# Mutual Risk Sharing and Fintech: The Case of Xiang Hu Bao

# Abstract

Xiang Hu Bao (XHB), meaning 'mutual treasure' in Chinese, is a novel online mutual aid platform operated by Alibaba's Ant Financial to facilitate mutual sharing of critical illness risks. XHB reached nearly 100 million members in less than one year since its launch and so far has offered its members critical illness protections at significantly lower cost than traditional critical illness insurance. There are three major distinctions between *XHB* and traditional insurance products. First, XHB leverages the tech giant's platform and digital technology to lower enrollment and claim processing costs. Second, different from insurance applying sophisticated actuarial pricing models, XHB collects no premiums ex ante from members, but instead equally allocates indemnities and administrative costs among participants during each claims period. Third, XHB limits coverage amount, often below that offered by critical illness insurance products, particularly for older participants. We show this restriction potentially leads to separating equilibrium, à la Rothschild-Stiglitz, where low-risk individuals enroll in XHB while high-risk individuals purchase the traditional critical illness insurance. Data shows that the incidence rate of the covered illnesses among XHB members is well below that of comparable critical illness insurance. Our findings further suggest the role of advantageous selection in explaining the cost advantages of the Fintech-based mutual aid programs.

# Motivation

A cornerstone of insurance is pooling/diversification. Mutuality principle (Borch, 1962)

- Optimal for participants to voluntarily share idiosyncratic risks (mutual risk sharing)
- Market risks are allocated among participants based risk tolerance

In reality, mutual risk sharing is largely missing. Insuran companies play a central role in pooling the risks, setting the premiums for policyholders with a goal to maximize their own value (Marshall, 1974).

• Opaque and high premium

Development of Fintech makes decentralized mutual ris sharing possible.



# An Illustrative Model

Let us write  $p_x$  as the average incidence rate of the covered critical illnesses for XHB members, K as the indemnity amount,  $\lambda_x$  as XHB's loading factor (currently, 8%), then we have the per member cost sharing, denoted by  $\pi_x$ , as:

 $\pi_x = p_x K(1)$ Similarly, the premium  $\pi_l$  for the traditional CII with t

 $\pi_{I} = p_{I}K(1)$ where  $\lambda_i$  is the loading factor for traditional insurance  $\Delta \pi = \pi_x - \pi_i$  can be decomposed as:

> $\Delta \pi = [\boldsymbol{p}_X - \boldsymbol{p}_I]$  $+ p_{I}K(\lambda_{X})$

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	Mutual Aid and XHB								
	Among known "Mutual Aid" platforms, XHB is largest								
	<ul> <li>Launched in late 2018</li> </ul>								
	<ul> <li>Providing indemnity payments to members</li> </ul>								
d on	<ul> <li>Covering over 100 critical illness</li> </ul>								
	<ul> <li>RMB 300,000 for members below 40</li> </ul>								
nce	("Young")								
ng	<ul> <li>RMB 100,000 for members 40-60 ("Middle-</li> </ul>								
е	aged")								
	<ul> <li>Had 100 million participants in 2019/01</li> </ul>								
	<ul> <li>To be closed on Jan. 28, 2022</li> </ul>								
isk	Replaced by government-sponsored								

supplementary medical insurance

$1 + \lambda_X$ )	(1)
the same indemnity coverage <b>K</b> is	
$1 + \lambda_{\prime}$	(2)
е.	

] <i>K</i> (1	Ŧ	λ <sub>x</sub> )
$_{\alpha} - \lambda_{\prime}$	)	

(IR difference) (Loading difference)

## Separating Equilibrium: XHB vs CII

**Proposition**: Choice between XHB and CII Given different coverages of mutual protection and insurance, individuals with high risk (private information) choose CII and individuals with low risk choose XHB

Advantageous selections: Participants are heterogeneous. Less risk averse individuals, high incomers, and people not purchasing insurance are more likely to have mutual aid.

### Data

### **XHB Data Sets**

**Proprietary data:** XHB's total number of participants in each two week period from January 2019 to April 2021.

For two periods (2020 January #1 and 2021 November #1): number of enrolled participants by six age groups: 0-9; 10-19; 20-29; 30-39; 40-49; and 50-59.

**Claims Data:** manually collected from XHB's public announcement bulletin, detailed information of each approved claim during the period from January 2019 to December 2020. • payment date, claimant's name, city of residence, age, gender; covered critical illness (including identifiers for mild critical illnesses), indemnity amount, and number of participants who share the costs.

**<u>CAA Incidence Rate Data (2020)</u>**: Participation and claims of CII come from the 2020 Historical Critical Illness Incidence Rate Table report published by the China Association of Actuaries (CAA). The table reports the incidence rates separately for, by age:

• 6 leading critical illnesses;



Note: IR is measured by number of cases per

**Conclusion Rema** 

Fintech makes mutual risk sharing possible;

Mutual risk sharing such *XHB* are different from traditional insurance Ex-post cost sharing; Low coverage.

It may generate risk externalities for traditional CII;

It can be more efficient risk sharing arrangement than traditional insurance. Broad Fintech applications

25 leading critical illnesses.



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e Rate	es acr	oss A	ge Gro	ups: 2	XHB	vs. CII		
10000 - XHB_IR	1	Panel A: Incider	nce Rate: XHB VS In	surance <mark>(</mark> 6 Lead	ing Illnesses)			
6000 - 4000 - 2000 -								
0	0~9	10~19	20~29	30~39	40~49	50~59		
		Panel B: Inciden	Age Ran Ice Rate: XHB VS Ins	ige surance (25 Lead	ling Illnesses)			
10000 8000 6000 4000 2000	!							
0								
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6167	665	6	5.85	6.10	)			
5.21	5.12	)						
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