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# A Study on Health Insurance Premium, Claims, Commission and its Growth of Select Companies in India

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## ABSTRACT OF THE RESEARCH PROPOSAL

Health insurance is insurance that covers the whole or a part of the risk of a person incurring medical expenses, spreading the risk over a large number of persons. By estimating the overall risk of health care and health system expenses over the risk pool, an insurer can develop a routine finance structure, such as a monthly premium or payroll tax, to provide the money to pay for the health care benefits specified in the insurance agreement.<sup>[1]</sup> The benefit is administered by a central organization such as a government agency, private business, or not-for-profit entity. According to the Health Insurance Association of America, health insurance is defined as "coverage that provides for the payments of benefits as a result of sickness or injury. It includes insurance for losses from accident, medical expense, disability, or accidental death and dismemberment" It includes insurance for losses from accident, medical expense, disability, or accidental death and dismemberment". The Health insurance premium index collects data on the evolution of premiums for compulsory and complementary health insurance and is the weighted average of the two sub-indices. By means of the Health insurance premium index, the effects of the evolution of premiums on the growth of households' disposable income can be calculated. In Switzerland, the Health insurance premium index is compiled by the Federal Social Insurance Office (for the basic health insurance) and by the Federal Statistical Office (for the field of supplementary insurances). Claims-based identity is a common way for applications to acquire the identity information they need about users inside their organization, in other organizations, and on the Internet. It also provides a consistent approach for applications running on-premises or in the *cloud*. Claims-based identity abstracts the individual elements of identity and access control into two parts: a notion of claims, and the concept of an issuer or an authority.

**Keywords:** Health insurance, Schemes, Premium, claim settlement, commission, etc...

**JEL Classification:** G22, G29

## INTRODUCTION

Health insurance in a narrow sense would be 'an individual or group purchasing health care coverage in advance by paying a fee called premium. The health insurance market in India is very limited covering about 10% of the total population. Health insurance expenditure in India is roughly 6% of GDP, much higher than most other countries with the same level of economic development. Of that, 4.7% is private and the rest is public. In private insurance, buyers are willing to pay premium to an insurance company that pools people with similar risks and insures them for health expenses. The key distinction is that the premiums are set at a level, which provides a profit to third party and provider institutions. Premiums are based on an assessment of the risk status of the consumer (or of the group of employees) and the level of benefits provided, rather than as a proportion of the consumer's income. In

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the public sector, the General Insurance Corporation (GIC) and its four subsidiary companies (National Insurance Corporation, New India Assurance Company, Oriental Insurance Company and United Insurance Company) and the Life Insurance Corporation (LIC) of India provide voluntary insurance.

## REVIEW OF LITERATURE

Vagner Figueredo de Santana, Ana Paula Appel, Luis Gregorio Moyano, Marcia Ito, Claudio Santos Pinhanez (2018)<sup>5</sup> Health insurance companies in Brazil have their data about claims organized having the view only for service providers. In this way, they lose the view of physicians' activity and how physicians share patients. Partnership between physicians can be seen as fruitful, when they team up to help a patient, but could represent an issue as well, when a recommendation to visit another physician occurs only because they work in same clinic. This work took place during a short-term project involving a partnership between our lab and a large health insurance company in Brazil. The goal of the project was to provide insights (with business impact) about physicians' activity from the analysis of the claims database. This work presents one of the outcomes of the project, i.e., a way of modeling the underlying referrals in the social network of physicians resulting from health insurance claims data. The approach considers the flow of patients through the physician–physician network, highlighting connections where referrals between physicians potentially occurred. We present the results from the analysis of a claims database (detailing 18 months of activity) from the health insurance company we partnered with. The main contribution presented in this paper is the model to reveal *mutual referrals* between physicians. Results show the proposed model reveals underlying characteristics of physicians' activity from real health insurance claims data with multiple business applications.

## NEED FOR THE STUDY

The growth of health insurance in India requires a better understanding of the perceptions of healthcare providers and the stakeholders. Given the lack of affordability of the poor, low penetration of health insurance, any attempt towards attaining the universal healthcare should be necessarily undertaken. The problems at the grass root level should be identified and cured at the infant stage itself. Merely because of the fact that the insurance premium is subsidized by the Government, the ultimate beneficiaries should not be deprived of the due benefits.

## HISTORY/ BACKGROUND

Health insurance in India is a growing segment of India economy. In 2011, 3.9% of India gross domestic product was spent in the health sector. According to the World Health Organization (WHO), this is among the lowest of the BRICS (Brazil, Russia, India, China, and South Africa) economies. Policies are available that offer both individual and family cover (WHO, 2013). Launched in 1986, the health insurance industry has grown significantly mainly due to liberalization of economy and general awareness (Financial Express, 2013). By 2010, more than 25% of India population had access to some form of

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<sup>5</sup> SantosPinhaneza, V. F. (2018). Revealing Physicians Referrals from Health Insurance Claims Data. *Big Data Research*, 13, 3-10.

health insurance. There are standalone health insurers along with government sponsored health insurance providers. Until recently, to improve the awareness and reduce the procrastination for buying health insurance, the General Insurance Corporation of India and the Insurance Regulatory and Development Authority had launched an awareness campaign for all segments of the population. Five private sector insurers are registered to underwrite policies exclusively in Health, Personal Accident and Travel insurance segments. They are Star Health and Allied Insurance Company Limited, Apollo Munich Health Insurance Company Limited, Max Bupa Health Insurance Company Limited, Relegate Health Insurance Company Limited and Cigna TTK Health Insurance Company Limited. India rightly brands itself as incredible. The country's remarkable political, economic and cultural transformation over the past few decades has made it a geopolitical force. Healthcare is one of the industries that marks this strengthened global presence. As per industry reports, healthcare is poised to grow at an estimated annual rate of 19 per cent to reach USD 280 billion by 2020 with India being recognized as a destination for world class healthcare.

### **INSURANCE OF INDIA**

India became the 10th largest insurance market in the world in 2013, rising from 15th rank in 2011. At a total market size of US\$66.4 billion in 2013, it remains small compared to world's major economies, and Indian insurance market accounts for 2% of world's annual insurance business. India's life and non-life insurance industry has been growing at 20 % double digit growth rates and this growth is expected to continue through 2021.

Life insurance Indian economy retains about 360 million active life insurance policies, the largest in the world. Of the 52 insurance companies in India, 24 are active in life insurance business. The life insurance industry in the country is projected to increase at double digit compounded annual growth rates through 2019, with targets to reach US\$1 trillion annual notional values by 2021. The industry which reported a growth rate of around 10 percent during the period 1996–97 to 2000–01 has, post opening up the sector, reported average annual growth of 15.85% over the period 2001–02 to 2010–11. In addition, the specialized insurers Export Credit Guarantee Corporation and Agriculture Insurance Company (AIC) are offering credit guarantee and crop insurance respectively. AIC, which has initially offering coverage under the National Agriculture Insurance Company (NAIS), has now started providing crop insurance cover on commercial line as well. It has introduced several innovative products such as weather insurance and specific crop related products. The premium underwritten by the non life insurers during 2010–11 was Rs 42,576 crore as against Rs 34,620 crore in 2009–10. The growth was satisfactory, particularly in the view of the across the board cuts in the tariff rates. The private insurers underwrote premium of Rs 17,424 crore as against Rs 13,977 crore in 2009–10. The public sector insurers on the other hand, underwrote a premium of Rs 25,151.8 in 2010–11 as against Rs 20,643.5 crore in 2009–10, i.e. a growth of 21.8% as against 14.5% in 2009–10.

### **SCOPE OF THE STUDY**

This present study is concerned with the Health insurance schemes of selected companies in India in order to analyze the position of the individual company are to be calculated and also analyze the company's claims, settlements and premium.

## OBJECTIVES OF THE STUDY

1. To examine the growth of health insurance premium and claims in India.
2. To study the company profile of the selected health insurance companies in India.
3. To study the Premium, Claims, and Commission of selected health insurance companies in India.
4. To offer the findings, suggestion and Conclusion.

## RESEARCH METHODOLOGY

The present study is completely based on secondary data. The required data were collected from the various companies website published but the selected health insurance companies, the published document of annual reports and like the researcher has also visited many libraries and referred to many leading magazine and journals. The main sources of the secondary data are received through the internet. A convenient sample of three companies has taken for the purpose of the study. The required data were collected from the websites.

## SAMPLE DESIGN

The sample companies are selected on the basis of convenient sampling method sample of three a company has been selected on the basis of Availability of data for five years. The following companies have been selected for the study:

1. Apollo Munich Health Insurance
2. Reliance Health Insurance
3. Star Health Insurance

## STATISTICAL TOOLS USED

Descriptive statistical analysis is used in Compound Annual Growth Rate, Mean, Standard Deviation, Co- efficient of covariance.

## PERIOD OF THE STUDY

The present study covers a period of five years from 2011-2012 to 2015-2016 and the essential data for this period have been collected from three companies. The collected information is related to this period only.

## PROFILE OF SELECT HEALTH INSURANCE COMPANIES

### Profile of the Apollo Munich Health Insurance Company.

Apollo Munich Health Insurance Company Ltd is a private sector health insurance company in India. Founded on 8 August 2007, it is a joint venture between the Apollo Hospitals group and Munich Health, one of the three business segments of Munich Re; a leading reinsurance company based in Germany. Apollo Munich Health Insurance has 180+ physical offices all over India and more than 2,800+ employees. Apollo Munich Health Insurance Company Ltd. was originally known as Apollo DKV Insurance Company Ltd.; a joint venture between Apollo Hospitals and DKV AG, a subsidiary of ERGO Group; a group of insurance companies owned by Munich Re. The stake holding of the two companies was in the ratio of 74:26 (Apollo Hospitals Group: DKV AG).<sup>6</sup> Apollo DKV was renamed Apollo Munich Health Insurance in December, 2009. Munich Re acquired additional 23.27% shares of Apollo Munich Health Insurance in January, 2016, increasing

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<sup>6</sup> "Apollo Munich History, Apollo DKV to Apollo Munich". [www.apollomunichinsurance.com](http://www.apollomunichinsurance.com). Retrieved 22 September 2016.

its shareholdings to 48.75%<sup>7</sup> The domain of health insurance in India was limited to public sector companies till 1999.<sup>8</sup> The fixed rates, terms and conditions of the products insurers could offer were also strictly regulated.<sup>9</sup>

Apollo Munich Health Insurance was one of the first standalone health insurance companies to enter the market after liberalization of the Indian insurance industry and end of the tariff regime. The company's initial strategy was to lay stress on innovation and target the group insurance business. But it was unable to garner a sufficient number of clients. Apollo Munich's products "married healthcare financing with healthcare management", thus leading to higher premiums and less takers for the products. Apollo Munich's exposure to group insurance business also resulted in a high claims ratio or loss ratio.<sup>10</sup>

In 2009, Antony Jacob, previously finance director of RSA Insurance Group for Middle East and Asia, joined Apollo Munich as CEO and decided to switch the company's focus to retail insurance. He also introduced the concept of corporate healthcare management instead of standalone healthcare financing. These steps worked in favor of Apollo Munich Health Insurance. Optima Restore, a policy that automatically restores the entire sum insured, for no extra cost, in case it is used up in the policy period, won Apollo Munich the Asia Insurance Award for Innovation in 2012.<sup>11</sup>

### **Profile of the Reliance Health Insurance Company.**

Reliance Health Insurance has been a joint venture of Reliance Enterprise Private Ltd., Union Bank of India and Corporation Bank from 2012 onwards. It got its IRDA approval in July 2012 and has been among the five private sector insurers to underwrite policies exclusively in health, personal accident and travel insurance segments.<sup>12</sup> The company consists of three major plans namely travel insurance plans which consist of Explore, Student Explore and Group Explore. Health insurance plans which consists of Care, Care Freedom, Enhance, Joy and Group care. The 3rd and the last plan is Fixed Benefit Plans which consists of products like Assure, Secure and Group Secure. Reliance's company slogan for many years was "Quality is our policy." Yet for the most part the company engaged in relatively little advertising directed at the general public since most of its business was placed through independent insurance agents and brokers. As a consequence the company was not as widely known as some other insurers of comparable size who undertook more mass marketing. One Reliance ad, however, that ran in trade publications in the 1970s, was so outright sexist by today's standards as to be humorous in retrospect. This full-page ad (as seen here)<sup>13</sup>, aimed at insurance agents, featured the catch phrase, "Have we got a girl for you!" and depicts an attractive young female, who is identified as "The Claim Service Representative." The ad then directs the reader to various parts of the woman's anatomy and asserts how it will aid the agent in handling claims. The caption to the line drawn to woman's forehead reads, "Brains. Our girls are a lot more than just a pretty face. They're all well educated." The caption to the line drawn to her ankle reads, "Well-turned ankle. No use to you, but it's pretty to look at." The ad goes on to encourage the targeted insurance agent to "Think about it, if you had an accident, wouldn't you appreciate a chat with a pretty girl? Of course you would." What the ad doesn't say but which was not only true of Reliance but most every insurer at the time, their employees in the often hectic and stressful work environment of handling insurance claims were largely staffed by young women. This not only gave the agent "an extra pair" of hands but also kept salary costs comparatively low.

### **Profile of the star Health Insurance Company**

<sup>7</sup> "Munich Re Press Release". Retrieved 22 September 2016.

<sup>8</sup> "Insurance Regulatory and Development Authority of India Act, 1999". Retrieved 23 September 2016

<sup>9</sup> "Effects of Liberalisation on Indian Insurance Market-An Overview by C.S. Rao". Retrieved 23 September 2016.

<sup>10</sup> "Apollo Munich: Healthy profits from Unhealthy people". *Forbes India*. Retrieved 22 September 2016.

<sup>11</sup> "Apollo Munich's Optima Restore wins Innovation of the Year Award". *Bimbazaar.com*. Retrieved 22 September 2016.

<sup>12</sup> "Malvinder and Shivinder Singh exit Religare Health Insurance | *Forbes India*". *Forbes India*. Retrieved 2017-08-10

<sup>13</sup> <http://www.fundinguniverse.com/company-histories/RELIANCE-GROUP-HOLDINGS-INC-Company-History.html>



Star Health and Allied Insurance Company Limited came into existence in the year 2006 offering various types of health insurance, overseas mediclaim insurance and personal accident policies. The company was established to specialize in the health insurance sector and today Star Health and Allied Insurance Company is a standalone health insurance provider in the market.<sup>14</sup> The company was established with an objective to enable individuals enjoy the benefits of a health insurance policy and so the company took upon itself the task of developing and launching health insurance plans which are not only innovative but also cheap. Due to its dynamic policies, Star Health succeeded in its objectives and won awards and accolades recognizing its work. Some of the popular awards won by the company are as follows:

- ❖ Claims Service Company of the Year award in 2014 for rendering good servicing of claims
- ❖ Corporate Excellence Awards also in the same year
- ❖ Best Claim Settlement Process Company in 2015
- ❖ Best Health Insurance Provider of the Year 2015-16 by Business Today, Money Today Financial Awards.

Other than winning awards, the company also made tremendous progress in financial sense by developing its business. Some of the company's achievements include the following:

- ❖ It was the first standalone health insurance provider in its segments followed later by other companies.
- ❖ As per the data collected by the General Insurance Council for the year ended 31st March 2015, Star Health was the top private standalone health insurer in terms of the premium underwritten. The net premium underwritten stood at Rs.1439.27 crores with a gross written premium of Rs.275.8 crores. This made the company grow by 30% ever since its inception in 2006.
- ❖ As in 2015, the company had a pan India presence through 900 outlets.
- ❖ In April 2016, the company crossed the Rs.2000 crore premium mark and in the quarter ended June 2016, the premium earned by the company stood at about Rs.3680 crores.

Besides offering basic health insurance which is unique in terms of their features, certain specialized plans are also offered by the company which is unique in the health insurance segment too. Some of the popular plans of the company include:

- ❖ Family Health Optima Insurance Plan – a comprehensive health insurance plan for the whole family
- ❖ Senior Citizens Red Carpet Health Insurance Policy – a senior citizen health plan for individual aged 60 years and above
- ❖ Mediclassic Insurance Policy – another comprehensive health insurance plan
- ❖ Super Surplus Insurance Policy – a top-up plan which increases the coverage at low rates of premiums
- ❖ Diabetes Safe Insurance Policy – a specialized plan designed for diabetics
- ❖ Star Cardiac Care Insurance Policy – a plan designed for cardiac patients

Health insurance which is considered to be a taboo among the insurance companies, due to the perennial losses it produced, Star health insurance has been setup exclusively for health insurance. They step in to the insurance field as standalone health insurance Company in the year 2006. It started its operations on 18th May 2006 foraying into the area of health, accident and travel insurance. The company established full-scale in house direct claims setting facility, dispensing with the services of Third party administrators

The mission of Star health insurance company is: ·

- ❖ To provide prompt, courteous and quality service to customers.
- ❖ To offer wide range of innovative products and services.
- ❖ To leverage state of art technology for customer satisfaction.
- ❖ To adopt best management practices in business operations.

<sup>14</sup> <https://www.121policy.com/knowledge/41-star-health-insurance-company>

Promoters of Star Health Insurance Company:

Oman insurance company, UAE

- ❖ Leading NRI's 87
- ❖ Indian business houses
- ❖ ICICI ventures
- ❖ Sequio capital
- ❖ Tata capital.

## GROWTH OF HEALTH INSURANCE

Health insurance in India is a growing segment of India's economy. In 2011, 3.9%<sup>15</sup> of India's gross domestic product was spent in the health sector. According to the World Health Organization (WHO), this is among the lowest of the BRICS (Brazil, Russia, India, China, and South Africa) economies. Policies are available that offer both individual and family cover. Out of this 3.9%, health insurance accounts for 5-10% of expenditure, employers account for around 9% while personal expenditure amounts to an astounding 82%.<sup>16</sup> In the year 2016, the NSSO released the report "Key Indicators of Social Consumption in India: Health" based on its 71st round of surveys. The survey carried out in the year 2014 found out that, more than 80% of Indians are not covered under any health insurance plan, and only 18% (government funded 12%) of the urban population and 14% (government funded 13%) of the rural population was covered under any form of health insurance.<sup>17</sup>

- ❖ Healthcare has become one of India's largest sectors both in terms of revenue and employment.
- ❖ During 2008-22, the market is expected to record a CAGR of 16.28 per cent.
- ❖ The total industry size is expected to touch US\$ 160 billion by 2017 and US\$ 372 billion by 2022.
- ❖ Indian companies are entering into merger and acquisitions with domestic and foreign companies to drive growth and gain new markets.
- ❖ The hospital industry in India stood at Rs 4 trillion (US\$ 61.79 billion) in 2017 and is expected to increase at a Compound Annual Growth Rate (CAGR) of 16-17 per cent to reach Rs 8.6 trillion (US\$ 132.84 billion) by 2023.

**Figure 1.1 Growth of Health sector**



*Notes: F - Forecast, CAGR - Compounded Annual Growth Rate*

*Source: Frost and Sullivan, LSI Financial Services, Deloitte, Aranca Research*

## Growth of health insurance schemes in India

<sup>15</sup> "WHO South-East Asia Region: India statistics summary (2002 - present)". *World Health Organization*. Retrieved 13 January 2014.

<sup>16</sup> <http://www.cpr.in/article/health-insurance-and-telecom-markets-a-comparative-study>

<sup>17</sup> in the year 2016, the NSSO released the report "Key Indicators of Social Consumption in India: Health" based on its 71st round of surveys. The survey carried out in the year 2014 found out that, more than 80% of Indians are not covered under any health insurance plan, and only 18% (government funded 12%) of the urban population and 14% (government funded 13%) of the rural population was covered under any form of health insurance



The Growth Ratio of health insurance schemes in India the percentage of increase and decrease, are exhibited in Table 4.1.

**Table-1.1**

<b>Growth of Health Insurance in India (lakhs.)</b>			
<b>S. No</b>	<b>Year</b>	<b>% Growth</b>	
		<b>Public</b>	<b>Private</b>
<b>1.</b>	<b>2005-2006</b>	12.64%	91.84%
<b>2.</b>	<b>2006-2007</b>	23.20%	77.45%
<b>3.</b>	<b>2007-2008</b>	17.48%	129.12
<b>4.</b>	<b>2008-2009</b>	58.68%	60.83%
<b>5.</b>	<b>2009-2010</b>	21.92%	<b>38.58%</b>
<b>6.</b>	<b>2011-2012</b>	32.91%	32.47%
<b>7.</b>	<b>2012-2013</b>	21.69%	12.46%
<b>8.</b>	<b>2013-2014</b>	34.35%	17%
<b>9.</b>	<b>2014-2015</b>	35.24%	18%
<b>10.</b>	<b>2015-2016</b>	36.21%	20%

**Source: Compiled from Annual reports of IRDA of different years**

From the Table 1.1 its can understand that the growth Rate of health insurance schemes that public health insurance company has highest growth rate in 2015-16 36.21% and lowest value for 2007-2008. The private health insurance company has highest value of 2005-2006 in 91.84% and lowest growth rate 2012-13.

#### **Premium of health insurance schemes in India**

The Premium of health insurance schemes in India, growth rate are exhibited in Table 4.2

**Table-1.2**

<b>Premium of health insurance schemes in India (lakhs.)</b>			
<b>S. No</b>	<b>Year</b>	<b>Premium</b>	<b>Growth (%)</b>
<b>1</b>	<b>2005-2006</b>	50387.87	-
<b>3</b>	<b>2006-2007</b>	57098.90	13.31%
<b>4</b>	<b>2007-2008</b>	60361.32	5.71%
<b>5</b>	<b>2008-2009</b>	79422.97	31.43%
<b>6</b>	<b>2009-2010</b>	69529.41	-12.45%
<b>7</b>	<b>2010-2011</b>	82007.05	17.94%
<b>8</b>	<b>2011-2012</b>	83174.03	1.42%
<b>9</b>	<b>2012-2013</b>	84387.09	1.45%
<b>10</b>	<b>2013-2014</b>	85022.12	0.75%
<b>11</b>	<b>2014-2015</b>	87542.21	2.96%
<b>12</b>	<b>2015-2016</b>	89635.32	2.39%
<b>Mean</b>		<b>75324.39</b>	-
<b>Standard Deviation</b>		<b>13655.78</b>	-
<b>Co-Variance</b>		<b>18.12929</b>	-

**Source: Compiled from Annual reports of IRDA of different years**

From the Table 1.2 its can understand that the growth Rate of Premium of Health Insurance company has highest growth rate of 2008-09 in 31.43 % and lowest value for 2009-10 in 12.45%. The Mean value of premium is 75324.39.

### Claims Ratio of health insurance schemes in India

The Claims Ratio of health insurance schemes in India the percentage of increase and decrease, are exhibited in Table 1.3.

**Table-1.3**

#### Claims Ratio of health insurance schemes in India (lakhs.)

S. No	Year	Growth (%)	
		public	Private
1	2005-2006	92.34 %	50.75%
3	2006-2007	153.89%	94.63%
4	2007-2008	157.79%	103.42%
5	2008-2009	94.84%	112.36%
6	2009-2010	85.33%	116.6%
7	2010-2011	119.85%	92.22%
8	2011-2012	106.31%	85.15%
9	2012-2013	77.08%	100.28%
10	2013-2014	79.08%	103.21%
11	2014-2015	81.20%	103.25%
12	2015-2016	81.35%	104.23%

**Source: Compiled from Annual reports of IRDA of different years**

From the Table 1.3 its can understand that the growth Rate of health insurance schemes that public health insurance company has highest growth rate in 2010-11 119.85 % and lowest value for 2013.-2014. The private health insurance company has highest value of 2008-2009 in 112.36% and lowest growth rate 2005-06.

### Health Insurance Portfolio in India

Let us try to make projections for next 6 years. We have done this with growth rate of 12%, 20%, 30% & 60%.

**Table -1.4**

#### Health Insurance Portfolio

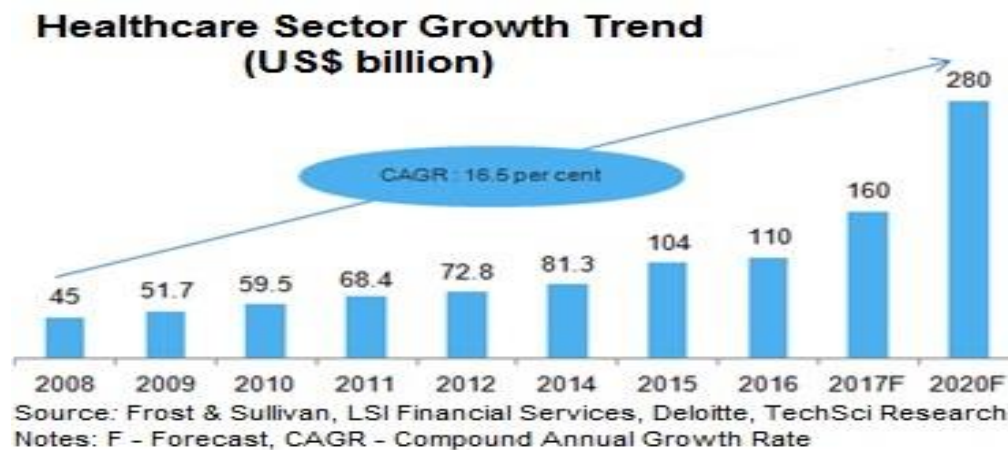
Year	If Growth is 12%	If Growth is 20%	If Growth is 30%	If Growth is 60%
2011-12	13345	13345	13345	13345
2012-13	14946	16014	17348	21352
2013-14	16740	19217	22553	34163
2014-15	18749	23060	29319	54661
2015-16	20999	27672	38115	87458
2016-17	23519	33207	49549	139932
2017-18	26341	39848	64414	223892

**Source: <http://www.health insurance india.org>.**

### Growth in healthcare expenditure in health insurance in India

Healthcare industry is growing at a tremendous pace owing to its strengthening coverage, services and increasing expenditure by public as well private players. During 2008-20, the

market is expected to record a CAGR of 16.5 per cent. The total industry size is expected to touch US\$ 160 billion by 2017 and US\$ 280 billion by 2020. As per the Ministry of Health, development of 50 technologies has been targeted in the FY16, for the treatment of disease like Cancer and TB.



### 1.5 Level of premium of Apollo Munich health insurance

The Premium of health insurance schemes in Apollo Munich the Growth rate are exhibited in Table- 1.5

**Table- 1.5**

#### Level of Premium of Apollo Munich Health Insurance

S.No	Year	Premium	Growth rate (%)
1	2012	3528540	-
2	2013	4421296	25.30 %
3	2014	5434039	22.9%
4	2015	5568214	2.46%
5	2016	6025438	8.21%
Mean		4995505	-
Standard Deviation		1007816	-
Co-Variance		20.17445	-

Source: Computed

From the Table 1.5 its can understand that the growth Rate of Premium of Apollo Munich Health Insurance company has highest growth rate of 2013 in 25.30 % and lowest value for 2015. The Mean value is 4995505.

#### Level of claims of Apollo Munich health insurance

The Claims of health insurance schemes in Apollo Munich the Growth rate are exhibited in Table 1.6

**Table - 1.6****Level of claims of Apollo Munich health insurance**

S.No	Year	Claims	Growth rate (%)
1	2012	2513604	-
2	2013	2619753	4.22%
3	2014	3564360	36.15%
4	2015	3652412	2.47%
5	2016	3741250	2.43%
<b>Mean</b>		<b>3302422</b>	-
<b>Standard Deviation</b>		<b>684579</b>	-
<b>Co-Variance</b>		<b>20.7296</b>	-

**Source: Computed**

From the Table 1.6 its can understand that the growth Rate of Premium of Apollo Munich Health Insurance company has highest growth rate of 2013 in 25.30 % and lowest value for 2015. The Mean value is 4995505.

**Level of Commission of Apollo Munich health insurance**

The **Commission** of health insurance schemes in Apollo Munich the Growth rate is exhibited in Table 1.7

**Table - 1.7****Level of Commission of Apollo Munich health insurance**

S.No	Year	Commission	Growth Rate (%)
1	2012	378608	-
2	2013	422907	11.7%
3	2014	638720	14.10%
4	2015	785621	22.99%
5	2016	852416	8.5%
<b>Mean</b>		<b>615654.4</b>	-
<b>Standard Deviation</b>		<b>211435.1</b>	-
<b>Co-Variance</b>		<b>34.34315</b>	-

**Source: Computed**

From the Table 1.7 its can understand that the growth Rate of Premium of Apollo Munich Health Insurance company has highest growth rate of 2015 in 22.99% and lowest value for 2016. The Mean value is 615654.

**Level of premium of Star health insurance**

The Premium of Star health insurance, the Growth rate is exhibited in Table 1.8

**Table- 1.8****Level of Premium of Star Health Insurance**

S.No	Year	Premium	Growth rate (%)
1	2012	2583624	-
2	2013	3252681	25.89%
3	2014	4818604	48.14%
4	2015	7492210	55.48%
5	2016	8536521	13.93%
<b>Mean</b>		<b>5336728</b>	-
<b>Standard Deviation</b>		<b>2601733</b>	-
<b>Co-Variance</b>		<b>48.75147</b>	-

**Source: Computed**

From the Table 1.08 its can understand that the growth Rate of Premium of Apollo Munich Health Insurance company has highest growth rate of 2014 in 48.14 % and lowest value for 2016. The Mean value is 5336728.

**FINDINGS**

- From the Table 4.1 its can understand that the growth Rate of health insurance schemes that public health insurance company has highest growth rate in 2015-16 36.21% and lowest value for 2007-2008. The private health insurance company has highest value of 2005-2006 in 91.84% and lowest growth rate 2012-13.
- From the Table 1.2 its can understand that the growth Rate of Premium of Health Insurance company has highest growth rate of 2008-09 in 31.43 % and lowest value for 2009-10 in 12.45%. The Mean value of premium is 75324.39.
- From the Table 1.3 its can understand that the growth Rate of health insurance schemes that public health insurance company has highest growth rate in 2010-11 119.85 % and lowest value for 2013.-2014. The private health insurance company has highest value of 2008-2009 in 112.36% and lowest growth rate 2005-06.
- From the Table 1.5 its can understand that the growth Rate of Premium of Apollo Munich Health Insurance company has highest growth rate of 2013 in 25.30 % and lowest value for 2015. The Mean value of 4995505.
- From the Table 1.6 its can understand that the growth Rate of Premium of Apollo Munich Health Insurance company has highest growth rate of 2013 in 25.30 % and lowest value for 2015. The Mean value is 4995505.
- From the Table 1.7 its can understand that the growth Rate of Premium of Apollo Munich Health Insurance company has highest growth rate of 2015 in 22.99% and lowest value for 2016. The Mean value is 615654.
- From the Table 1.08 its can understand that the growth Rate of Premium of Apollo Munich Health Insurance company has highest growth rate of 2014 in 48.14 % and lowest value for 2016. The Mean value is 5336728.

**SUGGESTIONS**

- Encouraged by IRDA( Insurance Regulatory Development Authority) by providing subsidies to increase the level of premium
- Provide financial incentives of policy holders.
- Liberal financial assistance should be available to the growers in the form premium loans and development loans

- Provide assistance for eliminating the risk of life towards the nominees.

## CONCLUSION

Everyone should be covered by some form of health insurance. People are always vulnerable to injury and illnesses from their everyday activities. Whether it is an individual plan or employer- or government-sponsored coverage, having health insurance is better than not having it at all. Millions of Americans are uninsured in part due to high premium costs. Many are forced to pay these high health costs out of pocket, which can create more problems medically and financially. Indian Health insurance or medical insurance sector has been growing, since the country's economic reforms. The reason why mediclaim insurance, has grown is that it ensures good medical care from reliable health care institutions. With numerous companies offering health insurance and with a variety of health insurance plans on the offer it's hard to decide which plan you should go for. This is the study for finding which plan fits your needs the best. This competitive market means that you will need to compare policies to find the best health insurance policies or the best medical insurance plans.

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