procedures (Question C3)

64.0% of the respondents found single packaged benefit limit per diagnosis / procedures attractive / very attractive feature, while 7.9% of them thought this feature unattractive / very unattractive.

Figure 5.3.4: Features Attractiveness - Single Packaged Benefit Limit per Diagnosis / Procedures



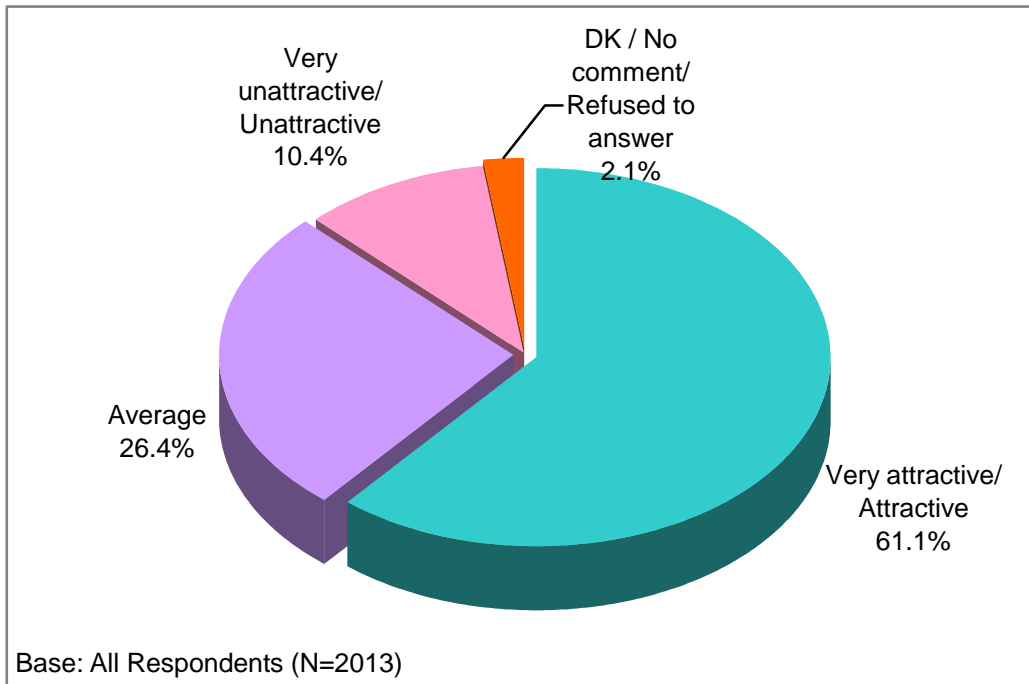
Analysis of the respondents' profile showed that this feature was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

- Owners of hospitalization insurance (71.7%)
- Those aged 40-49 and 18-39 (66.5% and 66.3% respectively)
- Those who had monthly personal income at \$25,000 and above (70.4%)
- Those without chronic disease (65.0%)
- Those with post-secondary education (70.0%)

### 5.3.5 Features Attractiveness – Barrier-free Portability (Question C2)

61.1% of the respondents found barrier-free portability of insurance plans across insurers attractive / very attractive, while 10.4% of them thought this feature unattractive / very unattractive.

Figure 5.3.5: Features Attractiveness – Barrier-free Portability



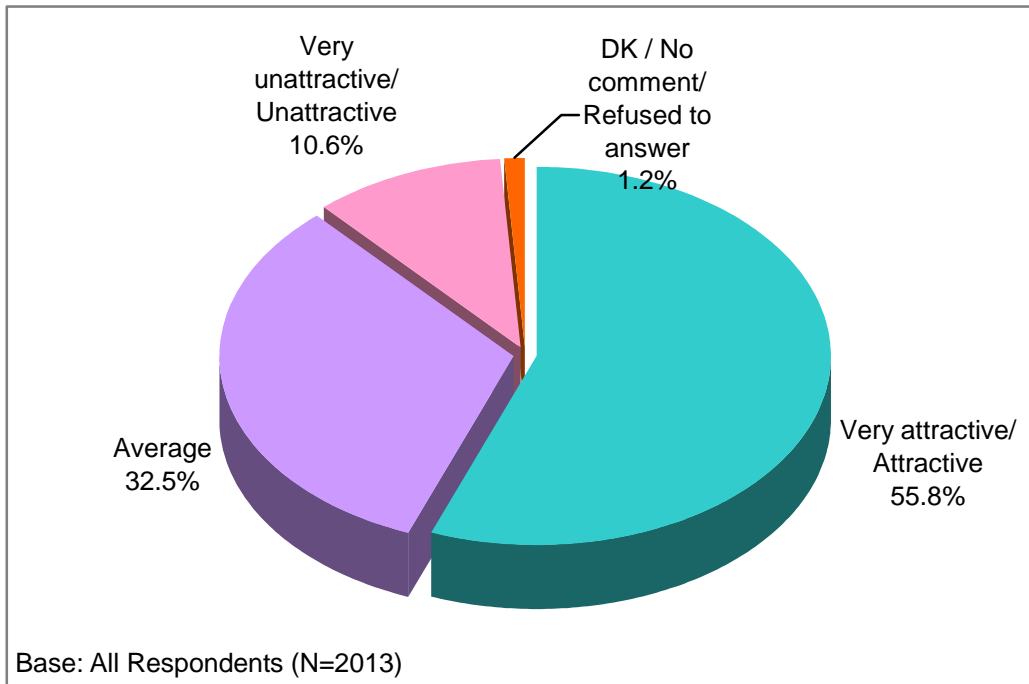
Analysis of the respondents' profile showed that this feature was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

- Owners of hospitalization insurance (73.3%)
- Those aged 40-49 (67.5%)
- Those who were working (66.1%)
- Those with monthly personal income at \$25,000 or above (78.0%)
- Those who did not have chronic disease (62.3%)
- Those with post-secondary education (73.4%)
- Those who were single (64.9%)

### 5.3.6 Features Attractiveness - Coverage of Pre-existing Condition (Question C6)

55.8% of the respondents found the feature of coverage of pre-existing condition attractive / very attractive, while 10.6% of them thought the feature to be unattractive / very unattractive.

Figure 5.3.6: Features Attractiveness - Coverage of Pre-existing Condition



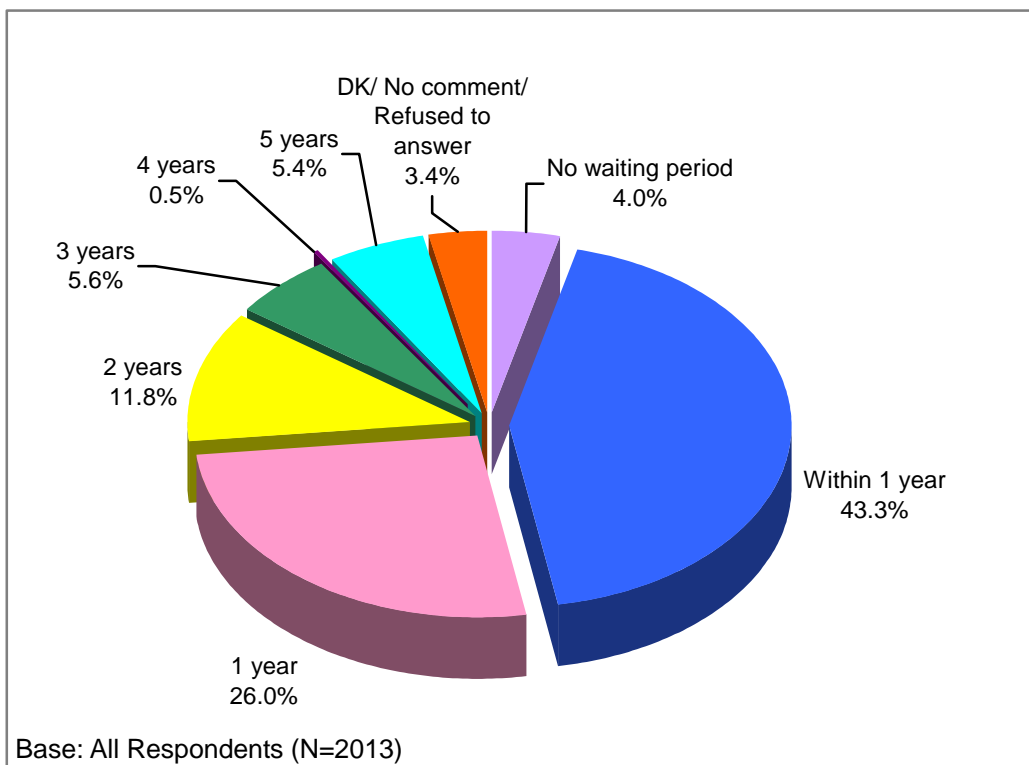
Analysis of the respondents' profile showed that this feature was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

- Owners of hospitalization insurance (66.2%)
- Those aged 40-49 (60.1%)
- Those who were working (59.5%)
- Those with monthly personal income at \$25,000 or above (74.5%)
- Those with post-secondary education (65.9%)
- Those who were married (58.2%)

### 5.3.6a Duration of Waiting Period for Coverage of Pre-existing Condition (Question C6a)

For the coverage of pre-existing condition in particular, respondents were asked to give opinion on the desired length of waiting period beyond which the pre-existing condition started to be covered. 43.3% of the respondents opined that the waiting period for pre-existing condition should be less than 1 year. 26.0% opined that the period should be 1 year, while 11.8% and 5.6% opined that the period should be 2 years and 3 years respectively.

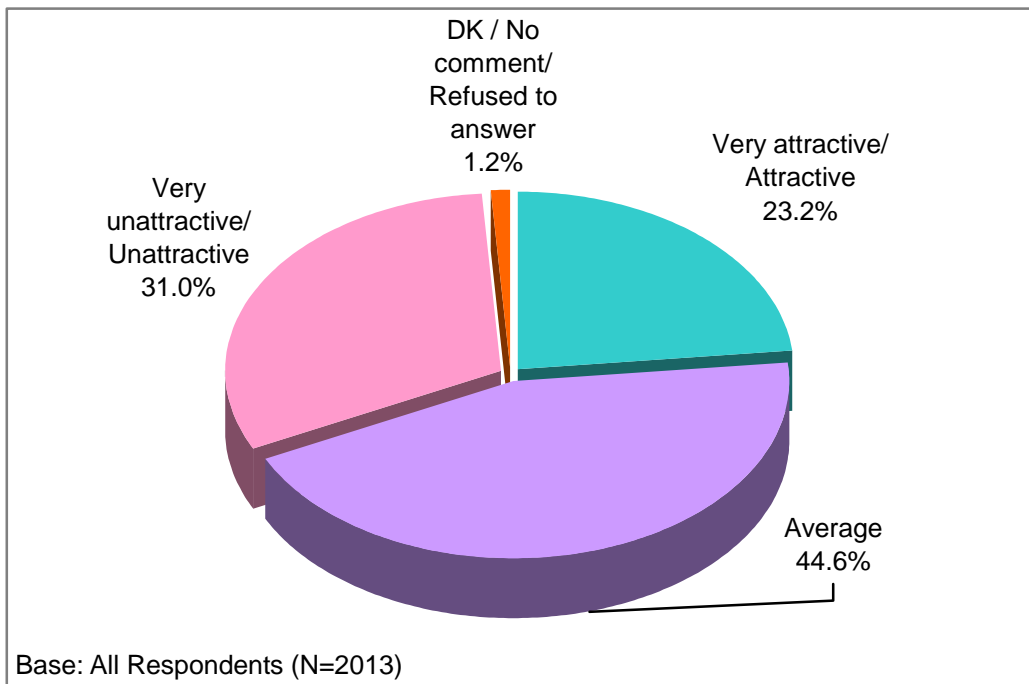
Figure 5.3.6a: Duration of Waiting Period for Coverage of Pre-existing Conditions



**5.3.6b Attractiveness of Having a 3-Year Waiting Period and 10% Premium Increase for Coverage of Pre-existing Condition (Question C6b)**

The respondents were also asked about their level of acceptance towards a scenario whereby the pre-existing condition could be covered subject to a waiting period of 3 years and a rise in the premium by 10%. 23.2% of the respondents found the scenario attractive / very attractive while 44.6% felt indifferent. 31.0% of them found it unattractive / very unattractive.

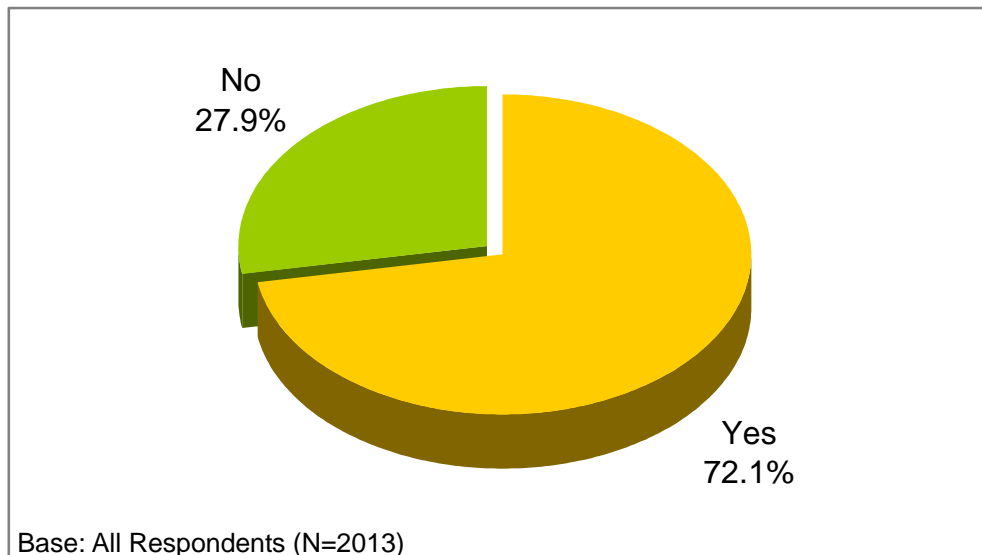
Figure 5.3.6b: Attractiveness of having a 3-Year Waiting Period and 10% Premium Increase for Coverage of Pre-existing Condition



### 5.3.7 Willing to Switch to / Purchase the Hypothetical Scheme (Question C5)

On willingness-to-pay, 72.1% of total respondents expressed willingness to purchase or switch to Hypothetical Scheme, while 27.9% of them were not willing to do so.

Figure 5.3.7: Willing to Switch to / Purchase the Hypothetical Scheme



By analyzing the respondents' profile, 79.0% of the owners of hospitalization insurance and 66.7% of the non-owners of hospitalization insurance were willing to purchase or switch to the scheme. A majority of response being positive was widely observed for different profiles of respondents by age, working status, income level and education attainment.

The above notwithstanding, the following subgroups would be more likely to switch to or purchase the Hypothetical Scheme:

- Owners of hospitalization insurance (79.0%)
- Those aged 18-39 (76.4%)
- Those who were working (75.8%)
- Those with monthly personal income at \$10,000-24,999 (80.1%) and \$25,000 or above (78.1%)
- Those with post-secondary education (81.2%)

Comparing this result with the choice of hypothetical plan in Part 5.2.1 (Question B1), there were some changes in respondents' attitude on the plan after providing them with more information. Among those who chose Plan 1 or Plan 2 in Question B1, less than one-fifth (19.3%) of them were not willing to switch to / purchase the hypothetical scheme after knowing more about the plan features. On the other hand, for those who chose neither plan in Question B1, 40.3% of them were willing to switch to / purchase the hypothetical scheme. Besides, for those who responded don't know or refused to answer, 61.8% of

them are now willing to switch to / purchase the hypothetical scheme.

### **5.3.8 Premiums that the Respondents Were Willing to Pay for the Two Hypothetical Plans (Question C5a)**

For the respondents who were willing to purchase or switch to the Hypothetical Scheme, the median value of monthly premiums that they were willing to pay was \$500 for Plan 1 and \$700 for Plan 2. For Plan 1, the modal value of premium level was also \$500.

Analysis of the respondents' profile showed that the median premium was higher in the following subgroups:

- Those aged 18-39 on Plan 2 (\$800)
- Those with monthly personal income of \$25,000 or above on Plan 2 (\$800)
- Male on Plan 2 (\$750)
- Those with post-secondary education on Plan 2 (\$800)
- Those who were single on Plan 2 (\$800)

On the other hand, the median premium was lower in the following subgroups:

- Those aged 50-69 on Plan 1 (\$400)
- Those aged 40-69 on Plan 2 (\$600)
- Non-working group on Plan 2 (\$600)
- Those with monthly personal income below \$10,000 on Plan 2 (\$600)
- Those had chronic disease on Plan 1 (\$400) and Plan 2 (\$600)
- Those with education up to primary level on Plan 1 (\$300) and Plan 2 (\$500)

### **5.3.9 Reason of Not Considering the Hypothetical Plans (Question C5b)**

For those who were not willing to switch to or purchase the Hypothetical Scheme, the top 3 reasons cited (multiple answers allowed) were: "could not afford or spare extra money to purchase" (20.3%), "could not decide yet as the details of the Scheme, including the articles, coverage, claim procedure, premium and loading were yet to be clarified" (13.1%), and "content with the protection of the hospitalization insurance plans already owned" (13.1%).

Table 5.3.9: Reason of Not Considering the Hypothetical Plans (Top 15) (Open-end Question)

| <b>Base: Those respondents who were not willing to switch to / purchase the Hypothetical Scheme (C5=no) (n=575)</b>                                       | <b>Frequency (%)</b> |
|---|----------------------|
| <b>Could not afford or spare extra money to purchase</b>  | 20.3                 |
| <b>Could not decided yet as the details of the Scheme, including the articles, coverage, claim procedure, premium or loading were yet to be clarified</b> | 13.1                 |
| <b>Content with the protection of the hospitalization insurance plans already owned</b>   | 13.1                 |
| <b>Public hospital services could help me</b>   | 6.1                  |
| <b>Perceived low risk of hospitalization</b>  | 5.7                  |
| <b>Already had health cover provided by one's employer or family member's employer</b>  | 5.5                  |
| <b>It's government's responsibility to protect the general public / tax payer on healthcare needs</b>   | 4.7                  |
| <b>No such need</b>   | 4.3                  |
| <b>No confidence on the protection of insurance products</b>  | 3.6                  |
| <b>Complicated application procedure or loss of money may involved</b>  | 3.5                  |
| <b>Dissatisfied with the coverage or articles of the Hypothetical Scheme</b>  | 3.4                  |
| <b>The Hypothetical Scheme was not attractive</b>   | 3.1                  |
| <b>Doubtful on the effectiveness of the Hypothetical Scheme / No confidence on any Government's policy</b>  | 3.1                  |
| <b>Entitle to civil service medical benefits</b>  | 2.9                  |
| <b>Had not decided due to old age</b>   | 2.5                  |

## **5.4 Attitude towards the Ways of Premium Reduction and Government Subsidy**

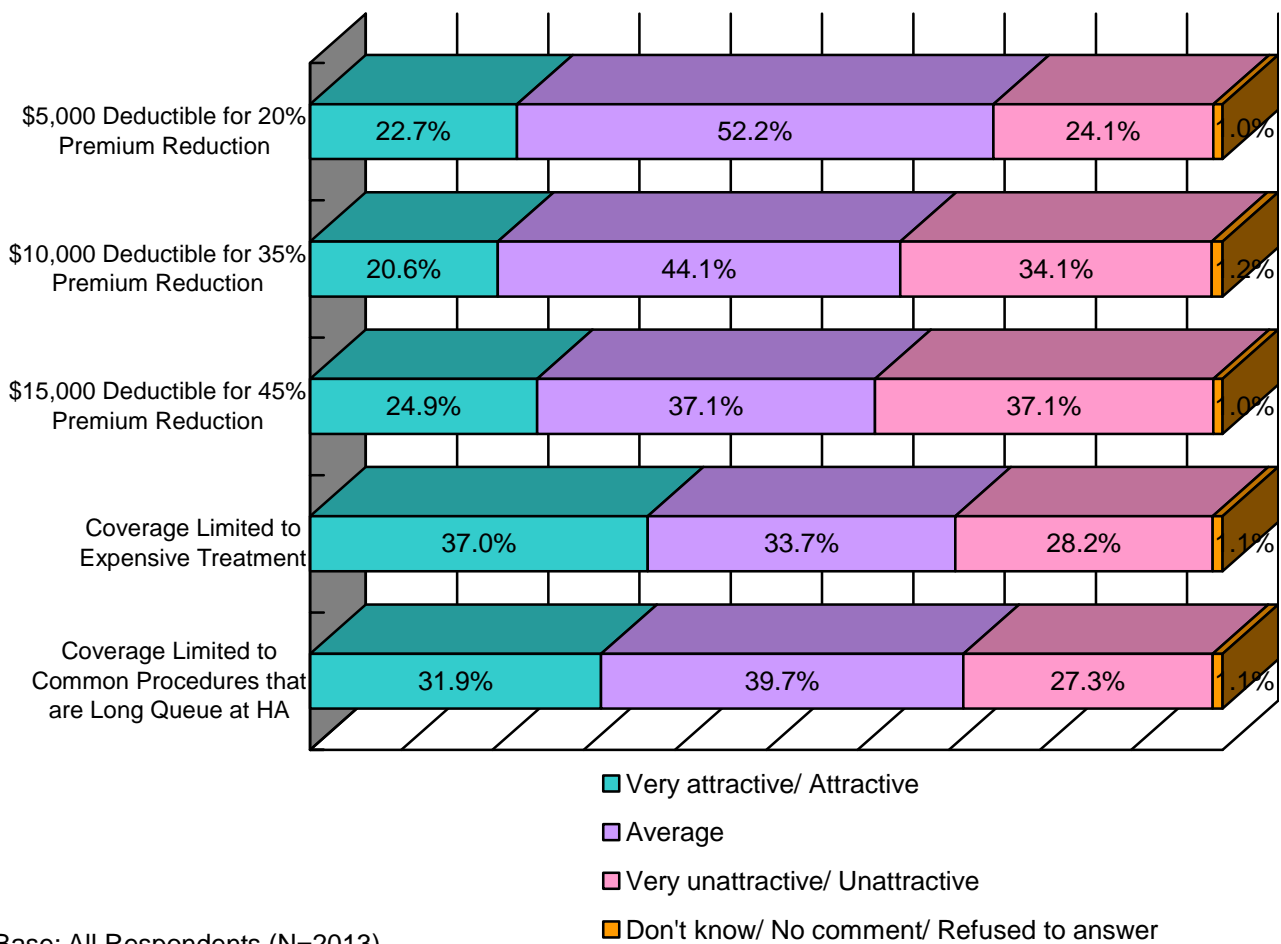
### **5.4.1 Attractiveness of Different Ways of Premium Reduction**

The respondents were asked about their preference towards different options that might enable the premium to be lowered. The most favoured option was confinement of insurance coverage to expensive treatments only, with 37.0% considering the option attractive / very attractive. This considerably exceeded the 28.2% who considered the same option unattractive / very unattractive. The next most favoured option was confinement of insurance coverage to common procedures that had long queues in public hospitals, with 31.9% considering attractive / very attractive versus 27.3% considering unattractive / very unattractive.



As regards the premium reduction methods, only those who had replied earlier that they accepted or felt indifferent about cost sharing arrangement in medical insurance were surveyed. 3 options of deductibles alone ranging from \$5,000 to \$15,000 (without other cost sharing element) accompanied by premium reduction ranging from 20% to 45% were presented. The proportions of these respondents who considered these specific deductible options attractive / very attractive stood at 20.6% to 24.9%, while the proportions considering unattractive / very unattractive were 24.1% to 37.1%.

Figure 5.4.1: Attractiveness of Different Premium Reduction Method



Note: For the three deductible options, only those who had replied earlier that they welcomed or felt indifferent about the cost sharing concept were surveyed.

#### **5.4.2 Attractiveness of \$5,000 Deductible for 20% Premium Reduction (Question D1a)**

Analysis on the respondents' profile showed that the following subgroup would be more likely to find the \$5,000 deductible attractive:

- Those with education up to primary level (31.2%)

On the other hand, the following subgroups would be more likely to find the \$5,000 deductible unattractive:

- Male (26.6%)
- Those who had chronic disease (30.2%)
- Those who were married (25.8%)

#### **5.4.3 Attractiveness of \$10,000 Deductible for 35% Premium Reduction (Question D1b)**

Analysis on the respondents' profile showed that the following subgroups would be more likely to find the \$10,000 deductible unattractive:

- Owners of hospitalization insurance (38.6%)
- Those aged 40-49 (39.5%)
- Those who were working (36.1%)
- Those with personal income \$25,000 or above (49.2%)
- Those who were married (36.7%)

#### **5.4.4 Attractiveness of \$15,000 Deductible for 45% Premium Reduction (Question D1c)**

Analysis on the respondents' profile showed that the following subgroup would be more likely to find the \$15,000 deductible attractive:

- Those with monthly personal income below \$10,000 (26.6%)

On the other hand, the following subgroups would be more likely to find the \$15,000 deductible unattractive:

- Owner of hospitalization insurance (41.3%)
- Those aged 40-49 (42.3%)
- Those with monthly personal income at \$25,000 or above (47.2%)
- Those with post-secondary education (43.4%)
- Those who were married (39.1%)

### 5.4.5 Attractiveness of Coverage Limited to Expensive Treatment (Question D2)

Analysis on the respondents' profile showed that the following subgroups would be more likely to find this limited coverage unattractive:

- Those aged 50-69 (32.8%)
- Those with chronic disease (33.0%)
- Those who were married (29.6%)

### 5.4.6 Attractiveness of Coverage Limited to Common Procedures that are Long Queue at Public Hospitals (Question D3)

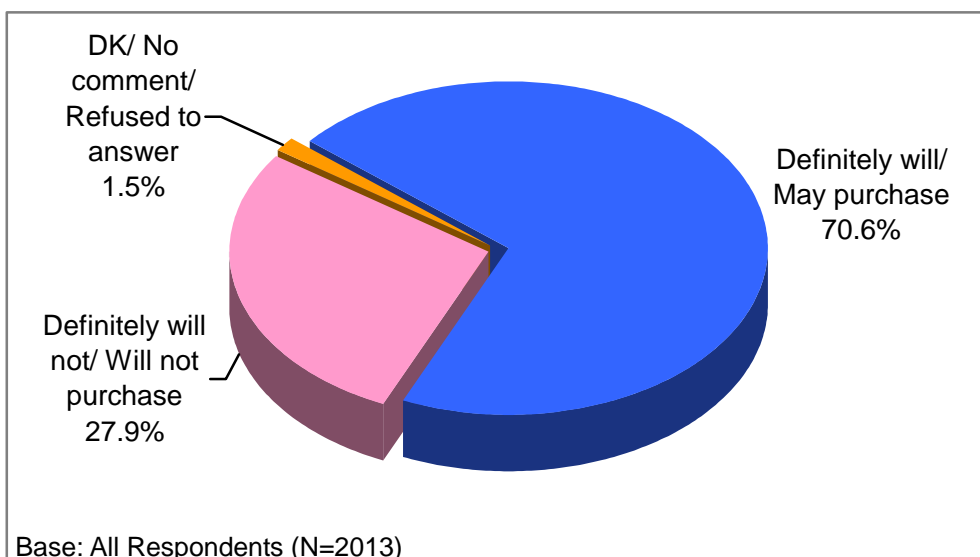
Analysis on the respondents' profile showed that the following subgroups would be more likely to find this limited coverage unattractive:

- Owners of hospitalization insurance (31.1%)
- Those aged 40-49 and 50-69 (32.8% and 31.2% respectively)
- Those who were married (28.5%) and divorced (52.6%)

### 5.4.7 Willingness to purchase the Hypothetical Scheme with 30% No-claim Discount within Half Year of Launch (Question D4)

The respondents were also asked about how an early bird privilege of enjoying 30% no-claim discount upfront if enrolment was made in the first 6 months of scheme launch would attract them. 70.6% of the respondents responded that they definitely would / might be induced to purchase the Hypothetical Scheme, while 27.9% responded that they definitely would not / would not be induced.

Figure 5.4.7: Willingness to Purchase the Hypothetical Scheme with 30% No-claim Discount within Half Year of Launch



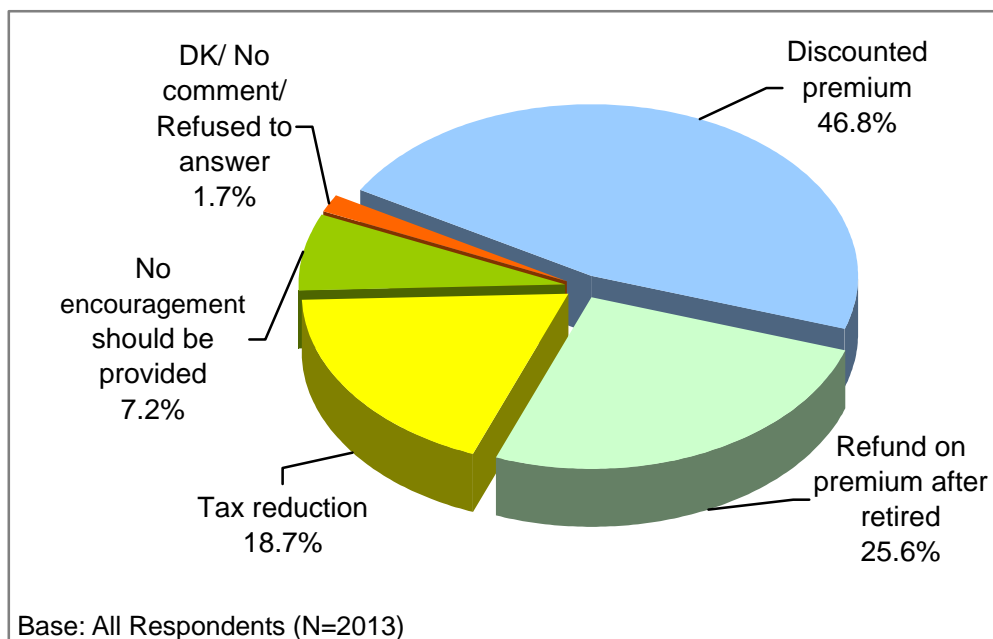
Analysis on the respondents' profile showed that the following subgroups would be more likely to be induced to purchase the Hypothetical Scheme within the initial launch period:

- Owners of hospitalization insurance (78.3%)
- Those aged 18-39 (77.3%)
- Those who were working (73.7%)
- Those with monthly personal income at \$25,000 or above (82.1%)
- Those who did not have chronic disease (71.9%)
- Those with post-secondary education (81.0%)
- Those who were single (75.5%)

#### 5.4.8 Desired Form of Government Subsidy (Question D5)

On the desired form of government subsidy, discounted premium was the most preferred (chosen by 46.8% of total respondents), followed by refund on premium after retirement (25.6%) and tax reduction (18.7%). On the other hand, 7.2% of the respondents opined that the Government should not provide any kind of subsidy.

Figure 5.4.8: Desired Form of Government Subsidy



Analysis on the respondents' profile generates the following observations:

- Those aged 18-39 would be more likely to choose tax reduction (24.2%). Besides those aged 50-69 would be more likely to choose refund on premium after retired (31.4%)
- More working respondents chose tax reduction (20.3%), while more non-working respondents chose refund on premium after retired (29.1%)
- More respondents whose monthly personal income was \$25,000 or above chose tax

reduction (28.4%), while more respondents whose monthly personal income was \$10,000 – 24,999 chose discounted premium (52.5%)

- More male respondents chose tax reduction (22.3%), while more female respondents chose discounted premium (51.4%) and refund on premium after retired (27.5%)
- More respondents who had chronic disease would choose refund on premium after retired (30.9%). Besides, more respondents who did not have chronic disease would choose tax reduction (19.6%)
- Fewer respondents with post-secondary education chose refund on premium after retired (22.2%), and they would be more likely to choose tax reduction (23.9%)
- Those who were married would be more likely to choose discounted premium (48.7%), while those who were single would be more likely to choose tax reduction (24.3%)

#### **5.4.9 Percentage of Subsidy from the Government (Question D6)**

When asked about the percentage that the Government should subsidize on the cost of joining the Hypothetical Scheme, regardless of the subsidy mode, 93.1% of the respondents were able to provide a concrete reply, which was mostly 50%. The median value of the preferred percentage was also 50%.

Analysis on the respondents' profile generates the following observations:

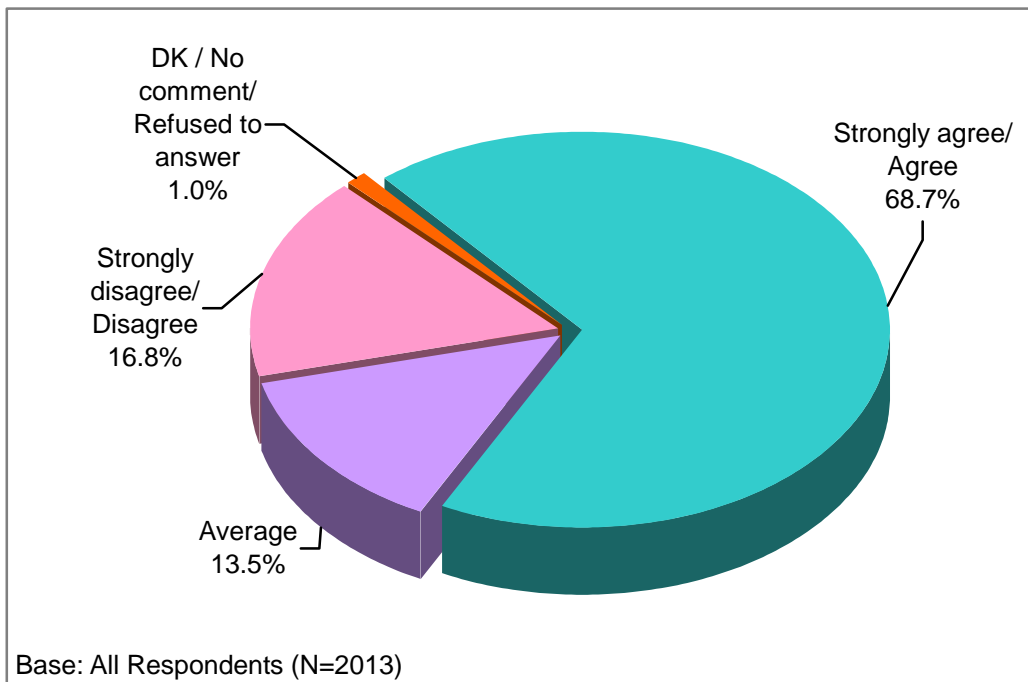
- Those who had post-secondary education level would want the Government to provide lower subsidy on the scheme, with the median of 40.0%
- Those who were single would like to have a lower subsidy from the Government, with the median of 45.0%

## 5.5 Attitude towards the Savings Component of the Hypothetical Scheme

### 5.5.1 Level of Agreement on Increase in Medical Expense after Retirement (Question E4)

68.7% of the respondents agreed / strongly agreed on the proposition that their medical expenses would increase as they approached retirement, while 16.8% of them did not agree on that.

Figure 5.5.1: Level of Agreement on Increase in Medical Expense after Retired



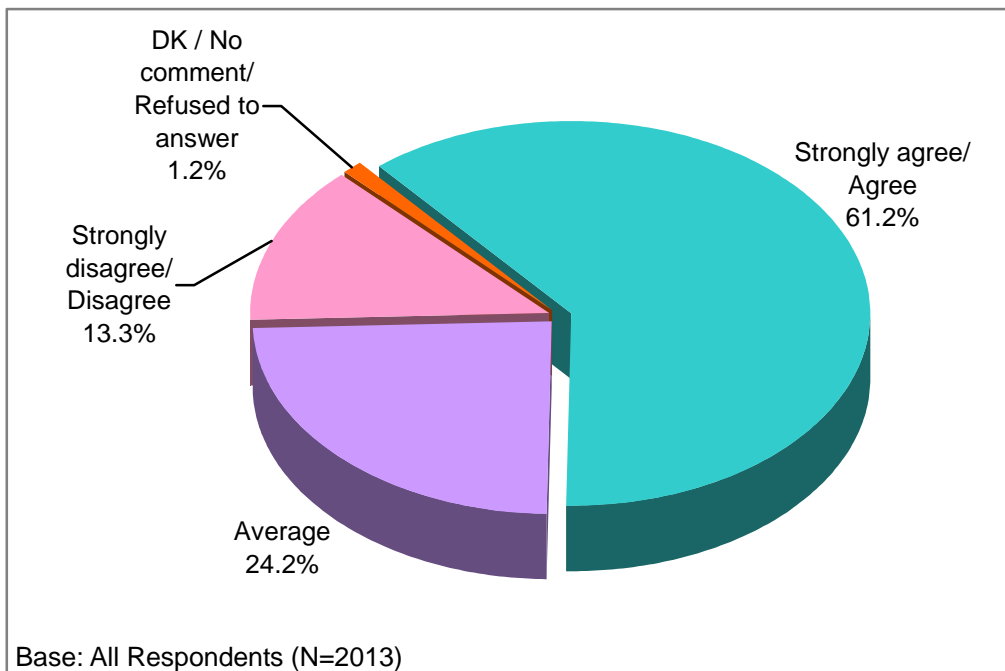
Analysis on the respondents' profile showed that the following subgroups would be more likely to agree on the proposition:

- Owners of hospitalization insurance (78.1%)
- Those aged 18-39 and 40-49 (75.8% and 72.6% respectively)
- Those who were working (72.4%)
- Those with monthly personal income at \$10,000-\$24,999 and \$25,000 or above (77.2% and 76.4% respectively)
- Females (71.2%)
- Those who did not have chronic disease (70.0%)
- Those with post-secondary education (79.5%)
- Those who were single (73.6%)

### 5.5.2 Level of Agreement on Savings for Medical Expense after Retirement (Question E5)

61.2% of the respondents agreed / strongly agreed that they needed to start saving for medical need after retirement and the choice of private services to fulfil such need. 13.3% of the respondents disagreed / strongly disagreed on this need.

Figure 5.5.2: Level of Agreement on the Need to Save for Paying Medical Expense after Retirement



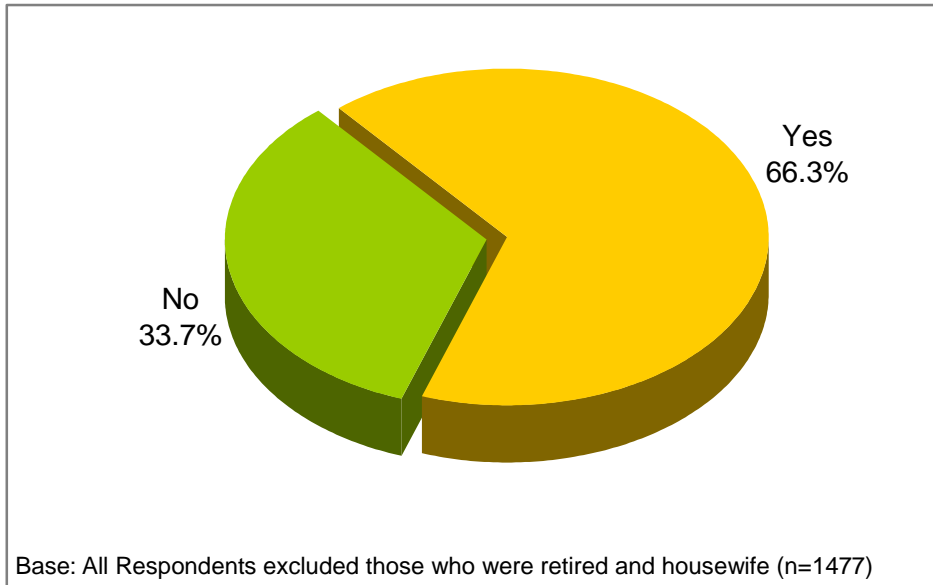
Analysis on the respondents' profile showed that the following subgroups would be more likely to agree on this need

- Owners of hospitalization insurance (72.7%)
- Those aged 40-49 and 18-39 (65.0% and 63.5% respectively)
- Those who were working (64.5%)
- Those who had monthly personal income at \$25,000 or above (73.2%)
- Females (63.5%)
- Those who did not have chronic disease (62.8%)
- Those with post-secondary education (69.8%)

### 5.5.3 Savings for Retirement (Question E6)

Of those respondents who were not housewives and had not retired, 66.3% replied that they had savings for retirement while 33.7% did not have such savings.

Figure 5.5.3: Savings for Retirement



Analysis on the respondents' profile showed that the following subgroups would be more likely to have savings for retirement:

- Owners of hospitalization insurance (81.5%)
- Those aged 40-49 (78.1%)
- Those who were working (73.5%)
- Those with monthly personal income \$25,000 or above (89.1%)
- Those with post-secondary education (74.2%)
- Those who were married (75.1%)

### 5.5.4 Savings as % of Monthly Personal Income for Retirement (Question E6a)

Of those respondents who had savings for retirement, 89.5% were willing to provide an answer on their propensity to save. The median value of the saving propensity was 15.0% of personal income.

Analysis on the respondents' profile generates that the following subgroups would have a lower median value of saving propensity:

- Those who had chronic disease (10.0% of personal income)
- Aged 50-69 (10.0% of personal income)



- Those whose education level up to primary and secondary (10.0% of personal income)
- Those married (10.0% of personal income)
- Those whose personal income below \$10,000 and at \$10,000-\$24,999 (10% of personal income)

### **5.5.5 Savings Proportion for Post-retirement Medical Expenses (Question E6b)**

Regarding the proportion of the above-mentioned savings designated for medical expenses, 89.3% were willing to provide an answer. Most of them gave the answer of 50% of such savings. The median value of those answered was 20%.

Analysis on the respondents' profile generates that the following subgroups would give a lower proportion:

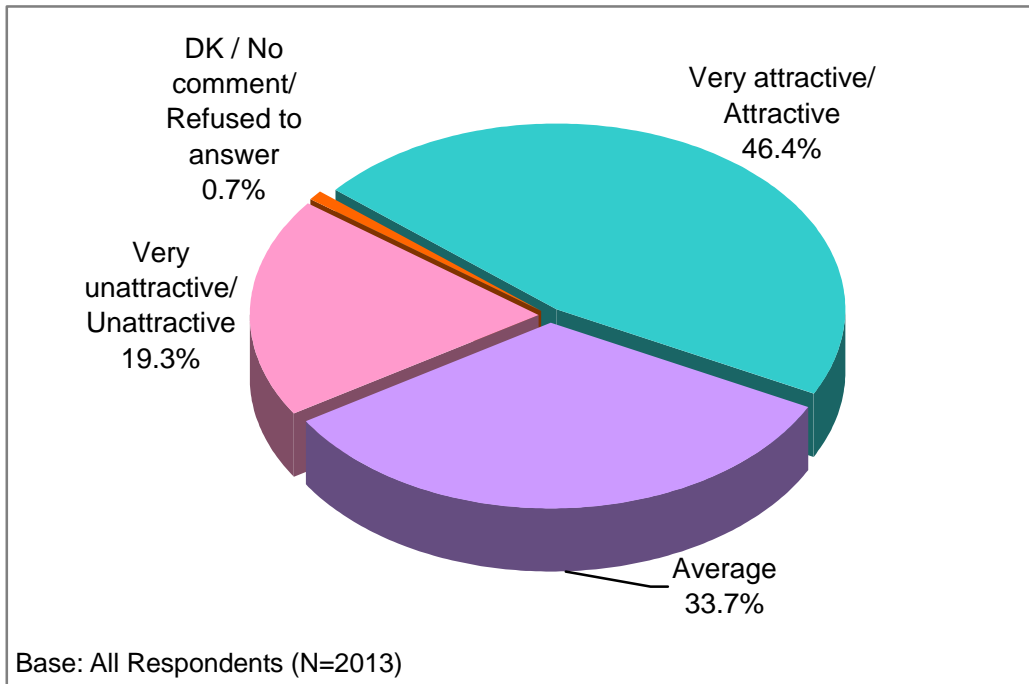
- Female (15.0% of the above-mentioned savings)
- Aged 50-69 (15.0% of the above-mentioned savings)
- Education level up to secondary (10.0% of the above-mentioned savings)
- Personal income at \$10,000-\$24,999 (15.0% of the above-mentioned savings)

### **5.5.6 Attractiveness of Hypothetical Scheme with Optional Savings Component (Question E1)**

The respondents were asked about their level of acceptance towards different scenarios whereby savings component was featured into the hypothetical scheme.

On the first scenario whereby the savings component was put up as an optional feature that the insured person could voluntarily choose, 46.4% of the respondents considered this arrangement attractive / very attractive, while 19.3% of them considered it unattractive / very unattractive.

Figure 5.5.6: Attractiveness of Hypothetical Scheme with Optional Savings Component



Analysis on the respondents' profile showed that the following subgroup would be more likely to find the scheme with voluntary saving component attractive:

- Females (49.7%)

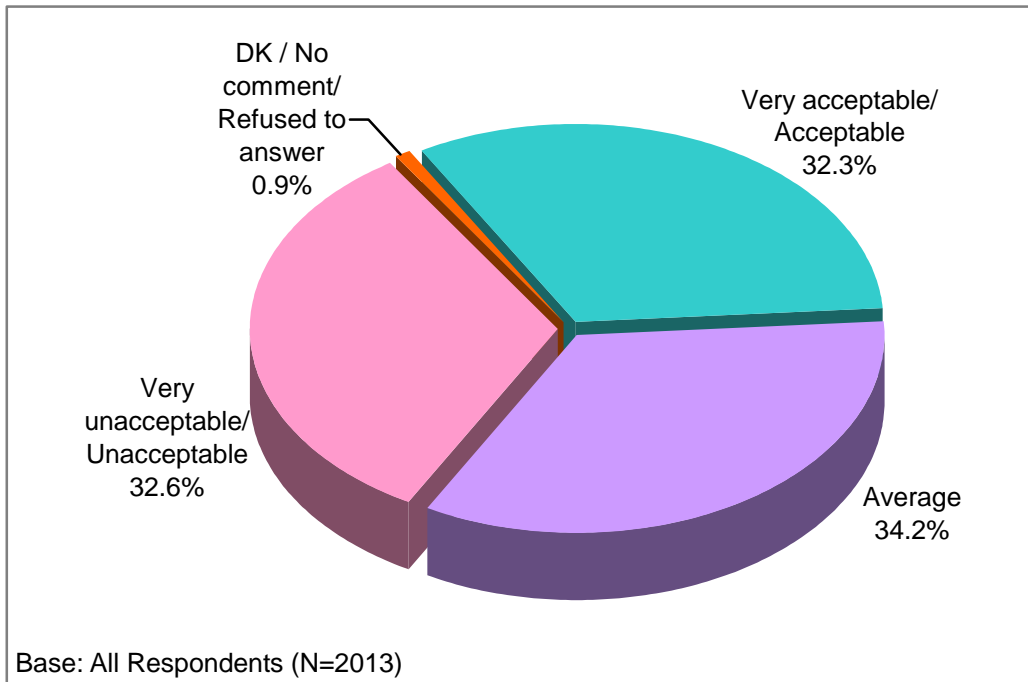
On the other hand, the following subgroup would be more likely to find the scheme with voluntary saving component unattractive:

- Those with monthly personal income at \$25,000 or above (26.2%)

### 5.5.7 Acceptance of Hypothetical Scheme with Enforced Savings Component (Question E3)

On the second scenario whereby the savings component was enforced as a necessary feature in the scheme, 32.3% of the respondents considered this arrangement acceptable / very acceptable, while 32.6% of the respondents considered it unacceptable / very unacceptable.

Figure 5.5.7: Acceptance of Hypothetical Scheme with Enforced Savings Component



Analysis on the respondents' profile showed that the following subgroups would be more likely to accept the enforcement of savings component

- Owners of hospitalization insurance (36.2%)
- Those aged 40-49 and 50-69 (34.8% and 34.4% respectively)
- Those who were working (34.2%)
- Those with monthly personal income at \$10,000-24,999 (39.9%)
- Those who were married (34.5%)

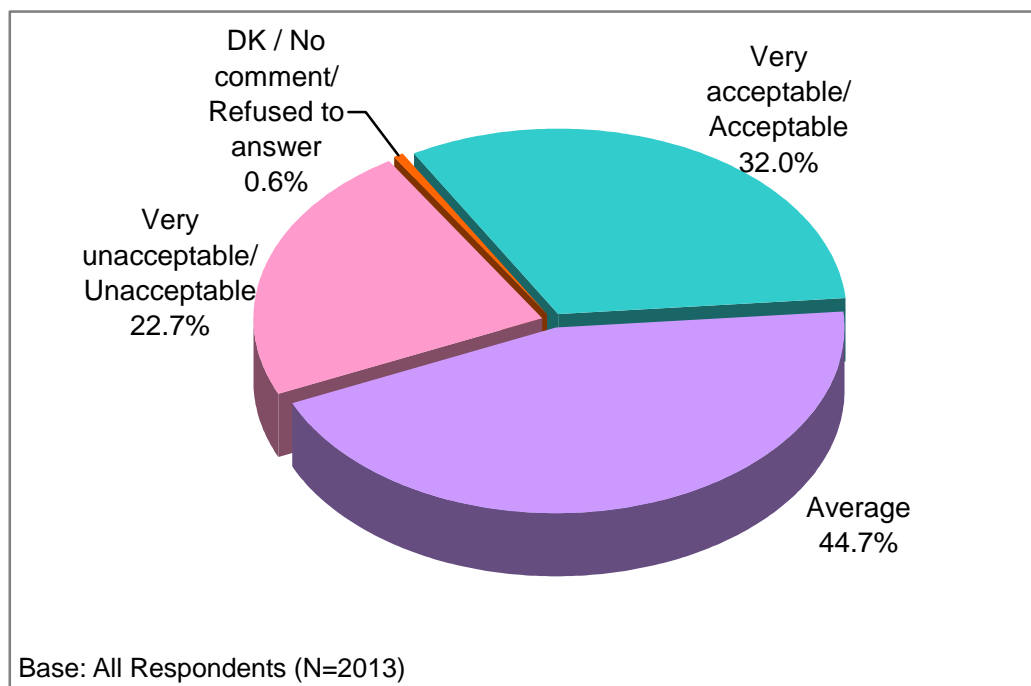
On the other hand, the following subgroup would be more likely to find the enforcement of savings component unacceptable:

- Those with post-secondary education (37.0%)

### 5.5.8 Acceptance of Hypothetical Scheme with No Savings Component (Question E2)

On the third scenario whereby the Hypothetical Scheme did not contain any savings element, 32.0% of the respondents considered this arrangement acceptable / very acceptable, while 22.7% of them considered it unacceptable / very unacceptable.

Figure 5.5.8: Acceptance of Hypothetical Scheme with No Savings Component



Analysis on the respondents' profile showed that the following subgroups would be more likely to accept the Hypothetical Scheme:

- Owners of hospitalization insurance (38.8%)
- Those aged 40-49 (35.6%)
- Those who were working (34.4%)
- Those with \$25,000 or above monthly personal income (46.3%)
- Males (35.0%)
- Those were post-secondary (39.0%)
- Those who were married (34.0%)

On the other hand, the following subgroups would be more likely to find the Hypothetical Scheme unacceptable:

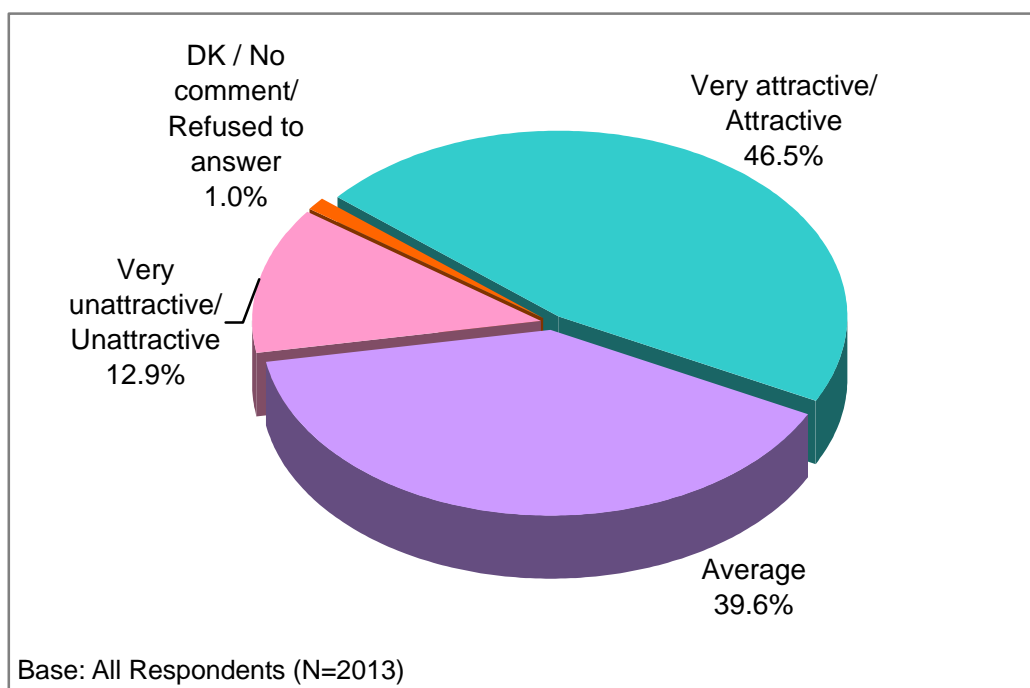
- Those aged 50-69 (29.3%)
- Those with monthly personal income below \$10,000 (27.3%)
- Those with education level up to primary (33.0%)

## 5.5.9 Design of Savings Component

### 5.5.9a Contribution to Medical Savings Account (Question E8a)

On the desired ways of encouraging people to save for post-retirement medical needs under the hypothetical scheme, two options were provided to test the level of acceptance. On the first option that there was a medical savings account that the scheme participants and the Government separately contribute to the account balance, 46.5% of the respondents considered this arrangement attractive / very attractive while 12.9% considered this unattractive / very unattractive.

Figure 5.5.9a: Attractiveness of a Medical Savings Account



Analysis on the respondents' profile showed that the following subgroups would be more likely to find this arrangement attractive:

- Owners of hospitalization insurance (51.9%)
- Those who were working (48.2%)
- Those with monthly personal income at \$10,000-\$24,999 (52.7%)
- Those with post-secondary education (50.1%)

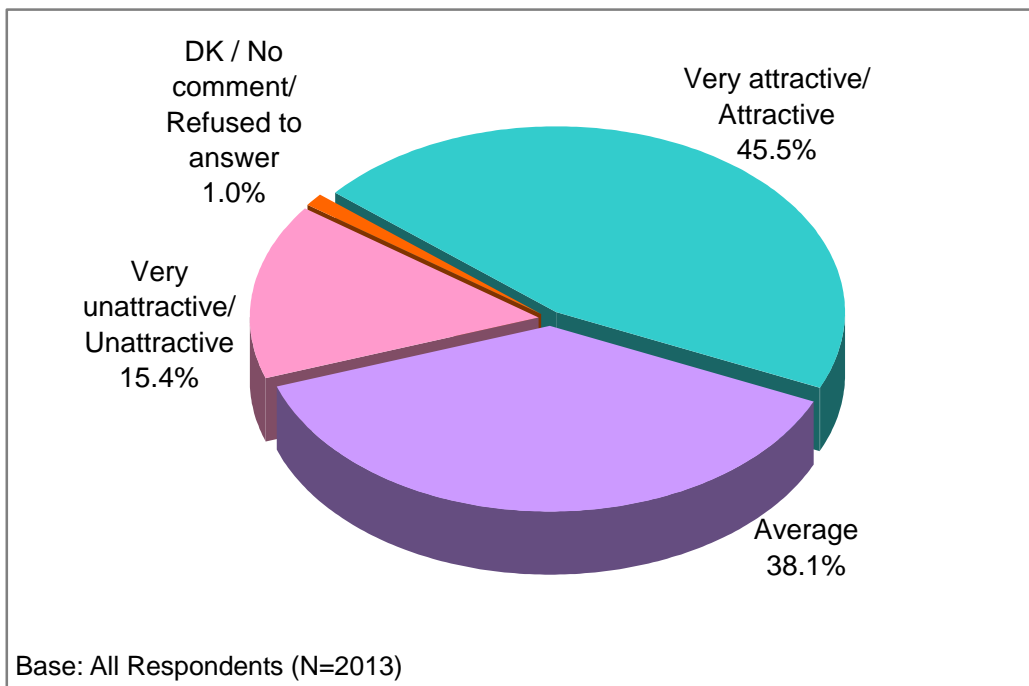
On the other hand, the following subgroups would be more likely to find this arrangement unattractive:

- Those aged 50-69 (17.6%)
- Those with education up to primary level (17.2%)
- Those who were married (14.0%)

### 5.5.9b In-Policy Savings-Cum-Insurance Scheme with Government Subsidy (Question E8b)

On the second option that the savings element was integrated into the insurance policy with higher premium at younger age to offset the premium increase at older age and that the Government subsidized the premium involved, 45.5% of the respondents found this arrangement attractive / very attractive while 15.4% found this arrangement unattractive / very unattractive.

Figure 5.5.9b: Attractiveness of in-policy savings-cum-insurance scheme product



Analysis on the respondents' profile showed the following subgroups would be more likely to find this method attractive:

- Owners of hospitalization insurance (48.6%)
- Those had monthly personal income \$10,000 – 24,999 (50.3%)

On the other hand, the following subgroups would be more likely to find this method unattractive:

- Those aged 50-69 and 40-49 (17.6% and 17.3% respectively)
- Those who were married (16.4%)

### 5.5.10 Percentage of Monthly Personal Income Set Aside for the Savings Component under the Hypothetical Scheme (Question E7)

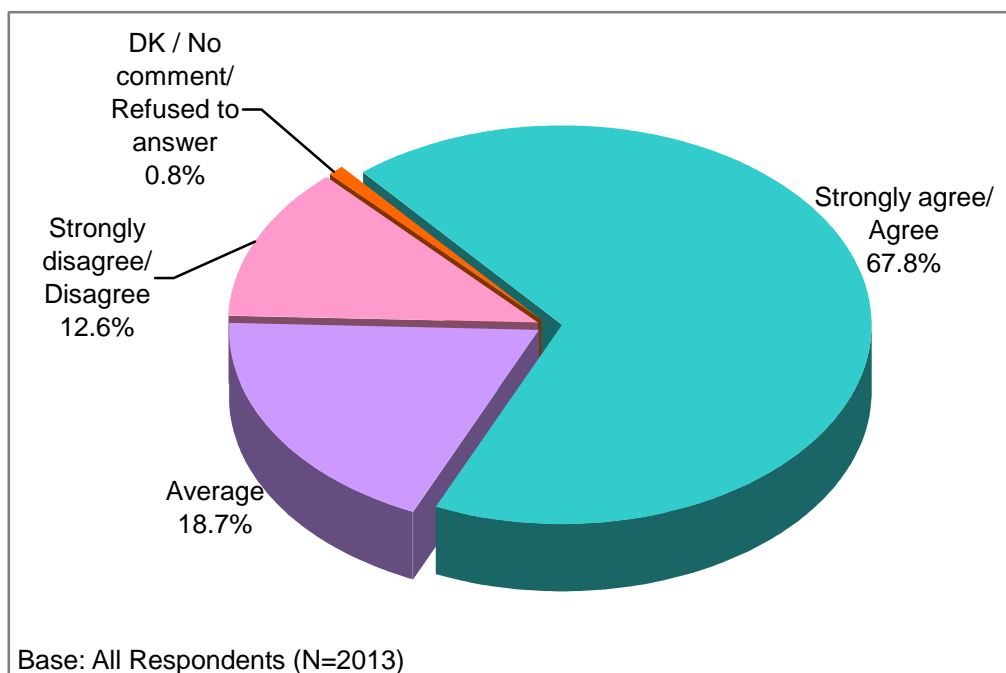
Regardless of the savings option, the respondents were also asked about the percentage of personal income that they were willing to set aside for the savings component under the hypothetical scheme. 86.3% of the respondents were able to provide a concrete figure, and the median value of the answer was 5.0%. No significant difference was found by analyzing different subgroups.

## 5.6 Attitude towards the Role of the Government

### 5.6.1 Level of Agreement on Managing the Scheme by the Government (Question E9)

67.8% of the respondents agreed / strongly agreed that the Government should directly manage the hypothetical scheme if the insurance companies did not actively participate in the scheme. 12.6% of the respondents disagreed / strongly disagreed with this.

Figure 5.6.1: Level of Agreement on Managing the Insurance by the Government



Analysis on the respondents' profile showed that the following subgroups would be more likely to agree with the management of the Scheme by the Government:

- Those aged 50-69 and 40-49 (72.0% and 71.2% respectively)
- Those whose education attainment was up to secondary level (70.4%)
- Those who were married (70.1%)

- Those had monthly personal income \$10,000-\$24,999 (71.6%)

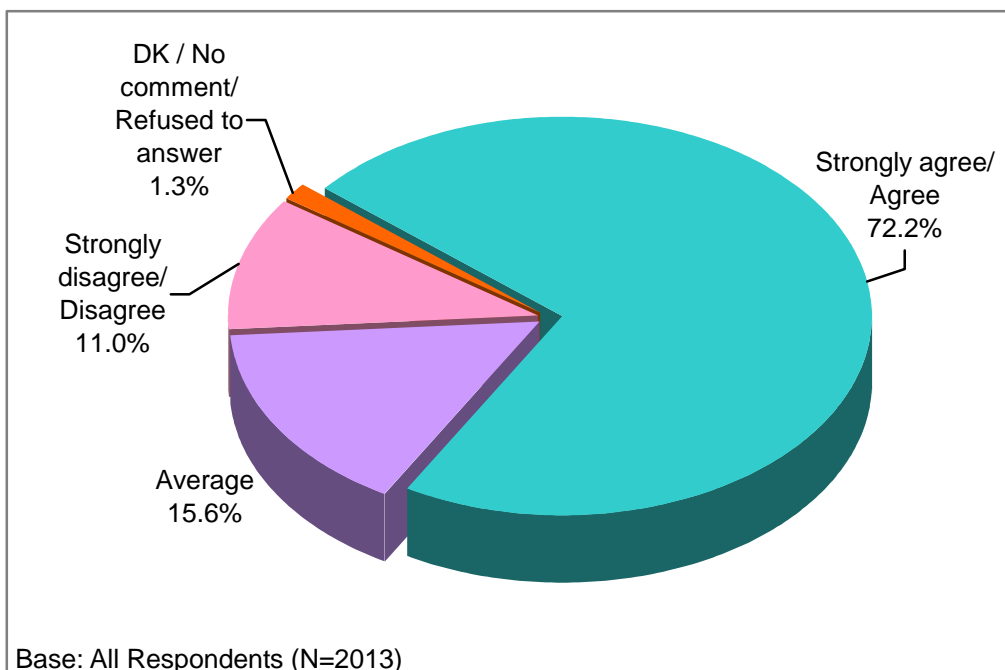
On the other hand, the following subgroups would be more likely to disagree with the management of the Scheme by the Government:

- Those had monthly personal income \$25,000 or above (18.4%)
- Those with post-secondary education (16.4%).

### 5.6.2 Level of Agreement on Providing Private Hospital Services from the Government (Question E10)

72.2% of the respondents agreed / strongly agreed that the Government should provide private hospital services if the existing private hospitals did not have sufficient capacity to provide services required by the scheme. 11% of them however disagreed / very disagreed with this.

Figure 5.6.2: Level of Agreement on Providing Private Hospital Services from the Government (if the existing private hospitals did not have sufficient capacity to provide services required by the scheme)



Analysis on the respondents' profile showed that the following subgroups would be more likely to agree that the Government should provide private hospital services if the existing private hospitals did not have sufficient capacity to provide services required by the scheme:

- Owners of hospitalization insurance (76.0%)
- Those aged 50-69 (74.9%) and 40-49 (73.8%)



- Those whose education attainment was up to secondary level (75.6%)
- Those who were married (75.0%)

On the other hand, the following subgroups would be more likely to disagree that the Government should provide private hospital services:

- Those who were working (12.3%)

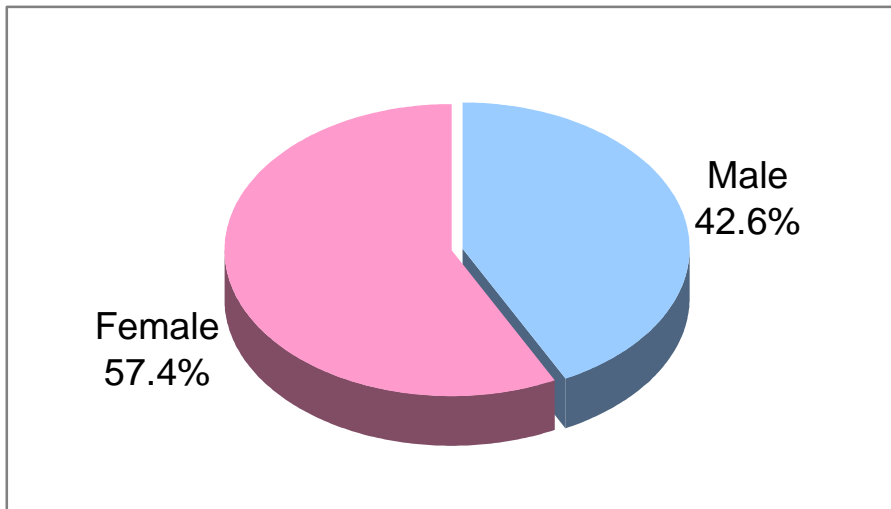
# **Appendix I**

## **Respondents' Profile**

## Respondents' Profile

### A) Gender

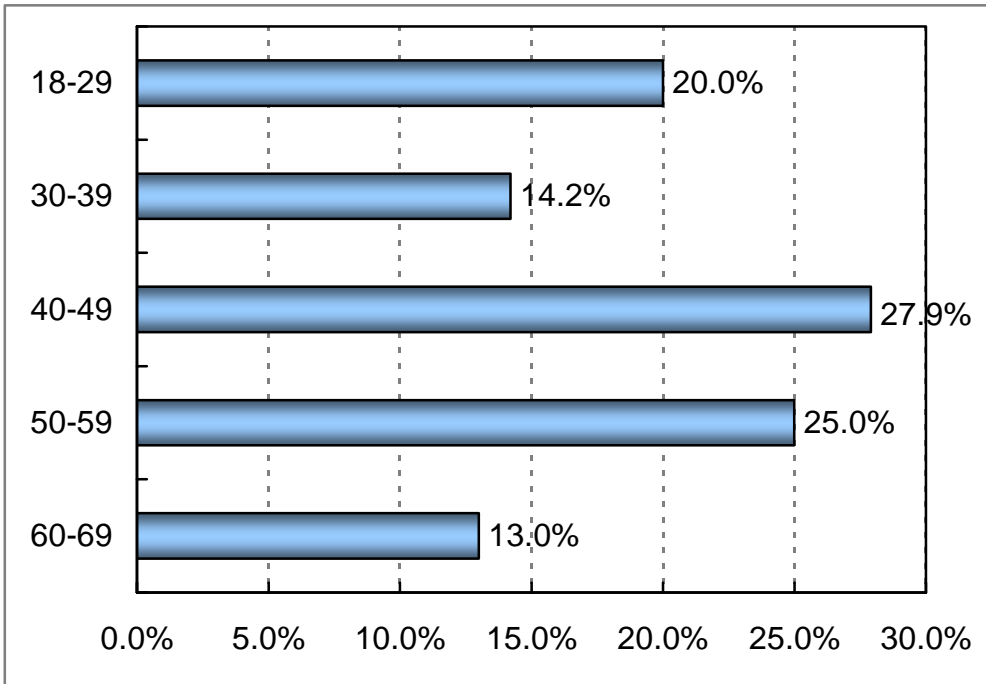
42.6% of the respondents were male, while 57.4% of the respondents were female.



|        | All Respondents (%) | Owner of Hospitalization Insurance (%) | Non-Owner of Hospitalization Insurance (%) |
|--------|---------------------|--|--|
| Male   | 42.6                | 40.1                                   | 44.5                                       |
| Female | 57.4                | 59.9                                   | 55.5                                       |

## B) Age

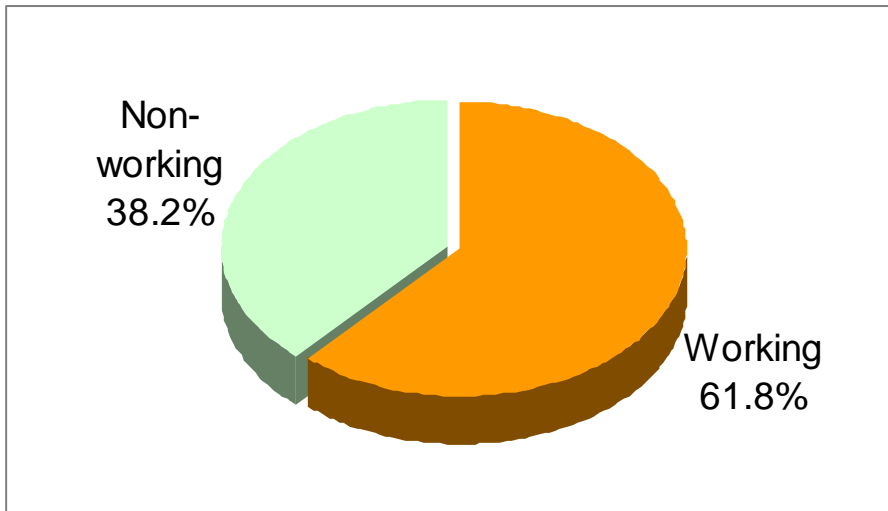
20.0% of the respondents were aged 18-29, 14.2% were aged 30-39, with a total of 34.1% of respondents aged 18-39. Besides, 27.9% of the respondents were aged 40-49. For those aged 50-59, the proportion were 25.0%, while those aged 60-69 were 13.0%.



|         | All Respondents (%) |        | Owner of Hospitalization Insurance (%) |        | Non-Owner of Hospitalization Insurance (%) |        |
|---------|---------------------|--------|--|--------|--|--------|
| 18 - 29 | 20.0%               | } 34.1 | 12.7%                                  | } 33.7 | 25.5%                                      | } 34.4 |
| 30 - 39 | 14.2%               |        | 21.0%                                  |        | 9.0%                                       |        |
| 40 - 49 | 27.9%               |        | 36.5%                                  |        | 21.4%                                      |        |
| 50 - 59 | 25.0%               | } 38.0 | 23.8%                                  | } 29.8 | 26.0%                                      | } 44.2 |
| 60 - 69 | 13.0%               |        | 6.0%                                   |        | 18.2%                                      |        |

### C) Working Status

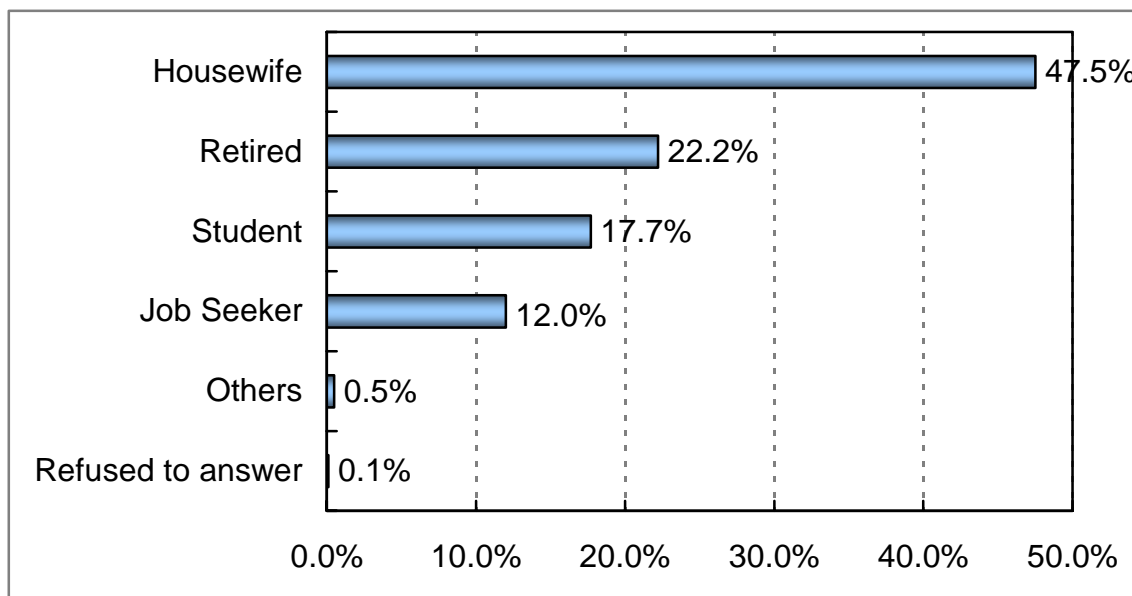
Majority of the respondents were working (61.8%), while 38.2% of them were non-working.



|             | All Respondents (%) | Owner of Hospitalization Insurance (%) | Non-Owner of Hospitalization Insurance (%) |
|-------------|---------------------|--|--|
| Working     | 61.8%               | 76.7%                                  | 50.6%                                      |
| Non-working | 38.2%               | 23.3%                                  | 49.4%                                      |

## C1) Identity of Non-working Group

For those who were non-working, 47.5% of them were housewife, 22.2% were retired, 17.7% were student and 12.0% were job seeker.

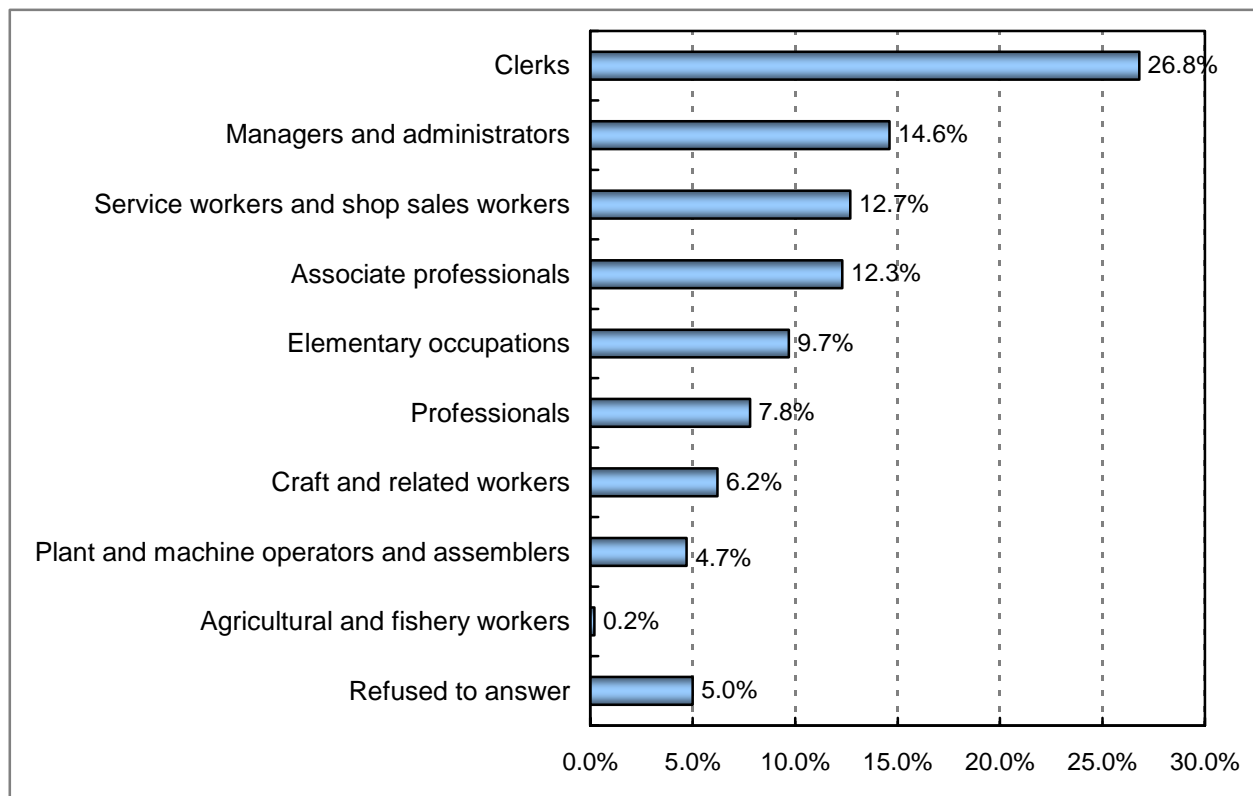


|                   | Overall (%) | Owner of Hospitalization Insurance (%) | Non-Owner of Hospitalization Insurance (%) |
|-------------------|-------------|--|--|
| Student           | 17.7%       | 12.9%                                  | 19.4%                                      |
| Housewife         | 47.5%       | 60.4%                                  | 42.9%                                      |
| Retired           | 22.2%       | 18.3%                                  | 23.6%                                      |
| Job seeker        | 12.0%       | 7.9%                                   | 13.4%                                      |
| Others            | 0.5%        | 0.5%                                   | 0.5%                                       |
| Refused to answer | 0.1%        | -                                      | 0.2%                                       |

Base: Non-working Group (n=769)

## C2) Occupation of Working Group

Over one-fourth (26.8%) of the working respondents were clerks, followed by 14.6% which were managers and administrators, and 12.7% were service workers and shop sales workers.

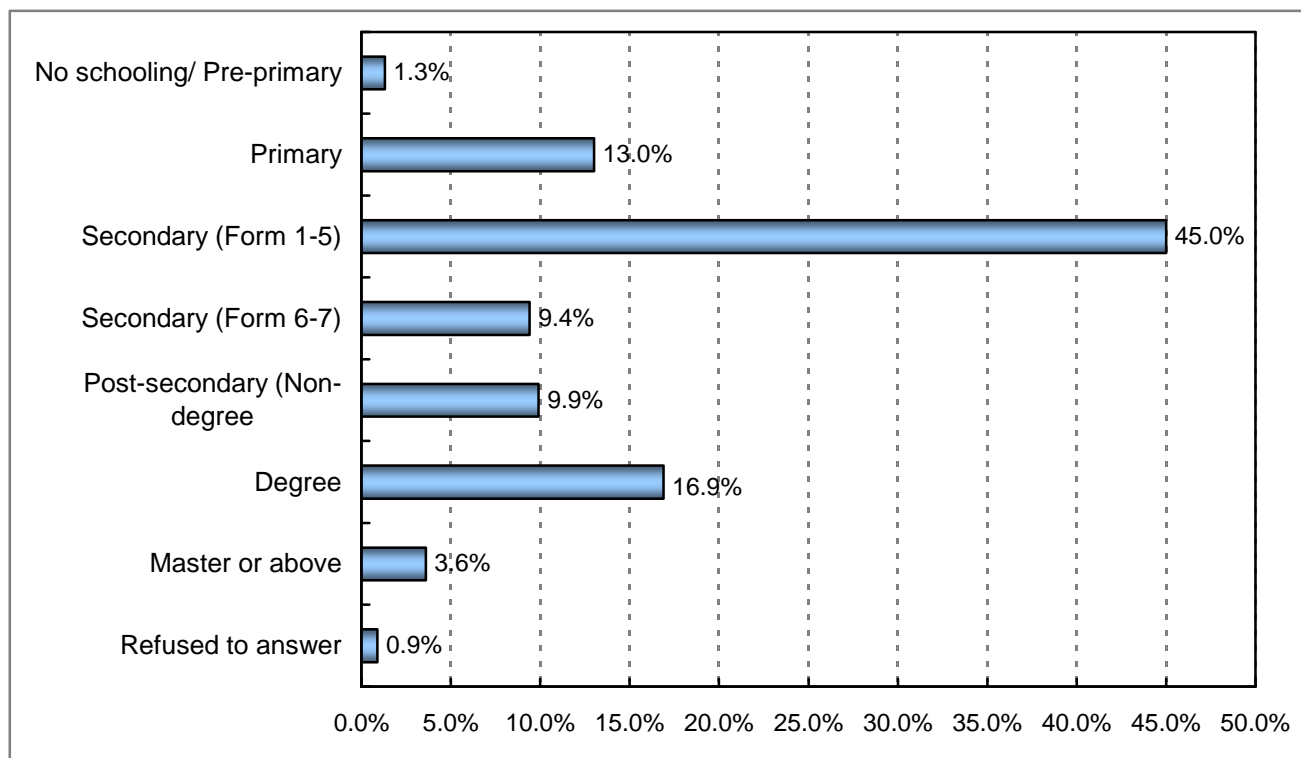


|  | Working Respondents (%) | Owner of Hospitalization Insurance (%) | Non-Owner of Hospitalization Insurance (%) |
|--|-------------------------|--|--|
| Managers and administrators                | 14.6                    | 17.5                                   | 11.4                                       |
| Professionals                              | 7.8                     | 10.1                                   | 5.2  |
| Associate professionals                    | 12.3                    | 12.5                                   | 12.1                                       |
| Clerks                                     | 26.8                    | 29.4                                   | 23.8                                       |
| Service workers and shop sales workers     | 12.7                    | 10.5                                   | 15.2                                       |
| Agricultural and fishery workers           | 0.2                     | -                                      | 0.3  |
| Craft and related workers                  | 6.2                     | 5.1                                    | 7.4  |
| Plant and machine operators and assemblers | 4.7                     | 4.5                                    | 5.0  |
| Elementary occupations                     | 9.7                     | 5.3                                    | 14.8                                       |
| Refused to answer                          | 5.0                     | 5.1                                    | 4.8  |

Base: Working Group (n=1244)

## D) Education Attainment

14.3% of the respondents were primary or below. 54.4% of the respondents were Secondary, with 45.0% were form 1 to form 5 and 9.4% were form 6 to form 7. Another 30.4% of the respondents were sub-degree of above, with 9.9% of non-degree, 16.9% of degree and 3.6% of master or above.

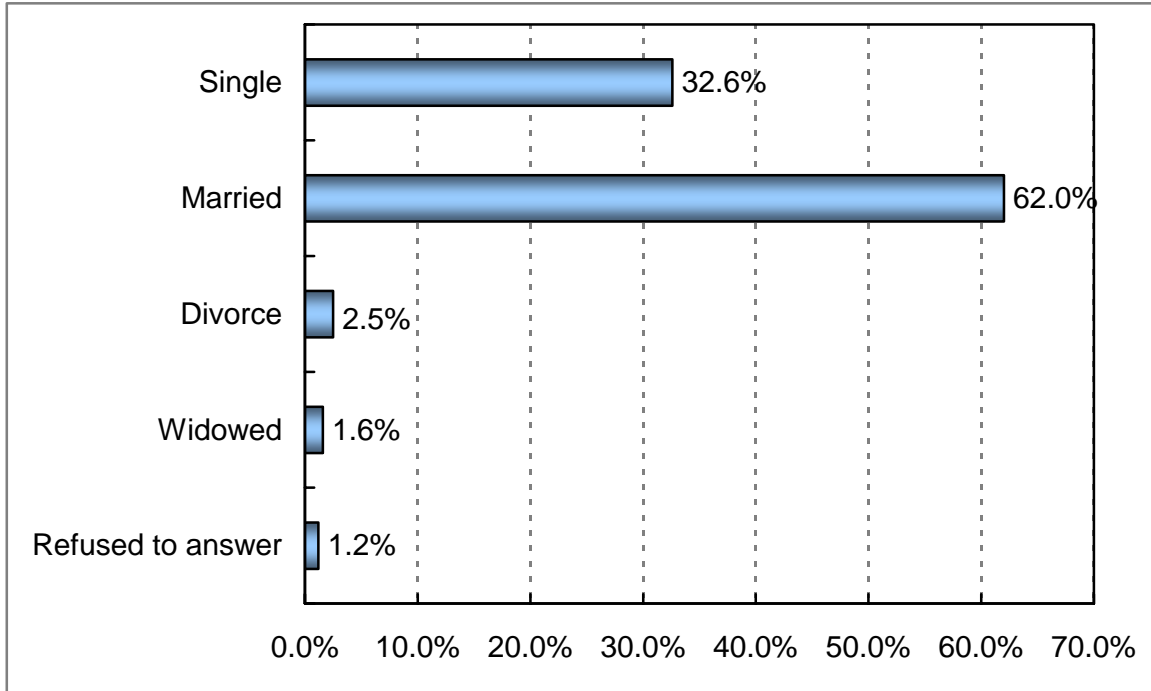


|                             | All Respondents (%) |        | Owner of Hospitalization Insurance (%) |        | Non-Owner of Hospitalization Insurance (%) |        |
|-----------------------------|---------------------|--------|--|--------|--|--------|
| No schooling / Pre-primary  | 1.3                 | } 14.3 | 0.1                                    | } 7.6  | 2.3  | } 19.4 |
| Primary                     | 13.0                |        | 7.5                                    |        | 17.1                                       |        |
| Secondary (Form 1 - Form 5) | 45.0                | } 54.4 | 46.4                                   | } 54.0 | 43.9                                       | } 54.6 |
| Secondary (Form 6 - Form 7) | 9.4                 |        | 7.6                                    |        | 10.7                                       |        |
| Post-secondary (Non-degree) | 9.9                 | } 30.4 | 10.7                                   | } 37.7 | 9.3  | } 25.0 |
| Degree                      | 16.9                |        | 20.6                                   |        | 14.1                                       |        |
| Master or above             | 3.6                 |        | 6.4                                    |        | 1.6  |        |
| Refused to answer           | 0.9                 |        | 0.7                                    |        | 1.0  |        |



### E) Marital Status

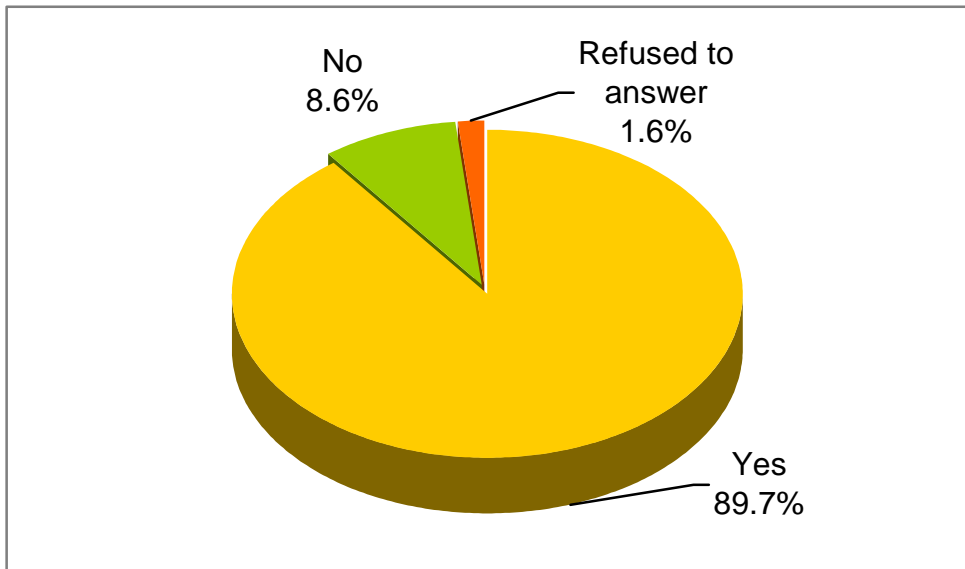
More than half of the respondents (62.0%) were married, while 32.6% were single. Other 4.1% of the respondents were divorced or widowed.



|                   | All Respondents (%) |       | Owner of Hospitalization Insurance (%) |       | Non-Owner of Hospitalization Insurance (%) |       |
|-------------------|---------------------|-------|--|-------|--|-------|
| Single            | 32.6                | } 4.1 | 28.3                                   | } 3.8 | 35.9                                       | } 4.4 |
| Married           | 62.0                |       | 66.5                                   |       | 58.6                                       |       |
| Divorce           | 2.5                 |       | 2.4                                    |       | 2.5  |       |
| Widowed           | 1.6                 |       | 1.4                                    |       | 1.8  |       |
| Refused to answer | 1.2                 |       | 1.4                                    |       | 1.1  |       |

## F1) With Child

For those respondents who were not single, 89.7% of them had children.

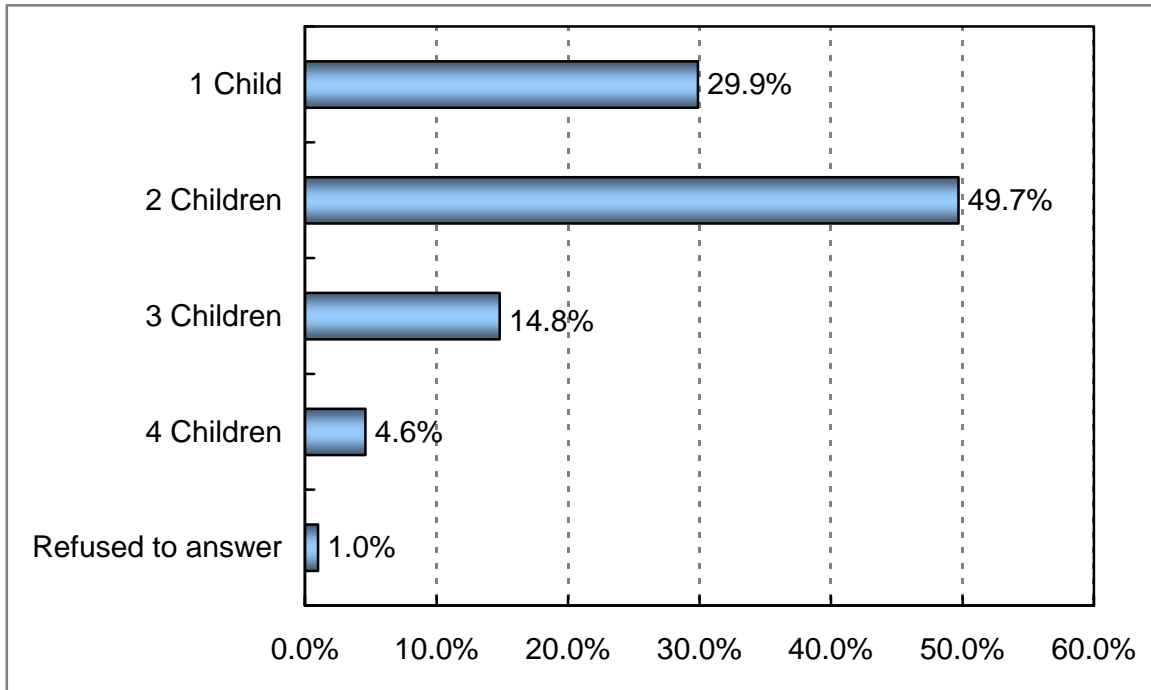


|                   | Non-single respondents (%) | Owner of Hospitalization Insurance (%) | Non-Owner of Hospitalization Insurance (%) |
|-------------------|----------------------------|--|--|
| Yes               | 89.7                       | 89.2                                   | 90.2                                       |
| No                | 8.6                        | 9.5                                    | 7.9  |
| Refused to answer | 1.6                        | 1.3                                    | 1.9  |

Base: Non-single respondents (n=1356)

## F2) Number of Children

From those who had children, 29.9% of them had 1 child, nearly half (49.7%) of them had 2 children, 14.8% of them had 3 children and 4.6 with 4 children or more.

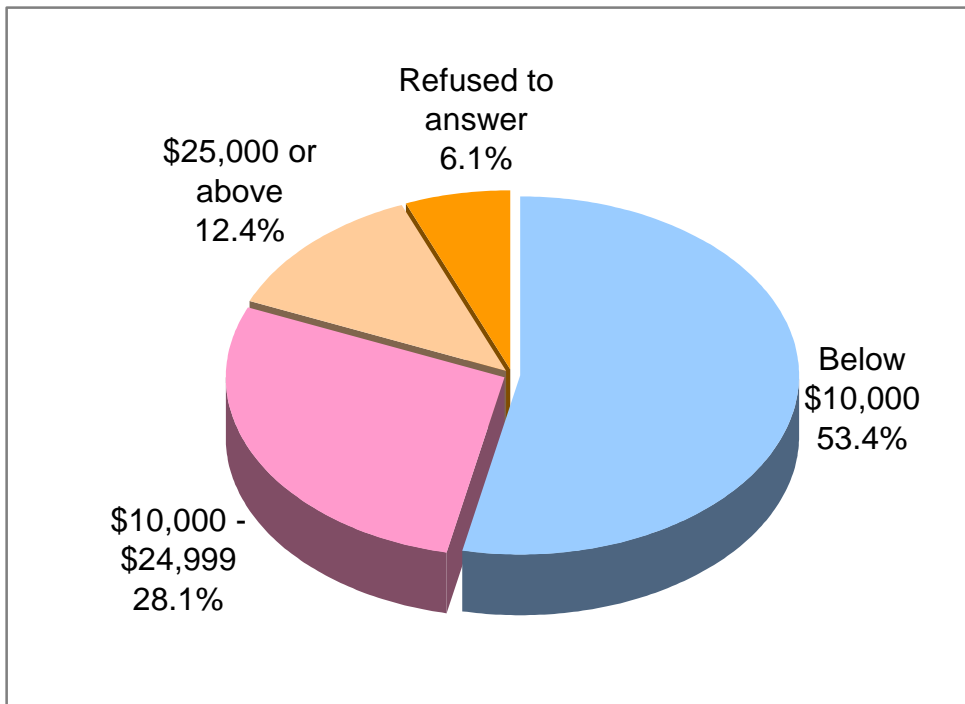


|                    | Respondents who had children (%) | Owner of Hospitalization Insurance (%) | Non-Owner of Hospitalization Insurance (%) |
|--------------------|----------------------------------|--|--|
| 1 child            | 29.9                             | 35.4                                   | 25.3                                       |
| 2 children         | 49.7                             | 48.2                                   | 51.0                                       |
| 3 children         | 14.8                             | 13.2                                   | 16.1                                       |
| 4 children or more | 4.6                              | 2.5                                    | 6.3  |
| Refused to answer  | 1.0                              | 0.7                                    | 1.2  |

Base: Respondents who had children (n=1217)

### G) Monthly Personal Income

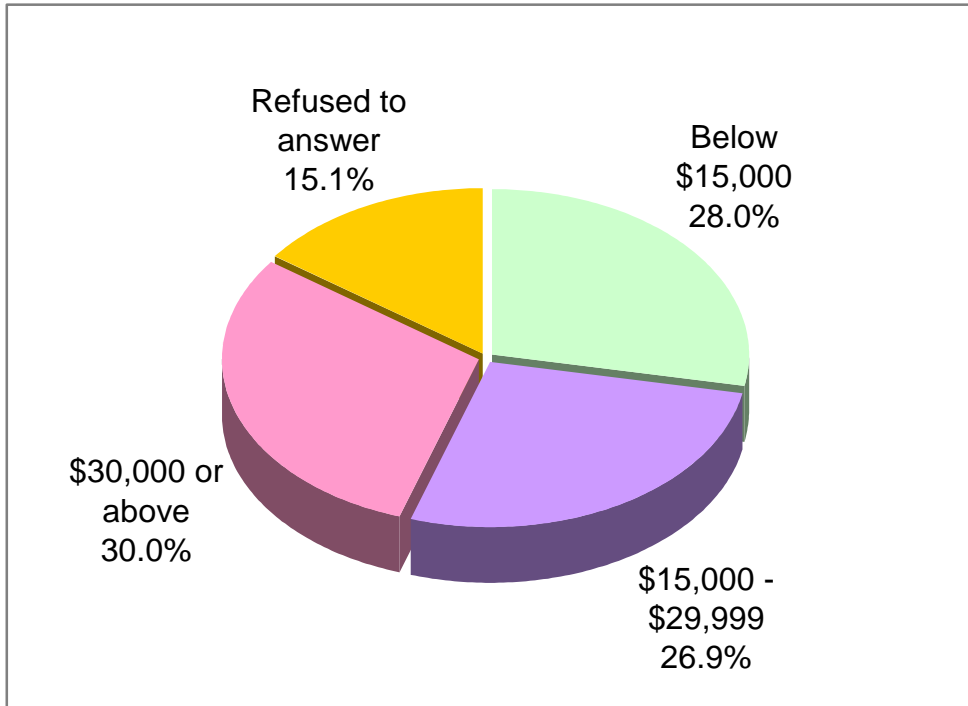
32.1% of the respondents did not have any monthly personal income, and 6.8% had monthly personal income below \$5,000 and 14.5% between \$5,000 and \$9,999. 28.1% of the respondents had monthly personal income in the range of \$10,000 and \$24,999. Another 12.4% of the respondents had the monthly personal income on or above \$25,000.



|                   | All Respondents (%) |        | Owner of Hospitalization Insurance (%) |        | Non-Owner of Hospitalization Insurance (%) |        |
|-------------------|---------------------|--------|--|--------|--|--------|
| No Income         | 32.1                | } 53.4 | 19.9                                   | } 33.8 | 41.4                                       | } 68.2 |
| Below \$5,000     | 6.8                 |        | 3.2                                    |        | 9.5  |        |
| \$5,000 – 9,999   | 14.5                |        | 10.7                                   |        | 17.3                                       |        |
| \$10,000 – 14,999 | 14.1                | } 28.1 | 17.1                                   | } 38.2 | 11.8                                       | } 20.4 |
| \$15,000 – 19,999 | 8.1                 |        | 12.0                                   |        | 5.1  |        |
| \$20,000 – 24,999 | 5.9                 |        | 9.1                                    |        | 3.5  |        |
| \$25,000 – 29,999 | 2.6                 | } 12.4 | 4.0                                    | } 20.3 | 1.5  | } 6.4  |
| \$30,000 – 34,999 | 3.3                 |        | 5.2                                    |        | 1.8  |        |
| \$35,000 – 39,999 | 1.3                 |        | 2.5                                    |        | 0.4  |        |
| \$40,000 – 44,999 | 1.2                 |        | 2.0                                    |        | 0.7  |        |
| \$45,000 – 49,999 | 0.5                 |        | 0.9                                    |        | 0.2  |        |
| \$50,000 or above | 3.4                 |        | 5.7                                    |        | 1.7  |        |
| Refused to answer | 6.1                 |        | 7.6                                    |        | 5.0  |        |

## H) Monthly Household Income

28.0% of the respondents had the monthly household income below \$15,000, while 26.9% were in the range of \$15,000 and \$29,999. 30.0% of the respondents had the monthly household income on or above \$30,000.



|                   | All Respondents (%) |        | Owner of Hospitalization Insurance (%) |        | Non-Owner of Hospitalization Insurance (%) |        |
|-------------------|---------------------|--------|--|--------|--|--------|
| No Income         | 4.8                 | } 28.0 | 2.3                                    | } 16.2 | 6.7  | } 36.9 |
| Below \$5,000     | 1.8                 |        | 0.6                                    |        | 2.8  |        |
| \$5,000 – 9,999   | 9.3                 |        | 3.2                                    |        | 13.9                                       |        |
| \$10,000 – 14,999 | 12.0                | } 26.9 | 10.0                                   | } 25.4 | 13.5                                       | } 28.1 |
| \$15,000 – 19,999 | 9.6                 |        | 8.5                                    |        | 10.5                                       |        |
| \$20,000 – 24,999 | 10.2                |        | 8.3                                    |        | 11.6                                       |        |
| \$25,000 – 29,999 | 7.1                 | } 30.0 | 8.5                                    | } 43.8 | 6.0  | } 19.6 |
| \$30,000 – 34,999 | 6.8                 |        | 8.3                                    |        | 5.6  |        |
| \$35,000 – 39,999 | 4.4                 |        | 6.0                                    |        | 3.1  |        |
| \$40,000 – 44,999 | 3.9                 | } 15.1 | 5.3                                    | } 14.7 | 2.8  | } 15.4 |
| \$45,000 – 49,999 | 2.2                 |        | 3.3                                    |        | 1.4  |        |
| \$50,000 – 54,999 | 3.5                 |        | 6.1                                    |        | 1.5  |        |
| \$55,000 – 59,999 | 1.4                 |        | 2.0                                    |        | 1.0  |        |
| \$60,000 or above | 7.8                 |        | 12.7                                   |        | 4.2  |        |
| Refused to answer | 15.1                |        | 14.7                                   |        | 15.4                                       |        |

# **Appendix II Questionnaire**

被訪者姓名： \_\_\_\_\_ 電話： \_\_\_\_\_  
 訪問員姓名： \_\_\_\_\_ 訪問日期： \_\_\_\_\_  
 訪問員編號： \_\_\_\_\_ 訪問時間： 由 \_\_\_\_\_ 至 \_\_\_\_\_

## **Introduction**

你好，我姓 \_\_\_\_\_，我係受食物及衛生局委託嘅精確市場研究中心嘅研究員，我哋做緊一項有關醫療融資嘅研究，而家抽取咗貴住戶進行呢個訪問。請放心，我哋並唔係做推銷，首先多謝你嘅合作。

## **Screening**

S1. 請問你本人或者你嘅屋企人有冇以下嘅行業或者公司工作呢？**[單選]**

- 市場研究公司 ..... 1 → 終止訪問  
 保險從業員 ..... 2 → 終止訪問  
 醫護人員 ..... 3 → 終止訪問  
 以上皆有 ..... 4

S2. 由於隨機抽樣嘅需要，請問計埋你在內，你屋企有幾多位 18 歲至 69 歲，一星期最少有四晚嘅嘍嘞嘅家庭成員呢？留宿嘅家庭傭工並唔計算在內。**[單選]**

- 有 ..... 1 → **[填寫答案]** \_\_\_\_\_ 位  
 冇 ..... 2 → 終止訪問

跟住年齡，由大至細排列，咁排第 **[讀出電腦選出的數字]** 嘅係邊一位呢？

- 自己 ..... 1 → 開始訪問  
 另一位家庭成員 ..... 2 → **[讀出]**「我想同佢做個訪問，麻煩你請佢嚟聽電話。」

**[如選中的家庭成員不在，追問]** 佢大約幾點嘍嘍呢？

**[如轉換談話對象，請重覆介紹詞]**

## **Main Questionnaire**

### **Part A: 有關購買綜合住院保險**

A1. 請問你對市面上嘅住院保險產品有幾瞭解呢？**[讀出]** **[單選]**

|       |     |    |    |      |                           |
|-------|-----|----|----|------|---------------------------|
| 非常唔瞭解 | 唔瞭解 | 普通 | 瞭解 | 非常瞭解 | 唔知道 / 無意見<br><b>[不讀出]</b> |
| 1     | 2   | 3  | 4  | 5    | 6                         |

A2. 請問你有冇綜合住院保險呢？所謂綜合住院保險，係指保險公司會賠償全數或者部份你住院所需嘅費用，賠償金額係根據你嗰次嘅住院使費而定嘅。但係就唔包括一啲入息保障計劃，例如每日住院現金津貼，或有關危疾時一筆過俾嘅賠償。**[單選]**

- 有 ..... 1 → **[到 A3]**  
 冇 ..... 2 → **[跳至 A8]**

A3 咁你一共有幾多份綜合住院保險呢？

- 回答 ..... 1 **[記錄實際答案]** (A2a) \_\_\_\_\_  
 唔知道 ..... 2 拒絕回答 ..... 3

A4. 請問你現時有嘅綜合住院保險係邊個俾錢購買呢？[讀出] [多選]  
 [如 A3 答有多於一份綜合住院保險，追問有關的數量。如受訪者唔知道有多少份，請填“98”，如受訪者拒絕回答有多少份，請填“99”]

自己 (\_\_\_\_\_份)..... 1      家人 (\_\_\_\_\_份).....3  
 僱主 (\_\_\_\_\_份) ..... 2      其他，請註明:\_\_\_\_\_ (\_\_\_\_\_份) 4

如 A4 答 1 (自己購買)，問 A4a：

A4a. 請問你自己購買嘅綜合住院保險，每月嘅保費大概係幾多錢呢？[不讀出] [單選]

回答..... 1      [記錄實際答案] (A4a) \_\_\_\_\_  
 唔知道..... 2      拒絕回答..... 3

如 A4 答 2 (僱主購買)，問 A4b：

A4b. 請問你僱主為你購買嘅綜合住院保險，每月嘅保費大概係幾多錢呢？[不讀出] [單選]

回答..... 1      [記錄實際答案] (A4b) \_\_\_\_\_  
 唔知道..... 2      拒絕回答..... 3

如 A4 答 3 (家人購買)，問 A4c：

A4c. 請問你家人幫你購買嘅綜合住院保險，每月嘅保費大概係幾多錢呢？[不讀出] [單選]

回答..... 1      [記錄實際答案] (A4c) \_\_\_\_\_  
 唔知道..... 2      拒絕回答..... 3

如 A4 答 4 (其他人購買)，問 A4d：

A4d. 請問你 (A4 答案) 幫你買嘅綜合住院保險，每月嘅保費大概係幾多錢呢？[不讀出] [單選]

回答..... 1      [記錄實際答案] (A4d) \_\_\_\_\_  
 唔知道..... 2      拒絕回答..... 3

A5. 對於你現時有嘅綜合住院保險，請問你有冇試過索取賠償呢？[單選]

有 ..... 1 → [問 A5a]  
 沒有..... 2 → [跳至 A6]

A5a. 請問你有幾滿意嗰次索償經驗呢？[讀出] [單選]

|       |     |    |    |      |                    |
|-------|-----|----|----|------|--------------------|
| 非常唔滿意 | 唔滿意 | 普通 | 滿意 | 非常滿意 | 唔知道 / 無意見<br>(不讀出) |
| 1     | 2   | 3  | 4  | 5    | 6                  |

A6. 除咗分娩或者例行檢查之外，請問你有冇曾經需要住院呢？ [單選]

有 ..... 1  
 沒有..... 2

A7. 請問你有冇一啲疾病係需要長期睇醫生或者食藥呢？[單選]

有 ..... 1 → [跳至 Part B]  
 沒有..... 2 → [跳至 Part B]

\*\*\*\*\*



**A8 – A11 只適用於沒有住院保險的受訪者 [A2 = 2]**

A8. 請問你唔購買綜合住院保險嘅原因係咩呢？[讀出] [多選]

- 不知道有相關保險產品..... 1
- 沒有人向我推銷相關產品..... 2
- 價錢太貴..... 3
- 覺得沒有需要購買..... 4
- 公立醫院服務已經幫到我..... 5
- 其他，請註明:\_\_\_\_\_

A9. 請問你有冇曾經試過購買綜合住院保險，但之後終止咗保單呢？[單選]

- 有..... 1 → [問 A9a]
- 沒有..... 2 → [問 A10]

A9a. 咁你終止保單嘅原因係咩呢？[讀出] [多選]

- 保費太貴..... 1
- 覺得有需要..... 2
- 對索償過程有不滿意嘅經驗..... 3
- 不滿意保障範圍和服務..... 4
- 僱主不再提供..... 5
- 其他，請註明:\_\_\_\_\_

A10. 除咗分娩或者例行檢查之外，請問你有冇曾經需要住院呢？ [單選]

- 有..... 1
- 沒有..... 2

A11. 請問你有冇一啲疾病係需要長期睇醫生或者食藥呢？[單選]

- 有..... 1 → [跳至 Part B]
- 沒有..... 2 → [跳至 Part B]

**Part B: 有關假設計劃的保障範圍**

[讀出] 政府正着手設計一個全新嘅自願醫療保險方案，目的係提供綜合嘅住院保障，令自願參加嘅市民可以選擇使用私營醫療服務，保障範圍主要係手術或非手術的入院治療，而不包括一般嘅專科或者普通科門診服務。以下會詢問你對呢個方案嘅意見：

B1. 如果呢個醫療保險方案有兩種計劃，計劃一嘅保障大概係可以應付現時「中價私家醫院」嘅收費，計劃二嘅保障稍為好些，可以應付現時「中高價私家醫院」嘅收費，不過要俾多啲保費。請問你會比較鍾意計劃一定係計劃二呢？[讀出] [單選]

- 計劃一..... 1
- 計劃二..... 2
- 兩個計劃都唔會..... 3
- 唔知道/無意見 [不讀出]..... 4
- 拒絕回答 [不讀出]..... 5

B2. 如果呢個住院保險設有「病人分擔費」，即係每次入院病人要俾部分費用，但可以減低保費，請問你會唔會接受呢？[讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔接受 | 唔接受 | 普通 | 接受 | 非常接受 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

**[B2a, B2b, B2c, B2d 只問 B2 = code 3, 4, 5]**

以下會講出三種「病人分擔」方法，我想知你對有關方法嘅接受程度

B2a. 如果呢個方案有墊底費，扣減墊底費之後可以賠足實際費用到最高保障限額，請問你有幾接受呢？ [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔接受 | 唔接受 | 普通 | 接受 | 非常接受 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

B2b. 如果呢個方案有較少墊底費，扣減墊底費之後可以賠九成實際費用到最高保障限額，請問你有幾接受呢？ [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔接受 | 唔接受 | 普通 | 接受 | 非常接受 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

B2c. 如果呢個方案有墊底費，但只賠八成實際費用到最高保障限額，請問你有幾接受呢？ [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔接受 | 唔接受 | 普通 | 接受 | 非常接受 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

B2d. 如果新方案需要病人分擔部分費用，即係醫療費用總額嘅最初一萬蚊就賠到八成，即係八千蚊、超過一萬就賠之後九萬蚊嘅九成，即係八萬一千蚊，餘下大過十萬嘅款項則賠足。請問你同唔同意呢種安排呢？ [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔同意 | 唔同意 | 普通 | 同意 | 非常同意 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

**Part C: 有關假設方案的特徵**

以下會同你講吓呢個住院保險方案嘅特徵，同時詢問你有關意見：

C1. 市面上約有一半保險公司會拒絕某啲人續保，但新嘅方案就保證所有參加者可以終身續保，你覺得呢個安排有幾吸引呢？ [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

C2. 而家你轉保險公司係需要重新投保，有部份條款可能會改變，如果新嘅方案容許參加者日後將保單轉到其他保險公司，而所有條款可以維持不變，你覺得呢個安排有幾吸引呢？ [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

C3. 目前大部分醫療保險賠償係根據每項費用逐項設最高賠償上限，病人唔容易預計最終嘅賠償總額。如果新嘅方案可以就部份病症，例如白內障手術、切除盲腸手術等，以一筆過形式列出該病症嘅最高賠償總額，例如一萬蚊或五萬蚊，即係「套餐價」，將所有支出一併計算，令病人係接受治療前可以有更好預算，你覺得呢個安排有幾吸引呢？**[讀出] [單選]**

|       |     |    |    |      |                           |                      |
|-------|-----|----|----|------|---------------------------|----------------------|
| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br><b>[不讀出]</b> | 拒絕回答<br><b>[不讀出]</b> |
| 1     | 2   | 3  | 4  | 5    | 6                         | 7                    |

C4. 如果新嘅方案有「無索償折扣」優惠，即一年內冇收過賠償，就有 10%保費折扣，按年增加，至最高 30%保費折扣，你覺得呢個安排有幾吸引呢？**[讀出] [單選]**

|       |     |    |    |      |                           |                      |
|-------|-----|----|----|------|---------------------------|----------------------|
| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br><b>[不讀出]</b> | 拒絕回答<br><b>[不讀出]</b> |
| 1     | 2   | 3  | 4  | 5    | 6                         | 7                    |

C5. 如果將來政府推出呢個新方案，你會唔會考慮購買或者轉投呢個新嘅綜合住院保險方案呢？**[讀出] [單選]**

會 .....1  
唔會 .....2

**[如 C5 = code 1, 問 C5a]**

C5a. 你願意每個月俾幾多錢去買之前提過嘅計劃一同計劃二呢？計劃一嘅保障大概可以應付現時「中價私家醫院」嘅收費，計劃二嘅保障可以應付現時「中高價私家醫院」嘅收費。

計劃一 (C5ai) \_\_\_\_\_

計劃二 (C5aii) \_\_\_\_\_

**[如 C5 = code 2, 問 C5b]**

C5b. 點解你唔會考慮呢？ **[記錄答案]** \_\_\_\_\_

C6. 對於投保前已經有嘅疾病，市面上嘅個人住院保險以後都唔會保，但呢個方案嘅參加者只要係投保後等若干時間，就可以獲得有關疾病嘅醫療保障，你覺得呢個安排有幾吸引呢？**[讀出] [單選]**

|       |     |    |    |      |                           |                      |
|-------|-----|----|----|------|---------------------------|----------------------|
| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br><b>[不讀出]</b> | 拒絕回答<br><b>[不讀出]</b> |
| 1     | 2   | 3  | 4  | 5    | 6                         | 7                    |

C6a. 咁你可以接受呢個等候時間去到幾長呢？ **[讀出] [單選]**

不需等候 **[不讀出]** .....1      四年 ..... 6  
 一年內 .....2      五年或以上 ..... 7  
 一年 .....3      唔知道/無意見 **[不讀出]** ..... 8  
 兩年 .....4      拒絕回答 **[不讀出]** ..... 9  
 三年 .....5

C6b. 如果等候期係三年，而保費需要增加 10%，就可以享有投保前已存在疾病嘅保障，你覺得呢個安排有幾吸引呢？[讀出] [單選]

| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
|-------|-----|----|----|------|--------------------|---------------|
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

#### Part D: 有關減保費的方法

[D1a – D1c] 喺呢個方案入面，如果參加者願意俾墊底費，就可以減低保費，你覺得以下幾個安排有幾吸引呢？

D1a. 每次入院，墊底費五千蚊，保費減少 20%。[讀出] [單選]

| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
|-------|-----|----|----|------|--------------------|---------------|
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

D1b. 每次入院，墊底費一萬蚊，保費減少 35%。[讀出] [單選]

| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
|-------|-----|----|----|------|--------------------|---------------|
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

D1c. 每次入院，墊底費一萬五千蚊，保費減少 45%。[讀出] [單選]

| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
|-------|-----|----|----|------|--------------------|---------------|
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

D2. 如果呢個方案有另外一個方法可以減少保費，即係減低保障範圍至只包括部分昂貴嘅治療，例如癌症，心臟通波仔，你覺得呢個安排有幾吸引呢？[讀出] [單選]

| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
|-------|-----|----|----|------|--------------------|---------------|
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

D3. 如果另外有一個方法可以減少保費，即係減低保障範圍至只包括部分嘅公立醫院輪候時間較長嘅手術，例如白內障手術，關節置換手術，你覺得呢個安排有幾吸引呢？[讀出] [單選]

| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
|-------|-----|----|----|------|--------------------|---------------|
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

D4. 如果首批參加者在計劃開始嘅頭半年內參加，可以即時享有 30%「無索償折扣」，你會唔會喺頭半年參加呢個方案呢？ [讀出] [單選]

|      |    |     |     |                    |               |
|------|----|-----|-----|--------------------|---------------|
| 一定唔會 | 唔會 | 可能會 | 一定會 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1    | 2  | 3   | 4   | 5                  | 6             |

D5. 對於呢個新嘅住院保險方案，政府可能會推出一啲措施去鼓勵市民購買。請問你最贊成以下哪一項措施呢？ [讀出] [單選]

|               |   |                    |   |
|---------------|---|--------------------|---|
| 減稅.....       | 1 | 唔贊成作任何資助.....      | 4 |
| 即時保費資助.....   | 2 | 唔知道/無意見 [不讀出]..... | 5 |
| 退休之後保費回贈..... | 3 | 拒絕回答 [不讀出].....    | 6 |

D6. 無論最終用咩方法津貼，你覺得政府應該要津貼幾多%嘅保費，先會吸引到你去買呢個假設住院保險方案呢？ [讀出] [單選]

|          |   |                |         |
|----------|---|----------------|---------|
| 回答.....  | 1 | [記錄實際答案] (D6a) | _____ % |
| 唔知道..... | 2 | 拒絕回答.....      | 3       |

### Part E: 有關假設方案的儲蓄成分

E1. 如果新嘅住院保險方案有儲蓄成分俾參加者自行選擇參與，即係可以儲起若干錢，等將來退休後可以扣減保費，咁你覺得呢個安排有幾吸引呢？ [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

E2. 如果係完全冇呢種儲蓄成分，只有住院保險呢部分，你又覺得呢個安排有幾接受呢？ [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔接受 | 唔接受 | 普通 | 接受 | 非常接受 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

E3. 如果儲蓄成分係必須參加，你又有幾接受呢個安排呢？ [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔接受 | 唔接受 | 普通 | 接受 | 非常接受 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

[E4 – E5] 請問你有幾同意以下嘅句子呢？

E4. 到我接近退休嘅時候，我嘅醫療使費會提升。 [讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔同意 | 唔同意 | 普通 | 同意 | 非常同意 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

E5. 我需要開始為我退休後嘅醫療使費，包括醫療保費做儲蓄，以確保退休後我有能力選擇私營醫療服務，而唔一定使用公營服務。[讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔同意 | 唔同意 | 普通 | 同意 | 非常同意 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

E6. 你有冇為將來退休作儲蓄呢？[讀出] [單選]

有 ..... 1 → [問 E6a, E6b]  
 沒有 ..... 2 → [跳至 E7]  
 已退休 / 家庭主婦 ..... 3 → [跳至 E8a]

E6a. 咁你而家每個月會為你將來嘅退休生活儲起個人就業收入嘅幾多%呢？個人就業收入包括全職及兼職工作。

回答 ..... 1 [記錄實際答案] \_\_\_\_\_ %  
 冇就業收入 [不讀出] ..... 2 拒絕回答 [不讀出] ..... 4  
 唔知道 / 無意見 [不讀出] ..... 3

**[如 E6a = 0%，或 code = 3, 4，跳至 E7。 如 E6a = code 2，跳至 E8a]**

E6b. 你估計喺頭先所講嘅 [讀出 E6a 答案] 入面，有幾多%係用嚟作為退休後嘅醫療費用呢？請回答 [讀出 E6a 答案] 入面嘅 0 至 100%。

回答 ..... 1 [記錄實際答案] \_\_\_\_\_ %  
 唔知道 / 無意見 [不讀出] ..... 2 拒絕回答 [不讀出] ..... 3

E7. 如果政府實行一個有儲蓄成分嘅醫療保險方案，政府亦會提供津貼或誘因去鼓勵市民參與，咁你最多會俾每月個人就業收入嘅百分之幾作為供款呢？個人就業收入包括全職及兼職工作。

回答 ..... 1 [記錄實際答案] \_\_\_\_\_ %  
 唔知道 / 無意見 [不讀出] ..... 2 冇就業收入 [不讀出] ..... 4  
 拒絕回答 [不讀出] ..... 3

**[E8a – E8b] 咁下列嘅兩種津貼方法，你又覺得有幾吸引呢？**

E8a. 你自己同埋政府各自供款去你名下嘅醫療儲蓄戶口內，供你退休後支付醫療保費。[讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

E8b. 提供一個有儲蓄成份嘅綜合保險，即係退休前你需要俾多啲保費，政府亦俾多啲津貼，咁你退休後就可以用呢啲儲蓄得到保費折扣。[讀出] [單選]

|       |     |    |    |      |                    |               |
|-------|-----|----|----|------|--------------------|---------------|
| 非常唔吸引 | 唔吸引 | 普通 | 吸引 | 非常吸引 | 唔知道 / 無意見<br>[不讀出] | 拒絕回答<br>[不讀出] |
| 1     | 2   | 3  | 4  | 5    | 6                  | 7             |

E9. 喺新方案下，如果私營保險公司未能積極參與，你同唔同意由政府直接去接受市民投保呢？**[讀出]**  
**[單選]**

|       |     |    |    |      |                           |                      |
|-------|-----|----|----|------|---------------------------|----------------------|
| 非常唔同意 | 唔同意 | 普通 | 同意 | 非常同意 | 唔知道 / 無意見<br><b>[不讀出]</b> | 拒絕回答<br><b>[不讀出]</b> |
| 1     | 2   | 3  | 4  | 5    | 6                         | 7                    |

E10. 喺新方案下，如果私家醫院未能提供足夠嘅服務量去應付市民需求，你同唔同意政府為參加者提供私家醫院服務呢？**[讀出]** **[單選]**

|       |     |    |    |      |                           |                      |
|-------|-----|----|----|------|---------------------------|----------------------|
| 非常唔同意 | 唔同意 | 普通 | 同意 | 非常同意 | 唔知道 / 無意見<br><b>[不讀出]</b> | 拒絕回答<br><b>[不讀出]</b> |
| 1     | 2   | 3  | 4  | 5    | 6                         | 7                    |

## Part F: Demographic

F1. 記錄性別 **[單選]**                      男.....1                      女.....2

F2. 請問你今年幾多歲呢？**[如拒絕透露年齡才讀出]** **[單選]** **[記錄實際年齡]** \_\_\_\_\_歲

- 18 - 29..... 1
- 30 - 39..... 2
- 40 - 49..... 3
- 50 - 59..... 4
- 60 - 69..... 5

F3. 請問先生／小姐你依家有無工作呢？**[單選]**

- 有.....1 **[問 F3b]**
- 沒有.....2 **[問 F3a]**

F3a. 咁請問你嘅身份係乜嘢呢？**【如受訪者不清楚自己身份，讀出：咁你係學生、家務料理者、退休人士定係待業人士呢？】** **[跳至 F4]**

- 學生..... 1                      待業人士 / 失業人士.....4
- 家務料理者 / 家庭主婦..... 2                      其他，請註明：\_\_\_\_\_ 5
- 退休人士..... 3                      拒絕回答 **[不讀出]**.....6

**[跳至 F4]**

F3b. 請問你現時嘅職位係乜嘢呢？**[不讀出]** **[記錄答案]**：\_\_\_\_\_

- 經理及行政級人員..... 1                      漁農業熟練工人.....6
- 專業人員..... 2                      工藝及有關人員.....7
- 輔助專業人員..... 3                      機台及機器操作員及裝配員.....8
- 文員..... 4                      非技術工人.....9
- 服務工作及商店銷售人員..... 5                      拒絕回答.....10

F4. 請問你最高讀到咩程度呢？(如學生，選現時就讀程度) **[讀出]** **[單選]**

- 未受教育 / 幼稚園..... 1                      專上(非學位課程).....5
- 小學..... 2                      大學學位.....6
- 中學(中一至中五)..... 3                      碩士或以上.....7
- 預科(中六至中七)..... 4                      拒絕作答 **[不讀出]**.....8

F5. 請問你嘅婚姻狀況係？[讀出] [單選]

- 未婚..... 1
- 已婚..... 2
- 離婚..... 3
- 喪偶..... 4

[如 F5 ≠ 1, 問 F6]

F6. 請問你有冇子女呢？[單選]

- 有.....1 → [問 F6a]
- 沒有.....2 → [跳至 F7]

F6a 咁請問有幾多名子女呢？

- 回答..... 1 [記錄實際答案]\_\_\_\_\_
- 拒絕回答 [不讀出] ..... 2

F7. 請問你嘅個人每月就業收入大約係幾多呢？個人就業收入包括全職及兼職工作。[有需要時讀出] [單選]

- |                          |                            |
|--------------------------|----------------------------|
| 有收入..... 1               | \$25,000 – 29,999 ..... 7  |
| \$5,000 以下..... 2        | \$30,000 – 34,999 ..... 8  |
| \$5,000 – 9,999..... 3   | \$35,000 – 39,999 ..... 9  |
| \$10,000 – 14,999..... 4 | \$40,000 – 44,999 ..... 10 |
| \$15,000 – 19,999..... 5 | \$45,000 – 49,999 ..... 11 |
| \$20,000 – 24,999..... 6 | \$50,000 或以上..... 12       |
|                          | 拒絕作答[不讀出]..... 13          |

F8. 請問你嘅家庭嘅每月收入大約係幾多呢？[有需要時讀出] [單選]

- |                          |                            |
|--------------------------|----------------------------|
| 有收入..... 1               | \$35,000 – 39,999 ..... 9  |
| \$5,000 以下..... 2        | \$40,000 – 44,999 ..... 10 |
| \$5,000 – 9,999..... 3   | \$45,000 – 49,999 ..... 11 |
| \$10,000 – 14,999..... 4 | \$50,000 – 54,999 ..... 12 |
| \$15,000 – 19,999..... 5 | \$55,000 – 59,999 ..... 13 |
| \$20,000 – 24,999..... 6 | \$60,000 或以上..... 14       |
| \$25,000 – 29,999..... 7 | 拒絕作答[不讀出]..... 15          |
| \$30,000 – 34,999..... 8 |                            |

呢個訪問已經完成，好多謝你嘅寶貴時間同意見!