

Analysis of Features of the New Health Insurance Schemes for Employees and Pensioners in Tamilnadu

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Abstract - Offering adequate Health cover even to the nth citizen becomes an inevitable identity of a welfare State because of which only the countries all over the world, developed or developing are eyeing for Universal Health Coverage either by providing government sponsored treatments or by government sponsored health insurance schemes or both. In this context the Government of Tamil Nadu is considered as one of the best performing welfare state in India. In addition to the wide public health delivery system, the Government of Tamil Nadu presently sponsors three insurance schemes namely, AB-PMJAY linked Chief Minister's Comprehensive Health Insurance Scheme(CMCHIS) and Contribution based New Health Insurance Scheme (NHIS), 2021 for Employees and New Health Insurance Scheme, 2018 for Pensioners. These schemes were evolved as the improvements from the earlier versions. The features of the NHIS for Employees and NHIS for Pensioners are described in this research article in detail which is followed by the researcher's recommendations and policy measures.

Index Terms - Health Insurance, Government Sponsored Health Insurance Scheme, Tamil Nadu Government Employees Health Fund Scheme, New Health Insurance Scheme, Pensioners' New Health Insurance Scheme, Chief Minister's Comprehensive Health Insurance Scheme.

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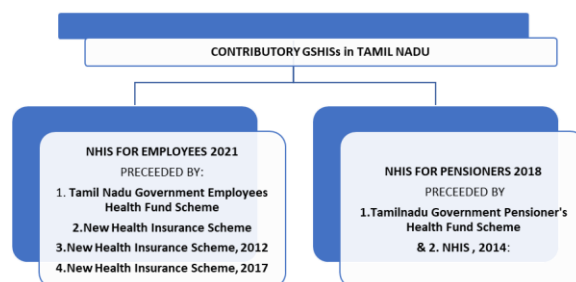
INTRODUCTION

Till the end of the last decade, health insurance was generally meant for rich and even to them mainly as a mode of evading income tax. The introduction of Government Sponsored Health Insurance Schemes (GSHISs) changed the whole scenario. In an environment challenged by low public financing for health and the persistent predominance of out-of-pocket spending, particularly by the poor, GSHISs

have introduced a new set of arrangements to govern, allocate, and manage the use of public resources for health. The Annual report of IRDA 2020-21 claims that 72 percent of the health insured are insured by GSHISs in India.

The Tamil Nadu, which is a forerunner in implementing the GSHISs, at present sponsors three insurance schemes namely, AB-PMJAY linked Chief Minister's Comprehensive Health Insurance Scheme(CMCHIS) and Contribution based New Health Insurance Scheme (NHIS), 2021 for Employees and New Health Insurance Scheme, 2018 for Pensioners The NHIS 2021 actually evolved from the earlier version of NIS 2016, NHIS 2012, which in turn from the Tamil Nadu Government Employees Health Fund Scheme (TNGEHFS). Similarly, from the Tamil Nadu Government Pensioners' Health Fund Scheme, 1995 evolved the "New Health Insurance Scheme, 2014 & 18 for Pensioners (including spouse) / Family Pensioners. In the same lines, the CMCHIS, now known converged with AB-PMJAY was preceded by Chief Minister Kalaingar Insurance Scheme for life saving treatments (CMKHIS).

The present study is to trace the evolution of NHIS in Tamil Nadu and compare the present health insurance schemes of NHIS and suggest recommendations policy measures to improve the efficacy of NHIS including convergence with AB-PMJAY.



TAMIL NADU GOVERNMENT EMPLOYEES' HEALTH FUND SCHEME

The Government of Tamil Nadu originally constituted a "Government Employees Health Fund" to provide financial assistance to Government employees to meet the expenses for certain advanced surgeries and treatment. Accordingly the scheme was constituted in a Tamil Nadu Government Order in the year 1992. This was not a health insurance scheme. The government only made the reimbursement for the amounts spent on the treatments taken from specified hospitals for specified diseases.

The scheme was basically a self-financing scheme and the sources to meet out the expenditure for assistance are (i) Govt. Contribution Rs.40,00,000 per annum and (ii) a Monthly subscription from the employees at Rs10 p.m. from December 1998 onwards. The maximum assistance admissible was Rs.1,00,000 or 75 per cent of the actual expenditure whichever is less.

NEW HEALTH INSURANCE SCHEME (NHIS), 2008:

Representations were being received from government employees for the extended amount of coverage, hospital network and list of eligible diseases. With a view to addressing these issues, the Government has decided to implement a New Health Insurance Scheme, to provide for comprehensive health care assistance to the employees with a wider scope of coverage. This New Health Insurance Scheme covered employees of the Government Departments and semi Government bodies. The monthly subscription under the New Health Insurance Scheme was Rs.25. M/S. Star Health and Allied Insurance Company was selected in the competitive bidding and has executed an agreement with the government for implementation of the New Health Insurance Scheme. The annual premium under the scheme was Rs.495/- per employee plus Service Tax for a period of four years commencing from the date of commencement of the scheme i.e., from 03.06.2008. (Tamilnadu Government, 2008)

The New Health Insurance Scheme was implemented through the Director of Treasuries and Accounts. The Star Health and Allied Insurance Company Ltd., arranged to issue Identity Cards to the employees. The insurance company was to ensure that such patients

who were eligible under the scheme were given treatment in the hospitals notified for the purpose upto the limit of Rs.2.00 lakhs over a period of 4 years commencing from the date of implementation of the scheme. (Tamilnadu Government, 2008)

The benefit was on floater basis i.e. the total coverage upto Rupees two lakhs could be availed of individually or collectively by members of the Family during the block of four years from the date of commencement of the scheme with no restriction on the number of times the benefit was availed. The coverage included the cost of medicines, laparoscopic or open surgeries, doctor and attendant fees, room charges, diagnostic charges; dietary charges availed in the approved hospitals. Transport charges were excluded. The coverage also included pre-existing illness if any.

Fig:1 Subscription Amount Paid by Employees Over the Years for NHIS

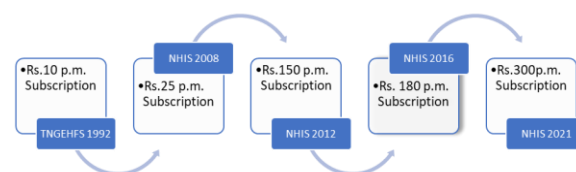
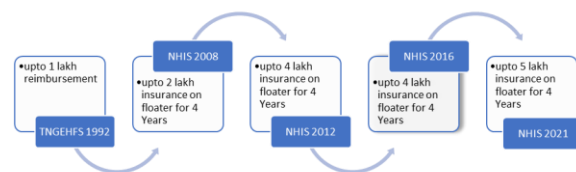


Fig:2 Sum Assured under NHIS Over the Years



NEW HEALTH INSURANCE SCHEME, 2012

The New Health Insurance Scheme 2012, replaced the existing NHIS offering coverage for the treatments upto a maximum of Rupees Four lakhs per family of the employee for a block of four years in any of the empaneled Hospitals on a floater basis i.e. the total coverage upto Rupees Four lakhs can be availed of individually or collectively by members of the family during the block of four years with no restriction on the number of times the benefit is availed.

After careful consideration, the tender has been awarded to the United India Insurance Company Limited, Chennai and the said Company has executed an agreement with the Government for implementation of the New Health Insurance Scheme,

2012. The Annual Premium for this Scheme shall be Rs.1,860/- per employee plus Service Tax as applicable for a block period of four years commencing from 1-7-2012 to 30-6-2016. This Scheme is administered through a Third Party Administrator, MD India, under the control of United India Insurance Company Limited, Chennai. There are 631 private hospitals networked under the scheme.

As the amount of medical assistance has been increased from Rupees Two Lakh to Four Lakh to improve the coverage, 54 new medical treatments and 7 additional surgical procedures have been added in the Scheme for the further block of four years, the annual premium to be paid to the Insurance Company has been increased from Rs.495/- to Rs.1,860/- per employee plus Service Tax as applicable. Accordingly, the monthly subscription under the New Health Insurance Scheme, 2012 was fixed as Rs.150/- per month per employee. The monthly subscription is recovered for all the categories of employees by the respective Organisations. The annual premium payable to the Insurance Company being higher than the annual subscription paid by the State Government Employees, the entire additional expenditure in respect of Government Employees will be met by the Government itself. The Annual Premium including Service Tax @ 12.36 per cent (i.e. the employee's subscription of Rs.1,800/- + the employer's contribution of Rs.290/)/of Rs.2,090/- per employee shall be remitted to the State Government Account. (TNNHIS, 2012)

Implementation of New Health Insurance Scheme, 2016 was made originally to provide health care assistance on a cashless basis for employees of Government departments etc., and their eligible family members with a provision to avail assistance upto the limit of Rs.4.00 lakh and in respect of specified illness the enhanced limit was upto Rs.7.50 lakh for a block period of 4 years from 01-07-2016 to 30-06-2020 for the accredited treatments/surgeries in the hospitals approved by the United India Insurance Company Limited.

Later it was extended for a period of another one year from 01-07-2020 to 30-06-2021, as per existing terms and conditions of agreement made with the United India Insurance Company Limited.

New Health Insurance Scheme, 2021

The Government has examined the need for continuation of New Health Insurance Scheme for the Employees of Government Departments, State Public Sector Undertakings, Statutory Boards, Local Bodies, State Government Universities etc., and their eligible family members and decided to continue the same and implemented New Health Insurance Scheme, 2021 and the tender has been awarded to the United India Insurance Company Limited, Chennai.

Under the scheme the insured can avail assistance upto the limit of Rupees Five Lakh in a block of four years commencing from 01-07-2021 to 30-06-2025 as a cashless model for the approved treatments / surgeries listed, in the hospitals approved by the United India Insurance Company / Third Party Administrator and listed. However, the assistance shall be upto Rupees Ten Lakh for Specified illnesses listed out. The upper limit of medical assistance for cataract surgery shall be Rs.30,000/- per eye. In respect of Hysterectomy (uterus removal surgery) the upper limit of medical assistance shall be Rs.50,000/-. The overall limit of assistance, in any case shall not exceed Rupees Ten Lakh for a family in a block of four years under this scheme.

The medical treatment taken by the employees of Government Departments, Local Bodies, State Public Sector Undertakings, Statutory Boards and State Government Universities etc., and their eligible family members in Non-Network hospital under Non-Emergency situation shall also be covered on reimbursement basis. However, since the quality of treatment and facilities provided in a Non-network Hospital is not known and the employee is consciously choosing to avail treatment in such hospital, the quantum of reimbursement in such cases shall be restricted to 75% of the package rate of similar procedure in the lowest grade Network hospital.

This scheme covers 203 approved treatments and surgeries with 1,169 empanelled hospitals. The scheme is also extended to the parents of the employee, in case of unmarried employee until the employee gets married, in case of a divorced employee not having children until such employee gets re-married.

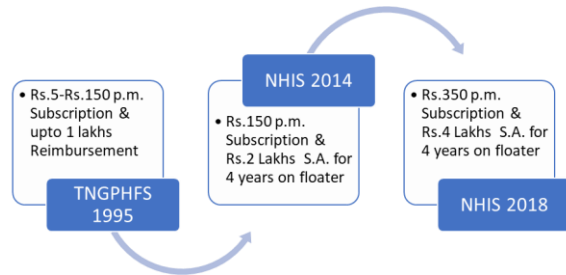
The annual premium payable by the Government to the United India Insurance Company, Chennai is fixed at the rate of Rs.3,240/- [plus Goods and Services Tax as applicable from time to time] per Employee, per

annum for the block period of four years from 01-07-2021 to 30-06-2025;

A sum of Rs.5/- per month shall be contributed separately by all the employees along with the monthly Health Insurance premium for creating a Corpus Fund (non-lapsable), with annual accrual of about Rs.5.60 crore for meeting higher expenses in respect of rare illness and exceptional circumstances, extending the total benefit upto Rs.20.00 lakh. These cases shall be decided by the High Level Committee already formed in G.O.Ms.No.202, Finance (Salaries) Department, dated 30-06-2016.

The annual premium initially paid by the Government shall be recovered from the employee at the rate of Rs.300/- per month [Rs.295/- Subscription for NHIS + Rs.5/- contribution for corpus fund] by deduction in monthly salary from the month of July, 2021.

Fig :4 New Health Insurance Scheme, 2018 for Pensioners :



Tamilnadu Government Pensioner's Health Fund Scheme

Government has constituted a Health Fund to administer a scheme to reimburse the pensioners the cost of special treatment taken in the accredited Private medical institution for specified surgeries and ophthalmic surgeries upto 75% of the actual cost or Rs.1,00,000 which ever is less. Each pensioner had to subscribe at Rs.5 per annum from 01.04.1995, @ Rs.10 per annum from 01.04.1997, at Rs.5 per month from 01.10.1998, and at Rs. 10 per month from 1.10.2001.Rs.50/-P.M from 1.4.2008, Rs.100P.M. from 1.09.2009 Rs.150/- from 01.01.2012. Subject to overall limits, a pensioner can avail assistance for any number of specified surgeries or treatment. The subscription was recovered from the pensioner by way of deduction from the monthly pension.

After taking the treatment, the pensioner had to send an application with such evidence as may be necessary or relevant to establish the need for such treatment for

which the assistance is sought to the pension disbursing officers such as Sub Treasury Officers / District Treasury Officers / Pension Pay Officers. Such pension disbursing officers used to scrutinise the claims and forward the claims to the Director of pension with a certificate that the subscription was deducted from the pension to the Pensioners Bank account through ECS by means of funds Transfer by Indian Overseas Bank, Secretariat Branch.

NHIS, 2014 for Pensioners :

Government of Tamil Nadu launched a New Health Insurance Scheme, 2014 replacing the Tamil Nadu Government Pensioners' Health Fund Scheme, 1995 to provide health care assistance upto Rupees two lakh to the Pensioners. The “New Health Insurance Scheme, 2014 for Pensioners (including spouse) / Family Pensioners” provided insurance cover on cashless basis with provision of assistance upto Rupees Two Lakh for a block of four years from 1-7-2014 to 30-6-2018

It provided health care assistance to the Pensioners (including spouse) / Family Pensioners on a cashless basis, with provision to avail assistance upto rupees two lakh for a block period of four years and was implement the scheme through the Director of Treasuries and Accounts, Chennai. through National Competitive Bidding, United India Insurance Company Limited, Chennai was authorized to implement the New Health Insurance Scheme, 2014 for Pensioners (including Spouse)/Family Pensioners for a block period of four years from 1-7-2014 to 30-6-2018. This scheme was administered through a Third Party Administrator under the control of United India Insurance Company Limited, Chennai. The payment of premium shall be regulated as per the terms and conditions of the agreement between the Insurance Company and Government of Tamil Nadu. The Pensioners / Family Pensioners shall uniformly subscribed a sum of Rs.150/- per month to the New Health Insurance Scheme, 2014.

NHIS, 2018 for Pensioners :

On expiry of the term of NHIS, 2014 for Pensioners, the Government has examined the need for continuation of and decided to continue the same. Again with the same Chennai based public sector insurer United India Insurance Company Limited, Government implemented the New Health Insurance

Scheme, 2018 for Pensioners (including spouse) / Family Pensioners. the annual premium payable by the Government to the United India Insurance Company is at the rate of Rs.3,800/- plus Goods and Services Tax as applicable from time to time per Pensioner / Family Pensioner, per annum for the block period of four years from 01-07-2018 to 30-06-2022 and the annual premium initially paid by the Government shall be recovered from the Pensioners / Family Pensioners at the rate of Rs.350/- per month by deduction in monthly pension / family pension from the month of July, 2018. Any excess of premium including Goods and Services Tax payable from time to time over and above the amount recovered from Pensioners / Family Pensioners shall be borne by the Government in the case of Government Pensioners / Family Pensioners and by the employer in the case of Pensioners / Family Pensioners belonging to Local Bodies, State Public Sector Undertakings, Statutory Boards and Universities. This scheme provides financial assistance upto Rupees Four Lakhs per Pensioner (including spouse) / Family Pensioner for a block of four years for the approved treatments taken and surgeries undergone, with provision to pay upto Rupees Seven Lakh and Fifty Thousand for specified approved treatments taken and surgeries undergone. The Scheme has a minimum of six Networked Hospitals in each district of the State and the availability of a minimum fifty networked hospitals excluding Government Hospitals in the areas under each district cluster as indicated below: (a) Northern Cluster: Chennai, Tiruvallur, Kancheepuram, Vellore, Tiruvannamalai, Villupuram and Cuddalore. (b) Western Cluster: Krishnagiri, Dharmapuri, Salem, Erode, Namakkal, Nilgiris, Coimbatore and Tiruppur. (c) Central Cluster: Perambalur, Ariyalur, Nagapattinam, Tiruvarur, Tiruchirapalli, Thanjavur, Pudukottai and Karur. (d) Southern Cluster: Madurai, Theni, Sivagangai, Virudhunagar, Dindigul, Ramanathapuram, Thirunelveli, Kanyakumari and Thoothukudi.

COMPARISION OF FEATURES BETWEEN NHIS 2021 & PMJAY/CMCHIS

| Particulars | NHIS 2018 | NHIS 2021 | AB-PMJAY/CMCHIS |
|-------------|------------------------|------------------------|------------------------|
| Insurer | United India Insurance | United India Insurance | United India Insurance |

| | Company, Chennai | Company, Chennai | Company, Chennai |
|---------------------------------|--|--|---|
| Insured | The Pensioners of Government of Tamil Nadu | The employees of Government Departments, State Public Sector Undertakings, Statutory Boards, Local Bodies, State Government Universities etc., and their eligible family members | Resident of tamilnadu by the presence of his/her name in the Family card and whose annual income is less than Rs.1,20,000/ per annum. |
| Sum Assured | Upto the limit of Rupees Five Lakh in a block of four years (Upto Rs. 7.5 Lakhs for Specified illnesses) | Upto the limit of Rupees Five Lakh in a block of four years (Upto Rupees Ten Lakh for Specified illnesses) | Upto the limit of Rupees Five Lakh per family per year on a floater basis |
| Premium Paid by the beneficiary | Rs.350 p.m. | Rs.300 p.m. | Nil |
| Premium Paid by the Govt | Rs.3,800/- (plus Goods and Services Tax) per year | Rs.3,240/- (plus Goods and Services Tax) per year | Rs.849/- per year |
| Procedures Approved | 114 Procedures and 6 specified illness | 203 approved treatments and surgeries | 1090 Procedures in TNCMCHIS |

SUGGESTIONS AND POLICY MEASURES

Based on the general observations about the features, availability of information, general awareness among the insured and their expectations informally gathered, following suggestions are made.

1. In the year 2018 an MoU was entered with NHA to converge the CMCHIS, the flagship Health Insurance program for the poor in the Tamil Nadu State with the AB-PMJAY and all the claim limits, hospital empanelment and other procedures are now aligned with AB-PMJAY. AB-PMJAY which was launched on 23rd September, 2018 in Ranchi, Jharkhand by the Hon'ble Prime Minister of India, Shri Narendra Modi as the second component under Ayushman Bharat, the Pradhan Mantri Jan Arogya Yojna

(PM-JAY) now stands as the largest health assurance scheme in the world which aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families (approximately 50 crore beneficiaries) that form the bottom 40% of the Indian population. The scheme has already provided more than 2 crore treatments worth approximately Rs 25,000 crore to patients across the country so far (AB-PMJAY Annual report 2020-21).

As was done in the case of CMCHIS, the NHIS for Employees and NHIS for Pensioners in Tamil Nadu should also be converged with the AB-PMJAY. It will not only increase beneficiary uptake of health services but accelerate India's progress towards Universal Health Coverage through convergence and expansion of beneficiary base by the States under the scheme and convergence with central health schemes.

With convergence many advantages our country will enjoy like Avoidance of Duplication of efforts, optimal utilization of scarce resources, de-duplication of beneficiary base, Infusion of efficiency due to scrap of multiple platforms, Expansion of set of common service providers, Centralised health systems, Uniform service standards for beneficiaries Increase in bargaining power and Reduced implementation costs. Recently, Telengana and J&K Governments also converged their Health Insurance schemes with AB-PMJAY and now AB-PMJAY is in 33 States /UTs. In the direction of creating a transparent and accountable system which is based on the foundation of ease of availing services, AB-PMJAY onboarded the Central Government Health Scheme (CGHS) and the umbrella schemes of Rashtriya Arogya Nidhi (RAN) and Health Minister's Discretionary Grant (HMDG) on NHA IT platform. Further, NHA also inked an MoU with the Ministry of Labour and Employment (MoLE) to extend the benefits of the scheme to the construction workers registered with the Building and other Construction Workers Welfare Board (BoCWs).

The Central Government Health Scheme meant for Central Government Employees and Pensioners which are similar to NHIS AND NHIS

for Pensioners of Tamil Nadu is now converged with AB-PMJAY. With this onboarding, CGHS pensioners and their dependents can avail cashless and paperless treatment and diagnostics facilities at the empanelled healthcare providers upon referral from the CGHS Wellness Centers and Government hospitals across 72 cities in the country. The transition has also helped the healthcare providers to access referral details of the CGHS beneficiaries updated by the Wellness Centers on their Referral Module platform and provide healthcare services at defined rates across 45 specialties and more than 1853 procedures. In the Spotlight CGHS receives 6,000 plus claims, including both in-patient (IPD) and out-patient (OPD) daily. The onboarding of CGHS on NHA's IT platform would reduce the compliance cost by eliminating the need of any paper-based processes. With digitization, hospitals will be able to submit the claims online which are processed by claim processing agents and approved for payment by sanctioning authority through the online platform. Further the Public Financial Management System (PFMS) has been integrated with NHA.

Similar advantages we can reap if the State Government merges all its three health insurance schemes which are all subsidized by the Government of TamilNadu, INSURED by the same Insurer, United India Insurance Company Ltd., same Third Party Administrators and nearly same amount of claim packages.

If this happens maintaining three different types of empanelments of hospitals , three different procedures list, three different packages , three different claim procedures all could be streamlined and standardized as in the case of AB-PMJAY. It will give a sense of oneness among all the insured whether poor or subscribed employee or subscribed pensioner admitted to the same hospital for the same treatment getting treated in a similar way. Moreover more transparency and de-duplication is possible if all are merged together.

For example, in Thanjavur 28 hospitals are empanelled under the NHIS for Pensioners, 23 hospitals are empanelled under the NHIS, 37 hospitals are empanelled under CMCHIS which leads to chaos and unnecessary ambiguity arises.

If a hospital is networked under one scheme, it should be applicable all the three Schemes. This confusion increases when new schemes are announced which are partially linked with the CMCHIS. For example, 25 hospitals are empanelled under the NK-48 (Nammaik Kakkum 48 Hours- Free Accident Treatment for the first 48 Hours) and three Hospitals are being empaneled under hIgh End Treatment Hospitals under the CMCHIS. So, the uniformity and harmonising all the schemes under the umbrella scheme AB-PMJAY will remove unnecessary duplications and will result in improved efficacy of the Health Insurance Schemes. So, due reconciliations between these three schemes may be made on the treatment procedures and on empanelling hospitals.

2. There are over 9.33 lakh State government employees and about 7.31 lakh pensioners in the State. In the State 10,929 claims under the NHIS between July 1, 2020, and August 31, 2021 was denied for various reasons. This sort of refusals are mainly due to lack transparency about the procedures and claim handlings.
3. There are two TPAs in the state sharing 18 Districts and 20 Districts between them. It is learnt that if an employee travels to another district or admitted after an accident, the third-party administrator who is different refuses or delays to offer their services. This causes an unnecessary burden on the patient. The cashless treatment is also never cashless. If the AB-PMJAY linked CMCHIS is offered pan-Indian services free of cost, the subscribed employees are not treated as expected.
4. Only the following members of the family of the employee are covered under the NHIS schemes (i) legal spouse of the employee; (ii) Children of the employee - till they get employed or married or attain the age of 25 years whichever is earlier and dependent on the employee; (iii) the parents of the Employee, in the case of unmarried employee until the employee gets married. Thus, this scheme separates the parents if the employee gets married. The parents who are obviously elder and to whom the hospital care is a felt need are denied of the scheme benefits. If the elder parents fail to get cover under the CMCHIS also then they will not be in a position to get the desired treatments.

So, keeping the parents out of the ambit of the family definition may be avoided in future and suitable amendments may be made to this effect. Similarly, the spouse who is also employed under Government of Tamil Nadu need not take policy. If the parents are also covered, the spouse also should be insisted to subscribe the NHIS.

5. The employees appointed on (a) Consolidated Pay / Fixed Pay / Honorarium, (b) Daily Wage, (c) Contract basis, (d) Re-employment, (e) Temporary basis under Rule 10 (a) (i) of the Tamil Nadu State and Subordinate Services through Employment Exchange and (f) Outsourcing are not covered under this Scheme. If they are not covered under the CMCHIS, they may go uncovered and so steps may be taken to include them in NHIS.
6. While Department of Treasuries is given charge of NHIS2012, the TNHSS looks after the CMCHIS. As both the health insurance schemes namely, NHIS 2012 and CMCHIS, are the Government sponsored ones and the insurer is the same namely, United India Insurance Company Ltd., two different set of administrations are found unnecessary.
7. Internal audits by a medical team formed by United India Health Insurance and Tamil Nadu Health Systems Project (TNHSP) found that 'fraudulent claims', 'Charging from the patients' and 'needless surgeries' to inflate medical bills are the most common violations, followed by medical negligence like 'poor post-operative care'. Many hospitals across the state, have been blacklisted for the same under the chief minister's health insurance scheme. These hospitals have been barred from operating on patients under the scheme for a period ranging from a month to a year. The Treasuries Department among many other things is presently looking after the NHIS 2012. If the control is vested with a separate body like TNHSP, greater transparency and control may possibly be exercised. The excessive out-of-pocket payments made by each beneficiary must be enquired into so as to justify the cashless concept by that body.
8. In the earlier version of NHIS, out of the fixed premium of Rs. 495, the employee was expected to pay Rs.300 i.e., Rs. 25 per month as his contribution. But under the NHIS 2012 out of the

premium of Rs.1860 fixed, Rs.1800 was paid by the employee himself. In the present NHIS for Pensioners, Government of Tamil Nadu pays Rs 3800 plus GST and the contributed premium by pensioners is Rs. 4200. Similarly, in the present NHIS for Employees, Government of Tamil Nadu pays Rs 3240 plus GST and the contributed premium by employee is Rs. 3600. In other words, Government of Tamil Nadu benefits from these Health Insurance Schemes or not affects the exchequer. In other words, an employee heading a small family can get the same health cover from the same insurer by paying the same premium contribution individually. If the same has happened, the employees would have been aware of the treatments specified, hospitals networked and hospitalization procedures, in addition to the Income tax benefits on the premium paid. So the intermediary role of the government should be justified in promoting awareness campaigns among employees. Hoardings detailing the features of the NHIS2012 may be placed in all the institutions wherein the employees covered under the scheme are working.

CONCLUSION

As the new two Schemes NHIS, NHIS for pensioners and CMCHIS made positive corrections to their earlier versions, the attempt to give universal coverage to the citizens of Tamil Nadu is almost achieved.

Those who enjoyed the benefits of Tamil Nadu Government Employees Health Fund Scheme weigh the NHIS as a better scheme. Similarly, almost all the beneficiaries feel that the present NHIS is finer than the earlier version because of the increased amount of coverage. On similar lines the AB-PMJAY linked CMCHIS attracts the public in all spheres comparing the earlier CMCHIS/ Kalaingar Scheme. But people still expect completely cashless system for each, and every ailment as promised but in reality it is perceived as less-cash system. This may not be possible at present in the pluralistic healthcare system.

The duty of the Government does not end by just by implementing health insurance schemes. It is also expected to ensure the proper working of the same. The health system should be regulated, and higher amount of transparency and standardization needs to be ensured. Because in the words of Elizabeth

Edwards “Successful health reform must not just make health insurance affordable, affordable health insurance has to make health care affordable”.

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