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HEALTH INSURANCE IN INDIA: A SYSTEMATIC REVIEW OF LITERATURE

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ABSTRACT

The health insurance sector in India has witnessed significant policy and market-driven expansion in recent years, emerging as a crucial instrument for financial risk protection and healthcare access. Despite these developments, the sector continues to grapple with persistent challenges such as high out-of-pocket expenditure, low awareness levels, poor scheme utilization, and inadequate coverage among rural and informal populations. This research paper undertakes a critical review and synthesis of existing literature to provide an integrated understanding of key themes including coverage, utilization, awareness, and policy impact within the Indian health insurance landscape. The findings reveal that while several studies highlight the rapid growth and diversification of health insurance products—both public and private—their effectiveness in translating coverage into meaningful financial protection remains questionable. Moreover, the literature reflects a heavy reliance on secondary data and descriptive analyses, with limited empirical research addressing regional disparities, behavioral dimensions, or long-term scheme outcomes. By identifying underexplored areas such as digital transformation, insurance literacy, consumer behavior, and decentralized implementation, the study underscores the need for more robust, interdisciplinary academic engagement. It advocates for field-based, longitudinal, and mixed-method approaches to bridge the knowledge gaps. The paper concludes by emphasizing that addressing these gaps through evidence-based research is essential to inform more inclusive and effective policy design, regulatory innovation, and sustainable health financing reforms in India.

KEYWORDS: Health Insurance, India, Financial Protection, Research Gaps, Policy Development

INTRODUCTION

Health insurance plays a pivotal role in advancing equitable healthcare access and providing financial risk protection in India. Despite various policy initiatives and the expansion of both public and private health insurance schemes, the sector continues to face significant challenges. India's health financing landscape remains dominated by out-of-pocket (OOP) expenditure, accounting for over 70% of total

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healthcare costs, which disproportionately affects low-income and rural populations. In this context, health insurance is positioned as a critical mechanism to reduce financial vulnerability and ensure broader health security.

The Indian health insurance sector has seen a notable expansion in recent years, with the implementation of large-scale government schemes such as Rashtriya Swasthya Bima Yojana (RSBY) and Ayushman Bharat—Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), along with increased private sector participation. However, several studies highlight persistent issues such as low enrollment in the informal sector, inefficiencies in claim settlement, moral hazard, adverse selection, poor scheme awareness, and lack of regulatory coherence. Technological interventions and digital tools have contributed to operational improvements, but their impact on accessibility and equity remains inconsistent.

Given the centrality of health insurance in India's broader health system reform agenda, there is a compelling need for a more comprehensive and critical engagement with existing literature. Such an approach enables a deeper understanding of the sector's evolving landscape and supports more informed academic, institutional, and policy responses.

Objectives:

1. To critically review and synthesize existing literature on health insurance in India, focusing on key themes such as coverage, utilization, awareness, and policy impact.
2. To identify research gaps and suggest future directions for academic inquiry and policy development in the Indian health insurance sector.

REVIEW OF LITERATURE:

1. P. Ellis, Alam, and Gupta (2000) in their paper titled "Health Insurance in India: Prognosis and Prospectus" evaluates India's fragmented health financing system, characterized by over 75% out-of-pocket expenditure and low insurance coverage. It analyzes mechanisms like ESIS, CGHS, Mediclaim, and employer-managed schemes, highlighting inefficiencies, poor service quality, and inadequate coverage for informal workers. The authors argue the system burdens low-income households and face regulatory lapses and moral hazard in claims. They recommend reforming public primary care, restructuring ESIS and CGHS, regulating the private sector, expanding outpatient and chronic illness coverage, and promoting community-based insurance. The paper calls for stronger regulation, equitable access, and improved efficiency to achieve universal health coverage.
2. Mahal (2002) in his research paper 'Assessing Private Health Insurance in India: Potential Impacts and Regulatory Issues' examines the implications of private health insurance on

healthcare costs, equity in financing, and the quality and cost-effectiveness of care. He argues that while private insurance may raise concerns, informed consumers and robust regulation can mitigate negative outcomes. He highlights the importance of regulating benefit packages, restricting risk selection, and ensuring consumer protection. Effective enforcement, creation of large insurance buyer groups, and better coordination between IRDA and other bodies are essential. Additionally, new legislation may be required to enhance standards in healthcare provision and support regulatory frameworks.

3. The paper "Health Insurance for the Poor in India" by Ahuja (2004) examines the challenges and prospects of providing health insurance to India's low-income population. Ahuja argues that Community-Based Health Insurance (CBHI) is more suitable for reaching the poor than market-mediated or government-provided insurance. The study critically analyzes schemes like Jan Arogya and the Universal Health Insurance Scheme, highlighting issues of affordability, sustainability, and inclusivity. It emphasizes the need for regulatory reforms and public-private collaboration to expand coverage. Ahuja concludes that tailored CBHI models, supported by effective regulation and infrastructure, can play a significant role in improving healthcare access for India's poor while minimizing cost escalation.
4. The primary purpose of the research paper by Mudgal, Sarkar & Sharma (2005) titled 'Health Insurance in Rural India' has been to see whether villagers in India are able to insure their consumption against ailment shocks. It has been found that with the exception of a few regions, and certain sections of scheduled tribe households, villagers in India are perhaps able to insure their consumption against ailment shocks. However, villagers are not able to perfectly share the risk of all shocks. Hence, it may be that health is partially self-insured. It remains an open question as to whether villagers self-insure against ailments. Nevertheless, it indicates that the possibility of health insurance existing in rural India is indeed high.
5. In the backdrop of the low level of health insurance coverage in India, the study on 'Adverse Selection and Private Health Insurance Coverage in India' by Vellakkal (2009) has examined the determinants of the scaling-up process of health insurance by analyzing the rational behaviour of an insurance agent facing a trade-off between selling 'health insurance' and 'other forms of insurance' subject to his limited time and efforts, and the implications of such behaviour on adverse selection and equity. The paper has presented various pre-conditions affecting the rational behaviour of insurance agents and also discusses two new concepts—'insurance habit' and 'asymmetric information on health insurance schemes. Further, the study has examined various strategies followed by insurance agents for maximizing their net incomes. The study has concluded that given the existing incentive systems in the Indian insurance market for promoting various forms of insurance, the low level of insurance awareness among the general public, coupled with the dominant role of insurance agents in the market results in a situation of: 1) Low level of health insurance coverage, 2) No adverse

selection and 3) Inequity in health insurance coverage.

6. Reddy et al. (2011) in their research on 'A Critical Assessment of the Existing Health Insurance Models in India' has generated evidence in relation to different models of health insurance schemes in the country. In effect, it has conducted a comprehensive review and critical evaluation of the existing health insurance schemes (largely government schemes, private sector models and to some extent community-based schemes). The project has produced a road map for future health insurance programmes in India, particularly in relation to the goals of scalability, sustainability, equity and financial risk protection measures.
7. The paper titled "Health Insurance Market in India – The Way Forward" by Kumar and Ramamoorthy (2013) provides an extensive overview of the growth, challenges, and future prospects of the health insurance sector in India. The authors discuss the sector's evolution from basic products like Mediclaim to a wide variety of government and private schemes, including RSBY and CGHS. The study highlights issues like low public health spending, high out-of-pocket expenses (about 71%), and limited insurance penetration (only 5% of the population). It also analyzes the role of private insurers, TPAs, and standalone health insurance firms in increasing market growth. With an annual growth rate of around 25%, health insurance is the fastest-growing segment in India's non-life insurance industry. The paper concludes by recommending universal health coverage, stronger public-private partnerships, product innovation, better claims management, and regulatory reforms as critical steps forward for inclusive and affordable healthcare financing in India.
8. The research paper "The Problems with Health Insurance Sector in India" by Devi and Nehra (2015) critically examines the key challenges affecting the Indian health insurance industry. It identifies issues such as low public awareness, inefficiency of Third-Party Administrators (TPAs), mis-selling by agents, and inflated hospital charges for insured patients. The study, based on secondary data, outlines systemic weaknesses including inadequate regulation, poor rural outreach, and high claim ratios. Despite innovations like portability and hybrid products, deep-rooted structural flaws hinder sectoral growth. The authors call for honest collaboration among stakeholders and greater transparency to ensure effective and equitable health insurance coverage in India.
9. The paper "Health Insurance in India – An Overview" by Swathi and Anuradha (2017) opens by outlining the growth of health insurance post-liberalization and increased awareness. The introduction stresses the financial importance of insurance during medical emergencies. The objectives are clearly stated, and the methodology relies solely on secondary sources. The literature review summarizes prior work but lacks synthesis or critique. The concept section briefly traces policy evolution. The analysis uses IRDA data (2011–2016), showing increased public uptake. However, it lacks post-2016 updates and primary insights. The suggestions are generic, and the conclusion emphasizes insurance as a financial safety net without deeper

policy or consumer behavior analysis.

10. Prinja et al. (2017) have conducted a thorough review of how publicly funded health insurance schemes in India are working. Their paper, titled "Impact of Publicly Financed Health Insurance Schemes on Healthcare Utilization and Financial Risk Protection in India: A Systematic Review," looks into whether these schemes help people use more healthcare services, reduce their financial risks, and improve health outcomes. They found that more people tend to use healthcare after enrolling in these schemes. However, the evidence shows that, in most cases (about 69%), there wasn't a major drop in out-of-pocket expenses, meaning the financial protection wasn't very strong. The review also pointed out that awareness and proper use of these schemes are uneven, especially among marginalized groups. The authors suggest that, while access to healthcare improved, the schemes still don't offer enough financial security. They recommend better design, closer monitoring, and stronger links with primary health care to make these schemes more effective.
11. The paper entitled "A Study on Health Insurance Premium, Claims, Commission and its Growth of Select Companies in India" by Vinoth, Mathiraj, Shetty and Nagalakshmi (2018) offers a detailed analysis of three private health insurance providers—Apollo Munich, Reliance, and Star Health—over a five-year period. Using secondary data and descriptive statistics, the study examines growth trends in premiums, claims, and commissions. It identifies significant growth in Star Health's premium and Apollo Munich's commission payouts. Despite showing upward trends, the paper highlights challenges such as uneven growth and limited public coverage. The study suggests greater IRDA support and financial incentives to enhance the sector. Overall, it provides useful insights for policymakers and insurers.
12. The paper "A Study of Health Insurance in India" by Singh and Singh (2020) explores the structure, growth, and performance of India's health insurance sector. It highlights the sector's rapid expansion post-liberalization, driven by increased health awareness, rising incomes, and private sector participation. The authors review multiple policy types, such as individual, family floater, group, and senior citizen plans. Using secondary data, the paper analyzes sector-wise premium collection, claim ratios, and state-wise contributions. It notes that despite strong growth, public awareness remains low and rural coverage is inadequate. The study emphasizes innovation, universal health coverage, and policy reforms, while suggesting IRDA-led initiatives and awareness campaigns to enhance insurance penetration and effectiveness.
13. Dutta (2020) in his research paper "Health Insurance Sector in India: An Analysis of its Performance" examines the paradox of rising health insurance premiums and persistent underwriting losses in India. Using secondary data from 2006–07 to 2018–19 and regression analysis, the study finds a significant negative relationship between premium growth and underwriting profit. Despite a strong CAGR of 27%, the sector incurs losses due to high claims,

commissions, and management expenses. SWOT and PEST analyses provide context for internal and external challenges. The study identifies a critical research gap by focusing on underwriting performance, which is often overlooked in existing literature. Recommendations include rationalizing costs, curbing fraudulent claims, and adopting age-based pricing. Though limited by its narrow scope, the paper offers valuable insights into structural inefficiencies affecting profitability and emphasizes the need for innovative strategies to ensure long-term sustainability in India's health insurance sector.

14. The paper "Penetration and Coverage of Government-Funded Health Insurance Schemes in India" by Hooda (2020) gives a detailed understanding about the extent and coverage of health insurance schemes like RSBY and PMJAY and its development. Using data from major surveys (IHDS, NFHS, NSS), the study shows substantial gaps (up to 68.2% less than reported) between official claims and the percentage of households actually covered. Insurance growth has indeed been impressive, notably due to so-called pro-poor schemes, yet penetration still favours the urban and richer segments of the population. It is highlighted in the paper that implementation failure, weak awareness creation, and low targeting are the challenges that afflict equitable access as well as missing infrastructure for the same. It suggests good regulation, a smart hospital network and transparency for real financial protection and health for all in India.
15. Bajpai (2021) in his paper titled "Health Insurance Sector in India: A Study on Awareness and Preferences" examines the structure, awareness, and preferences related to health insurance in India. The study outlines various insurance plans—individual, family floater, group, and critical illness—and highlights growing awareness post-liberalization. Using secondary data, it shows rising premiums, increased coverage, and a shift in market share from public to private and stand-alone insurers. Despite progress, the paper notes limited voluntary adoption and awareness, especially among low-income groups. It recommends product innovation, policy reforms, and extensive awareness campaigns to expand penetration and promote health security for all.

16. The paper titled "Health Insurance Awareness and its Uptake in India: A Systematic Review Protocol" by Reshmi, B et al. (2021) outlines a comprehensive plan to assess interventions aimed at improving health insurance awareness in India. The authors propose a mixed-methods systematic review, drawing from diverse databases and grey literature, to evaluate the effectiveness of educational, policy, and promotional initiatives. The protocol is grounded in robust methodological frameworks such as PRISMA and the Cochrane Handbook. It emphasizes understanding both demand- and supply-side factors affecting insurance uptake. The study's relevance is heightened by India's low insurance coverage despite multiple schemes like PMJAY. The paper ensures rigor through detailed inclusion criteria and quality

appraisal tools, offering a structured path to inform health policy.

17. The research paper “Effect of Health Insurance in India: A Randomized Controlled Trial” by Malani et al. (2021) explores the impact of expanding hospital insurance to above- poverty-line Indian households. Conducted across 435 villages in Karnataka, the randomized controlled trial tested various insurance offerings—free, subsidized, and pure sale—with and without cash transfers. Results showed increased uptake and utilization with free insurance (78.71%) versus paid (59.91%). However, many beneficiaries failed to use the insurance due to systemic issues. Spillover effects enhanced uptake through peer learning. Despite increased access and some utilization, no significant health improvements were observed. The study highlights challenges in implementation and the need for supporting infrastructure and education.
18. Thyagaraja and Lakshmi (2021) in their paper "Health Insurance in India: Problems and Prospects” begins by emphasizing the uncertainty of health and the role of insurance in mitigating financial risks. Thyagaraja and Lakshmi define insurance, trace its evolution, and outline objectives related to understanding health insurance and its challenges. The literature review covers past studies highlighting regulatory needs and accessibility issues. The authors then detail India's major public and private schemes, and types of insurance products. Key forces and challenges—low penetration, high out-of-pocket costs, poor awareness—are identified. Innovations like digital diagnostics and tailored products are noted. The paper concludes with practical suggestions for improving awareness, affordability, and policy design.

19. The paper titled "Critical Performance Analysis of the Health Insurance Sector in India During COVID-19 Outbreak" by Yadav, Kaur, Devi & Manocha (2022) examines the pandemic's impact on India’s health insurance sector using data from 2020 to 2022. It analyzes four key metrics—gross premium income, incurred claim ratio, number of policies, and claims paid. The study finds a surge in premium income and policy uptake, driven by heightened public awareness and digital adoption. However, increased claim ratios indicate profitability pressures. Opportunities include product innovation and digital growth, while challenges persist in pricing and coverage gaps. The paper emphasizes IRDAI’s role and advocates for future research on efficiency and universal coverage.
20. Dharmadhikari (2022) in her research paper titled “Emerging Trends in Health Insurance Sector” offers an insightful analysis of India’s post-COVID-19 health insurance transformation. Using a descriptive research design and secondary data, it explores the growing influence of Insurtech, AI, IoT, and Big Data in improving underwriting, customer service, and product innovation. The pandemic, the paper notes, shifted public perception of insurance from investment to essential risk protection. Opportunities like digital expansion, microinsurance, drone insurance, and rural outreach are highlighted, along with challenges

such as low penetration, cybersecurity risks, and weak data security. The study recommends product redesign, better cybersecurity, and leveraging policy reforms for inclusion. It presents a well-rounded view of the sector's evolving landscape.

21. Phalswal, Neeraja, Dixit, and Bishnoi (2023) in their paper Government Health Insurance Schemes and Their Benefits to Indian Population: An Overview have given a detailed review of numerous central and state level government health insurance schemes in India. It covers schemes like Ayushman Bharat, RSBY, CGHS, ESIC and state specific schemes like Mukhyamantri Amrutum Yojana and Chiranjeevi Yojana. The findings underscore the role of the schemes in lowering out-of-pocket expenses and increasing access to care to the poor. But at the same time also underscores continued problems of awareness, spotty execution and patchy national coverage. It calls for more meaningful engagement by frontline health workers, and better policy communication. The review acts as an informative source by gathering disparate pieces of information and providing it in one, accessible document.

22. The paper entitled "Performance Analysis in Health Insurance in India" by Kamarlaila and Mahalakshmi (2024) provides a comprehensive analysis of the growth trends in India's health insurance sector over a decade (2013–2023). Utilizing secondary data from IRDA reports, the study examines trends in policy count, premium collection, and claims paid. It applies SPSS tools for regression and correlation analysis and finds significant positive growth in net premiums and claims, with high correlation ($r = 0.988$). Despite double-digit growth in premiums and coverage, only 30% of the population is insured, indicating untapped potential. The study highlights health insurance's vital role in financial protection and expanding healthcare access in India.
23. The research paper on "Digitalization and Transforming in Health Insurance Claims Settlement" by Sharma (2024) explores the role of digital technologies in reshaping claims settlement in India's health insurance sector, especially post-COVID. It analyzes the impact of AI, blockchain, machine learning, and IoT on improving operational efficiency, reducing fraud, and enhancing customer satisfaction. Using data from IRDAI (2017–2022), the paper evaluates premium trends, incurred claim ratios, and claim settlement ratios across sectors and top insurers. The findings show that digitalization has significantly accelerated claims processing—59% through cashless mode—and led to high settlement ratios in top insurers. However, challenges such as data privacy and infrastructure needs remain. Overall, the study underscores digitalization's transformative role in insurance.
24. The paper titled "Evolution of Health Insurance in India Over a Decapod" by Jiji, Balraj, and Almeida (2024) explores the transformative growth of India's health insurance sector over the past decade. It highlights the surge in the number of insurers, driven by digitalization and the COVID-19 pandemic. Key developments include integration of telemedicine, wearable health

tech, flexible policies, and heightened focus on preventive care and mental health. The study shows that while demand and premiums rose, so did claims. Nonetheless, profitability improved. The paper concludes that digital tools and pandemic-induced reforms have enhanced accessibility, customization, and affordability in health insurance, promising broader coverage for India's population.

25. Jyothilinga and Gautam (2024) in their research paper entitled "A Study on Customer Satisfaction Towards Health Insurance" investigates key factors influencing policyholder satisfaction in Ballari District, India. Using a descriptive research design with 100 respondents, the study identifies four major satisfaction drivers: Policy Features and Emotional Benefits, Policy After-Sales Services, Healthcare and Wellness, and Financial Considerations. Factor and chi-square analyses reveal significant relationships between satisfaction and demographic variables such as education, income, and occupation. Findings emphasize the importance of tailored policies, quality service, strong agent networks, and high-coverage options. The study concludes that insurers must adopt a customer-centric approach to enhance satisfaction and loyalty in a competitive health insurance market.
26. The paper "What Does the Future Hold for Health Insurance Premiums in India: Insights from ARIMA Models" by Masih, Majumdar, and Sharma (2024) employs ARIMA time series models to forecast health insurance premiums across four sectors: Non-Life Private, Public, Standalone Health Insurers, and Total Health Insurers in India. Using data from 2005–2023, the study predicts compound annual growth rates between 8.31% and 10.36% through 2026. The models, validated using statistical measures like AIC, BIC, RMSE, and MAPE, provide reliable forecasts aiding insurers in strategic planning. The paper concludes that ARIMA is effective for premium prediction and supports future model enhancements, including deep learning for improved accuracy and industry application.
27. Goyal (2025) in her research work "The Impact of Health Insurance on Healthcare Accessibility in India" investigates how health insurance influences access to medical services, financial protection, and health outcomes, particularly for low-income populations. Using a mixed-methods approach, it analyses data from 600 individuals across urban and rural areas. Findings show that insured individuals utilize healthcare services more and face significantly lower out-of-pocket expenses. Schemes like Ayushman Bharat have notably improved rural healthcare access, though barriers such as limited awareness, poor administrative support, and subpar care quality persist. The study concludes that while health insurance enhances accessibility, it must be complemented by policy improvements in awareness, infrastructure, and service delivery to achieve equitable and efficient healthcare access nationwide.

CONCLUSION:

The critical examination of the literature reveals that while India's health insurance sector has

undergone significant transformation, it continues to grapple with deep-rooted inefficiencies and inequities. Schemes such as AB-PMJAY have expanded coverage, and technological advancements have enhanced service delivery and claims processing. Yet, low insurance penetration, high OOP expenditure, regional disparities, and weak awareness persist as major barriers to achieving the intended policy outcomes. The disconnect between insurance coverage and effective financial protection is a recurring theme, particularly for low-income and rural populations.

Of particular concern is the lack of focused academic inquiry on several key dimensions of the sector. Existing studies have contributed valuable insights, yet a large portion of the research is limited to descriptive analysis based on secondary data. There is a significant need for empirical, field-based, and longitudinal studies that explore how health insurance impacts healthcare utilization, financial hardship, and health outcomes over time. Moreover, the behavioral aspects influencing uptake—such as risk perception, trust in institutions, and consumer literacy—remain underexplored. The role of insurance agents, digital platforms, and intermediaries in influencing enrollment and retention also demands closer scrutiny.

Future research should prioritize a multidisciplinary approach, integrating insights from public health, economics, behavioral sciences, and data analytics. Special attention must be paid to regional and socio-economic disparities, scheme integration at the state and central levels, and the effectiveness of regulatory reforms. Furthermore, policy development should be grounded in robust, context-specific evidence that guides improvements in scheme design, awareness campaigns, claim transparency, and equity-focused strategies.

In conclusion, the future of health insurance in India lies not only in expanding coverage but also in enhancing the quality and equity of that coverage. Addressing the identified research gaps through rigorous academic inquiry will serve as a foundation for more effective policy innovation, ensuring that health insurance becomes a true vehicle for universal, inclusive, and sustainable health protection.

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