

Health Insurance Market Report by Provider (Private Providers, Public Providers), Type (Life-Time Coverage, Term Insurance), Plan Type (Medical Insurance, Critical Illness Insurance, Family Floater Health Insurance, and Others) Demographics (Minor, Adults, Senior Citizen), Provider Type (Preferred Provider Organizations (PPOS), Point of Service (POS), Health Maintenance Organizations (HMOS), Exclusive Provider Organizations (EPOS)), and Region 2024-2032

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Abstracts

The global health insurance market size reached US\$ 1,835.9 Billion in 2023. Looking forward, IMARC Group expects the market to reach US\$ 3,208.4 Billion by 2032, exhibiting a growth rate (CAGR) of 6.2% during 2024-2032. The rising prevalence of chronic diseases and viral infections, the growing geriatric population which is more prone to complicated medical conditions, and the growing number of surgical procedures are some of the major factors propelling the market.

Health insurance is a financial arrangement that provides individuals and families with coverage for medical expenses. It is a contract between an individual (the policyholder) and an insurance company or healthcare provider. In exchange for regular premium payments, the insurance company agrees to cover a portion or all of the policyholder's eligible medical costs, depending on the terms and conditions of the policy. The policy specifies what medical services and expenses are covered. This can include doctor's visits, hospitalization, prescription medications, preventive care, surgeries, and more.

Coverage may also extend to dental and vision care, mental health services, and other healthcare needs, depending on the policy.

There is a notable increase in the prevalence of chronic diseases and viral infections, including conditions like hypertension, human immunodeficiency virus (HIV), cancer, heart disorders, cystic fibrosis, cardiovascular disease (CVD), and acquired immunodeficiency syndrome (AIDS). This rise in health challenges, combined with a growing elderly population, which is more susceptible to complex medical conditions, represents a major driver for the global demand for health insurance. Additionally, the escalating costs of medical services and the expanding array of outpatient procedures are contributing to the growth of the health insurance market. Furthermore, government agencies in numerous countries are actively engaged in awareness campaigns about the importance of health insurance. This, coupled with the increasing incidence of severe road accidents leading to a surge in surgical procedures, is positively impacting the market. Moreover, prominent industry players are offering a wide range of health insurance plans, empowering policyholders to select the most suitable coverage based on their unique needs and preferences. Additionally, the emergence of health insurance mobile applications incorporating advanced technologies such as artificial intelligence (AI), the internet of things (IoT), big data analytics, and predictive analysis to streamline the claims process and policy management is providing a positive outlook for the market.

Health Insurance Market Trends/Drivers:

Rising prevalence of chronic diseases and viral infections

Presently, with the increase in chronic diseases and viral infections, more individuals and families recognize the importance of having health insurance coverage. This has led to a surge in the demand for health insurance policies as people seek financial protection against high medical expenses. Moreover, insurers are introducing specialized insurance plans that cater to the specific needs of individuals with chronic conditions or those at higher risk of contracting viral infections. These plans offer enhanced coverage for related treatments and medications thus propelling the market. Besides, governments and regulatory bodies are closely monitoring the impact of chronic diseases and viral infections on the health insurance sector. New regulations and mandates are being introduced to ensure that insurers provide adequate coverage and support for affected individuals which is accelerating the market growth.

Growing geriatric population across the globe

As individuals age, they typically require more healthcare services and treatments. This increased demand for healthcare services drives a higher demand for health insurance coverage among the elderly. Besides, older individuals often face higher healthcare costs due to age-related health conditions and the need for more frequent medical interventions. Moreover, the unique healthcare needs of the elderly population have given rise to specialized insurance products tailored to their requirements. Medicare, for instance, is a government program in the United States that provides health coverage specifically for individuals aged 65 and older. Additionally, insurers are developing innovative insurance products and services to cater to the elderly population. These include long-term care insurance, which covers the costs of nursing home care or in-home care, and policies that provide coverage for chronic conditions and prescription medications.

Increasing number of surgical procedures

Surgeries are often among the most expensive medical treatments. Health insurance companies need to account for these rising costs when setting premiums for their policyholders. Moreover, with health insurance, individuals can access a broader network of healthcare providers, including specialists who perform surgical procedures. This access to quality healthcare is essential when surgical interventions are required, which is accelerating the product adoption rate. Besides, health insurance plans often include coverage for preventive measures and diagnostic tests. This can lead to early detection and intervention, potentially reducing the need for more extensive surgeries in the future. Additionally, many surgical procedures are related to chronic health conditions, such as heart disease, diabetes, and obesity. As the prevalence of these conditions increases, so does the need for surgeries, making health insurance a vital resource for managing these long-term health issues.

Health Insurance Industry Segmentation:

IMARC Group provides an analysis of the key trends in each segment of the global health insurance market report, along with forecasts at the global, regional, and country levels for 2024-2032. Our report has categorized the market based on provider, type, plan type, demographics, and provider type.

Breakup by Provider:

Private Providers

Public Providers

Private providers hold the largest market share

The report has provided a detailed breakup and analysis of the market based on the provider. This includes private providers and public providers. According to the report, private providers represented the largest segment.

Private health insurance providers often offer a wide range of insurance products tailored to different customer needs. These offerings include individual plans, family plans, group plans for employers, and specialized coverage options. This diversity allows them to cater to a broader customer base. Besides, private insurers are known for their ability to innovate and customize insurance plans. They can adapt quickly to changing market demands and introduce new features, such as telemedicine services, wellness programs, and personalized health management tools. Moreover, private insurers often have extensive networks of healthcare providers, including hospitals, clinics, and specialists. These networks provide policyholders with a wide choice of healthcare providers and facilities, enhancing the attractiveness of their insurance plans.

Breakup by Type:

Life-Time Coverage

Term Insurance

Life-time coverage accounts for the majority of market share

A detailed breakup and analysis of the market based on the type has also been provided in the report. This includes life-time coverage and term insurance. According to the report, life-time coverage represented the largest segment.

Lifetime coverage provides policyholders with long-term security and peace of mind. It assures them that their health insurance needs will be met throughout their lifetime, regardless of changing health conditions or age-related issues. Besides, in many cases, lifetime coverage comes with stable premium rates due to which policyholders can lock in a relatively consistent premium amount, making it easier to budget for healthcare expenses over the long term. Moreover, lifetime coverage often offers comprehensive benefits, including coverage for major medical expenses, hospitalization, surgeries, and even preventive care. This makes it a comprehensive solution for policyholders' healthcare needs.

Breakup by Plan Type:

- Medical Insurance
- Critical Illness Insurance
- Family Floater Health Insurance
- Others

Medical insurance represents the most popular plan type

A detailed breakup and analysis of the market based on the plan type has also been provided in the report. This includes medical insurance, critical illness insurance, family floater health insurance, and others. According to the report, medical insurance represented the largest segment.

Medical insurance provides coverage for a wide range of healthcare services, including doctor visits, hospital stays, surgeries, prescription drugs, and preventive care. This comprehensive coverage addresses the most fundamental healthcare needs of individuals and families. Besides, healthcare costs can be substantial, and unexpected medical expenses can lead to financial hardship. Medical insurance offers a safety net by covering a significant portion of these costs, reducing the financial burden on policyholders. Moreover, medical insurance plans often include coverage for preventive services like vaccinations, screenings, and wellness check-ups. This encourages individuals to prioritize preventive care, which can lead to early detection and treatment of health issues.

Breakup by Demographics:

- Minor
- Adults
- Senior Citizen

Adults accounts for the majority of market share

A detailed breakup and analysis of the market based on the demographics has also been provided in the report. This includes minor, adults, and senior citizen. According to the report, adults hold the largest market share.

Many adults obtain health insurance through their employers. Since the majority of adults are part of the workforce, they have access to employer-sponsored health

insurance plans. This contributes significantly to the market share held by adults. Moreover, adults often secure health insurance policies that cover their entire families, including children and sometimes elderly parents. This means that one adult's health insurance policy can account for coverage for multiple individuals, further increasing their market share. In addition, insurance companies offer a range of health insurance products tailored to adults, such as individual policies, family plans, and plans with specific benefits for adults, like maternity coverage or preventive care.

Breakup by Provider Type:

- Preferred Provider Organizations (PPOs)
- Point of Service (POS)
- Health Maintenance Organizations (HMOs)
- Exclusive Provider Organizations (EPOs)

Preferred provider organizations (PPOs) represent the most popular provider type

A detailed breakup and analysis of the market based on the provider type has also been provided in the report. This includes preferred provider organizations (PPOs), point of service (POS), health maintenance organizations (HMOs), and exclusive provider organizations (EPOs). According to the report, preferred provider organizations (PPOs) represented the largest segment.

PPOs offer policyholders a significant degree of flexibility when it comes to choosing healthcare providers. Unlike Health Maintenance Organizations (HMOs), which often require members to select a primary care physician and obtain referrals for specialist care, PPOs allow individuals to see any healthcare provider, specialist, or hospital of their choice. This flexibility is highly valued by consumers who want control over their healthcare decisions. Besides, PPOs typically provide coverage for both in-network and out-of-network healthcare services. While staying in-network usually results in lower out-of-pocket costs, the option to seek care outside the network is important for individuals who may need specialized or out-of-area services. This flexibility can be especially beneficial in emergencies or when seeking care from specific specialists.

Breakup by Region:

- North America
- United States
- Canada

Asia-Pacific
China
Japan
India
South Korea
Australia
Indonesia
Others
Europe
Germany
France
United Kingdom
Italy
Spain
Russia
Others
Latin America
Brazil
Mexico
Others
Middle East and Africa

North America exhibits a clear dominance in the market

The market research report has also provided a comprehensive analysis of all the major regional markets, which include North America (the United States and Canada); Asia Pacific (China, Japan, India, South Korea, Australia, Indonesia, and others); Europe (Germany, France, the United Kingdom, Italy, Spain, Russia, and others); Latin America (Brazil, Mexico, and others); and the Middle East and Africa. According to the report, North America accounted for the largest market share.

North America, particularly the United States and Canada, has a large and affluent population. This creates a substantial customer base for health insurance providers. The ability to serve millions of customers across diverse demographic groups contributes to the market's size and influence. Besides, the healthcare systems in the United States and Canada are relatively complex, with a mix of public and private providers. This complexity has led to a robust health insurance market where individuals and employers often purchase private health insurance to supplement government-sponsored healthcare programs like Medicare and Medicaid in the U.S. Additionally,

healthcare costs in North America are among the highest in the world. This includes expenses related to medical treatments, prescription drugs, hospital stays, and specialized care. Due to these high costs, individuals and businesses seek health insurance coverage to mitigate the financial burden of healthcare expenses.

Competitive Landscape:

The competitive landscape of the market is characterized by the presence of multiple players that include established brands, emerging startups, and specialty manufacturers. Presently, leading companies are investing heavily in digital technologies to enhance customer experiences. This includes user-friendly mobile apps and online portals for claims processing, policy management, and customer support. They are also leveraging data analytics and artificial intelligence (AI) to better understand customer needs, identify fraud, and improve underwriting processes. Predictive analytics help insurers in risk assessment and pricing, leading to more accurate premiums. Moreover, many health insurers are offering wellness programs and incentives to encourage policyholders to adopt healthier lifestyles. These programs may include discounts for gym memberships, rewards for meeting health goals, or access to wellness apps and coaching.

The market research report has provided a comprehensive analysis of the competitive landscape in the market. Detailed profiles of all major companies have also been provided. Some of the key players in the market include:

Aetna Inc. (CVS Health Corporation)

AIA Group Limited

Allianz SE

Aviva Plc

Berkshire Hathaway Inc.

Cigna Corporation

International Medical Group Inc. (Sirius International Insurance Group Ltd.)

Prudential Plc

United Health Group Inc.

Zurich Insurance Group AG

Recent Developments:

In November 2022, Berkshire Hathaway announced its partnership with Canada-based SoNomad to offer travel medical insurance. The soNomad Travel Medical Insurance policies are underwritten by the National Liability and Fire Insurance Company in Canada.

In April 2021, Molina Healthcare Inc. and Cigna Corporation signed a merger

agreement where the former took ownership of Cigna's Texas Medicaid and Medicare-Medicaid Plan (MMP) as part of this agreement. This merger strengthens Molina Healthcare's position in the market and broadens its healthcare offerings to cater to a broader population.

UnitedHealthcare launched "MyScriptRewards" to provide financial incentives to members who choose lower-cost prescription medications. They also expanded their virtual care offerings to include behavioral health services, making mental health support more accessible.

Key Questions Answered in This Report

1. What is the size of the global health insurance market?
2. What is the expected growth rate of the global health insurance market?
3. What are the key factors driving the global health insurance market?
4. What has been the impact of COVID-19 on the global health insurance market?
5. What is the breakup of the global health insurance market based on the provider?
6. What is the breakup of the global health insurance market based on the type?
7. What is the breakup of the global health insurance market based on the plan type?
8. What is the breakup of the global health insurance market based on the demographics?
9. What is the breakup of the global health insurance market based on the provider type?
10. What are the key regions in the global health insurance market?
11. Who are the key players/companies in the global health insurance market?

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