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Health Insurance Policy: Policy Holder Awareness and Satisfaction

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ABSTRACT

In present situation Health protection arrangement is currently rising as an instrument to oversee people groups budgetary requirements towards their wellbeing administrations. Presently multi day, quantities of medical coverage strategies are accessible in the market and those approaches giving money related advantages to the individual and the whole relatives. Present research paper celebrating that approach holders mindfulness and fulfillment levels towards medical coverage. The purpose of the present study was to find out the awareness level of policy holders, followed by the influence of health insurance policy factors, satisfaction levels of holder and problem faced by the policy holders by the health insurance policies in selected area i.e. Hyderabad city. The study reported responses of 183 policy holders from Hyderabad city. The Convenience sampling method was adopted in the collection of data from individual Health policy holder responses and tested by ANOVA test used to help of the SPSS 20.0 Version. The results indicated that there was a strong impact of HIP on demographic factors, followed by HIP factors influence having greater influence on policyholders, finally policyholders having satisfaction towards HIP, even they faced little bit problems towards HIP. Accordingly, through Policy holders opinions, HIP companies should concentrate on the problems of the HIP, and they should create best satisfaction levels to policy holders for giving best competition to competitors in the market.

Keywords: Awareness levels, Health policy insurance, Policy holders, satisfaction levels

1. INTRODUCTION

The term health care coverage (famously known as Medical Insurance or Mediclaim) is a sort of protection that covers all therapeutic cost chance. The consciousness of medical coverage is developing quickly in India. A medicinal inclusion approach is an agreement between a back-up plan and a guaranteed individual. The agreement is sustainable per annum. The medical coverage strategy is to ensure that protected individual gets the vital fix. The health care coverage is huge in light of the fact that the inclusion enables individuals to get all around coordinated restorative consideration and obtain enhanced life and prosperity. The learning of medical coverage has been huge in the quite a long while. The medical coverage advertises in India is selective and has been viewed as a solid development potential in the ebb and flow a long time with the opening of a great deal of abroad organization in the commercial center.

The medical coverage advertises in India was worth INR 5,125 crores with an exacerbated yearly improvement time of 37 percent somewhere in the range of 2002 and 2008. While the entrance of the medical coverage showcase is close to nothing, it is one of the most astounding rising businesses in India. The Indian medical coverage advertises is following different nations as far as access. Indian medical coverage is a standout amongst the most quickly rising parts in the Indian protection area. Likewise, Indian medical coverage has net premiums expanded by 16 percent from Rs 13,212 crore in 2011-12 to Rs 15,341 crore in 2012-13. The medical coverage premium has enrolled an aggravated yearly extension rate (CAGR) of 32 % for as far back as eight budgetary years.

Advantages of Health Insurance Policy

Benefit relies upon the arrangement you pick and the inclusion it gives. Here is a rundown of fundamental inclusion given by a large portion of the wellbeing approaches.

- 1) It helps anchoring a superior future by paying a little as a cost today called the premium.
- 2) It lessens sparing immense measure of money related misfortunes, danger of budgetary breakdown, if there should be an occurrence of costly restorative and post-sickness care.
- 3) It unquestionably initiates a conviction that all is good to the protected.
- 4) It gives money related security to the relatives.
- 5) It covers your hospitalization and doctor's visit expenses.
- 6) It likewise covers handicap and custodial bills.

2. REVIEW OF LITERATURE

Browne and Kim (1993) recognized the components that lead to the varieties in disaster protection request crosswise over countries. Imperative components found in their examination were reliance proportion, national salary, standardized savings given by government, swelling, training level, normal future, the cost of protection and religion. The discoveries that life coverage is emphatically connected with national salary and adversely associated with

inflationary desires, recommended that monetary improvement and financial dependability incredibly increment extra security utilization.

Saibaba et al (2002) considered that the recognition and frame of mind of ladies towards extra security approaches. The examination found that ladies feel that their lives were not as important as their spouses, they see protection as an apparatus for hazard inclusion and not as a duty sparing gadget, there was likewise an absence of learning about appropriate protection designs.

Reddy (2005), in this article considered that the client recognition towards extra security organizations' arrangements. This investigation was constrained to Bangalore city as it were. The examination reasoned that the lion's share of respondents feel that arrangements offered by privately owned businesses were up to their desires, yet when contrasted and open organizations' approaches not very many strategies were better options.

Rajesham and Rajender (2006) additionally examined the changing situation of the Indian protection division. They call attention to the difficulties in the current circumstance as developing India's offer in the worldwide protection advertise, having qualified, talented statisticians, scattering in country markets, rising customized strategy for customers and so on.

Honest and Enkawa (2009), in this article found that how monetary procedures impact consumer loyalty. The investigation inspected the different effects of monetary development and financial desires for apparent esteem, quality desires and consumer loyalty. The outcomes had appeared solid connection between's monetary desires and (generally and industry-explicit) quality desires (Gupta, 2007; Prithviraj, 2002; Mahal, 2002).

Selvakumar (2010) recommended that the insurance agencies are focusing on semi urban regions and country territories with a plan to separate themselves from others. They likewise recommended that insurance agencies are concentrating on hazard moderation and security.

Sbarbaro (2010, WHO) recommended that the lower pay level gathering is the gathering that faces the most extreme wellbeing related issues. Bawa and Ruchita (2011, IJHSJ) found that to the extent there is a lower dimension of attention to medical coverage. Notwithstanding that, individuals have less eagerness to join for medical coverage. Nilay Panchal (IJAR, 2013) reasoned that respondents' information and certainty about medical coverage was great. Further research has demonstrated that mindfulness about the presence of medical coverage was fine yet preferring is normal. Most respondents' think about medical coverage, however some of them don't have any strategy in view of low mindfulness or absence of data with respect to medical coverage. Research inferred that there were clear conceivable outcomes for medical coverage advertise in India; there were additionally potential outcomes for people in general and private health care coverage organizations, happen to respondents assumes an essential job for buying medical coverage. World wellbeing association (2010) has considered medical coverage a vital source to accomplish all inclusive social insurance inclusion.

3. OBJECTIVE OF THE STUDY

- ✓ To study the policy holder awareness level towards the health insurance Policies.
- ✓ To examine the factors influences on the policy holder towards selecting health insurance policies.
- ✓ To analyze the policy holder satisfaction levels towards the health insurance policy
- ✓ To find out the problems faced by the Policy Holders towards health insurance policies.

4. HYPOTHESIS OF THE STUDY

- ✓ HO1: There is no significant influence of health insurance policy on demographic factors of holders
- ✓ HO2: There is no significant influence of health insurance policy factors on policyholders.
- ✓ HO3: There is no significant impact of health insurance policy on the satisfaction level of policy holders..
- ✓ HO4: There are no problems faced by the Health Insurance Policy Holders by the health insurance policy.

5. METHODOLOGY

The research method is a strategy of investigation, which means moving from the underlying assumption in research design and data collection (Myers, 1999). In the present research study also used these ways to prove the association of respected variables like *Demographical factors of holders, influence factors of HIP, Satisfaction levels of policy holders, Problems of HIP*. The current research paper adopts an analytical research design. It is based on study of a health insurance scheme in the Hyderabad city. The convenience sampling method has been used in this research paper.

• Source Of Data

In the present study, an extensive use of both Primary data and secondary data has been used. Primary data were collected from Health policy holders from Hyderabad city. The policy holders are the respondents who give information's regarding their Understandings, experiences, satisfaction and problems facing towards Health Policy Schemes. Secondary data collected from topic related Books, research journals, magazines, company documents and periodicals, internet web sources and libraries.

• Sample Design

The convenience sampling method has been used to target the final Policy holders, who, having Health policy schemes in selected area i.e. Hyderabad city. The total sample size was 183 drawn from selected areas of Hyderabad city. This research was based mainly on primary data and the instrument for collecting the data were questionnaire. The questionnaire consisted of open and close ended questions, Likert five point scale was used for measuring the opinions of respondents. Each question measured different perceptions regarding the variables of Policy Holders and Health policy schemes. The respondents were asked to rate their responses towards four dimensions and respected items on a 5-point scale ranging from *Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), and Strongly Agree (5)*. The data were examined using statistical package for social science (SPSS 20.0 version) in the analysis process.

6. STATISTICAL TOOLS USED

The hypothesis of the study have been examined using suitable tools, like

- **ANOVAs:** Analysis of variance (ANOVA) is a collection of Statistical models and their associated estimation procedures (such as the "variation" among and between groups) used to analyze the differences among group means in a sample. ANOVA was developed by a statistician and evolutionary biologist *RONALD FISHER*.

7. EMPIRICAL ANALYSIS AND RESULTS

(i) **Reliability and validity of measurement:** Measures of constructing reliability used are Cronbach's alpha. Cronbach's alpha tests internal consistency for all dimensions extracted from exploratory analysis, and the value of alpha must be larger than 0.70 to imply reliability (Gerbing & Anderson, 1988).

Table 1. Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.791	.525	35

From the Table 1, it's shown that the questionnaire is tested for its reliability and presented the results here below. The questionnaire developed is pretested and validated through face validity as it was sent to a carefully selected sample of experts and it also has a sufficiently good reliability score. The result given the value of the as 0.791. It indicates that, the data have a high reliability and validity.

(ii) **Summary Item Statistics:** It is evident that the summary of the means, variances, covariance and inter-item correlations are presented in the following table.

Table 2. Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.552	1.758	4.955	2.553	2.312	.558	35
Item Variances	1.656	.152	2.523	2.421	14.231	.485	35
Inter-Item Covariances	.162	-1.033	2.655	3.522	-2.150	.255	35
Inter-Item Correlations	.135	-.623	1.210	1.342	-1.352	.172	35

It is obvious the minimum and maximum, mean, Range, and variance values for item means, item variances are positive. Maximum mean is witnessed for Item means is 4.955. Maximum variance is 2.523, maximum inter item covariance is witnessed is 2.655 and maximum inter-item covariance is found to be 1.210.

(iii) Demographic profile of the respondents: The personal profile of the respected respondents in terms of demographic particulars like such as Age, Gender, Marital status, Education, Occupation, Monthly income (in rupees), family type, Do you have a Health Insurance policy, Choice Of Health Insurance Company, Source of information about Health Insurance policy.

Table 3. Age

	Frequency	Percent	Cumulative Percent
21-30	46	25.1	25.1
31-40	122	66.7	91.8
41-50	9	4.9	96.7
51-60	6	3.3	100.0
Total	183	100.0	

With regards to the age distribution of the respondents, it was found that the majority of them belonged to the age group of 31-40 years, 66.7%, those belonging 21-30 years of the age accounted for 25.1%, while those in the age group of 41-50 years accounted for 4.9%, and 51-60 years accounted for 3.3% of the total respondents.

Table 4. Gender.

	Frequency	Percent	Cumulative Percent
Male	97	53.0	53.0
Female	86	47.0	100.0
Total	183	100.0	

A close look at the above table reveals that the male respondents accounted for a higher percentage 53.0%, when compare female respondents 47%.

Table 5. Marital Status

	Frequency	Percent	Cumulative Percent
Married	149	81.4	81.4
Unmarried	34	18.6	100.0
Total	183	100.0	

With respect to marital status, while 81.4% of the Policy holders were married, followed by 18.6 % of policyholders were unmarried.

Table 6. Educational Qualification

	Frequency	Percent	Cumulative Percent
Graduate	29	15.8	15.8
Post Graduate	78	42.6	58.5
Above PG	76	41.5	100.0
Total	183	100.0	

With respect to the educational status, 42.6% of the respondents had a secure Post Graduation, 41.5% of the respondents were above post graduation, and 15.8% of them were graduating.

Table 7. Family Type

	Frequency	Percent	Cumulative Percent
Joint Family	101	55.2	55.2
Nuclear Family	82	44.8	100.0
Total	183	100.0	

From the above table, majority, i.e. 55.2% of the policy holders of the joint family and 44.8% policy holders from the nuclear family.

Table 8. Occupation of the Policy Holders

	Frequency	Percent	Cumulative Percent
Govt. Employee	29	15.8	15.8
Private. Employee	108	59.1	74.9
Business	46	25.1	100.0
Total	183	100.0	

With respect to the Occupation of the policy holders, 59.1% of the policyholders were Private employees, 25.1% of the policyholders were Business Peoples, and 15.8% of them were Govt. Employee.

Table 9. Monthly Income of the Policy Holders

	Frequency	Percent	Cumulative Percent
20,000 - 30,000	29	15.8	15.8
30,001 - 40,000	78	42.6	58.5
40,001 - 50,000	52	28.4	86.9
50,001 and above	24	13.1	100.0
Total	183	100.0	

As it can be seen from the above table, the income of the policyholders in the case of 42.6% of the policy holders ranged from Rs.30, 001-40,000; while 28.4% of the policy holders reported to have a monthly income Rs.40, 001-50,000; 15.8% of the policy holders reported monthly income below Rs. 20,000 - 30,000; 13.1% of the policy holders reported monthly income 50,001 and above.

Table 10. Do you have a Health Insurance policy?

	Frequency	Percent	Cumulative Percent
Yes	172	93.9	93.9
No	11	6.1	100.0
Total	183	100.0	

From the above table, majority, i.e. 93.9% of the respondents having Health Policy Insurance and only 6.1% respondents not having Health Policy Insurance.

Table 11. Choice of Health Insurance Company

	Frequency	Percent	Cumulative Percent
Public	62	33.9	33.9
Private	121	66.1	100.0
Total	183	100.0	

From the above table, majority, i.e. 66.1% of the respondents having Private Health insurance Policy and 33.9% respondents having Public Health insurance Policy.

Table 12. Source of information about Health Insurance policy

	Frequency	Percent	Cumulative Percent
Self's decision	21	11.4	11.4
Advertisement	46	25.2	36.6
Newspaper and magazine	32	17.4	54.0
Internet	23	12.6	66.6
Insurance agent	42	22.9	89.5
Friends suggestions	19	10.5	100.0
Total	183	100.0	

It is evident that from the above table, the majority 25.2% of the policy holders using advertisements as a source of information towards HIP, followed by 22.9 Insurance agent, 17.4% Newspaper and magazine, 12.6% internet, 11.4% Self's decision and 10.5% Friends suggestions.

- **ANOVAs:** Analysis of variance (ANOVA) is a collection of Statistical models and their associated estimation procedures (such as the "variation" among and between groups) used to analyze the differences among group means in a sample.
- **HO1:** *There is no significant influence of health insurance policy on demographic factors of holders*

Table 13. ANOVA

Dimensions		Sum of Squares	df	Mean Square	F	Sig.
Age in years	Between Groups	31.182	7	4.455	3.719	.001
	Within Groups	198.847	175	1.198		
	Total	230.029	182			
Gender	Between Groups	3.339	7	.477	2.242	.000
	Within Groups	35.327	175	.213		
	Total	38.667	182			
Education	Between Groups	14.796	7	2.114	1.642	.000
	Within Groups	213.664	175	1.287		
	Total	228.460	182			
Occupation	Between Groups	14.698	7	2.100	1.340	.001
	Within Groups	260.158	175	1.567		
	Total	274.856	182			
Income level	Between Groups	37.370	7	5.339	5.409	.000
	Within Groups	163.848	175	.987		
	Total	201.218	182			
Marital Status	Between Groups	56.243	7	1.351	5.168	.000
	Within Groups	13.314	175	.168		
	Total	69.557	182			
Family type	Between Groups	34.307	7	1.231	.929	.003
	Within Groups	16.364	175	.241		
	Total	50.771	182			

Interpretation: It is evident that from the above table, Policy holders demographic factors like age, gender, education, Occupation, Marital Status, family type, Income level of their F values found to be statistically significant, meaning there by there is significant impact of Health insurance policies on demographical factors of policy holders, followed with values of age:

$F(7,175) = 3.719, p < .05$, gender: $F(7,175) = 2.242, p < .05$, education: $F(7,175) = 1.642, p < .05$; Occupation: $F(7,175) = 1.340, p < .05$, Marital Status: $F(7,175) = 5.168, p < .05$. Income level: $F(7,175) = 5.409, p < .05$, family type: $F(7,175) = .929, p < .05$, so demographic factors of policy holders influenced by health insurance policies.

- **H02:** *There is no significant influence of health insurance policy factors on policy holders.*

Table 14. ANOVA

Dimensions		Sum of Squares	df	Mean Square	F	Sig.
Risk coverage	Between Groups	64.924	5	2.231	4.021	.000
	Within Groups	21.135	177	.323		
	Total	85.059	182			
To perfect against high and unexpected medical cost	Between Groups	55.114	5	1.826	2.274	.001
	Within Groups	25.266	177	.508		
	Total	80.380	182			
Tax Benefits	Between Groups	44.432	5	1.273	6.386	.107
	Within Groups	21.323	177	.154		
	Total	65.755	182			
Medical emergency	Between Groups	75.012	5	1.255	3.770	.006
	Within Groups	25.728	177	.431		
	Total	100.74	182			

Interpretation: It is observed from the above table, Health insurance policy factors like Risk coverage, To perfect against high and unexpected medical cost, Tax Benefits, Medical emergency and their F values found to be statistically significant, meaning there by there is significant impact of these three Health insurance policy factors , followed with values of Risk coverage: $F(5,177) = 4.021, p < .05$; To perfect against high and unexpected medical cost: $F(5,177) = 2.274, p < .05$; Medical emergency: $F(5,177) = 3.770, p < .05$; and only Tax Benefits F values found not to be statistically significant, meaning there by there is no significant impact of only Tax Benefits factors on policy holders, followed with values of Tax Benefits: $F(5,177) = 6.386, p > .05$

- **H03: There is no significant impact of health insurance policy on satisfaction level of policy holders.**

Table 15. ANOVA

Dimensions		Sum of Squares	df	Mean Square	F	Sig.
Reliability premium charges (D1)	Between Groups	125.402	6	36.400	1.060	.004
	Within Groups	82.162	176	.251		
	Total	207.564	182			
Policy documents issues on time (D2)	Between Groups	307.122	6	81.721	11.531	.000
	Within Groups	1.528	176	.109		
	Total	308.65	182			
Medical coverage (D3)	Between Groups	220.717	6	65.132	1.562	.001
	Within Groups	50.621	176	.263		
	Total	271.338	182			
Insurance coverage (D4)	Between Groups	302.321	6	64.821	.957	.002
	Within Groups	42.121	176	.208		
	Total	344.442	182			
Prompt services by the company (D5)	Between Groups	252.651	6	68.739	1.108	.001
	Within Groups	35.224	176	.162		
	Total	287.875	182			
Guidance services (D6)	Between Groups	186.124	6	21.538	1.045	.001
	Within Groups	61.727	176	.112		
	Total	247.851	182			
Good numbers of Hospitals (D7)	Between Groups	136.152	6	11.212	.821	.102
	Within Groups	42.214	176	.129		
	Total	178.366	182			

Claim settlements (D8)	Between Groups	112.164	6	21.538	1.809	.066
	Within Groups	64.121	176	.132		
	Total	176.285	182			
Customer friendly procedures (D9)	Between Groups	224.121	6	27.522	.935	.004
	Within Groups	78.219	176	.131		
	Total	302.34	182			
Reminders for policy renewals (D10)	Between Groups	142.054	6	21.538	11.203	.000
	Within Groups	89.221	176	.129		
	Total	231.278	182			

Interpretation: It is evident that from the above table, Health insurance policy dimensions like Reliability premium charges (D1), Policy documents issues on time (D2), Medical coverage (D3), Insurance coverage (D4), Prompt services by the company (D5), Guidance services (D6), Good numbers of Hospitals (D7), Claim settlements (D8), Customer friendly procedures (D9) and Reminders for policy renewals (D10), followed by their F values found to be statistically significant, meaning there by there is significant impact of these dimensions of Health insurance policy on satisfaction levels of policy holders, followed with values of D1: $F(6,176) = 1.060$, $p < .05$; D2: $F(6,176) = 11.531$, $p < .05$; D3: $F(6,176) = 1.562$, $p < .05$; D4: $F(6,176) = .957$, $p < .05$; D5: $F(6,176) = 1.108$, $p < .05$; D6: $F(6,176) = 1.045$, $p < .05$; D9: $F(6,176) = .935$, $p < .05$; D10: $F(6,176) = 11.203$, $p < .05$; but dimensions D7 and D8, there F values found not to be statistically significant, meaning there by there is no significant impact of these two dimensions on satisfaction levels of policy holders, followed with values of D7: $F(6,176) = .821$, $p > .05$, D8: $F(6,176) = 1.809$, $p > .05$;

- **HO4:** There is no problems faced by the Policy Holders by the health insurance Policy.

Table 16. ANOVA

Dimensions		Sum of Squares	df	Mean Square	F	Sig.
Less numbers of Hospitals (D1)	Between Groups	467.122	8	82.322	3.701	.001
	Within Groups	11.834	174	.109		
	Total	478.956	182			
Terms and condition by the	Between Groups	320.727	8	25.127	3.076	.071

insurance company (D2)	Within Groups	51.321	174	.633		
	Total	372.048	182			
More formalities while claims (D3)	Between Groups	289.321	8	74.431	1.293	.000
	Within Groups	36.211	174	.218		
	Total	325.532	182			
Poor response from agent at the Time of claiming (D4)	Between Groups	324.247	8	98.639	4.348	.002
	Within Groups	45.824	174	.562		
	Total	370.071	182			
Delay in claims statements (D5)	Between Groups	128.930	8	24.213	5.025	.001
	Within Groups	63.237	174	1.246		
	Total	192.167	182			
Expected amount not sectioned (D6)	Between Groups	322.245	8	11.624	4.861	.000
	Within Groups	49.228	174	1.204		
	Total	371.473	182			

Interpretation: It is observed from the above table, problems faced by the policy holders by the Health insurance dimensions like Less numbers of Hospitals (D1), Terms and condition by the insurance company (D2), More formalities while claims (D3), Poor response from agent at the Time of claiming (D4), Delay in claims statements (D5) and Expected amount not sectioned (D6), followed with their F values found to be statistically significant, meaning there by there is a problems with followed dimensions on policy holders, followed with values of D1: $F(8,174) = 3.701$, $p < .05$; D3: $F(8,174) = 1.293$, $p < .05$; D4: $F(8,174) = 14.348$, $p < .05$; D5: $F(8,174) = 5.025$, $p < .05$; D6: $F(8,174) = 14.861$, $p < .05$; but dimensions D2, there F values found not to be statistically significant, meaning there by there is no problem with D2 dimension i.e. Terms and condition by the insurance company on policy holder, and F values of D2: $F(8,174) = 3.076$, $p > .05$.

8. CONCLUSIONS

The present papers partying that policy holder awareness and satisfaction levels on health insurance policies, and also find out HIP factors and the problems of policy holders towards Health insurance policies. As for the results of profile of the respondents showed that age group of 31-40 years 66.7%, those belonging 21-30 years of the age accounted for 25.1%, while those

in the age group of 41-50 years accounted for 4.9%, and 51-60 years accounted, for 3.3% of the total respondents followed by the male respondents accounted for a higher percentage 53.0%, when compare female respondents 47%, With respect to marital status, while 81.4% of the Policy holders were married, followed with 18.6 % of policy holders were unmarried, educational status stated that 42.6% of the respondents had secure Post Graduation, 41.5% of the respondents were above post-graduation, and 15.8% of them were graduation, Occupation of the policy holders, 59.1% of the policy holders were Private employees, 25.1% of the policy holders were Business Peoples, and 15.8% of them were Govt. employee, according through family type, 55.2% of the policy holders from the joint family and 44.8% policy holders from the nuclear family, income of the policy holders in the case of 42.6% of the policy holders ranged from Rs.30,001-40,000; while 28.4% of the policy holders reported to have a monthly income Rs.40,001-50,000; 15.8% of the policy holders reported monthly income below Rs. 20,000 - 30,000; 13.1% of the policy holders reported monthly income 50,001 and above, by the source of information the majority 25.2% of the policy holders using advertisements as source of information towards HIP, followed by 22.9 Insurance agent, 17.4% Newspaper and magazine, 12.6% internet, 11.4% Self decision and 10.5% Friends suggestions. According through respected hypothesis *HO1* reveals that there is a significant influence of health insurance policy on demographic factors of holders, followed with *HO2* results showed that there is a significant influence of health insurance policy factors on policy holders, *HO3* results showed that there is a significant impact of health insurance policy on satisfaction level of policy holders. Finally accordingly through Policy holders opinions, HIP companies should concentrate on problems of HIP, and they should create best satisfaction levels to policy holders for give best competition to competitors in market.

9. LIMITATIONS

- As the geographical area of the study is limited to Hyderabad area only, Hence the findings and conclusion has its own limitations.
- A convenience sample method was used for the data collection, which makes the results not readily generalizable
- The study carried out to understand the awareness and satisfaction levels of policy holders towards Health insurance policies.

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Biographics

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