

## MEDISEP: A STUDY ON AWARENESS AMONG PENSIONERS AND FAMILY PENSIONERS IN KERALA

**\*Biji B S, \*\*Dr. Suleena V S**

### Abstract

This study examines the awareness level of the MEDISEP health insurance policy among pensioners and family pensioners in Kerala, with a focus on identifying the factors contributing to the low level of awareness. To survey a representative sample of regional retirees and family pensioners, snowball sampling was used, incorporating a questionnaire. The target demographic lacks awareness, indicating the need for better promotional activities. Low awareness limits coverage, preventative care, and insurance benefit use. To solve these issues, focused awareness efforts, stakeholder cooperation, simpler communication, and digital platforms are suggested. These ideas should raise awareness, helping seniors and family pensioners use the MEDISEP health insurance coverage.

**Keywords:-** MEDISEP, Health Insurance, Awareness, Beneficiaries, Pensioners.

*M*EDISEP, also known as the “Medical Insurance Scheme for State Government Employees and Pensioners”, is a thorough health insurance plan designed by the Government of

Kerala. Launched in July 2022, MEDISEP was introduced by the Kerala Government to address rising medical costs for public sector employees, pensioners, and their families. The scheme offers cashless medical treatment, aiming

---

*\*Biji B S, Research Scholar, Institute of Management in Government (IMG), Thiruvananthapuram, Kerala, India. E-mail: bs.biji459@gmail.com*

*\*\*Dr. Suleena V S, Professor & Head, Department of Commerce, St. Joseph's College for Women, Alappuzha, & Research Supervisor, Institute of Management in Government (IMG), Thiruvananthapuram, Kerala, India. E-mail: drsuleenavs@gmail.com*

to reduce out-of-pocket expenses and enhance healthcare access for its beneficiaries. Despite its potential, there is limited research on how effectively the scheme is communicated to and utilized by its target population, especially pensioners and family pensioners. This study aims to explore the level of awareness of the policy among the beneficiaries and identify gaps in its implementation and communication. By doing so, it seeks to provide recommendations to improve the reach and effectiveness of MEDISEP in ensuring access to affordable healthcare.

### **Significance of the Study**

The study is significant as it seeks to evaluate the awareness and understanding levels of pensioners and family pensioners regarding the MEDISEP Health Insurance Scheme. By identifying gaps in knowledge and awareness, the study can aid in developing targeted interventions. Its findings can provide valuable insights for policymakers and program implementers of the scheme in Kerala. Understanding these gaps will enable policymakers to refine communication strategies, improve enrollment processes, and enhance information dissemination channels effectively.

### **Scope of the Study**

The study seeks to evaluate the awareness levels of pensioners and family pensioners regarding the MEDISEP health policy, focusing on their understanding of its key features, eligibility criteria, coverage, and benefits. Since this group is particularly vulnerable to health issues and financial challenges, their

knowledge of the policy is essential to ensure they can fully access its benefits and services. The study aims to identify gaps in awareness and understanding, enabling policymakers to design targeted interventions to address these gaps and improve overall awareness. Additionally, exploring the sources through which this group obtains information about the MEDISEP health policy is crucial for determining the most effective channels for educating and reaching them.

### **Theoretical Framework**

MEDISEP (Medical Insurance Scheme for State Employees and Pensioners) is a health insurance program launched by the Government of Kerala on July 1, 2022, to provide comprehensive cashless medical coverage. It covers active state government employees, retirees, and their dependents, including family pensioners. The scheme offers an annual coverage of up to <sup>1</sup> 3 lakh per beneficiary for treatments, including pre-existing conditions, with a floater option extending up to <sup>1</sup> 6 lakh over three years.

Beneficiaries contribute ₹ 500 monthly, deducted from salaries or pensions, amounting to ₹ 6000 annually, while the government manages the policy through the Oriental Insurance Company. The scheme covers hospitalization costs, medications, surgeries, and diagnostic fees at empanelled hospitals but excludes outpatient services. It also includes packages for catastrophic illnesses and neonatal care. Grievances are addressed through district, state, and appellate committees.

As of its launch, the scheme benefits nearly 30 lakhs individuals and involves 480 empanelled hospitals, making it one of the largest health insurance programs in India.

### Review of Literature

**Diletta Parisi et.al. (2023)** examined awareness of PM-JAY, India's national health insurance plan, and highlighted the need for state-specific information strategies focusing on scheme details to empower beneficiaries. They found, over half of eligible individuals were aware of the plan, but marginalized groups showed lower awareness due to socio-economic disparities.

**Ahire, N & Rishipathak, P (2022)** studied the utilization trends of government-sponsored health insurance in Maharashtra, finding that hospitals were key in raising awareness, and the need for government schemes was essential across all age groups.

**Kusuma et al. (2018)** examined health insurance awareness and access among the urban poor in Delhi, revealing that RSBY had limited impact on fulfilling insurance needs, with ESIS and CGHS being more effective.

**Lahariya (2018)** reviewed the Ayushman Bharat Programme, emphasizing its potential for healthcare reform in India, provided it is properly executed.

**Thakur (2016)** assessed RSBY's status in Maharashtra, highlighting the need for improved strategies and a modified focus.

**Vellakkal et al. (2012)** analyzed patient satisfaction with CGHS and ECHS, finding that beneficiaries preferred private

healthcare providers despite challenges, such as low reimbursement rates.

**Joseph & Rajagopal (2011)** analyzed patient satisfaction with CGHS and ECHS, finding that beneficiaries preferred private healthcare providers despite challenges, such as low reimbursement rates.

### Problem Statement

The lack of awareness and understanding of the benefits and coverage offered by Medisep Insurance in Kerala among the target population is hindering its effective implementation and utilization, thereby impeding the achievement of universal health coverage and equitable access to healthcare services in the region. There is a significant lack of awareness among the target population in Kerala about the existence and scope of Medisep Insurance. Many individuals, particularly those belonging to marginalized communities or remote areas, are unaware of the benefits, coverage, and eligibility criteria associated with the insurance scheme. This lack of awareness prevents potential beneficiaries from enrolling and utilizing the scheme, leading to missed opportunities for improved healthcare access. Even among those who are aware of Medisep Insurance, there is often a lack of comprehensive understanding regarding the specific benefits and services covered by the scheme. Most of the individuals are uncertain about the extent of coverage for various medical treatments, procedures, medications, and allied healthcare services. This lack of clarity can deter potential beneficiaries from seeking appropriate healthcare services, fearing out-of-pocket expenses, or being unaware of their entitlements.

Objective of the Study

- To study the awareness level of pensioners’ and family pensioners’ regarding the MEDISEP health insurance scheme

Methodology

The current study utilizes both secondary and primary data sources. Secondary data were obtained from several sources such as government websites, media stories, journals, and publications. Primary data were gathered using a meticulously designed interview schedule. Information was gathered from retirees and their dependents that are covered by the MEDISEP health insurance plan. A sample size of 50 was gathered for the study, comprising both pensioners and family pensioners of the MEDISEP program in the Trivandrum area.

Results and Discussion

The Friedman test was used to determine the most beneficial source for creating awareness about MEDISEP

health insurance in Kerala (Table 1).. The sources being evaluated are newspaper reports, television advertisements, family, friends & colleagues, websites, and social media. The Friedman test is deemed statistically significant due to a p-value below the threshold of 0.05. Therefore, it can be inferred that there is a notable disparity in the average ranking of the sources that contribute to raising knowledge about MEDISEP health insurance. Based on mean rank, the most significant source beneficial for creating awareness is newspaper reports (4.23), and is followed by social media (3.88). In this case, the p-value is very small (0.000), suggesting strong evidence to reject the null hypothesis of no difference among the sources. Therefore, there are significant differences among the sources in terms of their effectiveness for creating awareness about MEDISEP health insurance.

The Friedman test was used to determine the most significant statement related to awareness level of respondents regarding MEDISEP health insurance

Table 1  
Friedman Test for Significance Difference among Mean Rank towards Sources which are Beneficial for Creating Awareness about MEDISEP Health Insurance

Sources are beneficial for creating awareness about MEDISEP health insurance	Mean rank	Test statistics	
Newspaper reports	4.23	N Chi-square value p-value	50  145.853  0.000
Television advertisements	1.78		
Family, friends & colleagues	3.67		
Websites	1.44		
Social media	3.88		

Source: Primary data

(Table 2). The Friedman test is deemed significant due to a p-value that is below 0.05. Therefore, it can be inferred that there is a notable disparity in the average ranking of statements on the respondents' awareness level of MEDISEP health insurance. Based on mean rank, the most significant statement related to awareness level is cashless facility (11.13), and then followed by insurance company associated with MEDISEP (10.18). In this case, the p-value is very small (0.000), suggesting strong evidence to reject the null hypothesis of no difference among the statements relating to awareness level of respondents. Therefore, there are significant differences among the statements in terms of their awareness level regarding MEDISEP health insurance in Kerala.

Findings of the Study

The study reveals that the overall awareness about the various aspects of MEDISEP health scheme is very low among pensioners and family pensioners. They did not know about the grievance handling mechanism (mean rank is 4.54) of MEDISEP policy and also there is lack of knowledge among the sample related to claim settlement (mean rank 3.61) aspects also. The awareness level among pensioners and family pensioners would depend on the marketing efforts, communication channels, and outreach activities conducted by the insurance provider or the governing body. The promotional activities may not have effectively reached the intended audience of pensioners and family pensioners in Kerala. The messaging and

Table 2  
Friedman Test for Significance Difference among Mean Rank towards  
Statements Addressing the Respondents' Degree of Understanding of  
MEDISEP Health Insurance

Statements addressing the respondents' degree of understanding of MEDISEP insurance	Mean rank	Test statistics	
Persons covered	9.84	N Chi-square value	50  211.024
Annual contribution	9.90		
Insurance company associated	10.18		
Monthly premium	10.07		
Floater component	8.24	p-value	0.000
Empanelled hospitals	7.62		
Cashless facility	11.13		
Coverage	6.70		
Pre and post-hospitalization	7.19		
Room rates	5.83		
Changes made by govt.	6.69		
Reimbursement facility	9.17		
Grievance filling	4.54		
TPA for claim settlement	3.61		
Duration of policy	9.27		

Source: Primary data

communication channels used may not have resonated with the target demographic, resulting in low awareness and engagement. Pensioners and family pensioners who are unaware of the MEDISEP policy may not take advantage of the health insurance coverage it provides. This can result in out-of-pocket expenses for medical treatments and services, potentially causing financial strain. Low awareness can lead to a lack of understanding about the preventive care benefits offered by the policy. As a result, they may not proactively seek preventive healthcare services, potentially leading to the development of avoidable health issues. We can increase awareness through developing targeted awareness campaigns specifically designed for pensioners and family pensioners in Kerala. Utilize a mix of communication channels such as print media, television, radio, online platforms, and social media to reach the target audience effectively. The Establishment of collaborations with pensioner associations and government agencies responsible for pensioner welfare to disseminate information about the MEDISEP policy will result in exploiting the available benefits of the policy. Use clear and concise language in promotional materials to explain the benefits, coverage, and claim procedures of the MEDISEP policy. Provide educational materials, brochures, and FAQs that address common questions and concerns of pensioners and family pensioners.

## References

1. Abire, N., & Rishipathak, P. (2022). *Trends in Awareness and Utilization of Inpatient Healthcare Services under Government Sponsored Health Insurance Schemes: Insights from Select Cities of Maharashtra*. *Journal of Complementary Medicine Research*, 13(4), 15-15.

## Conclusion

The findings indicate a concerning low level of awareness among pensioners and family pensioners in Kerala regarding the MEDISEP health insurance policy. This lack of awareness hinders their ability to access and utilize the policy's benefits, suggesting a gap in the communication and dissemination of information. The issue could stem from ineffective promotional strategies, poor targeting of communication channels, insufficient funding, or a lack of collaboration with relevant stakeholders. The low awareness levels present significant challenges in accessing affordable healthcare, potentially leading to increased out-of-pocket expenses and underutilization of the policy.

## Suggestions

To address the awareness gap, targeted awareness campaigns must be developed specifically for pensioners and family pensioners. These campaigns should collaborate with pensioner associations, government agencies, and healthcare providers to effectively reach the intended audience. Communication should be simplified, and educational materials should be provided in accessible formats. Additionally, digital platforms should be leveraged to disseminate information more widely. By making these adjustments, awareness levels can be improved, enabling pensioners and family pensioners to make informed decisions about their healthcare coverage and fully utilize the benefits of the MEDISEP policy.

2. Ayyappan, R. (2022, June 27). MEDISEP, Kerala's health insurance scheme. *Onmanorama*. Retrieved April 25, 2023, from [<https://www.onmanorama.com/news/kerala/2022/06/27/medisep-health-insurance-scheme.html>]
3. Government of Kerala. MEDISEP, (GO(P) No 70/22/Fin Dated 23-06-2022 *Medisep Scheme Implementation*). Retrieved April 25, 2023.
4. Joseph, C. S., & Rajagopal, N. (2011). Performance evaluation of 'Kalaiginar Health Insurance Scheme - For Life Saving Treatment: A Study Among the Beneficiaries of Madurai District. *Journal of Contemporary Research in Management*, 6(4), 1-17.
5. Kusuma, Y. S., Pal, M., & Babu, B. V. (2018). Health insurance: Awareness, utilization, and its determinants among the urban poor in Delhi, India. *Journal of epidemiology and global health*, 8(1-2), 69.
6. Lahariya, C. (2018). 'Ayushman Bharat' Program and Universal Health Coverage in India. *Indian Pediatrics*, 55, 495-506.
7. Mathrubhumi.com. (30 June 2022). MEDISEP insurance scheme for Kerala govt staff, pensioners: Know the benefits. Retrieved April 26, 2023, from [<https://english.mathrubhumi.com/features/health/medisep-insurance-scheme-for-kerala-govt-staff-pensioners-know-the-benefits-1.7650475>]
8. Maya, C. (2022, August 14). Medisep meets an unmet need of pensioners. *The Hindu*. Retrieved April 26, 2023, from [<https://www.thehindu.com/news/national/kerala/medisep-meets-an-unmet-need-of-pensioners/article65768860.ece>]
9. MEDISEP. (2022). Government of Kerala. MEDISEP Medical Insurance for State Employees and Pensioners Retrieved April 26, 2023, from [<https://medisep.kerala.gov.in/>]
10. Parisi, D., Srivastava, S., Parmar, D., Strupat, C., Brenner, S., Walsh, C., Neogi, R., Basu, S., Ziegler, S., Jain, N., & De Allegri, M. (2023). Awareness of India's national health insurance scheme (PM-JAY): A cross-sectional study across six states. *Health Policy and Planning*, 38(3), 289-300, from <https://doi.org/10.1093/heapol/czac106>
11. Tesz (n.d.). Medisep Insurance. Tesz. <https://www.tesz.in/guide/medisep-medical-insurance-scheme-for-kerala-government-employees-and-pensioners>
12. Thakur, H. (2016). Study of awareness, enrollment, and utilization of Rashtriya Swasthya Bima Yojana (national health insurance scheme) in Maharashtra, India. *Frontiers in public health*, 3, 282.
13. Vellakkal, S., Juyal, S., & Mehdi, A. (2012). Healthcare Delivery and Stakeholder's Satisfaction Under Social Health Insurance Schemes in India: An Evaluation of Central Government Health Scheme (CGHS) and Ex-servicemen Contributory Health Scheme (ECHS). *Indian Council for Research on International Economic Relations*.