

## A Study on Consumer Awareness and Satisfaction Towards Health Insurance Policies

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### ABSTRACT

The aim of the study is to determine the sources of consumer awareness about health insurance policies, and the level of satisfaction. Both primary and secondary data were used in the course of research. For the purpose of primary data the well-designed questionnaire is used to collect the responses from the policyholders through Convenience sampling method. The secondary data is gathered from daily newspapers, research articles, journals and the Insurance Regulatory Development Authority. The study's sample size was 211 respondents, and it was carried out in the city of prayagraj. out of 220 samples 211 are filled-out are reviewed and finalized. The study used percentage, Annova, chi square test for analysis of the hypothesis. According to the study's findings, the majority of respondents are well informed about health insurance providers and their offerings. Additionally, study establishes a strong relationship between satisfaction levels and knowledge of health insurance policies, it is essential to understand consumers' levels of interest in buying health insurance, to record the majority of respondents customers' awareness, and to suggest and educate consumers on how health insurance can reduce their financial burden during hospitalization.

**Keywords:** customer awareness, level of satisfaction, health insurance

### INTRODUCTION:

Many individuals have purchased health insurance policies as a result of the rising expense of medical care. People's perceptions of health insurance have changed from considering it as a tool for protection to seeing it as an investment, a place where future medical bills can be covered (Gowda et al., 2015) Additionally, people choose to invest in their health by getting frequent checkups. In addition to this, reduced government regulation rising income levels, price deregulation, and the emergence of private healthcare enhanced public awareness of health insurance (Krishnan et al., 2021) Health insurance is offered by four public sector insurers, 18 private sector insurers. General insurers operating in the private sector have introduced a number of innovative products, include top-up and family floater policies as well as critical illness insurance. Despite the growth of the health insurance industry, people's awareness varies depending on their socioeconomic status and where they live (Kadyan et al., 2022) As per CII analysis states that yearly growth rates in the insurance business are probably going to exceed 10%. By 2030, the total insurance industry might expand by up to 20 times, reaching a valuation of roughly Rs. 82,52,458.5 crores. India has the most demand for financial services could rise most sharply between 2020 and 2030, suggesting that the country's general insurance market could be valued between Rs. 6,96,897 crore and Rs. 21,55,260 crore by 2030. Over \$6 trillion, or Rs. 63,48,745 crore (more than 8% of GDP), might be added to total premiums by 2030 when the life market is taken into account (Swiss Report). In its most recent research, the National Skill Development Corporation (NSDC) projected that the banking and insurance industries would create 20 lakh new jobs by 2025 A recent Confederation of Indian Industry poll projected that by 2025, at least 21 lakh workers with a background in insurance will be required. The ASSOCHAM report on the insurance industry highlights the sector's employability potential and projects a 30 lakh manpower requirement by 2030. There will be a great demand for insurance experts in the nation due to the 20% growth rate of the insurance business (Insurance Education Series, IRDA (2020) Most of them rely on private loans or sell off their assets to pay for medical expenses. Many clients choose not to get a health insurance coverage because they are unaware of the costs associated with premium payment and claim processing. Similar to this, how satisfied customers are with a product is affected by how they perceive it, which is mostly based on awareness (Jebamalar & Kumar, 2019) Hence, it is crucial to investigate consumers' interest in health insurance products and connection between comprehension and satisfaction among consumers.

### LITERATURE REVIEW

Kumar et al., 2011) This study examines providers' perceptions and interactions with policyholders, insurers, and third-party administrators (TPAs) were experimentally observed in order to analyse the Indian health insurance companies. The purpose of the study is to ascertain the insured population's degree of knowledge and attitude towards the expense of medical care. According to the research, few insured people know their rules and regulations insurance, and the majority of them

don't give any attention about how much medical care will cost. The companies prefer to give cashless benefits to middle-class individuals and frequently raise their prices

**Janjua & Akmal, (2014)** examined the issues faced by the health insurance policyholders of various General insurance firms can be both public and private. the state of Punjab and in the union territory of chandigarh and, data were gathered from 321 health insurance policyholders. The analysis reveals that all respondents chose sickness and accident insurance. The respondents' experience with claim settlement has been examined. Regarding their knowledge of claim settlement, the respondents have been examined. Most people who have filed claims for health insurance have done so because they have been ill in some way. Public and commercial sector organisations have looked at and compared respondents' levels of satisfaction with regard to claim processing and numerous other aspects of health insurance coverage.

**Karthikeyan and Ramkumar (2015)** Examining the quality of service consumers expect standards of the National Insurance Company, with particular reference to the National Insurance Company Ltd. in Madurai City, was done in an effort to Identify any discrepancies between client expectations and the actual service quality. According to the report, there is a larger discrepancy in terms of service quality as well as tangibility and responsiveness. As a result, it is clear from the study that the company's offerings fall short of expectations.

**Kansara and Gill, (2016)** According to the report, there are many issues with health insurance in India since there is a lack of knowledge, a lack of data, high medical costs, fraudulent practices, etc. According to the survey, intermediaries play crucial roles in obtaining business in the current environment. These issues could be resolved with an effective intermediaries' participation. In order to prevent adverse selection and build a strong awareness portfolio, the intermediaries' main goals include promoting insurance products, managing risks, and informing consumers. The study reveals that intermediaries play a vital role in connecting the insurance company and the consumer in the realm of health insurance.

**Varier, (2016)** evaluates the degree of satisfaction with the services provided by private and public sector policyholders In contrast to public sector policyholders, who are more satisfied with post-hospitalization costs, pre-existing disease patterns, and claim settlement patterns, private sector policyholders are more satisfied with premium rates, renewal patterns, and pre-hospitalization services provided by the insurance companies. When comparing the service standards offered by general insurance companies in the public and private sectors, there are noticeable differences. According to the findings it takes more work for public sector businesses to provide the population with the goods and services they want.

**Asghari & Babu (2017)** entitled that the service quality is a key element in keeping current customers, and it is regarded as a significant challenge in the health insurance sector. Customer loyalty rising as a result to improved service quality, which in turn affects customer satisfaction. The study, suggest that the maintaining loyal customers over the long term is preferable than bringing in new ones because it will be less expensive to do so and they can spread the word to others about their positive interactions with the business. According to the study, insurance companies unable to meet the customer expectations exaggerate their service and response times in their advertisements since they are unable to meet client expectations.

**Mathur et al.,( 2018)** have identified "unaffordability" as a possible explanation for the decreased uptake Health insurance policies offered by private companies. Others, disputed the claim, arguing the when patients can afford "inpatient-care" out of pocket, the cost of insurance premiums is significantly less than such payments. Thus, economic variables alone are insufficient to explain the low level of private voluntary health insurance coverage. Efforts are being made to change the direction of economic issues and examine the impact of attitudes and health insurance in influencing people's choice of voluntary health insurance. The study's conclusion will significantly assist decision-making in formulating strategies to promote private voluntary health insurance enrollment.

**Lavuri & Naik, (2019)** The purpose of the study was to investigate the amount of policyholder knowledge, then the impact of health insurance policy variables, holder satisfaction levels, and issues that policyholders in the targeted location, Hyderabad City, had with their health insurance policies. According to the study, 183 policyholders from Hyderabad city provided responses. The convenience sampling method used to collect information from each health insurance policy holder's responses, and it was then put to the test using an ANOVA test with the use of the SPSS The findings showed that there were a significant Policyholder satisfaction with HIP is influenced by demographic factors, followed by HIP factors. even though they experienced some minor issues with HIP.

**Chitra et al., (2021)** The aim of the study was to know the customers and health insurance companies in Chennai. According to study, customers believed that health insurance policies were necessary and helped them cover their medical bills financially. The results of the study also show that the customers are knowledgeable about things like hospitalization costs, nursery costs, domiciliary costs, and ambulance fees. The study also found that consumers are highly informed about health insurance options. The study also establishes a strong link between satisfaction levels and knowledge of health insurance products.

**(Kautishetal.,2021)** examined objectives of the study is to better understand impact of changing customer inertia, as well as the important role of insurance operations, performance and the positive/negative impact on health insurance policies on consumer satisfaction. Data were collected using a structured survey. Covariance is based on the structural equation used to measure the relationship between variables. The findings of study showed that recognition, performance effectiveness were effective in retaining customers in the insurance market. The positive impact has a greater impact on the customer's purchase than any other building.

**Nayaket al.,(2024)**examinedis to better understand the recognition and performance of insurance companies and the positive/negative effects of health insurance policies on customer retention, as well as their role in reducing customer churn. Data were collected using a standard questionnaire. Covariance is based on the structural equation used to test the relationship between variables. The findings showed that recognition has an impact on performance and customer retention in insurance industries. The positive impact has a greater impact on the customer's purchase than any other building.

## **OBJECTIVES:**

The primary study of the study:

- To examine the customer awareness towards health insurance policies
- To study the level of satisfaction of customers towards health insurance policies.

## **HYPOTHESES**

**H0:** There is no significant difference in adequate level of the customer awareness towards health insurance policies .

**H0:** There is no significant difference between demographics factors and level of satisfaction towards health insurance policies

## **RESEARCH PROBLEM**

This health insurance provides access to continued treatment for a specialist in case of a chronic sickness or injury, as well as financial protection against such costs. Purchasing health insurance for oneself and one's family Due to the high cost of medical care, especially in the private sector, it is necessary to have insurance. Many diseases are rapidly spreading to people as a result of environmental changes. It is quite difficult to pay for the medical bills of middle-class and upper-middle-class individuals. The health insurance policy is crucial for people to prevent unforeseen financial strain. Many consumers are prevented from purchasing a health insurance coverage due to a lack of knowledge on the costs associated with premium payments and claim processing. The perception that customers have of the product, which is mostly based on awareness, also determines how satisfied they are. Therefore, it's critical to examine how customers are paying attention to health insurance goods and how understanding and customer happiness are related.

## **RESEARCH METHODOLOGY**

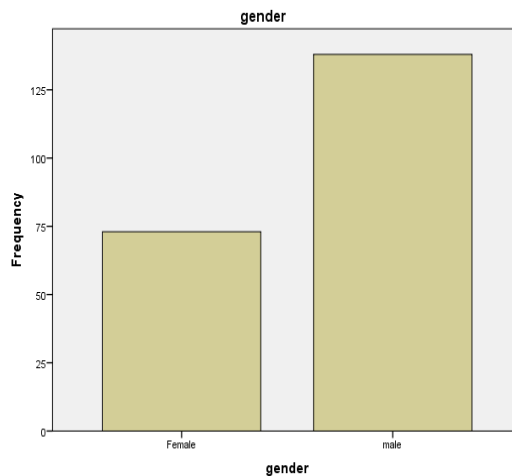
This is an empirical and analytical study. The information gathered consists of primary and secondary data. Primary data is collected directly from respondents by mail using standardized structured questionnaire prayagraj district The secondary data is gathered from a range of sources, including books, newspapers, journals, IRDA websites, bulletins, press releases, theses and IRDA report. For anyalysis dependent and independent variables are there like claim facilities, customer feedback, policyholder engagement, premium policies are used in this study. Various statistical tools are applied to analyze and derive the conclusions. Frequency distribution tables, Annova, chi square test are the statistical methods utilized in the analysis. The questionnaire's reliability test is tested using Cronbach's Alpha Value that is 0.874. The samples are drawn only from prayagraj district to put the data specific. A total of 211 samples is collected for investigation. The purposive sampling method is used to gather data.

**DATA ANALYSIS AND INTERPRETATION****Table: Age**

gender	frequency	percent	Valid percent	Cumulative percent
male	73	34.6	34.6	34.6
female	138	65.4	65.4	100.0
total	211	100.0	100.0	

Source: primary data

Table shows the frequency distribution of the gender category demographic variable for both respondents who are male and female. According to the gender- demographic study, 211 respondents questioned, 65.4% were men and 34.6% were women. Compared to their female counterparts, male respondents is found to be slightly likely to be enrolled in health insurance plans

**Awareness regarding health insurance**

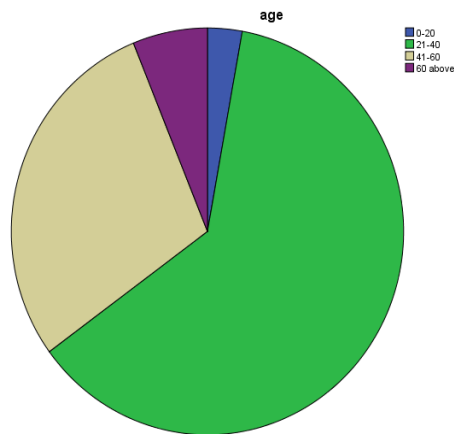
Awareness regarding health insurance	frequency	percent	Valid %	Cumulative percent
No	5	2.4	2.4	2.4
Yes	206	97.6	97.6	100
Total	211	100	100	

Source primary data

It can be seen , 211 respondents questioned, 97.6% is aware regarding health insurance or 2.4 were not aware.

**Table 3: age**

Age	frequency	Percent	Valid percent	Cumulative percent
00-20	6	2.8	2.8	2.8
21-40	131	62.1	62.1	64.9
41-60	61	28.9	28.9	93.8
60 above	13	6.2	6.2	100.0
total	211	100.0	100.0	



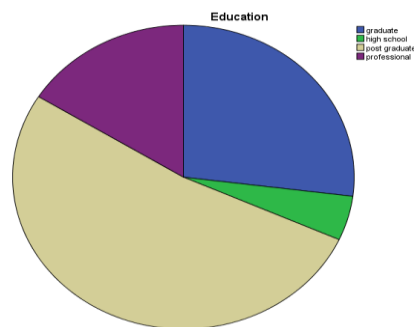
Age-wise demographic analysis reveals that, of the 211 respondents polled, 2.8% belonged to the under-20 age group, 62.1% to the 21-40 age group, 28.9% to the 41-60 age group, and 6.2% to the 60+ age group. The majority of responders were under 40, which indicates that people are becoming more aware of the advantages of signing up for health insurance plans early in life.

**Table 4: education**

education	frequency	Percent	Valid percent	Cumulative percent
High school	57	27.0	27.0	27.0
Graduate	10	4.7	4.7	31.8
Post graduate	110	52.1	52.1	83.9
Professional	34	116.1	116.1	100.0
total	211	100.0	100.0	

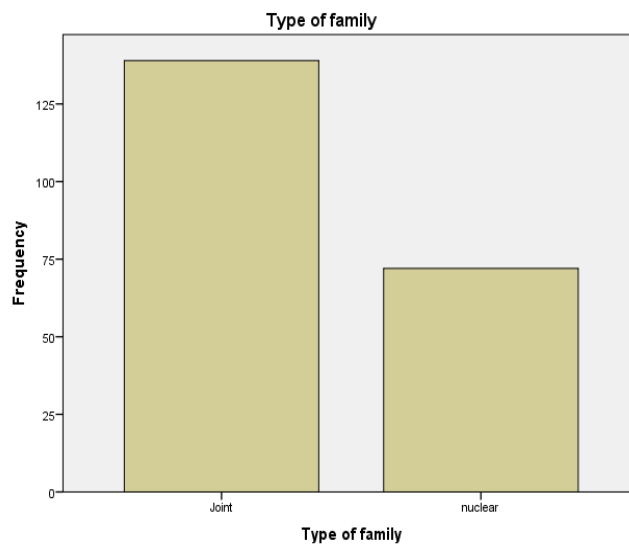
Source Primary data

According to table out of the 211 respondents polled, the largest percentage of respondents were post-graduates (62.1%), professionals (16.1%), graduates (27%), and undergraduates (7.6%).



**Table 4 family**

family	frequency	percent	Valid percent	Cumulative percent
Joint	139	65.9	65.9	65.0
Nuclear	72	34.1	34.1	100.0
total	211	100.0	100.0	



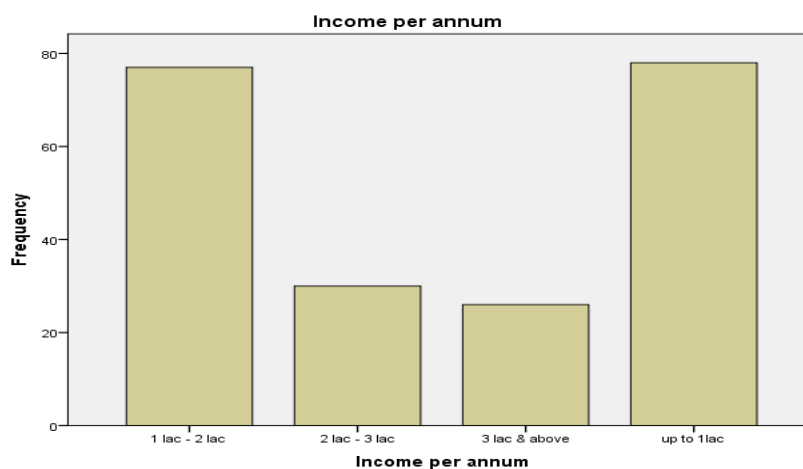
The demographic analysis presented in Table shows that, of the 211 responder surveyed 65.9% only had an, joint family and 34.1 had an nuclear family

**Table 5 income**

income	frequency	percent	Valid percent	Cumulative percent
<b>Upto 1 lac</b>	78	37	37	93.8
<b>1 lac-2 lac</b>	77	36.5	36.5	64.9
<b>2 lac- 3 lac</b>	30	28.9	28.9	53.4
<b>3 lac above</b>	26	6.2	6.2	35.7
<b>total</b>	211	100.0	100.0	100

Source primary data

The income-based demographic presented in the Table above shows that, of the 211 respondents surveyed 37% only had an income up to 1 lakhs, 36.5% had an income between 1. lakhs and 2 lakh 28.9 % were in the income group of 3 above lakh.



**Table 6 martial status**

Martial status	frequency	percent	Valid percent	Cumulative percent
<b>Married</b>	142	67.3	67.3	67.3
<b>Unmarried</b>	69	32.7	32.7	100.0
<b>total</b>	211	100.0	100.0	

Source primary data

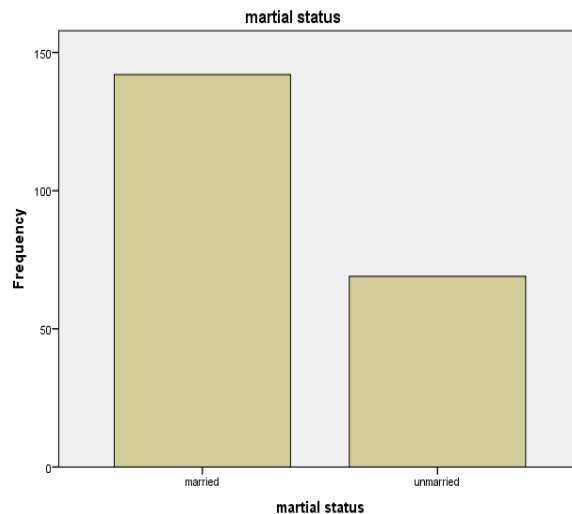


Table presents demographic analysis of married status of the 611 respondents, shows that 67.3% of the responder is married, and 32.7% is single. The number of the married respondents who were aware of and enrolled in health insurance plans was higher.

**Null hypothesis:** There is no significant association between age and opinion regarding awareness of health insurance

**Table 7 gender**

s.no	gender	freq	Well known	known	No opinion	unkno wn	Never known	total
<b>1</b>	<b>male</b>	freq	90	30	10	8	0	148
		%	42.65	14.21	4.73	3.79	0	70.14
<b>2</b>	<b>female</b>	freq	40	20	13	0	0	73
		%	18.95	9.47	6.16	0	0	34.59
<b>total</b>			130	50	23	8	0	211

Source primary data

**Chi square test**

	value	df	Asymptotic significance (2 sided)
Pearson chi square	24.070	4	.004
Likelihood ratio	33.579	4	.003
No of valid cases	211		

Table mentioned above demonstrates that the male respondents had the highest overall percentage of opinion 42.65%) on awareness of the terms of the Medclaim policy, while the female respondents had the lowest percentage (18.95%). A consumer's age has a significant role in determining their insurance policy-seeking behavior and preferences. Additionally, it determines the type of policy, what is appropriate, and what has to be done to protect the respondents' health.

Using the chi-square test, the following hypothesis was tested in order to determine the relationship between gender and opinion of awareness of the specifics of the Medicaid policy. It is inferred from the test that Policyholders who are well-informed about their firm tend to be highly aware with their health insurance coverage, whereas those who are poorly informed about their organization tend to be less aware.

Null hypothesis : There is no significant association between education and opinion regarding awareness of the health insurance

**Table 8 education**

s.no	qualification	freq	Well known	known	No opinion	unknown	Never known	total
1	High school	Freq	33	4	2	1	0	40
		%	15.63	1.89	0.94	0.47	0	18.95
2	Graduate	Freq	40	14.0	3	1	0	54
		%	18.95	4.73	1.42	0.47	0	25.59
3	Post graduate	Freq	50	30	3	2	0	45
		%	23.69	14.21	1.42	0.09	0	21.32
4	Professional	Freq	49	20	2	1	0	71
		%	23.22	9.47	0.94	0.47	0	33.64
	total		172	59	10	5	0	211

Source primary data

**Chi square**

	value	df	Asymptotic significance (2 sided)
Pearson chi square	32.234	12	.001
Likelihood ratio	41.006	12	.000
N of valid cases	211		

It can be seen from the table, the p-value is less than 0.05 and the result was significant at the five percentile level. The null hypothesis (H<sub>0</sub>) is rejected, while the alternative hypothesis (H<sub>1</sub>) is accepted. The alternative theory thus puts forth that there is an association between the respondent's education and level of awareness. Additionally, the analytical tables show that people's awareness of the advantages of subscribing to health insurance plans is growing.

Null hypothesis : There is no significant association between family and opinion regarding awareness of the health insurance

**Table 9 family**

s.no	family	freq	Well known	known	No opinion	unknown	Never known	total
1	joint	freq	70	40	4	4	3	131
		%	33.17	18.95	1.89	1.89	1.42	62.08
2	nuclear	freq	24	34	10	10	2	80
		%	11.37	16.11	4.73	4.73	0.94	37.91
	total		94	74	14	14	5	211

Source primary data

**Chi square**

	value	df	Asymptotic significance (2 sided)
Pearson chi square	24.070	4	.004
Likelihood ratio	33.579	4	.003
N of valid cases	211		

It could be explained from the table that the awareness level was high in joint family 33.17% as compared to nuclear family 11.37%. In order to determine the relationship between the type of family and the amount of awareness towards



health insurance policy chi square test was used. It is seen from the table The P value is less than the table value and the result is not significant, so the null hypothesis cannot be accepted and alternate is accepted.

Null hypothesis : There is no significant association between age and opinion regarding awareness of the health insurance

**Table 10 age**

s.no	age	freq	Well known	known	No opinion	unknown	Never known	total
1	0-20	freq	20	30	0	0	0	50
		%	9.47	14.21	0	0	0	23.69
2	21-40	freq	30	10	0	0	0	50
		%	14.21	4.73	0	0	0	23.69
3	41-60	freq	30	40	0	0	5	80
		%	14.21	18.95	0	0	2.36	37.91
4	60 above total	Freq	23	7	1	0	0	31
		%	10.90	3.31	0.47	0	0	14.69
			87	11	11	0	5	211

source primary data

**Chi square test**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	32.234	12	.001
Likelihood Ratio	41.006	12	.000
N of Valid Cases	211		

As can be seen from the above table, the p-value is less than 0.05 and the result was significant at the five percentile level. The null hypothesis (Ho) is thus rejected, while the alternative hypothesis (H1) is accepted. The alternative theory thus puts forth that there is a association between the respondent's age and level of awareness towards health insurance policy. Additionally, the analytical tables show that people's awareness of the advantages of subscribing to health insurance plans is growing.

Null hypothesis: There is no significant association between income and opinion regarding awareness of the health insurance

**Table 11 income**

s.no	income	freq	Well known	known	no opinion	unknown	Never known	total
1	1 lac - 2 lac	Freq	30	20	5	2	1	58
		%	14.21	9.47	2.36	0.94	0.47	27.48
2	2 lac - 3 lac	Freq	30	10	5	0	0	45
		%	14.21	4.73	2.36	0	0	21.32
3	3 lac & above	Freq	35	5	5	1	0	46
		%	16.58	2.36	2.36	0.47	0	21.80

<b>4</b>	<b>up to 1 lac</b>	Freq	46	10	5	1	0	62
		%	21.80	4.73	2.36	0.47	0	29.38
	<b>total</b>		141	45	20	4	1	211

Source primary data

**Chi square test**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	32.716	12	.001
Likelihood Ratio	30.658	12	.002
N of Valid Cases	211		

It can be seen from the table respondents had the income up to 1 lac highest overall percentage of opinion (21.80%) on awareness of the terms of the Medclaim policy, while the income up to 3 lac respondents had the lowest percentage (14.21%). A consumer's income has a significant role in determining their insurance policy-seeking behavior and preferences. Additionally, it determines the type of policy, what is appropriate, and what has to be done to protect the respondents' health. Additionally respondents with salaried income prioritized policy variations while the respondents doing business prioritized power premiums when choosing private sector insurance..

Null hypothesis : There is no significant association between marital status and opinion regarding awareness of the health insurance

**Table 12 marital status**

s.no	Marital status	freq	Well known	known	no opinion	unknown	Never known	total
<b>1</b>	<b>male</b>	Freq	110	30	10	2	0	142
		%	52.13	14.21	4.73	0.94	0	67.29
<b>2</b>	<b>Female</b>	Freq	40	21	5	4	0	69
		%	18.95	9.95	2.36	1.89	0	32.70
	<b>total</b>		150	51	15	6	0	211

Source primary data

**Chi square test**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	18.791	4	.001
Likelihood Ratio	18.251	4	.001
N of Valid Cases	211		

It could be explained from the table that Table that awareness level was high in married people 52.13% as compared unmarried people 11.37. It is seen from the table The P value is less than the table value and the result is not significant, so the null hypothesis is rejected and accepted otherwise.

**Table 13 gender**

	gender		Highly satisfied	satisfied	neutral	dissatisfied	Highly dissatisfied	total
<b>1</b>	<b>male</b>	Freq	80	40	5	4	2	131
		%	37.91	18.97	2.36	1.89	0.94	
<b>2</b>	<b>Female</b>	Freq	40	32	3	4	1	80

		%	18.95	15.16	1.42	1.89	0.047	37.91
	total		120	72	8	8	3	211

Source primary data

**ANNOVA**

	SUM OF SQUARES	DF	MEAN SQUARE	F-value	P-value
Between groups	11.010	4	2.752	2.37	0.040
Within groups	453.334	208	1.171		

It can be seen from the table that there is a relationship between a person's gender and their degree of customer satisfaction as the f value is lesser than 0.05. the null hypotheses is rejected and (H1) the alternative hypotheses is accepted. Thus, the alternate hypothesis is "Gender of the respondent and Opinion Regarding customer satisfaction of the health insurance Policy Details are associated It can suggest that a particular gender has a tendency to report higher levels of satisfaction than the other. Businesses may decide to offer more individualized customer service after realizing a link between gender and customer satisfaction.

**Table 15 education**

s.no	education	freq	Highly satisfied	satisfied	neutral	dissatisfied	Highly dissatisfied	total
1	high school	Freq	33	4	2	1	0	40
		%	15,63	1.89	0.94	0.47	0	18.95
2	graduate	Freq	30	14	3	1	0	54
		%	14.21	6.63	1.42	0.47	0	25.59
3	post graduate	Freq	50	30	3	2	0	45
		%	2.36	1	1.42	0.09	0	21.32
4	professional	Freq	49	20	2	1	0	71
		%	23,22	9.47	0.94	0.47	0	33.64
	total		220	59	10	5	0	211

Source primary data

**ANNOVA**

	SUM OF SQUARES	DF	MEAN SQUARE	F-value	P-value
Between groups	33.565	4	4.752	2.37	0.020
Within groups	234.67	208	2.171		

From above analysis it depicts there is a significant association between education and level of satisfaction among customer towards health insurance policy. It reflects Higher educated people generally understand and have better knowledgeable about the value of health insurance, its advantages, and how to use the healthcare system. It's important to remember that, although education plays a big part, other elements like socioeconomic position, cultural influences, and geographic location also affect how aware people are of health insurance.

**Table 16 age**

s.no	age	freq	Highly satisfied	satisfied	neutral	dissatisfied	Highly dissatisfied	total
1	0-20	Freq %	20 9.47	30 4.21	0 0	0 0	0 0	50 23.69
2	21-40	Freq %	23 10.90	40 18.95	0 0	0 0	0 0	50 23.69
3	41-60	Freq %	30 14.21	10 4.73	10 4.73	0 0	5 2.36	80 37.91
4	60 above	Freq %	29 13.74	7 3.31	1 0.47	1 0.47	0 0	31 14.69
		total	103	87	11	0	5	211

Source primary data

## ANNOVA

	SUM OF SQUARES	DF	MEAN SQUARE	F-value	P-value
Between groups	23.678	4	3.565	2.37	0.010
Within groups	223.54	208	2.565		

The above table depicts that p-value is less than 0.05 and the result has been significant. Hence, the null hypothesis is rejected and the alternate hypothesis is accepted. Thus, the alternate hypothesis is age of the respondent and level of customer satisfaction towards health insurance are associated. Younger people might be more tech-savvy and able to adjust to new technologies, especially those from younger generations. This may have an impact on how satisfied they are with high-tech goods or services. However, elderly people could prefer tried-and-true, conventional approaches and be less content with sudden or strange changes.

**Table 17 income**

s.no	income	freq	Highly satisfied	satisfied	neutral	dissatisfied	Highly dissatisfied	total
1	1 lac	Freq %	30 14.21	20 9.47	5 2.36	2 0.94	1 0.47	58 27.48
2	1 lac – 2 lac	Freq %	46 21.80	10 4.73	5 2.36	0 0	0 0	45 21.32
3	2 lac- 3lac	Freq %	35 16.58	10 .73	5 2.36	1 0.47	0 0	46 21.80
4	3 lac above	Freq %	20 14.21	5 2.36	5 2.36	1 0.47	0 0	62 29.38
	Total		141	45	20	4	1	211

Source primary data

## ANNOVA

	SUM OF SQUARES	DF	MEAN SQUARE	F-value	P-value
Between groups	14.534	4	1.752	2.37	0.040
Within groups	223.546	208	2.171		

People with higher incomes could have more demands of their health insurance companies in terms of responsiveness and customer service. The level of customer care provided could have an impact on their satisfaction, and they might seek a more tailored and effective experience. higher income groups might have easier access to specialized care and outstanding hospitals, among other healthcare services. Their happiness with health insurance may increase as a result of this access because they can quickly take use of the benefits offered.

**Table 18 martial status**

s.no	Martial status	freq	Highly satisfied	satisfied	neutral	dissatisfied	Highly dissatisfied	total
1	married	Freq	73	43	10	2	0	142
		%	34.59	20.37	4.73	0.94	0	67.29
2	unmarried	Freq	54	33	5	4	0	69
		%	25.59	15.63	2.36	1.89	0	32.70

Source primary data

**ANNOVA**

	SUM OF SQUARES	DF	MEAN SQUARE	F-value	P-value
Between groups	14.534	4	3.545	3.675	0.040
Within groups	223.546	208	3..654		

When it comes to family planning, regular checkups, and other preventive measures, married people might use health insurance services more frequently. As people become more aware of the concrete advantages of having health insurance, their level of satisfaction may rise as a result of increased utilization. financial responsibility could be advantageous for married people and possibly result in increased financial security. Their ability to pay for out-of-pocket spending and health insurance premiums may be positively impacted by this steadiness, which could lead to increased satisfaction.

**CONCLUSION OF THE STUDY**

The primary purpose of study was to determine how satisfied and aware consumers were with health insurance. The foremost reason for selecting a health insurance policy is to insure against the danger of illness, and friends, family, are the main sources of information regarding health insurance. Factors such as age, income, education, martial status significantly impact individuals understanding of insurance options as well as their satisfaction with coverage and services. younger individuals might prioritize affordability. Education levels can affect understanding of policy details and benefit. By analyzing data like this insurance providers can gain insights into demographic preferences and tailor their strategies to improve awareness and satisfaction levels among different customer groups. The analysis clearly indicates that consumers of health insurance are aware of health insurance products and companies that offer Insurance companies' ongoing efforts to educate consumers about health insurance will further empower them to make knowledgeable decisions and buy insurance policies that best meet their needs. Mostly respondents are satisfied with their health insurance policy they offer.

The study's recommendations include increasing the number of hospitals covered by insurance, raising awareness of health insurance, and requiring coverage for all ailments in health insurance policies. In order to facilitate the process of enrolling for health insurance, more enrolment and registration centres had to be established. The government and private health insurance providers ought to customize premium amounts to each individual because most families come from lower socioeconomic. One of the reasons it should be brought to the attention of insurance companies and addressed is the absence of complete coverage. Additionally, the business has to enhance its promotional offerings, which include pamphlets, online and mobile advertisements, and weekly/monthly publications.

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