

# PRODUCTS

## A MADE-TO-MEASURE INSURANCE PORTFOLIO

ORACLE HEALTH INSURANCE PRODUCTS SUPPORTS THE FOLLOWING:

- structured recording of products
- expansion of basic products with supplementary products
- customization of products for target groups
- compilation of new products by means of merging of modules for coverage, yearly deductible and contracted healthcare.

*Oracle Health Insurance Products can be used to compile healthcare insurance products. A product consists of modules for coverage, yearly deductible and contracted healthcare. In addition, the premium can also be defined for a product.*

### Coverage

Basic and supplementary products are supported. A supplementary product provides coverage for procedures that are not fully covered in a basic product or provides more extensive coverage (for procedures that are not covered in the basic product).

The rules for coverage are linked to ‘coverage groups’ consisting of clustered procedures (for example, dental treatments). For the procedures in a coverage group, various rules can be used to determine the scale of the coverage:

- a percentage of the agreed tariff
- a maximum tariff
- a maximum amount or maximum number for each period (for example, a maximum of three physiotherapy sessions per calendar year).

Coverage rules can be configured in multiple stages. The first five physiotherapy sessions in a calendar year, for example, could have 100% coverage and the following treatment sessions 50% coverage.

Coverage groups can be placed in a hierarchy. The hierarchically higher coverage group can have its own coverage rules. For example, a coverage group can be configured for the total number of dental activities that provides coverage for a maximum of 1,000 euros per calendar year. The higher hierarchical coverage group determines the maximum coverage over the total coverage for the lower coverage groups.

The amount of coverage for procedures in a coverage group can vary depending on the age of members, the specific diagnosis, the diagnosis-treatment combination and data about the claimed procedure (for example, the type of care provider). For example, children up to 19 years of age could receive 100% coverage for a procedure while this procedure is not covered for adults over 19.

Coverage rules can be formulated that specify that the first portion of a claimed amount or number is not covered. These are ‘thresholds’.

Procedures that do not have 100% coverage mean that members have to pay for the procedures themselves. These payments can again be insured by means of full or partial coverage of the non-covered part in a supplementary product, for example.

Finally, restrictive rules can be applied for coverage:

- the restriction that the prior permission of the healthcare insurer/payer is required before a procedure will be provided
- the restriction that a certain time (qualifying period) must have elapsed before coverage is provided.

### **Yearly deductible**

Products can be configured so that it is possible to choose a yearly deductible amount. If a member has opted for a yearly deductible, this amount is deducted from the claimed amounts to be paid out. As soon as the sum of claimed amounts to be paid out exceeds the yearly deductible amount, the payment will be made.

If the care provider submits a claim for a member, agreements can be made about the debtor risk. When the healthcare insurer/payer takes over the debtor risk, any yearly deductible amount to be deducted can later be recovered from the policyholder.

A yearly deductible is expressed in an amount per calendar or policy year and applies to each member or each policy. Members can be indemnified from the yearly deductible on the basis of their age, or certain procedures can be excluded from the yearly deductible conditions. It is also possible to have members purchase a mandatory yearly deductible based on the payment of premium.

### **Contracted healthcare**

For a particular product, it is possible to record whether contracts must be entered into with care providers (contracted healthcare) for procedures or groups of procedures (for example, dental treatment). In principle, members who have a policy for a product with contracted healthcare must receive their healthcare from the relevant care providers. For products with contracted healthcare, an adjustment premium can be requested.

A member with a policy for a product with contracted healthcare may be treated by a care provider without a contract. However, in that case discount rules can apply to the tariff and therefore to the amount that is covered.

### **Premium**

A premium is expressed as a fixed amount or as a percentage of the income. The size of the premium can vary in the course of time and can depend on:

- the age of a member
- the age of the member at the time the insurance policy was taken out
- the brand
- the modules for coverage, yearly deductible and contracted healthcare
- the self-defined characteristics of members.

The calculation method depends on:

- the manner in which the premium must be calculated if there are several members registered for a policy

- the maximum number of premium-paying members per policy
- the reference date for determining the ages of members and the period of validity
- the chosen system for premium settlement: on a daily or monthly basis
- the rules for discounts and taxes.

Discounts can be provided according to the collection frequency, collection method, a collective agreement type, target groups, clauses and/or the region in which the member lives. In addition, a customer discount can be created for a member. The sequence in which discounts are calculated can be adjusted.

### **Purchase rules**

Members can purchase more than one product. Purchase rules can be defined to prevent non-valid combinations of products from being purchased. Here a distinction is made between mandatory purchase and excluded purchase. When a supplementary product is purchased, a basic product must also be purchased (mandatory purchase). In addition, rules can be defined that stipulate that when a product is purchased all the members for a policy must purchase the product in question.

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