

**PSG COLLEGE OF ARTS & SCIENCE
(AUTONOMOUS)**

**MSc DEGREE EXAMINATION DECEMBER 2025
(Third Semester)**

Branch – HOSPITAL ADMINISTRATION

**MAJOR ELECTIVE COURSE – II : HEALTH INSURANCE AND FINANCIAL
COUNSELLING**

Time: Three Hours

Maximum: 75 Marks

SECTION-A (10 Marks)

Answer **ALL** questions

ALL questions carry EQUAL marks

(10 × 1 = 10)

Module No.	Question No.	Question	K Level	CO
1	1	The period during which a patient can enroll in a health insurance plan is called _____. a) Deductible Period b) Open Enrollment c) Copayment Period d) Claims Processing	K1	CO1
	2	Which government insurance scheme provides healthcare coverage for Central Government employees and pensioners? a) PM-JAY b) CGHS c) ESIC d) RSBY	K2	CO1
2	3	The fixed amount an insured person must pay before the insurance starts covering costs is called _____. a) Premium b) Deductible c) Copayment d) Coinsurance	K1	CO2
	4	Identify the periodic amount paid by an individual or employer to maintain health insurance. a) Deductible b) Coinsurance c) Premium d) Copayment	K2	CO2
3	5	What is the primary goal of health insurance marketing? a) To Increase policyholder claims b) To Reduce medical expenses c) To Attract and retain customers d) To Avoid policy sales	K1	CO3
	6	A person who sells health insurance policies on behalf of an insurance company is called a _____. a) Underwriter b) Claim Manager c) Insurance Agent d) Actuary	K2	CO3
4	7	The process of evaluating a policyholder's risk before issuing a health insurance policy is called _____. a) Claim Settlement b) Underwriting c) Marketing d) Actuarial Analysis	K1	CO4
	8	The agreement between the insurance company and the policyholder that outlines coverage details is called _____. a) Premium Receipt b) Insurance Contract c) Claim Form d) Invoice	K2	CO4
5	9	A health insurance model that focuses on reducing costs while maintaining quality care is called _____. a) Fee-for-Service b) Managed Care c) Indemnity Plan d) Premium-Based Care	K1	CO5
	10	Name the financial limit beyond which a policyholder does not have to pay for covered medical expenses is called _____. a) Out-of-Pocket Maximum b) Coinsurance c) Deductible d) Copayment	K2	CO5

Cont...

SECTION - B (35 Marks)

Answer ALL questions

ALL questions carry EQUAL Marks

(5 × 7 = 35)

Module No.	Question No.	Question	K Level	CO
1	11.a.	Explain the principles of health insurance.	K2	CO1
	(OR)			
	11.b.	Organize the state government health insurance scheme.	K3	
2	12.a.	Examine the cost-benefit package.	K4	CO2
	(OR)			
	12.b.	Identify the issues to be controlled by health insurance.	K3	
3	13.a.	List the different channels for selling insurance.	K4	CO3
	(OR)			
	13.b.	Construct the uniqueness of Insurance markets.	K3	
4	14.a.	Explain the significance of claims settlement.	K5	CO4
	(OR)			
	14.b.	Examine the role of third-party administrators.	K4	
5	15.a.	Discuss the function of Health Maintenance Organization (HMO).	K6	CO5
	(OR)			
	15.b.	Explain the role of financial counseling in hospitals.	K5	

SECTION - C (30 Marks)

Answer ANY THREE questions

ALL questions carry EQUAL Marks

(3 × 10 = 30)

Module No.	Question No.	Question	K Level	CO
1	16	Distinguish between life and non-life insurances.	K4	CO1
2	17	Examine the calculation and determination of the premium.	K4	CO2
3	18	Explain the role of regulatory authority in supervising promotional activities.	K5	CO3
4	19	Determine the nature of claims from various classes of insurance.	K5	CO4
5	20	Discuss the components of a managed care system.	K6	CO5

Z-Z-Z

END