

# Insurance Cost Prediction using Bayesian Analysis

## Project Report

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## Introduction

The aim of the project is to predict the health care costs that will be incurred by the clients of an Insurance Company using Bayesian Analysis. The data set for this project is sourced from Machine Learning with R by Brett Lantz and downloaded from [Kaggle](#). The data set consist of seven variables and six of them are the independent variables and one dependent variable.

The Independent variables are:

- \* Age: Age of the insurance contractor
- \* Sex: Insurance Contractor gender (Female/Male)
- \* BMI: Body Mass Index in  $\text{kg/m}^2$  (Ideally between 24.9)
- \* Children: Number of children covered by health insurance
- \* Smoker: Whether the client smokes or not (Yes/No)
- \* Region: Resident area in the US (NorthEast, NorthWest, SouthEast, SouthWest)

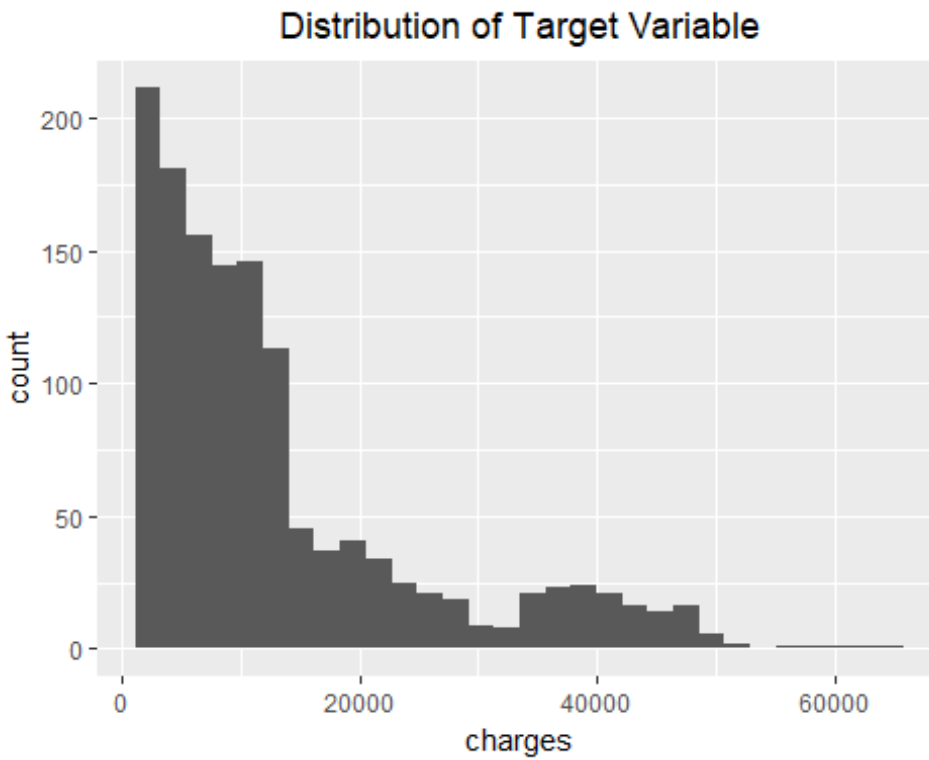
The Dependent variable is:

- \* Charges: Individual Medical costs billed by the client

Since the data set has three categorical variables namely sex, smoker and region, they will be converted into dummy variables to make them appropriate for the analysis.

## Visual Analysis

### Analysis of Target Variable

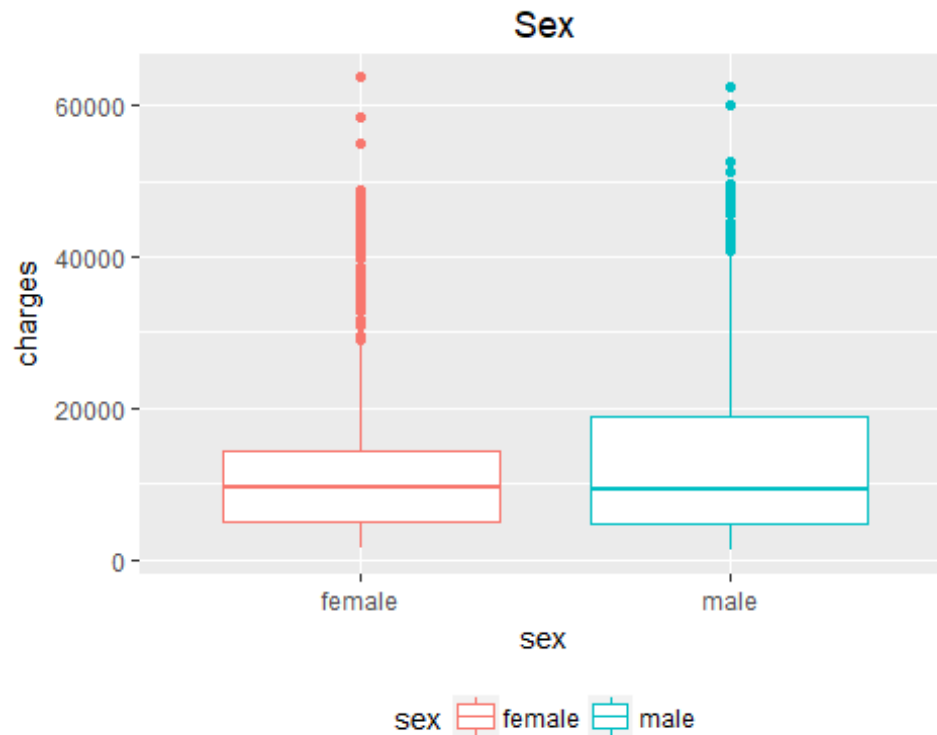


*Distribution of Target Variable*

Looking at the distribution of the target variable we find that it is highly skewed to the right, with value of the charges varying between 1000 to above 60000.

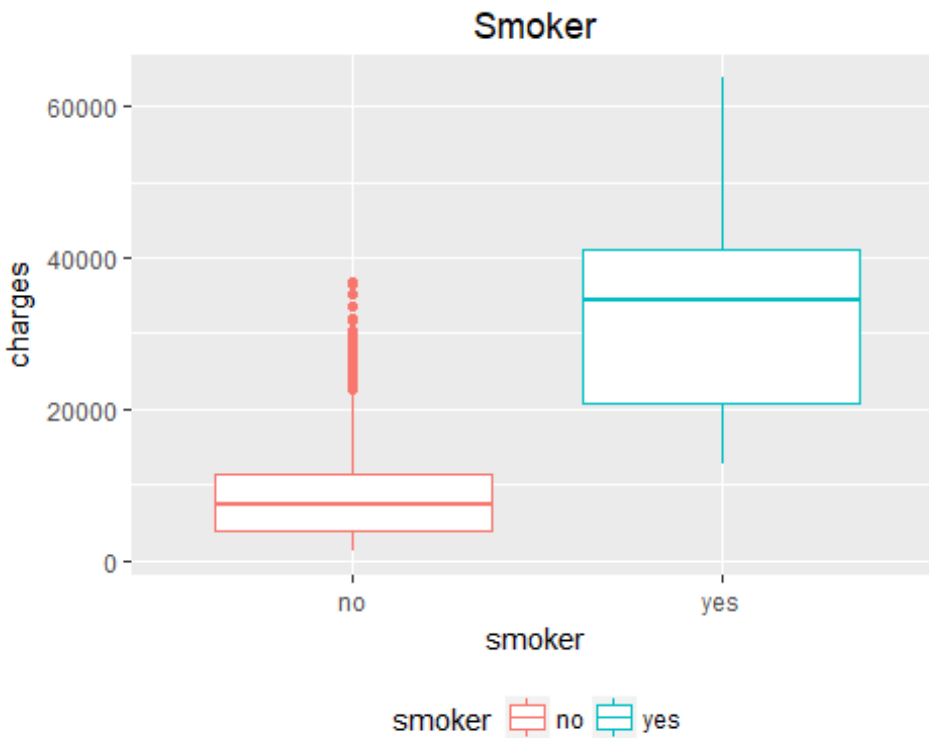
## Analysis of Categorical Variables

### Gender



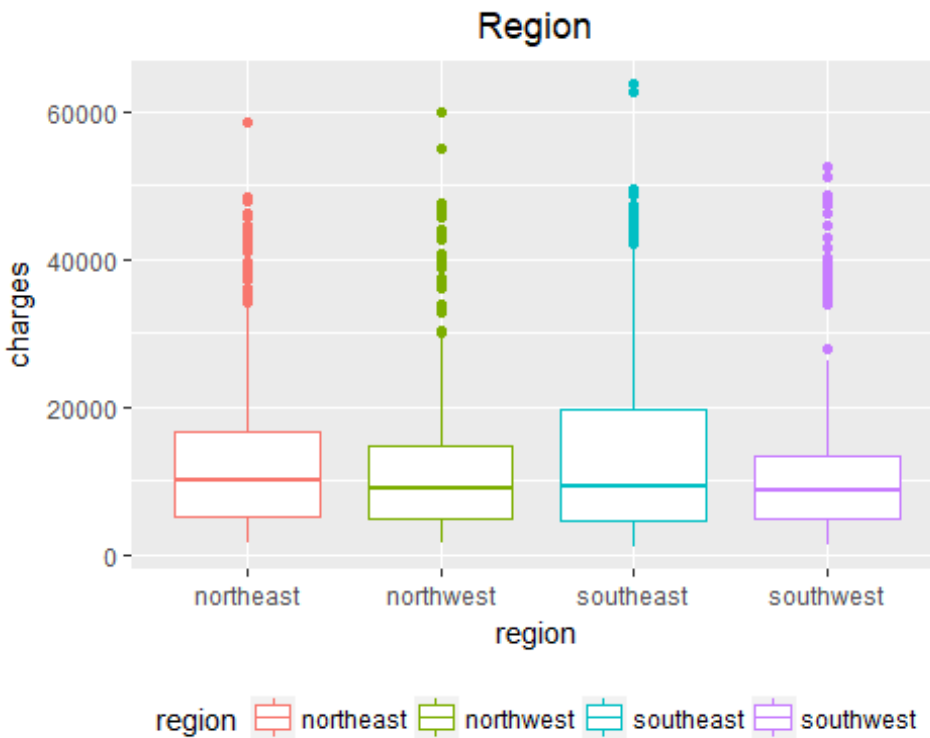
The Box plot shows that the insurance charges for the male clients are generally higher than the female clients. We also observe that gender is not much of an informing attribute for the insurance charge prediction because the distribution for both the sexes is almost similar with just the apparent difference that IQR for males is bit larger than that of the females but the median is same for both the genders. We can say from the difference in the upper quartile of males that male clients have costlier insurance. Moreover, both genders have heavy trail of outliers.

## Somker/Non-smoker



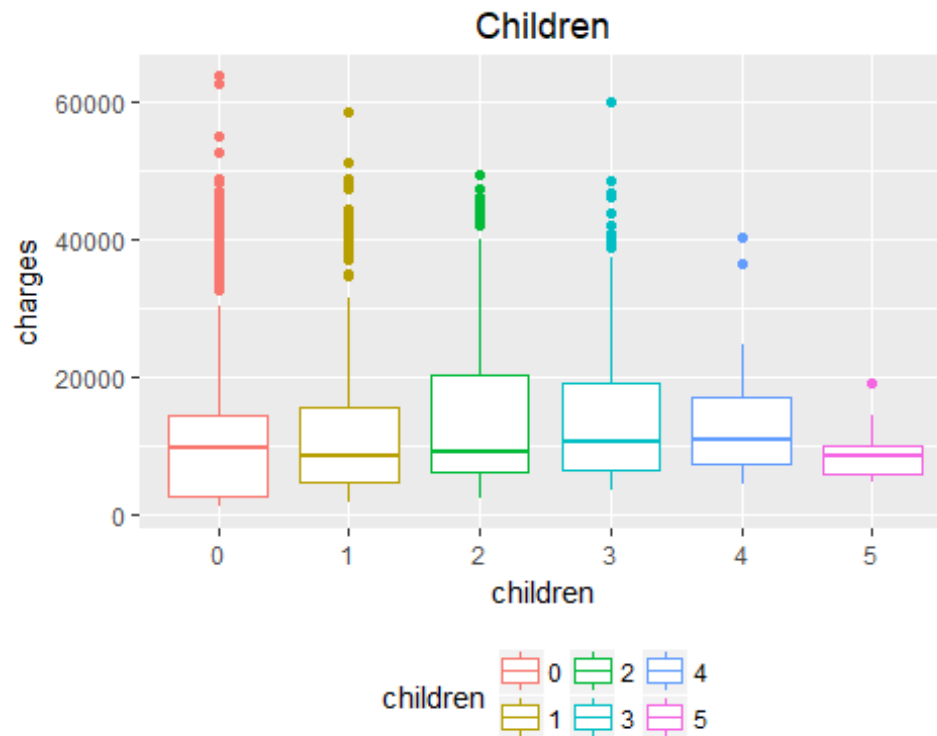
The factor that the client is a smoker or not largely affects the insurance charges which can be confirmed in the box plot above. The clients who are not smokers tend to be charged less than the clients who are smoker. The difference in the prices is also quite large as the minimum amount charged for a client who smokes is almost \$10,000 more than the non smoking clients.

## Region



The insurance charges for the clients also vary with different regions. Even though the minimum amount charged for clients in every region is similar, but it is clear from the plot that the clients in southeast region tend to pay more for the insurance followed by the northeastern population. This may be because the clients living in these regions are wealthier than the clients living in other regions. Higher crime rate in these regions may also be a reason for the higher insurance prices. Furthermore, like gender, all the regions have many outliers.

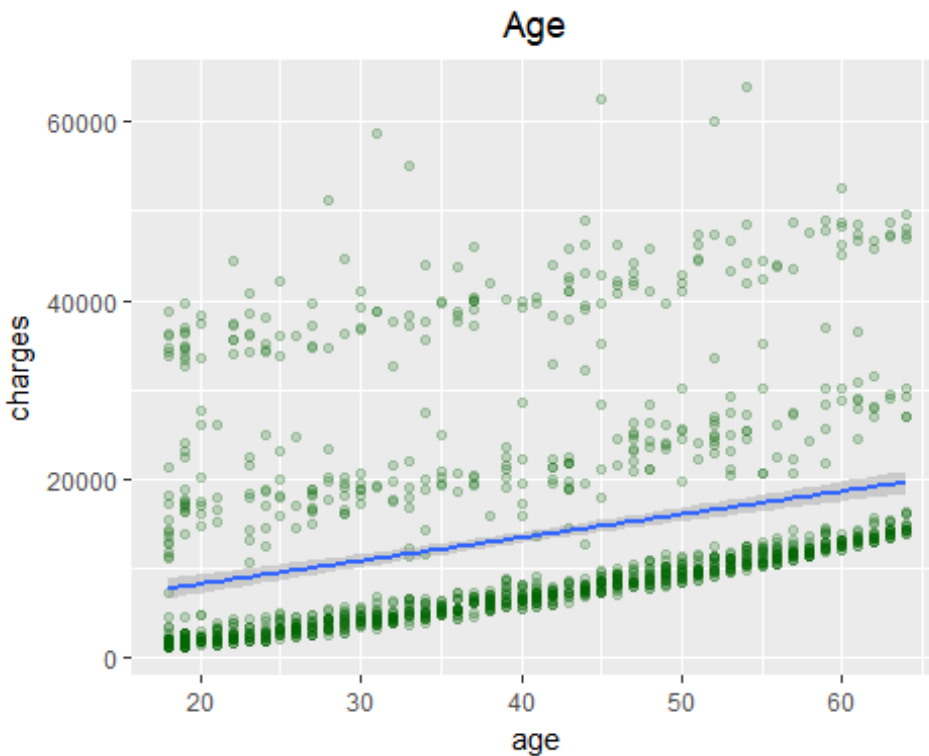
## Children



This plot shows the variation in the insurance charges with number of children in the family. The maximum amount paid by the client for insurance increases with the increase in the number of children which is clear from the box plot. But we can also notice a drop in the maximum insurance charge when the number of children in the family are three or more. This may be because of the reason that not a lot of families in the client list of the insurance company have more than three children.

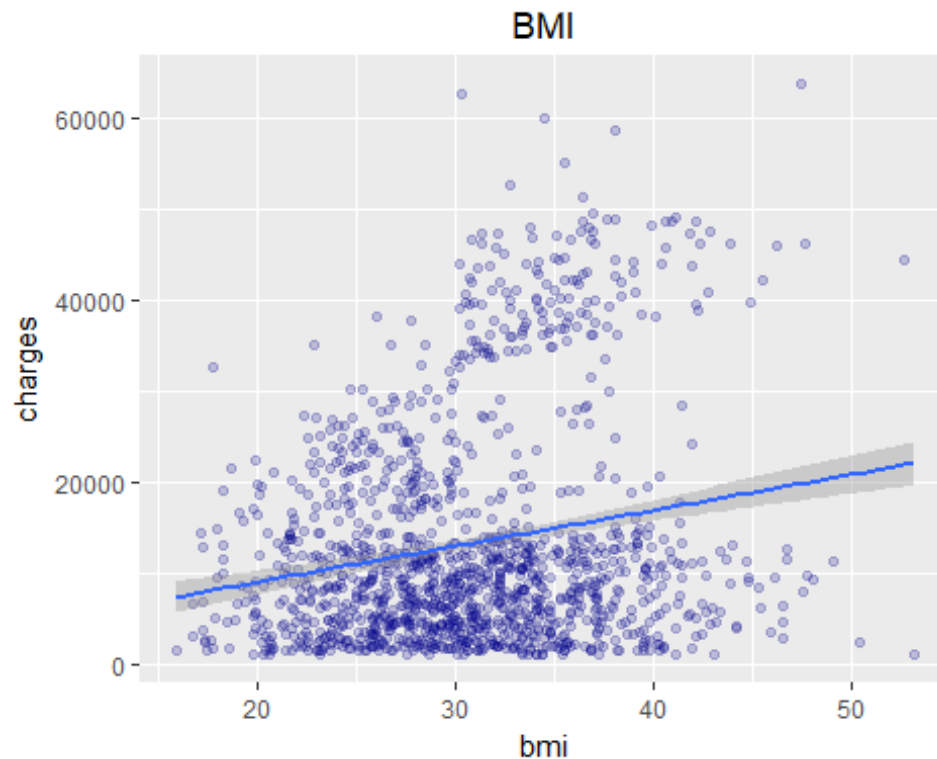
## Analysis of Numeric Variables

### Age



The scatter plot for the age versus insurance charges clearly shows that with increase in the age of clients, the medical cost also increases and also every age has wide range of charges associated with it. Though there seems to be the linear trend between age and charges but there seems to be some kind of segregation within every age group of people. We can state from this that the liner regression line does not fit the data and raises a question about the reason for this segregation.

## Body-Mass Index



The BMI ratio also plays a role in deciding the charges for insurance of a client. We observe from the plot that there may be two separate groups. One tending towards higher insurance charges and other limited towards lower charges. This may be because healthy and fit clients tend to pay less for the insurance as the chances of them getting sick are very low as compared to that of unhealthy and obese clients.

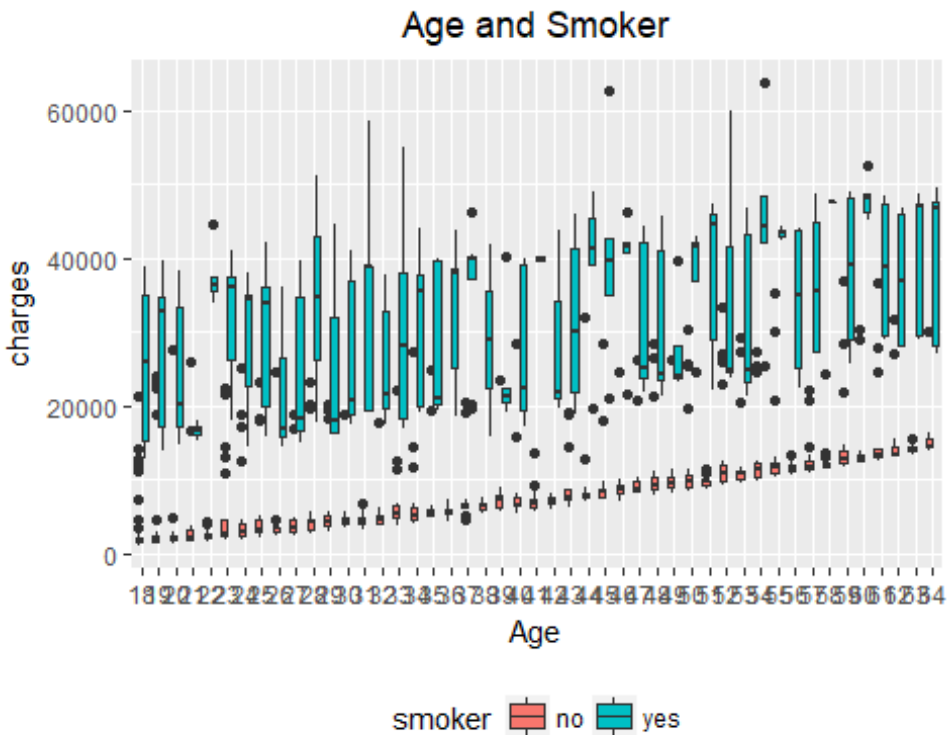
But the reason for two different groups in BMI is still not very clear from the plot.



## Multivariate Analysis

To further investigate the data, multivariate analysis for the age and smoker variables is done with the target variable to check the relationship between them.

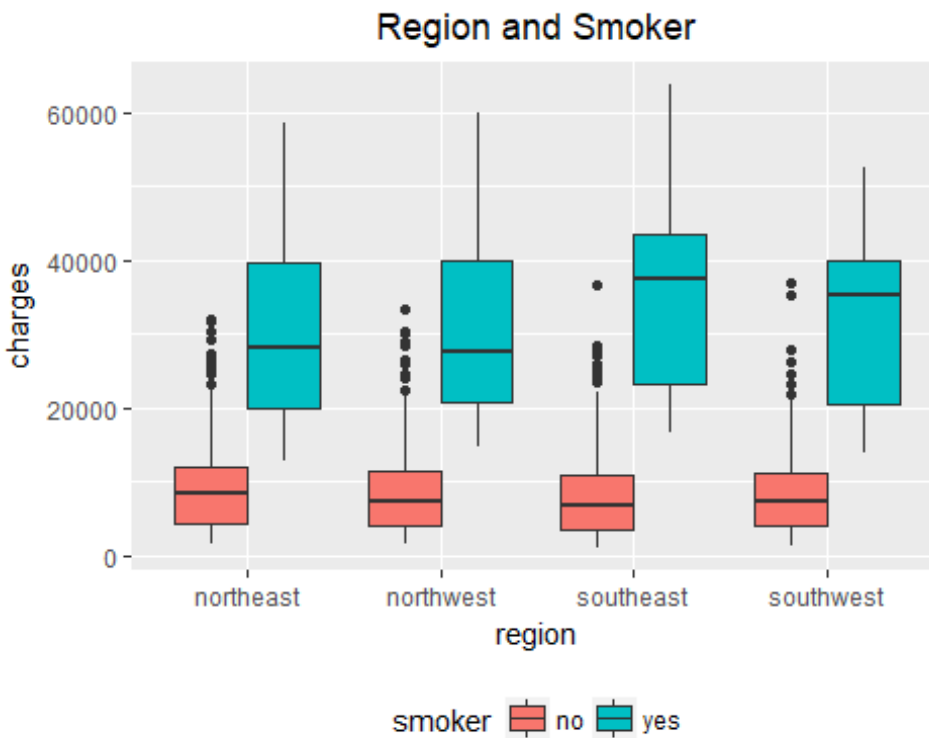
### Age & Smoker vs Charges



#### *Analysis of Age and Smoker vs Medical Costs*

From the above boxplot it becomes much clearer that the insurance charges are dependent more on the fact if the client is a smoker or not because in different age groups, the smokers are charged more by the insurance company than a non-smoker. From here on we will analyze the effect of smoking habits paired with other factors on predicting the amount of insurance charges.

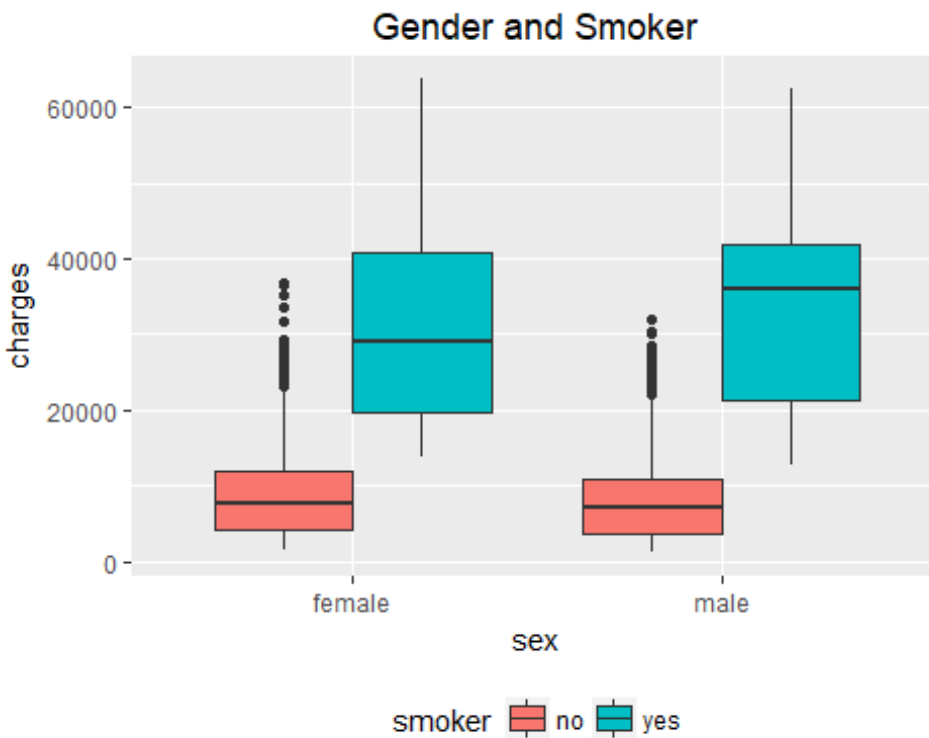
## Region & Smoker vs Charges



### *Analysis of Region and Smoker vs Medical Costs*

The boxplot above shows the clients from different regions separated by their smoking habits. It is clear from the plot that the smokers tend to pay more for insurance than the non-smokers. This plot now explains the outliers in the previous plot for regions where the smokers from different regions were considered as outliers.

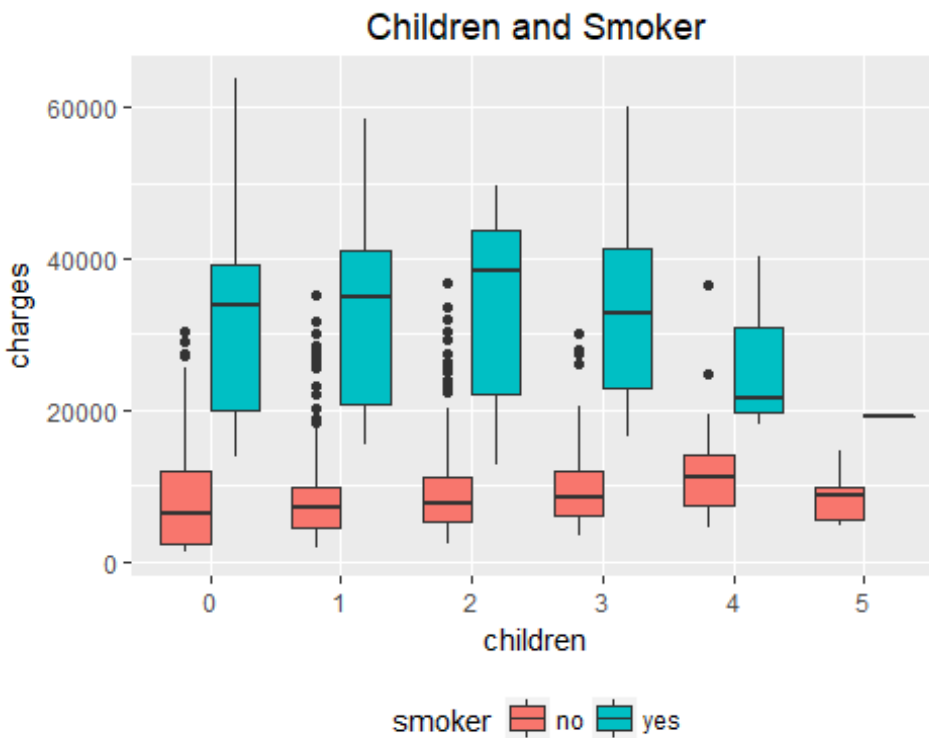
## Gender & Smoker vs Charges



### *Analysis of Gender and Smoker vs Medical Costs*

The gender and smoker vs charges boxplot explains the trail of outliers seen in the previous gender vs charges plot. It is clear here in this plot as well that the smokers are generally charged more than non-smokers no matter the gender of the client.

## Children & Smoker vs Charges



### *Analysis of Children and Smoker vs Medical Costs*

We can notice the similar outcomes for smokers as smokers with any number of children tend to pay higher insurance charges in comparison to the corresponding non-smokers.

Therefore, we can say that “smoker” is the most important attribute deciding the insurance charges of the individual. Every other predictor like age, region, gender is connected to the charges through “smoker” attribute.

## Data Preprocessing

The dataset contained numerical as well as categorical attributes. The categorical attributes were converted into dummy variables as follows:

```
insurance <- insurance %>% mutate(bmi_cat = cut(bmi,
                                                breaks = c(15, 30, 55),
                                                labels = c("bmi_less_30",
                                                            "bmi_greater_30")))

insurance <- cbind(insurance, dummy(insurance$sex, sep = "_"),
                  dummy(insurance$region, sep = "_"),
                  dummy(insurance$smoker, sep = "_"),
                  dummy(insurance$bmi_cat, sep = "_"))

insurance <- insurance[,c(1,17,4,9,16,11:13,7)]

insurance_pred = insurance[1328:1338,]

insurance = insurance[1:20,]
```

The categorical variables were converted into the following dummy variables:

- \* Insurance\_female: 0 (Male) and 1 (Female)
- \* Insurance\_smoker: 0 (Non-Smoker) and 1 (Smoker)
- \* Insurance\_northeast: 0 (Not NorthEast) and 1 (NorthEast)
- \* Insurance\_northwest: 0 (Not Northwest) and 1 (Northwest)
- \* Insurance\_southeast: 0 (Not Southeast) and 1 (SouthEast)

Also, in the case when the above three regions are all 0, the fourth region i.e. SouthWest will be represented i.e.

- \* Insurance\_northeast: 0 (Not NorthEast)
- \* Insurance\_northwest: 0 (Not Northwest)
- \* Insurance\_southeast: 0 (Not Southeast)

## Linear Regression Model

This section deals with the Bayesian parameter estimation for the linear regression model.

The Bayesian regression equation can be defined as follows:

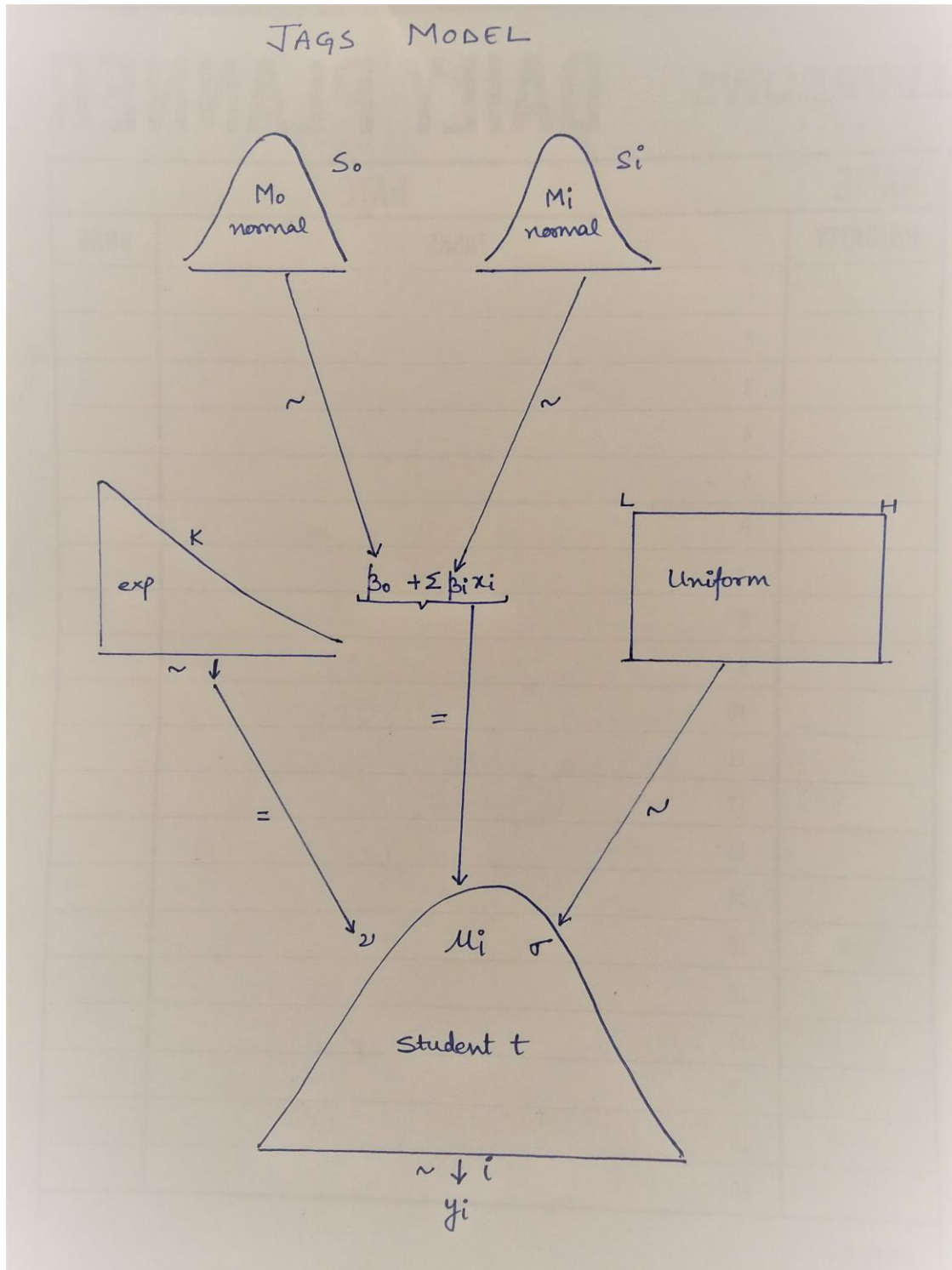
$$Y = \text{beta}[0] + \text{beta}[1]X[1] + \text{beta}[2]X[2] + \text{beta}[3]X[3] + \text{beta}[4]X[4] + \text{beta}[5]X[5] + \text{beta}[6]X[6] + \text{beta}[7]X[7] + \text{beta}[8]X[8]$$

Here the target variable Y is our predictor i.e. Insurance Charges ,  $\text{beta}[1:\text{NX}]$  are the Bayesian Regression Co- Efficients,  $X[1:\text{NX}]$  are the predictor variables i.e. Age, BMI, Smoking Habits and so on.

Since it is evident from our visual analysis that the greater a person's BMI the higher is his health care cost, hence we decided to convert BMI from continuous variable to a categorical variables with two categories namely `bmi_less_30` and `bmi_greater_30` to improve the results. We chose to split the dataset at BMI of 30 and above after inspecting the scatter plot of BMI vs Medical Charges, which showed a clear existence of health costs spirally up as soon as the person's BMI crosses 30.

## Model Diagram

The Model Diagram for Jags is as follows:



JAGS MODEL

## Model Specification

The JAGS model has a t distribution for Bayesian Regression Model estimation, normal distribution for the bayesian co-efficient estimates, uniform distribution for bayesian sigma estimate and exponential distribution for nu parameter in the t distribution. It can be seen as follows:

```
# Specify the model for standardized data:
# model
# {
#   for ( i in 1:Ntotal )
#   {
#     zy[i] ~ dt( zbeta0 + sum( zbeta[1:Nx] * zx[i,1:Nx] ) , 1/zsigma^2 ,
#     nu )
#   }
# # Priors vague on standardized scale:
#   zbeta0 ~ dnorm( muZ0 , 1/Var0 )
#   for ( j in 1:Nx )
#   {
#     zbeta[j] ~ dnorm( muZ[j] , 1/VarZ[j] )
#   }
#   zsigma ~ dgamma(0.01, 0.01)
#   nu ~ dexp(1/30.0)
# }
# }
```

## Data Block

The data block passed to JAGS model is as follows:

```
# Standardize the data:
# data
# {
#   ym <- mean(y)
#   ysd <- sd(y)
#   for ( i in 1:Ntotal )
#   {
#     zy[i] <- ( y[i] - ym ) / ysd
#   }
#   for ( j in 1:Nx )
#   {
#     xm[j] <- mean(x[,j])
#     xsd[j] <- sd(x[,j])
#     for ( i in 1:Ntotal )
#     {
#       zx[i,j] <- ifelse(j<3, ( x[i,j] - xm[j] ) / xsd[j], x[i,j] )
#     }
#   }
# }
# }
```



## Prior Estimates

The mean and sigma estimates for priors have been set as follows:

Mean:

```
+ mu0 = 0
+ mu1 = 100
+ mu2 = 150
+ mu3 = 200
+ mu4 = 300
+ mu5 = 200
+ mu6 = 200
+ mu7 = 200
```

Variance:

```
+ var0 = 0.1
+ var1 = 100
+ var2 = 500
+ var3 = 100
+ var4 = 500
+ var5 = 120
+ var6 = 150
+ var7 = 170
```

Note: For constructing the JAGS Model, we standardized the sample data and mean estimates of our prior distributions. These standardized data points are then given to the data block. However, for predictions we had to back transform the prior estimates, likelihood parameters and Bayesian Regression estimates.

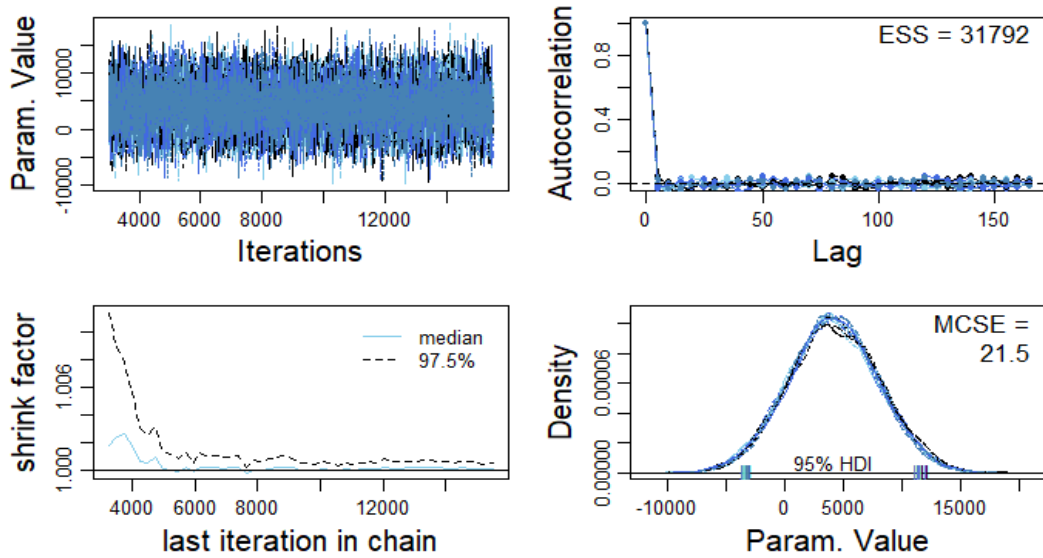
## Model Parameters

For the JAGs Model optimization, the following parameter estimates for used on the dataset:

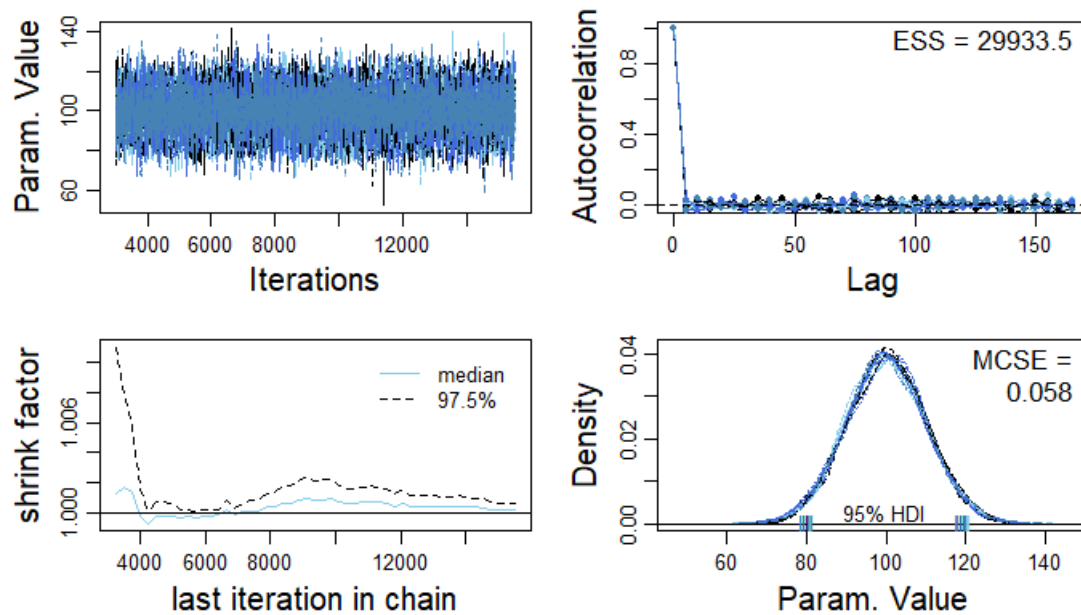
```
+ nChains = 12
+ numSavedSteps = 30000
+ thinSteps = 5
+ adaptSteps = 1000 # Number of steps to "tune" the samplers
+ burnInSteps = 2000
```

## MCMC Diagnostics

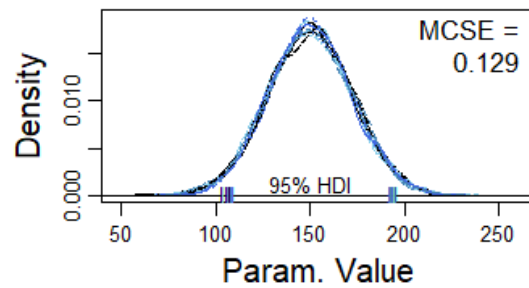
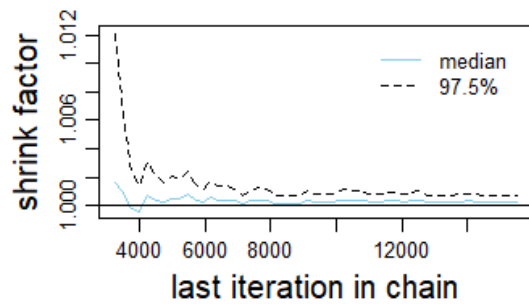
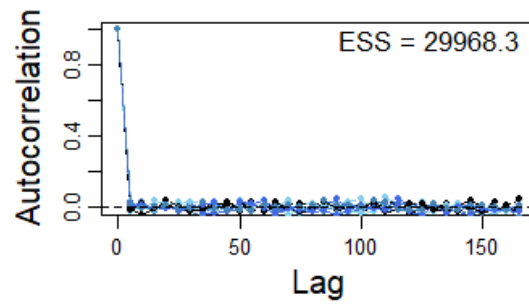
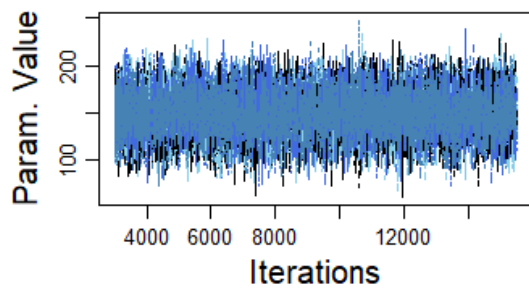
beta0



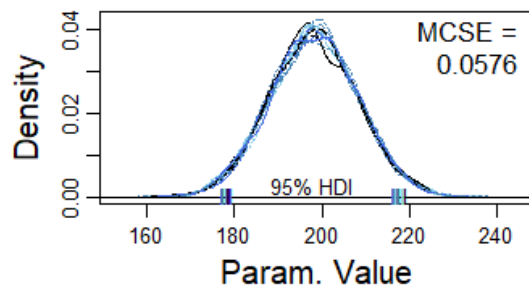
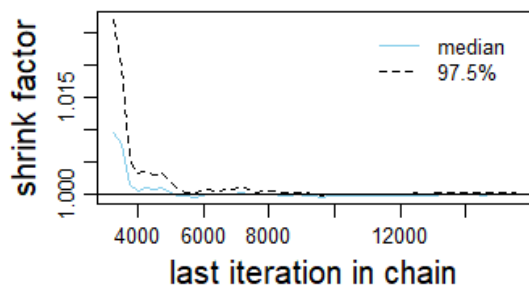
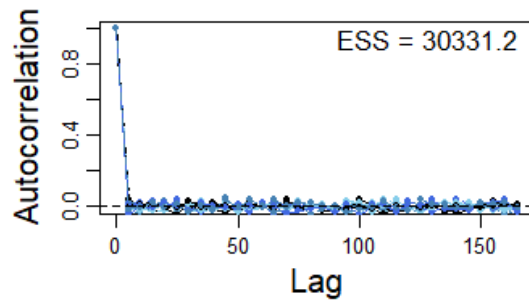
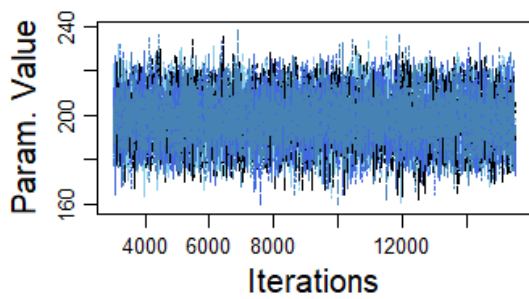
beta[1]



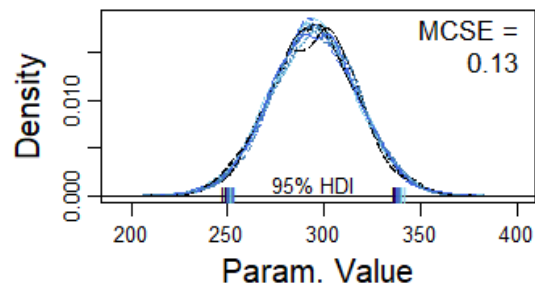
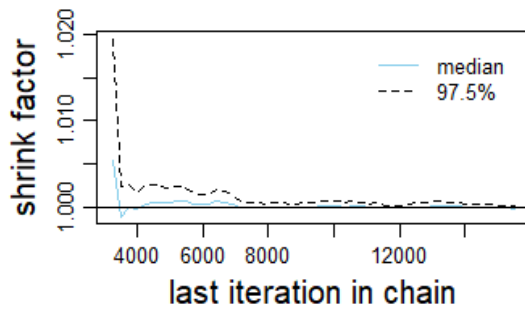
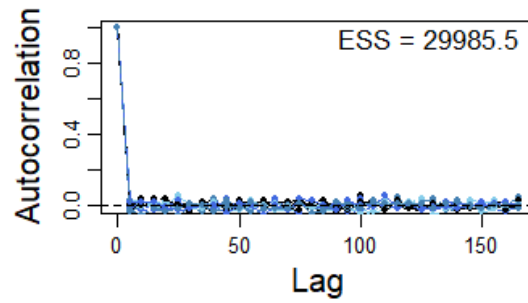
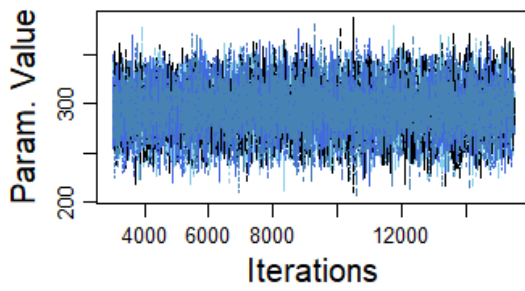
## beta[2]



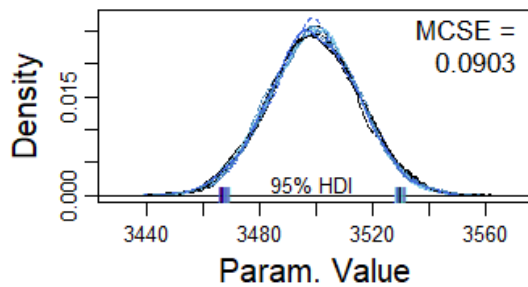
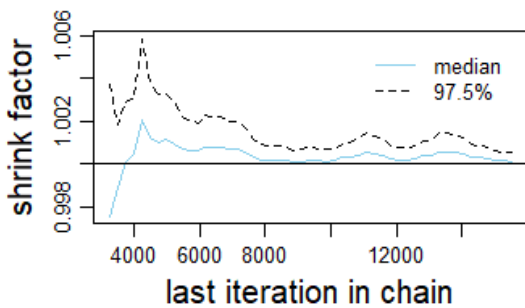
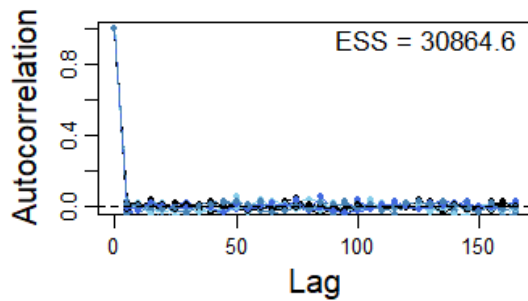
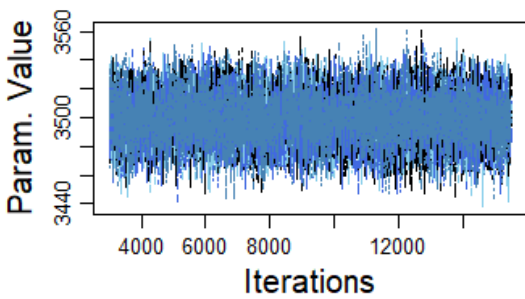
## beta[3]



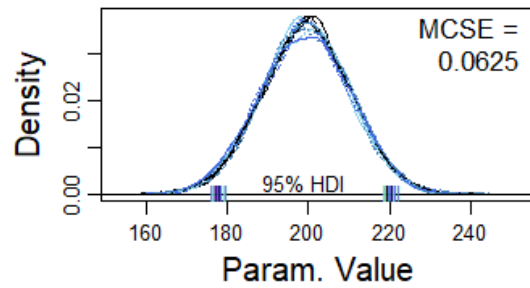
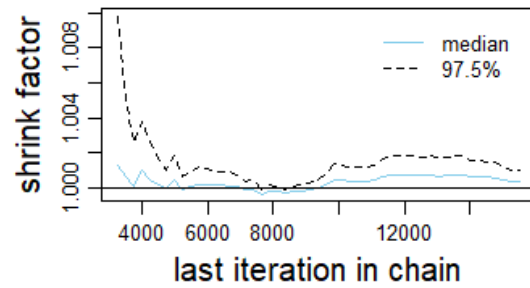
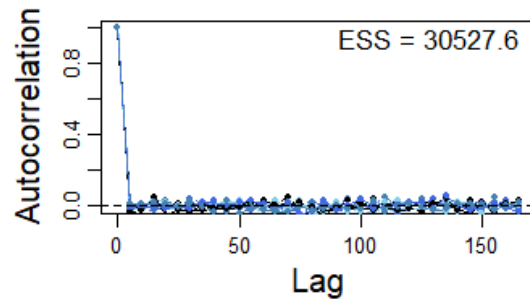
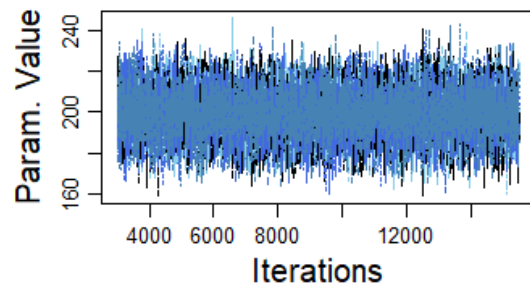
## beta[4]



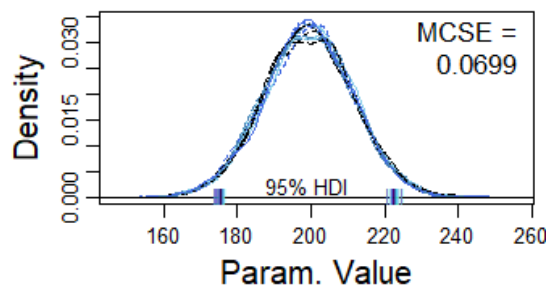
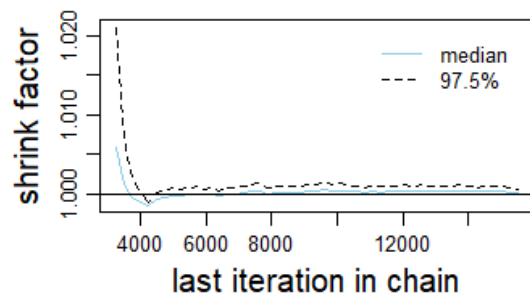
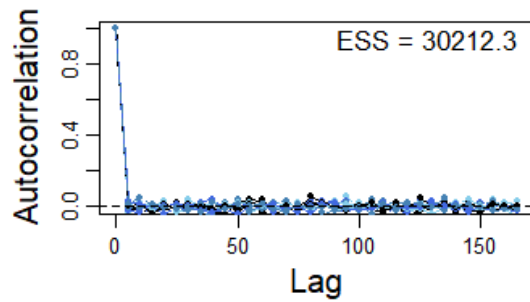
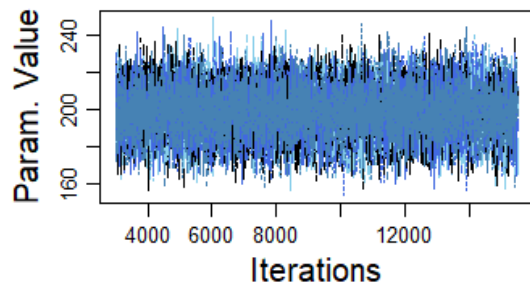
## beta[5]



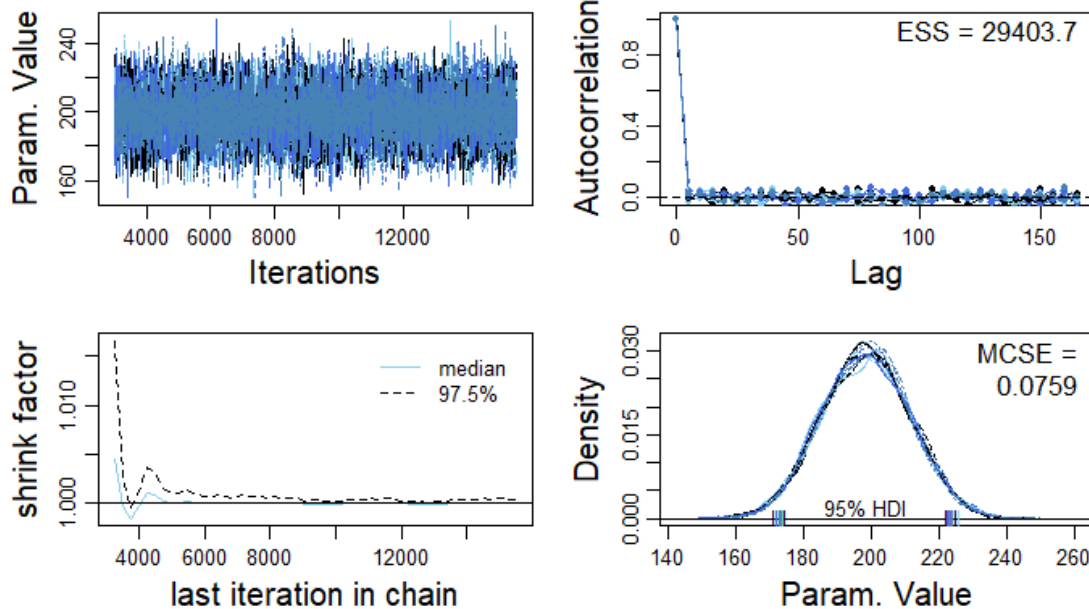
## beta[6]



## beta[7]



## beta[8]



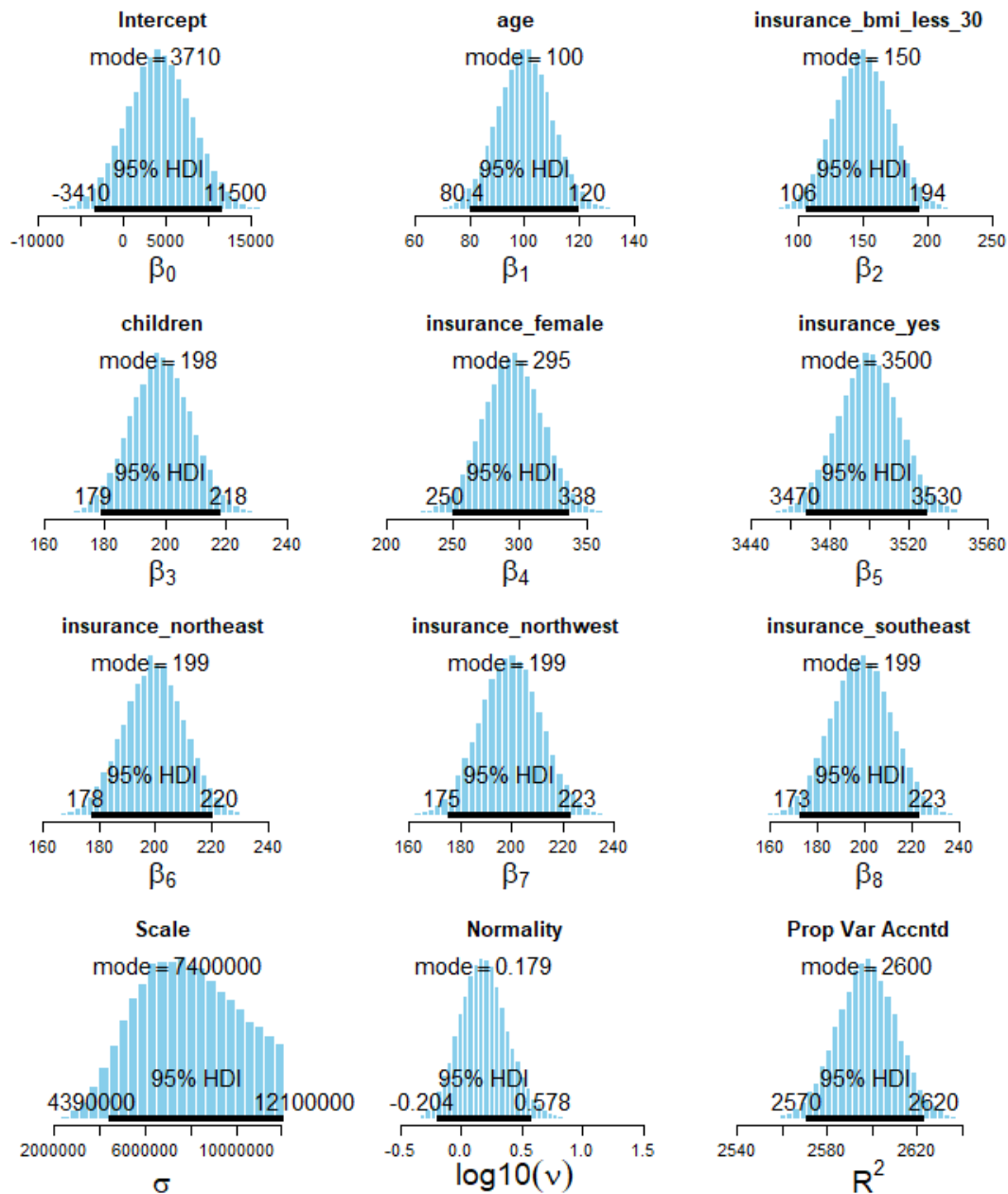
All the diagnostic plots for the analysis look satisfactory. The trace plot shows a good convergence of chains after the burn-in period and appear to be well mixing. Also, there are no orphan chains left after the convergence. The shrink factor for all the betas and zbetas looks good as the overall value of shrink factor is less than 1.1 and the lines are almost similar with a step decline as iterations increase. It is also clear from the iteration plot that there is no autocorrelation between the chains. Moreover, the trajectory of the chains in the density plot is consistent for all the betas and the distribution looks normal.

## Summary Statistics

The summary statistics for the Bayesian Estimates calculated can be seen below :

	Mean	Median	Mode	ESS	HDI <sub>mass</sub>	HDI <sub>low</sub>	HDI <sub>high</sub>
CHAIN	6.500000000	6.500000000	8.004639899	1.5	0.95	1.000000000	12.000000000
beta0	4170.092613235	4128.745000000	3706.536697313	31622.9	0.95	-3405.910000000	11534.500000000
beta[1]	99.987268477	100.002500000	100.220602292	30000.0	0.95	80.413900000	119.949000000
beta[2]	149.920606930	149.886000000	150.054184547	28539.6	0.95	106.203000000	193.532000000
beta[3]	198.231565600	198.221000000	197.576598566	30000.0	0.95	178.802000000	218.117000000
beta[4]	294.658107133	294.739000000	294.859883659	30000.0	0.95	250.237000000	338.097000000
beta[5]	3499.374247667	3499.385000000	3499.030819817	30000.0	0.95	3467.650000000	3529.610000000
beta[6]	199.422502033	199.422000000	198.698801102	30564.8	0.95	177.693000000	220.374000000
beta[7]	199.262217167	199.306000000	198.580429956	30000.0	0.95	175.422000000	223.073000000
beta[8]	198.454340333	198.468500000	198.747159065	28787.6	0.95	172.659000000	223.290000000
sigma	7848504.667333334	7777800.000000000	7399009.701138358	26107.3	0.95	4387550.000000000	12114500.000000000
zbeta0	-0.003378157	-0.005523570	-0.042808123	31678.1	0.95	-0.619569000	0.610623000
zbeta[1]	0.119750686	0.119769000	0.120030231	30000.0	0.95	0.096324700	0.143674000
zbeta[2]	0.006316207	0.006314745	0.006321853	28539.6	0.95	0.004474360	0.008153580
zbeta[3]	198.231565600	198.221000000	197.576598566	30000.0	0.95	178.802000000	218.117000000
zbeta[4]	294.658107133	294.739000000	294.859883659	30000.0	0.95	250.237000000	338.097000000
zbeta[5]	3499.374247667	3499.385000000	3499.030819817	30000.0	0.95	3467.650000000	3529.610000000
zbeta[6]	199.422502033	199.422000000	198.698801102	30564.8	0.95	177.693000000	220.374000000
zbeta[7]	199.262217167	199.306000000	198.580429956	30000.0	0.95	175.422000000	223.073000000
zbeta[8]	198.454340333	198.468500000	198.747159065	28787.6	0.95	172.659000000	223.290000000
zsigma	647.822704933	641.986500000	610.720112685	26107.3	0.95	362.153000000	999.945000000
nu	1.722146026	1.510255000	1.197227513	10225.4	0.95	0.508763000	3.468750000
log10(nu)	0.186307423	0.179050282	0.179225184	22595.5	0.95	-0.204262450	0.577892590

## Posterior Distributions



The histogram posterior distribution for the bayesian estimates between HDI intervals of 95% confidence levels can be seen above. All the estimates seem to be positive and since the diagnostics for these estimates were good, we can move onto the next stage i.e prediction using these co-efficient estimates and predictor variables.



## Results and Discussion

The data was split into training and testing sets. The last 10 observations were used for checking the accuracy of the Bayesian Regression Model.

Further, the chunk below shows the Bayesian Linear Regression Equation used for building the model:

```
# Test Inputs
# age insurance_bmi_less_30 children insurance_female insurance_yes insurance_northeast insurance_northwest insurance_southeast
# 51 0 1 0 0 0 0 1
# 23 1 2 1 0 1 0 0
# 52 0 2 0 0 0 0 0
# 57 1 2 1 0 0 0 1
# 23 0 0 1 0 0 0 0
# 52 0 3 1 0 0 0 0
# 50 0 3 0 0 0 1 0
# 18 0 0 1 0 1 0 0
# 18 0 0 1 0 0 0 1
# 21 1 0 1 0 0 0 0
# 61 1 0 1 1 0 1 0
```

The final Predictions were as follows:

```
# charges Pred
# 9377.905 4560.880
# 22395.744 -1477.888
# 10325.206 4781.390
# 12629.166 6017.142
# 10795.937 -1611.512
# 11411.685 4781.481
# 10600.548 4340.547
# 2205.981 -2713.695
# 1629.833 -2713.758
# 2007.945 -1918.891
# 29141.360 10388.107
```

The Final predictor estimates are represented by the Pred column in the data table above. These prices are specified in USD. These values seem to be an approximate representation when compared with the original values.

The MCMC diagnostics for the beta parameters are good, indicating that the chains are converging well.

Lastly, from the current model we see that being a smoker has the largest impact on the medical costs of an individual closely followed by being overweight and older. So we plan to test build a model which penalises the client more for having these attributes by increasing the weights (beta co-efficients) associated with these factors

## Testing Additional Models

The data set used for modelling consisted of both smokers and non-smokers. Since smoking habit in a client largely affects the insurance charges, we can further divide our data set on the basis of the smoking factor creating a model for clients who are non-smokers and a separate model for the smoker clients. We can then use these models according to the smoking factor of the client to get better predictions.

## Conclusion

From this project, we can see that the Bayesian Regression model can be built by incorporating expert information gained through experience/intuition into the sample data available. Additionally, it is able to factor correlation between attributes into its model. However, the specification of sensible prior information parameters ( $\mu$  and  $\sigma$ ) seem to be the real challenge since the posterior distribution seems to be affected by it to a great extent. Another important factor is the accuracy and efficacy of Bayesian Estimates for small sample data, which then extends well when run on large population parameters.

## References

- The data set for the project is sourced from [Kaggle](#)