UTILISATION OF COMPREHENSIVE HEALTH INSURANCE SCHEME (MEDISEP) AMONG EMPLOYEES UNDER KODUNGALLUR MUNICIPALITY

Dissertation

Submitted to the University of Calicut in partial fulfillment of the requirement for the award of the Degree of Master of Arts in Economics

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I, **Dr. DHANYA K,** do hereby certify that this dissertation **UTILISATION OF COMPREHENSIVE HEALTH INSURANCE SCHEME (MEDISEP) AMONG EMPLOYEES UNDER KODUNGALLUR MUNICIPALITY** bonafide study and research carried out by **DILSANA SHAHIN A N,** Department of economics, MES Asmabi College, P. Vemballur.

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DECLARATION

I, **DILSANA SHAHIN A N,** do hereby declare that the project entitled **UTILISATION OF COMPREHENSIVE HEALTH INSURANCE SCHEME (MEDISEP) AMONG EMPLOYEES UNDER KODUNGALLUR MUNICIPALITY** is an authentic record of work carried out under her guidance of **SHANILKUMAR AYYAPPAN**, Assistant professor, Department of Economics. I further declare that this report has not previously formed the basis for the award of any degree, diploma or similar title at any other university.

Place : P. Vemballur

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CHAPTER -1

INTRODUCTION

Introduction

Medical care is provided without the use of cash under the MEDISEP Health insurance plan. All state government employees currently in service, including the Kerala High Court, who are covered by the Kerala government services medical attendant regulations (KGSMA Rule 1960), as well as pensioners, are to have comprehensive health insurance coverage under the system. A monthly deduction of Rs. 500 is made from the beneficiary's income each month to cover the Rs. 6000 yearly insurance premium for the policy.The Oriental Insurance Company, a public sector insurance provider, is implementing MEDISEP.

MEDISEP encompassed not just recently hired staff members and their families, but also contingent part-time workers, part-time instructors, teaching and non-teaching staff members of assisted schools and colleges, as well as pensioners and their wives. Additionally, all Kerala government civil service officers are appointed on a voluntary basis. There has long been a call for government employees and retirees to have access to a comprehensive health insurance programme. In the second year of the first Pinarayi Vijayan ministry, things got started. In his 2017–18 Budget Speech, the then-finance minister T M Thomas Isaac stated the government's intentions without naming the proposed health insurance. As we enter the second term of the second Pinarayi Vijayan Ministry, the health insurance programme for government employees and retirees has grown to potentially be the biggest in the nation. Thirty lakh people are expected to benefit from the three-year programme. It offers a basic service for Rs 500 each month, along with an extra package for 'catastrophic' conditions.

The programme will now be referred to as MEDISEP, or Medical Insurance for State Employees and Pensioners. MEDISEP will be introduced on July 1 by Chief Minister Pinarayi Vijayan.

Basic Benefit Package (BBP):

For a period of three years, MEDISEP will pay eligible costs incurred by the beneficiary for the following procedures up to a maximum of Rs 3 lakh annually. The programme will cover a total of 1920 medical procedures and treatments. For eligibility, the recipient must be admitted for a minimum of 24 hours. The cost of medications, treatments, physician and staff fees, accommodation costs, diagnostic costs, implant costs, and meal costs obtained from

hospitals with an affiliation are all covered by BBP. General surgery has the highest number of treatment packages under the BBP (197). There are 168 packages in cardiology and 156 in surgical oncology. Orthopaedics has 144 while dental surgery has 147. There are 111 in plastic surgery.

Guaranteed under BBP

An annual benefit of Rs 3 lakh would be provided to the beneficiary. Even yet, MEDISEP has a "floater" provision that allows the coverage to be increased by up to Rs 6 lakh. This is the method. Of the three lakh rupees, one lakh is fixed and the remaining one lakhs is available for use every year on what has been referred to as a "floater basis". This means that the first fixed component of the Rs 1.5 lakh will expire at the end of each year. If the floater component isn't used up in a given year, it can be carried over to the years the policy is renewed. Accordingly, in the event that the floater component is not used during the first year, it will Carry over into the following year and give the recipient a Rs 4.5 lakh insurance cushion. In the third year, the beneficiary would receive a cushion of Rs 6 lakh if the floater component is still unused.

Cashless payment options and further advantages

MEDISEP will cover all pre-existing conditions and offer a cashless facility for the mentioned operations. The program's empanelled public and private hospitals are the only ones eligible for coverage. Nonetheless, coverage will be given even if treatments are received at non-empanelled facilities in the event of accidents or other medical emergencies covered by the authorised list of treatments and procedures. However, it won't be cashless in these circumstances. The beneficiary will get reimbursement for the cost of treatment in accordance with the authorised rates and package of the plan.

The programme will also pay for the costs incurred during the 15 days leading up to hospitalisation (pre-hospitalization period) and the following 15 days (post-hospitalization phase). Twins and other newborns born to an insured mother are insured from the moment of birth until the current policy plan period expires. Every congenital illness affecting newborns will be included in the programme. The BBP will also cover "Unspecified Procedures," however the maximum insurance value is Rs 1.5 lakh. According to the regulatory guidelines periodically released by the Insurance Regulatory and Development Authority of India (IRDAI), new illnesses such as COVID-19 will also be covered.

Who will Benefit

The programme aims to offer complete health insurance coverage to all State Government employees who are currently employed, approximately five lakh of whom are covered by the Kerala Government Servants Medical Attendant (KGSMA) Rules, 1960, and approximately five lakh pensioners. Teaching and non-teaching workers at assisted schools and colleges are considered service employees. In addition, beneficiaries include directly hired personal staff members of the Chief Minister, ministers, Leader of the Opposition, Chief Whip, Speaker, Deputy Speaker, and Chairmen of the Financial Committees, as well as employees of universities that receive grant-in aid from the State Government and Local Self Government Institutions.

Who will not Benefit

The Kerala Water Authority, KSRTC, and KSEB pensioners as well as those of autonomous entities, cooperative institutions, and boards will not be qualified. Additionally excluded are staff members and retirees of the State Information Commission and the Human Rights Commission.

OBJECTIVES

- To Measure the satisfaction and the quality of care received
- To investigate the affecting factor for utilising the coverage.
- To evaluate the cost -effectiveness of MEDISEP

METHODOLOGY

The study based on primary data collected randomly from kodungallur Municipality. The study will use statistical distribution such as percentage distribution bar diagram, cross tabulation, One way ANOVA test chi square Test to analyse the interpret data. The Secondary data were collected from different authentic sources including articles, Journals, websites etc...

IMPORTANCE OF THE STUDY

The value of medication MEDISEP, an acronym for Medical Insurance for State Employees and Pensioners, is a health insurance programme created to offer state government employees and pensioners complete medical coverage.

The following summarises the significance of MEDISEP:

Financial Protection: It lessens the financial strain on workers and retirees during medical emergencies by shielding them from excessive medical expenses.

Access to High-Quality Healthcare: It makes sure that beneficiaries can get high-quality healthcare without having to worry about the cost by providing coverage for a variety of medical services and treatments.

Peace of Mind: Employees and pensioners may concentrate on their work and enjoy retirement without worrying about money for healthcare costs when they know that their medical needs will be met.

Broad Coverage: The plan provides coverage for a variety of medical procedures and treatments, such as serious illnesses, surgeries, and hospital stays.

Cashless Treatment: To streamline the process and save out-of-pocket costs, beneficiaries can receive cashless treatment at facilities that have been accredited.

Better Health Outcomes: Beneficiaries of insurance coverage are more inclined to seek prompt medical attention, which improves health outcomes.

RESEARCH PROBLEM

This study is based on the health insurance programme (MEDISEP) that the Kerala government offers to Kodungallur Municipality employers. The purpose of this study is to determine the factors that influence health care access, enrollment, and overall scheme satisfaction. It attempts to address the difficulties and obstacles facing the health care industry.

LIMITATIONS

- The majority of the information provided by policyholders comes from their recall method and recollection. Hence there is a chance of recall errors in the data.
- The study only takes into account particular time periods.
- Gathering data is challenging.

CHAPTER -2

REVIEW

REVIEW OF LITERATURE

Opportunities and problems associated with health insurance in India, Binny, Dr. Meenu Gupta (2017). The article focused on recent developments in the healthcare industry. The study focuses on the health insurance scheme that is put in place to provide coverage for low-income households. Insurance firms profit from medical tourism's assistance. India's ageing population is contributing to an increase in chronic disease.

Loutfi (2018) has detailed. Many people are suffering from associated economic problems and a lack of access to public healthcare. These articles look at things like skipping treatments, losing money, not spending enough on health care, etc. The article consistently displays catastrophic health expenditures (CHE), and it discovered that Kerala has a large population density, which increases the risk of chronic illness.

Venkateshwarlu (2016)released an investigative analysis on health insurance in India. Health insurance is important on both a micro and macro level, and the economic crisis has consequences and challenges. The article discusses issues with the health insurance industry, such as ignorance and reluctance to obtain insurance.

A summary of health insurance in India was provided by K Swathy and R Anuradha in (2017). The report emphasises the benefits of health insurance in India's healthcare system. Numerous people were insured by individual plans, family insurance, government-sponsored programmes, etc. The primary focus of the essay is on the significance and knowledge around health insurance plans.

An investigative study on the effects of digital technology methods on social health was conducted by Nayak et al. In (2019). The article thoroughly explained three ideas.

Reddy (2015) The article primarily focuses on various programmes, health missions, new policies that will give expansion of the health sector, and it discusses health expenditures, health insurance, hospitals, diseases, primary care, maternity and child health, etc.

Gupta, L.P. (2014)Basic health insurance in India was covered in layman's terms in the book "Health Insurance Rich and Poor in India." The book contains guidelines and procedures that alter as technology advances, among other things. It also diminishes the part played by administrators, regulators, and other stakeholders in health insurance.

Kumar (2011) has assessed the initiatives aimed at fostering collaboration between health insurance providers and insurers in India.The connection between the two was further explained in the article. The study also made clear the enormous potential and established a connection between suppliers and insurers.

P.G. Ramanujam (2015) investigated the connection between patient happiness and high-quality medical care. These studies show that the health care consumer is changing numerically due to variables like rising literacy rates and increased income levels, among others. These elements have not only helped the health sector expand, but there are additional choices.

Sihare and Gupta (2012) have endeavoured to present a comprehensive outline of health insurance in India's developed nations. This is where the insurance scheme, markets, laws and acts, and distribution methods are always displayed. The piece consistently covered health insurance from an international perspective. Additionally, the report discusses techniques and technologies employed in the insurance industry. These articles go into great detail about how to handle TPA issues and the reimbursement procedure. The health sector's potential and difficulties have been discussed in the article.

Sundararaman (2016) addressed health packages in great detail and comprehensively in his article. Analysing the benefits and drawbacks over time. He assisted in the analysis of the

new health policy draft. He came to the conclusion that private players should integrate the healthcare system with the business sector.

According to Sinimole (2017), social and economic development elements have an impact on the results of NRHM, which are examined based on the performance of different districts. The provision of equitable and reasonably priced health services is NRHM's primary goal.

Ellis and colleagues (2000) talked about health insurance. The topic of the discussion's conclusion was the strengths and weaknesses of the finance strategies employed in Indian healthcare.

Mahal (2002) assessed the introduction of commercial health insurance. Health care, equity, cost, and ineffectiveness will all be covered.

Erlangga et al. (2019) examined the interpretation of the improvement in health status, including access to healthcare and financial protection, with a focus on randomised and observational research.

Sengupta and Rooj (2019) looked at how health insurance affects hospitalisation. He talks about the lack of proper risk-sharing arrangements, the state of the healthcare system, socioeconomic disparities, and asymmetric information in the healthcare industry.

Singh and Outteridge (2013) conducted research on the effects of Universal Health Coverage (UHC) on the pharmaceutical business in India. Five nations that have either implemented or are approaching the UHC are compared in the case study. It also covers a range of healthcare interventions.

The Indian population's sense of security with regard to health protection was investigated by Arvind Sen Security in (2013). You feel safe in terms of having access to food, privacy, personal freedom, etc. It intends to enhance affordable healthcare.

In (2006), Chris E. Stehno and colleagues analysed pricing. Craig Johns explains the various methods of health insurance. It was concluded that the cost of health insurance was prohibitive. The population falling below the poverty line is the study's main focus.

Jawaharlal V. (2010) makes mention of insurance. In charge He points out the contributing elements. Encouraging health through new products and high-quality services with a focus on specific clientele.

Shankar Prinja et al. (2014) examined the health insurance situation in India. Health insurance plans funded by the government, etc. With the primary goal of improving the quality of healthcare, this article assesses the viability of applying economic theory to several forms of risk pooling.

Bender, Karen (2006) He looked at health insurance benefits provided to employers in businesses. He discovers the decline in the percentage of individuals receiving employment-based insurance. He asked why more and more companies are choosing to forgo providing health insurance, and why they think that individual health insurance plans are preferable. USA is the basis for this investigation.

CHAPTER -3

OVERVIEW

GLOBAL SCENARIO

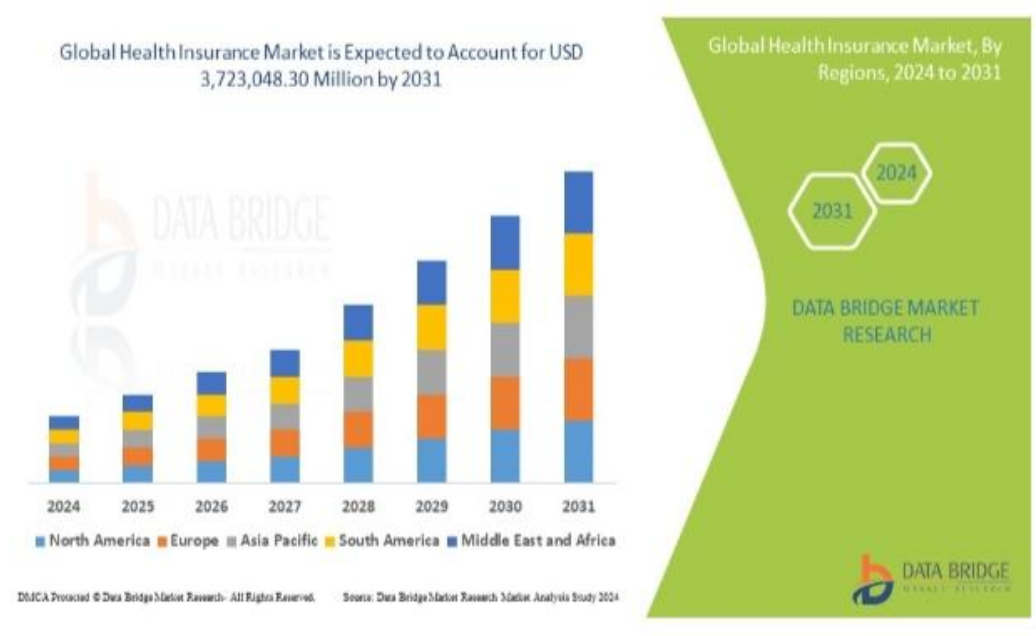
In 2023, the size of the worldwide health insurance industry was $1,835.9 billion. The IMARC Group projects that the market will increase at a compound annual growth rate (CAGR) of 6.2% from 2024 to 2032, when it reaches US$ 3,208.4 billion. Some of the key drivers driving the market include the increasing number of surgical procedures, the ageing population, which is more susceptible to complex medical disorders, and the rising frequency of viral infections and chronic diseases.

One sort of coverage known as health insurance covers the insured person's medical and surgical costs. It is an agreement between the insurance company and the policyholder, who buys the coverage. The insurance provider promises to provide financial security by paying for a portion of the costs of specific medical services and treatments in exchange for monthly premium payments .Financial assistance is provided by health insurance in the event of a serious illness or accident. Globally, rising medical service expenses for surgeries and hospital stays have sparked a new financial crisis. The price of surgery, physician fees, hospital stays, emergency department visits, and diagnostic test costs are all included in the price of medical services.

For workers in the public and commercial sectors, choosing a health insurance plan is a requirement. Key medical benefits are provided by health insurance, which employees can use while they are employed by corporations. Health insurance coverage is very helpful in covering treatment costs in the event of an emergency or other medical problem. Health insurance is an additional benefit that each employer provides to their staff members. Under

the same policy plan, the employee's family members are also covered by the health insurance that is offered. Additionally, in some circumstances, the employer might foot a portion of the health insurance policy's premium or insurance coverage.

The greatest medical care is available to those who have health insurance. Full coverage is what an excellent insurance policy should provide. Senior adults, families, and individuals' requirements are taken into consideration while framing the benefits and advantages of health insurance policies. The demand for health insurance among consumers is rising as a result of the policies' growing benefits and advantages.There are two sorts of insurance covers for health insurance: cashless and claim reimbursement. A list of hospitals that are affiliated or have a network with the insurance company is provided by the insurance provider. The policyholder will benefit from the cashless procedure if they receive care at any of the network hospitals. Hospitals use the cashless procedure to obtain insurance company approval by confirming patient information; the policyholder is not required to pay the hospital any money for the treatment they receive.



INDIAN SCENARIO

One of the most important and significant industries in any type of economy is the health sector. Numerous studies on various facets of health services and related fields have been carried out. The Indian health insurance market is the main topic of this study. One way that a person might safeguard themselves against financial loss resulting from an accident or disability is through health insurance. Disability is not static; rather, its precise and unchangeable status is influenced by a wide range of external and internal factors. Its importance to society lies in the state of poor health brought on by an illness or accident that stops the person from going about his daily activities. Everyone agrees that incapacity is a universal risk, and that uncertainty is one of essential truths about life (Knight 1921). Perhaps for this reason, prior societies investigated health insurance as a means of mitigating the uncertainties around incapacity.

One way that a person might safeguard themselves against financial loss resulting from an accident or disability is through health insurance. The main obstacles to expanding the use of healthcare insurance in India, according to the head of the Insurance Regulatory and Development Authority (IRDA), are a lack of consumer knowledge and inadequate hospital infrastructure. The expense of healthcare has increased dramatically in recent years. Due to this, the clients have decided to cover their families as well as themselves against future medical costs and other connected obligations. For older generations who are retired or who will retire soon, the necessity for insurance becomes greater significance. We should obtain health risk insurance because medical costs are very costly. For this reason, a solid insurance plan is required to pay for diagnostic testing, hospital stays, lab work, and doctor visits. Many companies offer quality insurance policies that cover health concerns. Mediclaim, also referred to as health insurance, provides coverage in the event of unanticipated medical emergency. Hospitalisation, medical expenses, and other related charges are covered by the health insurance policy in the event of an unexpected illness or accident. Therefore, health insurance should be made available to all Indian consumers in order to shield them from monetary loss brought on by unlucky events.

Government health insurance scheme

It is a programme run by the federal or state governments that aims to offer affordable insurance at a reasonable cost with sufficient health coverage. These health insurance plans are often provided on an annual basis.

Types of Government Health insurance scheme

1.Ayushman Bharat Yojana:

The Ministry of Health and Family Welfare of the Government of India oversees Ayushman Bharat, a national health insurance programme. The purpose of PMJAY is to offer free healthcare services to over 40% of the nation's population. A Rs 5 Lakh health cover is provided by the policy. Pre-hospitalization bills, prescription drugs, diagnostic fees, and medical care are all covered under this plan. This healthcare programme can help India's poorest families.

2. Pradhan Mantri Suraksha Bima Yojana:

This programme attempts to give Indians access to accident insurance coverage. This programme is available to everyone with a bank account who is between the ages of 18 and 70. An annual benefit of Rs 2 lakh is offered by this policy for both death and total disability, and Rs 1 lakh for partial impairment. The policyholder's bank account is immediately deducted for the policy premium.

3. Aam Aadmi Bima Yojana (AABY):

One of the newest National Health Insurance programmes, it was launched in October of 2007. In essence, it includes everyone between the ages of 18 and 59.The AABY insurance programme is designed for all citizens who reside in rural and upland areas. It also includes tenants who are landless and reside in both rural and urban regions. It also entails awarding scholarships to children from disadvantaged backgrounds. In essence, the person covered by this plan is the household head or the earner. The central and state governments split the 200 rupee annual premium equally. If a natural death occurs, the family receives 30,000 rupees in compensation. In the event of a permanent impairment leading to death, the family receives compensation of 75,000 rupees.

4. The CGHS, or Central Government Health Scheme:

Established in 1954, this programme offers central government employees and city-dwelling pensioners extensive health care services. This initiative is implemented in cities like Nagpur, Delhi, Pune, Lucknow, Mumbai, Kolkata, and Nagpur. It is necessary for the beneficiaries of this programme to be residents of India. The beneficiaries of this National Health Company Online Renewal programme are entitled to health education. The primary elements of this plan are as follows: all services associated to dispensaries, including domiciliary care. Furthermore, those who benefit from this system are entitled to hospitalisation each and every time they become unwell.

On the other hand, with this specific plan, you would receive free laboratory examinations and X-rays whenever needed. The primary benefit of this National Health Insurance programme is the provision of complimentary expert consultations at both hospital and dispensary levels.

5. Employment State Insurance Scheme: This multifaceted national health insurance programme offers social security and socioeconomic protection to all Indian workers, making it a multifaceted health insurance programme. Furthermore, it offers the same benefits to individuals who rely on the workers covered by this programme. Every worker’s first day of insurable employment marks the start of this insurance plan. They receive complete health insurance coverage for both themselves and their families.

However, those who fall under this program’s coverage—basically, workers—also have access to a variety of monetary advantages. They cover financial assistance during periods of physical hardship, such as illness, or even in the event of a temporary or permanent disability. Furthermore, women who become unable of earning a living or whose dependents are harmed in the course of work are entitled to a monthly pension known as dependents payments. This plan isn’t appropriate for every individual or business. Only permanent factories with more than ten workers are covered by it.The programme has recently been expanded to include a wider range of businesses, such as restaurants, retail stores, car and truck transportation companies, and newspaper companies with over 20 employees.

6. Janshree Bima Yojana:

This programme is intended for those who fall into the poverty category and are between the ages of 18 and 59. Special aspects of the scheme include Shiksha Sahyog Yojana and Women SHG Groups. There are now 45 occupational groupings covered by this programme.

7. Chief Minister's Comprehensive Insurance Scheme:

This state government programme in Tamil Nadu is called Chief Minister's Comprehensive Insurance Scheme. In collaboration with United India Insurance Company Ltd., it was introduced. It is a family floater policy that was created to give people access to high-quality medical care.More than a thousand medical treatments are covered under this plan. You can make claims for healthcare expenditures up to Rs 5 lakh under this coverage. Under this programme, the beneficiary has a choice of government and private hospitals. Residents of Tamil Nadu who make less than Rs 75,000 annually are eligible to sign up for this programme.

8. Universal Health Insurance Scheme (UHIS):

This kind of programme was put in place to assist low-income households. It provides for all of the family members' medical costs. There is coverage in place in the event that an accident results in death.

There is coverage in place in the event that an accident results in death. The four public sector general insurance firms are essentially the key forces behind the Universal Health Insurance Scheme. They have been working to improve healthcare for India's impoverished citizens, particularly those who are economically challenged. Once a family member is admitted to the hospital, this initiative can help with up to 30,000 rupees in medical costs. However, the Universal Health Insurance scheme pays a total of 50 rupees each day for a maximum of 15 days when the earning head of the family is admitted to the hospital.Thus, we can conclude that families below the poverty line are the target audience for this insurance programme.

9. West Bengal Health Scheme:

This programme was introduced by the West Bengal government in 2008 for its workforce. It is accessible to retirees also. Up to a Rs. 1 lakh sum insured, this coverage is offered on an individual and family floater basis. In accordance with the terms and circumstances of the policy, OPD care and medical procedures are covered.

10. Yeshasvini Health Insurance Scheme:

This programme is promoted by the state government of Karnataka. Farmers and peasants who belong to cooperative societies can benefit from this programme. Over eight hundred medical procedures, including angioplasty, orthopaedics, and neurology, are covered by this health insurance plan.

11. Jyotiba Phule, Mahatma Jan Arogya Yojana:

For the welfare of the people in the surrounding state, the Maharashtra government introduced this health insurance programme. The programme, which was designed with Maharashtra's farmers in mind, would support those who fall below the poverty line. Up to Rs 1.5 lakh in family health coverage is provided by the policy for certain ailments. The nicest thing about this policy is that, barring anything expressly stated in the policy terms, there is no waiting period and claims can be made as soon as the first day of coverage.

12. The Amrutam Yojana of Mukhyamantri :

The Gujarati government launched the Mukhyamantri Amrutam Yojana in 2012 with the intention of helping the state's impoverished citizens.Enrollment in the programme is open to those who fall into the lower middle income category and below the poverty line. Up to Rs 3 lakh per family is covered by this family floater health insurance policy. The insured has access to healthcare from trust-run hospitals, as well as from government and commercial facilities.

The characteristics and advantages of government health insurance programmes

The following lists the characteristics and advantages of government-run health insurance programmes:

- Low-cost government health insurance programmes are available.
- BPL families can also benefit from insurance with this coverage.
- The policy guarantees coverage for the underprivileged.
- Better healthcare is provided by the policy through treatment at both government and private hospitals.

Best Health insurance plans in India

Best Health Insurance Plans in India				
Company	Plan	Entry Age	Sum Assured (Rs)	Premium starts from (Rs)
Apollo Munich HEALTH INSURANCE	Optima Restore	18 – 65 years (Individual) & 91 - 21 years (Floater)	3 Lakh to 15 Lakh	5000
BAJAJ Allianz	Health Insurance for Individual	18 – 65 years	1.5 Lakh to 50 Lakh	Variable with SA
MAX Bupa HEALTH INSURANCE	Heartbeat	No age limit	2 Lakh to 50 Lakh	3700
RELIGARE Values that bind	Care Health Insurance Plan	5 years – No upper limit	2 Lakh to 60 Lakh	2300
HDFC ERGO	Health Suraksha Plan	No age limit	3 Lakh to 10 Lakh	Variable with SA

health insurance studies in India

2014–15 study by Nielsen and Max Bupa Health Insurance Co. Ltd., which included 1,500 customers in India, revealed a number of significant findings. Almost 70% of those surveyed said that health insurance was more crucial than life insurance. Although about 60% of informed consumers become aware that the health insurance plan offered by their company could not be sufficient. Notably, customers are opting for larger coverage amounts, switching from individual to family insurance, and considering factors other than price when selecting a policy .The liberalisation of the insurance market and the introduction of private enterprises have resulted in notable changes in the Indian insurance sector.

In a little amount of time, private insurance has taken up 14% of the non-life and 13% of the life insurance markets (Bhat et al., 2005). Since India's insurance industry was privatised, health insurance has become more significant. The emergence of stand-alone insurance companies has spurred expansion and attention in this field. In contrast, public/social health insurance only covers around 2% of all health expenses, although the Indian government's budget covers 18% of this amount (Bhat & Mavalankar, 2000).

India's health insurance situation Following the insurance industry's liberalisation in India in 2001, a large number of insurance businesses have registered. As clients, we have access to more than 300 products from three distinct types of firms, which include:

General Insurance firms, Health Insurance Companies, and Life Insurance Companies.

They are all attempting to meet the various demands of the clients by offering various packages and perks[4].

There are three types of health insurance available in India:

a. Commercial insurance (which includes maternity, accidental, and health coverage).

b.government welfare programmes, which are fully funded by the state and for which the recipient must make no payments in order to get benefits (such as the Tamil Nadu Chief Ministers Health Insurance Scheme).

c.health schemes, such as the Rashtriya Swasthya Bima Yojana, are a combination of insurance and welfare in which the recipient must pay a small premium in order to receive benefits .

Hospital curative care is covered by health insurance policies. In addition, there is coverage for costs incurred 30 days before hospital admission for diagnosis and 60 days following hospital admission. In accordance with the policy, the beneficiary will not get any reimbursement if a person is admitted to a hospital and, after numerous tests (and more than one day of hospitalisation), nothing is found or diagnosed.

Various Health Insurance Schemes in India

There are many different health insurance plans available in India to meet the demand for health insurance. These plans fall into four(4) categories:

1. Profit-oriented or optional health insurance policies.

2. Mandatory health insurance programmes or programmes owned by the government (e.g., CGHS and ESIS).

3. Health insurance policies offered by non-government organisations.

4. Plans controlled by employers.

KERALA SCENARIO

The state of Kerala made the decision to combine all government-sponsored health care programmes, including the Comprehensive Health Insurance Scheme (CHIS), which is fully sponsored by the state of Kerala and pays the entire premium, the RSBY (Central and State Government Combined Scheme),...

Approximately Rs. 250 crore has been paid by the government for this health insurance. At first, this health plan's treatment benefits were exclusively offered by government hospitals or healthcare facilities; but, subsequently, a number of private institutions obtained authorization to provide care under this plan.

India's economy has expanded and thrived, but human development metrics have not kept up with this. Concerns are still raised by the high risk groups' mortality rates. The disparities in death rates across the nation according to caste, religion, and class serve as a clear reminder of the divisions that exist between Indian society's various classes. The state has intervened in various ways to increase service uptake, including targeted methods, incentives, subsidising, free provisioning, and public campaigns. This is due to the rising levels of

inequality and the resulting lack of access to health care. The focus of this has been on the availability, utilisation, and provision of medical services.

Researchers, decision-makers, and civil society organisations have directed their attention towards the delivery, accessibility, and utilisation of medical services. People on the edges have been pushed out by rising service costs, and those in these situations still find it very difficult to make health care claims. The goal of the focused approach is to connect with those who are officially classed as BPL and who live in poverty.Inequalities in health care availability, affordability, and access are significant factors that influence population health. (Kumar and associates, 2010)1.Other elements such as governmental policy, local laws, and administrators' will also have an impact on the determining factors.

Health insurance is viewed as a paradigm change in health funding technology as well as an alternative.Due to their inability to obtain and pay for health care, the poorest households within a nation appear to suffer the most. Their inability to afford services from private providers forces them to turn to the state-funded system, which may be understaffed and poorly maintained. Advocates of health insurance as a substitute approach to intensify national initiatives to enhance health outcomes are making an attempt to win over policymakers in a number of low- to middle-income nations.3. Social Health Insurance's beginnings. In the early 1900s, national health programmes were developed in a number of nations.

The Concept of Health Insurance

In this study, the centrally sponsored health insurance program—known in Kerala as the Comprehensive Health Insurance Scheme (CHIS)—is examined. The existence of a long-standing custom of welfare funds aimed at specific social groups paints a picture of a state that is skilled at creating new programmes and adjusting to centrally managed initiatives for the good of the state's citizens. Different approaches have been used in the establishment of policy measures to assist persons living below the poverty line in seeking medical attention. A programme that enables the provision of free treatment in public hospitals and subsidised treatment in private hospitals is the Rashtriya Swasthya Bima Yojana (RSBY).

One of them is the Rashtriya Swasthya Bima Yojana (RSBY), which uses smart card technology to enable the provision of free treatment in public hospitals and subsidised

treatment in private hospitals, subject to a predetermined limit. The PPP model that served as the foundation for the RSBY contained an embedded business model to assist the insurer, the service provider, andthe sufferer.With its built-in economic model, RSBY appealed to insurers, and state governments found it appealing too, thanks to its 75:25 funding arrangement. Wherein the State government supplied the remaining 25% of the premium and the federal government paid the remaining 75%. Other policy initiatives include the National Rural Health Mission (NRHM) programme, which focuses on offering improved healthcare services to rural communities. The Common Minimum Programme (CMP), which was developed during the first term of the UPA, is where the political backdrop of RSBY originated. The Congress-led government's election manifesto included the common minimum programme. Even though Prime Minister Manmohan Singh unveiled the plan in 2007,Even though Prime Minister Manmohan Singh introduced the programme in 2007, it didn't actually go into effect until 2008.

RSBY The National Health Insurance Scheme, or RSBY (Rashtriya Swasthya Bima Yojana)

was started by the Central government in 2008 and launched by the Ministry of Labour with the goal of covering the entire country by 2012 or 2013. The program's objective is to provide health insurance to workers in the unorganised sector who fall below the Below Poverty Line. The Unorganised Workers Social Security Act of 2008 included this programme. It was intended for this programme to cover both home-based businesses and employees in the unorganised sector.With a few basic exclusions, the policy's annual maximum benefit of Rs. 30,000 for a family of five can be collected in the event of illness. The scheme also covers pre-existing ailments.

Healthcare services were provided under this plan using the Public-Private Partnership (PPP) model, which solicited bids from both public and private service providers. When private providers wisely choose to participate in the programme, they had to agree to supply services at the predetermined rates and empanel themselves under the programme by participating in the empanelment campaign.The program's target population and covered groups have grown over time to encompass a wider range of labourers, such as rickshaw pullers who are homeless, maid servants, and migrant workers.

CHIS

The Labour and Rehabilitation Department, the Health and Family Welfare Department, and the Local Self Government Department of the State government of Kerala together operate the RSBY and Comprehensive Health Insurance Scheme. The department of Labour and Rehabilitation serves as the scheme's nodal agency. The scheme's implementation was given to the Comprehensive Health Insurance Agency of Kerala (CHIAK), a distinct organisation under the Labour Department. The programme was implemented in the first year of operation, involving 135 hospitals in the public sector and 165 in the private sector, including hospitals run by cooperatives. Empanelment is the term for this procedure of joining the programme. All hospitals in the public sector that were accredited at the Community Health Centre level .On August 17, 2008, the Kerala State government issued orders regarding the implementation of CHIS for workers in the non-below-poverty line (NPL) category under the Labour department and RSBY for unorganised sector employees who fell into the below-poverty line (BPL) category through its Health and Family Welfare Department. It's interesting to note that the state also calculated separate poverty lines based on the Nine Parameters, which included houses without sanitary facilities, heads of households headed by women, and households with no regular jobs.

The switch from comprehensive insurance to targeted insurance.

In Kerala, the RSBY programme was changed to become the Comprehensive Health Insurance Scheme (CHIS). As opposed to the RSBYthat only provided coverage to people living in poverty, CHIS extended its reach to encompass families with APL members. All individuals who met the eligibility requirements listed by the state government and who were categorised as falling below the poverty line in accordance with the rules set forth by the Planning Commission of the Central government were to be included in this plan. In order to implement the programme, the state government had to make an effort to confirm the eligibility of workers and their families who were below the poverty level before adding them to the programme. The state government was required by the orders of the Central government and the state to guarantee that the necessary number of human resources were available for the establishment of a nodal agency.

The state government was responsible for making sure that the labour welfare department of the state government and the Central government both adhered to the necessary amount of human resources for the formation of a nodal agency. The Comprehensive Health Insurance

Authority of Kerala, or CHIAK, was the nodal organisation in Kerala. The Kerala CHIS was designed to be a cashless insurance programme in which the smart card holder, who is the beneficiary, could receive medical care from hospitals that are on the panel, such as community health centres, ESI hospitals, district hospitals, and willing private institutions. Current illnesses were also covered by CHIS, and the affiliated hospitals were required to adhere to a detailed list of charges for various surgical operations. Additionally, the plan included a personal accident.

In the event that the card holder is injured. The annual coverage for accident insurance is set at Rs. 25,000. The selection of private hospitals was contingent upon a number of factors, including their infrastructure and staffing capacities. Both the insurance agency and the TPA supervised the requirements for the private providers' empanelment. Additionally, the agency CHIAK mandated that insurance agencies hire field personnel to investigate any concerns that may arise during the scheme's implementation. This involved teaching technical classes on how to utilise the programme and how to manually submit a claim in the event that the software failed. Medical institutions ensured the cashless system.The cashless treatment and affiliations with pharmacies and other diagnostic service providers that offer services to the recipients. Private companies who have agreed to offer these services at discounted prices may be the providers of the diagnostic services. These partnerships would result in subsidised medications from Medical Fair Price stores near the public hospitals. The same clause applied to private hospitals, which meant that they had to give patients the necessary treatment and medications both during their stay as inpatients and for five days following their release. The RSBY plan has undoubtedly succeeded in attracting a large number of participants and benefits, if enrollment and usage are any indications. Additionally, the majority of the beneficiaries.The simplicity of the program's operation has drawn notice, and patients were encouraged to seek care at both public and private hospitals by its cashless feature. An increasing number of employees have cited the simplicity of filing claims and the seemingly simple procedures for utilising the services at even private hospitals as one aspect that has drawn a lot of attention and saved money in light of the rising costs of medical expenses as well as the rising amounts of incidental debt brought on by catastrophic medical costs.

The health care scheme known as "**KARUNYA AROGYA SURAKSHA PADHATHI** (KASP)" aims to cover secondary and tertiary care hospitalisation costs for over 42 lakhs

poor and vulnerable families (roughly 64 lakhs beneficiaries) who make up the lowest 40% of Kerala's population, with an annual health cover of Rs. 5 lakhs per family. The State of Kerala has chosen to combine all government-sponsored health care programmes, including the Comprehensive Health Insurance Scheme (CHIS), which is the fully sponsored health care programme for the state of Kerala, and the RSBY (Central and State Government Combined Scheme), where premiums are shared 60:40.

Along with Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY) and formulated Karunya Arogya Suraksha Padhathi (KASP), there are three health insurance schemes offered by the Kerala government: Comprehensive Health Insurance Scheme (CHIS), Senior Citizen Health Insurance Scheme (SCHIS) (which provides an additional coverage of Rs 30,000 per beneficiary to all senior beneficiaries in RSBY/CHIS families aged 60 and above), and Karunya Benevolent Fund (KBF) (a trust model implemented through Lottery department).

Bharat Ayushman The largest health care programme globally, PM-JAY aims to cover secondary and tertiary care hospitalisation costs for over 10.74 crore poor and vulnerable families (roughly 50 crore beneficiaries), who make up the lowest 40% of the Indian population, with an annual health cover of Rs. 5 lakhs per family. The Socio-Economic Caste Census 2011 (SECC 2011) deprivation and occupational criteria for rural and urban areas, respectively, are used to determine the inclusion of households. Prior to its rebranding, PM-JAY was known as the National Health Protection Scheme (NHPS).

Launched in 2008, the Rashtriya Swasthya Bima Yojana (RSBY) was absorbed into it. As a result, families who were covered by RSBY but are not listed in the SECC 2011 database are also included in the coverage described under PM-JAY. The Central and State Governments split the implementation costs of PM-JAY, which is entirely supported by the Government. On October 31, 2018, the State of Kerala signed a contract with NHA and established the State Health Agency (SHA) to carry out the programme as Karunya Arogya Suraksha Padhathi (KASP) in the State. Beginning on July 1, 2020, the Kerala government will carry out the programme directly in a trust mode (via the recently established State Health Agency (SHA)). Empanelled Health Care Providers' claims will be handled by Heritage Health insurance Pvt ltd.

Important KASP – PMJAY Features

The health care system is fully funded by the government and offers coverage for secondary and tertiary care hospitalisation in both public and private institutions, up to Rs. 5 lakhs per family annually.

• KASP – PMJAY gives the beneficiary cashless access to medical services at the hospital, or point of service.

• KASP – PMJAY aims to lessen the potentially catastrophic cost of medical care.

• It pays for up to three days of pre-hospitalization and fifteen days of post-hospitalization costs, including medications and tests.

It pays for up to three days of pre-hospitalization and fifteen days of post-hospitalization costs, including medications and diagnostics.

• There are no limitations on the size, age, or gender of the family.

• From the beginning, all pre-existing conditions are covered.

• The program's benefits are transferable throughout the nation; for example, a beneficiary may receive cashless care at any public or private hospital in India that has been accredited. Approximately 1,573 procedures are included in the services, which include all treatment-related expenses such as medication, supplies, diagnostic tests, doctor's fees, lodging costs, surgeon's fees, OT and ICU fees, etc.

Arogyakiranam

Children between the ages of 0 and 18 are covered by the state-run AROGYAKIRANAM Scheme for health entitlements in Keralan government facilities. The Arogyakiranam Scheme will cover all diseases (OP/IP) in addition to the 30 diseases covered by the Rashtriya Bal Swasthya Karyakram (RBSK) scheme. Under the JSSK Scheme, children under one may be included. All beneficiaries, regardless of APL or BPL, can receive free medications, tests, and treatments from government hospitals under this programme. Additionally, any services not offered by the hospital can be obtained entirely at no cost from organisations that have an agreement with it.The State Health Agency will begin implementing the Arogyakiranam plan on November 1, 2022. When a beneficiary comes to the hospital for care, the hospital can check to see if the family is covered by the ABPMJAY/KASP scheme. If not, the family may be included in the Arogyakiranam scheme as long as their parent isn't employed by the

government or subject to income tax. The IP services are handled by ABPM, and claims for OP services covered by the scheme are made via a different OP site.

KBF

The Kerala lottery is used to raise money for the State Government's assurance programme, the KARUNYA BENEVOLENT FUND (KBF), which offers financial assistance to underprivileged individuals with severe illnesses. The State Lotteries Department (Taxes) oversees the programme. The Karunya Benevolent Fund offers financial support to underprivileged individuals experiencing acute medical conditions such as cancer, haemophilia, kidney and heart disorders, as well as palliative care. The lottery is used to raise money for the health plan. With an annual family income of less than Rs. 3 lakhs, lower and even middle class people find it impossible to afford the treatment of illnesses that this social programme helps with a beneficiary who qualifies can visit any hospital that has partnered with KASP to receive care. Notable rise in the number of medical professionals covered by the KBF programme. Additionally, the number of therapy packages rises. IT integration improves the KBF scheme's patient-friendly strategies.

CHAPTER -4

DATA ANALYSIS AND INTERPRETATION

Description of the sample

Data analysis and interpretation means to analyse the collected data and interpretation it's result. In this chapter the data collected by the way of the questionnaire and have been presented with the help of diagrams. The study conducted on the kodungallur municipality. 50 samples were collected from government employees.

Figure 4.1

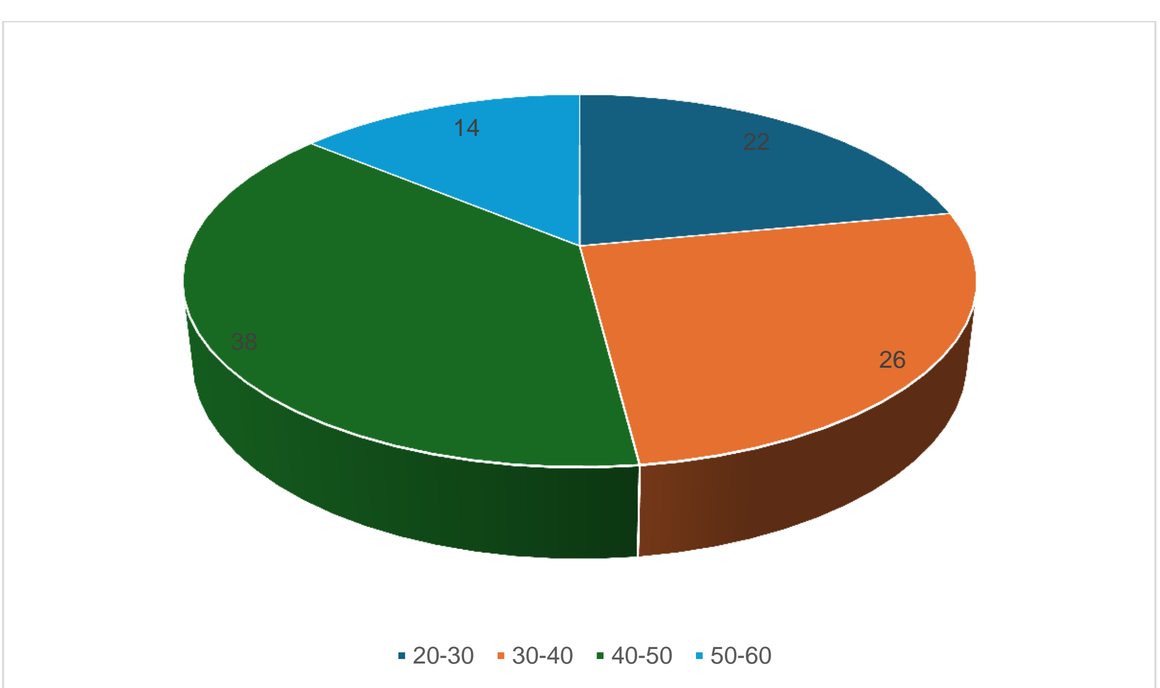


Figure 4.1 shows that 38% of respondents are included in 40-50 age group,22% of respondents are included in 20-30 age group,26% of respondents are included in 30-40 age group and 14%of respondents are included in 50-60 age group.

Figure 4.2

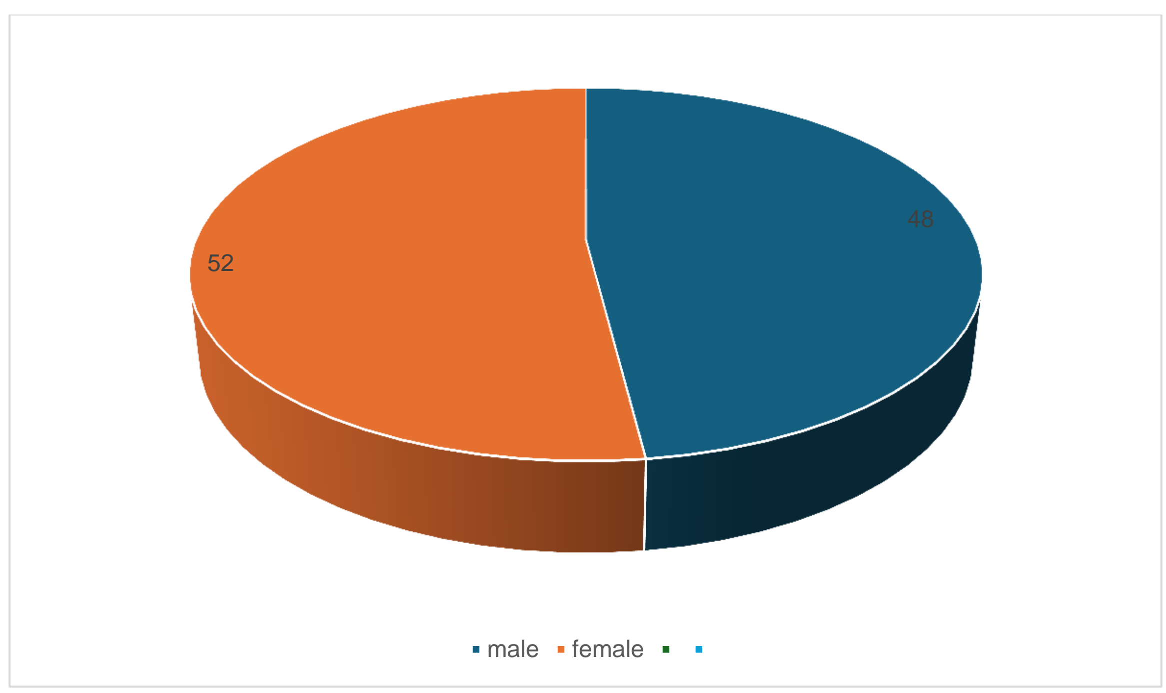


Figure 4.2 displays that 52%of respondents are female and 48% of respondents are Male.

Figure 4.3

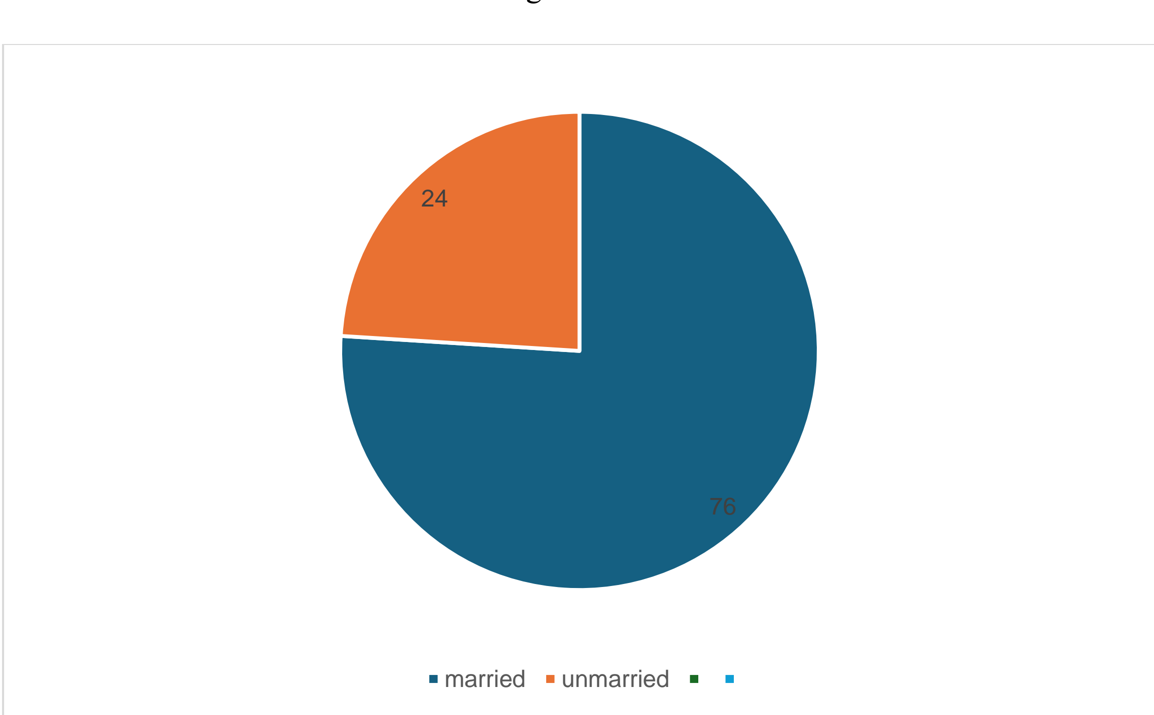


Figure 4.3 represents that 76% of respondents are Married and 24% of respondents are Unmarried.

Figure 4.4

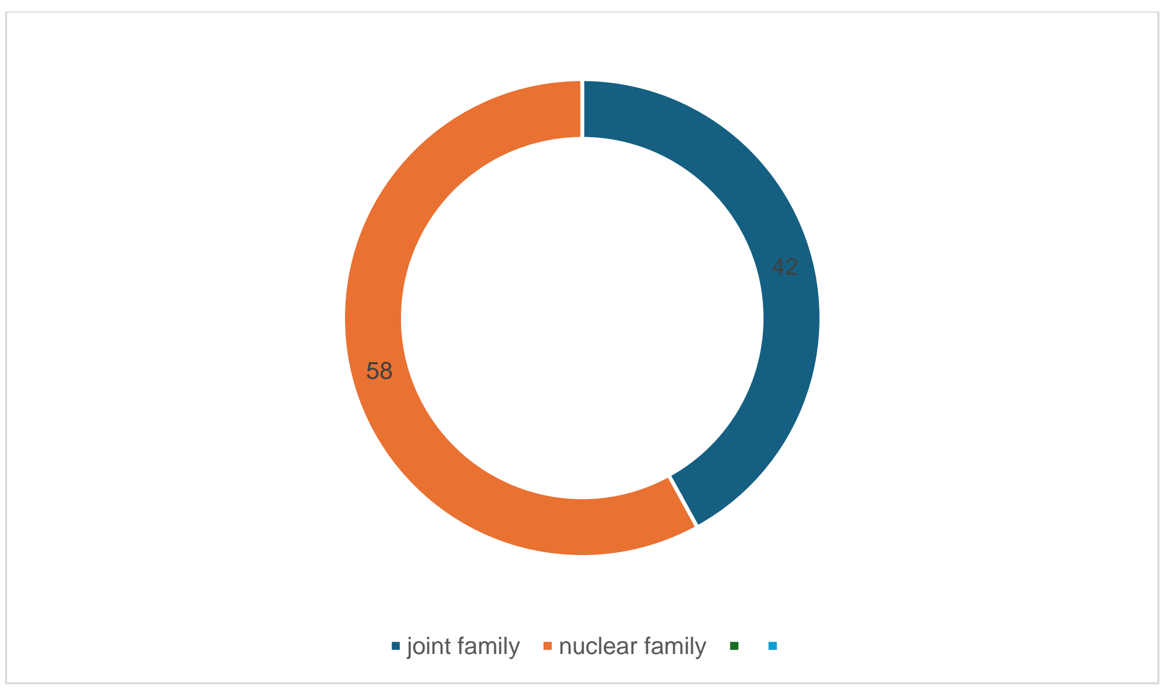


Figure 4.4 represents that 58% of respondents are included in Joint family and 42% of respondents are included in Nuclear family.

Figure 4.5

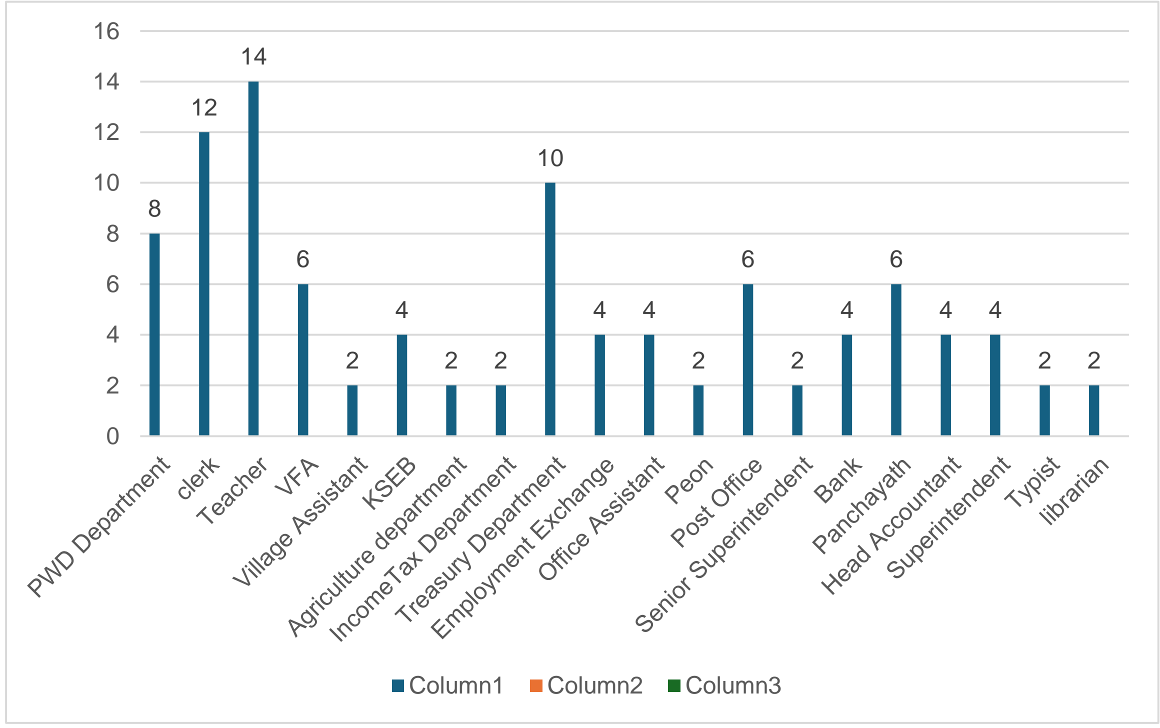


Figure 4.5 displays that 14% of respondents are included in the Teaching category,12% of respondents are included in clerk ,8% of respondents are included in PWD department ,6% of respondents are included in VFA,2% of respondents are included in village assistant ,4% of respondents are included in KSEB,2% of respondents are included in agriculture department,2% of respondents are included in income tax department,10% of respondents are included in Treasury department,4% of respondents are included in Employment exchange,4% of respondents are included in Office assistant,2% of respondents are included in peon,6% of respondents are included in post office,2% of respondents are included in senior superintendent,4% of respondents are included in Bank,6% of respondents are included in Panchayath,4% of respondents are included in Head accountant,4% of respondents are included in superintendent,2% of respondents are included in Typist and 2% of respondents are included in Librerian.

Figure 4.6

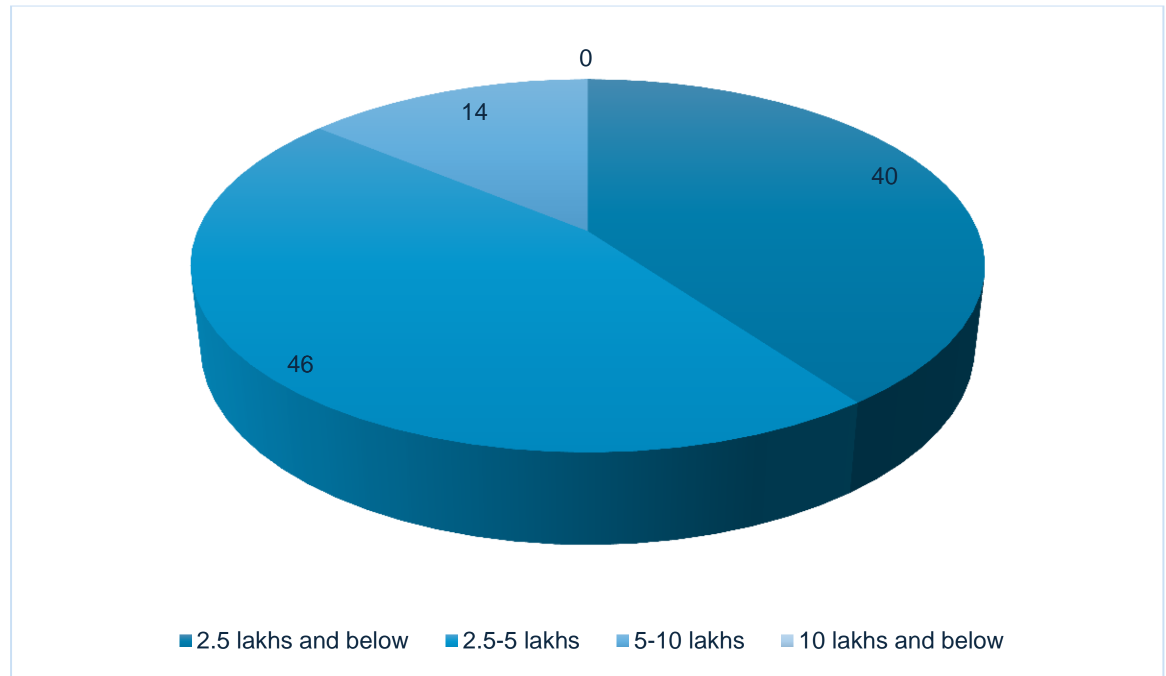


Figure 4.6 shows that 46% of respondents are included in 2.5-5 lakhs income category,40% of Respondents are included in Below 2.5 lakhs income category and 14% of respondents are included in 5-10 lakhs income category.

Figure 4.7

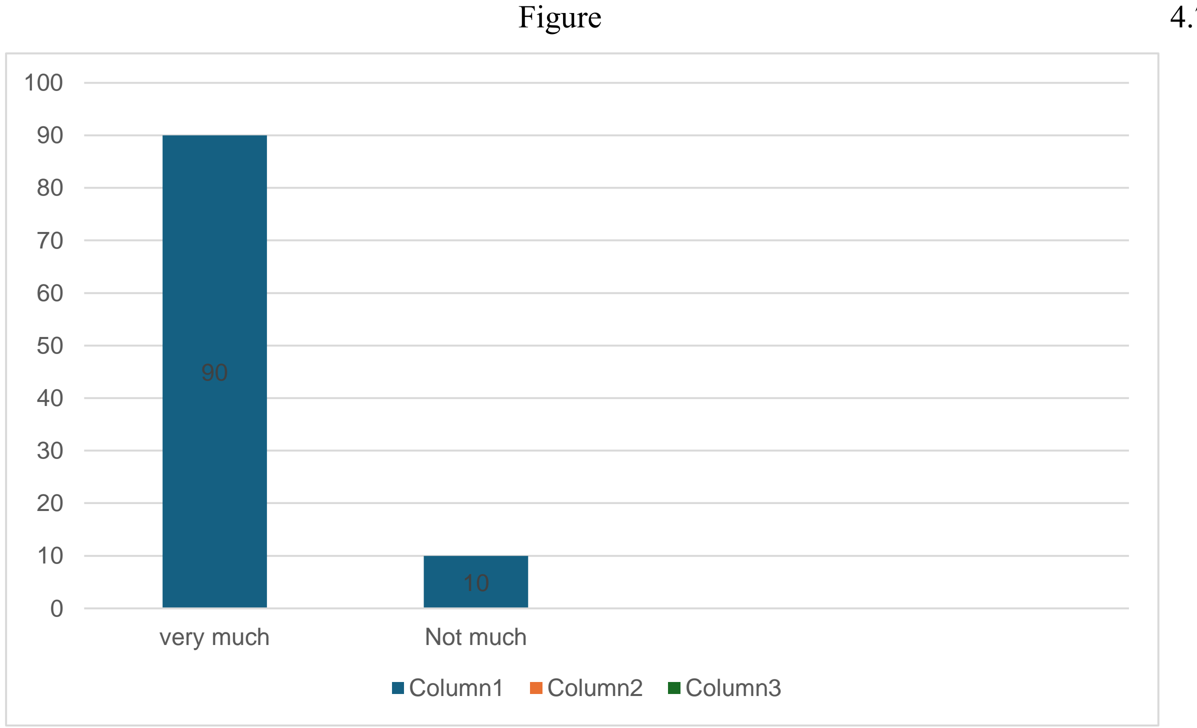


Figure 4.7 shows that 90%of the respondents are Very much to care about having insurance Policy and 10% of respondents are not much to care about having insurance policy.

Figure 4.8

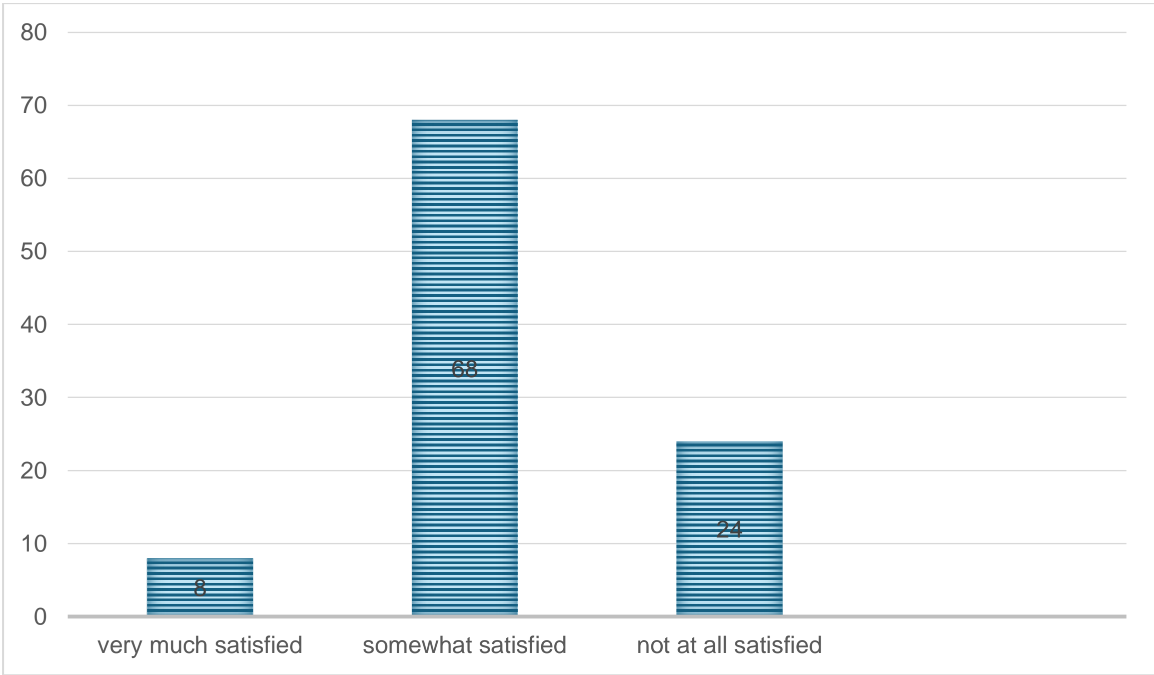
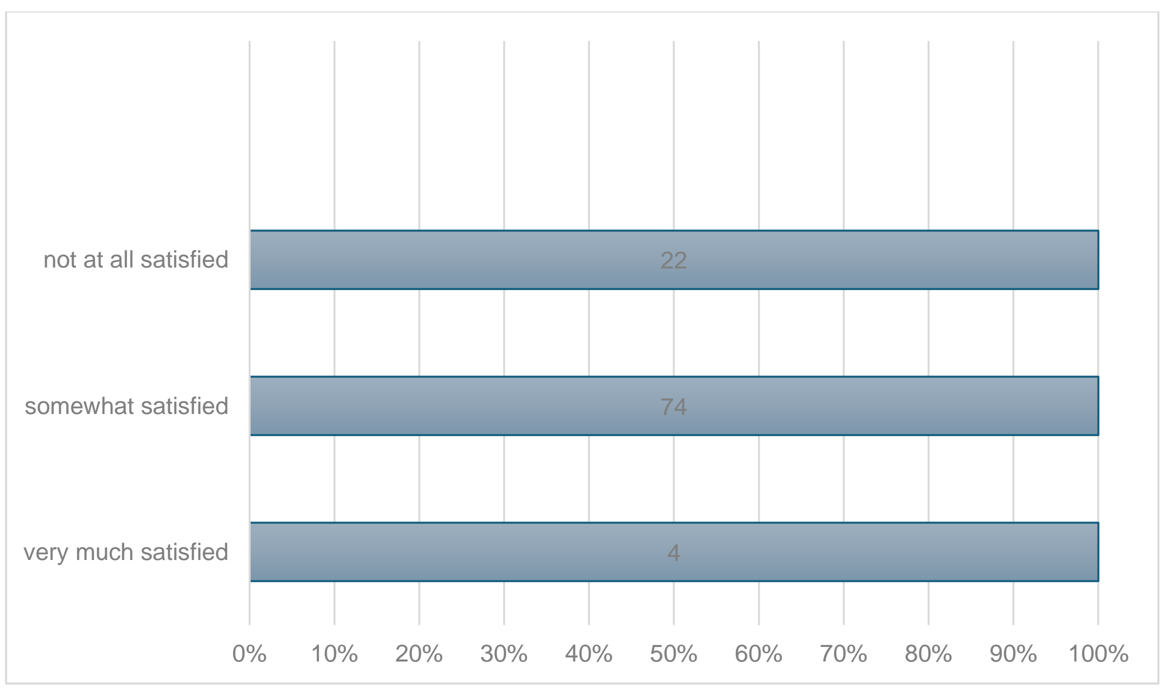


Figure 4.8 represents that 68% of respondents are somewhat much Satisfied having insurance policy ,24% of respondents are not at all satisfied having insurance policy and 8% of respondents are very much satisfied having insurance policy.

Figure 4.9



74% of respondents are somewhat satisfied with the time to take health insurance policy with reimbursement ,22% of respondents are not at all satisfied with the time to take health insurance policy with reimbursement and 4% of respondents are very much satisfied with the time to take health insurance policy with reimbursement .

Figure 4.10

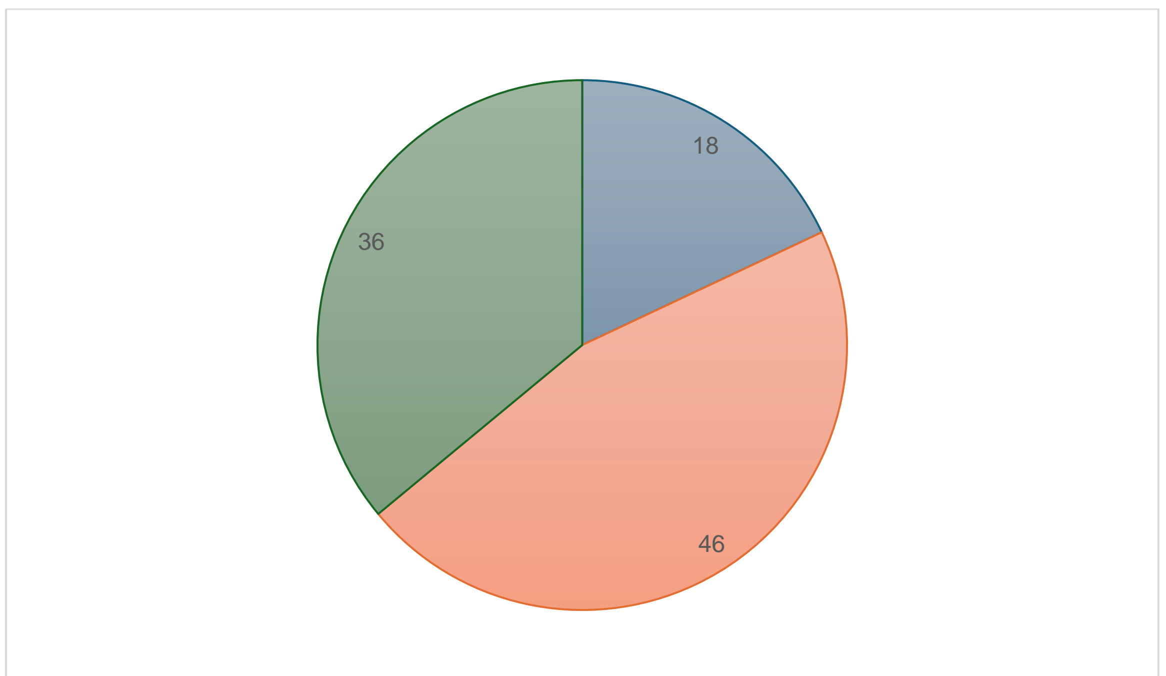


Figure 4.10 describes that 46% of respondents are somewhat confident will get high -quality and safe medical care ,36% of respondents are not too confident will get high -quality and safe medical and 18% of respondents are very much confident will get high -quality and safe medical care.

Figure 4.11

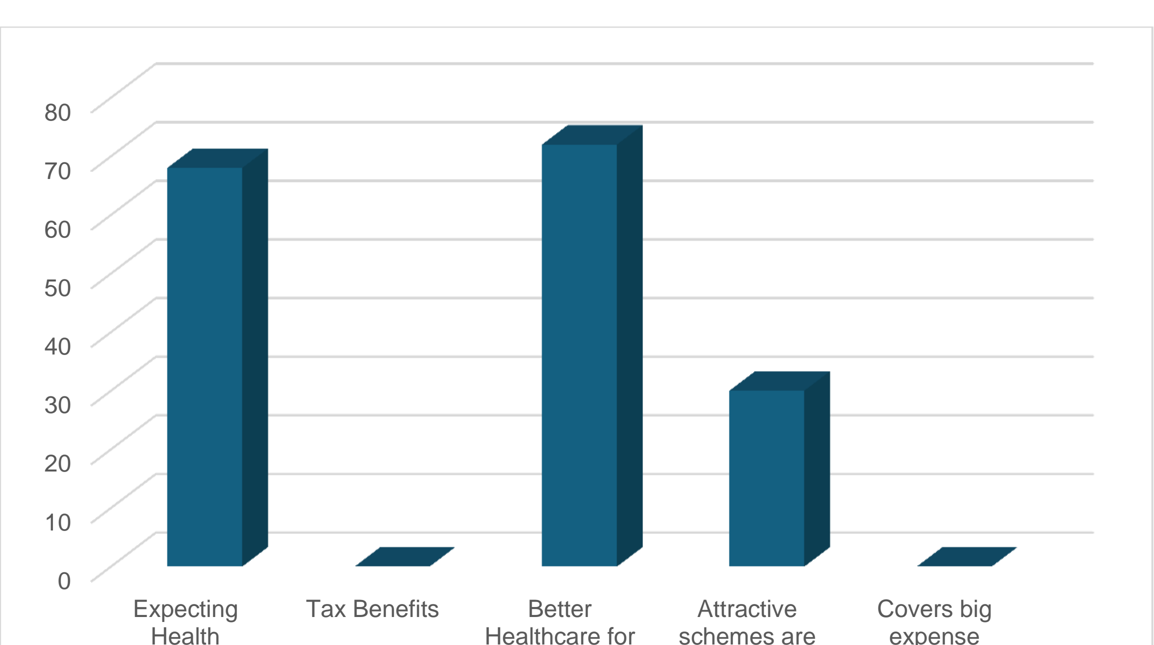


Figure 4.11 shows that 72% of respondents are taking health insurance policy to provide better health care for family,68% of respondents are taking health insurance policy to expecting health problems and 30% of respondents are taking health insurance policy because attractive schemes are available.

Figure 4.12

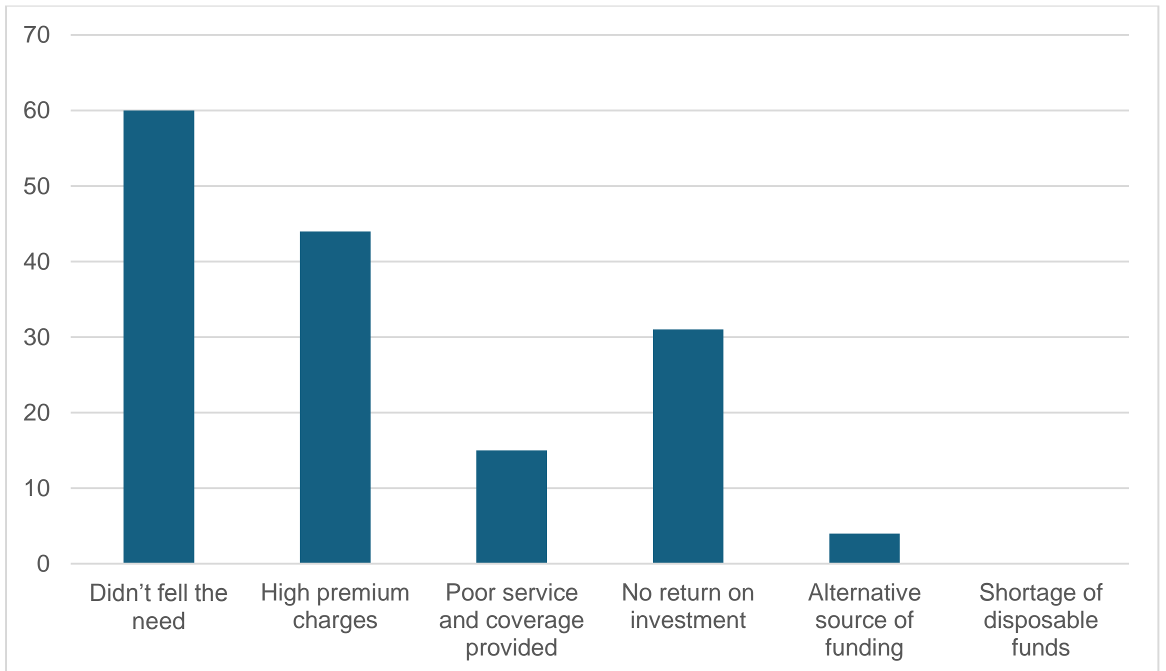


Figure 4.12 shows that 60%of respondents are not taking health insurance policy because they don't feel the need,62% of respondents are not taking health insurance policy because there will be no return on investment,44% of respondents are not taking health insurance policy because of high premium charges,30% of respondents are not taking health insurance policy because Poor service and coverage provided and 4% of respondents are not taking health insurance policy because of alternative source of funding.

Figure 4.13

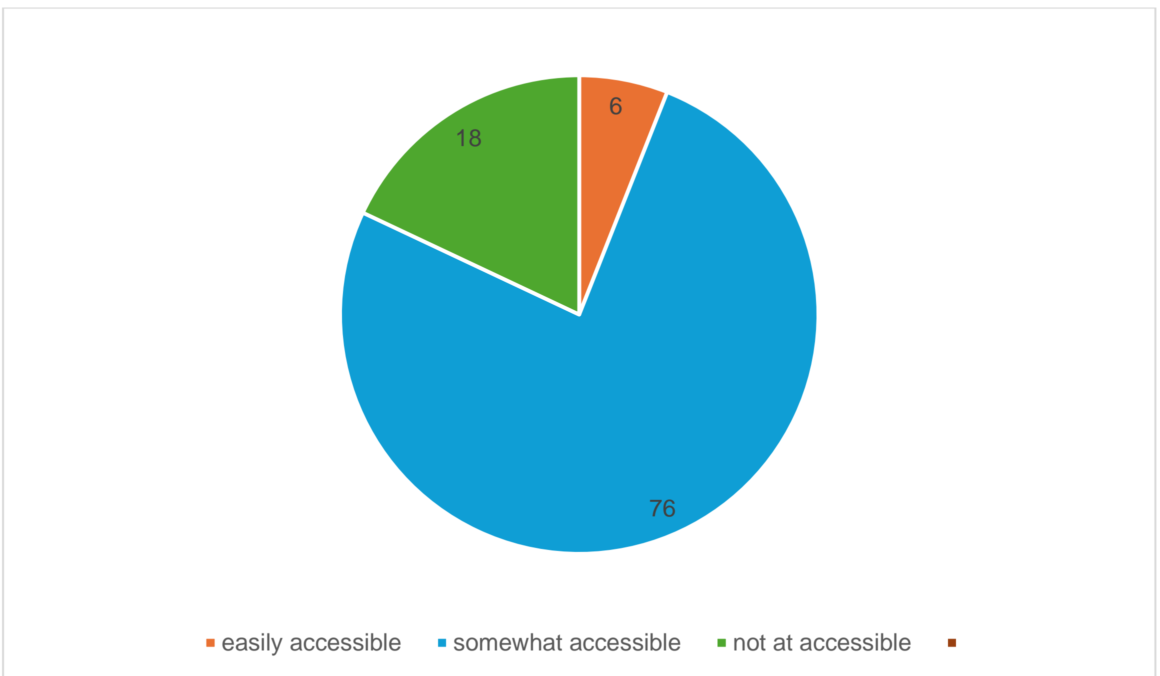


Figure 4.13 shows that 76% of respondents are responding health insurance rates are somewhat accessible ,18% of respondents are responding health insurance rates are not at accessible and 6% of respondents are responding health insurance rates are easily accessible.

Figure 4.14

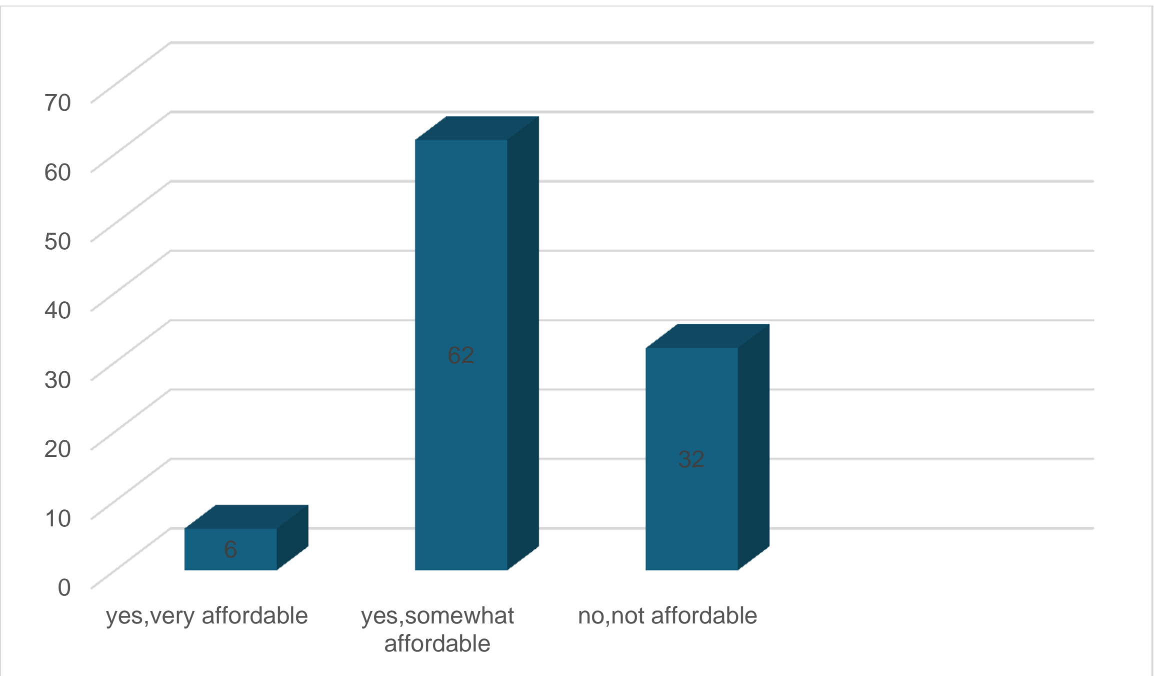


Figure 4.14 shows that 62% of respondents are responding health services are somewhat affordable,32% of respondents are responding health services are not affordable and 6% of respondents are responding health services are very affordable.

Figure 4.15

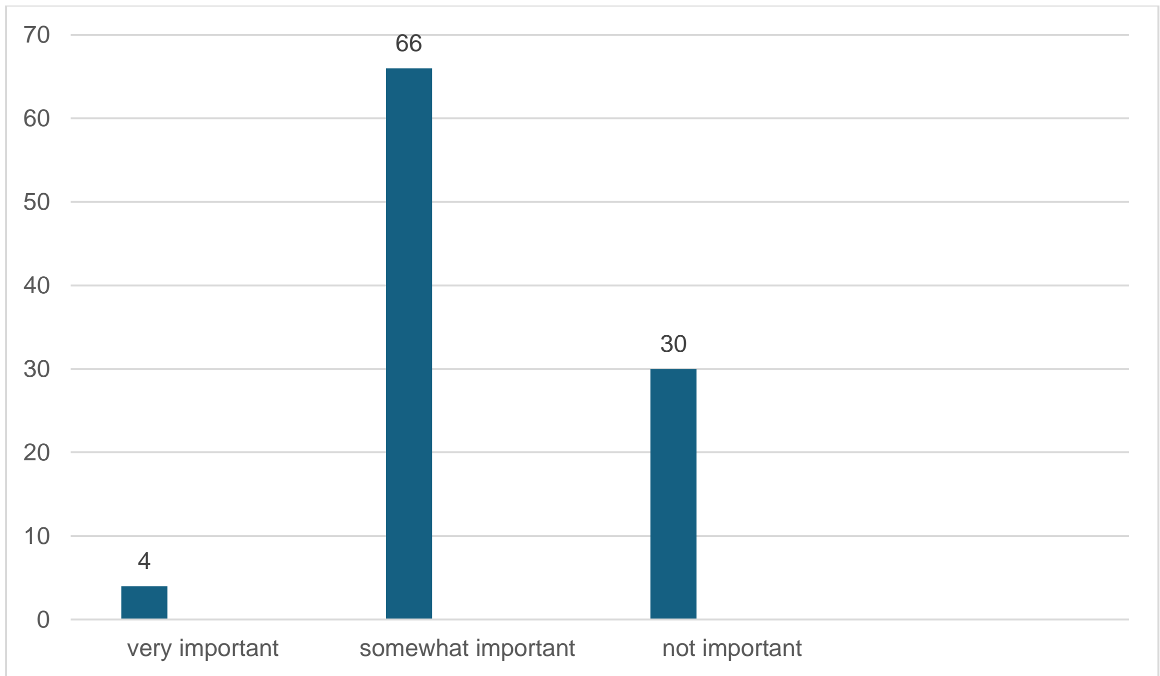


Figure 4.15shows that 66% of respondents are somewhat important that health insurance cover preventive care ,30% of respondents are not important that health insurance cover preventive care and 4% of respondents are very important that health insurance cover preventive care.

Figure 4.16

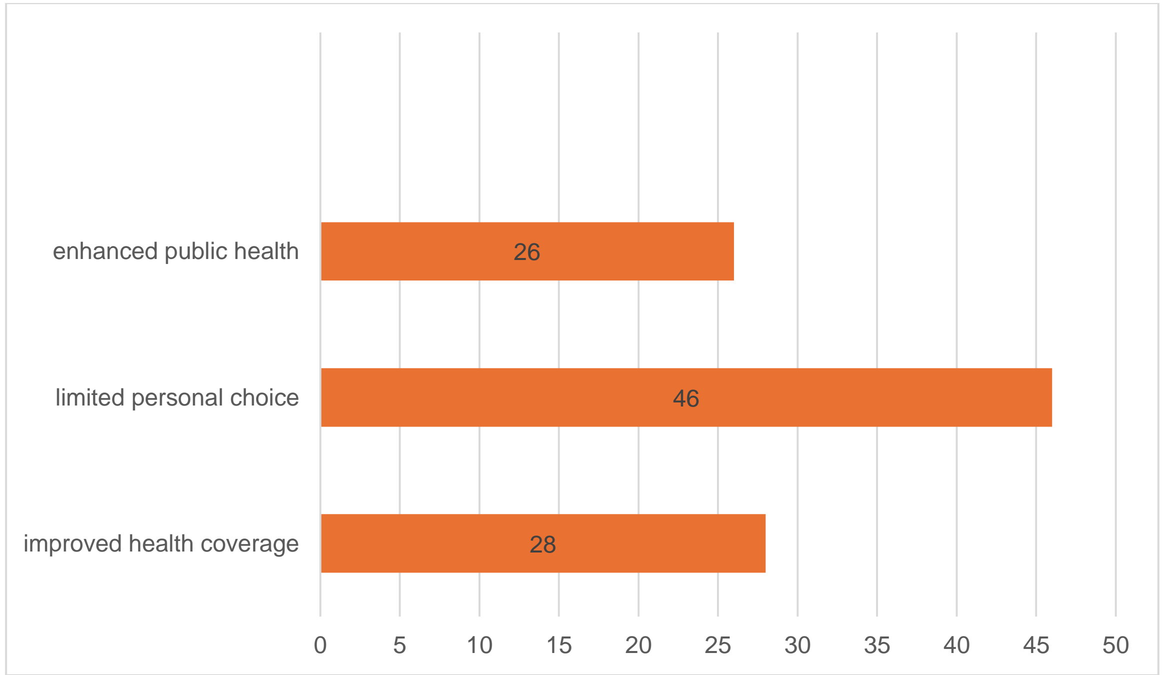


Figure 4.16 displays that 46% of respondents are responding limited personal choice impact MEDISEP scheme is compulsory,28% of respondents are responding improved health coverage impacts MEDISEP scheme is compulsory and 26% of respondents are responding enhanced public health impacts MEDISEP scheme is compulsory.

Figure 4.17

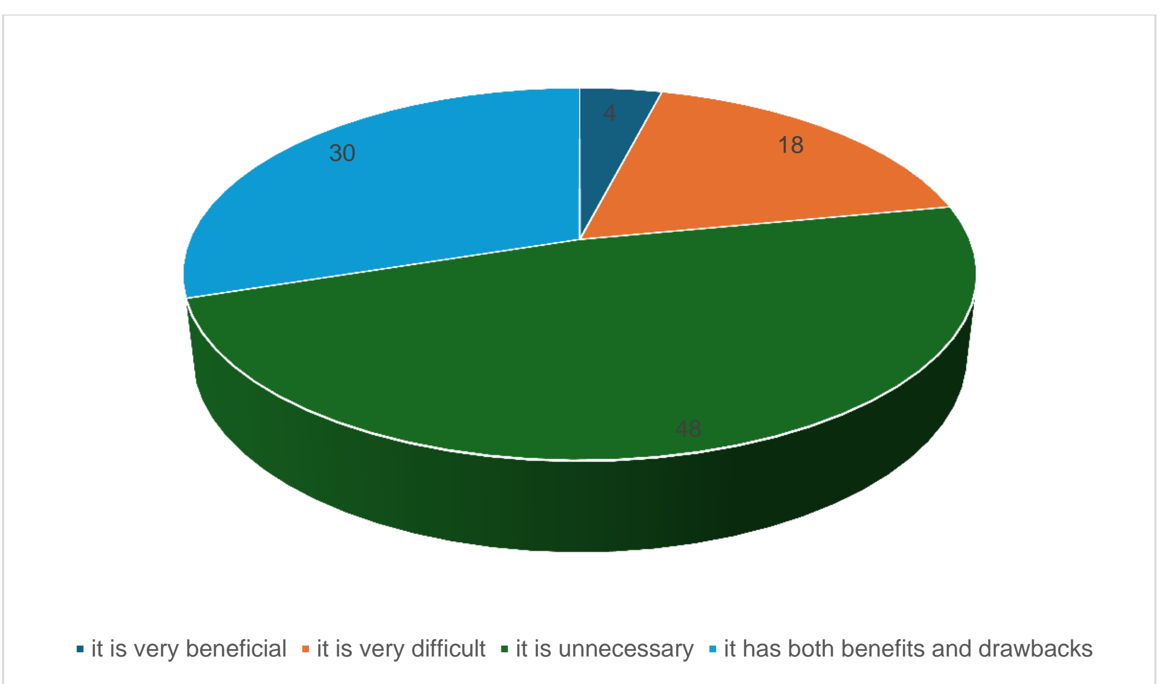


Figure 4.17shows that 48% of respondents are responding it is unnecessary to take compulsory,30% of respondents are responding it has both benefits and drawbacks to take compulsory,18% of respondents are responding it is very difficult to take compulsory and 4% of respondents are responding it is beneficial to take compulsory.

Figure 4.18

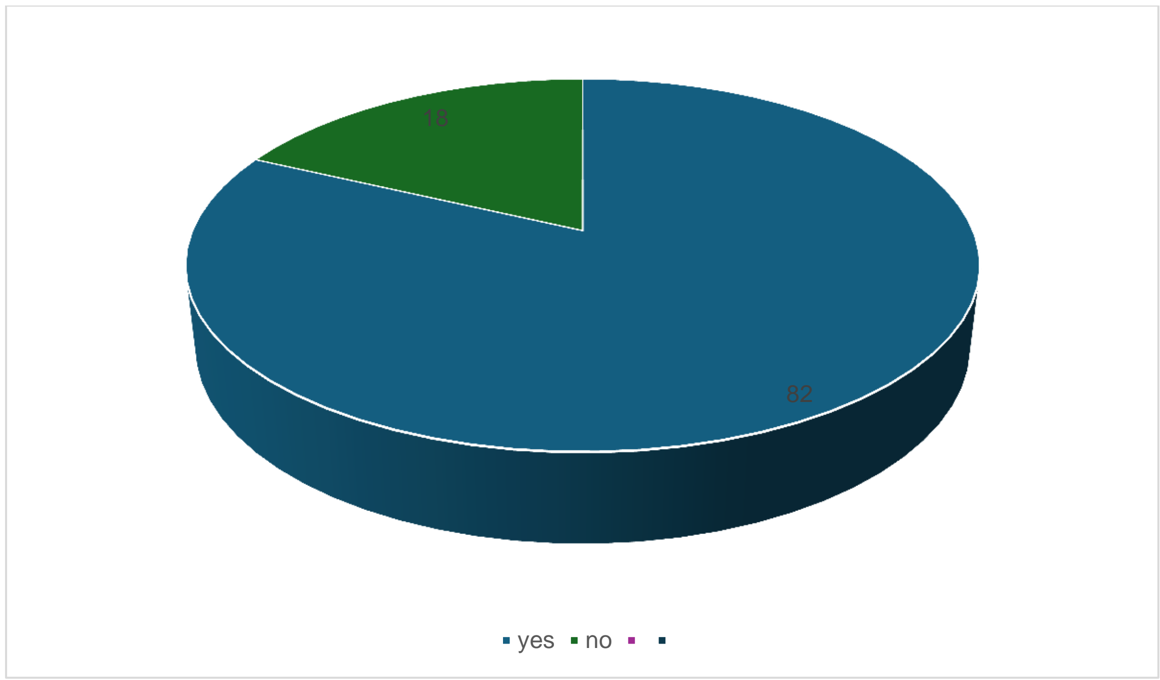


Figure 4.18 represents that 82% of respondents are responding MEDISEP services are available in hospital is near and 18%of respondents are responding the MEDISEP serviced hospital is not available.

Figure 4.19

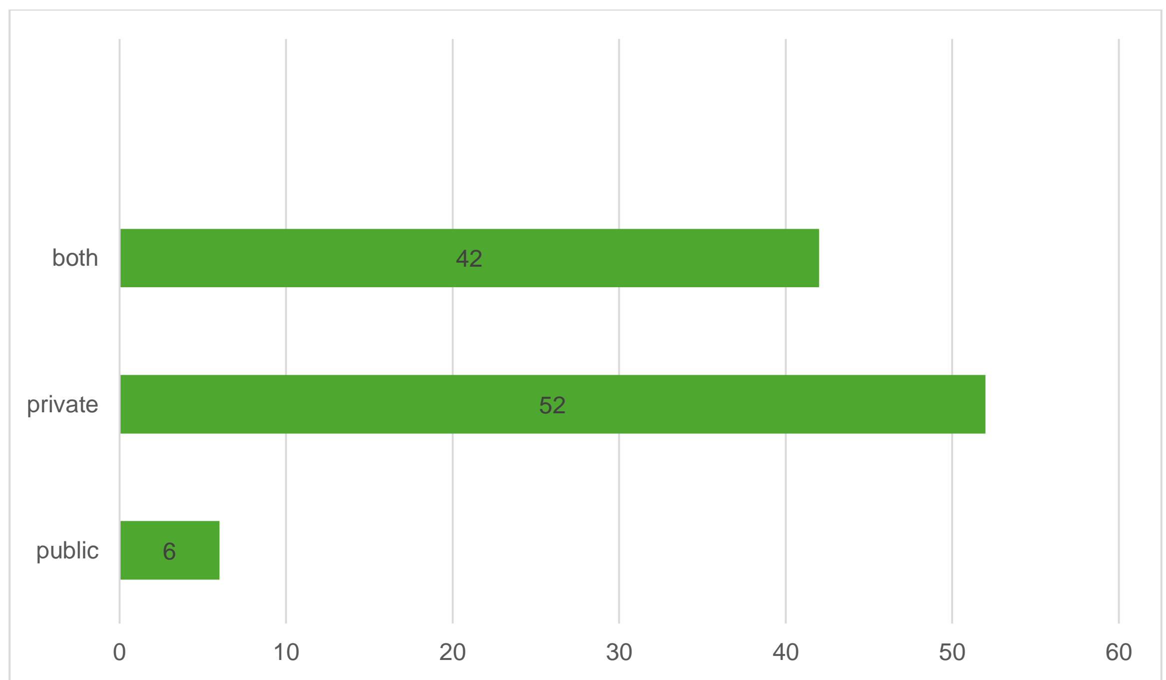


Figure 4.19 describes that 52% of respondents are responding private hospitals available for MEDISEP services,42% of respondents are responding both public hospital and private hospital available for MEDISEP services and 6% of respondents are responding public hospital are available for MEDISEP services.

Figure 4.20

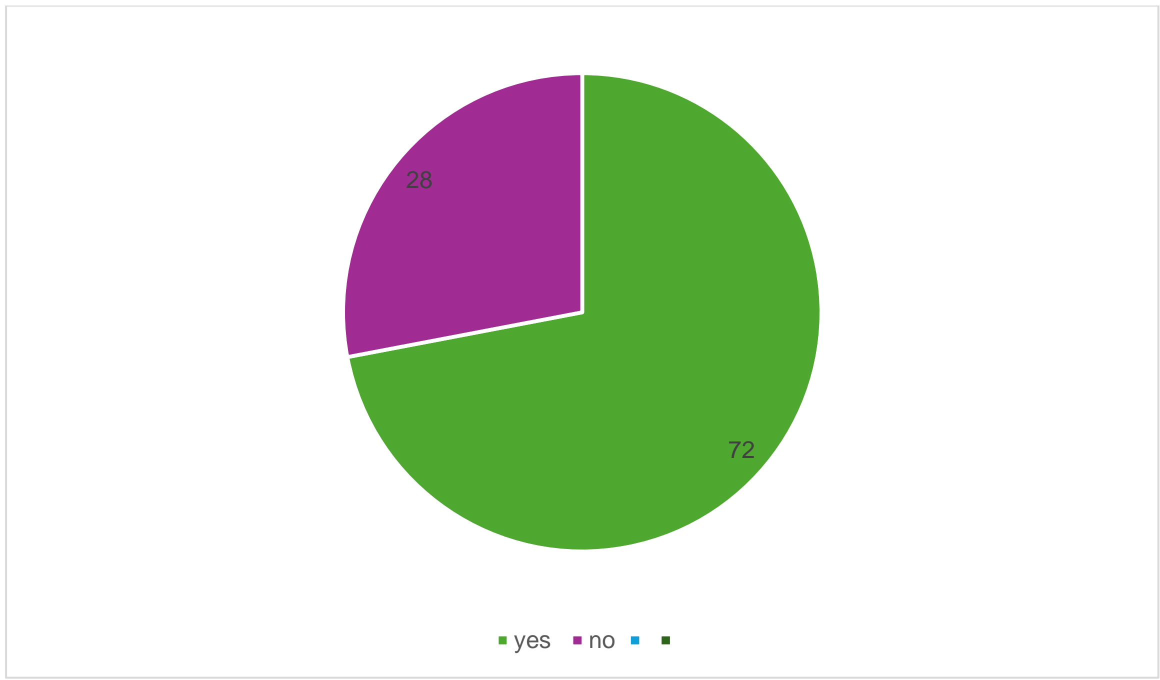


Figure 4.20shows that 72% of respondents are frequently seek medicine for their specific disease and 28% of respondents are not taking medicines .

Figure 4.21

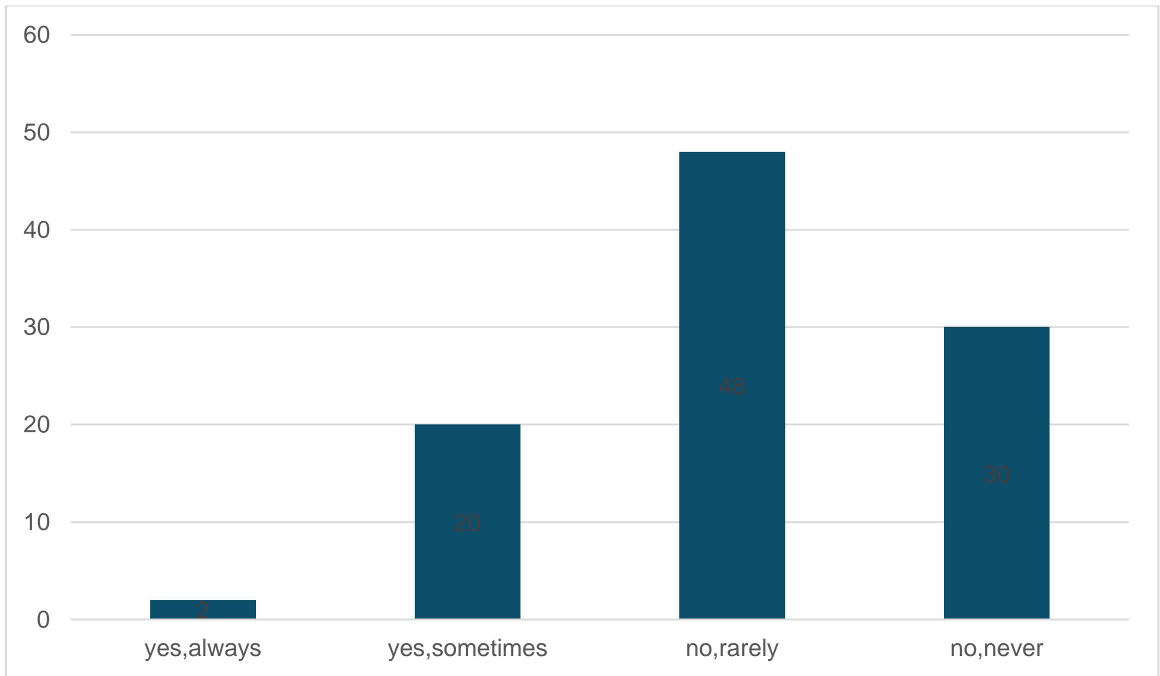


Figure 4.21 displays that 48% of respondents are responding the services are rarely available after MEDISEP member ,30% of respondents are responding the services are never available after a MEDISEP member,20% of respondents are responding the services are sometimes available after a MEDISEP member and 2% of respondents are responding the services are always available after a MEDISEP member.

STATISTICAL APPLICATION

Chi-square test to determine if there is a significant association of difference between variables. It compares observed frequencies and calculate a test statistic. The resulting statistic is compared to a critical value of determine statistical significance.

To test association between satisfaction and reasonable health insurance rates. Chi-square test is used.The relevant details are given below.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
satisfaction * health insurance rights are reasonable	50	100.0%	0	0.0%	50	100.0%

satisfaction * health insurance rights are reasonable Crosstabulation

Count

	health insurance rights are reasonable			Total
satisfaction				
some what satisfied	34	0	0	34
Very much satisfied	4	0	0	4
Not at all satisfied	0	3	9	12
Total	38	3	9	50

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	50.000[a]	4	.000
Likelihood Ratio	55.108	4	.000
Linear-by-Linear Association	40.878	1	.000
N of Valid Cases	50		

a. 6 cells (66.7%) have expected count less than 5. The minimum expected count is .24.

CHAPTER -5

FINDINGS, SUGGESTIONS AND CONCLUSION

FINDINGS

- 50 samples were collected from the well structured questionnaire.
- Most of the respondents are Female.
- Most of them are in the age group between 40 -50
- The study mainly focused on government employees
- Most of the respondents somewhat satisfied with this health insurance.
- Health insurance rates are somewhat affordable and reasonable.
- Majority of the respondents can earn 2.5-5 lakhs per annum.
- Most of the people frequently seek medicine for their specific disease.but,They do not receive treatment for it after they join MEDISEP.
- People are mostly interested in insurance because of the fear of diseases
- The number of hospitals under MEDISEP scheme is less.
- Even in hospitals under MEDISEP, proper treatment is not available.
- Most of the hospitals under MEDISEP are private.
- Although people like the MEDISEP scheme, it still needs to be improved.

SUGGESTIONS

- It should be done in such a way that only those who need it can take it.
- Make a specific set of rules and regulations and issue them to the members of MEDISEP and the hospitals under MEDISEP.
- Provide better treatment facilities in hospitals under MEDISEP Provide treatment for all ailments.
- Form a special cell to voice grievances and shortfalls of MEDISEP.
- Establish MEDISEP facility for all treatment in each hospital.

CONCLUSION

From the study it can be clearly understood that all employees are interested in MEDISEP.People mostly like insurance because they are expecting health problems ,as evident from the study employees are like these insurance policy, but sometime it does not give expected result.MEDISEP is a cashless treatment for employees under government. It is considered as one of the best initiative of government. It has many limitation as it is not useful enough. Almost all Government employees find it easily accessible and affordable, as MEDISEP is compulsory in the case of Government employees. It is reasonable for the highly salaried employees, but it is not reasonable for the low salaried employees. Every employees need medical treatment but not everyone is satisfied with because the treatment is not properly. Treatment of MEDISEP is available in very few hospital and not only the treatment of the required disease is not available. Through the data collection. It was realised that many of the respondents had to go back after going to the hospitals for treatment. When contacting authority for any kind of complaint, the call is often not picked . Respondents are still believe in MEDISEP. It can be considered as one of the best initiative by the government if it is carried forward in a way that is beneficial to employees.

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APPENDIX

QUESTIONNAIRE

1.Name:

2.Age:

3.Gender:

4.Family Size:

5..Occupation:

6.Marital Status:

7..How much do you care about having an insurance policy?

a) Very Much   b) Not Much

8. Annual income:

a)□2.5 Lakhs and below

b)□2.5 – 5 Lakhs

c)□5 – 10 Lakhs

d)□10 Lakhs and above

9.How satisfied are you with your health insurance?

a)Very Much Satisfied

b)Somewhat Satisfied

c)Not at all Satisfied

10.Are you satisfied with the time it takes for your health insurance to provide you with reimbursement?

a)Very Much Satisfied

b)Somewhat Satisfied

c)Not at all Satisfied

11.How confident are you that if you become seriously ill, you will get high-quality and safe medical care?

a)Very Confident

b)Somewhat Confident

c)Not Too Confident

12.Give the most important reason why you think you should take a health insurance policy:

a)To protect from rising cost of healthcare

b)Expecting health problem

c)Tax benefits

d)Better healthcare for family

e)Attractive schemes are available

f)Covers big expenses

13.Give the most important reason why people don't take a health insurance policy:

a)Did not feel the need

b)High premium charges

c)Poor service and coverage provided

d)No returns on investment

e)Alternative sources of funding

f)Shortage of disposable funds

14.Do you think health insurance rates are reasonable?

a)Yes

b)No

15.How accessible are healthcare services for you?

a)Easily accessible

b)Somewhat accessible

c)Not accessible

16.Are healthcare services affordable for you?

a)Yes, very affordable

b)Yes, somewhat affordable

c)No, not affordable

17.How important is it to you that health insurance covers preventive care (e.g., vaccinations, screenings)?

a)Very important

b)Somewhat important

c)Not important

18.What are the potential impacts of making the MEDISEP scheme compulsory for state employees and pensioners?

A. Improved Health Coverage B. Limited Personal Choice C. Enhanced Public Health

19.What do you think about making the MEDISEP scheme compulsory?

a)It is very beneficial.

b)It is very difficult.

c)It is unnecessary.

d)It has both benefits and drawbacks.

20.Are MEDISEP services available in hospitals near you?

a)Yes

b)No

21. If yes, are the hospitals public or private?

a)Public

b)Private

c)Both

22.Do you frequently seek treatment for any specific disease?

a)Yes

b)No

23. If yes, are you receiving the necessary services after becoming a MEDISEP member?

a)Yes, always

b)Yes, sometimes

c)No, rarely

d)No, never