Health Insurance Claims in India: A Sample Study

V. Jayalakshmi

Abstract

Following the liberalization of the insurance sector in India, the health insurance market segment has been witnessing a significant increase in terms of growth in premiums and enrollment, as well as in increase in the number of claims. While these growth trends could be a positive reflection of growth and development, what is often ignored is the increasing risk exposure for the insurer, not only in terms of number of claims, but also in the nature of claims. Besides, the risk of adverse selection and moral hazard which are inherently high in this business cannot be eliminated but can only be mitigated by stringent regulations and underwriting practices in place. This paper outlines the importance of health insurance as a personal risk management tool, and also examines the growth of the health insurance market in India, particularly after the opening up of the insurance sector. The paper also analyses the causes for the high loss experience in this business with the help of a sample study enquiring into the economic and demographic background of mediclaim insurance policyholders and claimants from one of the public sector general insurance companies operating in India.

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Introduction

Risk is inherent in all walks of life. Although inevitable, the financial consequences of risks can be minimized if in the first place one is aware of risk. Prudent principles of risk management advocate minimization of the impact of such uncontrollable losses. Insurance is one of the most scientific, rational, and practical risk management tools for personal property, life, health and liability risk exposures for an individual as also for the societal loss exposures, based on the fundamental principles of *risk sharing* and *risk pooling.*

The Indian economy, in tune with the global developments adopted in 1999, the process of liberalization and privatization paving way to an open economy for growth and development. The financial sector comprising the banking, non-banking institutions, and the mutual fund institutions initially were opened to the new trend in the early 1990's. The insurance sector could not be alienated from this process, as it was recognized as a fundamental base for preserving the solidarity and integrity of the financial market constituents from their risk exposures.

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The insurance industry is in fact today seen as the *'engine for growth'* for the whole economy in terms of employment generation, improvement in the standards of living of the populace and the growth of investments in the industry and infrastructure. Statistics show that the investments of the insurance industry stood at about Rs. 4,65,864 crore, as on 31st March 2005, as against Rs. 3,86,699 crore in the previous year, recording an increase of 20.47 per cent (IRDA Annual Report). Further, the government of India, in line with the recommendations of the Malhotra Committee (Reforms Committee), opened the doors of the insurance sector to private participation on a level playing field. Some of the Indian private companies partnered with a few foreign companies to benefit from the latter's technical expertise and rich experience.

With the opening up of the insurance industry in 1999, and the entry of new insurance companies, awareness amongst the general public has increased, more visibly in the general insurance sector, and particularly in the health insurance sector. With an annual growth rate of 24.31 per cent and the largest number of life insurance policies in force, the potential of the Indian insurance industry is huge. Today, the combined contribution of the insurance and banking services to the country's GDP is 7.1 per cent, out of which the gross premium collection forms a significant part (IRDA Annual Report). However, the insurance penetration is still very poor. The insurance penetration or premium volume as a share of a country's GDP, for the year 2004-05 was at 2.53 per cent for life insurance and only 0.65 for Non-life insurance. With about 200 million middle class households, potential for the insurance industry is huge. Consumers of insurance, now have choice and variety for buying insurance products. On the other hand, the insurance companies have a stiff competitive field to operate and as a result, a number of innovative products are seen in the Indian insurance market. However, the availability of insurance services, especially health insurance, to the customers particularly in the rural and unorganized sectors is very disappointing.

The IRDA with its dual role both as a regulator and developer of the market aims at facilitating the access of the health care facilities to the insurable population through the medium of *health insurance*.

Health risks and health insurance

Health risks or the risk of poor health includes both the payment of heavy medical bills and the loss of earned income. Unless human beings have adequate health insurance protection or private savings or financial assets, or other sources of income to meet these expenditures, they otherwise feel insecured. Health risks also include the risk of disability, old age, dependency on others for physical help etc. It is a fact that good health when protected not only adds benefit to an individual but also adds to the well being of the family, the community, the society and the country. Research studies have actually confirmed the fact that health protection played a distinctive role in poverty reduction everywhere in the world.

Insurance is undoubtedly such a mechanism by way of which, risks or outcomes or losses from uncertain events (such as ill health, disability) is shared between people who are not related to each other but yet have a share in the loss of the community at large. Thus, the primary function of *health insurance* is the reduction of such uncertainty that is, uncertainty regarding the incidence of illness and secondly the uncertainty regarding the adequacy of the health insurance cover also (Rao, 2004). The need for health insurance is also increasing now -a –days, as with the growth of mechanized life styles, individuals and families are getting exposed to health and life hazards. Health insurance rightly provides timely and affordable financial assistance for medical expenditure. But unfortunately not all those who need are able to take this insurance

cover for various reasons, such as high premiums, applicability of too many conditions and a host of exclusions. Moreover, for the government, the burden of provisioning and financing of health care is also constrained by factors that include, incessantly growing population, hostile economic environment, increasing cost of care, and narrowing tax bases. In such a situation, the burden on the individuals to finance for their health care also increases. At present the share of health insurance in the health financing, in India, accounts for a mere 1.2 per cent of the total expenditure on health (Rao, Sujatha). Other health care financing schemes operating in India include the Employees State Insurance Scheme and Central Government Health Scheme, which generally cover the people working in the organized sectors. The rural poor, and those working in the unorganized sectors thus have limited access to the under funded and under staffed Public hospitals where in the quality of care is low with no proper facilities, equipments and drugs. As a result they are forced to seek care from expensive private hospitals thus resulting in high out-of-pocket spending. Properly designed health insurance plans at such times, can rightly provide timely financial assistance and mitigate these out-of-pocket spending. In fact, a well-defined health insurance plan can also become an income protection plan for the poor (Krishnan 1996).

Present Status of Health Insurance coverage in India

Visibly after the insurance sector opened up, the health insurance segment has been witnessing an annual growth rate of 20 percent, which is commendable. The statistics published by the annual reports of IRDA also show that during the period between 1995 – 96 and 2003-04, the number of policies issued significantly increased from half a million to about 5.5 million policies extending coverage to about 22.2 million beneficiaries. The Gross Direct Premium from all the companies including the public and private sector companies also significantly increased from less than Rs. 400 crores in 1999-00 to Rs. 1732 crore in 2004-05, which is also a commendable achievement. This steady increase is undoubtedly indicative of the fact that the Indians are slowly

becoming consciously aware of the need for insurance and hence are adapting risk management tools for mitigating the consequences of the financial burden of their health care expenses. But, sadly health insurance segment still constitutes only about 7 percent of the total insurance business income today. However, all the various schemes currently existing cover less than 1 percent of the population (see Table 1). Given the demographic projections and time trends in health care in India (see Table 2&3), and keeping in mind the future needs of the altered demographic composition, the demand for health insurance would be much wider and significantly large in the years to come, as there is a considerable gap existing between demand and supply of health insurance.

The reasons for the low penetration levels of *health insurance* in India as mentioned earlier, include restrictive coverage, stringent conditions, lack of choice in products and lastly unaffordable premiums. As a result, majority of people remain uninsured or underinsured for health. The need o f the hour is to design policies with greater coverage and that are need based and tailor made for specific groups such as the following:

- Oldage Health care: Medical gerontology to take care of health care problems associated with ageing
- Long term care: for illnesses that require prolonged treatment and care
- Disability income insurance to replace loss of income
- Mental care / Psychiatric disorders – involving long term treatment
- Health cover for daily wage earners (seasonal workers, casual laborers, construction workers, etc)
- Juvenile insurance plans - to meet ill health / medical expenses associated with health related problems of children
- Exclusive policies for 'women' for gender related problems
- Group cover or plans for identifiable / recognizable groups
- Tailor - made rural health policies

- Preferred Health Risks policies like the Preferred Life insurance policies

Results of Sample study of Health Insurance Policyholders

A sample study to evaluate the economic and demographic background of mediclaim insurance policyholders and claimants from one of the public sector general insurance companies in India has been undertaken. The aim of the study was to examine the profile of health insurance policyholders and claimants and to evaluate the nature, frequency and severity of claims. The analysis revealed the facts outlined below:

*** Age and Gender profile of the policyholders**

Out of the total policyholders, 44 percent of the policyholders were below 35 years of age. While only 25 percent belonged to the middle-age group of 36- 45 years, another 20 percent were from the higher middle age group of 46- 55 years of age. Only 12 percent of the policyholders were above 55 years. The sample clearly revealed that it is mostly the middle-aged people who chose to have health insurance coverage.

The gender composition of policyholders did not show any gender discrimination against the females. Equal awareness is presumed to be present amongst men and women for health insurance coverage (see Table 4).

*** Number of persons per policy**

About 25 percent of the policies covered only single individuals, while 34 percent covered couples. Small families consisting of four members constituted 22 percent, while only 10 percent of the policies covered large families. It was evident that the smaller families and individuals showed greater preference to have a health policy. Financial constraints could be the reason for larger families not going in for a cover (see Table 5).

*** Sum Insured Amounts**

Sum insured under the policy reveals the maximum liability of the insurer under the policy. On the other hand, sum insured figures also reveal the financial capacity of the policyholders. More than fifty percent of the policyholders have sum insured below Rs. 50,000. Only 35 percent policyholders have Rs.100,000 as their cover. Only 15 percent of the policyholders had sum insured exceeding Rs. 100000 and upto Rs. 250000. Data clearly indicate that a majority of the policyholders prefer low sum insured amounts. Sum-insured does not increase proportionately with age and risk. The sum insured chosen by the policyholders do not reflect a rational judgement for coverage based on age or risk.

An important policy implication that is revealed here is that plans/ policies should be need–based and affordable. Preference for low sum insured plans also reveals the willingness to pay (WTP) and low ability to pay (ATP) factor of the policyholders. (see Table 6).

*** Premium**

Premium is the cost of insurance, which depends on age and the sum-insured chosen by the policyholder among other factors. 21 percent of the policyholders made high premium payments of over Rs.2000. While one-third of the policyholders paid premium below Rs. 2000, only 28 percent paid below Rs. 1000. Premiums below Rs. 500 were paid by only 17 percent of the policyholders. Data reveals low premium payment abilities of the policyholders. (see Table 7).

When the correlation between premium and family size was examined, it was observed that 80 percent of the policyholders belonging to small families have opted for lower covers with low premium liability of less than Rs.2000 (see Table 8). Sum insured amounts chosen are not commensurate with the size of the family. Affordability of the coverage seems to be the driving factor rather than the need for coverage.

Results of Sample study of Health Insurance Claims

A health insurance claim under a Mediclaim insurance policy is generally made for reimbursement of hospitalization expenses incurred for treatment of diseases or injuries. These claims are sometimes repudiated in case of false claims or inflated billings. The study in this section analyses the socio-economic profile of the claimants and also the nature of claims.

*** Age & Gender distribution of the Claimants**

About 79 percent of the health insurance policy claimants were between 36 to 45 years. Another 18 per cent of the claimants were in the age group 46 – 65 years of age and only 3 percent were above 65 years. The sample study revealed predominance of claims from middle-aged policyholders (see Table 9).

*** Gender**

On the gender front, gender bias was clearly visible in the claims made. While 82 percent of the claimants are males, only 18 percent are females. Out of the males, again 41 percent of the claimants were below 35 years. Amongst the female claimants, very high incidence of claims to the tune of 83.33 percent was from females below 35 years. Surprisingly, there were no claims from older females, generally considered as more risky group.

Age and gender examination in relation to claims reveals clearly that young and middle-aged males make more claims frequently. Therefore, underwriting standards and practices for the middle-aged policyholders need to be strengthened.

*** Duration of Hospitalization**

Examination of duration of hospitalization taken by the claimants showed that majority of the claims almost to the tune of 76 percent were for short-term hospitalization of less than 5 days, for minor ailments out of which males were 76 percent and females comprised 24 percent. 15 percent of the claimants were for hospitalized for 6 to 10 days, all of them being males. 6 percent of the remaining claimants (all males) were hospitalized for 11-15 days. Only 3 percent of the claimants were hospitalized for more than 15 days again all males.

High incidence of moral hazard is also visible amongst male claimants across all age groups. Short duration hospitalization claims for less than 5 days were more in number. Examination of frequent and short duration claims requires greater care (see Table 10).

*** Claim amounts**

The claims ranged mostly between Rs. 5,000 and Rs. 20,000 amongst males and females. 40 percent of the claims were below Rs. 5,000. Out of these claimants 65 percent were males, below 35 years. The same trend is seen even amongst the females. 32 percent of the claims filed were for amounts between Rs. 5,000 and Rs. 10,000, out of which again about 90 percent were males from age below 45 years. Only 15 percent of the claims

filed were for high amounts above Rs.10,000 –Rs.20,000, with 90percent being males. Claims exceeding Rs.20,000 were made by 14 percent of the claimants, all males.

Claims data clearly show adverse experience from policyholders (mostly males) belonging to lower age groups, particularly below 45 years. The company experiences high frequency and low severity cases. Stringent claims evaluations standards can mitigate the adverse claims experience (see Table 11).

*** Sum Insured**

Examination of the sum insured amounts of the claimants' showed that a very small per centage of claimants had sum insured below Rs.50, 000. 71 percent of the claimants had above Rs. 1,00,000 as sum insured. Only 10 percent of the claimants had high covers of more than Rs. 2,00,000. Barely 7.5 percent of claimants had very high cover policies above Rs. 3 lakhs. Most of the claimants had low sum insured coverage (see Table 12).

*** Claims in relation to Premium**

Interestingly, the data revealed an inverse correlation between claims and premium figures. Claimants, who paid premiums between Rs.1000 and Rs. 2000 made more frequent claims that too for low amounts below Rs.5000. Only 14 percent of the total claims constituted high claims exceeding Rs. 20,000.

Data revealed significant correlation between low premium payments and claims incurred. There were no significant claims from persons who paid high premiums. This implies that low sum insured policies must be underwritten more carefully (see Table 13).

*** Time taken for settlement of claims**

Claim settlement constitutes and reflects a very important function of the insurance company reflecting managerial efficiency. 34 percent of the claims were settled in less than a month. Majority of the claims were settled within 1 – 3 months. Only 10 percent of the claims had taken more than 3 months for final settlement.

The data clearly showed that small claims are settled sooner within a month. Higher amounts take more than 3 months for final settlement, probably for want of more evidence, and details (see Table 14).

*** Sum Insured and Claims**

Evaluation of sum insured amounts of the claimants revealed that 71 percent of them had Rs.100,000 as sum insured. Another 11 percent of the claimants had Rs. 2 lakhs sum insured. Claims were made from low sum insured policies of Rs. 50,000 (Table 15).

*** Reasons for hospitalization**

Close evaluation of the reasons for hospitalization revealed that 27 percent of the claims were for surgery. 21 percent of claims were for accidental injuries. Another 29 percent of the claims were for miscellaneous fever. Data showed high frequency of claims for minor ailments (see Table 16).

Observations of the sample study

The analysis of policyholders profile clearly reflects that there is considerable awareness amongst both males and females across all age groups for health insurance. It is also seen that the females and males of middle-aged category seem to be more conscious of the need for health insurance. Most of the policyholders have opted for low sum insured amounts, which reflects that health insurance is opted only as a risk cover for minor illnesses, and not for catastrophic illnesses. The policyholders were from the middle-income category, which is reflected in the premium payments.

As for the claims, it is observed that 81 percent of the claimants were males that too from the lower and middle-aged category. The claims were mostly for short duration hospitalization of less than 5 days, which reflects a high incidence of moral hazard. Of the total number, three fourths of the claim amounts were below Rs. 10,000 only. The entire data reflect a high frequency of low claims. The analysis of the demographic profiles of the claimants also reveals a clear evidence of high incidence of moral hazard and the tendency of the low-age group members, particularly the males to overutilize the medical utilities, that too for short duration, and not-so-serious illnesses reflecting their mentality to simply take back the premium that they have paid. But, fundamentally, insurance mitigates the financial costs of only pure risks. The lack of understanding of the essence of insurance is clearly visible in the sample taken. The Adverse selection and moral hazard factor can be curtailed to some extent by incorporating strict underwriting guidelines at the time of issue of the policy.

Suggestions for improvement

To make "health insurance for all" a reality, a concerted effort is required by all the players in the insurance market, namely, the government, insurance companies, hospitals, TPA's, and the policyholders. Some of the suggestions for increasing the penetration of health insurance in India include:

- *Optimum utilization of the government health care infrastructure facilities*: In India, the government health care infrastructure reaches to the grass root level. These, hospitals, dispensaries, clinics, can be upgraded, maintained to service the most needy sections of the society to give timely affordable health care.

- *Triangular Tie up or Tripartite arrangement* (Govt. hospitals + Insurance co + TPA): tripartite arrangement mutually by the concerned State Governments, an Insurance Company, and a Third Party Administrator, like the HMO models in the US can go a long way in making health care insurance viable, affordable and available to the needy.

- *Institutional / Group Health Insurance Schemes to be initiated:* Individuals who are not eligible for a cover under the mediclaim policy because of their risk status are however eligible for a cover under a group policy. Hence, in the interest of the company as well as the society, Group Dynamics should be encouraged. Tailor made group policies specific to the needs of the group members, depending upon their economic and occupational requirements, need to be designed by the insurers.

- *Make Recognizable groups in unorganized sectors:* To make health insurance available to individuals in the informal sector, it is necessary to make groups wherever possible, in some recognizable forms, so that the cover can be beneficial collectively.

- *Focus on Gender based health risks (women's needs):* In all the health insurance policies, the maternity factor and related risks are clear exclusions. There is a dire need for an exclusive cover for women so that the insurance cover reduces the financial burden on the family. It is the women folk who support the family. If the lady in the family is healthy, the children are healthy, in-turn the whole family is healthy.

- *Compulsory deductibles, co-payments and excess* – Introduction of high deductibles and co-payments, can be incorporated in the schedule of the Health insurance policy as a stipulated condition to check malpractices. Other self-control mechanism should also be adopted to check adverse selection at the time of inception (underwriting) and moral hazard at the time of making claims.

- *Investigation of repeated and short period claims:* A hospitalization of a day or two increases the chance of malpractice, of raising false claims, escalated or inflated billings. Hence thorough in-house audit of such claims is most essential.

- *Flexible Premium Provisions:* Premium payment schedule should be made flexible like the Life insurance that is either monthly, quarterly, semi annually, so that the burden of the lumpsum payment is spread through out the policy period.

- *Provision to include pre-existing diseases to be considered:* The pre-existing illnesses of the insured have also to be covered by loading up of premium.

- *Provisions to cover outpatient expenses and maternity care:* The health insurance policy should also cover the cost of outpatient expenses, and also maternity related expenses.

- *Provisions to include Loss of Income / Disability Income substitution:* Like in the US, health insurance plans should make a provision for loss of income / allowance during the period of hospitalization to substitute for the earnings that the individual would have earned otherwise.

- *Health Insurance awareness camps and seminars to be organized:* Health insurance awareness in India is grossly low. Hence, people in the younger age groups have to be motivated to join early. Besides factors like education, environment, occupation, and culture influence decision-making. Hence, change in attitude towards risk perception has to be brought about.

- *Preferred Health concepts to be marketed:* In Life insurance, the concept of 'preferred life' is gaining popularity, especially in the western countries. This again depends upon the health status, for in the West, Life and Health insurance are not marketed separately. In India since health insurance is a separate product this concept can be introduced to give advantage to the insured.

- *More focus on preventive health care:* There is a need to pay more attention on preventive health care rather than on curative care. This is possible by educating the people to lead a yoga- way of healthy life, educate on timely vaccinations, creating awareness regarding balanced diet, encouraging good healthy habits.

- *Personal Financial Planning:* Financial planning requires a scientific and practical approach. This calls for a proper balance between the income on one hand and the personal needs for the present, future, known and unknown contingencies. Health care is the most unpredictable contingency for which people must be educated and motivated to take up health insurance policies when they are young and healthy.

To conclude, one can only truly understand the benefit of the concept of insurance only when one experiences it. As observed earlier, a well-planned health insurance policy can truly become an income protection plan or a savings plan if taken at the right time. At this juncture, it is very apt to recall the words of the Father of the Nation, Mahatma

Gandhi who had said, *"One of the greatest investments which we can make is to invest in health, for there is no other investment like it. Health is Life Insurance, success and … happiness insurance"*

APPENDIX

Table: 1

Health Insurance coverage in India

Schemes	**Beneficiaries (in million)**
The Employees State Insurance Scheme (ESIS)	25. 3
Central Government Health Scheme (CGHS)	4. 3
Railways Health Scheme	8
Defence Employees	6. 6
Ex – servicemen	7. 5
Mining and Plantations (public sector)	4
Health Insurance (Public sector non-life companies)	10
Health Insurance (Private sector non-life companies)	0. 8
Health segment of life Insurance companies (Private and Public sector)	0. 23
State sponsored schemes	0. 5
Employer run facilities / reimbursements schemes of private sector	6
Employer run facilities / reimbursements schemes of public sector	8
Community health schemes	3

Total	85

Source: IRDA Journal

Table: 2

Demographic Trends and projections in India

Parameters	Years				
	2000	2005	2010	2015	2020
Total population	1,010	1,093	1,175	1,256	1,331
Under 15	631	368	370	372	378
15 – 64	604	673	747	819	882
65 +	45	51	58	65	76

Source: India Vision 2020 Committee Planning Commission,
as cited in India Insurance Report Series

Table: 3

Time Trends (1951 – 2000) in Health Care in India

Health Indicators	Years		
	1951	1981	2000
SC/ PHC/CHC	725	57,363	1,63,181
Dispensaries & hospitals	9209	23,555	43,322
Doctors	61,800	2,68,700	5,03,900
Life Expectancy (years)	36.7	54	64.6
Crude Birth Rate	40.8	33.9	26.1
Crude Death Rate	25	12.5	8.7
IMR	146	110	70

(Source: National Health Policy- 2002; cited in Tenth Five Year Plan Report)

Table: 4

Gender –Age profile of the policyholders

Age – Groups	Gender profile of Policyholders		Total of policyholders
	Males	Females	
0 - 35	84 (42.4)	86 (44.7)	170(43.6)
36- 45	49 (24.7)	49 (25.5)	98 (25.1)
46- 55	39 (19.6)	37 (19.2)	76 (19.5)
56 - 65	16 (8.0)	14 (7.2)	30(7.7)
66 - 70	6 (3.0)	6 (3.1)	12(3.1)
71 - 75	2 (1.0)	-	2(.5)
76 - 80	2 (1.0)	-	2(.5)
Total	198 (50.7)	192 (49.7)	390(100)

*Figures in parenthesis reflect percentage

Table: 5
Number of persons per policy

Number of Policies	Number of persons Covered	Percentage
4 0	40	25.9
53	106	34.4
17	51	9.7
34	136	22.0
4	20	2.5
5	30	3.2
1	7	0.6
154	390	100.0

Table: 6

Sum – Insured / Age

	Age – groups of Policyholders														
Sum Insured Rs.	0-35 years		36 – 45 years		46 – 55 years		56 – 65 years		66 – 70 years		71 – 75 years		76 – 80 years		Total policyholders
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
50000	58	49	21	25	11	17	2	6	4	2	1	-	-	-	196 (50.2)
100000	18	23	21	18	15	14	13	8	1	2	1	-	2	-	136 (34.8)
150000	6	10	6	3	6	1	-	0	1	2	-	-	-	-	35 (8.9)
200000	2	4	-	1	5	4	1	-	-	-	-	-	-	-	17 (4.3)
250000	-	-	1	2	2	1	-	-	-	-	-	-	-	-	6 (1.5)

Total	84 (49.4)	86 (50.5)	49 (50.0)	49 (50.0)	39 51.3)	37 (48.6)	16 (53.3)	14 (46.6)	6 (50.0)	6 (50.0)	2 (100)	0	2 (100)	0	390
	170 (43.6)		98 (25.1)		76 (19.5)		30 (7.7)		12 (3.1)		2 (0.5)		2 (0.5)		

*Figures in parenthesis reflect percentage

Table: 7
Premium / Age

Age – groups	Premium Range of the policyholders												Total policyholders
	Below Rs.500		Rs. 501 – Rs. 1000		Rs. 1001 – Rs. 2000		Rs. 2001 – Rs. 3000		Rs. 3001 – Rs. 4000		Rs. 4001 – Rs. 5000		
	M	F	M	F	M	F	M	F	M	F	M	F	
0 - 35	30	19	28	34	24	29	2	4					170(43.6)
36 – 45	3	8	18	17	25	20	3	3		1			98 (25.1)
46 – 55		6	5	6	9	10	10	9	13	5	2	1	76 (19.5)
56 – 65			0		3	7	12	7	1				30 (7.7)
66 – 70		1	1	1	2		2	2	1	2			12 (3.1)
71 – 75	1						1						2 (.5)
76 – 80									2				2 (.5)
Total	34	34	52	58	63	66	30	25	17	8	2	1	390 (100)
	68(17.4)		110(28.2)		129(33.1)		55(14.1)		25(6.4)		3(.8)		

Table: 8
Family – size / Premium correlation

Premium (Rs)	Number of policyholders covered under a policy							Total
	Self	Two	Three	Four	Five	Six	Seven	
Below Rs. 500	17	6	5	22	6	9	3	68 (17.4)
Rs.501 - 1000	3	24	28	40	8	6	1	110 (28.2)
Rs. 1001- 2000	10	31	8	61	5	13	1	129 (33.0)
Rs. 2001-3000	7	30	5	8	1	2	2	55 (14.1)
Rs. 3001 –4000	3	12	5	5	-	-		25 (6.4)
Rs. 4001- 5000		3	-	-	-	-		3 (0.7)
Total policyholders	40 (10.2)	106 (27.1)	51 (13.0)	136 (34.8)	20 (5.1)	30 (7.6)	7 (1.7)	390 (100)
Number of policies	40 (25.9)	53 (34.4)	17 (11.0)	34 (22.0)	4 (2.5)	5 (3.2)	1 (0.6)	154 policies

*Figures in parenthesis reflect percentage

Table: 9
Gender \ Age Profile of claimants

Age – Groups	Males	Females	Total Number of claimants
0 - 35	22 (40.7)	10(83.3)	32 (48.5)

36 – 45	18 (33.3)	2 (16.6)	20 (30.3)
46 – 55	9 (16.9)		9 (13.6)
56 – 65	3 (5.6)		3 (4.5)
66 – 70	1 (1.9)		1 (1.5)
71 – 75	1 (1.9)		1(1.5)
76 – 80	0 (0)		0
Total	54 (100) (81.8)	12 (100) (18.2)	66 (100) (100)

*Figures in parenthesis reflect percentage within each category

Table: 10
Duration of Hospitalization

Age group of claimants	Hospitalization duration										
	Below 5 days		6 – 10 days		11 – 15 days		16days – 1 month		Above 1 month		Total claimants
	M	F	M	F	M	F	M	F	M	F	
0 – 35	17(44.7)	10(83.3)	4(40.0)	-	1(25.0)	-	-	-	-	-	32 (48.5)
36 – 45	10(26.3)	2(16.7)	5(50.0)	-	1(25.0)	-	1(100)	-	1(100)	-	20(30.3)
46 – 55	7(17.4)	-	1(10.0)	-	1(25.0)	-	-	-	-	-	9(13.6)
56 – 65	2(5.2)	-	-	-	1(25.0)	-	-	-	-	-	3(4.5)
66 – 70	1(2.6)	-	-	-	-	-	-	-	-	-	1(1.5)
71 – 75	1(2.6)	-	-	-	-	-	-	-	-	-	1(1.5)
76 – 80	-	-	-	-	-	-	-	-	-	-	-
Total	38(76.0)	12(24.0)	10(100)	0	4 (100)	-	1(100)	0	1(100)	0	66(100)
	50(75.8)		10(15.2)		4(6.1)		1(1.5)		1(1.5)		

*Figures in parenthesis reflect percentage

Table: 11

Claim Amounts settled

Age Group of claimants	Claims Amount								Total claimants
	Below Rs.5000		Rs.5000 - Rs.10000		Rs.10000 - Rs.20000		Rs.20000 – Rs35000		
	M	F	M	F	M	F	M	F	
0 – 35	8(47.1)	7(77.8)	9(47.4)	2(100)	4	1	1	-	32 (48.5)
36 – 45	4(23.5)	2(22.2)	6(31.6)	-	3	-	5	-	20(30.3)
46 – 55	4(23.5)	-	2(10.5)	-	1	-	2	-	9(13.6)

56 – 65	1(5.8)	-	1(5.2)	-	1	-	-	-	3(4.5)
66 – 70	-	-	1(5.2)	-	-	-	-	-	1(1.5)
71 – 75	-	-	-	-	-	-	1	-	1(1.5)
76 – 80	-	-	-	-	-	-	-	-	-
Total	17 (65.3)	9 (34.6)	19 (90.4)	2 (9.5)	9 (90.0)	1 (10.0)	9 (100)	0	66(100)
	26(39.4)		21(31.8)		10(15.2)		9(13.6)		

*Figures in parenthesis reflect percentage

Table: 12

Sum – Insured Preference

Sum Insured (RS)	Age – groups of the claimants														Total claimants
	0 – 35 Years		36 – 45 Years		46 –55 Years		56 –65 Years		66 – 70 Years		71 – 75 Years		76 – 80Years		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
50000	1(4.5)	-	4(22.2)	-	-	-	1(33.3)	-	-	-	-	-	-	-	6 (9.0)
100000	17(77.2)	8(80.0)	11(61.1)	1(50.0)	6(66.6)	-	2(66.6)	-	1(100)	-	1(100)	-	-	-	47 (71.2)
150000	1(4.5)	1(10.0)	-	-	-	-	-	-	-	-	-	-	-	-	1 (1.5)
200000	-	1(10.0)	3(16.6)	1(50.0)	1(11.1)	-	-	-	-	-	-	-	-	-	7 (10.6)
250000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
300000	3(13.6)	-	-	-	-	-	-	-	-	-	-	-	-	-	3(4.5)
350000	-	-	-	-	2(22.2)	-	-	-	-	-	-	-	-	-	2(3.0)
Total	22 (68.7)	10 (31.2)	18 (90.0)	2 (10.0)	9 (100)	0	3 (100)	0	1 (100)	0	1 (100)	0	0	0	66 (100)
	32(48.5)		20(30.3)		9 (13.6)		3 (4.5)		1 (1.5)		1(1.5)		0		

Table: 13
Premium - Claims Correlation

Premium Amount	Claims Amount settled				Total claims settled
	Below Rs.5000	Rs.5001- Rs.10000	Rs.10001- Rs. 20000	Rs. 20000 < Rs. 35000	
Below Rs. 500	2	1	0	0	3 (4.5)
Rs.501 - 1000	1	2	1	0	4 (6.1)
Rs. 1001- 2000	15	10	8	3)	36 (54.6)
Rs. 2001-3000	6	6	0	5	17 (25.8)
Rs. 3001 -4000	1	1	1	1	4 (6.1)

Rs. 4001- 5000	1	1	0	0	2 (3.0)
Total	26 (39.4)	21(31.8)	10 (15.2)	9 (13.6)	66 (100.0)

*Figures in parenthesis reflect percentage

Table: 14
Settlement days / Claims analysis

Duration for settlement of claims	Claims Amounts settled				Total claims settled
	Below Rs.5000	Rs.5001- Rs.10000	Rs. 10001- Rs. 20000	Rs. 20001 < Rs. 35000	
Within 1 month	11	8	3	1	23 (34.8)
1 – 3 months	13	11	7	5	36 (54.5)
3 – 6 months	2	2	0	3	7 (10.6)
More than 6 months	0	0	0	0	0
Total	26 (39.4)	21 (31.8)	10 (15.2)	9 (13.6)	66 (100) (100.0)

*Figures in parenthesis reflect percentage

Sum Insured – claims

Table: 15
Sum Insured – Claims cross analysis

Sum Insured (Rs)	Claim Amounts settled				Total claims settled
	Below Rs.5000	Rs.5001 - 10000	Rs. 10001- 20000	Rs. 20001 < 35000	
50000	3 (11.5)	1 (4.7)	2(20.0)		6 (9.0)
100000	19(73.0)	15(71.4)	7(70.0)	6 (66.6)	47 (71.2)
150000	0	1 (4.7)			1 (1.5)
200000	2 (7.6)	2 (9.5)	1(10.0)	2 (22.2)	7 (10.6)
300000	1 (3.8)	1(4.7)		1(11.1)	3 (4.5)
350000	1 (3.8)	1(4.7)			2 (3.0)
Total	26 (39.4)	21 (31.8)	10 (15.2)	9 (13.6)	66 (100) (100.0)

*Figures in parenthesis reflect percentage

Table: 16
Reasons for Hospitalization

Reasons for Hospitalization	No of claimants
Surgery	18 (27.2)
Fever	19 (28.7)

Accidental injuries	14 (21.2)
Lung Allergy/ Breathlessness	6 (9.0)
Miscellaneous	9 (13.6)
Total	100

*Figures in parenthesis reflect percentage

REFERENCES

1. **IRDA Annual Reports.** 2004 & 2005
2. **Krishnan, T.N (1996)**: 'Hospitalization Insurance: A proposal', *Economic and Political Weekly,* 31 (15) PP 944-946, April 13.
3. **Rao, B.S.R (2004)**: ' Medical Policies for the masses', *IRDA Journal,* Oct.Pp.13-15.
4. **Rao, Sujatha,** 'Financing of Health in India', Financing and Delivery of Health Care Services in India**.**