# STELLA MARIS COLLEGE (AUTONOMOUS) CHENNAI – 600 086 (For candidates admitted during the academic year 2019-2020 and thereafter)

## B.VOC DEGREE EXAMINATION – APRIL 2024 BANKING, FINANCIAL SERVICES AND INSURANCE SIXTH SEMESTER

**COURSE** : MAJOR – CORE

PAPER : HEALTH INSURANCE

**SUBJECT CODE: 19VB/VM/HI66** 

TIME : 3 HOURS MAX. MARKS: 100

## **SECTION A**

## Answer ALL questions:

- 1. Define Health Insurance.
- 2. What is meant by Public Health Centres?
- 3. What are the methods of health care financing?
- 4. What are the health insurance products for senior citizens?
- 5. Define group mediclaim policy.
- 6. What are the principles of underwriting in insurance?
- 7. Write about IRDA.
- 8. Write about Health Insurance for Rural workers.
- 9. What is meant by Consumer Protection?
- 10. What do you mean by claim settlement?

#### SECTION B

## **Answer any FIVE questions:**

(5x4=20)

(10x2=20)

- 11. Describe Evolution of health insurance.
- 12. Explain Infrastructure of the Health Care System.
- 13. Elucidate the role of National Rural Health Mission.
- 14. Describe types of Underwriting Decisions.
- 15. Explain General and Standard Exclusions of Group Health Insurance.
- 16. Describe Role of IRDA in Initiatives for Standardization.
- 17. Explain types of Cashless Claims.

#### **SECTION C**

# Answer any TWO questions:

(2x15=30)

- 18. Elaborate Health Insurance Products in India.
- 19. Describe Principles and Practice of Health Insurance Regulations.
- 20. Explain the Classification of Frauds in health insurance.

#### **SECTION D**

## 21. Application Based Question

(30 Marks)

A large health insurer has launched a comprehensive health indemnity product with high sum insured options, four years ago. The company has observed a significant difference in the claims' severity between two hospitals on its network – Hospital X and Y from the same location- over the last 2 years. Claims team has shared its analysis that over the past two years, average claims severity of Hospital X is  $\gtrless$  1,15,000 & Hospital Y is  $\gtrless$  75,000 and concluded that "Hospital X is significantly more expensive than Hospital Y and should be removed from the network of covered hospitals for this product".

- a) Analyse the reasons for difference in cost
- b) Suggest alternate ways to manage cost
- c) What are the redressal mechanism on claims?

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