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**HEALTH INSURANCE IN THE DIGITAL AGE: INSURTECH  
ADOPTION, BARRIERS, AND POTENTIAL**

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*Insurtech,  
Health Insurance,  
Digital Adoption,  
Consumer  
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Technological  
Innovation.*

**Abstract**

The rise of Insurtech has rapidly transformed the health insurance industry. This refers to the technology which streamlines the efficiency, accessibility, and affordability of insurance services. Despite the advantages, many individuals, particularly in developing nations, do not utilize these digital services. This research aims to find the reasons behind the adoption or avoidance of digital health insurance services. The study analyses survey responses from policyholders alongside industry report data, employing descriptive statistics and Garret ranking technique to identify trends and barriers towards Insurtech adoption. Awareness, cost, ease of use, and trust emerged as primary factors driving the use of Insurtech services. It also looks into major barriers such as concerns regarding data privacy, regulatory issues, and platform complexity. Participants appreciate the convenience of digital offerings, but express concern over the online security and true value of these user-friendly and cost-effective tools. To enhance adoption, we recommend improving user experience of the technology, raising awareness, better regulation, and more advanced protection against unauthorized access. Serving a broader population requires a blend of conventional and digital insurance options. The insights can inform insurers, technology firms, and policymakers on consumers' preferences. Trust can be nurtured by resolving these challenges, which in turn can encourage more.



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## 1. INTRODUCTION

In today's world, digital technology is changing almost every industry, including insurance. An important innovation is Insurtech, a term that combines "insurance and technology." Insurtech uses the latest technology to make insurance services more efficient, more accessible and user-friendly. Digital transformation is soon happening in the field of health insurance, which has a direct impact on human life. This example is a personalized insurance plan run by mobile apps for guidelines management, AI tools for claim processing, portable devices for health persecution, and big data. Digital health insurance offers many benefits. It accelerates the process, reduces paper, improves customer service, and allows insurers to provide more to people in the lower area. Today, customers can purchase guidelines online, compare plans, get help via chatbots, and file claims over the phone. These improvements aim to make health insurance more transparent and easier to use. Despite these benefits, not all digital insurance platforms use it. Some people are not aware of these options yet or are hesitant to use them. This could be due to poor digital skills, lack of trust, data protection concerns, or disruption in app design. Insurance traditionally has little interaction between businesses and customers, so digital platforms require old habits and expectations. Why some people accept digital health insurance, while others are not the key to growth. Successful deployments rely on not only technology but also on trust, user friendliness, awareness, and supportive regulations. Most existing research focuses on general insurance or insurance in developed countries. There are only a few research into digital health insurance in a development or transitional economy. This study has more frequent issues such as limited digital access and low insurance coverage. The purpose of this study is to bridge this gap by examining how people view digital health insurance and use their own decisions. This topic has become even more important after the Covid 19 pandemic. This demonstrates the need for a powerful and accessible health system.

## 2. LITERATURE REVIEW

Technological advancements are significantly transforming the health insurance industry, with Insurtech playing a major role in this shift. By integrating technologies such as AI, machine learning, big data, and blockchain, Insurtech is improving operations and customer interactions (Baker & Choi, 2022). AI, in particular, has made strides in streamlining claims processing, underwriting, and fraud detection (Johnson & Li, 2023). The adoption of Insurtech offers the chance to move away from outdated systems and adopt more personalized, flexible solutions that align with consumer needs (Joubert & Singh, 2020). The drive to reduce costs, provide more customer-centric models, and stay competitive are key factors influencing the uptake of Insurtech (Zhang et al., 2019). Insurers are increasingly turning to technology to analyse health outcomes and manage risks more effectively as the industry becomes more data-driven (Lin & Zhang, 2020). Consumers also demand more digital services, which is pushing insurers to innovate by creating mobile apps and digital platforms (Nguyen et al., 2021). However, several challenges are hindering



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the widespread adoption of Insurtech in health insurance. Regulatory concerns surrounding data privacy and security are among the major barriers, particularly in handling sensitive health information (Smith, 2020). The integration of modern technologies with traditional systems and the high costs of implementation are also significant challenges (Morris & Thompson, 2021). Moreover, traditional insurers may be hesitant to change their established processes, making the transition to digital platforms difficult (Smith & Wilson, 2021). Despite these challenges, the benefits of adopting Insurtech are clear. It enables insurers to make data-driven decisions, offering more accurate risk assessments and personalized health plans (Gonzalez & Ivanov, 2022). Additionally, digital platforms improve the speed of claims processing and customer service, leading to higher satisfaction (Zhang et al., 2019).

Furthermore, Insurtech can reduce operational costs by automating tasks and using AI tools for fraud detection (Baker & Choi, 2022). Different countries are embracing Insurtech in various ways, influenced by their regulatory environments and market demands. For instance, the United States leads the way with telemedicine and AI-based insurance models (Morris & Thompson, 2021), while European countries focus on regulatory compliance and the use of blockchain for transparent data management (Gonzalez & Ivanov, 2022). Consumer trust is crucial for the adoption of Insurtech, as people are more likely to engage with digital health insurance services when they feel their personal data is secure (Nguyen et al., 2021). Digital literacy among consumers also plays a role in their readiness to adopt these solutions (Smith, 2020). Looking ahead, the future of Insurtech in health insurance seems bright, with a focus on enhancing the customer experience through seamless digital interactions, increasing the use of AI, and better health data integration. To foster further growth, policymakers will need to address regulatory issues, particularly regarding data privacy and security (Smith, 2020).

### **3. RESEARCH GAP**

Even though Insurtech is a popular topic in the insurance industry, most research mainly looks at its use in areas like car insurance or travel insurance, not health insurance. There is very little research on how people actually use and interact with digital health insurance platforms. Important factors such as trust, ease of use, digital skills, and data privacy worries are often mentioned but not studied deeply. Also, not much is known about how Insurtech can help people in rural or low-income communities get better access to health insurance. This shows that there is a clear gap in understanding how consumers experience and respond to Insurtech in the health sector.

#### **➤ Need of the Study**

This study is important because it addresses the underexplored area of consumer experience with Insurtech in health insurance. By identifying factors that encourage or hinder the use of digital platforms, it can help insurers enhance their services. The findings also offer valuable guidance for policymakers on improving privacy, digital access, and consumer protection regulations. Additionally, the research aims to explore how Insurtech can make health insurance more



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affordable and accessible, particularly for underserved populations. Ultimately, the study supports the development of digital health insurance that is more inclusive, trustworthy, and user-friendly.

#### **4. OBJECTIVE OF THE STUDY**

1. To study Consumer Adoption and Preferences for Insurtech Platforms in Health Insurance"
2. To investigate the key factors that influence consumers' decisions to adopt Insurtech-enabled health insurance platforms.
3. To determine the barriers that hinder the adoption of Insurtech-enabled health insurance platforms.
4. To explore the potential of Insurtech in improving health insurance accessibility.

#### **5. RESEARCH METHODOLOGY**

This study explores the adoption of Insurtech health insurance platforms using a quantitative approach.

##### **Research Design**

This study follows a **descriptive research design** to explore consumer adoption, barriers, and preferences toward Insurtech in health insurance.

##### **Population and Sample**

The study targets health insurance holders familiar with or interested in Insurtech platforms.

##### ➤ **Data Collection Methods**

1. Secondary Data: Existing reports and studies on health insurance and Insurtech adoption are analysed.
2. Survey Questionnaire: A structured survey collects data on demographics, perceptions, and challenges related to Insurtech adoption

##### ➤ **Data Analysis Techniques**

1. Descriptive Statistics: Demographics and adoption behaviour are summarized.
2. Garrett's ranking: Significant challenges faced by insurance holders are ranked.

#### **6. LIMITATIONS**

1. Sample Bias: The sample may not represent all demographic groups.
2. Limited Factors: The study focuses mainly on age, education, and pricing.
3. Self-Reported Data: Potential biases or inaccuracies in respondents' answers may exist.
4. Short-Term Focus: The study does not track long-term changes in opinions or technology.

##### ➤ **Data analysis and interpretation**



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**Table 1. Profile of respondents**

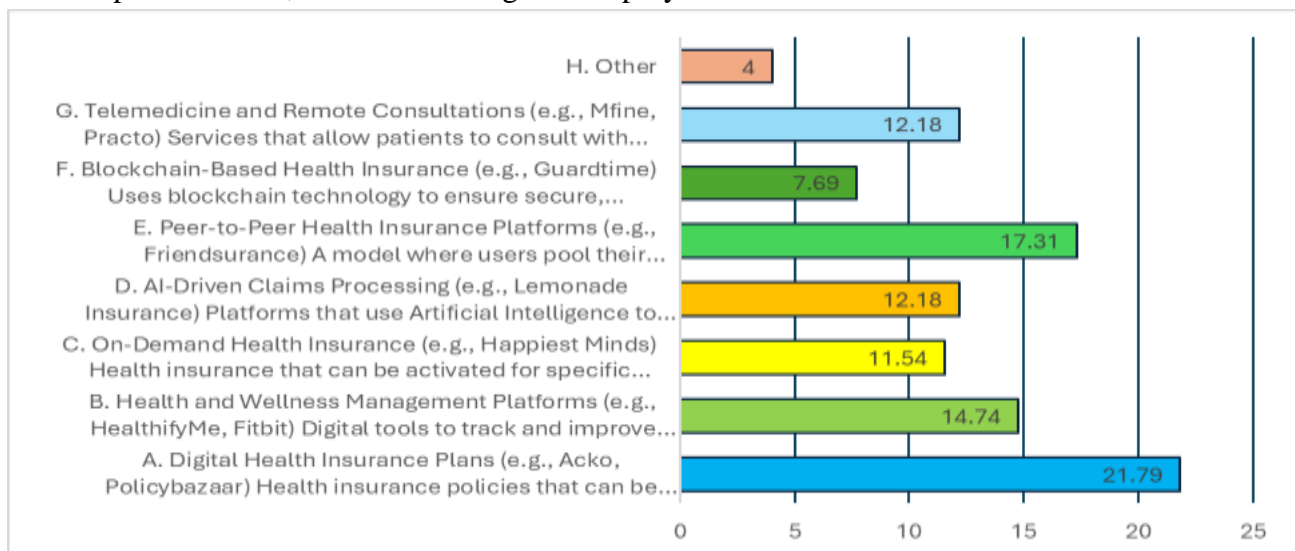
	Demographic Factor	Frequency	Percent	Cumulative Percent
Gender	A. Male	58	56.9	56.9
	B. Female	44	43.1	100.0
	Total	102	100.0	
Age	B. 18-24	24	23.5	23.5
	C. 25-34	30	29.4	52.9
	D. 35-44	36	35.3	88.2
	E. 45-54	8	7.8	96.1
	F. 55+	4	3.9	100.0
	Total	102	100.0	
Annual household income	A. Below ₹3,00,000	20	19.6	19.6
	B. ₹3,00,000 – ₹6,00,000	24	23.5	43.1
	C. ₹6,00,000 – ₹12,00,000	34	33.3	76.5
	D. Above ₹12,00,000	24	23.5	100.0
	Total	102	100.0	
Highest level of qualification	A. SSLC (Secondary School Leaving Certificate)	14	13.7	13.7
	B. PUC (Pre-University Course)	8	7.8	21.6
	C. Bachelor's Degree (Undergraduate)	16	15.7	37.3
	D. Postgraduate Degree	46	45.1	82.4
	E. Doctorate	14	13.7	96.1
	F. Diploma	2	2.0	98.0
	G. Other.	2	2.0	100.0
	Total	102	100.0	
Occupation	A. Employed (Private Sector)	26	25.5	25
	B. Employed (Government Employee)	36	35.3	60.8
	C. Self-employed	20	19.6	80.4
	D. Retired	2	2.0	82.4
	E. House Wife	8	7.8	90.2
	F. Unemployed	4	3.9	94.1
	G. Other	6	5.9	100.0
	Total	102	100.0	

Source: Primary Data Collection (Survey)



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The demographic profile of the respondents reveals a higher representation of males, with 56.9% of the sample identifying as male, while 43.1% identified as female. In terms of age, the majority of respondents (64.7%) fall within the 25-44 years age range, with 29.4% in the 25-34 years group and 35.3% in the 35-44 years group. The income distribution of the respondents indicates a relatively affluent demographic, with 56.8% earning more than ₹6,00,000 annually. The educational qualifications of the respondents show that they are highly educated, with 45.1% holding a Postgraduate Degree. The occupation distribution reveals that a significant portion of respondents are employed in stable sectors, with 35.3% working in the government sector, 25.5% in the private sector, and 19.6% being self-employed.



Graph 1. Consumer Adoption and Preferences for Insurtech Platforms in Health Insurance

Sources: Survey Report

1. **Digital Health Insurance Plans** (e.g., Acko, Policy bazaar) are the most popular, with 21.79% of people either using or knowing about these services. These platforms allow people to buy and manage health insurance online without needing a middleman, making it easier to access.
2. **Health and Wellness Management Platforms** (e.g., HealthifyMe, Fitbit) come next, with 14.74% awareness or use. These platforms help users track their physical and mental health, often working with fitness devices to monitor and improve well-being.
3. **Peer-to-Peer Health Insurance** (e.g., Friendsurance) is also quite popular, with 17.31% of people aware of or using it. This model lets users pool their money to share risks and possibly get refunds, creating a community-based insurance system.
4. **AI-Driven Claims Processing** (e.g., Lemonade Insurance) is moderately known, with 12.18% of people aware or using it. These platforms use artificial intelligence to speed up the claims process, making insurance more efficient.
5. **Telemedicine and Remote Consultations** (e.g., Mfine, Practo) also have 12.18% awareness or usage. These services allow people to consult doctors online, a service that became especially important during the COVID-19 pandemic.



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6. **On-Demand Health Insurance** (e.g., Happiest Minds) has lower awareness, with only 11.54% familiar with it. This type of insurance allows people to activate coverage for specific times or events, but it hasn't gained much popularity yet.
7. **Blockchain-Based Health Insurance** (e.g., Guardtime) is the least recognized, with just 7.69% awareness or use. This type uses blockchain technology for secure and transparent insurance transactions but hasn't been adopted as quickly as other types of Insurtech.

**Table 2. Descriptive Statistics Analysis and Interpretation**

	N	Mean	Std. Deviation
1. Perceived Ease of Use	102	3.0235	0.78868
2. Perceived Usefulness	102	3.0941	0.77521
3. Trust and Security	102	3.0118	0.78239
4. Cost-Effectiveness	102	2.9686	0.81020
5. Customer Support	102	3.0000	0.77178
Valid N (listwise)	102		

Source: Results generated using SPSS

#### ➤ **Descriptive Analysis**

The descriptive statistics provide insights into how respondents perceive various factors affecting the adoption of Insurtech-enabled health insurance platforms. Each factor was rated on a Likert scale (likely from 1 = Strongly Disagree to 5 = Strongly Agree), with responses collected from 102 participants.

- **Perceived Usefulness** has the highest mean score of **3.09**, suggesting that respondents slightly agree that Insurtech platforms are useful in improving their health insurance experience.
- **Perceived Ease of Use** follows closely with a mean of **3.02**, indicating a moderate agreement that these platforms are user-friendly.
- **Trust and Security** received a mean of **3.01**, showing neutral to slightly positive opinions about data protection and platform safety.
- **Customer Support** also holds a balanced view with a mean of **3.00**, implying average satisfaction with the support provided on these platforms.
- **Cost-Effectiveness** has the lowest mean of **2.97**, which suggests that users are less convinced about the cost-saving benefits of Insurtech compared to other factors.

#### ➤ **Garrett's Ranking of Challenges to Adopting Insurtech in Health Insurance**

To find out the extent of factor hinder /challenges to adopt Insurtech, Garrett's ranking technique was adopted. The sample respondents were asked to rank the given challenging factors from 1 to 5, giving 1 to most significance challenges and 5 least most significance challenges to adopted Insurtech.

The order of priority as given by the sample respondents were changed into percentage position by using following formula



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Percent position (P) =  $100 (R_{ij} - 0.5) / N_j$

where,  $R_{ij}$  is the rank given for the  $i^{\text{th}}$  factor by the  $j^{\text{th}}$  respondent;  $N_j$  Number of factor ranked by  $j^{\text{th}}$  respondent.

**Table 3. Garrett's ranking of Challenges to Adopting Insurtech in Health Insurance**

Rank	Formula	Percent	Garret Score
I	$100(1-.05)5$	10	75
II	$100(2-.05)5$	30	60
III	$100(3-.05)5$	50	50
IV	$100(4-.05)5$	70	40
V	$100(5-.05)5$	90	24

Source: Results generated using SPSS

**Table 4. Percent Position and Garrett Scores for Ranking Insurtech Adoption Barriers**

Factors	Mean Score	Rank
Lack of awareness about Insurtech	51.47	II
Complexity in using technology for insurance activity	56.16	I
High cost of Insurtech solutions (service charges, GST and Hidden Charges)	47.96	IV
Limited time to understand rules and regulations	49.55	III
Preference for traditional insurance models	43.86	V

Source: Results generated using SPSS

#### ➤ Summary of priority ranking

The Garrett's Ranking Technique has provided a structured way to identify and rank the barriers to adopting Insurtech in the health insurance sector. The top priorities should focus on simplifying technology, raising awareness, and streamlining regulatory processes, while addressing cost and shifting cultural preferences will help improve the pace of adoption over time. By focusing on these priorities, stakeholders can drive meaningful change and accelerate the integration of Insurtech into health insurance practices.

## 7. SUGGESTIONS

Final proposals to improve Insurtech's adoption

When Enabling Technology Use



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1. The insurance tech platform should simplify the user interface and allow users to navigate the platform easily. This addresses barriers to technology complexity and encourages more users to take over the service.
2. It raises awareness and emphasizes benefits. To combat the lack of awareness, Insurtech must run a marketing campaign to clarify the public about the benefits of digital health insurance. It also needs to highlight how faster claims, access to health records and personalized plans can help. This makes the technology even more appealing to users.
3. Reduce costs and show savings
4. The high costs of Insurtech solutions can be a major barrier. Businesses need to cut hidden fees and offer affordable prices. Additionally, you need to clearly explain how using Insurtech users can save money by reducing premiums and charging costs.
5. They make rules and regulations easier to understand:
6. Since users often have to struggle to understand regulations, the platform should simplify the rules and provide a clear and simple overview. This helps users feel safer, navigating the platform without feeling overwhelmed.
7. Ensuring that it is built and improved customer support:
8. Given concerns that users are concerned, the Insurtech platform must ensure strong encryption and regular updates to keep your data safe. Additionally, improved customer support will improve user satisfaction and trust for 24-hour help and live chat users.
9. Combine the traditional and digital insurance models for users who prefer traditional insurance. The Insurtech platform offers a hybrid model that combines the benefits of both traditional and digital systems, enabling people to cope with digital health insurance.

## 8. CONCLUSION

This study highlights the key factors influencing the adoption of Insurtech platforms in health insurance. While **technology ease of use, awareness, and security** are crucial for gaining consumer trust, **cost** remains a significant barrier. To improve adoption, Insurtech companies should simplify their platforms, educate consumers about the benefits, and reduce costs while offering clear, transparent pricing. Additionally, building strong security measures and enhancing customer support will help create a more trustworthy and user-friendly environment. By addressing these factors, Insurtech can unlock its potential to revolutionize health insurance, making it more accessible, affordable, and efficient for a broader audience.

## 9. AUTHOR(S) CONTRIBUTION

The writers affirm that they have no connections to, or engagement with, any group or body that provides financial or non-financial assistance for the topics or resources covered in this manuscript.



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## 10. CONFLICTS OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## 11. PLAGIARISM POLICY

All authors declare that any kind of violation of plagiarism, copyright and ethical matters will take care by all authors. Journal and editors are not liable for aforesaid matters.

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