IJMDRR E- ISSN –2395-1885 ISSN -2395-1877

LITERATURE REVIEW ON ACCESS, EFFICIENCY AND QUALITY CARE ISSUES OF GOVERNMENT AND PRIVATE HEALTH INSURANCE SCHEMES – A COMPARATIVE STUDY.

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Abstract

Health Insurance is a crucial tool for ensuring access to medical care while minimizing financial burdens. InIndia both government and private health Insurance schemes aim to provide coverage but they differ in accessibility, efficiency, and quality of care. Government programs such as Ayushman Bharat (Pradhan Mantri Jan Arogya YojanaPMJAY) focus on affordability and reaching lower income group, while private Insurance offers faster services and broader hospital networks but at a higher cost. Studies indicate that government schemes improves affordability but face challenges like bureaucratic delays and limited hospital choices. On the other hand, private Insurance provides better facilities and quicker treatments but affordability remains a concern. This comparative study examines how these two-systems impact healthcare access, efficiency in service delivery and the quality-of-care patients receiveby analysing existing research, this review highlights the strengths and weakness of both systems and suggests ways to create a more balanced and effective healthcare model.

Keywords: Health Insurance, healthcare access, Ayushman Bharath (PMJAY), financial risk, protection, comparative analysis, policy effectiveness, faster services.

Introduction to Health Insurance

Health is one of the most important aspects of human life. However, medical treatment has become increasingly expensive, making it difficult for many people to afford good healthcare. In this context,

Health insurance plays a vital role in providing financial protection against unexpected medical expenses.

Health insurance is a contract between an individual and an insurance provider (either a government or a private company) where the insurer agrees to cover allor part of the insured person's medical expenses in exchange for a regular payment called a **premium**.

In India, health insurance is offered by both **government schemes** (such as Ayushman Bharat) and **private companies** (like Star Health, HDFC ERGO, etc.). Government schemes mainly aim to support poor and middle-class families, while private health insurance offers wider coverage for those who can afford it.

The goal of health insurance is to **reduce the financial burden** during illness improve access to healthcare and promote early treatment. It is an essential part of achieving **universal health coverage** which is one of the main goals of public health policy in India.

Health insurance is an important part of healthcare in India. It protects individuals and families from the high cost of medical treatments.



In India, there are two main types of health insurance:

- 1. Government Health Insurance
- 2. Private Health Insurance

1. Government Health Insurance:

These schemes are launched and managed by central or state governments to support low-income and middle-income families.

Objectives:

- To provide free or affordable medical treatment.
- To reduce out-of-pocket medical expenses.
- To improve access to healthcare.

Major Schemes:

- Ayushman Bharat PM-JAY: Covers ₹5 lakh per family per year.
- Yeshasvini Scheme (Karnataka): For rural cooperative members.
- Employees' State Insurance (ESI): For salaried workers in organized sectors.
- Arogya Karnataka: State scheme for all citizens.

Advantages:

- Free treatment in public hospitals.
- Useful for poor and rural families.

Limitations:

- Limited to empanelled (listed) hospitals.
- Long waiting times.
- Fewer facilities compared to private hospitals.

2. Private Health Insurance

These are offered by private insurance companies like:

- Star Health
- Max Bupa
- ICICI Lombard
- HDFC ERGO

Limitations:

- High premiums (fees).
- Complex claim process.
- Not affordable for everyone.

Comparison Table

Criteria	Government Insurance	Private Insurance
Managed By	Government	Private Companies
Target Group	Poor & middle-class	Middle & upper-class
Cost to patient	Free or low-cost	High premiums
Hospital Access	Mostly public hospitals	Private hospitals
Claim process	Simple (with documents)	Detailed and strict
Coverage amount	Limited (up to Rs. 5 lakh)	Wide (Rs.5 lakh to Rs. 1 crore+)

Main Features of Health Insurance:

- 1. **Premium** The money paid by the person (monthly, yearly).
- 2. **Sum Insured** Maximum amount the insurer will pay in a year.
- 3. **Coverage** What all treatments and diseases are included.
- 4. **Cashless Facility** You don't pay at hospital; insurer pays directly.
- 5. **Reimbursement** You pay first, and later get the money back from the insurer.

What is Health Insurance?

Health insurance provides financial coverage to an insured person against medical and surgical costs that occur from accidents, illnesses or injuries. It either pays the insured person's care provider directly or reimburses the expenses incurred due to illness or injury.

An individual can avail of such a policy against monthly or annual premium payments for a specified tenure. During this period if an insured has an accident or is diagnosed with a severe illness the insurance provider bears the expenses incurred for treatment.

Access: Ability of individuals to obtain necessary health services without barriers (financial, geographical, or social).

Efficiency: Optimal use of resources to provide timely cost-effective health services.

Quality of Care: Delivery of care that is effective, safe, timely, and patient-centre.

Eligibility Criteria for Buying Health Insurance.

A number of variables including the policyholder's age and any pre-existing conditions affect the qualifying requirements for purchasing a health insurance plan. The following requirements should be fulfilled to be eligible for the majority of health insurance plans:

Eligibility Criteria	Explanation
Nationality	To be eligible for health insurance you must be an Indian citizen or a resident of India.
Age	When you buy a health insurance plan you must be above 18+ years. However, specific policies may include provisions for senior citizens.
Medical History	Pre-existing illnesses, diseases, surgeries, and other treatments are among the things that insurance companies frequently ask you to reveal.
Medical Examination	quire a medical examination to determine your health status before approving your coverage.
Disclosure	Provide the insurer with accurate information about your health, medical history, lifestyle you follow and other health-related habits.

IJMDRR E- ISSN -2395-1885 ISSN -2395-1877

Objectives

- 1. To understand the structure and functioning of government and private health Insurance schemes in India.
- 2. To compare and evaluate the benefits and reach of government versus private health Insurance schemes.
- 3. To access the role of health insurance in improving access to healthcare and reducing outpocket medical expenses.
- 4. To identify challenges faced by both sectors including affordability, coverage gaps and public awareness.

Methodology

The study used several Books, Journal articles, websites, Research Gate and Google Scholar as secondary sources to learn about health insurance related information for the literature review.

Review of Literature

A review of literature is a critical summary and synthesis of research on a certain issue, offering on current understanding, identifying gaps, and lying the groundwork for future research. It is important component of academic research providing insights into theoretical and empirical frameworks that inform the subject matter. This review of literature is undertaken to gain a complete understanding of the health insurance Access, Efficiency and Quality care issues of government and private health insurance companies.

S. No	Field of Research	Focus	Outcomes	References
1.	Impact of	This study aims to	In health insurance sector the	Dr. Ramesh
	Regulation	find out if there is	standalone insurance	Kumar
	Standalone Health	any significant	companies need to adopt	satuluriet al.
	Insurance	difference in profit,	regulatory changes by	(2024)
	Companies in India	earned premium, total	revising their underwriting	
	(Health Insurance	expenses, claims paid	process, claim management	
	Regulation)	before 2015 and after	practices, and adopting	
		2015.	pricing structures so they can	
			ensure long-term	
			sustainability & continue to	
			meet the needs of the market.	
2	The Future of Health	The current trends	The globalization opens	Gaurav
	Insurance: What the	shaping the health	doors for insurers to tap into	sahni
	coming decade holds	insurance industry	global market. new age	(2024)
	for the Insurer and	competitive price,	technologies artificial	
	the Insured.	product variety,	intelligence will create more	
		product expertise,	efficient and secured	
		digital offerings.	personalized solutions.	
3	Health Insurance	This article identifies	In this article, it identifies the	
	and Inequality.	a "health premium"	extra premium associated	al. (2024)
		of insurance	with insurance coverage and	
		coverage.	a contrast quantitative	
			framework.	

4	Role of Technology to Drive Health Insurance	The study focuses on as a country with one of the largest populations globally. Healthcare & its financial implications hold a pivotal role in India's socioeconomic frontline.	In concluding this exploration, it's evident that technology is no longer a supplementary force in India's health insurance sector.	Ankur Patil (2024)
5	Socio-Economic Survey of Health Insurance and its Correlation with Attitude in Eastern Uttar Pradesh.	Focus on the growing concern and awareness about health has put many Indians to start buying health insurance for their family members.	The study found that to convert the non-buyers to potential buyers of the health insurance plans are needs customization according to demographically buyers.	Brijesh Kumar Yadav et al. (2024)
6	Impact of COVID- 19 on demand for health insurance policies.	The outbreak of COVID-19 has become an eye-opener for the government as well as all households and the importance of health insurance being realized.	There is need to have customized health insurance policies. The assured amount & med claim needs to be increased based on the increasing cost of hospitalization.	Dr. Leena Nair et al. (2024)
7	Insuring wellness through Ayushman Bharat (PMJAY) health insurance scheme (Insurance Wellness).	This article explores the potential of PMJAY in not only bridging the financial gaps for accessing health care systems.	holds the promise of improving health outcomes, uplifting millions out of	Dr. Janardhan Ramu et al. (2024)
8	Health Insurance Gateway to Health Care Access to All.	In the context, health insurance emerges as an essential element serving not only to safeguard individual health but also to promote financial & social inclusion.	From providing financial security to mitigating risks, insurance plays a pivotal role in empowering individuals & communities worldwide.	RaibaSpurge on (2024)
9	Leveraging Technology to Drive Health Insurance.	Examine the impact of technological advancement such as risk assessment,	Finding The technology promises a future with hyperpersonalized policies. The technology has the power to	Ankur Patil (2023)

		claims, processing, fraud detection.	change health care delivery in India.	
10	Growth Strategies for Health Insurance – Unlocking the Potential of Missing Middle Class (Growth Strategies)	Focus on promoting actionable recommendations such as policy reforms, incomebased promotion of community-based insurance models.	This study explores the challenges, strategies, and implementation plans for expanding health insurance coverage to India's middle-class demographic underserved by government schemes and private insurance.	Ankur Patil (2023)
11	Factors Affecting the Purchase Decision of Private Health Insurance Policy by Middle Income Group by West Bengal	A study focuses on private health insurance & is significant where the middle-income people get options from the government to cover their medical emergencies.	The research clarifies that the healthcare providers, regulators (IRDA), and the government should definitely come up with measures to give coverage to the middle-income group of our country.	Suchismita Paul et al. (2023)
12	Health sector reform and equality in access to health services: A critical analysis of targeted public health insurance programmes in India.	It focuses to deliver effective, safe, and high-quality personal (non-personal) health intervention to the people whenever truly needed.	The government have to increase equity in access for the marginalized section. It needs to work on the two side of the healthcare industry.	Saikia Kaushik (2023)
13	An empirical study of consumer behaviour in health insurance sector.	study examines diverse aspects of health insurance purchase.	Awareness of the respondents about the concept, benefit, and company of health insurance was found to be very high.	Kanwljitkau r(2023)
14	Quality & Cost of Health Care in India & Empanelment of Hospitals.	Selecting high-quality health care providers by insurance companies & government agencies. (It examines the role & challenge of the Network managed organization.)	The study highlights the potential benefits and drawbacks of common empanelment of hospitals by all insurers in India. This approach can improve access to healthcare services, enhance quality, and generate cost savings.	Asish Dash et al. (2022)

15	Promoting Safety, Health & Well-being Through Vision Zero – Decoding the Role of Insurance Sector.	Research has demonstrated that every unit invested in safety and health generates double the return on occupational accidents and deceases. Creating awareness about social issues like road safety and workplace	The research clarifies: Educating the general public about safe driving practices through awareness campaigns is crucial to protect human lives. Speed limits must be adjusted to reduce over-speeding.	Venkatesh Ganapathy et al. (2022)
16	How Rising Health Insurance Prices Impact Insurance Industry.	safety. The study focuses on: As medical costs increase every year, it is important to have health insurance policy and say fit.	The study found: Health insurance is a living benefit product & provides people the most needed financial backup in medical emergencies.	Jagendra Kumar (2022)
17	A study on the impact of Yeshasvini Health Insurance Scheme on Rural Farmers in Karnataka.	The study focus on there is a need to assess various financial risk mechanisms in the country. Health care needs are basic needs of all human beings.	The study of the finding that many developing countries including India, till very recently the public sector has played a very crucial role in providing for health insurance.	Manjunatha, B. (2022)
18	Regulation of health service providers help insurance companies to improve the result?	The study focuses on Registration and regulation and hospital and health service provider	To protect health consumers, form health risks regulation works all level and the regulatory standards are developed by government and private organisation as well as	Shashi kantdahuja (2022)
19	Health insurance awareness and its uptake in India: A systematic review protocol.	Objectives of this review are to identify various interventions implemented in India.	The intervention could be modification in enrolment procedure, change in premium, change in handling health insurance.	Bhageerathy Reshma et al. (2021)
20	Health Insurance enrolment strategies during the Affordable Care Act (ACA)	The study focuses that implementing the Affordable Care Act coverage expansion in 2014.	This review found that three strategies were primarily used to assist uninsured individuals to enrol for coverage under the ACA.	AngeloErcio (2021)

21	Health Insurance as a healthcare financing mechanism in India: Business model perspective.	The study focuses on to identifying the critical success factors and to gain a business mode perspectives within health insurance Industry.	There are different options available. Investments in five strategic choices will allow insurance companies to gain competitive advantage, in the Indian health insurance industry. The conclusion is that health	Rohit Kumar (2021)
22	Adapting Health Insurance modelsfor growth of health insurance premium & medical tourism in India.	To adopt the health insurance models for growth of health insurance.	insurance that covers all sorts of health care facilities can reduce out-of-pocket expenses and increase the savings of medical tourists.	Dr.Parwaiz Ahmad et al. (2021)
23	Profitability matrix of standalone Health Insurance Companies in India.	This study aims to understand the relationship between total expense and profitability.	Learning of value-added product means expanding the scope of standalone health insurance coverage. The business might implement measures to encourage and assist policyholders in leading healthy lives.	Dr. Ramesh Kumar etal. (2021)
24	Health Insurance and Access in Rural India.	The different types, rural insurance schemes available. Challenges faced by claiming health insurance. Role of government sector is discussed	The government-sponsored health insurance programs – Benefits can include the hospitals are easily accessible, no premiums, holistic treatment. National & LocalRelevance: The several insurance plans are available for rural people in India.	Datta Kartikeya et al. (2021)
25	Educational Institutions need to focus health and safety.	This Research articles considers whether Health and safety in educational settings is the need of the hour as covid-19 remind us.	The study suggests that concept of safety and health culture has challenged institution once again due to covid 19. The findings Revived health and safety	Harbans Lal (2021)
26	Access to care, cost of care &satisfaction with care among adults with private & public Health Insurance.	To compare individual's experiences related to care, cost & care among 5 major forms of health insurance.	The findings suggest that public health insurance options may provide more cost-effective care than private options.	Charlie W. Worry (2021)

27	The cumulative impact of health insurance on health status.	Article focuses on to add evidence base on causal linkages between health insurance coverage and health status.	The results suggest that the effect of health insurance on health status may compound over time & findings provide evidence in the form of lower utilization.	Abigail R, Barker (2020)
28	Health inequalities in Karnataka Linkages among health outcomes, access and financial risk protection.	It focuses on providing health insurance to low income and marginalized groups for timely health care access.	While examining the impact of health insurance, level of information on factors like life style, condition and occupational status.	Anushree K N (2020)
29	A study of Health Insurance in India.	Increase in health consciousness. The present paper attempts to outline current picture of the health insurance sector.	Both central and state governments should include chapters in insurance textbooks at appropriate levels to conduct health insurance awareness among public.	Rana Rohit sing etal. (2020)
30	Ayushman Bharath Healthcare in India.	This article Focus on Addressing the healthcare needs of citizens all stages of life.	In past, there has been constant criticism of government over low spending on health care and giving it low priority.	Arun Singh (2020)
31	Health Sector Regulation.	The study focuses on Insurance department one regulated by Insurance Regulatory development Authority (IRDA).	The study found It is Important to ensure essential regulation of quality rationality and standards of care.	Rajalakshmi G (2020)
32	An assessment of service Quality among health insurance policyholder.	This paper makes an attempt to examine the expatiations and perception of policy holders.	The finding of the study will help the managers of the general insurance companies to revise their strategies.	Dr.sheebana ir(2020)
33	Fighting the covid- 19 virus and clinical trials	A study discus on as health workers worldwide battles with the seriously allocated	The study disuses on the global efficiency of clinical trials finding depends upon a well-represented genetic diversity.	Praveen Gupta (2020)
34	Opportunities challenges customer satisfaction of services quality of health insurance.	The study focuses on the health Insurance business in India has witnessed increased focused and attention.	The study recommends that new products, new service, new destination, channels lead to the innovation in this sector.	Dr. Vivek Chauhan (2020)

35	TPA Role in	The study focus the	The study examines that with	Jharna K
	controlling health Insurance frauds (Health Frauds).	TPA involved insurer and Insurance verifies all medical documents and records that avoid fraud and misrepresentation.	proper guidelines a greater number of TPA should be developed and hospital reach could be covered under cashless system.	Tolani (2020)
36	Critical questions on covid-19.	The articles focus on behavioural safety aspects of covid-19.	The study found A big challenge of covid-19 that people are not able to maintain physical distancing.	Dr. Harbans Lal kaila (2020)
37	Solutions for health and wellness insurance.	The study review that health organisation should provide cooperation between the health personnel of the people	The study found that strengthening the current wellness and primary health structure to improve quality and health	Soniya N. Rupani (2020)
38	Health Insurance pro-poor from 20 developing countries.	This article focuses on the gap for the most popular form of health financing reform.	In reviewing the paper used a simple pro-poor: people who enrolled & utilisation health services.	Julia Watson (2020)
39	Comparative study on service provided by Health Insurance Companies in India.	Since the cost of service is very high, not many are in a position to bear that from their normal savings for life contingencies.	Insure people are generally aware about the terms and conditions of the health insurance mode & financing.	Patnaik A.K. (2020)
40	Medical under writing.	Medical under writing on important aspect which pays a role in controlling incurred claim loss.	In summary underwriting a Health policy one has to keep in mind policy one has to keep in mind various aspects including life style, PED current health states, occupation, working condition Habits etc.	Dr. Vivek Chauhan (2019)
41	Satisfaction level of Health Insurance Public and private sector.	Focus on claim settlements public and privatesector companies.	In spite and full research efforts certain problems are remain unsolved. This indicates scope for further study.	Dr. Sheeba Nair (2019)

42	The effect of Health	The main purpose of		Galen med.
	Insurance on the Utilization of Health	the present study was a systematic review	access to the utilization of health services. Therefore,	(2019)
	Services.	and to examine the	government should take	
	Services.	effect & health	measures to move towards	
		insurance utilisation	universal health insurance.	
	1	healthcare services.		
43	Demand for Health	The study Focus on	The study found that there is	Sujata
	Insurance and	Community	a need to focus and understand role and self-help	Verma (2018)
	Impact on women Empowerment.	participation and utilisation and	groups to create women	(2016)
	Empowerment.	healthcare service by	Empowerment for successful	
		women	implementation and women	
			health insurance programme	
			at village level.	
44.	Artificial	AI is the process of	The study found that there is	Karan
	intelligence and	designing machines	a strong way which AI will	Nangla
	Health Insurance.	that have the ability to think their own not	continue to help in improving experience for	(2018)
		require human	improving experience for consumers on the health	
		command to work.	Insurance.	
45	Performance of	Study focuses on	It suggested that insurance	Jayalakshmi
	select Health	various aspects of	companies should focus on	I (2018)
	Insurance	insurance business by	the companies should	
	Companies in India:	National &	inform. The customers about	
46	An evaluation. Analysis of health	International levels. The purpose of study:	policy contents & conditions. Findings confirm the	Shah
40	insurance sector	the growth of health	assumption of consistent	Abhishek Y
	post-liberalisation in	insurance sector,	growth and terms of all	(2018)
	India.	variety of financial	measurable financial	(/
		parameters such as	parameters of post-	
		premium collection,	liberalisation.	
47	Hoolth Ingress as in	claims paid.	The marriage of the diag 1	Tonio Ablica
47	Health Insurance in India: why	The study investigates that the	The reviewed studies have documented that public	Tanja Ahlin (2016)
	ethnographic	fieldwork was	awareness of health	(2010)
	research needed.	conducted in Kerala	insurance in India is poor,	
		to shed light on both	due to efforts of private	
		public impressions on	insurers & agents & general	
		health Insurance.	public awareness.	
48	The role of	Financial inclusion has	The major limitation of this	Debnath,
	community health insurance in	become a major imperative tool for	study is lack of data recorded	Kanish
	protecting financial	development of rural	over the entire period of the organisation functioning.	(2016)
	inclusion.	region and elimination	organisation functioning.	
	inclusion.	of poverty.		

49	A Comparative	The main objective &	The study reveal that	Jain Priya
	study of public &	study to evaluate the	companies are struggling to	(2015)
	private Health	importance of health	satisfy the need of customers	
	Insurance.	insurance products.	belonging to social	
		That company	background.	
		belongs to public &	_	
		private sector.		
50	Healthcare	It focuses on health	Health status has found to be	Jain Nishant
	expenditure and	expenditure of a	affecting economic growth	(2007)
	private health	country has been	of the country.	
	insurance	found and to identify		
	investigation.	the reasons for low		
		expenditure in India		
		& factors affecting		
		healthcare		
		expenditure.		

Comparative Findings

A. Access

- **Government Schemes** (like PMJAY, RSBY): Greater outreach in rural and low-income populations but limited in specialty services.
- **Private Insurance**: More selective but allows quicker and easier access to urban private hospitals.

B. Efficiency

- **Government Schemes**: Administrative delays lower claim settlement ratios, less transparency.
- **Private Insurance**: Faster service and claim handling but expensive and risk of denial for preexisting conditions.

C. Quality of Care

Government Schemes: Standardised packages but hospital participation and quality monitoring are weak.

Suggestions

In conducting a comparative study of public and private health insurance schemes in India, several important suggestions emerge to enhance access, efficiency, and quality of care. First, there is a need to strengthen public—private coordination by developing policy frameworks that allow both sectors to complement each other—leveraging the efficiency of private insurers and the wide reach of government schemes. Standardizing benefit packages and treatment costs across schemes would ensure equity and clarity for beneficiaries. Additionally, universal coverage must be prioritized, especially for underserved groups such as informal workers, the elderly, and rural populations. Improving data sharing through an integrated health insurance database would promote transparency, reduce fraud, and support better monitoring. Both sectors require stronger regulatory oversight to enforce quality standards and ensure fair claim processing. Increasing health insurance literacy through awareness programs is essential to empower citizens to make informed choices. Expanding insurance benefits to include outpatient services and preventive care is crucial for reducing long-term healthcare costs and improving outcomes. Moreover, simplifying enrolment and claim processes through digital platforms will enhance user experience. Regular benchmarking of performance indicators such as claims

settlement rates, service quality, and customer satisfaction can help identify best practices. Lastly, promoting continuous research and evaluation will provide evidence-based insights to guide policy reforms and innovations in both public and private insurance sectors.

Conclusion

The comparative literature on government and private health insurance schemes in India reveals distinct strengths and weaknesses across the dimensions of access, efficiency, and quality of care.

Government health insurance schemes, such as Ayushman Bharat and ESI, play a vital role in increasing access to healthcare, especially for economically weaker sections. However, they often suffer from administrative inefficiencies, delays in claim settlement, and variations in the quality of care, particularly in rural and under-resourced regions.

In contrast, private insurance providers offer quicker and more efficient service delivery, with higher-quality infrastructure and hospital networks, but they remain largely inaccessible to the poor due to high premiums and selective coverage policies. Their focus on profit also raises concerns about equity and inclusiveness.

The literature consistently emphasizes the need for greater regulation, integration of public-private efforts, and stronger quality assurance mechanisms. To achieve universal health coverage in India, future reforms must aim to combine the outreach of government schemes with the operational efficiency of the private sector, ensuring that healthcare is accessible, affordable, and of high quality for all.

References

- 1. Dr. Ramesh Kumar Satuluri, madhavisuresh Gurav (2024), Impact of Regulations on key metrics of Standalone Health Insurance Companies in India, The Journal Insurance Institute of India vol (11), Issue No.4.
- 2. Gaurav sahni (2024), The future of Health Insurance, what the coming Decade Holds for the Insurers and the Insured, The Journal Insurance Institute of India. Vol. (11) Issue No. 4.
- 3. Choron Ceh (2024), Health Insurance and Inequality, http://onlinelibrary.wiley.com, International Economy Review.
- 4. Ankur Patil (2024) Role & Technology to Drive Health Insurance, The Journal Insurance Institute of India, vol. (11) Issue No.1
- 5. Brijesh Kumar Yadav, Dr. Abdul Tayyab Khan, Dr. Adeel Maqbool (2024) Socio-Economic Survey & Health Insurance and its Correlation with Attitude in EasternUttar Pradesh. The Journal Insurance Institute ofIndia.Vol., (12) Issue No.2.
- 6. Dr. Leena Nair, Vijay Gawde (2024), Impart of Covid 19 on Demand for Health Insurance policies. The Journal Insurance Institute & India. vol. (11) Issue No. 4,
- 7. Dr. Jandovath Rama Krishna Naik, Dr.Cmadhavaiah (2024), Insuring wellness: Uniting Financial and Social inclusion through Ayushman Bharat (PMJY) vol. (12) Issue No. 1
- 8. Raibasuprgeon, (2024) Health Insurance, gateway to Health care Access to All. The journal Insurance Institute of India.vol. (12), Issue No. 1.
- 9. Ankur pati, (2024) leveraging Technology to Drive Health Insurance, The Journal Insurance Institute of India.Vol. 11, Issue No.2~



- 10. Anukurpatil (2024) Growth strategies for health Insurance –unlocking. The potential & missing middle class. The Journal I assurance Institute of India. vol. (12), Issue No. 11.
- 11. Suchismita paul, Dr. Soumitra sarkar, (2024) Factors Affecting the purchase decision of private Health Insurance policy by the middle-Income Group in West Bengal A logistic Regressions Approach; The Journal Insurance Institute of India,vol(10),Issue,No.4.
- 12. KanwaljitLaur (2023), An empirical study of consumer behaviour in health insurance sector, http://shodhganga.inflibnet.ac.in (48–153).
- 13. Asish Dash, prof swarupa C. Kulkarni, Dr.Arjta Jain (2023), The Impact & Common Empanelment & Hospitals on the quality and cost & Health care in India, The Journal of Insurance Institute & India. Vol (11) Issue 3.
- 14. Venkatesh Ganapathy, (2023) promoting safety, Health and well-Being through vision Zero Decoding the role & Indian Insurance Sector, The Journal Insurance Institute of India, vol. (11), Issue No. 1.
- 15. Jagendra Kumar (2022) How Rising Health Insurance Prices Impact Insurance Industry, The Journal Insurance Institute of India, vol. (9), Issue No.3.
- 16. Manjunatha B (2022), A study on the impact of Yeshasvini Health Insurance scheme on rural farmers in Karnataka, http://shodhganga.inflibnet.ac.in (10–127).
- 17. Shashikant Dahuja (2022) will Regulation of Health Service provides (Hospitals) Help Insurance Companies to improve the result? The Journal Insurances Institute of India, vol. (10), Issue No.2.
- 18. Bhageerathy Reshma (2021), Health Insurance ownership and its uptake in India: A systematic review protocol, http://pmc.ncbi.nlm.nih.gov/articles.
- 19. Angelo Erico (2021), Health Insurance enrolment strategies during the Affordable Care Act (ACA), http://pmc.ncbi.nlm.nih.gov/articles, Arch Public Health.
- 20. Rohit Kumar (2021), Health Insurance & Healthcare Financing Mechanism in Indian Business Model: Past Perspective, http://journal.sagepub.com, Vol. 46, Issue (2)
- 21. Dr-parwaiz Ahmad Najar (2021), Adapting Global Health Insurance models for medical Tourist in India Implication for Stakeholder in digitalized era, The journal & Insurance Institute of India. Vol. (11) Issue 3.
- 22. Dr. Ramesh Kumar satuluri, madhavisuresh Gurav, (2021) profitability matrix standalone Health Insurance companies in India, The Journal of Insurance Institute of India Val.(11),Issue 3.
- 23. Datta Kartikeya, Dr. Geeta Tomor (2021), Health Insurance and Access in Rural India, The Journal of Insurance Institute & India vol. (11) Issue No. 4
- 24. Harbans Lal (2021), Educational institutions need to focus (health and safety) more efficiently as Covid-19 reminded, The Journal of Insurance Institute of India, Vol. (8), Issue No. 3.
- 25. Charlie m Wary (2021), Access to care, cost of care & satisfaction with care among adults with public and private Health Insurance, http://jama-network.com/journal.
- 26. Abigail R. Barker (2020), The cumulative impact of health insurance on health status, http://pmc.ncbi.nlm.nih.gov/articles, Health Service Research (2020).
- 27. Anshree K.D. (2020), Health inequalities in Karnataka: Linkages among health outcomes, access and financial risk protection, http://shodhganga.inflibnet.ac.in (1–128).
- 28. Rano Rohit Singh (2020), A study of health insurance in India, http://www.researchgate.net/publication.
- 29. Arun Singh (2019), Ayushman Bharat A giant step towards universal healthcare in India, The Journal of Insurance Institute of India, Vol (7), Issue No. 2.



- 30. Rajalakshmi G, Vijayand v (2022) Health Sector Regulation. Need of the Hour, The Journal &Insurance Institute of India, vol. (9), Issue No.4.
- 31. Dr. Sheeba Nair (2020), An assessment of service quality among health insurance policyholders in Greater Mumbai: An empirical study, The Journal of Insurance Institute of India, Vol. (7), Issue No. 4.
- 32. Praveen Gupta (2020), Fighting the COVID-19 virus; clinical trials have opened the second front, The Journal of Insurance Institute of India, Vol. (7), Issue No. 4.
- 33. Dr. Vivek Chauhan (2020), Opportunities, challenges, customer satisfaction and dimensions of service quality of health insurance in India, The Journal of Insurance Institute of India, Vol. (7), Issue No. 4.
- 34. Jharna K. Tolani (2020), TPA (Third Party Administrator) and its role in controlling health insurance fraud a study, The Journal of Insurance Institute of India, Vol. (8), Issue No. 1.
- 35. Dr. Harbans Lal Kalia (2020), Critical questions on Covid-19 and management of behavioural safety interventions Indian case study, The Journal of Insurance Institute of India, Vol (8), Issue No. 4.
- 36. Soniya N. Rupani (2020), Solutions for health and wellness insurance, The Journal of Insurance Institute of India, Vol (8), Issue No. 2.
- 37. Julia Watson (2020), Health Insurance pro-poor from 20 developing countries, http://www.londonline.com
- 38. Pattnaik A.K. (2020), Comparative study on services provided by health insurance companies in India, http://shodhganga.inflibnet.ac.in (152–162)
- 39. Dr. Vivek Chauhan (2019), Medical underwriting and rating modalities in Health Insurance, The Journal of Insurance Institute of India, Vol (6), Issue No. 4.
- 40. Dr. Sheeba Nair (2019), A comparative study of satisfaction level of Health Insurance claimants of public and private sector general insurance companies, The Journal of Insurance Institute of India, Vol (6), Issue No. 4.
- 41. Galen Med (2019), The effect of Health Insurance on the utilization of Health Services, Medical Journal, http://pme.ncbi.nlm.nih.gov/astud/galen.
- 42. Sujata Verma (2018), Demand for Health Insurance and impact of women empowerment A community-based study (Rural Pune, India), The Journal of Insurance Institute of India, Vol (5), Issue No. 6.
- 43. Karan Nigam (2018), Artificial Intelligence and Health Insurance, The Journal of Insurance Institute of India, Vol (6), Issue No. 2.
- 44. Jayalaxmi T. (2018), Performance of select health insurance companies in India: An evaluation, http://shodhganga.inflibnet.ac.in (312–330).
- 45. Shah, Abhishek V. (2018), Analysis of health insurance sector post liberalization in India, http://shodhganga.inflibnet.ac.in (1–130).
- 46. Tanja Ahlin (2016), Health Insurance in India why ethnographic research needed, http://www.tandfonline.com, Anthropology & Medicine, Vol. 23, (1) (102–114)
- 47. Debnath Kanish (2016), The role of community health insurance in perfecting financial inclusion, http://shodhganga.inflibnet.ac.in (1–164).
- 48. Jain Priya (2015), A Comparative Study of public and private Health Insurance, http://shodhganga.inflibnet.ac.in (10–120).
- 49. Jain Nishant (2007), Healthcare expenditure and private health insurance: An investigation, http://shodhganga.inflibnet.ac.in (1–153).