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# AN ANALYSIS OF CHALLENGES OF HEALTH INSURANCE IN RELATION TO CONSUMER SATISFACTION IN SEMI RURAL INDIA

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## INTRODUCTION:

*'Future is unpredictable and rather, uncertain'*. That's where insurance comes in. Insurance business falls under the ambit of services. It is the method of transferring, distributing and sharing risk. The losses to assets or human asset resulting from natural calamities or unexpected events like, fire, flood, earthquake, accidents, natural death, illness, etc. which are beyond human control are met to pay the losses suffered by unfortunate few out of the common pool contributed by a large number of persons who are exposed to similar risks.

Insurance for life comes under Life Insurance, also called Life Assurance, and others come under General Insurance. The basic difference between the two is that amount spent on life insurance is received despite no happening of the event i.e., death because if death does not take place the insured gets the amount after a fixed period; whereas, General Insurance is given only on the happening of the event. Life insurance also being a means of investment is more in demand than General Insurance. In General Insurance, vehicle insurance, accident insurance and third-party insurance are quite popular especially vehicle insurance being compulsory by law. Lately, health insurance too is catching up.

Health Insurance provides indemnity against illness or injury. It provides coverage for medicine, visits to the doctor or emergency room, hospital stays and other medical and surgical expenses incurred by the insured. There are various policies on the basis of the cover

they provide, coverage limits, extent of deductibles/copayments, and the options for available for treatment to the insured.

According to the Health Insurance Association of America, health insurance is defined as "coverage that provides for the payments of benefits as a result of sickness or injury. Includes insurance for losses from accident, medical expense, disability, or accidental death and dismemberment".

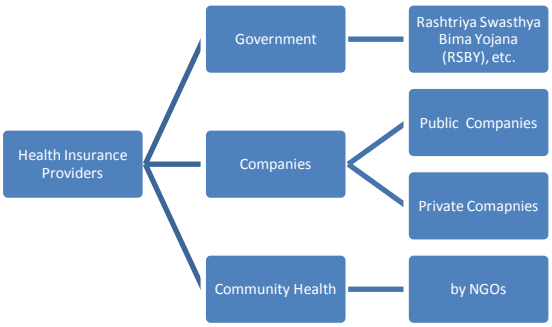
*Need for Health Insurance:*

1. *Tremendous increase in cost of health care services in the last 1 and a half decades.*
2. *High charges by private hospitals leading to increased Out of Pocket (OOP) healthcare expenditure.*
3. *Low public spending on healthcare.*
4. *Lack of facilities for treatment of various ailments and illness in government hospitals.*
5. Limited coverage by the existing health insurance schemes, which like Rashtriya Swasthya Bima Yojana are for those below poverty line.
6. *To* safeguard oneself against all unpredictable and predictable health care needs.
7. *Does not affect disposable income at times of illness and health emergencies.*

**Health Insurance Providers:**

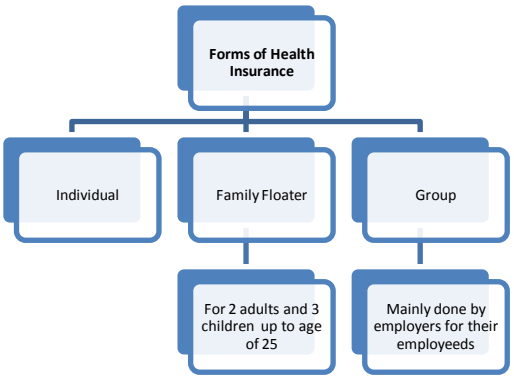
Health insurance is available in through government directly or through public or private companies or through community based health insurances as a way of laying out the health insurance landscape in India.

**Figure 1**




**Forms of Health Insurance:**

**Figure 2**




Growth of group insurance can be accorded to the dawn of the service sector, namely IT sector.

*Evolution of Health Insurance in India:*

Health insurance came to India as Central Government Health Insurance Scheme for government employees and Employees State Insurance Scheme for employees in the private sector. It was only in 1986 that the first health insurance product Mediclaim was launched by the government in the country. Since then things have certainly changed and now along with the government sponsored general insurance companies, there are many private sector insurance companies like Apollo Munich, Star Health, Future General India, Bajaj Allianz, Cigna TTK, IFFCO Tokio etc. operating in India and offering their products.

Earlier health insurance started as a cover for individual citizens and their families and then it offered reimbursement for hospital treatment. Sub-limits and caps on every single item covered by the policies were present. But, with health care evolving, the sub-limits were removed in 1990s and with increasing number of private hospitals and improved life expectancy many people started to buy health insurance policies.

In 2001 Third Party Administrators were introduced by the Insurance Regulatory and Development Authority (IRDA) who acted as the link between the hospitals and the companies and allowed the insurance companies to offer cashless facilities on their products.

With reforms starting towards liberalization, privatization and globalization, the IRDA opened up the market in August 2000 with the invitation for application for registrations. 26% of ownership could be allowed to foreign companies. From 2000 onwards IRDA

framed various regulations ranging from registration of companies for carrying on insurance business to protection of policyholders' interests.

According to the report[25], "*the large coverage of social sector schemes is likely to drive penetration as well as create greater awareness among the uninsured populations about the benefits of health insurance. The standalone health insurance market in India is likely to grow at a compounded annual growth rate of 30 percent in an accelerated growth scenario for the next five years. According to research by specialist research and consulting firm Fintelekt, the size of the market will increase from Rs 5859.7 crore in FY16-17 to Rs 21,904 crore by FY21-22.*"

**REVIEW OF LITERATURE:**

The researcher reviewed online as well as printed journals, papers and magazines related to the topic to understand issues related to health insurance.

**Gruber Jonathan (2009)**[4] took up study on Massachusetts Health Reforms, described how the Massachusetts reform works, and how it can be extended nationally whereby he talked about individual mandate to have an insurance policy, employee responsibility, affordability, providing minimum benefits, etc.

An article on 'Health Insurance Evolution in India: An Opportunity to Expand Access' in **Cognizant 20-20 insights (Feb 2014)**[18] mentioned that to make the most from the evolving health care framework, private health insurance companies in India must embrace evolving technology and create an integrated health ecosystem namely, affordability and accessibility chasm, high variation in quality of services, medical health insurance penetration, associated social facilities, absence of regulatory and standardized operating procedures, and lifestyle changes, to expand access to healthcare. It was in favour of healthcare transformation requiring focus on the three key goals of access, cost, and quality. Private entities need to complement public initiatives to develop a comprehensive healthcare delivery and financing system. Targeted product development, proximity to the consumer, and championing efficiency will be the critical success factors, is what the article asserted.

In research article by **Ahlin Tanja, Nichter Mark and Pillai Gopukrishnan (2016)**[1] the authors mentioned that the percentage of India's national budget allocated to the health sector

remains one of the lowest in the world, and healthcare expenditures are largely out-of-pocket (OOP). They identified six key topics demanding more in-depth research: (1) public awareness and understanding of insurance; (2) misunderstanding of insurance and how this influences health care utilization; (3) differences in behavior patterns in cash and cashless insurance systems; (4) impact of insurance on quality of care and doctor-patient relations; (5) (mis)trust in health insurance schemes; and (6) health insurance coverage of chronic illnesses, rehabilitation and OOP expenses. They also recommended that a health policy and systems research approach promotes such 'systems thinking' and explores why and how certain programs work for some, but not for others.

Many more literature too was reviewed. All the authors of various literatures on health insurance have researched on government health insurance scheme or public health insurance companies. And in case of private health insurance companies mostly the research is in general and not pertaining to semi rural areas where the behaviour, psychology of people, spending habits, etc are quite different from those living in urban areas. Thus, study of challenges for private health insurance companies in semi rural areas is undertaken by the researcher.

**OBJECTIVES OF THE STUDY:**

1. To get an insight into level of satisfaction of insured from health insurance.
2. To understand the problems related to health insurance from health insurance agents perspective.

**HYPOTHESIS OF THE STUDY:**

**Ho: There are no challenges faced by health insurance companies in relation to consumer satisfaction in Semi Rural India**

**H1: There are challenges faced by health insurance companies in relation to consumer satisfaction in Semi Rural India**

**RESEARCH METHODOLOGY:**

**1. Data Collection**: The study is on primary as well as secondary data.

**i) Primary Data:** Primary data is collected to get an insight into the views of those who are insured under health insurance of private company.

**(i) Research Area:** As the study is based on semi-rural area, Bhusawal Taluka is

undertaken for the study.

**(ii) Sample Selection:** The study employed random sampling technique with a sample size of total 100 respondents. The insured persons were selected from the 5 leading agents, 20 each from each agents client list.

**Sample for Primary Data**– From those who have bought insurance from private companies and agents dealing with private company insurance.

| **Respondents** | **No.** |
|---|---|
| Insured Persons | 100 |
| Agents | 05 |
| Uninsured Persons | 25 |

**Data Collection Technique** –

For Insured Persons – Questionnaire with open as well as close ended questions. Likert 5 Scale was used to get the responses on questions relating to premiums, claims and its procedure, treatment undergone and their experience, other experiences, etc.

For Insurance Agents – Interview with open ended questions about their experiences and issues encountered while dealing with giving insurance, claim of insurance, etc. The opinion given by insured was also cross-checked with agents as they deal with insured on a regular basis.

Uninsured persons too were interviewed mainly to find the reasons for not opting for health insurance.

**ii) Secondary Data:** Secondary Data is used to critically identify the issues relating to health insurance through the study done by other eminent personalities and researchers. For this various research papers and articles in journals, information available on health insurance on website, etc. were referred.

Both, views received from primary data and knowledge collected from secondary data is used to analyse the issues and suggest measures.

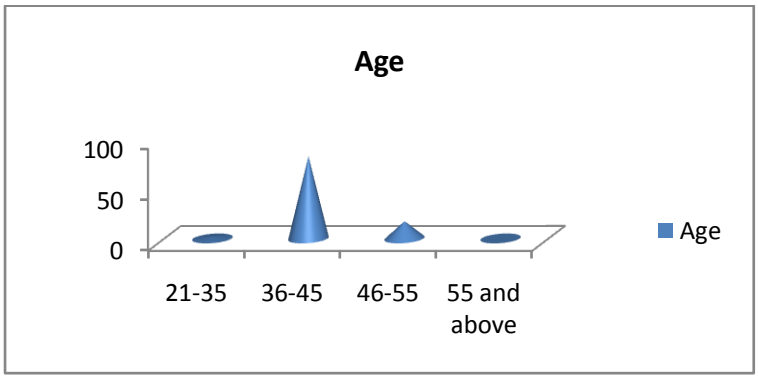
## DATA ANALYSIS AND INTERPRETATION:

Data collection from those insured under health insurance and agents of health insurance as well as study of information collected through secondary sources revealed the following information:

## I. Findings Related to Demographics and General Findings:

### 1. Age Group Opting for Health Insurance:

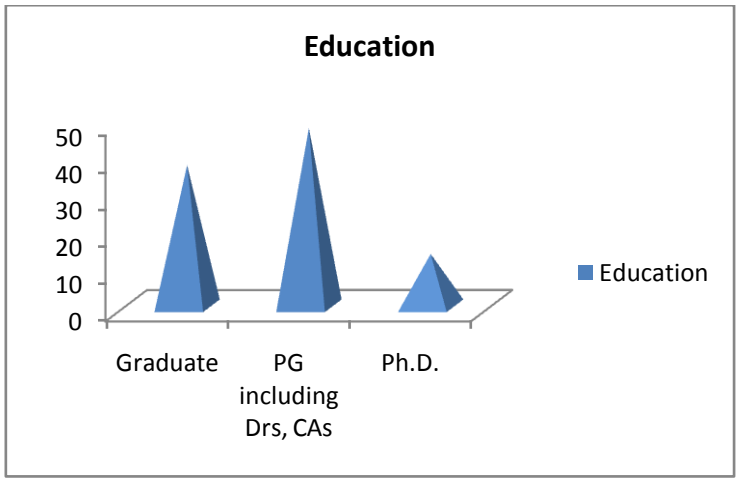
**Figure 3**




From the data collected it was revealed that 48% insured either individually or in group insurance were in the age group of 36 to 45. The reason was that before that age group the person is settling down in his profession or job and at around 36 and above till 45 they realize the need for health insurance and after the age group of above 45 many do not opt as premium increases age wise and they do not find it beneficial especially if they have not fallen ill or met with an accident making them shell out a handsome amount.

### 2. Education:

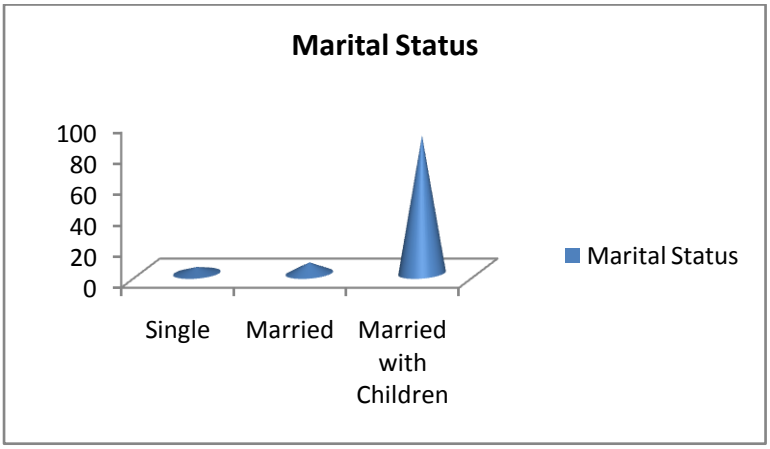
**Figure 4**




All those insured had minimum education up to graduation or above. Maximum were post graduates. This shows that more educated persons were more inclined towards health insurance.

### 3. Marital Status

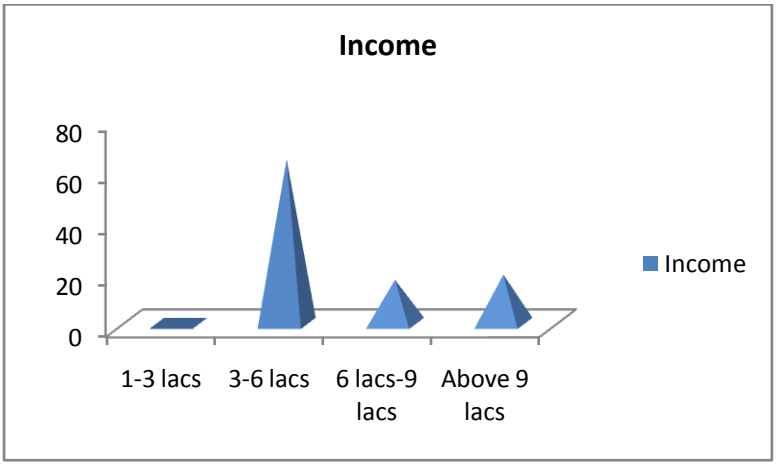
**Figure 5**




Most of those who were insured were ones married with children. The reason could be that most in this age bracket are married and are having children. There were only 4 unmarried or single who had taken up health insurance.

### 4. Income

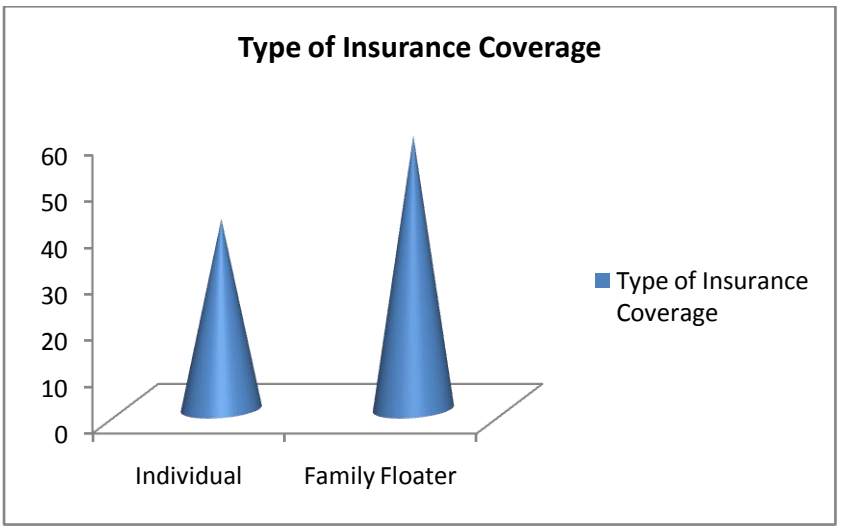
**Figure 6**




The income of all those opted for insurance was Rs. 3 lacks to 6 lacs or more. This indicates that only middle class and upper class opt for insurance.

### 5. Insurance Coverage

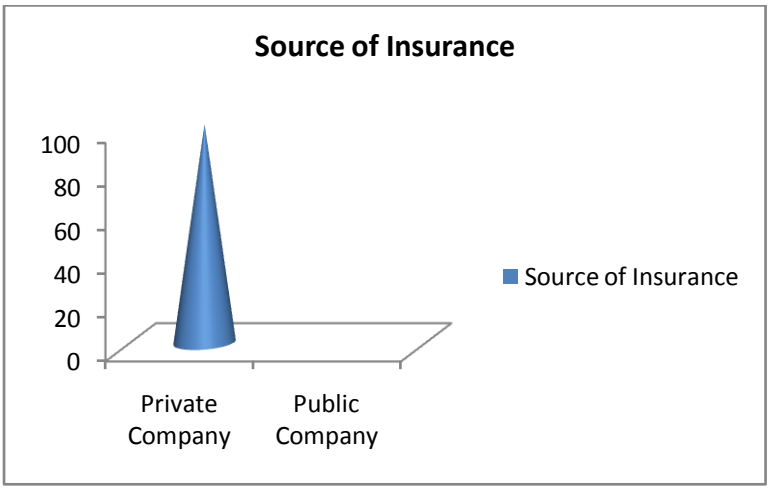
**Figure 7**




7% insured opted for either individual and 89% for family floater. Group insurance was missing as it is not compulsory for employees who prefer to go for accident insurance rather than health insurance. Those who took for single were the ones who took it to please the agent who was their friend.

## 6. Type of health insurance

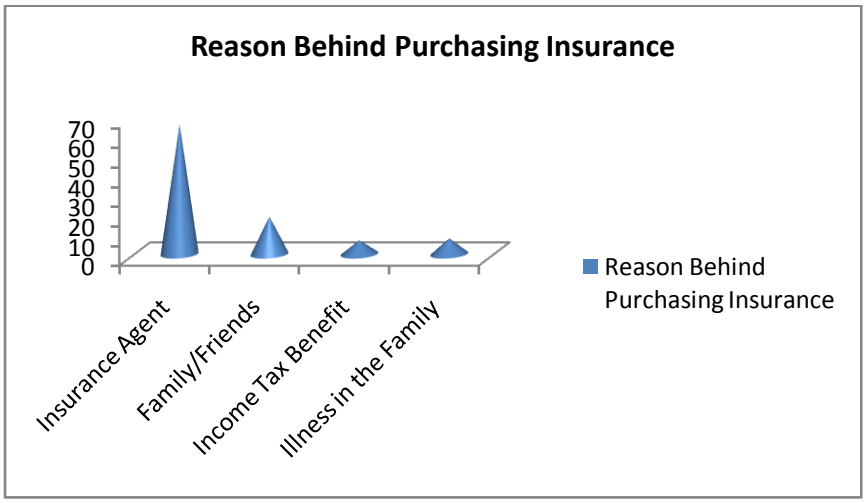
**Figure 8**




All purchased health insurance policy through private company. The reason could be they did not have faith in pubic company or government. This could be relative. Under Section 80D income up to Rs. 25000 per person for maximum 2 persons is exempt from Income tax and for senior citizen it is Rs. 30000 per person for maximum 2 persons.

## 7. Reason behind purchasing Health Insurance

**Figure 9**




In reply to the reason for purchasing health insurance, 66% purchased it from insurance agents. Others reasons were relatives and friends who came to know of certain illness in the family of the insured when illness arises in the family of the person who was not insured then, to take benefit of income tax, to cover health risk by experiencing the problem another person going through when not insured. Tax benefit is not much when it is compared with life insurance or house loan thus is not much of a motivator.

**Reason behind purchasing Health Insurance –** Few who had not opted for health insurance gave the reasons as follows:

i) No proper knowledge of what health insurance has in store for them

ii) Negative Experiences of family or friends with health insurance companies mainly relating to claim and procedural problems.

iii) Many of those interviewed stated they have little faith in health insurance schemes and prefer to pay OOP for services as needed.

iv) If they do not fall ill during the insured period it is a useless expense.

## II. Finding related to various aspects of insurance

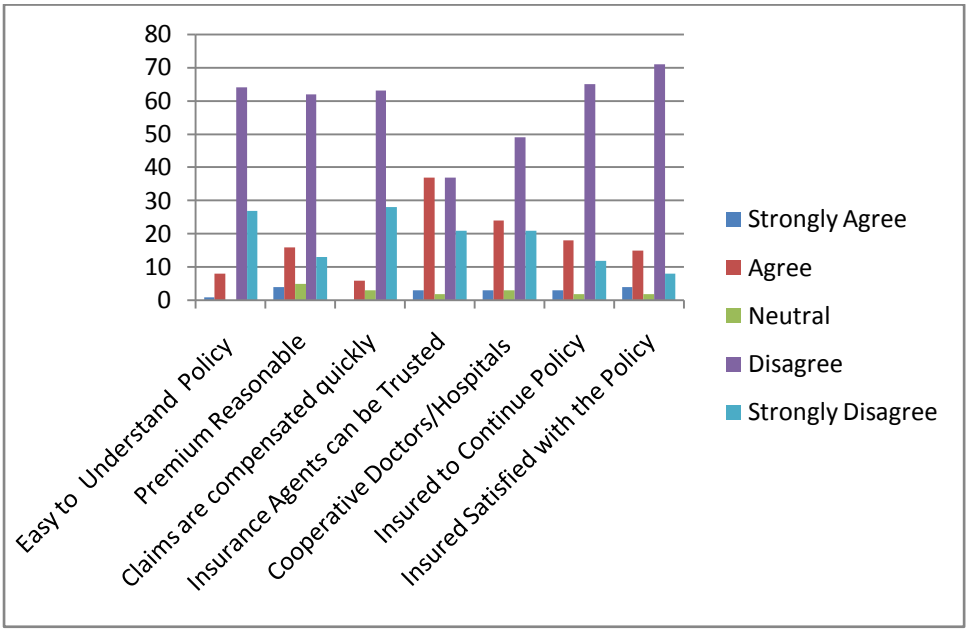
From Insured, following information was revealed:

**Table 1**

| Parameter | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| It is easy to Understand the Policy | 1 | 8 | 0 | 64 | 27 |
| Premium is reasonable | 04 | 16 | 5 | 62 | 13 |
| Claims are compensated quickly | 0 | 6 | 3 | 63 | 28 |
| Insurance Agents can be trusted | 3 | 37 | 2 | 37 | 21 |
| Doctors/Hospitals are Cooperative | 3 | 24 | 3 | 49 | 21 |
| Insured would like to continue the policy | 3 | 18 | 2 | 65 | 12 |
| Insured are satisfied with the benefits of the policy | 4 | 15 | 2 | 71 | 08 |

**Figure 10**

**Response of Insured**




### 1. Understanding of Insurance Policy

91% of the respondents were of the opinion that it is not easy to understand the insurance policy. This is in spite of health insurance being introduced way back in 1986 till now it is perceived as a relatively new idea and has to be explained to people regularly, especially the details. The reasons found for low level of understanding were:

i) Low level of literacy

ii) Problem of understanding English language by the people in semi rural areas as they mostly study in their language

Agents when asked their experience were of the same opinion but they also added that educated people on their part have not been diligent in understanding the terms of the contract or they have no patience due to time constraints. Thus, they depend on whatever is explained by the agent which increases their dependency on the agents. Poor understanding of insurance mechanisms may continue even after people acquire health insurance policies.

**2. Premium Affordability**

Three fourth of the respondents felt that Health insurance is very expensive. Especially, it is felt when one gets insured and is not able to take advantage of it due to not falling ill. They then perceive it as a waste though they do not realize that they got tax benefit and in getting insured again they get insured for a higher amount for the same premium.

**3. Efficiency in Reimbursement of Claims**

The claims against the policy is another problem area. 91% refuted that it takes time to be compensated. On further enquiry with the respondents they stated that though insurance companies claim that reimbursement against the claim takes 15 days to 2 months, but due to procedural/technical, more so in case of non-network hospitals. For claiming reimbursement is required hard copies of admit card, discharge card, billing – original bill, prescription, stamp behind bill and prescription, temperature chart, OPD chart, X ray chart, reports, etc. This leads to the perception that insurance companies are 'cheats' reducing the trust on the health schemes. Agents informed that insured are hesitant to answer certain questions required for reimbursement like hospital in which admitted, disease the insured suffered from, and network hospital. This creates problem in claim.

**4. Trusting Health Insurance Agents**

Out of 100 respondents 58% strongly disagreed and disagreed on the statement 'Insurance Agents Can Be Trusted'. This is partly due to the perception that agents work for profit for themselves as they work for commission rather than looking after the interest of the insured. Agents begged to differ. They claimed that though they look for profit they also are concerned about word of mouth publicity of themselves for growth of their business and fray away from deceiving their clients. According to them mistrust is generated from wrong or poor understanding of the policy terms and conditions. In fact many find agents as cheats and prefer to purchase policy online. A major reason for this is a mismatch between customers' expectations and poor understanding of actual terms of the contract leading to

unrealistic expectations about what healthcare is included in the coverage (e.g., outpatient or inpatient healthcare) and what are the limits of insurance in terms of the amount of covered expenses.

**5. Cooperation from Doctors**

70% of the respondents disagreed or strongly disagreed that 'Doctors/Hospitals are Cooperative'. This happens even when doctor tries to genuine ask questions which is not taken in a good stride. It is difficult for any layman to be able to know what they have put down on the file by means of medicines and tests. When he sees the bills or when the money is cut from our card do we know the billed amount, he feels cheated and labels the doctors 'Unscrupulous'. Agents stated that at time Insurance companies dictate to hospitals how much they can spend per procedure or disease. Hence, if the money allotted only covers four days worth of hospitalization, then patient is likely to be discharged at end of four days even if the doctor would normally have advised a couple days more of treatment or further investigations. The insured blames the doctor/hospital for it. In non-network hospitals, doctors too have to maintain records and fill up various forms and complete various procedures. This at times makes them act a bit rudely with the patients who at times does not listen.

**6. Continued of Policy**

People buy and then do not renew. 77% of the respondents agreed to it. Because of many instances reported of consumers feeling denied of insurance benefits they feel are due to them, they do not renew. And those who did not fall ill could not take benefit of the product and thus, find it as dead investment. Nearly 60% were insured with agents who was their friend. Such proportion was nearly 60%.

**7. Satisfied with the Benefits of the Policy**

Around 80% were not satisfied with the policy. Two more issues came to light through further enquiry:

**i) Capping**

Only a particular amount out of a total amount can be issued for individual insurance during one hospitalization event and in family floater too there is a limit per person. The entire money is not allowed to be withdrawn at one go. Any expense beyond this must be borne out of pocket. At times they may face financial ruin due to insured's prolonged illness. Agents refuted that the decision of capping was taken by the clinic administrators in order to prevent the money available under the insurance scheme to the beneficiaries too quickly.

**ii) Products Available under the policy**

Compensation is not given for OPD only for IPD that too the insured must be admitted for minimum 24 hours. A large portion of health expenditure is spent on drugs, diagnostics and doctor fees. There is a dire need to compensate for this expenditure. There is no health insurance coverage of chronic illnesses, rehabilitation and OOP Expenses, HIV patients, operations for hernia, kidney stones, uterus removal, piles etc. Many diseases are excluded and many are not available for 2 years of holding policy. Health insurance schemes are mainly confined to covering critically illness for surgical procedures and mostly offer one-time lump-sum payouts.

Agents interviewed put up their points of view which were as under:

**1. Cashless Insurance Systems:**

Misunderstandings occurs in case of cashless insurance, which is treated as credit card, when they seek out more expensive care than they can afford without realizing that their insurance coverage at a hospital is limited to realize that his insurance money is over in a few days though he requires treatment for further period of time. This leads to the insured paying a lot of money OOP later or going to government or lesser expensive hospital. Also, in cashless insurance insured can make payment through card in tie-up/network hospitals but in case he is not able to be treated in network hospital then he is required to pay cash which creates dissatisfaction to the insured.

**2. Hiding Important Health Information:**

The underlying problem is one of asymmetric information where the consumer has more information about his or her risk than the seller (the insurer) does. The potential customer tries to hide certain vital health information to avoid paying higher premium and it is difficult for the insurer to predict the losses facing that customer. But later after it being diagnosed by the doctor he may be denied claim which again leads to discontent in the insured.

**Thus, from the various issues relating to consumer satisfaction discussed, it could be concluded that Ho is rejected and H1: There are challenges faced by health insurance companies in relation to consumer satisfaction in Semi Rural India in therefore accepted.**

**RECOMMENDATIONS:**

Increase in purchasing power, growth in the types of illness and chronic diseases and increased demand for healthcare services has made private health insurance companies recognize India as a potential market by. To make Indian market for health insurance companies more lucrative, the researcher recommends the following measures:

**1. Increase in Understanding of Insurance**

i) Spread awareness through strong customer education programs with the help of trusted parties like consumers associations, healthcare workers, NGOS, gram panchayat, etc.

ii) Use promotional strategies like online advertising, personal selling, sales promotion, television and print ads, social media channels, etc.

iii) Educated customers that must be cautious that they should know the details in the insurance kit like what does the health insurance plan cover for and not covered for, health care benefits, policies and procedures of getting health care assistance and insurance coverage, any limits to the insurance coverage, costs that you have to pay (copayment, etc) and billing, access to emergency care, urgent care, and admission to a hospital, access to non-emergency care and hospital services, and customer service.

iv) Brochure and form should be in regional languages.

v) Language in English should be easy to understand for those who understand English.

**2. Make Premium Attractive:**

i) More Income Tax Benefits. And more could be given on continuity of the policy.

ii) Minimum benefit like preventive healthcare will make the policy attractive.

They will also solve the problem of Discontinued Policy.

**3. Speedy Reimbursement of Claims**

Whether it is on the compensation amount or on how such payments need to be structured, the industry still needs to work on pricing, finding appropriate method of compensating individuals for injuries suffered, both in determining the size of lump-sum payments and in structuring settlements in other appropriate ways that too speedily and with ease and convenience. There is required transparency in the claims and in charging for various health care services. Standard reimbursement rates be developed by in the industry.

**4. Building Trust in Health Insurance Agents**

Adequately train and monitor insurance agents to deliver their service to convince people to buy insurance. The agents should be trained to maintain transparency and to convey exceptions to insurance coverage adequately to customers. This will improve trust towards the agents. Too much persuading not liked.

**5. Cooperation from Doctors**

i) Health Insurance Companies should educate the doctors too in how to treat an insured patient.

ii) Since agent is in touch with the insured, he may be given some incentive to take care of the patients needs and clear any misunderstanding in the minds of the insured.

iii) Patient has to approach doctor, get clinical tests done and purchase medicines. Integrated, coordinated and regulated healthcare model with increased transparency and accountability be evolved.

**6. Discontinued policy**

More transparent explanations of differences between life and health insurance is required. The measures of making premium attractive, speedy compensations and cooperative doctors would reduce the proportion of discontinued policy.

**7. Product Design and Product Benefit**

i) Health Insurance should come up with products with a desire to be "fit for purpose" rather than "one size fits all".

ii) Give more attention in post– sales services in comparison to pre–sales services.

iii) With customers becoming choosy, the insurance products and services should be comprehensive with wider range of new and innovative products, competitive pricing of products and services to retain clients.

iv) Include OPD and medicine bills under minimum benefit.

v) Benefit design can separate risks. Insurers may increase the premiums but also increase the level of benefits by decreasing the deductibles (exemptions from reimbursement), co-payments and coinsurance rates. For healthy customers a policy with a low premium but high deductibles and co-payments, can be designed. Thus, flex plans with defined contribution benefit plans is needed.

vi) On factors like age, gender, past medical conditions and other risk behaviors such as smoking, the company may charge different premiums to different groups.

vii) India is currently going through a stage of health transition characterized by ill health caused by nutritional deficiencies, infectious disease, and non-communicable disease (NCD), high tobacco use, overconsumption of high caloric fat-rich diets, and low levels of exercise among the more affluent and with those undergoing lifestyle changes. It is catching up in the semi rural areas too. These could be included.

**8. Accessibility of Healthcare Services:**

All kind of healthcare services should be easily accessible. If the insured during his illness is

taken to a bigger city, certain proportion of reasonable expenses should be borne by the insurance company, provided it is the nearest one and the health care for which he went to city is not available in his area.

**9. Use of Technology**

Customers expect 24-hour service. People in the semi rural areas too are net savvy and can buy online, why not offer them the online platform. The company could have videos explaining the details of the policy or a helpline replying to the queries of one interested in being insured by text messages or proper videos. Virtualization of processes, i.e., the "anywhere, anytime worker" and Anything as a Service (AaaS) business model with consumer centric mobility paradigms to deliver healthcare is attaining prominence. Mobile too could be used effectively. Many insurance companies are yet to permit their customers to pay premiums through mobile.

**10. Reaching the Customers in Semi Rural areas**

The health insurance market is not penetrating into semi rural and rural areas. A best mix of various distribution channels have to be undertaken other than agents and online like retail markets, worksite marketing, selling through banks, direct marketing, etc.

**11. Promoting Micro Insurance:**

Paying capacity and willingness to pay high premiums is less in semi rural areas. The huge untapped market for health insurance is the semi-rural could be tapped through micro finance. Micro-insurance is for the protection of low income households against specific hazards for a premium proportionate to the income and cost of the risk involved. Micro Insurance products offer coverage to low income group households or to individuals who have little savings and is tailored specifically for lower valued asses and compensation for illness, injury or death. Post Offices could be used for such products distribution.

**CONCLUSION:**

M Saraswathy[25] stated "Rising costs of medical care are expected to lead to an increase in demand for health insurance, as well as an opportunity to target higher value policies in terms of the sum assured for health insurance companies," said the report. It cannot be denied that health insurance business is expected to be considerably increasing in the future provided the needs of not only urban area but also semi rural and rural areas are taken care of. Private health insurers can become profitable by overcoming challenges relating to premium, awareness and understanding of insurance, cooperation from doctors and hospitals, claim settlements, product benefit design, etc. Due to profit-oriented approach, private health insurers target mainly the middle-class population. But lower class citizens who are not below poverty line too could be approached. If these various challenges in semi rural are overcome then it is possible for private health insurers to have a sound foot in the semi rural areas.

**References:**


1. Ahlina Tanja, Nichter Mark and Pillai Gopukrishnan (2016). *Health insurance in India: What Do We Know and Why is Ethnographic Research Needed*. Anthropology & Medicine, VOL. 23, NO. 1, 102_124. Online: https://www.tandfonline.com/doi/pdf/10.1080/13648470.2015.1135787. Retrieved October 10, 2018, from https://www.tandfonline.com
2. Anderson Michael, Dobkin Carols and Gross Tal (March 2010). *The Effect of Health Insurance Coverage on The Use of Medical Services*. National Bureau of Economic Research Working Paper Series, Working Paper 15823, Cambridge. Online: http://www.nber.org/papers/w15823. Retrieved October 10, 2018, from http://www.nber.org
3. Card David, Dobkin Carlos and Maestas Nicole (March 2010). *The Impact of Health Insurance Status on Treatment Intensity and Health Outcomes*. National Bureau Of Economic Research Working Paper Series, Working Paper 15823, Cambridge. Online: http://davidcard.berkeley.edu/papers/healthinsur.pdf. Retrieved October 15, 2018, from http://davidcard.berkeley.edu
4. Gruber Jonathan (2009). *Universal Health Insurance Coverage: Progress & Issues*. Center for Policy Research. 2. No. 41/2009. Online:

https://surface.syr.edu/cgi/viewcontent.cgi?article=1001&context=cpr. Retrieved October 10, 2018, from https://surface.syr.edu

5. http://blogs.pioneerlists.com/contemporary-issues-insurance-industry-facing/. Retrieved October 14, 2018, from http://blogs.pioneerlists.com
6. https://en.wikipedia.org/wiki/Health_insurance. Retrieved October 15, 2018, from https://en.wikipedia.org
7. http://medind.nic.in/hab/t01/i2/habt01i2p65.pdf. Retrieved October 13, 2018, from http://medind.nic.in
8. http://www.imedpub.com/scholarly/health-insurance-journals-articles-ppts-list.php. Retrieved October 14, 2018, from http://www.imedpub.com
9. http://www.investopedia.com/terms/h/healthinsurance.asp. Retrieved October 12, 2018, from http://www.investopedia.com
10. http://www.investorwords.com/2289/health_insurance.html. Retrieved October 13, 2018, from http://www.investorwords.com
11. http://www.path2usa.com/meaning-of-health-insurance-what-is-health-insurance. Retrieved October 10, 2018, from http://www.path2usa.com
12. https://accessh.org/evolution-health-insurance-india/. Retrieved October 10, 2018, from https://accessh.org
13. https://en.wikipedia.org/wiki/Health_insurance. Retrieved October 10, 2018, from https://en.wikipedia.org
14. https://go.preciseleads.com/challenges-modern-insurance-industry. Retrieved October 16, 2018, from https://go.preciseleads.com
15. https://journals.lww.com/academicmedicine/Fulltext/2017/09000/Why_Health_Insurance_Matters_and_Why_Research.13.aspx. Retrieved October 19, 2018, from https://journals.lww.com
16. https://rmoneyinsurance.com/blogs/general-insurance/brief-history-insurance-india/. Retrieved October 8, 2018, from https://rmoneyinsurance.com
17. https://research-paper.essayempire.com/examples/economics/economics-health-insurance-research-paper/. Retrieved October 15, 2018, from https://research-paper.essayempire.com
18. https://sites.lsa.umich.edu/amanda-kowalski/wp-content/uploads/sites/593/2018/03/kowalski_research_statement.pdf. Retrieved October 19, 2018, from https://sites.lsa.umich.edu

19. https://www.cognizant.com/InsightsWhitepapers/Healthcare-Insurance-Evolution-in-India-An-Opportunity-to-Expand-Access.pdf. Retrieved October 13, 2018, from https://www.cognizant.com
20. https://www.ehealthinsurance.com/medical-insurance-packages. Retrieved October 12, 2018, from https://www.ehealthinsurance.com
21. https://www.ehealthinsurance.com/individual-family-health-insurance. Retrieved October 12, 2018, from https://www.ehealthinsurance.com
22. https://www.enotes.com/research-starters/health-insurance. Retrieved October 18, 2018, from https://www.enotes.com
23. https://www.iamagazine.com/magazine/read/2016/12/02/4-key-challenges-facing-the-insurance-industry. Retrieved October 16, 2018, from https://www.iamagazine.com
24. https://www.irdai.gov.in/ADMINCMS/cms/NormalData_Layout.aspx?page=PageNo4&mid=2. Retrieved October 14, 2018, from https://www.irdai.gov.in
25. https://www.moneycontrol.com/news/business/economy/size-of-standalone-health-insurance-market-to-touch-rs-21904-crore-by-2022-report-2356543.html. Retrieved October 19, 2018, from https://www.moneycontrol.com
26. https://www.policybazaar.com/health-insurance/general-info/articles/a-glance-at-the-evolution-of-health-insurance-in-india/. Retrieved October 14, 2018, from https://www.policybazaar.com
27. https://www.policybazaar.com/health-insurance/health-insurance-india/. Retrieved October 24, 2018, from https://www.policybazaar.com
28. https://www.quora.com/What-contemporary-issues-is-the-insurance-industry-facing. Retrieved October 11, 2018, from https://www.quora.com
29. https://www.researchgate.net/publication/281203688_CONTEMPORARY_ISSUES_IN_MARKETING_OF_LIFE_INSURANCE_SERVICES_IN_INDIA. Retrieved October 10, 2018, from https://www.researchgate.net
30. https://www.tandfonline.com/doi/full/10.1080/13648470.2015.1135787. Retrieved October 19, 2018, from https://www.tandfonline.com