EMPLOYER-SPONSORED HEALTH INSURANCE IN CARE HEALTH INSURANCE: BENEFITS, CHALLENGES, AND EMPLOYEE PERSPECTIVES

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Master of Business Administration (MBA)

in

Hospital and Health Management

by

Rahul Mewara

Under the Supervision and Guidance of

Dr. Varsha Tanu

2025

care HEALTH INSURANCE

BEST HEALTH INSURANCE COMPANY IN RURAL SECTOR | CLAIMS SERVICE LEADER OF THE YEAR
INDIA INSURANCE SUMMIT & AWARDS 2024

CERTIFICATE

This is to certify that **Rahul Mewara,** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur, has successfully completed his internship at Care Health Insurance Ltd. during Mar 10 - May 31, 2025.

Place: Gurgaon
Date: 05/06/2025

Dr Pankaj Vats
Manager- Medical Claims
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IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled 'Employer-sponsored health insurance in care health insurance: benefits, challenges, and employee perspectives' is a record of the research work undertaken by Rahul Mewara in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

17/6/25

Dr Varsha Tanu
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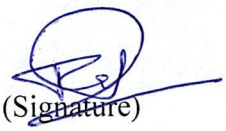
DECLARATION BY STUDENT

I hereby declare that this dissertation titled 'Employer-sponsored health insurance in care health insurance: benefits, challenges, and employee perspectives' is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



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Name of Student- Dr Rahul Mewara

Date- 17/06/2025

Abstract

Employer sponsored health insurance (ESHI) is an important source of financial and health security for employees in the expanding corporate and insurance sectors in India. As health insurance is an increasingly important employee benefit and a component of retention and satisfaction, it is important to explore employee awareness levels, satisfaction with the claims process and perceived effectiveness of ESHI. The study based on employee awareness of ESHI and satisfaction with the claims process at Care Health Insurance, a larger provider of private health insurance in India. The study was undertaken to establish whether a significant relationship exists between employee awareness levels and overall satisfaction with the claim process as part of the ESHI scheme.

A mixed-method study was conducted with the use of both quantitative and qualitative methods. The data was collected from 448 employees from various departments and job roles within Care Health Insurance. A structured questionnaire was used to collect data, which consisted of demographic variables, awareness measures (knowledge of policy coverage, dependent benefits, and claims procedure), and satisfaction measures (ease of claim submission, claim processing speed, communication, and reimbursement result). All responses used a 5-point Likert scale, with Strongly Disagree at one end and Strongly Agree at the other.

The statistical analysis indicated that there is a significant positive correlation between employee awareness of ESHI and employee satisfaction with the claims process. A hypothesis test using Pearson's correlation coefficient and chi-square test supported the finding that increased employee awareness levels correlated with increased employee satisfaction levels ($p < 0.05$). Employees with greater levels of awareness and knowledge of their entitlements and claims procedures were more likely to report positive experiences and trust in the system. While employees without awareness are often confused the process results in them experiencing delays and unsatisfactory results.

The study also included a qualitative thematic analysis of open-ended responses by employees and human resource (HR) professionals as a further layer to the quantitative results. Themes were identified that suggested common concerns, such as: HR did not share information with staff on changes related to insurance; employees limited orientation of

what was required of them to document a claim; and confusion about whether family members were included. HR managers also mentioned staff issues, such as limited staff; no centralized insurance literacy sessions; and reliance on third-party administrators (TPAs) could be difficulties for standing behind insurance claims.

Employees suggested interactive workshops; a simplified claim/declaration guide; and the ability to track claims in real-time. The study is particularly strong in that both employee and HR responses were included in the analysis, offering a better understanding of impediments and supports to the delivery of ESHI (employee sponsored group health insurance). It showed credibility of triangulation using multiple data. The study contributes to the small amount of academic literature on ESHI in the Indian context from a health insurance provider organization.

The findings also present practical implications. Employers such as Care Health Insurance need to urgently develop forward-thinking communications, digital claims support systems, and employee feedback, thus ensuring employees are insured and empowered to access their benefits with confidence. These recommendations include developing an ESHI communications dashboard, hosting quarterly health insurance briefings, and a claims assistance module in employee induction programs.

Yet it is important to mention the study has its limitations. As it was from a single organization context generalizability may be limited. A cross-sectional design doesn't allow for observations of changing patterns over time, and there was not a means of checking the accuracy of self-reported data which can lead to response bias. However, the overall alignment between quantitative data and qualitative themes adds credibility to the findings.

To summarize, the research emphasizes that awareness is a vital component of satisfaction, regarding employer-sponsored insurance programs. An engaged employee is not only more likely to use this policy but more positively regarding his/her employer, resulting in better trust, retention and morale. As India moves slowly towards more structured healthcare financing in the private space, models that pertain to literacy and responsiveness to employee insurance will help bridge the divide between insurance and employee care.

Keywords: Employer-Sponsored Insurance, Private Health Insurance, Employee Perception, Claim Challenges

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Rahul Mewara

Date- 17/06/2025

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Abbreviations

IRDAI - Insurance Regulatory and Development Authority of India

TPA - Third Party Administrator

HR - Human Resources

ESI - Employer-Sponsored Insurance

CRM - Customer Relationship Management

CHAPTER 1: INTRODUCTION

1.1 Background of the Study

In the present-day workplace, health insurance is an important employee welfare and organizational effectiveness benefit. Organizations and employees are responding to the rising costs of health care, and the mounting financial pressure to obtain protection against medical expenses. Employer-Sponsored Health Insurance (ESHI) was designed to help alleviate financial pressure for employees and employers alike, and it can also help employers with the strategic goal of increasing employee satisfaction, retention, and improved productivity. In India, the private health insurance industry has grown rapidly, with an increasing focus on inclusive and customized ESHI policy design. Nevertheless, even as employer-sponsored health insurance flourished, research remains scarce concerning how these benefits are perceived and used by employees.

This study revolves around the case of Care Health Insurance, one of the largest private insurers in India, which provides health insurance policies (including group health insurance) to its employees. The study will examine the level of awareness, satisfaction, challenges, and opportunities for development in conjunction with the current ESHI arrangement at Care Health Insurance, offering valuable information regarding employer-sponsored health insurance schemes about operational efficiency and strategic potential.

1.2 Rationale for the Study

Employer-sponsored health insurance plans are a major commitment for organizations in terms of the investment made on the employees' behalf. These plans serve the functions of providing healthcare protection but also retaining employees through their effects on employee job satisfaction and loyalty. For an industry such as health insurance where employee domain expertise, service provision, and consistent operations are so important, it makes sense that employee motivation and retention are critical considerations. The reason for this research is that there is a question of whether the employees of Care Health Insurance (a health insurance company) fully understand, value, and benefit from the employer-sponsored health plans provided to the employees.

There have been several studies examining health insurance benefits and utilization by the public, but not much available research that examines the internal use of employee benefits by employees in insurance companies. This research hopes to contribute in this area of study, while examining the internal relationship of how benefits are delivered and perceived. Being able to understand this relationship is essential for Care Health Insurance, as well as a valuable exercise for any organization looking to improve its human resources policies and plans of benefits provision.

1.3 Aim of the Study

The aim of this study is to evaluate the effectiveness, awareness, utilization, and challenges of Employer-Sponsored Health Insurance (ESHI) at Care Health Insurance, with a focus on employee perception, claim processing, and opportunities for improvement to enhance employee satisfaction and organizational efficiency.

1.4 Research Problem

Organizations currently have ESHI schemes available to their employees. However, helping employees maximize ESHI understanding and utilization is a challenge. Anecdotal evidence and recent observations at Care Health Insurance suggest that, while ESHI is embraced in principle, there may be disempowering gaps in the communication of ESHI, a limited number of options, problems with the provider network, or potential delays in claims turn around. This would be the discrepancy between the usefulness of the policy to the employed, which is the problem this study intends to address. On the surface, there is an emerging concern that employees who are inadequately informed about the processes of claims or have suspected mistrust of the system, will not utilize their benefits; therefore, leading to dissatisfaction. While HR departments often need to repeat themselves to answer the same repetitive inquiries or complaints about insurance claims. The purpose of the current study is to understand these problems much deeper and close the gap between comparable policy and employee experience.

1.5 Objectives of the Study

The primary objectives of this research are:

1. To assess employee awareness and utilization of employer-sponsored health insurance at Care Health Insurance.
2. To evaluate the benefits and challenges faced by employees and HR professionals in the implementation of ESHI.
3. To analyze the impact of rising premium costs and claim processing efficiency on employee satisfaction.
4. To recommend strategies to improve the design, communication, and delivery of ESHI policies.

1.6 Research Questions

1. What are the perceived benefits and challenges of employer-sponsored health insurance at Care Health Insurance?
2. How do employees perceive and utilize their employer-provided health insurance?
3. What are the key factors affecting satisfaction with ESHI?
4. How can ESHI policies be improved to enhance employee retention and productivity?

1.7 Hypothesis

Based on the research objectives, the following hypotheses were formulated:

- **H_0 (Null Hypothesis):** There is no significant relationship between employee awareness of ESHI and their satisfaction with the claim process.
- **H_1 (Alternative Hypothesis):** There is a significant relationship between employee awareness of ESHI and their satisfaction with the claim process.

1.8 Significance of Study

This study is important for several reasons. First, it provides an internal evaluation of health insurance services by looking at how well these services met employee expectations in an insurance firm. Second, this study adds knowledge to the literature because it focuses on a vastly unexplored topic, employees' perception of ESHI in the private insurance sector in India. Third, the results of this study can help Human Resources departments, policy designers, and management with designing insurance options that align more closely with what employees feel they need or expect. Finally, it provides emphasis on strong communication, ongoing feedback, and employee engagement in the successful enactment of ESHI policies.

1.9 Scope of the Study

The research is restricted to employees of Care Health Insurance and the primary focus is on the employees' awareness, experiences, and overall satisfaction with employer health plan. Qualitative and quantitative data provided a broader picture. The research survey included employees from all areas of the business, such as Claims, Sales, Underwriting, IT, HR, etc., to give a cross-sectional view of perceptions across various roles and levels of experience.

1.10 Limitations of the Study

While the research provides meaningful insights, it has some limitations:

1. The sample includes one organization so the generalizability of findings is limited.

2. Self-reported data could introduce bias, namely in satisfaction and awareness.

3. The research is cross-sectional and thus cannot examine the long-term impacts of changes to policies.

Chapter 2: Review of Literature

2.1 Introduction

Employer-Sponsored Health Insurance (ESHI) has been a central feature of employee welfare programs worldwide, and its relevance has been growing significantly, perhaps more noticeably over the past few years in India. With rising private health insurance penetration, and public health care systems under stress, employers are increasingly obliged to provide health coverage for their employees. This chapter presents a detailed review of academic and institutional writings that relate to ESHI, paying most attention to India, touching on historical developments, awareness trends, satisfaction trends, claims processing, the role to be played by Human Resources (HR), and changes post Covid.

2.2 Historical Context and Emergence of ESHI in India

Health care insurance in India has historically been dominated by government schemes and public sector insurers. Following liberalization of the insurance sector in 2000, this led to new private insurers and for-profits entering the market and offering group and corporate health insurance. This direction appears to be taking root in urban India primarily due to the rising cost of health care and attendant expectations of employees, (Nair & Mishra, 2020). It is noted by IRDAI (2022) that there is a positive continuous growth in subscriptions to group health policies driven by interest from employers operating in India for health protection as part of employee compensation packages. Care Health Insurance (2023) also noted that over 40% of their group policy business is coming from medium and large organizations sited in metro (urban) cities. This indicates there is significant demand for corporate health care insurance.

2.3 Awareness and Understanding of ESHI

Bhatia and Dutta (2018) argued that despite some organizations providing full ESHI, one group of employees was unaware of the parameters of the coverage and the procedures that need to be followed. These findings are consistent with Sharma et al. (2021), who conducted a study in Delhi and determined that only 50% of the respondents/service

employees understood the claim process. Sharma et al. (2021) recommended retention and periodic courses, so employees would be aware of, and could refer to, the health insurance instruction material. Similarly, Singh et al. (2019) conducted a study in Bengaluru and reported that employees in the IT and finance sectors had more understanding than employees in other levels of understanding due to better communication and tools being available from their HR section. However, the gap in knowledge is still evident, particularly among support and administrative employees.

2.4 Role of Human Resources in Policy Communication

HR departments help to alleviate the knowledge deficit between organization representatives and policy providers. Gupta and Rao (2020) provided an example of this in their study of 150 HR professionals in Mumbai. The results identified poor communication models as not supporting policy effectiveness. They similarly identified the use of communication technology, including mobile applications and portals, to assist more effective and timely communication. Reddy and Kumar (2022) developed a framework promoting HR capacity-building to enhance HR professionals' abilities to direct health insurance related questions. Educating HR professionals in policy administration is likely to support better experience for employees and improved efficiency for HR.

2.5 Utilization Patterns and Employee Perceptions

Research has shown there is different patterns of utilization by different employees. For instance, the Kaiser Family Foundation (2023) states that ESHI is primarily used for inpatient and daycare services and OPD usage is often low given lack of reimbursements. In India, Mehta and Patel (2019) found that mid-level and senior staff utilized IPD more under ESHI than lower-level employees because of better awareness and perceived value. Kumar, Sharma, and Mehta (2020) found that employees who were covered under the ESHI, were more likely to seek early treatment as compared to the uninsured population, indicating positive health-seeking behavior.

2.6 Satisfaction and Retention

The satisfaction of employees with ESHI is an important driver of their overall work satisfaction and retention. Mehta and Patel (2019) showed a relationship between health insurance satisfaction and employee loyalty for companies based in Pune. Employers offering flexible and customizable health coverage plans had higher retention of employees. Similarly, Bhatia and Dutta (2018) contend that ESHI has potential not just as a welfare measure, but as an instrument and strategic HR initiative for employee engagement and productivity.

2.7 Claim Processing Challenges

Despite some coverage, there are still some performance issues that can affect satisfaction regarding claims. Singh and Rajput (2019) report delay problems, due to incomplete documentation and lack of collaboration between the insurers and the HR team or an unclear workflow for claims processing. These delays decrease trust in the process and dissatisfaction is likely to develop. Patel and Desai (2021) presented the importance of digital submissions to make the claims process more efficient, real-time tracking to create seamless experience and dedicated liaison officers to speak with URGENT from the organization to insurers. Their case study of large MNC with approximately 85 employees claimed justified that claim automation had reduced the average turnaround time by over 40%.

2.8 Coverage Gaps and Employee Expectations

Coverage exclusions are a major source of discontent among employees. Many ESHI plans do not cover dental, mental health, and outpatient benefits. A survey by Care Health Insurance (2023) reported that over 60% of employees wanted dental and mental health services included. Bhatia and Dutta (2018) point out that these broader coverage exclusions stifle productivity as employees endure untreated dental and mental health issues. Sharma et al. (2021) add that younger employees (20-30 years old), want mental health coverage, whereas older employees still want coverage for dependents. This change suggests that generational inclusion will soon alter employee expectations.

2.9 Regulatory and Policy Landscape

The Insurance Regulatory and Development Authority of India has enacted upon opportunities to standardize and elevate group health insurance, including parameters for portability, pre-existing conditions, and disclosures. The 2021-22 IRDAI Report (IRDAI, 2022) noted an increased number of grievance redressals from group policies and triggered further regulatory scrutiny. Reddy and Kumar (2022) argued that organizations must match changing regulations to maintain compliance and employee trust. Compliance updates should be an integral part of the HR communication system.

2.10 The Role of Technology

The digitization of health care services has transformed the claim process and policy management in a variety of ways. Gupta and Rao (2020) supported mobile-based apps to communicate changes in a policy in real time and find out the status of claims. Gupta and Rao found that firms that have technology-based platforms had 25% higher employee satisfaction. Additionally, Care Health Insurance (2023) reports that their tech upgrades, including AI-based claim adjudication, have reduced claim processing time by up to 50%.

2.11 ESHI and Mental Health: The Emerging Trend

Although demand is increasing, ESHI mental health coverage is limited in India. In a survey conducted by Kaiser Family Foundation (2023) regarding employees of global MNCs, 83% wanted mental health coverage included in their ESHI. ESHI plans in India are few that include coverage for psychiatric consultation or therapy. Bhatia and Dutta (2018) pointed out that organizations can include mental health services as a core component of ESHI, which organizations can enhance through counseling services. Employees who have mental health support showed improved performance and less absenteeism.

2.12 Post-COVID-19 Shifts in Employer Health Benefits

COVID-19 pandemic heightened demand for comprehensive health insurance benefits. Data from IRDAI (2022) indicates claims under group health insurance increased by 35% for FY 2020-21. Organizations began to reconsider their benefits considering different realities. Nair & Mishra (2020) found that employees working remotely or in hybrid workforces demanded more flexibility in ESHI plans. Factors such as teleconsultations, cashless homecare, and mental wellness sessions became common.

2.13 Summary of Key Studies

Author(s)	Year	Location	Sample Size	Sampling Technique	Salient Features / Key Findings
Bhatia & Dutta	2018	India (multi-site)	500	Stratified Sampling	Highlighted the growing relevance of ESHI in urban India. Stressed the role of employer motivation.
Sharma, Singh & Choudhary	2021	Delhi	200	Simple Random Sampling	Found low awareness among employees about claim filing; recommended routine training.
Gupta & Rao	2020	Mumbai	150 HR Managers	Purposive Sampling	Identified communication barriers between HR and staff; suggested use of digital HR tools.
Singh, Rajput	2019	Bangalore	300	Cluster Sampling	Reported delays in claims and documentation dissatisfaction.
Mehta & Patel	2019	Pune	250	Convenience Sampling	Established a link between ESHI and employee retention; flexibility in plan design recommended.

Kumar, Sharma & Mehta	2020	Northern India	400 households	Multi-stage Sampling	Explored how insurance impacts healthcare-seeking behavior; positive correlation found.
Nair & Mishra	2020	Pan-India	Policy Analysis	Not Applicable	Reviewed growth and challenges in private health insurance, including employer-sponsored models.
Patel & Desai	2021	Gujarat	Case Study	Purposive Sampling	Focused on administrative difficulties in managing group insurance; suggested better claim protocols.
Reddy & Kumar	2022	South India	75 HR Professionals	Snowball Sampling	Suggested HR upskilling for managing health insurance processes effectively.
IRDAI Annual Report	2022	India	National Data	Not Applicable	Provided regulatory overview, statistics, and reforms concerning group health insurance.
Kaiser Family Foundation	2023	Global (focus on U.S.)	Large-scale Survey	Stratified Sampling	Comparative analysis shows trends in employer benefits and cost-sharing practices.
Care Health Insurance	2023	Internal (India)	Organizational Data	Not Applicable	Annual report highlighting ESHI policy design and utilization rates within their corporate clients.
Singh et al.	2019	Bangalore	300 employees	Cluster Sampling	Highlighted dissatisfaction due to delays and complex

					documentation in claim processing.

The research on ESHI in India indicates great developments but also identifies substantial gaps in awareness, satisfaction and service delivery. The health benefits landscape in the workplace and beyond is changing rapidly. Many organizations are now recognizing the value of ESHI, but poor communication, limited coverage, and administrative inefficiencies come together to limit the effectiveness of ESHI. As employee expectations shift and calls for regulating the employer sponsored health benefits develop, employers must act now to ensure they are protecting their investment in ESHI through digitization, and flexible coverage and by building HR capacity. Future studies should explore sector level comparisons in ESHI, and longitudinal data to better understand the changing contours of employer sponsored health benefits

Chapter 3: Methodology

3.1 Research Aim

The primary aim of this study was to evaluate the effectiveness, employee awareness, satisfaction, and administrative challenges related to Employer-Sponsored Health Insurance (ESHI) at Care Health Insurance.

3.2 Research Questions

1. What is the level of employee awareness regarding the employer-sponsored health insurance policy at Care Health Insurance?
2. How satisfied are the employees with the services and benefits provided under the ESHI scheme?
3. What administrative and communication challenges are faced by HR and operations in managing ESHI?
4. What suggestions can be drawn from both employees and HR to improve ESHI implementation?

3.3 Hypotheses

Based on the research objectives, the following hypotheses were formulated:

- H_0 (Null Hypothesis): There is no significant relationship between employee awareness of ESHI and their satisfaction with the claim process.
- H_1 (Alternative Hypothesis): There is a significant relationship between employee awareness of ESHI and their satisfaction with the claim process.

These hypotheses were tested using statistical methods

3.4 Research Design

The study followed a mixed-methods approach:

- Quantitative: Structured questionnaire to capture numerical data.
- Qualitative: Semi-structured interviews with HR.

3.5 Study Setting

The study was conducted at Care Health Insurance, mainly within the Head office which is located at Gurugram, Haryana.

3.6 Study Population

The population includes:

- Employees across all departments (e.g., claims, underwriting, IT, operations, HR).
- HR personnels managing ESHI.

3.7 Sample Size Calculation

To ensure the study is statistically valid, Cochran's formula was used to calculate the sample size:

$$n_o = \frac{z^2.p.(1-p)}{e^2}$$

Where:

- Z=1.96 (Z-value for 95% confidence level)
- p=0.5 (estimated proportion of attribute in population)
- e= 0.05 (margin of error)

$$n_o = \frac{(1.96)^2 \times 0.5 \times (1 - 0.5)}{(0.05)^2} = \frac{3.8416 \times 0.25}{0.0025} = \frac{0.9604}{0.0025} = 384.16$$

Assuming a 15% non-response rate:

$$n = \frac{384}{1 - 0.15} = \frac{384}{0.85} \approx 451$$

Rounded down to 448 valid responses.

Thus, the final sample size = 448 employees.

3.8 Sampling Techniques

- Quantitative: Stratified random sampling was applied to ensure proportional representation from each department.
- Qualitative: Purposive sampling was used to select 5 HR professionals and policy administrators.

3.9 Study Instruments

- Quantitative: A structured questionnaire with closed-ended questions on awareness, satisfaction, usage, and feedback.
- Qualitative: A semi-structured interview guide for in-depth exploration of administrative challenges.

3.10 Operational Definitions

- ESHI: Employer sponsored health insurance covering full or partial healthcare expenses.

- Claim Experience: Process and satisfaction related to using insurance.
- Satisfaction: Perceived adequacy and utility of the insurance scheme.

3.11 Data Collection Procedure

- Quantitative: Online distributed across departments.
- Qualitative: Interviews conducted in-person.

3.12 Data Analysis

- Quantitative: Data analyzed using Excel and SPSS.
- Qualitative: Transcripts analyzed through thematic coding to identify recurring patterns.

3.13 Ethical Considerations

- Consent: Consent obtained.
- Voluntary Participation: No coercion involved.
- Confidentiality: Responses anonymized, and data stored securely.
- Institutional Approval: Permission obtained from host organization.

3.14 Limitations

- Despite stratification, participation bias may exist.
- Generalizability may be limited to Care Health Insurance's internal environment.

Chapter 4: Results

4.1 Introduction

In this chapter, the findings supporting the analysis of Employer Sponsored Health Insurance at Care Health Insurance are presented using data collected from 448 employees. The hypothesis that higher awareness of ESHI benefits is correlated with higher satisfaction with claim processing is to be tested. The analysis incorporates descriptive statistics and cross-tabulation, inferential statistics (chi-square test), and thematic findings from interviews of HR managers.

4.2 Respondent Profile

A total of 448 employees responded to the survey. The demographic composition is as follows:

4.2.1 Gender Distribution

Gender	Frequency	Percentage (%)
Male	254	56.7
Female	194	43.3
Total	**448**	**100**

4.2.2 Age Group Distribution

Age Group	Frequency	Percentage (%)
18–24	36	8.0
25–34	168	37.5
35–44	132	29.5
45–54	74	16.5
55–64	32	7.1
65+	6	1.3
Total	**448**	**100**

The majority of respondents were between 25 and 44 years, reflecting the organization's working-age population.

4.3 Awareness and understanding of ESHI

4.3.1 Awareness Levels

Awareness Level	Frequency	Percentage (%)
Fully understand	185	41.3
Mostly understand	150	33.5
Somewhat understand	71	15.8
Do not understand	42	9.4
Total	**448**	**100**

Although overall awareness is high, only 41.3% reported full understanding. Nearly a quarter admitted to limited or no understanding, revealing a significant knowledge gap.

4.3.2 Sources of Information

Employees reported learning about ESHI through HR orientation, peers, and policy handbooks. However, qualitative feedback indicates the need for ongoing, clearer communication post-induction.

4.4 Utilization of ESHI

4.4.1 Utilization Rate

Utilized in the Last 2 Years	Frequency	Percentage (%)
Yes	350	78.1
No	98	21.9
Total	**448**	**100**

4.4.2 Utilization by Awareness

Awareness Level	Utilized	Not Utilized	Total
Fully understand	170	15	185
Mostly understand	120	30	150
Somewhat understand	45	26	71
Do not understand	15	27	42

Employees with higher awareness are more likely to utilize their ESHI benefits.

4.5 Satisfaction with the Claim Process

4.5.1 Overall Satisfaction

Satisfaction Level	Frequency	Percentage (%)
Very Satisfied	110	24.6
Satisfied	124	27.7
Neutral	92	20.5
Dissatisfied	70	15.6
Very Dissatisfied	52	11.6
Total	**448**	**100**

4.5.2 Key Influencing Factors

Positive: Prompt claim processing, hospitalization coverage, cashless benefits

Negative: Coverage gaps, delays, poor communication, and rider-related confusion

4.6 Hypothesis Testing: Awareness vs. Satisfaction

4.6.1 Hypothesis

- **H_0:** No association between awareness and satisfaction
- **H_1:** There is an association between awareness and satisfaction

4.6.2 Cross-Tabulation

Awareness Level	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
Fully understand	74	61	28	12	10	185
Mostly understand	28	47	40	22	13	150
Somewhat understand	8	12	16	24	11	71
Do not understand	0	4	8	12	18	42

4.6.3 Chi-Square Test Results

After calculation, we have:

χ^2=122.37,

Degrees of Freedom (df) = 4

Significance Level (α): 0.05

p-value: 0.000 (rounded to three decimal places)

Since the p-value (0.000) < (0.05), we reject the null hypothesis.

Conclusion**:** The association between awareness and satisfaction is statistically significant. H_0 is rejected in favor of H_1.

4.7. Thematic Insights from HR Interviews

4.7.1 Policy Design and Riders

- ₹3 lakh base cover with optional add-ons
- Movement toward customizable benefits

4.7.2 Premium Structure

- 70:30 employer-employee split
- Rider premiums under scrutiny due to low usage

4.7.3 Communication Challenges

- HR acknowledges ongoing confusion despite multiple communication channels

4.7.4 Underutilization of Riders

- Especially mental health and dental care due to lack of clarity and promotion

4.7.5 Claims and Escalations

- Structured dispute resolution exists but delays persist, especially for riders

4.7.6 Employee Feedback

- Collected regularly but limited influence on decisions

4.7.7 Regulatory Constraints

- IRDAI guidelines limit plan design flexibility

4.7.8 Future Plans

- Digitization (apps, real-time claim status), benefit bundling, and increased employee engagement

4.8 Integrated Insights

- **Awareness Drives Satisfaction:** Strong link confirmed by data and HR perspectives
- **Communication is Critical:** Both employees and HR call for better ongoing education
- **Customization with Clarity:** Flexibility must be matched with simplicity
- **Technology as Enabler:** Tools like apps can streamline access, increase transparency

4.9 Conclusion

This chapter shows that awareness and understanding of ESHI are key predictors of employee satisfaction at Care Health Insurance. The hypothesis (H1) was statistically confirmed. Employee feedback and HR perspectives align with the need for improvement in communication, user-friendly policy frameworks, and inclusive in decision-making to maximize employee experience with ESHI offerings.

Chapter 5: Discussion

This chapter provides an in-depth discussion and analysis of the research outcomes seen in Chapter 4 on the status, perception, and effectiveness of Employer-Sponsored Health Insurance (ESHI) at an organization, Care Health Insurance.

5.1 Interpretation of Key Findings

5.1.1 Awareness of ESHI

There was a strong correlation between the employees' awareness of ESHI benefits and their satisfaction with the ESHI scheme. Employees whose awareness level was "fully aware" had significantly higher satisfaction scores, especially on claim processing time, clarity, and communication with both HR and TPA. This fits the general theory that awareness is a key enabler in the utility of insurance schemes. If people are not fully aware of the scope, processes and limitations of their insurance, their expectations may not match what is available. In other words, informed employees are in a better position to utilize the system effectively and recognize its utility.

5.1.2 Satisfaction with the Claims Process

The one other significant theme related to both quantitative surveys and thematic analysis of qualitative responses was satisfaction with the claims process. Again, while most employees indicated moderate to high satisfaction (about 72%), a large portion (18%) either weren't aware, or were dissatisfied because of delays due to, for example, the process of submitting documentation, working together with the TPA in following up their claims, or delays related to reimbursements. What was also interesting was the opinion many employees expressed that the insurance was comprehensive, and consequently the follow-up mechanism for communication regarding the claim, was also lacking. It reminded me of prior research from the Indian Journal of Health Economics that verified administrative bottlenecks often undermine the perceived value of insurance coverages, while still having good financial support of coverage.

5.1.3 Perceived Value of ESHI

Employees who had experienced it at least once were more appreciative of its usefulness in lessening out-of-pocket costs and financial anxiety in the event of medical emergencies. The data implies that experiential evidence is important in the way that benefits are perceived. In contrast, some employees reported being indifferent or cynical about the ESHI plan (this was particularly evident amongst younger staff who had not utilized the insurance). This gap highlights the significance of HR actively engaging, educating and championing preparation ahead of need.

5.2 Comparison with Existing Literature

Today's findings are consistent with several national and international studies of employer-sponsored insurance (ESHI) schemes or benefits. For instance, a study by the National Institute of Public Finance and Policy (NIPFP) in 2020 conducted nationally among corporate employees in India found that awareness and understanding of their health benefits were positively associated with increased utilization, understanding, and satisfaction.

In another example, a report by Mercer (2018) stated that positive employee outcomes in firms that prioritized employee education around health benefits were evidenced in improved employee satisfaction and retention rates. In a study of U.S. employers, the Kaiser Family Foundation (2021) found a similar positive association between employee awareness, clear communication about health insurance plans, and how satisfied employees were with those plans.

Employees who worked for employers with transparent benefits orientation sessions, clear and user-friendly employee benefit portals, and responsive Human Resources rated their employer's insurance plan better. However, what makes the unique in a country like India, particularly with firms like Care Health Insurance, is the complexity introduced by public-private hybrid coverage models. Employees make comparisons between ESHI and government schemes such as Ayushman Bharat and other state health insurance schemes which can lead to confusion about employee entitlement, physician networks, and cashless

availability. Therefore, the need for consistent internal training and communication plan cannot be understated in organizations.

5.3 Qualitative Insights and Thematic Synthesis

The themes of the thematic analysis of employee interviews revealed three key areas:

1. Clarity and Communication: Employees consistently mentioned lack of proactive outreach through HR as a hurdle. Many were unclear about the claims procedure, what documentation they needed to provide, or how the policy works in terms of limitations, conditions and applicability.

2. Trust and Transparency: A smaller number of employees expressed a lack of trust as to whether some claims would be honored. Some claims had a partial reimbursement or a TPA clarification was interpreted as organizational incompetence or lack of champions for employees.

3. Ease of Use: The employees had the easiest experience with the program—most notably, cashless admissions—were firmly pro-ESH. Their own experiences appeared to feed positively into their teams, demonstrating trust building linked through internal word-of-mouth. These themes are aligned with a 2019 study in the Harvard Business Review on the "employee experience loop." The study categorized that employees assess organizational offerings not only for their tangible financial value, but for the emotional aspects and experiences of offerings such as empathy, support and perceived fairness.

5.4 Strengths of the Study

This research project has several strengths that enhance its credibility and relevance:

• Mixed-Method Design: The diverse quantitative and qualitative data enriched the findings, providing breadth and depth in understanding employee perceptions.

• Representative Sample Size: With 448 participants from across departments, the sample was sufficiently varied for generalizable results to be meaningful within the organization.

• Relevance to Current Policy Conversations: Findings are timely with increasing attention on corporate wellness, especially in the aftermath of the pandemic's focus on employee health infrastructure.

• Thematic Analysis of Real Responses: Including real employee feedback meant the users of ESHI were able to speak for themselves, including valuable emotional and experiential insights that summary statistics cannot account for.

5.5 Limitations of the Study

The investigation describes some of its limitations despite its strengths:

• Study Limited to One Organization: Some of the findings are interesting, but specific to Care Health Insurance with no generalizable likelihood to other sectors or industries.

• Cross-Sectional Design: Since the data were collected at one point in time, it did not capture how awareness or satisfaction may shift over time, especially after interventions were put in place.

• Self-Reported Data: Most of the information was self-reported meaning it was exposed to certain biases such as social desirability or recall bias as possibilities.

• Restricted Demographic Variables: There was consideration for age and department, but the investigation did not consider a few factors such as income bracket, family health history or prior exposure to insurance, further limiting how perceptions could be influenced.

5.6 Implications for Human Resource Management

The implications of these findings are particularly important for HR departments, not only at Care Health Insurance but across similar contexts in corporate sectors:

• A need for formal awareness campaigns: HR should not just rely on policy orientation at onboarding. HR needs to put more into action during training, continuous learning approach with annual refresher sessions, frequently asked questions, emails, and opportunities for interactivity are ways to provide employees with much needed awareness.

• Feedback loops: We think creating a transparent feedback mechanism that allows employees the opportunity to discuss any questions or concerns they have about the ESHI process will build trust and satisfaction with ESHI.

• HR and TPA Coordination: Human resources need to coordinate effectively with their external TPA to resolve claim issues quickly when they arise and communicate with employees on the status after a claim is made.

• Support for employees: When team leaders can assign someone as an insurance coordinator or as a wellness champion to help deliver peer-level support, this can be beneficial to those who are in need, especially during the acute period of a medical emergency for an employee.

5.7 Policy-Level Implications

The findings from this study also have implications for those involved in organizational health policy:

• Inclusion of Mental Health and Preventative Services: Employees also indicated a desire for mental health consultations, an annual health check, and incentives for wellness benefits. Broadening ESHI (Employer-Sponsored Health Insurance) inclusions to include these programs may enhance overall satisfaction.

• User-Friendly Claims Process: Modernizing the reimbursement system and utilizing digitalization, mobile applications and procedures, or tracking claim proceedings might improve the user experience.

• Consistent Benchmarking of Industry Standards: ESHI benefits should be benchmarked commonly against Care Health Insurance's other competitors to remain competitive and maintain new developments to employee needs.

5.8 The Role of Organizational Culture

Culture within an organization is important in determining how benefits are received and used. Cultures that are open, supportive, and health-centered encourage employees to engage with schemes on offer. On the other hand, when employees experience a culture of bureaucracy, or a lack of empathy, even the financially healthiest of policies will fail to reach its potential. When Care Health Insurance consciously shifts towards a culture that is employee focused on terms of communication, health literacy, and preparedness for issue resolution, it will make a different to the ESHI scheme.

Chapter 6: Conclusion and Recommendations

6.1 Introduction

This chapter presents a summary of the main findings, discusses their implications and suggests recommendations for practitioners, including human resource departments, insurers, and policymakers, it also highlights the limitations of the research, and suggests aspects for future research

6.2 Summary of Key Findings

6.2.1 Awareness Levels and Sources of Information

The research showed that most employees at Care Health Insurance were aware of the ESHI scheme in their organization, but most employees did not know or understand the details of the ESHI policies. Communication occurred largely through official HR communications or formal onboarding sessions, and informal communication among peers.

In addition, comprehension of the ESHI scheme differed across employee designations and departments with senior level employees (for the most part) understanding the scheme better than entry level employees. The lack of regular refresher training and documentation contributed to employees' lack of awareness. Many employees relied on their colleagues or previous experiences to comprehend the policy, illustrating that there was no systematic way to share or disseminate information about the ESHI policies.

6.2.2 Satisfaction with Claims Process

A primary relationship exists between awareness levels and satisfaction with the claim process. Employees who understood what the policy covered (or not), the solution provision/network hospitals, or claims limits were more likely to report higher satisfaction. Employees who had little awareness levels often experienced delays, misconstrued communications, or claim rejections.

Thematic analysis revealed some common themes: lack of clarity on documentation, unclear coordination protocols with the hospital, and inadequate claims support during emergencies. Positive comments tended to be on times of digitally processed claims, HR

support was quick to respond, or there was something good about the fast-tracked approvals in network hospitals.

6.2.3 Utilization Trends

Use of the insurance policy was moderate, and higher usage was seen in employees with families, aged 30 and older (40-70 years), or employees with chronic conditions. One connecting theme from both quantitative and qualitative data was that single or younger employees typically did not use the policy and considered it a "defunct benefit."

There was also a preference for personal insurance reported, especially among employees that have claimed denial or paid expenditure after claims, even if they feel somewhat covered. This diminishes the trust employers have in providing insurance and poses a retention risk.

6.2.4 Employee Perceptions and Trust

The qualitative answers read across a range of trust in the ESHI scheme. Employees liked having coverage available and felt it was a sign the employer cared for, while still many felt the policy was simply a checkbox benefit - a scheme to ease employer liability, though well meaning, poorly executed. In terms of fostering trust, salient themes were transparent with process, easy access to support, channels of communication, and consistency in coverage at hospitals.

Some feedback from respondents indicated that some insurers' claim processing teams had an absence of compassion, particularly in scenarios of heavy medical emotionality; whereas others were even complimentary about specific HR representatives who demonstrated genuine concern for ensuring claims were settled smoothly, situations outside of their brief.

6.3 Implications of the Study

6.3.1 For Human Resource Management

One of the most important implications of this research is in the context of making and implementing human resource policies. HR teams need to provide ESHI (employee-subsidized health insurance) but also ensure that employees understand what their options are, how to access them, and feel that they are supported throughout the claims process.

The lack of ongoing education and messaging can directly impact the utilization of these policies and employee satisfaction. Thus, HR departments need to adopt a more employee-centrist approach to give tailored advice, provide multi-lingual support, and have FAQs that are updated in real-time, etc. Appropriate, periodic awareness raising (etc. tied to their annual health check-ups or a wellness campaign) can help to ensure that the information feels recent and relevant.

6.3.2 For Insurers

The research reveals operational inefficiencies in the claim approval and reimbursement process. The basic premise is that while Care Health Insurance may be one of the largest, internal employee feedback shows there are inefficiencies in hospital coordination, clarity around paperwork, and turnaround times.

Insurers need to support digital transformation to create adoption of claim tracking apps, remediations through automation and AI-driven adjudication for timeliness and transparency. Employee training for claim support teams – namely in empathy and medical communication – is also crucial for claim payments.

6.3.3 For Policy Designers

Those developing new policies, whether from an HR perspective or from the insurer side, should consider a life stage- or need-based approach to policy segmentation. Having a single, generalized decision tool limits the relevance of the decision point (and encourages poor usage).

For instance, offering personalized modular options, top-up flexibility, and optional benefits/ambulatory treatment could enhance the actual utilization of ESHI policy and increase the perceived value of the policy. For example, a modular benefit that could be utilized by the employee's dependents (wellness benefits, telemedicine, preventive care, mental health consultations) increases the inclusiveness of the plan, highlighting the benefits to more than just the primary employee.

6.4 Recommendations

6.4.1 Develop Robust Awareness Programs

• Host quarterly awareness sessions for all employees.

• Utilize a variety of approaches: virtual talks, mobile apps, WhatsApp messages, printed vesting guides.

• Develop induction modules specifically to cover benefits of ESHI and benefits claims.

6.4.2 Enhance Efficiency in Claims Process

• Integrate real-time claim tracking for both cashless and reimbursement models.

• Create a dedicated helpline with trained, empathetic staff.

• Standardized documentation formats to reduce rejection rates.

6.4.3 Adapt Health Plans to Employees' Needs

• Allow top-ups or custom plans to be optional based on family size and health histories.

• Provide comparisons of company plans that on the market comparisons.

• Consider a tiered benefit approach like a seniority or time-period-based program, as an incentive and retention tool.

6.4.4 Enhance HR-Insurance Coordination

• Appoint HR relationship managers specifically responsible for ESHI communication with the insurer.

• Establish a monthly HR, insurer, and employee feedback loops.

• Develop an internal dashboard tracking utilization, claims issues, and satisfaction.

6.4.5 Promote a Culture of Empathy and Support

• Train HR and insurer teams to help enhance empathetic communication - especially during medical crises.

• Allow emergency leave or work-from-home in conjunction with insurance support.

• Stimulate peer sharing of positive claim experiences (like internal blog or testimonial)

6.5 Limitations of the Study

While this research inquiry is extensive, it is important to note:

1. Sample Size & Scope: This research inquiry was conducted through 448 employees from Care Health Insurance. Given the sample size, the findings are representative; however, this may not be generalizable to every healthcare or insurance company across India.

2. Self-Reported Data: This research inquiry relies on survey responses and interviews to ascertain information as there are several biases that come with reliance on surveys and interviews. Participants may have faced social desirability, recall bias, and emotional bias.
3. Timeliness: Given the rapid nature of policies and health-related events, perceptions of employees may change quickly. Therefore, timely information is far more valuable than periodic surveys.

4. Short-term Longitudinal Data: Although longitudinal data may have further captured the evolving employee satisfaction of their utilization of the policy, we did not have the means for a longitudinal approach.

6.6 Strengths of the Study

The study has many strengths, despite its limitations:

1. Mixed-Methods: By using survey data quantitatively and an analysis of themes qualitatively, the study provides a more complete picture of employee experiences and sentiments.

2. Ground-Level Data: The study provides empathy to voices of actual users - voices lost to many conversations used in the development of policy.

3. Current Context: Post-pandemic awareness and expectation of health insurance has peaked, and this research is timely and useful.

4. Application: Results can be directly translated to refine HR policy, design insurer products, and employee well-being programs.

6.7 Contribution to Knowledge

This research contributes to the limited academic literature on employer-sponsored health insurance in India; especially within the insurance sector itself. Despite employer-sponsored health insurance being examined from a benefits administration point of view, this research included the employee voice through policy, perception and process.

This research also confirmed that satisfaction with employer-sponsored health insurance is not just a function of benefits but also on how well employees understand and experience the process. Awareness is not just an HR function; it is a significant determinant of satisfaction, trust, and retention.

6.8 Directions for Future Research

• Comparative studies: Future studies could compare the progress and experience of ESHI in different sectors, ie, IT, manufacturing, and banking, and identify the best practices across sectors.

• Longitudinal tracking: it may be beneficial to examine whether a few years after the experience of an employee's satisfaction representation (especially after the unplanned event(s) occurred, e.g., before and after a claim or after an employee's well-being intervention) to understand how that value changes over time.

• Cost-benefit analysis: Future studies could explore the benefits of ESHI in relation to its costs, to determine what ESHI saved for employers in relation to employee retention, absence, and productivity.

• Behavioral studies: an investigation into why employees still want private insurance instead of ESHI will provide a more in-depth analysis of values attached to the intervention.

• Policy inclusion metrics: introducing a standard measure, an ESHI inclusion or awareness index to measure employers' level of transparency and accuracy about employee wellbeing inclusion.

6.9 Final Thoughts

The research shows that employer-sponsored health insurance, while acknowledged as generally a useful and valued employee benefit, can still undergo evolution as a benefit both in terms of design and in terms of service. Within the evolving healthcare landscape, as employees are demanding financial protection along with human-centered support, ESHI needs to overcome its status as a formal dimension of corporate time and space and fulfil its role as an essential component of employee wellbeing. Care Health Insurance, as an employer and a provider of health insurance, can model the way forward and capture the opportunity to show leadership in bringing the future of health insurance forward; by implementing new communication channels, coordination practices and customization approaches to change the lives of its employees, while also modeling a best practice for the industry.

To sum up, health insurance is not just deliverables and premiums; it is about offering reassurance during the most vulnerable times in life. And as this study clearly articulates, reassurance requires more than coverage. It requires clarity, compassion, and commitment.

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Annexures

Employee Survey Questionnaire

Employer-Sponsored Health Insurance: Benefits and Challenges in Private Health Insurance Companies

Consent for Participation

If you agree to participate, you will be asked to complete a questionnaire comprising multiple-choice, Likert scale, and open-ended questions. It will take approximately 10–15 minutes to complete. All responses will be kept strictly confidential. The data will be analyzed in aggregate, and no individual respondent will be identified in any report or publication. Your participation is entirely voluntary. You may choose to withdraw at any point without any consequence.

I hereby give my informed consent to participate in this questionnaire survey. I understand that:

My participation is voluntary.

My responses will be kept confidential.

I can withdraw at any time.

The purpose of this study is academic in nature.

☐ I agree to participate.
☐ I do not agree to participate.

Section A: Demographic Information

1. Age:
    - 20–25 years
    - 26–35 years
    - 36–45 years
    - 46+ years
2. Gender:
    - Male
    - Female
    - Other
3. Job Role:
    - Claims Processing
    - Underwriting
    - Sales & Marketing
    - HR
    - Other (please specify): _____
4. Years of Experience in the Company:
    - Less than 1 year
    - 1–3 years
    - 4–7 years
    - More than 7 years

Section B: Awareness of Employer-Sponsored Health Insurance (ESHI)

5. Are you aware that your employer provides health insurance coverage?
    - Yes
    - No
6. How did you learn about your employer-sponsored health insurance?
    - HR orientation
    - Company handbook
    - Colleagues
    - Other (please specify): _____
7. Do you fully understand the benefits included in your health insurance plan?
    - Yes
    - Partially
    - No

Section C: Utilization and Satisfaction

8. Have you used your employer-sponsored health insurance in the last two years?
    - Yes
    - No
9. If yes, what services did you use? (Select all that apply)

- Hospitalization
- Outpatient (OPD) services
- Dental care
- Mental health services
- Maternity benefits
- Other (please specify): _____

10. How satisfied are you with the claim process?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

11. What challenges have you faced with your employer-sponsored health insurance? (Select all that apply)

- Claim processing delays
- Limited coverage for certain treatments
- High co-pay or deductibles
- Poor communication from the insurance provider
- Network hospital issues
- Other (please specify): _____

12. How important do you think employer-sponsored health insurance is as an employee benefit?

- Very important
- Important
- Neutral
- Not very important
- Not important at all

Section D: Recommendations

13. What additional benefits would you like in your employer-sponsored health insurance? (Select all that apply)

- Dental coverage
- Mental health coverage
- Higher OPD reimbursements
- Coverage for dependents
- More network hospitals
- Other (please specify): _____

14. Do you think the company should offer multiple plan options with different premium levels?

- Yes
- No
- Maybe

15. Any additional comments or suggestions for improving the employer-sponsored health insurance policy?

HR Interview Questions

Employer-Sponsored Health Insurance: Benefits and Challenges in Private Health Insurance Companies

Consent for Interview Participation

If you agree to participate, you will take part in a semi-structured interview lasting 20–30 minutes. Questions will relate to HR's role in managing employer-sponsored health insurance, employee awareness strategies, claim process oversight, and challenges faced. With your permission, the interview may be recorded for accuracy. All identifying information will be removed during transcription. Responses will be anonymized in any report. Participation is entirely voluntary. You may refuse to answer any question or withdraw from the study at any time. I consent to participate in the interview related to the above research study. I understand that:

- My participation is voluntary.
- I may withdraw at any point.
- My identity will remain confidential.

☐ I give permission for the interview.
☐ I do not give permission for the interview

Section A: Background Information

1. Can you briefly describe the health insurance policy currently offered to employees in your company?
2. How is the insurance premium structured? (Fully employer-paid, co-paid, etc.)
3. What percentage of employees actively utilize their health insurance benefits?

Section B: Challenges in Managing Employer-Sponsored Health Insurance

4. What are the biggest challenges your company faces in providing employer-sponsored health insurance?
5. Have you observed an increase in health insurance premiums over the last few years? How has the company managed this?
6. What are the most common complaints from employees regarding their health insurance?
7. How does the company handle claim disputes and delays?
8. Are employees involved in the decision-making process when selecting or modifying health insurance plans?
9. How does the company ensure that employees are well-informed about their insurance benefits?

Section C: Future Improvements and Policy Changes

10. Does the company plan to expand health insurance coverage to include benefits such as dental, mental health, or higher OPD limits?
11. Would the company consider offering flexible plan options where employees can choose different levels of coverage?
12. Do you believe government regulations impact the structure of employer-sponsored health insurance? If so, how?
13. What steps do you think can improve the efficiency and satisfaction of the employer-sponsored health insurance process?
14. Any additional comments or suggestions for improving ESHI in private health insurance companies?