

## A STUDY ON CUSTOMERS PERCEPTION AND SATISFACTION TOWARDS HEALTH INSURANCE

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### ABSTRACT

Over the last 67 years India has achieved a lot in terms of health improvement. Since the liberalization in 2000, the insurance industry in India has been growing considerably driven by multiple favorable economic and demographic factors. The Indian health insurance market grew at a CAGR (Compound Annual Growth Rate) of 34.00per cent during the review period and is expected to grow at a CAGR of 23.51per cent over the forecast period to register the fastest growth among all the insurance sectors. The opening of the insurance sector has not only increased the number of people covered by health insurance but also increase capital flows into this sector for increased hospitals, better medical equipment etc. With all this, will also come intermediaries like service providers and other intermediaries like health management organizations, preferred provider organizations, third party administrators etc who would not only assist in increasing the coverage but also in improving the quality of overall medical services. The study aims to critically evaluate the customers' perception towards health insurance services rendered by various public and private health insurance companies operating in India, with special reference to Coimbatore City. It was examined from the study that customers have highly appreciated the feature of risk cover offered by the various health insurance companies and there exist close association between overall satisfaction derived by the customers and customers' level of satisfaction towards varies features of services offered by the health insurance company.

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## INTRODUCTION

Over the last 67 years India has achieved a lot in terms of health improvement. Since the liberalization in 2000, the insurance industry in India has been growing considerably driven by multiple favorable economic and demographic factors. The Indian health insurance market grew at a CAGR (Compound Annual Growth Rate) of 34.00per cent during the review period and is expected to grow at a CAGR of 23.51per cent over the forecast period to register the fastest growth among all the insurance sectors. Factors such as robust economic growth, changing demographic patterns such as the rise in ‘double-income no kids’ families, increased FDI limits and the expansion of distribution channels are expected to contribute to the market growth in the forecast period. Of the overall healthcare expenditure in India, only 26per cent comes from the local, state and central government authorities, while nearly 71per cent is paid by the patient’s family. Insurance accounts for just 3per cent of overall healthcare expenditure in India, indicating a substantial opportunity for the health insurance sector. The health insurance market is dominated by public-sector companies, while the private sector has made gradual progress in the sector.

The health insurance market is growing at a healthy pace with the prediction of premium collection exceeding at a rate of 15,000 crore by 2015. Customers have tremendous choice from a large variety of products Customers are offered unbundled products with a variety of benefits as riders from which they can choose. The opening of the insurance sector has not only increased the number of people covered by health insurance but also increase capital flows into this sector for increased hospitals, better medical equipment etc. With all this, will also come intermediaries like service providers and other intermediaries like health management organizations, preferred provider organizations, third party administrators etc who would not only assist in increasing the coverage but also in improving the quality of overall medical services.

## REVIEW OF LITERATURE

Cameron and Trivedi (1991)<sup>1</sup> specified a conditional expected utility function that is associated with alternative health care regime. The consumer chooses the regime that maximizes expected utility.

Hopkins and Kidd (1996)<sup>2</sup> found that smokers are less likely to purchase insurance. Smoking behaviour is viewed in these studies as proxy for risk-aversion. The author also mention that the perception of individuals towards the risk is also an important factors. A consumer's knowledge of being at risk by being a member of a particular group of people with high risk characteristics (e.g., those who know they have high cholesterol) likely to influence their insurance decision.

Maheshchandra Garg (2001)<sup>10</sup> brought out the new paradigm in the insurance industry by imposing the increase of life expectancy of individuals and disintegration of joint family system where each individual arranges the cover for himself and for the family. He reviewed that, insurers who were around 7 per cent of the population in 1999 has to grow very past because private sector operator in collaboration with their overseas partners are likely to bring in more professional and focused approach. Once competition grows lower premium may also become a reality and the regulatory body has to ensure a balance in the enactment of the regulation in the overall development and maturity of the insurance industry.

Kumar and Vaidya (2004)<sup>16</sup> discussed the possible strategies that could be used by the insurance companies for differentiating their products and service offering from their competitors. The authors not only emphasized at some of the new offerings by various players, but also discussed the possible innovations in the insurance sector in terms of products, customer service, distribution network, promotion and brand building. They suggested that the effective use of customer relationship marketing tools would help in identifying cross-selling opportunities. E-service or customer service through internet would play a vital role in facilitating the process of servicing insurance products to their policyholders.

According to RNCOS report (2011)<sup>28</sup> titled “**Booming Health Insurance in India**”, it has been mentioned that although Indian health insurance market has seen rapid expansion during the past couple of years, it remains largely underpenetrated because of various shortcomings that need to be addressed. The report provides relevant statistics and in-depth analysis on Indian health insurance market. It highlights all the emerging trends including the key factors driving the market growth and the key challenges confronted by the industry.

## OBJECTIVES OF THE STUDY

To draw an understanding on the socio-economic status of health insurance policy takers' in the study area.

To measure the perception of policy holders about Health Insurance and its utilization

To analyze the policy holders level of satisfaction on various aspects of the health insurance policies.

## RESEARCH METHODOLOGY

The study is both explorative and descriptive in nature. First stage of the research was exploratory in nature. This was done in two phases. The initial phase was to undertake consists of detailed review of secondary data available on health insurance business in India, its growth and development and the perception of policy holders towards it. The second phase of review of literature helped the researcher in framing questionnaire for the study. Second stage of the study was descriptive research, which was carried out at the second stage by applying a survey method. Data for the study were collected from health insurance policy holders in Coimbatore city. The tool used for data collection is a well structured questionnaire.

## AREA OF THE STUDY

Coimbatore city is selected as the area of the study. Growing income level and rapid economic changes among the households in Coimbatore city has motivated the researcher to select this region for the field research.

## SAMPLE SIZE

In India nearly twenty three insurance companies are currently providing health insurance services. In the current study a blind fold survey was conducted, that is the respondents are not classified on the bases of the service providers. The study is based on cluster analysis. The entire geographical area of Coimbatore city is divided into four North, South, East and West Zone. From each zone a sample of fifty (50) respondents' were chosen as survivable population that is summed to two hundred in totals. A convenient sampling technique has been adopted by the researcher for collection of primary data. Primary data base of the policy holders' were collected from the respective insurance company agents and based on the information gathered. The respondents' were chosen for data collection with help of references groups, friends, relatives, neighbours etc.

**TABLE: 1**  
**HEALTH INSURANCE COMPANIES IN INDIA**

| Sl. No | Insurance Companies                                |
|--------|--|
|        | Public Insurance Companies                         |
| 1.     | National Insurance Co.Ltd                          |
| 2.     | New India Assurance Co.Ltd                         |
| 3.     | Oriental Insurance Co.Ltd                          |
| 4.     | United India Insurance Co.Ltd                      |
|        | Private Insurance Companies                        |
| 5.     | Apollo Munich Insurance Company Limited            |
| 6.     | Bajaj Allianz General Insurance Co.Ltd             |
| 7.     | Bharti AXA General Insurance Co.Ltd                |
| 8.     | Cholamandalam MS General Insurance Co.Ltd          |
| 9.     | Future Generali India Insurance Co.Ltd             |
| 10.    | HDFC ERGO General Insurance Co.Ltd                 |
| 11.    | ICICI Lombard General Insurance Co.Ltd             |
| 12.    | IFFCO Tokio General Insurance Co.Ltd               |
| 13.    | Larson & Toubro General Insurance Co.Ltd           |
| 14.    | Max Bupa Health Insurance Co.Ltd                   |
| 15.    | Raheja QBE General Insurance Co.Ltd                |
| 16.    | Reliance General Insurance Co.Ltd                  |
| 17.    | Religare Health Insurance Co.Ltd.<br>(Coming Soon) |
| 18.    | Royal Sundaram Alliance Insurance Co.Ltd           |
| 19.    | SBI General Insurance Co.Ltd                       |
| 20.    | Shriram General Insurance Co.Ltd                   |
| 21.    | Star Health and Allied Insurance Company Limited   |
| 22.    | Tata AIG General Insurance Co.Ltd                  |
| 23.    | Universal Sompo General Insurance Co.Ltd           |

### DATA SOURCE

The data base of the study consists of both primary and secondary data that helped the researcher in systematic frame work of the study. The well structured questionnaire become basic data collection tool for collection of primary data. The secondary data are collected from books, journals, magazines, research works and from insurance related books and web-sites.

### STATISTICAL TOOLS APPLIED

The data collected through the well structured interview schedule were classified and tabulated for analysis in accordance with the outline laid down for the purpose of justifying the objective framed at the time of developing research design. The statistical tools applied in this study are:

- Frequency distribution
- Weighted Average
- Likert's Scaling Technique
- One-Way ANOVA
- Kendal's Co-efficient of Concordance
- Multiple Regression Analysis

### DATA ANALYSIS AND INTERPRETATION

**TABLE : 2 Demographic Profile of the respondents**

| S.No | Demographic characteristics | Classification      | Number of respondents | Percentage |
|------|-----------------------------|---------------------|-----------------------|------------|
| 1    | Sex                         | Male                | 125                   | 62.5       |
|      |                             | Female              | 75                    | 37.5       |
| 2    | Age                         | Below 20 years      | 9                     | 4.5        |
|      |                             | 21-30 years         | 76                    | 38         |
|      |                             | 31-40 years         | 61                    | 30.5       |
|      |                             | 41-50 years         | 40                    | 20         |
|      |                             | 51-60 years         | 14                    | 7          |
| 3    | Education                   | up to HSC           | 20                    | 10         |
|      |                             | Graduate            | 86                    | 43         |
|      |                             | Post Graduate       | 50                    | 25         |
|      |                             | ITI / Diploma       | 31                    | 15.5       |
|      |                             | Others              | 13                    | 6.5        |
| 4    | Occupation                  | Business            | 35                    | 17.5       |
|      |                             | Government Employee | 35                    | 17.5       |
|      |                             | Private employee    | 69                    | 34.5       |
|      |                             | Professional        | 38                    | 19         |
|      |                             |                     |                       |            |

|   |                |               |     |      |
|---|----------------|---------------|-----|------|
|   |                | Others        | 23  | 11.5 |
| 5 | Marital status | Married       | 130 | 65   |
|   |                | Unmarried     | 70  | 35   |
| 6 | Annual Income  | Rs.1-2 lakhs  | 47  | 24.7 |
|   |                | Rs.2-3 lakhs  | 64  | 33.7 |
|   |                | Rs.3-4 lakhs  | 34  | 17.9 |
|   |                | Rs.4-5 lakhs  | 40  | 21.1 |
|   |                | Above 5 lakhs | 5   | 2.6  |

It has been inferred that majority of the respondents of the current study are male i.e., 62.50 per cent and they are primarily fall under that age category of 21-30 years i.e., 25 per cent. Whereas 13.50 per cent women policy holders are aged between 31-40 years. It has been inferred that 43 per cent of the health policy holders are graduates and it is assumed they were aware of health insurance and 34.50 per cent of the respondents' employed in private institutions. It has been observed that 65 per cent of health insurance policy holders in the study area are married and 33.70 per cent of the respondents' yearly earning income ranges within Rs. 2-3 lakhs.

### Perception about Health Insurance and Its Utilization

Customer perceptions are influenced by a variety of factors (did the product or service deliver the expected function, did it fulfill their need and was it a pleasant and efficient interaction). The analysis on what is working and not working within the customer service team environment now even becomes more important in fully understanding of how the "customer perception" is being affected. Once it has been determined on what areas need attention, the idea of meaningful and valuable feedback becomes ever so crucial in the improvement of delivery to the customer. This section of the study draws a brief outline of customers' perception and utilization of health insurance policies.

**TABLE: 3**  
**CUSTOMERS' LEVEL OF PERCEPTION ABOUT**  
**INSURANCE SERVICE PROVIDER**

| Sl. No | Problems                | Total Sum | Mean | Rank |
|--------|-------------------------|-----------|------|------|
| 1.     | Protection of Risk      | 647       | 6.47 | 1    |
| 2.     | Promise to met the Risk | 995       | 4.98 | 3    |

|    |  |      |      |   |
|----|--|------|------|---|
| 3. | Give Peace of mind                           | 658  | 3.29 | 8 |
| 4. | Care and Concern                             | 1086 | 5.43 | 2 |
| 5. | Desire and aspiration to leave safe life     | 831  | 4.16 | 5 |
| 6. | Expectation of protection against money loss | 686  | 3.43 | 7 |
| 7. | Benefits of claims                           | 991  | 4.96 | 4 |
| 8. | Act as well wisher cum friend                | 708  | 3.54 | 6 |

Source: Primary Data

Rank order test was conducted to measure the customers' level of perception towards insurance service providers with help of eight listed variables. It has inferred that the sample respondents' have highly appreciated the feature of risk cover offered by the various health insurance companies. It is ranked first with a high mean score of 6.47.

With the help of Kendall's co-efficient of concordance the internal similarities and dissimilarities between the data is analyzed with the help of following hypothesis.

**Ho: There exists uniformity in the customers' level of perception about their health insurance service provider.**

**TABLE: 4**  
**RESULT OF KENDALL'S CO-EFFICIENT OF CONCORDANCE**  
**CUSTOMERS' LEVEL OF PERCEPTION ABOUT**  
**INSURANCE SERVICE PROVIDER**

| W      | W     | S      | DF | Chi-Square Value | Table Value                     | Remark   |
|--------|-------|--------|----|------------------|---------------------------------|----------|
| 21.828 | 0.218 | 352048 | 7  | 1222.389         | 183.70(W)<br>14.067( $\chi^2$ ) | Rejected |

Level of Significant: 5 per cent

Kendall's co-efficient of concordance is calculated the extent of similarities (or) dissimilates exist among the sample respondents. The Kendall's co-efficient (W) ranges between 0-1. Higher value depicts high degree of association and lower value exhibits a low value of association. The calculated Kendall's value 0.218 per cent that is very meager and the S value is large at 352048. Similarly since the variables exceed seven in number a Chi-Square test is also performed and it has observed that the calculated Chi-Square value 1222.389 is greater than the table value 14.067 at five per cent level of significance. Kendall's co-efficient of concordance



table value of 183.70 is lesser than the S value. Thus, the hypothesis framed stands rejected. It is concluded that there exists no uniformity in the customers' level of perception about insurance service provider.

**TABLE: 5**  
**CUSTOMERS' OPINION ON CRITERION CONSIDERED FOR SELECTS HEALTH INSURANCE COMPANY**

| Sl. No | Criterion                | Total Sum | Average Mean | Rank |
|--------|--------------------------|-----------|--------------|------|
| 1.     | Versatility of products  | 1342      | 6.71         | 2    |
| 2.     | Efficient fund managers  | 1041      | 5.21         | 6    |
| 3.     | Better customer services | 1411      | 7.06         | 1    |
| 4.     | More returns             | 1097      | 5.49         | 5    |
| 5.     | Regular follow up        | 1033      | 5.17         | 7    |
| 6.     | Quicker settlement       | 1032      | 5.16         | 9    |
| 7.     | Easy Procedure           | 1250      | 6.25         | 3    |
| 8.     | Lower Premium            | 1034      | 5.17         | 7    |
| 9.     | More Claims              | 1208      | 6.04         | 4    |
| 10.    | Transparency             | 599       | 3.00         | 10   |

Source: Primary Data

At stage of interview schedule framing 10 criterions were considered as the bench marks for selection of health insurance service providers by a rational customers. Results of the data analysis indicated that customers' liking for better services is ranked in the first place, with a highest mean score of 7.06.

**Ho: There exists uniformity in the customers' level of perception criterion bases that determine their health insurance selection.**

**TABLE: 6**  
**RESULT OF KENDALL'S CO-EFFICIENT OF CONCORDANCE**  
**CUSTOMERS' LEVEL OF PERCEPTION ABOUT**  
**INSURANCE SERVICE PROVIDER**

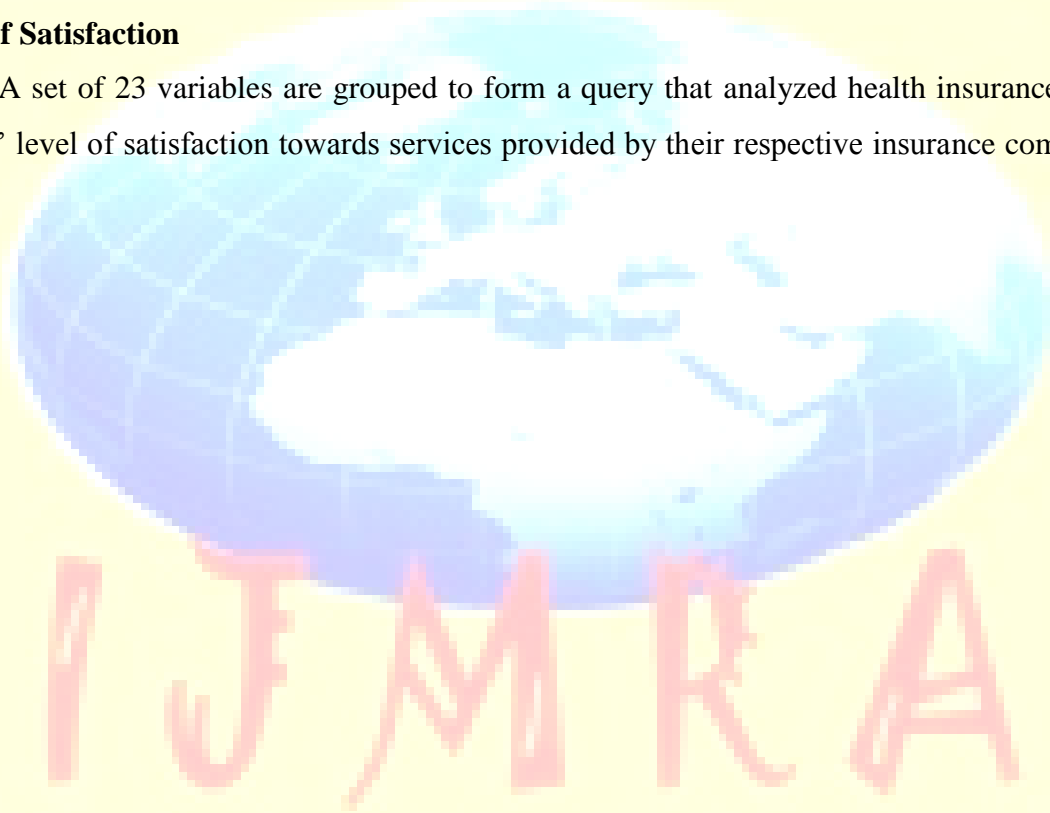
| W     | W     | S      | DF | Chi-Square Value | Table Value                     | Remark   |
|-------|-------|--------|----|------------------|---------------------------------|----------|
| 9.236 | 0.092 | 457189 | 9  | 831.257          | 231.20(W)<br>16.919( $\chi^2$ ) | Rejected |

Level of Significant: 5 per cent

The calculated Kendall's value 0.092 per cent that is very meager and the S value is large at 457189. Similarly since the variables exceed seven in number a Chi-Square test is also performed and it has observed that the calculated Chi-Square value 831.257 is greater than the table value 16.919 at five per cent level of significance. Kendall's co-efficient of concordance table value of 231.20 is lesser than the S value. Thus, the hypothesis framed stands rejected. It is concluded that there exists no uniformity in the customers' level of perception criterion bases that determine their health insurance selection

### **Level of Satisfaction**

A set of 23 variables are grouped to form a query that analyzed health insurance policy holders' level of satisfaction towards services provided by their respective insurance companies.



**TABLE:7 CUSTOMERS' LEVEL OF SATISFACTION TOWARDS SERVICE  
FEATURES OF HEALTH INSURANCE COMPANY**

| Variables  | Very High | High      | Moderate  | Very Low  | Low       | Sum | Mean | Rank |
|--|-----------|-----------|-----------|-----------|-----------|-----|------|------|
| Providing information  | 50(25.00) | 83(41.50) | 65(32.50) | 1(0.50)   | 1(0.50)   | 780 | 3.90 | 1    |
| Reminder about bonus   | 19(9.50)  | 70(35.00) | 98(49.00) | 7(3.50)   | 6(3.00)   | 689 | 3.45 | 6    |
| Reminder about premiums  | 37(18.50) | 21(10.50) | 98(49.00) | 17(8.50)  | 27(13.50) | 624 | 3.12 | 19   |
| Settling claims  | 28(14.00) | 42(21.00) | 60(30.00) | 40(20.00) | 30(15.00) | 598 | 2.99 | 22   |
| Formalities before & after claims  | 22(11.00) | 60(30.00) | 71(35.50) | 29(14.50) | 20(9.00)  | 639 | 3.20 | 12   |
| Providing information about new services                                 | 29(14.50) | 69(34.50) | 39(19.50) | 29(14.50) | 34(17.00) | 630 | 3.15 | 16   |
| Providing information through post, e-mail, telephone, SMS alert and etc | 52(26.00) | 42(21.00) | 45(22.50) | 21(10.50) | 40(20.00) | 645 | 3.23 | 11   |
| Interaction with customers'  | 63(31.50) | 35(17.50) | 50(25.00) | 38(19.00) | 14(7.00)  | 695 | 3.48 | 5    |
| Diversity and ranges of services   | 16(8.00)  | 60(30.00) | 85(42.50) | 21(10.50) | 18(9.00)  | 635 | 3.18 | 15   |
| Availability of service operation  | 36(18.00) | 38(19.00) | 89(44.50) | 21(10.50) | 16(8.00)  | 657 | 3.29 | 10   |
| Convenient operation in days   | 20(10.00) | 56(28.00) | 72(36.00) | 33(16.50) | 19(9.50)  | 625 | 3.13 | 18   |
| Providing accurate information   | 32(16.00) | 81(40.50) | 56(28.00) | 22(11.00) | 9(4.50)   | 705 | 3.53 | 3    |
| Formalities in taking the policy   | 37(18.50) | 55(27.50) | 63(31.50) | 30(15.00) | 15(7.50)  | 669 | 3.35 | 7    |
| Formalities during claims  | 28(14.00) | 41(20.50) | 89(44.50) | 24(12.00) | 18(9.00)  | 637 | 3.19 | 14   |
| Fulfill promises in time   | 20(10.00) | 53(26.50) | 87(43.50) | 17(8.50)  | 23(11.50) | 630 | 3.15 | 16   |
| Dependability  | 33(16.50) | 39(19.50) | 75(37.50) | 23(11.50) | 30(15.00) | 622 | 3.11 | 20   |
| Service offered when customers has a problem                             | 20(10.10) | 52(26.10) | 51(25.60) | 36(18.10) | 40(20.10) | 574 | 2.87 | 23   |
| Timeliness in providing services   | 23(11.50) | 67(33.50) | 53(26.50) | 23(11.50) | 34(17.00) | 622 | 3.11 | 20   |
| Accuracy of records  | 40(20.00) | 73(36.50) | 54(27.00) | 25(12.50) | 8(4.00)   | 712 | 3.56 | 2    |
| Reminder of renewals   | 36(18.00) | 67(33.50) | 53(26.50) | 16(8.00)  | 28(14.00) | 667 | 3.34 | 8    |
| Continuously monitoring of chance  | 22(11.00) | 69(34.50) | 58(29.00) | 28(14.00) | 23(11.50) | 639 | 3.20 | 12   |
| Planning the policy holding according to his needs at any point of time  | 24(12.00) | 60(30.00) | 86(43.00) | 17(8.50)  | 13(6.50)  | 665 | 3.33 | 9    |
| Directing the protection aspects savings of the policy                   | 34(17.00) | 73(36.50) | 65(32.50) | 14(7.00)  | 14(7.00)  | 699 | 3.50 | 4    |

Source: Primary Data

From the elaborate data description it has inferred that majority of the customers' surveyed had express high degree of satisfaction towards the information provided by the health insurance companies. It is ranked first with a high mean score of 3.90, on Likert's scaling of five.

**Ho:** There exist close association between overall satisfaction derived by the customers and customers' level of satisfaction towards varies features of services offered by the health insurance company.

Multiple regression analysis is performed to evaluate association between overall satisfaction and customers' level of satisfaction towards varies features of services. The dependent variable is purpose of the policy holding and the independent variable are : X<sub>1</sub>- Providing information, X<sub>2</sub>- Reminder about bonus, X<sub>3</sub>- Reminder about premiums, X<sub>4</sub>- Settling claims, X<sub>5</sub>- Formalities before & after claims X<sub>6</sub>- Providing information about new services, X<sub>7</sub>- Providing information through post, e-mail, telephone, SMS alert and etc, X<sub>8</sub> Interaction with customers', X<sub>9</sub>- Diversity and ranges of services, X<sub>10</sub>- Availability of service operation in every other branch of the company X<sub>11</sub>- Convenient operation in days, X<sub>12</sub>- Providing accurate information, X<sub>13</sub>- Formalities in taking the policy, X<sub>14</sub>- Formalities during claims, X<sub>15</sub>- Fulfill promises in time , X<sub>16</sub>- Dependability X<sub>17</sub>- Service offered when customers has a problem, X<sub>18</sub> - Timeliness in providing services , X<sub>19</sub> - Accuracy of records, X<sub>20</sub> - Reminder of renewals , X<sub>21</sub> - Continuously monitoring of chance, X<sub>22</sub> . Planning the policy holding according to his needs at any point of time, X<sub>23</sub>. Directing the protection aspects savings of the policy.

**TABLE: 8**  
**MULTIPE REGRESSION MODEL SUMMARY**  
**CUSTOMERS' LEVEL OF SATISFACTION TOWARDS SERVICE FEATURES OF**  
**HEALTH INSURANCE COMPANY**

| <b>R</b> | <b>R<sup>2</sup></b> | <b>Adjusted R<sup>2</sup></b> | <b>SE</b> | <b>F Value</b> | <b>Sig</b> |
|----------|----------------------|-------------------------------|-----------|----------------|------------|
| .681     | .464                 | .322                          | .949      | 3.270          | .000       |

Level of Significance: 5 per cent

It has been revealed from the above econometric analysis that F ratio (3.270) is statistically significant at 5 per cent level of significant. This indicates the entire regression is insignificant, that is it established 46.40 per cent relationship between the variables tested. Thus it has inferred that there exist close association between overall satisfaction derived by the customers and customers' level of satisfaction towards varies features of services offered by the health insurance company. The hypothesis framed stands accepted

**TABLE: 9**  
**CUSTOMERS' LEVEL OF SATISFACTION TOWARDS SERVICE FEATURES OF HEALTH INSURANCE COMPANY**

| Variables   | Unstandardized Coefficients |             | Standardized Coefficients | t             | Sig.        | Collinearity Statistics |              |
|---|-----------------------------|-------------|---------------------------|---------------|-------------|-------------------------|--------------|
|   | B                           | S.E         | Beta                      |               |             | Tolerance               | VIF          |
| <b>Constant</b>   | <b>-.913</b>                | <b>.694</b> |                           | <b>-1.316</b> | <b>.002</b> | --                      | -            |
| Providing information   | -.057                       | .144        | -.037                     | -.397         | .693        | .690                    | 1.449        |
| Reminder about bonus  | .002                        | .162        | .001                      | .010          | .992        | .661                    | 1.512        |
| <b>Reminder about premiums</b>  | <b>-.290</b>                | <b>.150</b> | <b>-.209</b>              | <b>-1.938</b> | <b>.056</b> | <b>.528</b>             | <b>1.894</b> |
| Settling claims   | .118                        | .106        | .111                      | 1.112         | .269        | .623                    | 1.606        |
| Formalities before & after claims   | .096                        | .108        | .083                      | .892          | .375        | .718                    | 1.393        |
| Providing information about new services  | -.067                       | .099        | -.071                     | -.672         | .503        | .547                    | 1.828        |
| <b>Providing information through post, e-mail, telephone, SMS alert and etc</b> | <b>.165</b>                 | <b>.092</b> | <b>.190</b>               | <b>1.784</b>  | <b>.038</b> | <b>.543</b>             | <b>1.842</b> |
| <b>Interaction with customers'</b>  | <b>.217</b>                 | <b>.111</b> | <b>.202</b>               | <b>1.958</b>  | <b>.050</b> | <b>.581</b>             | <b>1.722</b> |
| Diversity and ranges of services  | -.073                       | .145        | -.052                     | -.500         | .618        | .580                    | 1.723        |
| Availability of service operation in every other branch of the company          | -.132                       | .128        | -.100                     | -1.030        | .306        | .652                    | 1.534        |
| Convenient operation in days  | .155                        | .108        | .135                      | 1.439         | .154        | .700                    | 1.428        |
| Providing accurate information  | .040                        | .126        | .032                      | .317          | .752        | .622                    | 1.608        |
| Formalities in taking the policy  | -.008                       | .135        | -.007                     | -.059         | .953        | .464                    | 2.154        |
| Formalities during claims   | -.086                       | .142        | -.064                     | -.605         | .547        | .558                    | 1.793        |
| Fulfill promises in time  | .138                        | .115        | .110                      | 1.199         | .234        | .736                    | 1.359        |
| <b>Dependability</b>  | <b>.283</b>                 | <b>.105</b> | <b>.252</b>               | <b>2.703</b>  | <b>.008</b> | <b>.708</b>             | <b>1.413</b> |
| Service offered when customers has a problem                                    | -.113                       | .100        | -.122                     | -1.124        | .264        | .520                    | 1.923        |
| <b>Timeliness in providing services</b>   | <b>.182</b>                 | <b>.095</b> | <b>.180</b>               | <b>1.921</b>  | <b>.050</b> | <b>.705</b>             | <b>1.419</b> |
| Accuracy of records   | .096                        | .118        | .080                      | .811          | .420        | .630                    | 1.587        |
| Reminder of renewals  | .136                        | .095        | .139                      | 1.441         | .153        | .665                    | 1.505        |
| Continuously monitoring of chance   | .002                        | .112        | .001                      | .014          | .989        | .552                    | 1.813        |
| <b>Planning the policy holding according to his needs at any point of time</b>  | <b>.325</b>                 | <b>.152</b> | <b>.222</b>               | <b>2.142</b>  | <b>.035</b> | <b>.572</b>             | <b>1.748</b> |
| Directing the protection aspects savings of the policy                          | .160                        | .132        | .130                      | 1.213         | .228        | .535                    | 1.870        |

Level of Significance: 5 per cent

To determine of one or more of the independent variables are significant predictors of overall level of satisfaction customer derived towards health insurance services provided by insurance company is examined in the co-efficient table. All the above 23 parameters statements are statistically significant. The co-efficient beta column reveals that overall level of satisfaction of customers met have beta co-efficient 9.13 which is statistically significant at 0.000.

To assess multi-collinearity one looks at the size of tolerance and VIF (Variance Inflated Factor). For the tolerance small indicate the absence of collinearity. The VIF is the inverse (opposite) of tolerance, one looks for large values. If the tolerance value is smaller than .10, it is concluded that multi-collinearity is a problem. Similarly, if the VIF is 5 or larger, then multi-collinearity is a problem. Since the tolerance value is substantially above .10 and the VIF is smaller than 5 it is concluded that multi-collinearity among the independent variable is statistically significant.

#### **Predicated Value of**

- Overall satisfaction VS Satisfaction towards individual service features = .913
- ±. 290Reminder about premiums
- + .165 Information Provided through post, e-mail, telephone, SMS alert etc
- + .271 Interaction with customers'
- + .283 Dependability
- + .182 Timeliness in providing services
- + .325 planning the policy holding according customers needs

To assess the overall level of satisfaction derived by the customers towards various service features of health insurance company(s) a multiple regression modeling was performed and to the relative importance of the individual dimension of the generated scale, Multiple Regression Analysis indicated that health insurance policy holders have expressed high degree of satisfaction towards: reminder about premiums, information Provided through post, e-mail, telephone, SMS alert etc, interaction with customers', dependability of service, timeliness in providing services and planning the policy holding according customers' needs.

## CONCLUSION

The greatest resource India has is its human resource and with it come the health issues. Size is a corollary for potential. Thus India obviously has a huge market for health care and health insurance is an integral part of it. Other variables like income, education, gender, age, marital status and risk averseness has also been found to be significant in decision to purchase health insurance. Health insurance companies have refocused their efforts in the idea of training, coaching, mentoring and analysis their customers' perception toward their services.

## REFERENCES

### BOOKS

Kothari, C.R. (2000). Research Methodology: Methods and Techniques. (2<sup>nd</sup> Edition, New Age International (P) Ltd., New Delhi).

Gupta, S.P. (2001). Statistical Methods. (30<sup>th</sup> Revised Edition, Sultan Chand & Sons Publications, New Delhi).

### JOURNALS AND MAGAZINES

Cameron and Trivedi (1991), "The Role of Income and Health Risk in the Choice of Health Insurance in Australia", Review of Economic Studies 55 (181):85.

Hopkins. S and M. P. Kidd (1996), "The determinates of the demand for private health insurance under Medicare", Applied Economics 28(12), pp: 1623-1632.

Maheshchandra Garg (2001), "New Paradigms in Indian Insurance Industry" Yojana, Vol.45, pp: 27 to 32.

Kumar, R., and K. Vaidya (2004), "Differentiation Strategies of Life Insurance Companies"; Insurance Chronicle, Vol. iv, Issue 3, pp: 43-49.

### REPORT

Booming Health Insurance in India (2011), RNCOS New Report, January 3.