**PREDICTING HEALTH INSURANCE PREMIUMS IN THE U.S.**

Team – 7

DATS6103: Summary Report

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**I. Introduction**

Insurance is a safety net for people and organizations in the event of unforeseen calamities or disasters, making it an essential component of contemporary financial planning. Diverse insurance categories address different demands, and people frequently select multiple plans to guarantee complete protection for their unique situation. Insurance is broadly classified into Personal, Asset, Specialty, Financial Protection, Liability, Business, and Cyber. Health insurance is a type of coverage that helps individuals manage and mitigate the financial risks associated with medical expenses. It functions as a legal contract between an insurance provider and a policyholder, whereby the provider agrees to pay regular premiums in return for the insurer agreeing to pay a percentage of the policyholder's medical expenses. A variety of medical services, including doctor visits, hospital stays, surgeries, prescription drugs, preventive care, and other medically required treatments, can be covered by health insurance.

Debugging some interesting facts about Health Insurance in the United States. While the majority of Americans have health insurance, a notable portion still grapples with medical debt. In 2022, the U.S. Census Bureau noted an increase in health insurance coverage, with 92.1% of the population having coverage, up from 91.7% in 2021. Despite this, approximately 8.4% or 27.6 million American adults faced periods without healthcare coverage in 2022. Racial and ethnic disparities were evident, with Hispanic and Black working-age adults less likely to have healthcare coverage than White/Non-Hispanic or Asian adults. A worrisome revelation indicates that nearly 25% of adults acknowledged skipping medication doses, cutting pills, or not filling prescriptions in the past year due to cost concerns. Moreover, about 41% of adults reported having outstanding medical or dental bill debt. Dental services ranked as the most frequently delayed healthcare type due to costs (35%), followed by vision services (25%) and doctor's visits (24%). These statistics underscore persistent challenges in achieving comprehensive and accessible healthcare for all Americans.

Evidently, the pivotal determinant shaping individuals' decisions regarding health insurance is the cost, a variable that is neither rigid nor malleable but contingent upon diverse factors including age, gender, medical history, exercise routines, and smoking habits. The insurance cost for each individual exhibits variation based on these nuanced factors. In our project, a comprehensive analysis of insurance data from a diverse range of individuals was conducted. Leveraging various sophisticated machine learning models, we endeavored to fine-tune and optimize the costs for individuals based on specific and discerning criteria.

We employed diverse visualization techniques to illustrate distinct factors and conducted statistical tests to assess the significance of variables in relation to the cost. Subsequently, we utilized machine learning models for further analysis.

**II. SMART Questions**

We formulated several SMART goals to guide our research and endeavored to address them through our comprehensive analysis. The following are the questions we established:

* To what extent is "region" a useful variable for estimating insurance costs? Does the data
* show any regional trends that affect premiums? Else what specific factors affect premiums?
* In comparison to non-smokers, how much does being a "smoker" add to the rise in
* insurance costs?
* How much does age impact insurance premiums, and is this impact consistent across
* different regions?
* How can insurance companies use the data on smoking habits and exercise frequency
* to devise strategies for premium adjustments?
* How relevant is gender in determining insurance premiums, and is there a
* gender-based disparity in premiums?
* How can we provide individuals with real-time estimates of their health insurance
* premiums based on their unique characteristics beforehand?

**III. Literature Review**

As international students embarking on our academic journey in the United States, this project is rooted in our collective experiences upon arrival. The initial phase posed significant challenges, particularly in the selection of an appropriate insurance provider. Our primary focus centered on two critical aspects: cost and coverage. As students, our financial resources were inherently constrained, magnifying the importance of securing comprehensive coverage. Given the exorbitant costs associated with emergencies in the United States, the selection of an insurance provider became a crucial and intricate decision-making process.

We have also referred:

Kaushik, K., Bhardwaj, A., Dwivedi, A. D., & Singh, R. (2022). Machine Learning-Based Regression Framework to Predict Health Insurance Premiums. *International Journal of Environmental Research and Public Health*, *19*(13), 7898. <https://doi.org/10.3390/ijerph19137898>

**IV. Description of Data**

Our data was obtained from Kaggle and is formatted as a comma-separated values (CSV) file. It comprises 1 million records distributed across 12 columns. Each row in the dataset represents a distinct record, while each column corresponds to a different variable. The variables encompass age, sex, BMI, number of children, smoker status, region, income, education, occupation, and type of insurance plan. Notably, the "charges" column denotes the actual premium amount charged.

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