

International Multidisciplinary
Research Journal

*Indian Streams
Research Journal*

Executive Editor
Ashok Yakkaldevi

Editor-in-Chief
H.N.Jagtap

Indian Streams Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial board. Readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

Regional Editor

Dr. T. Manichander

Mr. Dikonda Govardhan Krushanahari
Professor and Researcher ,
Rayat shikshan sanstha's, Rajarshi Chhatrapati Shahu College, Kolhapur.

International Advisory Board

Kamani Perera Regional Center For Strategic Studies, Sri Lanka	Mohammad Hailat Dept. of Mathematical Sciences, University of South Carolina Aiken	Hasan Baktir English Language and Literature Department, Kayseri
Janaki Sinnasamy Librarian, University of Malaya	Abdullah Sabbagh Engineering Studies, Sydney	Ghayoor Abbas Chotana Dept of Chemistry, Lahore University of Management Sciences[PK]
Romona Mihaila Spiru Haret University, Romania	Ecaterina Patrascu Spiru Haret University, Bucharest	Anna Maria Constantinovici AL. I. Cuza University, Romania
Delia Serbescu Spiru Haret University, Bucharest, Romania	Loredana Bosca Spiru Haret University, Romania	Ilie Pinteau, Spiru Haret University, Romania
Anurag Misra DBS College, Kanpur	Fabricio Moraes de Almeida Federal University of Rondonia, Brazil	Xiaohua Yang PhD, USA
Titus PopPhD, Partium Christian University, Oradea,Romania	George - Calin SERITAN Faculty of Philosophy and Socio-Political Sciences Al. I. Cuza University, IasiMore

Editorial Board

Pratap Vyamktrao Naikwade ASP College Devrukh,Ratnagiri,MS India	Iresh Swami Ex - VC. Solapur University, Solapur	Rajendra Shendge Director, B.C.U.D. Solapur University, Solapur
R. R. Patil Head Geology Department Solapur University,Solapur	N.S. Dhaygude Ex. Prin. Dayanand College, Solapur	R. R. Yallickar Director Managment Institute, Solapur
Rama Bhosale Prin. and Jt. Director Higher Education, Panvel	Narendra Kadu Jt. Director Higher Education, Pune	Umesh Rajderkar Head Humanities & Social Science YCMOU,Nashik
Salve R. N. Department of Sociology, Shivaji University,Kolhapur	K. M. Bhandarkar Praful Patel College of Education, Gondia	S. R. Pandya Head Education Dept. Mumbai University, Mumbai
Govind P. Shinde Bharati Vidyapeeth School of Distance Education Center, Navi Mumbai	Sonal Singh Vikram University, Ujjain	Alka Darshan Shrivastava Shaskiya Snatkottar Mahavidyalaya, Dhar
Chakane Sanjay Dnyaneshwar Arts, Science & Commerce College, Indapur, Pune	G. P. Patankar S. D. M. Degree College, Honavar, Karnataka	Rahul Shriram Sudke Devi Ahilya Vishwavidyalaya, Indore
Awadhesh Kumar Shirotiya Secretary,Play India Play,Meerut(U.P.)	Maj. S. Bakhtiar Choudhary Director,Hyderabad AP India.	S.KANNAN Annamalai University,TN
	S.Parvathi Devi Ph.D.-University of Allahabad	Satish Kumar Kalhotra Maulana Azad National Urdu University
	Sonal Singh, Vikram University, Ujjain	



Dr. Rajendra Shendge



A STUDY ON HEALTH INSURANCE IN INDIA



Dr. Rajendra Shendge

Principle , A.R. Burla Mahila Varistha Mahavidyalaya, Solapur.

ABSTRACT

Health insurance in India may be a growing phase of India's economy. In 2011, 3.9% of India's gross domestic product was spent within the health sector. In keeping with the globe Health Organisation (WHO), this is often among all-time low of the BRICS (Brazil, Russia, India, China, South Africa) economies. Policies are out there that provide each individual and family cover. Out of this three.9%, insurance accounts for 5-10% of expenditure, employers account for around 9/11 whereas personal expenditure amounts to an astounding eighty two. For the fiscal year 2014-15 insurance premium was Rs.20,440 crores.

KEYWORDS :Health insurance , India's gross domestic product , globe Health Organisation .

HISTORY

Launched in 1986, the insurance trade has matured considerably primarily because of relief of economy and general awareness. In line with the globe Bank, by 2010, over twenty fifth of India's population had access to some variety of insurance. There are standalone health insurers alongside government sponsored insurance suppliers. Till recently, to boost the notice and scale back the procrastination for getting insurance, the final Insurance Corporation of Asian nation and therefore the Insurance regulatory associate degree Development Authority had launched an awareness campaign for all segments of the population.

TYPES OF POLICIES

Health insurance in India generally pays for less than inmate hospitalization and for treatment at hospitals in India. patient services weren't collectable below health policies in Republic of India. the primary health policies in Republic of India were Medclaim Policies. In 2000 government of Republic of India liberalized insurance and allowed personal players into the insurance sector. the arrival of personal insurers in Republic of India saw the introduction of the many innovative merchandise like family floater plans, indefinite quantity plans, essential ill health plans, hospital money and prime up policies.

The insurance sector hovers around 100 percent in density calculations. one amongst the most reasons for the low penetration and coverage of insurance is that the lack of competition within the sector. The Insurance administrative body of India. (IRDA) that is to blame for insurance policies in India will produce health circles, just like medium circles to push competition.

Health insurance plans in Republic of India nowadays may be loosely classified into these classes

HOSPITALIZATION

Hospitalization plans square measure indemnity plans that pay price of hospitalization and medical prices of the insured subject to the add insured. The add insured may be applied on a per member basis just in case of individual health policies or on a floater basis in case of family floater policies. just in case of floater policies the add insured may be used by any of the members insured beneath the set up. These policies don't unremarkably pay any money profit. additionally to hospitalization edges, specific policies could provide variety of extra edges like maternity and newborn coverage, day care procedures for specific procedures, pre- and post-hospitalization care, living accommodations edges wherever patients cannot be rapt to a hospital, daily cash, and recuperation.

there's another style of hospitalization policy referred to as a indefinite quantity policy. prime up policies have a high deductible generally set grade of existing cowl. This policy is targeted at folks that have some quantity of insurance from their leader. If the leader provided cowl isn't enough individuals will supplement their cowl with the indefinite quantity policy. However, this can be subject to deduction on each claim reportable for each member on the ultimate quantity collectable.

Family Floater Health Insurance:

Family insurance arrange covers entire family in one insurance arrange. It works below assumption that not all member of a family can suffer from un wellness in only once. It covers hospital expense which may be pre and post. Most of insurance corporations in Republic of India giving family insurance have sensible network of hospitals to profit the non depository financial institution in time of emergency.

• Pre-Existing Disease Cover Plans:

It offers covers against un wellness that customer had before shopping for health policy. Pre-Existing un wellness cowl Plans offers cowl against pre-existing un wellness e.g diabetes, nephropathy and plenty of additional. when Waiting amount of two to four years it offers all covers to non depository financial institution.

• Senior Citizen Health Insurance:

As name counsel These reasonably insurance plans ar for older individuals within the family. It give covers and protection from health problems throughout adulthood. in line with IRDA guideline,

every non depository financial institution ought to give conceal to age of sixty five years.

- **Maternity Health Insurance:**

Maternity insurance ensures coverage for maternity and alternative further expenses. It takes care of each pre and post natal care, baby delivery (either traditional or caesarean). Like alternative Insurance , The maternity insurance supplier have big selection of network hospitals and takes care of motorcar expense.

- **Hospital daily cash benefit plans:**

Daily money advantages may be a outlined profit policy that pays an outlined add of cash for each day of hospitalization. The payments for an outlined range of days within the policy year and will be subject to a deductible of few days

- **Critical illness plans:**

These area unit profit primarily based policies that pay a lumpsum (fixed) profit quantity on diagnosing of coated important illness and medical procedures. These malady area unit usually specific and high severity and low frequency in nature that value high when put next to day to day medical / treatment want. eg heart failure, cancer, stroke etc

now some insurers have return up with possibility of staggered payment of claims together to direct lumpsum payment.

- **Pro active plans:**

Some corporations like Cigna TTK supply professional active living programs. These area unit designed keeping in mind the Indian market and supply help supported medical, activity and mode factors related to chronic conditions. These services aim to assist customers perceive and manage their health higher.

KEY ASPECTS OF HEALTH INSURANCE

- ✦ **Direct Payment or Cashless Facility:** Under this facility, the person doesn't got to pay the hospital because the insurance company pays on to the hospital. below the cashless theme, the customer and everyone those that are mentioned within the policy will undertake treatment from those hospitals approved by the insurance company.
- ✦ **Reimbursement at the end of the hospital stay:** once staying for the length of the treatment, the patient will take a compensation from the treatment that's coated under the policy undertaken.

Cost and duration

- **Policy price range:** Insurance corporations supply insurance from a add insured of Rs. 5000/- for micro-insurance policies to a better add insured of Rs. 50 lacs and on top of. The common insurance policies for insurance square measure sometimes on the market from Rs. 1 lac to Rs. 5 lacs.
- **Duration:** policies offered by non-life insurance corporations sometimes last for a amount of 1 year. insurance corporations supply policies for a amount of many years. Evolution of Health Insurance

EVOLUTION OF HEALTH INSURANCE

The thought of insurance was planned within the year 1694 by Hugh the elder Chamberlen from Peter Chamberlen family. In nineteenth Century "Accident Assurance" began to be obtainable that operated very like trendy social insurance. This payment model continued till the beginning of 20th century. throughout the center to late twentieth century ancient social insurance evolved in to modern insurance programmes. Today, most comprehensive insurance programmes cover the price of routine, preventive and emergency health care procedures and additionally most prescription medicine.

however this is often not invariably the case.

Healthcare in Asian country is in an exceedingly state of huge transition: magnified financial gain and health consciousness among the bulk of the categories, worth alleviation, reduction in forms, and the introduction of personal attention finance drive the amendment.

Over the last fifty years, Asian country has achieved plenty in terms of insurance. Before independence, the health structure was in dismal condition i.e. high morbidity and high mortality and prevalence of infectious diseases. Since independence, stress has been placed on primary health care and that we made tidy progress in rising the health standing of the country. But still, Asian country is far behind several quick developing countries like China, Vietnam and Sri Lanka in health indicators.

Health insurance, that remains extremely underdeveloped and fewer important phase of the merchandise portfolios, is currently rising as a tool to manage money wants of individuals to hunt health services.

The new policy and alleviation method followed by Government of India since 1991 sealed the approach for privatization of insurance sector within the country. The Insurance restrictive and Development Authority (IRDA) bill, passed in Indian parliament, is that the necessary starting of changes having important implications for the health sector.

Health Insurance is a lot of advanced than alternative segments of insurance business owing to serious conflicts arising out of adverse choice, financial loss, inaccessibility of information and data gap issues. Health sector policy formulation, assessment and implementation square measure an especially advanced task, especially, in dynamic epidemiologic, institutional, technological and political state of affairs. correct understanding of Indian Health state of affairs and application of principles of insurance, keeping seeable the social realities and national objectives, square measure necessary.

Tax benefits

- + Under the Income Tax Act, under Section 80D, the insured person who takes out the policy can claim for tax deductions.
- + Rs.25,000 for self, spouse and dependent children.
- + Rs. 30,000/- for parents

SUGGESTIONS

1)The public sector insurance companies should restructure or reorganize their health insurance business as the results shown decrease in their efficiency and productivity for the period under consideration. Moreover, due to fast increasing competition their position is gradually taken over by the private sector general insurance companies. So, in order to stay in health insurance business they have to comply with the strategies adopted by private insurers and for this they need to reorganize their health insurance business.

2)No doubt, the private sector companies are operating at increasing return to scale and also taking the advantages of pure technical efficiency and scale efficiency, which signifies that there is scope of much more improvement in this sector, but gradually due to market forces the increasing return will not applicable forever i.e. as the new entrant will come this increasing return will vanish. Accordingly, the private sector general insurance companies should try to focus not only on health insurance business rather on standalone health insurance business. Thereby, they can reap the fruit of master of health insurers in the insurance market.

3)Both the public and private sector insurance companies should divert their focus from the extension

of more numbers of health insurance plans towards the quality and worth of services provided under these plans both in terms of inclusion/coverage and exclusion/non coverage. Moreover, whenever introduction of new health insurance plans is made the requirement of the particular segment of the society should be taken care of, as the requirements differ from person to person and place to place.

4)The CHI is made to meet the requirement of particular segment of the society i.e. poor people. But there are lot of barriers faced by their members in terms of availability and accessibility because these are not operating in the all the states as the poor people is not just restricted to a particular place. Accordingly, CHI schemes should operate all over instead of some selected states and districts. Beside this, CHI schemes should also extend comprehensive coverage to the community in one package; only then their ultimate introduction will be justified.

CONCLUSION:

Health insurance is like a knife. In the surgeon's hand it can save the patient, while in the hands of the quack, it can kill. Health insurance is going to develop rapidly in future. The main challenge is to see that it benefits the poor and the weak in terms of better coverage and health services at lower costs without negative aspects of cost increase and overuse of procedures and technology in provision of health care.

As far as the status of health insurance in India is concerned, it found the new track of success and growth in the year 1999, when reforms in the insurance sector was initiated with passage of IRDA Bill in Parliament in Dec 1999. The Insurance Regulatory and Development Authority (IRDA), since its incorporation in April, 2000 has fastidiously stuck to its schedule of framing regulations and opening up of the insurance sector to private players, with the allowance of 26 percent Foreign Direct Investment (FDI) in the insurance sector. Beside this, several insurance regulations including provisions for Third Party Administrators (TPAs) was introduced to support the administration and management of health insurance product offered by insurance companies.

REFERENCES

- 1."WHO South-East Asia Region: India statistics summary (2002 - present)". World Health Organization. Retrieved 13 January 2014.
- 2.<http://www.cppr.in/article/health-insurance-and-telecom-markets-a-comparative-study/>
- 3."4 factors that impacted health insurance industry in 2013". Financial Express. 30 December 2013. Retrieved 13 January 2014.
- 4."Government-Sponsored Health Insurance in India: Are You Covered?". World Bank. Retrieved 13 January 2014.
- 5."4 factors that impacted health insurance industry in 2013". Financial Express. 30 December 2013. Retrieved 13 January 2014.
- 6.<http://www.cppr.in/article/health-insurance-and-telecom-markets-a-comparative-study/>
- 7."Handbook on Health Insurance" (PDF). Insurance Regulatory and Development Authority. Retrieved 13 January 2014.
- 8."Section 80D provides tax benefits for mediclaim premium". Policy Bazaar. 24 March 2016. Retrieved 24 March 2016.

Publish Research Article

International Level Multidisciplinary Research Journal

For All Subjects

Dear Sir/Mam,

We invite unpublished Research Paper, Summary of Research Project, Theses, Books and Book Review for publication, you will be pleased to know that our journals are

Associated and Indexed, India

- ★ International Scientific Journal Consortium
- ★ OPEN J-GATE

Associated and Indexed, USA

- Google Scholar
- EBSCO
- DOAJ
- Index Copernicus
- Publication Index
- Academic Journal Database
- Contemporary Research Index
- Academic Paper Database
- Digital Journals Database
- Current Index to Scholarly Journals
- Elite Scientific Journal Archive
- Directory Of Academic Resources
- Scholar Journal Index
- Recent Science Index
- Scientific Resources Database
- Directory Of Research Journal Indexing

Indian Streams Research Journal
258/34 Raviwar Peth Solapur-413005, Maharashtra
Contact-9595359435
E-Mail-ayisrj@yahoo.in/ayisrj2011@gmail.com
Website : www.isrj.org