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How can medical insurance companies prove helpful in improving the medical insurance condition in India? by [John Smith](#)

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There are many nations in this world where health insurance is mandatory. It is must for people of these nations to buy medical insurance so that they can seek quality healthcare, when required.

However there are many nations, where these products are not mandatory and people here still find it difficult to pay for quality medical treatment.

Health insurance is a necessary, especially when the number of diseases are augmenting and making it tricky for the uninsured individuals to afford medical treatment.

Under such circumstances, there is a need to drive people to purchase health insurance to make their life trouble-free and unproblematic. It is only this means that can be used to pay for increasing medical treatment expenses. It facilitates in maintaining balance between the medical care expenditure and the wallet, thus giving assistance to the common man, who or else has to go through a series of fiscal problems in order to pay long hospitalization bills; especially in case of a major accident or serious critical illness.

It is beyond doubt that the penetration rate in medical insurance arena is improving at good pace, but still there are large numbers of people who belong to the pool of uninsured individuals. The privatization of health insurance in India has made the condition a bit better, but if a light is thrown on current healthcare statistics, one can easily conclude that there is a need of tremendous improvements to be made in this field.

The medical care expenditure is expected to increase steeply in coming few years, which would make it a problem for the people without health cover to go for quality health treatment. It would worsen the healthcare condition in India, if the required measures are not taken at the earliest. Many Indian families are already suffering because of these unavoidable circumstances of life and are facing financial crunch. Thus, there is a need to encourage them and show them the direction of health insurance that could be a lot helpful.

The point to be pondered over is that there is significant difference between the healthcare expenditure of India and the amount paid by health insurer. It constitutes to about \$57 billion, which is not a figure to be ignored or taken for granted. There is much scope in this field that need to be exploited and put to use for the betterment of the Indian masses.

The contract of portability allows policy holders to switch from their initial provider to a new provider along with the accrued benefits.

This facet has brought improvement in the level of services offered by medical insurance companies. People use this facility to change their provider and can seek services with quality standards. It led to cooperation in information sharing between insurers. It was one of the steps taken by IRDA to recover healthcare condition in India.

In addition to it, the other initiatives, like the government's plan to upsurge health allocation by 20 per cent, enlarge the scope of the Rashtriya Swasthya Bima Yojana (RSBY), are believed to help a bit.

These efforts bring in more prospects for insurance penetration.

Likewise, all related bodies should come forth and put in their efforts to spread this awareness. Medical experts should educate citizens about the likely rise in medical costs and an easy way to overcome these expenses, using health insurance. Drives to spread this awareness should start up so that people can be educated about health insurance, an easy means to pay medical bills. Regulators should amend their entrance guidelines in order to allow only right player to enter this field. It would be useful in winning people's trust by providing them the required services.

Above all, health insurers have to contribute the maximum in this drive. They should work not only to spread awareness about health insurance benefits but also to design products that could satisfy health needs of majority of the Indian citizens. The products should be well thought and designed, only after careful market research on people's health needs. It is only through this mean that people could be pushed to buy them. In addition to it, there is a need of offering them quality services such that they could consider insurer to be always there to offer protection at the time of medical emergency.

There are several wrong perceptions in minds of people that insurer do not offer coverage but design plans only to take the premium from them needs to totally effaced by building trust among them. Such problems arise when a person does not understand terms and conditions of a plan before buying the same. In order to avoid such confusions, one should understand plan's conditions. The process of filing claim is one of the arenas that maximum numbers of people are confused about.

It is only after these efforts that people could see this product as a useful product and can use to finance their medical expenses. Working in the same direction, Apollo Munich, a joint venture between the Apollo Group of Hospitals and Munich Health, has emerged to demystify health insurance such that it is no longer seen as a complicated product. The company has brought simple policy wordings, free of jargons to avoid confusion. There are no sub-limits in its coverage limits to help people understand covered and uncovered perils clearly.

The company has made best of its efforts to devise best-in-class products and offer its customers best quality services such that health insurance can be seen as a friend in need. It is the first in field to bring the facility of lifelong renewal with health insurance products and give them the security, they require in old age.

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