



# Eligibility for subsidized public healthcare services in the United Kingdom and Canada

IN15/2025

## 1. Introduction

1.1 The public healthcare system in Hong Kong is renowned for its world-class and high-quality services, but there are rising concerns over its fiscal sustainability due to the Government's heavy subsidy rate of over 97%.<sup>1</sup> Recurrent health spending has grown at an average annual rate of 7.3% during 2014-2024, more than twice the concurrent growth rate of 3.5% in Gross Domestic Product ("GDP").<sup>2</sup> Under the existing policy, all people holding a valid Hong Kong Identity Card ("HKID Card") can access subsidized healthcare services provided by the Hospital Authority ("HA").<sup>3</sup> In light of fiscal pressure, there are suggestions in society to review the eligibility of returning emigrants for subsidized healthcare services, following net outflows of some 73 000 people during 2019-2022.<sup>4</sup> In the Legislative Council, the subject of returning emigrants' eligibility for public healthcare services has been discussed on at least three occasions during 2020-2025.<sup>5</sup>

1.2 At the request of Hon Edward LEUNG Hei, the Research Office has studied the eligibility of returning emigrants for subsidized public healthcare services in the United Kingdom ("UK") and Canada. Public healthcare services in these two selected places are similar to Hong Kong because they are (a) financed primarily through taxation; and (b) offered free of charge or at reduced cost to residents.<sup>6</sup> This *Information Note* begins with an overview of

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<sup>1</sup> The Legatum Prosperity Index ranks the overall healthcare quality of 167 places covered in the study. In 2023, Hong Kong took a high position of 14th, the sixth highest in Asia. See Health Bureau and Hospital Authority (2025) and Prosperity Institute (2024).

<sup>2</sup> In 2024-2025, the expenditure on health reached HK\$109.2 billion, accounting for 19.4% of total government recurrent expenditure (HK\$562.5 billion), compared to 14.5% in 2001-2002. See The Budget (2025) and Legislative Council Secretariat (2023, 2024, 2025a).

<sup>3</sup> GovHK (2024b, 2025a).

<sup>4</sup> Data on net outflows are compiled from the mid-year population estimates, which include the inflow of One-way Permit holders (approximately 98 700 inflows between 2019 and 2022). See Census and Statistics Department (2025a) and The Standard (2024).

<sup>5</sup> GovHK (2024b, 2025a) and Legislative Council Secretariat (2025a).

<sup>6</sup> Legislative Council Secretariat (2003).

recent policy developments on access to subsidized healthcare services across the globe, followed by respective policy developments and major concerns in Hong Kong. It then examines the policy practices in the UK and the Ontario province of Canada, accompanied by a summary table of key requirements in these two selected places ([Appendix](#)).

## 2. Recent global developments

2.1 Globally, it is common for governments to establish eligibility criteria for access to subsidized healthcare services, aiming to ensure fairness, efficient resource allocation and fiscal sustainability. The policy is primarily designed to prioritize subsidized services for residents living in the country/territory and prevent overloading of the public healthcare system by influx of migrants (including immigrants and returning emigrants). As there were some 304 million international migrants (accounting for 3.7% of global population) in 2024, they could exert huge pressure on healthcare systems, especially so for places experiencing high flows of migrants.<sup>7</sup>

2.2 Many governments have thus imposed additional requirements on immigrants and/or returning emigrants seeking access to subsidized healthcare services, beyond basic eligibility for local residents. *First and foremost*, migrants must reside in the country for settlement purposes. Taking Australia as an example, its residents who have lived abroad for over 12 months can re-join the universal health insurance system only after a 3-month settlement period.<sup>8</sup> Likewise, migrants in France must stay for at least three months to be eligible for the subsidized healthcare services.<sup>9</sup> South Korea also tightened overseas Koreans' access to healthcare services in April 2024, stipulating that they can qualify for state health insurance coverage only after residing in the country for at least six months upon their return.<sup>10</sup> *Secondly*, in some countries, migrants are required to make financial contribution beforehand for fairness. Taking Germany as an example, returning emigrants without any social insurance contributions are ineligible for subsidized healthcare services.<sup>11</sup> Furthermore, Italy is considering a new law that would restore public healthcare access for citizens living abroad, but only if they are willing to pay €2,000 (HK\$18,430)

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<sup>7</sup> An international migrant is “any person who has changed his or her country of residence”, including all migrants, regardless of their legal status, or the nature, or motive of their movement. See United Nations (2024, undated).

<sup>8</sup> Australian Government (2024).

<sup>9</sup> Australian Government (2024) and World Health Organization (2025).

<sup>10</sup> The Chosun Daily (2024) and The Korea Herald (2024).

<sup>11</sup> Health insurance Germany (undated).

per year.<sup>12</sup> As a digression, physical residency is also an important criterion for obtaining social assistance in various societies. For instance, Macao tightened its cash handout programme’s eligibility in May 2025 by adding a minimum 183-day physical residency requirement.<sup>13</sup> In Spain, the Minimum Living Income, which aims to prevent poverty, is available only to individuals who have legal and effective residence in Spain for at least one year.<sup>14</sup>

### **3. Recent policy developments in Hong Kong**

3.1 Hong Kong is a migrant society, with waves of immigrants predominantly from the Mainland settling here over the past few decades, alongside many residents moving abroad. Based on statistics on applications for the Certificate of No Criminal Conviction (“CNCC”, primarily used for emigration purposes) compiled by the Security Bureau (“SB”), the number of emigrants reached nearly one million (910 900) between 1981 and 2023 (**Figure 1**).<sup>15</sup> In recent years, specifically during 2021-2024, some 172 750 residents have reportedly relocated to three major destinations (i.e. the UK, Australia and Canada).<sup>16</sup> Reports indicate that some of this large group of emigrants (who still hold a HKID Card) have returned to Hong Kong for subsidized healthcare services, given the world-class healthcare services available at low fees.<sup>17</sup> There is no official estimate of the number of such returned emigrants, however.<sup>18</sup>

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<sup>12</sup> Italians who emigrate abroad are required to report to the government before departure. This proposal is to penalize “healthcare freeloaders”, referring to Italians who emigrate abroad without reporting. See Euractiv (2025).

<sup>13</sup> The Standard (2025a).

<sup>14</sup> Seguridad Social (2025).

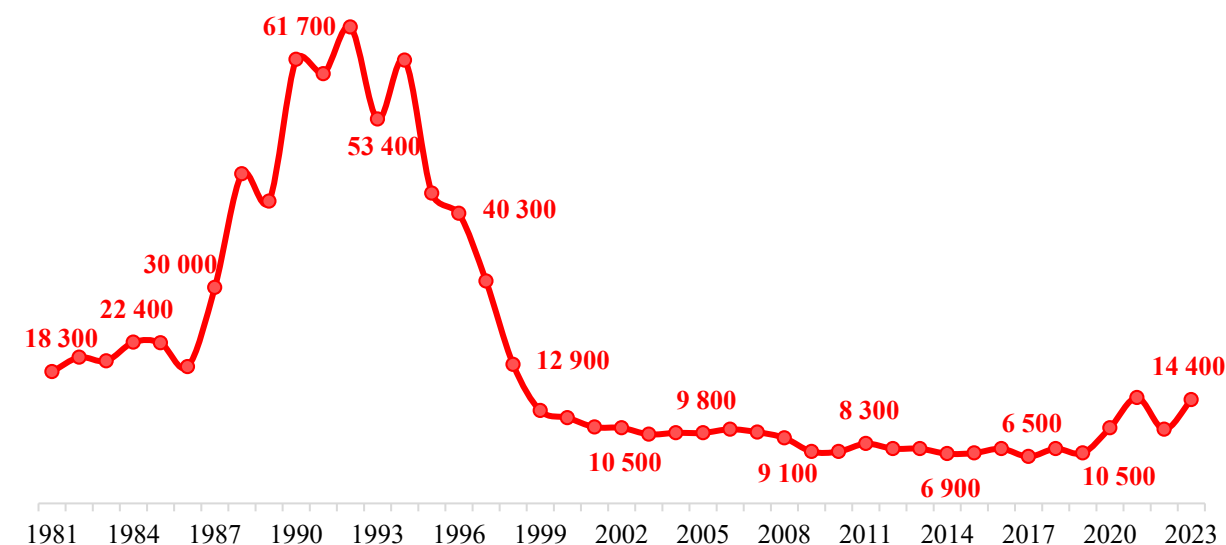
<sup>15</sup> According to SB, these statistics exclude people moving to live in the Mainland, Macao and Taiwan. The actual number of emigrants could be higher as some countries (e.g. the UK) do not require the submission of CNCC. As a cross-reference and based on the statistics of selected destination countries, some 435 432 Hong Kong-born people were residing in Australia, Canada and the UK in 2021. See Australian Bureau of Statistics (2021), Office for National Statistics (2021) and Statistics Canada (2025a).

<sup>16</sup> They are compiled based on “Bespoke immigration scheme” in Australia, “Permanent residence pathways for Hong Kong residents” in Canada, and the “British National (Overseas) route” in the UK. See Home Office (2024), Government of Canada (2025a) and South China Morning Post (2024).

<sup>17</sup> The Standard (2024).

<sup>18</sup> Despite a lack of such statistics, in a 1999 survey report, the Census and Statistics Department defined “returned emigrants” as Hong Kong residents who had emigrated to other places for at least one year and then returned to Hong Kong for ordinary residence. See Census and Statistics Department (2000).

**Figure 1 – Estimated number of emigrants from Hong Kong during 1981-2023**



Sources: Hong Kong Yearbook (various years) and Security Bureau (2025).

3.2 Hong Kong’s public healthcare services are available to all those in need, based on the principle that “*no person should be prevented, through lack of means, from obtaining adequate medical treatment.*”<sup>19</sup> However, service users are categorized into (a) Eligible Persons (“EPs”) or (b) Non-eligible Persons (“NEPs”) for charging purposes, as gazetted under the Hospital Authority Ordinance (Cap. 113). The definition of EPs was once tightened in April 2003 to exclude non-Hong Kong residents who were the spouses and children of Hong Kong residents, following the recommendation of the Report of the Task Force on Population Policy released in February 2003 upon review of the relevant policies.<sup>20</sup> At the time, the Task Force on Population Policy also recommended to “review in the longer term access to subsidized benefits by residents absent from Hong Kong for a long period of time.” Since the revision in 2003, the definition of EPs has remained intact till now, including *(a) holders of a valid HKID Card, (b) children who are Hong Kong residents and under 11 years of age, and (c) other persons approved by the Chief Executive of HA.* The average subsidized rate for public healthcare services was as high as 97.6%

<sup>19</sup> Section 4(d) of Hospital Authority Ordinance (Cap. 113). See Hong Kong e-Legislation (2022).

<sup>20</sup> In the report, it noted a “considerable discrepancy in the eligibility for various privileges among residents with different lengths of residence”, as subsidized healthcare services were available not only to permanent residents but also foreign domestic helpers, migrant workers, and Two Way Permit holders who were spouses or children under 11 years of age of HKID Card holders. The Report also made recommendations on the eligibility for other public benefits. See GovHK (2003), Health, Welfare and Food Bureau (2004) and Hospital Authority (2017).

in 2025, with some hospital services reaching 100%.<sup>21</sup> For NEPs, public healthcare services are charged on a cost-recovery basis. For example, payment by NEPs for general outpatient services is nearly 10 times that of EPs.<sup>22</sup>

3.3 Over the past 10 years, per capita healthcare expenditure in the public sector surged by 104% to hit HK\$17,709 in 2022-2023.<sup>23</sup> In light of population ageing and prolonged systemic imbalances in the healthcare system, the Government announced a reform of fees and charges for subsidized healthcare services in March 2025. This reform will introduce a co-payment model for selected non-urgent services, effective January 2026, aiming to reduce the overall subsidized rate from the existing 97.6% to 90% by 2031.<sup>24</sup> However, there are views that this healthcare reform should go further to review the eligibility of HKID Card holders who have emigrated to other places for subsidized healthcare services in Hong Kong, following a cumulative depletion of fiscal reserves by HK\$545.9 billion in six years (equivalent to 17.2% of GDP) by March 2025.<sup>25</sup>

3.4 While the local society welcomes returning emigrants to live or to work again in Hong Kong, some critics express concerns that those returning solely for medical treatment may deplete scarce medical resources.<sup>26</sup> They propose tightening the definition of EPs for subsidized healthcare services, such as requiring a minimum residency period of one year as in the Comprehensive Social Security Allowance (“CSSA”) and Social Security Allowance (“SSA”) schemes (**Figure 2**).<sup>27</sup> For the Consumption Voucher Scheme (“CVS”) in 2023, the minimum residency period was set at three years. Alternatively, they suggest specifying the maximum duration of days that the service recipients can stay outside Hong Kong, similar to the 56-90 days under the CSSA and SSA schemes. Recently, the Government has tightened the residency requirements for subsidized higher education due to local concerns regarding fairness and targeted use of public funds. Starting in the 2028-2029 academic year, children of new arrivals under talent attraction programmes must reside in Hong Kong for at least two years before applying for subsidized places.<sup>28</sup>

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<sup>21</sup> Hospital Authority (2025).

<sup>22</sup> There is a category for private charges. See Hospital Authority (2017).

<sup>23</sup> Health Bureau (2024).

<sup>24</sup> Health Bureau and Hospital Authority (2025) and GovHK (2025b).

<sup>25</sup> The Treasury (2020, 2021, 2022, 2023, 2024, 2025) and Census and Statistics Department (2025b).

<sup>26</sup> 香港電台 (2022) and 大公文匯網 (2023).

<sup>27</sup> GovHK (2024b, 2025a).

<sup>28</sup> The residency requirement for the 2027-2028 academic year (its application cycle commencing in October 2026) will be set at one year. See GovHK (2025c).

**Figure 2 – Eligibility for subsidized services/measures**

	CSSA	SSA	CVS (2023)	Healthcare services
<b>Policy area</b>	Social welfare	Social welfare	Economic	Health
<b>Hong Kong residents</b>	✓	✓ (permanent residents only)	✓	✓
<b>Minimum length of residence at application</b>	1 year	1 year <sup>(1)</sup>	36 months	✗
<b>Maximum duration of absence to stay eligible</b>	56 days	90 days	-	✗

Notes: (-) Not applicable.

(1) Applicable to Old Age Allowance and Old Age Living Allowance.

Sources: 1823.gov.hk (2025), GovHK (2023), Hospital Authority (2017), Social Welfare Department (2024, 2025a, 2025b) and 香港01(2023).

3.5 In January 2025, the Government responded that currently there was no intention for HA to require HKID Card holders to provide information on the number of days they have resided in Hong Kong for each medical consultation, nor to identify them as “emigrants returning for medical treatment” in a bid to restrict their use of services, due to the sporadic and urgent nature of healthcare services. More importantly, it reiterated that *“how to define the statuses of ordinarily residing in Hong Kong, emigrating overseas or returning to Hong Kong for residence so as to adjust or even restrict holders of valid Hong Kong Identity Card from enjoying local welfare and utilising public services is a complex issue that requires extensive discussion before a consensus can be reached.”* However, the Government pledged to “keep in view social changes and review the provision of ... public services from time to time”.<sup>29</sup>

## 4. Recent policy developments in the UK

4.1 Similar to Hong Kong, the UK is also a popular migrant society, with around 6.09 million emigrants recorded between 2013 and 2024.<sup>30</sup> The National Health Service (“NHS”) operates as a residence-based healthcare system, funded primarily through general taxation. While primary care under NHS is free of charge for all patients (including overseas visitors), secondary care (i.e. specialized medical care referred by a primary care provider) is provided

<sup>29</sup> GovHK (2025a).

<sup>30</sup> Office for National Statistics (2025).

free of charge only to UK residents. For NHS England, per capita healthcare spending was about £3,064 (HK\$32,545) in 2022-2023, reflecting a 35% increase compared to five years earlier.<sup>31</sup>

4.2 Regarding eligibility for NHS, ordinarily residents (“ORs”) and vulnerable groups (including refugees and asylum seekers) are eligible for free secondary care services in the UK. However, ORs do not have a formal definition under the National Assistance Act enacted in 1948. ORs are a common law concept. Referencing to a court judgment in 1982,<sup>32</sup> the UK government holds the position that individuals are considered ORs if they are living in the UK **(a)** lawfully; **(b)** voluntarily; and **(c)** for settled purposes as part of the regular life. ORs are not qualified simply by having British nationality, holding a British passport, or paying taxes and National Insurance contributions in the UK.<sup>33</sup>

4.3 The aforementioned “settled purpose” has become a key determinant of OR considered by the courts.<sup>34</sup> While there may be one or multiple purposes for living in the UK, such purposes must demonstrate a sufficient degree of continuity to qualify as settlement. To operationalize the OR status, the UK government has developed guiding principles (known as “OR tool”), including **(a)** having stayed in the UK for the last six months or more, **(b)** intending to remain in the UK for at least six months, and/or **(c)** having close family residing in the UK.<sup>35</sup>

4.4 Under this operationalized definition, *overseas UK nationals and permanent residents returning to live in the UK will need to re-establish their OR status in order to access free NHS services*.<sup>36</sup> This involves registering with a general practitioner and presenting at least two documents, during the first NHS medical consultation upon return, to prove that (a) their residence is now in the UK and this can be done by showing council tax bill payment; (b) they are employed in the UK by providing a payslip; and (c) they no longer reside abroad

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<sup>31</sup> House of Commons Library (2024).

<sup>32</sup> House of Commons Library (2020) and UK Council for International Student Affairs (2025).

<sup>33</sup> Department of Health & Social Care (2025).

<sup>34</sup> *R v Immigration Appeal Tribunal ex p Ng* [1986] Imm AR23. In principle, “the duration of an absence is less important than the reason for the absence”. See Refworld (undated) and UK Council for International Student Affairs (2025).

<sup>35</sup> Department of Health & Social Care (2025). Similarly, to be eligible for other social benefits, one must also fulfill the requirement to live in the UK with a settled intention for the foreseeable future. See GOV.UK (2025a).

<sup>36</sup> For permanent residents absent for more than two years, they are required in the first place to obtain a “returning resident” visa for entry into the UK under the immigration rules. See GOV.UK (2025b).

by showing evidence of selling or renting their house overseas.<sup>37</sup> NHS providers have a statutory obligation to identify non-ORs based on these documents and charge them accordingly.<sup>38</sup> In the UK, returning emigrants who fail to re-establish their OR status will be charged at 150% of the cost of NHS treatment for any care they receive and are required to pay upfront in full for non-urgent or elective care. These charges are the same as those for overseas visitors.<sup>39</sup>

4.5 On **policy effectiveness**, there are no statistics on the number of non-ORs identified as returning emigrants in the UK, nor much discussion on the impacts of returning emigrants on the NHS. NHS providers are responsible for identifying chargeable patients and local NHS auditors are to audit their charging practices, but the results of these audits do not appear to be publicly available.<sup>40</sup> Apparently, the UK society seems more concerned about the impact of immigrant influxes from other countries rather than returning emigrants. Yet, NHS providers have expressed concerns about the additional workload associated with identifying chargeable patients. In 2014, NHS providers created designated posts called Overseas Visitor Managers (“OVMs”) to identify non-ORs (including overseas visitors) through a registration system linked to immigration records.<sup>41</sup> Nonetheless, there are allegations that the standards for identifying chargeable patients are inconsistent across NHS providers, resulting in free services being provided to non-ORs.<sup>42</sup>

## 5. Recent policy developments in Ontario Province of Canada

5.1 Canada is another prominent migration destination, with around 1.04 million emigrants recorded between 2013 and 2024. Furthermore, the number of returning emigrants increased by 47.8% during the same period, reaching 55 964 in 2024.<sup>43</sup> Canada’s publicly funded healthcare system (i.e. Medicare) is financed through taxation, with each of the 13 provinces and territories administering its own health insurance plans, supplemented by funding from the federal government. All Canadian residents are entitled to necessary insured medical services without out-of-pocket expenses. This note uses the Ontario Health Insurance Plan (“OHIP”), administered by the

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<sup>37</sup> Department of Health & Social Care (2019) and GOV.UK (2025b).

<sup>38</sup> Department of Health & Social Care (2025).

<sup>39</sup> NHS England (2023).

<sup>40</sup> National Audit Office (2024) and NHS England (2025a).

<sup>41</sup> NHS England (2024, 2025b).

<sup>42</sup> Change NHS (2024) and NHS Counter Fraud Authority (2024).

<sup>43</sup> Statistics Canada (2025b).

Ministry of Health (“MOH”), as an illustration.<sup>44</sup> Established in 1972, OHIP serves a resident population of over 16 million,<sup>45</sup> with a federal funding of CA\$21.4 billion (HK\$123.5 billion) in 2025-2026. This translates to per capita healthcare funding of CA\$2,440 (HK\$14,084).<sup>46</sup> During 2013-2024, about 474 073 people emigrated from Ontario.

5.2 On **OHIP eligibility**, physical presence in Ontario is a key requirement, in line with eligibility for social assistance programmes (e.g. employment assistance under the social scheme).<sup>47</sup> To access OHIP and under Regulation 552 of the Health Insurance Act (“HIA”) enacted in 1972, the eligible residents must **(a)** be a Canadian citizen or permanent resident, or temporary resident holding a work permit; **(b)** have a primary place of residence in Ontario; **(c)** be physically present in Ontario for at least 153 days in the first 183 days after becoming a resident; and **(d)** be physically present in Ontario for at least 153 days (i.e. around 5 months) in any 12-month period, for ongoing entitlement to OHIP.<sup>48</sup> All eligible residents will be issued a health card with a unique identification number. Any ineligible person attempting to receive OHIP-insured services may amount to fraud and could face up to ten years of imprisonment.

5.3 If a resident is leaving Canada and cannot stay for at least 153 days within 12 months as stated in **(d)** above, they may apply for **continued OHIP coverage** outside Canada, but on a limited basis.<sup>49</sup> Under the HIA and MOH policy, OHIP coverage during extended absences requires prior approval from MOH, with varying durations under the following conditions. **First** on living abroad for emigration or vacation, OHIP covers at most two years. **Secondly** on full-time academic study abroad, OHIP covers the entire duration of the study. **Thirdly** on work outside Canada, OHIP covers at most five years.<sup>50</sup>

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<sup>44</sup> Health Canada (2025).

<sup>45</sup> In June 2025, around 16.18 million people live in Ontario, accounting for 38.9% of the total population in Canada. See Statistics Canada (2025b).

<sup>46</sup> Government of Canada (2022, 2024).

<sup>47</sup> Ministry of Children, Community and Social Services (2025).

<sup>48</sup> There is a three-month waiting period for OHIP (except relocating from other provinces or territories) which was temporarily removed due to the COVID-19 pandemic but will be reinstated at a further date to be announced. See Ministry of Health (2020).

<sup>49</sup> Out-of-country insurance covers acute and unexpected healthcare services, but not treatment of pre-existing illnesses. See Health Canada (2025) and Ministry of Health (2025a).

<sup>50</sup> Individuals returning from overseas work/vacation must reside in Ontario for two to five years before they can seek continued OHIP coverage again for their next extended absence. See Ministry of Health (2025c).

5.4 Canadians returning to Ontario after extended absences need to re-apply for OHIP at a local government office and meet a couple of requirements. *First*, they need to prove that their status as either a Canadian citizen or an OHIP-eligible resident. *Secondly*, they need to be residents in Ontario (e.g. holding a driver licence in Ontario). *Thirdly*, they must be physically present in Ontario for at least 153 days during the first 183 days upon return. Reportedly, there were as many as 26 010 emigrants returning to Ontario in 2024 and they need to re-apply for OHIP if their extended coverage has expired.

5.5 On **policy effectiveness**, all service users must undergo an eligibility check at each clinic or hospital visit in Ontario by presenting their health card. A patient who visits without a valid health card will incur the full cost of services provided.<sup>51</sup> The Ontario government has launched the Health Card Validation service, a real-time system connected to the MOH database. That said, there have been occasional reports of free healthcare services mistakenly provided to ineligible persons, resulting in MOH needing to recover OHIP funds from providers.<sup>52</sup>

## 6. Concluding remarks

6.1 In **Hong Kong**, public healthcare system is renowned for its high-quality services at low user costs, supported by a substantial subsidy rate of over 97%, yet there are looming concerns over its fiscal sustainability. There are occasional worries about the increased pressure on the public healthcare system and fiscal resources, as individuals holding a valid HKID Card but lacking long-term settlement intentions may return to Hong Kong for medical treatment. Based on available data, nearly one million (910 900) people resided elsewhere over the past four decades between 1981 and 2023, although it is unclear how many still hold a valid HKID Card and how many have returned to live in Hong Kong.

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<sup>51</sup> If patients need insured services but do not have a valid health card in their possession, providers may, upon patient consent, use ServiceOntario's Health Number Look Up service, which operates round the clock, to obtain necessary information. See Health Canada (2025).

<sup>52</sup> Under OHIP, health providers claim from MOH for the insured services provided. But there were claim cases related to services provided to ineligible persons or improper billing practices. See CBC News (2018) and Kingstonist (2024).

6.2 In the **UK**, overseas UK nationals and permanent residents returning to live in the country will need to re-establish their status as ORs to access free healthcare services under NHS. They have to demonstrate a settlement plan in the UK, such as having stayed in the UK for at least six months and/or intending to remain for a minimum of six months in the future.

6.3 In **Ontario of Canada**, the Medicare scheme requires residents to maintain a primary residence in Ontario and be physically present for at least 153 days each year. Residents emigrating abroad might be covered by OHIP for up to two years with government approval. Emigrants returning to settle in Ontario need to re-apply for OHIP, meeting the physical presence threshold of at least 153 days during the first 183 days upon return.

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### Eligibility for subsidized public healthcare services in selected places

	Hong Kong	UK	Ontario, Canada
<b>A. International migration</b>			
1. Number of emigrants (2013-2024)	100 100 <sup>(1)</sup>	6 085 000	474 073
2. Returning emigrants (2024)	*	*	26 010
<b>B. Health expenditure</b>			
3. Public health expenditure per capita (2022-2023)	HK\$17,709 <sup>(2)</sup>	£3,064 (HK\$32,545)	CA\$2,440 (HK\$14,084)
<b>C. Eligibility for subsidized public healthcare services</b>			
4. Legal right to reside	✓	✓	✓
5. Physical residency requirement	✗	✓	✓
6. Maximum length of absences	✗	✗	2-5 years
<b>D. Arrangement for returning emigrants not meeting (C) above</b>			
7. Re-establishment of eligibility	✗	✓	✓
8. Proof of long-term settlement intention	✗	✓	✓
9. Failure to re-establish eligibility	- <sup>(3)</sup>	Charge 150%	No insurance coverage <sup>(4)</sup>
<b>E. Verification of eligibility of emigrants</b>			
10. Party to verify eligibility	HA	Health providers	Health providers
11. Assistive tool to confirm validity	- <sup>(5)</sup>	OR tool and registration system	Health card validation system

Notes: (-) Not applicable.

(\*) Data unavailable.

(1) The estimated number of emigrants in Hong Kong is only up to 2023. It does not cover emigration to the Mainland, Macao, Taiwan and countries that do not require the submission of Certificate of No Criminal Conviction Office.

(2) Excluding identified COVID-19 expenditure.

(3) Emigrants without a valid HKID Card are treated as NEPs subject to nonsubsidized rates.

(4) Patients have to use private health insurance to cover the medical costs.

(5) HA mainly checks against patients' HKID Card to ascertain the eligibility.

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