9th Seminar on Current Issues in Health Care Insurance 25 August 2015

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1	Overview and Current Issues of Health Insurance Market
2	Role of Reinsurer - Structures and Services on Distribution Solutions
3	Role of Reinsurer - Capital Management
4	Role of Reinsurer - Analytics/ propensity models ~ sharing of best practices
5	Role of Reinsurer - New Products Development
6	Role of Reinsurer - Experience Analysis



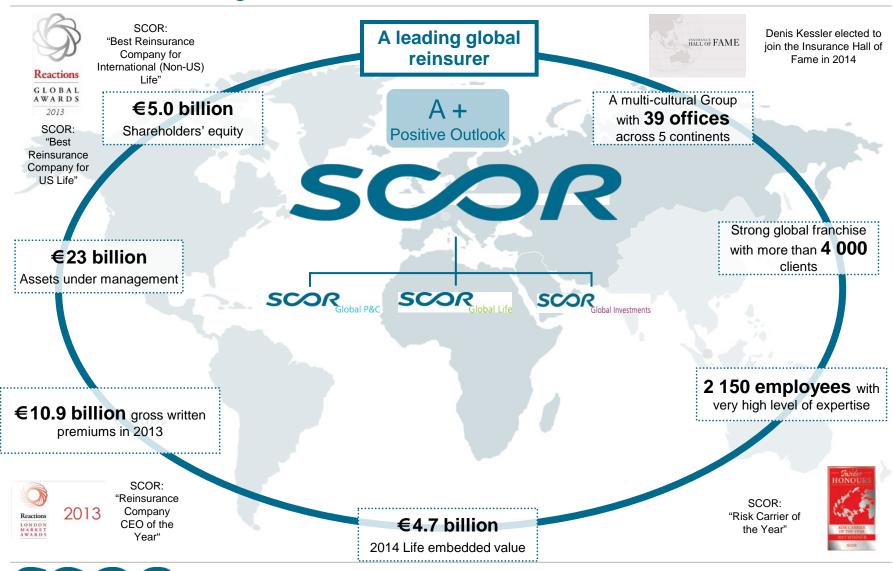


A short introduction on SCOR





SCOR is the 5th largest reinsurer in the world.





SCOR Global Life provides its clients with a unique range of value-added services



Offering best-in-class services in underwriting and claims management, based on high quality analysis and rapid response



A U.S. patented **Life underwriting decision engine** developed for non-medically underwritten life insurance, using multiple databases technology



Providing market leading Tele-underwriting services, able to revolutionize the business process and positioned to become a leader in this field

ReMark

Global direct marketing and consultancy company, providing services to acquire, grow and retain profitable customers



A dedicated expert company providing **comprehensive disability risk management services** and helping companies' **workplace wellbeing**, distributed via insurers and insurance brokers



SCOR Global Life in India

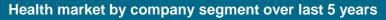
- □ SGL initiated underwriting its Life & Health reinsurance business in India in 2007, initially broadening its offer to P&C clients by providing Life & Health products
- ☐ This has included selling Critical Illness as part of Mortgage and Loan protection and then broadening into Individual and Group Life, the Direct market and Individual Health arrangements.
- ☐ Going forward, we are applying for a Branch and will increase our staff, presence and capability in our Mumbai office (whilst continuing to provide Regional support (through Singapore) and Global support (through our other hubs) by way of relevant best practices.
- SGL has access to Regional teams with specific expertise we believe to be of value to our clients in India specifically in terms of product developments from other markets, an experienced Regional Direct Marketing and Telemarketing team and a Health team.

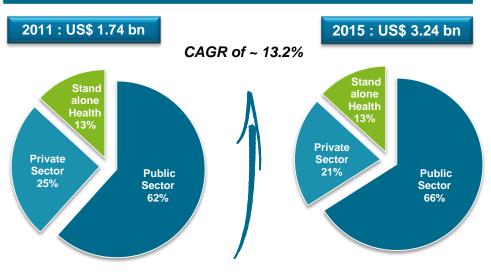


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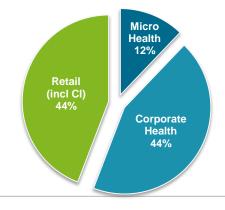
Overview of the Health Insurance Market





Health market by product segment (micro health, corporate health & retail health incl. CI) over last 5 years





Primary Market

- □ Health insurance is predominantly written by P&C and Health insurance companies. Life companies have historically written minimal health insurance
- □ Health insurance business accounts for about 24% of the total P&C insurance business in the country
- ☐ Corporate health, which tends to be extremely price sensitive business, is distributed either directly or through brokers & agents (corporate & individual)
- ☐ Micro Health which has almost remained flat in premium volume terms remains a thin margin business and is subject to Government tenders every year
- □ Retail health comprises indemnity health products (85%) and critical illness (15%) sold as an attachment to loans
 - Profitable segment of the market witnessed highest growth of 21.75%
 - Retail health products sold by invitation mainly bancassurance (telesales/ branch banking); limited antiselection
 - Characterized by high expense ratios and moderate/ low loss ratios
 - Typical sum assured for bulk of retail health portfolio are at \$ 8,000 with a few plans going up to \$ 80,000
 - Limits offered on CI products on loans ~ \$ 640,000

Regulatory overview

- □ Health regulations issued in 2013 are applicable to Life, P&C companies and standalone health companies
- □ Life companies allowed to issue long term products, but the P&C and standalone health companies can issue a maximum tenor of 3 years
- ☐ Life companies not permitted original terms reinsurance. P&C and health companies permitted to do so
- While nothing in the P&C reinsurance Regulations prevent quota share structures, the Regulator is generally averse to such structures unless a compelling reason is provided

Overview of the Health Insurance Market contd.....

Corporate Health (\$m)							
Particulars	GWP	Loss Ratio (%)					
Private cos.	342	103%					
Public cos.	869	114%					
Health cos.	66	91%					
Grand Total	1,277	110%					

Retail Health (\$m)							
Particulars	GWP	Loss Ratio (%)					
Private cos.	248	60%					
Public cos.	649	96%					
Health cos.	269	61%					
Grand Total	1,166	83%					

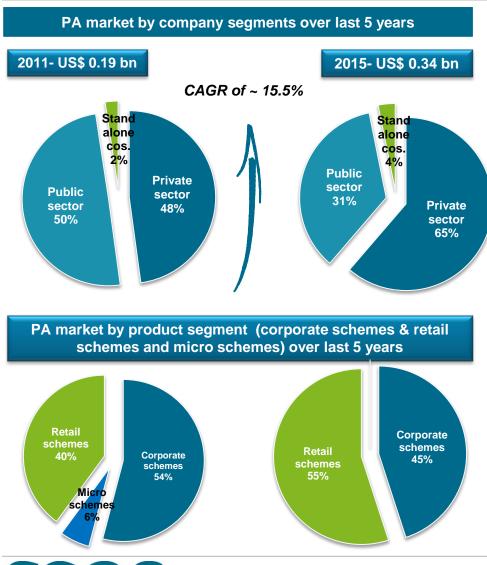
Micro Health (\$m)								
Particulars	ars GWP Loss Ratio (%							
Private cos.	121	80%						
Public cos.	200	105%						
Health cos.	10	56%						
Grand Total	331	93%						

- Primarily consist of private Corporates
- Individual members of the group covered under standard indemnity terms
- Primarily middle and high income individuals / families
- Predominantly indemnity products
- A few products with fixed benefits

- National scheme targeted at below poverty line population
- Social welfare schemes for middle and low income individuals



Overview of the Personal Accident (PA) insurance market



Primary Market

- Unlike Life companies which sell PA as a rider, P&C companies and health companies offer PA as a standalone product
- Corporate personal accident business covering employees is sourced either directly or through brokers
- Though competitively priced, the business is profitable though margins are thin on corporate PA business
- Retail PA business operates on low loss ratios
- Private companies have given a strong push to the retail personal accident portfolio given the profitable nature of the book
- Personal accident is sold mainly through bancassurance (tele-sales platform) ~ online as a channel also being pushed
 - With a view to increase the ticket size and keep the channel incentivized, three year plans are sold with covers ranging from \$ 8,000 per life to \$ 160,000 per life

Regulatory overview

- Maximum tenor of 3 years permitted
- □ Original terms reinsurance permitted for P&C and health companies
- While nothing in the P&C reinsurance Regulations prevent quota share structures, the Regulator is generally averse to such structures unless a compelling reason is provided



Overview of the Personal Accident (PA) insurance market contd.....

Retail PA Market (\$m)								
Particulars	GWP	Loss Ratio (%)						
Private cos.	63	33%						
Public cos.	30	64%						
Health cos.	3	36%						
Grand Total 96 42%								

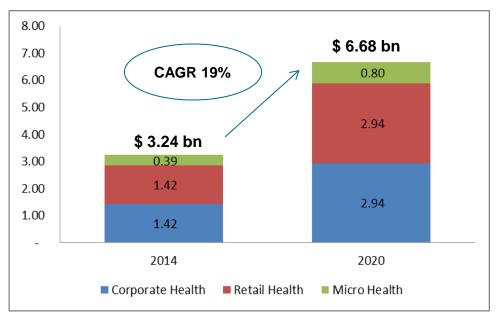
- Primarily middle and high income individuals / families
- Predominantly indemnity products

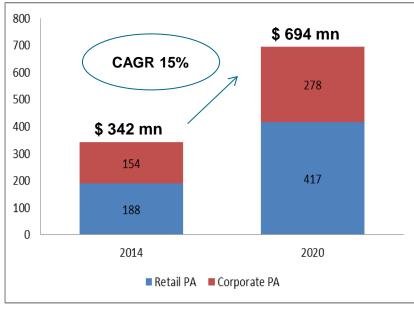
Corporate PA Market (\$m)								
Particulars	GWP	Loss Ratio (%)						
Private cos.	105	82%						
Public cos.	67	87%						
Health cos.	5	21%						
Grand Total	177	82%						

- Primarily consist of private Corporates
- Individual members of the group covered under standard indemnity terms



Overview of Health Insurance Industry – Future Outlook





Key drivers for growth

□ Retail

- Increased penetration in tier-2, tier-3 cities and unorganized sectors
- Gradual change in the urbanization trend and population age mix and enhanced product design
- Premium rates increasing on account of medical inflation

☐ Group

- Group segment growth dependent on organized employment growth
- Growth in premium rates ~ current pricing levels unsustainable

Government

Continued focus by Government on social inclusion schemes



Overview of Existing Reinsurance Environment

Corporate Health Market

- ☐ Limited appetite given high loss ratios
- Some stop loss protections in place; albeit covering entire health portfolio

Retail Health Market

- □ Reinsurers are willing to offer capacity but clients prefer to retain the Medex business
- Some clients willing to offer reinsurance but on low margins due to limited volatility in results ~ alleviate P&L strain
- □ Critical illness reinsured as these are 3 year products ~ higher charge on P&L due to requirement to account for acquisition charges upfront

Micro Health Market

- □ Government has recently transferred this line of business into a Government managed Trust
- Some reinsurers having an appetite on micro insurance schemes

- ☐ Total reinsurance spends in 2014 estimated at \$ 294m (including mandatory cessions of \$ 160m)
- ☐ Cession intensity under ~ 10%

Retail PA Market

- □ Reinsurers are willing to offer capacity but clients prefer to retain the business given the small limits and profitable & stable nature of business
- Newer entrants prefer proportional programs till such time they develop a stable portfolio after which they also prefer to retain the portfolio
 - Given the fact that the sourcing is done through banc-assurance, the acquisitions costs tend to be high
 - During ramp up phase, the strain on the P&L could be high

Corporate PA Market

- Excess of loss programs in place with strong appetite from the Lloyds market
- □ Programs tend to cover risk both on a per life basis as well as provide catastrophe protection
 - Programs cover corporate lines, retail lines as well as travel business
- Newer entrants prefer proportional programs but unable to compete with players who have excess of loss programs

☐ Cession intensity likely to be under ~ 10%



Current Issues of Health Insurance Industry

Some key recommendations of the Expert Committee on Health Insurance*	Role of Reinsurance					
Products and Distribution						
☐ To encourage innovative and new products ("pilot products" for a 5 year period before regularizing ~ life time renewability)	 Assist primary companies in new product development 					
 Entry age based pricing based on when the first policy was purchased ~ improve persistency 	 Assist in data driven modelling and predictive analysis 					
 Commission structures and management expenses ~ set overall expense cap 	Distribution financing reinsurance structures					
Pricing revision, Fraud Management and Other Risk Management	☐ Assist in Experience Studies					
Reinsurance and Solvency						
Permit quota share reinsurance structures	Standard structures in a global context					
☐ Factor based retentions to be replaced by actual retentions	☐ Tool to manage capital optimally					
☐ Migrate to a Risk Based Solvency regime	 Assist companies by sharing of best practices to help them migrate to an risk based solvency 					



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Marketing to Inforce customers using direct response

Provide offering consistent with current coverage

For example, if the customer has a small sum assured product, he will get a different offering (smaller) than a customer with a large existing policy

Existing customer information

Provide very simplified underwriting offer

For example, if customer has health policy with no claims in past 5 years, critical illness policies or increases in coverage for daily benefit health product to reflect inflation since policy was issued may present good opportunities

Choose customer base and product offering

- Orphaned policies are a good place to start because there is no agent conflict
- Inforce medical expense policies provide good underwriting information
- There may be opportunities to cross sell to different lines of business use of auto or property customer base to sell health, CI and accident policies



Direct Marketing Reinsurance Structure

Marketing

 Providing vast knowledge of successful direct marketing methods at no cost to company

Acquisition Expenses

Providing test marketing and analysis and marketing plans

Reinsurance can mitigate acquisition expenses strain

Product Developmt.

Providing product and underwriting support

Admin

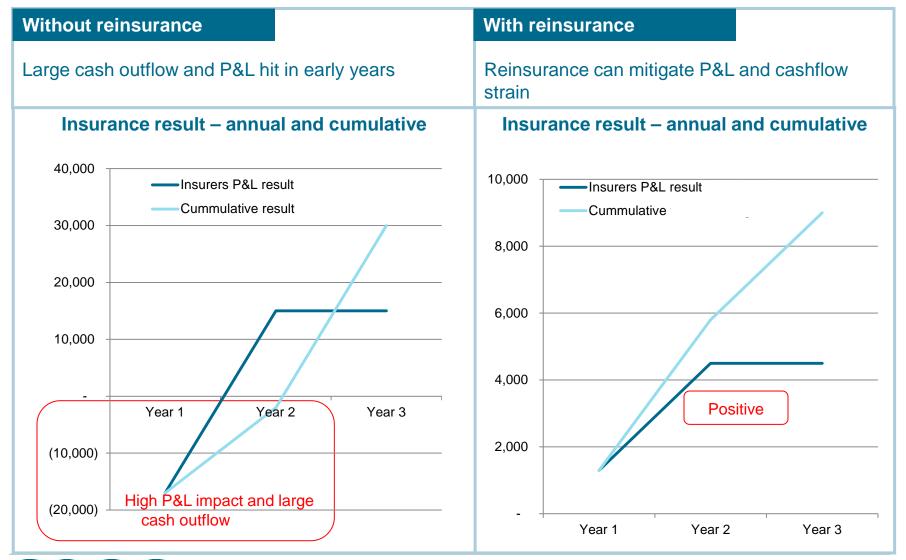
Providing an admin system for new direct marketed products

Analytics

Providing ongoing experience analysis information for clients



New customer acquisition/sales have a heavy P&L and cash strain in early years





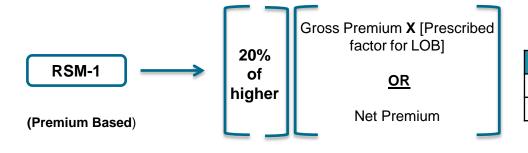
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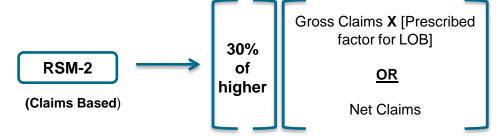
Indian Solvency ~ reinsurance as a tool to manage Capital

Solvency is defined as Available Solvency/ Required Solvency

RSM (Required Solvency Margin) is 1.5 times higher of RSM - 1 and RSM - 2



LOB	IRDA factors
Health	0.75
Others (including PA)	0.70



- □ If the extent of reinsurance is higher than the prescribed IRDA factor, then the benefit of reinsurance is disregarded as per the solvency formula prescribed by the Regulator
- ☐ Gross premium and Net written premium of current 12 months should be taken into account
- ☐ Gross incurred claims and net incurred claims is higher of (current 12 months) and (average claims per annum of 36 months preceding current 12 months)



Estimation of Capital needs for health business in future

Capital requirements assuming current reinsurance intensity of 10%

(Figures \$ 'million)

	Gross			Gross					
	written	Net written	Loss	Incurred	Net incurred	Premium	Claim	(Max of RSM1	IRDA
	premium	premium	ratio %	claims	claims	Based	Based	and RSM2)	factors
LOB	GWP	NWP	Net	GIC	NIC	RSM1	RSM2	RSM	
Personal Accident	694	625	55%	382	344	125	103	125	0.7
Health	6,675	6,008	85%	5,674	5,106	1,202	1,532	1,532	0.75
Total	7,369	6,632		6,056	5,450	1,326	1,635	1,657	
Minimum Capital Required is 1.75 times RSM							2,900		

Capital requirements assuming increase in reinsurance intensity and same level of IRDAI RSM factors

	Gross			Gross					
	written	Net written	Loss	Incurred	Net incurred	Premium	Claim	(Max of RSM1	IRDA
	premium	premium	ratio %	claims	claims	Based	Based	and RSM2)	factors
LOB	GWP	NWP	Net	GIC	NIC	RSM1	RSM2	RSM	
Personal Accident	694	486	55%	382	267	97	80	97	0.7
Health	6,675	5,006	85%	5,674	4,255	1.001	1,277	1,277	0.75
Total	7,369	5,492		6,056	4,523	1,098	1,357	1,374	

Minimum Capital Required is 1.75 times RSM

2,404

- Use of reinsurance to the extent of IRDAI factors for health and accident would release ~ \$ 495 million of capital for the industry in 2020
- ☐ If loss ratios do not moderate in 2020 and continue at existing level then capital of \$ 522 million will be released



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Reinsurers assistance in Data driven marketing

Different stages of data in use

Stage 4 Stage 3 **Optimisation** Segmentation and **Predictive** Stage 2 modelling are combined Modeling Match product, offer, channel, message & Stage 1 Modeling is a statistical **Target Segmentation** timing process that utilizes recent with Focus on similar groups historical data to predict future • **Clusters & Profiles** of customers behavior and improve Random selection campaign results. and Know your customer Basic Business Rules Attitudes, Lifestyles, Several forms of predictive Age, Region, Gender etc Mass marketing models can be developed. Minimal selection criteria dependent on your objectives: Marketing with a 'one size Marketing is **product** driven Response Model (focus on fits' all approach misses Single offer and channel response rates) the opportunity to talk to Non-differentiated Premium Model (focus on customers in a relevant approach premium income) way. Basic data selection rules • Attrition Model (focus on and segmentation customers most likely to cancel or lapse) • Total customer value



Predictive modelling concepts

Ranking of scored customers

Scored customers are 'ranked' or put into groups of people with the same range of scores.

- The ranges are then sorted into 10 segments or 'deciles'.
- Top deciles have the highest scores and are therefore the most likely to buy.
- Bottom deciles have the lowest scores and therefore are the least likely to respond.

				1	ResponseRate			
DECILE	Score Range			Records	Int.%	Cum.%	Int.%	Cum.%
1	652	-	High	26745	9.5%	9.5%	1.91%	1.91%
2	448	-	651	24863	8.9%	18.4%	1.10%	1.52%
3	402	-	447	30021	10.7%	29.1%	0.87%	1.28%
4	307	-	401	25836	9.2%	38.3%	0.70%	1.14%
5	246	-	306	30429	10.8%	49.2%	0.56%	1.01%
6	241	-	245	19905	7.1%	56.3%	0.55%	0.95%
7	180	-	240	34859	12.4%	68.7%	0.41%	0.86%
8	147	-	179	29045	10.4%	79.0%	0.34%	0.79%
9	130	-	146	26736	9.5%	88.6%	0.25%	0.73%
10	Low	-	129	32079	11.4%	100.0%	0.23%	0.67%
	Total			280518			0.67%	

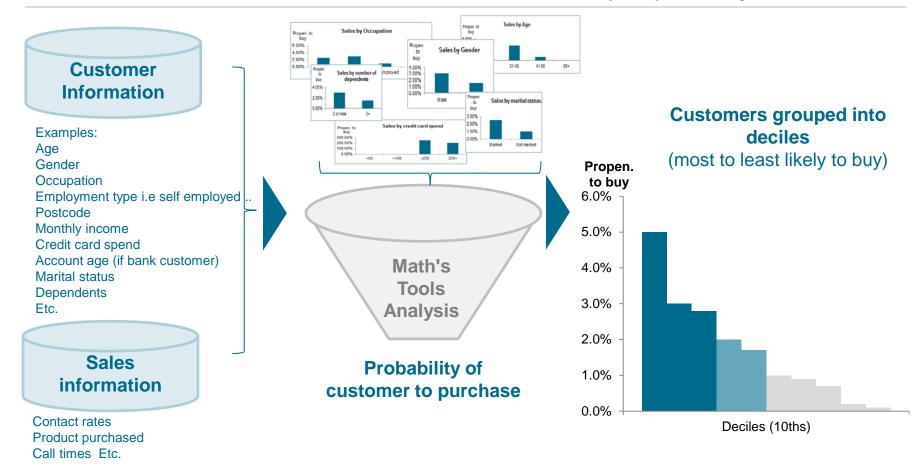
Best Responders

Worst Responders

Modeling can often produce between 10 – 40% uplift



Mathematical models are at the heart of propensity scores



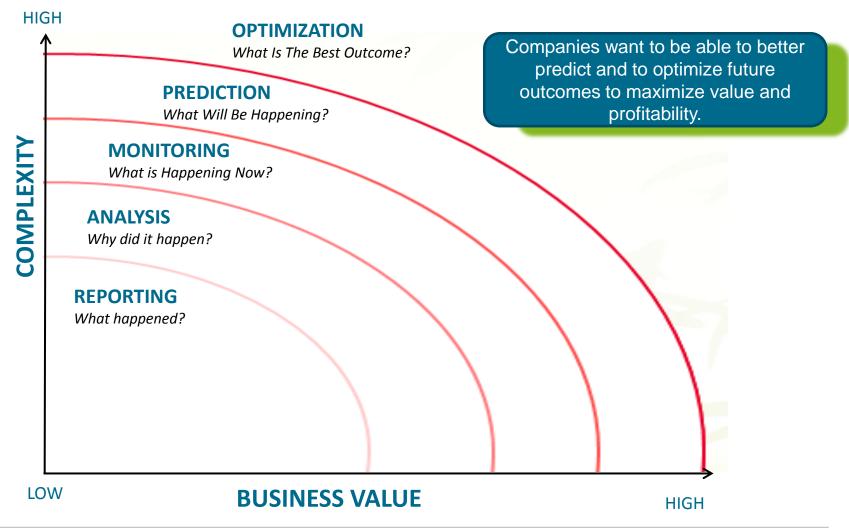
+ Ability to connect to the customer

A minimum number of tests or pilots are needed to complete propensity models.

Advanced models that look at total customer value including e.g.: propensity to claim / lapse require inforce data.



Business Intelligence continues to evolve





Reinsurers can share best practices with insurers in data analytics and predictive modeling

Other industries are already using predictive modeling and analytics to improve efficiency and profitability

Many identified uses of Predictive Modeling in insurance:

Propensity to Buy | Pricing | Risk selection / underwriting | Retention | Claims | Fraud | Agent quality



Create a 'what's under your hood' competitive advantage



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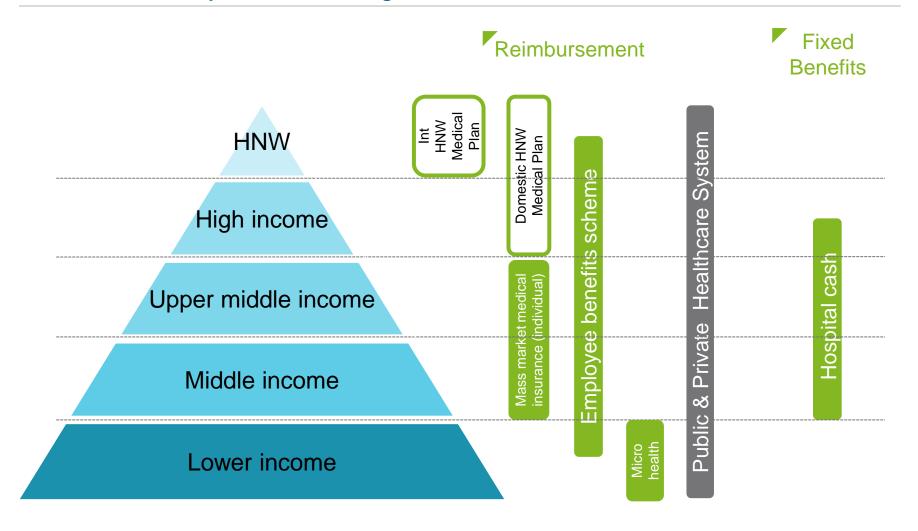


New Products Development – Reinsurers Role

- Reinsurers assist primary companies in product development initiatives to met untapped customer segments, product gaps in existing customers etc.
- Product development projects always work well when done in in conjunction with primary companies inputs keeping in mind the local nuances of demographic profile and customer behavior
 - Cater to market needs and calibrate the product, based on the risk factors peculiar to the market
- Recipe for developing a Successful New Product covers, some but not limited to:
 - Pay attention to cultural sensitivity
 - Know your customer
 - Know your strengths and weaknesses
 - Address the risks identify, avoid, accept, manage and monitor

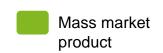


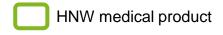
New Products by Customer segmentation











Some other New Product Ideas*

- Disease specific insurance products targeting sub-standard risks:
 - Cancer Medical Plan
 - Diabetes Medical Plan
 - Dementia Insurance
- Insurance products specific to cover Out-of-Pocket Expenses:
 - Dental Insurance Plan
 - Vision Insurance Plan
 - Critical Illness Annuity Plan



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Experience Analysis Support from Reinsurers

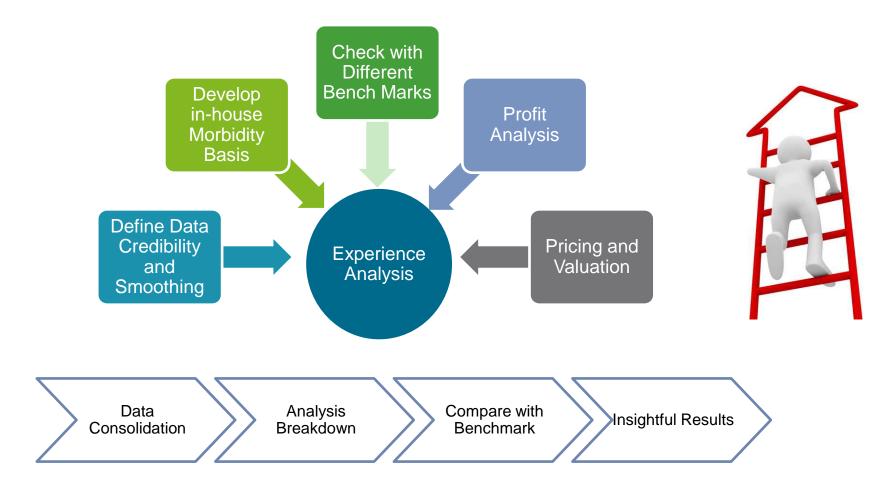
Every Primary Insurer will have the following questions in mind....





Experience Analysis Support from Reinsurers

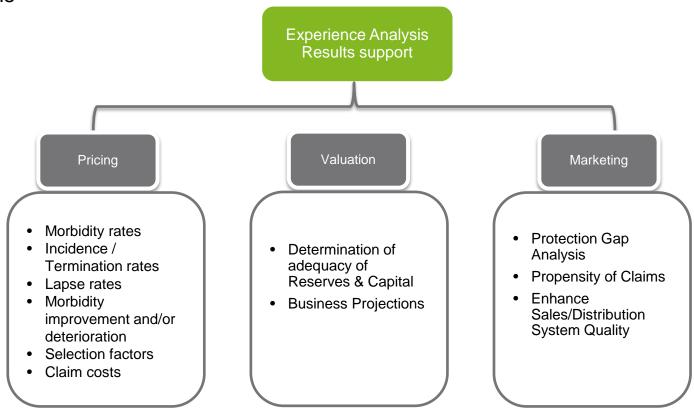
Reinsurers assist primary companies in developing or reviewing the Experience study initiatives





Experience Analysis Support from Reinsurers

Experience Analysis Results support Primary Insurers in Pricing and Risk Management Controls





THANK YOU ALL



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