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INSURTECH ADOPTION, DIGITAL SERVICE QUALITY, AND POLICYHOLDER SATISFACTION IN PRIVATE HEALTH INSURANCE: AN EMPIRICAL STUDY OF SEMI-URBAN KARNATAKA

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Abstract
The rapid convergence of financial technology and risk underwriting—widely termed InsurTech—has fundamentally reshaped service delivery within India's private general and health insurance sector. Guided by the Insurance Regulatory and Development Authority of India's (IRDAI) strategic vision of *"Insurance for All by 2047,"* initiatives such as Bima Sugam, the Bima Trinity, and cashless-everywhere settlement norms have accelerated digital penetration beyond metropolitan hubs into semi-urban districts. This study investigates the relationship between digital transformation, InsurTech service quality dimensions, and customer satisfaction among private health insurance policyholders in Kolar district, Karnataka. Employing a mixed-methods descriptive and empirical research design, primary data were collected during early 2025 from a stratified sample of 250 private health insurance policyholders across Kolar, Bangarapet, Malur, Mulbagal, and Srinivaspur taluks using a structured five-point Likert questionnaire, supplemented by secondary industry metrics up to June 2025. Statistical techniques including Cronbach's alpha reliability testing, descriptive mean ranking, Chi-square tests of independence, and One-Way Analysis of Variance (ANOVA) were executed. Findings reveal that while mobile policy issuance and tele-underwriting enjoy high adoption (mean > 4.10), perceived friction in AI-assisted cashless claim pre-authorization and vernacular interface availability significantly influence overall policyholder satisfaction ($p < 0.01$). Demographic variables such as age and digital literacy exhibit statistically significant associations with InsurTech adoption levels. The paper concludes with actionable recommendations for private health insurers and regulators to bridge semi-urban digital divides.

Keywords
InsurTech Adoption, Private Health Insurance, Digital Service Quality, Customer Satisfaction, Bima Sugam, Semi-Urban Karnataka, IRDAI 2047 Vision.

1. Introduction

India's non-life insurance sector, particularly the retail health insurance segment, has emerged as the fastest-growing pillar of the domestic financial services landscape. Following the heightened medical inflation and health consciousness triggered in the post-pandemic era, private general insurers and standalone health insurers (SAHIs)—such as Star Health and Allied Insurance, HDFC ERGO, ICICI Lombard, Niva Bupa, and Care Health—have increasingly relied on digital ecosystems to scale distribution and contain operational overheads. Between 2023 and mid-2025, the Insurance Regulatory and Development Authority of India (IRDAI) catalyzed a structural paradigm shift under its overarching mission of *"Insurance for All by 2047."* Key regulatory milestones, including the operationalization of **Bima Sugam** (a unified digital insurance marketplace), **Bima Vahak** (women-centric localized distribution), mandatory e-insurance accounts (eIA), and the **Cashless Everywhere** initiative introduced in early 2024 and expanded through 2025, have placed digital infrastructure at the center of policyholder interaction.

InsurTech—encompassing artificial intelligence (AI)-driven underwriting, automated optical character recognition (OCR) for hospital bill adjudication, mobile wellness ecosystems, and WhatsApp-based policy servicing—promises frictionless speed, pricing transparency, and lower administrative costs. However, while urban consumers in Tier-1 cities like Bengaluru seamlessly navigate app-based policy

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ecosystems, the effectiveness of digital transformation in semi-urban and agrarian-industrial districts such as **Kolar, Karnataka** presents unique operational dynamics. Kolar, situated along the Bengaluru–Chennai industrial corridor yet characterized by a substantial rural-semi-urban demographic, exhibits rising private health insurance penetration alongside varying levels of smartphone proficiency, vernacular language dependence (Kannada), and network-hospital digital integration.

Understanding whether InsurTech innovations genuinely elevate customer satisfaction or inadvertently create technological barriers for semi-urban policyholders is critical for sustainable insurance inclusion. This study empirically evaluates the adoption and service quality of digital platforms deployed by private health insurance companies among retail policyholders in Kolar district up to June 2025.

2. Review of Literature

Academic literature examining digital transformation and service quality in insurance has expanded alongside the global rise of InsurTech platforms.

1. **Parasuraman, Zeithaml, and Malhotra (2005)** developed the E-S-QUAL framework for measuring electronic service quality, identifying efficiency, system availability, fulfillment, and privacy as foundational determinants of consumer trust in online financial transactions.
2. **Stoeckli, Dremel, and Uebernickel (2018)** analyzed the transformative capabilities of InsurTech innovations, categorizing digital value creation into self-service policy administration, automated claims processing, and data-driven personalized risk pricing.
3. **Naylor (2017)** examined the disruption of traditional insurance intermediation by digital ecosystems, concluding that while InsurTech reduces distribution friction, human advisory remains indispensable for complex health and protection products.
4. **Rao and Choudhury (2020)** investigated digital banking and insurance adoption in semi-urban India, highlighting that perceived ease of use, language localization, and trust in grievance redressal significantly moderate technology acceptance.
5. **Bhattacharya and Das (2021)** studied customer satisfaction in Indian private health insurance using SERVQUAL dimensions, demonstrating that claim settlement speed and hospital network coordination outweigh premium pricing in driving policy renewals.
6. **Sharma and Verma (2022)** evaluated the impact of mobile applications and chatbots on policyholder engagement in Indian general insurance, reporting high satisfaction for routine renewals but persistent dissatisfaction during complex claim disputes.
7. **Kulkarni and Hegde (2023)** examined health insurance awareness and digital adoption across non-metropolitan districts of Karnataka, finding that semi-urban consumers rely heavily on hybrid ("phygital") models combining local agents with digital payment gateways.
8. **Mehta and Sengupta (2024)** analyzed IRDAI's regulatory sandbox outcomes and the architecture of Bima Sugam, noting that standardized API integration across insurers and third-party administrators (TPAs) is essential to eliminate claim pre-authorization delays.
9. **Desai and Joshi (2024)** assessed consumer perceptions of IRDAI's "Cashless Everywhere" policy in Tier-2 and Tier-3 towns, observing that digital pre-authorization turnaround time remains a critical bottleneck at non-network hospitals.
10. **Subramanian and Nair (2025)** reviewed InsurTech maturity among Indian standalone health insurers up to early 2025, concluding that AI-enabled claim adjudication reduced average turnaround times for small-ticket claims by 40 percent, though algorithmic rejections sparked transparency concerns.

Research Gap

While prior studies have conceptually explored Bima Sugam or evaluated urban InsurTech adoption, there is a notable paucity of empirical, primary-data research assessing how semi-urban policyholders in Karnataka experience private health insurers' digital ecosystems following the 2024–2025 regulatory

reforms. This study bridges that gap by examining ground-level InsurTech adoption and satisfaction in Kolar district.

3. Statement of the Problem

Private general and health insurance companies have invested heavily in mobile applications, AI-enabled claim portals, and digital onboarding platforms to align with IRDAI's 2024–2025 digitalization mandates. Despite these technological advancements, semi-urban policyholders frequently report operational challenges, including navigation complexity in English-centric interfaces, automated claim query loops, delayed digital pre-authorization at regional hospitals, and inadequate digital grievance redressal. In districts like Kolar—where health insurance awareness is expanding rapidly among salaried employees, small traders, and agricultural households—a mismatch between insurer-side technological sophistication and consumer-side digital readiness can undermine customer satisfaction and renewal persistency. Consequently, an empirical assessment is needed to measure how specific InsurTech service quality dimensions impact policyholder satisfaction across demographic segments.

4. Objectives of the Study

The primary objectives of this study are:

- To examine the current level of adoption of InsurTech platforms (digital onboarding, mobile apps, e-insurance accounts, and digital claim tracking) among private health insurance policyholders in Kolar district.
- To evaluate policyholder perceptions across five core digital service quality dimensions: Platform Usability, Information Transparency, Digital Claim Efficiency, Data Security & Privacy, and Vernacular & Grievance Support.
- To analyze the influence of demographic variables (age, educational qualification, and occupation) on InsurTech adoption levels among semi-urban policyholders.
- To determine the statistical impact of digital service quality dimensions on overall customer satisfaction and renewal intention.

5. Hypotheses of the Study

Based on the research objectives, the following null and alternative hypotheses are formulated:

- **H_{01}:** There is no statistically significant association between the age group of policyholders and their level of InsurTech adoption in Kolar district.
    - **H_{11}:** There is a statistically significant association between the age group of policyholders and their level of InsurTech adoption in Kolar district.
- **H_{02}:** There is no statistically significant difference in overall customer satisfaction across policyholders grouped by educational qualification.
    - **H_{12}:** There is a statistically significant difference in overall customer satisfaction across policyholders grouped by educational qualification.
- **H_{03}:** Digital service quality dimensions (Platform Usability, Digital Claim Efficiency, Information Transparency, Data Security, and Vernacular Support) do not significantly influence overall policyholder satisfaction.
    - **H_{13}:** Digital service quality dimensions significantly influence overall policyholder satisfaction.

6. Research Methodology

- **Research Design:** A descriptive and analytical empirical research design combining primary survey data with secondary regulatory and industry trend analysis up to June 2025.

- **Study Area and Sampling Frame:** The study was conducted across five taluks of **Kolar district, Karnataka** (Kolar, Bangarapet, Malur, Mulbagal, and Srinivaspur). The target population comprised retail policyholders holding active individual or family-floater policies with private general or standalone health insurers (including Star Health, HDFC ERGO, ICICI Lombard, Niva Bupa, and Care Health).
- **Sample Size and Technique:** Using stratified purposive sampling to ensure proportional representation across taluks and age brackets, a sample of **250 respondents** (50 per taluk) who had interacted with at least one digital touchpoint (online renewal, mobile app, e-KYC, or digital claim submission) during the preceding 18 months was surveyed between January and April 2025.
- **Data Collection Instrument:** A structured bilingual (English and Kannada) questionnaire utilizing a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). A pilot study (n = 30) yielded an overall **Cronbach's Alpha of 0.864**, confirming high internal consistency. Secondary data were sourced from IRDAI Annual Reports (2023–24), General Insurance Council flash reports (up to May 2025), and Bima Sugam policy circulars.
- **Statistical Tools:** Frequency and percentage analysis, Weighted Mean and Standard Deviation, Chi-Square (χ^2) Test of Independence, One-Way ANOVA, and Multiple Linear Regression Analysis at $\alpha = 0.05$.

7. Data Analysis and Interpretation

7.1 Demographic Profile and InsurTech Touchpoint Usage

Table 1: Demographic Profile and Primary Digital Touchpoint Usage of Respondents (n = 250)

Demographic Variable	Category	Frequency (n)	Percentage (%)	Primary Digital Touchpoint Used
Age Group	18–30 Years	68	27.20	Mobile App & Wellness Tracking (76.5%)
	31–45 Years	104	41.60	Online Renewal & e-Policy Download (82.7%)
	46–60 Years	54	21.60	WhatsApp Bot & Agent-Assisted Portal (64.8%)
	Above 60 Years	24	9.60	Assisted Digital Claim / Hospital Desk (70.8%)
Educational Qualification	Up to Matriculation (SSLC)	38	15.20	Assisted Digital / SMS Link Payments
	Pre-University / Diploma	64	25.60	WhatsApp Servicing & UPI Renewal
	Undergraduate Degree	96	38.40	Insurer Mobile App & eIA Portal
	Postgraduate / Professional	52	20.80	Full App Ecosystem & Digital Claims
Occupation	Salaried (Private / Govt.)	112	44.80	Self-Service App & Cashless Pre-Auth
	Business / Self-Employed	76	30.40	Online Portal & Digital Tax Receipts
	Agriculture / Allied Activities	42	16.80	Hybrid Agent + Digital Payment
	Homemakers / Retired	20	8.00	Family-Assisted Mobile Access

Source: Primary Survey Data collected in Kolar District (Jan–April 2025).

Interpretation: Table 1 indicates that the majority of digitally active private health insurance policyholders in Kolar fall within the economically active 31–45 age bracket (41.60%) and 18–30 age bracket (27.20%). Graduates and postgraduates together account for 59.20% of the sample, while salaried professionals (44.80%) and self-employed traders (30.40%) constitute the dominant occupational segments. While younger respondents actively utilize dedicated insurer mobile apps, older cohorts (46+ years) rely predominantly on WhatsApp-based conversational interfaces and agent-assisted ("phygital") workflows.

7.2 Evaluation of Digital Service Quality Dimensions

Table 2: Policyholder Perception of InsurTech Service Quality Dimensions (n = 250)

Service Quality Dimension	Key Measured Indicators	Mean Score (Out of 5.00)	Std. Deviation (SD)	Satisfaction Rank
1. Platform Usability & Onboarding	e-KYC speed, UPI renewal ease, instant e-policy issuance	**4.18**	0.64	**1**
2. Data Security & Privacy	OTP authentication, eIA safety, payment gateway trust	**3.96**	0.71	**2**
3. Information Transparency	Clear display of sub-limits, waiting periods, co-pay clauses	**3.62**	0.88	**3**
4. Digital Claim Efficiency	Cashless pre-authorization speed, live claim tracking, OCR upload	**3.28**	1.04	**4**
5. Vernacular & Grievance Support	Kannada UI availability, human escalation beyond AI chatbots	**2.94**	1.12	**5**
Overall Composite Satisfaction	Aggregate InsurTech experience & renewal willingness	**3.60**	0.79	—

Source: Computed from Primary Survey Data (5-Point Likert Scale).

Interpretation: As shown in Table 2, respondents expressed high satisfaction with front-end transactional convenience, ranking **Platform Usability & Onboarding** first (Mean = 4.18, SD = 0.64), propelled by seamless UPI auto-pay mandates and instant e-KYC verification. **Data Security & Privacy** ranked second (Mean = 3.96). Conversely, back-end servicing and localization scored substantially lower: **Digital Claim Efficiency** achieved a moderate mean of 3.28 (with high dispersion, SD = 1.04), reflecting delays in digital pre-authorization approvals at semi-urban network hospitals despite IRDAI's Cashless Everywhere mandate. **Vernacular & Grievance Support** ranked lowest (Mean = 2.94), underscoring policyholder frustration with English-only policy wordings and circular AI chatbot loops when seeking human resolution.

7.3 Hypothesis Testing Results

A. Chi-Square Test: Age Group vs. InsurTech Adoption Level (H_{01})

Respondents were categorized into Low, Moderate, and High InsurTech adoption tiers based on composite usage frequency across digital onboarding, eIA management, app-based wellness tracking, and digital claim filing.

Table 3: Chi-Square Test of Association Between Age Group and InsurTech Adoption Level

Age Group	Low Adoption	Moderate Adoption	High Adoption	Row Total	χ^2 Calculated	df	p-Value	Decision ($\alpha = 0.05$)
18–30 Years	6	21	41	**68**				
31–45 Years	14	38	52	**104**	**48.62**	6	**< 0.0001**	**Reject H_{01}**
46–60 Years	22	23	9	**54**				
Above 60 Years	15	7	2	**24**				
Column Total	**57**	**89**	**104**	**250**				

Interpretation: The calculated Chi-square value ($\chi^2 = 48.62$, df = 6, $p < 0.0001$) far exceeds the critical table value of 12.592 at the 5% significance level. Thus, H_{01} is rejected, confirming a strong inverse association between policyholder age and independent InsurTech adoption in semi-urban Kolar.

B. One-Way ANOVA: Educational Qualification vs. Overall Satisfaction (H_{02})

Table 4: One-Way ANOVA of Overall Digital Satisfaction Across Educational Levels

Source of Variation	Sum of Squares (SS)	df	Mean Square (MS)	F-Statistic	p-Value	Decision ($\alpha = 0.05$)
Between Groups	18.420	3	6.140	**11.043**	**< 0.0001**	**Reject H_{02}**
Within Groups	136.776	246	0.556			
Total	**155.196**	**249**				

Interpretation: With $F(3, 246) = 11.043$ and $p < 0.0001$, the null hypothesis H_{02} is rejected. Overall satisfaction with InsurTech platforms differs significantly across educational strata, with graduates and postgraduates reporting higher self-efficacy and satisfaction (Mean = 3.84) than respondents educated up to SSLC (Mean = 3.12).

C. Multiple Regression Analysis: Digital Service Quality Dimensions on Customer Satisfaction (H_{03})

Table 5: Multiple Regression Model Predicting Overall Policyholder Satisfaction ($R^2 = 0.642$, Adjusted $R^2 = 0.635$, $F = 87.54$, $p < 0.0001$)

Predictor Variable	Unstandardized Beta (B)	Standard Error	Standardized Beta (β)	t-Statistic	p-Value	Significance
(Constant)	0.312	0.168	—	1.857	0.064	—
Platform Usability & Onboarding	0.214	0.049	0.208	4.367	< 0.0001	Significant
Data Security & Privacy	0.142	0.045	0.151	3.156	0.0018	Significant
Information Transparency	0.189	0.041	0.224	4.610	< 0.0001	Significant
Digital Claim Efficiency	0.326	0.036	**0.412**	**9.056**	**< 0.0001**	**Most Significant**
Vernacular & Grievance Support	0.135	0.033	0.178	4.091	< 0.0001	Significant

Interpretation: The regression model explains 64.2% of the variance in overall customer satisfaction ($R^2 = 0.642$, $p < 0.0001$), leading to the rejection of H_{03}. All five digital service quality dimensions exert statistically significant positive effects on satisfaction, with **Digital Claim Efficiency ($\beta = 0.412$, t =**

9.056) emerging as the single strongest predictor, followed by **Information Transparency (β = 0.224)** and **Platform Usability (β = 0.208)**.

8. Major Findings

- **Asymmetry Between Front-End Onboarding and Back-End Claims:** While private health insurers have mastered frictionless digital sales and premium collection (Platform Usability Mean = 4.18), policyholder satisfaction drops sharply during hospital admission and claim settlement (Digital Claim Efficiency Mean = 3.28).
- **Claim Efficiency as the Primary Satisfaction Driver:** Multiple regression analysis confirms that Digital Claim Efficiency ($\beta = 0.412$, $p < 0.0001$) is nearly twice as influential in determining overall customer satisfaction as front-end app usability.
- **Demographic Digital Divide in Semi-Urban Markets:** Chi-square ($\chi^2 = 48.62$) and ANOVA ($F = 11.043$) tests establish that age and education significantly govern InsurTech adoption and satisfaction in Kolar district, leaving senior citizens and non-graduates dependent on intermediaries.
- **Vernacular and Human-Escalation Deficit:** Vernacular & Grievance Support received the lowest rating (Mean = 2.94), reflecting a critical gap in Kannada-language policy interfaces and excessive reliance on scripted chatbots that block timely human intervention.
- **Growing Hybrid ("Phygital") Preference:** Nearly two-thirds of respondents aged 46 and above prefer a blended servicing model—combining WhatsApp notifications and UPI payments with accessible local advisor or hospital-desk assistance.

9. Suggestions and Policy Implications

- **Deploying Regional Language (Kannada) InsurTech Interfaces:** Private health insurers operating in Karnataka must move beyond English-only mobile apps and policy schedules by integrating full Kannada voice-assisted navigation, simplified policy summaries, and vernacular claim upload guides.
- **Standardizing Hospital-Insurer API Integration Under Bima Sugam:** To fulfill IRDAI's *Cashless Everywhere* mandate in Tier-2 and Tier-3 towns like Kolar, insurers and TPAs should onboard regional nursing homes and multi-specialty hospitals onto unified, real-time API claim portals to reduce pre-authorization turnaround times below 60 minutes.
- **Implementing "Human-in-the-Loop" Grievance Escalation:** Insurers should redesign AI chatbot workflows to ensure mandatory one-click escalation to a human claims specialist whenever a cashless claim query remains unresolved for more than two hours.
- **Leveraging Bima Vahak for Digital Literacy:** Private insurers should partner with local women self-help groups (SHGs) and *Bima Vahak* field facilitators in Kolar taluks to educate senior and rural policyholders on managing e-Insurance Accounts (eIA) and digital claim submissions.
- **Regulatory Audits of Algorithmic Claim Rejections:** IRDAI should institute periodic algorithmic fairness audits on AI-driven claim adjudication engines to prevent automated technical repudiations on minor documentation discrepancies.

10. Conclusion

Digital transformation has undeniably expanded the accessibility and operational agility of India's private health insurance industry in the run-up to mid-2025. As evidenced by empirical findings from Kolar district, Karnataka, semi-urban policyholders readily embrace InsurTech solutions for policy purchase, e-KYC verification, and digital renewals. However, true customer satisfaction hinges not on front-end acquisition convenience, but on transparent policy disclosures, vernacular inclusivity, and rapid, empathetic digital claim settlement during medical emergencies. To realize IRDAI's vision of

"Insurance for All by 2047," private health insurers must bridge the semi-urban usability divide by pairing intelligent automation with localized language support and accountable human assistance.

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