



"David M Webb"

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Dear Sir/Madam,

In this document:

http://www.fhb.gov.hk/beStrong/files/consultation/Pop_privatehealth_ins_eng.pdf

Paragraph 5 says that the products would cover "up to 40% of HA cost on average" and "Charges at the public sector are set at the average 40% level". So insurance should fully cover the cost. But then it says that "if patients use public services, their co-payment is similar to the present public user fees" at 5%. That makes a total of 45%, which is more than the proposed charges, so it contradicts itself.

Then paragraph 9 gives an example, of a 3-day stay in hospital at \$1,400 per day, total charge \$4200, and it says:

"Scheme payout: $\$1,400 \times 3 = \$3,800$ "

That's wrong! $3 \times 1,400 = 4,200$.

Then it says patient payout: $\$4200 - 3800 = \400 . That should be nil.

Please explain.

Regards

David M Webb

