

# NEED OF HEALTH INSURANCE POLICIES AND ITS COVERAGE - A CROSS SECTIONAL SURVEY

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## ABSTRACT

Health insurance policies help in fulfilling the basic needs and provide financial stability. It covers medical, surgical and dental treatment bill payment. Children 's health insurance program and public health insurance program have benefits on children and senior citizens. Senior citizens insurance plan is valid for he people with age group of 60 and above. Health insurance policies have certain paneled hospitals that accept the health insurance coverages and that other hospitals do not. Queries are arising regarding the inclusion of COVID-19 under the insurers policy coverages. The aim of the present study is to analyse the knowledge and awareness on the need of health insurance policies and its coverages among the public. The cross sectional survey is conducted among a sample population 100. The age group sample population is 18-60 and the survey is conducted via an online portal. Descriptive statistical analysis is made by SPSS software. The results are represented in the form of a bar graphs. 43% of the sample population have family floater policy plans. Star health insurance and allied Co.Ltd has the majority of insurers among the total sample population. OPD and dental treatment are also covered under general health policy coverage. IRDA guidelines state that insurers diagnosed with COVID-19 are eligible for insurance claim. Hence, the sample population has awareness and knowledge about the need of health insurance policies and coverages. Hence, the current study culminates that the sample population has awareness and knowledge about the merits and demerits of having a health insurance plan and it is found to be statistically higher when compared with the previous research.

**Keywords:** Benefits, Coverages, Health insurance policy, Outpatient policy coverage, Senior citizens insurance policy,

## INTRODUCTION

Health insurance helps to fulfill the basic health care needs. It offers quality health care solutions in an affordable price and form structure as by financially supporting. Health insurance policies cover, pays for medical, surgical and dental expenses incurred. Children's health insurance program and public health insurance plan targets the care of older individuals and children (Rasell and Edith Rasell 1995; Sekar et al. 2019; Vimalakshan et al. 2019). Dramatic improvements in life expectancy have been brought in the healthcare system of India recently. Six percent of GDP is gained from the health expenditure in India that is found to be way more higher than compared with other developing Asian countries in 1990 (McCall, Rice and Sangl, 1986). About 4.7% from the GDP is taken up by the private sector (Cafferata, 1984). Health for all is the basic concept the government of India has come up with. But it is said that health

spending in India majority belongs to the private sectors (Rice and McCall, 1983). Around three quarters of the GDP of healthcare in India is taken up by private 'Out of pocket expenses'. This is faced as one of the great financial burdens imposed on individuals in the form of health care insurance policies (Schoen *et al.*, 2000). National and social health insurance completely depends on the individuals mandatory enrollment (Blendon *et al.*, 1990; Prabakar *et al.*, 2018).

Financial burdens due to sickness can be reduced by community based health insurance programmes for the low income population (Blendon *et al.*, 1991; D. *et al.*, 2010). A survey conducted by Krishna and Kanbargi in 1993 stated that most of the individuals of India are willing to have their health care policies in a private sector (Kumar and Kanbargi, 1994). This is due to the better care taken over on the outpatient that is provided by the private than the public sector (Devishreea, Arumughamb and Jain, 2018; Kumar, Pradeep Kumar and Preethi, 2017). The largest system of public health facilities of health care delivery in India is the involvement of a diverse network of hospitals, community health centres, primary health care centres, dispensaries and speciality specialties that are supported by the state and central governments of India (Bhat, 1993; Naziya *et al.*, 2017). The public health facilities also care for the maternal and children healthcare programs (Spaan *et al.*, 2012). This is found to be a great advantage for the low income population. There are certain healthcare schemes that are specifically allotted for central and state government officials and their families (World Health Organization, 2010; George *et al.*, 2011). Central bureau of health insurance and social health insurance plays a major role in holding up the financial status protection of the country, increase in utilisation of the fund by the enrolled individuals (McIntyre, 2007; Reddy and Selvaraju, 1994; Kumar, Pradeep Kumar and Vijayalakshmi, 2017).

The senior citizens health insurance plan offers medical coverage of individuals with the age group between 60-75 years. They are provided with certain benefits like cashless hospitalisation, pre-existing disease, no medical test and daycare expenses (Nidhi and Felicita, 2019). Certain insurance providers offer a new feature as a part of health insurance policies namely 'Outpatient department' that covers for the doctors consultation fees, health checkups, pharmacy bills and diagnostic test (Ekman, 2004). Dental treatment also falls under the OPD coverage or separately as a coverage by particular insurance companies (Campbell, 2011; Shreelakshmi, Doraikannan, *et al.*, 2019; George *et al.*, 2015). Among numerous insurance companies, Star Health Insurance company provides a wide range of health insurance policies for individuals, families, senior citizens and so on with a vast coverage system (Ware *et al.*, 1984). Many types of insurance policy plans are available namely individual policy, family floater policy, group health cover and critical illness health cover (Lee *et al.*, 2016).

Health insurance policies have certain paneled hospitals that accept the health insurance coverages and that other hospitals do not. Several insurers are raising queries about the extent of their coverages that will cover the ongoing pandemic (COVID-19). Certain insurance companies have proclaimed that the death caused by coronavirus falls under general health and the claim will be acceptable (Ibrahimipour *et al.*, 2011). The difficulties that are faced by the insurers is majorly during the claim. Other procedures include the submission of medical certificate, discharge summary, inclusive of all the bills and receipts. Several procedures are adopted by the agencies for the approval of the claim (Wang, Ng and Brook, 2020). IRDA (Insurance Regulatory and Development Authority act), plays a major role in providing guidelines for the regulation of insurance policies. They have included 22 common critical illnesses covered under various health insurance policies in India (Carrin, 2008; Babu *et al.*, 2019). Hence, the study aims on the knowledge and awareness of the insurers of India about their insurance policies and their coverages.

## **MATERIALS AND METHODS**

The cross sectional online survey was done with a sample size of 100 including people of 18-60 years of age. The survey consisted of a total of 15 questions inclusive of preliminary personal like age, gender, insurance company they have insured. Results were represented in the form of a pie chart with the

depiction of percentage. The statistical analysis of responses are made by using SPSS software. Chi square test and Pearson correlation analysis were used, with p value less than 0.05 to be statistically significant. The results are represented in the form of pie and bar graphs.

## RESULTS AND DISCUSSION

Figure 1 and figure 2 represents the age category of the sample population. 29.9% belongs to 18-30 years of age. 21.5% belongs to 31-40 years, 29% belongs to 41-50 years and 19.6% belongs to 51 and above. 46.7% of the population consisted of male and 53.3% consisted of female respondents. The occupation of the respondents is taken into account to scale their annual income that is represented in Figure 3. 15% of the population is farmers, 22.4% consists of central and state government employees, 34.6% has business people, 16.8% was students, 11.2% were unemployed. Figure 4 shows the essentiality of having an insurance policy. 92.5% agreed that insurance policy is essential. 2.9% disagreed and 4.7% responded for either essential or non-essential.

The company to which the insurers have taken insurance is represented in Figure 5. The majority is Star Health insurance and allied Co.Ltd with a percentage of 29.9%, followed by Oriental insurance Co.Ltd and Reliance general insurance Co.Ltd having 23.4% and 25.2% respectively. United India insurance Co.Ltd and Bharathi Health insurance Co.Ltd have insurers of 9.3% and 6.5% among the total sample population. People with no insurance policy and people having policies in other companies had 2.8% each of the total population. Star health insurance Co.Ltd is stated as one of the best insurance companies in 2012 ('Insurance Services with Special Reference to Star Health and Allied Insurance Company Limited', 2019). The type of plan under which the insurers have taken the insurance is represented in Figure 6. 43% of the population had a family floater plan that covers their family members. 25.2% had individual policy, 21.5% had group health cover. Senior citizen health insurance and Critical illness health cover is found to have 4.7% and 5.6% respectively among the sample. A survey of 2011 stated that the insurers have mixed feelings about their insurance policies and plans. It was found that 30% of the U.S insurers agreed that they 'might switch' their plans (Lako, Rosenau and Daw, 2011).

The satisfaction that the insurers have about their list of paneled hospitals is shown in Figure 7. 92.5% are satisfied with their paneled hospitals under their coverage. 7.5% is found to be unsatisfied. This query is supported by an article published in 2009 stating that 34% of the population of their respective study sample were satisfied about their paneled hospitals and were benefited by them (Cohen, Cohen and Banthin, 2009). Figure 8 shows their knowledge about the Outpatient treatment plan coverage and dental treatment coverage. 77.6% agreed that Outpatient treatment and dental treatment is covered in their policy where 22.4% responded that it is not covered under their policy. Pisecco et al of 1999 stated that OPD and dental treatment are covered only by certain insurance companies during hospitalisation of the insurers (Pisecco *et al.*, 1999; Shreelakshmi, Arumugham Indiran, *et al.*, 2019). A study of 2020 also stated that the prevalence of dental caries is more between the age of 5-12 years. Hence, children's healthcare programs and policies can cover the treatment charges (Prabakar *et al.*, 2020).

Figure 9 represents the pandemic COVID-19. It queries whether the insurers diagnosed for COVID-19 are eligible to claim the insurance or not. 19.6% agreed that it can be claimed. 4.7% objected that it cannot be claimed. 30.8% stated it may or may not be claimed and 44.9% responded that this guidelines is not included yet in their coverages. IRDA guidelines have announced that the death of the insurers who are diagnosed by COVID-19 are eligible to claim their insurance under general health plan coverage (Dercon, 2004). The difficulties faced by the insurers in claiming the fund is shown in Figure 10. 97.2% of the population responded that there is no difficulty in their claim while 2.8% responded that there are some difficulties experienced by the insurers due to no people centric offices.

The procedures for insurance claim are shown in Figure 11. 4.7% and 9.3% responded that claim form and medical certificates are required. 7.5% and 16.8% responded that discharge summary and all bills and receipts are required. 61.7% of the population responded that all the above mentioned steps are

the procedures of insurance claim. The knowledge of the insurers about IRDA (Insurance Regulatory and Development Authority act) is represented in Figure 12. 32.7% of the population responded that they are aware of IRDA. 14% retorted that they are unaware of IRDA and 53.3% retorted that they may be aware of IRDA. A survey conducted in 2015 stated that 28% of the sample population of that respective survey are aware of IRDA. Comparatively, the current study had more awareness regarding IRDA act (Wang, Ng and Brook, 2020).

The role and responsibility of IRDA act is shown in Figure 13. 15% answered that they regulate fair practices in the insurance market. 11.2% answered that they safeguard the interest of the policy holders. Expediting the claim settlement and overcoming the disputes is agreed by a population of 20.6%. 53.3% responded that all of these measures are the role of IRDA. Figure 14 represents their benefits acquired through their insurance policy and coverage. 33.6% retorted that they are benefited. 15% retorted that they are not benefited and % replied that they may be benefited from their insurance. A survey of 2009 stated that 43.8% of the sample population are found to be benefited through their insurance policy plan and coverage (Pisecco *et al.*, 1999). Figure 15 represents the disadvantage that the insurers borne due to insurance policy and coverage, 12.1% quantified that the payment of policy premiums are high. 9.3% specified that the cash surrender values are found to be usually less. 15.9% specified that there is delay in claim settlements and 62.2% quantified that all these statements were found to be the difficulties that are faced by the insurers. A study conducted in 2002 stated that 23% of the respective study sample voted that disadvantages are seen in health insurance policy and coverage (Newman, no date).

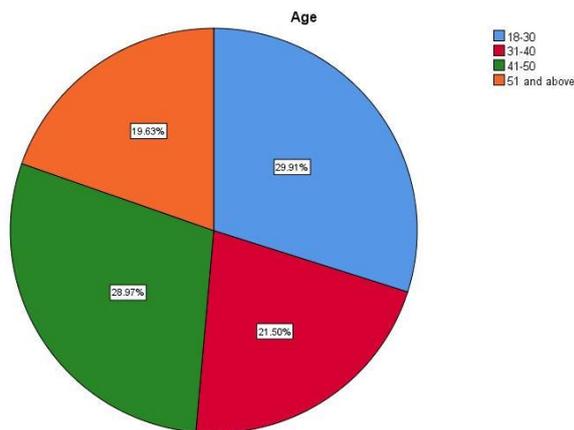


Figure 1 - The pie chart represents the age category of the respondents. Most of the participants of 29.9% belonged to 18-30 age (blue), 28.9% belonged to 41-50 age (green), 21.5% belonged to 31-40 age (red) and 19.6% belonged to 51 and above age (orange).

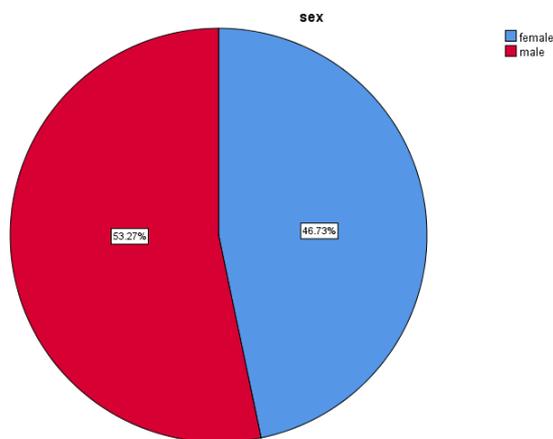


Figure 2 - The pie chart represents the sex of the participants. Majority of the participants of 53.2% are male (red) and 46.7% are female participants (blue)

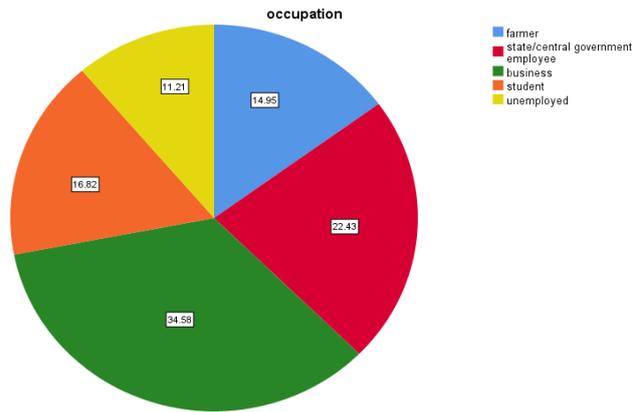


Figure 3: The pie chart represents the occupation of the participants. The majority are business people with 34.5% (green), followed by 22.4% are state/central government employees (red), 16.8% are students (orange), 14.9% are farmers (blue) and 11.2% are unemployed (yellow).

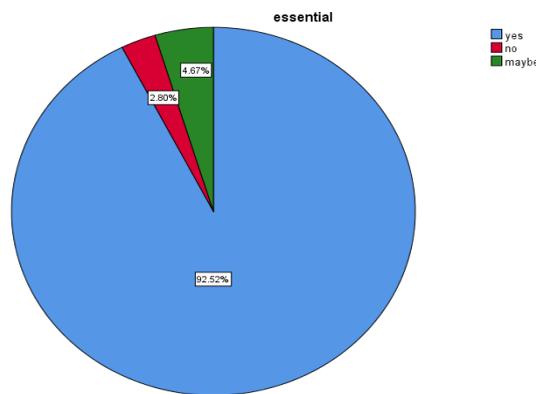


Figure 4 - The pie chart represents the need of health insurance policy. Majority of the participants stated that insurance is essential by a percent of 92.5% (blue), followed by maybe with a percent of 4.57% (green) and 2% proclaimed that insurance policy is not essential (red)

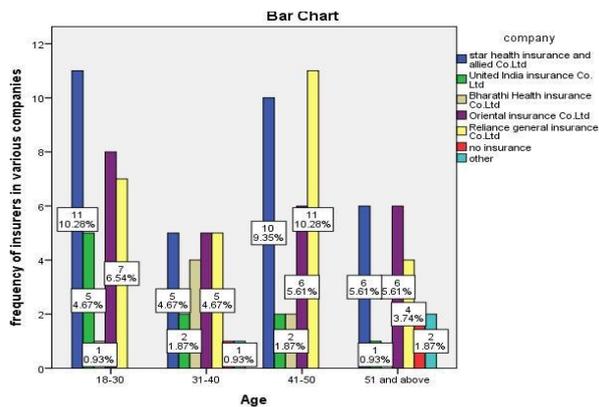


Figure 5 - The bar graph represents the correlation between age and the different companies that the respondents have insurance. X axis indicates the age groups and Y axis indicates the percentage of people insured under different companies. Blue denotes star health insurance Co.Ltd, green denotes United India insurance Co.Ltd, dark yellow denotes Bharath health insurance Co.Ltd, purple indicates Oriental insurance Co.Ltd, light yellow denotes Reliance general insurance Co.Ltd, red denotes no insurance holders and light blue denotes other insurance companies. Figure 5 shows that most of the respondents of age groups 18-30,31-40 and 51 and above have insurance in Star health insurance Co.Ltd with percentage (10.28%),(4.87% ) and (5.61%). 41-50 age respondents have insurance in Reliance general insurance Co. Ltd (10.28%). P value =0.229 (>0.05) not statistically significant.

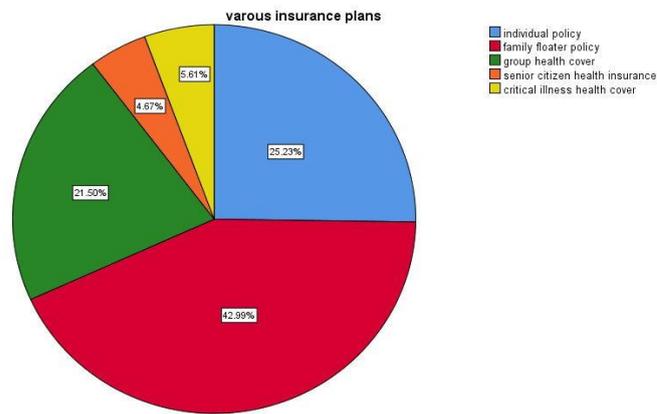


Figure 6 - The pie chart represents the various insurance plans.42.9% of the participants have family floater policy (red), 25.2% have individual policy (blue), 21.5% have group health cover (green), 5.6% have critical illness health cover (yellow) and 4.6% have senior citizen health insurance (orange).

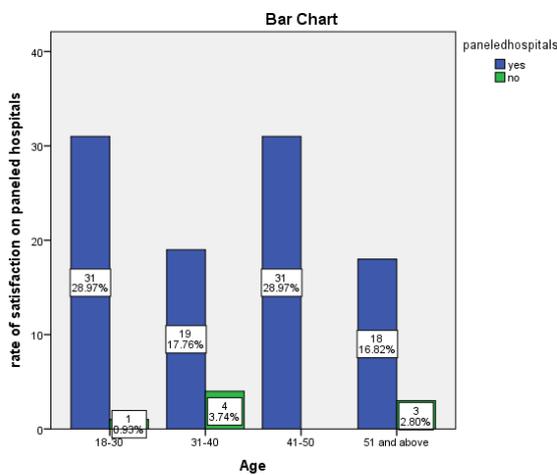


Figure 7 - The bar graph represents the correlation between age and satisfaction on the list of paneled hospitals.X axis represents the age groups and Y axis represents the rate of satisfaction on their paneled hospitals. Blue indicates that the respondents are satisfied and green indicates the respondents who are unsatisfied with the list of paneled hospitals. Figure 7 shows that most of the respondents of all age groups are satisfied with the list of paneled hospitals (28.97%) of 18-30 age, (17.76%) of 31-40 age, (28.97%) of 41-50 age and (16.82%) of 51 and above age group. P value=0.045 (<0.05) statistically significant.

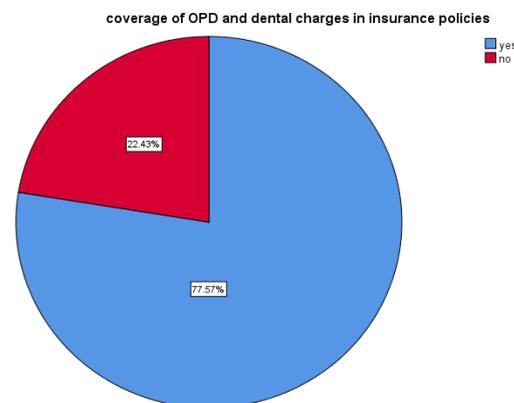


Figure 8 - The pie chart represents the coverage of OPD and dental charges in insurance policies. Most of the participants proclaimed that OPD and Dental treatment charges are covered in insurance policies by a percentage of 77.5% (blue) and 22.4% proclaimed that they are not included in insurance policies (red).

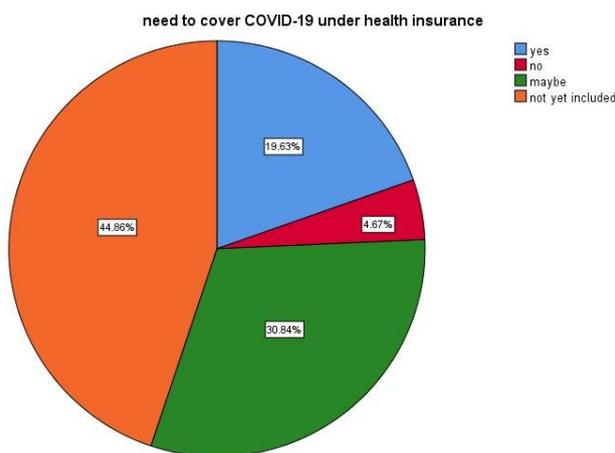


Figure 9 - The pie chart represents the need to cover COVID-19 under health insurance. Most of the participants (44.8%) states that COVID-19 is not yet included in insurance coverage (orange), 30.6% stated that it may be included (green), 19.6% stated that they are included (blue) and 4.6% stated they won't be included in the insurance coverage (red).

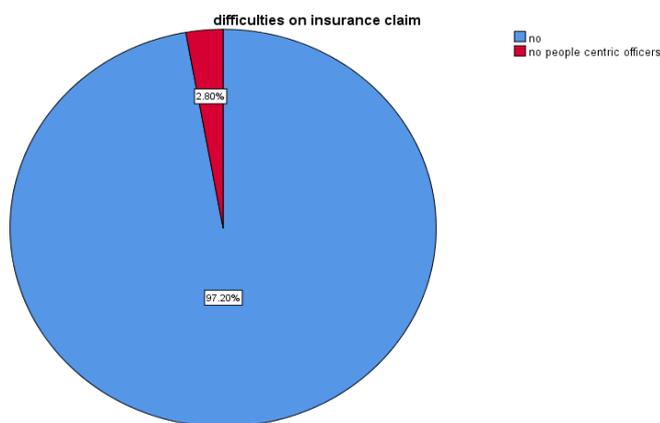


Figure 10- The pie chart represents the satisfaction of the respondents on insurance claims. 97.2% of the participants responded that there are no difficulties on claiming insurance (blue) and 2.8% responded that difficulties are faced due to no people centric offices (red).

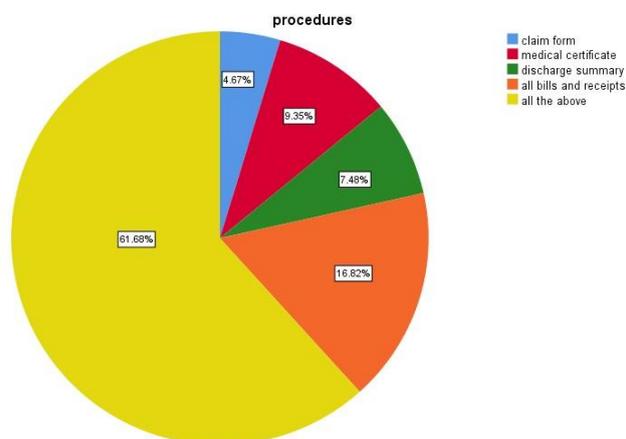


Figure 11 - The pie chart represents insurance claim procedures. Majority of the participants stated that all the above mentioned steps are the procedures of insurance claim that is supported by a percentage of 61.6% (yellow) followed by all bills and receipts of 16.8% (orange), 9.3% responded that medical certificates are required (red), 7.4% responded that discharge summary is required (green) and 4.6% responded that claim forms are required (blue).

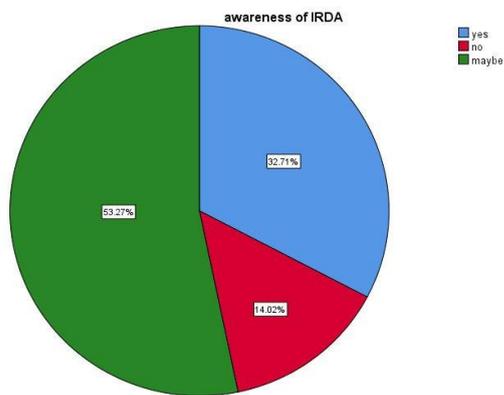


Figure 12 - The pie chart represents the awareness of IRDA. Most of the respondents responded that they may be aware about IRDA with a percentage of 53.2% (green), 32.7% are aware about IRDA and 14% are not aware about IRDA.

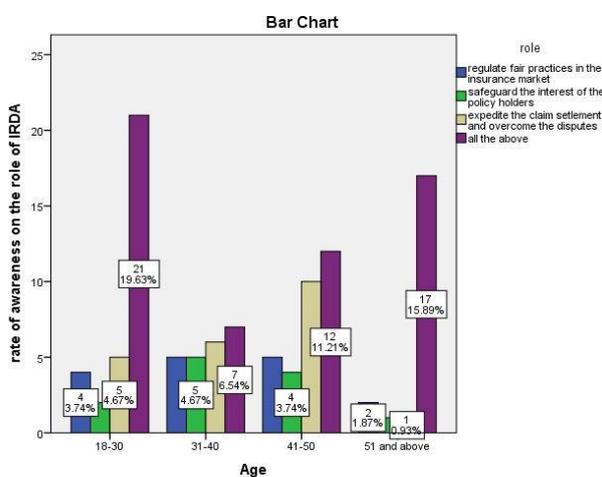


Figure 13 - The bar graph represents the correlation between age and the rate of awareness on the role IRDA. X axis indicates the age groups and Y axis indicates the rate of awareness on functions of IRDA. Most of the respondents of all age groups proclaimed that all the mentioned functions are the role of IRDA with a percentage of 19.63% of 18-30 age, 6.54% of 31-40 age, 11.21% of 41-50 age and 15.89% of 51 and above age (purple) respectively. P value=0.037 (<0.05) statistically significant.

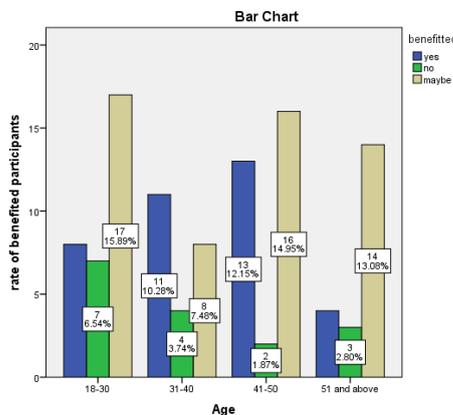


Figure 14 - The bar graph represents the correlation between age and people benefitted through insurance policies. X axis indicates the age group and Y axis indicates the rate of insurers benefitted through insurance policies. Most of the respondents of 18-30 age, 41-50 age and 51 and above are either benefitted or not with a percentage of 15.89%, 14.95% and 13.08% (yellow) followed by respondents benefitted in the age of 31-40 years with a percentage of 10.28% (blue). P value=0.181 (>0.05) not statistically significant.

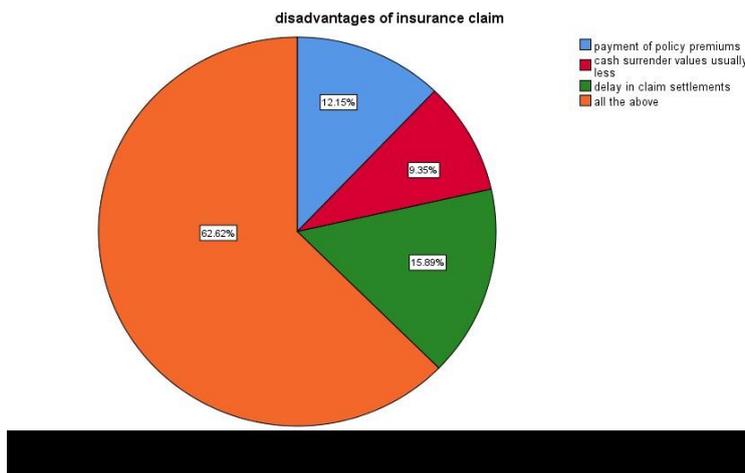


Figure 15 - The pie chart represents the disadvantages of insurance claims. About 12.1% of the participants faced difficulty in payment of policy premiums (blue), 15.8% of the participants faced delay in claims (green), 9.3% of participants proclaimed that cash surrender is of less value (red). 62.6%, Majority of the participants proclaimed that all above mentioned reasons are the disadvantages of insurance claim (orange).

## CONCLUSION

The current study states that the knowledge and awareness of the insurers of various companies and plan holders regarding their policies and coverages and the role and responsibilities of Insurance Regulatory and Development Authority Act which plays a major role in the creation of suitable guidelines to benefit the insurers. The awareness about the recent pandemic (COVID-19) is also taken into account. Hence, from the current study culminates that the sample population has awareness and knowledge about the merits and demerits of having a health insurance plan and it is found to be statistically higher when compared with the previous research.

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