Supplementary Table 1. Number of claims and total medical cost per 100,000 population and mean copayment per each visit in the Republic of Korea from 2012 to 2016

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sex | Item | 2012 | 2013 | 2014 | 2015 | 2016 | Change rate‡ |
| Admission | Male | Number of claims | 990 | 1,086 | 1,260 | 1,217 | 1,266 | 27.9% |
|  |  | Total cost of medical care service\* | ₩1,068,633 | ₩1,096,382 | ₩1,117,760 | ₩1,143,704 | ₩1,244,534 | 16.5% |
|  |  | Mean copayment per visit† | ₩253.85 | ₩236.29 | ₩207.68 | ₩218.25 | ₩227.86 | -10.2% |
|  | Female | Number of claims | 1,359 | 1,453 | 1,657 | 1,634 | 1,717 | 26.3% |
|  |  | Total cost of medical care service | ₩1,466,173 | ₩1,486,867 | ₩1,516,027 | ₩1,555,346 | ₩1,712,137 | 16.8% |
|  |  | Mean copayment per visit† | ₩257.29 | ₩243.30 | ₩217.87 | ₩224.72 | ₩234.60 | -8.8% |
|  | Both | Annual cost per one patient | ₩1487.56 | ₩1405.28 | ₩1231.01 | ₩1299.85 | ₩1352.42 | -9.1% |
| Outpatient | Male | Number of claims | 77,779 | 79,041 | 81,247 | 80,584 | 83,251 | 7.0% |
|  |  | Total cost of medical care service | ₩1,956,199 | ₩2,090,002 | ₩2,286,775 | ₩2,415,995 | ₩2,588,743 | 32.3% |
|  |  | Mean copayment per visit† | ₩7.42 | ₩7.79 | ₩8.21 | ₩8.84 | ₩9.22 | 24.2% |
|  | Female | Number of claims | 136,559 | 134,958 | 137,961 | 133,566 | 137,206 | 0.5% |
|  |  | Total cost of medical care service | ₩3,069,951 | ₩3,177,616 | ₩3,443,928 | ₩3,551,536 | ₩3,789,020 | 23.4% |
|  |  | Mean copayment per visit† | ₩6.48 | ₩6.77 | ₩7.12 | ₩7.73 | ₩8.10 | 25.1% |
|  | Both | Annual cost per one patient | ₩166.23 | ₩172.81 | ₩182.59 | ₩190.29 | ₩196.61 | 18.3% |
| Total |  | Number of claims | 108,240 | 108,190 | 110,981 | 108,419 | 111,645 | 3.1% |
|  |  | Total cost of medical care service | ₩3,777,845 | ₩3,923,356 | ₩4,180,046 | ₩4,330,912 | ₩4,664,902 | 23.5% |
|  |  | Mean copayment per visit† | ₩9.52 | ₩9.88 | ₩10.23 | ₩10.96 | ₩11.51 | 20.9% |

The unit of cost is Korean 1,000 won.

\*Sum of payment by both insurer and beneficiary excluding unpaid items designated by insurer and pharmacy preparation costs by pharmaceutical prescriptions. †Copayment, a payment made by a beneficiary at each visit in addition to that made by an insurer. ‡Change rate, a rate over 5 years from 2012 to 2016.