
PENETRATION OF HEALTH INSURANCE SCHEMES AND THEIR OUTREACH IN TELANGANA

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ABSTRACT: *The role of health insurance in the growth of the insurance sector in India is not only significant in terms of market expansion, but also in terms of its contribution to the overall premium growth. According to industry estimates, the share of health insurance premiums in the total premiums collected by policyholders in India has been steadily increasing over the past few years. The study explored the role of health insurance in the growth of the insurance sector in India, including its contribution to premium growth, market expansion, innovation and product development, regulation and policy, and the future outlook. The growth seen in the health insurance sector between 2020-2021, 2021-2022, and 2022-2023 indicates its resilience and adaptability during the COVID-19 pandemic. The rates of growth indicate that the sector successfully met the demand for health insurance coverage, reflecting the sector's recognition of its importance in uncertain times and the increasing importance placed on protecting one's health and financial well-being. Health insurance schemes in Telangana, whether public or private, play a significant role in making healthcare accessible and affordable for the state's population. While the outreach of these schemes has seen commendable progress, continuous efforts are needed to increase coverage, particularly amongst the most vulnerable sections of society. This study focuses on understanding the penetration of Health Insurance Schemes and their outreach in Telangana. This study found that there is a significant difference between various health insurance schemes and their outreach.*

Keywords: *Health insurance schemes, awareness, accessibility, penetration, outreach.*

INTRODUCTION

The insurance sector in India has undergone significant growth and transformation in recent years, driven by a range of factors such as rising incomes, increasing awareness of the need for financial protection, and supportive government policies. Within this industry, health insurance has emerged as a key growth driver, playing a critical role in expanding the overall insurance market in India. Health insurance has become an important means of financial protection against the rising costs of healthcare in India, where medical expenses can often be a major burden on households. As a result, the demand for health insurance has been on the rise, leading to the emergence of several public and private sector players in the industry. The growth of health insurance has not only expanded the insurance market in India, but has also driven innovation and product development in the industry. Policyholders have introduced a range of new products and services to cater to the evolving needs of policyholders, such as cashless hospitalization, disease-specific policies, and wellness programs. In addition, health insurance has played a significant role in expanding insurance awareness and adoption in India. As more and more individuals purchase health insurance policies, they become more aware of the benefits

of insurance and are more likely to purchase other types of insurance as well, such as life insurance or property insurance.

REVIEW OF LITERATURE

Vijayaraj & Elumoni (2021) studied about the awareness towards health insurance policies of different companies and to study about the factors that influence health insurance premium among the policy holders. Hence social security, protection of the family, economic empowerment to the poor and disadvantaged are integral part of the right to life. Insurance companies tend to have widely diversified portfolios and to focus on high-quality investments; thus they were relatively well protected initially during the period of financial turbulence, when asset value declines were concentrated in lower-quality and higher risk assets. Mayilsamy and Prabhakaran (2021) examined the level of satisfaction and awareness towards insurance companies by using Likert scale and ranking scale analysis in this study. The study suggests that the insurance company to extend the maturity period and aware people about the Mediclaim and also suggested to limit the formalities of claim and asked the companies to frame more schemes that help the customers. The government also must influence major part in the health insurance create new schemes and make awareness about insurance and minimize the fraudulent activities in insurance companies.

Abdallah and Alghusun (2018) conducted a study on the comparative performance of public and private insurance companies in Saudi Arabia. The focus of the study was to evaluate the financial performance of both types of insurance companies using financial ratios, such as return on assets, return on equity, and operating expense ratio. The study found that both public and private insurance companies had similar financial performance, with private companies performing slightly better in terms of profitability. The authors concluded that there was no significant difference in the financial performance of public and private insurance companies in Saudi Arabia. Kaur and Bali (2018) evaluate the performance of health insurance companies in India, both public and private, using a composite performance index (CPI). The focus of the study was to compare the performance of these companies in terms of policyholder satisfaction, service quality, financial performance, and market share. The study found that private health insurance companies outperformed public companies in terms of CPI, financial performance, and market share. The study concluded that both public and private companies had their strengths and weaknesses and that there was a need for improvement in both sectors.

Mishra and Singh (2018) A study on the financial performance of health insurance companies in India using financial ratios, such as return on equity, net profit margin, and expense ratio. The focus of the study was to compare the financial performance of public and private health insurance companies over a period of five years. The study found that private health insurance companies had better financial performance than public companies, with higher profitability and efficiency ratios. It was concluded that private companies had better management practices and were able to generate higher returns for their shareholders. Saurabh Mishra et al (2018) focus on policyholder's perception of service quality in health insurance in India. The authors used the SERVQUAL model to analyze the service quality of four major health insurance companies in India - Bajaj Allianz, ICICI Lombard, HDFC Ergo, and Max Bupa. The authors used a sample size of 400 respondents, who were policyholders of these four companies. The findings of the study showed that Bajaj Allianz had the highest overall service quality, followed by ICICI Lombard, Max Bupa, and HDFC Ergo. The study also found that the empathy dimension had the highest importance score in determining service quality. The study suggested that health insurance companies should focus on improving empathy such as individual attention, understanding of policyholder needs, and caring attitude of personnel to improve service quality.

NEED FOR AND SIGNIFICANCE OF THE STUDY

Every human being has the tendency to save to protect him from risks or events of future. Insurance is one form of savings where in people try to themselves against risks or uncertainties of future. Health insurance is insurance against the risk of incurring medical expenses among individuals. By estimating the overall risk of healthcare and health system expenses, among a targeted group, an insurer can develop a routine finance structure, such as a monthly premium or payroll tax, to ensure that money is available to pay for the health care benefits specified in the insurance agreement. Insurance is related to the protection of the economic values of the assets. According to the literature, numerous studies in the field of life insurance have been done. A relatively modest number of studies have been conducted on health insurance. Corporate hospitals provide medical aid at a greater cost, and several public and private insurance firms compete to provide policyholders with diverse features. It would be difficult for insurance companies to cater to their clients' demands. This study is an attempt to explore policyholders perceptions towards select Health Insurance companies are not growing on par with the other segments of insurance sector.

OBJECTIVES OF THE STUDY

The study aim is to realize the following objectives:

1. To study the growth and development of health insurance sector in India in general and Telangana in particular; and
2. To analyze the policyholders' opinion on penetration of Health Insurance schemes and their outreach in Telangana.

HYPOTHESIS

H₀: There is no significant difference between various health insurance schemes and their outreach.

H₁: There is a significant difference between various health insurance schemes and their outreach.

RESEARCH METHODOLOGY

The study has adopted the quantitative and exploratory research approach for the examination of framed objectives. The data required was collected from primary as well as secondary sources. The questionnaire has been prepared keeping in view of objectives and hypothesis of the study. The policyholders of existing health insurance were interviewed individually. Informal personal discussions with the policyholders and the secondary data were collected from the annual reports of official records, journals, research reports and unpublished works etc.

Sample Selection: The present study considered the simple random sampling methodology for the collection of samples from the total population of the select public and private insurance companies. The study of the universe is infinite. The sampling design has been done for the study in which the geographical location was fixed first, followed by the policyholders from whom the respondents were considered. The Cochran formula has been applied. The study has considered the policyholders who are having minimum one year or more than a year of experience were consulted. Finally, the sample respondents were selected through the simple random methodology, if there is any increase or decrease in the sample size, the reliability remains same. An adequate level of sample size was taken into consideration. The following formula will be applied for determination of sample size:

$$\text{Sample size}(n) = \frac{Z^2 N p q}{D^2 + Z^2 p q}$$

Z= 1.96 (5% level of significance)

P= 0.5

Q= 0.5

D=0.05 (Confident level)

N= 1456812 (IRDA Annual Report)
 $3.8416*(1456812*0.5*0.5)/((1456812*0.0025)+(3.8416*0.5*0.5)) = 384.368.$

The study collected the primary data from the five districts of Telangana state based on the higher rate of insurance policyholders as per the IRDA annual reports, 2021. The study considered the policyholders, who are having the health insurance policy. The following is the sampling distribution as per the district wise.

Table -3 Sample Collection

District Name	Sample distributed	Sample Collection	Sample Considered	Direction
Hyderabad	100	88	82	South
Warangal	100	76	71	East
Karimnagar	100	83	78	North
Ranga Reddy	100	88	79	South
Nizamabad Urban	100	81	74	North-West
	500	416	384	

The table-3 depicts the sample distribution for the collection of primary data through the drafted questionnaire in Telangana. The study considered the five districts based on the IRDA annual reports, which are having the higher rate of insurance policyholders. The study distributed 500 questionnaires and received 416 questionnaires and which are usable form. The study considered the completely filled sample of 384. The study collected the 384 sample from 10 health insurance companies as shown below.

Table – 4: Sample Selection

S. No	Sample Unit Name	Sample	Cumulative Sample
1	The New India Assurance Company Ltd.	40	
2	Oriental Insurance Company Ltd.	42	82
3	National Insurance Company Ltd.	35	117
4	SBI General Insurance Company Ltd.	36	153
5	Care Health Insurance Company Ltd.	38	191
6	HDFC ERGO General Insurance Company	35	226
7	Star Health and Allied Insurance Company Ltd.	38	264
8	Niva Bupa Health Insurance Company Ltd.	40	304
9	Bajaj Allianz General Insurance Company Ltd.	42	346
10	Manipal Cigna Health Insurance Company Ltd.	38	384

Discriminant Analysis: The study applied the discriminant analysis to identify the outreach of health insurance schemes in study area. The study collected the primary data in five-point likert scale in the aspect of schemes reachability to the policyholders. The total discriminant score depicts the effectiveness of health insurance schemes outreach in Telangana.

DATA ANALYSIS AND INTERPRETATION

The study indicates that the health insurance penetration in Telangana has been increasing, driven by increasing awareness and the government's push for universal health coverage. However, there is still a long way to go to ensure that all the citizens in Telangana have access to quality healthcare services and are covered under health insurance. This part reflecting the policyholders' opinion on Health Insurance schemes and their outreach in Telangana, the frequency distribution indicates the Five Point Likert Scale. This objective focused on emphasizes the use of statistical tools such as discriminant

analysis to know the outreach of health insurance scheme Telangana. The data was collected from the respondents through a questionnaire. The results of the statistical analysis are presented below.

Health Insurance Sector Growth in India

The health insurance sector in India has witnessed significant growth in the past two decades, driven by various factors such as increasing awareness about the importance of health insurance, rising healthcare costs, and a growing middle class with higher disposable incomes.

Table – 1: Health Insurance Sector growth in India

Year	Premium Income (in crore rupees)	Growth Rate
2001-2002	491	-
2002-2003	686	40%
2003-2004	973	42%
2004-2005	1,653	70%
2005-2006	2,748	66%
2006-2007	4,100	49%
2007-2008	5,950	45%
2008-2009	8,200	38%
2009-2010	10,940	33%
2010-2011	15,550	37%
2011-2012	18,360	21%
2012-2013	21,000	18%
2013-2014	23,360	13%
2014-2015	25,000	7%
2015-2016	27,000	8%
2016-2017	30,765	14%
2017-2018	37,027	20%
2018-2019	44,727	21%
2019-2020*	42,783	-4%
2020-2021	45,817	7.1%
2021-2022	49,019	7.0%
2022-2023	52,509	7.1%

Source: IRDA.gov.in

The table-1 shows the year-wise growth of the health insurance sector in India in terms of premium income, which is the amount of money collected from policyholders for insurance coverage. The premium income is given in crore rupees (1 crore = 10 million), and the growth rate is calculated as the percentage increase in premium income from the previous year. It can be observed that the health insurance sector in India has been growing steadily over the years. The premium income has increased from Rs. 491 crore in 2001-2002 to Rs. 44,727 crore in 2018-2019, which is a growth of 91 times in less than two decades. The growth rate has also been impressive, with the sector growing at a compounded annual growth rate (CAGR) of around 30% over the last 10 years. The study observed that the growth rate has been fluctuating over the years. In 2004-2005, the growth rate was 70%, which was the highest growth rate in the table, whereas in 2019-2020, the sector experienced a decline in premium income by 4%. The health insurance sector in India has been growing rapidly, driven by increasing awareness about the importance of health insurance, rising healthcare costs, and a growing middle class with higher disposable incomes.

Growth of Health Insurance Sector in Telangana

The growth of the health insurance sector in Telangana state has played a significant role in improving the healthcare outcomes for its citizens. The state has witnessed a steady rise in the number of people opting for health insurance coverage in recent years, which has led to better access to healthcare services, reduced out-of-pocket expenses, and increased affordability of medical treatment. The government of Telangana has been actively promoting health insurance coverage through various initiatives such as the Aarogyasri Health Insurance Scheme, which provides free healthcare services to poor and low-income families in the state. The scheme covers major illnesses and surgeries, and the beneficiaries can avail themselves of cashless treatment at empanelled hospitals. Apart from the government schemes, private health insurance companies have also been expanding their presence in Telangana, offering a wide range of health insurance products and services to the people. This has led to increased competition in the sector, resulting in better quality services, affordable premiums, and innovative products.

Table – 2: Health Insurance Penetration in Telangana

Year	Percentage
2015	7.50%
2016	11.40%
2017	17.00%
2018	21.00%
2019	27.00%
2020	29.00%
2021	24.00%
2022	52.00%
2023	59.00%

Source: IRDA Annual Reports, 2021

The table-2 shows the year-wise growth of health insurance penetration in Telangana state, which is the percentage of the population covered by health insurance. The data is based on the available information and may not be the latest or comprehensive. From the table, we can observe that the health insurance penetration in Telangana has been increasing steadily over the years. It has increased from 7.5% in 2015 to 27% in 2019, which is a significant improvement. This can be attributed to various factors such as increasing awareness about the importance of health insurance, rising healthcare costs, and a growing middle class with higher disposable incomes. However, it can also observe that the health insurance penetration has been fluctuating over the years. For example, in 2020, the health insurance penetration increased to 29%, which was the highest growth rate in the table, whereas in 2021, the health insurance penetration decreased to 24%. This may be attributed to various factors such as changes in government policies, economic slowdowns, and changes in consumer behavior. The substantial growth in health insurance penetration during the years 2022 and 2023 reflects the increasing recognition of the value and importance of health insurance in light of the challenges posed by the COVID-19 pandemic. The pandemic has underscored the need for financial protection against healthcare expenses and has likely influenced more individuals and families to prioritize health insurance coverage, ultimately driving the significant growth in health insurance penetration observed in these years.

Hypothesis for One Sample T-Test

The below table depicts the One-Sample Test of Ten different variables in Health insurance schemes, to know the significance difference between various health insurance schemes.

Table-5: One – Sample Test of Health insurance schemes

	Test Value = 0					
	T	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Brand reputation of public and private insurance companies	66.117	383	.000	3.568	3.46	3.67
Quality of coverage offered by the insurance companies	76.441	383	.000	3.805	3.71	3.90
Affordability and value for money of the health insurance schemes	69.630	383	.000	3.654	3.55	3.76
Quality of policy holder service provided by the insurance companies	69.402	383	.000	3.885	3.78	4.00
Ease of use of health insurance schemes, including the enrollment process and claim filing	69.064	383	.000	3.674	3.57	3.78
Availability of a broad network of healthcare providers that accept the insurance policy	61.522	383	.000	3.500	3.39	3.61
Transparency and honesty in the dealings with policy holders	68.804	383	.000	3.648	3.54	3.75
Use of digital tools and technology to enhance the policy holder experience	63.371	383	.000	3.490	3.38	3.60
Flexibility in coverage options and payment plans	68.843	383	.000	3.794	3.69	3.90
Engagement in corporate social responsibility activities, such as supporting local health initiatives or contributing to community development	66.124	383	.000	3.547	3.44	3.65

Table-5 provides results from a one-sample t-test for ten variables related to health insurance schemes. The test value for each variable is set to 0, which represents the hypothesized value or population mean. For each variable, the table presents the following information:

T-value: This represents the calculated value of the t-statistic, which measures the difference between the sample mean and the hypothesized population mean in units of standard error. The larger the absolute value of t, the stronger the evidence against the null hypothesis.

Sig. (2-tailed): This is the p-value, which represents the probability of obtaining a t-value as extreme as or more extreme than the observed value if the null hypothesis were true. A small p-value (typically less than 0.05) indicates strong evidence against the null hypothesis and in favor of the alternative. Based on the results in the table, it is inferred that all variables have a statistically significant at a significance level of 0.05 or less. This means that the sample mean for each variable is significantly different.

The variables include brand reputation, quality of coverage, affordability and value for money, quality of policyholder service, ease of use of health insurance schemes, availability of healthcare providers, transparency and honesty, use of digital tools and technology, flexibility in coverage options and payment plans, and engagement in corporate social responsibility activities. These variables could be used to discriminate between different groups of policyholders, such as those who are satisfied with their insurance coverage versus those who are not, or those who prefer public versus private insurance

companies. Discriminant analysis could then be used to identify which variables are most important in distinguishing between these groups and predicting group membership. Hence, reject the null hypothesis and infer that there exists a significant difference between various health insurance schemes and their outreach in Telangana.

The below table shows the Tests of Equality of Group Means for different aspects related to health insurance schemes.

Table-6: Tests of Equality of Group Means of Health insurance schemes

	Wilks' Lambda	F	df1	df2	Sig.
Brand reputation of public and private insurance companies	.650	68.355	3	380	.000
Quality of coverage offered by the insurance companies	.707	52.567	3	380	.000
Affordability and value for money of the health insurance schemes	.665	63.879	3	380	.000
Quality of policy holder service provided by the insurance companies	.723	48.490	3	380	.000
Ease of use of health insurance schemes, including the enrollment process and claim filing	.674	61.373	3	380	.000
Availability of a broad network of healthcare providers that accept the insurance policy	.790	33.732	3	380	.000
Transparency and honesty in the dealings with policy holders	.689	57.225	3	380	.000
Use of digital tools and technology to enhance the policy holder experience	.658	65.873	3	380	.000
Flexibility in coverage options and payment plans	.771	37.665	3	380	.000
Engagement in corporate social responsibility activities, such as supporting local health initiatives or contributing to community development	.634	73.073	3	380	.000

The table-6 shows the results of a series of tests of equality of group means for different aspects related to health insurance schemes. The tests were conducted using Wilks' Lambda as the statistical measure, with the degrees of freedom for the numerator (df1), denominator (df2), and the significance level (Sig.) for each test reported. Each row in the table corresponds to a different aspect of the health insurance schemes that were evaluated, including brand reputation, quality of coverage, affordability, policy holder service, ease of use, availability of healthcare providers, transparency, and use of technology, flexibility, and engagement in social responsibility activities. Show significant differences between the group means, with p-values less than 0.05 (i.e., Sig. < 0.05) suggesting that there are significant differences exists between the evaluated aspects of health insurance schemes. The Wilks' Lambda values for each test range from 0.634 to 0.790, with the engagement in social responsibility activities indicating the lower most Lambda value of 0.634 indicating greater differences between the group means followed by brand reputation with a value of 0.650 and Use of Digital tools and technology with a value of 0.658, Indicating the need for further discriminant analysis to identify the factors that may be driving these differences.

The below table shows the structure matrix of discriminant variables of health insurance schemes to influence the policyholder for opting the insurance policy.

Table-7: Structure Matrix of Health insurance Schemes

	Function		
	1	2	3
Engagement in corporate social responsibility activities, such as supporting local health initiatives or contributing to community development	.319*		
Brand reputation of public and private insurance companies	.308*		
Use of digital tools and technology to enhance the policy holder experience	.302*		
Ease of use of health insurance schemes, including the enrollment process and claim filing	.292*		
Flexibility in coverage options and payment plans	.229*		
Quality of policy holder service provided by the insurance companies		.621*	
Quality of coverage offered by the insurance companies		.593*	
Affordability and value for money of the health insurance schemes		.364*	
Transparency and honesty in the dealings with policy holders		.361*	
Availability of a broad network of healthcare providers that accept the insurance policy			.742*

The table-7 shows the various factors that influence policyholders decisions to opt for insurance policies. Each factor has a corresponding value, which represents the strength of its influence on the decision-making process. The most significant factors are engagement in corporate social responsibility activities with a Correlation value of 0.319 followed by, brand reputation with a value of 0.308, and use of digital tools to enhance policyholder experience with a value of 0.302. This suggests that people are more likely to choose insurance companies that are socially responsible, have a good reputation, and use technology to improve their services. Other important factors in function-2 & 3 include Availability of a broad network of healthcare providers that accept the insurance policy with correlation values of 0.742 and 0.436, followed by transparency and honesty in dealings with policyholders with a value of 0.361, ease of use of the insurance schemes, flexibility in coverage options and payment plans and the availability of a broad network of healthcare providers that accept the insurance policy. On the other hand, factors such as quality of policyholder service and coverage, and affordability and value for money, indicate that people are likely to opt for insurance policies if these aspects are satisfactory and these factors often seem to be influenced low while selecting the Insurance policy provided by insurance companies.

Major Findings

1. It found that the availability of a large network of healthcare providers who readily accept the insurance policy emerges as a crucial factor, with a correlation coefficient of 0.742. This finding signifying that policyholder prioritizes the availability of an extensive network of healthcare providers when making decisions about their insurance service provider.
2. The study found two additional factors that have a significant impact on health insurance policyholder preferences are quality of policyholder service provided by insurance companies and quality of coverage provided by the companies.
3. Engagement in corporate social responsibility (CSR) activities, such as supporting local health initiatives and community development, has a positive influence on policyholders' decisions, showing a moderate positive correlation of 0.319. This indicates that policyholders are inclined to favor insurance providers actively involved in socially responsible initiatives.

4. Brand reputation, encompassing both public and private insurance companies, holds significant sway over policyholders' choices, displaying a moderate positive correlation of 0.308. A strong and favorable brand image is an appealing attribute that can attract policyholders.
5. The use of digital tools and technology to enhance the policyholder experience is positively associated with policyholder preferences, indicated by a moderate positive correlation of 0.302. This indicates the importance of technological advancements in meeting policyholders' evolving needs and expectations in the digital age.
6. It found that policyholders prioritize affordability and value for money when choosing insurance schemes. This preference demonstrates a moderate positive correlation of 0.364. This highlights the significance of maintaining competitive pricing and enhancing the perceived value of insurance products in order to attract and retain policyholders.
7. The level of user-friendliness of health insurance schemes, including factors like the process of enrolling and filing claims, plays a significant role in shaping the decisions of policyholders. This is indicated by a weakly and positive correlation of 0.292. Policyholder's value user-friendly processes that effectively streamline their interactions with insurance providers.
8. Policyholders highly value flexibility in coverage options and payment plans, as evidenced by a weakly and positive correlation coefficient of 0.229. This indicates that insurance schemes that provide customizable coverage and payment structures possess a competitive edge in addressing the varied needs and preferences of policyholders.

CONSLUSIONS AND SUGGESTIONS

The study provides insights into the factors influencing policyholder's decisions when selecting insurance policies in Telangana Government's health insurance scheme. It reveals that engagement in corporate social responsibility activities holds the highest influence, followed by brand reputation and the use of digital tools for policyholder experience enhancement. These findings indicate that policyholders value insurance companies that demonstrate social responsibility, have a positive reputation, and utilize technology to provide better services. Further, the availability of a broad network of healthcare providers accepting the insurance policy shows a strong correlation value, highlighting the importance of accessible healthcare networks to policyholders. Transparency and honesty in dealings with policyholders are also crucial considerations, emphasizing the value policyholders place on policyholders' transparency. Factors such as ease of use of insurance schemes, flexibility in coverage options and payment plans, and the availability of a broad network of healthcare providers positively impact policyholder decision-making. Conversely, negative values associated with quality of policyholder service and coverage, affordability, and value for money indicate that policyholders are less likely to choose insurance policies if these aspects are unsatisfactory. To effectively attract and retain policyholders in the Telangana health insurance scheme, insurance companies should prioritize corporate social responsibility, build a strong brand reputation, leverage digital tools for enhanced policyholder experience, ensure a wide network of healthcare providers, maintain transparency and honesty in operations, and address affordability and value for money concerns.

This study suggests that insurance companies that prioritize policyholder service, offer comprehensive coverage options, and have a strong network of healthcare providers are more likely to attract policyholders. Additionally, those that engage in corporate social responsibility activities, have a good reputation, and use technology to enhance policyholder experience are also likely to be preferred by policyholders. The outreach strategies employed to expand the coverage of these health insurance schemes in Telangana involve the use of technology, awareness campaigns, and partnership with various stakeholders. The Aarogyasri scheme uses a biometric-enabled smart card to identify and authenticate beneficiaries, which also serves as a tool for awareness and outreach. Beneficiaries can use these cards at any empanelled hospital for cashless treatment, making the scheme more accessible. Similarly, the PMJAY has an online portal where eligible beneficiaries in Telangana can

check their entitlements, find empanelled hospitals, and understand the procedures covered under the scheme. Private policyholders in Telangana, like their counterparts elsewhere in India, use a combination of digital platforms, agent networks, and partnerships with banks and other financial institutions to reach out to potential policyholders. These companies also offer online purchase and claim settlement options, increasing their outreach and policyholder convenience. By enhancing awareness, leveraging technology, and partnering with a range of stakeholders, the reach of these health insurance schemes can be broadened, leading to better health outcomes for the people of Telangana.

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