
Findings of Telephone Survey on Supplementary Healthcare Financing

24 June - 4 July 2010

Food and Health Bureau

Hong Kong Special Administrative Region Government

July 2010

Opinion Survey on Supplementary Healthcare Financing (24 June - 4 July 2010)

(A) Key findings

On the support of implementing voluntary standard private health insurance scheme [Q1]:

- From the results of the survey, more than half (53%) of the respondents supported or strongly supported the Government to implement a voluntary standard private health insurance scheme (referred hereafter as the Scheme). Only 9% did not support it. [[Chart 1](#)]
- Across the three monthly personal income groups, represented by “Below HK\$10,000”, “HK\$10,000 to HK\$24,999” and “HK\$25,000 or above”, the percentages of respondents supported or strongly supported the implementation of the Scheme are 47% for the low income group, 55% for the middle income group and 60% for the high income group. It is noted that the percentage of respondents supportive to the Scheme increased with income level. For different income groups, only a small proportion of respondents (less than 15%) did not support the implementation of the Scheme. [[Chart 1a](#)]
- Analyzing by age group, half or more (50% to 58%) of the respondents supported or strongly supported the implementation of the Scheme. The percentage is higher for the older age group. Few (12% or less) did not support the implementation of the Scheme, with the smallest percentage (5%) in the younger age group. [[Chart 1b](#)]
- The results did not show major differences when analyzed by whether the respondents were covered by medical insurance / benefit. [[Chart 1c](#)]

On the views about non-discriminatory premium risk sharing [Q2a, 3a, 4a, 5a]:

- Comparing with those agreed or strongly agreed (30% to 35%), a relatively larger proportion of respondents disagreed or strongly disagreed (40% to 47%) to the non-discriminatory way of premium risk sharing by requiring all the insured to pay the same amount of higher premium. On covering persons with unhealthy lifestyle in the Scheme, 47% of respondents disagreed or strongly disagreed to requiring all insured to pay the same higher premium while only

35% agreed or strongly agreed. Comparatively fewer (40%) disagreed or strongly disagreed to requiring all to pay the same premium if it is due to including older persons in the Scheme. [Chart 2]

- The percentages of respondents disagreed or strongly disagreed to requiring all insured to pay higher premium due to covering persons of unhealthy lifestyle ranged from 42% for the low income group to 62% for the high income group, rising with income level. However, these percentages fall slightly with income level if the premium risk is caused by including persons of older age. In particular, the percentage of respondents who disagreed or strongly disagreed drops to 37% for the high income group from 41% for the low income group. If the premium risk is due to including persons with pre-existing conditions, the percentage of respondents who disagreed or strongly disagreed with non-discriminatory risk sharing by all insured ranged from 43% to 54%, rising with income level. If the premium risk is caused by including persons with family history of genetic diseases, the percentages of respondents who disagreed or strongly disagreed to sharing the premium risk are about 47% across different income groups. [Chart 2a]
- When analyzing by age group, respondents aged 50 or above had consistently higher percentages (32% to 37%) agreeing or strongly agreeing with non-discriminatory risk sharing across the four high-risk situations. On the other hand, respondents aged 30 to 49 consistently had higher percentages (41% to 51%) who disagreed or strongly disagreed across the four situations. [Chart 2b]
- When analyzing by whether the respondents were already covered by medical insurance / benefits, respondents who were being covered had consistently higher percentages (41% to 50%) disagreeing or strongly disagreeing with non-discriminatory risk sharing across different situations. [Chart 2c]

On the views about self-responsibility for premium risk [Q2b, 3b, 4b, 5b]:

- Relatively higher proportions of respondents agreed or strongly agreed (51% to 68%) to requiring those with higher health risk caused by (i) unhealthy lifestyle, (ii) pre-existing conditions and (iii) family history of genetic diseases to pay higher premium, rather than subsidizing them by other insured persons. Nevertheless, a higher proportion (46%) of respondents disagreed or strongly disagreed to requiring those with higher health risk caused by ageing to pay higher premium. [Chart 3]

- When analyzing by income group, the proportion of respondents who agreed or strongly agreed to requiring those who had higher health risk due to (i) unhealthy lifestyle, (ii) ageing or (iii) pre-existing conditions to pay higher premium generally increase with income level. The differentiation between income groups is not obvious concerning increased health risk due to family history of genetic diseases. [Chart 3a]
- When analyzed by age group, high percentages of respondents agreed or strongly agreed that persons with unhealthy lifestyle should pay higher premium across all age groups, with the highest percentage (74%) for the younger age group. The percentages of respondents who agreed or strongly agreed that persons with higher health risk should pay more are generally decreasing with age across the three situations: (i) lifestyle, (ii) pre-existing conditions and (iii) family history of genetic diseases. Relatively higher percentages of respondents across age groups disagreed or strongly disagreed that persons with higher risk due to ageing should pay more. [Chart 3b]
- Similar results are observed when analyzed by whether the respondents had medical insurance / benefit. [Chart 3c]

On the views about Government subsidization [Q2c, 3c, 4c, 5c]:

- Relatively higher proportions of respondents agreed or strongly agreed (66% to 76%) with Government subsidization to those with higher health risk caused by (i) ageing, (ii) pre-existing conditions and (iii) family history of genetic diseases so that all insured need not pay higher premium. However, a higher proportion (48%) of respondents disagreed or strongly disagreed to Government subsidization to those with higher health risk due to unhealthy lifestyle. [Chart 4]
- Analyzing by monthly personal income of respondents, the percentages of respondents who agreed or strongly agreed with Government subsidization to the high risk groups generally decrease from low to high income levels. The lowest percentages of respondents who agreed or strongly agreed are observed for subsidizing the group with unhealthy lifestyle (28% to 48%). In contrast, if the premium risk was caused by ageing, the percentage of respondents who agreed or strongly agreed with Government subsidization increased markedly to 69% to 76% across income groups. For reasons of pre-existing conditions, the percentages who agreed or strongly agreed are 75% for the low income group,

64% for the middle income group and 54% for the high income group. Similar results are observed as regards premium risk caused by family history of genetic diseases. [Chart 4a]

- When analyzed by age of respondents, it is noted that the percentages of respondents agreed or strongly agreed to Government subsidization increase with age across the three situations: (i) ageing, (ii) pre-existing conditions and (iii) family history of genetic diseases. [Chart 4b]
- Similar results are generally observed when analyzing by whether the respondents had medical insurance / benefit, except for the situation due to unhealthy lifestyle in which a higher percentage of respondents without medical insurance / benefits agreed or strongly agreed with Government subsidization. [Charts 4c]

On the views about no claim discount and reward for self-health management [Q6]:

- 70% of respondents agreed or strongly agreed that premium discount be given if the insured in the Scheme made no claims in three consecutive years. Even higher percentage (72%) of respondents agreed or strongly agreed that premium discount be given if the insured met certain health standards, or appropriately managed their chronic health conditions. [Chart 5]
- Analysis of the results by characteristics of respondents, including monthly personal income, age and whether covered by medical insurance / benefit, are given in Charts 5a to 5c. It is noticed that higher percentages of respondents who were older, with higher income, and had medical insurance / benefit agreed or strongly agreed to providing no claim discount and reward for self-health management.

On length of exclusion period for pre-existing conditions [Q7]:

- To avoid abuse of the Scheme, about half (48%) of the respondents considered that a half year exclusion period for claims in respect of pre-existing conditions was appropriate, which is followed by 31% regarding that it should be one year. Less than 15% of respondents considered it appropriate to have an exclusion period of two years or more. [Chart 6]

- Analyses of the results by the characteristics of respondents are given in Charts 6a to 6c. It is observed that relatively higher percentage (52%) of respondents in the older age group considered it appropriate to have a shorter exclusion period of just half year while fewer (25%) for an exclusion period of one year.

On the views of saving for medical expenditures or premium in old age:

- Most (86%) of the respondents agreed or strongly agreed that they would save in younger age for use at their own discretion in old age, which is followed by 73% agreeing or strongly agreeing to making personal savings in younger age earmarked for medical expenditures or premium in old age. Besides, 69% agreed or strongly agreed to paying higher premium in younger age so that they could pay less in old age. However, only 45% of the respondents agreed or strongly agreed that they would not save and would queue for services at public hospitals if having no money in old age, while on the other hand, some 42% of the respondents disagreed or strongly disagreed to this. [Chart 7]
- Analyses of the results by characteristics of the respondents, including monthly personal income, age group and whether with medical insurance / benefit coverage, are shown in Charts 7a to 7c.

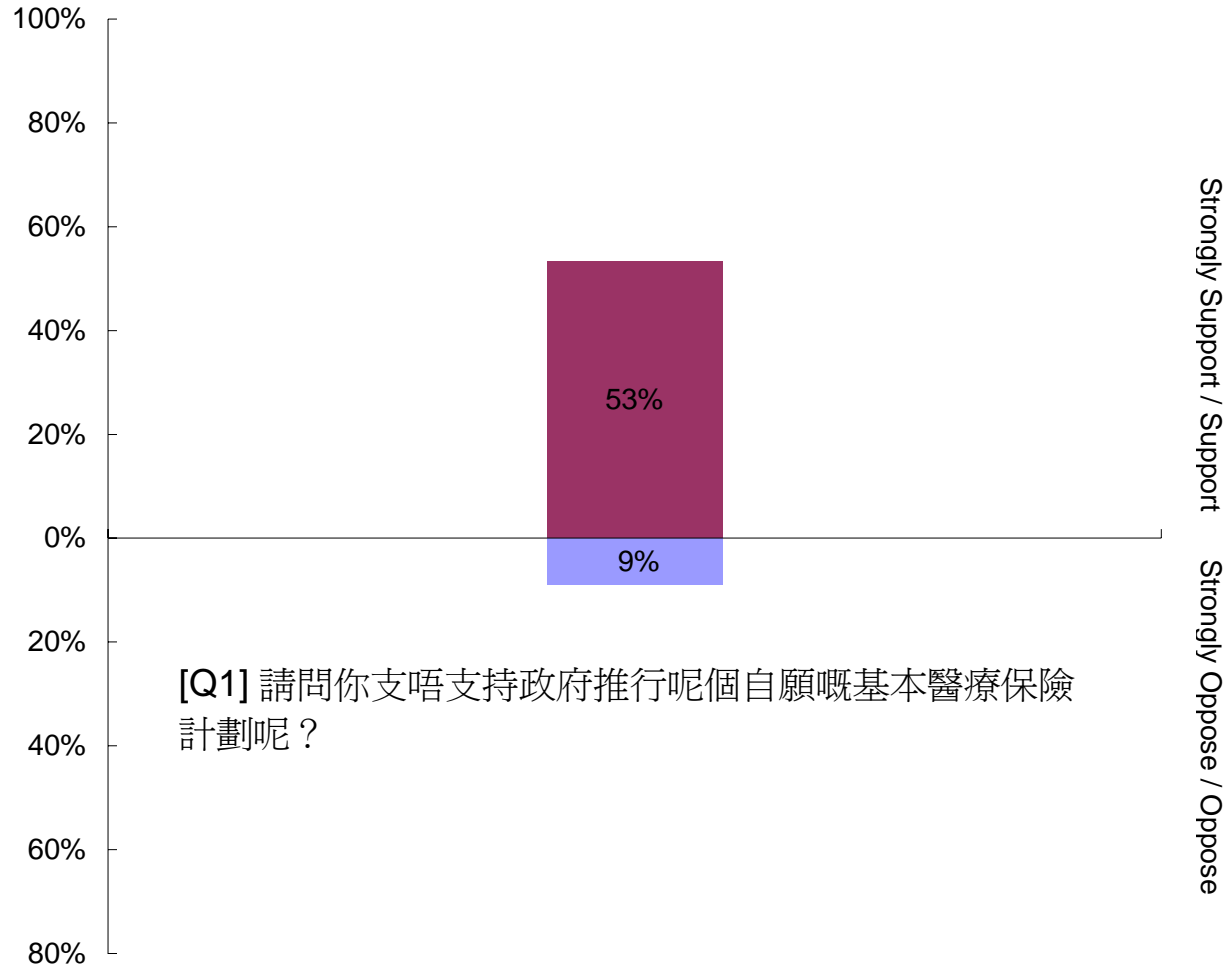
(B) Background

1. The Government commissioned Consumer Search HK Ltd. to conduct an opinion survey on supplementary healthcare financing from 24 June to 4 July 2010.
2. The opinion survey was conducted via telephone interview. During the fieldwork period, a total of 1 010 persons were successfully interviewed.
3. The opinion survey solicited the public's views on the healthcare financing reform, particularly on the voluntary supplementary financing scheme.
4. The response rate of the survey is 21.9%.
5. The questions asked in the survey (both Chinese and English versions) are given in **Annex I**.

Food and Health Bureau
Hong Kong Special Administrative Region Government
July 2010

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 1: Support to Implementing Voluntary Standard Private Health Insurance Scheme



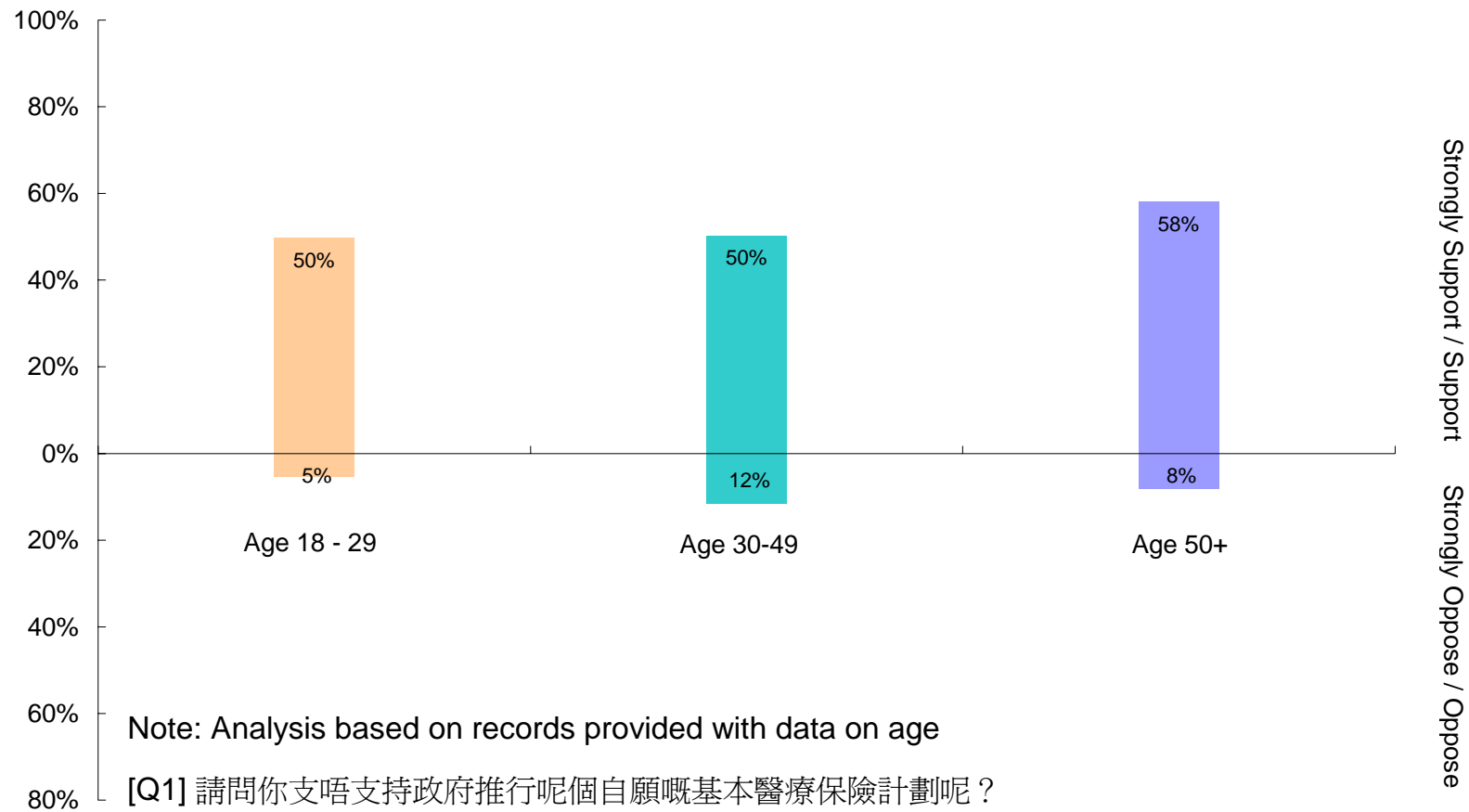
Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 1a: Support to Implementing Voluntary Standard Private Health Insurance Scheme
by Monthly Personal Income



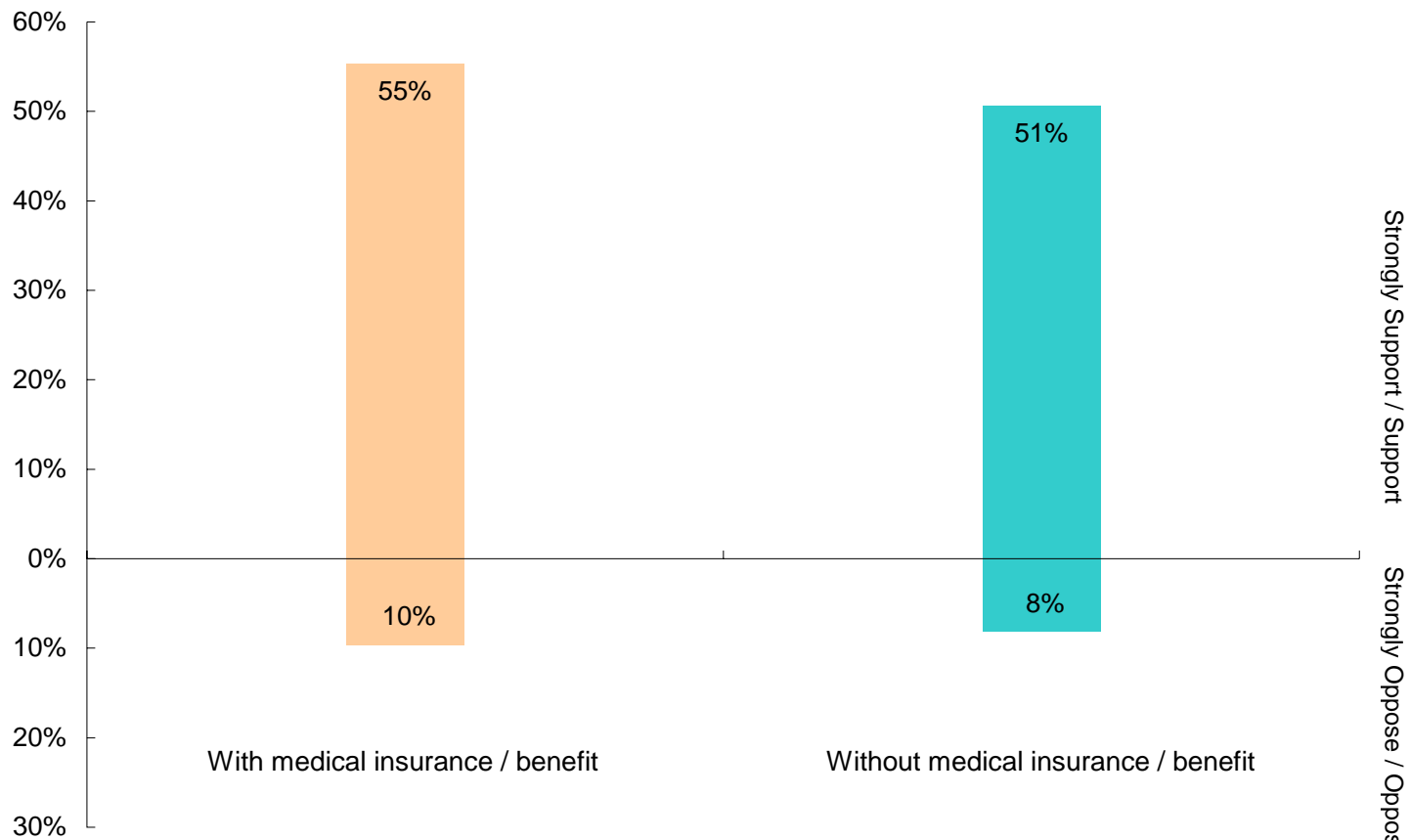
**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

**Chart 1b: Support to Implementing Voluntary Standard Private Health Insurance Scheme
by Age Group**



Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 1c: Support to Implementing Voluntary Standard Private Health Insurance Scheme
by Whether with Medical Insurance / Benefit

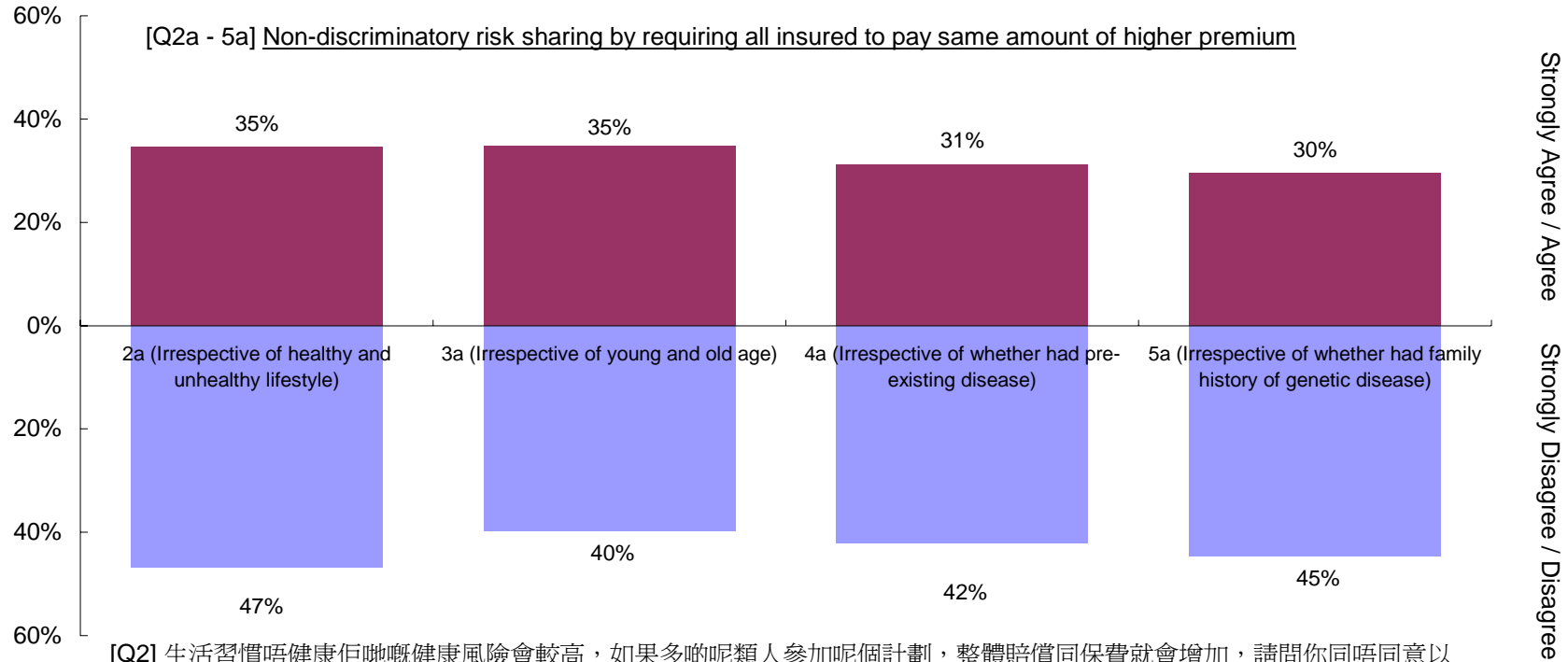


Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q1] 請問你支唔支持政府推行呢個自願嘅基本醫療保險計劃呢？

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

Chart 2: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme



[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[a] 所有投保人包括生活習慣健康唔健康嘅都要一齊俾多啲保費

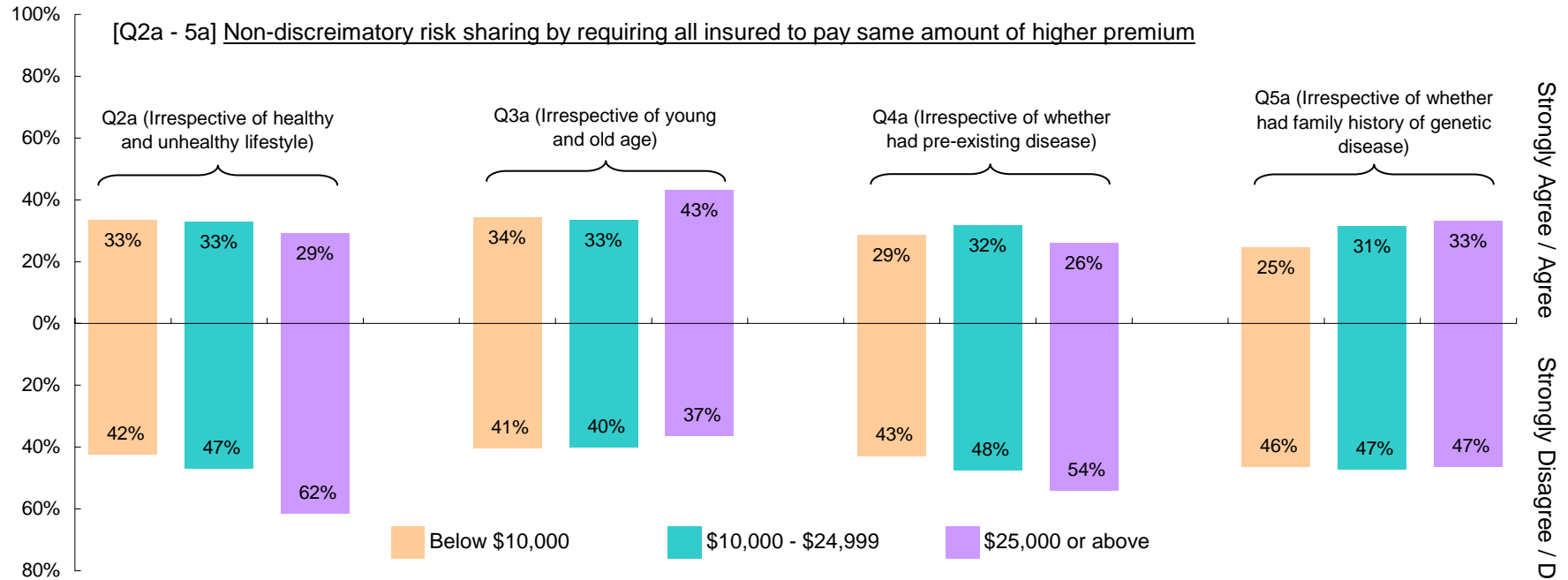
[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[a] 所有投保人包括年紀輕同年紀大嘅都要一齊俾多啲保費

[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[a] 所有投保人包括之前有冇病都要一齊俾多啲保費

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[a] 所有投保人包括有冇家族遺傳病嘅都要一齊俾多啲保費

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

**Chart 2a: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme
by Monthly Personal Income**



Note: Analysis based on records provided with personal income data

[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？

[a] 所有投保人包括生活習慣健康嘅都要一齊俾多啲保費

[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？ [a]

所有投保人包括年紀輕同年紀大嘅都要一齊俾多啲保費

[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [a] 所有投保人包

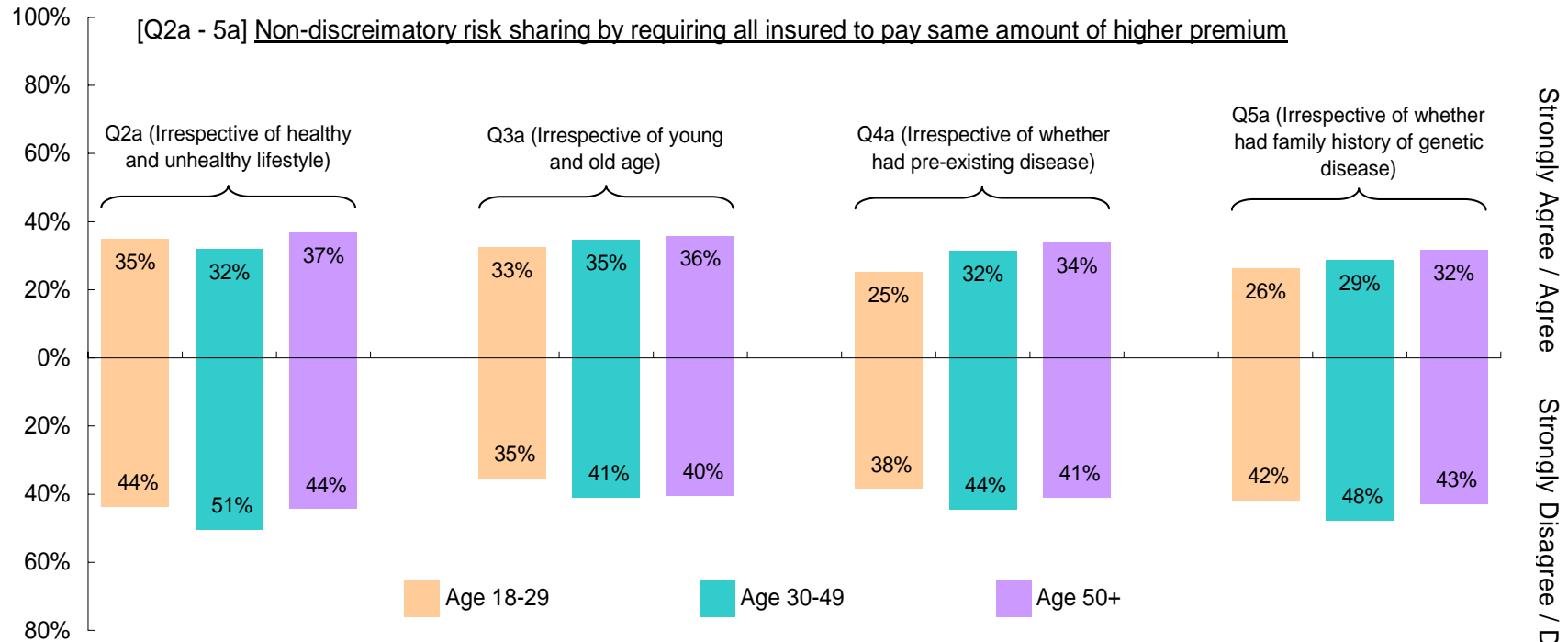
括之前有冇病都要一齊俾多啲保費

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [a] 所有投保人包括有冇家族遺傳

病嘅都要一齊俾多啲保費

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 2b: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme by Age Group



Note: Analysis based on records provided with data on age

[Q2] 生活習慣唔健康但嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[a] 所有投保人包括生活習慣唔健康嘅都要一齊俾多啲保費

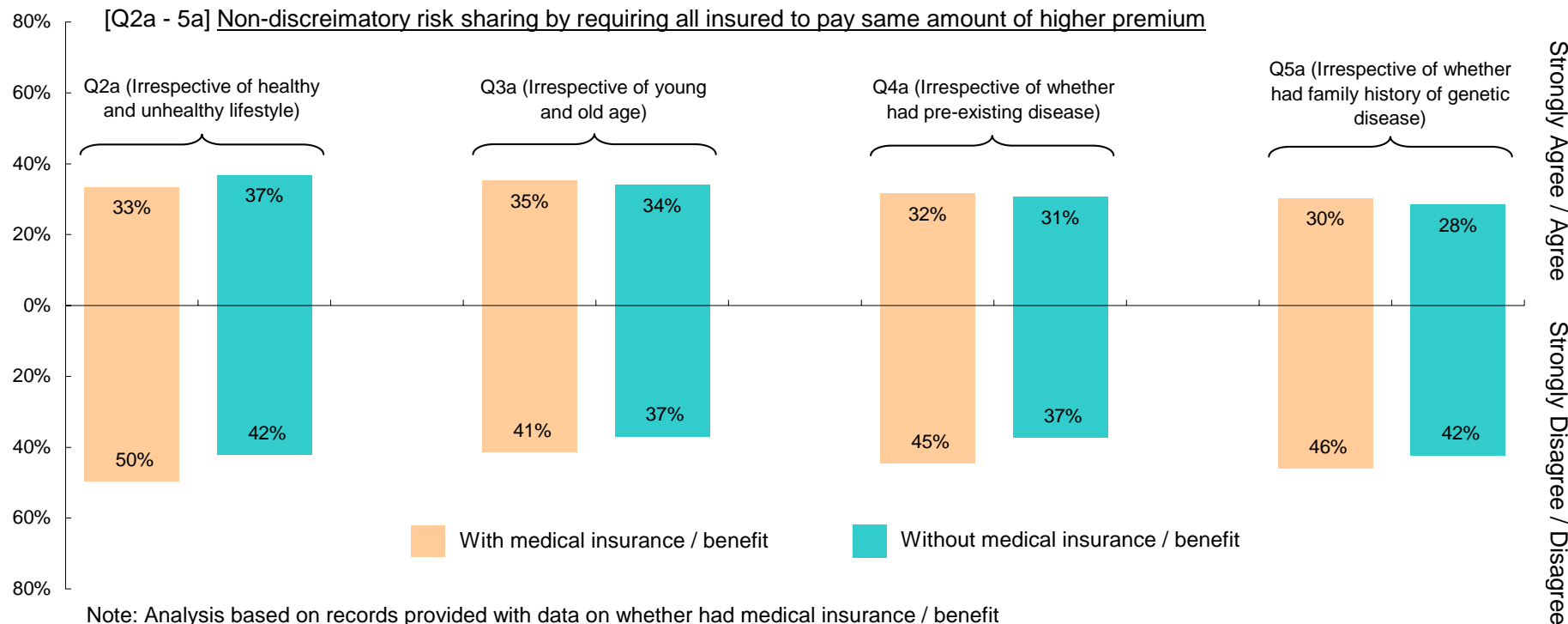
[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[a] 所有投保人包括年紀輕同年紀大嘅都要一齊俾多啲保費

[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[a] 所有投保人包括之前有冇病都要一齊俾多啲保費

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[a] 所有投保人包括有冇家族遺傳病嘅都要一齊俾多啲保費

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

**Chart 2c: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme
by Whether with Medical Insurance / Benefit**



[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？

[a] 所有投保人包括生活習慣健康嘅都要一齊俾多啲保費

[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？ [a]

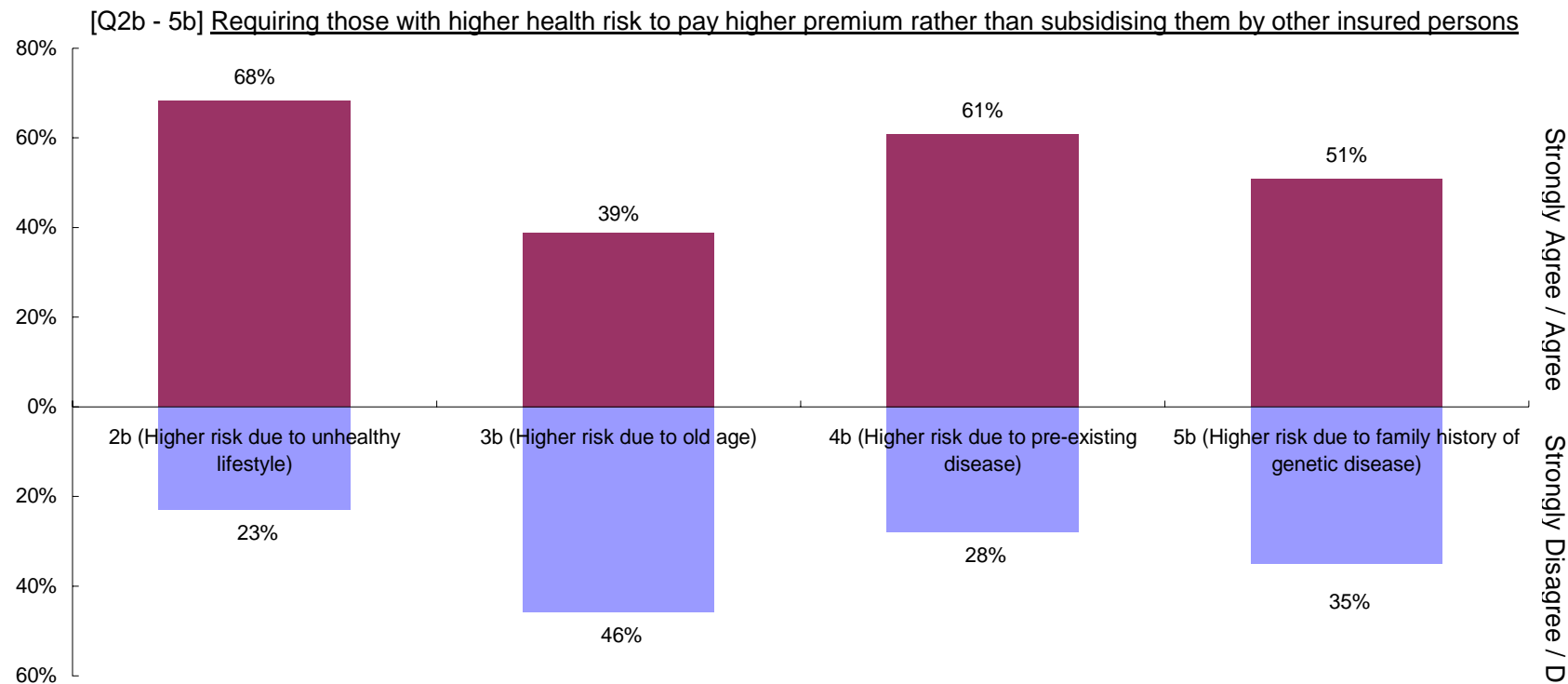
所有投保人包括年紀輕同年紀大嘅都要一齊俾多啲保費

[Q4] 如果呢個基本醫保計劃，俾埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [a] 所有投保人包括之前有冇病都要一齊俾多啲保費

[Q5] 如果呢個計劃，俾埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [a] 所有投保人包括有冇家族遺傳病嘅都要一齊俾多啲保費

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

Chart 3: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme



[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？**[b]** 生活習慣唔健康嘅投保人要俾多啲保費，唔應該由生活習慣健康嘅投保人津貼佢哋

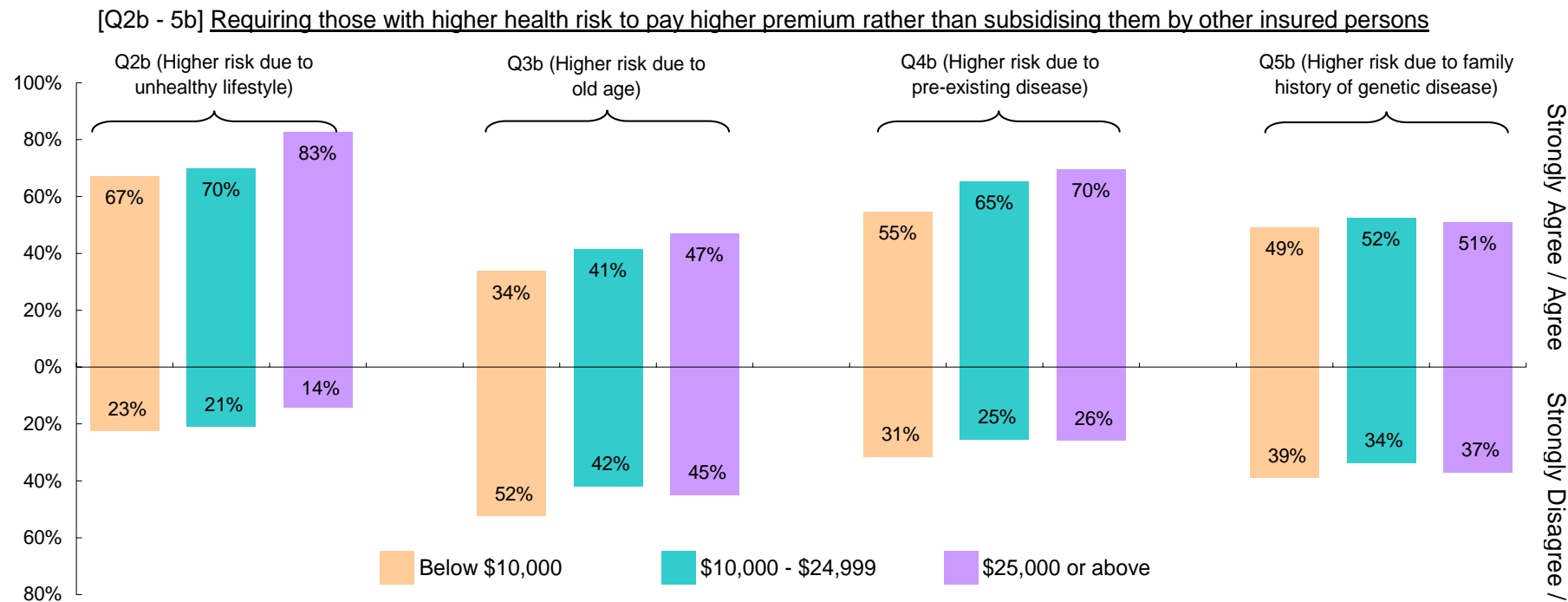
[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？**[b]** 年紀大嘅投保人自己要俾多啲保費，而唔應該由年紀輕嘅投保人津貼佢哋

[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？**[b]** 投保前已經有病嘅投保人自己要俾多啲保費，而唔應該由之前冇病嘅投保人津貼佢哋

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？**[b]** 家族有遺傳病嘅投保人自己要俾多啲保費，唔應該由家族冇遺傳病嘅投保人津貼佢哋

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

**Chart 3a: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme
by Monthly Personal Income**



Note: Analysis based on records provided with personal income data

[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？

[b] 生活習慣唔健康嘅投保人要俾多啲保費，唔應該由生活習慣健康嘅投保人津貼佢哋

[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？ [b] 年紀大嘅投保人自己要俾多啲保費，而唔應該由年紀輕嘅投保人津貼佢哋

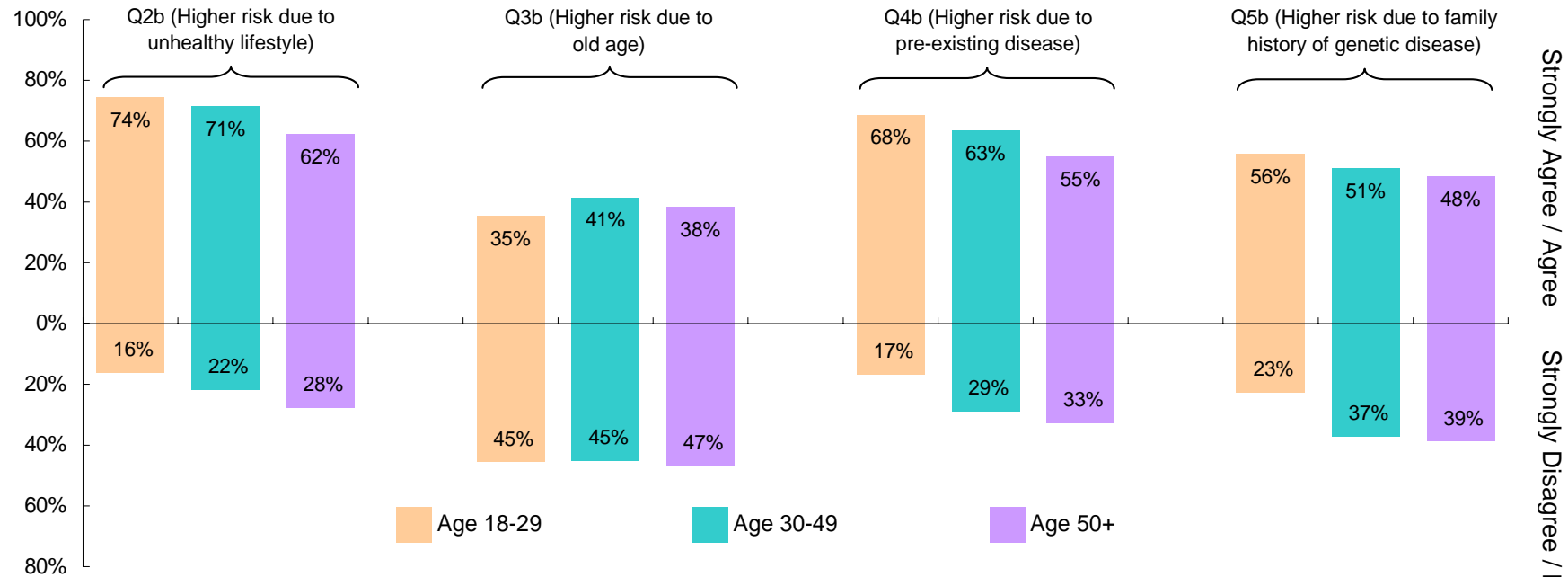
[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [b] 投保前已經有病嘅投保人自己要俾多啲保費，而唔應該由之前冇病嘅投保人津貼佢哋

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [b] 家族有遺傳病嘅投保人自己要俾多啲保費，唔應該由家族冇遺傳病嘅投保人津貼佢哋

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 3b: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme by Age Group

[Q2b - 5b] Requiring those with higher health risk to pay higher premium rather than subsidising them by other insured persons



Note: Analysis based on records provided with data on age

[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[b] 生活習慣唔健康嘅投保人要俾多啲保費，唔應該由生活習慣健康嘅投保人津貼佢哋

[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[b] 年紀大嘅投保人自己要俾多啲保費，而唔應該由年紀輕嘅投保人津貼佢哋

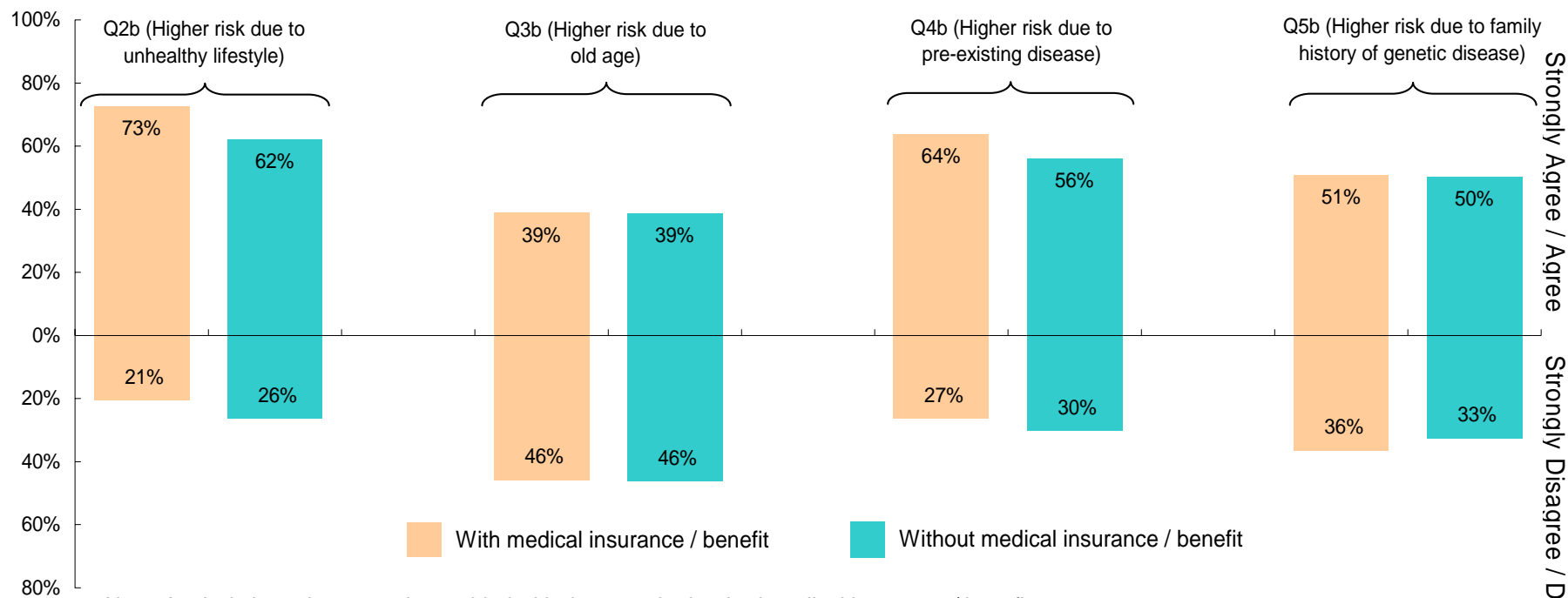
[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[b] 投保前已經有病嘅投保人自己要俾多啲保費，而唔應該由之前冇病嘅投保人津貼佢哋

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[b] 家族有遺傳病嘅投保人自己要俾多啲保費，唔應該由家族冇遺傳病嘅投保人津貼佢哋

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

**Chart 3c: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme
by Whether with Medical Insurance / Benefit**

[Q2b - 5b] Requiring those with higher health risk to pay higher premium rather than subsidising them by other insured persons



Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？

[b] 生活習慣唔健康嘅投保人佢哋多啲保費，唔應該由生活習慣健康嘅投保人津貼佢哋

[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？ [b] 年紀大嘅投保人自己要俾多啲保費，而唔應該由年紀輕嘅投保人津貼佢哋

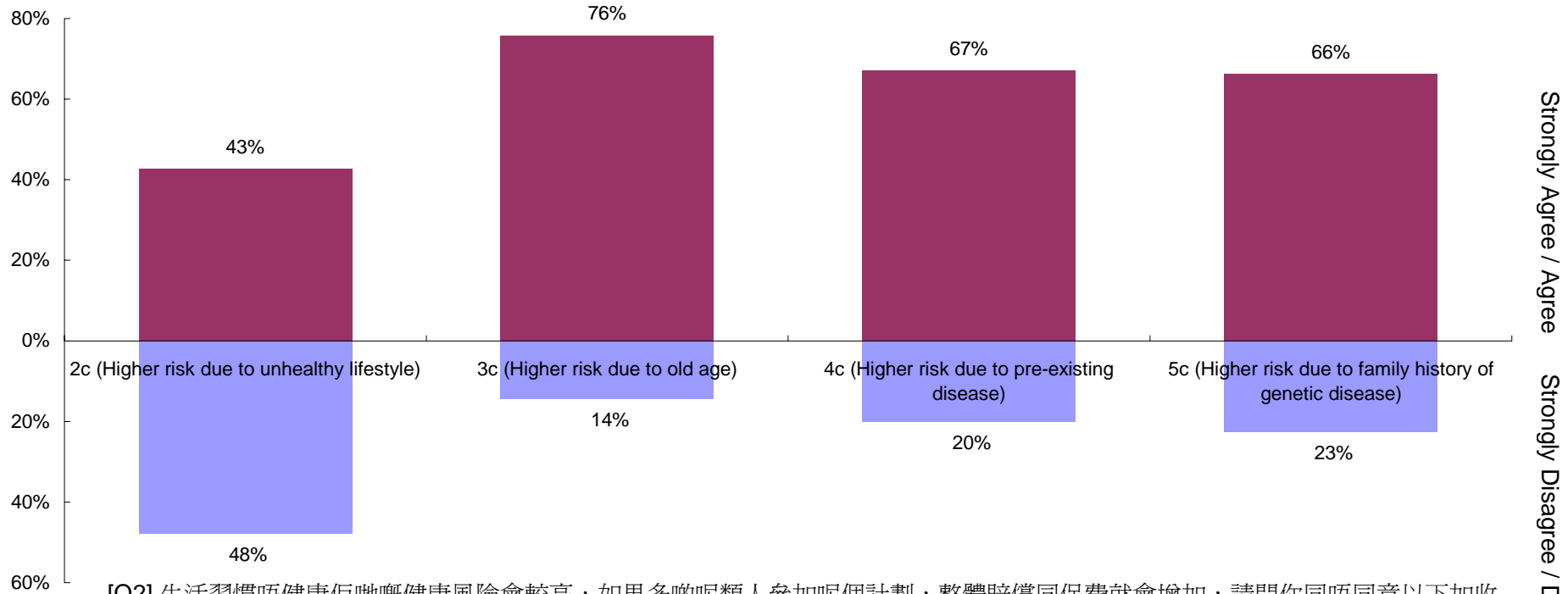
[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [b] 投保前已經有病嘅投保人自己要俾多啲保費，而唔應該由之前冇病嘅投保人津貼佢哋

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [b] 家族有遺傳病嘅投保人自己要俾多啲保費，唔應該由家族冇遺傳病嘅投保人津貼佢哋

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

Chart 4: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme

[Q2c - 5c] Government to subsidize those with higher health risk so that all insured need not pay higher premium



[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？
[c] 政府用公帑資助生活習慣唔健康嘅人，等所有投保人都唔使俾多啲保費

[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？
[c] 政府用公帑資助年紀大嘅投保人，等所有投保人都唔使俾多啲保費

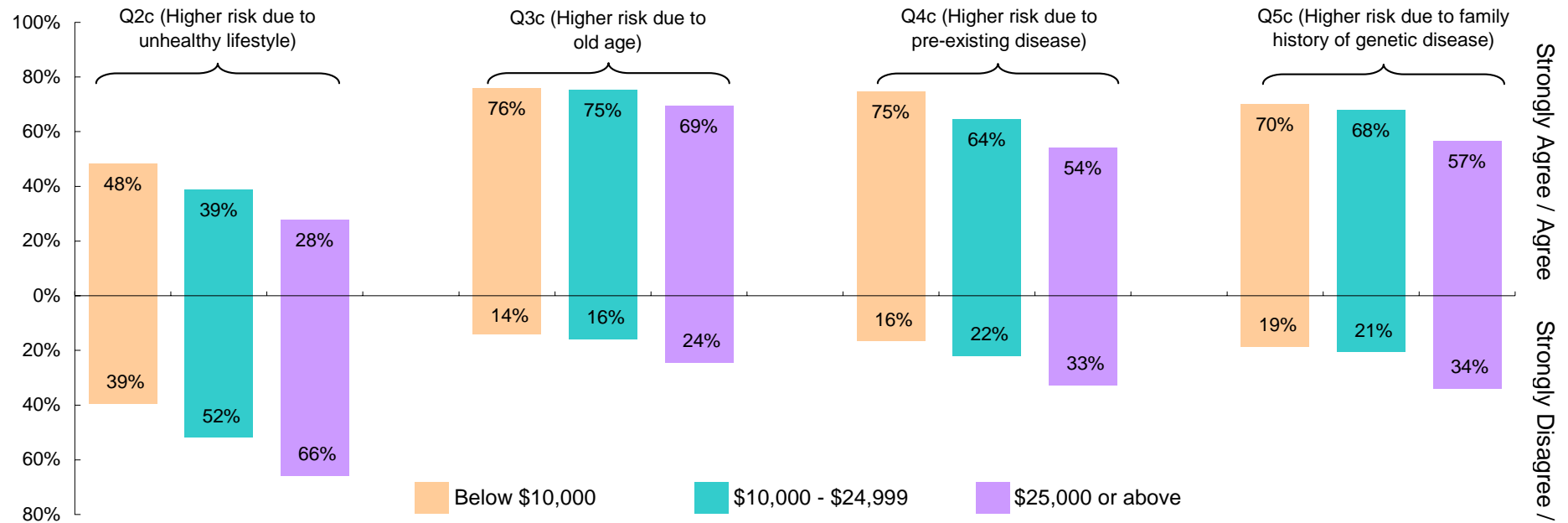
[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？
[c] 政府用公帑資助投保前已經有病嘅投保人，等所有投保人都唔使俾多啲保費

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？
[c] 政府用公帑資助家族有遺傳病嘅人，等所有投保人唔使加保費津貼佢哋

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

**Chart 4a: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme
by Monthly Personal Income**

[Q2c - 5c] Government to subsidize those with higher health risk so that all insured need not pay higher premium



Note: Analysis based on records provided with personal income data

[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？

[c] 政府用公帑資助生活習慣唔健康嘅人，等所有投保人都唔使俾多啲保費

[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？ [c]

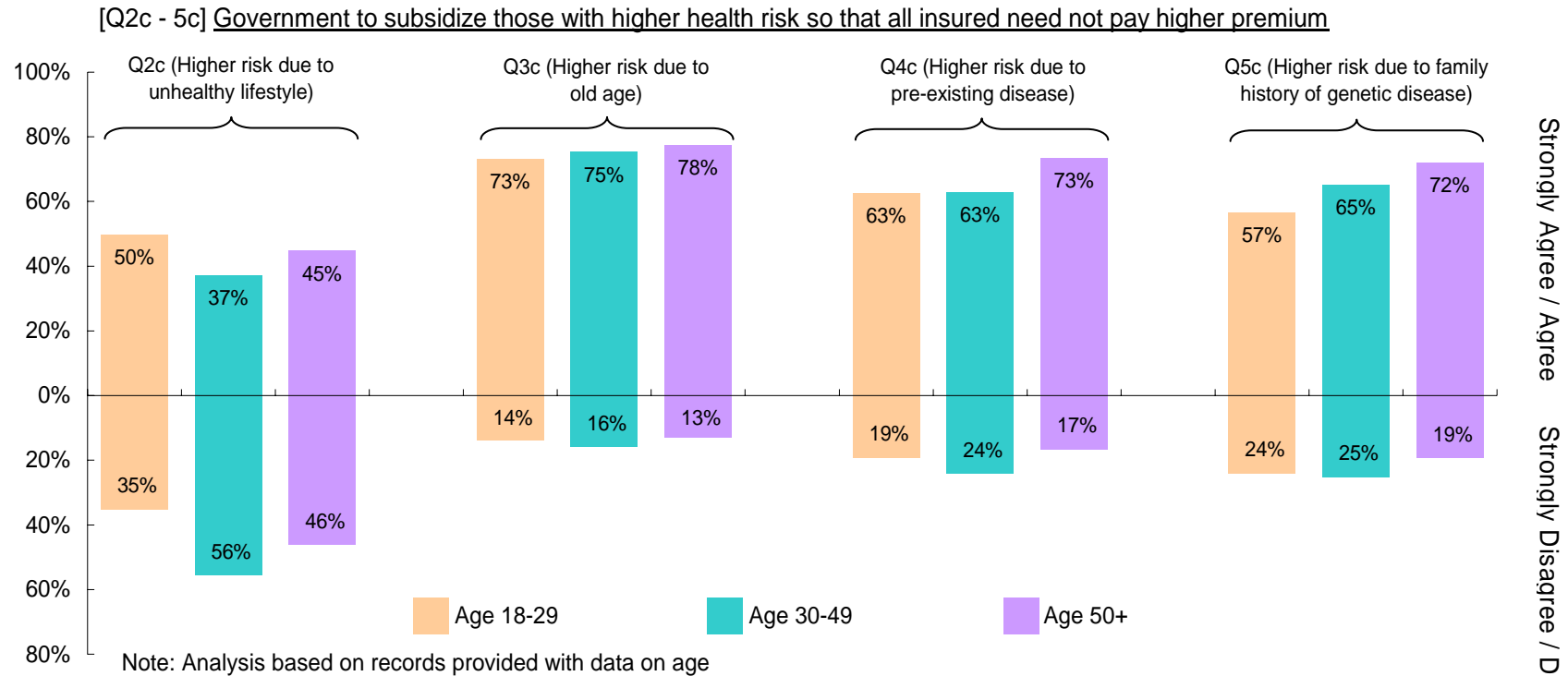
政府用公帑資助年紀大嘅投保人，等所有投保人都唔使俾多啲保費

[Q4] 如果呢個基本醫保計劃，俾埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [c] 政府用公帑資助投保前已經有病嘅投保人，等所有投保人都唔使俾多啲保費

[Q5] 如果呢個計劃，俾埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？ [c] 政府用公帑資助家族有遺傳病嘅人，等所有投保人都唔使加保費津貼佢哋

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

**Chart 4b: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme
by Age Group**



[Q2] 生活習慣唔健康佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[c] 政府用公帑資助生活習慣唔健康嘅人，等所有投保人都唔使俾多啲保費

[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[c] 政府用公帑資助年紀大嘅投保人，等所有投保人都唔使俾多啲保費

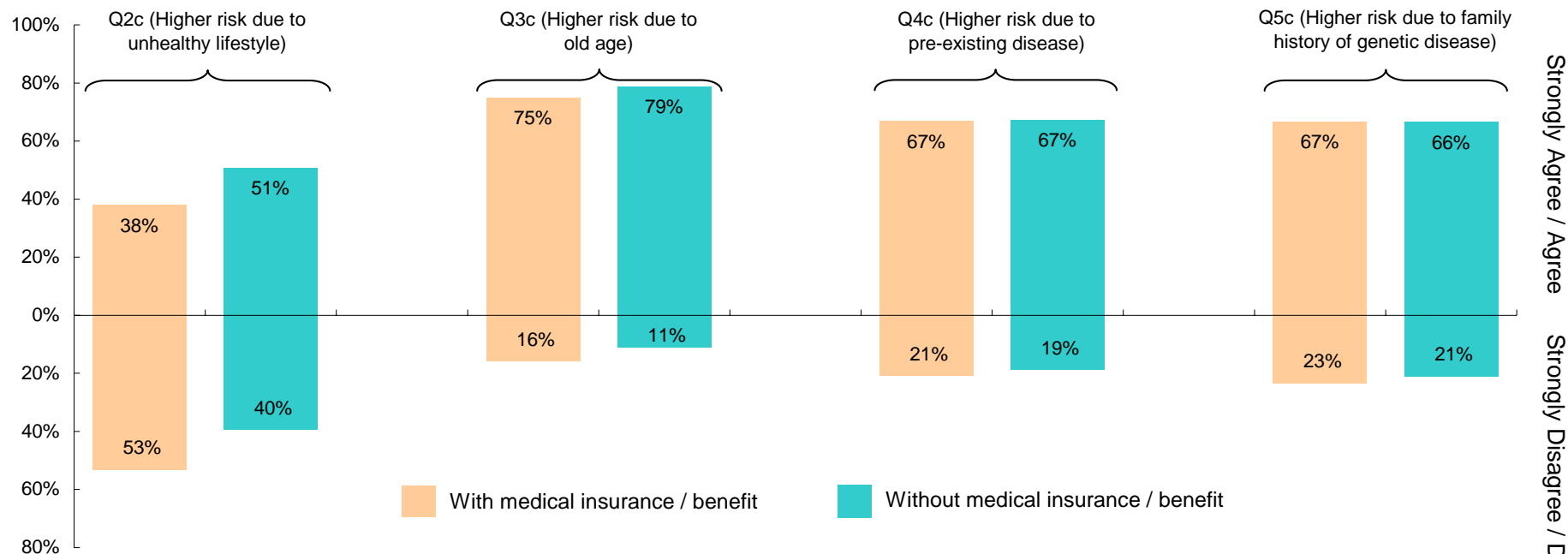
[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[c] 政府用公帑資助投保前已經有病嘅投保人，等所有投保人都唔使俾多啲保費

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[c] 政府用公帑資助家族有遺傳病嘅人，等所有投保人都唔使加保費津貼佢哋

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 4c: Views on Risk Sharing in the Voluntary Standard Private Health Insurance Scheme
by Whether with Medical Insurance / Benefit

[Q2c - 5c] Government to subsidize those with higher health risk so that all insured need not pay higher premium



Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q2] 生活習慣唔健康佢嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[c] 政府用公帑資助生活習慣唔健康嘅人，等所有投保人都唔使俾多啲保費

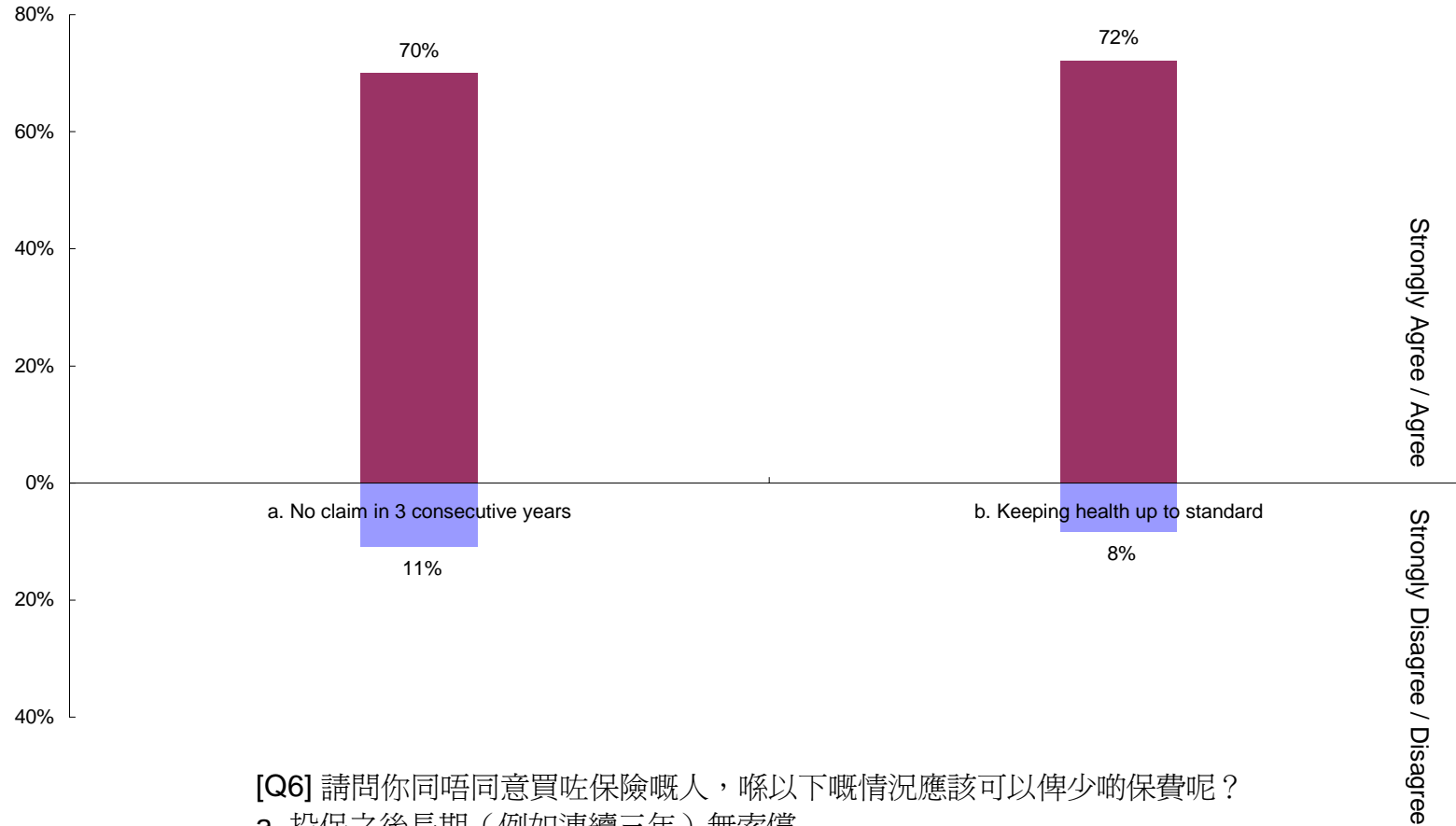
[Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？[c] 政府用公帑資助年紀大嘅投保人，等所有投保人都唔使俾多啲保費

[Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[c] 政府用公帑資助投保前已經有病嘅投保人，等所有投保人都唔使俾多啲保費

[Q5] 如果呢個計劃，保埋家族有遺傳病嘅投保人，整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？[c] 政府用公帑資助家族有遺傳病嘅人，等所有投保人唔使加保費津貼佢

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 5: Views on Incentives in the Voluntary Standard Private Health Insurance Scheme

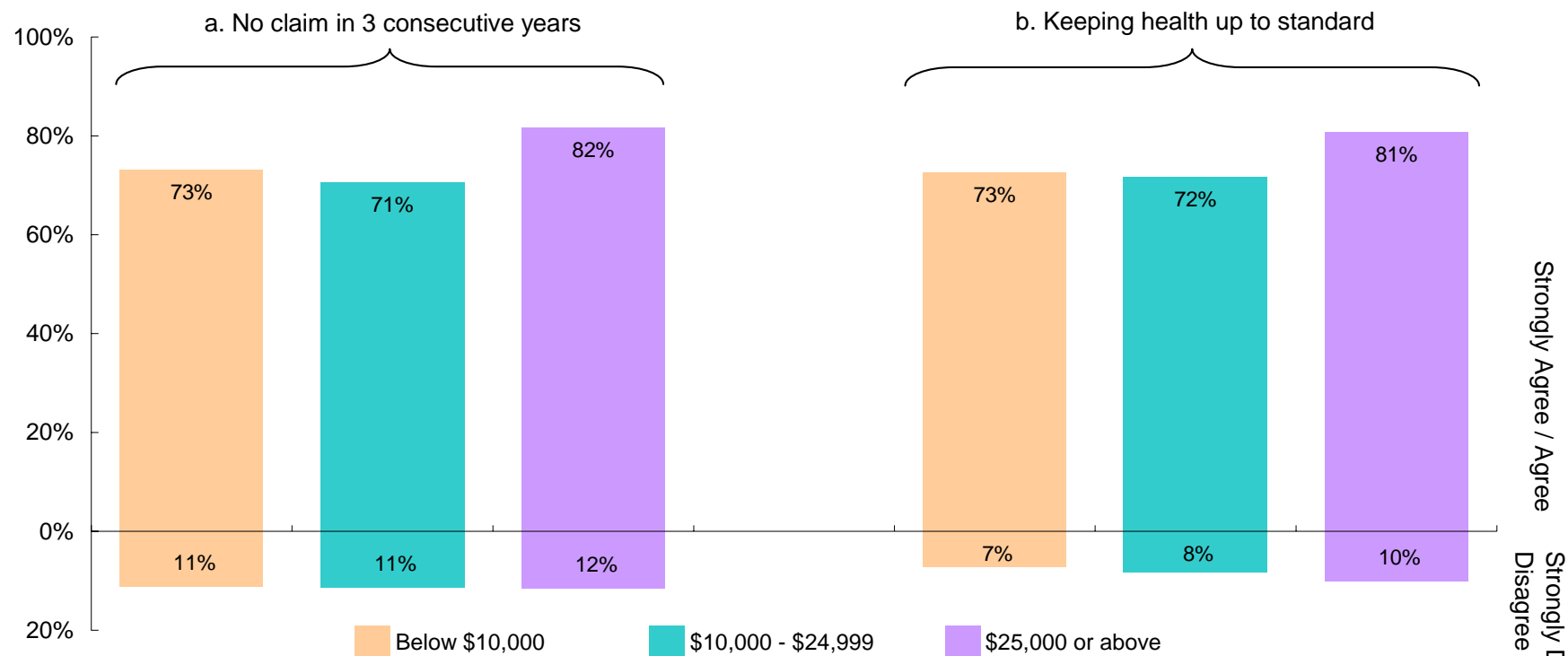


[Q6] 請問你同唔同意買咗保險嘅人，喺以下嘅情況應該可以俾少啲保費呢？

- a. 投保之後長期（例如連續三年）無索償
- b. 投保之後身體健康符合標準、或者能夠適當地控制自己長期病患嘅病情

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

**Chart 5a: Views on Incentives in the Voluntary Standard Private Health Insurance Scheme
by Monthly Personal Income**



Note: Analysis based on records provided with personal income data

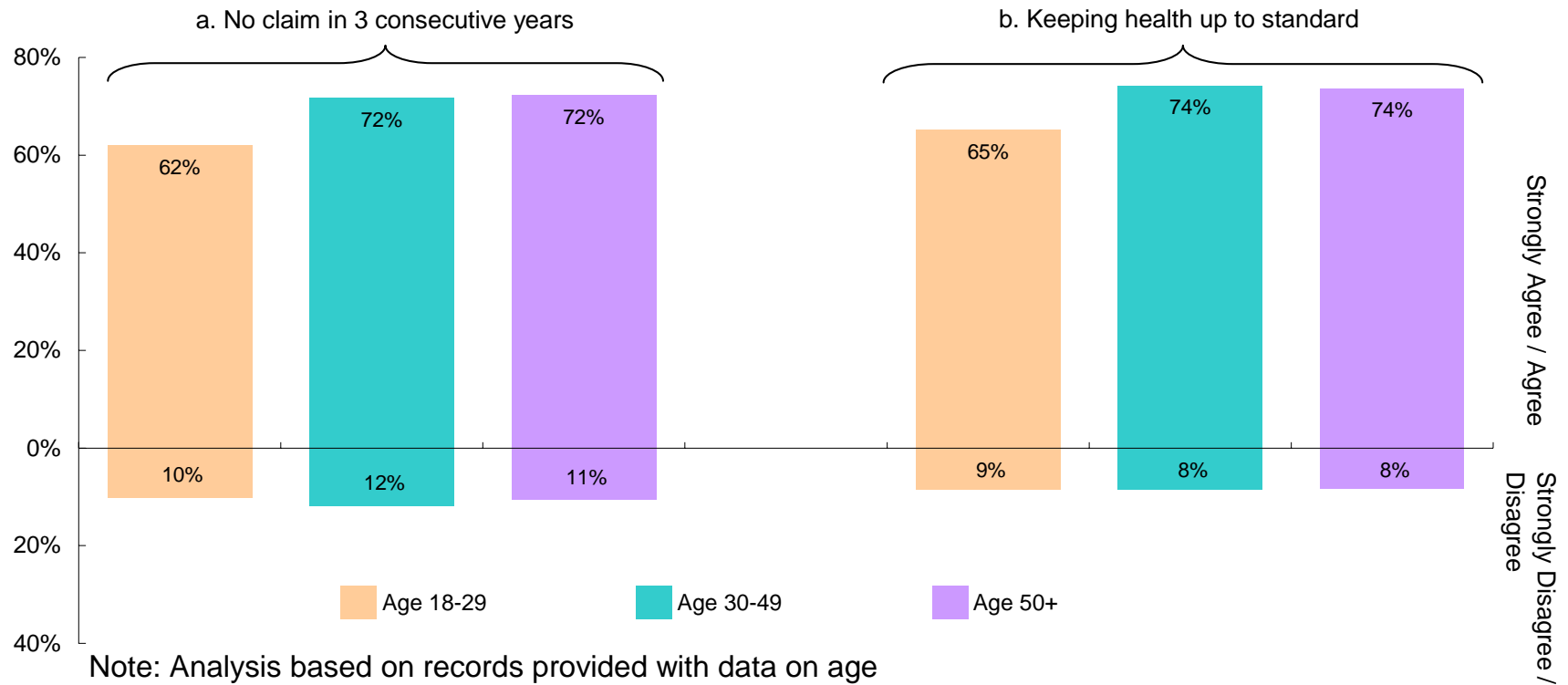
[Q6] 請問你同唔同意買咗保險嘅人，喺以下嘅情況應該可以俾少啲保費呢？

a 投保之後長期（例如連續三年）無索償

b 投保之後身體健康符合標準、或者能夠適當地控制自己長期病患嘅病情

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 5b: Views on Incentives in the Voluntary Standard Private Health Insurance Scheme
by Age Group



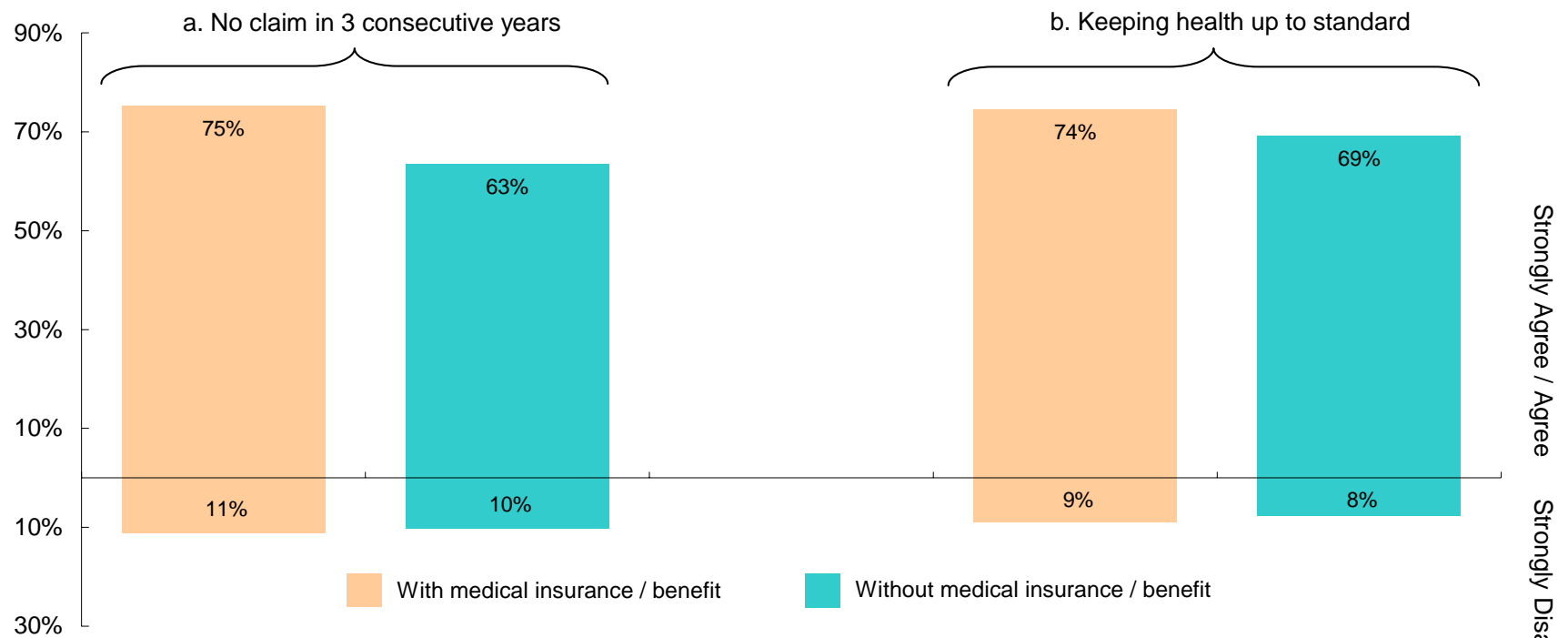
[Q6] 請問你同唔同意買咗保險嘅人，喺以下嘅情況應該可以俾少啲保費呢？

a 投保之後長期（例如連續三年）無索償

b 投保之後身體健康符合標準、或者能夠適當地控制自己長期病患嘅病情

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 5c: Views on Incentives in the Voluntary Standard Private Health Insurance Scheme
by Whether with Medical Insurance / Benefit



Note: Analysis based on records provided with data on whether had medical insurance / benefit

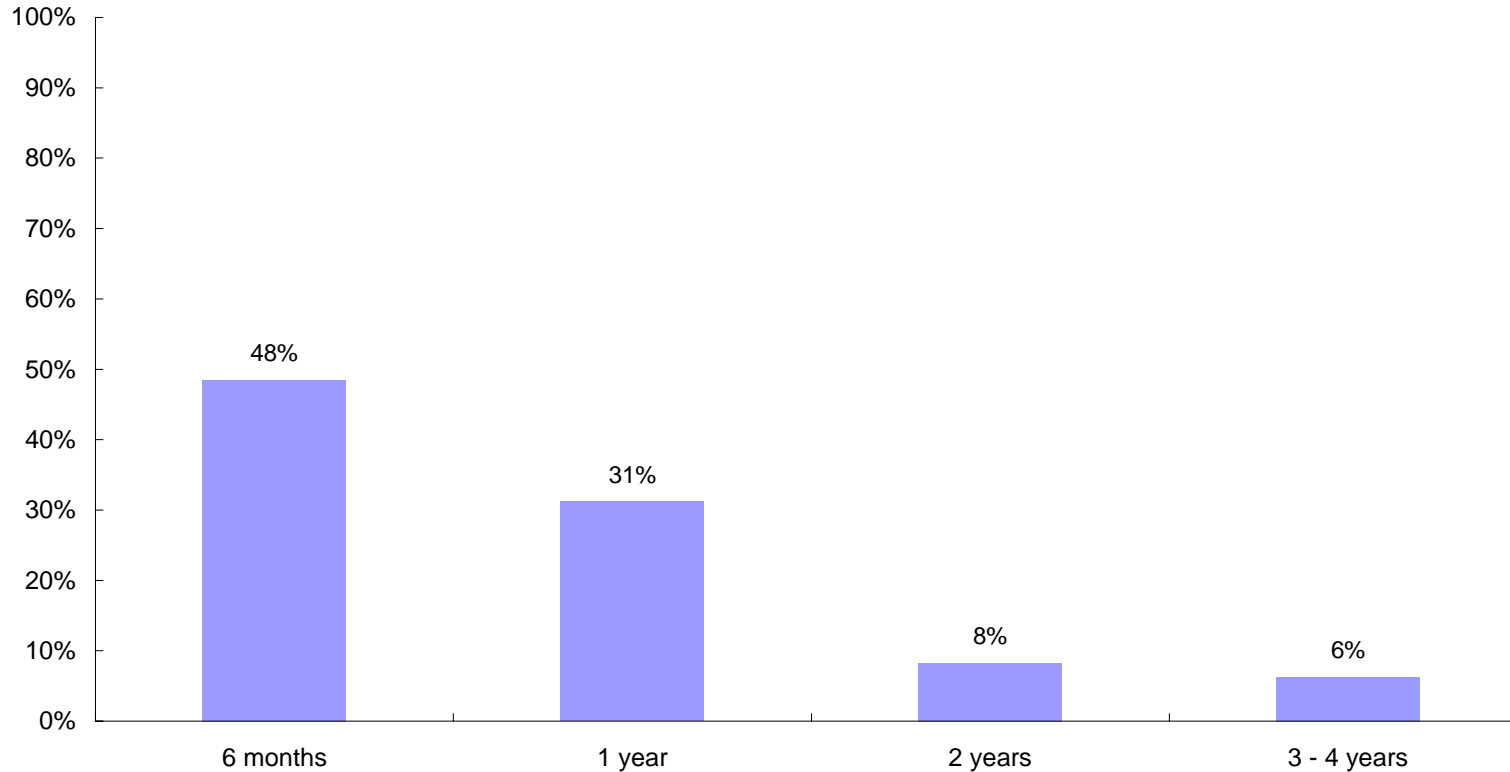
[Q6] 請問你同唔同意買咗保險嘅人，喺以下嘅情況應該可以俾少啲保費呢？

a 投保之後長期（例如連續三年）無索償

b 投保之後身體健康符合標準、或者能夠適當地控制自己長期病患嘅病情

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

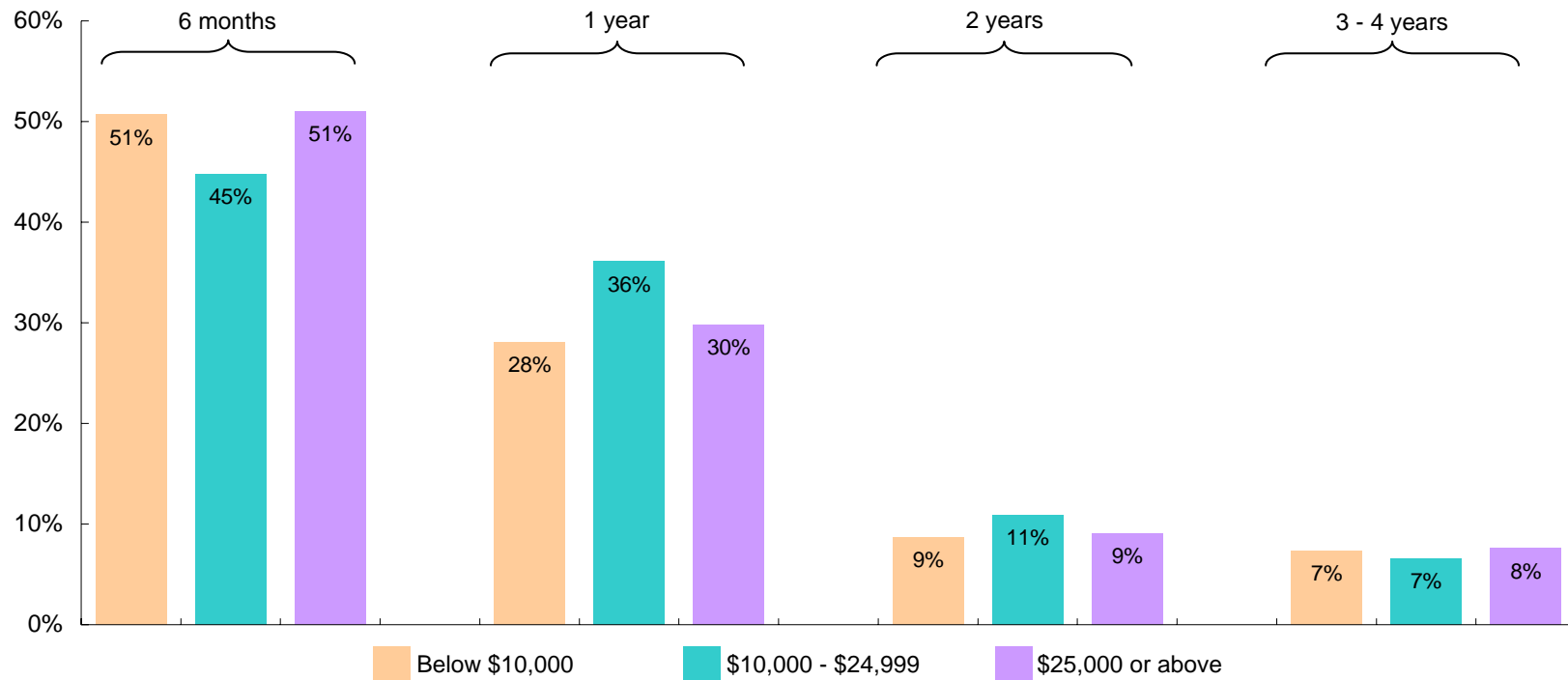
Chart 6: Views on Length of Exclusion Period for Pre-existing Conditions



[Q7] 如果為咗防止濫用，基本醫保計劃需要嘅投保後經過一段等候期，先至會賠償投保人之前已經有嘅疾病，你覺得幾多年等候期先係合理呢？係半年呀、一年、兩年、三年、定係四年呢？

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 6a: Views on Length of Exclusion Period for Pre-existing Conditions
by Monthly Personal Income

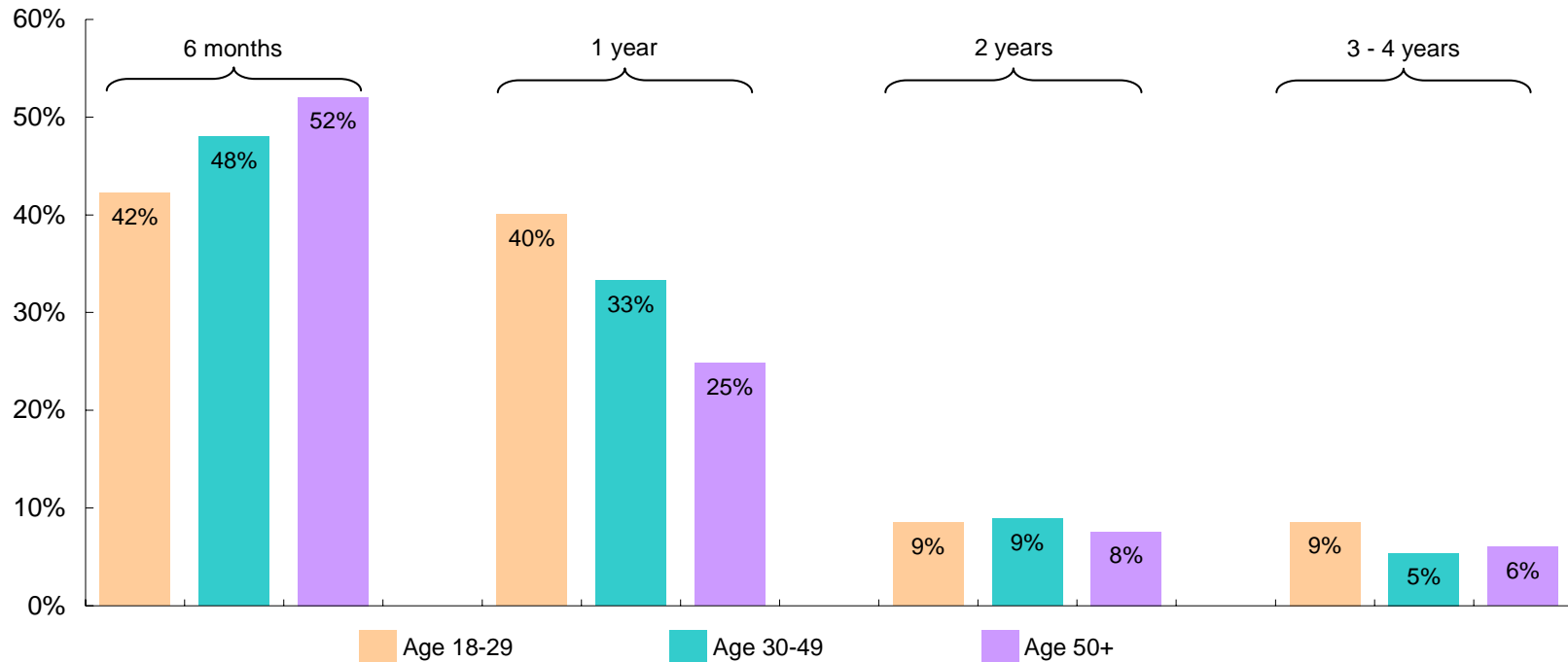


Note: Analysis based on records provided with personal income data

[Q7] 如果為咗防止濫用，基本醫保計劃需要嘅投保後經過一段等候期，先至會賠償投保人之前已經有嘅疾病，你覺得幾多年等候期先係合理呢？係半年呀、一年、兩年、三年、定係四年呢？

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 6b: Views on Length of Exclusion Period for Pre-existing Conditions
by Age Group

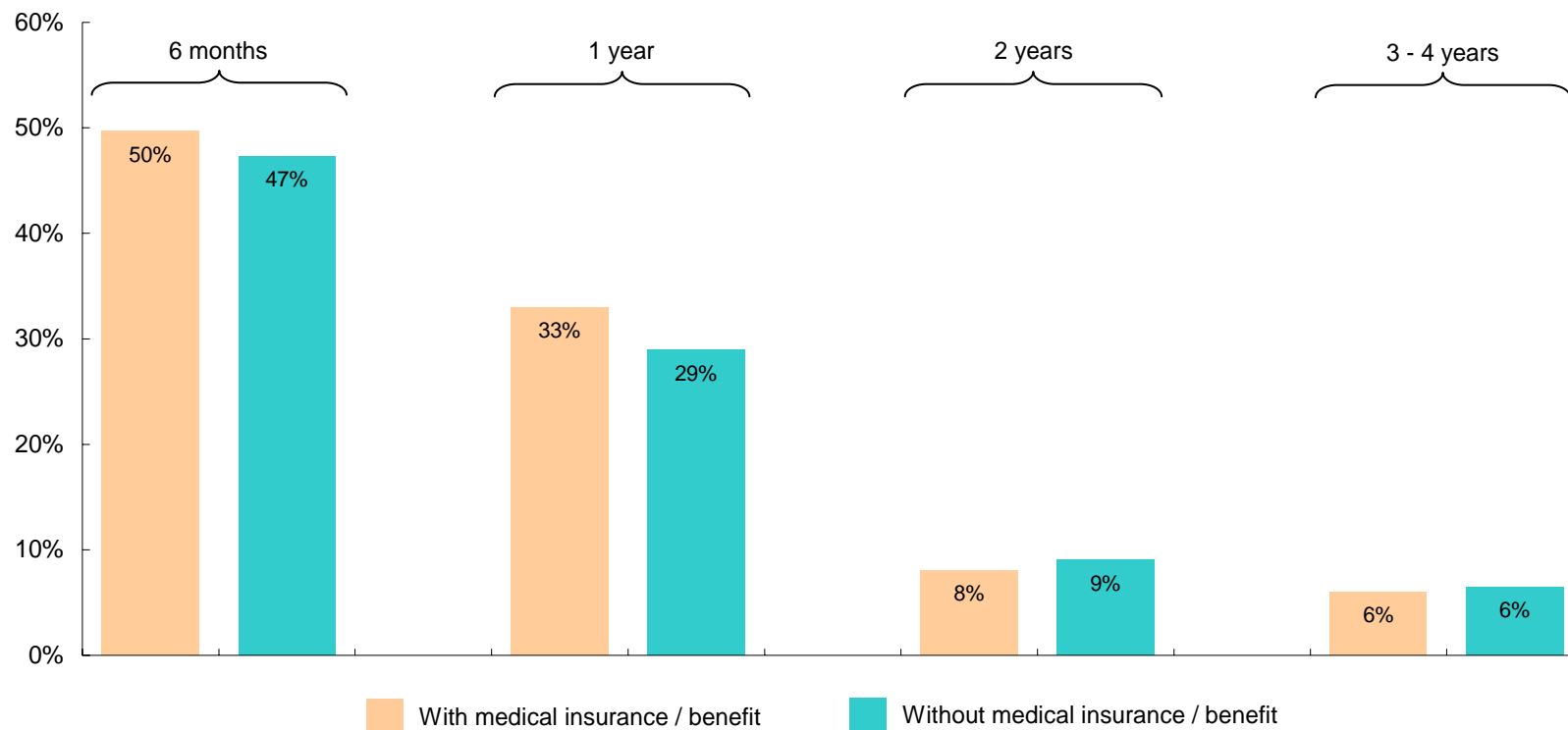


Note: Analysis based on records provided with data on age

[Q7] 如果為咗防止濫用，基本醫保計劃需要嘍投保後經過一段等候期，先至會賠償投保人之前已經有嘅疾病，你覺得幾多年等候期先係合理呢？係半年呀、一年、兩年、三年、定係四年呢？

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 6c: Views on Length of Exclusion Period for Pre-existing Conditions
by Whether with Medical Insurance / Benefit

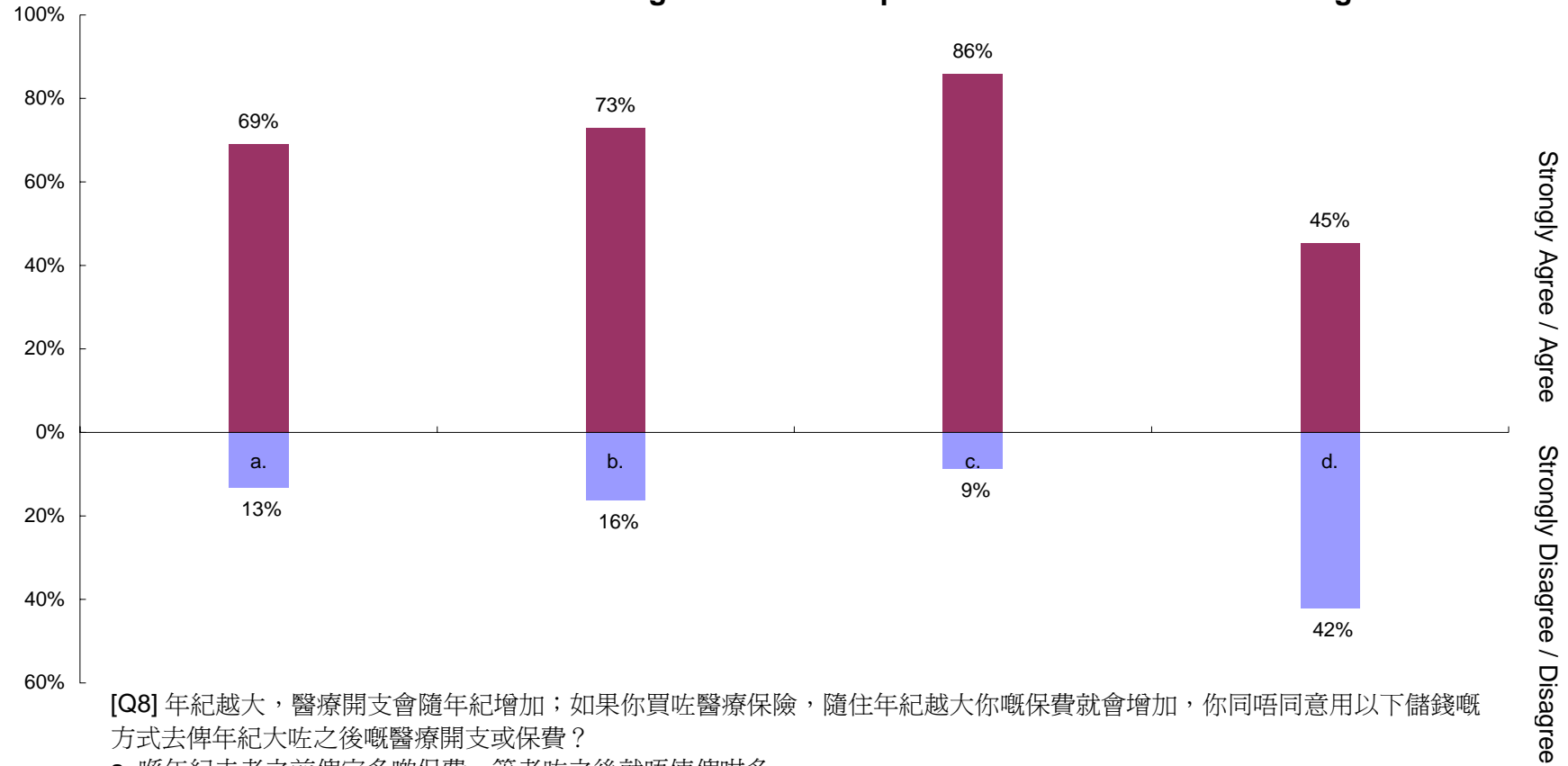


Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q7] 如果為咗防止濫用，基本醫保計劃需要嘍投保後經過一段等候期，先至會賠償投保人之前已經有嘅疾病，你覺得幾多年等候期先係合理呢？係半年呀、一年、兩年、三年、定係四年呢？

**Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)**

Chart 7: Views on Saving for Medical Expenditures or Premium in Old Age

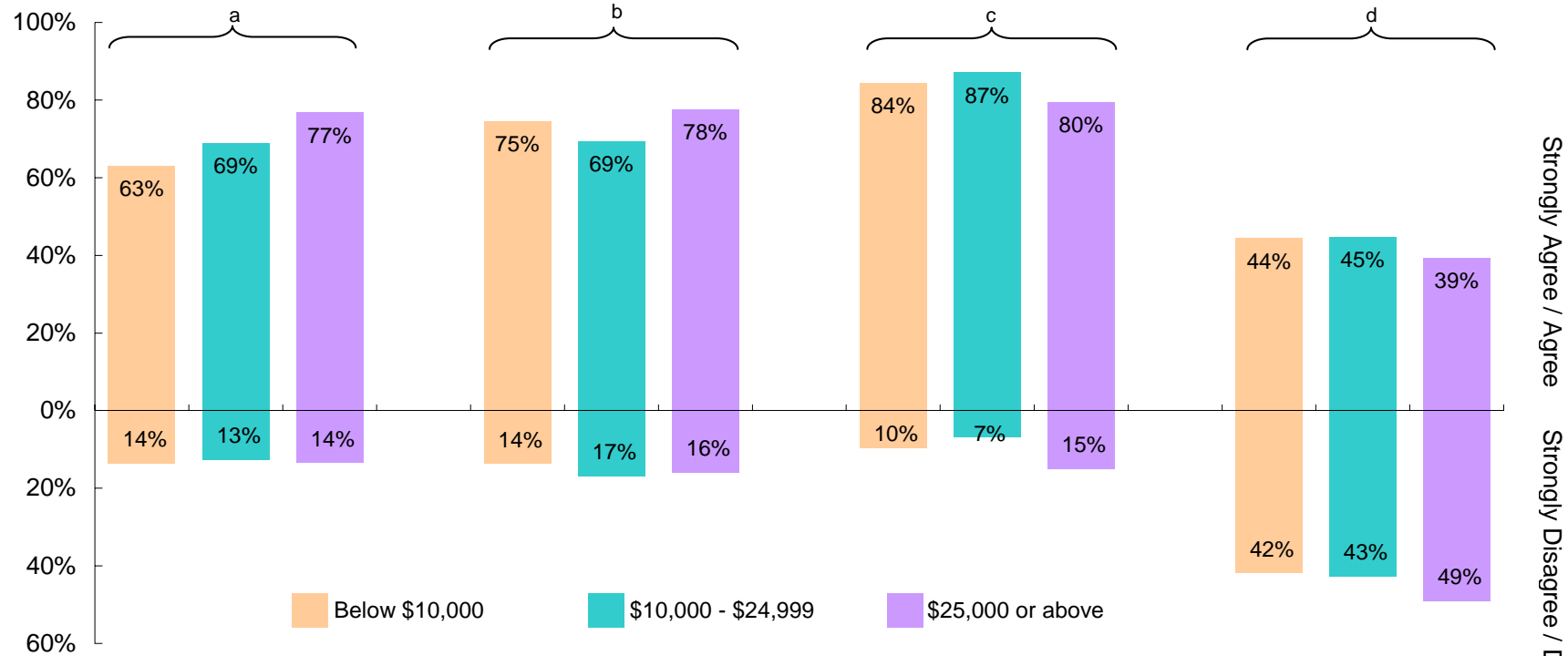


[Q8] 年紀越大，醫療開支會隨年紀增加；如果你買咗醫療保險，隨住年紀越大你嘅保費就會增加，你同唔同意用以下儲錢嘅方式去俾年紀大咗之後嘅醫療開支或保費？

- a. 喺年紀未老之前俾定多啲保費，等老咗之後就唔使俾咁多
- b. 喺年紀未老之前，自己儲錢存入醫療儲蓄戶口，老咗之後用戶口嘅錢淨係用嚟俾醫療開支同保費
- c. 喺年紀較輕嘅時候自己儲定錢，老咗之後自己決定點用
- d. 唔會儲定錢，老咗之後如果有錢，就情願到公立醫院排隊

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 7a: Views on Saving for Medical Expenditures or Premium in Old Age
by Monthly Personal Income



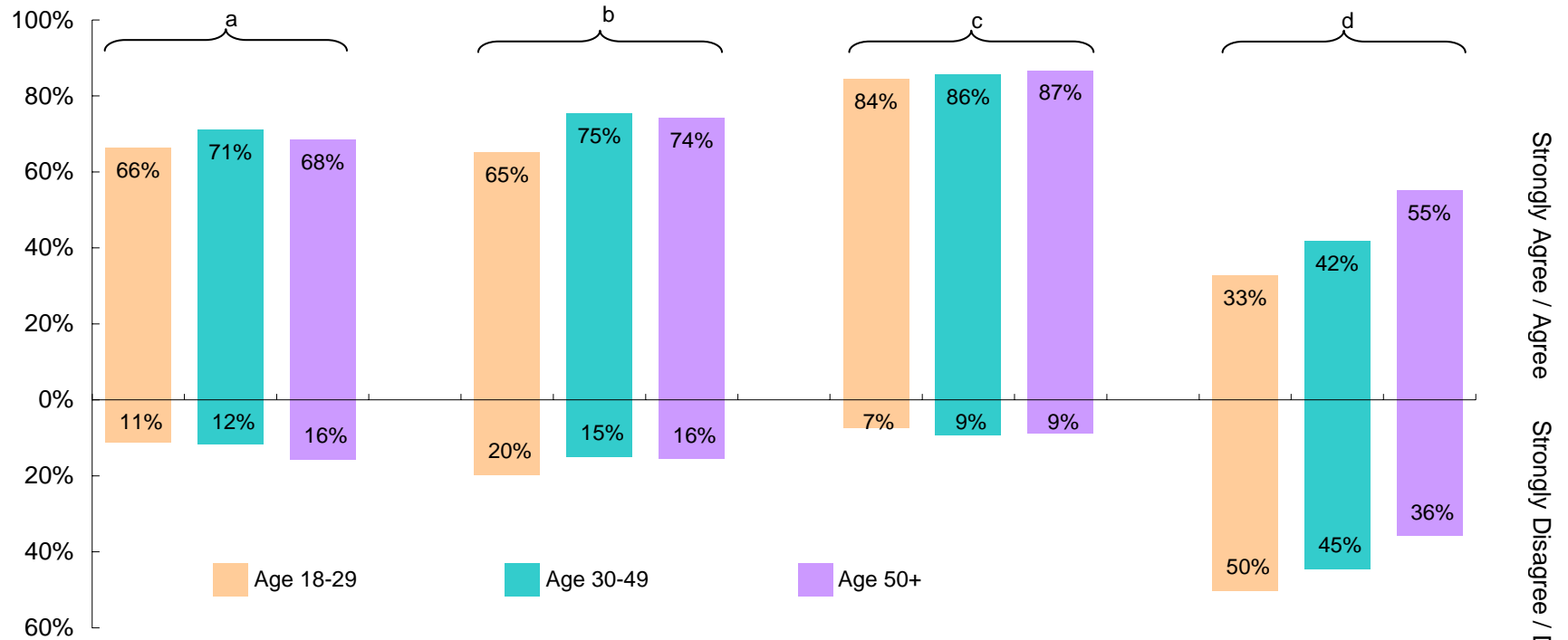
Note: Analysis based on records provided with personal income data

[Q8] 年紀越大，醫療開支會隨年紀增加；如果你買咗醫療保險，隨住年紀越大你嘅保費就會增加，你同唔同意用以下儲錢嘅方式去俾年紀大咗之後嘅醫療開支或保費？

- a. 係年紀未老之前俾定多啲保費，等老咗之後就唔使俾咁多
- b. 係年紀未老之前，自己儲錢存入醫療儲蓄戶口，老咗之後用戶口嘅錢淨係用嚟俾醫療開支同保費
- c. 係年紀較輕嘅時候自己儲定錢，老咗之後自己決定點用
- d. 唔會儲定錢，老咗之後如果有錢，就情願到公立醫院排隊

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 7b: Views on Saving for Medical Expenditures or Premium in Old Age
by Age Group



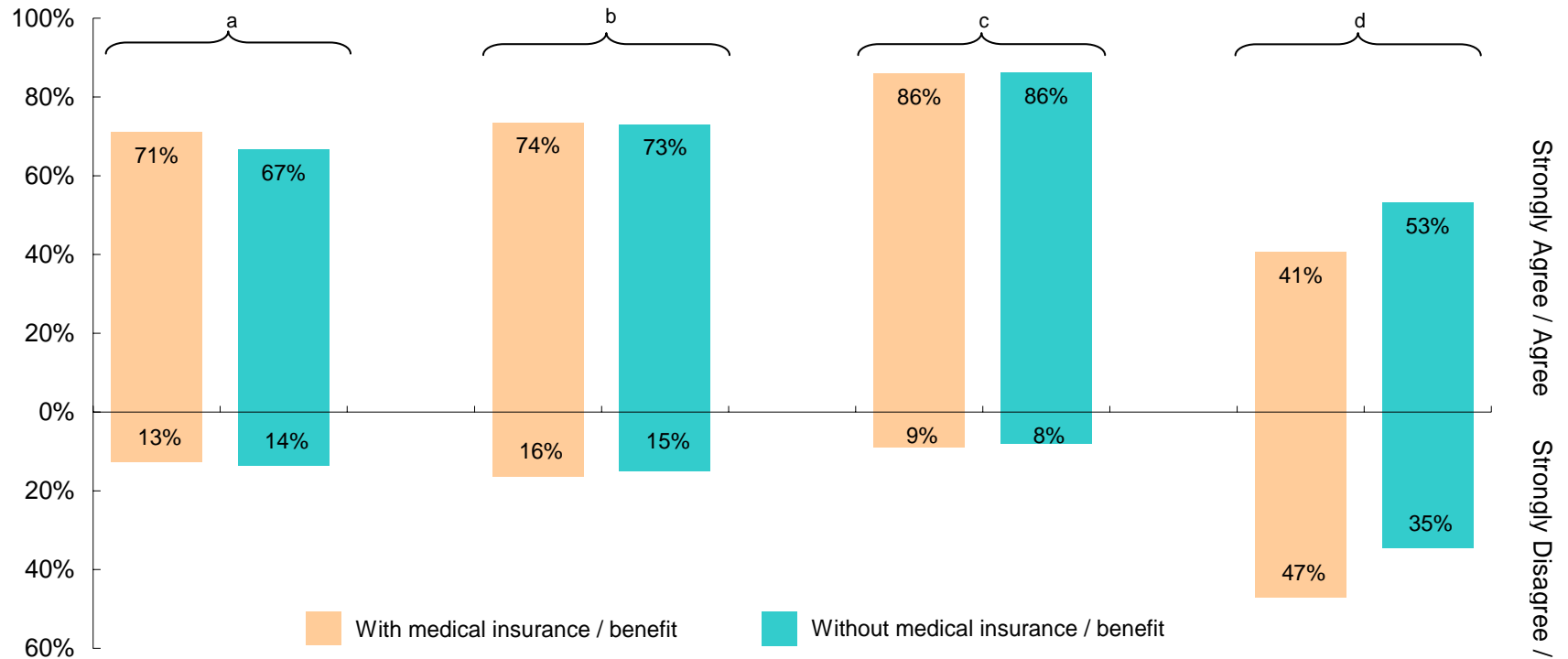
Note: Analysis based on records provided with data on age

[Q8] 年紀越大，醫療開支會隨年紀增加；如果你買咗醫療保險，隨住年紀越大你嘅保費就會增加，你同唔同意用以下儲錢嘅方式去俾年紀大咗之後嘅醫療開支或保費？

- a. 係年紀未老之前俾定多啲保費，等老咗之後就唔使俾咁多
- b. 係年紀未老之前，自己儲錢存入醫療儲蓄戶口，老咗之後用戶口嘅錢淨係用嚟俾醫療開支同保費
- c. 係年紀較輕嘅時候自己儲定錢，老咗之後自己決定點用
- d. 唔會儲定錢，老咗之後如果有錢，就情願到公立醫院排隊

Opinion Survey on Supplementary Healthcare Financing
(24 June to 4 July 2010)

Chart 7c: Views on Saving for Medical Expenditures or Premium in Old Age
by Whether with Medical Insurance / Benefit



Note: Analysis based on records provided with data on whether had medical insurance / benefit

[Q8] 年紀越大，醫療開支會隨年紀增加；如果你買咗醫療保險，隨住年紀越大你嘅保費就會增加，你同唔同意用以下儲錢嘅方式去俾年紀大咗之後嘅醫療開支或保費？

- a. 喺年紀未老之前俾定多啲保費，等老咗之後就唔使俾咁多
- b. 喺年紀未老之前，自己儲錢存入醫療儲蓄戶口，老咗之後用戶口嘅錢淨係用嚟俾醫療開支同保費
- c. 喺年紀較輕嘅時候自己儲定錢，老咗之後自己決定點用
- d. 唔會儲定錢，老咗之後如果有錢，就情願到公立醫院排隊

Opinion Survey on Supplementary Healthcare Financing

(24 June – 4 July 2010)

Questions asked in the Survey:

政府正研究設立一個市民自願參與、由政府監管嘅基本醫療保險計劃。呢個計劃包括以下四個特點：

- 一、保單條款要清晰
- 二、退休、轉工都可以終身續保
- 三、可以自由轉換保險公司
- 四、保費跟市場情況調整

The Government is studying the setting up of a standard private health insurance scheme to be regulated by the Government for voluntary participation by the public. The Scheme will include the following four features:

1. Clear insurance policy terms
2. Guaranteed lifetime renewal for those retired or changed job
3. Free to switch insurance companies
4. Premium to be adjusted according to the market situation

[Q1] 請問你支唔支持政府推行呢個自願嘅基本醫療保險計劃呢？

Do you support the Government to implement this voluntary standard private health insurance scheme?

[Q2] 生活習慣唔健康（例如有食煙、酗酒、或體重超標嘅人）佢哋嘅健康風險會較高，如果多啲呢類人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？

People with unhealthy lifestyle (e.g. smokers, alcoholics or over-weight persons) have higher health risk. If more of these people join the Scheme, the overall compensation and premium will rise. Under this situation, do you agree with the following ways of premium risk sharing?

a 所有投保人包括生活習慣健康唔健康嘅都要一齊俾多啲保費

Requiring all insured (whether with healthy lifestyle or not) to pay the same higher premium

b 生活習慣唔健康嘅投保人要俾多啲保費，唔應該由生活習慣健康嘅投保人津貼佢哋

Requiring those with unhealthy lifestyle to pay higher premium, rather than subsidizing them by insured persons with healthy lifestyle

- c 政府用公帑資助生活習慣唔健康嘅人，等所有投保人都唔使俾多啲保費

Government to subsidize those with unhealthy lifestyle so that all insured need not pay higher premium

- [Q3] 人年紀越大，健康風險會越高，如果多啲年紀大嘅人參加呢個計劃，整體賠償同保費就會增加，請問你同唔同意以下加收保費嘅方式呢？

Ageing will cause higher health risk. If more elderly persons join the Scheme, the overall compensation and premium will rise. Under this situation, do you agree with the following ways of premium risk sharing?

- a 所有投保人包括年紀輕同年紀大嘅都要一齊俾多啲保費

Requiring all insured (whether young or old) to pay the same higher premium

- b 年紀大嘅投保人自己要俾多啲保費，而唔應該由年紀輕嘅投保人津貼佢哋

Requiring older persons to pay higher premium, rather than subsidizing them by younger insured persons

- c 政府用公帑資助年紀大嘅投保人，等所有投保人都唔使俾多啲保費

Government to subsidize older persons so that all insured need not pay higher premium

- [Q4] 如果呢個基本醫保計劃，保埋投保人之前已經有咗嘅疾病（例如糖尿病、高血壓、心臟病），整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？

If this standard health insurance scheme also covers persons with pre-existing health conditions (e.g. diabetes, high blood pressure or heart disease), the overall compensation and premium will rise. Under this situation, do you agree with the following ways of premium risk sharing?

- a 所有投保人包括之前有冇病都要一齊俾多啲保費

Requiring all insured (whether with pre-existing conditions or not) to pay the same higher premium

- b 投保前已經有病嘅投保人自己要俾多啲保費，而唔應該由之前冇病嘅投保人津貼佢哋

Requiring persons with pre-existing conditions to pay higher premium, rather than subsidizing them by insured persons without pre-existing conditions

- c 政府用公帑資助投保前已經有病嘅投保人，等所有投保人都唔使俾多啲保費

Government to subsidize persons with pre-existing conditions so that all insured need not pay higher premium

[Q5] 如果呢個計劃保埋家族有遺傳病嘅投保人（例如家族近親有糖尿病、高血壓、心臟病、中風），整體賠償同保費就會增加，你同唔同意以下加收保費嘅方式呢？

If the Scheme also covers persons with family history of genetic diseases (e.g. close relatives have diabetes, high blood pressure, heart disease or stroke), the overall compensation and premium will rise. Under this situation, do you agree with the following ways of premium risk sharing?

- a 所有投保人包括有冇家族遺傳病嘅都要一齊俾多啲保費

Requiring all insured (whether with family history of genetic diseases or not) to pay the same higher premium

- b 家族有遺傳病嘅投保人自己要俾多啲保費，唔應該由家族冇遺傳病嘅投保人津貼佢哋

Requiring persons with family history of genetic diseases to pay higher premium, rather than subsidizing them by insured persons without family history of genetic diseases

- c 政府用公帑資助家族有遺傳病嘅人，等所有投保人唔使加保費津貼佢哋

Government to subsidize persons with family history of genetic diseases so that all insured need not pay higher premium

[Q6] 請問你同唔同意投保人，喺以下嘅情況應該可以俾少啲保費呢？

Do you agree that the insured should have premium discount under the following situations?

- a 投保之後長期（例如連續三年）無索償

The insured made no claim in, say, three consecutive years.

- b 投保之後身體健康符合標準、或者能夠適當地控制自己長期病患嘅病情

The insured met certain health standards or appropriately managed their chronic health conditions.

[Q7] 如果為咗防止濫用，基本醫保計劃需要喺投保後經過一段等候期，先至會賠償投保人之前已經有嘅疾病，你覺得幾多年等候期先係合理呢？

If, for avoiding abuse of the Scheme, the standard private health insurance scheme includes an exclusion period for claims in respect of pre-existing conditions, what is the length of the period that you consider appropriate?

[Q8] 年紀越大，醫療開支會隨年紀增加；如果你買咗醫療保險，隨住年紀越大你嘅保費就會增加，你同唔同意用以下儲錢嘅方式去俾年紀大咗之後嘅醫療開支或保費？

Medical expenditure will rise with ageing. If you have taken out medical insurance, premium will also increase with your age. Do you agree with the following ways of saving to finance the medical expenditure or premium in old age?

- a 喺年紀未老之前俾定多啲保費，等老咗之後就唔使俾咁多
Pay higher premium in younger age so that less is to be paid in old age
- b 喺年紀未老之前，自己儲錢存入醫療儲蓄戶口，老咗之後用戶口嘅錢淨係用嚟俾醫療開支同保費
Make savings at younger age in a personal savings account, in which the money is earmarked for use only in medical expenditure or premium in old age
- c 喺年紀較輕嘅時候自己儲定錢，老咗之後自己決定點用
Save at younger age, for use at own discretion in old age
- d 唔會儲定錢，老咗之後如果有錢，就情願到公立醫院排隊
Will not save and will queue for services at public hospitals if having no money in old age

[Q9] 請問依家或者過去一年內，你自己有冇「個人嘅醫療保險」、或者附帶醫療保障嘅保險，但係唔包任何由僱主提供嘅醫療保險呢？

Do you have any individual medical insurance or rider to other insurance (but do not include medical benefit provided by employer) now or in the past year?

[Q10] 請問依家或者過去一年內你自己有冇「由僱主提供嘅醫療保險」呢？包括你、或者你屋企人嘅僱主所提供俾你嘅醫療保險。

Do you have any medical benefit provided by employer (including that from your employer or the employer of your family member) now or in the past year?

[Questions on the demographic and socio-economic characteristics of the respondents are also asked.]

Note: The Chinese version of the questions was actually used in the survey. The English translation given here is for reference only.