



On the Economics of Wellness-linked Life Insurance Products



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(based on joint work with An Chen)

Table of Contents

1) Wellness-linked Life Insurance - Motivation and Description

2) Economics of Wellness-linked Life Insurance

- Model Framework

- Selected Results

Motivation - Chronic Diseases

- ▶ Approximately 60% of global fatalities result from four **chronic diseases** (WHO, 2023):
 - ▶ cancer, diabetes, cardiovascular diseases and respiratory diseases
 - ▶ in Germany cardiovascular diseases alone count for 36% of all deaths
- ▶ Similar proportions when we look at the Years of Life Lost (YLL) (Wengler et al., 2021).

Motivation - Prevention as a Global Goal

- ▶ Chronic diseases are heavily driven by **behavioral/lifestyle risk factors** like
 - ▶ physical inactivity, unhealthy diet, smoking and excessive alcohol consumption as well as metabolic risk factors like raised blood pressure. (WHO, 2023)
- ▶ Indicates large **potential of wellness measures / prevention** to reduce biometric risks.
- ▶ **WHO Roadmap 2023-2030** for the Global Action Plan for prevention and control as part of the United Nations Sustainable Development Goals.
 - ▶ i.a. heads of state and government committed to develop ambitious national responses, by 2030, to **reduce by one third premature mortality** from chronic diseases through prevention and treatment.
 - ▶ includes tobacco advertising ban, salt policies, fat policies, physical activity mass media, etc.
- ▶ **Improving prevention is a global societal goal** → **Comprehensive concepts** are required to achieve a **sustainable and lasting effect**.
 - ▶ This also includes rethinking entire ecosystems the role of individual parts of the economy.

Motivation - Digitalization

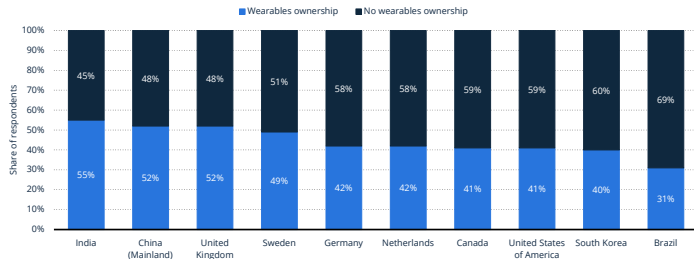
- ▶ Digitalization and new technologies, like wearables, **boost the possibilities** for individuals and other relevant parties to gain personalized health insights.

Motivation - Digitalization

► Wearable Ownership 2023:

Wearable devices ownership in selected countries as of December 2023

Wearable devices ownership in selected countries 2023



22 Description: The displayed data on wearables ownership shows a country comparison from the Consumer Insights Global survey. Some 41 percent of respondents in the United States stated that their household owns wearables (e.g. smart watch, health / fitness tracker), as of December 2023. **Disclaimer:** Brazil, Canada, China, Germany, India, South Korea, Netherlands, Sweden, United Kingdom, United States; January to December 2022; 2,017 - 10,045 respondents, differs by country; 18-64 years
Source(s): Statista Consumer Insights

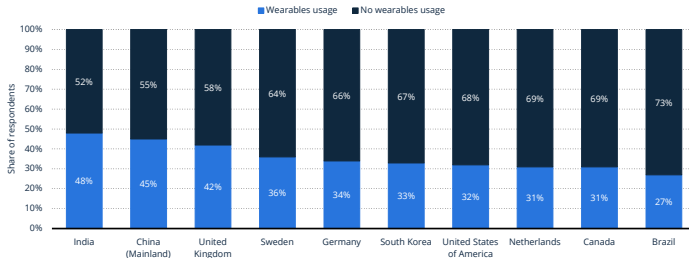
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Motivation - Digitalization

► Wearable Usage 2023:

Wearable devices usage in selected countries as of December 2023

Wearable devices usage in selected countries 2023



23

Description: The displayed data on wearables usage shows a country comparison from the Statista Consumer Insights. As of December 2023, some 45 percent of respondents in China stated that they personally use wearables (e.g. smart watch, health / fitness tracker). The survey was conducted in 2023. [Read more](#)
Notes: Brazil, Canada, China, Germany, India, South Korea, Netherlands, Sweden, United Kingdom, United States; January to December 2023; 2,017 - 10,045 respondents, differs by country; 18-64 years
Source(s): Statista Consumer Insights

statista

Motivation - Digitalization

- ▶ Various studies show that wearable devices and co. can increase the **short-term prevention effort** (especially physical activity). (Brickwood et al., 2019)
- ▶ However, in particular, initially healthy users often fail to sustain the use.
- ▶ One main reason is that the short-term impacts they perceive are lower than expected.
- ▶ How to obtain **sustainable and lasting prevention effort**?
 - ▶ gamification, interactivity, group dynamics, etc.
 - ▶ Studies show that **short-term benefits** (even small ones) can have a big impact. (Hajat et al., 2019)

What is the role of life insurers?

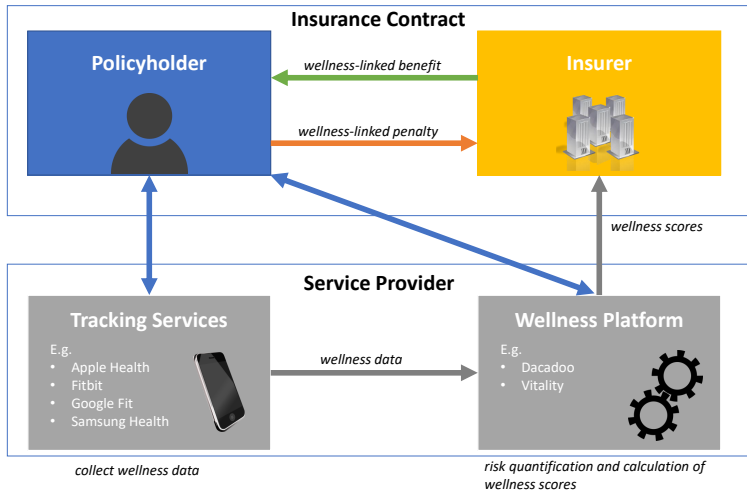
- ▶ Changing role of life insurers (Eling & Lehmann, 2018):
 - ▶ Traditional: protecting against financial losses from biometric risks like mortality
 - ▶ Future: increasingly important to offer **more comprehensive risk management services**
 - ▶ proactive engagement and predictive risk management (predict and prevent)
 - ▶ using digital ecosystem approaches
- ▶ Capgemini World Life Insurance Report (2023):



What is the role of life insurers?

- ▶ One trend in this direction are so-called **Wellness-linked life insurances**.
- ▶ By this we mean products that fulfill at least one of the following two aspects:
 1. policyholders receive ongoing **non-financial motivational support** to improve their health,
 2. products include **wellness-related goals** that trigger **financial rewards** (or penalties).
- ▶ Wellness-related goals can include aspects known from conventional bonus programs:
 - ▶ vaccinations, preventive medical check-ups, etc.
- ▶ Product which in **addition make use of tracking technologies** are often referred to as **Pay-As-You-Life (PAYL)** (or Usage-Based Life Insurance (UBI)).
- ▶ For PAYL products wellness-related goals can also include aspects like
 - ▶ number of steps per day, heart rate, caloric consumption, blood pressure, cholesterol levels, blood sugar, hours of sleep, etc.

Stylized Implementation



Brief Summary

- ▶ It is to be expected that due to
 - ▶ increasing digitalization and the resulting new possibilities of tracking and measuring health and
 - ▶ the changing consumer demand and behavior in digital ecosystems,

PAYL wellness-linked insurance and similar product features will play a more important role

 - ▶ and could aid progress towards WHO prevention targets.
- ▶ **Main goal of the paper:** Investigate, from a theoretical perspective within a classical model framework, the conditions under which wellness-linked life insurance can increase prevention efforts. society).

Table of Contents

1) Wellness-linked Life Insurance - Motivation and Description

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Prevention and Insurance

- ▶ Even in simple model settings, **it is hard for economic theory to guide prevention**. (Bleichrodt, 2022) *“Prevention Puzzle”*
- ▶ Ehrlich & Becker (1972) already show that **insurance and prevention can be compliments** depending of the probability,
 - ▶ i.e. insurance can increase prevention compared to a situation where no insurance is available.
 - ▶ More precisely, insurance can have two opposite effects on prevention:
 - ▶ negative effect as it reduces the marginal gain of prevention → moral hazard
 - ▶ positive effect possible if insurance premium is reduced sufficiently
(for risk averse individual likely the case if loss probability is not very small)
- ▶ **Our paper** contributes to this literature by investigating in a classical and simple setting, the conditions under which wellness-linked life insurance can incentivize prevention efforts and the specification of the optimal insurance.

Model Framework

- ▶ one-period setting, i.e., $t \in \{0, 1\}$
- ▶ individual derives utility solely from the wealth at the end of the period $W_1 \geq 0$
 - ▶ individual endowed with an initial wealth $\omega_0 > 0$
 - ▶ income $I > 0$ at $t = 1$ if alive at $t = 1$
- ▶ The objective of the individual is to maximize subjective expected utility:

$$V(W_1) = E(u(W_1)) \tag{1}$$

- ▶ $u(x) : [0, \infty] \rightarrow \mathbb{R}$
- ▶ $u'(\cdot) > 0$, $u'(0) = +\infty$ and $u''(\cdot) \leq 0$

Model Framework

- ▶ $e \geq 0$ denotes the level of effort
 - ▶ $e \leq \bar{e}$ maximal affordable effort
- ▶ initial status quo death probability $q_0 \in (0, 1)$
- ▶ improved death probability $q(\cdot)$ is a function of the level of effort:
 - ▶ $q(0) = q_0$
 - ▶ $q'(e) \leq 0$
 - ▶ and $q''(e) \geq 0$ for all e
- ▶ cost of effort $c(e)$ with $c'(e) > 0$

Model Framework

Wellness-linked term life insurance:

- ▶ total death benefit $S_W(e) = S_W \cdot (1 + g(e)) > 0$ at time $t = 1$
 - ▶ effort-independent base death benefit $S_W > 0$
 - ▶ additional effort-dependent benefit $S_W \cdot g(e)$
 - ▶ $g(e)$ a non-decreasing function in e and $g(0) = 0$
- ▶ upfront premium: $P_W = \alpha_W \cdot q_W \cdot S_W$
 - ▶ $\alpha_W \geq 1$ loading rate
 - ▶ q_W is the death probability employed by the insurer for pricing
 - ▶ independent of the individual's actual effort (which is not observable for the insurer at outset)

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1) Wellness-linked Life Insurance - Motivation and Description

2) Economics of Wellness-linked Life Insurance

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Selected Results

Selected results

Creating additional awareness:

- ▶ In situations dealing with traditional term life insurance, the insurance does not create additional awareness for the impact of prevention efforts.
→ the individual uses q_0 as the basis for calculating their expected utility.
- ▶ In contrast, when considering a wellness-linked life insurance product, the possible improvements in the death probabilities $q(e)$ are taken into account. Hence,

$$V(W_1) = q(e) \cdot u(\omega_0 - P_W - c(e) + S_W(e)) + (1 - q(e)) \cdot u(\omega_0 - P_W - c(e) + I).$$

Result 1

In case of

- ▶ an increasing effort-dependent benefit represented as $S_W(e)$ with $g'(e) > 0$ or
- ▶ a constant benefit denoted as $S_W(e) \equiv S_W < I$,

a positive effort level, denoted as $e^* > 0$, is possible.

Selected results

In the previous result

- ▶ the optimal insurance coverage can be $S_W^* = 0$,
- ▶ the optimal coverage depends also on the loading α_W .

What is the optimal wellness-linked insurance products, where the focus is on

- ▶ achieving optimal wellness-linked insurance demand for the individual and
- ▶ maximal profit for the insurer.

We consider two cases:

- ▶ **Case 1:** effort is exogenously given
- ▶ **Case 2:** effort is endogenously generated

We use a Stackelberg equilibrium framework for the optimization.

Selected results

Case 1: effort is exogenously given

In this case the Stackelberg game proceeds as follows:

1. The insurer (leader) sets the premium with choice variable α_W .
2. Based on the given α_W , the individual (follower) chooses the optimal coverage $S_W^{*(\alpha_W)}$ and hence $S_W^{*(\alpha_W)}(e) = S_W^{*(\alpha_W)} \cdot (1 + g(e))$.

The insurer knows *ex ante* that the individual would act optimally based on the announced risk premium. Hence, the **optimization problem for the insurer** can be stated as

$$\begin{aligned} \max_{\alpha_W \geq 1} \quad & \alpha_W \cdot q_W \cdot S_W^{*(\alpha_W)} - q(e) \cdot S_W^{*(\alpha_W)}(e) \\ \text{subject to } S_W^{*(\alpha_W)} = & \operatorname{argmax}_{S_W} V(W_1) \end{aligned} \quad (2)$$

Selected results

Case 1: effort is exogenously given

Result 2 - Individual's optimization problem

An interior solution for $S_W^{*(\alpha_W)}(e)$ is possible when α_W falls within the range

$$\left(\frac{q(e)(1+g(e))}{q_W}, \frac{1+g(e)}{q_W} \right)$$

- ▶ $\alpha_W \geq \frac{1+g(e)}{q_W} \Rightarrow S_W^{*(\alpha_W)} = 0$
- ▶ $\alpha_W = \frac{q(e)(1+g(e))}{q_W} \Rightarrow S_W^{*(\alpha_W)} = \frac{l}{1+g(e)}$ and hence $S_W^{*(\alpha_W)}(e) = l$
- ▶ $\alpha_W < \frac{q(e)(1+g(e))}{q_W} \Rightarrow S_W^{*(\alpha_W)}(e) > l$

Selected results $u(x) = \log(x)$

Result 2 - Individual's optimization problem for $u(x) = \log(x)$

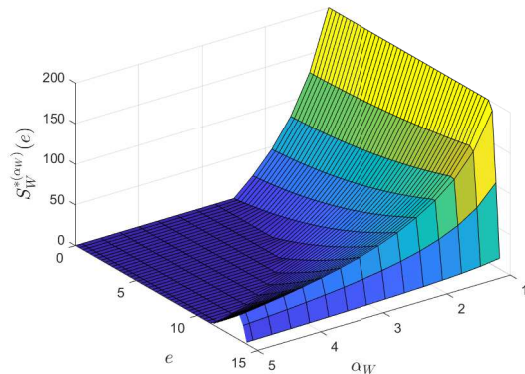
An interior solution for $S_W^{*(\alpha_W)}(e)$ exists **if and only if** α_W falls within the interval

$$\left(\frac{q(e) \cdot (1 + g(e))}{q_W}, \frac{1 + g(e)}{q_W} \cdot \underbrace{\frac{q(e)(w_0 - c(e) + l)}{w_0 - c(e) + q(e) \cdot l}}_{\leq 1} \right)$$

► if additional $q_W = q_0$ and $g(e) = \frac{q_0 - q(e)}{q(e)}$, i.e., $S_W(e) = \frac{q_0}{q(e)} \cdot S_W$

$$\left(1, \frac{w_0 - c(e) + l}{w_0 - c(e) + q(e) \cdot l} \right)$$

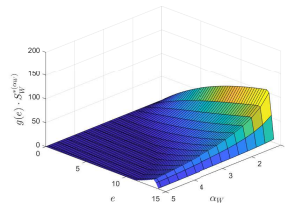
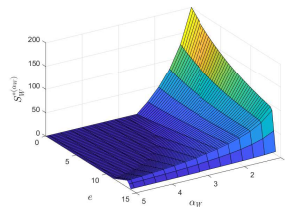
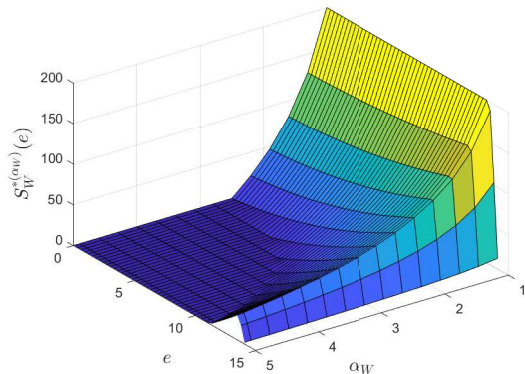
Selected results $u(x) = \log(x)$



- optimal total benefit $S_W^{*\alpha_W}(e)$
 - $= I$ for $\alpha_W = 1$
 - often increasing in e

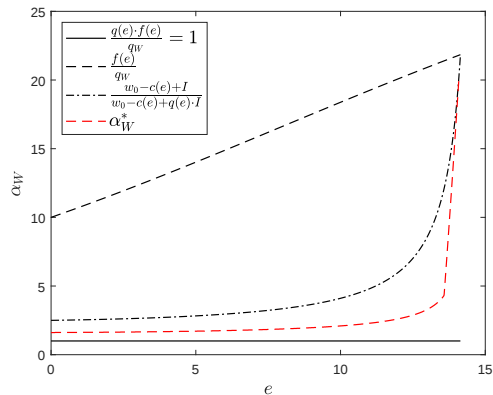
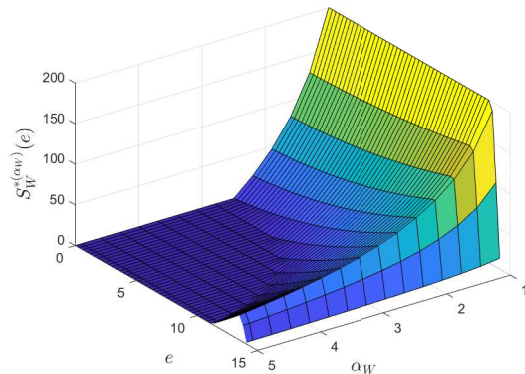
$$c(e) = \frac{e^2}{2}, w_0 = 100, I = 200, q_0 = 0.1, q(e) = q_0 \cdot (1 - m_q(1 - \epsilon^e)), \text{ max relative reduction rate } m_q = 0.7, \epsilon = 0.9.$$

Selected results $u(x) = \log(x)$



$$c(e) = \frac{e^2}{2}, \quad w_0 = 100, \quad l = 200, \quad q_0 = 0.1, \quad q(e) = q_0 \cdot (1 - m_q(1 - \epsilon^e)), \quad \text{max relative reduction rate } m_q = 0.7, \quad \epsilon = 0.9.$$

Selected results $u(x) = \log(x)$



$c(e) = \frac{e^2}{2}$, $w_0 = 100$, $I = 200$, $q_0 = 0.1$, $q(e) = q_0 \cdot (1 - m_q(1 - \epsilon^e))$, max relative reduction rate $m_q = 0.7$, $\epsilon = 0.9$.

Selected results

Case 2: effort is endogenously generated

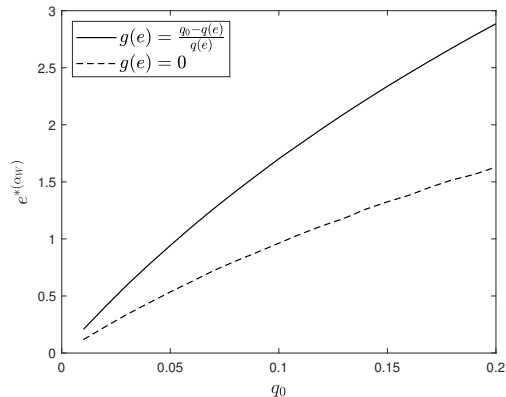
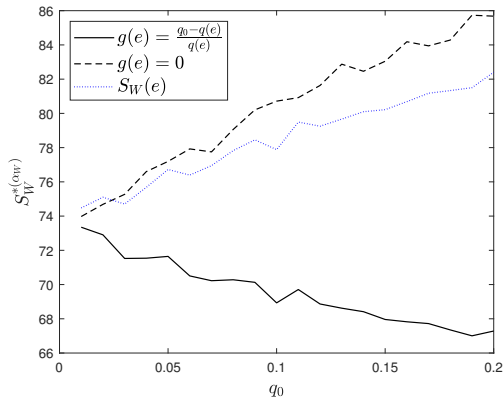
In this case the Stackelberg game proceeds as follows.

1. The insurer (leader) sets the premium with choice variable α_W .
2. Based on the given α_W , the individual (follower) chooses the optimal coverage $S_W^{*(\alpha_W)}$ and effort $e^{*(\alpha_W)}$.

Hence, the optimization problem for the insurer can be stated as

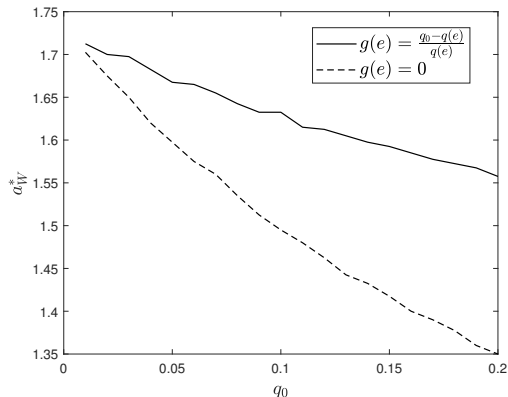
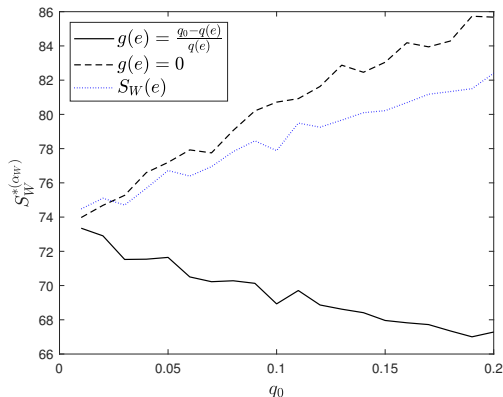
$$\begin{aligned}
 & \max_{\alpha_W \geq 1} \quad \alpha_W \cdot q_W \cdot S_W^{*(\alpha_W)} - q(e^{*(\alpha_W)}) \cdot S_W^{*(\alpha_W)}(e^{*(\alpha_W)}) \\
 & \text{subject to } (S_W^{*(\alpha_W)}, e^{*(\alpha_W)}) = \operatorname{argmax}_{S_W, e \leq \bar{e}} V(W_1).
 \end{aligned} \tag{3}$$

Selected results $u(x) = \log(x)$



$g(e) = \frac{q_0 - q(e)}{q(e)}$ (solid line) as well as with $g(e) = 0$ (dashed line), $c(e) = \frac{e^2}{2}$, $w_0 = 100$, $I = 200$, $q(e) = q_0 \cdot (1 - m_q(1 - \epsilon^e))$ with maximal relative reduction rate $m_q = 0.7$, $\epsilon = 0.9$, $q_0 \in (0, 0.2)$.

Selected results $u(x) = \log(x)$



$g(e) = \frac{q_0 - q(e)}{q(e)}$ (solid line) as well as with $g(e) = 0$ (dashed line), $c(e) = \frac{e^2}{2}$, $w_0 = 100$, $I = 200$,
 $q(e) = q_0 \cdot (1 - m_q(1 - \epsilon^e))$ with maximal relative reduction rate $m_q = 0.7$, $\epsilon = 0.9$, $q_0 \in (0, 0.2)$.

Summary

We find that

- ▶ wellness-linked life insurance products **can increase the prevention effort** due to creating additional awareness,
- ▶ there are various situations in which the optimal total benefit (i.e. insurance coverage) is increasing in the effort (**complements**),
- ▶ wellness-linked benefits can increase the optimal effort as well as the optimal loading rate (compared to products without wellness-linked benefits),
- ▶ wellness-linked life insurances with **wellness-linked benefits can be optimal for policyholders** (compared to products without wellness-linked benefits). - *not presented*

Thank you for your attention!

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