

# Consumer Market Research on the Health Protection Scheme

## Report of Telephone Survey

Prepared for

**Food and Health Bureau  
Hong Kong Special Administrative Region Government**

By

**CONSUMER SEARCH**



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## **Part 1. Executive Summary**

### **1.1 Attitude towards the Benefit Coverage of the Health Protection Scheme (HPS)**

About one-third (34.6%) of the respondents considered the benefit coverage of the HPS Standard Health Insurance Plan (hereafter “the HPS Standard Plan”) attractive / very attractive. 43.8% were neutral / indifferent (i.e. average feeling without particular preference or resistance), while 19.3% considered the benefit coverage unattractive / very unattractive.

As regards the availability of top-up components, 28.3% of the respondents found this voluntary arrangement attractive / very attractive, while 41.3% were neutral / indifferent. 28.1% of respondents viewed this option unattractive / very unattractive.

Of those respondents who found the voluntary top-up components neutral / indifferent / attractive / very attractive, more than half expressed interest to consider top-up protection (multiple answers allowed) providing specialist out-patient care (78.0%), higher benefit limits (71.8%), dental care (68.2%), and general out-patient care (60.0%). Slightly less than half (48.2%) indicated interest to consider top-up protection to cover higher-graded accommodation in hospitals. As regards extra cover of maternity care, 50.7% of the female respondents aged 18-39 indicated interest.

### **1.2 Attitude towards Other Key Features of the HPS**

Benefit coverage apart, 10 key proposed features of the HPS were selected to test how far each of them attracted the respondents. The results showed that the proportions of respondents viewing individual features attractive / very attractive ranged from 39.6% to 64.3% ([Table 1](#)). This was much higher than the corresponding range of proportions from 13.6% to 25.6% who viewed them unattractive / very unattractive. Moreover, more than half of the respondents considered 5 out of the 10 features attractive / very attractive.

The 4 most appealing features were all related to certainty in having enrolments accepted, including guaranteed acceptance and life-long renewal (64.3%), barrier-free portability (61.2%), coverage of pre-existing medical conditions subject to waiting period (56.0%) and the use of High-Risk Pool industry reinsurance mechanism to allow inclusion of high-risk individuals under the HPS (53.4%). It is worth of note that the feature related to the high-risk pool appealed extensively to respondents of different background, notwithstanding the implicit cross-subsidy from low-risk enrolees to high-risk enrolees that

had been well explained beforehand.

The 5th most appealing feature was the adoption of packaged charging based on diagnosis-related groups (DRG) as the basis for calculating the insurance benefit limits, with 52.7% of the respondents viewing it attractive / very attractive.

**Table 1: Ranking in preference towards selected key features of the HPS**

	<b>Features</b>	<b>% of respondents viewing the feature attractive or very attractive</b>	<b>% of respondents viewing the feature unattractive or very unattractive</b>
1	Guaranteed acceptance of enrolment and renewal for life	64.3%	13.6%
2	Barrier-free portability	61.2%	14.6%
3	Coverage of pre-existing medical conditions subject to waiting period	56.0%	15.1%
4	Acceptance of high-risk individuals to be financed by premium loading at a maximum of 200% and a High-Risk Pool industry reinsurance mechanism	53.4%	16.9%
5	DRG-based packaged charging as the basis of setting insurance benefit levels	52.7%	13.8%
6	No-claim discount for premiums (up to 30%)	47.9%	18.3%
7	Greater transparency for premium adjustment by requiring insurers to report all costs, claims and expenses	47.3%	15.0%
8	Establishment of a Government regulated health insurance claims arbitration mechanism	45.2%	17.3%
9	Standardized health insurance policy terms and definitions	43.2%	18.5%
10	Acceptance of old-age enrolees above 65 without cap on premium loading in the first year of HPS implementation	39.6%	25.6%

The respondents were also invited to indicate their acceptance of the proposed co-insurance arrangement under the HPS (provided in the second stage public consultation document on healthcare reform; hereafter “the Document”). The results showed that almost half of the respondents (47.4%) considered this arrangement acceptable/ very acceptable. About one-third (34.0%) of the respondents were neutral / indifferent, while 17.4% considered this arrangement unacceptable / very unacceptable.

### **1.3 Attitude towards illustrative premium**

According to the illustrative age-bracketed basic premium scale for the HPS Standard Plan provided in the Document, each respondent was told the basic premium level of the HPS Standard Plan (exclusive of premium loading, no-claim discount and agent commission expenses if applicable) applicable to him/her and was then invited to indicate whether and how far the premium level attracts him/her. The results showed that about one-third (34.7%) of the respondents considered the premium levels applicable to them attractive / very attractive, while 35.3% were neutral / indifferent. On the other hand, 27.8% of the respondents considered the premium levels unattractive / very unattractive.

For those respondents who considered the illustrative premium levels of the HPS Standard Plan applied to them neutral / indifferent / unattractive / very unattractive, affordability was not the single underlying factor. The top 5 reasons cited by these respondents (multiple answers allowed) included “Public healthcare service could help when needed” (62.9%), “The premium level was too high” (62.3%), “Low chance of having the need of hospitalization and surgery” (55.5%), “The content of the HPS was not attractive” (54.7%), and “Existing hospitalization insurance was better than the HPS” (46.0%).

Regarding the option of deductible in exchange for lower premium, each respondent (irrespective of his/her attitude towards the illustrative basic premium of the HPS Standard Plan) was told the illustrative premium reduction accompanying deductibles (as provided in the Document) that applied to him/her by current age. The results showed that only 27.0% of the respondents found this option attractive / very attractive. 42.2% were neutral / indifferent while 27.9% found this option unattractive / very unattractive.

Concerning the proposed immediate offer of no-claim discount at 30% for all people who joined the HPS in its first year of implementation, 38.9% of the respondents found this promotional measure attractive / very attractive, while 37.6% were neutral / indifferent. 22.0% of the respondents viewed this offer unattractive / very unattractive.

If the basic premium for the HPS Standard Plan was regulated by the Government, more than half (52.8%) of the participants indicated that this arrangement was attractive / very attractive to them, while 28.8% were neutral / indifferent. On the other hand, 17.2% of the respondents did not find government regulation of premium an attractive scheme feature.

## **1.4 Comparison of attitude between owners and non-owners of hospitalization insurance**

Analysis of survey responses by owners and non-owners of hospitalization insurance yield some systematic comparative findings. In general, compared with the non-owners, the owners had higher level of appreciation towards the scheme features and showed greater willingness to pay for joining the HPS.

On benefit coverage, 42.9% of the respondents who were owners of hospitalization insurance (hereafter “the owners”) considered the benefit coverage of the HPS Standard Plan attractive / very attractive, higher than that of 28.6% for those who were non-owners (hereafter “the non-owners”). 34.8% of the owners considered the availability of top-up components attractive / very attractive, while the corresponding proportion for the non-owners were only 23.5%.

On other key features of the HPS, although the ranking of preferences for the 10 tested features was largely the same, the owners consistently showed higher level of appreciation towards all the features than the non-owners (Table 2). There was double-digit percentage point difference in the proportion of respondents considering a feature attractive / very attractive for 8 of the 10 features. Besides, the proportions viewing a feature attractive / very attractive ranged more broadly from 43.6% to 75.4% for the owners, as compared to the range from 36.1% to 56.2% for the non-owners.

**Table 2: Preference towards key features of the HPS by owners and non-owners of hospitalization insurance**

Features	% of respondents viewing the feature attractive or very attractive			
	Owners		Non-owners	
	Ranking	%	Ranking	%
Guaranteed acceptance of enrolment and renewal for life	1	75.4	1	56.2
Barrier-free portability	2	72.6	2	52.9
Coverage of pre-existing medical conditions subject to waiting period	3	62.1	3	51.5
Acceptance of high-risk individuals to be financed by premium loading at a maximum of 200% and a High-Risk Pool industry reinsurance mechanism	5	60.0	5	48.6
DRG-based packaged charging as the basis of setting insurance benefit levels	6	57.2	4	49.4
No-claim discount for premiums (up to 30%)	4	61.0	8	38.2
Greater transparency for premium adjustment by requiring insurers to report all costs, claims and expenses	7	56.9	6	40.2
Establishment of a Government Regulated health insurance claims arbitration mechanism	9	52.7	7	39.7
Standardized health insurance policy terms and definitions	8	53.0	10	36.1
Acceptance of old-age enrollees above 65 without cap on premium loading in the first year of HPS implementation	10	43.6	9	36.6

Regarding the proposed co-insurance arrangement under the HPS, 49.3% of the owners considered it acceptable/ very acceptable. The corresponding proportion for the non-owners was slightly lower, at 46.0%.

On willingness-to-pay, 42.1% of the owners considered the illustrative basic premium levels of the HPS Standard Plan applicable to them attractive / very attractive. This was much higher than the corresponding proportion of 29.3% for the non-owners. Besides, the owners were relatively more receptive to the option of accepting deductibles for the sake of premium reduction. 32.0% of the owners considered this option attractive / very attractive, considerably higher than that of 23.4% for the non-owners.

## Part 1. 報告摘要

### 1.1 對醫療保障計劃（醫保計劃）之保障範圍的意見

本調查約有三分之一（34.6%）的被訪者對醫保計劃提供的標準醫療保險（以下簡稱 "標準醫保"）之保障範圍覺得吸引 / 非常吸引。43.8% 感覺一般 / 無所謂（即沒有特別覺得喜歡或抗拒），而 19.3% 覺得不吸引 / 非常不吸引。

如設有附加保障項目可供選擇，28.3% 的被訪者對這個彈性安排覺得吸引 / 非常吸引，而 41.3% 感覺一般 / 無所謂，28.1% 覺得不吸引 / 非常不吸引。

對有自選附加保障項目可供選擇的安排感覺一般 / 無所謂 / 吸引 / 非常吸引的被訪者中，超過半數表示有興趣考慮為專科門診（78.0%）、較高保障限額（71.8%）、牙科護理（68.2%）和普通科門診（60.0%）購買額外保障（可選多項）。接近半數（48.2%）表示有興趣考慮購買提供更佳病房設施之住院保障。至於附加保障分娩服務方面，在 18-39 歲的女性受訪者中，有 50.7% 表示對此有興趣。

### 1.2 對醫保計劃其他主要特點的意見

除了保障範圍外，本調查還嘗試了解醫保計劃的十個建議特點對被訪者的吸引程度。結果顯示被訪者中對各個特點覺得吸引 / 非常吸引的比例介乎 39.6% 至 64.3% 之間，而覺得不吸引 / 非常不吸引的比例則遠低於此，僅為 13.6% 至 25.6%（表一）。此外，在十個建議特點中，有超過半數的被訪者對其中五個特點覺得吸引 / 非常吸引。

首四個最具吸引力的計劃特點都與保障的明確性有關，它們包括保證人人受保及終身續保（64.3%）、無障礙的保單可攜性（61.2%）、投保前已有病症保障在等候期後可被納入保障範圍（56.0%）及透過高風險分攤基金的業界再保險機制讓高風險人士亦可投保（53.4%）。值得注意的是，高風險分攤基金的特點能廣泛吸引到不同背景的被訪者，儘管事前調查員已解釋這安排實際上涉及由低風險人士補貼高風險人士的保費。

第五個最為吸引的特點是使用按症候族羣分類訂定的套餐式收費作為計算保險賠償水平的基礎，有 52.7% 的被訪者對此覺得吸引 / 非常吸引。



表一：醫保計劃主要特點按對被訪者的吸引力排序

	主要特點	被訪者中覺得特點吸引 / 非常吸引的百份比	被訪者中覺得特點不吸引 / 非常不吸引的百份比
1	保證人人受保及終身續保	64.3%	13.6%
2	無障礙的保單可攜性	61.2%	14.6%
3	投保前已有病症保障在等候期後被納入保障範圍	56.0%	15.1%
4	設定附加保費最高為 200%，並透過高風險分攤基金的業界再保險機制，讓高風險人士亦可投保	53.4%	16.9%
5	以按症候族羣分類制定的套餐式收費作為計算保險賠償水平的基礎	52.7%	13.8%
6	為保費提供無索償折扣（最高 30%）	47.9%	18.3%
7	要求承保機構呈報成本、索償及其他支出，以提高保費調整的透明度	47.3%	15.0%
8	設立受政府監管的醫療保險索償仲裁機制	45.2%	17.3%
9	標準化的醫療保單的條款及定義	43.2%	18.5%
10	接受 65 歲或以上長者於醫保計劃推行後首年投保，但其附加保費不設上限	39.6%	25.6%

調查亦問及被訪者對於醫保計劃設有共同保險（見醫療改革第二階段諮詢文件，以下簡稱「諮詢文件」）的接受程度，結果顯示接近一半（47.4%）的被訪者對此安排表示接受 / 非常接受，約有三成（34.0%）態度中立，另有 17.4% 表示不接受 / 非常不接受。

### 1.3 對參考保費的意見

根據諮詢文件中作為參考的標準醫保按年齡分級的估算保費表，調查員向每個被訪者讀出適用於他/她的標準醫保基本保費（不包括可能適用的附加保費、無索償折扣及經紀佣金），然後問及有關的保費水平對他/她的吸引力。結果顯示約有三成的（34.7%）被訪者覺得保費水平吸引 / 非常吸引，而 35.3% 覺得一般 / 無所謂，另外 27.8% 則表示不吸引 / 非常不吸引。

在覺得保費水平一般 / 無所謂 / 不吸引 / 非常不吸引的被訪者中，負擔能力不是他們的唯一考慮。被訪者提及的首五個關於保費未能吸引他/她們的原因（可選多項）包括「有病會選用公營醫療服務」（62.9%）、「保費太貴」（62.3%）、「覺得自己需要住院和動手術的機會不大」（55.5%）、「醫保計劃的內容不吸引」（54.7%），以及「現在購買的醫保產品較醫保計劃為佳」（46.0%）。

調查員亦向所有被訪者（不論其對標準醫保的保費意見如何）說明計劃可以繳付墊底費以換取較低的保費，並讀出計入墊底費後適用於其年齡的參考估算保費下調幅度（見諮詢文件）。結果顯示只有 27.0% 的被訪者對墊底費的選擇覺得吸引 / 非常吸引，42.2% 感覺一般 / 無所謂，而 27.9% 則覺得不吸引 / 非常不吸引。

當被問及若果在醫保計劃推行的首年內參加，便可獲得 30% 的無索償折扣，有 38.9% 的被訪者對此推廣措施覺得吸引 / 非常吸引，37.6% 感覺一般 / 無所謂，而 22.0% 覺得不吸引 / 非常不吸引。

如果標準醫保的保費受政府規管，超過一半（52.8%）的被訪者對此安排覺得吸引 / 非常吸引，而 28.8% 則感覺一般 / 無所謂。另一方面，17.2% 的被訪者不認為保費受政府規管會是一項具吸引力的計劃特點。

#### 1.4 現持有住院保險的被訪者與沒有住院保險的被訪者的比較分析

如果將現在持有及沒有持有住院保險的被訪者的調查結果進行比較，可得出一些有系統的分析結果。整體上，與沒有住院保險的被訪者比較，持有住院保險的被訪者對醫保計劃的各項特點普遍較為欣賞，並較為願意參加計劃和支付保費。

在保障範圍方面，42.9% 現在持有住院保險的被訪者（以下簡稱 "持有者"）認為標準醫保的保障範圍吸引 / 非常吸引，高於沒有住院保險的被訪者（以下簡稱 "非持有者"）之相應比例（28.6%）。另外，34.8% 的持有者覺得提供附加保障項目的選擇安排吸引 / 非常吸引，而非持有者的相應比例只有 23.5%。

對於醫保計劃的主要特點，兩類被訪者雖然對十個測試的特點有相近的吸引力排序，但持有者對各特點的欣賞程度都較非持有者為高（表二）。把持有者與非持有者對各特點表示吸引 / 非常吸引的比例作出比較，發現十個特點中，其中八個的比例差距達雙位數的百分點。此外，持有者對各特點覺得吸引 / 非常吸引的比例之間的差距較闊，介乎 43.6% 至 75.4%，非持有者的相應差距則為 36.1% 至 56.2% 之間。

表二：醫保計劃主要特點對持有及非持有住院保險的被訪者的吸引力排序

主要特點	被訪者中覺得特點吸引 / 非常吸引的百份比			
	持有者		非持有者	
	排序	%	排序	%
保證人人受保及終身續保	1	75.4	1	56.2
無障礙的保單可攜性	2	72.6	2	52.9
投保前已有病症保障在等候期後被納入保障範圍	3	62.1	3	51.5
設定附加保費最高為 200%，並透過高風險分攤基金的業界再保險機制，讓高風險人士亦可投保	5	60.0	5	48.6
以按症候族羣分類制定的套餐式收費作為計算保險賠償水平的基礎	6	57.2	4	49.4
為保費提供無索償折扣（最高 30%）	4	61.0	8	38.2
要求承保機構呈報成本、索償及其他支出，以提高保費調整的透明度	7	56.9	6	40.2
設立受政府監管的醫療保險索償仲裁機制	9	52.7	7	39.7
標準化的醫療保單的條款及定義	8	53.0	10	36.1
接受 65 歲或以上長者於醫保計劃推行後首年投保，但其附加保費不設上限	10	43.6	9	36.6

對於醫保計劃所建議的共同保險，49.3%的持有者表示接受 / 非常接受，非持有者的相應比例則略為低（46.0%）。

至於對參考保費的看法，42.1%的持有者認為標準醫保的估算基本保費水平吸引 / 非常吸引，比例遠高於非持有者的 29.3%。此外，持有者相對較接受以墊底費來減少保費的選擇，有 32.0%的持有者覺得此選擇吸引 / 非常吸引，明顯高於非持有者的相應比例（23.4%）。

## **Part 2. Research Background**

The Government published the second stage public consultation document on healthcare reform on 6 October 2010, under which a government-regulated, voluntary Health Protection Scheme (HPS) was proposed for public consultation for three months till 7 January, 2011. The HPS aims to enhance the long-term sustainability of the healthcare system by better ensuring the quality and value-for-money of the private health insurance and private healthcare services. It also aims to ease the pressure on the public healthcare system, thereby benefiting those who depend on the public system for their healthcare. The Government will consider making use of the \$50 billion set aside from the fiscal reserve to support healthcare reform to encourage the public to participate in the HPS.

The Food and Health Bureau (FHB) commissioned Consumer Search Hong Kong Limited to conduct a consumer market research in order to collect and analyze the views of consumers on the design of the proposed HPS as set out in the second stage public consultation document on healthcare reform

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

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

This study is mainly aimed to generate quantitative analyses on :

1. the degree of general public's acceptance and preference from consumer angle towards various design features and options of the HPS; and
2. how these results relate to their willingness to subscribe or migrate to the scheme by socio-economic profile.;

The design features and options to test participants' response include benefit coverage, health insurance policy terms and other key features, DRG-based packaged charging and calculation of insurance benefit levels, claims arbitration mechanism, High-Risk Pool industry reinsurance mechanism, no-claim discount, illustrative premium levels, premium adjustment mechanism, government incentives, etc.

It is important to note that by virtue of this study's objective and methodology, the views of respondents collected in this exercise primarily pertain to specific scheme features and options, and do not bear direct relationship with their willingness to join the HPS and support the relevant government policy in overall terms.

## **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 or above from households with telephone land-line. A telephone survey was conducted and a random sample of 2,000 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 200 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 or above was selected for interview by using the “Last Birthday” method.

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, 60-69, 70-79, 80 or above) 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 or above as at quarter four 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 2000 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. These are the limitations in the selection process.

## 4.2 Fieldwork Period and Response Rate

The fieldwork was carried out from 2 March to 7 April 2011. The response rate was 21.7%. The details were as follows:

Invalid cases	1194
<hr/>	
No person falling in the prescribed requirements	18
Fax numbers	316
Wrong Number	25
Long tone	618
Non-residential telephone numbers	182
Password needed	35
Eligible telephone numbers	9206
<hr/>	
Successful interviews	2000
Rejected Cases	6
Partially interviewed	30
Refusal	4354
Non-Contact (Household / Sampled Respondent)	2449
Others	367

Response rate = Successful interviews / Eligible telephone numbers = 21.7%

## 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 to chi-square tests to identify whether there was significant difference in relativity between the subgroup estimates within each attribute group (e.g. gender, age, education, income). Only the relativity in subgroup estimates which is statistically significant under each attribute group will be highlighted in the report for reader's easy reference.

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



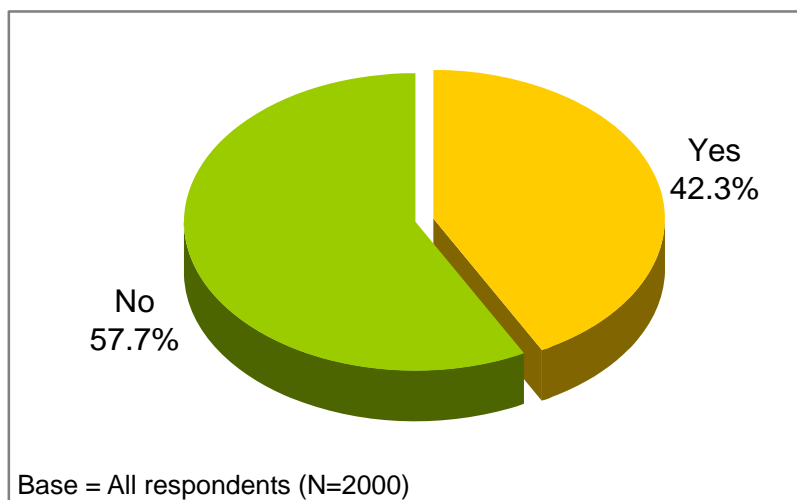
## Part 5. Research Findings

### 5.1 Experience and Attitude towards Hospitalization Insurance

#### 5.1.1 Ownership of Hospitalization Insurance Policy (Question A1)

All respondents were asked whether they owned any hospitalization insurance policy at the time of survey. For the purpose of this survey, hospitalization insurance is defined as private health insurance that indemnifies hospitalization expenses, fully or partly, according to the actual charges incurred. Insurance that provides income protection in the event of sickness (e.g. daily hospital cash plans, catastrophic insurance plans providing a fixed amount of compensation regardless of occurrence and type of treatment and actual charges incurred) is not considered a hospitalization insurance. At the time of survey, 42.3% of the respondents owned hospitalization insurance policy(s), while 57.7% of the respondents did not own any hospitalization insurance policy.

Figure 5.1.1: Ownership of Hospitalization Insurance Policy



Analysis of the respondents' profile showed that the following subgroups had a relatively higher proportion of respondents owning hospitalization insurance:

- Age groups of 18-39 and 40-59 (48.0% and 52.2% respectively) versus age group of 60 or above (14.4%)
- Those who were working (56.3%) versus non-working (22.7%)
- Those who had monthly personal income at \$10,000 – 24,999 and \$25,000 or above (61.2% and 68.1% respectively) versus those monthly personal income below \$10,000 (34.1%)
- Those who did not have any chronic disease (48.8%) versus those with chronic disease (22.8%)

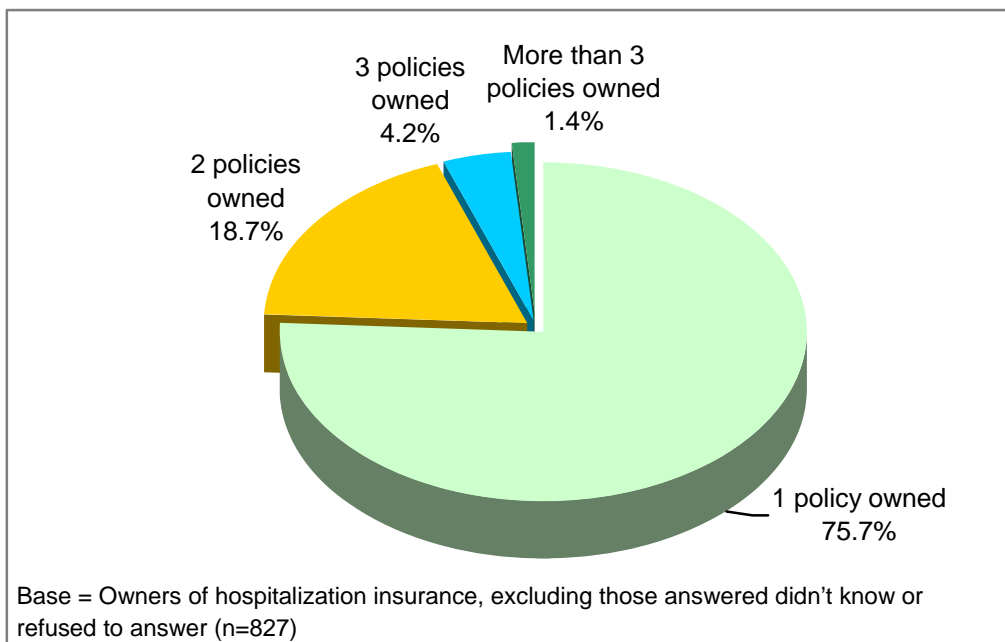
- Those with post-secondary education (53.2%) versus those with secondary education (43.0%) and primary education or below (18.7%)
- Those who were single (41.7%) and married (45.3%) versus those who were divorced or widowed (20.5%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.1.2 Number of Hospitalization Insurance Policy Owned (Question A2)

Respondents who owned hospitalization insurance policy at the time of survey were asked for the number of hospitalization insurance policy(s) they owned. Most of them owned 1 policy (75.7%). 24.3% owned 2 or more policies, including 18.7% with 2 policies, 4.2% with 3 policies, and 1.4% with more than 3 policies).

Figure 5.1.2: Number of Hospitalization Insurance Policy Owned



Analysis of respondents' profile showed the following subgroups had a relatively higher proportion owning just 1 policy:

- Those who were non-working (87.1%) versus those who were working (72.6%).
- Those with primary education or below (88.8%) versus those with secondary (77.1%) and post-secondary (71.2%) education.
- Those with monthly personal income below \$10,000 (86.3%) versus those with monthly personal income at \$10,000-24,999 (73.6%) and \$25,000 or above (64.3%).

The subgroups with relatively higher proportion owing more than 1 policy included:

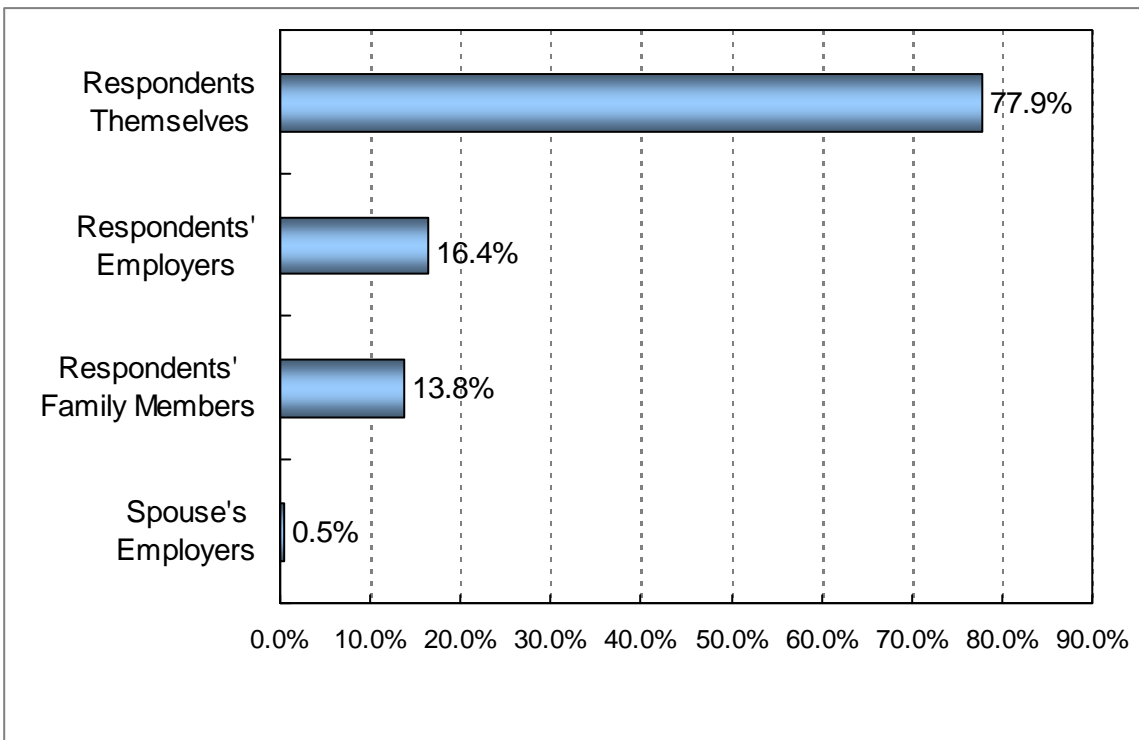
- Those who were working (26.7%) versus those who were non-working (12.9%).
- Those with secondary (22.7%) and post-secondary (27.6%) education versus those with primary education or below (11.2%).
- Those with monthly personal income at \$10,000-24,999 (26.4%) and \$25,000 or above (33.6%) versus those with monthly personal income below \$10,000 (13.7%).

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.1.3 Purchaser of the Hospitalization Insurance Policy Owned by the Respondents (Question A3)

For those respondents who owned hospitalization insurance policy at the time of survey, 77.9% indicated that they purchased the policy(s) by themselves. 16.9% indicated that the policy(s) they owned were purchased by their employers and/or their spouses' employers. 13.8% indicated 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.

Figure 5.1.3: Purchaser of the Hospitalization Insurance Policy Owned by the Respondents



Further analyzing by the respondents' profile, the following subgroups had a relatively higher proportion purchasing hospitalization insurance by themselves:

- Male respondents (80.8%) versus females (75.1%)
- Those aged 18-39 (75.8%) and 40-59 (82.1%) versus those aged 60 or above (60.7%)
- Working respondents (84.2%) versus non-working respondents (55.9%).

The subgroups with relatively higher proportion of having hospitalization insurance purchased by their employers and/or their spouses' employers included:

- Those aged 18-39 (19.0%) and 40-59 (17.4%) versus those aged 60 or above (1.5%)
- Those with post-secondary education (25.1%) versus those with secondary education (13.0%) and primary education or below (1.3%)
- Working respondents (20.4%) versus non-working respondents (4.6%)
- Those with monthly personal income at \$25,000 or above (29.3%) versus those with monthly personal income at \$10,000-24,999 (17.8%) and below \$10,000 (6.8%)

The subgroups with relatively higher proportion of having hospitalization insurance purchased by family members included:

- Female respondents (18.7%) versus males (8.6%)
- Those aged 60 or above (39.3%) versus those aged 18-39 (14.9%) and those aged 40-59 (9.1%)
- Those whose education attainment was at or below primary level (29.4%) versus those with secondary education (15.2%) and those with post-secondary education (9.5%)
- Non-working respondents (42.0%) versus working (5.7%)
- Those with monthly personal income below \$10,000 (14.5%) versus those with monthly personal income at \$10,000-\$24,000 (6.1%).

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

#### **5.1.4 Premium Paid for the Policy(s) Purchased by the Respondents (Question A3a)**

For those respondents who purchased the hospitalization policy(s) they owned by themselves, they were asked to indicate the monthly premium they paid for their policy(s). 90.1% of them could indicate the premium they paid, while 9.9% of them did not know / could not recall or refused to answer.

For those who indicated the premium they paid, the median of the monthly premium was \$540. When analyzing by respondents' profile, we found that the median of the premium paid was higher than \$540 for the following subgroups:

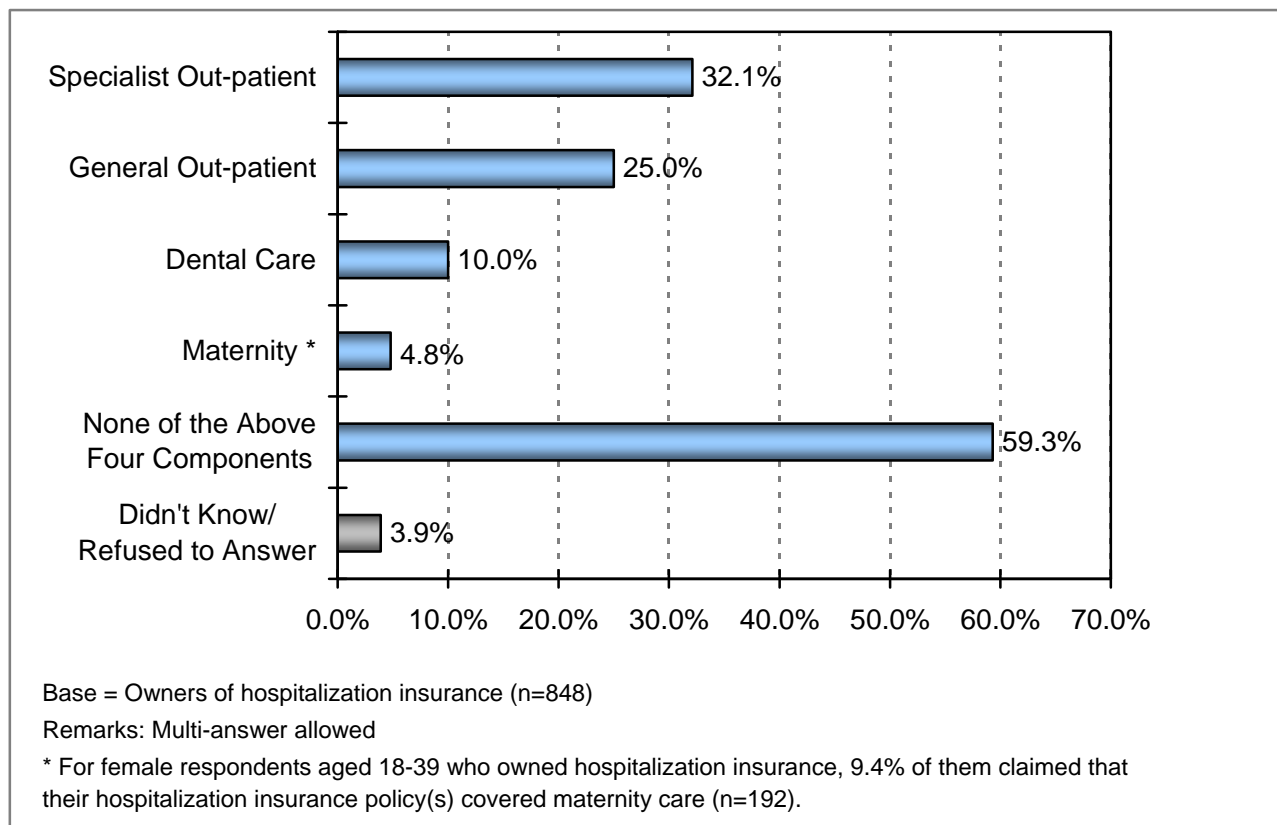
- Males (\$600)
- Age groups of 40-59 (\$600) and 60 or above (\$1,000)
- Those who were non-working (\$560)
- Those who had monthly personal income below \$10,000 (\$600) or at \$25,000 or above (\$700)
- Those who had chronic disease (\$600)
- Those with primary education or below (\$800)
- Those who were married (\$600)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

#### **5.1.5 Top-up Coverage of the Hospitalization Insurance Policy Owned (Question A4)**

Among the respondents who owned hospitalization insurance policy(s), they were asked whether in addition to hospitalization, their policy(s) also included top-up coverage of specialist out-patient care, general out-patient care, dental care or maternity care (multiple answers allowed). 32.1% of the respondents claimed that the policy(s) they owned also covered specialist out-patient care while the corresponding figures for general out-patient care and dental care were 25.0% and 10.0%. For maternity care, 4.8% of the respondents claimed the policy(s) had such coverage and the proportion was 9.4% for the female respondents aged 18-39 who owned hospitalization insurance policy(s). However, more than half (59.3%) of the respondents' policy(s) owned did not cover any of the aforesaid four items.

Figure 5.1.5: Top-up Coverage of the Hospitalization Insurance Policy Owned



Further analyzing by the respondents' profile, the subgroups with relatively higher proportion of having top-up coverage of specialist out-patient care included:

- Male respondents (37.4%) versus females (27.2%)
- Those aged 18-39 (38.8%) versus those aged 40-59 (29.4%) and 60 and above (13.0%)
- Those with post-secondary education (42.3%) versus those with secondary education (27.2%) and primary education or below (11.9%)
- Those who were working (35.1%) versus those non-working (21.8%)
- Those with monthly personal income at \$25,000 or above (40.2%) versus those with monthly personal income below \$10,000 (25.8%)

The following subgroups had a relatively higher proportion of having top-up coverage of general out-patient care:

- Male respondents (31.5%) versus females (18.8%)
- Those aged 18-39 (29.6%) versus those aged 40-59 (22.9%) and 60 or above (13.3%)
- Those with post-secondary education (34.8%) versus those with secondary education (19.9%) and primary education or below (8.7%)
- Those who were working (27.7%) versus those non-working (15.7%)
- Those with monthly personal income at \$25,000 or above (33.0%) versus those with monthly personal income below \$10,000 (17.0%)

The subgroups with relatively higher proportion of having top-up coverage of dental care included:

- Male respondents (13.2%) versus females (7.0%)
- Those aged 18-39 (13.6%) versus those aged 40-59 (8.3%) and 60 and above (1.5%)
- Those with post-secondary education (14.6%) versus those with secondary education (7.7%) and primary education or below (2.6%)
- Those who were working (11.5%) versus those non-working (4.9%)
- Those with monthly personal income at \$25,000 or above (15.8%) versus those with monthly personal income below \$10,000 (6.0%)

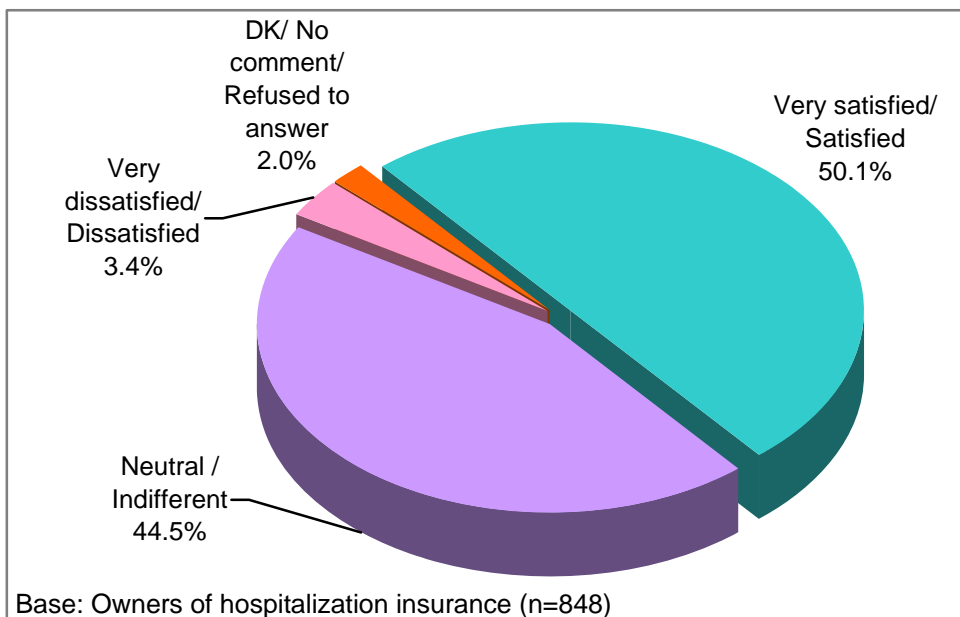
For female owners of hospitalization insurance who were aged 18-39 at the time of survey, there is no breakdown by subgroup with statistically significant differences that can be highlighted for reference.

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.1.6 Level of Satisfaction with the Hospitalization Insurance Policy Owned (Question A5)

Owners of hospitalization insurance were asked about their level of satisfaction with their current hospitalization policy(s). Virtually half of them (50.1%) were satisfied / very satisfied with the policy(s) they owned. 44.5% were neutral / indifferent, while 3.4% of them were dissatisfied / very dissatisfied with the policy(s) they owned.

Figure 5.1.6: Level of Satisfaction with the Hospitalization Insurance Policy Owned



By analyzing the respondents' profile, the following subgroups had a higher proportion who were satisfied / very satisfied with the policy(s) they owned:

- Age group of 18-39 (54.6 %) versus age groups of 40-59 (46.8%)
- Those with post-secondary education (55.3%) versus those with secondary education (45.6%)

On the other hand, the following subgroups had a higher proportion of being dissatisfied / very dissatisfied with the policy(s) they owned:

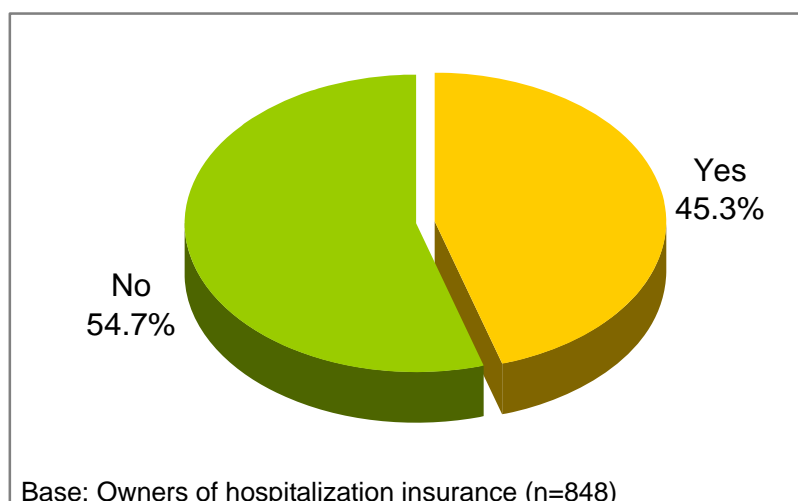
- Age group of 60 or above (9.6%) versus age groups of 18-39 (1.7%) and 40-59 (3.9%)
- Those who had chronic disease (7.3%) versus those without chronic disease (2.8%)
- Those with primary education or below (7.3%) versus those with post-secondary education (2.4%).
- Those who were non-working (6.4%) versus those who were working (2.6%).

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.1.7 Claim Experience of Hospitalization Insurance Owners (Question A6)

Owners of hospitalization insurance were asked whether they had any claim experience. 45.3% of them indicated that they had claim experience, while 54.7% of them did not have any claim experience.

Figure 5.1.7: Claim Experience of Hospitalization Insurance Owners



Analysis of the respondents' profile showed that the following subgroups had a relatively higher proportion of respondents who had claim experience:

- Age group of 60 or above (63.8%) versus age groups of 18-39 (42.8%) and 40-59 (44.7%)



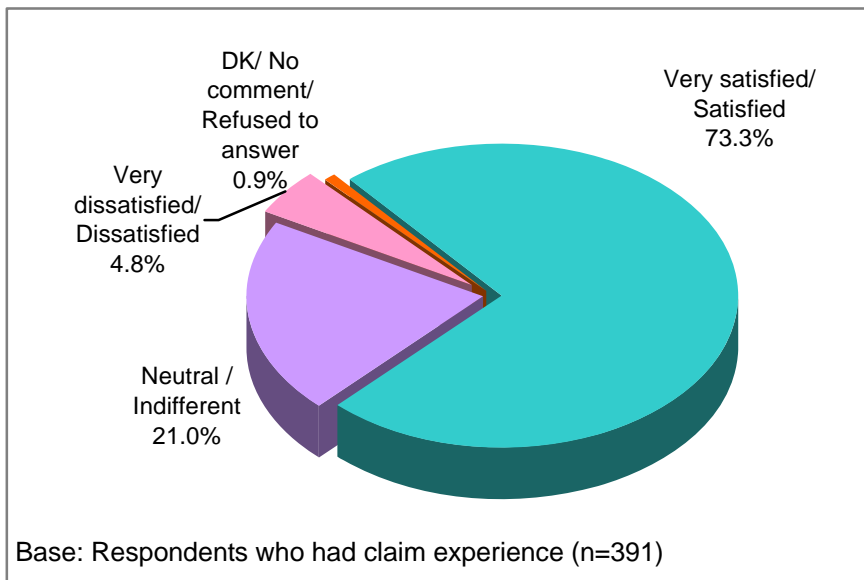
- Those who had chronic disease (54.6%) versus those who did not have any chronic disease (43.9%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.1.7a Level of Satisfaction with the Most Recent Claim Experience (Question A6a)

Owners of hospitalization insurance who had claim experience were asked about their level of satisfaction with their most recent claim experience. 73.3% of them were satisfied / very satisfied with the experience. 21.0% were neutral / indifferent, while 4.8% of them were dissatisfied / very dissatisfied with their claim experience.

Figure 5.1.7a: Level of Satisfaction with the Most Recent Claim Experience

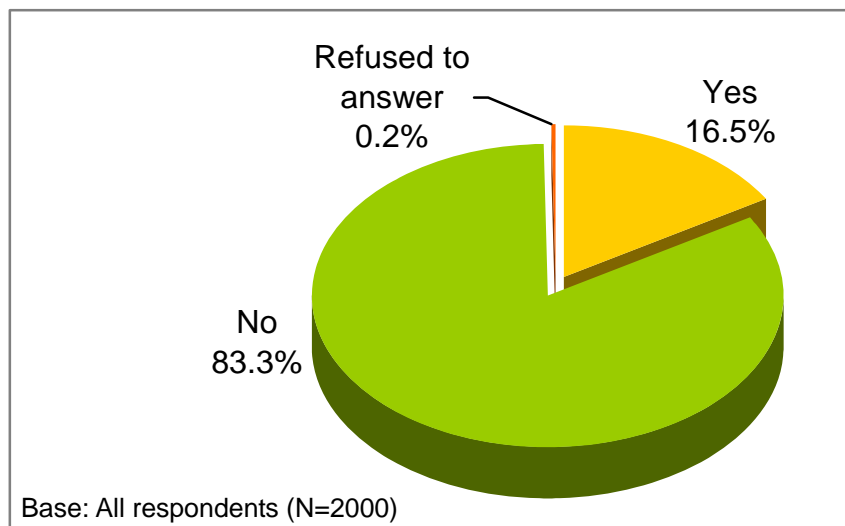


There is no breakdown by subgroup with statistically significant differences that can be highlighted for reference.

### 5.1.8 Whether Purchasing Hospitalization Insurance for Family Members (Question A7)

All respondents were asked whether they had purchased hospitalization insurance for their family member(s). Most respondents (83.3%) indicated that they did not purchase hospitalization insurance for their family members while 16.5% indicated that they did.

Figure 5.1.8: Whether Purchasing Hospitalization Insurance for Family Members



Analysis of the respondents' profile showed that the following subgroups had a relatively higher proportion of purchasing hospitalization insurance for their family members:

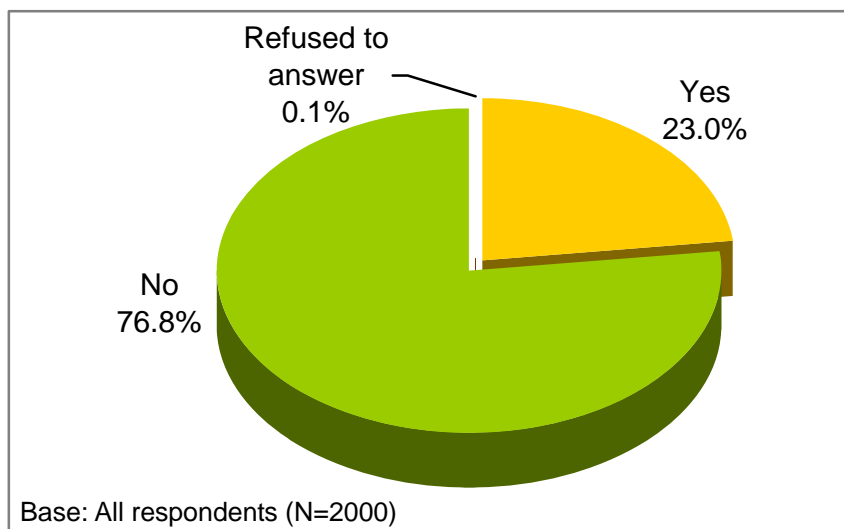
- Owners of hospitalization insurance (34.2%) versus non-owners (3.5%)
- Male respondents (18.5%) versus females (14.6%)
- Age group of 40-59 (25.6%) versus age groups of 18-39 (12.6%) and 60 or above (6.0%)
- Those who were working (22.8%) versus non-working (7.6%)
- Those who had monthly personal income at \$25,000 or above (39.4%) versus those with monthly personal income at \$10,000-24,999 (21.8%) and below \$10,000 (9.9%)
- Those who did not have any chronic disease (18.1%) versus those who had chronic disease (11.7%)
- Those with secondary (17.8%) and post-secondary education (19.9%) versus those with primary education or below (6.2%)
- Those who were married (23.8%) versus those who were single (4.1%), and divorced or widowed (6.3%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.1.9 Whether Having Hospitalization Experience for Reason(s) other than Maternity and Body Check-up over the Past Five Years (Question A8)

All respondents were asked whether they had been hospitalized for reason(s) other than maternity and body check-up over the past five years. 23.0% of them indicated that they had such experience over the past five years, while 76.8% of them did not have such experience over the said period.

Figure 5.1.9: Whether Having Hospitalization Experience for Reason(s) other than Maternity and Body Check-up over the Past Five Years



Analysis of the respondents' profile showed that the following subgroups had a relatively higher proportion that had the experience of hospitalization:

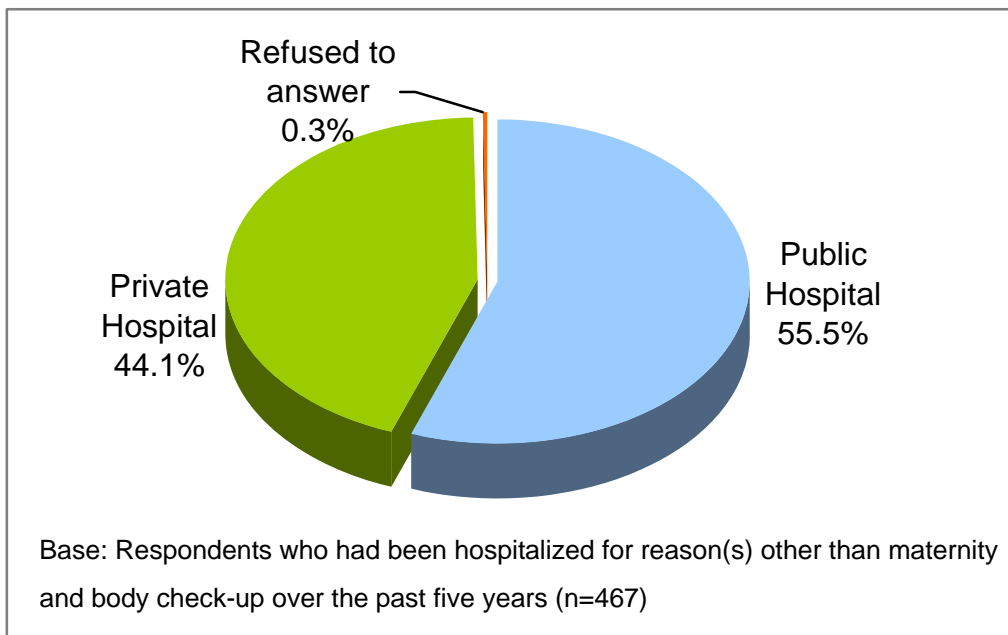
- Owners of hospitalization insurance (26.4%) versus non-owners (20.5%)
- Female respondents (26.0%) versus males (19.8%)
- Age group of 60 or above (34.4%) versus age groups of 18-39 (15.6%) and 40-59 (23.7%)
- Those who were non-working (25.6%) versus those who were working (21.1%)
- Those who had chronic disease (42.8%) versus those who did not have any chronic disease (16.4%)
- Those with primary education or below (31.8%) versus those with secondary (22.4%) and post-secondary (19.6%) education
- Those who were divorced or widowed (33.3%) versus those who were single (16.3%) and married (25.3%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

#### **5.1.9a Whether Went Public or Private if Having Had Hospitalization Experience over the Past Five Years (Question A9a)**

Those respondents who had been hospitalized for reason(s) other than maternity and body check-up during the preceding five years were asked whether they stayed at public or private hospital for the most recent hospitalization. 55.5% of them indicated that they stayed at public hospital for the most recent hospitalization, while 44.1% of them indicated that they stayed at private hospital.

Figure 5.1.9a: Whether Went Public or Private if Having Had Hospitalization Experience over the Past Five Years



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

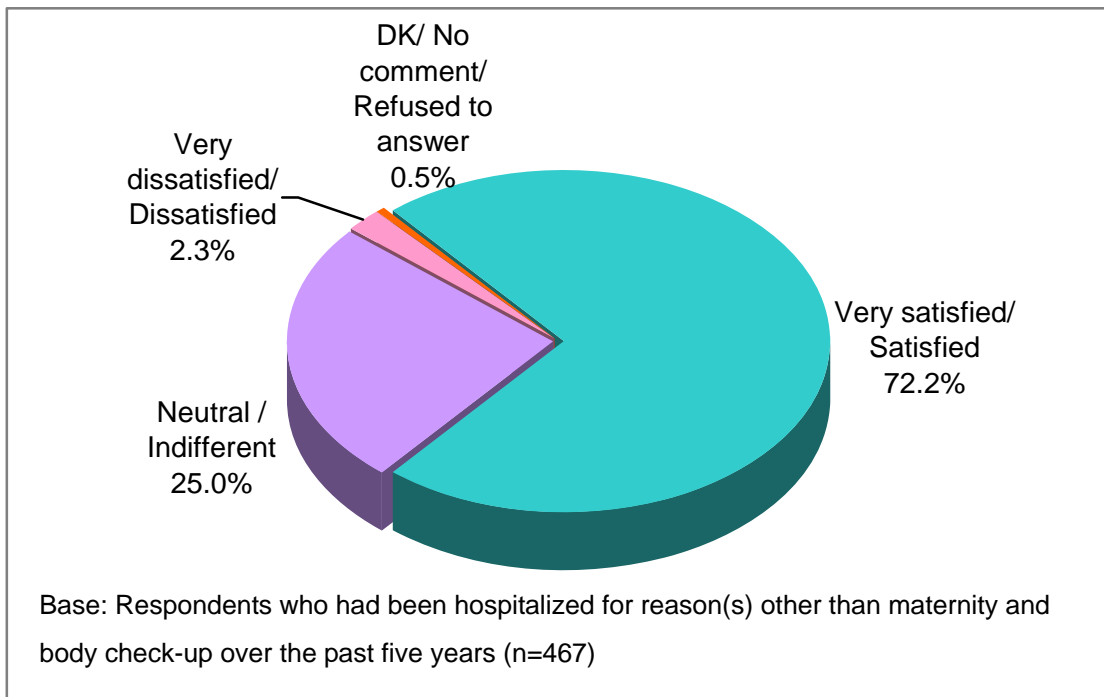
- Owners of hospitalization insurance had a relatively higher proportion who used private hospital service (73.0%), while non-owners had a relatively higher proportion who used public hospital service (83.1%)
- Those aged 60 or above had a relatively higher proportion who used public hospital service (76.7%)
- Those who were non-working had a relatively higher proportion who used public hospital service (70.3%), while those who were working had a relatively higher proportion who used private hospital service (57.2%)
- Those who had monthly personal income below \$10,000 had a relatively higher proportion who used public hospital service (69.9%), while those who had monthly personal income at \$10,000 - \$24,999 (61.2%) and \$25,000 or above (71.9%) had a relatively higher proportion who used private hospital service
- Those who had chronic disease had a relatively higher proportion who used public hospital service (75.5%) while those who did not have any chronic disease had a relatively higher proportion who used private hospital service (61.4%)
- Those with primary education or below had a relatively higher proportion who used public hospital service (74.4%), while those with secondary (46.0%) and post-secondary (55.8%) education had a relatively higher proportion who used private hospital service
- Those who were divorced or widowed had a relatively higher proportion who used public hospital service (77.1%) versus those who were married (50.7%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.1.9b Level of Satisfaction with the Most Recent Hospitalization Experience (Question A9b)

Respondents who had been hospitalized for reason(s) other than maternity and body check-up over the past five years were asked about their level of satisfaction with the most recent episode of hospitalization. 72.2% of them were satisfied / very satisfied. 25.0% were neutral / indifferent, while 2.3% of them were dissatisfied / very dissatisfied with the experience.

Figure 5.1.9b: Level of Satisfaction with the Most Recent Hospitalization Experience



Analysis of the respondents' profile showed that the following subgroup had a higher proportion who were satisfied / very satisfied with the policy(s) they owned:

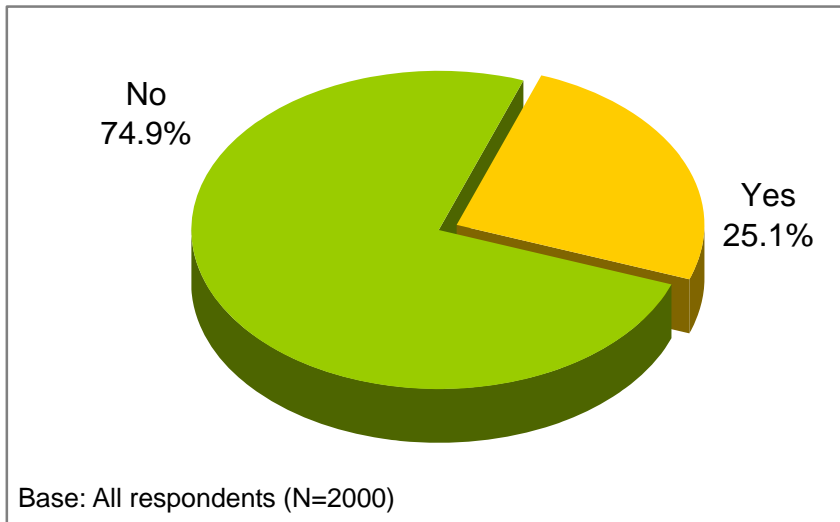
- Those who used private hospital service (83.1%) versus those who used public hospital service (63.7%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.1.10 Whether Having Chronic Disease at the Time of Survey (Question A10)

All respondents were asked to indicate whether they had any chronic disease at the time of survey that required regular doctor consultations or medication. 25.1% of the respondents indicated that they had such chronic disease while 74.9% of the respondents indicated that they did not have such chronic disease.

Figure 5.1.10: Whether Having Chronic Disease at the Time of Survey



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

- Non-owners of hospitalization insurance (33.6%) versus owners (13.6%).
- Age group of 60 or above (62.8%) versus age groups of 18-39 (6.5%) and 40-59 (21.7%)
- Those who were non-working (37.8%) versus those who were working (16.0%)
- Those with primary education or below (55.5%) versus those with secondary (20.5%) and post-secondary (17.5%) education
- Those who were divorced or widowed (60.8%) versus those who were single (11.1%) and married (28.2%)
- Those who had monthly personal income below \$10,000 (22.6%) and \$25,000 or above (18.5%) versus those who had monthly personal income at \$10,000-24,999 (12.2%)

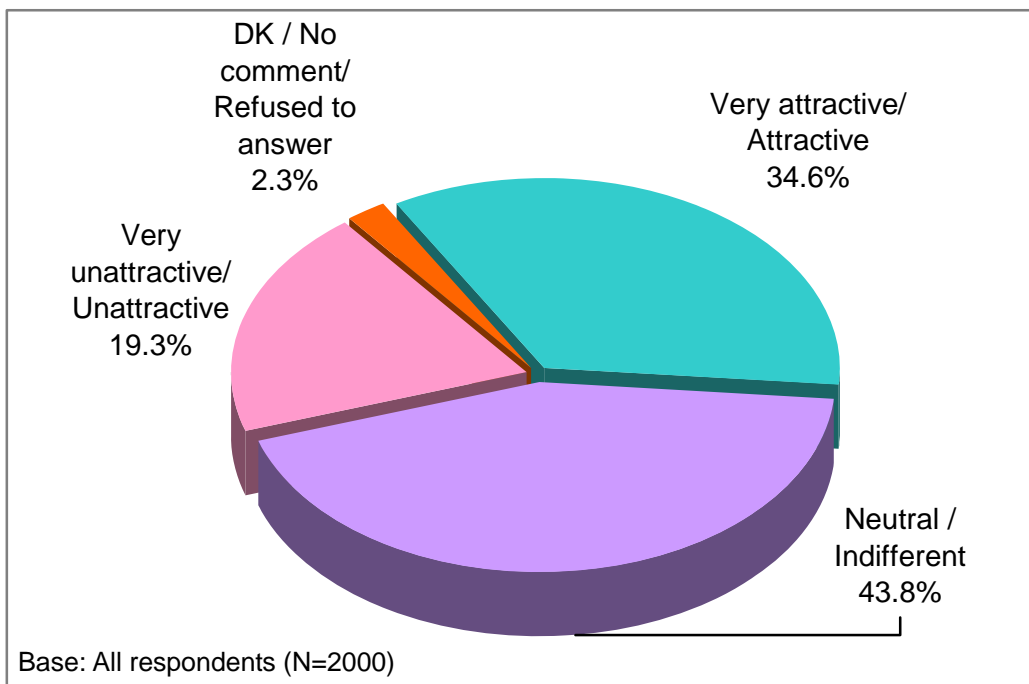
*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

## 5.2 Attitude towards the Benefit Coverage of the Health Protection Scheme

### 5.2.1 Attractiveness of the Benefit Coverage of the HPS Standard Health Insurance Plan (Question B1)

The benefit coverage of the HPS Standard Health Insurance Plan (hereafter “the HPS Standard Plan”) covers hospital admissions and ambulatory procedures, a maximum of three specialist out-patient consultations per covered hospital admission / ambulatory procedure, specialist outpatient investigations and advanced diagnostic imaging tests related to the covered admission / procedure, and chemotherapy / radiotherapy for diagnosed cancer. This benefit coverage had been explained to each respondent before they were asked to respond how far the coverage attracted them. 34.6% of the respondents considered the benefit coverage of the HPS Standard Plan attractive / very attractive. 43.8% were neutral / indifferent (i.e. average feeling without particular preference or resistance), while 19.3% thought that the coverage was unattractive / very unattractive to them.

Figure 5.2.2: Attractiveness of the Benefit Coverage of the HPS Standard Plan



Analysis of the respondents’ profile showed that the benefit coverage of the HPS Standard Plan was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

- Owners of hospitalization insurance (42.9%) versus non-owners (28.6%)
- Those who were working (37.1%) versus those who were non-working (31.1%)

- Those who had monthly personal income at \$25,000 or above (47.9%) versus those who had monthly personal income at \$10,000-24,999 (36.2%) and below \$10,000 (31.8%)
- Those with post-secondary education (41.2%) versus those with secondary education (33.7%) and primary education or below (24.6%)

On the other hand, the benefit coverage of the HPS Standard Plan was relatively not appealing (i.e. being considered unattractive / very unattractive) to the following subgroups:

- Non-owners of hospitalization insurance (23.7%) versus owners (13.3%)
- Age group of 60 or above (29.8%) versus age groups of 18-39 (12.4%) and 40-59 (19.9%)
- Those who had chronic disease (24.7%) versus those did not have any chronic disease (17.5%)
- Those with primary education or below (33.1%) versus those with secondary (17.2%) and post-secondary (16.1%) education
- Those who were non-working (23.5%) versus those who were working (16.3%)
- Those who were married (20.5%) and divorced or widowed (24.4%) versus those who were single (15.1%)

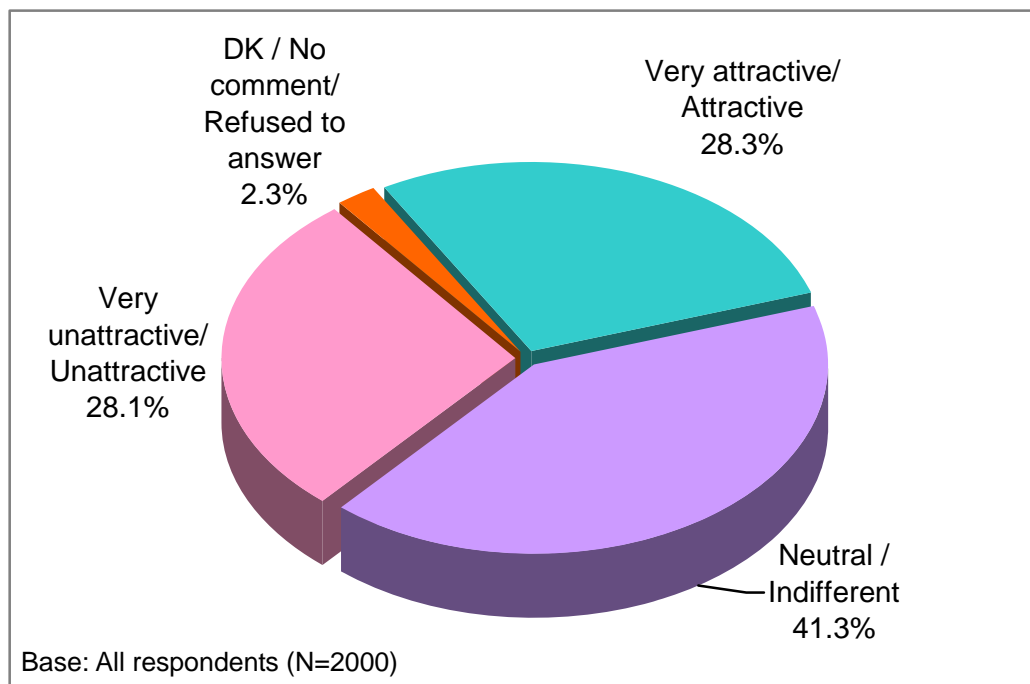
*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

## **5.2.2 Attractiveness of Voluntary Top-up Arrangement (Question B2)**

Each respondent was explained about the availability of voluntary top-up arrangement under the HPS whereby top-up coverage not included in the benefit coverage of the HPS Standard Plan could be provided upon payment of additional insurance premium, such as general out-patient care, specialist out-patient care, dental care and maternity care. Each respondent was asked how far the availability of voluntary top-up arrangement attracted to them. 28.3% of the respondents considered the availability of voluntary top-up arrangement attractive / very attractive. 41.3% were neutral / indifferent, while 28.1% of the respondents thought that the arrangement was unattractive / very unattractive to them.



Figure 5.2.2: Attractiveness of Voluntary Top-up Arrangement



Analysis of the respondents' profile showed that the availability of voluntary top-up arrangement was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

- Owners of hospitalization insurance (34.8%) versus non-owners (23.5%)
- Age group of 18-39 (32.8%) versus age groups of 40-59 (27.7%) and 60 or above (21.6%)
- Those who had monthly personal income at \$25,000 or above (36.1%) versus those who had monthly personal income at \$10,000-24,999 (28.9%) and below \$10,000 (24.0%)
- Those with post-secondary education (34.7%) versus those with secondary education (27.5%) and primary or below (18.3%)

On the other hand, the availability of voluntary top-up arrangement was relatively not appealing (i.e. being considered unattractive / very unattractive) to the following subgroups:

- Non-owners of hospitalization insurance (33.8%) versus owners (20.4%)
- Male respondents (30.3%) versus females (26.2%)
- Age group of 60 or above (39.2%) versus age groups of 18-39 (20.2%) and 40-59 (29.4%)
- Those who were non-working (31.7%) versus those who were working (25.6%)
- Those who had chronic disease (34.5%) versus those who did not have any chronic disease (26.0%)
- Those with primary education or below (41.7%) versus those with secondary (26.7%)

and post-secondary education (24.0%)

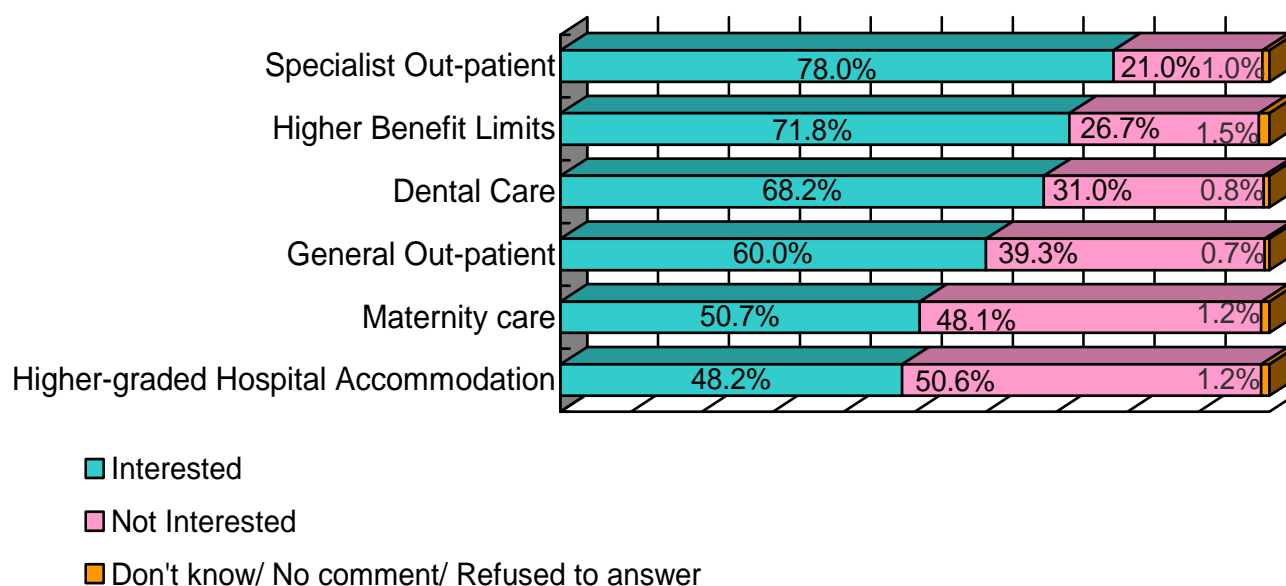
- Those who were married (30.0%) and divorced or widowed (32.5%) versus those who were single (22.4%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.2.2a Interest in Illustrative Top-up Components (Question B2a)

The respondents who considered the voluntary top-up arrangement neutral / indifferent / attractive / very attractive were asked further to indicate their interests in 6 illustrative examples of top-up components. These 6 examples included higher-graded accommodation in hospitals, higher benefit limits, general out-patient care, specialist out-patient care, dental care and maternity care (multiple answers allowed). More than half of these respondents expressed interest to consider top-up protection providing specialist out-patient care (78.0%), higher benefit limits (71.8%), dental care (68.2%) and general out-patient care (60.0%). Slightly less than half (48.2%) indicated interest to consider top-up protection to cover higher-graded accommodation in hospitals. As regards extra cover of maternity care, 50.7% of the female respondents aged 18-39 indicated interest.

Figure 5.2.2a: Interest in Illustrative Top-up Components



Base (for components other than maternity): Respondents who replied very attractive/ attractive/ neutral / indifferent regarding availability of voluntary top-up arrangement (n=1395);

Base (for maternity care): Female respondents aged 18-39 who replied very attractive / attractive / neutral / indifferent regarding availability of voluntary top-up arrangement (n=322)

On further analysis of the respondents' profile, there were salient observations for specific top-up components as follows:

There was no subgroup which showed a noticeable and statistically significant difference from the average level of interest in top-up component of specialist out-patient care.

The following subgroups had a relatively higher proportion of interest in top-up component of higher benefit limits:

- Owners of hospitalization insurance (79.7%) versus non-owners (64.7%)
- Age group of 18-39 (81.9%) versus age groups of 40-59 (69.3%) and 60 or above (53.0%)
- Those who were working (75.7%) versus those who were non-working (65.5%)
- Those who had monthly personal income at \$25,000 or above (84.6%) versus those with monthly personal income at \$10,000-24,999 (77.4%) and below \$10,000 (65.4%)
- Those who did not have any chronic disease (75.0%) versus those who had chronic disease (60.7%)
- Those with post-secondary education (82.0%) versus those with secondary education (71.4%) and primary education or below (45.0%)
- Those who were single (80.8%) versus those who were married (68.4%) and divorced or widowed (57.8%)

The following subgroup had a relatively higher proportion of interest in top-up component of dental care:

- Female respondents (73.4%) versus male respondents (62.4%)

The following subgroups had a relatively higher proportion of interest in top-up component of general out-patient care:

- Non-owners of hospitalization insurance (65.1%) versus owners (54.3%)
- Female respondents (64.3%) versus males (55.2%)
- Age group 60 or above (69.9%) versus age groups of 18-39 (62.4%) and 40-59 (53.2%)
- Those who were non-working (68.4%) versus those who were working (54.7%)
- Those who had monthly personal income below \$10,000 (64.0%) versus those with monthly personal income at \$10,000-24,999 (54.4%) and \$25,000 or above (47.0%)
- Those who were single (65.8%) and divorced or widowed (68.3%) versus those who were married (56.5%)

The following subgroups had a relatively higher proportion of interest in top-up component of higher-graded hospital accommodation:

- Age group of 18-39 (51.4%) versus age group of 40-59 (44.2%)
- Those who had monthly personal income at \$25,000 or above (58.6%) versus those who had monthly personal income at \$10,000-24,999 (43.7%) and below \$10,000 (45.3%)

For the interest in top-up component of maternity care, there is no breakdown by subgroup among the female respondents aged 18-39 with statistically significant differences that can be highlighted for reference.

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

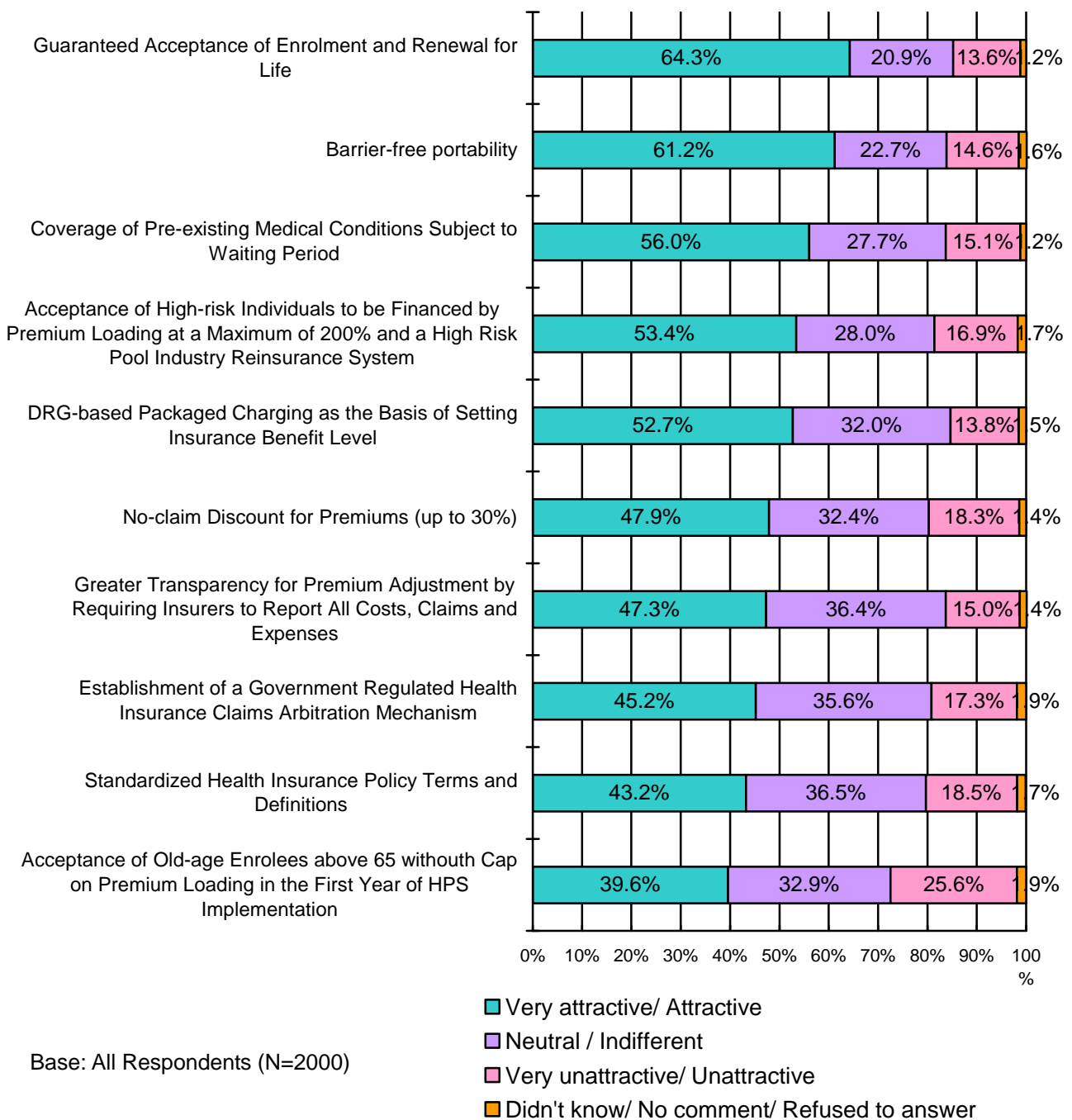
## **5.3 Attitude towards Features of the Health Protection Scheme**

### **5.3.1 Attractiveness of the Features of the HPS (Question C1- C10)**

Benefit coverage apart, ten key proposed features of the HPS were selected to test how far each of them attracted the respondents. The results showed that the proportions of respondents viewing individual features attractive / very attractive ranged from 39.6% to 64.3%. This was much higher than the corresponding range of proportions from 13.6% to 25.6% who viewed them unattractive / very unattractive. Moreover, more than half of the respondents considered 5 out of the 10 features attractive / very attractive.

The 4 most appealing features were all related to certainty in having enrolments accepted, including guaranteed acceptance and life-long renewal (64.3%), barrier-free portability (61.2%), coverage or pre-existing medical conditions subject to waiting period (56.0%) and the use of High-Risk Pool industry reinsurance mechanism to allow inclusion of high-risk individuals under the HPS (53.4%). It is worth of note that the feature related to the high-risk pool appealed extensively to respondents of different background, notwithstanding the implicit cross-subsidy from low-risk enrolees to high-risk enrolees that had been well explained beforehand. The 5<sup>th</sup> most appealing feature was the adoption of packaged charging based on DRG as the basis for calculating the insurance benefit limits, with 52.7% of the respondents viewing it attractive / very attractive.

Figure 5.3.1: Attractiveness of the Features of the HPS

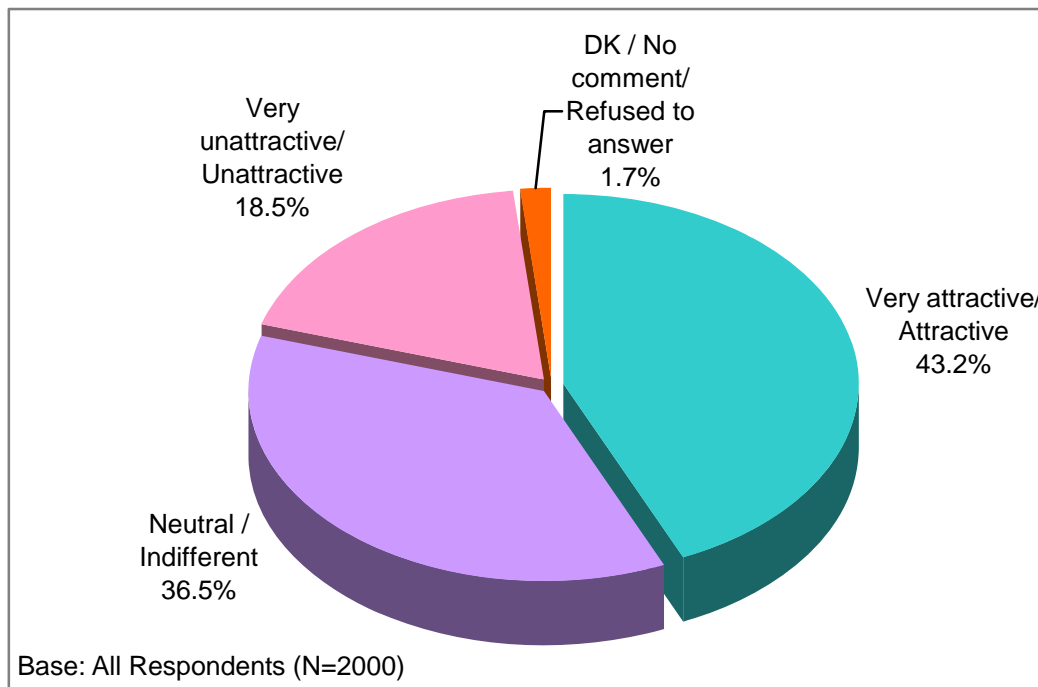


### 5.3.2 Attractiveness of Standardized Health Insurance Policy Terms and Definitions (Question C1)

The HPS Standard Plan would have standardized health insurance policy terms and definitions to increase transparency and reduce claim disputes. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 43.2% of them considered this feature attractive / very attractive. 36.5% were

neutral / indifferent, while 18.5% of them thought that this feature was unattractive / very unattractive to them.

Figure 5.3.2: Attractiveness of Standardized Health Insurance Policy Terms and Definitions



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

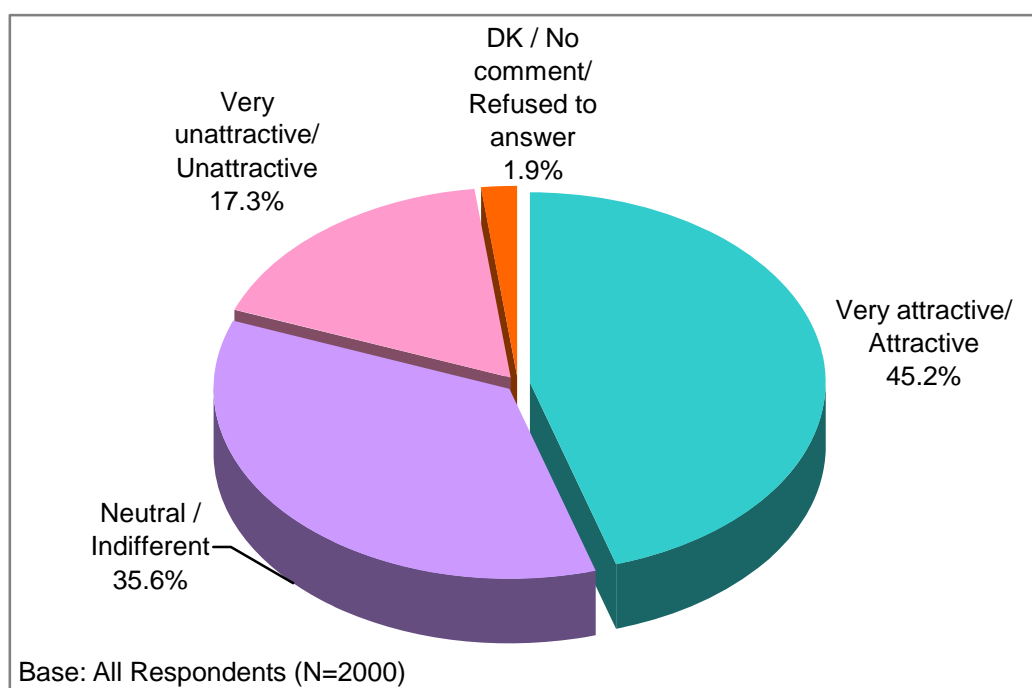
- Owners of hospitalization insurance (53.0%) versus non-owners (36.1%)
- Age groups of 18-39 and 40-59 (both showed 46.0%) versus age group of 60 or above (33.3%)
- Those who were working (47.3%) versus those who were non-working (37.6%)
- Those who had monthly personal income at \$10,000 – 24,999 (48.8%) and \$25,000 or above (56.4%) versus those with monthly personal income below \$10,000 (35.0%)
- Those who did not have any chronic disease (44.9%) versus those who had chronic disease (38.3%)
- Those with post-secondary education (52.6%) versus those with secondary education (43.2%) and primary education or below (25.4%)
- Those who were single (43.3%) and married (44.7%) versus those who were divorced or widowed (31.1%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.3.3 Attractiveness of a Government Regulated Health Insurance Claims Arbitration Mechanism (Question C2)

The HPS would have a government regulated health insurance claims arbitration mechanism to handle claim disputes under the scheme. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 45.2% of the respondents considered this feature attractive / very attractive. 35.6% were neutral / indifferent, while 17.3% of them thought that this feature was unattractive / very unattractive to them.

Figure 5.3.2: Attractiveness of a Government Regulated Health Insurance Claims Arbitration Mechanism



Further 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 (52.7%) versus non-owners (39.7%)
- Age groups of 18-39 (46.7%) and 40-59 (48.6%) versus age group of 60 or above (36.2%)
- Those who were working (48.4%) versus those who were non-working (40.7%)
- Those who had monthly personal income at \$10,000-24,999 (48.8%) and \$25,000 or above (54.7%) versus those with monthly personal income below \$10,000 (41.0%)
- Those who did not have any chronic disease (47.4%) versus those who had chronic disease (38.5%)



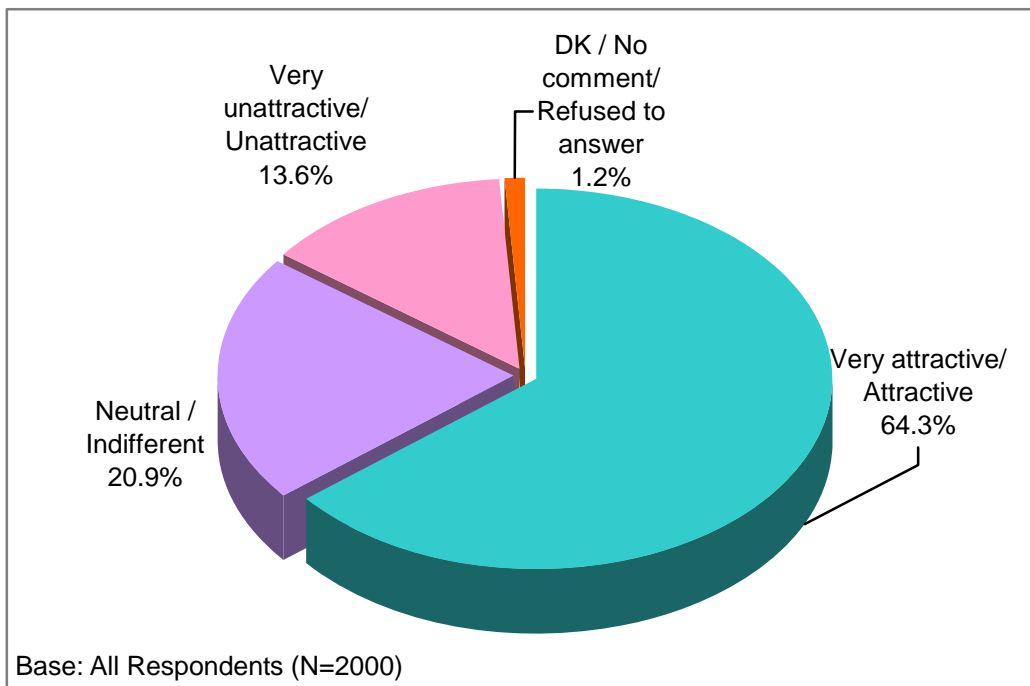
- Those with post-secondary education (52.5%) versus those with secondary education (46.0%) and primary education or below (28.6%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.3.4 Attractiveness of Guaranteed Acceptance of Enrolment and Renewal for Life (Question C3)

The HPS Standard Plan would guarantee acceptance of enrolment and life-long renewal without change in premium loading due to change in personal health condition and claim history. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 64.3% of the respondents considered this feature attractive / very attractive. 20.9% were neutral / indifferent, while 13.6% of them considered this feature unattractive / very unattractive.

Figure 5.3.4: Features Attractiveness – Guaranteed Acceptance of Enrolment and Renewal for Life



Further 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 (75.4%) versus non-owners (56.2%)
- Age groups of 18-39 (70.8%) and 40-59 (68.5%) versus age group of 60 or above (45.7%)
- Those who were working (69.5%) versus those who were non-working (57.1%)
- Those who had monthly personal income at \$10,000 – 24,999 (72.9%) and \$25,000 or

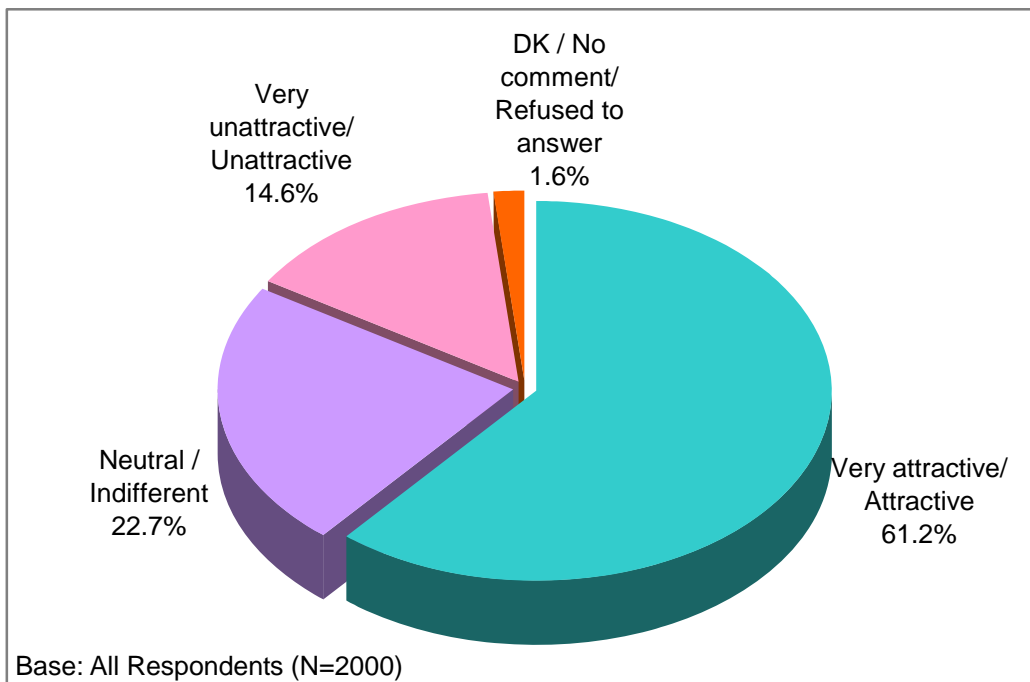
- above (75.9%) versus those with monthly personal income below \$10,000 (58.4%)
- Those who did not have any chronic disease (68.4%) versus those who had chronic disease (52.2%)
- Those with post-secondary education (74.2%) versus those with secondary education (67.4%) and those with primary education or below (35.4%)
- Those who were single (67.4%) and married (64.9%) versus those who were divorced or widowed (48.7%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.3.5 Attractiveness of Barrier-free Portability (Question C4)

The HPS Standard Plan would allow barrier-free portability which enables the insured to freely switch his/her HPS Standard Plan from one insurer to another without going through re-underwriting and resetting of insurance policy terms and conditions. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 61.2% of the respondents considered this feature attractive / very attractive. 22.7% were neutral / indifferent, while 14.6% of them thought that this feature unattractive / very unattractive to them.

Figure 5.3.5: Attractiveness of Barrier-free Portability



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

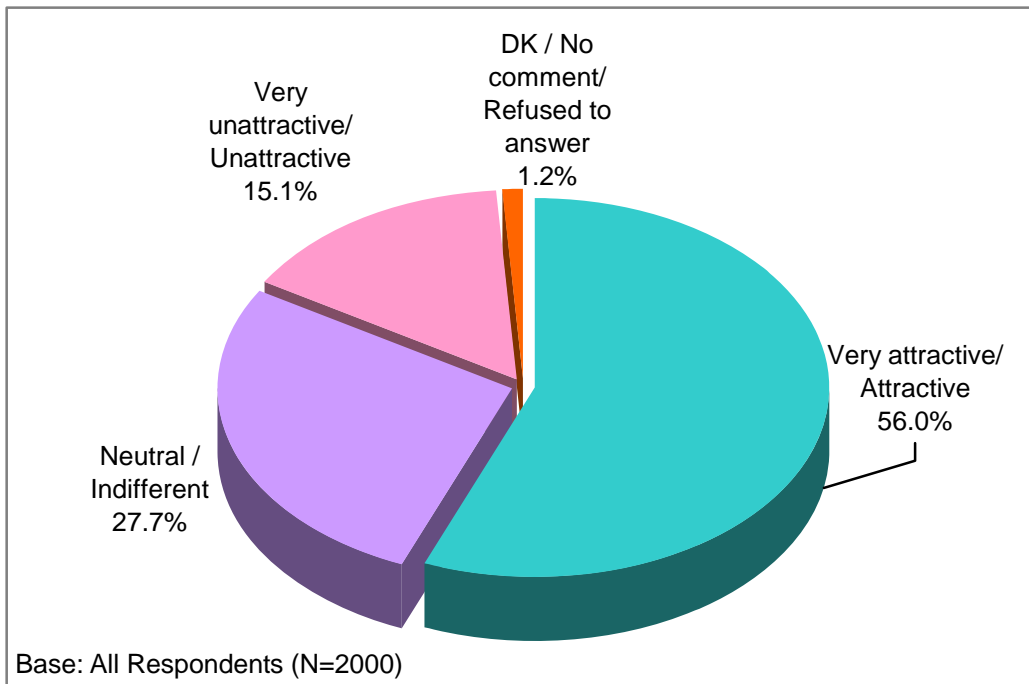
- Owners of hospitalization insurance (72.6%) versus non-owners (52.9%)
- Age groups of 18-39 (68.4%) and 40-59 (66.1%) versus age group of 60 or above (40.1%)
- Those who were working (67.9%) versus those who were non-working (51.9%)
- Those who had monthly personal income at \$10,000 – 24,999 (69.7%) and \$25,000 or above (76.1%) versus those with monthly personal income below \$10,000 (58.4%)
- Those who did not have any chronic disease (64.7%) versus those who had chronic disease (51.0%)
- Those with post-secondary education (73.6%) versus those with secondary education (63.0%) and primary education or below (32.0%)
- Those who were single (67.0%) versus those who were married (61.0%) and divorced or widowed (42.7%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### **5.3.6 Attractiveness of Coverage of Pre-existing Medical Conditions Subject to Waiting Period (Question C5)**

The HPS Standard Plan would cover pre-existing medical conditions subject to a one-year waiting period, after which the reimbursement ratio rose to 25% in 2<sup>nd</sup> year, 50% in 3<sup>rd</sup> year and 100% afterwards. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 56.0% of the respondents considered this feature attractive / very attractive. 27.7% were neutral / indifferent, while 15.1% of them thought that this feature was unattractive / very unattractive to them.

Figure 5.3.6: Attractiveness of Coverage of Pre-existing Medical Conditions Subject to Waiting Period



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

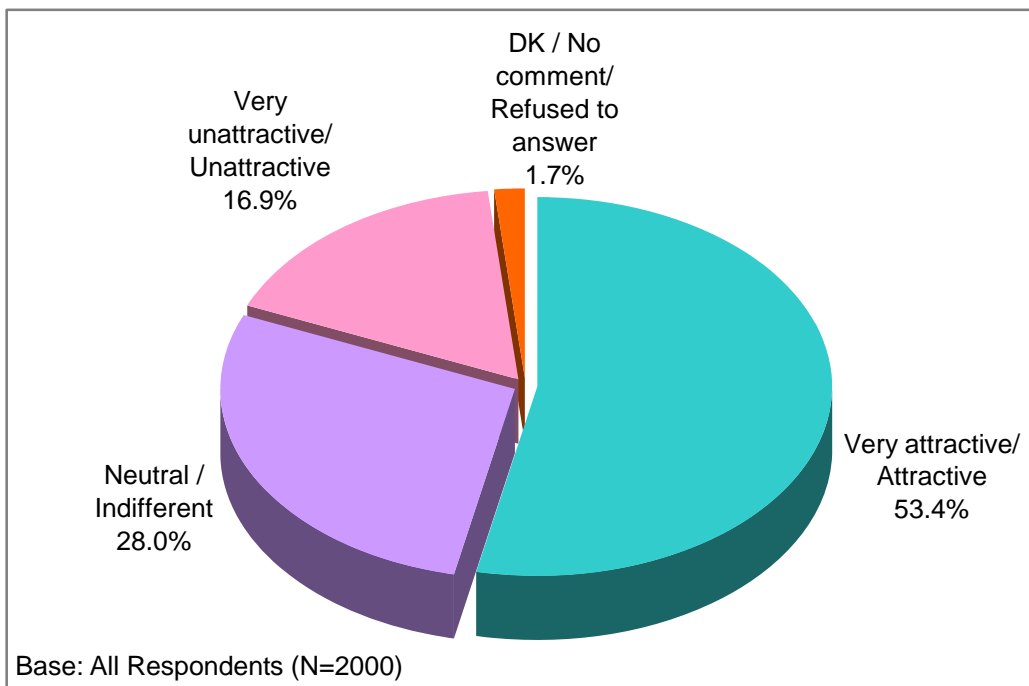
- Owners of hospitalization insurance (62.1%) versus non-owners (51.5%)
- Age groups of 18-39 (58.4%) and 40-59 (59.6%) versus age group of 60 or above (45.2%)
- Those who were working (58.3%) versus those who were non-working (52.7%)
- Those who had monthly personal income at \$25,000 or above (63.5%) versus those with monthly personal income below \$10,000 (53.6%)
- Those who did not have any chronic disease (58.3%) versus those who had chronic disease (49.2%)
- Those with secondary education (59.4%) and post-secondary education (58.7%) versus those with primary education or below (40.7%)
- Those who were single (56.9%) and married (57.2%) versus those who were divorced or widowed (46.4%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.3.7 Attractiveness of Acceptance of High-risk Individuals to be financed by Premium Loading at a Maximum of 200% and a High-Risk Pool Industry Reinsurance Mechanism (Question C6)

The HPS Standard Plan would accept high-risk individuals and cap their premium loading (at 200% of the basic premium, i.e. premium after loading = 3 times of the basic premium, as an illustrative assumption) provided that all the enrollees would share out the cost by paying higher premium (by 7% of basic premium as an illustrative assumption) to a High-Risk Pool industry reinsurance mechanism. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. The results showed that 53.4% of the respondents considered this feature attractive / very attractive. 28.0% were neutral / indifferent, while 16.9% of them thought that this feature was unattractive / very unattractive to them.

Figure 5.3.7: Attractiveness of Acceptance of High-risk Individuals to be financed by Premium Loading at a Maximum of 200% and a High-Risk Pool Industry Reinsurance Mechanism



Further 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 (60.0%) versus non-owners (48.6%)
- Age groups of 18-39 (54.2%) and 40-59 (57.5%) versus age group of 60 or above (44.4%)
- Those who were working (56.0%) versus those who were non-working (49.8%)
- Those who had monthly personal income at \$10,000-24,999 (56.7%) and \$25,000 or above (61.8%) versus those with monthly personal income below \$10,000 (48.8%)

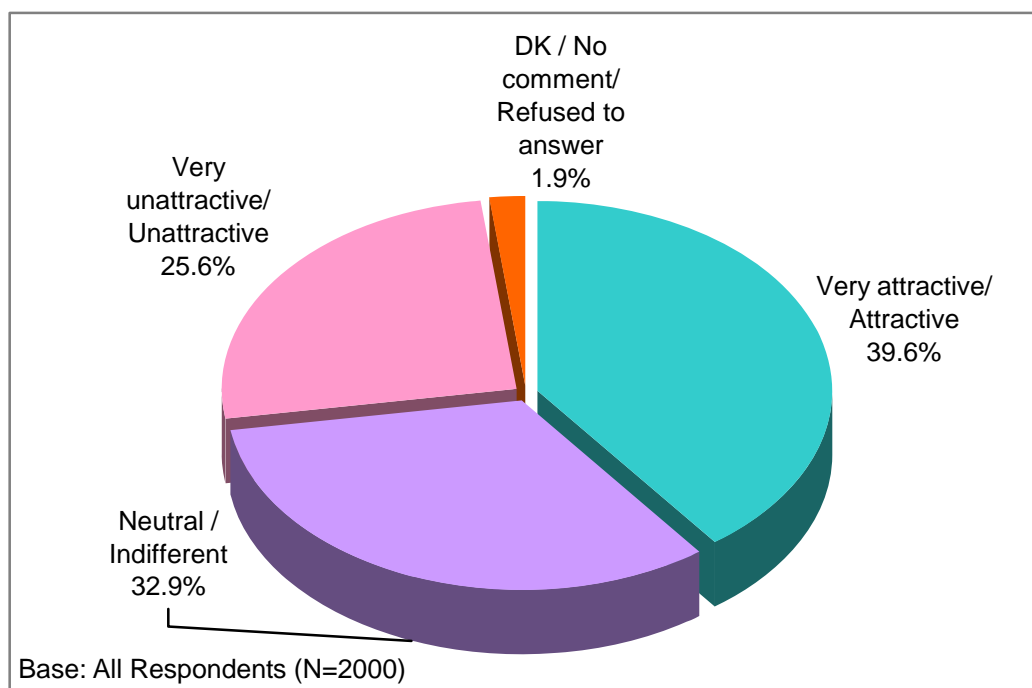
- Those with secondary education (55.9%) and post-secondary education (58.4%) versus those with primary education or below (35.1%)
- Those who were married (55.6%) versus those who were divorced or widowed (46.6%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.3.8 Attractiveness of Acceptance of Elderly Enrolees Aged 65 and above without Cap on Premium Loading in the First Year of HPS Implementation (Question C7)

The HPS Standard Plan would accept enrolees aged 65 and above in its first year of implementation, though the premium loading if applicable would not be capped. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 39.6% of the respondents considered this feature attractive / very attractive. 32.9% were neutral / indifferent, while 25.6% of them thought this feature was unattractive / very unattractive to them.

Figure 5.3.8: Attractiveness of Acceptance of Elderly Enrolees Aged 65 and above without Cap on Premium Loading in the First Year of HPS Implementation



Further 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 (43.6%) versus non-owners (36.6%)

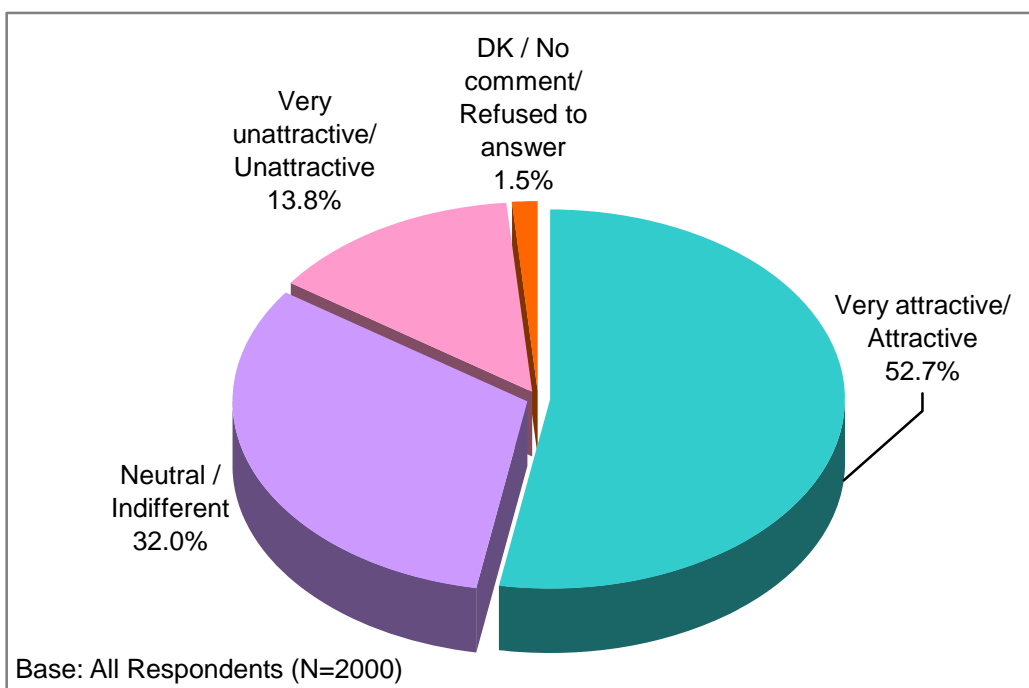
- Age group 40-59 (43.6%) versus age groups of 18-39 (36.3%) and 60 or above (37.4%)
- Those who were working (42.1%) versus those who were non-working (36.1%)
- Those with secondary education (41.5%) and post-secondary education (40.8%) versus those with primary education or below (30.5%)
- Those who were married (43.0%) versus those who were single (33.1%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.3.9 Attractiveness of DRG-based Packaged Charging as the Basis of Setting Insurance Benefit Levels (Question C8)

The HPS would adopt DRG-based packaged charging as the basis of setting insurance benefit levels for more common inpatient and ambulatory procedures, with a view to increasing price transparency and budget certainty to the insured patients. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 52.7% of the respondents considered this feature attractive / very attractive. 32.0% were neutral / indifferent, while 13.8% of them thought this feature was unattractive / very unattractive to them.

Figure 5.3.9: Attractiveness of DRG-based Packaged Charging as the Basis of Setting Insurance Benefit Levels



Further 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 (57.2%) versus non-owners (49.4%)
- Age groups of 18-39 (52.6%) and 40-59 (56.5%) versus age group of 60 or above (45.8%)
- Those who had monthly personal income at \$10,000-24,999 (56.7%) versus those with monthly personal income below \$10,000 (49.1%)
- Those who did not have any chronic disease (54.0%) versus those who had chronic disease (48.7%)
- Those with secondary education (54.5%) and post-secondary education (55.1%) versus those with primary education or below (42.5%)
- Those who were married (54.5%) versus those who were single (49.6%)

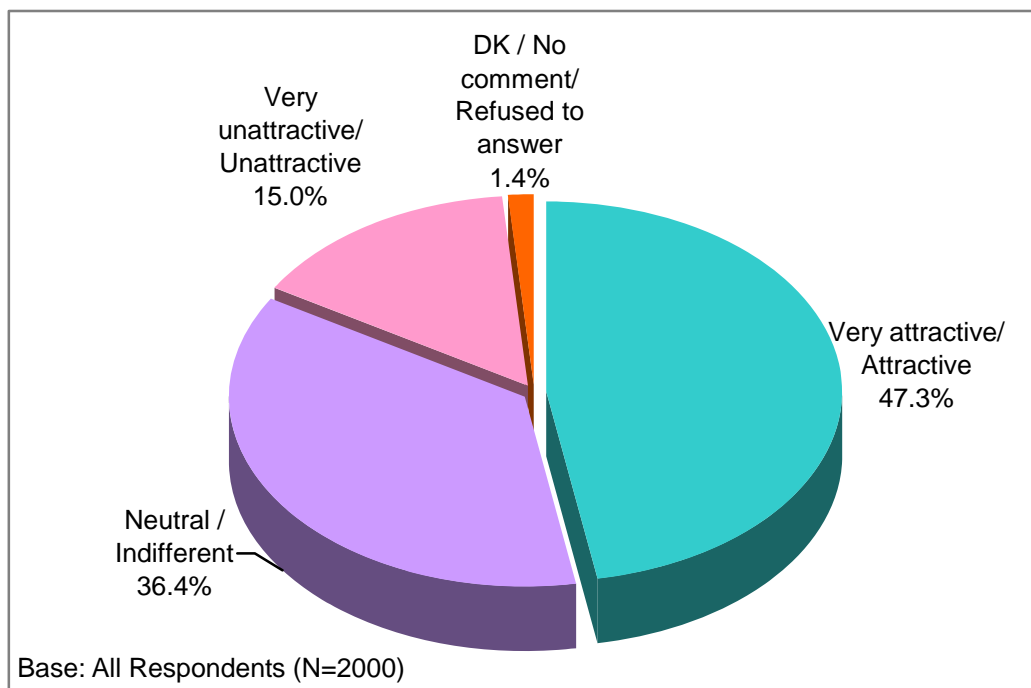
*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

#### **5.3.10 Attractiveness of Greater Transparency for Premium Adjustment by Requiring Insurers to Report All Costs, Claims and Expenses (Question C9)**

The HPS would provide greater transparency for premium adjustment by requiring participating insurers to report all costs, claims, commissions and expenses. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 47.3% of the respondents considered this feature attractive / very attractive. 36.4% were neutral / indifferent, while 15.0% of them thought this feature was unattractive / very unattractive to them.



Figure 5.3.10: Attractiveness of Greater Transparency for Premium Adjustment by Requiring Insurers to Report All Costs, Claims and Expenses



Further 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 (56.9%) versus non-owners (40.2%)
- Age groups of 18-39 (47.8%) and 40-59 (52.4%) versus age group of 60 or above (37.0%)
- Those who were working (51.2%) versus those who were non-working (41.8%)
- Those who had monthly personal income at \$25,000 or above (61.5%) versus those with monthly personal income at \$10,000-24,999 (51.5%) and below \$10,000 (41.3%)
- Those who did not have any chronic disease (48.9%) versus those who had chronic disease (42.6%)
- Those with post-secondary education (57.6%) versus those with secondary education (47.3%) and primary or below (28.0%)

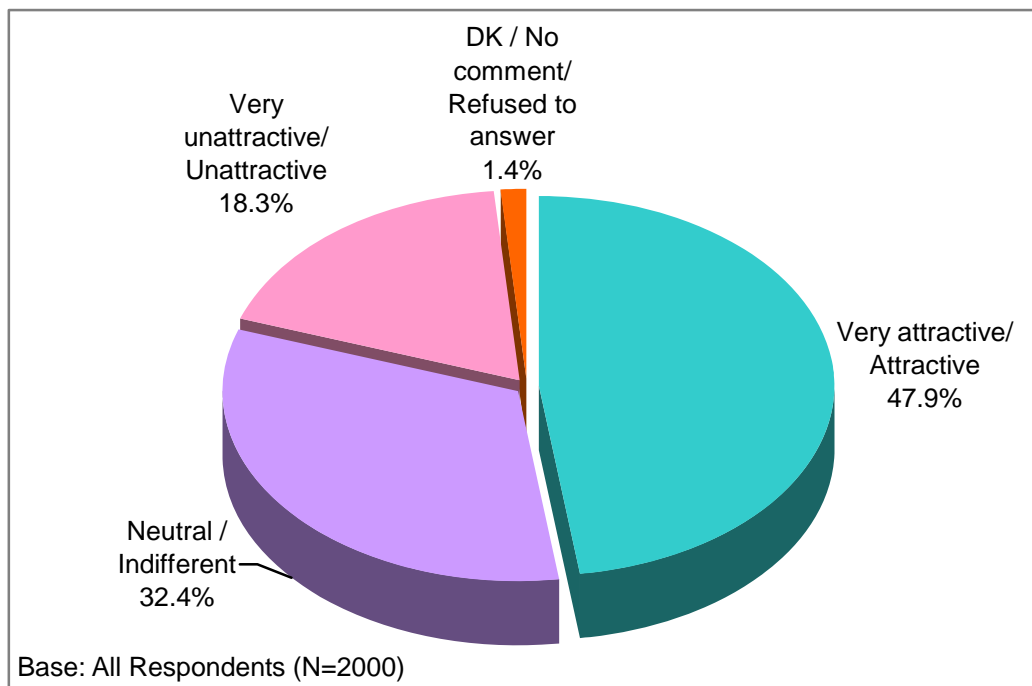
*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.3.11 Attractiveness of No-claim Discount for Premiums (Question C10)

The HPS Standard Plan would provide no-claim discount for premiums, under which an insured could enjoy 10% discount off basic premium for not making any claim in the past one year, 20% discount for not making any claim in the past two consecutive years, and 30% discount for not making any claim in past three consecutive years. The discount

would reset to 0% upon making a claim. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 47.9% of the respondents considered this feature attractive / very attractive. 32.4% were neutral / indifferent, while 18.3% of them thought this feature was unattractive / very unattractive to them.

Figure 5.3.11: Attractiveness of No-claim Discount for Premiums



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

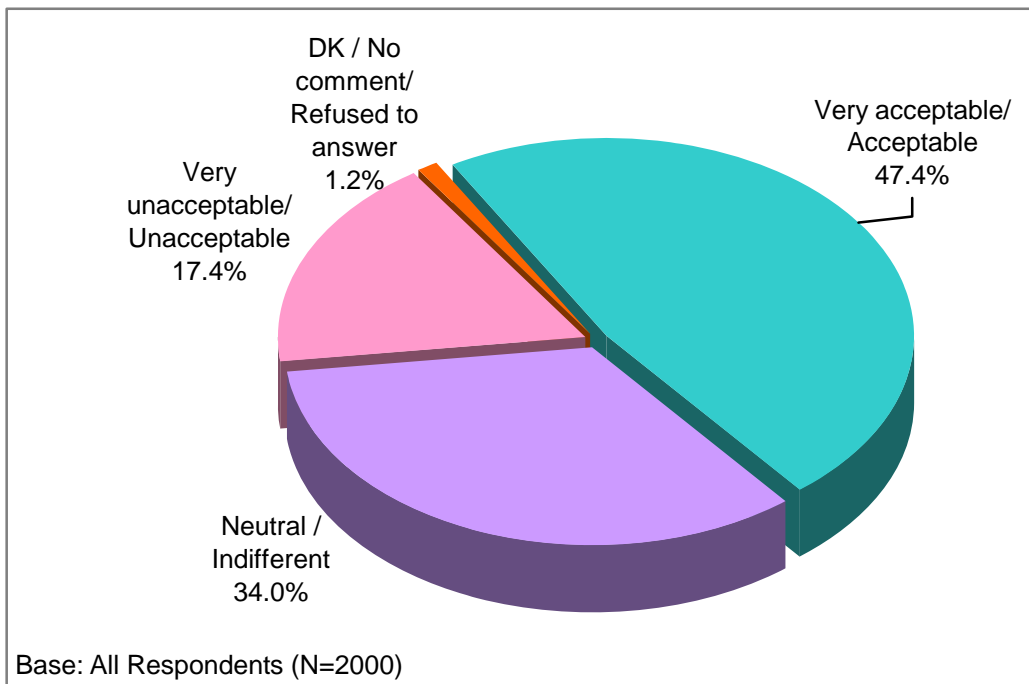
- Owners of hospitalization insurance (61.0%) versus non-owners (38.2%)
- Age groups of 18-39 (50.8%) and 40-59 (54.0%) versus age group of 60 or above (31.3%)
- Those who were working (54.0%) versus those who were non-working (39.3%)
- Those who had monthly personal income at \$10,000 – 24,999 (56.5%) and \$25,000 or above (63.4%) versus those with monthly personal income below \$10,000 (42.8%)
- Those who did not have any chronic disease (51.1%) versus those who had chronic disease (38.2%)
- Those with post-secondary education (58.1%) versus those with secondary education (47.9%) and primary or below (27.5%)
- Those who were single (49.1%) and married (48.9%) versus those who were divorced or widowed (35.2%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.3.12 Acceptance of Coinsurance (Question C11)

The HPS Standard Plan would encompass coinsurance arrangement by which the insured would be required to pay, for each hospital admission or ambulatory procedure, 20% of the first \$10,000 of claims incurred and 10% of the next \$90,000 of claims incurred. This feature had been explained to each respondent before he/she was asked how far this feature attracted him/her. 47.4% of them considered the coinsurance arrangement acceptable / very acceptable. 34.0% were neutral / indifferent, while 17.4% of the respondents thought the arrangement was unacceptable/ very unacceptable to them.

Figure 5.3.11: Acceptance of Coinsurance



Analysis of the respondents' profile showed that the following subgroups had a relatively higher proportion of respondents accepting the coinsurance arrangement:

- Those who did not have any chronic disease (49.0%) versus those who had chronic disease (42.6%)
- Those with secondary education (48.5%) and post-secondary education (48.5%) versus those with primary education of below (41.7%)

On the other hand, the following subgroups had a relatively higher proportion of respondents rejecting the coinsurance:

- Non-owners of hospitalization insurance (19.8%) versus owners (14.1%)
- Age group of 60 or above (27.4%) versus age groups of 18-39 (11.1%) and 40-59 (17.7%)
- Those who were non-working (21.2%) versus those who were working (14.6%)

- Those who had chronic disease (24.3%) versus those who did not have any chronic disease (15.0%)
- Those with primary education or below (30.2%) versus those with secondary (15.8%) and post-secondary (13.3%) education
- Those who were married (18.9%) and divorced or widowed (20.5%) versus those who were single (13.2%)

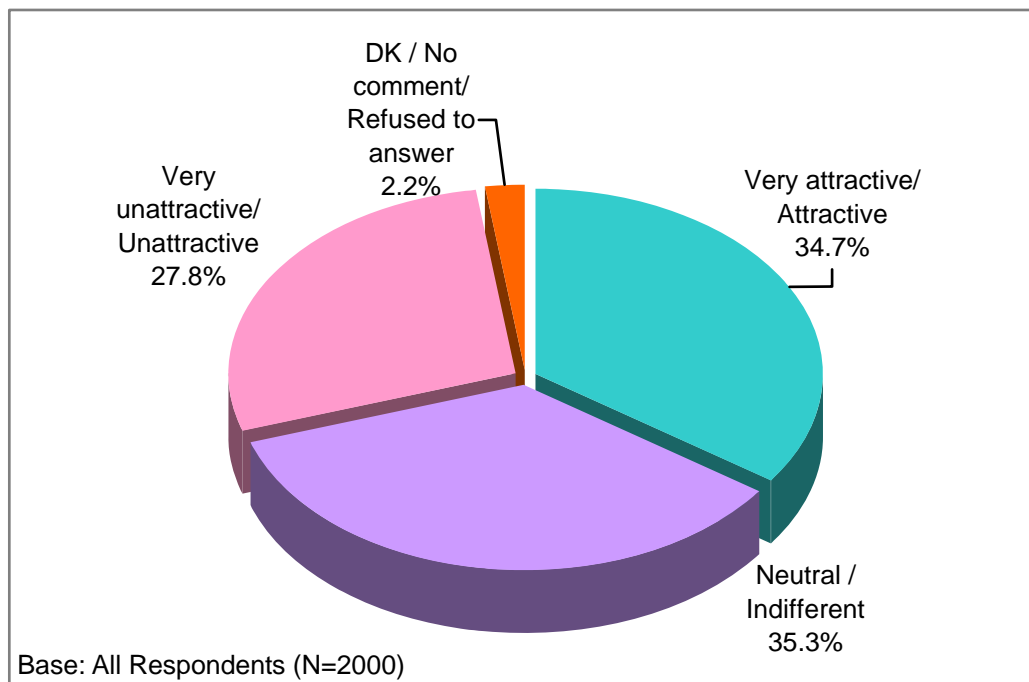
*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

## 5.4 Attitude towards Illustrative Premium of the Health Protection Scheme and Related Affordability Issues

### 5.4.1 Attractiveness of the Illustrative Basic Premium of the HPS Standard Plan (Question D2)

According to the illustrative age-bracketed basic premium scale for the HPS Standard Plan provided in the second stage public consultation document on healthcare reform (hereafter “the Document”), each respondent was told the basic premium level (exclusive of premium loading, no-claim discount and agent commission expenses if applicable) applied to him/her given his/her current age, and was then invited to indicate whether and how far the premium level attracted him/her. About one-third (34.7%) of the respondents considered the premium level applicable to them attractive / very attractive, while 35.3% were neutral / indifferent. 27.8% of the respondents considered the premium levels unattractive / very unattractive.

Figure 5.4.1: Attractiveness of the Illustrative Basic Premium of the HPS Standard Plan



Analysis of the respondents’ profile showed that the illustrative basic premiums of the HPS Standard Plan was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

- Owners of hospitalization insurance (42.1%) versus non-owners (29.3%)
- Age group of 18-39 (40.0%) and 40-59 (35.6%) versus age group of 60 or above (24.3%)
- Those who were working (38.7%) versus those who were non-working (29.1%)

- Those who had monthly personal income at \$25,000 or above (47.1%) versus those with monthly personal income at \$10,000-24,999 (39.5%) and below \$10,000 (30.7%)
- Those who did not have any chronic disease (36.5%) versus those who had chronic disease (29.5%)
- Those with post-secondary education (43.0%) versus those with secondary education (33.9%) and primary or below (21.9%)

On the other hand, the illustrative basic premiums of the HPS Standard Plan were relatively not appealing (i.e. being considered unattractive / very unattractive) to the following subgroups:

- Non-owners of hospitalization insurance (33.4%) versus owners (20.2%)
- Age group of 60 or above (46.1%) versus age groups of 18-39 (19.1%) and 40-59 (25.8%)
- Those who were non-working (34.3%) versus those who were working (23.1%).
- Those who had chronic disease (35.8%) versus those who did not have any chronic disease (25.1%)
- Those with primary education or below (47.7%) versus those with secondary (25.5%) and post-secondary (21.0%) education
- Those who were divorced or widowed (44.4%) versus those who were married (28.4%) and single (22.1%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

#### **5.4.2a Reasons of Not Considering the HPS Premium Level Attractive (Question D2a)**

For those respondents who considered the illustrative premium level of the HPS Standard Plan neutral / indifferent / unattractive / very unattractive, affordability was not the single underlying factor. The top 5 reasons cited by these respondents (multiple answers allowed) included: “Public healthcare service could help when needed” (62.9%), “The premium level was too high” (62.3%), “Low chance of having the need of hospitalization and surgery” (55.5%), “The content of the HPS was not attractive” (54.7%), and “Existing hospitalization insurance was better than the HPS” (46.0%).

Table 5.4.2a: Reasons of Not Considering the HPS Standard Plan's Premium Level Attractive  
(Open-ended Question, multiple answers allowed)

Reasons	Frequency (%)
Public healthcare service could help when needed*	62.9
The premium level was too high*	62.3
Low chance of having the need of hospitalization and surgery*	55.5
The content of the HPS was not attractive*	54.7
Existing hospitalization insurance was better than the HPS*	46.0
Do not envisage need	7.6
The details of the HPS were not clear enough	7.6
Could not afford	3.2
No confidence in the HPS	2.8
Would not consider to purchase any insurance products	2.6
Did not support the HPS	2.2
No confidence in the Government's management	1.9
Did not know/ Refused to answer	1.7

*Base: Those respondents who did not consider the premium level of the HPS Standard Plan attractive (D2=Unattractive, Very unattractive, Neutral / Indifferent) (n=1271)*

*Note: (\*) These possible reasons were provided by the telephone interviewers as stimuli to test response when the respondents had difficulty to give answer within the interview period. Other reasons were directly provided by the respondents and broadly categorized as such here at the risk of over-generalization.*

#### **5.4.2b Desired Levels of Financial Incentives (Question D2b)**

For those respondents who did not consider the illustrative basic premiums of the HPS Standard Plan attractive (i.e. considering the premium levels neutral / indifferent / unattractive / very unattractive), further testing was conducted to see how much financial incentive by the Government would make the HPS attractive to them. For the sake of simplicity, the question expressed the financial incentive in terms of a subsidy as a percentage of the basic premiums of the HPS Standard Plan without elaborating the possible modes of subsidy. It also assumed for illustrative purpose and simplicity sake that the incentive was limited to healthcare use and accrued for payment at old age or upon retirement. The results showed that 69.9% of these respondents were able to provide a concrete reply, and most of them gave the answer of 50%. The median value of their desired level of financial incentive was also 50%. Another 6.8% of the respondents

indicated that no amount of financial incentive would attract them to join the HPS. The remaining 23.2% either had no idea or refused to answer.

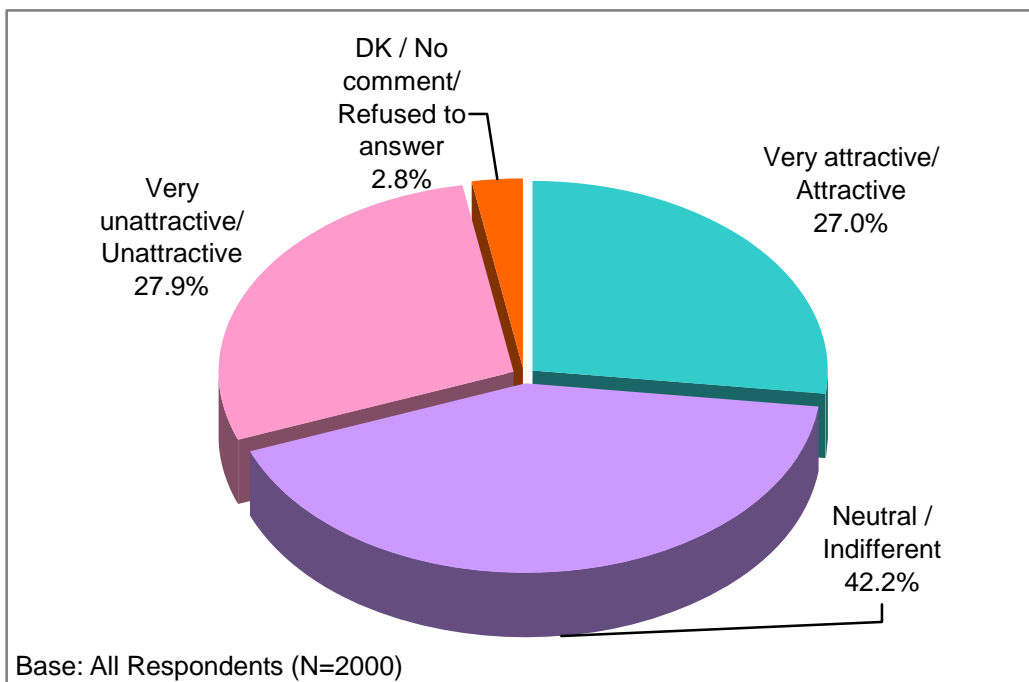
It is note worthy that for those respondents who were able to provide a concrete reply on the desired level of financial incentive, those who had primary education or below specifically desired a relatively higher level of incentive with median value of 55%.

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.4.3 Attractiveness of the Deductible Options (Question D3)

All the respondents were asked whether and how far they considered availability of a choice to accept deductible and pay less premium attractive. Each respondent (irrespective of his/her attitude towards the premium of the HPS Standard Plan) was told the illustrative premium reduction accompanying deductibles (as provided in the Document) that applied to him/her by current age. Only 27.0% of the respondents considered this option attractive / very attractive. 42.2% were neutral / indifferent while 27.9% considered this option unattractive / very unattractive.

Figure 5.4.3: Attractiveness of the Deductible Options





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

- Owners of hospitalization insurance (32.0%) versus non-owners (23.4%)
- Those who had monthly personal income at \$25,000 or above (31.6%) versus those with monthly personal income below \$10,000 (23.7%)

On the other hand, the deductible was relatively not appealing (i.e. being considered unattractive / very unattractive) to the following subgroups:

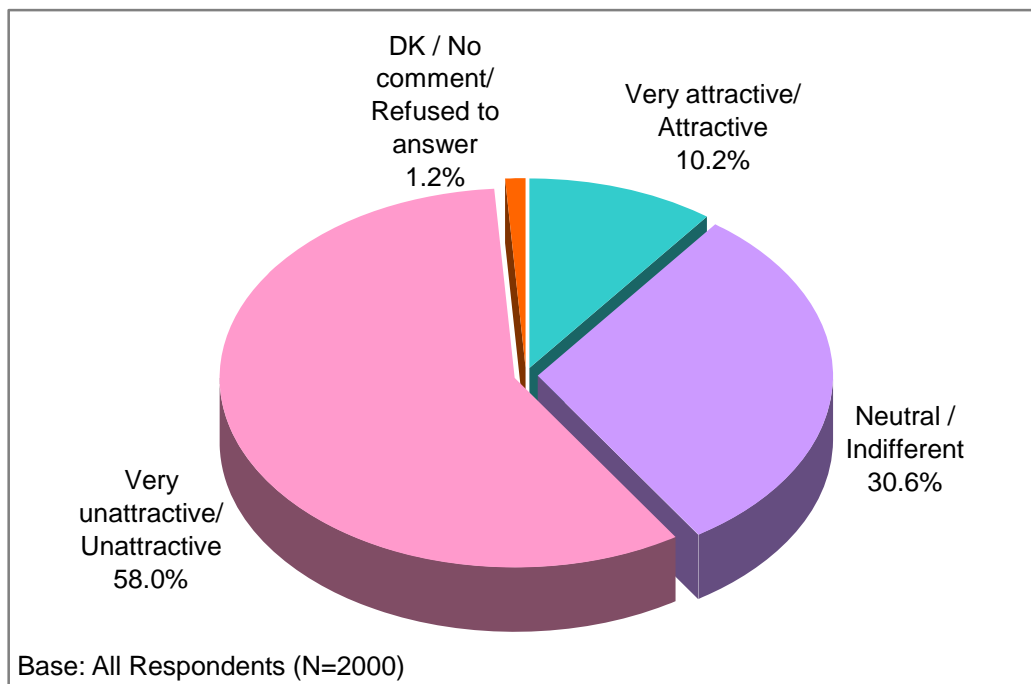
- Non-owners of hospitalization insurance (30.9%) versus owners (23.9%)
- Age group of 60 or above (36.4%) versus age groups of 18-39 (21.5%) and 40-59 (29.2%)
- Those who were non-working (30.4%) versus those who were working (26.2%)
- Those who had chronic disease (33.2%) versus those who did not have any chronic disease (26.2%)
- Those with primary education or below (37.2%) versus those with secondary (26.8%) and post-secondary education (25.1%)
- Those who were married (29.2%) and divorced or widowed (33.2%) versus those who were single (23.0%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

#### **5.4.4 Attractiveness of the Choice of Buying Top-up Cover of General and Specialist Out-patient Care subject to Additional Premium Payment (Question D4)**

All the respondents were asked whether and how far they were attracted if there was an option of buying top-up covers for general and specialist out-patient care (apart from the outpatient care related to hospital admissions and ambulatory procedure that the HPS Standard Plan already covered) with the basic premium doubling to tripling (as an illustrative assumption to the best of our knowledge about the current market situation). Only 10.2% of the respondents considered this option attractive / very attractive. 30.6% were neutral / indifferent while more than half (58.0%) of them considered this option unattractive / very unattractive.

Figure 5.4.4: Attractiveness of the Choice of Buying Top-up Cover of General and Specialist Out-patient Care subject to additional premium payment



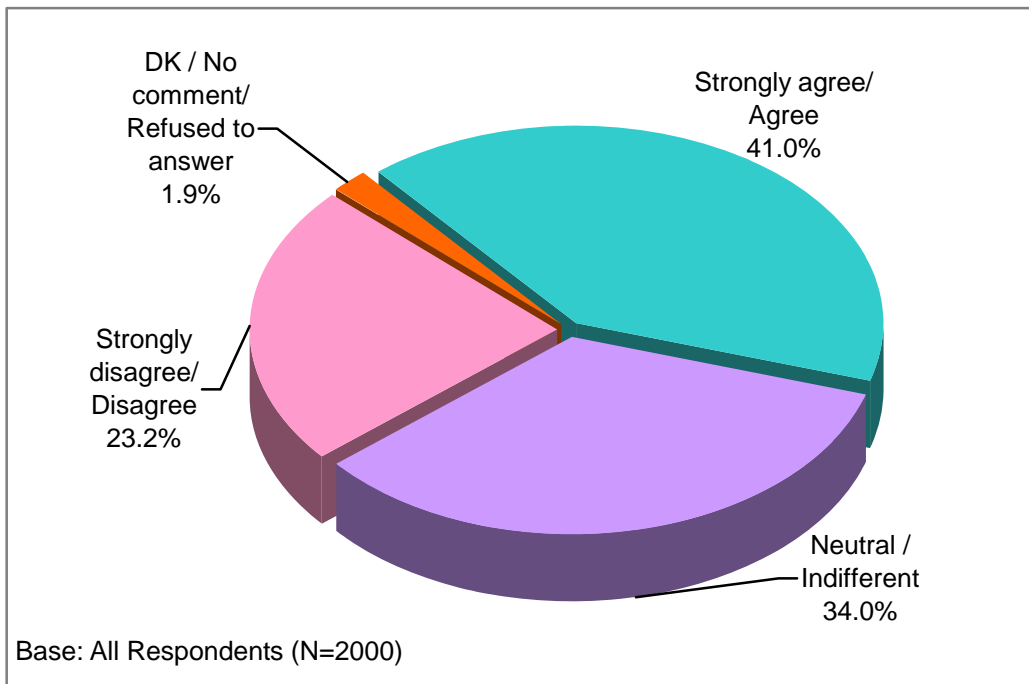
Relatively speaking, those aged 60 or above had a relatively higher proportion who considered this option attractive / very attractive (12.1%), as compared with those aged 40-59 (8.6%).

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

#### 5.4.5 Level of Agreement to Anticipation that the HPS could Increase Premium Transparency and Better Safeguard Consumer Interests (Question D5)

All respondents were asked whether they agreed to an anticipation that given its unique features (e.g. standardized insurance policy terms and definitions, DRG-based pricing as the basis for calculating the insurance benefit limits, government regulation), the HPS would increase premium transparency and better safeguard consumer interests. The results showed that 41.0% of the respondents agreed / strongly agreed to this anticipation. 34.0% were neutral / indifferent while 23.2% disagreed / strongly disagreed to this anticipation.

Figure 5.4.5: Level of Agreement to Anticipation that the HPS could Increase Premium Transparency and Better Safeguard Consumer Interests



Analysis of the respondents' profile showed that the following subgroups had a relatively higher proportion who agreed to the aforesaid anticipation:

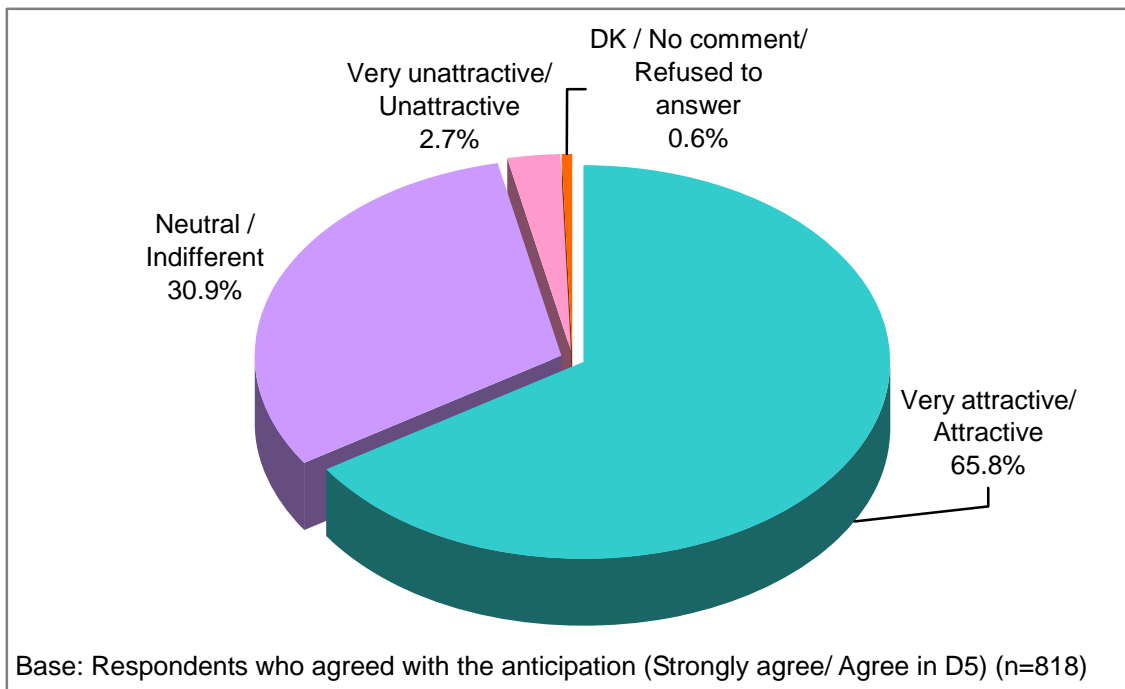
- Owners of hospitalization insurance (43.6%) versus non-owners (39.1%)
- Those who were married (43.1%) and divorced or widowed (46.3%) versus those who were single (35.6%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

#### **5.4.5a Attractiveness if the HPS could Increase Premium Transparency and Better Safeguard Consumer Interests (Question D5a)**

For those respondents who agreed / strongly agreed to the anticipation that the HPS could increase premium transparency and better safeguard consumer interests, they were asked further whether and how far this anticipated outcome could attract them. The results showed that 65.8% of these respondents viewed this outcome attractive / very attractive. 30.9% were neutral / indifferent, while only 2.7% viewed this outcome unattractive / very unattractive.

Figure 5.4.5a: Attractiveness if the HPS could Increase Premium Transparency and Better Safeguard Consumer Interests



Further analysis of the respondents' profile showed that for those who agreed to the aforesaid anticipation, the anticipated outcome was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

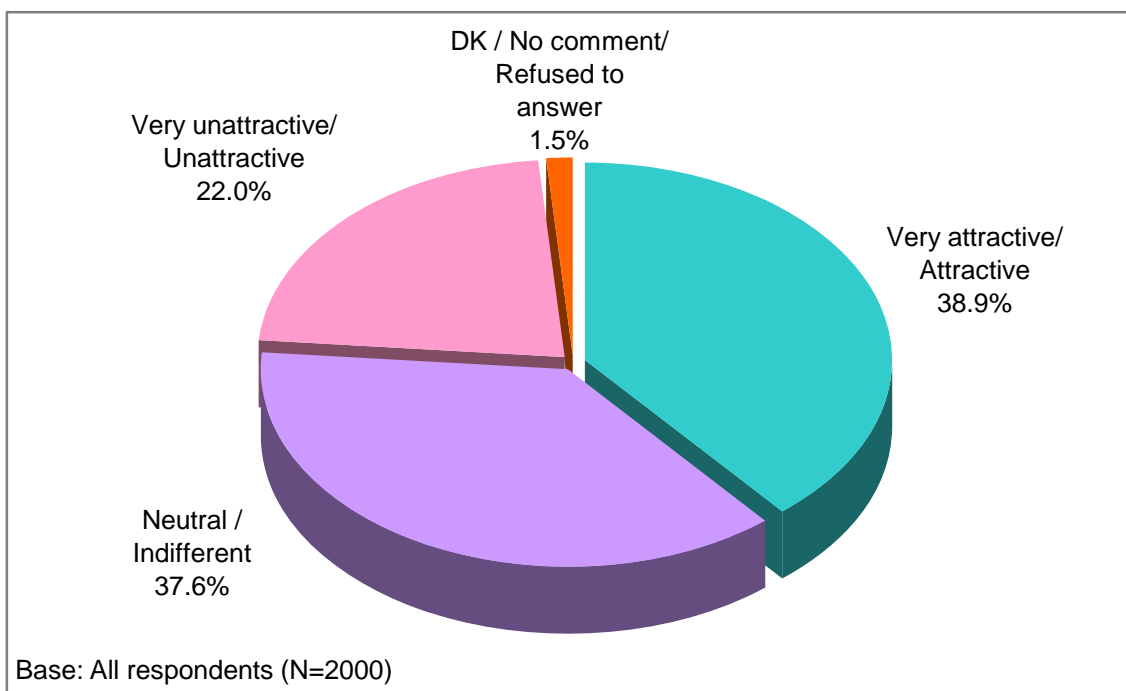
- Owners of hospitalization insurance (73.9%) versus non-owners (59.2%)
- Age groups of 18-39 (73.1%) and 40-59 (66.6%) versus age group of 60 or above (53.5%)
- Those who had monthly personal income at \$25,000 or above (82.8%) versus those with monthly personal income at \$10,000-24,999 (67.2%) and below \$10,000 (65.7%)
- Those who were working (70.9%) versus those who were non-working (58.7%)
- Those who did not have any chronic disease (68.7%) versus those who had chronic disease (57.9%)
- Those with post-secondary education (75.6%) versus those with secondary education (63.6%) and primary education or below (52.7%)
- Those who were single (70.3%) and married (65.9%) versus those who were divorced or widowed (52.6%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

### 5.4.6 Attractiveness of Providing 30% No-claim Discount Upfront in the First Year of HPS Implementation (Question D6)

All the respondents were asked whether and how far they would be attracted to join the HPS if a no-claim discount at 30% was provided upfront to all who joined the scheme in its first year of implementation. The results showed that 38.9% of the respondents considered this promotional measure attractive / very attractive. 37.6% of the respondents were neutral / indifferent while 22.0% considered this promotional measure unattractive / very unattractive. 1.5% considered this promotional measure DK / No comment/ Refused to answer.

Figure 5.4.6: Attractiveness of Providing 30% No-claim Discount Upfront in the First Year of HPS Implementation



Analysis of the respondents’ profile showed that the promotional measure through 30% no-claim discount upfront in the first year of HPS implementation was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

- Owners of hospitalization insurance (48.4%) versus non-owners (31.8%)
- Age group of 18-39 (43.7%) and 40-59 (39.9%) versus age group of 60 or above (28.7%)
- Those who were working (43.4%) versus those who were non-working (32.5%)
- Those who had monthly personal income at \$25,000 or above (53.6%) versus those with monthly personal income at \$10,000-24,999 (44.2%) and below \$10,000 (33.9%)
- Those who did not have any chronic disease (40.7%) versus those who had chronic disease (33.3%)
- Those with post-secondary education (49.1%) versus those with secondary education

(38.6%) and primary education or below (21.1%)

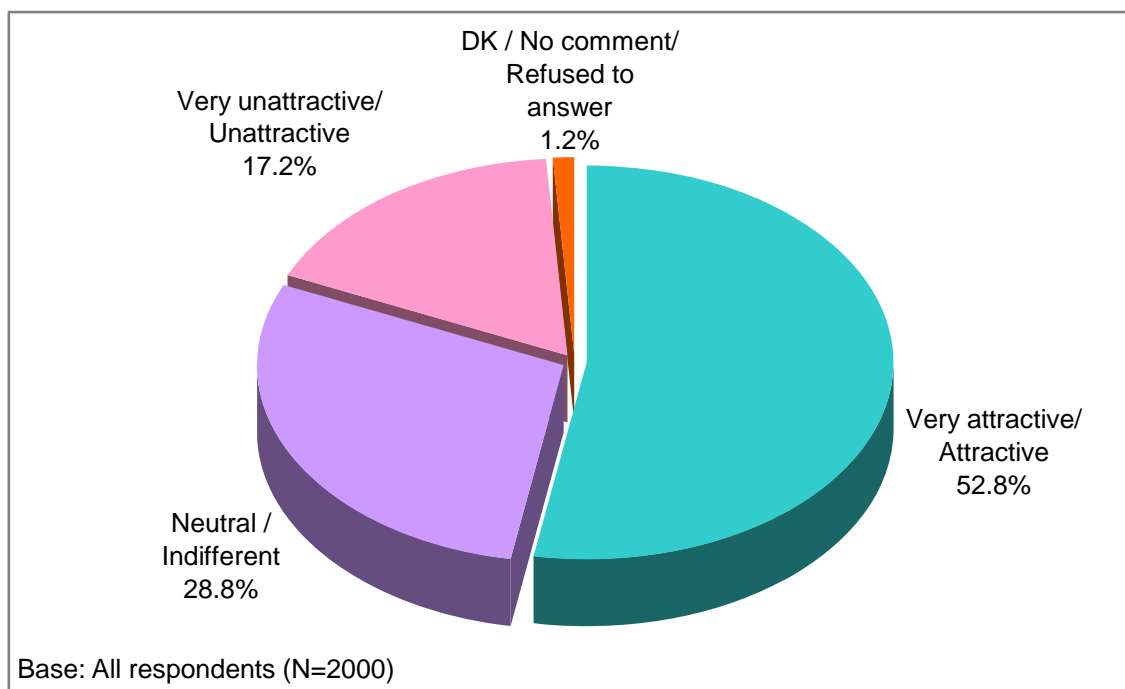
- Those who were single (39.3%) and married (40.0%) versus those who were divorced or widowed (27.8%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

#### 5.4.7 Attractiveness if the Basic Premiums of the HPS Standard Plan were under Government Regulation (Question D7)

If the premiums for the HPS Standard Plan were to be regulated by the Government, more than half (52.8%) of the participants indicated that this arrangement was attractive / very attractive to them, while 28.8% were neutral / indifferent. 17.2% of the respondents considered this arrangement unattractive / very unattractive.

Figure 5.4.7: Attractiveness if the Basic Premiums of the HPS Standard Plan were under Government Regulation



Analysis of the respondents' profile showed that the idea of having the basic premiums of the HPS Standard Plan under government regulation was relatively appealing (i.e. being considered attractive / very attractive) to the following subgroups:

- Owners of hospitalization insurance (60.8%) versus non-owners (47.0%)
- Age groups of 18-39 (54.8%) and 40-59 (55.8%) versus age group of 60 or above (44.1%)
- Those who were working (56.4%) versus those who were non-working (47.9%)

- Those who had monthly personal income at \$25,000 or above (63.0%) versus those with monthly personal income below \$10,000 (51.5%)
- Those with secondary education (53.9%) and post-secondary education (58.6%) versus those with primary education or below (38.2%)

*Note: The above subgroup analysis only covers the differences between subgroups which are statistically significant.*

## 5.5 Special Topic – Comparative Analysis by the Owners and Non-owners of Hospitalization Insurance

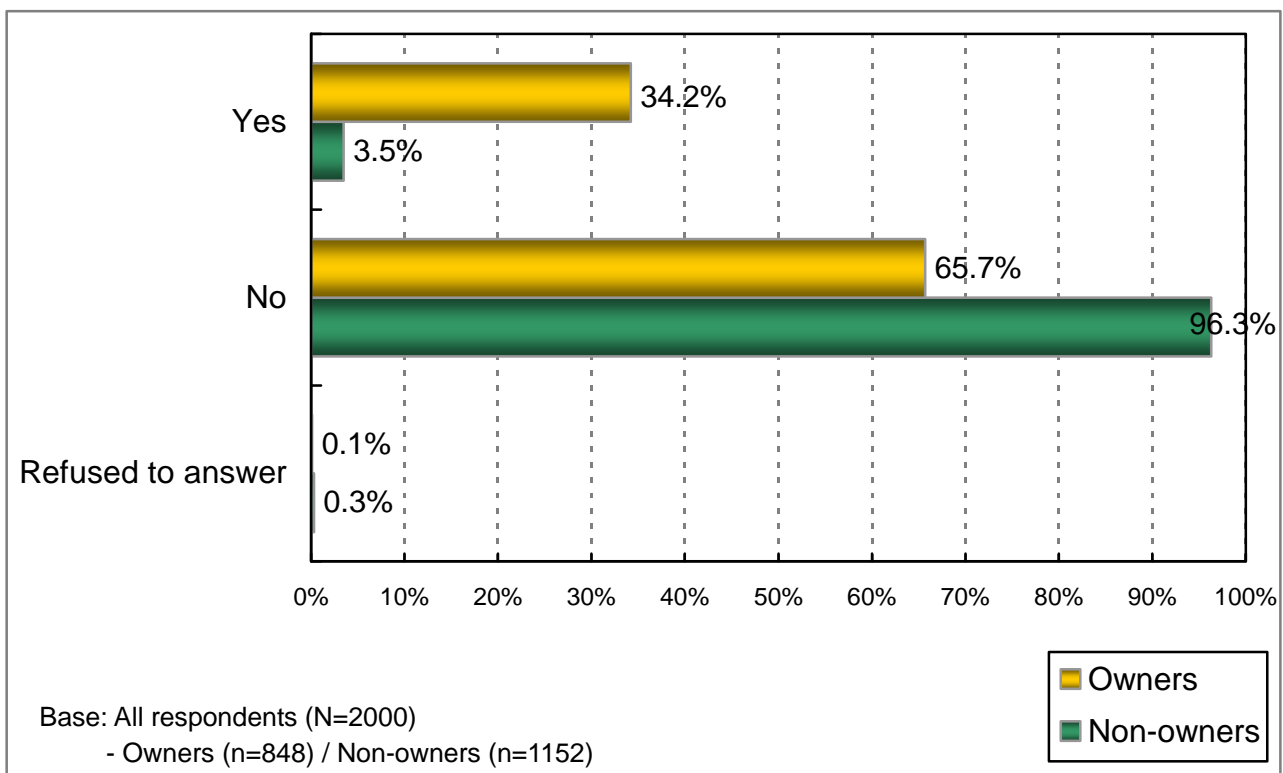
The following provides an analysis of the survey results in breakdown by current owners (“the owners”) and non-owners (“the non-owners”) of hospitalization insurance. The comparison reveals considerable differences in consumer preferences and attitude between these two market segments. In general, compared with the non-owners, the owners had a higher level of appreciation towards the HPS and showed greater willingness-to-pay for joining the HPS.

To ensure proper comparison, only differences in survey findings with statistical significance ( $p < 0.05$ ) are to be presented.

### 5.5.1 Whether Purchasing Hospitalization Insurance for Family Members (Question A7)

About one-third of the owners (34.2%) had purchased hospitalization insurance for their family members, far greater than of the corresponding proportion for the non-owners (3.5%).

Figure 5.5.1: Whether Purchasing Hospitalization Insurance for Family Members – Owners & Non-owners Comparison

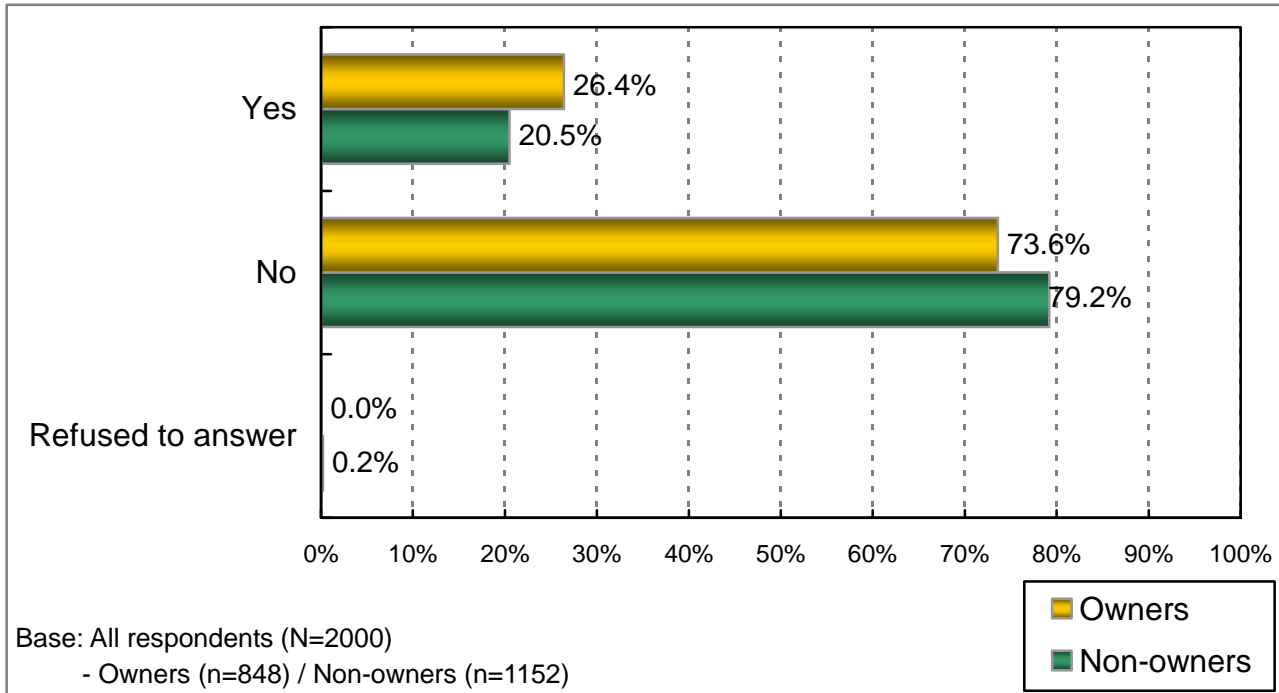




### 5.5.2 Whether Having Hospitalization Experience for Reason(s) other than Maternity and Body Check-up over the Past Five Years (Question A8)

26.4% of the owners had hospitalization experience for reason(s) other than maternity and body check-up over the past five years, slightly higher than that of 20.5% for the non-owners.

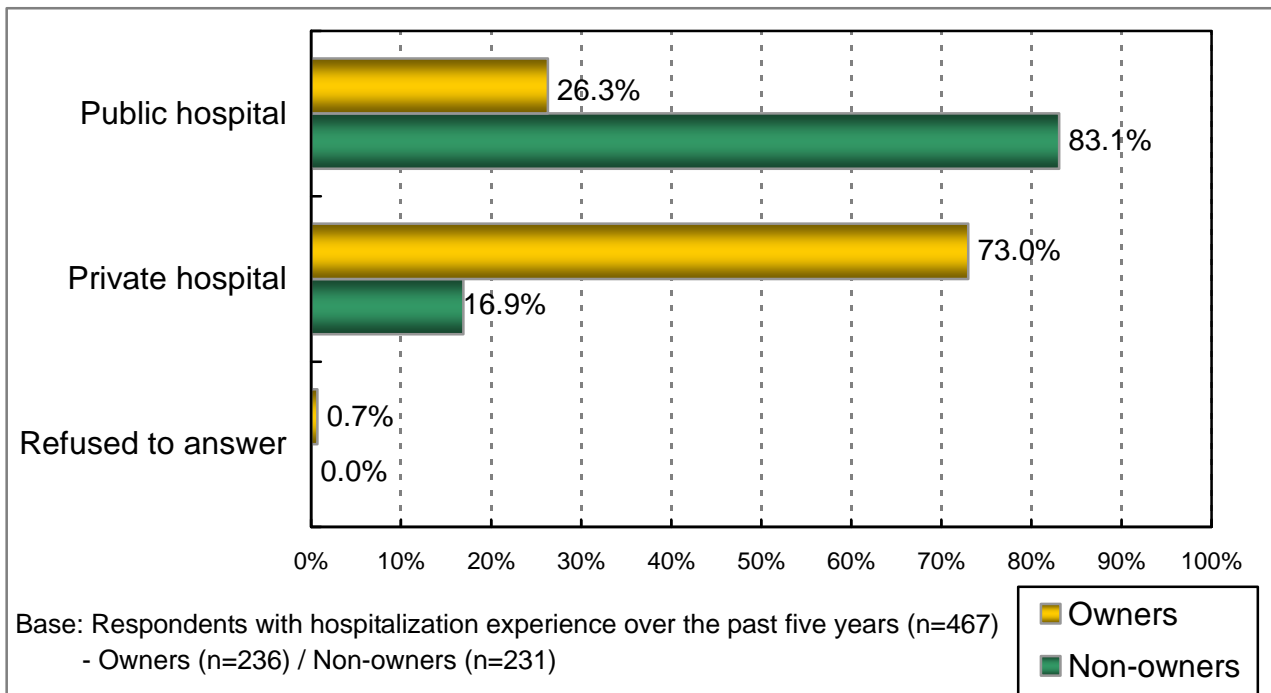
Figure 5.5.2: Whether Having Hospitalization Experience for Reason(s) other than Maternity and Body Check-up over the Past Five Years – Owners & Non-owners Comparison



### 5.5.3 Whether Went Public or Private if Having Had Hospitalization Experience over the Past Five years (Question A9a)

Those who had been hospitalized over the past five years (for reasons other than maternity and body check-up) were further asked whether their latest hospital stay were at public or private hospitals. 83.1% of the non-owners had used public hospitals, while the corresponding proportion for the owners was 26.3%.

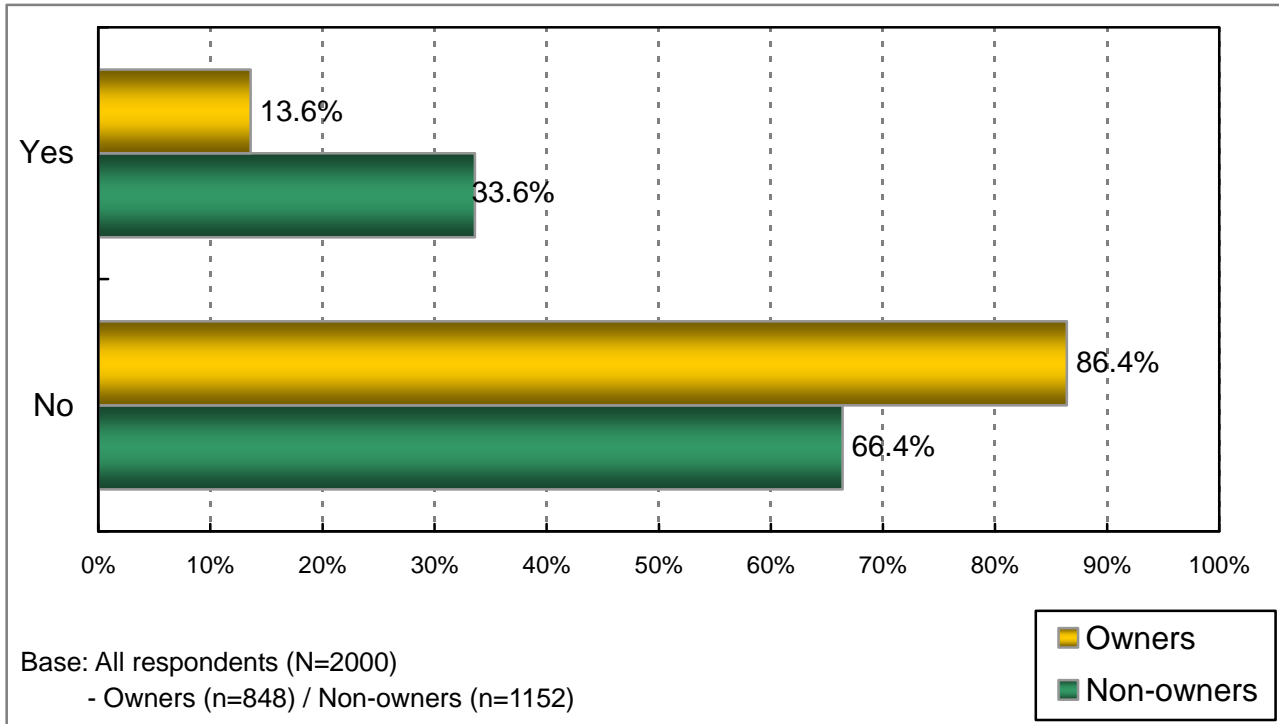
Figure 5.5.3: Whether Went Public or Private if Having Had Hospitalization Experience over the Past Five Years – Owners & Non-owners Comparison



### 5.5.4 Whether Having Chronic Disease at the Time of Survey (Question A10)

One-third of the non-owners (33.6%) reported that they had chronic disease at the time of survey, while only 13.6% of the owners answered the same.

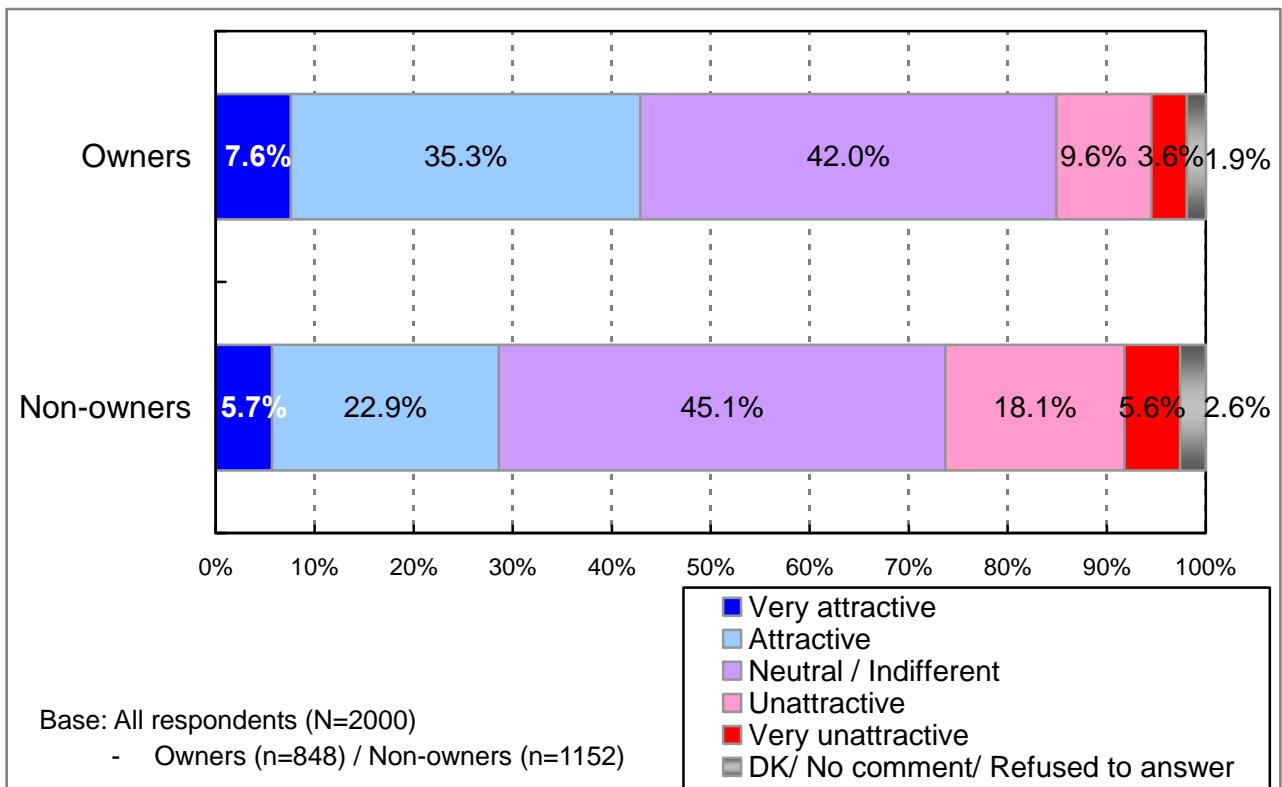
Figure 5.5.4: Whether Having Chronic Disease at the Time of Survey – Owners & Non-owners Comparison



### 5.5.5 Attractiveness of the Benefit Coverage of the HPS Standard Plan (Question B1)

42.9% of the owners considered the benefit coverage of the HPS Standard Plan attractive / very attractive, whereas the corresponding proportion for the non-owners was 28.6%. Meanwhile, 23.7% of the non-owners found the benefit coverage unattractive / very unattractive, higher than that of 13.3% for the owners.

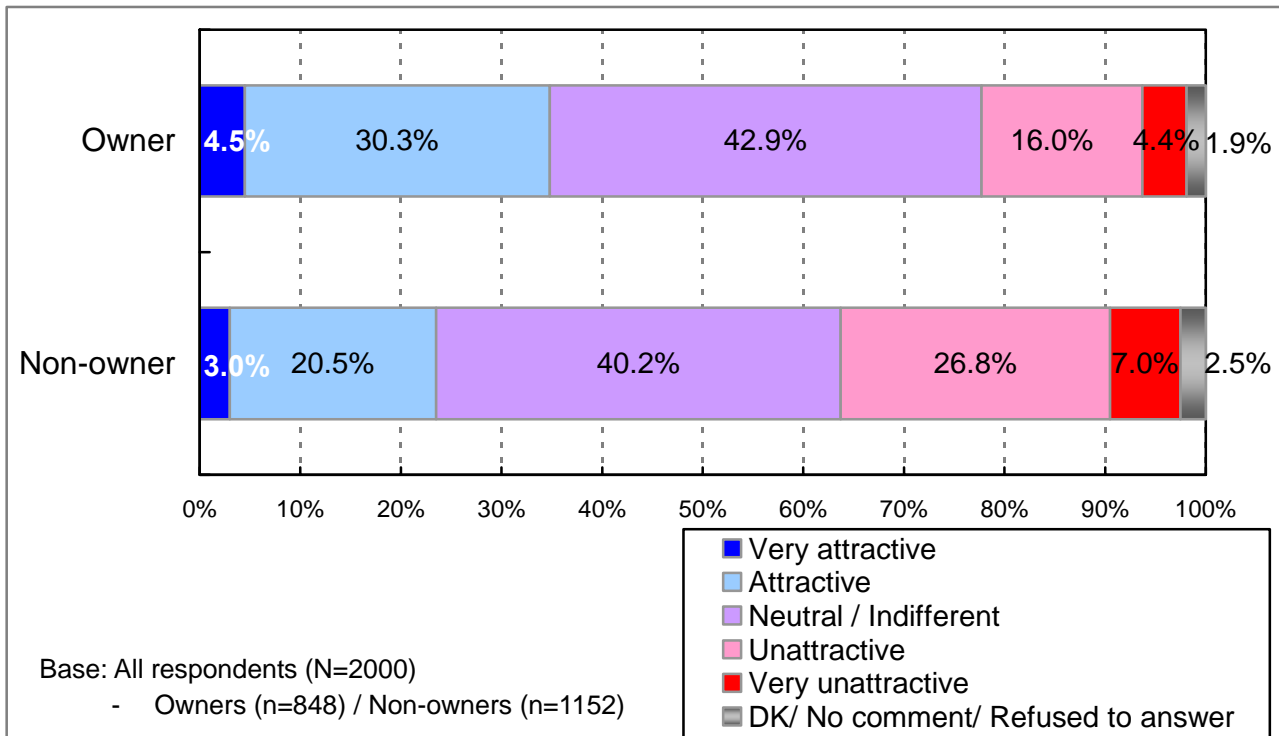
Figure 5.5.5: Attractiveness of the Basic Benefit Coverage of the HPS Standard Plan – Owners & Non-owners Comparison



### 5.5.6 Attractiveness of Voluntary Top-up Arrangement (Question B2)

34.8% of the owners considered the availability of voluntary top-up arrangement attractive / very attractive, while the corresponding proportion for the non-owners was only 23.5%. Meanwhile, there was a relatively higher proportion of the non-owners (33.8%) considered this voluntary arrangement unattractive / very unattractive, compared with the corresponding proportion for the owners (20.4%).

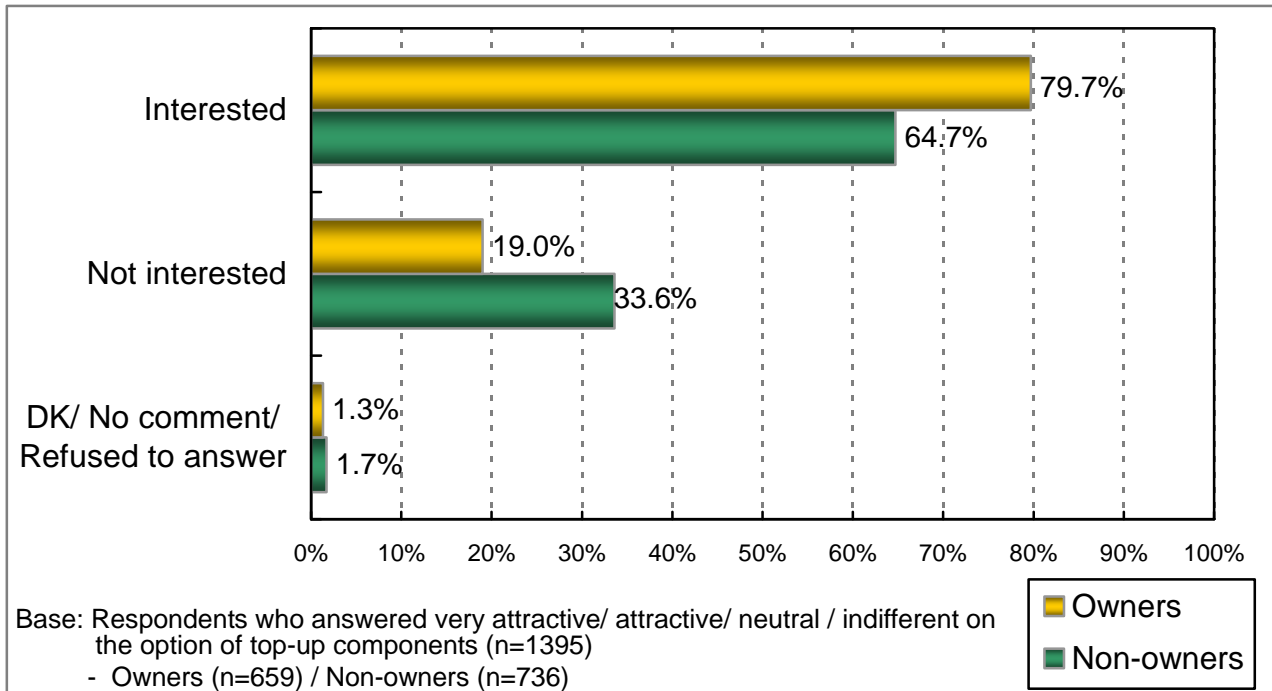
Figure 5.5.6: Attractive of Voluntary Top-up Arrangement – Owners & Non-owners Comparison



### 5.5.7 Interest in Top-up Cover for Higher Benefit Limits (Question B2aii)

Among those respondents who found the voluntary top-up arrangement neutral / indifferent / attractive / very attractive, 79.7% of the owners expressed interest to consider top-up protection providing higher benefit limits, while 64.7% of the non-owners expressed the same interest.

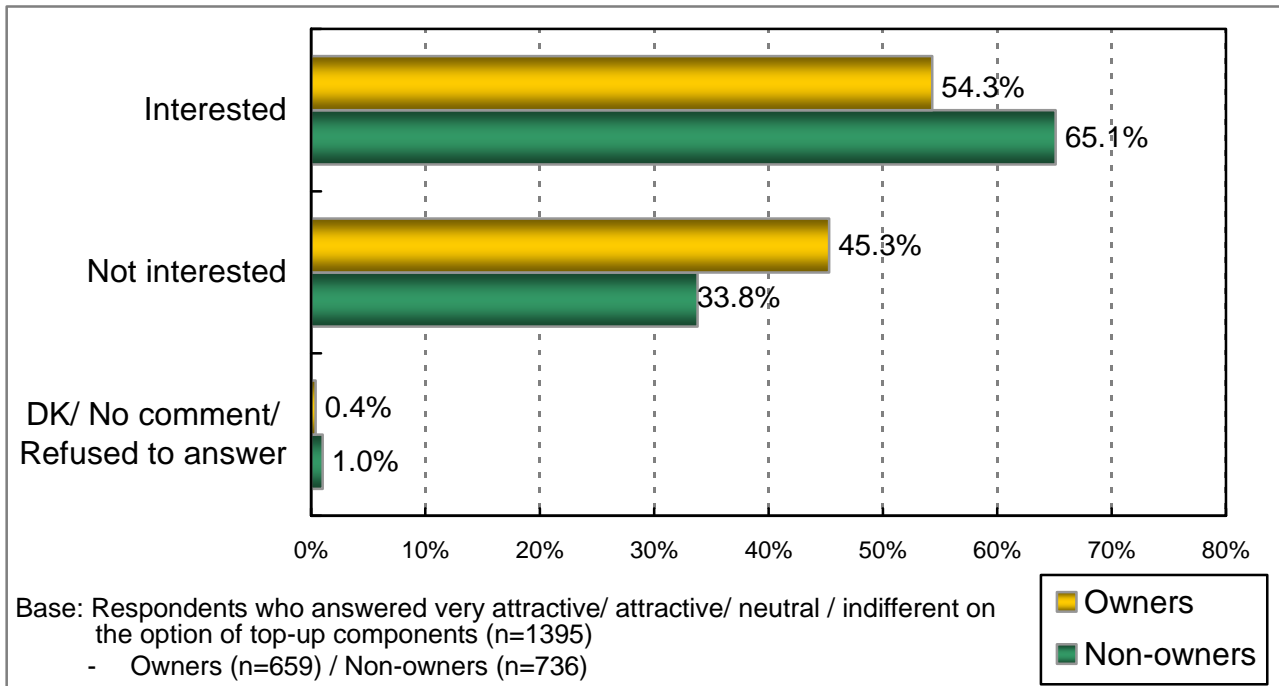
Figure 5.5.7: Interest in Top-up Cover for Higher Benefit Limits – Owners & Non-owners Comparison



### 5.5.8 Interest in Top-up Cover for General Out-patient Care (Question B2aiii)

Among those respondents who found the voluntary top-up arrangement neutral / indifferent / attractive / very attractive, 65.1% of the non-owners expressed interest to consider top-up protection providing general out-patient care, while 54.3% of the owners expressed the same interest.

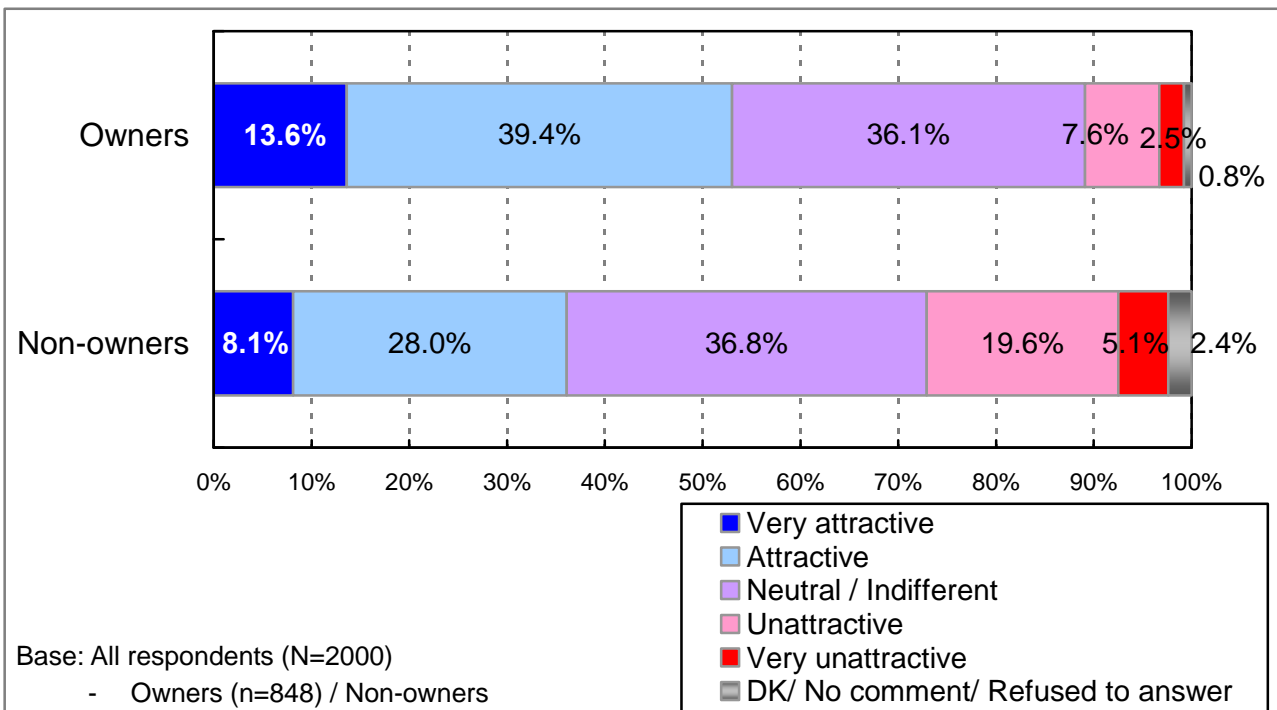
Figure 5.5.8: Interest in Top-up Cover for General Out-patient Care – Owners & Non-owners Comparison



### 5.5.9 Attractiveness of Standardized Health Insurance Policy Terms and Definitions (Question C1)

Regarding standardized health insurance policy terms and definitions, 53.0% of the owners considered this HPS feature attractive / very attractive, while the corresponding proportion for the non-owners was 36.1%. Besides, the proportion of the non-owners who considered this feature unattractive / very unattractive (24.7%) was more than double that for the owners (10.1%).

Figure 5.5.9: Attractiveness of Standardized Health Insurance Policy Terms and Definitions – Owners & Non-owners Comparison

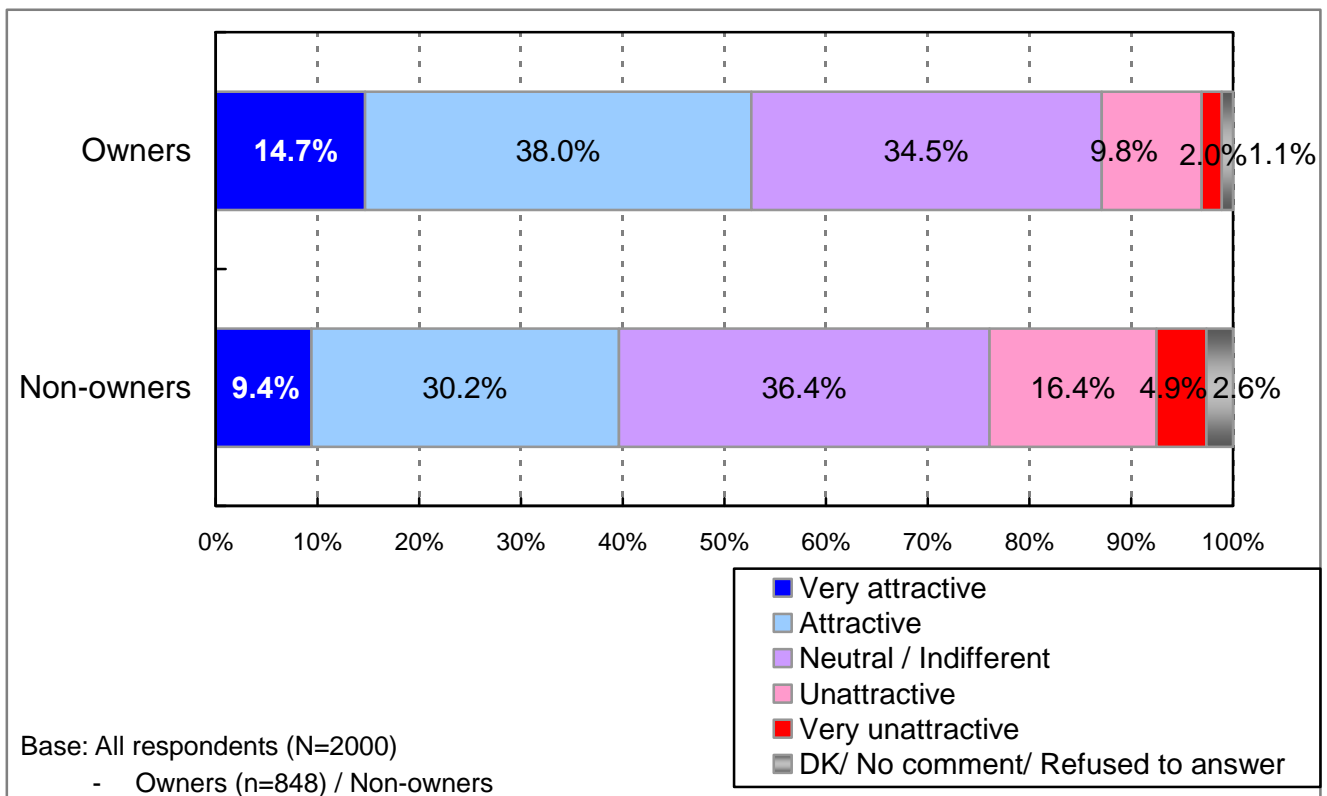




### 5.5.10 Attractiveness of a Government Regulated Health Insurance Claims Arbitration Mechanism (Question C2)

Regarding the establishment of a Government regulated health insurance claims arbitration mechanism, 52.7% of the owners considered this HPS feature attractive / very attractive, while the corresponding proportion for the non-owners was 39.7%. Meanwhile, there was a relatively higher proportion of the non-owners (21.4%) who considered this feature unattractive / very unattractive, compared with that for the owners (11.8%).

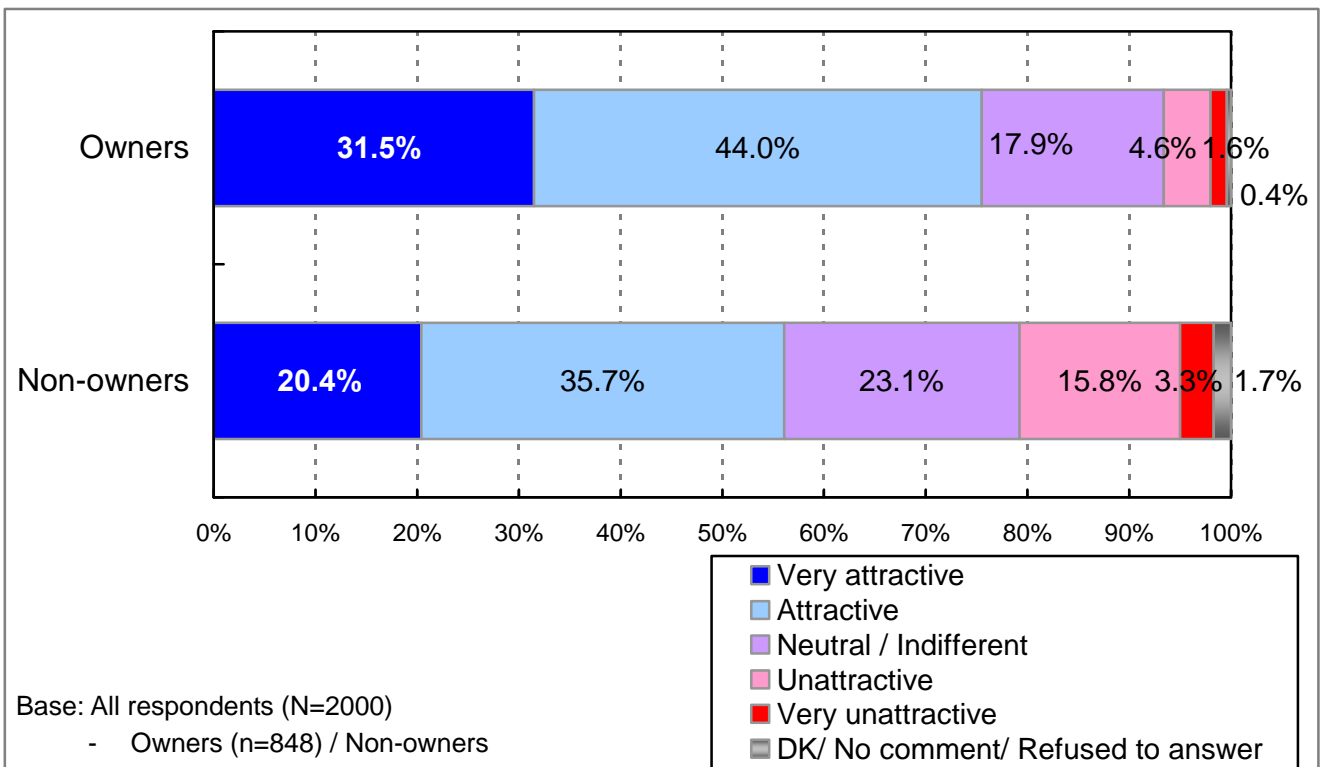
Figure 5.5.10: Attractiveness of a Government Regulated Health Insurance Claims Arbitration Mechanism – Owners & Non-owners Comparison



### 5.5.11 Attractiveness of Guaranteed Acceptance of Enrolment and Renewal for Life (Question C3)

Regarding guaranteed acceptance of enrolment and renewal for life, 75.4% of the owners considered this HPS features attractive / very attractive, higher than the corresponding proportion of 56.2% for the non-owners. Meanwhile, the proportion of those non-owners (19.1%) who considered this features unattractive / very unattractive was about triple that for the owners (6.2%).

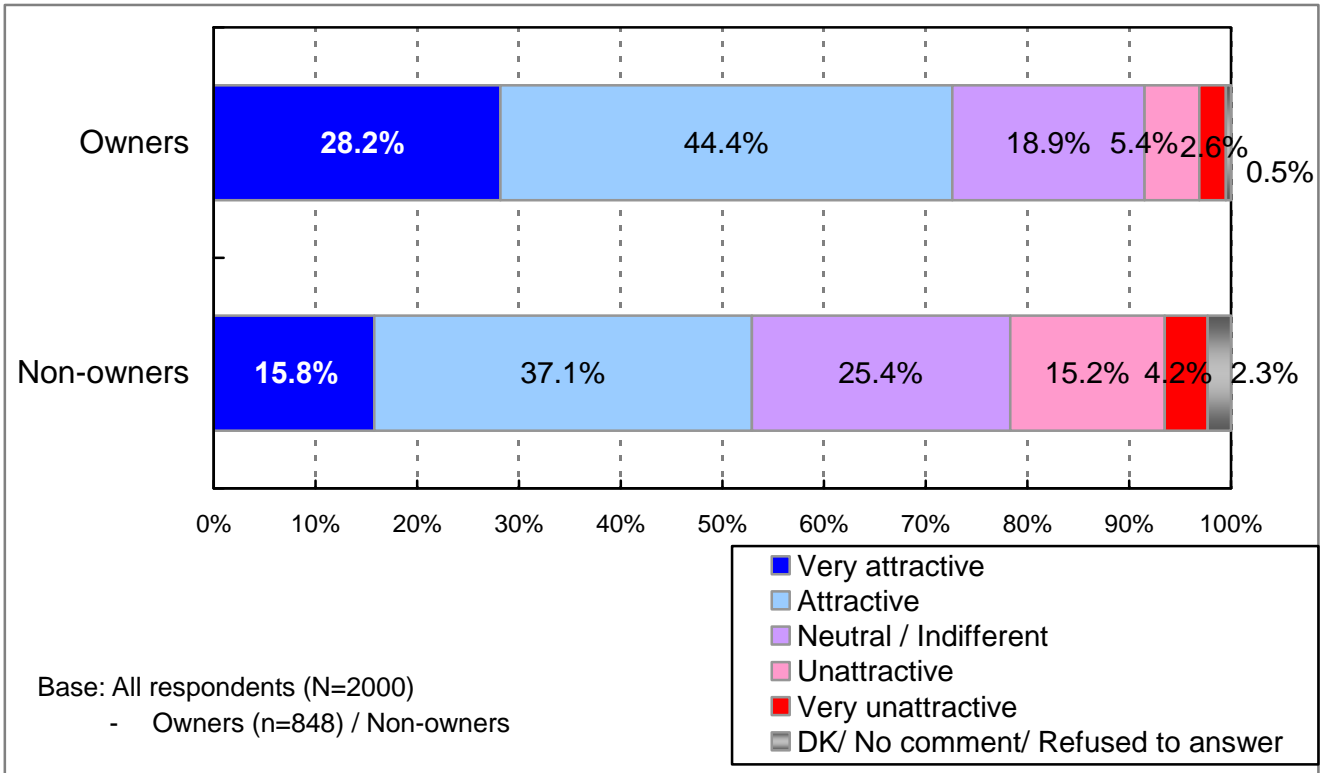
Figure 5.5.11: Attractiveness of Guaranteed Acceptance of Enrolment and Renewal for Life – Owners & Non-owners Comparison



### 5.5.12 Attractiveness of Barrier-free Portability (Question C4)

Regarding barrier-free portability, 72.6% of the owners considered this HPS feature attractive / very attractive, much higher than that of 52.9% for the non-owners. Meanwhile, the proportion of those non-owners (19.4%) who considered this feature unattractive / very unattractive was more than double of that for the owners (8.0%).

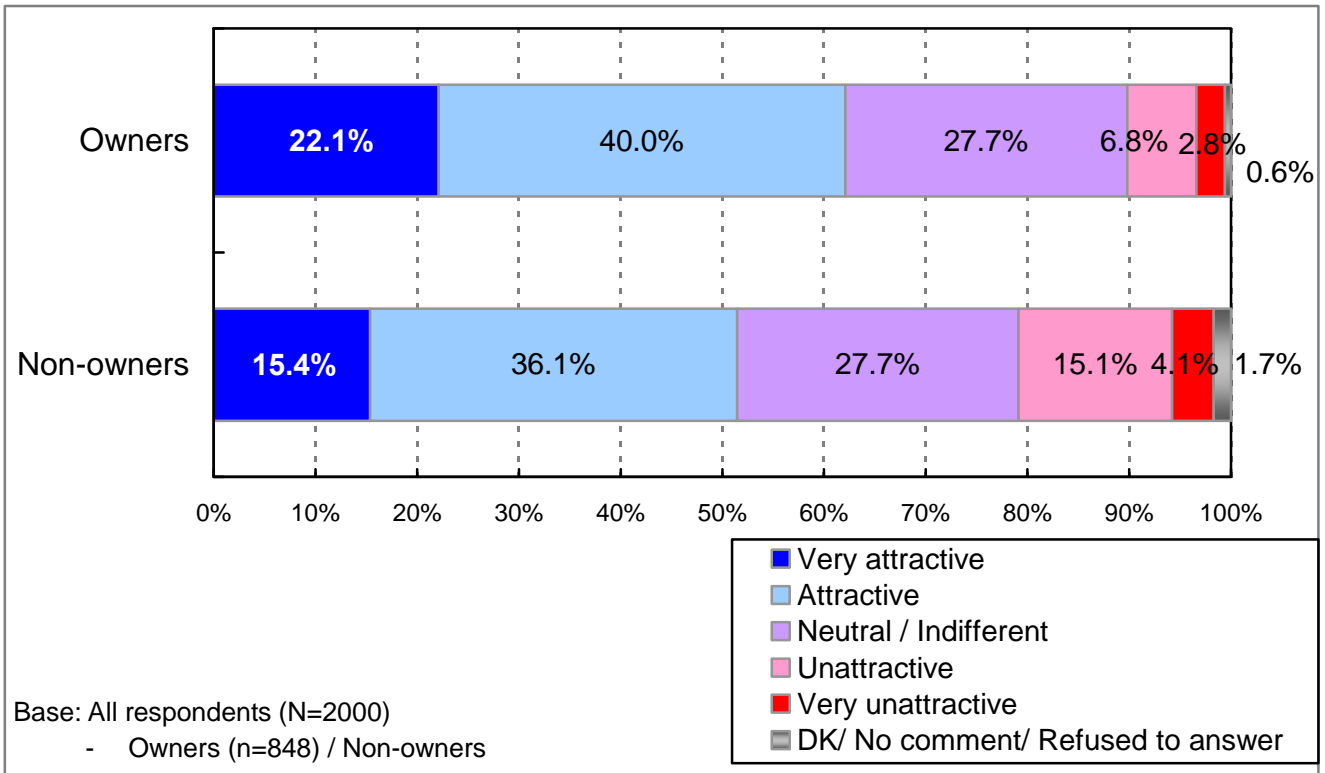
Figure 5.5.12: Attractiveness of Barrier-free Portability – Owners & Non-owners Comparison



### 5.5.13 Attractiveness of Coverage of Pre-existing Medical Conditions Subject to Waiting Period (Question C5)

Regarding coverage of pre-existing medical conditions subject to waiting period, 62.1% of the owners considered this HPS feature attractive / very attractive, while 51.5% of the non-owners considered the same. Meanwhile, there was a relatively higher proportion of the non-owners (19.2%) considered this feature unattractive / very unattractive to them, compared with the owners (9.6%).

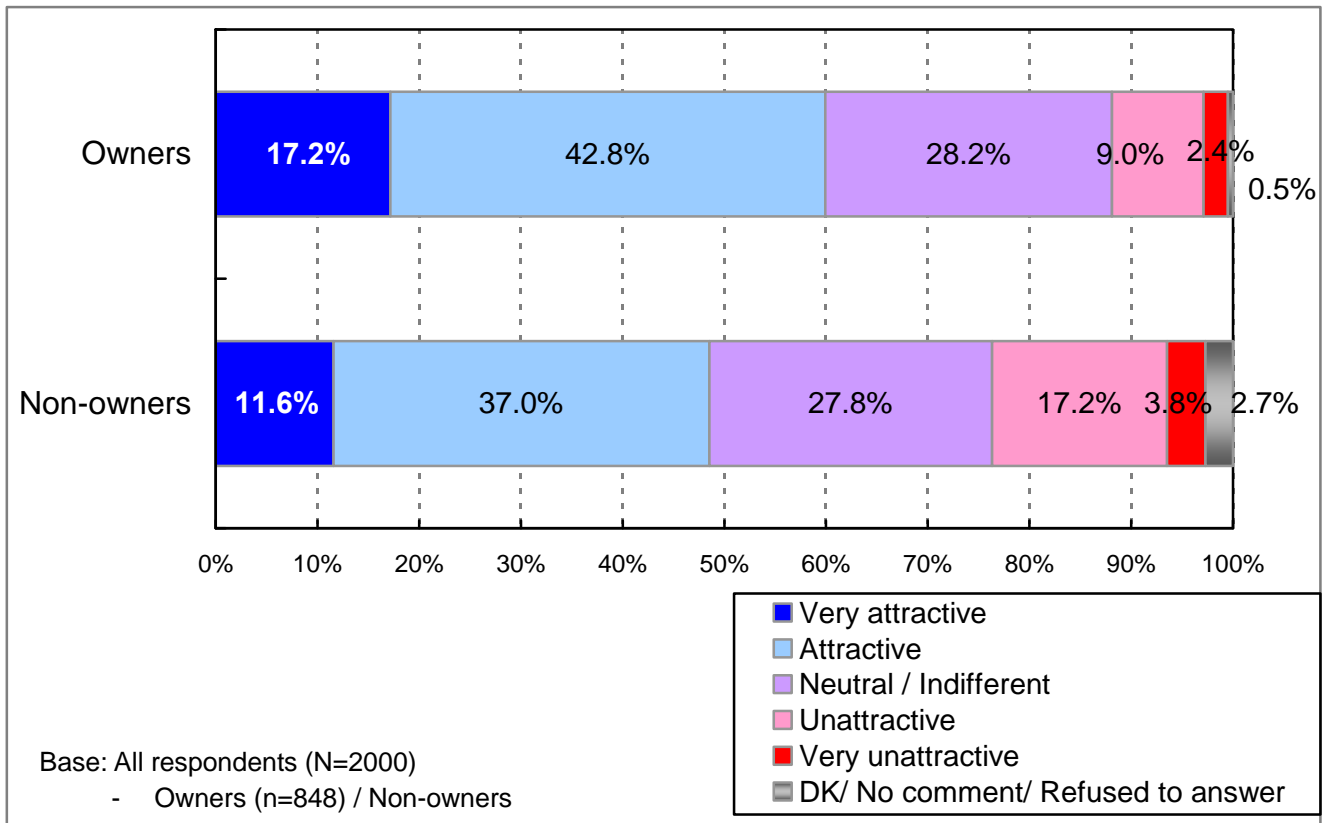
Figure 5.5.13: Attractiveness of Coverage of Pre-existing Medical Conditions Subject to Waiting Period – Owners & Non-owners Comparison



**5.5.14 Attractiveness of Acceptance of High-Risk Individuals to be Financed by Premium Loading at a Maximum of 200% and a High-Risk Pool Industry Reinsurance Mechanism (Question C6)**

Regarding acceptance of high-risk individuals to be financed by premium loading at a maximum of 200% and a High-Risk Pool industry reinsurance mechanism, 60.0% of the owners considered this HPS feature attractive / very attractive, while 48.6% of the non-owners thought the same. Meanwhile, there was a relatively higher proportion of the non-owners (21.0%) considered this feature unattractive / very unattractive, compared with the owners (11.4%).

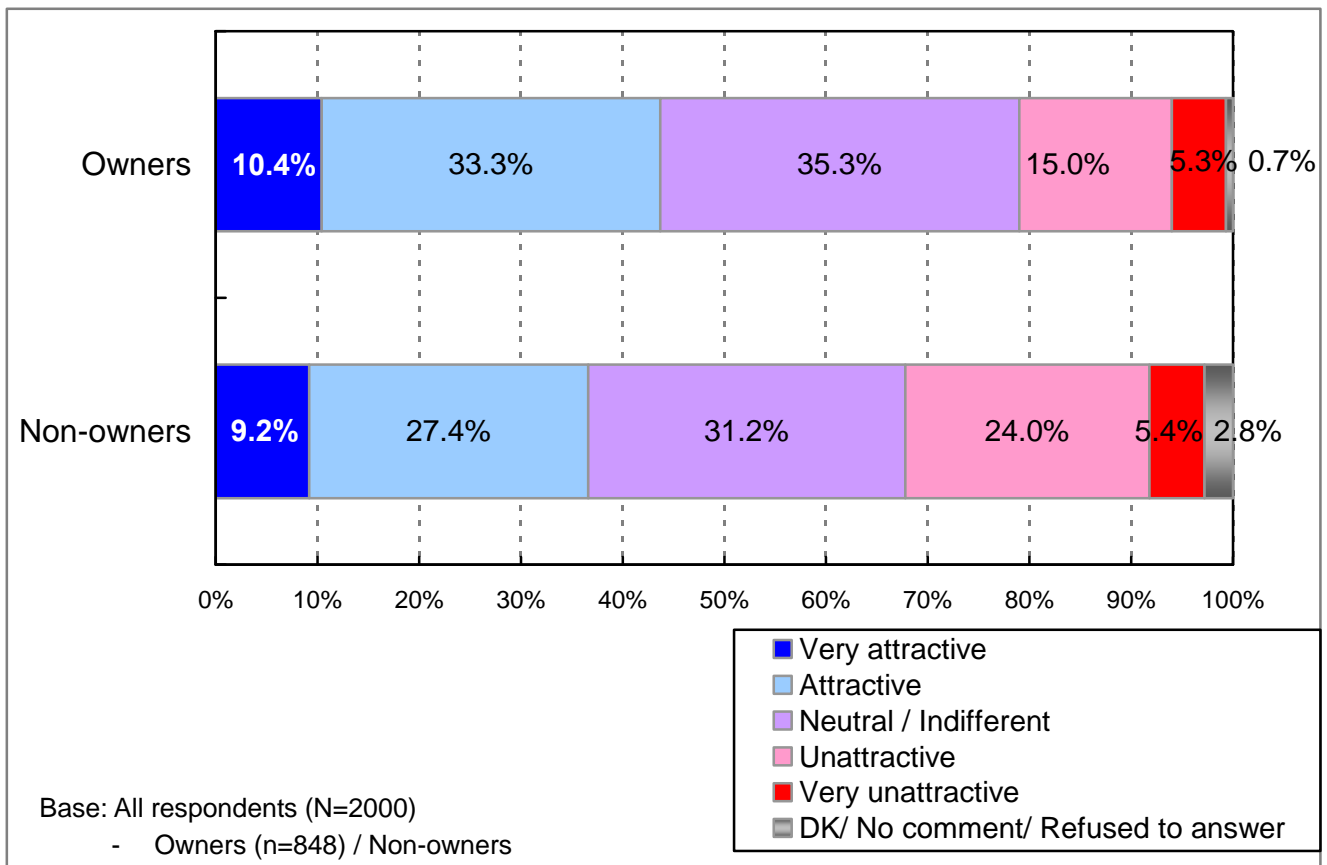
Figure 5.5.14: Attractiveness of Acceptance of High-Risk Individuals to be Financed by Premium Loading at a Maximum of 200% and a High-Risk Pool Industry Reinsurance Mechanism – Owners & Non-owners Comparison



**5.5.15 Attractiveness of Acceptance of Elderly Enrolees Aged 65 and above without Cap on Premium Loading in the First Year of HPS Implementation (Question C7)**

Regarding acceptance of elderly enrolees aged 65 and above without a cap on premium loading in the first year of HPS implementation, 43.6% of the owners considered this feature attractive / very attractive, while the corresponding proportion for the non-owners was 36.6%. Meanwhile, there was a relatively higher proportion of the non-owners (29.5%) considered this feature unattractive / very unattractive, compared with the owners (20.3%).

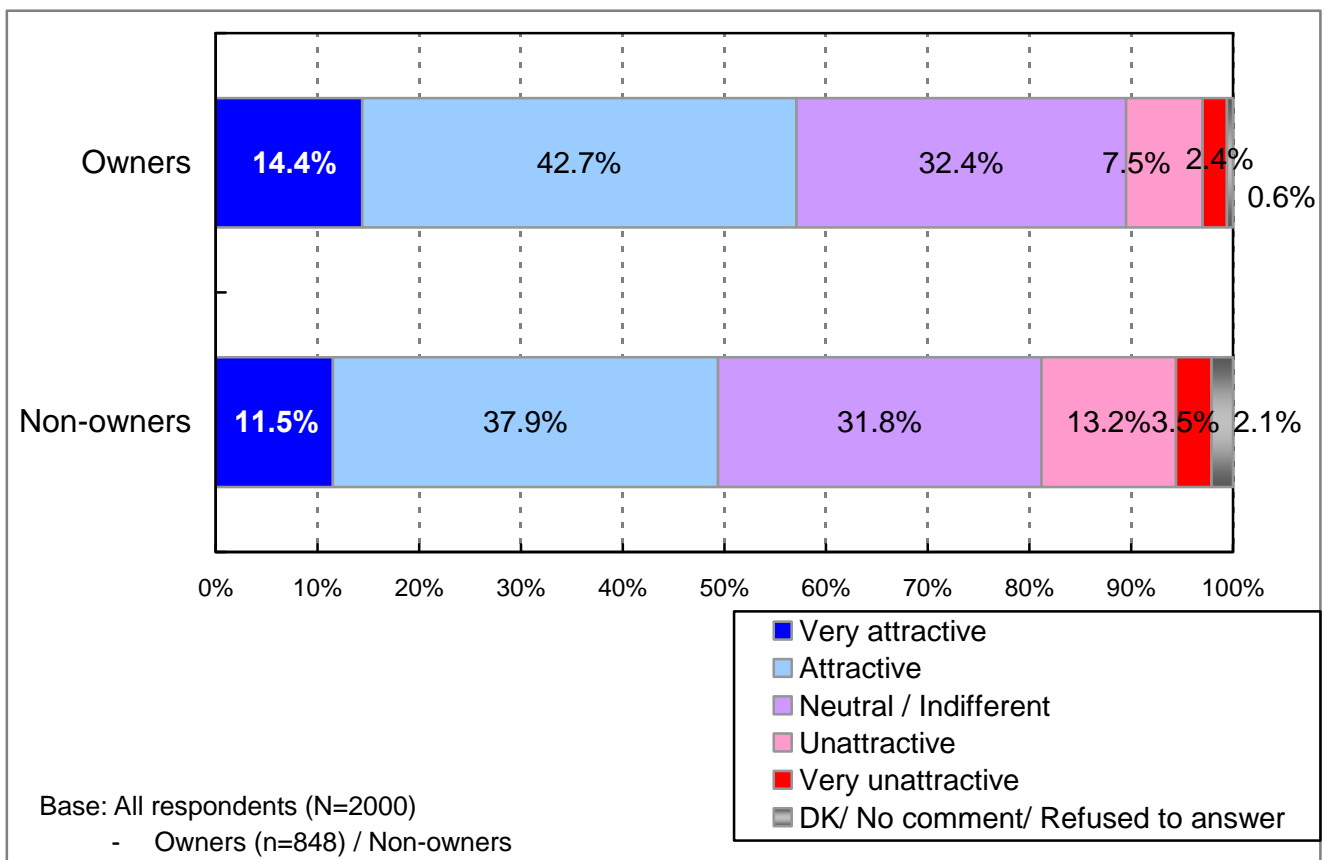
Figure 5.5.15: Attractiveness of Acceptance of Elderly Enrolees Aged 65 and above without Cap on Premium Loading in the First year of HPS Implementation – Owners & Non-owners Comparison



### 5.5.16 Attractiveness of DRG-based Packaged Charging as the Basis of Setting Insurance Benefit Levels (Question C8)

Regarding DRG-based packaged charging as the basis of setting insurance benefit levels, 57.2% of the owners considered this HPS feature attractive / very attractive, while 49.4% of the non-owners thought the same. Meanwhile, there was a relatively higher proportion of the non-owners (16.7%) considered this features unattractive / very unattractive, compared with the owners (9.8%).

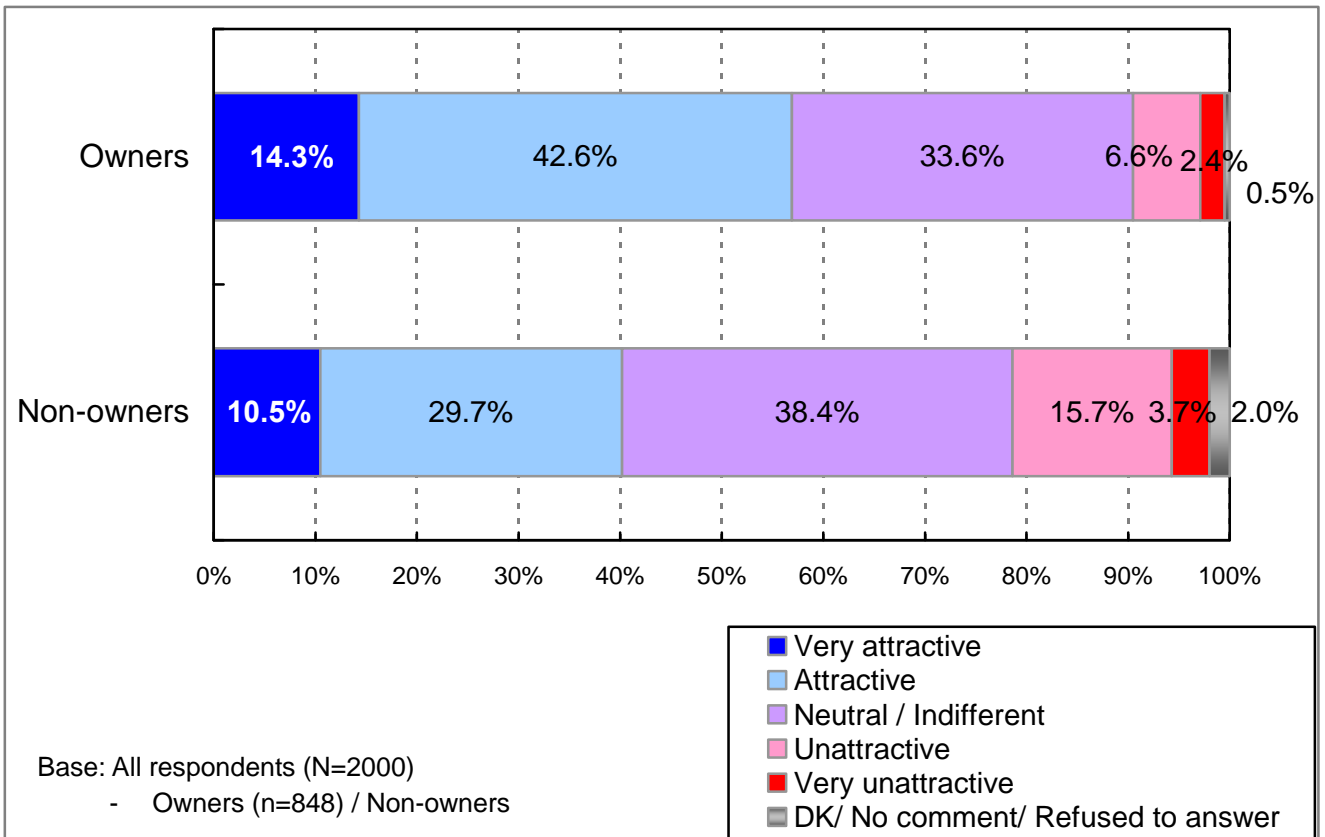
Figure 5.5.16: Attractiveness of DRG-based Package Charging as the Basis of Setting Insurance Benefit Levels – Owners & Non-owners Comparison



**5.5.17 Attractiveness of Greater Transparency for Premium Adjustment by Requiring Insurers to Report All Costs, Claims and Expenses (Question C9)**

Regarding greater transparency for premium adjustment by requiring insurers to report all costs, claims and expenses, 56.9% of the owners considered this HPS feature attractive / very attractive, higher than that the corresponding proportion for the non-owners (40.2%). Meanwhile, there was a relatively higher proportion of the non-owners (19.4%) considered this feature unattractive / very unattractive, compared to the owners (9.0%).

Figure 5.5.17: Attractiveness of Greater Transparency for Premium Adjustment by Requiring Insurers to Report All Costs, Claims and Expenses – Owners & Non-owners Comparison

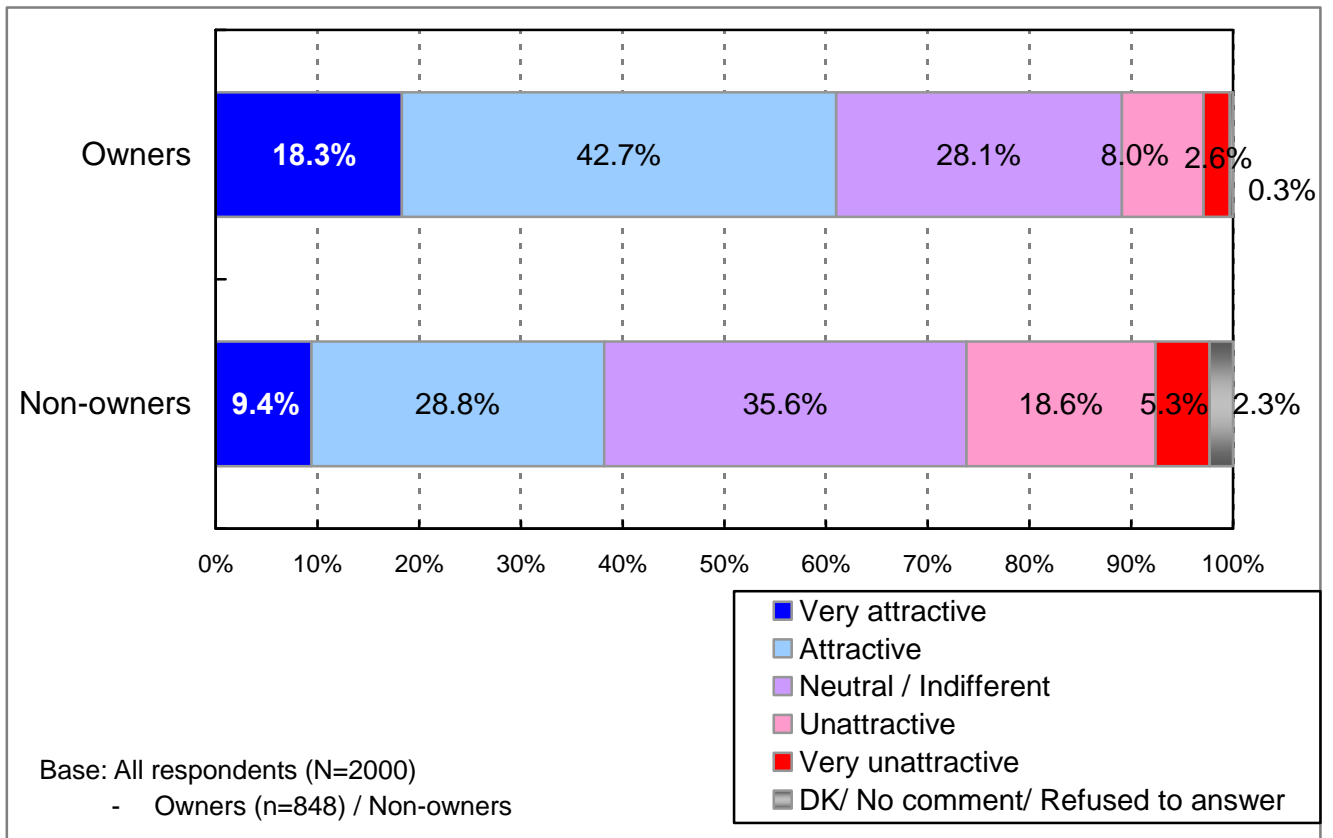




### 5.5.18 Attractiveness of No-claim Discount for Premiums (Question C10)

Regarding no-claim discount for premium (up to 30%), 61.0% of the owners considered this HPS feature attractive / very attractive, while only 38.2% of the non-owners thought the same. On the other hand, 24.0% of the non-owners considered this feature unattractive / very unattractive, more than double the corresponding proportion for the owners (10.6%).

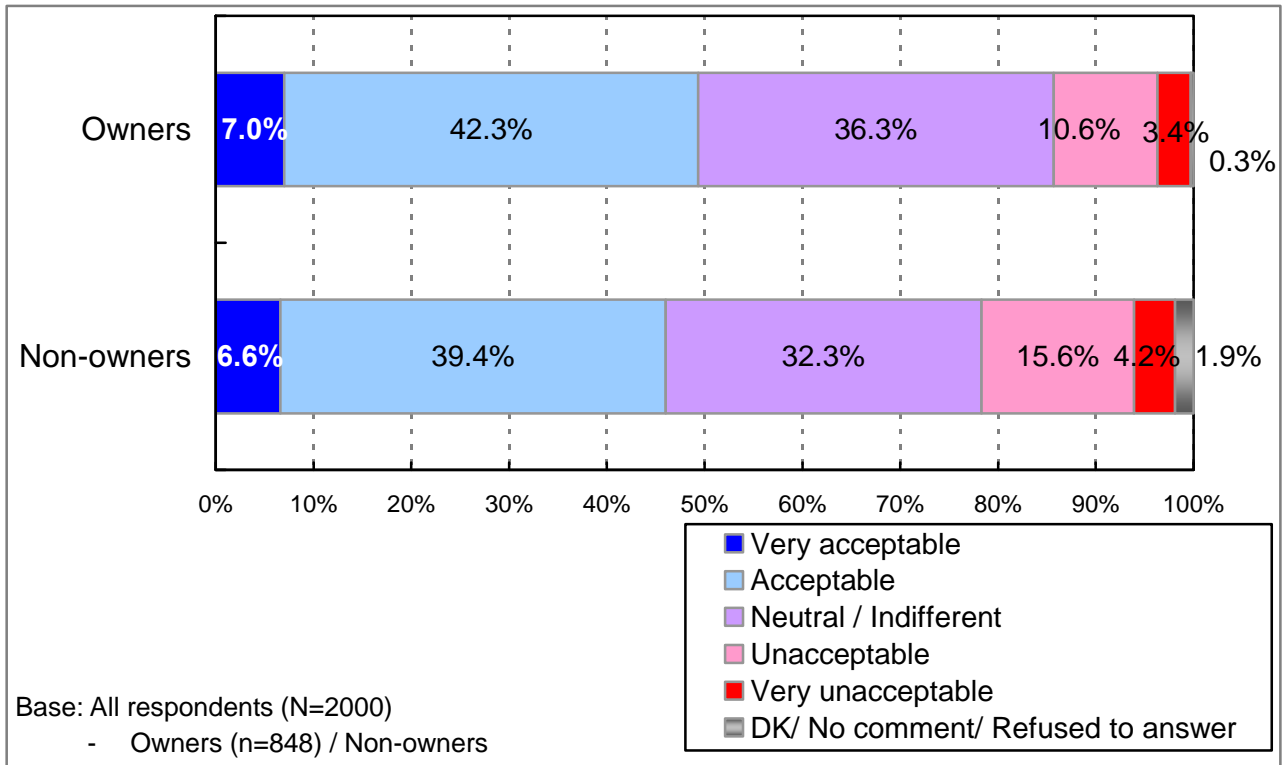
Figure 5.3.18: Attractiveness of No-claim Discount for Premiums – Owners & Non-owners Comparison



### 5.5.19 Acceptance of Coinsurance (Question C11)

On the proposed co-insurance arrangement, 49.3% of the owners considered it acceptable / very acceptable, while the corresponding proportion for the non-owners was slightly lower, at 46.0%. Meanwhile, a relatively higher proportion of the non-owners (19.8%) than owners (14.1%) considered co-insurance unacceptable/ very unacceptable.

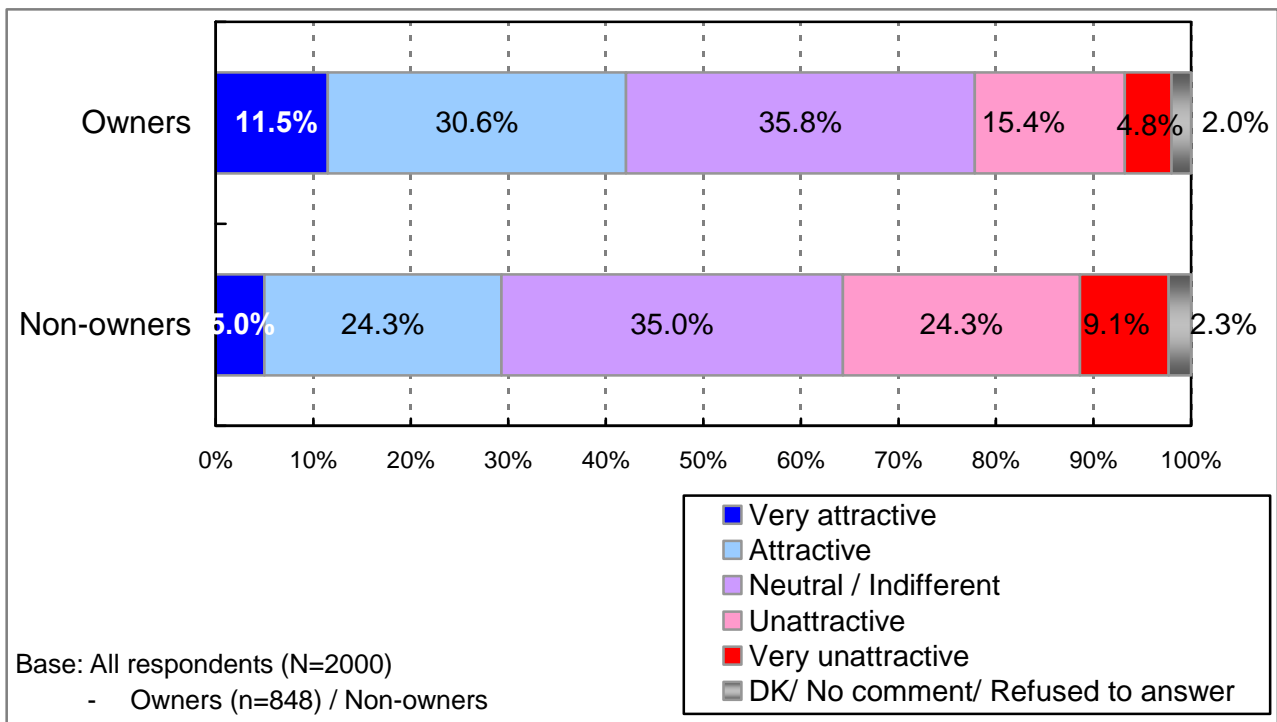
Figure 5.5.19: Acceptance of Coinsurance – Owners & Non-owners Comparison



### 5.5.20 Attractiveness of the Illustrative Basic Premium of the HPS Standard Plan (Question D2)

On willingness to pay, 42.1% of the owners considered the illustrative basic premium of the HPS Standard Plan applicable to them attractive / very attractive. This was much higher than the corresponding proportion of 29.3% for the non-owners. On the other hand, there was a relatively higher proportion of the non-owners (33.4%) considered the illustrative premium levels unattractive / very unattractive, compared with the owners (20.2%).

Figure 5.5.20: Attractiveness of the Illustrative Basic Premium of the HPS Standard Plan – Owners & Non-owners Comparison



### 5.5.21 Reasons of Not Considering the HPS Premium Level Attractive (Question D2a)

Those respondents who considered the illustrative premium of the HPS Standard Plan applied to them neutral / indifferent / unattractive / very unattractive (irrespective of whether they were owners or non-owners) were further asked about their underlying reasons. The results showed that a relatively higher proportion of the non-owners cited “Public healthcare service could help when needed” (69.9%), “The premium level was too high” (65.7%) and “Low chance of having the need of hospitalization and surgery” (59.6%) as their reasons, while about half of the owners cited these reasons. Compared with the non-owners, more owners replied “Existing hospitalization insurance was better than HPS” (57.4%) and “The details of HPS needed to be clarified” (12.0%). Meanwhile, the proportion of the non-owners who responded with “Could not afford” and “Would not consider purchasing any insurance products” were relatively larger than that for the owners.

Table 5.5.21: Reasons of Not Considering the HPS Premium Level Attractive (Open-ended Question; multiple answers allowed) – Owners & Non-owners Comparison

Reasons	Owners	Non-owners
Public healthcare service could help when needed*	51.1%	# 69.9%
The premium level was too high*	56.6%	# 65.7%
Low chance of having the need of hospitalization and surgery*	48.6%	# 59.6%
The content of the HPS was not attractive*	52.0%	56.3%
Existing hospitalization insurance was better than the HPS*	# 57.4%	39.1%
No such need	7.9%	7.4%
The details of the HPS needed to be clarified	# 12.0%	5.0%
Could not afford	0.8%	# 4.6%
No confidence in the HPS	2.6%	2.8%
Would not consider purchasing any insurance products	0.8%	# 3.6%
Did not support with the HPS	3.0%	1.6%
No confidence in the Government’s management	2.3%	1.7%
Didn’t know/ Refused to answer	1.6%	1.7%

Base: Those respondents who found the illustrative premium levels of the HPS Standard Plan not attractive (D2=Unattractive, Very unattractive, Neutral / Indifferent) (n=1271) - Owners (n=475) / Non-owners (n=796)

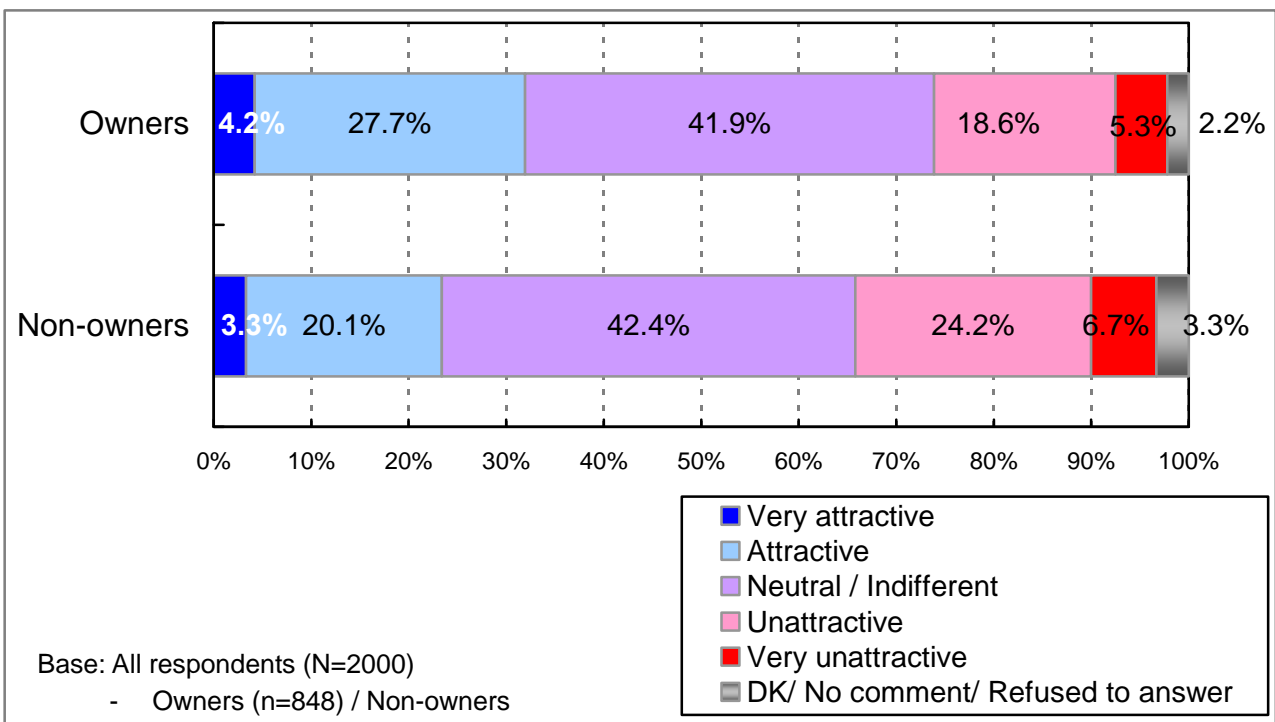
Note: (\*) These possible reasons were provided by the telephone interviewers as stimuli to test response when the respondents had difficulty to give answer within the interview period. Other reasons were directly provided by the respondents and broadly categorized at the risk of over-generalization.

# Significant higher in comparison with the other group

**5.5.22 Attractiveness of the Deductible Options (Question D3)**

Regarding the option of deductible in exchange for lower premium, all respondents were told the illustrative premium reduction accompanying deductibles (as provided in the Document) that varied with his/her current age. It was found that the owners were relatively more receptive to this option for the sake of premium reduction. 32.0% of the owners considered the option of deductibles attractive / very attractive, higher than the corresponding proportion for the non-owners (23.4%). Meanwhile, a higher proportion of the non-owners (30.9%) than the owners (23.9%) considered this option unattractive / very unattractive.

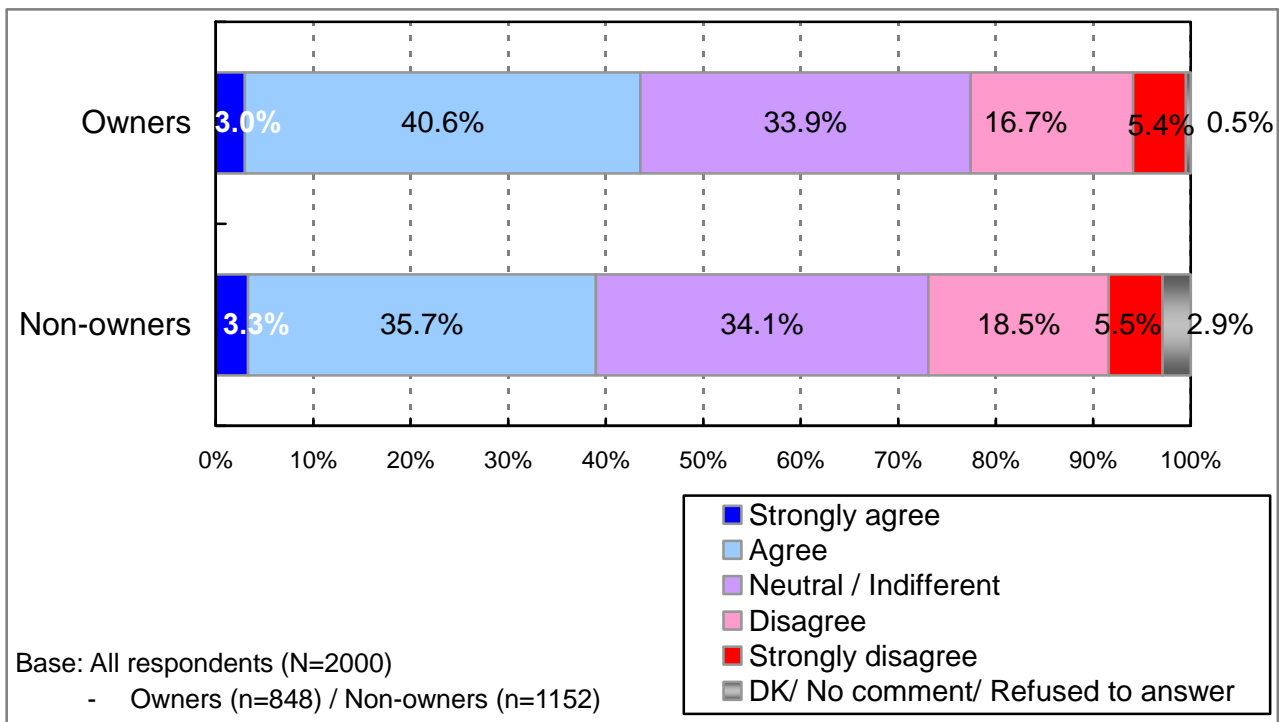
Figure 5.5.22: Attractiveness of the Deductible Options – Owners & Non-owners Comparison



### 5.5.23 Level of Agreement to Anticipation that the HPS could Increase Premium Transparency and Better Safeguard Consumer Interests (Question D5)

More owners (43.6%) than non-owners (39.0%) agreed / strongly agreed that the HPS features (e.g. standardized health insurance policy terms and definitions, DRG-based pricing as the basis for calculating the insurance benefit limits) plus the government regulation could increase the premium transparency and better protect consumer interests. Meanwhile, 24.0% of non-owners and 22.0% of owners disagreed / strongly disagreed.

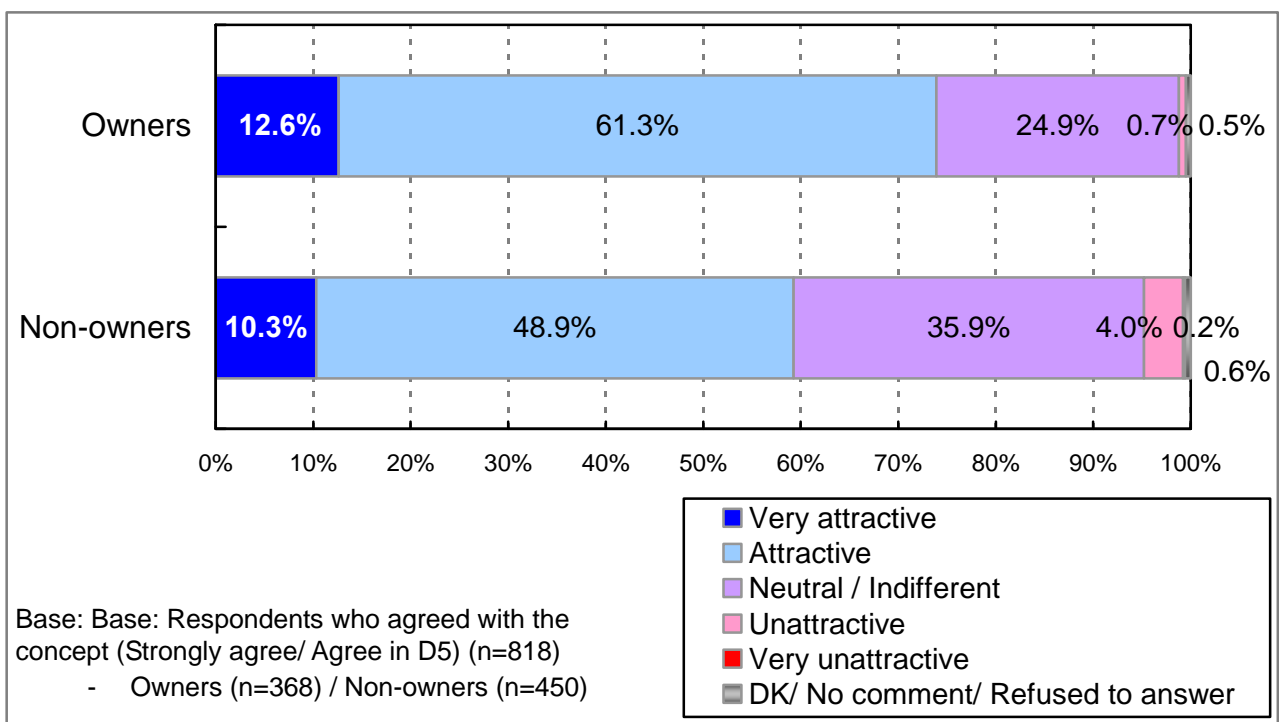
Figure 5.5.23: Level of Agreement to Anticipation that the HPS could Increase Premium Transparency and Better Safeguard Consumer Interests – Owners & Non-owners Comparison



**5.5.24 Attractiveness if the HPS could Increase Premium Transparency and Better Safeguard Consumer Interests (Question D5a)**

Among the owners who agreed / strongly agreed that the HPS features and government regulation could increase the premium transparency and better protect consumer interests, 73.9% of them considered this anticipated outcome was attractive / very attractive. This was much higher than the corresponding proportion for the non-owners (59.2%). On the other hand, 4.3% of the non-owners considered this outcome unattractive / very unattractive, six times more than that for the owners (0.7%).

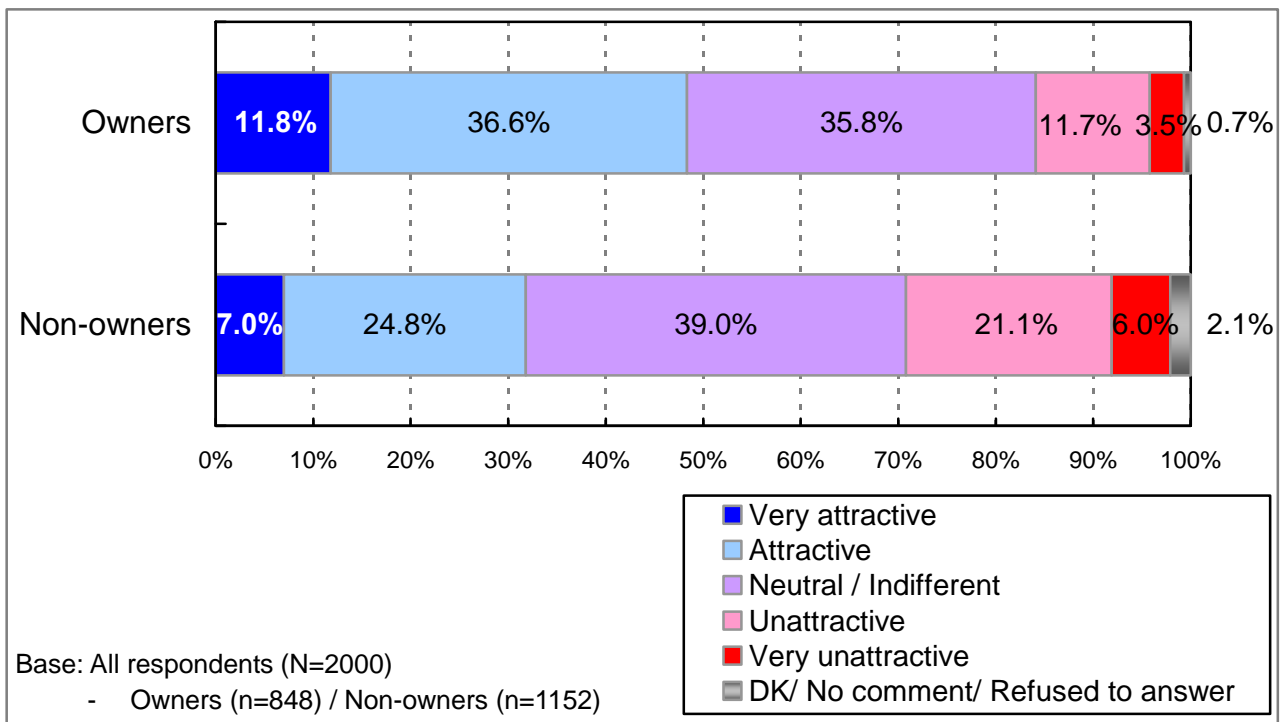
Figure 5.5.24: Attractiveness if the HPS could Increase Premium Transparency and Better Safeguard Consumer Interests – Owners & Non-owners Comparison



### 5.5.25 Attractiveness of Providing 30% No-claim Discount Upfront in the First Year of HPS Implementation (Question D6)

Regarding the provision of no-claim discount at 30% for all enrollees in the first year of HPS implementation, 48.4% of the owners considered this arrangement attractive / very attractive, while only 31.8% had the same view. Meanwhile, there was a relatively higher proportion of the non-owners (27.1%) considered this proposed provision unattractive / very unattractive, compared with the owners (15.1%).

Figure 5.5.25: Attractiveness of Providing 30% No-claim Discount Upfront in the First Year of HPS Implementation – Owners & Non-owners Comparison

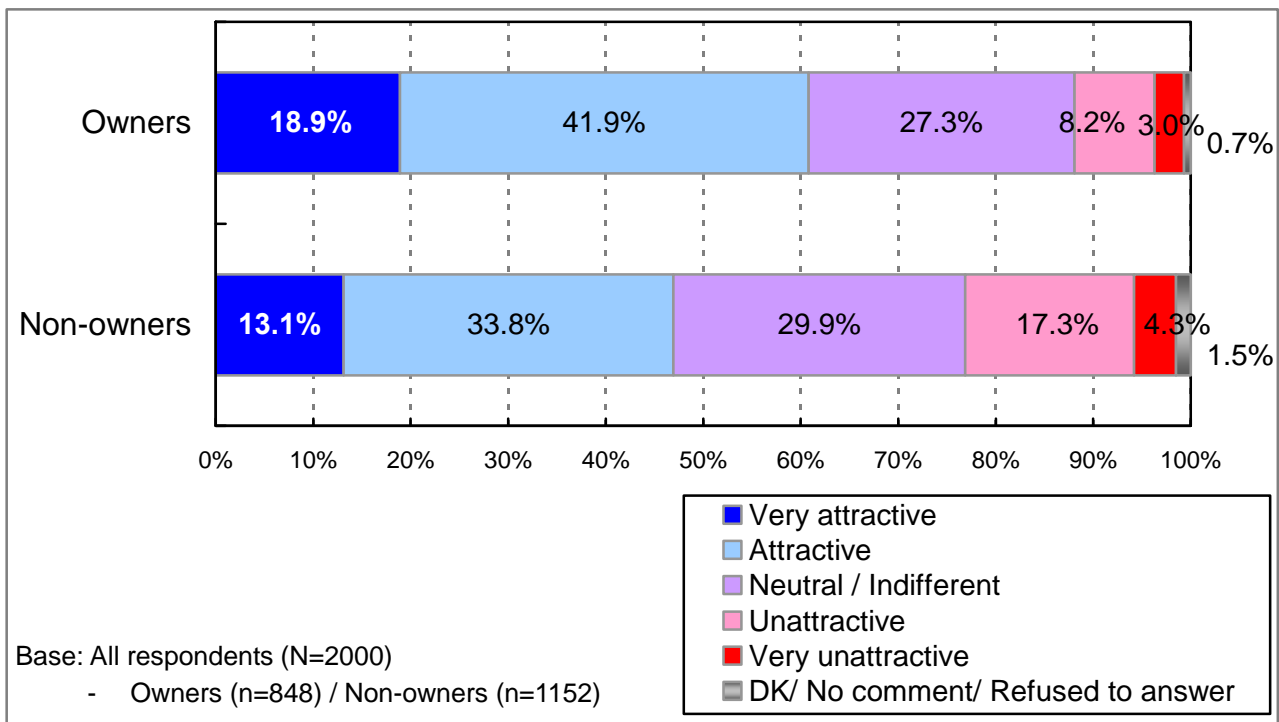




### 5.5.26 Attractiveness if the Basic Premium of the HPS Standard Plan was under Government Regulation (Question D7)

If the basic premium of the HPS Standard Plan was regulated by the Government, a relatively higher proportion of the owners (60.8%) than the non-owners (47.0%) considered this arrangement attractive / very attractive. Meanwhile, the proportion of those non-owners (21.6%) who considered government regulation of the HPS premium unattractive / very unattractive was almost double that for those owners (11.2%).

Figure 5.5.26: Attractiveness if the Basic Premiums of the HPS Standard Plan were under Government Regulation – Owners & Non-owners Comparison

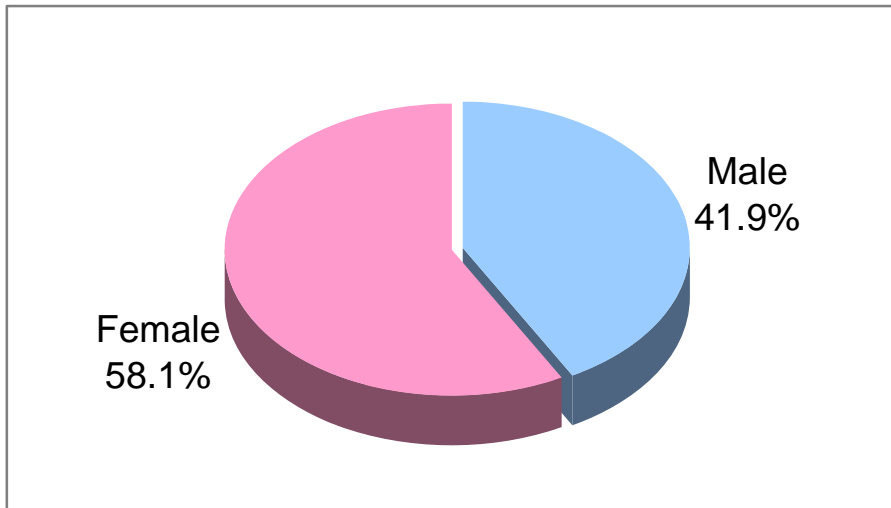


# Appendix I - Respondents' Profile

## Respondents' Profile

### A) Gender

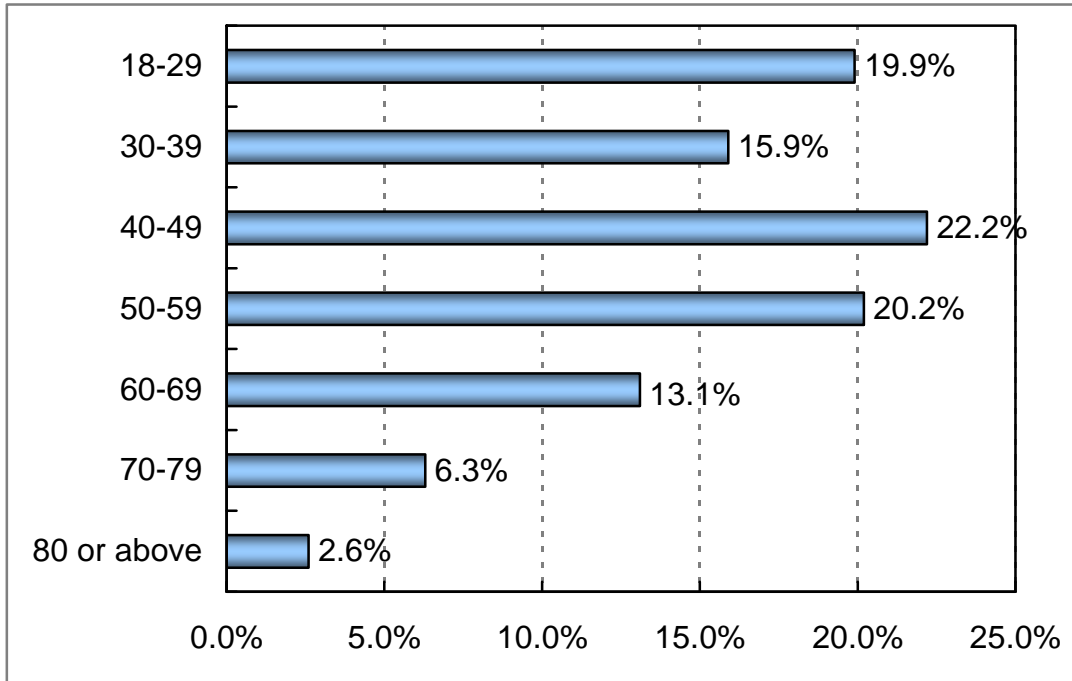
41.9% of the respondents were male, while 58.1% of the respondents were female.



	All Respondents (%)	Owners of Hospitalization Insurance (%)	Non-Owners of Hospitalization Insurance (%)
Male	41.9	41.6	42.0
Female	58.1	58.4	58.0

## B) Age

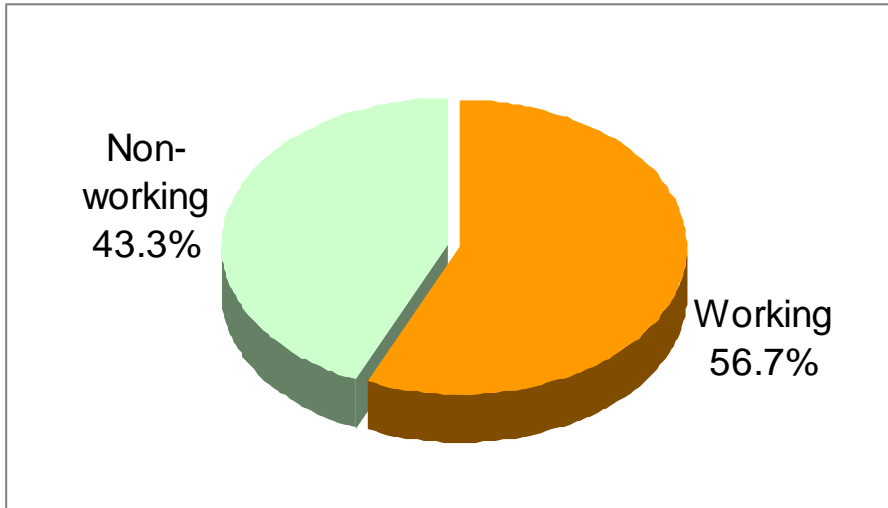
19.9% of the respondents were aged 18-29, 15.9% were aged 30-39. Besides, 22.2% of the respondents were aged 40-49, while 20.2% were aged 50-59. For those aged 60-69, the proportion were 13.1%, while those aged 70 or above were 8.9%.



	All Respondents (%)		Owners of Hospitalization Insurance (%)		Non-Owners of Hospitalization Insurance (%)	
18 - 29	19.9	} 35.8	15.1	} 39.3	23.4	} 33.2
30 - 39	15.9		24.2		9.8	
40 - 49	22.2	} 42.4	31.5	} 52.0	15.3	} 35.2
50 - 59	20.2		20.5		20.0	
60 - 69	13.1	} 21.9	7.8	} 8.7	16.9	} 31.6
70 - 79	6.3		0.8		10.2	
80 or above	2.6		0.1		4.4	

### C) Working Status

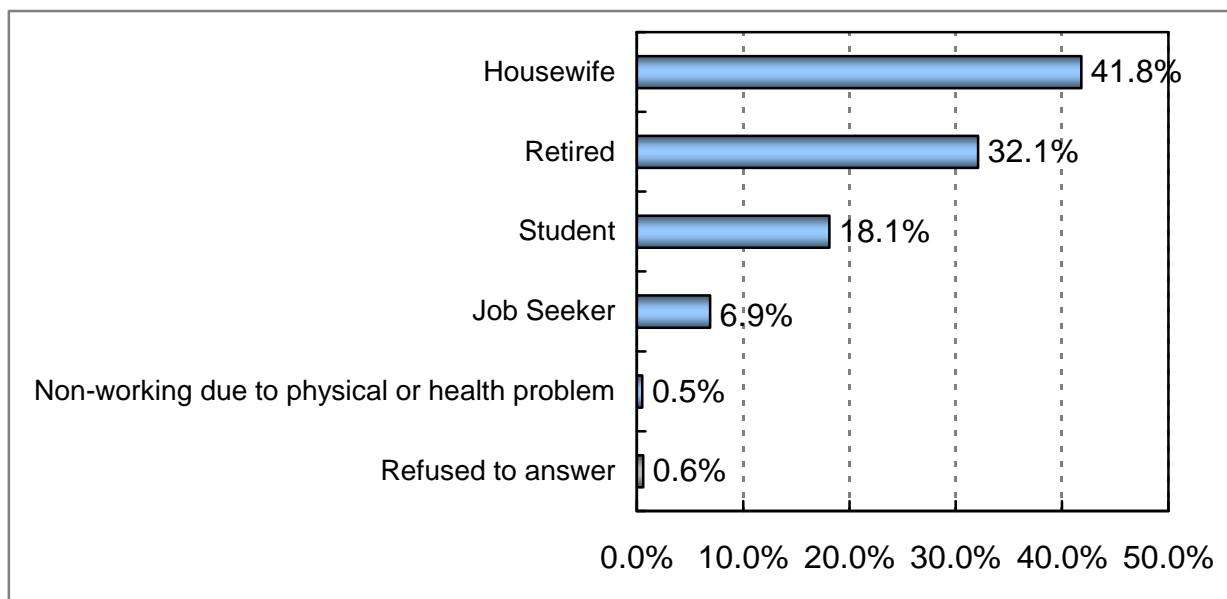
Over half of the respondents were working (56.7%), while 43.3% of them were non-working.



	All Respondents (%)	Owners of Hospitalization Insurance (%)	Non-Owners of Hospitalization Insurance (%)
Working	56.7	74.9	43.3
Non-working	43.3	25.1	56.7

## C1) Identity of Non-working Group

For those who were non-working, 41.8% of them were housewife, 32.1% were retired, 18.1% were student and 6.9% were job seeker.

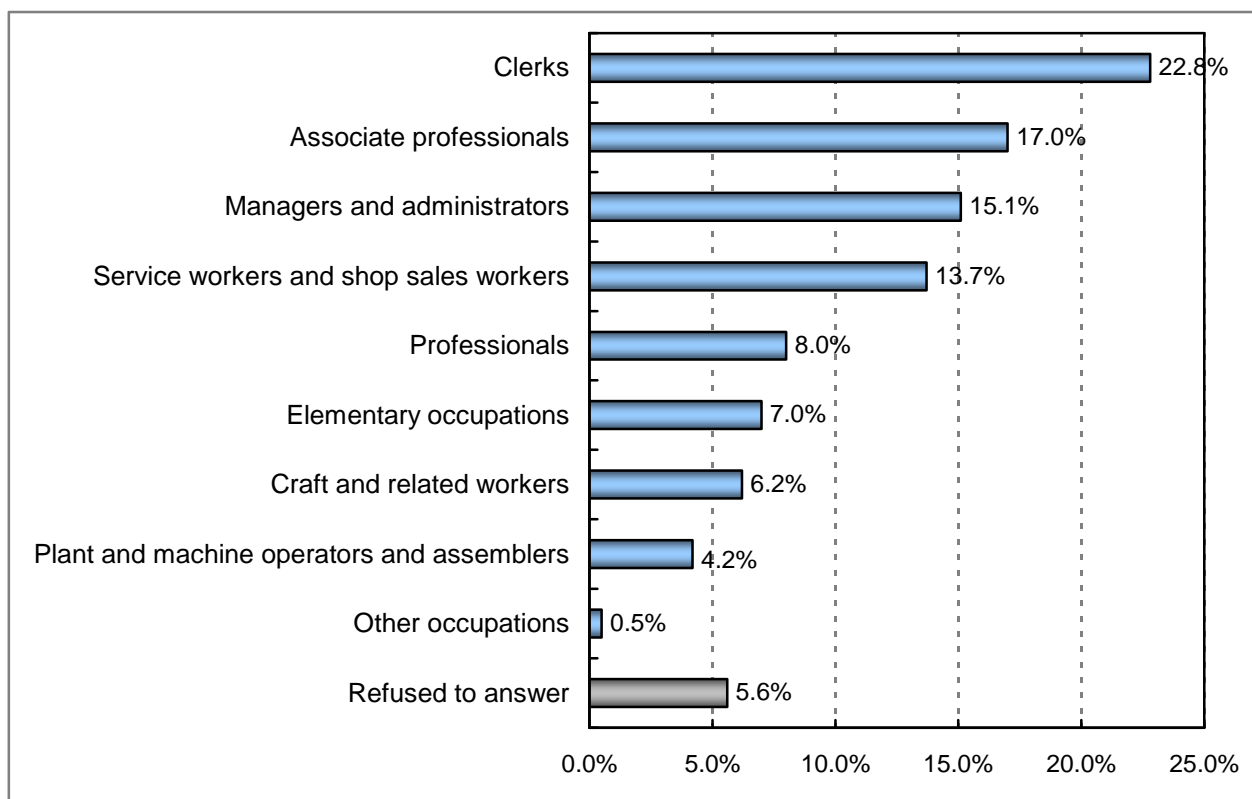


	Overall (%)	Owners of Hospitalization Insurance (%)	Non-Owners of Hospitalization Insurance (%)
Student	18.1	11.3	20.4
Housewife	41.8	57.3	36.8
Retired	32.1	22.1	35.4
Job seeker	6.9	8.0	6.6
Non-working due to physical or health problem	0.5	0.9	0.3
Refused to answer	0.6	0.5	0.6

Base: Non-working Group (n=866)

## C2) Occupation of Working Group

22.8% of the working respondents were clerks, followed by 17.0% which were associate professionals, and 15.1% which were managers and administrators.

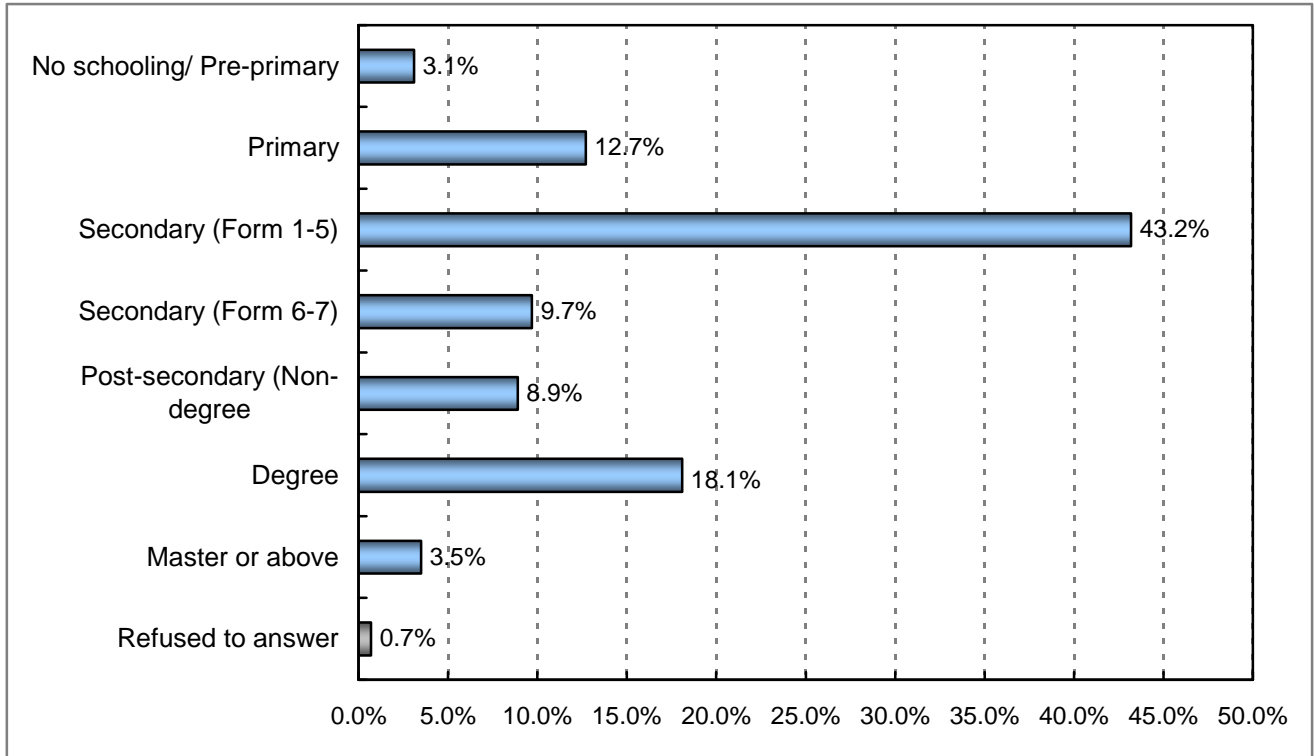


	Working Respondents (%)	Owners of Hospitalization Insurance (%)	Non-Owners of Hospitalization Insurance (%)
Managers and administrators	15.1	19.7	9.2
Professionals	8.0	8.3	7.6
Associate professionals	17.0	18.0	15.8
Clerks	22.8	23.3	22.0
Service workers and shop sales workers	13.7	11.2	16.8
Craft and related workers	6.2	4.4	8.4
Plant and machine operators and assemblers	4.2	3.9	4.6
Elementary occupations	7.0	4.9	9.6
Other occupations	0.5	0.5	0.6
Refused to answer	5.6	5.8	5.2

Base: Working Group (n=1134)

## D) Education Attainment

15.9% of the respondents were with primary education or below. 52.9% of the respondents were with secondary education, with 43.2% were form 1 to form 5 and 9.7% were form 6 to form 7. Another 30.6% of the respondents were with sub-degree of above, with 8.9% of post-secondary, 18.1% of degree and 3.5% of master or above.

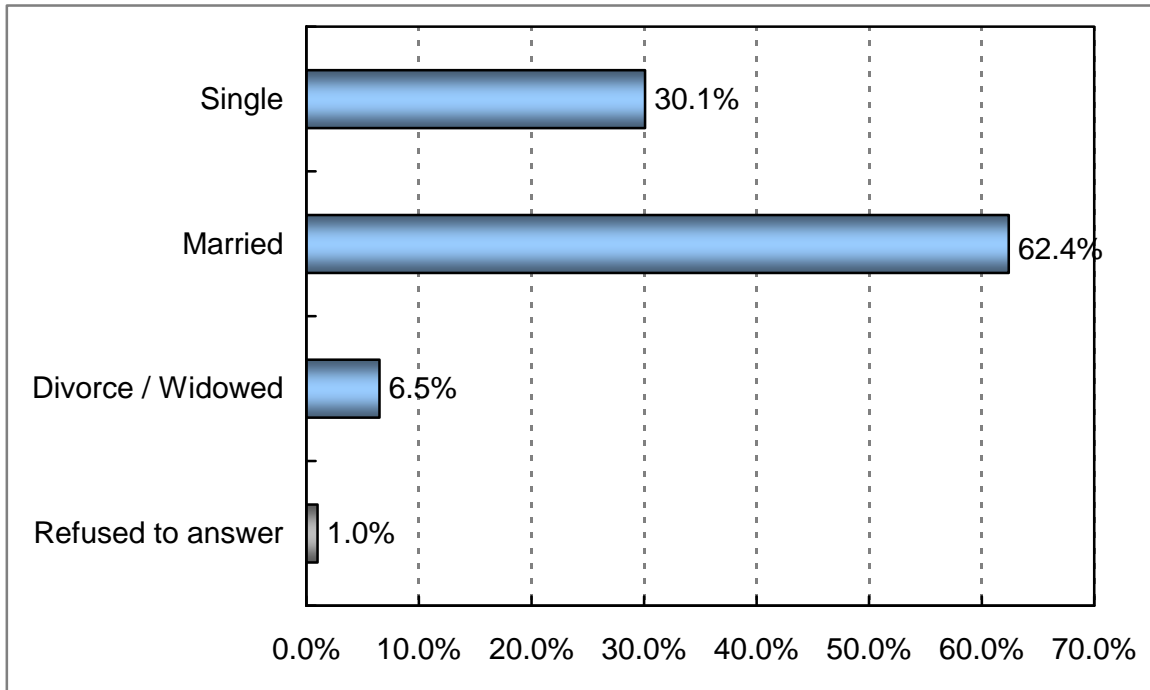


	All Respondents (%)		Owners of Hospitalization Insurance (%)		Non-Owners of Hospitalization Insurance (%)	
No schooling / Pre-primary	3.1	} 15.9	0.7	} 7.8	4.9	} 21.8
Primary	12.7		7.1		16.8	
Secondary (Form 1 - Form 5)	43.2	} 52.9	44.8	} 53.3	42.0	} 52.6
Secondary (Form 6 - Form 7)	9.7		8.5		10.6	
Post-secondary (Non-degree)	8.9	} 30.6	9.4	} 38.2	8.6	} 24.9
Degree	18.1		23.0		14.6	
Master or above	3.5		5.8		1.7	
Refused to answer	0.7		0.7		0.7	



## E) Marital Status

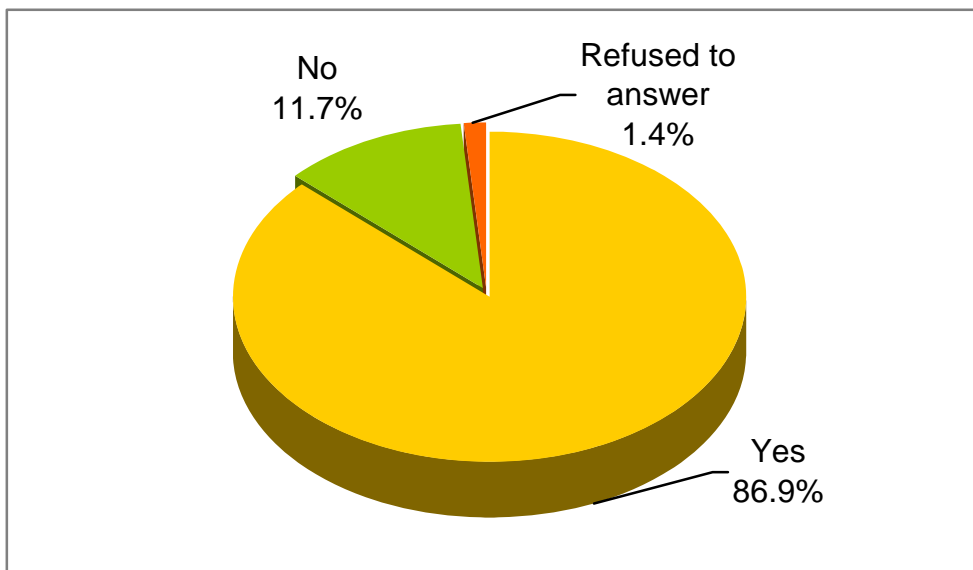
More than half of the respondents (62.4%) were married, while 30.1% were single. Other 6.5% of the respondents were divorced or widowed.



	All Respondents (%)	Owners of Hospitalization Insurance (%)	Non-Owners of Hospitalization Insurance (%)
Single	30.1	29.0	30.9
Married	62.4	66.5	59.3
Divorce / Widowed	6.5	3.9	8.5
Refused to answer	1.0	0.6	1.3

## F1) With Child

For those respondents who were not single, 86.9% of them had children.

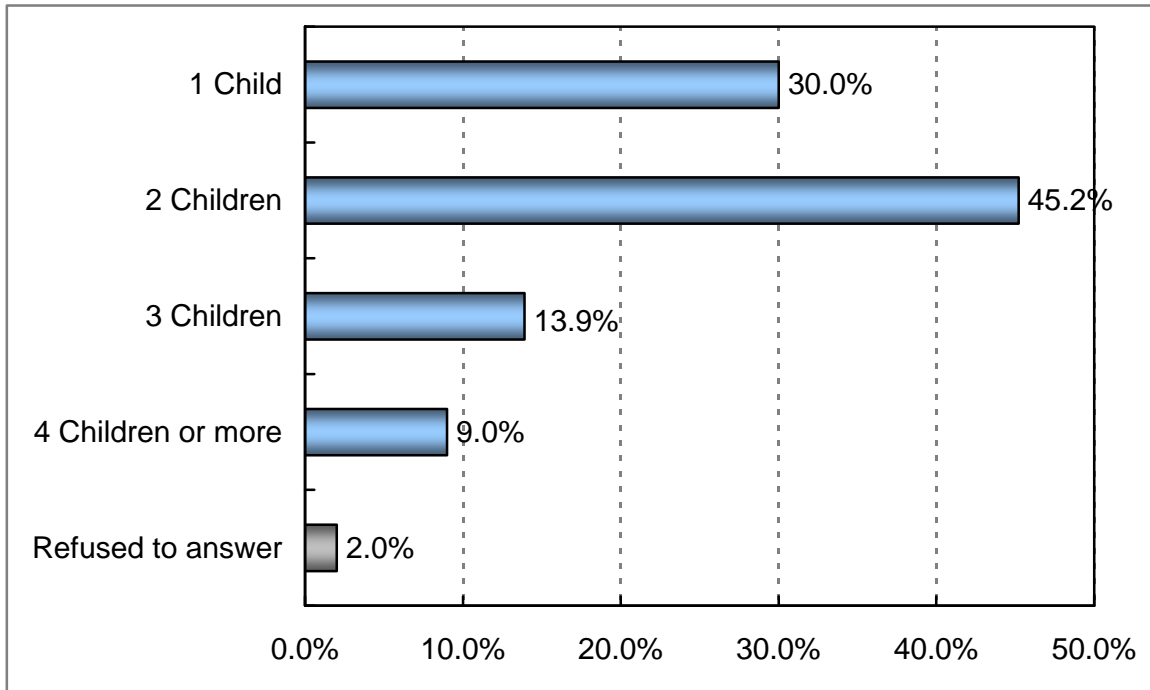


	Non-single respondents (%)	Owners of Hospitalization Insurance (%)	Non-Owners of Hospitalization Insurance (%)
Yes	86.9	84.2	88.9
No	11.7	14.8	9.3
Refused to answer	1.4	1.0	1.8

Base: Non-single respondents (n=1398)

## F2) Number of Children

From those who had children, 30.0% of them had 1 child, 45.2% of them had 2 children, 13.9% of them had 3 children and 9.0% with 4 children or more.

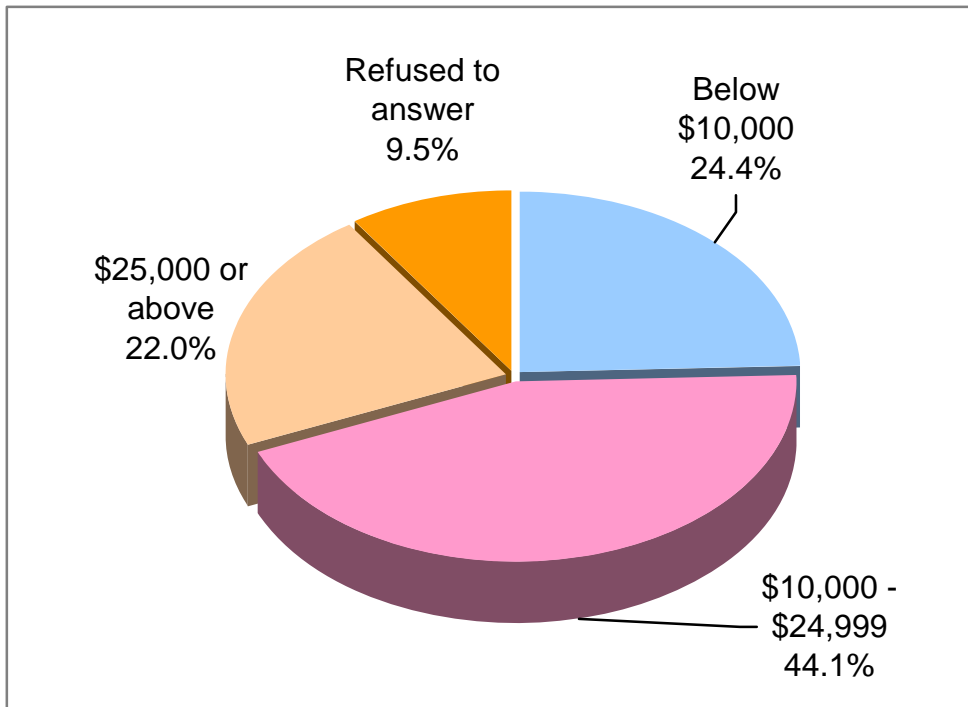


	Respondents who had children (%)	Owners of Hospitalization Insurance (%)	Non-Owners of Hospitalization Insurance (%)
1 child	30.0	38.7	23.7
2 children	45.2	44.8	45.5
3 children	13.9	11.6	15.5
4 children or more	9.0	3.2	13.1
Refused to answer	2.0	1.8	2.1

Base: Respondents who had children (n=1215)

### G) Monthly Personal Income

24.4% of the respondents had monthly personal income below \$10,000. 44.1% of the respondents had monthly personal income in the range of \$10,000 and \$24,999. Another 22.0% of the respondents had the monthly personal income on or above \$25,000.

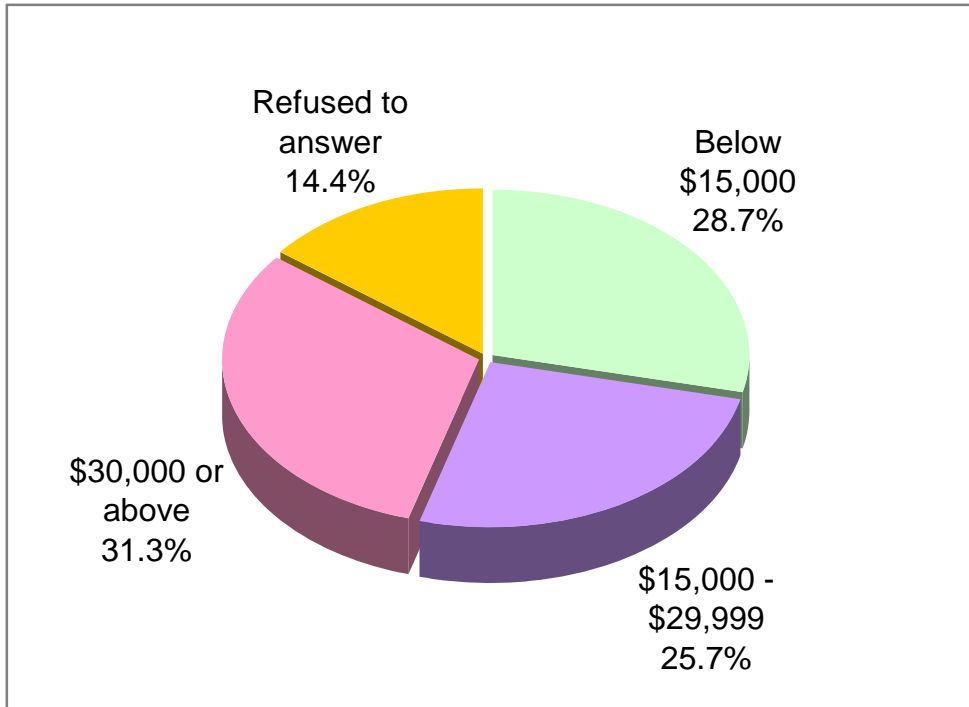


	All Respondents (%)	Owners of Hospitalization Insurance (%)	Non-Owners of Hospitalization Insurance (%)
Below \$5,000	5.4	2.2	9.4
\$5,000 – 9,999	19.0	13.1	26.7
\$10,000 – 14,999	20.7	21.9	19.2
\$15,000 – 19,999	13.0	13.7	12.0
\$20,000 – 24,999	10.4	12.8	7.4
\$25,000 – 29,999	5.1	6.0	4.0
\$30,000 – 34,999	4.9	5.7	4.0
\$35,000 – 39,999	2.6	3.5	1.6
\$40,000 – 44,999	2.0	1.9	2.2
\$45,000 – 49,999	1.1	1.3	0.8
\$50,000 or above	6.2	8.2	3.6
Refused to answer	9.5	9.9	9.0
	24.4	15.3	36.1
	44.1	48.3	38.7
	22.0	26.5	16.2

Base: Respondents who were working (n=1134)

## H) Monthly Household Income

28.7% of the respondents had the monthly household income below \$15,000, while 25.7% were in the range of \$15,000 and \$29,999. 31.3% of the respondents had the monthly household income on or above \$30,000.



	All Respondents (%)	Owners of Hospitalization Insurance (%)	Non-Owners of Hospitalization Insurance (%)
No Income	5.5	1.7	8.2
Below \$5,000	4.2	0.9	6.6
\$5,000 – 9,999	8.4	3.8	11.9
\$10,000 – 14,999	10.6	6.7	13.5
\$15,000 – 19,999	10.4	9.1	11.5
\$20,000 – 24,999	9.5	11.3	8.2
\$25,000 – 29,999	5.7	7.3	4.5
\$30,000 – 34,999	7.2	10.0	5.0
\$35,000 – 39,999	3.9	5.5	2.6
\$40,000 – 44,999	4.3	6.1	3.0
\$45,000 – 49,999	2.4	2.9	2.0
\$50,000 – 54,999	3.1	4.8	1.8
\$55,000 – 59,999	0.9	1.7	0.4
\$60,000 or above	9.5	15.0	5.5
Refused to answer	14.4	13.1	15.4
	28.7	13.1	40.2
	25.7	27.7	24.1
	31.3	46.1	20.3

# Appendix II - Questionnaire

Consumer Search Recall: \_\_\_\_\_ Sup: \_\_\_\_\_ Case: \_\_\_\_\_  
 J7351 Health Protection Scheme Project Edit: \_\_\_\_\_ Check: \_\_\_\_\_

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\_\_\_\_，我係受政府食物及衛生局委託嘅精確市場研究中心嘅研究員，我哋正進行緊一項有關自願醫療保障計劃嘅電話調查，希望收集你嘅意見。請放心，我哋唔係做推銷，首先多謝你嘅合作。

**[有需要時讀出]：政府嘅醫療改革第二階段公眾諮詢中，建議推行一個自願參與及政府規管嘅醫療保障計劃，為消費者提供更多選擇及更好嘅醫療保障。**

**[有需要時讀出：我哋係以隨機抽樣形式選出貴住戶嘅，希望你能夠抽空參與。]**

## **Screening**

S1. 由於隨機抽樣嘅需要，請問計埋你自己，你屋企有幾多位 18 歲或以上，一星期最少有四晚嘅嘍嘍家庭成員呢？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

喺呢\_\_位之中，我想同啱啱過咗生日嗰位做訪問，麻煩你請佢嚟聽電話。

**[如選中的家庭成員不在，追問]** 請問佢大約幾點嘍度呢？**[請紀錄相關資料在 call result remarks 內及電話紙 remark 內]**

**[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的相關經驗**

A1. 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，而且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 A2]**

冇.....2 → **[跳至 A7]**

A2 咁你一共有幾多份綜合住院保險呢？**[不讀出]** **[單選]**

回答.....1 **[記錄實際答案]** (A2a) \_\_\_\_\_

唔知道.....77 拒絕回答..... 99

- A3. 你現時有嘅綜合住院保險係邊個俾錢購買呢？**[讀出]** **[多選]**  
 [如 A2 答有多於一份綜合住院保險，追問有關的數量。如受訪者不知道有關數量，請填“77”，如受訪者拒絕回答，請填“99”]  
 [如所持保單是和其他人夾錢買，答案應填「自己」。]  
 自己 (\_\_\_\_\_份) ..... 1      家人 (\_\_\_\_\_份) ..... 3  
 僱主 (\_\_\_\_\_份) ..... 2      其他，請註明: \_\_\_\_\_ (\_\_\_\_\_份).... 4

如 A3 答 1 (自己購買)，問 A3a：

- A3a. 就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]**  
 [評核員注意：如多於一份，答案應是 A3 所答自己購買的保單所交保費的總數]  
 [如所持保單是和其他人夾份買，保費應填寫受訪者自己所付的金額。]  
 回答 ..... 1 **[記錄實際答案]** (A3a 1) \_\_\_\_\_  
 唔知道 ..... 77      拒絕回答 ..... 99

- A4. 你現時有嘅綜合住院保險，除咗住院保障之外，仲有冇以下嘅保障呢？**[讀出]** **[多選]**  
 普通科門診 ..... 1      以上四項皆沒有 **[不讀出]** ..... 5  
 專科門診 ..... 2      唔知道/ 唔清楚 **[不讀出]** ..... 77  
 牙科護理 ..... 3      拒絕回答 **[不讀出]** ..... 99  
 分娩 ..... 4

- A5. 整體上，你有幾滿意現時你有嘅綜合住院保險呢？ **[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 <b>[不讀出]</b>	拒絕回答 <b>[不讀出]</b>
1	2	3	4	5	77	99

- A6. 你有冇試過向保險公司索取賠償呢？**[單選]**

- 有 ..... 1 → **[問 A6a]**  
 沒有 ..... 2 → **[跳至 A7]**  
 拒絕回答 **[不讀出]** ..... 99 → **[跳至 A7]**

- A6a. 咁你有幾滿意最近嗰一次索償嘅經驗呢？ **[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 <b>[不讀出]</b>	拒絕回答 <b>[不讀出]</b>
1	2	3	4	5	77	99

\*\*\*\*\*

問所有受訪者

- A7. 請問你有冇自己出錢幫家人購買綜合住院保險呢？ **[單選]**

- 有 ..... 1  
 沒有 ..... 2  
 拒絕回答 **[不讀出]** ..... 99



A8. 除咗分娩或者例行檢查之外，過去五年你有冇曾經需要住院呢？ [單選]

- 有..... 1  
 沒有..... 2 → 跳至 A10  
 拒絕回答 [不讀出]..... 99 → 跳至 A10

A9a. 最近嗰一次你係入住公立醫院定係私家醫院呢？ [單選]

- 公立醫院..... 1  
 私家醫院..... 2  
 拒絕回答 [不讀出]..... 99

A9b. 你有幾滿意嗰次嘅住院服務呢？ [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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

A10. 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  
 沒有..... 2  
 拒絕回答 [不讀出]..... 99

## Part B: 有關醫保計劃的保障範圍

[讀出] 政府最近建議咗一個醫療保障計劃（簡稱醫保計劃），屬自願參與性質，計劃會受政府規範同監管，以確保消費者得到保障。以下問題有關醫保計劃嘅保障範圍：

B1. 醫保計劃提供嘅標準醫療保險基本上針對不可預見及費用高昂嘅醫療服務，主要包括：

- (1) 住院治療或日間手術；
- (2) 住院治療或日間手術前後共 3 次嘅相關專科門診；
- (3) 同住院治療或日間手術直接有關嘅檢查及先進診斷成像服務；
- (4) 為癌症進行化療或者放射治療。

請問上述嘅標準保障範圍對你有幾吸引？ [讀出] [單選]

[有需要時舉例：先進診斷成像服務例子：磁力共振掃描 MRI、電腦斷層掃描 CT Scan]

非常唔吸引	唔吸引	普通	吸引	非常吸引	唔知道 / 無意見 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

B2. 雖然醫保計劃嘅標準醫療保險不包括普通科門診服務、一般專科門診、分娩服務、牙科護理等等，但投保人可以自己揀俾額外保費去保埋呢啲服務，或者提升病房級別。請問上述嘅彈性安排對你有幾吸引？ [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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

如 B2 答 3 (普通)、4 (吸引) 或 5 (非常吸引)，問 B2a：

B2a. 假設你會考慮參加醫保計劃及肯加錢獲取額外保障，你會對以下邊一啲項目有興趣呢？[讀出] [單選]

	有興趣	沒有興趣	唔知道 / 無意見 [不讀出]	拒絕回答 [不讀出]
i) 更佳嘅病房設施	1	2	77	99
ii) 更高嘅保障限額	1	2	77	99
iii) 普通科門診	1	2	77	99
iii) 一般的專科門診	1	2	77	99
v) 牙科護理	1	2	77	99
vi) 分娩服務	1	2	77	99

### Part C: 有關醫保計劃的主要特點

[讀出] 以下問題係有關醫保計劃嘅主要特點，呢啲特點係現時市場上普遍提供嘅醫療保險產品所缺少。

C1. 現時不同保險公司各自訂立醫療保單條款同定義，但醫保計劃嘅標準醫療保險會劃一醫療保險條款同定義，增加透明度，減少索償時嘅爭拗。呢個特點對你有幾吸引呢？ [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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

C2. 為保障消費者權益，醫保計劃建議規定參與醫保計劃嘅私人保險公司、私家醫院同醫生，必須參加一個新設立由政府監管嘅醫療保險索償仲裁機制，以處理計劃下醫療保險索償所出現嘅爭議。呢個特點對你有幾吸引呢？ [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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

C3. 現時保險公司可以拒絕承保或續保，但醫保計劃保證人人受保及終身續保，並且保證續保時保費不會因曾經索償而特別增加。呢個特點對你有幾吸引呢？ [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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

- C4. 現時投保人如果轉工後續保先前公司提供嘅醫療保險，或者轉換自己投保嘅保險公司，通常需要再核保，保費有可能增加，之前受保嘅項目亦可能唔再受保。但醫保計劃可以自由轉換保險公司，亦可以在退休或轉工後續保，無須重新核保或重訂條款。呢個特點對你有幾吸引呢？ [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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

- C5. 對於投保前已經有嘅疾病，現時醫療保險產品一般不會受保。但醫保計劃會接納有關投保，雖然設有一年等候期，但第二年開始可以攤 25%賠償，第三年係 50%，三年之後就 100%。呢個特點對你有幾吸引呢？ [讀出] [單選]

**[有需要時解釋一年等候期：即投保後首年已有嘅疾病唔會有保障]**

非常唔吸引	唔吸引	普通	吸引	非常吸引	唔知道 / 無意見 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

- C6. 現時保險公司不一定接受高風險人士投保，即使受保，收嘅附加保費亦可能好高。但醫保計劃唔單只人人受保，並且為高風險人士嘅附加保費設有保費三倍嘅上限，而所有投保人只須付出額外 7%保費，就可共同分攤風險同令人人有機會享有呢個保障。呢個特點對你有幾吸引呢？ [讀出] [單選]

**[有需要時解釋高風險人士：包括長期病患者，曾患嚴重疾病的人士等等]**

非常唔吸引	唔吸引	普通	吸引	非常吸引	唔知道 / 無意見 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

- C7. 現時保險公司通常只接受 65 歲或 70 歲以下人士投保。醫保計劃容許 65 歲或以上人士嘅計劃推出後首年參加，不過保費就不設上限。呢個特點對你有幾吸引呢？ [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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

- C8. 現時醫療保險產品係根據逐項收費去列出保障限額，病人唔容易預先確實知道醫療費用嘅總額，亦未必肯定保險賠償額係咪足夠。醫保計劃建議設立套餐式保障，為常用嘅住院治療同手術提供一筆過嘅保險賠償限額，令病人更有預算，呢個特點對你有幾吸引呢？**[讀出] [單選]**

**[有需要時解釋逐項收費去列出保障限額：保險賠償表就個別收費項目，例如醫生費、房間及膳食、手術室費用等，訂明保障限額，去賠償醫療費用]**

**[有需要時解釋常用嘅住院治療同手術：例如白內障手術、切除盲腸手術、通波仔手術等)]**

**[有需要時解釋套餐式保障：即保險公司會列出部份常用嘅住院治療同手術嘅一筆過賠償限額，例如割盲腸最高賠\$35,000 咁，而唔係將賠償額分拆為住宿費、醫生巡房費咁，令你更清楚總額，同埋較容易預先格價。]**

非常唔吸引	唔吸引	普通	吸引	非常吸引	唔知道 / 無意見 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

- C9. 現時保險公司會自行釐訂同調整保費，但醫保計劃嘅保費將按指引調整同有透明度，而且參與計劃嘅保險公司需向政府呈報成本，例如索償同佣金等，以及利潤嘅資料。呢個特點對你有幾吸引呢？**[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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

- C10. 現時市面上只有部分醫療保險產品設有「無索償折扣」，但醫保計劃將設有「無索償折扣」，如投保人一年內有提出索償，就有 10% 保費折扣，按年增加，最高可達 30% 保費折扣。投保人一旦索償，下次續保時無索償折扣則變返 0%。呢個特點對你有幾吸引？**[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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

- C11. 醫保計劃設有共同保險，以減少濫用嘅情況，令保費更吸引。共同保險即係每次住院治療或者手術費用嘅頭 1 萬蚊，投保人須要分擔 20%；之後嘅 9 萬蚊須要分擔 10%；其後嘅費用至到賠償限額則無須分擔，將由保險公司全數支付。你對以上安排有幾接受？**[讀出] [單選]**

**[有需要時舉例解釋共同保險：例如可索償總額係十一萬，頭一萬投保人自己俾 20% 即係二千，即係可以賠到八千，之後嘅九萬投保人要俾 10% 即係九千，即係賠到八萬一千，而最後嘅一萬可以賠足，所以實際賠償總額係九萬九千蚊，而自己就要俾一萬一千蚊。]**

非常唔接受	唔接受	普通	接受	非常接受	唔知道 / 無意見 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

**Part D: 對醫保計劃保費的意見**

[讀出] 以下問題關於醫保計劃嘅保費，我哋純粹想收集意見，並非向你推銷產品，請放心。

D1. 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 - 19 .....	1	40 - 44 .....	6	65 - 69 .....	11
20 - 24 .....	2	45 - 49 .....	7	70 - 74 .....	12
25 - 29 .....	3	50 - 54 .....	8	75 - 79 .....	13
30 - 34 .....	4	55 - 59 .....	9	80 - 84 .....	14
35 - 39 .....	5	60 - 64 .....	10	85 或以上 .....	15

D2. 根據你嘅年齡，如果唔計無索償折扣，醫保計劃每年保費估計大約係 [讀出金額(1)]，如果計埋 30%無索償折扣，每年保費大約係 [讀出金額(2)]。雖然上述保費金額未包括經紀佣金，但政府估計即使要經紀服務，保費都只會加多幾個百分點。請問上述保費水平有幾吸引你考慮購買或者轉投呢個計劃呢？

[如被追問：假設有政府提供嘅財務誘因或津貼] [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 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

[If D2 = Code 1-3, ask D2a and D2b]

D2a. 點解你覺得唔吸引呢？[讀出] [多選]

保費太貴 .....	1	有病會選用公營服務 .....	5
醫保計劃內容唔吸引 .....	2	其他，請註明 .....	6
現有保障計劃較醫保計劃優勝 .....	3	唔知道/ 唔清楚 [不讀出] .....	77
覺得自己需要住院治療和手術機會唔大 .....	4	拒絕回答 [不讀出] .....	99

[記錄其他答案] \_\_\_\_\_

D2b. 如果政府提供保費津貼，但津貼額要到年老或退休後先至發放，並且只限於醫療用途，咁你認為津貼要等同保費幾多百分比先有吸引力？ [不讀出] [單選]

回答 .....	1	[記錄實際答案] (D2b_1) _____	%
幾多% 都有吸引力 .....	2		
唔知道 / 無意見 .....	77	拒絕回答 .....	99

D3. 如果醫保計劃提供一項選擇，投保人肯俾墊底費，就可以減低保費。就你嘅情況，假設墊底費為 \$5,000-\$15,000，保費可下調 [讀出 幾多至幾多百分比]。呢個選擇對你有幾吸引？ [讀出] [單選]

[有需要時解釋墊底費：醫保計劃建議為投保人提供墊底費嘅選擇，即每次索償時，投保人要自己先俾部份費用，例如墊底費係一千蚊，嗰次住院收費係一萬蚊，咁投保人要先俾一千蚊嘅墊底費，之後再根據剩低嘅九千蚊去計算賠償。]

非常唔吸引	唔吸引	普通	吸引	非常吸引	唔知道 / 無意見 [不讀出]	拒絕回答 [不讀出]
1	2	3	4	5	77	99

D4. 如果想額外保埋一般及專科門診服務，保費要俾多一至兩倍。呢個選擇對你有幾吸引？**[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 <b>[不讀出]</b>	拒絕回答 <b>[不讀出]</b>
1	2	3	4	5	77	99

D5. 政府預期醫保計劃嘅部分特點，例如劃一條款、套餐式收費賠償安排，同埋有政府監察等，可以增加保費嘅透明度，以及更加保障消費者嘅利益。你同唔同意上述嘅嘢可以做得呢？**[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 <b>[不讀出]</b>	拒絕回答 <b>[不讀出]</b>
1	2	3	4	5	77	99

**[If D5 = Code 4 and 5, ask D5a]**

D5a. 如果同意上述期望嘅情況可以實現，呢啲因素對你有幾吸引？ **[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 <b>[不讀出]</b>	拒絕回答 <b>[不讀出]</b>
1	2	3	4	5	77	99

D6. 醫保計劃建議實施首年參加計劃嘅人士可即時享有 30%「無索償折扣」，你覺得呢個特點有幾吸引你考慮參加呢個計劃？ **[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 <b>[不讀出]</b>	拒絕回答 <b>[不讀出]</b>
1	2	3	4	5	77	99

D7. 如果政府對醫保計劃嘅標準醫療保險保費（不包括額外保障保費）實施價格管制，以保障消費者，例如要求參與計劃嘅保險公司增加保費時必須事先得到政府嘅審批。呢個特點對你有幾吸引？  
**[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 <b>[不讀出]</b>	拒絕回答 <b>[不讀出]</b>
1	2	3	4	5	77	99

## **Part E: Demographic**

E1. 記錄性別 **[單選]**            男.....1            女.....2

E2. 請問你而家有無工作呢？**[單選]**

有..... 1 [問 E2b]

沒有..... 2 [問 E2a]

E2a. 咁請問你嘅身份係乜嘢呢？[單選]【如受訪者不清楚自己身份，讀出：咁你係學生、家庭主婦、退休人士定係待業人士呢？】[跳至 E3]

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].....	99 [跳至 E3]

E2b. 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	工藝及有關人員.....	6
專業人員.....	2	機台及機器操作員及裝配員.....	7
輔助專業人員.....	3	非技術工人.....	8
文員.....	4	其他職業.....	9
服務工作及商店銷售人員.....	5	拒絕回答.....	99

E3. 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].....	99

E4. 請問你嘅婚姻狀況係？[讀出] [單選]

未婚.....	1
已婚.....	2
離婚 / 喪偶.....	3
拒絕作答 [不讀出].....	99

[如 E4 ≠ 1, 問 E5]

E5. 請問你有冇子女呢？[單選]

有.....	1 → [問 E5a]
沒有.....	2 → [跳至 E6]
拒絕作答 [不讀出].....	99 → [跳至 E6]

E5a 咁請問你有幾多名子女呢？[單選]

回答.....	1 [記錄實際答案]_____
拒絕回答 [不讀出].....	99

[如 E2 答有工作 (Code 1)，詢問 E6]

E6. 請問你嘅個人每月收入大約係幾多呢？包括全職及兼職工作。[有需要時讀出] [單選]

冇收入.....	1	\$30,000 – 34,999.....	8
\$5,000 以下.....	2	\$35,000 – 39,999.....	9
\$5,000 – 9,999.....	3	\$40,000 – 44,999.....	10
\$10,000 – 14,999.....	4	\$45,000 – 49,999.....	11
\$15,000 – 19,999.....	5	\$50,000 或以上.....	12
\$20,000 – 24,999.....	6	拒絕作答[不讀出].....	99
\$25,000 – 29,999.....	7		

E7. 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]

冇收入 .....	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] .....	99
\$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！