BRAINWARE UNIVERSITY

Term End Examination 2025-2026
Programme – BBA(HM)-Hons-2023
Course Name – Health Insurance
Course Code - BHM60114
(Semester VI)

Full Marks : 60 **Time : 2:30 Hours**

[The figure in the margin indicates full marks. Candidates are required to give their answers in their own words as far as practicable.]

Group-A

(Multiple Choice Type Question) 1 x 15=15

1. *Choose the correct alternative from the following :*

(i) What is the primary purpose of health insurance?

a) Profit generation
b) Financial protection against medical expenses
c) Investment growth
d) Tax evasion

(ii) What type of health insurance covers only one person?

a) Family floater
b) Group insurance
c) Individual health insurance
d) Top-up policy

(iii) Infer the role of family history in underwriting.

a) Ignored completely
b) Predicts future risk
c) Reduces premium
d) Cancels policy

(iv) Which lifestyle factor increases underwriting risk?

a) Balanced diet
b) Regular exercise
c) Smoking
d) Preventive care

(v) Which risk category may attract premium loading?

a) Standard risk
b) Substandard risk
c) Preferred risk
d) Zero risk

(vi) Show the way underwriting prevents adverse selection.

a) By rejecting all proposals
b) By identifying high-risk applicants
c) By reducing coverage
d) By delaying policies

(vii) Which document defines the insurer–TPA relationship?

a) Memorandum of Association
b) Service-level agreement
c) Insurance proposal
d) Discharge summary

(viii) Outline the impact of cashless services on policyholders.

a) Higher expenses
b) Delayed treatment
c) Reduced out-of-pocket cost
d) Increased paperwork

(ix) Infer the reason TPAs do not bear insurance risk.

a) They lack data
b) They act as agents
c) They issue policies
d) They set premiums

(x) What does admissibility of a claim mean?

a) Speed of payment
b) Eligibility under policy terms
c) Amount demanded
d) Hospital preference

(xi) Which stakeholder verifies claim admissibility?

a) Employer
b) TPA or insurer
c) Agent
d) Regulator

(xii) Infer the effect of delayed claim intimation.

a) Faster settlement
b) Claim rejection risk
c) Higher coverage
d) Premium refund

(xiii) Which fraud involves unnecessary tests or surgeries?

a) Identity fraud
b) Treatment manipulation
c) Premium fraud
d) Policy lapse

(xiv) Outline the purpose of fraud detection.

a) Claim delay
b) Cost control
c) Policy lapse
d) Risk pooling

(xv) Infer the effect of delayed grievance handling.

a) Higher trust
b) Customer dissatisfaction
c) Faster settlement
d) Lower workload

Group-B

(Short Answer Type Questions) 3 x 5=15

2. Find the purpose of risk pooling in health insurance. (3)
3. Illustrate one advantage of tele-underwriting. (3)
4. Explain the need for TPAs in the health insurance sector. (3)
5. Select the factors that determine claim admissibility. (3)
6. Judge the importance of customer protection in health insurance. (3)

OR

Recommend improvements in grievance redressal systems. (3)

Group-C

(Long Answer Type Questions) 5 x 6=30

7. Relate the major types of health insurance plans. (5)
8. Infer the significance of financial underwriting in insurance. (5)
9. Outline the relationship scope between insurers and TPAs. (5)
10. Compare cashless claim procedure with reimbursement claim procedure. (5)
11. Analyze causes of fraud from a system perspective. (5)
12. Explain importance of customer protection practices in health insurance. (5)

OR

Evaluate the grievance redressal mechanism for resolving disputes. (5)

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