

## Health Insurance Data

The Insurance Regulatory and Development Authority (IRDA) has designated the Tariff Advisory Committee (TAC) as the insurance data repository in all lines of non-life insurance business. Initially TAC data base has been populated with transactional level data on health and motor insurance business and it is possible to carryout analysis in these lines. In the health insurance segment data collection was initiated on three major data sets – Proposals, Members and Claims. The TAC data sets based on the above three formats captures information as received from the Third Party Administrators (TPAs) for the period 2007 – 2008. Summary level health data for 2005-2006 were hosted on the TAC website in 2007 for the first time. The data received from 28 TPAs for the year 2007-2008 has now been analysed and macro figures published in the tables given below for the information of all stake holders.

Once error free data flow becomes the order of the day, it will be possible to carryout further detailed micro level analysis on hospital-wise cost of treatment, procedure-wise cost of treatment and such other factors concerning health insurance as may be of interest to all concerned.

### Macro Indicators on Health Insurance

#### HR-1 : Policies, insured members and claims

Year	No. of policies	No. of members	Average no. of members per policy	No. of claims
2003-2004	2,265,451	8,361,629	4	360,088
2004-2005	2,059,449	8,987,239	4	555,273
2005-2006	3,828,495	16,345,575	4	1,016,785
2006-2007	3,110,475	17,907,430	6	1,060,047
2007-2008	3,790,838	24,121,625	6	14,36,998

*NB : Member - insured person(s) covered under the policy*

**HR-2 : Total premium, total claim paid and claim ratio**

<b>Period</b>	<b>Premium (Rs in crs.)</b>	<b>Sum insured (Rs in crs.)</b>	<b>Claims paid (Rs in crs.)</b>	<b>Claims paid ratio (in %)</b>
2003-2004	944	N.A.	785	83%
2004-2005	987	N.A.	948	96%
2005-2006	1,947	N.A.	1,777	91%
2006-2007	2,820	146,607	2,198	78%
2007-2008	2,758	204,046	2,904	105%

*NB: N.A. = Not available*

**HR-3 : Average premium, average claim paid and average number of insured**

<b>Period</b>	<b>Premium per policy (Rs.)</b>	<b>Premium per insured member (Rs.)</b>	<b>Claim paid per policy (Rs.)</b>	<b>Claims paid per insured member (Rs.)</b>
2003-2004	4,166	1,129	3,465	939
2004-2005	4,792	1,098	4,606	1055
2005-2006	4,892	1,146	4,642	1,040
2006-2007	9,067	1,575	7,066	1,227
2007-2008	7,275	1,143	7,661	1,204

**HR-4 : Number of claims, claim paid and average claim paid during 2007-08  
- by gender**

Gender	No. of claims	Claim paid (Rs in crs.)	Average claim paid (Rs.)
Male	6,08,023	1,150	18,922
Female	6,50,070	1,359	20,903
Unspecified	1,78,905	395	22,053
<b>Total</b>	<b>14,36,998</b>	<b>2904</b>	<b>20,209</b>

*NB: Unspecified records are those for which either the field is not filled up by TPAs/insurers or no coding was adopted by TPA.*

**HR-5 : Insured members and sum insured during 2007-08 – by age and gender**

Age in years	Male		Female	
	No. of members	Sum insured (Rs)	No. of members	Sum insured (Rs)
< 1	97278	9,257,468,325	90,055	6,662,919,789
1 - 5	759,990	47,567,040,737	638,665	40,440,068,146
6 - 15	1384808	77,182,580,963	1,135,013	64,751,508,612
16 - 25	2112014	156,779,765,641	1,633,498	110,806,218,879
26 - 40	4026058	377,523,649,367	3,085,837	243,964,715,381
41 - 60	2,983,681	283,636,437,454	2,684,142	237,853,729,602
61 - 65	411,416	40,863,690,279	268,342	25,077,385,063
66 - 70	234,412	23,524,189,735	143,172	13,591,904,083
Above 70 Years	265,630	18,857,106,575	120,939	10,885,293,093
<b>Grand Total</b>	<b>12,275,287</b>	<b>1,035,191,929,076</b>	<b>9,799,663</b>	<b>754,033,742,648</b>

*N.B : < 1 indicates neo-natal exposures for infant, newborn*

**HR-6 : No of claims, claim paid and average claim paid during 2007-08 - by age**

Age in Years	No. of claims	Claim paid (Rs in crs.)	Average claim paid (Rs.)
< 1	27,655	34	12,196
1 - 5	82,230	74	8,866
6 - 15	78,691	79	9,980
16 - 25	1,62,473	233	14,352
26 - 40	3,74,294	651	17,392
41 - 60	4,30,319	1001	23,272
61 - 65	93,126	275	29,491
66 - 70	68,560	213	31,085
> 70	64,708	215	33,210
Age not specified	53,942	130	24,050
<b>Total</b>	<b>14,36,998</b>	<b>2,904</b>	<b>20,209</b>

*NB : Age not specified :- Date of birth / Age field not filled in by the TPA/insurers*

**HR-7 : Number of claims during 2007-2008 – by gender and age**

Age in Years	Number of claims		
	Male	Female	Total
<1	8818	8969	17787
1 - 5	46074	30907	76981
6 -15	46059	28828	74887
16-25	67815	77875	145690
26-40	152563	185385	337948
41-60	202128	194876	397004
61-65	48963	34664	83627
66-70	38461	23754	62215
>70	37598	21689	59287
Age and gender not specified	-	-	181572
<b>Total</b>	<b>648479</b>	<b>606947</b>	<b>1436998</b>

*NB : Age and gender not specified :- Date of birth / age/ gender details not provided by the TPA/insurers*

### HR-8 : Type of cover, number of policies and premium during 2007-08

Type of cover	No. of policies	Premium (Rs)	Share in total policies	Share in total premium
Individual	3,228,669	14,066,041,444	85.17%	51.01%
Individual Floater	499,360	958,113,125	13.17%	3.47%
Group	22,604	3,180,398,333	0.60%	11.53%
Group Floater	7,457	9,339,860,994	0.20%	33.87%
Not specified	32,748	31,090,081	0.86%	0.11%
<b>Total</b>	<b>3,790,838</b>	<b>27,575,503,977</b>	<b>100.00%</b>	<b>100.00%</b>

**NB: Individual – Policy issued to individuals – includes individuals and members of the family**

**Group – Policy issued to other than ‘ individuals’**

**Individual Floater- Individual policies having floater Sum insured for the family**

**Group Floater - Group policies having floater Sum Insured for the group**

### HR-9: TOP 15 claims, amount claimed & claim paid during 2007-08- by disease

Disease name	ICD codes	Number of claims	Claim paid (Rs in crs.)	Average claim paid (Rs.)
Circulatory	I00-I99	116405	468	40231
Arthropathies	M00-M99	49625	185	37248
Neoplasm	C00-D48	60314	220	36472
Injury	S00-T98	99428	255	25615
Nervous	G00-G99	19565	49	25233
Urology	N00-N99	124851	258	20695
Digestive	K00-K93	155738	314	20186
Pregnancy	O00-O99	85227	171	20055
Blood diseases	D50-D89	8770	17	19481
Ear	H60-H95	12290	23	18873
Endocrine	E00-E90	34855	64	18248
Eye	H00-H59	120447	219	18205
Skin	L00-L99	25581	37	14334
Respiratory	J00-J99	107729	142	13145
Infections	A00-B99	219261	235	10712
Other disease combined (where disease groups claim records and amount are very small/insignificant)		146578	127	8659
ICD codes not provided for		50334	120	23834
<b>Total</b>		<b>1436998</b>	<b>2904</b>	<b>20209</b>

**NB 1 : International statistical Classification of Diseases and related health problem 10<sup>th</sup> Revision ( ICD-10) classified by World Health Organization ( WHO) used for grouping the diseases. The first level (3 digit) classification is considered for the above grouping**

**NB 2 : ICD codes not provided for - Where ICD codes have been not provided as per ICD 10 classification/ not filled in at all/wrong codes**

**HR-10: No. of Claims and average claim paid for 2007- 08 – by state**

State	Number of claims	Average claim paid (Rs)
Maharashtra	186883	27367
Karnataka	103462	24419
Tamil Nadu	96677	19017
Gujarat	84833	19154
Delhi	58374	31283
West Bengal	46457	25070
Kerala	43305	10671
Andhra Pradesh	41660	24380
Haryana	27171	15310
Uttar Pradesh	19600	21938
Madhya Pradesh	12298	13865
States with < 10000 Claims	16922	21220
Pincodes not provided	699356	17288
<b>Total</b>	<b>1436998</b>	<b>20208</b>

*NB : States have been classified on the basis of postal pin codes as given in the ‘hospital pincode’ field*

**HR-11: Distribution of claims during 2007-08 by claim paid bands**

Claim paid in (Rs.)	No. of claims	Claim paid amount (Rs in crs.)	Claim paid in (Rs.)	No. of claims	Claim paid amount (Rs in crs.)
1 - 500	89274	2.33	175001 - 200000	4776	91.13
501 - 1000	51703	3.84	200001 - 225000	2241	47.65
1001 - 1500	39974	5.04	225001 - 250000	1857	44.25
1501 - 2500	72457	14.55	250001 - 275000	1148	30.15
2501 - 5000	165016	62.36	275001- 300000	1346	39.22
5001 - 7500	143074	89.57	300001 - 325000	436	13.62
7501 - 10000	121545	106.58	325001 - 350000	418	14.15
10001 - 25000	426354	709.86	350001 - 375000	328	11.91
25001 - 50000	218802	767.61	375001 - 400000	298	11.63
50001 - 75000	49062	297.84	400001 - 425000	136	5.6
75001 -100000	23158	204.79	425001- 450000	138	6.06
100001-125000	10646	119.64	450001 - 475000	75	3.46
125001-150000	8049	112.18	475001 - 500000	141	6.98
150001-175000	4375	71.20	Above 500000	171	10.66
<b>Total</b>				<b>1436998</b>	<b>2903.85</b>

**HR-12: Type of cover, number of claims – by individual, group and gender**

Type of Cover	Gender	Age Group (in years)									Total
		<1	1 - 5	6 - 15	16 - 25	26 - 40	41 - 60	61 - 65	66 - 70	Above 70 Years	
Individual	Male	1321	24810	31168	35574	78890	118530	22825	18679	19877	351674
	Female	929	15791	18762	28088	78508	105742	17671	13102	12342	290935
Group	Male	7439	20320	14028	30415	69816	78344	24843	18313	16020	279538
	Female	7990	14340	9515	47765	100682	84145	15837	9758	8312	298344
Type of cover, age and gender not specified		-	-	-	-	-	-	-	-	-	216507
<b>Total</b>		<b>17679</b>	<b>75261</b>	<b>73473</b>	<b>141842</b>	<b>327896</b>	<b>386761</b>	<b>81176</b>	<b>59852</b>	<b>56551</b>	<b>1436998</b>

**Caveats:**

1. Tabulations in the report are generated from the data supplied by the 28 TPAs only for the period 2007-08.
2. Aggregate data published in this are from the transaction level data supplied by TPAs only. These may not match with individual insurer's company level aggregate data of health coverage as insurers provide health coverage under different schemes which may or may not be serviced through TPAs.
3. Claims figures reflect pure claims cost/ burning cost. Expenses/ interest not included.
4. Classifications of Diseases have been done based on ICD-10 Codes to the extent provided by the TPAs.
5. Data with erroneous codes (non-ICD-10) have not been included.
6. Classes of diseases, which are negligible in terms of numbers/ amounts, are not carried in tables.
7. The Tables are indicative and contextual.
8. Findings are not complete/ conclusive and anyone making use of the same are advised to make their independent assessment of the accuracy.
9. The information contained the tables cannot be the subject matter for any litigation affecting IRDA/ TAC/ Insurance Companies/ Insurance Intermediaries.
10. There could be errors and omissions.