

Commercial Sector

Private Health Insurance Companies



Introduction

Health financing is an integral component to provision of health services, particularly concerning the private sector. Teams almost always include private health insurance companies as part of an assessment; at the very least to ascertain the current status of the health insurance market, including what proportion of the population has private health insurance. Beyond this, teams may also wish to explore prospects for expanding private health insurance coverage to low- and middle-income populations, or consider a potential role for the private health insurance industry in light of planned national health insurance.

Questions

- What is the level of awareness of private health insurance in the general population?
- Approximately what proportion of the population is covered by private health insurance? (Include community-based, provider-based, and company self-insured schemes.) Approximately what proportion of the covered population is male/female?
- How many main members are in your group policies? How many dependent-beneficiaries are in your group policies? How many main members are in your individual policies? How many dependent-beneficiaries are in your individual policies? For each of these groupings, where possible, obtain a female/male breakdown.
- How are your individual policies sold?
- What proportion of your group policies are: (1) NGO clients; (2) private sector employers; (3) public sector contract?
- What is the most common product level that you sell – i.e., what are the services covered? Up to what level? How much is the premium?
- Do you cover HIV and AIDS? Do you cover family planning services? Do you cover maternity and child health services? What is the extent of the coverage? What limitations?
- How is insurance regulated in your country? What are the key regulatory policies? Reporting requirements? Payout ratios? Policies and premiums?
- Is the insurance company required to report total health insurance premiums collected to the regulator? What are the total health premiums collected by year for the last three years? What is the total claims loss experience for the last three years?
- How are the health care providers paid (capitated/fee-for-service)?
- Do you have contractual arrangements with health care providers so that clients do not have to pay out-of-pocket for their care (aside from a co-pay)?
- Is there an effort to establish national health insurance?
 - If so, what role would there be for private health insurers?
- Have you participated in any national discussions on national health insurance?