

**“A CONSUMER STUDY ON FACTORS AFFECTING “CHOICE” AND BUYING  
BEHAVIOUR FOR MEDICLAIM POLICIES IN THE STATE OF GUJARAT”**

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**CHAPTER SEVEN**

**CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS  
CHAPTER SEVEN AT A GLANCE**

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# CHAPTER NUMBER SEVEN

## CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS

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### 7.0: PROLOGUE:

According to the World Health Organization's (WHO), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity ([www.who.int](http://www.who.int))<sup>1</sup>. The healthcare has been defined as the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions ([www.thefreedictionary.com](http://www.thefreedictionary.com))<sup>2</sup>. Since 2011, the health insurance sector of India has undergone incredible changes with the launch of diverse health insurance schemes by the Central and State Governments of India. The insurance penetration of India in terms of collected premium was 3.96 per cent of Gross Domestic Product in the year 2012-2013. The Indian healthcare industry is all set to reach figure of US\$ 280 Billion by the year 2020 driven by demographics, increase in awareness levels and availability of medical care in India (Nilaya Varma, 2013)<sup>3</sup>. The allocations in outlay for the health sector had increased by 7.44 per cent in the year 2013-2014 compared to 2012-2013 to Rs. 32,745 Crores. The outlay for the Twelfth Plan of the Central Government of India has increased by about 200 per cent to reach figure of Rs. 300018 Crores over the actual outlay of Rs. 99491 Crores that were allotted in the Eleventh Plan (The Economic Survey, 2013-2014)<sup>4</sup>.

### 7.1: A BRIEF ABOUT THE RESEARCH STUDY:

This empirical research study based on descriptive research study was aimed at to analyze underlying factors influencing buying behaviour of mediclaim policyholders who were conveniently drawn from the selected cities of Gujarat State. The researcher has also evaluated mediclaim policyholders' daily activities, media habits, attitudes towards health status, general and mediclaim insurance policies along with comparative analysis of their expectations versus experience on mediclaim policies has been made. The primary data were collected using structured-non disguised questionnaire from the mediclaim policyholders to offer results, findings and implications using descriptive statistics and factor analysis to better modify and formulate marketing strategies.

## **7.2: A BRIEF ABOUT ORGANIZATION OF THE THESIS:**

The entire thesis has been divided into seven chapters, in which first three chapters are based on theoretical and conceptual understanding comprising of an in-depth review of literature on the chosen topic of the research study. The remaining four chapters from chapter number four to chapter number seven chapters have dealt with the conduct of an empirical research study aimed at analyzing diverse influences on the selected mediclaim policyholders concerning their buying decision process with a specific and clear focus on 'Choice' criterion in selection of a particular kind of mediclaim policy.

**The Thesis has been sub-divided into seven chapters listed out as follows.**

Chapter One: Reviewing Health Sector And Health Care Sector of India

Chapter Two: The Marketing of the Health Care, Insurance Services &Mediclaim Policies in India

Chapter Three: Review of Literature

Chapter Four: Research Methodology

Chapter Five: Data Analysis & Interpretation

Chapter Six: Findings of the Research Study

Chapter Seven: Conclusions, Recommendations & Suggestions of the research study

### **7.2.1: A Brief About Chapterisation Scheme of the Thesis:**

**The Thesis comprises of total number of seven chapters that have been described in brief as follows.**

The chapter number one has been entitled as, 'Reviewing Health Sector and Health Care Sector of India'. The objective of this chapter was to offer outcome of the conduct of the review of the health and health care sector of India, the researcher has divided this chapter into two sections. The Section-I had dealt with the various aspects on the health and health sector. The researcher has also provided a brief conceptual framework of the health followed by the review of the health sector at global level, national level as well as at the Gujarat State level respectively. The key areas therefore included in this section of the chapter number one are, viz., evolution of the health sector and components of the health sector, along with the comparative picture of India with the other countries of the world in the context of health parameters; regulatory and promotional role of the Government; budget allocation, and, issues and opportunities in the health sector. Similarly, Section-II had dealt with the various aspects on the healthcare and healthcare sector. It comprises of the introductory conceptual framework about the health care and health care sector along with the performance of the health care sector globally, nationally and the Gujarat State level. The key areas as emphasized by the researcher in this section of the chapter one are, viz., review of the health care sector and health care spending pattern; investments and foreign collaboration in the health care sector; health care infrastructure, from the context of India as well as the State of Gujarat, along with the review of literature. The researcher has concluded the chapter by offering concluding remarks about the chapter.

The Chapter number two has been entitled as the, 'The Marketing of the Health Care, Insurance Services &Mediclaim Policies in India', The researcher had attempted to provide the review of the marketing of the health insurance services in India with the objective to identify the key issues in the marketing of the health insurance services, along with the review of the health insurance sector of India.

Therefore, the researcher has reviewed earlier studies concerning to marketing of healthcare services and had also reviewed marketing of the insurance and mediclaim polices of India.

Finally, the researcher has presented the overview of the mechanism of the mediclaim policies accompanied by the review of the literature on the marketing of the mediclaim policies in India. The researcher has also offered the concluding remarks at the end.

The Chapter number three has been entitled as the, 'The Review of Literature'. The objective of this chapter has been to offer the review of literature of the area under the research study. For this the review of the literature has been undertaken in three categories, that is, general review of literature, relevant review of literature and specific review of literature. Hence, the general review of literature has been undertaken on topics such as, viz., buying decision process and buying behaviour; factors affecting the buying behaviour and the choice. The relevant review of literature has been carried out on the healthcare buying decision process, health care choice and models,insurance buying decision process, and, insurance choice and models. The specific review of literature has been undertaken in the context of specifically health insurance in the key areas identified under the research study, namely, health insurance buying decision, factors affecting health insurance buying decision making, health insurance choice, and health insurance choice models.

The Chapter number four has been entitled as the, 'Research Methodology'. The chapter number four has explained about the research methodology as applied by the researcher in this research study. It comprises of the rationale of the research study, scope and coverage of the research study, objectives of the research study, research design, research methodology aspects, that is, viz., sources of data and the sampling decisions. It has also covered the review of literature pertaining to the drafting of the structured questionnaire put to use for the collection of the primary data, along with the test of reliability and validity of the research instrument. It has offered the brief about the secondary data referred by the researcher, along with the explanation and justification on the sampling decisions involved in the research study. It has also offered explanation on the data collection methods and the use of the statistical tools and techniques selected for the purpose of the data analysis.

The Chapter number five has been entitled as the, 'Data Analysis and Interpretation'. Under this chapter an attempt has been made by the researcher to provide explanation on the data collection methods inclusive of editing, coding and validation of collected responses. The researcher has carried out the frequency distribution, content analysis, Anova and factor analysis, the purpose of the data analysis.

The Chapter number six entitled as the, 'Findings of the Research Study'. Under this chapter an attempt has been made by the researcher to present the accumulated and processed statistic in the form of findings after appropriate interpretations, in less technical version to the extent possible, in order to increase its utilitarian version. Considering the objectives of the research study, an attempt was made to explain practical implications of the research by the researcher.

The Chapter number seven entitled as the, 'Conclusion, Recommendations and Suggestions'. This chapter has been divided into two sections, namely, Conceptual Part and Empirical Part. The objective underlining the conceptual part is the present the brief about the research study, in the form of summarized picture of the review of the health and health care sector, marketing of the health insurance services and the review of literature undertaken under the present research study.

The second part of the chapter has been underlined by the researcher with the objective to present the summarized view of the research methodology applied by the researcher, the highlights of the data analysis and interpretations and key findings of the research study. Further, an attempt has also been in this section of the chapter by the researcher to offer some valuable recommendations based on the findings of the research study along with the suggestions. The researcher has also made an attempt to offer the future directions of research study as well as the limitations of the present research study.

At the end the researcher has provided the list of the various references used in the research study in the form of Bibliography and Webliography, as well as has provided the List of Abbreviations, List of Tables and Graphs, in the form of Appendix.

### **SELECTED MEDICLAIM POLICYHOLDERS' [OR] CUSTOMERS' RESEARCH STUDY**

It mainly included following

#### **7.3: A BRIEF ABOUT THE SELECTED MEDICLAIM POLICYHOLDERS' [OR] CUSTOMERS' RESEARCH STUDY:**

The key objective of this descriptive research study was to analyze underlying factors influencing buying behaviour of mediclaim policyholders who were conveniently drawn from the selected cities viz., Vadodara, Ahmadabad, Surat, and Rajkot of Gujarat State. The researchers have also evaluated mediclaim policyholders' daily activities, media habits, attitudes towards health status, general and mediclaim insurance policies along with comparative analysis of their expectations versus experience on mediclaim policies has been made. The primary data were collected using structured-non disguised questionnaire from the mediclaim policyholders to offer results, findings and implications using descriptive statistics and factor analysis to better modify and formulate marketing strategies.

The responses of total number of 1463 selected mediclaim policyholders from the selected four cities viz., Vadodara, Ahmadabad, Surat, and Rajkot were considered for the purpose of data analysis and interpretation.

#### **7.4: A BRIEF ABOUT THE STRUCTURED QUESTIONNAIRE:**

In order to meet the objective of this research study, viz., to present the profile of the mediclaim policyholders in the selected cities of the Gujarat State, the introductory part of the structured questionnaire was drafted considering the selected demographic factors, viz., age-group; gender; educational qualifications; marital status; occupation; type of the family; annual family income; number of the dependent family members, and the number of the earning family members in the family.

These demographic factors were selected and included in the Questionnaire, after reviewing the various earlier studies and, the daily activities, and the ownership of the selected Gadgets/Appliances was also determined, along with the questions to get an overview of the Media Habits of the selected mediclaim policyholders. Also, an attempt was made also to know the overall investment behaviour of the selected respondents. The Open-ended questions related to the name of the insurance company and the year in which the mediclaim policy was purchased along with the dichotomous type question to know the respondents' regular renewal status, was also kept in the Questionnaire. The questions on the use of the varied information sources, the channel for the purchase of the mediclaim policies as well as their awareness about various companies, and its consideration in the choice set for taking the buying decision for befitting questions were drafted and included in the structured questionnaire. In order to determine the awareness of the selected mediclaim policyholders on the health insurance, Question No. 10, comprising of 39 selected health insurance and health insurance related terms was included. In order to evaluate and understand buying decision process of selected mediclaim policyholders with a specific focus on Choice criterion in selection of a particular mediclaim policy, the comprehensive Question, comprising of 67 items on 11 selected factors affecting the choice of the mediclaim policies was drafted. To assess the perceived importance and overall satisfaction/dissatisfaction of the mediclaim policyholders, Question No. 12 was drafted. To study their beliefs on health, the Item No. 1 to 7 of Question No. 2, and on the General Insurance Policies that is from Item No. 8 to 13 of Question No. 02, were drafted and also to determine their overall attitude on buying of the mediclaim policy, the Items No. 14 to 20 were considered in Question No. 02. Also to determine the overall satisfaction of the selected mediclaim policyholders, Question No. 13 was drafted. The questions concerning the post-purchase behaviour were considered in the Question No. 14. Questionnaire was also verbatim translated in vernacular language, that is, Gujarati, to help the respondents to better understand and to respond to it.

#### **7.4.1: Reliability of the Structured Questionnaire:**

In this study, reliability tests were run to determine how strongly the opinions were related to each other and to the composite score. All dimensions of the questionnaire related with measuring the multiple influences of the selected items of the selected factors were tested and the Cronbach's alpha value ranged from 0.671 to 0.894 which showed internal reliability of the scale reflecting the degree of the cohesiveness among the scale items.

#### **7. 4.2: Validity of the Structured Questionnaire:**

The researcher had also measured convergent validity by comparing mean scores of scale with other measures of the same construct. It becomes clear from below given table, that the means of same construct were measured, and less variation was observed in the given question categories and average satisfaction score was found to be as similar.

#### **7.5: PROFILE OF SELECTED MEDICLAIM POLICYHOLDERS [OR] CUSTOMERS:**

Majority of the mediclaim policyholders (Above 60 per cent) whereas 72 percent of them were found as married. It was found that to protect the family from unforeseen burden of the healthcare expenditure, the individuals in the joint families (64 per cent) had bought mediclaim policies. Majority of the mediclaim policyholders (78 per cent) were found as belonging up to 44 years of age. Maximum number (60.9 per cent) of them was Graduates and Post-Graduates. Mixed results were found for the occupational profile of the respondents. Majority (74.4 per cent) of them were found as belonging to family having annual income of more than Rs. 1 Lakhs to Rs. 4 Lakhs. Maximum (77.7 per cent) number of them reported having 01 to 05 dependent family members [Please Refer Appendices-Table Number-7.1].

#### **7.6: KEY RESULTS OF THE MEDICLAIM POLICYHOLDERS' [OR] CUSTOMERS' RESEARCH STUDY:**

It has mainly included following.

##### **7.6.1: Selected Mediclaim Policyholders' Daily Activities & Media Habits:**

Most of the selected mediclaim policyholders from amongst selected cities of the Gujarat State reported favourably for reading of Newspapers (91 per cent), watching of Television (89 per cent). Majority of them (53 per cent) agreed to listening of Radio, and meeting friends every day. Besides, certain daily activities such as viz., performing exercise and going for walk were performed by 36 per cent, and 38 per cent respectively. More than 60 per cent of the selected mediclaim policyholders from Vadodara, Surat and Rajkot cities, and 58 per cent in Ahmadabad were found to be reading Gujarat Samachar. Only 3 per cent were found as reading The Economic Times and 6 per cent were found as reading Gujarat Mitra. Considering overall viewership of the TV Channels, viz., Sony (15.7) topped the list followed by, Star Plus (15 per cent), SAB (12.6 per cent) and AajTak (10.2 per cent) respectively. Overall, 31 .6 per cent of them reported favourably for listening to Radio Mirchi, followed by VividhBharti and (24.1 per cent) Big FM (15.4 per cent) respectively[Please Refer Appendices-Table Number- 7.2 to 7.5].

### **7.6.2: Selected Mediciclaim Policyholders' Sources of Information:**

The selected mediclaim policy holders from amongst selected cities of the Gujarat were found as aware who had also actually considered the different sources of information while buying mediclaim policy. In case of Vadodara city, ratio of actual consideration vis-à-vis the awareness of hospital staff was found to lowest in buying of the mediclaim policy whereas in case of Ahmadabad, Surat and Rajkot cities, the ratio of consideration vis-à-vis the awareness was found to be lowest for the selected sources viz., advertisements in magazines, leaflets, and or circulars and parents respectively.

Overall, the ratio of actual consideration vis-à-vis the awareness for the sources of the information was found to be highest for insurance agent followed by company' websites, SMS on mobile phones and colleagues. And, it was found as lowest for the selected sources of information, viz, parents, other healthcare professionals and hospital staff, respectively [Please Refer Appendices -Table Number- 7.6].

On an average 62 per cent of mediclaim policy holders of the Vadodara city were found as satisfied on each of the selected criteria except three criteria namely promotional incentives, complexity of the operations, and influence of the information sources where only 45 per cent of them were found as satisfied. In case of Ahmadabad city, 59 per cent of mediclaim policy holders were found as satisfied on each of the selected factors except three criteria namely complexity of the operations, influence of the information sources and investment alternative where only 48 per cent were found as satisfied. In case of Surat city, 55 per cent were found satisfied with selected criteria, viz, age eligibility conditions, range of premium, coverage of illness and diseases, coverage of other medical and treatment related expenses, and benefits of the mediclaim policy. 74 per cent were found satisfied with all the thirteen selected criteria in the Rajkot city. Overall, it was found that 59 per cent of them were found as satisfied on each of the selected criteria except the criteria namely complexity of the operations in which only 48 percent were found as satisfied [Please Refer Appendices -Table Number- 7.7].

### **7.6.3: Selected Mediciclaim Policyholders' Opinion and Attitudes:**

The researchers had collected data concerning their opinion, attitudes and health status regarding general insurance policies and mediclaim insurance policies. 73 per cent of the mediclaim policyholders from the Vadodara city agreed to each of the selected criteria on health status. While, they also disagreed on few of the criteria viz., health can be maintained at any age, followed by, I can judge my health status and provision can be made in the form of the health care status. 73 per cent of the mediclaim policyholders from Ahmadabad city expressed agreement on selected criteria except two criteria viz., I can judge my health status, and health status can be maintained at any age.

In case of Surat city, 76 per cent of them agreed to the criteria viz., health status is the god gift, and 70 per cent agreed to the criterion 'I am conscious about my health status' whereas they disagreed too on the selected criteria viz., I am aware of my medical history; I am healthy; I can judge my health status; health can be maintained at any age, and provision can be made for health care status.

In case of Rajkot city, 79 per cent of the mediclaim policyholders agreed to each of the selected criteria. Overall, 71 per cent of the selected mediclaim policyholders across the selected cities of Gujarat State agreed to all the selected items concerning his or her health status. But 32 per cent of them also disagreed on selected criteria viz., I can judge my health status, and health can be maintained at any age respectively.

It can be inferred that there exists positive belief pattern towards the health status among the selected mediclaim policyholders of Vadodara and Ahmadabad city which offers opportunities to the marketers of the mediclaim policy, and it would also further enable building untapped mediclaim policy market.

However, in case of Surat city, insurance companies need to increase awareness of the effects the medical history as well as its benefits.

Moreover, the beliefs, for selected criteria viz., health status of an individual can be maintained at any age if the efforts and provisions for the same are made, and that this god gift can be nurtured further too are required to be developed among the people of Surat city in order to further strengthen as well as better exploit the potentials of mediclaim policy market of Surat city.

In case of Rajkot city, there exists the set of positive beliefs towards health status which makes the mediclaim policy market lucrative for the health insurance marketers. 70 per cent of the mediclaim policyholders in Vadodara city agreed to all the selected criteria concerning benefits of general insurance except for selected criteria viz., general insurance is available for the old age individuals and general insurance offers return on investments whereas 57 per cent of them disagreed on the selected criterion that 'General insurance is available for the old age individuals'. In case of Ahmadabad city, more than 60 per cent agreed on each of the selected criteria concerning the benefits of general insurance, and 43 per cent disagreed to the selected criteria viz., general insurance offers return of investments, and general insurance is available for the old age individuals.

In case of Surat city, 62 per cent of them agreed to the selected criteria viz., general insurance policies safeguards against the future risk, general insurance policies gives financial security, and general insurance offers return on investment whereas highest disagreement was found to be on the selected criteria viz., general insurance is available for the old age individuals (59 per cent), general insurance provides tax benefits (56 per cent), and general insurance provides mental peace (54 per cent) respectively. In case of the Rajkot city, 80 per cent of the selected mediclaim policy holders agreed to each of the selected criteria concerning the benefits of the general insurance.

The data analysis and interpretation of the responses of the selected mediclaim policyholders in Vadodara and Ahmadabad cities revealed that there exist the limitations of the general insurance companies in offering the general insurance products in the form of mediclaim policy to the senior citizens.

The acceptance of the general insurance products has been limited due to limited return on investments which demands improvisation of the product benefits by the insurance companies. It also implies that the selected mediclaim policyholders of the Surat city have not only found investments in general insurance policy as unappealing, and they were found to be unimpressed by the tax benefits.

It was also found that inferred that senior citizens and old age individuals have which should be the matter of concern for the marketers of mediclaim policies. 80 per cent of the mediclaim policyholders in Rajkot city had considered general insurance policies positively from the context of the abovementioned benefits of the general insurance comprising of potential mediclaim policy markets followed by Vadodara, Ahmadabad and Surat cities respectively.

77 per cent of the selected mediclaim policyholders from each of the selected cities of Gujarat State had agreed to the selected criteria. 84 per cent of them from Vadodara city agreed to the selected criteria viz., it is safe to have mediclaim policy. But, highest disagreement (27 per cent) was found for selected criterion 'Mediclaim policy is inevitable'. Similarly, in case of Ahmadabad city, it was found that 81 per cent of them had agreed to the selected criterion 'The mediclaim policy is beneficial to me', and disagreed (33 per cent) to the selected criterion 'I positively involve myself to have mediclaim policy. In case of Surat city, the highest (77 per cent) agreement was found towards the selected criterion 'It is safe to have mediclaim policy, while, highest disagreement (46 per cent) for the selected criterion 'Mediclaim policy is inevitable'. In case of Rajkot city, 93 per cent of selected mediclaim policy holders agreed to the selected criterion 'It is safe to have mediclaim policy', and disagreed (18 per cent) to the selected criterion 'It is pleasure to have mediclaim policy'.

Overall, 77 per cent of the selected mediclaim policy holders agreed to each of the selected criteria concerning buying of the mediclaim policy out of which the maximum number of them had agreed to the selected criteria viz., 'it is safe to have mediclaim policy', and 'mediclaim policy is beneficial to me' (83 per cent), and 'I positively involve myself to have mediclaim policy' (77 per cent). Also, the overall agreement for the selected criterion viz., it is pleasure to have mediclaim policy, and I am ready to bear the cost to have mediclaim policy was found to be equal (76 per cent).

It implies that the attitudes of the mediclaim policyholders of Ahmadabad city were dissimilar compared to the attitudes of the mediclaim policyholders from the Vadodara, Surat and Rajkot cities of the Gujarat State [Please Refer Appendices -Table Number- 7.8 to 7.10].

## **7.7: APPLICATION OF FACTOR ANALYSIS:**

To measure the suitability of the data for factor analysis the adequacy of the data is evaluated on the basis of the results of Kaiser – Meyer – Olkin (KMO) measures of sampling adequacy, and Bartlett’s Test of Sphericity (homogeneity of variance). **[Please Refer Appendix-Table Number- 7.11].**

The factor loadings were used to measure correlation between criteria and the factors. The factors were rotated with the use of Varimax with Kaiser Normalization Rotation Method. The Principle Component Analysis (PCA) method was used for factor extraction, and it considered only those factors for interpretation purpose whose values were greater than 0.7.

All the extracted communalities were found to be acceptable, and all criteria were found as fit for the application of the factor solution as their extraction values were large enough.

To illustrate, from the criterion related to Coverage of Illness And Diseases (CID) factor was found to be important that included selected criteria viz., Coverage of the various Illness/Diseases, Coverage for the Allopathic Treatments, Coverage for Ayurvedic Treatments, Coverage for Naturopathy Treatments, Coverage for HIV Infection, and Coverage for Cancer. Another criterion related to Coverage of Illness and Diseases (CMEx) factors too was found as important that included selected criteria viz., Coverage for the Room Boarding Expenses, Coverage of the Nursing Expenses, Coverage of Pre-hospitalization Expenses, Coverage of payment of Professional fees related to Anesthesia/ Blood/ Oxygen/ Operation/ Surgical/Appliances/ Medicines and Bonus for the Claim Free Years. It also became clear that the criterion related to Promotional Incentives (PI) Factor were found to be important that included selected criteria Critical Illness Coverage, Free 24 Hour Help Line Facility, Free General Physician Consultations, Free health Magazines, and Family Discount. The selected criterion related to services provided by the Insurance Companies (SeCo) factor was also found as important that included selected criteria Easy Purchase from the Company's website, Easy Purchase from Company's Physical Office, and Reminders for the payment of the premium by the Company, Online Claim Settlements, and Online Checking of Status for Claim Settlement. The research study also revealed that the criterion related to Complexity in the Rules and Regulations (CMPx) Factor was found to be important.

It includes selected criteria viz., Easy Claim Filling Procedure, Easy Claim Settlement Procedure, Speedy Claim Settlement Procedure, Simple Complaint Handling System, Prompt Address to the Complaints, and Providing Redressal for the Complaints. The criterion related to Image of the Insurance Company (ImCo) Factor too was found to be important that included selected criteria viz., the Market Share of the Company, Ownership Type of the Company Public, Private or the Stand-Alone, Disputes Redressal by the Company and The Awards/Recognitions won by the Company respectively.

The criterion related to Network of Hospitals (NetH) Factor was also found to be important that included selected criteria viz., Network of the Selected Hospital/s, Convenience of the Location of the Network Hospitals, Availability of the Medical-Related Services at the Network Hospitals, Availability of the Cash Reimbursement Scheme at Network Hospitals, and Availability of the Cashless Facility Network Hospitals.

Besides, the criterion related to Services provided by the Insurance Agents (SeAg) Factor was found to be important that included selected criteria viz., Reminder Calls for the Premium Payment, Timely Collections of the Premium by Agent, Regular Updates given by the Agent/s, Assistance of Agent in Filling of the Claims, Assistance of Agent in Settlement of the Claims, and Help of the Agents for switching over to the other MP (Health Insurance Portability).

The criterion related to Coverage of Illness and Diseases (CID) Factor which needs more importance from Mediclaim Companies that included selected criteria viz., the Time Period for the Inclusion of the Pre-Existing Illness.

The criterion related to Coverage of Illness and Diseases (CMEx) Factor which needs more importance from Mediclaim Companies that included selected criteria viz., Coverage of Post-hospitalization Expenses, Coverage in the period of Loss of Income during the Hospitalization, Domiciliary Hospitalization Cover, Provision of giving Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist's Fees.

It also includes selected criteria viz, Coverage of Diagnostic Material, and X-Rays, Dialysis, Chemotherapy, Radiotherapy, Pacemaker, Artificial Limbs, and Cost of Organs and similar expenses, Renewable Discount Offers, and Provision for Co-payment Discounts respectively. It also became evident that the criterion related to Promotional Incentives (PI) Factor which needs more importance from Mediclaim Companies included viz., Free Medical Check Up, Free Ambulance Services, and Coverage for the Day Care Procedures as well as Online Cashless Card. It becomes clear that the criterion related to Services provided by the Insurance Companies (SeCo) Factor which needs more importance from Mediclaim Companies that included selected criteria viz., Online Payment of Premium, Regular Updates made by the Company, and Online Filling of the Claim. The criterion related to Complexity in the Rules and Regulations (CMPx) Factor which needs more importance from Mediclaim Companies that included selected criteria viz., Easy purchase of the MP. The criterion related to Network of Hospitals (NetH) Factor which needs more importance from Mediclaim Companies was availability of choice of the hospital. It becomes evident from research study that the Criterion related to Services provided by the Insurance Agents (SeAg) Factor which needs more attention from Mediclaim Companies was concerning easy purchase from the agents [**Please Refer Appendix-Table Number- 7.12&7.13**].

## **7.8: FINDINGS AND IMPLICATIONS OF THE MEDICLAIM POLICYHOLDERS' [OR] CUSTOMERS' RESEARCH STUDY:**

- The research study of confirmatory evidence to the health insurance marketers that the mediclaim policyholders of different age, education, occupation, type of family, number of dependent family members and number of earning family members had similar beliefs about their health status. However, the beliefs vary with the gender, marital status and annual family income which may influence their health insurance buying decision. Hence, due consideration of these demographic variables in designing marketing differentiation strategy shall be given by the health insurance marketers which will assist them in attracting and convincing the target market of the mediclaim policy market.
- Moreover, in terms of the beliefs about the mediclaim policyholders on the benefits of the general insurance, it became evident that the mediclaim marketers should adopt common rational positioning strategy for the market offering, targeted to the policyholders of similar demographics.
- The health insurance marketers should consider differentiation strategy while persuading the mediclaim policyholders with different number of earning family members as their attitudes pertaining to the buying of the mediclaim policy is different.
- The perceived importance pertaining to the age eligibility in the buying of the mediclaim policy has to be determined by insurance companies considering the selected demographic factors, viz., age, marital status and annual family income. It implies that insurance companies should introduce broader eligibility conditions for the enrollment to the mediclaim plan involving age, marital status and annual family income.
- In case of the range of premium, the expectations of the selected mediclaim policyholders were found as significantly related to the education, type of family, annual family income and number of earning family income respectively. It implies the importance of the education and the gross income family of the mediclaim policyholders to be considered by the insurance companies offering mediclaim products. The upper limit and the lower limit of the premium under the particular mediclaim plan shall be thus customized by the mediclaim marketers as per their gross family income directly. At the same time, as the mediclaim policyholders with different education evaluate the availability of the range of premium differently, its consideration by the insurance companies is inevitable.
- The mediclaim marketers on following the similar features in the mediclaim plan pertaining to the coverage for the Ayurvedic treatments is concerned as the perceived importance in the context of the selected background variables in this context is found to insignificant, except for the type of the family. It implies that the Ayurvedic medical care is less preferred, less popular, or less expensive.

However, insurance companies while providing the coverage for the allopathic treatments should give due importance to the selected demographic variables, viz., age, education, marital status, type of family, annual family income and the number of earning family members as the expectations of the selected mediclaim policyholders were found to be dependent on these variables.

- It implies that the requirements of the mediclaim policyholders for the allopathic health care vary with the age, marital status and type of family; their evaluation differs with the education as well as their paying ability or the disposable income for the health care varies with the type of family, annual family income, and number of earning family members which must also be given due consideration by the mediclaim policy marketers to attract higher share of the mediclaim market.
- The findings on the perceived importance of the mediclaim policyholders pertaining to the coverage of room boarding expenses; domiciliary hospitalization cover; provision of giving surgeon, anesthetist, medical practitioner, renewable discount offers and provision for copayment discounts in the context of the only selected background variables, viz., annual family income; gender; gender; number of earning family members and education, respectively was found to be significant. And, it was insignificant for all the other selected demographic variables. It implies that the mediclaim policy marketers should follow the uniform features in the mediclaim plan to be offered with the minor modifications as per their respective influence of the demographic variables.
- The features of the mediclaim plan pertaining to the coverage of the post hospitalization expenses has to be altered and customized as per the occupation, type of family, annual family income, number of dependent family member and number of earning family members, as the requirement of the coverage may vary accordingly, which must be taken care by the mediclaim policy marketers.
- In case of the benefits offered by the mediclaim plan, the perceived importance relied on the features of tax benefits by the mediclaim policyholders were found as significantly dependent on the selected demographic factors, viz., age, education, type of family and annual family income. However, the tax benefits as regulated under section 80 D of the Income Tax Act 1964, the health insurance marketers are unable to introduce any innovative features in this context. It has critical policy implication too on the Government with the limited public health care expenditure and the cap on the provision for the private health care expenditure in terms of the deduction of fixed limited amount, also restricts the mediclaim policyholders to raise their provision of health care in terms of the mediclaim premium.

- The perceived importance pertaining to the free medical check-up; free ambulance services, free general physician consultations were independent in the context of all the selected demographic variables, and the mediclaim marketers should therefore customize the promotional offers in the context of the coverage for the day care procedure, free 24 hour help line facility and family discounts offers too, as the expectations thereon are found to be dependent on some of the demographic variables as the case may be. It provides the strategic implications to tap the gap of attracting the prospects and re-think on introducing the promotions incentives packages pertaining to the specific mediclaim product of the insurance company.
- The age is found to be influencing the perceived importance of the selected mediclaim policyholders pertaining to the reminders calls for the payment of premium; assistance of the agent in filling of the claims and availability of the choice of the hospitals. While, the perceived importance is found to be different with education in terms of the agents' service of collection of premium; assistance in filling and settlement of the claims; regular updates by the company; availability of choice of the hospitals and, ease in buying of the mediclaim policy which offers the strategic implication to the mediclaim marketers while providing these services to the selected mediclaim policyholders in the selected cities of the Gujarat State. The health insurance marketers therefore need to consider the marital status of the mediclaim policyholders in case of the purchase of the policy from the physical office of the company; online payment of the premium, and claim settlement; network of the selected hospitals and availability of the cash reimbursement scheme, availability of the choice of the hospital respectively.
- The occupation of the mediclaim policyholders need to be considered by the mediclaim marketers while offering the services of timely collection of the premium and regular updates by the agents; online payment of the premium; convenience of the location of the network hospitals, and cash reimbursement facility at the network hospital; as the availability of the time, recalling capacity, work schedules, work responsibilities, etc., may vary with the occupation of the mediclaim policyholders in the selected cities of the Gujarat State.
- The perceived importance of the mediclaim policyholders in the context of type of family, pertaining to the assistance of the agent in claim settlement; ease in purchase of the policy online and through physical office; network of the selected hospitals and choice of the hospital; availability of cashless and cash reimbursement facility and ease in buying mediclaim policy was found as significant. The demographic factors, viz., annual family income, number of dependent family member and number of earning family members need to be considered by the mediclaim policy marketers to determine the services of easy purchase from the agents, reminders from the agents, assistance in claim settlement, cash reimbursement and cashless facility at the network hospital;

cash reimbursement facility, choice of the network hospital and redressal of the complaints; assistance of the agent in claim settlement, convenience of the network hospital and ease in claim settlement, respectively.

- The health insurance marketers should consider the demographic factors, viz., annual family income, number of dependent family members and number of earning family members as the satisfaction/dissatisfaction of the mediclaim policyholders' variable in this context on age eligibility for the purchase and the renewal of the policy.
- It implies that the annual family income and the number of the earning family members of the mediclaim policyholders in accordance with their age may find the age eligibility for the enrollment with respect to its premium restrictive to enroll for the mediclaim policy. Moreover, higher number of the dependent family members may impose the higher burden of the health care expenditure, undoubtedly, which gets intensified in the case of the senior citizen as the dependent family members with the fact of the limited age range for renewal of the mediclaim policy and higher premium with the elderly age. The health insurance marketers should consider this reality to offer innovative packages pertaining to the age aspects and thereby satisfy the selected mediclaim policyholders of the selected cities of the Gujarat State.
- In case of the range of premium, the satisfaction/dissatisfaction of the selected mediclaim policyholders was found as significantly related to the marital status, type of family and number of earning family members which implies that the relevant reference groups the relevant others in the family has the capacity to influence the satisfaction/dissatisfaction of the mediclaim policyholders.
- Moreover, the range of the premium as offered by the insurance company in term of the upper and lower limit of the premium under the particular mediclaim plan need to be customized by the mediclaim marketers as it also coincides with the expectations of the selected mediclaim policyholders.
- The health insurance marketers should not ignore the demographic factor, viz., education, marital status and type of family in determining the coverage for the various illness/diseases and allopathic treatments. In case of the coverage of HIV infection and Cancer, they should emphasize on the number of earning family members that influences the satisfaction/dissatisfaction of the selected mediclaim policyholders. They should also consider age and number of earning family members in determining the time-period for the inclusion of the pre-existing illness. Moreover, with the introduction of the health insurance portability, they need to pay extra attention to this feature that might affect switching from the one insurance company to the other being the key reason influencing the satisfaction/dissatisfaction of the selected mediclaim policyholders.

- The age of the medicaid policyholders too is found to be affecting the satisfaction/dissatisfaction pertaining to the coverage for the room boarding expenses, nursing expenses and post-hospitalization expenses, as with increasing age the probability of an individual to avail hospitalized health care increases. The policyholders with different education and marital status are found to be evaluating the coverage for pre-hospitalization and the post-hospitalization differently implying different experience on buying the medicaid policy which must be noted by the medicaid policy marketers. Moreover, marital and occupational status of the medicaid policyholder also influences their experiences pertaining to the coverage in the period of the loss of income during hospitalization. While introducing the renewal discounting offers, the medicaid marketers should consider marital status, number of dependent and earning family members of the selected medicaid policyholders.
- The medicaid policy marketers must learn to consider its various clauses and accept the fact of liberty of the medicaid policyholders of switching to another insurance company. Therefore, the insurance companies are required to educate and train their insurance agents to provide the required services of switching after the trial of retaining the medicaid policyholders.
- The medicaid policyholders with different educational status evaluate the services of the network hospitals and its selected aspects differently which implies that the medicaid policyholders are concerned about the health care expenditure as well as the coverage of the health expenditure in the context of the medicaid plan and the available share of income.
- The perceived importance of the medicaid policyholders in the context of services provided by the agents are found to be influenced by most of the demographic factors except gender and type of family. It implies that promotional incentives, complexity involved in the operations and services provided by the agents need to be accorded more attention by the medicaid policy marketers.
- The buying intentions of the medicaid policyholders are influenced by the occupation and annual family income of the medicaid policyholders which implies that the renewal decisions of the medicaid policyholders are influenced by the demographic factors which shall be considered by the health insurance marketers.

## **7.9: MARKET PERFORMANCE ANALYSIS & APPLICATION OF STRUCTURE EQUATION MODELING [SEM]:**

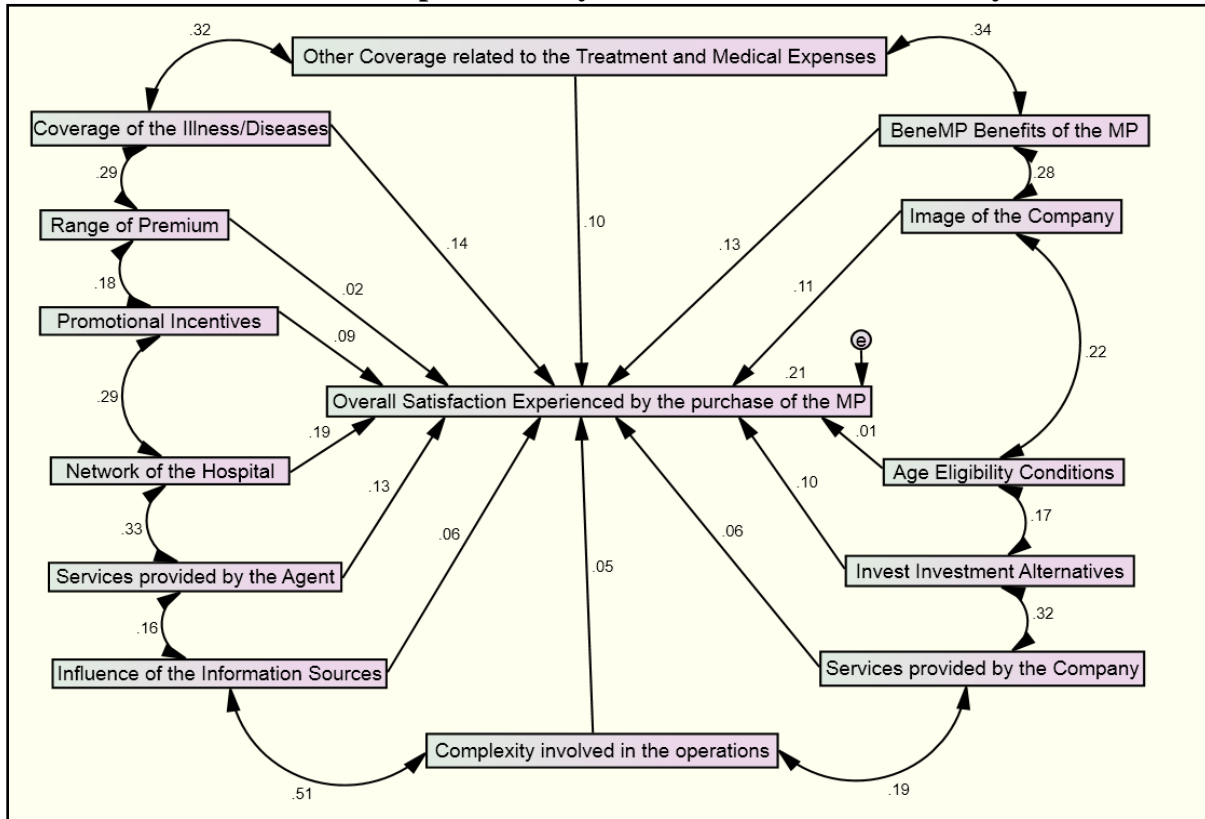
Based on Medicaid Policy Holders expectations and experiences as separately analyzed for selected Cities, the researcher has computed 'Mean Importance Ratings' (Im) and 'Mean Performance Ratings' (Pm) for each of the selected features of the services provided by Medicaid Policy Companies to evaluate whether the Medicaid Policy Holders were delighted; satisfied; dissatisfied.

These criteria were defined as: (1) Medclaim Policy Holders were delighted if  $Im/Pm > 0.98$ ; (2) Medclaim Policy Holders were satisfied if  $0.98 > Im/Pm > 0.92$ ; (3) Medclaim Policy Holders were dissatisfied if  $Im/Pm < 0.92$  [Please Refer Appendices-Table Number-14 and 15].

Based on the Market Performance Analysis it can be implied that the health insurance marketers should conduct the satisfaction surveys in different cities and calculate the 'Mean Importance Ratings' (Im) and 'Mean Performance Ratings' (Pm) to measure the satisfaction of Medclaim Policy holders considering the selected features of the services provided by Medclaim Policy Companies. In our research the ratio of 'Mean Importance Ratings' (Im) and 'Mean Performance Ratings' (Pm) was found as 1 in case of Vadodara City for service feature 'Age eligibility for Purchase of the Policy' that perceived well by Medclaim Policy holders and Medclaim company need to maintain the high performance in Vadodara city for the same. Similarly the ratio of was found as 0.98 in case of Rajkot City for service features Viz., Ownership type of the company public, private or the stand-alone; Easy Purchase from the Agents; Timely collections of the premium by Agent; Regular Updates given by the Agent/s; Easy purchase of the Individual Medclaim Policy and Easy Claim Filling Procedure that perceived well by Medclaim Policy holders and Medclaim company need to maintain the high performance in Rajkot city.

The overall Market performance analysis considering all 67 criteria and resultant Medclaim Policy holders' satisfaction score it was revealed that Medclaim Policy holders' dissatisfaction on majority of the service features except twelve criteria viz., age eligibility for purchase of the policy; broad range of the age eligibility for the renewal of the policy; range of the premium offered by the companies; the range of the premium for the various age groups for purchase of policy; tax benefits; the market share of the company; ownership type of the company public, private or the stand-alone; the awards/recognitions won by the company; easy purchase from the agents; reminder calls for the premium payment from agent; timely collections of the premium by agent; and easy purchase of the individual Medclaim Policy which only revealed that Medclaim Policy holders were satisfied.

**Figure Number: 7.1: SEM Model of Relationship All Selected Factors and Overall Satisfaction Experienced by Purchase of Medclaim Policy**



A simple regression model is presented where one observed variable, the Overall Satisfaction Experienced by the purchase of the Medclaim Policy, is predicted as a linear combination of the other thirteen observed variables, viz., age eligibility conditions, range of premium, coverage of the illness/diseases, other coverage related to the treatment and medical expenses, benefits of the medical policy, promotional incentives, image of the company, services provided by the agent, services provided by the company, network of the hospital, complexity involved in the operations, influence of the information sources and invest investment alternatives.

As with nearly all empirical data, the prediction will not be perfect. There are some other variables (other than selected seven variables) that also assumed to have an effect on satisfaction experienced by the purchase of the Medclaim Policy for which the model assumes '1' as standardized regression weights which specifies that other variables must have a weight of 1 in the prediction of satisfaction experienced by the purchase of the Medclaim Policy.

Each single-headed arrow represents a regression weight. The value shown against two sided arrows (0.34, 0.28, 0.22, 0.17, 0.32, 0.19, 0.51, 0.16, 0.33, 0.29, and 0.32 is the correlation between thirteen observed variables.

The values shown with single sided arrow (0.19, 0.09, 0.02, 0.14, 0.10, 0.13, 0.11, 0.01, 0.10, 0.06, 0.05, 0.06, and 0.13) are standardized regression weights. The value 0.21 is the squared multiple correlation of Overall Satisfaction Experienced by the purchase of the Medclaim Policy and thirteen variables that affect satisfaction.

It means the overall satisfaction considering thirteen variables is influenced mainly by Network of the Hospital (0.19) followed by Coverage of the Illness/Diseases (0.14) Services provided by the Agent, Benefits of the Medical Policy (0.13 each) Functioning of Products in hotel (0.20); Ambience in the hotel (0.14) Room in the hotel (0.13); Image of the Company (0.11); Invest Investment Alternatives, Other Coverage related to the Treatment and Medical Expenses (0.10 each) and so on.

#### **7.10: RECOMMENDATIONS OF THE RESEARCH STUDY:**

- It was found that as educational qualifications influences the purchase of the medclaim policies, however, under-graduates and professional degrees and others were found to be influencing for the purchase of the medclaim policy, and the insurance companies need to consider it.
- As service class people having fixed income are keen to purchase medclaim policy as it provides security against uncertain healthcare expenditures, the insurance companies should focus on them
- It was being found that reflects that in order to protect the family from uncertain burden of the healthcare expenditure, the joint families are more interested in buying medclaim policies compared to nuclear families which should be considered by the insurance companies.
- The medclaim policies are considered to be inevitable for the people with the moderate annual family income, viz., middle-income group. While, the people with high annual family income are not found to be very keen in buying medclaim policies, therefore the insurance companies should focus on them.
- Families having higher dependent family members (1 to 5) are found to be more concerned and are able to purchase the medclaim policies, and the insurance companies need to consider it.
- It was inferred that major source of buyers of medclaim policies are either the single or dual income family members, therefore the insurance companies should focus on them.
- For the marketers of the medclaim policies the daily activities of medclaim policyholders provide an insight which is important not only in understanding their attitudes towards the healthy life, but also in communicating them about the various medclaim products on daily basis.
- The marketers should give highest priority to those newspapers which are having highest consideration and top of the recall in the mind of the medclaim policyholders for delivering their communication to their prospective & existing customers.

- The preferences of medicaid policyholders are found to be similar for buying medicaid policy from both public sector and private sector insurance companies, and the insurance companies need to consider it.
- With the liberalization of the insurance sector and entry of the private insurance players have increased the competition in the insurance sector and health insurance sector respectively, and the insurance companies need to make use of it in formulation of its communication and market identification strategy.
- The insurance companies shall give highest priority to the selected sources of information, viz., insurance agents, company's websites and SMS on mobile phones in marketing and the promotion of medicaid policies.
- The criteria of the age eligibility influences in buying and the renewal of the medicaid policy. The insurance companies should make required improvements in the policy features with respect to the age eligibility of the policyholder at the time of the offering the medicaid policy, and also incorporate this feature of the wider age limit for the renewal of the medicaid policy to the policyholders subject to their period of purchase of the medicaid policy as the strategy to attract and retain them.
- The coverage of other medical and treatment related expenses should be given due importance by the insurance companies.
- The medicaid policy marketers should widen the range of the benefits offered in their medicaid policy for not only retaining the existing policyholders' base but also for tapping the future potential market.
- As medicaid policyholders do not emphasize the promotional incentive such as free health magazines and coverage for the day care procedures in availing of the medicaid policy which should be noted by the medicaid policy marketers in determining the promotional mix of their medicaid products.
- The insurance companies shall also keep their target market informed about the awards and prizes won by the company by making use of the sources of the information used by medicaid policyholders, and media habits preferred by them in order to get their favourable response in buying of the medicaid policy.
- As medicaid policyholders would like to buy the medicaid policy with expectations that insurance agent will provide the better services. Hence, the branch managers, sales managers and line managers of the insurance companies should perform their role of taking timely and regular reports from the insurance agents.

- Also, the insurance companies should announce variety of monetary as well as non-monetary incentives in order to motivate their insurance agents for providing the aforementioned services. The measures undertaken by the insurance companies to retain their insurance agents will indirectly maintain the customer base of the company.
- The movement of the insurance agents from one insurance company to the other insurance company will not only disturb the smooth flow of providing variety of services to the mediclaim policyholders, but, gradually it may result into switching over of the policyholder in case the insurance agent is amongst influential sources for making the purchase decision.
- The insurance companies therefore should emphasize on the providing of the expected services viz., online payment of premium, and regular updates to the mediclaim policyholders effectively and efficiently on priority basis amongst the other services.
- Moreover, as the number of the people preferring Ayurvedic treatment and Naturopathy treatment seems to have been increased, there has been emergence of the need for the mediclaim policy providing the coverage of the expenses incurred for the availing the Ayurvedic or Naturopathic treatment.
- In case the insurance companies opt for providing this coverage, the research work in terms of the network hospitals, the promotional aspects, and illness and diseases to be considered under the feature of coverage under Ayurvedic and Naturopathy will have to be determined. The IRDA too should also introduce the required amendments as the case may be.
- With the announcement of the health insurance portability, the insurance companies should announce the conditions pertaining to the time period of the inclusion of pre-existing illness that attracts the new policyholders and encourage the existing policyholders to retain the existing mediclaim policy instead of switching over to the another insurance company.
- The insurance companies should give priority to include these coverage benefits in the upcoming mediclaim products.
- In case of those items that causes dissatisfaction, viz., renewable discount offers, bonus for the claim free years are not found to be announced as per the expectations of the mediclaim the insurance companies should bring about required improvements.
- Despite of mediclaim policyholders being satisfied by the insurance companies, they still have the scope for improving its performance and thereby raising the satisfaction level of the mediclaim policyholders.
- The insurance companies are unable to satisfactorily offer many of the varied selected promotional incentives.

- It implies that medicaid policyholders of the selected cities of Gujarat State were found as satisfied by the market share of the company, the ownership type of the company as well as the awards and recognitions won by the insurance company. While, the experience related with image of the insurance company, in term of the criteria, viz., dispute redressal by the company, does not seem so, however, the satisfaction level with reference to the experience of the selected medicaid policyholders on services as offered by the insurance companies is being found as different which implies variation not only in the expectations on the services, but also the variation in the offering of the services too by the insurance companies to them.
- The insurance companies need to meet the expectations of the selected medicaid policyholders on all those selected factors that have been considered by medicaid policyholders as important.
- Maximum number of medicaid policyholders had shown their intentions of renewing the medicaid policy from the same insurance company. However, large number of them also expressed their intentions in favour of taking the benefit of the health insurance portability, and renew the medicaid policy of some other insurance company and the insurance companies need to consider it.
- We strongly recommended for the coverage for the Pre-hospitalization, Room Boarding, Nursing expenses, as well as coverage of payment of professional fees related to Anaesthesia/ Blood/ Oxygen/ Operation/ Surgical/Appliances/ Medicines, and Bonus for the Claim Free Years.

#### **7.11: SUGGESTIONS OF RESEARCH STUDY:**

- The medicaid policy marketers' seriously need to consider education, occupation, type of family, annual family income and number of dependent family members of the selected medicaid policyholders.
- The medicaid policy marketers can offer customized promotional incentives to the medicaid policyholders.
- The medicaid policy marketers need to emphasize on image of the company considering the demographic factors of the medicaid policyholders.
- The medicaid policy marketers should consider the ease of purchase of the medicaid plan from the agents considering education and occupation of the medicaid policyholders.
- The pharmacists, insurance agent and insurance companies' website should be considered for providing information to buyers of medicaid policies.

- The advertisements in magazines, leaflets, SMS on mobile phones, opinion of healthcare professionals and hospital staff are the sources having less popularity, and hence its use is to be made is suggested in special situation in which the use of these sources would be able to exert influence in buying intension of prospective buyers.
- The marketers should consider the most popular specific media habits of customers of mediclaim policies, and use it for communicating and persuading its target audience.
- It is strongly suggested that the use of Newspapers, Television and Radio ads be made backed up with continual monitoring to make necessary changes.
- The mediclaim companies needs to focus their attention on kind of message that convey to prospective buyers about the role of general insurance policies to safeguard the interest and risks of mediclaim policyholders and also for ensuring financial security and tax benefits to them.
- The belief pattern towards the health status among the selected mediclaim policy holders offers opportunities to the marketers to consider dissimilar attitude of people from different places that makes the task of message generation more complex.
- The mediclaim policy as product must incorporate the coverage benefits in terms of coverage of Allopathic, Ayurvedic and Naturopathy Treatments, as well as coverage for critical diseases such as Cancer and HIV Infection.
- The services provided by the mediclaim company as well as insurance agents plays important role in attracting prospective mediclaim policy consumers, which include viz., reminder calls for the premium payment, timely collections of the premium by agent, regular updates given by the company or agent/s, assistance of agent in filling of the claims, assistance of agent in settlement of the claims, and help of the agents for switching over to the other mediclaim policy that also needs due consideration by the insurance companies.

## **7.12: CONCLUDING REMARKS:**

The health is considered as fundamental human right for keeping the human being free from illness and good health condition of the people and economic development go hand in hand as better health conditions results in to more capabilities to develop economy. The health insurance plays an important role to keep person free form mental stress of how to cope with costly healthcare system in case of condition of illness. The Government and people have started exploring various health financing options to manage problem arising out of increasing cost of care and changing epidemiological pattern of diseases. The sources of information used by the customers are identified as well as the research study has made an attempt to identify the demographic profile of mediclaim policy holders which further help in reaching target market through formulation of suitable marketing strategies.

The marketer needs to continuously monitor the media habits in order to develop media selection for target market and choose the appropriate message considering the underlying dimensions involved in buying decision of the mediclaim policy holders. They should highlight the fact that to meet the health and healthcare expenses one needs health insurance as it is difficult now a day to afford expensive medical and healthcare services. It is the health care insurance which can help anyone to get better quality healthcare and health plan of his own.

### **7.13: DIRECTIONS FOR FUTURE RESEARCH STUDY:**

In a low-income country like India, utilization of health care facilities is poor because of financial constraints. It can be expected that utilization of mediclaim will drastically increase if such constraints are removed or reduced. This will imply much higher health expenditure than current expenditure incurred by public and private mediclaim insurance provider.

The present research study has not dealt with these aspects but provides the overview of the status of the role of the government in the health care improvement and the standing of the India in comparison to the countries of the world to the researcher aspiring to conduct the research in the broad area of the health sector.

Similarly, the researcher aspiring to undertake the review of the health care sector of India can undertake the research into the various aspects of health care. As the present research study highlights various key issues and opportunities in the health care sector too, specifically in the area of health care spending, health care infrastructure and budget allocation in the health care sector of India and Gujarat, it can serve as the resourceful secondary data sources to the researcher interested in undertaking the study in health care sector.

This research study also offers the base to further undertake the research at the state level in the health insurance marketing and marketing of the mediclaim policies in Gujarat State. Similar studies can be undertaken in the other states, to identify the comparative picture of the buying decisions and experiences of the mediclaim policyholders as well as the location/region specific differences in the patterns of buying of the mediclaim policies.

A comparative study of the perceptions of the mediclaim policyholders towards the public sector, private sector and standalone insurance companies can also be undertaken by the researcher. The research study can also be undertaken to study the renewal decisions of the mediclaim policyholders with the broader scope, that is, at the state level or the comparative study of the two or more states.

The future research could also have scope for formulating strategies for user-friendly claim settlement procedure. The core problem of the research study can also be examined to analyze impact of Information Technology in marketing of medical insurance policies in near future.

Moreover, the research can also be undertaken in the upcoming area of the health insurance portability and the perceptions of the mediclaim policyholders towards the health insurance portability, along with the critical evaluation of the role of insurance companies, the insurance agents and the third party administrators. With the insurance companies announcing the cash less system of payment, the future researchers may undertake the similar research to study the perceptions of the mediclaim policyholders towards the network hospitals and IT adoption by the Insurance Companies.

#### **7.14: LIMITATIONS OF THE RESEARCH STUDY:**

- The present study is limited to the study of factors affecting choice and buying behaviour for the mediclaim policies in the selected cities , viz., Vadodara, Ahmedabad, Surat, and Rajkot of the Gujarat State only.
- The research study is restricted to the policyholders of private mediclaim policyholders, and the any other type of the health insurance policyholders are not taken into consideration.
- The research study is in the nature of sample survey therefore, only the representative samples from the entire population of the private mediclaim policyholders in the selected cities of Gujarat State has been considered unlike the entire population of the population survey.
- Willingness of the mediclaim policyholders in providing information for data collection might have influenced the results of this research study.
- The research study was also having limited time duration, and monetary resources, which might have influenced the results.
- The limitations in the use of secondary data sources to the research study does prevail.
- The responses of the mediclaim policyholders are subject to the personal biases, and the obvious limitations in the form of responses in the nature of, “Don’t know”, “Undecided” and “Neutral” response options from the surveying samples.
- Errors due to question misinterpretation or misunderstanding or inattention of the selected mediclaim policyholders might or might not have affected results systematically.
- The researcher has made an attempt in the present research study to conduct an overall analysis of the choice and buying behaviour of the mediclaim policies in general, rather than analyzing individually for each type of insurance company and the mediclaim policyholder.
- Though, results of the study obtained from selected samples are fairly meaningful, due care should be exercised in extending its conclusions for conducting the similar study in any other state, any other rural set up, or for any other health insurance category.
- The researcher has applied quantitative methods in establishing relationships between variables which is valuable, but, it is also considered as weak when applied to identify the reasons for those relationships.

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## APPENDICES

**Table Number: 7.1: Profile of Selected Respondents**

Sr. No.	Selected Background Variables of Selected Respondents		Number and Percentages of Selected Respondents				Number and Percentages of Respondents
			V	A	S	R	Total
<b>01</b>	<b>Gender</b>	Males	396(76.6)	253(63.3)	177(61.9)	158(60.8)	<b>984 (67.3)</b>
		Females	121(23.4)	147(36.8)	109(38.1)	102(39.2)	473 (32.7)
<b>02</b>	<b>Marital Status</b>	Un-Married	127(24.6)	104(26.0)	57(19.9)	80(30.8)	368 (25.2)
		Married	375(72.5)	282(70.5)	215(75.2)	175(67.3)	<b>1047 (71.6)</b>
		Others	15(2.9)	14(3.5)	14(4.9)	5(1.9)	48 (3.2)
	<b>Type of Family</b>	Joint	301(58.2)	298(74.5)	157(54.9)	179(68.8)	<b>935 (63.9)</b>
		Nuclear	216(41.8)	102(25.5)	129(45.1)	81(31.2)	528 (36.1)
	<b>Age Group</b>	18 to 24 Years	103 (19.9)	78(19.5)	49(17.1)	81 (31.2)	311 (24.3)
		<b>25 to 34 Years</b>	159 (30.8)	148(37.0)	68(23.8)	66(25.4)	<b>441 (30.1)</b>
		35 to 44 Years	131(25.3)	78(19.5)	79(27.6)	55(21.29)	343 (23.4)
		45 to 54 Years	82(15.9)	62(15.5)	78(27.3)	41(15.8)	263 (18.0)
		<b>Above 55 Years</b>	42 (8.1)	34(8.5)	12(4.2)	17(6.5)	<b>105 (7.2)</b>
<b>03</b>	<b>Educational Qualifications</b>	Less than Graduate	95(18.4)	119(29.8)	49(17.1)	77(29.6)	340 (23.2)
		Graduate	217(42.0)	180(45.0)	96(33.6)	106(40.8)	<b>599 (40.9)</b>
		Post-Graduate	101(19.5)	58(14.5)	90(31.5)	44(16.9)	293 (20.0)
		Others	104(20.1)	43(10.8)	51(17.8)	33(12.7)	231 (15.8)
<b>04</b>	<b>Occupation</b>	House Wife	60(11.6)	76(19.0)	31(10.8)	50(19.2)	217 (14.8)
		Business-Man/Woman	53(10.3)	52(13.0)	33(11.5)	37(14.2))	175 (12.0)
		Self-Employed	55(10.6)	55(13.8)	22(7.7)	45(17.3)	177 (12.1)
		Service	296(57.3)	184(46.0)	183(64.0)	116(44.6)	<b>779 (55.2)</b>
		Professionals	53(10.3)	33(8.3)	17(5.9)	12(4.6)	115 (7.9)
<b>05</b>	<b>Annual Family Income</b>	Up to 1 Lakh	98(19.0)	76(19.0)	61(21.3)	40(15.4)	275 (18.8)
		up to 3 Lakhs	158(30.6)	149(37.3)	89(31.1)	63(24.2)	<b>459 (31.4)</b>
		3 to 4 Lakhs	113(21.9)	88(22.0)	77(26.9)	76(29.2)	354 (24.2)
		4 to 5 Lakhs	47(9.1)	43(10.8)	30(10.5)	39(15.0)	159 (10.9)
		5 to 6 Lakhs	29(5.6)	20(5.0)	9(3.1)	19(7.3)	77 (5.3)
		6 to 7 Lakhs	20(3.9)	9(2.3)	10(3.5)	7(2.7)	46 (3.1)
		More than 7 Lakhs	52(10.0)	15(3.6)	10(3.5)	16(6.2)	93 (6.3)
	<b>Number of Dependent Family Members</b>	Single	78(15.1)	54(13.5)	35(12.2)	45(17.3)	212 (14.5)
		1 to 2	209(40.4)	164(41.0)	97(33.9)	93(35.8)	563 (38.5)
		3 to 5	205(39.7)	139(34.8)	119(41.6)	111(42.7)	<b>574 (39.2)</b>
		More than 5	25(4.8)	43(10.8)	35(12.2)	11(4.2)	114 (7.8)

**Table Number: 7.2: Selected Mediciclaim Policyholders' Responses on the Selected Daily Activities**

Sr. No.	Selected Daily Activities	Number and Percentages of Respondents				
		V	A	S	R	Total
01	Reading Magazines	194 (37.5)	206(51.5)	167(58.4)	140(53.8)	707(48.3)
02	Reading News Papers	422(81.6)	384(96.0)	276(96.5)	250(96.2)	<b>1332(91.1)</b>
03	Watch TV	447(86.5)	368(92.0)	259(90.6)	239(91.9)	<b>1313(89.7)</b>
04	Listen Radio	248(48.0)	293(73.3)	159(55.6)	85(32.7)	<b>785(53.7)</b>
05	Go for Walk	240(46.4)	133(33.3)	117(40.9)	78(30.0)	568(38.8)
06	Physical Exercise	207(40.0)	145(36.3)	93(32.5)	82(31.5)	527(36.0)
07	Meet Friends	296(57.3)	205(51.3)	138(48.3)	142(54.6)	<b>781(53.4)</b>
08	Meet Relatives	193(37.3)	168(42.0)	108(37.8)	104(40.0)	573(39.2)
09	Meet Colleagues	195(37.7)	159(39.8)	107(37.4)	65(25.0)	526(36.0)
	<b>Total</b>	<b>517(100.0)</b>	<b>400(100.0)</b>	<b>286(100.0)</b>	<b>260(100.0)</b>	<b>1463(100.0)</b>

**Table Number: 7.3: Media Habits of the Selected Mediciclaim Policyholders (Newspapers)**

Sr. No.	Name of the Newspapers	Number and Percentages of Respondents									
		V		A		S		R		Total	
01	Gujarat Samachar	329	<b>63.6</b>	232	<b>58.0</b>	190	<b>66.4</b>	183	<b>70.4</b>	934	<b>63.8</b>
02	Times of India	186	36.0	49	12.3	29	10.1	44	16.9	308	21.1
03	Sandesh	265	<b>51.3</b>	214	<b>53.5</b>	186	<b>65.0</b>	167	<b>64.2</b>	832	<b>56.9</b>
04	DivyaBhaskar	228	<b>44.1</b>	245	<b>61.3</b>	124	<b>43.4</b>	94	<b>36.2</b>	691	<b>47.2</b>
05	Economic Times	30	5.8	6	1.5	3	1.0	3	1.2	42	2.9
06	GujaratMitra	1	0.2	2	0.5	83	29.0	0	0.0	86	5.9
07	Others	51	9.9	41	10.3	12	4.2	55	21.2	159	10.9
	<b>Total</b>	<b>517</b>	<b>100.0</b>	<b>400</b>	<b>100.0</b>	<b>286</b>	<b>100</b>	<b>260</b>	<b>100</b>	<b>1463</b>	<b>100</b>

**Table Number: 7.4: Media Habits of the Selected Mediciclaim Policyholders (Television Channels)**

Sr. No.	Name of the Television Channel	Number and Percentages of Respondents									
		V		A		S		R		Total	
01	SAB	59	11.4	76	<b>19.0</b>	21	7.3	29	<b>11.2</b>	185	<b>12.6</b>
02	Star Sports	29	5.6	7	1.8	2	0.7	4	1.5	42	2.9
03	AajTak	63	12.2	53	13.3	21	7.3	12	4.6	149	<b>10.2</b>
04	Sony	83	<b>16.1</b>	70	<b>17.5</b>	41	<b>14.3</b>	36	<b>13.8</b>	230	<b>15.7</b>
05	Star Plus	82	<b>15.9</b>	64	16.0	45	<b>15.7</b>	28	<b>10.8</b>	219	<b>15.0</b>
06	Star News	34	6.6	30	7.5	20	7.0	10	3.8	94	6.4
07	Life OK	11	2.1	20	5.0	20	7.0	0	0.0	51	3.5
08	CNBC Aawaaz	23	4.4	13	3.3	1	0.3	1	0.4	38	2.6
09	Star Movies	16	3.1	12	3.0	15	5.2	10	3.8	53	3.6
10	National Geography	20	3.9	8	2.0	0	0.0	2	0.8	30	2.1
11	9XM	5	1.0	21	5.3	13	4.5	12	4.6	51	3.5
12	Discovery	50	9.7	14	3.5	15	5.2	5	1.9	84	5.7
13	ETV Guj	14	2.7	32	8.0	37	<b>12.9</b>	10	3.8	93	6.4
14	Colours	39	7.5	48	12.0	22	7.7	16	6.2	125	8.5
15	NDTV Imagine	15	2.9	14	3.5	6	2.1	4	1.5	39	2.7
16	Astha	2	0.4	26	6.5	30	<b>10.5</b>	10	3.8	68	4.6
17	ZeeTV	41	7.9	33	8.3	22	7.7	3	1.2	99	6.8
18	Set MAX	6	1.2	18	4.5	9	3.1	2	0.8	35	2.4
19	Star Gold	1	0.2	17	4.3	13	4.5	2	0.8	33	2.3
20	Zee Cinema	15	2.9	12	3.0	3	1.0	2	0.8	32	2.2
21	Others	215	41.6	183	45.8	151	52.8	52	20.0	601	41.1
	<b>Total</b>	<b>517</b>	<b>100.0</b>	<b>400</b>	<b>100.0</b>	<b>286</b>	<b>100</b>	<b>260</b>	<b>100</b>	<b>1463</b>	<b>100</b>

**Table Number: 7.5: Media Habits of the Selected Mediciam Policyholders (Radio Channels)**

Sr. No.	Name of the Radio Channels	Number and Percentages of Respondents				
		V	A	S	R	Total
01	VividhBharti	<b>131 (25.3)</b>	<b>117(29.3)</b>	<b>79(27.6)</b>	<b>25(9.6)</b>	<b>352(24.1)</b>
02	98.3 RadioMirchi	<b>154(29.8)</b>	<b>182(45.5)</b>	<b>85(29.7)</b>	<b>42(16.2)</b>	<b>463(31.6)</b>
03	91.1 Radio City	59(11.4)	38(9.5)	26(9.1)	5(1.9)	128(8.7)
04	92.7 Big FM	<b>150(29.0)</b>	20(5.0)	39(13.6)	<b>17(6.5)</b>	<b>226(15.4)</b>
05	93.5 Red FM	90(17.4)	36(9.0)	16(5.6)	11(4.2)	153(10.5)
06	BBC	1(0.2)	5(1.3)	0(0.0)	4(1.5)	10(0.7)
07	All India Radio	5(1.0)	1(0.3)	7(2.4)	6(2.3)	19(1.3)
08	My FM	1(0.2)	16(4.0)	<b>71(24.8)</b>	2(0.8)	90(6.2)
09	RajkotRadioParade	0(0.0)	0(0.0)	0(0.0)	14(5.4)	14(1.0)
10	Radio One	1(0.2)	3(0.8)	0(0.0)	0(0.0)	4(0.3)
	<b>Total</b>	<b>517(100)</b>	<b>400(100)</b>	<b>286(100)</b>	<b>260(100)</b>	<b>1463(100)</b>

**Table Number: 7.6 Ratio of Selected Mediciam Policyholders' Actual Consideration Vis-a-Vis Awareness on the Sources of Information**

Sr. No.	Sources of Information	Number and Percentages of Respondents				
		V	A	S	R	Total
01	Spouse	0.49	0.75	0.57	0.57	0.59
02	Parents	0.47	0.72	0.49	0.41	0.52
03	Family Members	0.51	0.65	0.50	0.85	0.61
04	Neighbours	0.51	0.74	0.74	0.64	0.64
05	Colleague	0.52	0.80	0.83	0.54	<b>0.66</b>
06	Doctors	0.49	0.58	0.68	0.57	0.55
07	Hospital Staff	<b>0.43</b>	0.69	0.61	0.63	0.53
08	Pharmacists	1.00	1.00	1.00	1.00	1.00
09	Other Healthcare Professionals	0.49	0.59	0.66	0.48	0.53
10	Insurance Agent	0.78	0.89	0.92	0.87	<b>0.86</b>
11	Company's Websites	0.63	0.76	0.82	0.70	<b>0.71</b>
12	Advertisements on Television	0.51	0.64	0.66	0.73	0.62
13	Advertisements on Radio	0.52	0.57	0.71	0.67	0.60
14	SMS on Mobile Phones	0.59	0.70	0.71	0.81	<b>0.68</b>
15	Advertisements in Newspapers	0.54	0.70	0.62	0.72	0.62
16	Advertisements in Magazines	0.50	0.55	0.62	0.61	0.55
17	Hoardings	0.55	0.59	0.65	0.75	0.61
18	Leaflets/ Circulars	0.54	0.56	0.49	0.64	0.55
19	Any other:	0.58	0.27	0.69	0.54	0.55

**Table Number: 7.7: Selected Mediciam Policyholders' Overall Experiences on Selected Factors**

Sr. No.	Selected Factors	Number and Percentages of Respondents									
		V		A		S		R		Total	
		DS	ST	DS	ST	DS	ST	DS	ST	DS	ST
01	Age Eligibility Conditions	165 (31.9)	352 (68.1)	150 (37.5)	250 (62.5)	130 (45.5)	156 (54.5)	69 (26.5)	191 (73.5)	514 (35.1)	949 (64.9)
02	Range of Premium	175 (33.8)	342 (66.2)	168 (42.0)	232 (58.0)	124 (43.4)	162 (56.6)	68 (26.2)	192 (73.8)	535 (36.6)	928 (63.4)
03	Coverage of the Illness/Diseases	176 (34.0)	341 (66.0)	176 (44.0)	224 (56.0)	138 (48.3)	148 (51.7)	65 (25.0)	195 (75.0)	555 (37.9)	908 (62.1)
04	Other Coverage related to the Treatment and Medical Expenses	219 (42.4)	298 (57.6)	164 (41.0)	236 (59.0)	135 (47.2)	151 (52.8)	55 (21.2)	205 (78.8)	573 (39.2)	890 (60.8)
05	Benefits of Mediciam Policy	158 (30.6)	359 (69.4)	129 (32.3)	271 (67.8)	109 (38.1)	177 (61.9)	58 (22.3)	202 (77.7)	454 (31.0)	1009 (69.0)
06	Promotional Incentives	289 (55.9)	228 (44.1)	190 (47.5)	210 (52.5)	152 (53.1)	134 (46.9)	73 (28.1)	187 (71.9)	704 (48.1)	759 (51.9)
07	Image of the Company	204 (39.5)	313 (60.5)	169 (42.3)	231 (57.8)	152 (53.1)	134 (46.9)	54 (20.8)	206 (79.2)	579 (39.6)	884 (60.4)
08	Services provided by the Agent	193 (37.3)	324 (62.7)	155 (38.8)	245 (61.3)	155 (54.2)	131 (45.8)	45 (17.3)	215 (82.7)	548 (37.5)	915 (62.5)
09	Services provided by the Company	229 (44.3)	288 (55.7)	150 (37.5)	250 (62.5)	154 (53.8)	132 (46.2)	75 (28.8)	185 (71.2)	608 (41.6)	855 (58.4)
10	Network of the Hospital	215 (41.6)	302 (58.4)	169 (42.3)	231 (57.8)	186 (65.0)	100 (35.0)	60 (23.1)	200 (76.9)	630 (43.1)	833 (56.9)
11	Complexity involved in the operations	286 (55.3)	232 (44.9)	202 (50.5)	198 (49.5)	196 (68.5)	90 (31.5)	77 (29.6)	183 (70.4)	760 (51.9)	703 (48.1)
12	Influence of the Information Sources	272 (52.6)	245 (47.4)	204 (51.0)	196 (49.0)	164 (57.3)	122 (42.7)	92 (35.4)	168 (64.6)	732 (50.0)	731 (50.0)
13	Investment Alternatives	218 (42.2)	299 (57.8)	213 (53.3)	187 (46.8)	151 (52.8)	135 (47.2)	93 (35.8)	167 (64.2)	675 (46.1)	788 (53.9)

**Table Number: 7.8: Selected Mediciam Policyholders' Opinions on Health Status**

Sr. No.	Selected Beliefs on Health Status	Number and Percentages of Respondents									
		V		A		S		R		Total	
		DA	AG	DA	AG	DA	AG	DA	AG	DA	AG
<b>01</b>	Health Status is the God Gift	128 (24.8)	389 (75.2)	97 (24.3)	303 (75.8)	67 (23.4)	219 (76.6)	91 (35.0)	169 (65.0)	383 (26.2)	1080 (73.8)
<b>02</b>	I am aware of my medical history	113 (21.9)	404 (78.1)	113 (28.3)	287 (71.8)	135 (47.2)	151 (52.8)	71 (27.3)	189 (72.7)	432 (29.5)	1031 (70.5)
<b>03</b>	I am healthy	106 (20.5)	411 (79.5)	108 (27.0)	292 (73.0)	113 (39.5)	173 (60.5)	54 (20.8)	206 (79.2)	381 (26.0)	1082 (74.0)
<b>04</b>	I am conscious about my health status	101 (19.5)	416 (80.5)	103 (25.8)	297 (74.3)	84 (29.4)	202 (70.6)	39 (15.0)	221 (85.0)	327 (22.4)	<b>1136</b> <b>(77.6)</b>
<b>05</b>	I can judge my health status	181 (35.0)	336 (65.0)	139 (34.8)	261 (65.3)	111 (38.8)	175 (61.2)	47 (18.1)	213 (81.9)	<b>478</b> <b>(32.7)</b>	985 (67.3)
<b>06</b>	Health can be maintained at any age	191 (36.9)	326 (63.1)	124 (31.0)	276 (69.0)	118 (41.3)	168 (58.7)	42 (16.2)	218 (83.8)	475 (32.5)	988 (67.5)
<b>07</b>	Provision can be made in the form of the health care status	156 (30.2)	361 (69.8)	100 (25.0)	300 (75.0)	117 (40.9)	169 (59.1)	32 (12.3)	228 (87.7)	405 (27.7)	1058 (72.3)

**Table Number: 7.9: Selected Mediciclaim Policyholders' Opinions on Benefits of General Insurance**

Sr. No.	Selected Beliefs on Benefits of General Insurance	Number and Percentages of Respondents									
		V		A		S		R		Total	
		DA	AG	DA	AG	DA	AG	DA	AG	DA	AG
01	General Insurance policies provide the tax benefits	142 (27.5)	375 (72.5)	138 (34.5)	262 (65.5)	160 (55.9)	126 (44.1)	43 (16.5)	217 (83.5)	483 (33.0)	980 (67.0)
02	General Insurance policies safeguards against the future risk	135 (26.1)	382 (73.9)	134 (33.5)	266 (66.5)	90 (31.5)	196 (68.5)	38 (14.6)	222 (85.4)	397 (27.1)	<b>1066</b> <b>(72.9)</b>
03	General Insurance policies gives financial security	134 (25.9)	383 (74.1)	141 (35.3)	259 (64.8)	90 (31.5)	196 (68.5)	51 (19.6)	209 (80.4)	416 (28.4)	<b>1047</b> <b>(71.6)</b>
04	General Insurance offers return on investments	228 (44.1)	289 (55.9)	180 (45.0)	220 (55.0)	141 (49.3)	145 (50.7)	69 (26.5)	191 (73.5)	618 (42.2)	845 (57.8)
05	General Insurance is available for the old age Individuals	297 (57.4)	220 (42.6)	165 (41.3)	235 (58.8)	169 (59.1)	117 (40.9)	61 (23.5)	199 (76.5)	692 (47.3)	771 (52.7)
06	General Insurance policies provides mental peace	151 (29.2)	366 (70.8)	126 (31.5)	274 (68.5)	155 (54.2)	131 (45.8)	49 (18.8)	211 (81.2)	481 (32.9)	982 (67.1)

**Table Number: 7.10: Selected Mediciclaim Policyholders' Opinions on Mediciclaim Policy**

Sr. No.	Selected Opinions on Mediciclaim Policy	Number and Percentages of Respondents									
		V		A		S		R		Total	
		DA	AG	DA	AG	DA	AG	DA	AG	DA	AG
01	Mediciclaim Policy is inevitable	143 (27.7)	374 (72.3)	108 (27.0)	292 (73.0)	131 (45.8)	155 (54.2)	36 (13.8)	224 (86.2)	418 (28.6)	1045 (71.4)
02	Mediciclaim Policy is beneficial to me	90 (17.4)	427 (82.6)	76 (19.0)	324 (81.0)	77 (26.9)	209 (73.1)	23 (8.8)	237 (91.2)	266 (18.2)	1197 (81.8)
03	It is safe to have Mediciclaim Policy	79 (15.3)	438 (84.7)	92 (23.0)	308 (77.0)	65 (22.7)	221 (77.3)	19 (7.3)	241 (92.7)	255 (17.4)	1208 (82.6)
04	I like to have Mediciclaim Policy	90 (17.4)	427 (82.6)	101 (25.3)	299 (74.8)	89 (31.1)	197 (68.9)	27 (10.4)	233 (89.6)	307 (21.0)	1156 (79.0)
05	It is a pleasure to have Mediciclaim Policy	108 (20.9)	409 (79.1)	116 (29.0)	284 (71.0)	80 (28.0)	206 (72.0)	46 (17.7)	214 (82.3)	350 (23.9)	1113 (76.1)
06	I am ready to bear the cost to have Mediciclaim Policy	101 (19.5)	416 (80.5)	120 (30.0)	280 (70.0)	96 (33.6)	190 (66.4)	33 (12.7)	227 (87.3)	350 (23.9)	1113 (76.1)
07	I positively involve myself to have Mediciclaim Policy	88 (17.0)	429 (83.0)	131 (32.8)	269 (67.3)	86 (30.1)	200 (69.9)	38 (14.6)	222 (85.4)	343 (23.4)	1120 (76.6)

**Table Number: 7.11: Value of Kaiser – Meyaer – Oklin (KMO) Measures of Sampling Adequacy And Bartlett’s Test of Spehericity**

Sr. No.	Selected Criteria	Value of Kaiser-Meyer- Olkin Measure of Sampling Adequacy	Value of Bartlett's Test of Spehericity ('p' Value)
01	Coverage of Illness and Diseases (CID)	0.736	0.000
02	Coverage of Medical Expenses (CMEx)	0.876	0.000
03	Promotional Incentives (PI)	0.895	0.000
04	Services provided by the Insurance Companies (SeCo)	0.889	0.000
05	Complexity in the Rules and Regulations (CMPx)	0.896	0.000
06	Image of the Insurance Company (ImCo)	0.801	0.000
07	Network of Hospitals (NetH)	0.869	0.000
08	Services provided by the Insurance Agents (SeAg)	0.897	0.000

[AEC = Age Eligibility Conditions, RP = Range of Premium, CID = Coverage of Illness and Diseases, CMEx = Coverage of Medical Expenses, BeneMP = Benefits of Mediclaim Policy, PI = Promotional Incentives, ImCo = Image of the Insurance Company, SeAg = Services provided by the Insurance Agents, SeCo = Services provided by the Insurance Companies, NetH = Network of Hospitals, CMPx = Complexity in the Rules and Regulations].

**Table Number 7.12: Summary of Important Criteria for Purchase of Mediclaim Policies**

Sr. No.	Selected Factors	Communalities Extraction	Factor Loading Score	Important Criteria
01	Coverage of Illness and Diseases (CID)	0.680	0.820	Coverage of the various Illness/Diseases
		0.715	0.843	Coverage for the Allopathic Treatments
		0.571	0.703	Coverage for the Ayurvedic Treatments
		0.646	0.795	Coverage for the Naturopathy Treatments
		0.695	0.830	Coverage for HIV Infection
		0.572	0.755	Coverage for Cancer
02	Coverage of Illness and Diseases (CMEx)	0.554	0.735	Coverage for the Room Boarding Expenses
		0.647	0.796	Coverage of the Nursing Expenses
		0.626	0.767	Coverage of Pre-hospitalization Expenses
		0.569	0.726	Coverage of payment of Professional fees related to Anaesthesia/ blood/ oxygen/ operation/ surgical/appliances/ medicines
		0.544	0.718	Bonus for the Claim Free Years
03	Promotional Incentives (PI)	0.711	0.843	Critical Illness Coverage
		0.606	0.730	Free 24 hour help line Facility
		0.665	0.787	Free General Physician Consultations
		0.699	0.820	Free health magazines
		0.596	0.749	Family Discount
04	Services provided by the Insurance Companies (SeCo)	0.653	0.782	Easy Purchase from the Company's website
		0.699	0.827	Easy Purchase from Company's Physical Office
		0.660	0.777	Reminders for the payment of the premium by the Company
		0.765	0.842	Online Claim Settlements
		0.763	0.860	Online Checking of Status for Claim Settlement

05	Complexity in the Rules and Regulations (CMPx)	0.611	0.782	Easy Claim Filling Procedure
		0.628	0.793	Easy Claim Settlement Procedure
		0.677	0.823	Speedy Claim Settlement Procedure
		0.677	0.823	Simple Complaint Handling System
		0.662	0.814	Prompt Address to the Complaints
		0.620	0.787	Providing Redressal for the Complaints
06	Image of the Insurance Company (ImCo)	0.634	0.796	The market share of the company
		0.724	0.851	Ownership type of the company public, private or the stand-alone
		0.655	0.810	Disputes Redressal by the company
		0.643	0.802	The Awards/Recognitions won by the company
07	Network of Hospitals (NetH)	0.564	0.751	Network of the selected Hospital/s
		0.597	0.773	Convenience of the Location of the Network Hospitals
		0.645	0.803	Availability of the Medical related services at the Network Hospitals
		0.625	0.790	Availability of the Cash Reimbursement Scheme at Network Hospitals
		0.608	0.779	Availability of the Cashless Facility Network Hospitals
08	Services provided by the Insurance Agents (SeAg)	0.583	0.764	Reminder calls for the premium payment
		0.595	0.771	Timely collections of the premium by Agent
		0.626	0.791	Regular Updates given by the Agent/s
		0.658	0.811	Assistance of Agent in Filling of the Claims
		0.638	0.798	Assistance of Agent in Settlement of the Claims
		0.508	0.712	Help of the Agents for switching over to the other MP (Health Insurance Portability)

**Table Number: 7.13: Summary of Criteria Needs Improvement for Purchase of Medclaim Policies**

Sr. No.	Selected Factors	Communalities Extraction	Factor Loading Score	Important Criteria that Needs Improvement
01	Coverage of Illness and Diseases (CID)	0.333	0.449	The time period for the inclusion of the Pre-existing Illness
02	Coverage of Illness and Diseases (CMEx)	0.561	0.683	Coverage of Post-hospitalization Expenses
		0.486	0.677	Coverage in the period of loss of income during the hospitalization
		0.488	0.676	Domiciliary Hospitalization Cover
		0.457	0.643	Provision of giving Surgeon, Anesthetist, medical practitioner, consultants, specialist's fees
		0.516	0.690	Coverage of Diagnostic material and X-Rays, dialysis, chemotherapy, radiotherapy, pacemaker, artificial limbs and cost of organs and similar expenses
		0.515	0.670	Renewable Discount Offers
		0.423	0.641	Provision for Co-payment Discounts
03	Promotional Incentives (PI)	0.562	0.524	Free Medical Check Up
		0.566	0.665	Free Ambulance Services
		0.383	0.561	Coverage for the day care procedures
		0.524	0.692	Online Cashless Card

04	Services provided by the Insurance Companies (SeCo)	0.580	0.617	Online Payment of Premium
		0.633	0.658	Regular Updates made by the Company
		0.662	0.630	Online Filling of the Claim
05	Complexity in the Rules and Regulations (CMPx)	0.404	0.635	Easy purchase of the MP
06	Network of Hospitals (NetH)	0.349	0.591	Availability of Choice of the Hospital
07	Services provided by the Insurance Agents (SeAg)	0.484	0.696	Easy Purchase from the Agents

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**Table Number 7.14:**  
**Market Performance Analysis and Customers' Satisfaction Score**

Hotel service features	Label	VADODARA				AHMEDABAD				SURAT				RAJKOT			
		Pm	Im	C.S.S. = Im/ Pm	Sat. level	Pm	Im	C.S.S. = Im/Pm	Sat. level	Pm	Im	C.S.S.= Im/Pm	Sat. level	Pm	Im	C.S.S. = Im/Pm	Sat. level
Age eligibility for Purchase of the Policy	A1	3.76	3.76	1.00	DE	3.92	3.67	0.94	S	3.53	3.30	0.93	S	4.04	3.77	0.93	S
Broad range of the Age eligibility for the Renewal of the Policy	A2	3.86	3.66	0.95	S	3.98	3.66	0.92	S	3.71	3.36	0.91	DS	4.12	3.89	0.95	S
Range of the premium offered by the companies	A3	3.82	3.61	0.95	S	3.93	3.66	0.93	S	3.76	3.33	0.89	DS	4.18	3.88	0.93	S
The range of the premium for the various age groups for purchase of policy	A4	3.85	3.65	0.95	S	3.93	3.60	0.92	S	3.79	3.52	0.93	S	4.18	3.88	0.93	S
Coverage of the various Illness/Diseases	A5	4.09	3.71	0.91	DS	4.10	3.75	0.92	S	4.01	3.40	0.85	DS	4.15	3.92	0.94	S
Coverage for the Allopathic Treatments	A6	4.02	3.75	0.93	S	3.89	3.51	0.90	DS	3.94	3.28	0.83	DS	4.13	3.97	0.96	S
Coverage for the Ayurvedic Treatments	A7	3.86	2.98	0.77	DS	3.78	2.78	0.74	DS	3.92	2.83	0.72	DS	4.03	2.91	0.72	DS
Coverage for the Naturopathy Treatments	A8	3.70	2.80	0.76	DS	3.69	2.72	0.74	DS	3.42	2.71	0.79	DS	4.03	2.68	0.66	DS
Coverage for HIV Infection	A9	3.99	2.97	0.75	DS	3.90	2.90	0.75	DS	3.64	2.88	0.79	DS	4.16	2.80	0.67	DS
Coverage for Cancer	A10	4.11	3.12	0.76	DS	4.05	3.09	0.76	DS	3.59	2.92	0.81	DS	4.21	2.87	0.68	DS
The time period for the inclusion of the Pre-existing Illness	B1	3.92	3.44	0.88	DS	3.96	3.43	0.87	DS	3.54	3.13	0.88	DS	4.13	3.67	0.89	DS
Coverage for the Room Boarding Expenses	B2	3.95	3.64	0.92	S	4.05	3.59	0.89	DS	3.69	3.37	0.91	DS	4.20	3.95	0.94	S
Coverage of the Nursing Expenses	B3	4.03	3.67	0.91	DS	4.00	3.64	0.91	DS	3.72	3.30	0.89	DS	4.18	3.98	0.95	S
Coverage of Pre-hospitalization Expenses	B4	4.00	3.58	0.89	DS	3.95	3.53	0.89	DS	3.54	3.01	0.85	DS	4.12	3.98	0.97	S
Coverage of Post-hospitalization Expenses	B5	3.97	3.56	0.90	DS	4.05	3.53	0.87	DS	3.64	3.09	0.85	DS	4.19	3.89	0.93	S
Coverage in the period of loss of income during the hospitalization	B6	4.07	3.00	0.74	DS	4.04	3.06	0.76	DS	3.94	2.98	0.76	DS	4.19	3.21	0.77	DS
Domiciliary Hospitalization Cover	B7	3.89	3.03	0.78	DS	3.94	2.99	0.76	DS	3.71	2.83	0.76	DS	4.18	3.18	0.76	DS
Provision of giving Surgeon, Anesthetist, medical practitioner, consultants, specialist's fees	B8	4.01	3.58	0.89	DS	4.00	3.60	0.90	DS	4.01	3.44	0.86	DS	4.20	3.98	0.95	S
Coverage of payment of Professional fees related to Anesthesia/ blood/ oxygen/ operation/ surgical/appliances/ medicines	B9	4.05	3.62	0.89	DS	4.05	3.64	0.90	DS	3.90	3.39	0.87	DS	4.18	4.03	0.96	S
Coverage of Diagnostic material and X-Rays, dialysis, chemotherapy , radiotherapy, pacemaker, artificial limbs and cost of organs and similar expenses	B10	4.01	3.62	0.90	DS	4.06	3.59	0.88	DS	3.98	3.25	0.82	DS	4.18	4.00	0.95	S
Renewable Discount Offers	C1	3.96	3.40	0.86	DS	4.05	3.37	0.83	DS	3.82	3.14	0.82	DS	4.05	3.45	0.85	DS

Bonus for the Claim Free Years	C2	3.98	3.36	0.84	DS	4.08	3.32	0.81	DS	3.80	3.09	0.81	DS	4.14	3.09	0.75	DS
Provision for Copayment Discounts	C3	3.77	3.23	0.85	DS	3.86	3.33	0.86	DS	3.68	3.28	0.89	DS	4.15	3.32	0.80	DS
Tax benefits	C4	4.19	3.85	0.92	S	3.99	3.70	0.93	S	3.93	3.36	0.86	DS	4.20	4.07	0.97	S
Coverage for the Health Risk	C5	4.10	3.76	0.92	S	4.10	3.74	0.91	DS	4.02	3.41	0.85	DS	4.20	3.97	0.95	S
Coverage for Increasing Health Care Expenditure	C6	4.02	3.64	0.91	DS	4.05	3.62	0.89	DS	4.01	3.42	0.85	DS	4.20	3.96	0.94	S
Critical Illness Coverage	C7	4.07	3.25	0.80	DS	4.09	3.33	0.81	DS	3.96	3.05	0.77	DS	4.17	3.34	0.80	
Free Medical Check Up	C8	3.95	3.25	0.82	DS	3.97	3.37	0.85	DS	3.73	3.10	0.83	DS	4.11	3.76	0.92	S
Free Ambulance Services	C9	3.98	3.35	0.84	DS	3.94	3.34	0.85	DS	4.07	3.35	0.82	DS	4.05	3.32	0.82	DS
Coverage for the day care procedures	C10	3.85	3.20	0.83	DS	3.87	3.20	0.83	DS	3.65	2.84	0.78	DS	4.19	3.00	0.72	DS
Free 24 hour help line Facility	D1	4.03	3.49	0.86	DS	4.01	3.49	0.87	DS	4.12	3.46	0.84	DS	4.16	3.80	0.91	DS
Free General Physician Consultations	D2	3.93	3.36	0.86	DS	3.95	3.42	0.87	DS	4.05	3.24	0.80	DS	4.08	3.77	0.92	S
Free health magazines	D3	3.74	3.27	0.88	DS	3.83	3.37	0.88	DS	3.69	3.25	0.88	DS	4.04	3.77	0.93	S
Family Discount	D4	3.94	3.40	0.86	DS	3.93	3.52	0.90	DS	3.71	3.11	0.84	DS	4.15	3.67	0.89	DS
Online Cashless Card	D5	4.01	3.47	0.86	DS	3.97	3.49	0.88	DS	3.99	3.33	0.83	DS	4.13	3.90	0.94	S
The market share of the company	D6	3.68	3.51	0.95	S	3.73	3.49	0.93	S	3.63	3.11	0.86	DS	4.16	3.92	0.94	S
Ownership type of the company public, private or the stand-alone	D7	3.76	3.59	0.95	S	3.79	3.50	0.92	S	3.51	3.05	0.87	DS	4.07	4.00	0.98	DE
Disputes Redressal by the company	D8	3.80	3.42	0.90	DS	3.81	3.48	0.91	DS	3.43	2.98	0.87	DS	4.12	3.86	0.94	S
The Awards/Recognitions won by the company	D9	3.67	3.50	0.95	S	3.82	3.60	0.94	S	3.55	3.13	0.88	DS	4.13	3.97	0.96	S
Easy Purchase from the Agents	D10	3.99	3.76	0.94	S	4.02	3.70	0.92	S	3.81	3.30	0.87	DS	4.16	4.05	0.98	DE
Reminder calls for the premium payment from Agent	E1	4.07	3.81	0.93	S	4.07	3.72	0.91	DS	3.84	3.35	0.87	DS	4.18	4.07	0.97	S
Timely collections of the premium by Agent	E2	4.09	3.83	0.94	S	4.01	3.59	0.89	DS	3.85	3.59	0.93	S	4.18	4.08	0.98	DE
Regular Updates given by the Agent/s	E3	4.09	3.66	0.90	DS	4.06	3.60	0.89	DS	3.99	3.42	0.86	DS	4.16	4.08	0.98	DE
Assistance of Agent in Filling of the Claims	E4	4.08	3.62	0.89	DS	3.98	3.61	0.91	DS	3.76	3.12	0.83	DS	4.10	3.99	0.97	S
Assistance of Agent in Settlement of the Claims	E5	4.10	3.62	0.88	DS	4.04	3.60	0.89	DS	3.79	3.17	0.84	DS	4.12	3.98	0.97	S
Help of the Agents for switching over to the other Mediclaim Policy (Health Insurance Portability)	E6	3.92	3.36	0.86	DS	3.94	3.42	0.87	DS	3.63	3.00	0.83	DS	4.10	3.85	0.94	S
Easy Purchase from the Company's website	E7	3.84	3.46	0.90	DS	3.92	3.55	0.90	DS	3.54	3.10	0.87	DS	4.05	3.85	0.95	S
Easy Purchase from Company's Physical Office	E8	3.79	3.45	0.91	DS	3.90	3.54	0.91	DS	3.65	3.12	0.86	DS	4.03	3.85	0.96	S
Reminders for the payment of the premium by the Company	E9	3.89	3.53	0.91	DS	4.00	3.55	0.89	DS	3.79	3.34	0.88	DS	4.00	3.83	0.96	S
Online Payment of Premium	E10	3.97	3.54	0.89	DS	3.94	3.53	0.90	DS	3.96	3.44	0.87	DS	4.01	3.82	0.95	S
Regular Updates made by the Company	F1	3.97	3.47	0.88	DS	3.92	3.56	0.91	DS	3.92	3.41	0.87	DS	3.98	3.79	0.95	S
Online Filling of the Claim	F2	3.91	3.41	0.87	DS	3.91	3.44	0.88	DS	3.91	3.20	0.82	DS	4.00	3.74	0.94	S
Online Claim Settlements	F3	3.98	3.34	0.84	DS	3.92	3.34	0.85	DS	3.82	3.13	0.82	DS	3.98	3.40	0.85	DS
Online Checking of Status for Claim Settlement	F4	3.99	3.29	0.82	DS	4.01	3.21	0.80	DS	3.79	2.93	0.77	DS	3.93	3.16	0.80	DS
Network of the selected Hospital/s	F5	3.99	3.67	0.92	S	3.95	3.57	0.90	DS	3.88	3.14	0.81	DS	4.14	3.97	0.96	S
Convenience of the Location of the Network	F6	4.08	3.60	0.88	DS	4.01	3.51	0.88	DS	3.87	3.18	0.82	DS	4.20	3.90	0.93	S

Hospitals																	
Availability of the Medical related services at the Network Hospitals	F7	4.06	3.63	0.89	DS	4.01	3.53	0.88	DS	3.89	3.19	0.82	DS	4.22	3.96	0.94	S
Availability of the Cash Reimbursement Scheme at Network Hospitals	F8	3.98	3.56	0.89	DS	3.83	3.60	0.94	S	3.61	3.14	0.87	DS	4.15	3.69	0.89	DS
Availability of the Cashless Facility Network Hospitals	F9	4.07	3.63	0.89	DS	3.99	3.57	0.89	DS	3.88	3.21	0.83	DS	4.13	3.72	0.90	DS
Availability of Choice of the Hospital	F10	4.09	3.15	0.77	DS	4.05	3.15	0.78	DS	4.02	2.98	0.74	DS	4.19	3.02	0.72	DS
Easy purchase of the Individual Medclaim Policy	G1	4.07	3.86	0.95	S	4.09	3.74	0.92	S	3.89	3.50	0.90	DS	4.13	4.06	0.98	DE
Easy Claim Filling Procedure	G2	4.05	3.61	0.89	DS	4.07	3.72	0.91	DS	3.93	3.52	0.90	DS	4.14	4.07	0.98	DE
Easy Claim Settlement Procedure	G3	4.09	3.53	0.86	DS	4.04	3.62	0.90	DS	3.76	3.04	0.81	DS	4.16	4.03	0.97	S
Speedy Claim Settlement Procedure	G4	4.08	3.44	0.84	DS	4.08	3.57	0.87	DS	4.08	3.29	0.81	DS	4.15	3.97	0.96	S
Simple Complaint Handling System	G5	4.01	3.47	0.87	DS	4.05	3.51	0.87	DS	4.03	3.28	0.81	DS	4.10	3.88	0.95	S
Prompt Address to the Complaints	G6	4.03	3.41	0.85	DS	4.12	3.47	0.84	DS	4.00	3.19	0.80	DS	4.03	3.85	0.95	S
Providing Redressal for the Complaints	G7	4.03	3.50	0.87	DS	4.15	3.50	0.84	DS	4.03	3.22	0.80	DS	4.09	3.82	0.93	S

**Note: DE= Delighted; S= Satisfied and DS= Dissatisfied**

**Table Number: 7.15: Overall Market Performance Analysis and Customers' Satisfaction Score**

Insurance service features	Lable	Pm	Im	C.S.S.= Im/ Pm	Sat. level	Insurance service features	Lable	Pm	Im	C.S.S.= Im/Pm	Sat.level
Age eligibility for Purchase of the Policy	A1	3.81	3.65	0.96	S	Family Discount	F8	3.93	3.43	0.87	DS
Broad range of the Age eligibility for the Renewal of the Policy	A2	3.91	3.64	0.93	S	Online Cashless Card	F9	4.02	3.52	0.88	DS
Range of the premium offered by the companies	B1	3.90	3.62	0.93	S	The market share of the company	G1	3.77	3.50	0.93	S
The range of the premium for the various age groups for purchase of policy	B2	3.92	3.65	0.93	S	Ownership type of the company public, private or the stand-alone	G2	3.78	3.53	0.93	S
Coverage of the various Illness/Diseases	C1	4.09	3.70	0.91	DS	Disputes Redressal by the company	G3	3.79	3.43	0.90	DS
Coverage for the Allopathic Treatments	C2	3.99	3.63	0.91	DS	The Awards/Recognitions won by the company	G4	3.77	3.54	0.94	S
Coverage for the Ayurvedic Treatments	C3	3.88	2.88	0.74	DS	Easy Purchase from the Agents	H1	3.99	3.70	0.93	S
Coverage for the Naturopathy Treatments	C4	3.70	2.74	0.74	DS	Reminder calls for the premium payment from Agent	H2	4.05	3.74	0.92	S
Coverage for HIV Infection	C5	3.93	2.90	0.74	DS	Timely collections of the premium by Agent	H3	4.04	3.76	0.93	S
Coverage for Cancer	C6	4.01	3.03	0.76	DS	Regular Updates given by the Agent/s	H4	4.07	3.67	0.90	DS
The time period for the inclusion of the Pre-existing Illness	C7	3.90	3.42	0.88	DS	Assistance of Agent in Filling of the Claims	H5	3.99	3.58	0.90	DS
Coverage for the Room Boarding Expenses	D1	3.97	3.63	0.91	DS	Assistance of Agent in Settlement of the Claims	H6	4.03	3.59	0.89	DS
Coverage of the Nursing Expenses	D2	3.99	3.64	0.91	DS	Help of the Agents for switching over to the other Mediclaim Policy (Health Insurance Portability)	H7	3.90	3.39	0.87	DS
Coverage of Pre-hospitalization Expenses	D3	3.92	3.53	0.90	DS	Easy Purchase from the Company's website	I1	3.84	3.48	0.91	DS
Coverage of Post-hospitalization Expenses	D4	3.97	3.52	0.89	DS	Easy Purchase from Company's Physical Office	I2	3.84	3.48	0.91	DS
Coverage in the period of loss of income during the hospitalization	D5	4.06	3.05	0.75	DS	Reminders for the payment of the premium by the Company	I3	3.92	3.55	0.91	DS
Domiciliary Hospitalization Cover	D6	3.92	3.01	0.77	DS	Online Payment of Premium	I4	3.97	3.57	0.90	DS
Provision of giving Surgeon,	D7	4.04	3.63	0.90	DS	Regular Updates made by the	I5	3.95	3.54	0.90	DS

anesthetist, medical practitioner, consultants, specialist's fees						Company					
Coverage of payment of Professional fees related to Anesthesia/ blood/ oxygen/ operation/ surgical/appliances/ medicines	D8	4.04	3.65	0.90	DS	Online Filling of the Claim	I6	3.92	3.43	0.88	DS
Coverage of Diagnostic material and X-Rays, dialysis, chemotherapy, radiotherapy, pacemaker, artificial limbs and cost of organs and similar expenses	D9	4.05	3.60	0.89	DS	Online Claim Settlements	I7	3.93	3.31	0.84	DS
Renewable Discount Offers	D10	3.97	3.35	0.84	DS	Online Checking of Status for Claim Settlement	I8	3.95	3.17	0.80	DS
Bonus for the Claim Free Years	D11	4.00	3.25	0.81	DS	Network of the selected Hospital/s	J1	3.98	3.59	0.90	DS
Provision for Copayment Discounts	D12	3.85	3.28	0.85	DS	Convenience of the Location of the Network Hospitals	J2	4.04	3.55	0.88	DS
Tax benefits	E1	4.08	3.75	0.92	S	Availability of the Medical related services at the Network Hospitals	J3	4.04	3.57	0.88	DS
Coverage for the Health Risk	E2	4.10	3.72	0.91	DS	Availability of the Cash Reimbursement Scheme at Network Hospitals	J4	3.90	3.51	0.90	DS
Coverage for Increasing Health Care Expenditure	E3	4.06	3.65	0.90	DS	Availability of the Cashless Facility Network Hospitals	J5	4.02	3.55	0.88	DS
Critical Illness Coverage	F1	4.07	3.25	0.80	DS	Availability of Choice of the Hospital	J6	4.08	3.10	0.76	DS
Free Medical Check Up	F2	3.94	3.34	0.85	DS	Easy purchase of the Individual Mediclaim Policy	K1	4.05	3.79	0.94	S
Free Ambulance Services	F3	4.00	3.34	0.84	DS	Easy Claim Filling Procedure	K2	4.05	3.70	0.92	S
Coverage for the day care procedures	F4	3.88	3.09	0.80	DS	Easy Claim Settlement Procedure	K3	4.02	3.55	0.88	DS
Free 24 hour help line Facility	F5	4.07	3.54	0.87	DS	Speedy Claim Settlement Procedure	K4	4.09	3.54	0.86	DS
Free General Physician Consultations	F6	3.98	3.42	0.86	DS	Simple Complaint Handling System	K5	4.04	3.52	0.87	DS
Free health magazines	F7	3.81	3.38	0.89	DS	Prompt Address to the Complaints	K6	4.05	3.46	0.86	DS
<b>Note: DE= Delighted; S= Satisfied and DS= Dissatisfied</b>						Providing Redressal for the Complaints	K7	4.07	3.50	0.86	DS