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A Study On History Of Health Insurance Claims Settlement In Different Regions In India

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ABSTRACT

Health insurance in India is a growing industry that provides financial protection to individuals against medical expenses. India has a vast and complex healthcare system, with a mix of public and private providers. The health insurance market in India has evolved significantly over the years, with the introduction of various products and services offered by public and private insurers. The Indian government has also taken steps to increase healthcare access and affordability, including the launch of initiatives like Ayushman Bharat, a national health insurance program aimed at providing coverage to vulnerable populations. **The main aim of the research paper** is that how far the health insurance has been evolved in India and what is the current status today. Based on the given introduction, objectives, literature reviewed, with given SPSS with 155 responses the following conclusion is health insurance in India has made significant progress in recent years, but still faces challenges. The industry has grown, and awareness has increased, but penetration remains low, especially in rural areas. The government has launched initiatives like Ayushman Bharat, and private players have introduced innovative products, but affordability and accessibility remain concerns. Digitalization and technology have improved the claims

process and customer experience, but regulatory frameworks and standardization are still evolving. Despite these challenges, health insurance is essential for India's growing population, and stakeholders must work together to increase coverage, reduce costs, and ensure quality healthcare for all. By adopting global best practices, leveraging technology, and addressing regional disparities, India can move closer to achieving Universal Health Coverage and ensuring financial protection for its citizens.

KEYWORDS

Health Insurance, Claims Settlement, Life Insurance Corporation, IRDAI Act, 2000 and Private Insurance Sector

INTRODUCTION

Health insurance in India is a growing industry that provides financial protection to individuals against medical expenses. India has a vast and complex healthcare system, with a mix of public and private providers. The health insurance market in India has evolved significantly over the years, with the introduction of various products and services offered by public and private insurers. The Indian government has also taken steps to increase healthcare access and affordability, including the launch of initiatives like Ayushman Bharat, a national health insurance program aimed at providing coverage to vulnerable populations. Some key features of health insurance in India include:

- Coverage for hospitalization, surgical, and medical expenses
- Cashless treatment at network hospitals
- Reimbursement for outpatient and diagnostic expenses
- Optional covers for critical illnesses, maternity, and accidental benefits
- Income tax benefits under Section 80D of the Income Tax Act

Overall, health insurance in India plays a crucial role in ensuring access to quality healthcare, financial security, and peace of mind for individuals and families.

EVOLUTION OF TOPIC

The concept of insurance can be traced back to ancient India, but health insurance did not become official until the 1990s. The Insurance Act of 1938 and the IRDAI of 1999 regulate health insurance in India. The Indian health sector has improved significantly since 1948, when several government programs were introduced. The Central Government Health Insurance Scheme (CGHS) was introduced in 1954 for central government employees and their families. General Insurance Corporation (GIC) introduced India's first Mediclaim policy in 1986. The health insurance sector was privatized in 1991 with the introduction of the Insurance Regulatory and Development Authority (IRDA) bill. Since 2000, the health insurance sector has grown significantly, with both public and private players. The sector has grown more since the COVID-19 pandemic, with mental health coverage being made mandatory in 2020.

GOVERNMENT INITIATIVES RELATED TO TOPIC

Here are some of the government initiatives related to health insurance in India:

- **Ayushman Bharat Yojana:** A health insurance scheme for the poor that offers a health cover of Rs. 5 lakhs per family on an annual basis.
- **Awaz Health Insurance:** A health insurance cover for migrant workers initiated by the Government of Kerala.
- **Aam Aadmi Bima Yojana (AABY):** A policy for people involved in certain vocations such as Carpentry, Fishing, Handloom weaving, etc.
- **Bhamashah Swasthya Bima Yojana:** A cashless claims scheme for rural people of Rajasthan.
- **Central Government Health Insurance Scheme (CGHS):** A policy for central government employees.
- **Chief Minister's Comprehensive Insurance Scheme:** A family floater plan designed for quality health care by the Tamil Nadu Government.
- **Employees' State Insurance Scheme (ESIS):** A policy launched in 1952 to offer a financial cover in case of illness, disability or death faced by insured workers/employees.
- **Karunya Health Scheme:** A Critical Illness plan for the poor by the Kerala Government.
- **Mahatma Jyotiba Phule Jan Arogya Yojana:** A family cover with a benefit of Rs. 150,000 by the Government of Maharashtra.
- **Mukhyamantri Amrutum Yojana:** A health insurance scheme for the benefit of the state's poor people by the Government of Gujarat.
- **Pradhan Mantri Suraksha Bima Yojana:** A health insurance scheme that aspires to increase the number of Indian citizens who have an insurance cover.
- **Rashtriya Swasthya Bima Yojana:** A health insurance scheme for people working in the unorganised sector.
- **Universal Health Insurance Scheme:** A health insurance scheme for the poorest of the poor in the age group of 5 to 70 years.
- **Yeshasvini Health Insurance Scheme:** A health insurance scheme for farmers and peasants associated with a co-operative society by the Karnataka State Government.
- **West Bengal Health for All Employees and Pensioners Cashless Medical Treatment Scheme:** A health insurance scheme for its employees and pensioners by the Government of West Bengal.

FACTORS AFFECTING THE TOPIC

Age: The older you are, the higher the premium. Past Medical History: Higher premium for those with pre-existing conditions. Occupation: Higher premium for jobs with higher risk (e.g. construction site). Policy Duration: Longer policy duration, lower premium. Body Mass Index (BMI): Higher BMI means higher premium. Smoking Habits: Smokers pay higher premiums. Geographical location: Higher premiums in areas with limited healthy food options and higher health risks. Type of Plan: Individual or group insurance has lower premiums compared to family floater. Coinsurance Feature: Paying a portion of the claim reduces the premium. Sum Insured: Higher sum insured means higher premium. Copayment: Higher copayment means lower premium but higher out-of-pocket expenses during claims. Add-on Covers: Additional covers like maternity or critical illness increase the premium. Family Medical History: Higher premium if family members have a history of illnesses.

CURRENT TRENDS RELATED TO TOPIC

Health insurance and healthcare are often used interchangeably, but in reality, they are different segments of the Indian healthcare sector. India has a very decentralized approach to the penetration of health insurance across the country, and it is still optional in India to have a health insurance policy. The public healthcare system is critically facing the issues of insufficient and inadequate funding. The majority of the population seek insurance coverage from private players because of better and prompt services. Approximately 514 million people across India were covered under health insurance schemes in 2021, which merely covers 37% of the people in the country. Nearly 400 million individuals in India have zero access to health insurance. Around 70% of the population is estimated to be covered under public health insurance or voluntarily private health insurance. The remaining 30% of the population, over 40 crore individuals, devoid of health insurance. Digital insurance is picking up very fast and has accounted for more than 20–30% of growth in sales, whereas there has been a significant drop in the traditional and offline channels.

COMPARISON RELATED TO TOPIC

Universal Health Coverage (UHC): Ensures access to quality health services without financial hardship. Sustainable Development Goals (SDGs): Target 3.8 focuses on achieving UHC by 2030. Primary Health Care (PHC) approach: Recommended by WHO for delivering essential health services. Catastrophic health spending: Monitored to ensure financial protection. Health service coverage index: Tracks progress toward UHC. Out-of-pocket health spending: Should not exceed 13.5% of the population. Financial hardship protection: Ensures health services do not push individuals into poverty. Equity and equality: Inequalities in health service coverage and financial hardship should be addressed. Monitoring and evaluation: Regular assessment of progress toward UHC goals.

The main aim of the research paper is that how far the health insurance has been evolved in India and what is the current status today.

OBJECTIVES

- To study about the health insurance sector of the India
- To understand how far the claim settlement is from the life insurance corporation in India.
- To analyse the importance of the Life Insurance Corporation before the LPG Policy
- To research about the Insurance Regulatory Development Authority Act, 2000 about the health insurance sector.
- To conclude on how the Private Insurance Sector improved life insurance.

LITERATURE REVIEW

(Dubey et al. 2023) India has run multiple Government-Funded Health Insurance schemes (GFHIS) over the past decades to ensure affordable healthcare. We assessed GFHIS evolution with a special focus on two national schemes - Rashtriya Swasthya Bima Yojana (RSBY) and Pradhan Mantri Jan Arogya Yojana (PMJAY). RSBY suffered from a static financial coverage cap, low enrollment, inequitable service supply, utilization, etc. PMJAY expanded coverage and mitigated some of RSBY's drawbacks. Investigating equity in PMJAY's supply and utilization across geography, sex, age, social groups, and healthcare sectors depicts several systemic skews. Kerala and Himachal Pradesh with low poverty and disease burden use more services. Males are more likely to seek care under PMJAY than females. Mid-age population (19–50 years) is a common group availing services. Scheduled Caste and Scheduled Tribe people have low service utilization. Most hospitals providing services are private. Such inequities can lead the most vulnerable populations further into deprivation due to healthcare inaccessibility. ("Glance At The History Of Health Insurance In India," n.d.) The roots of the health insurance sector: One can trace the earliest roots of health insurance in the post-independence era. During this period, government schemes were introduced in 1948 and after. These included the Employer State Insurance Scheme (ESIS) and the Central Government Health Insurance Scheme (CGHIS). These schemes insured organizational and government employees and their families against specific illnesses, disabilities and cases of death. In some cases, there was even maternity health and out-patient departmental (OPD) coverage. After that, the General Insurance Corporation introduced a voluntary mediclaim policy in 1986. This mediclaim insurance policy reimbursed inpatient and domiciliary (at home) hospitalization expenses for specific illnesses and injuries. ("Website," n.d.-a) Health insurance can help us avoid financial stress, an important lesson the pandemic has taught us and continues to teach us today. Given the rise in hospital bills and medical costs associated with critical illnesses, the importance of a health insurance policy cannot be overstated at this point in time. A comprehensive health insurance plan can significantly reduce the stress of unexpected medical emergencies. Hence, there are a few things that you should consider while buying a health plan to make an informed decision. One of such thing is the claim settlement ratio (CSR) of health insurance companies. Every health insurance company in India has a claim settlement ratio. (Das 2024) The policyholders noted that challenges they face include rejection of claims, partial amount approvals, and longer time to settle hospital bills. The survey noted that six major issues faced by policyholders include lack of full disclosure about exclusions and eligibility for claims in their policies; ambiguity in contracts due to the use of technical jargon and complex words; claims rejected due to pre-existing disease;

eligibility other than the preexisting disease and crop insurance rules tied to the scheme. Besides this, one of the top issues that consumers have been regularly reporting is that of rejection of health insurance claims including cancellation of policies by insurance companies. Explaining further, policyholders said they faced challenges like insurance companies rejecting claims by classifying a health condition as a pre-existing condition to only approving a partial amount. The purpose of collecting such information is more for profiling and advisory. When a policyholder fills such information, it facilitates a more thorough needs analysis. Individuals with adverse medical history have an extra onus to be fully covered. For example, people with cancer history in their family are strongly advised to buy cancer-specific coverage, in addition to the standard health insurance plan. Similarly, it makes sense for people with a family history of coronary diseases or paralysis to buy a comprehensive critical illness cover. Given the rising incidence of such diseases, such plans are generally recommended for everyone to buy, more so for people with some medical history. (Bondia 2022) There is a flip side to non-disclosure of such information. At the time of claims, insurer may say that there has been a breach of full disclosure and repudiate the claim. It is common for doctors and hospitals to mention the family medical history on prescriptions and discharge summaries. On review of such documents, insurers generally compare this with the disclosures made in the proposal form. A non-disclosure is an immediate red flag and leads to disputes in claims. As a good practice, one should disclose any major health conditions suffered by parents. This could include a bypass graft surgery, chemotherapy or a diabetic condition. To ensure that such non-disclosures should not become a bone of contention for policyholders, regulations also have a few safeguards. Both health and life insurance policies are subject to a non-contestability clause. Under this clause, after the specified period, insurers cannot contest wrong or incomplete disclosures made by the policyholder, unless it is a case of fraud. The onus of proving that fraud rests on the insurer. For health insurance, this is eight years, and for life insurance, it is three years. ("Website," n.d.-b) More than 50 per cent of insurance claims in India got a compensation of 80 per cent or more in insurance claims, a survey by insurance broker SecureNow says. The survey was conducted between April 2022 and March 2023. The report analysed 3,846 health claims covering diverse locations, insurers, family members, and third-party administrators (TPAs), both external and internal. The research sheds light on the average size of health insurance claims in India, besides various aspects of the country's health insurance landscape. Says Kapil Mehta, co-founder of SecureNow, in a press statement: "The research emphasises that the duration of hospitalization is a critical aspect of health insurance claims." The study shows that 15 per cent of the claims exceeded Rs 1 lakh. ("LIC History - Decades of Trust, Excellence, and Financial Security," n.d.) Some of the important milestones in the general insurance business in India are: 1907: The Indian Mercantile Insurance Ltd. set up, the first company to transact all classes of general insurance business. 1957: General Insurance Council, a wing of the Insurance Association of India, frames a code of conduct for ensuring fair conduct and sound business practices. 1968: The Insurance Act amended to regulate investments and set minimum solvency margins and the Tariff Advisory Committee set up. 1972: The General Insurance Business (Nationalisation) Act, 1972 nationalised the general insurance business in India with effect from 1st January 1973. 107 insurers amalgamated and grouped into four companies viz. the National Insurance Company Ltd., the New India

Assurance Company Ltd., the Oriental Insurance Company Ltd. and the United India Insurance Company Ltd. GIC incorporated as a company. ("National Health Authority," n.d.) In February 2018, the Government of India announced the creation of 1,50,000 Health and Wellness Centres (HWCs) by transforming the existing Sub Centres and Primary Health Centres. These centres are to deliver Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people. They cover both, maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services. Health and Wellness Centers are envisaged to deliver an expanded range of services to address the primary health care needs of the entire population in their area, expanding access, universality and equity close to the community. The emphasis of health promotion and prevention is designed to bring focus on keeping people healthy by engaging and empowering individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and morbidities. ("Website," n.d.-c) Nazir to report in case the cheque is not deposited within 30 days of the passing of the award/judgment. Nazir is directed to note the particulars of the award amount in the register today itself. The respondent No.3 shall deposit the award amount along with interest upto the date of notice of deposit to the Suit No. D-234/14 Rati Ram v Ashok Kumar & Ors. Page no. 26 of 27 claimant with a copy to his counsel and the compliance report shall be filed in the court along with proof of deposit of award amount, the notice of deposit and the calculation of interest on 19.05.2015. ("Website," n.d.-d) The Company shall not however be bound to give notice that its due for renewal and the Company may at any time cancel this. Policy by sending the Insured 30 days notice by registered letter at the insured last known address and in such event the Company shall refund to the Insured a pro-rata premium - for unexpired Period of Insurance. The Company shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation. ("Website," n.d.-e) Healthcare is one of the largest sectors of the Indian economy, in terms of both generation of revenue and employment. The overall healthcare sector is rising at a pace due to its growing coverage, better services, and increasing expenditure by public as well private players. Even under the Union Budget 2023-24, the Ministry of Health and Family Welfare has been allocated INR 89,155 crore, a surge of 3.43% compared to INR 86,200.65 crore in 2021-22. Health insurance and healthcare are often used interchangeably. If we closely look at the different segments of the Indian healthcare sector, then apart from, hospitals, medical devices, equipment, clinical trials and telemedicine and medical tourism, health insurance forms a major part as it helps in providing coverage for the medical services. ("Website," n.d.-f) Health insurance is one of the major contributors of growth of general insurance industry in India. It alone accounts for around 29% of total general insurance premium income earned in India. The growth of this sector is important from the perspective of overall growth of general insurance Industry. At the same time, problems in this sector are also many which are affecting its performance. The paper provides an understanding on performance of health insurance sector in India. This study attempts to find out how much claims and commission and management expenses it has to incur to earn certain amount of premium. Methodology used for the study

is regression analysis to establish relationship between dependent variable (Profit/Loss) and independent variable (Health Insurance Premium earned). Findings of the study indicate that there is significant relationship between earned premium and underwriting loss. There has been increase of premium earnings which instead of increasing profit for the sector in fact has increased underwriting loss over the years. The earnings of the sector is growing at compounded annual growth rate of 27% still it is unable to earn underwriting profit. (Paul and Sarkar 2023) India's healthcare system is witnessing increased medical inflation, which is outpacing per capita Gross Domestic Product growth. With increased lifestyle diseases and, most recently, a pandemic caused by COVID-19, the cost of financing healthcare has become a huge issue, especially when government spending on healthcare is so low. In light of this, this article emphasises the significance of privately purchased, that is voluntary health insurance in addition to the government-sponsored health insurance programme for the vast uninsured population. Starting with the history of health insurance in India, this article examines premium growth, underwriting profit, investment income, net profit, incurred claims ratio and other metrics. Following that, the difficulties in the health insurance industry and their breadth are examined through a review of literature and recent newspaper reporting. The key issues resulting in negative underwriting experience are the inefficient risk pooling and unregulated private health care costs. A risk-sharing mechanism with an indemnification model must be implemented for better cost management to eliminate value fragmentation. Finally, ideas are given for resolving the challenges and increasing the market share of the health insurance company, with a focus on long-term business models such as managed care. (Srivastava et al. 2023) The Pradhan Mantri Jan Arogya Yojana (PM-JAY), a publicly funded health insurance scheme, was launched in India in September 2018 to provide financial access to health services for poor Indians. PM-JAY design enables state-level program adaptations to facilitate implementation in a decentralized health implementation space. This study examines the competency, organizational, and leadership approaches affecting PM-JAY implementation in three contextually different Indian states. We used a framework on implementation drivers (competency, organizational, and leadership) to understand factors facilitating or hampering implementation experiences in three PM-JAY models: third-party administrator in Uttar Pradesh, insurance in Chhattisgarh, and hybrid in Tamil Nadu. We adopted a qualitative exploratory approach and conducted 92 interviews with national, state, district, and hospital stakeholders involved in program design and implementation in Delhi, three state capitals, and two anonymized districts in each state, between February and April 2019. We used a deductive approach to content analysis and interpreted coded material to identify linkages between organizational features, drivers, and contextual elements affecting implementation. PM-JAY guideline flexibilities enabled implementation in very different states through state-adapted implementation models. These models utilized contextually relevant adaptations for staff and facility competencies and organizational and facilitative administration, which had considerable scope for improvement in terms of recruitment, competency development, programmatic implementation support, and rationalizing the joint needs of the program and implementers. Adaptations also created structural barriers in staff interactions and challenged implicit power asymmetries and organizational culture, indicating a need for aligning staff hierarchies and incentive structures. At the same time, specific

adaptations such as decentralizing staff selection and task shifting (all models); sharing of claims processing between the insurer and state agency (insurance and hybrid model); and using stringent empanelment, accreditation, monitoring, and benchmarking criteria for performance assessment, and reserving secondary care benefit packages for public hospitals (both in the hybrid model) contributed to successful implementation. Contextual elements such as institutional memory of previous schemes and underlying state capacities influenced all aspects of implementation, including leadership styles and autonomy. These variations make comparisons across models difficult, yet highlight constraints and opportunities for cross-learning and optimizing implementation to achieve universal health coverage in decentralized contexts. (Singhal, Sultana, and Goyal 2023) This study intends to determine whether and to what extent policyholders admitted to the hospital for COVID-19 treatment receive financial support from their health insurance. The researcher interviewed 67 health insurance claimants in the NCR region's several cities—some in Uttar Pradesh, Delhi, Haryana, and Rajasthan. They also interviewed various insurance system participants, including branch managers, agents, and hospital staff, to obtain an overview of policyholder experiences and insurer challenges. For analysis, qualitative research techniques have been used. This research is helpful in various situations when people are hospitalised for planned and unanticipated reasons by recommending what insurance companies should do to protect the interests of their customers. For the Indian insurance industry and regulator/supervisory authorities, the COVID-19 pandemic incidents can be a lesson about their strengths and weaknesses. According to this research, service-level agreement violations, procedural bottlenecks, and lack of clarity and awareness are the problems policyholders face when pursuing claims. The challenges insurers confront in serving their client's needs are maintaining operations in the face of financial stress and changing regulatory compliances, on the one hand, and helping policyholders by resolving their claims and raising awareness, on the other. (Ray 2023) The Insurance Regulatory and Development Authority of India (Irdai) has released the claims payment details of general and health insurance companies for the financial year 2021-22. Apart from health insurance claims, the percentage claim paid in general insurance companies also includes other insurance verticals like motor, fire, marine, and other insurances. Other than checking how many claims were settled by an insurance company, it is important to see how quickly the claims were processed and when the claimant received the money. Among stand-alone health insurance companies, Care Health Insurance settled 100 per cent of claims within the first three months. Four stand-alone health insurers including Aditya Birla Health Insurance, ManipalCigna Health Insurance, Niva Bupa Health Insurance and Star Health Insurance also recorded over 99 per cent claim-settlement ratios in the first three months in the financial year 2021-22. The claim settlement ratio indicates the overall risk management ability of the insurance company, said experts. The ratio indicates the number of claims paid by the insurer out of 100 claims that the insurance company receives. So, if the settlement ratio of an insurance company is 95 per cent, it means that the insurer has made payments against 95 claims out of the 100 claims. It also implies that the company did not pay for the remaining 5 claims. So, if you are planning to buy a new insurance policy or port your existing health insurance policy to a new insurer, do remember to check the latest claim settlement ratio of all insurers before finalising one. ("Website," n.d.-

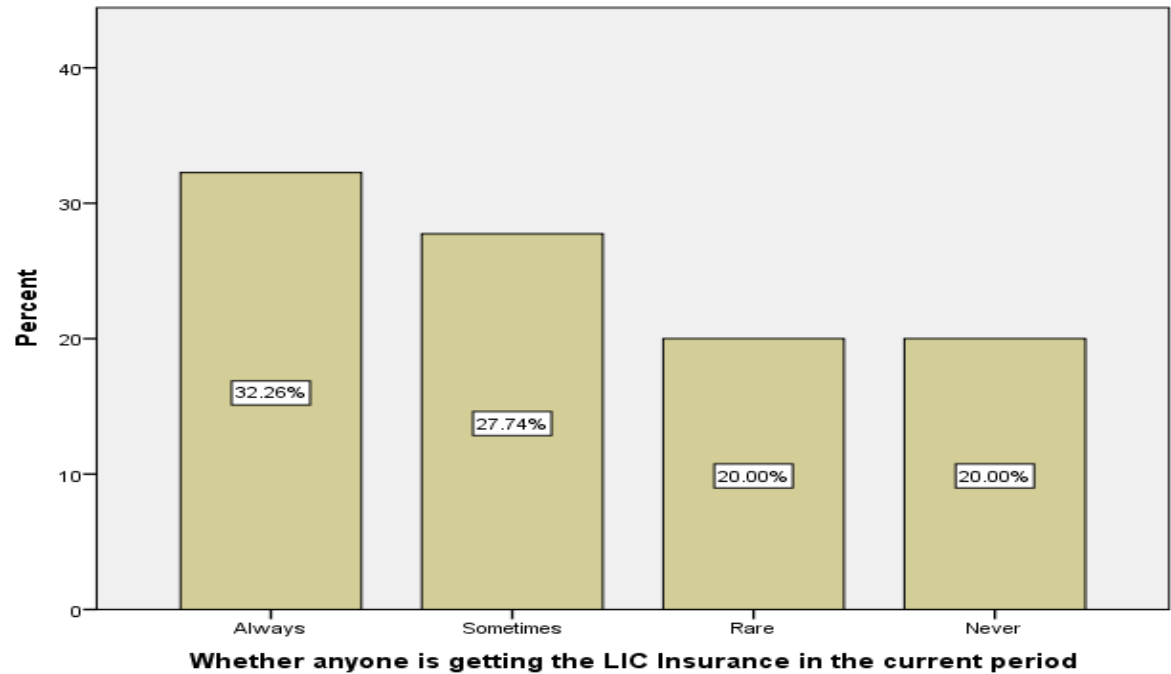
g) Now come to the dispute arising on outdoor catering service, as held by the Honble High Court of Bombay in the case of Ultratech Cement (supra) the assessee is not entitled for input service credit for the charges recovered by them against the subsidised food from their employees. Accordingly, the credit availed by the assessee on the amount recovered by them from their employees against the canteen services is denied. Therefore, the appeal of the Revenue is partly allowed by way of remand to the original adjudicating authority to quantify the amount recovered by the assessee from their employees for providing subsidised food after giving reasonable opportunity of hearing to the assessee to produce the documents for quantification. In the facts and circumstances of these cases and as discussed above no penalty is warranted as the issue involved is interpretation of statute. With these observations all three appeals are disposed of. (“Website,” n.d.-h) Assuming that the non network hospital and non listed disease are the major reasons for rejection of most of the claims, even that reasons cannot stand in the legal scrutiny, in view of the catena of decisions, as has been cited above of both this Court as well as the Apex Court. Therefore, all these reasons given in the respective impugned orders are not at all worthy or sustainable and therefore all these impugned orders, in the respective writ petitions, <http://www.judis.nic.in> 68 are liable to be quashed. Like that, in some of the cases, writ of mandamus have been sought for, where claim has been made for medical reimbursement and for one reason or other, those claims have been kept pending or yet to be decided and in those cases certainly the authorities are bound to decide the same for sanction and grant of medical reimbursement. (“Website,” n.d.-i) A writ of mandamus is issued directing the respondent company to renew the policy from the date of its expiry on payment on renewal premium payable by the petitioners under the Scheme and without excluding the diseases that may have been contracted during the period of policy. A further writ of mandamus is issued directing the respondent to make the payment of said interest to the petitioner within a period of one month from the date of receipt of this order along with calculations for such interest. The petitioners shall thus be entitled to costs of the present petition quantified at Rs. 10,000/-, to be paid within the aforesaid period of one month from the date of receipt of the order. (“Website,” n.d.-j) We do not think it appropriate to interpret the Explanation (a) in a manner that the person, to whom payment is made, should himself/herself be a professional Doctor. The aforesaid interpretation will be highly restrictive, and would ignore the reality and the factum that the services in the field of medicine are not confined and rendered by individuals but in most cases rendered in hospitals which may be corporate or juristic entities. Professional activity is undertaken in the hospitals. Medical procedures require equipment, operation theatre and other facilities which are available in hospitals and nursing homes. The payments are made to the said hospital and not personally by the payer to the individual doctors or professionals. We respectfully agree with the aforesaid ratio recorded by the Bombay High Court. To this extent, as held above by the Bombay High Court, the impugned circular is liable to be set aside and is accordingly set aside. Further, on the said aspects the Assessing Officer and the appellate authorities shall independently apply their minds in exercise of their quasi judicial powers without being tied down by the circular.

METHODOLOGY

The research is empirical research. A Total of people responded to the research questions. The samples are collected through a simple random sampling method. The sample frames of the research are collected by urban, rural and semi-urban areas through friends and their friends by social media. The statistics tools used were 5 independent bar graphs, 5 clustered bar graphs. The clustered bar graph consists of gender, residence and income.

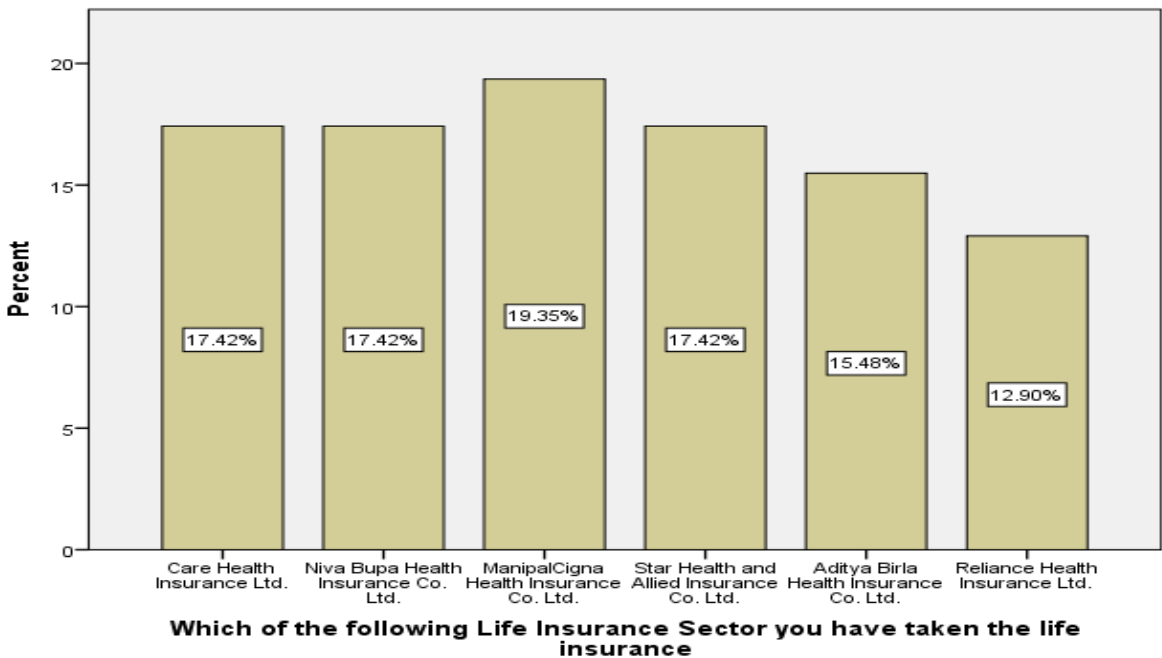
ANALYSIS

FIGURE 1



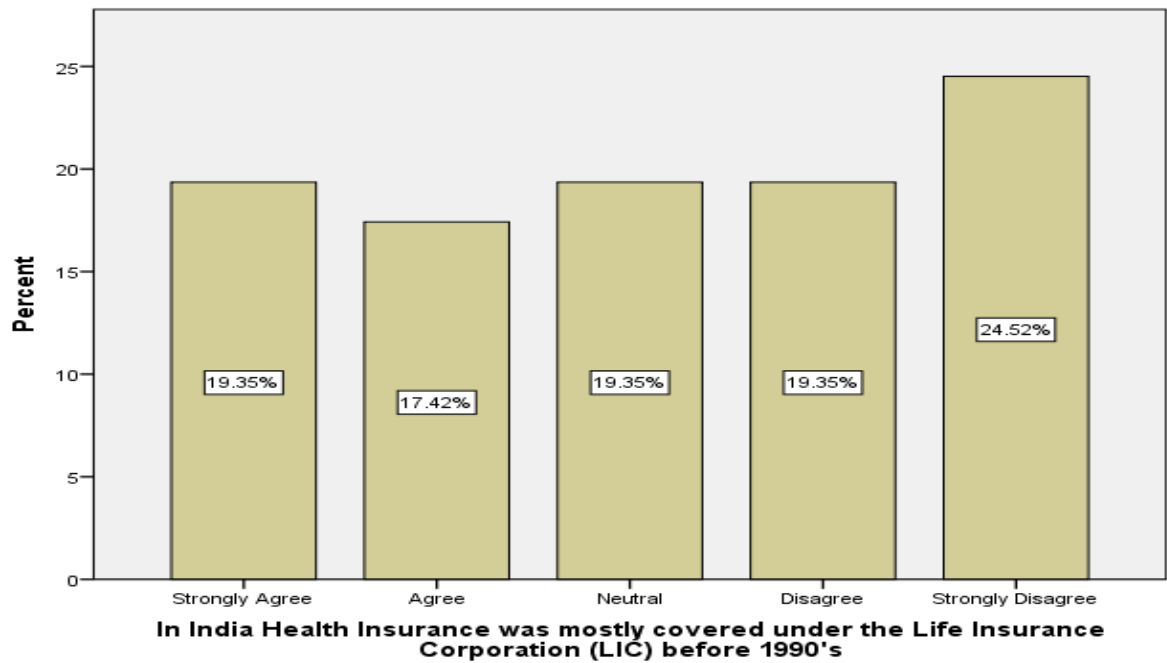
Interpretation: The figure 1 speaks about Whether anyone is getting the LIC Insurance in the current period?

FIGURE 2



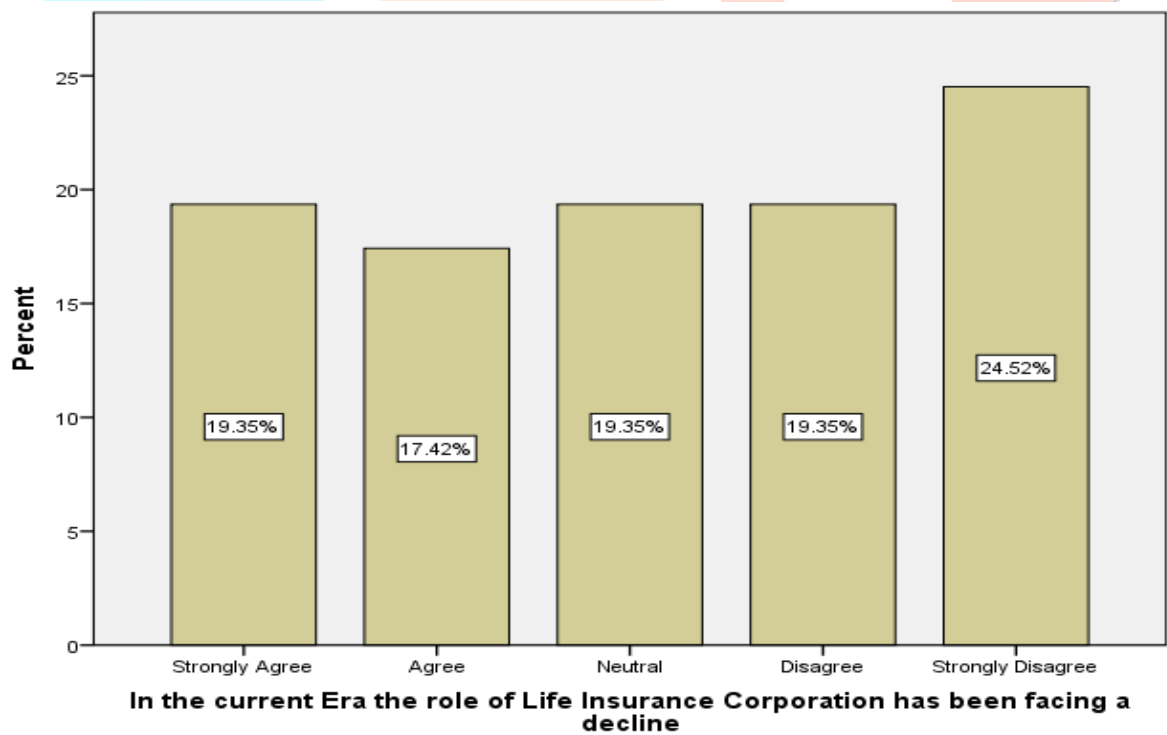
Interpretation: The figure 2 speaks about the Which of the following Life Insurance Sector you have taken the life insurance.

FIGURE 3



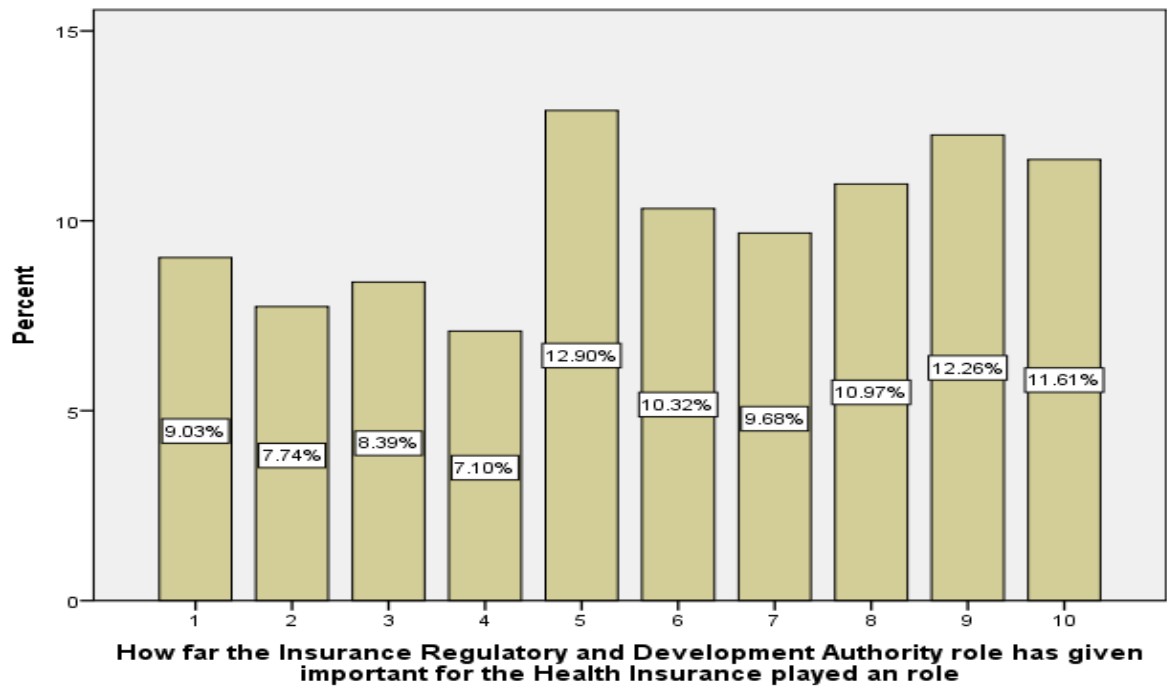
Interpretation: The figure 3 speaks about the In India Health Insurance which was mostly covered under the Life Insurance Corporation (LIC) before 1990's.

FIGURE 4



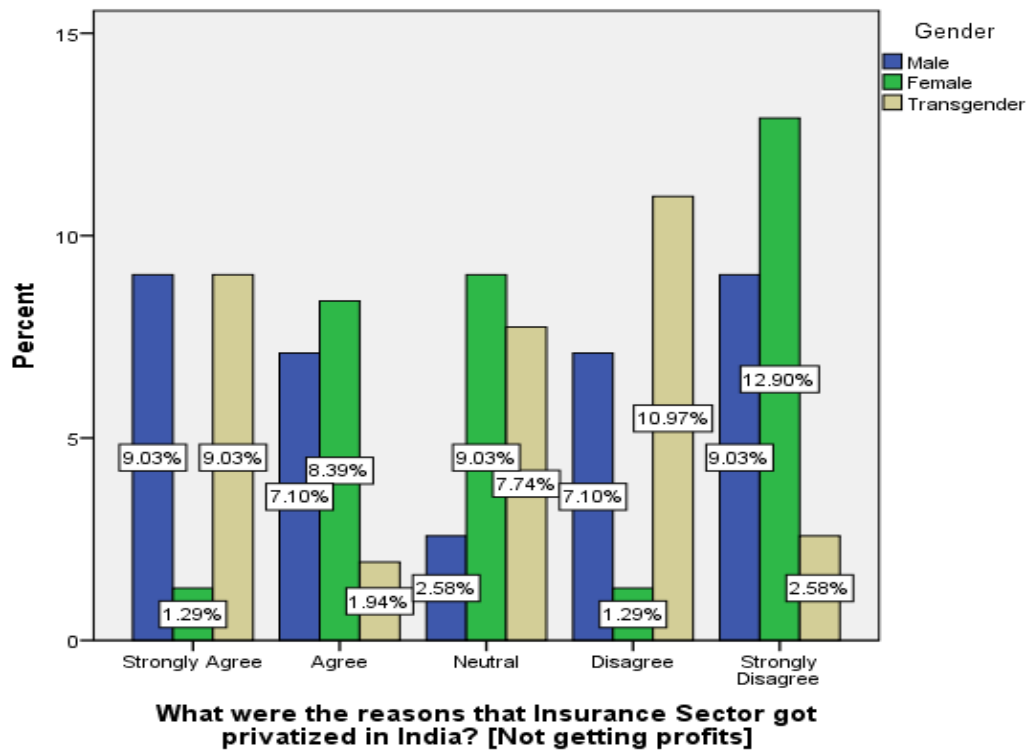
Interpretation: The figure 4 speaks about the In the current Era the role of Life Insurance Corporation has been facing a decline.

FIGURE 5



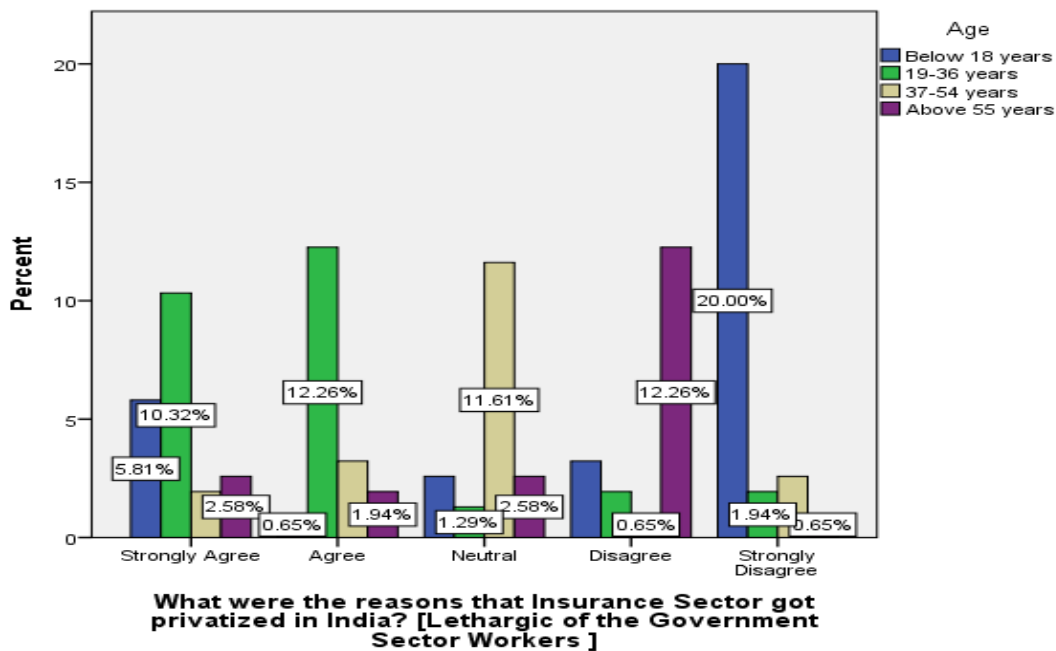
Interpretation: The figure 5 speaks about the How far the Insurance Regulatory and Development Authority role has given important for the Health Insurance played an role.

FIGURE 6



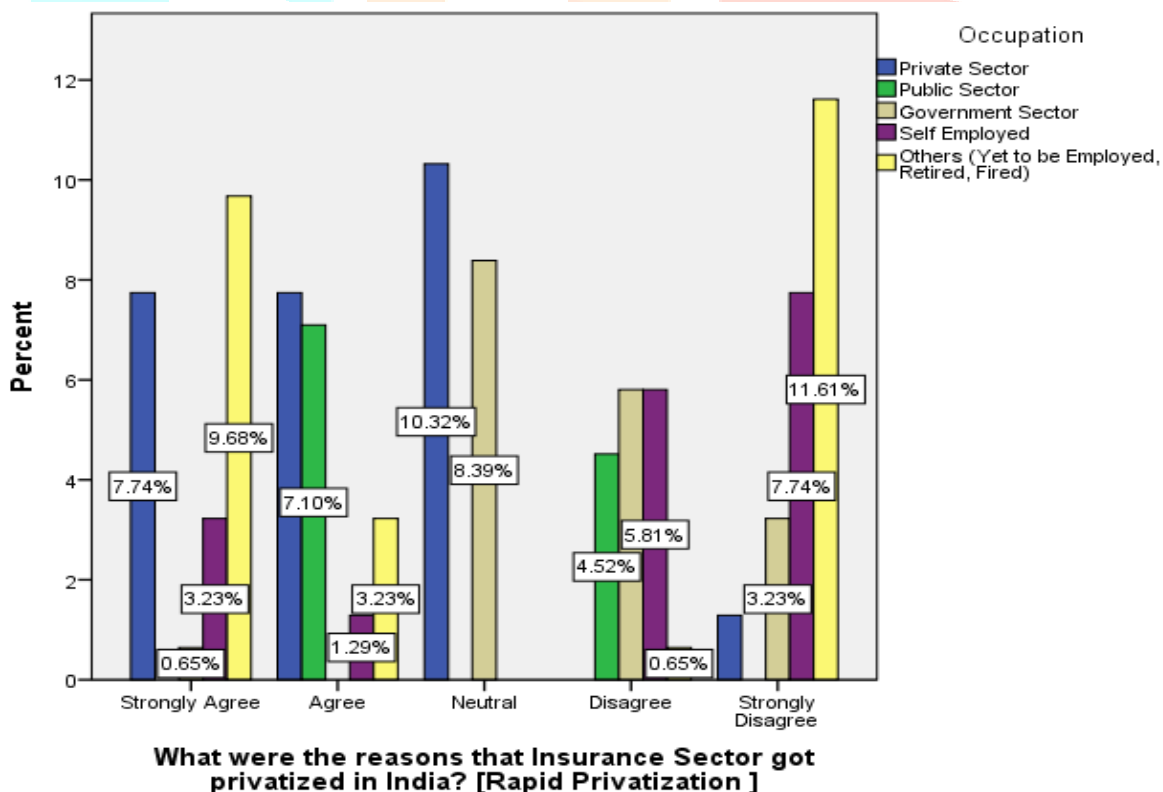
Interpretation: The figure 6 speaks about What were the reasons that the Insurance Sector got privatised in India? [Not getting profits] along with gender.

FIGURE 7



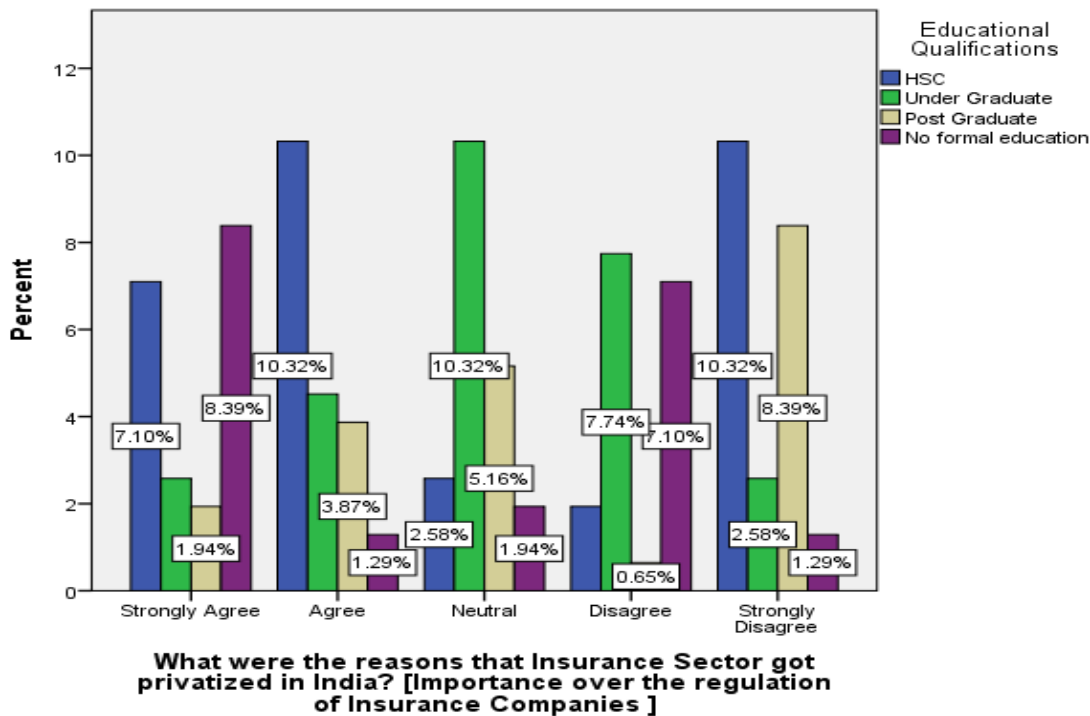
Interpretation: The figure 7 speaks about what were the reasons that the Insurance Sector got privatised in India? [Lethargic of the Government Sector Workers] along with age.

FIGURE 8



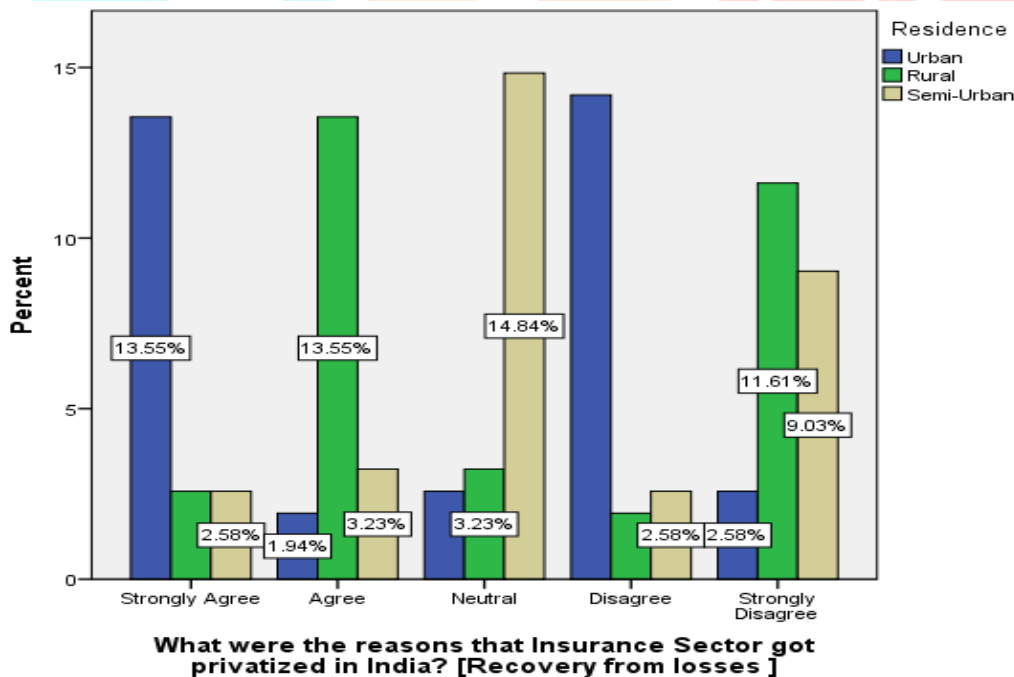
Interpretation: The figure 8 speaks about the reasons that the Insurance Sector got privatised in India? [Rapid Privatisation] along with occupation.

FIGURE 9



Interpretation: The figure 9 speaks about the reasons that the Insurance Sector got privatised in India? [Importance over the regulation of Insurance Companies] along with educational qualifications.

FIGURE 10



Interpretation: The figure 10 speaks about the reasons that the Insurance Sector got privatised in India? [Recovery from losses] along with residence.

RESULTS

Figure 1: 32.26% of the people stated in the many people always getting LIC insurance policy. **Figure 2:** 19.35% of the people have stated that the Manipal Cigna Health Insurance Pvt Ltd they have invested. **Figure 3:** 24.52% of the people strongly disagree on the In India Health Insurance which was mostly covered under the Life Insurance Corporation (LIC) before 1990's. **Figure 4:** 24.52% of the people

strongly disagree on In the current Era the role of Life Insurance Corporation has been facing a decline. **Figure 5:** 12.90% of the people gave 5.00 on the question on How far the Insurance Regulatory and Development Authority role has been important for the Health Insurance played an role. **Figure 6:** 12.90% of the females strongly disagrees the reasons that the Insurance Sector got privatised in India? [Not getting profits] along with gender. **Figure 7:** 20% of the people below 18 years strongly disagree with the reasons that the Insurance Sector got privatised in India? [Lethargic of the Government Sector Workers] along with age. **Figure 8:** 11.61% who belong to the category of fired employees strongly disagrees with the reasons that the Insurance Sector got privatised in India? [Rapid Privatisation] along with occupation. **Figure 9:** 10.32% of the people who belong to undergraduate gave neutralised opinion on the reasons that the Insurance Sector got privatised in India? [Importance over the regulation of Insurance Companies] along with educational qualifications.

DISCUSSION

Figure 1: Since they believe that the LIC has given the policy of the clear life insurance policy. **Figure 2:** Since they feel that the Manipal Cigna Health Insurance Pvt Ltd gives much safety over the health insurance policy are considered. **Figure 5:** Since they feel that after privatisation the IRDA plays an important role over the private insurance sector. **Figure 6:** Because they feel that the profits are not much important for the current scenario. **Figure 9:** Since they feel that the regulated insurance companies can gives much priority to the customer services.

LIMITATIONS

This research is limited till responses and there is a short amount of time that has been included. This research paper mainly carries with the sources online for the review of the literature. The survey was conducted in Kattupakkam.

CONCLUSION

Health insurance in India is a growing industry that provides financial protection to individuals against medical expenses. India has a vast and complex healthcare system, with a mix of public and private providers. The health insurance market in India has evolved significantly over the years, with the introduction of various products and services offered by public and private insurers. The Indian government has also taken steps to increase healthcare access and affordability, including the launch of initiatives like Ayushman Bharat, a national health insurance program aimed at providing coverage to vulnerable populations.

Based on the given introduction, objectives, literature reviewed, with given SPSS with 155 responses the following conclusion is health insurance in India has made significant progress in recent years, but still faces challenges. The industry has grown, and awareness has increased, but penetration remains low, especially in rural areas. The government has launched initiatives like Ayushman Bharat, and private players have introduced innovative products, but affordability and accessibility remain concerns. Digitalization and technology have improved the claims process and customer experience, but regulatory frameworks and standardization are still evolving. Despite these challenges, health insurance is essential for India's growing population, and stakeholders must work together to increase coverage, reduce costs,

and ensure quality healthcare for all. By adopting global best practices, leveraging technology, and addressing regional disparities, India can move closer to achieving Universal Health Coverage and ensuring financial protection for its citizens.

SUGGESTION

Here are some general suggestions related to health insurance in India:

- Increase awareness: Educate people about the importance of health insurance and its benefits.
- Improve affordability: Make health insurance more affordable for the masses, especially in rural areas.
- Enhance coverage: Increase the coverage scope to include more diseases, treatments, and age groups.
- Streamline claims process: Make the claims process easier, faster, and more transparent.

By implementing these suggestions, health insurance in India can become more inclusive, effective, and beneficial for the citizens.

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