

A STUDY ON CONSUMER CUSTOMER SATISFACION TOWARDS STAR HEALTH AND ALLIED INSURANCECO LTD WITH REFERENCE TO NAMAKKAL

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ABSTRACT

Customer satisfaction is Customer satisfaction plays a pivotal role in insurance business, especially health insurance business segment. It is not only indicative of customer loyalty but also helpful in identifying the needs of the customer. Unlike any other forms of insurance health insurance is most complex. Apart from the insurer and the insured, there are various components involved in health insurance mechanism such as healthcare providers like hospitals, Third Party Administrators, etc. So, customer satisfaction has a huge role in health insurance mechanism. It is important to retain the existing customer rather than attracting a new customer in the health insurance business segment, since the marketing cost and efforts required in retaining the existing customer will be less. Since private sector companies are coming out with innovative products in health insurance sector, public sector companies are facing a stiff competition. The study focuses on the customer satisfaction level of health insurance policyholders in Namakkal. Since health insurance policies are based on yearly renewal basis, customer satisfaction has a lead role to play in determining the renewal of policies with the existing insurance company.

Keywords: Health insurance, customer satisfaction, policies, insurance companies

1.INTRODUCTION

Customer satisfaction is an obvious topic perhaps known by many companies, but basically little or nothing from the management point of view, so, to start the wise management of customer satisfaction, it must first be known, explored and therefore, "measured" For this reason, the customer's attention has been widespread in the companies for a few years and it goes beyond the traditional marketing approaches proposed by: the attention to each customer.

The issue of client satisfaction in service industries is difficult to define, because of the characteristics of intangibility (the process of service delivery is aimed at satisfying the need and not the production of a physical good), heterogeneity (there are no exactly standards services, nor always identical to themselves, because they depend from company to company, depending on personal contact, so the quality specifications are set within a range of acceptable quality levels within a margin of natural variation), perishability (inability to keep the results of production processes for future moments of sale, hence the need to synchronize demand and supply) and inseparability (the time between processing and delivery) of the service.

Public health is a primarily the responsibility of the state government. The central government, however guides and supports major schemes for improving the health status of the people. Public health expenditure has an important enhance

the utilization of health services, especially by the vulnerable population who cannot utilize other source due to the condition of cost. Expenditure on health, as on any other good is worthwhile as long as the benefits it brings exceed those that could be obtained by other form of expenditure. My study aimed at to expenditure. My study at to examine the trends of public expenditure and health indicators in India.

2.METHODOLOGY

Research methodology is a search of knowledge through objectives and systematic method of findings solutions to a problem. The word 'research' is derived from the French word. Research methodology is the process used to collect data and other types of information for use in making business decisions. This type of methodology includes interviews, surveys and research of publications. All of these types include the use of present and historical information. When someone is doing theoretical work, paradigms can be used to satisfy most of the criteria that are set forth for methodology.

2.1 Sample size

The sample size in the study is 80.

2.2 Statistical tools

- Simple percentage method
- Chi-square test
- Correlation

PERCENTAGE METHOD

Simple percentage analysis is one of the basic statistical tools which is widely used in analysis and interpretation of primary data. It deals with the number of respondents response to a particular questions in percentage arrived from the total population selected for the study.

$$\text{Percentage} = \frac{\text{No. of Respondents}}{\text{Total Respondents}} \times 100$$

CHI-SQUARE TEST

A chi-square test is a statistical test used to compare observed results with expected results. The purpose of this test is to determine if a difference between observed data and expected data is due to chance, or if it is due to a relationship between the variables you are studying.

$$\text{Chi-square} = \frac{(O-E)^2}{E}$$

CORRELATION

Correlation is computed into what is known as the correlation coefficient, which ranges between -1 and +1. Perfect positive correlation (a correlation co-efficient of +1) implies that as one security moves, either up or down, the other security will move in lockstep, in the same direction. Alternatively, perfect negative correlation means that if one security moves in either direction the security that is perfectly negatively correlated will move in the opposite direction. If the correlation is 0, the movements of the securities are said to have no correlation they are completely random.

$$r = \frac{\sum XY}{\sqrt{(\sum X^2)(\sum Y^2)}}$$

3. DATA ANALYSIS AND INTERPRETATION

1) GENDER OF THE RESPONDENTS

TABLE NO - 3.1

GENDER OF THE RESPONDENTS

GENDER	NO OF RESPONDENTS	PERCENTAGE
Male	52	65%
Female	28	35%
Total	80	100%

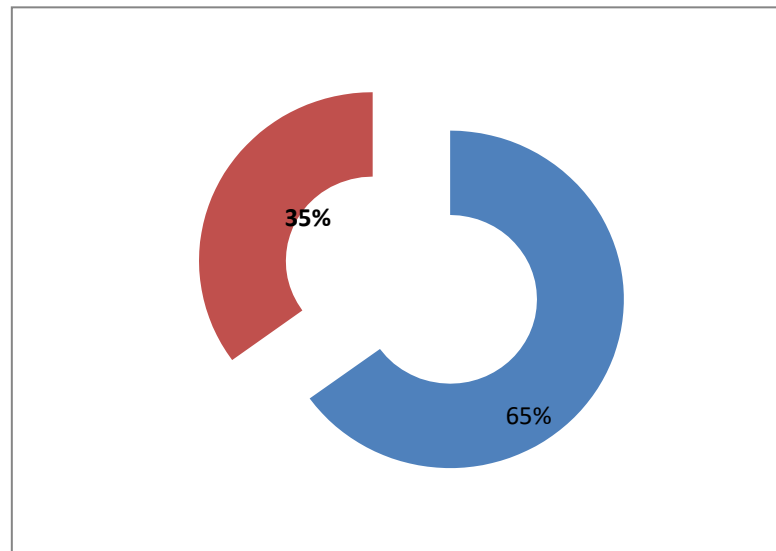
Sources: Primary data

INTERPRETATION:

The above table shows that 65% of the respondent was male, and remaining 35% of the respondents were female. Therefore the maximum 65% of the respondents were male.

CHART NO - 3.1

GENDER OF THE RESPONDENT



2) AGE OF RESPONDENTS

TABLE NO - 3.2

AGE OF RESPONDENTS

	RESPONDENTS	PERCENTAGE
YES	88	83.8
NO	17	16.2
Total	105	100%

Source: Primary data

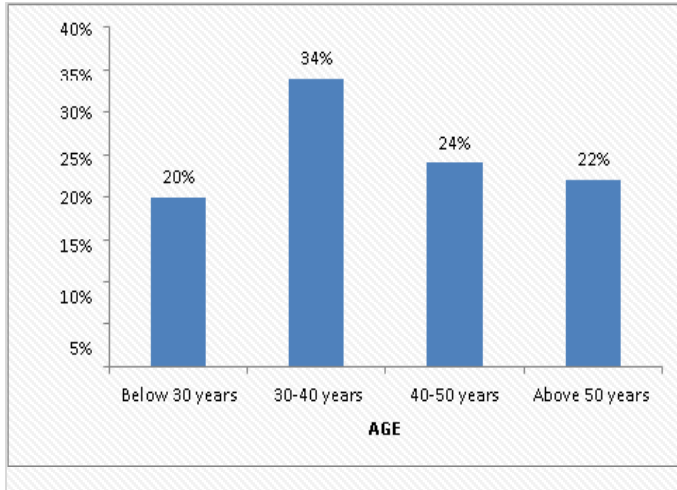
INTERPRETATION:

The above table covers that 20% of the respondents were below 30 years of age, 34% of the respondents were in between 30-40 years, 24% of the respondents were in the age group of 40-50 years and 22% of the respondents were above 50 years.

Therefore the maximum 34% of the respondents were in between 30- 40 years of age.

CHART NO - 3.2

AGE OF THE RESPONDENT



are Government sector employee

CHART NO - 3.3

MARITAL STATUS OF RESPONDENT

4) INCOME LEVEL OF THE RESPONDENTS

TABLE NO - 3.4

EDUCATION QUALIFICATION OF THE RESPONDENTS

QUALIFICATION	RESPONDENTS	PERCENTAGE
School level	24	30
Graduate	26	33
Post-graduate	20	25
Professional degree	10	12
Total	80	100%

3) OCCUPATION OF THE RESPONDENTS

TABLE NO - 3.3

MARITAL STATUS OF THE RESPONDENT

MARITAL STATUS	RESPONDENTS	PERCENTAGE
Married	48	60
Unmarried	32	40
Total	80	100%

Source: Primary data

INTERPRETATION

In The above table shows that 30% of the respondents earns Below Rs.20,000, 35% of the respondents earns in between Rs.20,000 to Rs.25,000, 20% of the respondents earns Rs.25,000 to Rs.30,000 and 15% of the respondents earns Above Rs.30,000.

Therefore the maximum 35% of the respondents earns Rs.20, 000 to Rs.25,000.

CHART NO - 3.4

Source: Primary data

INTERPRETATION:

The above table covers that 16% of the respondents are Self-employed, 23% of the respondents are Professional, 32% of the respondents are Government sector and 29% of the respondents are Private concern.

Therefore the maximum 32% of the respondents



QUALIFICATION OF THE RESPONDENT

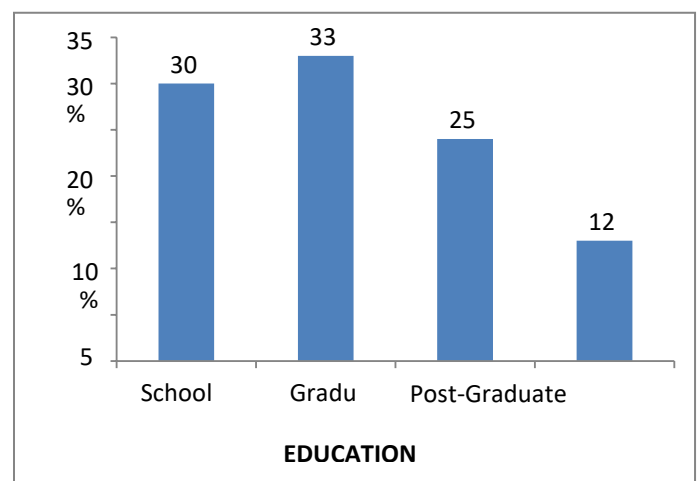


TABLE NO - 3.6

TABLE NO-3.5

OCCUPATION OF THE RESPONDENT

OCCUPATION	NO OF RESPONDENTS	PERCENTAGE
Self employed	13	16
professional	18	23
Government sector	26	32
Private sector	23	29
Total	80	100%

Source: Primary data

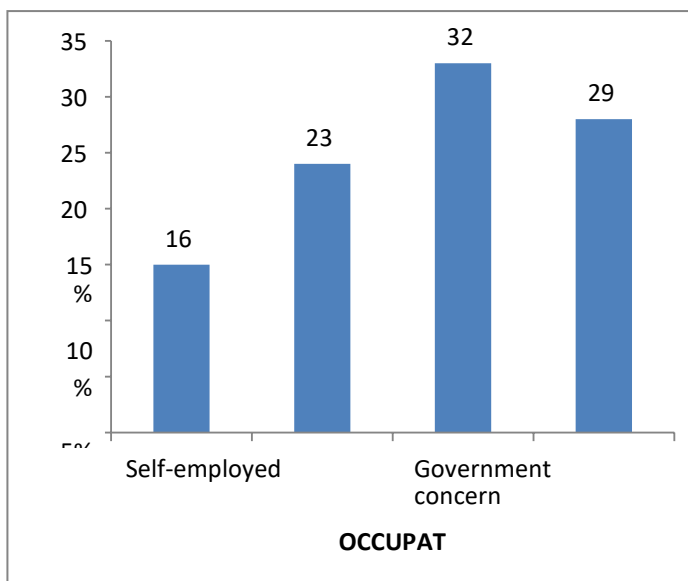
INTERPRETATION

FromThe above table shows that preference to health insurance policy, 22% of the respondents are said High cost of treatment, 29% of the respondents are said Better treatment,30% of the respondents are said To cover risk and remaining 19% of the respondents are said Plan family expenditure.

Majority 30% of the respondents are preferred for to cover risk.

CHART NO - 3.5

OCCUPATION OF THE RESPONDENT



INCOME LEVEL OF THE RESPONDENT

INCOME	NO OF RESPONDENTS	PERCENTAGE
Below Rs.20,000	8	30
Rs.20,000 to Rs.25,000	28	35
Rs.25,000 to Rs.30,000	16	20
Above Rs.30,000	12	15
Total	80	100%

Source: Primary data

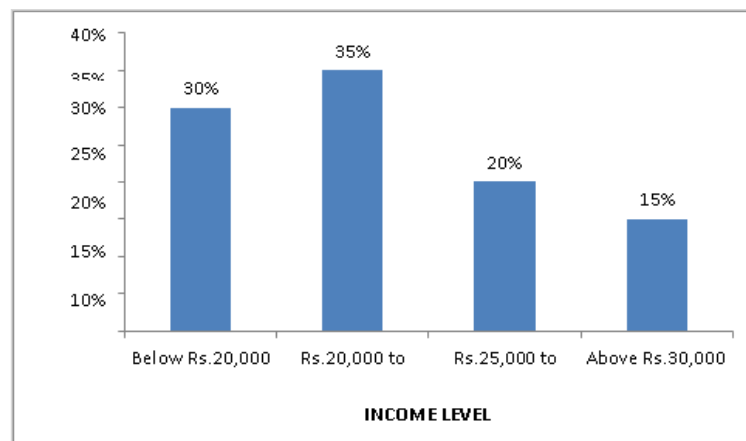
INTERPRETATION

The above table shows that 30% of the respondents earns Below Rs.20,000, 35% of the respondents earns in between Rs.20,000 to Rs.25,000, 20% of the respondents earns Rs.25,000 to Rs.30,000 and 15% of the respondents earns Above Rs.30,000.

Therefore the maximum 35% of the respondents earns Rs.20,000 to Rs.25,000

CHART NO - 3.6

INCOME LEVEL OF THE RESPONDENT



7) IMPORTANCE ABOUT THE HEALTH INSURANCE

CHART NO - 3.7

TABLE NO - 3.7

YEARS OF AVAIL HEALTH INSURANCE POLICY

YEARS	RESPONDENTS	PERCENTAGE
First year	19	24
Two to three years	25	31
Four to Five years	20	25
Above five years	16	20
TOTAL	80	100

Source: Primary data

INTERPRETATION

The above table covers that 24% of the respondents are First year, 31% of the respondents are for in between Two to Three years period, 25% of the respondents are for Four to Five years, and remaining 20% of the respondents are for above Five years.

Therefore the maximum 31% of the respondents are for in between Two to Three years.

YEARS OF AVAIL HEALTH INSURANCE POLICY

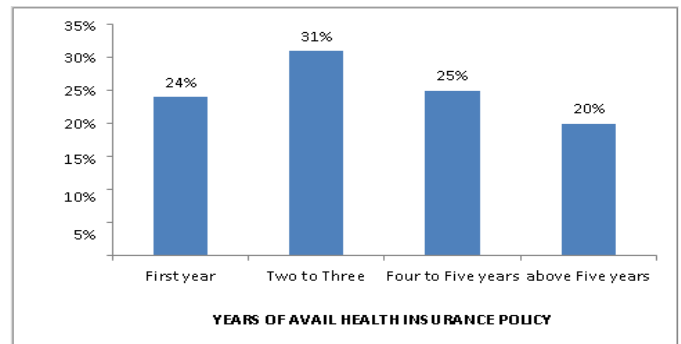


TABLE NO - 3.8

PREFERENCE TO HEALTH INSURANCE POLICY

PREFERENCE	NO OF RESPONDENTS	PERCENTAGE
High cost of treatment	18	22
Better treatment	23	29
To cover risk	24	30
Plan family expenditure	15	19
Total	80	100%

Source: Primary data

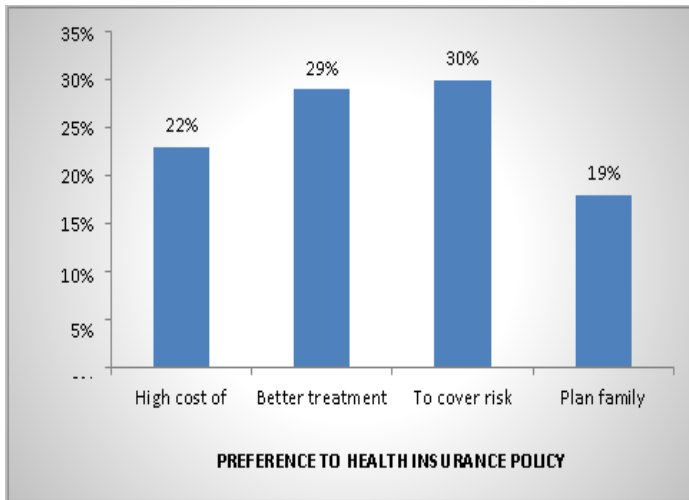
INTERPRETATION

The above table shows that preference to health insurance policy, 22% of the respondents are said High cost of treatment, 29% of the respondents are said Better treatment, 30% of the respondents are said To cover risk and remaining 19% of the respondents are said Plan family expenditure.

Majority 30% of the respondents are preferred for to cover risk

CHART NO - 3.8

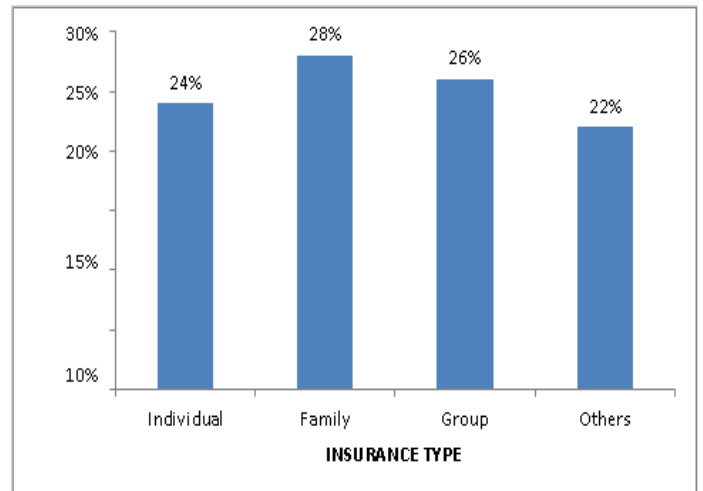
POLICY PROVIDED BY COMPANY/AGENT



Therefore the maximum 28% of the respondents prefer Family insurance

CHART NO - 3.9

INSURANCE TYPE



9) REASON FOR CHOOSING PARTICULAR COMPANY

TABLE NO - 3.9

INSURANCE TYPE

INSURANCE TYPE	NO OF RESPONDENTS	PERCENTAGE
Individual	19	24
Family	22	28
Group	21	26
Others	18	22
Total	80	100%

Source: Primary data

INTERPRETATION

The above table covers that Insurance type, 24% of the respondents are prefer Individual, 28% of the respondents are prefer Family, 26% of the respondents are prefer Group, and remaining 22% of the respondents are prefer others.

10) AGREE LEVEL OF THE STAR ACCIDENT POLICY

TABLE NO - 3.10

STAND-ALONE HEALTH INSURANCE COMPANY

INSURANCE COMPANY	NO OF RESPONDENTS	PERCENTAGE
Star	26	32
HDFC	24	30
Apollo	20	25
Max Bupa	10	13
Total	80	100%

Source: Primary data

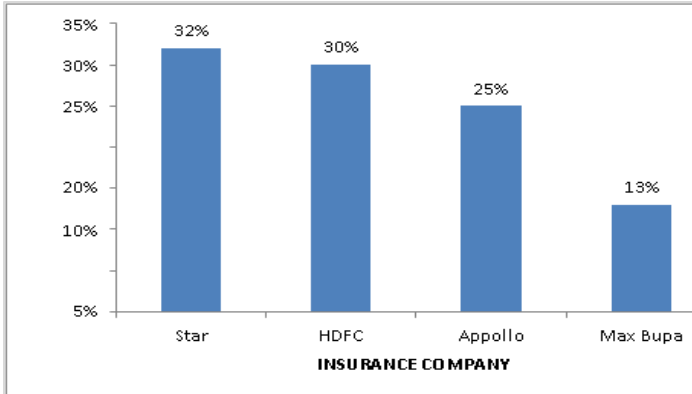
INTERPRETATION

The above table covers that Stand-alone health insurance company, 32% of the respondents are prefer Star, 30% of the respondents are prefer HDFC, 25% of the respondents are prefer Apollo, and remaining 13% of the respondents are prefer Max Bupa.

Therefore the maximum 32% of the respondents prefer Star health insurance

CHART NO - 3.10

AGREE LEVEL OF THE STAR ACCIDENT POLICY



R ₂ C ₂	9	9.4	0.16	0.017
R ₂ C ₃	4	4.0	0	0
R ₂ C ₄	3	3.3	0.09	0.027
R ₃ C ₁	7	7.0	0	0
R ₃ C ₂	7	6.6	0.16	0.024
R ₃ C ₃	3	2.8	0.04	0.014
R ₃ C ₄	2	2.3	0.09	0.039
R ₄ C ₁	7	6.7	0.09	0.013
R ₄ C ₂	6	6.3	0.09	0.014
R ₄ C ₃	3	2.7	0.09	0.031
R ₄ C ₄	2	2.2	0.04	0.018
Calculated value				0.291

11) CHI -SQUARE TEST

TABLE NO - 3.11

CHI-SQUARE TEST

NULL HYPOTHESIS

H₀: There is no significance relationship between Age of the respondents and think about current health insurance plan.

ALTERNATIVE HYPOSIS

H₁: There is a significance relationship between Age of the respondents and think about current health insurance plan.

LEVEL OF SIGNIFICANCE

The level of significance is 5%

CHI SQUARE TEST

Particulars	Observed Frequency	Expected Frequency	(O-E) ²	(O-E) ²
				E
R ₁ C ₁	6	6	0	0
R ₁ C ₂	6	5.6	0.16	0.028
R ₁ C ₃	2	2.4	0.16	0.066
R ₁ C ₄	2	2	0	0
R ₂ C ₁	10	10.0	0	0

Degree of freedom: (r - 1) (c - 1) = (4 - 1) (4 - 1) = 9

Level of significance : 5%

Table value : 8.578

Calculated value: 0.291

RESULT

Since the calculated value is less than the table value. So we accept the null hypothesis. There is no relationship between using Age of the respondents and think about health insurance policy.

3.12 CORRELATION

TABLE NO 3.12

CORRELATION

The table shows that the relationship between the income level of the respondents and policy provided by company/ agent

X	Y	X ²	Y ²	XY
24	27	576	729	648
28	22	784	484	616

16	21	256	441	336
12	10	144	100	120
$\sum X = 80$	$\sum Y = 80$	$\sum X^2 = 1760$	$\sum Y^2 = 1754$	$\sum XY = 1720$

$$r = \frac{\sum XY}{\sqrt{(\sum X^2)(\sum Y^2)}}$$

$$r = \frac{1720}{\sqrt{(1760)(1754)}}$$

$$r = \frac{1720}{1756.99}$$

$$r = 0.97$$

RESULT

This is a positive correlation. There are relationships between the income level of the respondents and policy provided by company agent.

4.RESULTS AND DISCUSSION

4.1FINDINGS

- ❖ Maximum 65% of the respondents were male
- ❖ Maximum 34% of the respondents were in between 30- 40 years of age.
- ❖ Maximum 32% of the respondents are government sector employee.
- ❖ Maximum 35% of the respondents earns rs.20,000 to rs.25,000.
- ❖ Majority 29% of the respondents are said extremely important about health insurance.
- ❖ Majority 34% of the respondents are highly satisfied about policy provided by company/ agent.
- ❖ Majority 24% of the respondents are making investment for spouse & parents
- ❖ Majority 3633% of the respondents are Strongly Agree about star accident policy.ajority (57.1%) of the respondents are female

4.2 SUGGESTIONS

Most The study can be taken as a reference for future studies about the influence of type of companies on satisfaction of policyholder and the impact of policies on satisfaction of policyholder. The study can be further extended by researching on various challenges or problems faced by the policyholder, factors influencing their purchasing decisions moral hazards and adverse selection issues associated with health insurance policies. The public must be educated through intensive campaign, similar to Life and general insurance. Though some corporate and Government have taken up initiative in providing health insurance to the employees, in Tamil Nadu government have brought up low premium health insurance for the benefit of the poor is an welcome measure. Clarity of the disease covered by the policy, when and how a claim has to be submitted with the insurance company, procedures and documents to be submitted in case of critical and other hospitalization with the insurance company, etc. It is suggested that an advisor must be available in all hospitals who can clearly explain and suggest a suitable policy for the person or the family. Fast food products, which include the sides and drinks t

4.3 CONCLUSION

Health insurance is a medical insurance given by an insurance company, wherein it reimburses the medical expenses incurred for a valid hospitalization. The Indian health insurance industry is increasing at a wild bound and so are the issues and challenges related to carrying in interaction with in the system. With growing health care cost, increasing non-refundable income and high out of pocket expenditure for funding healthcare, the only way forward for financing healthcare in a country like India is through health insurance mechanism. Respondents’ knowledge and confidence about health insurance is good. Further research indicates that awareness about the existence of health insurance is fine but preference is average.

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