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STATEMENT OF THE PROBLEM

OBJECTIVES

HYPOTHESIS (ES)

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

RECOMMENDATIONS/SUGGESTIONS

CONCLUSIONS

LIMITATIONS

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APPENDIX/ANNEXURE

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• Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

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HEALTH INSURANCE TRENDS

S.NARENDAR REDDY PH.D. RESEARCH SCHOLAR, KAKATIYA UNIVERSITY, WARANGAL; & ASST. PROFESSOR OF COMMERCE GOVERNMENT DEGREE COLLEGE GODAVARIKHANI

ABSTRACT

People finds health insurance is very important during health emergencies. Health insurance provides financial assistance and keeps insured financially strong in case of health emergencies. Covid 19 made people think more and more about health insurance. Under such circumstances, the study is conducted after taking the data from annual reports of IRDAI from 2010-11 to 2019-20. It is found that after several years of privatization Public Sector General Insurers are able to get health insurance business worth 48% in 2019-20. Private sector General insurers and standalone health insurers followed by 24%, 27% respectively. For several years Maharashtra tops in collections of Health insurance premium and it collected nearly 30% of total health insurance premium of the country followed by Tamilnadu, Karnataka, Delhi. Incurred claim ratio of Public sector General Insurers all the years of study is above 100% and indicate that they are successively incurring losses. Nearly 74% of health insurance claims are settled within 1 month as per TPA records. For this study only, General insurers and standalone health insurers are taken. Health Insurance covered by Life insurers is ignored. Only few statistical data are taken for this study from annual reports of IRDAI. More and more studies are desirable in health insurance sector.

KEYWORDS

IRDAL health insurance, trends in health insurance, health insurance premium, incurred claim ratio.

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INTRODUCTION

ealth Insurance: Health insurance is a way to distribute the financial risk associated with the variations of Individual health care expenditure by pooling costs over time (pre-payment) and over people (pooling) –OECD 2004

The health insurance protects insured from financial expenditure incurred on account of health variations. Insured have to pay health insurance premium. Insurance company will pay or reimburse amount spent on health services of policy holders. Earlier it is part of General insurance. In India almost, all General Insurance companies and 7 standalone insurance companies offer health insurance. Life insurance companies also offer health insurance policies. Health insurance is offered by Public sector insurers, private sector insurers, central government and state governments.

In most countries a mix of private insurance, state run health insurance and community health insurance schemes work to meet health care needs of people. In India public health insurance was started with introduction of ESIS act in 1948 and followed by CGHS in 1954.

Four subsidiaries of General Insurance of India introduced first private health insurance product Med claim in 1986. Now there are several health insurance companies offering hundreds of health insurance products to public.

Private Health Insurance penetration is still at 5% of population only. There is a need to state funded health insurance scheme. Various state governments launched Yeshasvini Health Insurance in Karnataka in 2003, Aarogyasri in AP in 2007 and Rastriya Swastya Bima Yojana in 2008. Today various health insurance schemes cover 300 million individuals and 20-25% of population is covered.

REVIEW OF LITERATURE

- 1) Prof B.Krishna Reddy & M.Rizvana (2019)
 - In this paper research scholars mention the necessity of Health insurance and different health insurance products offered by insurance companies
- 2) Harini Varala (2019)
 - This paper primarily talks about marketing of health insurance plans in Rural India. Factors like age, gender, regular habits, life style, family medical history, driving record, fait affect purchase of insurance policies. ¾ of Indian population resides in Rural areas. Agriculture contributes 24.7% of GDP of the country. It provides employment to 58.4% and it also contribute 13.1% to Indian exports.
 - Rural market witness high demand. Rural market contributes to more profits than Urban Market. Problems like low literacy, transportation, distribution, communication problems, traditional life, buying decisions exist in rural marketing.
- 3) Madan Mohan Dutta (2020)
 - This research study is based on secondary data obtained from IRDA website. Main findings of this study are that there is significant relationship between earned premium and underwriting loss. Premium of health insurance is increasing every year, but losses are increasing during that period. The earnings of the sector is growing at Compound Annual Growth Rate of 27%. Still insurance companies incurring losses. It further recommended immediate investigation of claims. It recommends health insurance on entry age-based pricing to attract younger generations.
- 4) R.Srinivsan (2020)
 - This paper states that insurable population in India has been assessed at 250 million.
 - Average premium 1000 per year make 25000crores in a year. Insurance products shall fulfill aspirations of policy holders. Insurance products should extend beyond hospitalization and should cover domiciliary treatment.
 - With the help of proper regulations, socially relevant and commercially viable insurance products need to be introduced. Insurance regulatory authority emphasized need to introduce new products for poor and rural people.
- 5) Ravi shamika, Ahlu walia, Bergkavist sofi (2016)
 - 75% of outpatient care is exclusively private and 55% of inpatient is from private hospitals. Over the last 10 years people dependence on public care has risen by 6% for OPD and 7% for IPD Care. Health insurance cove is associated with 17% increase in probability of admitting in Government Hospitals and 8% in admitting private hospitals. Out of pocket spending has risen significantly.
 - There are several disparities in health expenditure in rural and urban households. Urban households spend 5 times more on diagnostic, 2.6 times more on medicine. 2.4 times more on doctor fees. Health care financing data shows that households are increasingly relying on their own income and own savings to finance health care expenses.
 - Data for health insurance coverage shows that private health insurance is limited to richer urban households. Public health insurance coverage is evenly distributed across all quintile groups.

6) PWC, June 2020

In its paper "Covid 19: Impact on the Indian Insurance Industry, June 2020" mention that only 14-16% of India has health insurance. In FY17 and it is expected to reach Rs.8, 60,000 cr (USD 132.84 Billion) by FY22. Only approximately 80% of the premium worth Rs.51, 637 Crores are paid out by insurance industry on claims. A study by the Institute of Actuaries of India

India (IAI) has modeled the escalation of cases in India. The range of infected cases modeled as on June 30 from lockdown cease case to worst case scenario if from 5, 21,108 to 11, 08,511. The Ayushman Bharath Scheme may see a greater number of claims compared to private health insurance companies due to widespread coverage.

Based on emerging experience of Covid 19 claims, insurance companies need to test the hypothesis of state wise and district wise possibility of escalation of claims. Based on clinical research and in conjunction with health care of Pharma industries, insurance companies shall calculate the possibility of a long trail of chronic disease escalation which may lead to reprice of health insurance products.

7) Tanja Ahlin, Mark Nicheter & Gopi Krishnan Pillai (2016)

This paper studies or highlights six areas 1) Public awareness and understanding of insurance 2) Impact of misunderstanding on health seeking behavior and treatment 3) difference in behavior pattern in cash and cashless insurance schemes 4) Impact of insurance on quality of life 5) mis (trust) in health insurance schemes 6) Health insurance coverage especially in relation to chronic illness, rehabilitation &OOP expenses.

IMPORTANCE OF THE STUDY

Lot of data is available on the internet related General Insurance. Data is also available on Health Insurance. Most of the data related to old statistics. There is a need to study new health insurance data and find out the trends going on in health insurance.

The present study intends to study 10 or more years of data of standalone health insurers beside General insurance companies that offer health insurance. It may reveal some unforeseen facts related to health insurance.

OBJECTIVES

- 1) Objectives of this study is to study trends in health insurance from 2010-11 to 2019-20.
- 2) Objectives of the study is to study different ratios of health insurance from 2010-11 to 2019-20
- 3) Objectives of the study is to find out variations in ratios of health insurance
- Objectives of the study is to suggest suitable measures to improve ratios of health insurance

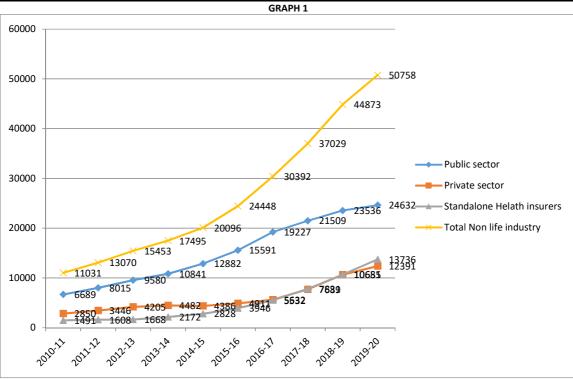
RESEARCH METHODOLOGY

Research methodology adopted in this paper is examination of IRDAI annual reports and other reports from regulator website. Data of Standalone health insurance companies studied separately so that only standalone health insurance company data is examined in details to find out variations in a decade. For this purpose, data from 2010-11 to 2019-20 is studied.

HEALTH INSURANCE DATA

TABLE 1: HEALTH INSURANCE PREMIUM OF NON-LIFE INSURERS AND STANDALONE HEALTH INSURERS (In Crores)

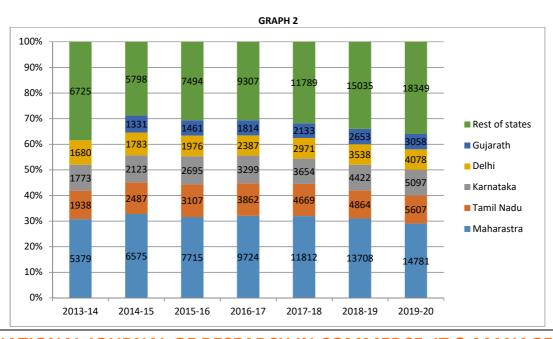
Year	Public sector	Private Sector	Standalone Health sector	Total Non-life Industry (100%)	Annual Growth rate	
2010-11	6689	2850	1491	11031		
2010-11	(61%)	(26%)	(13%)			
2011-12	8015	3446	1608	13070	18.5%	
2011-12	(61%)	(27%)	(12%)	13070	10.5%	
2012-13	9580	4205	1668	15453	18.2%	
2012-13	(62%)	(27%)	(11%)	13433	10.270	
2013-14	10841	4482	2172	17495	13.2%	
2013-14	(62%)	(26%)	(12%)	17493	15.2%	
2014-15	12882	4386	2828	20096	14.9%	
2014-13	(645)	(22%)	(14%)	20090	14.570	
2015-16	15591	4911	3946	24448	21.7%	
2013-10	(64%)	(20%)	(16%)	24440	21.770	
2016-17	19227	5632	5532	30392	24.3%	
2010-17	(63%)	(195)	(18%)	30392	24.370	
2017-18	21509	7689	7831	37029	21.8%	
2017-10	(58%)	(21%)	(21%)	37029	21.070	
2018-19	23536	10655	10681	44873	21.2%	
2010-13	(52%)	(24%)	(24%)	17073	Z1.Z/U	
2019-20	24632	12391	13736	50758	13.12%	
2013-20	(48%)	(24%)	(27%)	30730	13.12/0	



From the above table 1 and graphs it is clearly evident that 1) Contribution of Premium of Public sector is decreasing to 48% in 2019-20 from 61% in 2010-11. 2) Contribution of Private sector is ranging from 26% to 24%. It is also showing decreasing trend. 3) In health insurance sector premium collection is increasing year by year only in Standalone health insurer. It increased from 13% in2010-11 to 27% in 2019-20. 4) Premium of all health insurers is increasing year by year from 13070crores in 2010-11 to 50758 crores in 2019-20, But the annual growth rate is different for different years.

TABLE 2: HEALTH INSURANCE PREMIUM CONTRIBUTION (State wise in Crores)

TABLE 2: TEACHT INSORANCE PREIMING CONTRIBOTION (State wise in Crores)							
State	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Maharashtra	5379	6575	7715	9723.78	11812.35	13708.44	14781
	(31%)	(33%)	(32%)	(32%)	(32%)	(31%)	(29%)
Tamil Nadu	1938	2487	3107	3861.65	4668.74	4864.28	5606.58
	(11%)	(12%)	(13%)	(13%)	(12%)	(11%)	(11%)
Karnataka	1773	2123	2695	3299.03	3654.22	4422.07	5096.89
	(10%)	(10%)	(11%)	(11%)	(10%)	(10%)	(10%)
Delhi	1680	1783	1976	2386.61	2970.76	3537.66	4077.51
	(9.6%)	(9%)	(18%)	(8%)	(8%)	(8%)	(8%)
Gujarat	-	1331	1461	1813.72	2133.25	2653.24	3058.13
		(7%)	(6%)	(6%)	(6%)	(6%)	(6%)
Rest of States	6725	5798	7494	9306.92	11789.30	15035.06	18348.82
	(38%)	(29%)	(30%)	(30%)	(32%)	(34%)	(36%)
Total	17495	20,096	24448	30,391.71	37,028.62	44220.77	50968.96



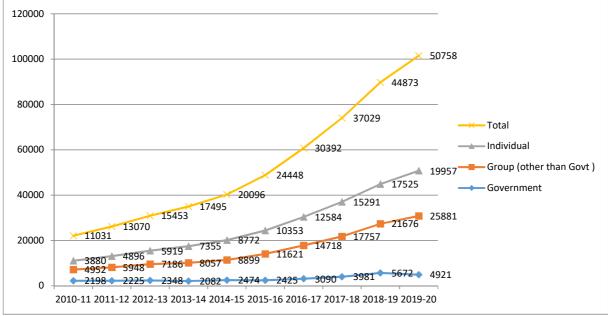
From the above table 2 it is clear that Maharashtra is single largest contributor of Health insurance premium for the past 7years. It contributed nearly 30% of total health insurance premium in the country. Tamilnadu and Karnataka is showing nearly 10% contributions to total in 7 years. Contribution of Delhi is 8 to 9% and Gujarat is 6 to 7%. And the rest of the country contributes nearly 30 to 36% in different years.

TABLE 3: HEALTH INSURANCE PREMIUM (Business segment wise in Crores)

Year	Government	Group (Other than Govt)	Individual	Total
2010-11	2198	4952	3880	11031
	(20%)	(45%)	(35%)	
2011-12	2225	5948	4896	13070
	(17%)	(46%)	(37%)	
2012-13	2348	7186	5919	15453
	(15%)	(47%)	(38%)	
2013-14	2082	8057	7355	17495
	(12%)	(46%)	(42%)	
2014-15	2474	8899	8772	20096
	(12%)	(44%)	(44%)	
2015-16	2425	11621	10353	24448
	(10%)	(48%)	(42%)	
2016-17	3090	14718	12584	30392
	(10%)	(48%)	(41%)	
2017-18	3981	17757	15291	37029
	(11%)	(48%)	(41%)	
2018-19	5672	21676	17525	44873
	(13%)	(48%)	(39%)	
2019-20	4921	25881	19957	50758
	(9.69%)	(50.99%)	(39.32%)	

Source: Compilation from Annual reports of IRDAI

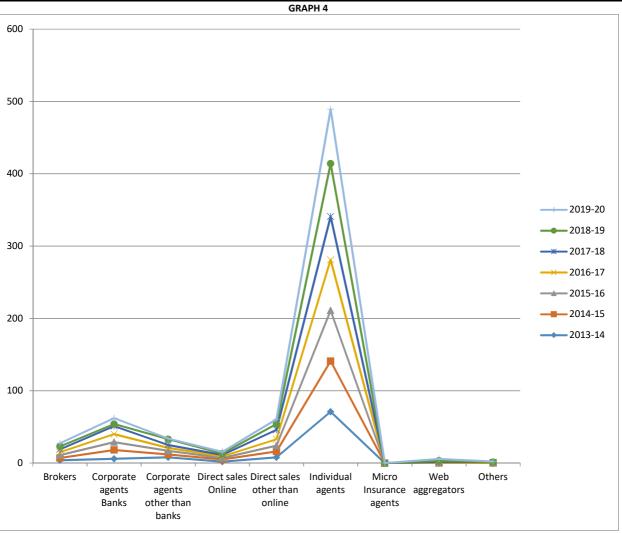
GRAPH 3



From above table 3 we can observe that 1) Contribution of Government sector is decreasing from 20% in 2010-11 to 9.69% in 2019-20 2) Group business contributed nearly 45 to 50% of business every year 3) Individual segment is also shows good contribution. It varied between 35 % to 39%.4) Total Health Insurance premium increased from 11,031 crores to 50,758 crores.

TABLE 4: HEALTH INSURANCE POLICIES SOLD BY DISTRIBUTION CHANNELS - INDIVIDUAL POLICY PREMIUM (In percent)

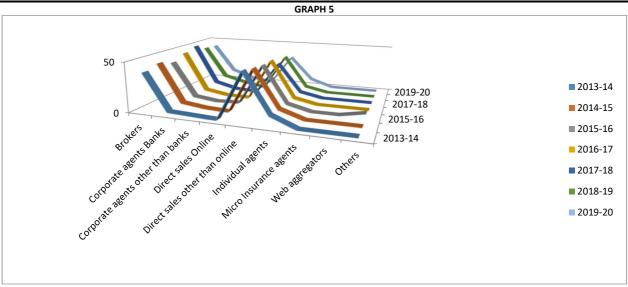
year	Brokers	Corporate agent Banks	Corporate agent-other Than banks	Direct sale - Online	Direct sale- Other than online	Individual agents	Micro Insurance agents	Web aggrega- tors	Others	Total
2013-14	4	6	8	2	8	71	- agemen			100
2014-15	3	12	4	3	8	70	0			100
2015-16	4	11	5	2	8	70	0	0.23	0.15	100
2016-17	4	11	4	2.3	9	70	0	0.401	0.005	100
2017-18	4	11	4	2	13	60	0	1.02	1.04	100
2018-19	4	3	8	2	8	73	0.003	1.636	0.158	100
2019-20	4.3	8.06	0.85	2.12	6.66	75.21	0	2.44	0.711	100



From above Table 4 it is clear that in Individual health insurance policy sales and collection of premium Individual agents stood first by contributing 75% of total collection of premium. No other marketing channel stood near individual agents. The contribution of Corporate agents Banks and direct sales other than online are slowly decreasing, the contribution of web aggregators is slowly increasing year by year from 0.23% 2015-16 to 2.44% in 2019-20.

TABLE 5: HEALTH INSURANCE POLICIES SOLD BY DISTRIBUTION CHANNELS – GROUP POLICIES PREMIUM (In percent)

year	Brokers	Corporate	Corporate	Direct sale	Direct sale-	Individual	Micro	Web	Others	Total
		agent	agent-other	-Online	Other than	agents	Insurance	aggregators		
		Banks	Than banks		online		agents			
2013-14	39	2	1	0	48	10				100
2014-15	43	4	1	0	45	8	0.008			100
2015-16	39	4	1	2	43	6	0	0	4.78	100
2016-17	45	5	1	0.5	43	5	0.005	0.008	0.011	100
2017-18	49	8	2	1	35	5	0.03	0.03	0.01	100
2018-19	43	10	4	0	38	5	0	0.0340	0.011	100
2019-20	42.31	12.37	4.07	0.53	32.52	7.99	0.15	.06	0.012	100

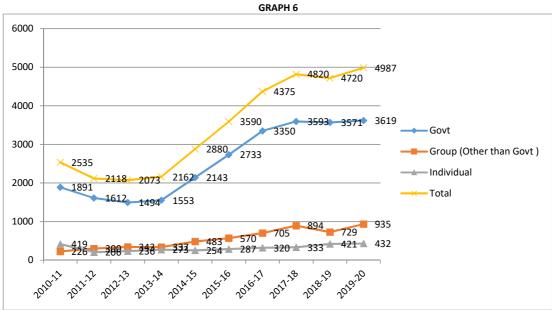


From above table 5 the following are evident 1) In Group policies role of Brokers and Direct sales other than online is prominent 2) Corporate agents Banks started slowly exhibiting 2% in 2013-14 and reached 12.37% in 2019-20. Good increase in sale and collection of group policies 3) Prominence of Individual agents is slowly decreasing in group policies it decreased from 10% in 2013-14 to 5% 2018-19 4) The role of other marketing channels is not prominent to mention.

TABLE 6: NUMBER OF PERSONS COVERED UNDER HEALTH INSURANCE (In Lakhs)

	-			- (
year	Govt	Group (Other than Govt)	Individual	Total
2010-11	1891	226	419	2535
2011-12	1612	300	206	2118
2012-13	1494	343	236	2073
2013-14	1553	337	273	2162
2014-15	2143	483	254	2880
2015-16	2733	570	287	3590
2016-17	3350	705	320	4375
2017-18	3593	894	333	4820
2018-19	3571	729	421	4720
2019-20	3619	935	432	4987

Source: Compilation from Annual reports of IRDAI



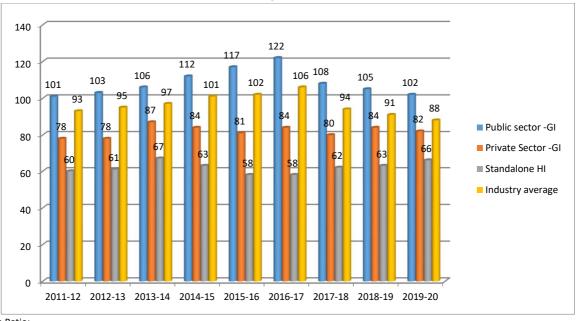
From above table 6 the following can be concluded 1) Number of persons covered under Health insurance under Government schemes, Group schemes is increasing year by year and much variations observed under individual health insurance policies year by year. 2) Persons covered under health insurance policies under Government schemes almost doubled from 2010-11 (1891 lakhs) to 2019-20 (3619 lakshs) 3) Persons covered under Group health policies increased 5 times from 226 lakhs in 2010-11 to 935 lakhs in 2019-20.

TABLE 7: INCURRED CLAIM RATIO OF HEALTH INSURANCE (Sector wise)

TABLE 7: INCORRED CEARIN HATTO OF THEAETH INSORANCE (Sector Wise)						
Year	Public sector	Private Sector	Stand alone	Industry		
	General Insurers	General Insurers	Health Insurers	Average		
2011-12	101%	78%	60%	93%		
2012-13	103%	78%	61%	95%		
2013-14	106%	87%	67%	97%		
2014-15	112%	84%	63%	101%		
2015-16	117%	81%	58%	102%		
2016-17	122%	84%	58%	106%		
2017-18	108%	80%	62%	94%		
2018-19	105%	84%	63%	91%		
2019-20	102%	82%	66%	88%		

Source: Compilation from Annual reports of IRDAI





Incurred Claim Ratio:

Incurred Claim Ratio is basically the overall value of every claim a company has paid divided by the total sum of premium collected during the same period. Incurred Claims Ratios are calculated on an annual basis

Incurred Claim Ratio = Net Claims Incurred / Net Earned Premium

Experts say ideal incurred claim ration shall be between 75 % to 90%.

Incurred claim ration more than 100% indicates that company is spending more money on settling claims than it received as insurance premium.

From the above table 7 it is clear that 1) Public sector general insurers incurred claim ratio for all years from 2011-12 to 2019-20 is more than 100% it indicates that all public sector general insurers are incurring losses in health insurance business. 2) Private Sector General insurers incurred claim ratio is between 78% to 87% as per experts this ideal incurred claim ratio. 3) Standalone health insurers incurred claim ratio is between 60% to 67% it indicates that standalone health insurers are rejecting more claims and getting more profits.

TABLE 8: NET INCURRED CLAIM RATIO (in percent)

year	Govt	Group (Other than Govt)	Individual	Total
2011-12	90%	100%	85%	94%
2012-13	87%	104%	83%	94%
2013-14	93%	110%	83%	97%
2014-15	108%	116%	81%	101%
2015-16	109%	120%	77%	102%
2016-17	122%	125%	76%	106%
2017-18	115%	107%	71%	94%
2018-19	113%	102%	72%	91%
2019-20	97%	99%	73%	88%

2015-16

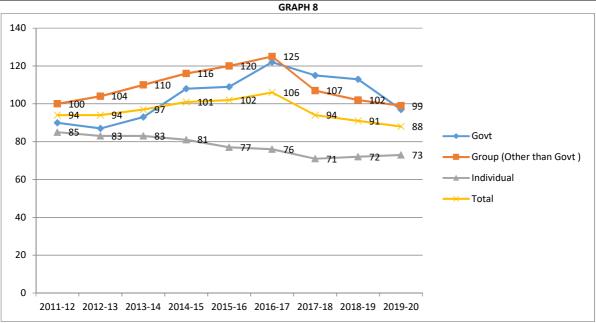
2016-17

2017-18

58,48,103

84.08.135

1,03,32,583



From the above table 8 it can be inferred that 1) Group health insurance is consistently incurring losses because Incurred claim ration of group health insurance is 100% or more than 100% during 2010-11 to 2019-20. 2) Government schemes also incurring losses during 2014-15 to 2018-19. Incurred claim ration during these years is more than 100% 3) Individual health insurance policies show ideal incurred claim ration ranging from 71% to 83%.

TABLE 9: CLAIMS BY TPA (Number of claims)

47,28,131

68,22,673

63,79,522

Year Claims received during the year Within Within Within More than Claims Claims rejected 1 to 3 months 3 to 6 months 6 months Outstanding During the year 1 month 2009-10 33,65,940 23,48,147 5,97,408 1,21,485 29,362 2,99,381 (69.76%)2010-11 36,41,585 27,45,661 1,35,808 38,859 5,17,069 3,13,013 (74.97%)2011-12 37,83,261 31,72,461 4,03,615 59,183 14,055 3,02,547 2012-13 43,70,606 34,77,415 3,77,912 56,113 12.270 3,23,631 5,15,600 1.13.397 2013-14 55.22.107 43.53.984 5.29.857 23,368 4,78,016 6.26.483 2,10,112 70,509 2014-15 51,20,817 40,21,767 8,18,429

8,40,720

11.42.672

33,42,567

2,06,571

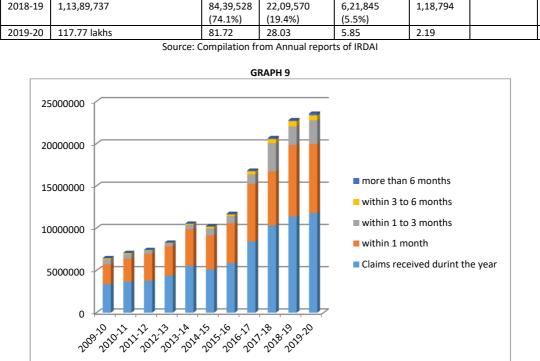
3.54.666

4,67,940

72,681

84,336

1,42,554



From above table 9 the following can be concluded 1) Claims received is increasing year by year from 33,65,940 in 2009-10 to 1,17,77,000 in 2019-20 2) Nearly 74% of the claims received is settled in within one-month duration 3) Nearly 10 to 20% claims settled in within 3 months 4) Only few thousand claims are outstanding with duration of more than 6 months.

FINDINGS OF THE STUDY

- 1) Contribution of Health Insurance Premium of Public sector is decreasing to 48% in 2019-20 from 61% in 2010-11.
- 2) Contribution of Health Insurance Premium of Private sector is ranging from 26% to 24%. It is also showing decreasing trend.
- 3) In health insurance sector premium collection is increasing year by year only in Standalone health insurer. It increased from 13% in2010-11 to 27% in 2019-20
- 4) Premium of all health insurers is increasing year by year from 13070crores in 2010-11 to 50758 crores in 2019-20, But the annual growth rate is different for different years.
- 5) Maharashtra is single largest contributor of Health insurance premium for the past 7years. It contributed nearly 30% of total health insurance premium in the country.
- 6) Tamilnadu and Karnataka is showing nearly 10% contribution to total in 7 years. Contribution of Delhi is 8 to 9% and Gujarat is 6 to 7%. And the rest of the country contributes nearly 30 to 36% in different years.
- 7) Contribution of Health Insurance Premium of Government sector is decreasing from 20% in 2010-11 to 9.69% in 2019-20
- 8) Group business contributed of Health Insurance premium is nearly 45 to 50% of business every year
- 9) Individual segment health insurance premium is also shows good contribution. It varied between 35 % to 39%.
- 10) In Individual health insurance policy premium Individual agents stood first by contributing 75% of total collection of premium. No other marketing channel stood near individual agents.
- 11) The contribution of Corporate agents Banks and direct sales other than online are slowly decreasing, The contribution of web aggregators is slowly increasing year by year from 0.23% 2015-16 to 2.44% in 2019-20.
- 12) In Group health insurance policies role of Brokers and Direct sales other than online is prominent
- 13) In Group health insurance policies Corporate agents Banks started slowly exhibiting 2% in 2013-14 and reached 12.37% in 2019-20. Good increase in sale and collection of group policies
- 14) Prominence of Individual agents is slowly decreasing in group health policies. It decreased from 10% in 2013-14 to 5% 2018-19
- 15) Number of persons covered under Health insurance under Government schemes, Group schemes is increasing year by year and much variations observed under individual health insurance policies year by year.
- 16) Persons covered under health insurance policies under Government schemes almost doubled from 2010-11 (1891 lakhs) to 2019-20 (3619 lakhs)
- 17) Persons covered under Group health policies increased 5 times from 226 lakhs in 2010-11 to 935 lakhs in 2019-20.
- 18) Public sector general insurers incurred claim ratio for all years from 2011-12 to 2019-20 is more than 100% it indicates that all public sector general insurers are incurring losses in health insurance business.
- 19) Private Sector General insurers incurred claim ratio is between 78% to 87%. As per experts this ideal incurred claim ratio.
- 20) Stand alone health insurers incurred claim ratio is between 60% to 67% it indicates that standalone health insurers are rejecting more claims and getting more profits.
- 21) Group health insurance is consistently incurring losses because Incurred claim ration of group health insurance is 100% or more than 100% during 2010-11 to 2019-20.
- 22) Government health insurance schemes also incurring losses during 2014-15 to 2018-19. Incurred claim ration during these years is more than 100%
- 23) Individual health insurance policies show ideal incurred claim ration ranging from 71% to 83%.
- 24) Claims received is increasing year by year from 33,65,940 in 2009-10 to 1,17,77,000 in 2019-20
- 25) Nearly 74% of the claims received is settled in within one month duration
- 26) Nearly 10 to 20% claims settled in within 3 months
- 27) Only few thousand claims are outstanding with duration of more than 6 months.

CONCLUSIONS AND LIMITATIONS

From the study of secondary data available from IRDAI annual reports it is concluded that Group health insurance is incurring losses. Government health insurance scheme and group health insurance schemes cover more and more lives than standalone health insurance schemes. However, this study did not include health insurance covered by Life insurers and this study is limited to data available from 2010-11 to 2019-20. More and more research studios needed to reveal interesting facts about health insurance in India.

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