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# Legal Implications and Consistency of Health Insurance Coverage During the Covid – 19 Pandemics: Insights into Existing Frameworks and Insurers' Response

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## ABSTRACT

*The COVID-19 has had a profound global impact, leading to a critical examination of the role of health insurance and the legal framework governing it. The study begins by analysing the legal framework surrounding health insurance, exploring the existing laws, regulations, and policies that govern its coverage. It investigates how these legal provisions address communicable diseases and whether they adequately account for the unprecedented nature of the COVID-19 pandemic. Furthermore, the study delves in to the response of insurance companies to claims related to COVID-19. It examines whether insurance policies explicitly include or exclude pandemics or epidemic as covered perils. This study aims to understand the legal implications of health insurance during the COVID-19 pandemic, specifically focusing on whether the epidemic was encompassing within the realm of life insurance as a peril, and the position of insurance companies regarding compensation. Additionally, it explores the factors that influenced insurance companies' decisions on providing compensation to policy holders affected by the COVID-19 pandemic. Understanding the legal aspects of health insurance during the COVID-19 pandemic is crucial for policy makers, insurance regulators, insurers, and policy holders. The findings of this study contribute to the existing knowledge base and can help to guide future improvements in health insurance policies and legal frameworks to better address the challenges posed by global pandemics.*

**Keywords:** Health insurance, Legal Framework, COVID-19 PANDEMIC, Covered perils, Compensation, Life insurance, Challenges.

## I. INTRODUCTION

The unprecedented nature of COVID-19 pandemic. The emergence of the COVID-19 virus has brought about a worldwide health crisis, challenging healthcare systems and societies at large. In response, governments, policy makers, and health care providers have mobilized resources

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and implemented various measures to mitigate the impact of the pandemic. One critical aspects that comes under scrutiny during such times is the role of health insurance and the legal framework that governs it. Health insurance plays a vital role in providing financial protection and access to health care services to individuals and communities. It is designed to cover medical expenses and provide a safety net against unexpected health care costs. However, the effectiveness of health insurance in the context of global pandemic raises several important questions. How do the existing legal provisions surround health insurance address communicable diseases? Do these provisions adequately account for the unique challenges posed by an unprecedented event like the COVID-19 pandemic?

The COVID -19 provided an important lesson on the significance in preparation of adverse situations. It has shifted consumer perceptions and brought attention to the need of making early investments in health insurance policies. An all-encompassing health insurance plan can help individuals to protect themselves and their loved ones while easing the burden of navigating the market without further financial strain.

### **(A) Findings**

The findings of this study provide insights in to the legal implications of health insurance during the COVID-19 pandemic. It sheds light on whether existing legal frameworks adequately address the challenges posed by a global pandemic and (whether health insurance coverage for COVID-19 has been consistent across different jurisdiction's.) Moreover, it highlights the responses of insurance companies regarding the inclusion of COVID-19 as a peril and their stance on compensating policy holders.

### **(B) Methodology**

To conduct this research, a combination of legal analysis, policy review, and case studies is employed. Primary and secondary sources, such as legal statutes, insurance policies, and judicial precedents annual reports of IRDA, various journals, articles, research papers and websites are consulted to gather relevant information and draw conclusions.

## **II. WHAT IS HEALTH INSURANCE?**

Health insurance is an agreement between the parties where one party i.e. insurer guarantees to pay the medical expenses of other party i.e. insured for specific period of time owing to illness, injury, or accident up on consideration which is called as premium which can be paid <sup>3</sup>either

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<sup>3</sup> The ESI Act,1948

<sup>2</sup> Insurance regulatory and development authority Act,1999, 2013, 2016, & 2020.

monthly, partly or annually by the insured.

### **(A) Background study**

In India, the first health insurance policy was created in 1923 after the passage of workman's compensation act. "The ESI act was first introduced in 1948. The compensation act has been passed. In 1948, the ESI act was initially proposed since then, health insurance industry has been like wild west, with ever changing legislation. the health insurance business has been regulated by the framework governing general insurance business issued by the insurance regulatory and development authority of India (IRDAI). IRDAI was formed in 1999 to optimise the existing insurance industry in India and provide new avenues for development. It needs to be stay up to date with standardization guidelines. There was necessity for developing a unique framework for the creation and management of health insurance policy was realised as result number of changes has been made by IRDAI in the year 2013,2016 & 2020.

### **(B) Need of health insurance**

People who already have health issues, those with weakened immune systems, cancer patients, diabetics and asthmatics are more likely to suffer deadly outcomes. Although virus is novel and resistant to existing medications, its nature is yet unclear. The insurance regulatory development authority of India (IRDAI) has requested that COVID -19 patients be covered by insurance policies and has offered guidelines for insurance carriers in light of severity of the diseases. To guarantee that the impacted are covered, several insurance companies are creating specialized policies. When a diagnosis comes from an approved lab, several insurance companies have launched policies that give coverage regardless of the travel or medical history. Children as young as one day, old and seniors as old as 75 are all protected. Certain insurers provide stand-alone health policies that cover for the coronavirus.

In addition, according to recent announcement by the finance minister, government insurance companies would give public medical professionals with Rs. 50 lakhs under a customised complete personal accident cover in the event of an unintentional death from COVID -19. Medical professionals who are directly involved in the treatment of COVID -19 patients,

- **Protection Against Financial Risk:** Health insurance helps to protect folks and families from the high cost of medical treatment especially severe disease or accident which could result either in bankruptcy of insured without insurance. Most of the people have suffered this situation during pandemic time.

- **Access To Health Care:** It provides access to treatment generally which is unaffordable by the folks, with insurance individuals can get preventive care, diagnostic tests, treatments, and medications.
- **Improved Health Outcomes:** having health insurance increases a person's like hood of receiving routine medical care and follow up treatments, which can improve health outcomes and stop the emergence of more significant health issues.
- **Peace Of Mind:** it provides a sense of security and peace to the individuals & their families eloquent that they will be protected in the outlet of unforeseen medical problems.
- **Tax Benefits:** policy holder can claim for tax deduction for health insurance policies either for individual policies or against family members under sec 80 D of income tax act.

### III. TYPES OF POLICIES

Policy	Description
Individual health insurance	It provides risk coverage for individual hospitalisation and other incidental costs during the course of hospitalization in accordance with the sum insured. These plans are basically indemnity plans and generally offered on cash less basis.
Family floater health insurance	It provides coverage for all the family members under one policy
Critical health insurance	It provides coverage for specific issue, under this lump sum amount is paid after diagnosis of critical illness.
Senior citizen health insurance	It provides coverage to people who are 65yr & above.

top up health insurance	It provides additional coverage over the regular to increase the sum insured. it can be used only once the insured sum of regular policy gets exhausted.
Personal accident insurance	It provides coverage to risks caused by the accidents.
Med claim	It provides coverage for all the expenses during hospitalisation.
Group health insurance	A policy can be purchased for large number of individuals
M- care, corona kavach, etc.	It provides coverage for the risk caused by specific diseases.

#### IV. HEALTH-RELATED CONSTITUTIONAL PROVISIONS

Since the nationwide lockdown order, the constitutional and legal framework for the management of epidemics and health emergencies has been at the centre of discussions and debates both within and outside the country. According to Kumar (2015) and Mathiharan (2003), everyone has the right to health under Art 21 of the Indian constitution. It might be claimed that when the nation adopted a total state wide lockdown, the basic rights of citizens if life and personal liberty which are specifically stated under Art 21 of Indian constitution were infringed. As part of the Directive Principles of state Policy, provisions pertaining to health are discussed in part IV of the constitution. According to 39(a), the state is accountable for upholding people' rights to appropriate means of subsistence in order to ensure security<sup>4</sup>. Article 39€ of the Indian constitution specifies the state's obligation to make sure that "the health and strength of workers, men, and women, and the tender age of children are not abused." Article 41 requires the state to "Provide public assistance in cases of unemployment, old age, sickness, and disablement<sup>5</sup>." Protect the infant and mother's health by maternity benefit," According to Article 42 enhancing people's standard of life, boosting public health, and enhancing their nutritional level.<sup>6</sup>

<sup>4</sup> Article 39(a) of the constitution

<sup>5</sup> Article 41 of the constitution

<sup>6</sup> Article 42 of the constitution

Without exception, everyone has a right to health under the Indian Constitution (Kumar, 2015; Mathiharan, 2003). It might be claimed that the Indian government's implementation of a total countrywide lockdown violated citizens' fundamental rights to life and personal liberty, which are specifically stated in Article 21 of the Indian Constitution. Part IV of the Constitution makes reference to provisions relating to health in line with the Directive Principles of State Policy. The obligation of the State to ensure people's rights to appropriate means of subsistence is mentioned in Article 39(a).

### **(A) Existing laws for facing health emergencies in India**

The Epidemic Diseases Act (EDA) of 1897 is a law enacted during the British colonial era in India to address the outbreak of the bubonic plague in Bombay State (now Maharashtra State). The Act contains four sections and grants special powers to the central and state governments to take measures and prescribe regulations during times of dangerous diseases. The EDA has been instrumental in controlling various outbreaks in India, including Cholera (1910), Spanish Flu (1918–20), Smallpox (1974), Swine flu (2014), and the Nipah Virus (2018). It is the only act that provides legal interventions in the case of a national or sub-national epidemic. Section 2 of the act empowers the state government to issue notices or regulations to be followed by the public during an outbreak. Section 2A grants similar powers to the Central Government to regulate ships and vessels and inspect individuals intending to sail. The EDA has been instrumental in controlling various outbreaks in India, including Cholera (1910), Spanish Flu (1918–20), Smallpox (1974), Swine flu (2014), and the Nipah Virus (2018). It is the only act that provides legal interventions in the case of a national or sub-national epidemic. The third section of the act stipulates penalties for disobedience to the directions of public servants under the act. Such offenses are punishable under section 188 of the Indian Penal Code, which can result in imprisonment for six months and/or a fine of 1000 rupees.

On April 22, 2020, the Modi Cabinet issued an ordinance to amend the EDA due to attacks on healthcare workers. The amendment increased penalties for causing damage or loss to property and for violence and physical attacks on healthcare workers. Offenders can face imprisonment ranging from three months to seven years, fines ranging from Rs. 50,000 to Rs. 500,000, and may also be liable to pay compensation. The Ministry of Health and Family Welfare (MoHFW) plays a crucial role in issuing guidelines and directives related to COVID-19. State and union territory governments issue regulations and notifications under section 2 of the act to contain the spread of the disease. He Ministry of Health and Family Welfare (MoHFW) plays a crucial role in issuing guidelines and directives related to COVID-19. State and union territory governments issue regulations and notifications under section 2 of the act to contain the spread

of the disease.

The Disaster Management Act (DMA) of 2005, with 79 sections, was used to declare the nationwide lockdown in India in 2020. The act established the National Disaster Management Authority (NDMA), headed by the Prime Minister, and covers various aspects of disaster management, including biological disasters and health emergencies. Other legislative provisions, such as the Indian Aircraft (Public Health) Rules of 1954 and the Indian Port Health Rules of 1955, define terms related to quarantinable diseases, isolation, and provide guidelines for inspection and control measures for ships and vessels.

Overall, these legislative measures empower the government to take necessary actions and enforce regulations during epidemics and disasters to safeguard public health and control the spread of diseases. The Disaster Management Act (DMA) of 2005, with 79 sections, was used to declare the nationwide lockdown in India in 2020. The act established the National Disaster Management Authority (NDMA), headed by the Prime Minister, and covers various aspects of disaster management, including biological disasters and health emergencies. Other legislative provisions, such as the Indian Aircraft (Public Health) Rules of 1954 and the Indian Port Health Rules of 1955, define terms related to quarantinable diseases, isolation, and provide guidelines for inspection and control measures for ships and vessels. Overall, these legislative measures empower the government to take necessary actions and enforce regulations during epidemics and disasters to safeguard public health and control the spread of diseases.

## **V. COVID-19 HEALTH EMERGENCY: UNION RESPONSE AND FEDERAL CONCERNS**

India is currently facing a major health emergency due to the COVID-19 pandemic, which is the first of its kind since gaining independence. The decision by the Central Government to impose a nationwide lockdown has raised concerns among legal experts regarding its constitutional and legal validity. The Ministry of Home issued a notification to all state governments, requesting daily reports on the implementation of the lockdown. The Ministry of Health and Family Welfare has also provided guidelines to state and union territory governments on precautionary measures. However, some opposition exists regarding the implementation of the lockdown under the Disaster Management Act (DMA). Critics argue that the lockdown infringes upon the constitutional powers of the states, as public order, health, and sanitation fall under their jurisdiction.

To oversee the situation, the Central Government established Inter-Ministerial Central Teams (IMCT) under the DMA instead of forming an Inter-State Council under the Indian Constitution. Additionally, there is a lack of sufficient fiscal and monetary assistance from the



Central Government to the state and union territory governments during the lockdown period. The government's decision to impose and extend the lockdown was made after consulting with chief ministers through video conferences. To mitigate the economic impact, the Central Government introduced fiscal stimulus plans like the Pradhan Mantri <sup>7</sup>Garib Kalyan Yojana, but there is scope for further measures in the post lock-down.

To prepare for future health emergencies, the Central Government needs to focus on strengthening constitutional and legal provisions while maintaining the integrity of the Constitution. Local authorities should be empowered to handle testing, contact tracing, isolation wards, the availability of personal protective equipment (PPE), and data at the village level. Financial transfers to local bodies should be increased to address the current situation effectively. Additionally, there is a need for a robust grievance redressal mechanism to address citizens' concerns during such challenging times.

## **VI. LEGAL FRAMEWORK CHANGES IN HEALTH INSURANCE INDUSTRY**

The COVID 19 pandemic has had a substantial repercussion on the health insurance industry and the legal framework governing it. Health insurance plays a vital role in protecting people financially from the high cost of medical care, particularly the treatment of COVID 19.

One of the legal implications of COVID 19 pandemic is the inclusion of COVID 19 as a covered peril in life insurance policies. Life insurance policies generally cover deaths due to accidents or illness, while some may expressly exclude pandemics. However, many insurance companies have extended their coverage to include COVID 19 as covered peril, although the coverage may differ according terms and conditions of the policy.

Another legal implication of the COVID 19 pandemic is the impact on the health insurance industry obligations to provide coverage for COVID 19 treatment. Insurance companies are obligated by state and federal regulations to provide coverage for COVID19 testing and treatment, which includes hospitalization, outpatient care, and medication. The specifics of coverage, however, vary based on the terms and conditions of the policy, and insurance companies may impose restrictions on coverage for COVID 19 treatment,

Emerging technologies, such as artificial intelligence and block chain, have the potential to revolutionise the health insurance sector by expediting the claim process, eradicating fraud, and aggregate transparency. However, these technologies also raise legal and ethical apprehensions regarding data privacy, security, and bias. As a result, there is a need for vigorous legal

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<sup>7</sup> Disaster Management Act, 2005

frameworks that befitted the benefits and risks of emerging technologies in the health insurance industry.

In summary, the COVID19 pandemic has had significant legal implications for health insurance, including the inclusion of COVID19 as a covered peril in life insurance policies and the obligations of the insurance companies to provide coverage for COVID19 treatment. The impact of emerging technologies in the health insurance industry legal framework is an area of ongoing development and requires careful consideration of legal and ethical issues.

#### **(A) Impact of covid on health insurance sector**

COVID -19 had its impact on all the industry health industry is no exception to it, but it turned to be positive impact. As many people has realised the importance of health insurance and ensured that everyone has health insurance policy.

With rising wages, longer life expectancies, and an epidemiological shift towards non communicable illnesses, the expenses of high quality health care is rising, and these factors have combined to create a larger need and demand for health. Health insurance is essential. It is an essential security blanket for people to protect themselves against catastrophic, unforeseen health costs that might plunge households in to poverty. The effectiveness and quality of health care delivery can both be enhanced by health insurance. Comparatively, insurers with pooled money have more knowledge and negotiating strength against providers.

- **Claim Payout:** IRDAL has ordered and compelled that the health insurers incorporate COVID -19 coverage in their standard health insurance policies for all policyholders. Precedent to it COVID was not included as peril, moreover the treatment was not offered by government hospitals which has enlarged burden on the individuals. (modification)
- **Development Products:** The health insurance industry has made certain advancement and changes to its health insurance offerings, while some have introduced supplemental benefits, while others have included these protections in to their standard health insurance plans in response to consumers expanding needs. (waiting period, extensive coverage, costs for safety equipment etc.)
- **Reserve Requirement:** The government has lowered its repo rate and bond interest rates in response to the economic strain bought on by the worldwide pandemic, which may make it more difficult to maintain reserves and expose the country to credit and liquidity problems, among other things.

- **Premium Payments In Installemnts:** Following the COVID -19 outbreak, health insurance firms now allow their customers to pay in premiums in instalments, which can be paid in monthly, quarterly, annually.
- **Digital Transformation:** Technology has transformed the health insurance sector, now everything is virtually available which ease the needs of the people.

### **(B) Covid as peril under health insurance**

The COVID 19 has a beneficial effect as more and more people are opting to invest in health insurance. The COVID 19 epidemic is most likely to spur growth in health insurance in the market that is generally under insured by raising the penetration rate. Many insurances companies created specialised insurance policies to ensure that the coverage is not affected. Hospitalisation expenses are covered by all health insurance policies normally. And basically the definition of pre-existing disease does not include covid19. People who have been identified to be infected are being treated by the government once they test positive for COVID-19. During the early stages of the epidemic, the majority of health insurance coverage in India offered a health insurance policy and financial assistance only in cases where an infected person has been hospitalised for a period of 24 hours. Since the majority of indemnity health insurance policies do not cover outpatient services, patients would not be able to make a claim if they were not hospitalised.

However, several private insurance companies were unwilling to provide coverage for COVID 19 even after the disease was deemed a pandemic. They mentioned that claims for pandemics and epidemics were excluded from coverage under Indian government insurance regulations. However, government organisations took a fundamentally different stance by not denying any COVID claims, and recognised the deeper influence on Covid-19 on people's lives. It was very obvious that respiratory diseases come within the ambit of insurance, which means COVID19 will also come within the ambit of insurance with an exception that the person should not be affected by COVID19 at time of acquiring a policy.

Health insurance plans typically do not pay for diagnostic costs. However, the prehospitization extension will pay for diagnostic costs if the patients test results are positive and they are hospitalised. Experts state that the cost of diagnostics may be paid based on the conditions of the policy if the coverage wraps OPD (outpatient department) charges. **There are few constraints as to when a person cannot claim the insurance.**

- If the insured person or his family had recently travelled to one of the worst-affected states.

- If the insured has spent less than 24 hrs in the hospital.
- If the insured was seeking scheduled treatment while experiencing previously identified cold-like symptoms
- If the insured suffers the condition while the policy waiting period is at stake.

A changing trend in the health insurance sector is that the insurers now pay for the medical expenses related to telemedicine. For those who are unfamiliar, telemedicine refers to doctor-patient interactions that take place through phone, chat messaging, video chats, etc. without the need for face-to-face encounters. Health insurance policies are often done & pay for telemedicine consultations. People were forced to seek out off-site medical consultations rather than going to the doctor due to the lockdown and social isolation brought on by the COVID-19 outbreak. The IRDA authorised health insurers to include the cost of telemedicine within plans that give reimbursement for medical consultations as more and more consumers choose to use it.

### **(C) Special policies related to coronavirus**

Several companies selling insurance have developed insurance plans that protect people exclusively from coronavirus.

**Go Digit**, developed under Digit Health Care Plus, is a form of insurance that protects people on the discovery of coronavirus, with a 100% sum insured as a lump payment. If quarantine is recommended, the policyholder receives a lump sum payment equal to 50% of the covered amount. Numerous alternatives for insured values are available, ranging from Rs 25,000 to Rs 2 lakh. Star health and allied insurance introduced a star novel coronavirus insurance policy under which all insured who tests positive are being covered. It offers a lump sum pay out to any covered person between the ages of 18 and 65. No overseas travel history-related exclusions apply to the insurance. Two alternatives for the money insured are offered, with premiums of Rs 459 plus GST for the Rs 21,000 option and Rs 42,000 for the Rs 42,000 option.

The **ICICI Lombard's** "COVID-19 Protection Cover" also pays the policyholder 100% of the insured amount in the event that they are determined to be coronavirus positive, regardless of hospitalisation costs.

Lately, **Airtel Payments Bank** has partnered with Bharti AXA General Insurance to sell health insurance products that will offer content and fiscal security against COVID- 19.

## **VII. GOVERNMENT HEALTH INSURANCE SCHEMES**

On March 30, 2020, the "Pradhan Mantri Garib Kalyan Package (PMGKP), insurance scheme

for Health Care Workers Fighting COVID-19" was launched in order to offer 22.12 lakh healthcare professionals, including community health workers and private health workers, comprehensive personal accident cover of Rs 50 Lakh who may have been in direct contact with and care of COVID-19 patients and may be at risk of being impacted by this.

Insurance Programme for Healthcare Professionals Fighting COVID-19, part of the Pradhan Mantri Garib Kalyan Package.

This accident insurance plan includes coverage for accidental death resulting from COVID-19-related duties as well as loss of life caused by COVID-19.

coverage: Public healthcare professionals, such as community health workers, who would have to deal directly with COVID-19 patients and who could be affected by this.

Private hospital staff, retired staff, volunteer staff from local government organisations, contracted staff paid on a daily basis, ad-hoc staff, staff requisitioned by States, Central hospitals, autonomous hospitals of States, UTs, AIIMS, and INIs, and hospital of Central Ministries can also be drafted for COVID 19-related duties.

Due to the COVID-19 speciality insurance plans' extensive terms and conditions and the fact that many customers do not consider them to be cost-effective to purchase, they are not outpacing regular health insurance plans in terms of sales. Even yet, a typical health insurance plan provides a wide range of benefits and features to combat this disease. They cannot count on the particular COVID-19 plans to offer complete coverage. Even if they still seem to be in control of their financial situation and concerns, people are quite anxious about the risk to their physical health and the physical health of their family members.

### **(A) Fortuity Requirement**

Not all possible loss scenarios are covered by all-risks insurance. For a loss to be considered a covered risk under the standard all-perils policy language, it must be unavoidable. Losses from theft, fire, or floods are examples of lucky losses since they were not planned for or anticipated by the insured. All perils policies have been judged to cover environmental contamination where it was not specifically listed as a risk that was excluded from the policy. The insurer is able to contend that additional policy conditions, such as fortuity, are not satisfied in this instance even if the starting point may be that pollution is a covered risk. If a pandemic is determined to be unintentional, it will likely be a covered risk. Before the first incident of COVID-19 in Wuhan, China in late December 2019, there were no indications of a pandemic. There may be controversy over whether the pandemic qualifies as an appropriate time for laws that were implemented after COVID-19 was established as a disease. This is especially true for

any policy that was put into place after the World Health Organisation proclaimed a pandemic on January 30, 2029.

### **(B) Future of Health Insurance Industry After COVID-19**

One of the nation's most severely affected by the coronavirus sickness is India. Numerous businesses, especially the healthcare industry, have been touched by the worldwide epidemic. Many sectors and businesses are already undergoing transformations, and they anticipate conforming to the new standards during the COVID-19 pandemic. Similar to this, the health insurance sector has demonstrated its significance by introducing COVID-19-specific health insurance policies and providing policyholders with assistance. For the consumers, several plans, including as disease-specific plans, critical sickness plans, etc., have been offered for coronavirus disease. Other features have been added to make it simpler for users to purchase, renew, and compare health insurance coverage.

## **VIII. POSITIVE CHANGES IN THE HEALTH INSURANCE SECTOR DUE TO COVID-19**

The following are a some of the advantageous modifications that the health insurance companies have made to the industry as a result of the COVID-19 epidemic for policyholders:

Over the past few years, sales of health insurance plans have increased, which has been great news for both consumers and insurers. The demand for health insurance companies, however, is higher than it is for those without specific features and advantages.

Due to the ease of purchasing, renewing, and comparing health insurance policies online, there has been a significant movement in the health insurance industry's direction towards digitization. Customers may now easily purchase and renew their coverage using the health insurance provider's official website. Customers are spared from having to deal with tonnes of paperwork and documents.

“Unveiling the transformations: 6 essential changes during era of covid -19.”

### **1. Facilitate Claim Decisions**

According to the IRDA's most recent health insurance rules, insurance companies must now respond to claim requests in as short as 30 days. Even while this might not be a direct result of the Covid-19 outbreak, the insurance business has seen a significant change as a result. Health insurance companies are now obligated to decide whether to accept or deny claims within 30 days after receiving a claim request. They will be assessed 2% interest on the claim amount, based on the current bank rate, if they fail to do so.

## **2. implementation of health plans intended for COVID**

The current need is for health insurance. Since the Covid-19 epidemic hit, thousands of individuals have been admitted to hospitals more often. Although COVID was covered by ordinary health insurance, the expensive consumables needed for COVID treatments were not. IRDAI required all health insurers to create COVID-specific health plans as a result. Corona Kavach and Corona Rakshak were consequently launched. These plans primarily cover COVID and are designed to meet any short-term coverage needs that may arise due to the pandemic.

## **3. Development of telemedicine**

In India, telemedicine was a new idea, but COVID brought it to the public's attention because of lockdown and societal norms that discouraged its use. Telemedicine includes remote medical consultations that take place over the phone, via video conferences, online, etc. IRDAI instructed insurers to provide coverage for medical expenditures associated with telemedicine, especially for health plans that cover doctor consultations, since the practise started to gain popularity in the current environment. As a result of including coverage for telemedicine charges, health plans have suddenly become much more inclusive.

## **4. A spike in insurance purchases online**

IRDAI instructed insurance companies to concentrate on online sales and let customers to purchase plans online from the comfort of their homes. As a result, more insurance products are now offered online, and customers find it simple to purchase them. Since businesses employ video conversations and picture uploads for document verification, KYC verification is also done online.

## **5. No Requirement of Physical Signatures**

The elimination of physical signatures on forms is another shift that has been made in the life insurance sector. In place of the actual signature of the buyer, one can now purchase insurance products using online proposals that are validated by mail or OTPs. This makes it much easier to follow socially acceptable distance-based conventions and enables people to securely purchase life insurance from the comfort of their homes.

## **6. Launch of instalment payments**

The effects of COVID-19 on people's financial circumstances have been significant. The IRDAI has begun concentrating on lowering the cost of health insurance premiums by providing an option for instalment payments. Individuals can now pay their premiums for health insurance policies in convenient instalments rather than all at once. A comprehensive health insurance

policy with a fair sum insured is simple for people to obtain. These modifications have increased the appeal of health insurance and made it possible for it to serve a bigger population.

## **IX. CONCLUSION**

The COVID – 19 has raised Concerns about the quality of healthcare, institutional and governmental responses, and challenges with law and order have all been exacerbated by the COVID-19 outbreak in India. It is anticipated that the current legal and constitutional framework would be vital in addressing these issues. The Indian government imposed a severe lockdown, which significantly decreased the number of cases. However, some politicians and legal professionals questioned the constitutionality of the lockdown and the government's reaction. Despite the Epidemic Diseases Act (EDA) and the Disaster Management Act (DMA) being implemented by the Central Government, these procedures are regarded insufficient to properly address the dynamic nature of the illness during a health emergency.

The COVID-19 epidemic has certainly impacted the life insurance industry, and many insurers have had to adjust their policies to account for the pandemic. In some cases, COVID-19 may be considered a covered peril under certain life insurance policies, but this can vary depending on the specific policy and insurer. It is also important to note that the cost of life insurance can vary widely depending on a variety of factors, including age, health, and lifestyle. It's difficult to give a specific estimate for the cost of life insurance coverage that includes COVID-19 as a covered peril without more details about the individual seeking coverage.

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