

**PGDM (Insurance Business, 2015-17)**  
**Health Insurance-I**  
**INS-205**  
**Trimester –II, End-Term Examination, December - 2015**

Time allowed: 2 Hours 30 Minutes

Max Marks: 50

Roll No: \_\_\_\_\_

**Instruction:** Students are required to write Roll No on every page of the question paper, writing anything except the Roll No will be treated as Unfair Means. In case of rough work please use answer sheet.

**Section-A**

***There are 5 questions in this section. Attempt any 3 questions. Each question carries 5 marks and the Word limit is 200 words.*** [15]

- A1. To what extent the Principle of Utmost Good Faith influences contract of Health Insurance at proposal stage as well as during policy period?
- A2. What do you understand by Numerical Rating Method? Discuss its advantages and disadvantages.
- A3. Is it feasible to accept Health Insurance upto a particular age? What underwriting measures the insurers adopt while underwriting a Senior Citizen's Policy?
- A4. What is a Health Savings Account? Explain with reasons whether it includes Bhavishya Arogya insurance Policy?
- A5. What is the role of a Third Party Administrator in Health Insurance?

**Section-B**

***[Note: Answer 2 out of the 3 Questions below. Each Question carries 10 marks and word limit is 500.]*** [20]

- B1. a) What is the scope of Critical Illness insurance? How is it practiced?  
b) What are the standard exclusions to a Hospital Indemnity policy?
- B2. Make an elaborate differentiation between-
- i) Sublimit and Co-payment
  - ii) Pre-hospitalisation and Domiciliary Hospitalization
  - iii) High deductible and Top-up cover
  - iv) First Call resolution and Grievance Redressal
  - v) Provider Fraud and Fraud Ring

**Contd/-2-**

- B3. 'Success of Health Insurance in our country will ultimately be based on the quality of Customer Service'. Discuss in detail about the expectations of an empowered and impatient patient so as to suggest measures to secure the insured's satisfaction.

**Section-C**

**Case Study**

**Marks: 15**

**Compulsory question-**

A recently incorporated Insurance Co. underwrites health insurance business and provides cashless claims service through several Third Party Administrators. At the end of the first year of working in the country they find that there are huge underwriting losses in both – group as well as retail business. The Company suspects frauds and engages you as a consultant to deal with the situation. They want you to enlighten them on the following points-

- i) What are the kinds of frauds occurring in the industry
- ii) What observations in a claim file could trigger suspicion of a fraud
- iii) How to prevent, control or minimize frauds so that the losses could be converted into profits.

You have to submit your elaborate report on the above points based on your understanding and suggesting effective measures to control frauds.

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