

Enhanced Medical Fee Waiving Mechanism

Following the Public Healthcare Fees and Charges Reform (the Reform) from 1st January 2026, the Medical Fee Waiving mechanism and Safety Net for Self-financed drugs and medical devices (Samaritan Fund) will also be enhanced to strengthen healthcare protection and streamline the application workflow.

Enhanced Medical Fee Waiving Mechanism

- Relax the income and asset limits

Income limit	Current income limit of <75% of the Median Monthly Domestic Household Income (MMDHI) would be relaxed to: ➤ 2-person or above household: <100% of MMDHI[#] ➤ 1-person household: <150% of MMDHI [#] MMDHI excluding foreign domestic helpers would be adopted
Asset limit	Relaxed to the asset limit for Public Rental Housing application

Existing Medical Fee Waiving Mechanism				
Income	MMDHI (2025 Q3)			
	Household size	MMDHI	75% MMDHI (Partial waiving)	50% MMDHI (Full waiving)
	1	\$ 10,500	\$ 7,875	\$ 5,250
	2	\$ 21,900	\$ 16,425	\$ 10,950
	3	\$ 36,300	\$ 27,225	\$ 18,150
	4	\$ 50,100	\$ 37,575	\$ 25,050
	5	\$ 67,400	\$ 50,550	\$ 33,700
	6 or above	\$ 67,700	\$ 50,775	\$ 33,850
Asset	Asset Limit (HKD)			
	Household size	Asset limit (no elder member)	Asset limit (1 elder member)	Asset limit (2 elder members)
	1	\$ 41,500	\$ 209,500	-
	2	\$ 85,000	\$ 253,000	\$ 421,000
	3	\$ 127,500	\$ 295,500	\$ 463,500
	4	\$ 170,000	\$ 338,000	\$ 506,000
	5	\$ 212,500	\$ 380,500	\$ 548,500
Asset limit is raised by \$168,000 for each elderly member (i.e. age ≥ 65) in the family				

Note: Figures are only for reference. MMDHI and asset limit for Public Rental Housing application are subject to update. Medical fee waiving application result would be subject to the figures as at the application date.

Enhanced Medical Fee Waiving Mechanism				
Income	MMDHI (excluding foreign domestic helpers) (2025 Q3)			
	Household size	150% MMDHI (Partial waiving)	100% MMDHI (Partial waiving)	75% MMDHI (Full waiving)
	1	\$ 15,000		\$ 7,500
	2		\$ 23,000	\$ 17,250
	3		\$ 39,600	\$ 29,700
	4		\$ 50,700	\$ 38,025
	5		\$ 51,600	\$ 38,700
Asset	Asset Limit(HKD) (Effective from 4/2025)			
	Household size	Asset limit (no elder member)*	Asset limit (1 elder member^)	Asset limit (2 elder members^)
	1	\$ 291,000	\$ 459,000	-
	2	\$ 394,000	\$ 562,000	\$ 730,000
	3	\$ 514,000	\$ 682,000	\$ 850,000
	4	\$ 600,000	\$ 768,000	\$ 936,000
	5	\$ 666,000	\$ 834,000	\$ 1,002,000
*Asset limit for Public Rental Housing application				
^Asset limit is raised by \$168,000 for each elderly member (i.e. age ≥ 65) in the family				

- Extend the waiving scope and validity period
 - Holders of period waivers which cover episodic FMOP services would not need to apply one-off waiver for each episodic appointment.
 - Maximum validity period of waivers would be extended from 12 months to 18 months.
 - If applying for fee waiving again within a maximum period of 18 months, there would be no need to submit financial documents for assessment, if the household financial conditions remain unchanged. Waiver can be approved up to 18 months from the approval date of the first application.
- Include only core family members living under the same roof in financial assessment
 - Refine “household” definition

Patient Type	Household and core family member definitions
Dependent patient*	The patient, his/her parents/legal guardians, and dependent siblings living under the same roof
Non-dependent patient	<u>If married</u> – the patient, his/her spouse, and dependent children (but not parents/legal guardians or siblings) living under the same roof <u>If unmarried</u> – the patient would be treated as a single person household (irrespective of whether parents/legal guardians or siblings are living under the same roof)

* A dependent is defined as a person who is unmarried AND either (i) under 18 years old; or (ii) 18-25 years old receiving full-time education. A patient who does not fulfill the above requirements is classified as a non-dependent patient.

- Streamlining of Waiver Application
 - Recognizing the eligibility of core family members with valid waivers
 - For applicants with core family members who are current medical fee waivers beneficiaries and whose waivers are still valid, they are not required to go through a full financial assessment*. And the applicants will receive a waiver with the same assistance level and validity end date.
 - Recognizing the Assessment Components from Other Social Schemes
 - Under the prevailing mechanism, the recipients of Comprehensive Social Security Assistance, Level 0 Voucher Holders of the Residential Care Service Voucher Scheme for the Elderly and Old Age Living Allowance (OALA) recipients aged 75 or above (including those recipients under the Guangdong Scheme and Fujian Scheme) under Social Welfare Department will be waived from payment of public medical fees upon presentation of identity proof and claim their

waiver eligibility status each time they register for consultation and their waiver status could be confirmed through online eligibility checking.

- For other OALA recipients, the financial document required for assessment will be simplified by submitting supporting documents of OALA payment (e.g. Bank statement), hence exempting the submission of income and/or asset proofs.

Exempted submission of proofs	Including <u>1 OALA recipient</u> aged 74 or below	Including <u>2 OALA recipients</u> aged 74 or below
<u>1-person household</u>	Exempt submission of asset proofs	Not applicable
<u>2-person household</u>	Exempt submission of income proofs	Exempt submission of income and asset proofs

- Digitized application process – Enhancing HA Go Medical Fee Assistance App by phases
 - Phase 1: Enable patients to upload documents for financial assessment; inform patients of key progress by push notifications; allow patients to keep track of application details
 - Phase 2: Support online self-service
- Interim Arrangements

In the initial phase of the Reform, the HA will implement a series of interim arrangements to accommodate the increase in applications, preventing excessively long waiting time. Patient can apply Waiver at Medical Social Services Units of various public hospitals and clinics.

 - Starting from 3 November 2025, patients with appointments at public hospitals in January or February 2026 can submit required documentation two months in advance (i.e., November or December 2025).
 - Applications will be pre-assessed, and eligible patients will receive medical fee waiver certificates before their follow-up appointments after the Reform takes effect on 1 January 2026.
 - Granting Conditional Waiver to needy patients from January to March 2026
 - Patients requiring same-day or urgent treatment, who cannot afford medical expense at the public sector but cannot provide complete documentation for financial assessment.
 - Patients are required to sign a declaration stating their financial conditions in order to receive a “conditional waiver” valid for three months. However, patients must submit all required documents for financial assessment to the Medical Social Services (Medical Fee Waiving) Designated Teams within the 3-month validity period of the “conditional waiver”.
 - An official waiver certificate will be issued to eligible patients and will supersede the Conditional Waiver certificate. If patients are unable to submit the required documents within the validity period or do not meet the eligibility

criteria, they must settle all outstanding bills or non-entitled waived fees, if any.

- Arrangement for Current Medical Fee Waiving Certificate Holders
 - Patients currently holding medical fee waiver certificates (full or partial) can continue using them until the original expiry date without reapplication.
 - Patients with partial fee waiver certificates who qualify for full waivers under the enhanced mechanism can obtain full waivers by declaring no significant change in financial status at Medical Social Services (Medical Fee Waiving) Designated Teams three months before appointments or within three months after hospitalization, without requiring reassessment. The validity will be the same as the original certificate's expiry date.

Strengthening Healthcare Protection – Enhanced Samaritan Fund Mechanism

- Expand the types of self-financed items covered by the safety net
- Relax the eligibility criteria in financial assessment
 - Enhance the means test for drugs and non-one-off non drug applications
 - Relax the calculation of income for Annual Disposable Financial Resources (ADFR): 80% of income for new applicants and 60% of income for recurrent applicants
 - Widen the sliding scale for calculating the amount of patient contribution: Lower amount of existing patient contribution and providing a higher amount of subsidy; support patients currently not eligible due to relatively higher ADFR
 - Enhance the means test for one-off non drug applications
 - Relax the income limit for 1-person household from the current 100% to 150% of MMDHI
 - Upon enhancement, MMDHI (excluding foreign domestic helpers) will be adopted for applications with any household size

Q&A

Q1: How can I apply for Medical Fee Waiving?

Ans: Needy patients can approach the Medical Social Service Units of public hospitals and clinics, Integrated Family Service Centers of Social Welfare Department (SWD) and other designated service units of SWD during office hours for enquiry or application. Medical Social Workers or Social Workers of the service units of SWD (MSWs / SWs) would assess the application with due consideration given to the financial, social and medical condition of applicants on a household basis. MSWs/SWs would consider non-financial factors to ensure elderly or chronic patients who are frequent users of public medical services could obtain a medical fee waiver if needed.

Q2: How can I know whether I meet the application eligibility criteria for the Medical Fee Waiving and the Samaritan Fund?

Ans: You can use the Means Test Calculator on the HA website or HA Go App to conduct a preliminary

assessment of household financial eligibility of Medical Fee Waiver and Samaritan Fund.

Medical Fee Waiving Means Test Calculator (Applicable to current applications)	Samaritan Fund / Community Care Fund Medical Assistance Programmes Means Test Calculator (Applicable to current applications)	Medical Fee Waiving / Samaritan Fund Means Test Calculator (For applications since 1 Jan 2026)
		

Q3: What should I pay attention to when declaring for income and assets?

Ans: During application, patients/applicants/family members should provide complete, accurate, true and up-to-date information. Within the validity period of the financial assistance, they should report any changes in the particulars in the application that may affect the eligibility for financial assistance, and necessary information to the HA or SWD. To avoid the medical fee assistance systems from being abused, a Post Approval Checking Mechanism has been put in place to conduct in-depth investigation on suspected fraud cases of medical fee assistances and regular checks of approved cases.

For more information, please visit the HA websites on Mechanism of Waiving of Medical Charges and Samaritan Fund:

HA website on Mechanism of Waiving of Medical Charges	HA website on Samaritan Fund
	