Pricing – Health Insurance Products

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Milestones

Overview of Health Insurance Products	
Pricing Fundamentals	
Models	
Derivation of Premium	
Challenges in Pricing	

Health Insurance Products

- **Classification Based on Payout**
 - Indemnity
 - Fixed benefit
- **Classification Segment**
 - Retail
 - Group
 - Employer- Employee
 - Other Groups



Indemnity Based Products

□ Indemnity

- An indemnity plan is a health insurance plan that reimburses the covered person for incurred medical expenses.
- Indemnity plans may include a deductible that must be satisfied before claims can be paid.
- Examples
 - Retail Health Insurance
 - Group Health Insurance Products



Fixed Benefit Based Products

□ Fixed Benefit

- > Lump sum is paid under the policy on occurrence of covered perils
- > No deduction/ deductible in claims payment
- Examples
 - Personal Accident
 - Critical Illness
 - Hospital Cash







Product Control Cycle



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Actuarial Control Cycle

The General Commercial and Economic Environment

- Health Insurance Products
- Stakeholders (internal, External)
- General Environment
- Regulations



Insurable Risk

□ Insurable Risk

- Policyholder must have an interest in the risk being insured, to distinguish between insurance and a wager
- A risk must be of a financial and reasonably quantifiable nature (e.g. an accident)
- Amount payable by the insurance policy (e.g. INR 5 Lakh for the accident)

Criteria for an insurable risk

- > Financial/Quantifiable
- Interest in risk being insured
- Amount payable relates to size of loss Moral hazard eliminated
- Data available on risks
- Pooling of large number of similar risks
- > Independence

Father insuring his family vs his neighbor (who is unrelated)



Pricing Objectives

□ Adequacy

 The payments generated by a block of policies plus any investment return on same as relevant must be sufficient to cover the current and future benefits and costs

Equity

 This equity refers to setting premiums commensurate with the expected losses and expenses; it also suggests no cross subsidization. The equity notion sets a floor.

□ Not excessive

- The excessive notion sets a ceiling
- Regulation
- Competition

TCF: Treating Customer Fairly

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Requirements of a good modeling



Deterministic vs Stochastic

Deterministic:

 The output of the model is fully determined by the parameter values and the initial conditions.

- Quicker/easier to design, build and run
- Clearer what scenarios have been tested
- Results are easier to explain
- Less risk of model and parameter error

Deterministic vs Stochastic

□ Stochastic:

- Models possess some inherent randomness.
- The same set of parameter values and initial conditions will lead to an ensemble of different outputs.

- Allow explicitly for "real world" uncertainty of outcomes
- Allows for correlations between variables
- Test a wide range of scenarios
- Good for identifying extreme outcomes
- Good for assessing cost of guarantees and options



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Pricing - Importance of Data

"Garbage in garbage out"



Data Sources

- □ Experience investigation on existing portfolio
 - Membership data
 - Claims data
- National statistics
- □ Industry Data: IRDAI, IIB
- □ Regulatory reports
- Data from reinsurer
- Data from foreign JV partner
- Data from Actuarial consultancy firms
- □ Secondary research: Reports published by
 - Government agency
 - NSSO
 - Research agency
 - Website

Data Checks



Reconciliation checks

Reasonableness checks

Spot checks

Cross checks

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Premium Breakup

Gross Premium



Risk Premium : Cost of Claims per exposure (Life Year)

Risk Premium (Burning Cost) = Claim Frequency * Average Severity

Claim Frequency : Number of Claims / Earned Lives Average Severity : Amount of Claims / Number of Claims

Risk Premium : Amount of Claims / Earned Lives

Risk Factors :

Factors which effect the Claim frequency or Severity

- Age
- Sum Insured
- Demography
- Medical Condition
- Gender
- Policy Type

Factors which are used in Rating are called Rating Factors

Expenses

□ Allocation of Expense for premium rating

- > Fixed amount per contract e.g. administration expenses
- ➢ % of premium e.g. commission
- > % commission e.g. sales and marketing expenses
- > % of benefit e.g. underwriting expenses
- > % of funds under management e.g. investment expenses
- Combination of above

Worked Example

Profit Testing

- Profit testing models can be used to estimate the results of providing the product under different scenarios:
 - Profit gross of tax =
 - ► (+) Premiums
 - (+) Investment income
 - (-) Expenses
 - (-) Benefit pay-outs (claims, maturity, surrender values)
 - ► (-) increase in reserves

Sensitivity Analysis

□ Sensitivity analysis for each key parameters

□ To check:

- Model Error
- Parameter Error
- > Allowing for risk in a model
- > Variability of experience
- Reasonableness of output

 Results of analysis can help in assessing the margins to be incorporated into the parameter values

Milestones

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Anti-selection (and Moral hazard)

Anti-selection

• A high-risk which satisfies a lower risk group's entry rules exploits the cheaper price. Caused by faulty rating structure and poor risk selection. "Asymmetric knowledge"

Moral hazard

• Behavioural change after joining the risk group. Increased propensity to claim

Examples

Pre-	 Customers anticipating higher medical expenses
underwritten	in near future more likely to purchase private
plans up to age	health insurance Customers expecting higher utilisation opt-up the
45 years	benefits scale
Group plans purchased by employers for all employees	 Employee's dependents covered Employee has the option to add parents in the scheme

Renewals

Selective Lapsing and Guaranteed Renewability

- Portfolio Ageing
- High Increase in premiums leads to high Selective lapsing
- Medical Inflation

Risk Control

Important to have enterprise-wide risk control approach to address issues arising out of anti-selection, pricing and product innovation

Board level

- Board and Senior Executive to 'set the tone at the top'
- Effective systems to capture, store, analyze and utilize risk information
- Internal communication systems
- Access to appropriate risk management skills and knowledge
- Periodic review of the ERM framework to ensure continuing viability

Policy terms & conditions

- Mandating customer participation in claims cost deductibles, co-payment etc.
- Annual aggregate limits or claim-wise sub-limits on the cover provided
- Requiring authorization prior to non-emergency related treatment

Risk Control

Underwriting processes

- Consider claims trends or uncommon spikes in utilization at the time of issuance/ renewal
- Modifying policy terms upon renewal exclusion of hospitals/ treatments, deductibles etc.
- For Group policies, share periodic reports on utilisation with clients with suggestions to address claims costs

Claim processes

- Vertical integration for greater claims control
- Audit for fraud control or operational control

Capital management

- Sufficient capital to meet the liabilities
- Economic capital allocated to the insurance class

Thank You!

