





EVALUATION OF THE TRANSPARENCY OF THE MEDICAL INSURANCE SYSTEM IN UKRAINE

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Abstract: *In this article, a theoretical study was carried out related to the analysis of the health insurance system in Ukraine regarding the level of its information transparency and transparency in interaction with private, cooperative clients and the state, which represents the controlling and regulatory authorities. The main goal of this study is an analytical assessment of insurance companies that provide services for voluntary health insurance in terms of openness to users of information about their economic activities, features of the offered insurance policies, their cost, etc. This paper summarizes the arguments and counterarguments within the scientific debate regarding the concept of «transparency» and the benefit received by subjects of economic relations from following the principles of openness and integrity. The urgency of solving this scientific problem lies in the fact that the level of medical protection and the quality of services provided to the population on the basis of the existing state health insurance is at a low level and does not contribute to improving the health, working capacity and quality of life of society. The study of the transparency of the health insurance system was carried out in the following logical sequence: the relevance and problematic of the researched question are determined, as well as the position of scientists regarding this is summarized; a general analysis of the dynamics of net insurance premiums and net insurance payments for 2019-2021 was carried out, for various types of insurance, including medical insurance; the activity of the most rated insurance companies in health insurance was analyzed by the level of insurance premiums and payments as of the end of 2021; a comparative analysis of the insurance products of the companies was carried out and, based on transparency indicators and a scoring system, a conditional division of the analyzed commercial institutions according to the level of information transparency into high, medium and low levels was performed, based on the obtained points with the selection of the most attractive and informationally open institutions; the final stage of the article provides conclusions and own recommendations for solving problematic aspects of the research.*

Informational data from the official websites of the analyzed insurance companies, open data of the National Bank of Ukraine, and statistical information on the functioning of the insurance market from the Internet became the factual basis for this study. The results of the conducted research can be helpful for individuals who are interested in choosing an insurance company for personal health insurance.

Keywords: information transparency, insurance companies, insurance payment, insurance premium, insured, insurer, market of insurance services, medical insurance.

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Introduction. The insurance market is an integral part of the market infrastructure. Therefore, it protects subjects of market relations against accidents, natural phenomena, financial risks, health disorders, or injuries. Transparency plays an equally important role in the operation of insurance companies because they, in addition to providing medical services to consumers, perform an essential function in the functioning of the financial market along with the banking, investment, and capital markets and therefore are relevant for research.

The difficult economic and socio-political situation in Ukraine during the years of independence did not contribute to the rapid and stable development of the medical insurance industry and providing the population with the necessary medical services. The increase in morbidity and mortality in society is caused by the lack of practical principles and reliable sources of financing in the field of health insurance. Owners of insurance companies are more interested in the growth of their profit and market value from carrying out investment activities, which are the primary source of income, unlike policyholders, whose insurance protection depends on a high level of solvency and financial stability of the insurer (Prylutskyi et al., 2020).

The result was an unreformed health care system, a low quality of life, and a steady decline in the population. Because of this, it is worth paying attention to non-state financing bodies, namely insurance companies that provide voluntary health insurance services, and an analytical assessment of the level of transparency and information transparency of their activities on the insurance market.

The successful operation of economic entities is impossible without their high-quality positioning in the competitive market, where information openness or transparency becomes one of the main factors that shape the image and attractiveness of a business. Transparency in the management of business activities has a significant impact, as it is possible to quickly learn the main characteristics of a business entity by interested users of information. With the help of the principle of openness, interested parties have free access to information about the enterprise. For investors and foreign partners, there is an opportunity to analyze the effectiveness of its activities, which is an essential factor when making investment decisions. Transparency is vital in strategic planning at an enterprise, primarily when operating in the international market, where it is possible to consider all information users' interests.

The purpose of this study is a comprehensive analysis and evaluation of the activities of Ukrainian insurance companies that provide health insurance services in terms of their information openness and data transparency in relations with interested parties and the state.

Literature Review. In the transformation of the insurance services market, the nature of the activity of insurance organizations is subject to changes. New elements of its content appear, based on which the insurer's action falls under new principles of work; in particular, this concerns the principle of openness and transparency in disclosing information about its financial and economic activities. Elements of information support for the operation of an insurance company on the market are accounting and financial information, which consists of data on the financial condition (balance sheet) and a report on financial results. According to (Golubnycha, 2010), providing objective data and their systematic disclosure in reporting at the request of interested parties can positively affect the organizational and economic growth of the company and the preservation of its market positions.

Analyzing the state of development of the insurance market in Ukraine and the impact of risks on the process of managing the activities of health insurance companies, (Sukach and Kozlovsjka, 2021) conclude that the need to use the option modeling method is one of the most common methods of risk assessment and management in global practice in order to increase the profitability of the insurance portfolio and the overall efficiency of insurance companies.

Among the reasons for the low efficiency of the health insurance market in Ukraine (Horobinska et al., 2018) are changes in the ownership structure and the form of regulatory influence on insurance companies with Russian capital as a result of the Russian invasion of Ukraine. In addition, it is a decrease in the solvency of the population and, as a result, a reduction in the demand for insurance products, low popularity and general distrust of private insurance companies, a decrease in the liquidity of the stock market, increased fiscal pressure due to changes in tax legislation.

Sova (2018), in his research, highlights the following problems in the health insurance market that affect the level of transparency and information openness of insurance companies:

- 1) ineffective and unbalanced territorial interaction of the mandatory and voluntary health insurance system;
- 2) an imperfect legal framework regarding the clear division between paid and free medical services for the population;
- 3) limitation of the level of financial support and low efficiency of its use in the field of health care;

4) lack of interest and incentives at the national level in the development of private health insurance voluntarily through programs to support the business environment, particularly private insurance companies.

When considering the issue of transparency, it is necessary to analyze scientific developments in a broad and narrow sense, where the essence of this issue is revealed in detail (table 1). Accordingly, in a general mind, transparency is associated with the effective communication of interested parties; in a narrow sense, it is the transparency of information that constantly appears on the network and other sources during the company's business activities. In choosing the research goal, relevant factors are formed that affect the transparency of business activity and the transparency of information disclosure regarding the company's activities. The majority of scientists adhere to these principles and factors when analyzing economic, financial, social, and managerial activities to objectively assess the company's competitive advantages in the domestic and international markets. Transparency is considered a social phenomenon that determines the availability of reliable and complete information about the activities of a business entity, which enables any interested entity to have a full picture of the company.

Table 1. Scientific opinion regarding the interpretation of the concept of «transparency»

Author	The essence of the author's vision of the concept of «transparency»
Pashkovska (2013)	The timely provision of the necessary information on the economic activity of state and local self-government bodies is under consideration. It also supports the main characteristics of providing information such as openness, encouraging public participation, transparency, etc.
Kuzina (2015)	Transparency is determined by the availability of various information about the company, which allows for achieving the necessary market advantages. To compare several companies, information transparency is a key decision-making factor. At the same time, high-quality financial reporting according to national standards plays a significant role.
Tykhomyrova (2015)	Considers the concept of providing financial and secondary information about the enterprise with the convenient use of specific resources. Access to public information resources should be provided to every interested person.
Derii and Zavorodnia (2016)	Transparency is the clearness of information in the public environment where the company is located and provides all the necessary information to form its assessment. The information provided must be in an understandable form, timely updated, and publicly available.
Nalyvaiko and Romanov (2016)	Transparency is a set of theoretical and legal aspects that complement each other with principles: openness, access to corporate information and financial reports, transparency, and interaction between the company and state authorities.
Surovtseva and Nikolaieva (2016)	Transparency is considered from the point of view of the transparency of state power and the provision of transparent information to citizens to understand the principle of action of the main authorities, namely, participation in the formation of authorities and control over the implemented activities of officials.

Sources: developed by the authors.

Many scientific works are devoted to the issue of information transparency of the activities of insurance companies and the disclosure of its essence, where different points of view and visions of the problem are presented. However, the issue of assessing the transparency of insurance companies in health insurance remains relevant and requires attention.

Results. Interested persons who need informational openness of data regarding the activities of insurance companies are relevant groups of stakeholders, namely: shareholders, clients, the state, and company employees. Each element of transparency can individually influence the decisions of the insurance company's stakeholders. Thanks to social openness, the company's employees can assess the level of corporate norms and working conditions, technological transparency affects the choice of insurance products for the company's clients, and financial and legal transparency is essential for the state and potential investors. Therefore, the comprehensive provision of transparency of the insurance company contributes to the increase of both its corporate value and social value.

The transparency of the health insurance system comes from its essential features, which consist of contractual or legally prescribed relationships between the insurer and the insured, where the former undertakes to pay the insured for medical and preventive care, which is included in the program of insurance medicine at the expense of funds formed from citizens, bodies government or business, trust funds.

According to the legislative and regulatory framework (Law «On Insurance», 2021), insurance medicine in Ukraine functions on a mandatory and voluntary basis. At the same time, as noted by Klymuk (2021), compulsory health insurance is a component of social insurance, according to the conditions and rules of its operation established by law. Voluntary health insurance has specific differences from mandatory health insurance, which consists of receiving a list of medical services financed by the insured in the amount of paid insurance premiums. According to (Law «On Insurance», 2021), the essence of health insurance is a

component of personal insurance, but without explicit content and principles of its implementation in practice. This indicates the need to improve the legal framework to improve the efficiency of companies providing medical insurance services to citizens, increase the efficiency of the insurance market as a whole, and increase transparency in interaction with interested parties.

Today, health insurance ranks second in the activity of insurance companies in terms of net insurance premiums and insurance payments (Table 2).

Table 2. Dynamics of net insurance premiums and net insurance payments by type of insurance during 2019-2021

Type of insurance	Amount of net insurance premiums, million UAH				Amount of net insurance payments, million UAH			
	2019	2020	2021	Growth rate 2021/ 2019	2019	2020	2021	Growth rate 2021/ 2019
Auto insurance (land transport insurance)	7218,0	8269,4	10454,3	3236,2	3549,8	3732,8	4963,9	1414,0
Medical insurance (continuous health insurance)	4268,8	5078,2	6205,0	1936,2	2602,8	2739,5	3460,0	857,2
Life insurance	4624,0	5017,0	5882,0	1258,0	575,9	648,7	828,7	252,8
Property insurance (except for transport and cargo)	3518,4	3325,8	2964,5	-553,9	1146,8	529,4	280,9	-865,9
Insurance of financial risks	2151,2	1969,7	1693,5	-457,7	1570,2	968,0	452,9	-1117,3
Medical expenses insurance	1685,9	1034,5	1886,8	200,9	349,7	258,4	288,9	-60,8
Accident insurance	1475,3	1299,7	1380,8	-94,5	193,7	167,1	236,1	42,3
Credit insurance	366,3	259,09	75,3	-291,0	49,6	217,2	31,8	-17,8
In total	25307,9	26253,7	30542,2	5234,2	10038,5	9261,4	10543,2	504,6

Sources: developed by the authors based on (Statistics of the insurance market of Ukraine, 2022; Performance indicators of non-bank financial services market participants, 2022)

The data from Table 2 indicate an upward trend regarding the volumes of net insurance premiums and net insurance payments by types of insurance during 2019-2021. Among the importance of net insurance premiums, such type as "Medical insurance" has the highest rate of growth – (1,936.2 million UAH, or 45.36%), followed by "Auto insurance," whose increase was 3,236.2, or 44.84%. Similar dynamics, but at a slower pace, are recorded for such types as "Life insurance" – (1,258 million UAH, or 27.21%) and "Insurance of medical expenses" – (200.9 million UAH, or 11.92%). Among other types of insurance, on the contrary, there is a decrease in the volume of net insurance premiums during 2019-2021, the largest among which is the "Credit Insurance" indicator – (-291 million UAH, or -79.44%).

Similar dynamics by types of insurance are observed among net insurance payments. The highest growth rate is shown by "Life insurance" – (252.8 million UAH, or 43.9%). "Medical insurance", after "Auto insurance" with a relative growth rate of 39.83%, is in third place in terms of growth rate – (857.2 million UAH, or 32.93%). Such types as "Property insurance" and "Financial risk insurance" show the most significant reduction in demand among private and corporate clients. In more detail, 865.9 million hryvnias, or 75.5% fewer insurance payments were received for property insurance services, and 1117.3 million UAH, or 71.2% less, in the insurance field against financial risks during 2019-2021. One of the significant factors of this reduction can be called the rapid development of the covid-19 pandemic, which significantly reduced the need to leave one's own home and make additional expenses that increase one's financial and property risks (Zakharchenko and Javir, 2021).

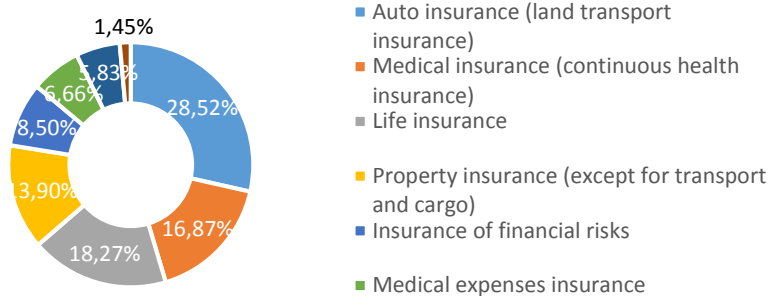


Figure 1. Structure of net insurance premiums by type of insurance, 2019

Sources: developed by the authors.

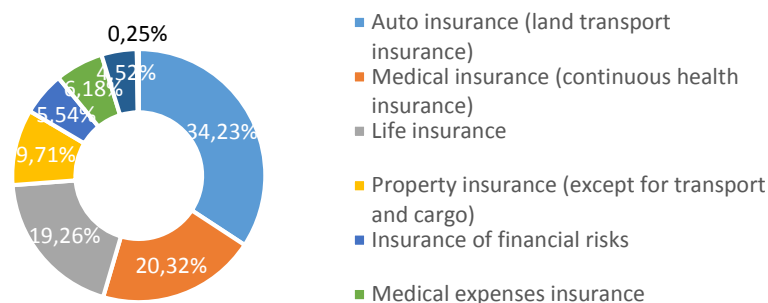


Figure 2. Structure of net insurance premiums by type of insurance, 2021

Sources: developed by the authors.

Given the general mistrust and underdevelopment of private health insurance in Ukraine due to the long-term command-administrative management of socio-economic processes over the past decades, the share of voluntary health insurance in the overall structure is increasing, which is confirmed by the data in Figure 1 and 2. As of the end of 2019, the volume of continuous health insurance premiums is 16.87%, while medical expenses insurance and accident insurances are 6.66% and 5.83%, respectively.

The specified types of insurance related to the protection of health and working capacity of the private population, production employees, business institutions and organizations, and optimization of financial resources in the event of an injury or an accident make up a total of 29.36%. As of the end of 2021, the share of medical insurance increased to 20.32%, along with a decrease in the percentage of accident insurance – to 4.52% and the allocation of medical expenses insurance – to 6.18%. These types of medical insurance services increased from 29.36% to 31.01%.

Table 3 presents the rating of insurers by the capital intensity and attractiveness of programs and services among companies that provide voluntary health insurance services available in the insurance market of Ukraine.

Table 3. Rating of insurance companies: health insurance (as of the end of 2021)

№	The company name	Amount of insurance		Payment level, %
		premiums, thousand UAH	payments, thousand UAH	
1	Uniqa	807 542	535 213	66.28
2	Providna	794 320	483 130	60.82
3	Ingo	543 594	334 385	61.51
4	Alpha Insurance	469 844	292 301	62.21
5	ARX (Axa Insurance)	460 477	207 342	45.03
6	Ukrainian insurance group	301 583	180 250	59.77
7	Naftagazstrakh	241 085	107 673	44.66
8	Insurance group «TAS»	237 876	153 430	64.50
9	Kraina	209 788	158 306	75.46
10	PZU Ukraine	169 135	96 957	57.33

Sources: developed by the authors based on (Rating of insurance companies: medical insurance, 2022).

The leaders of the presented rating are the companies "Unika", "Providna" and "Ingo". The level of insurance payments relative to paid premiums in the top three exceeds 60%. It is worth noting that this percentage does not show the quality of services and transparency of such insurers, since the highest level of the coefficient of insurance payments of more than 75% is the insurance company "Kraina" is the highest level of insurance payments. A high level of insurance premiums and a relatively low level of prices to clients may indicate a deterioration in transparency and integrity about policyholders, as regards delays in payments without meaningful explanations of the reasons for this – this deteriorates the authority and undermines the trust of citizens. Another reason for this imbalance may be the low frequency of insurance claims (Shtepenkov and Borysova, 2019). A high place in the rating indicates a developed network of services and insurance programs with the availability of more favorable conditions for medical care compared to insurers that are lower in the rating.

To analyze the saturation of insurance programs and the level of transparency in relations with clients, it is worth exploring the activities of these companies in more detail. Among the analyzed insurance companies, there is a wide selection of individual health insurance services. The most popular essential products include outpatient polyclinic medical care, scheduled inpatient care with the possibility of providing medication, emergency dental care, and others.

Most insurance companies offer their clients three types of programs where the level of services varies depending on the cost of the insurance policy. The most used among the population are policies of average value, where the insured sum reaches an average of 100,000 UAH, and the cost of the policy ranges from 300 to 5,000 UAH. Such a policy considers a sufficient list of necessary services for the policyholder on terms favorable to him. However, the higher the product cost, the higher the quality of service and patient care from the medical institution.

The most expensive are the policies of such insurers as «Alfa Insurance» - from 1,300 to 8,200 UAH, and «ARX (Axa Insurance)» – from 1,080 to 6,096 UAH. A feature of the work and a significant advantage for clients of the work of the company «ARX (Axa Insurance)» is the possibility of insuring individuals between the ages of 1 and 75, while other companies, for example, IC (insurance company) «Providna», guarantee protection for persons in a more limited age range the interval – from 18 to 60 years.

Insurance policies of the «TAS Insurance Group» are relatively inexpensive; the minimum medical insurance package of which costs 300 UAH and provides payment only in case of death due to illness or accident. The most expensive package costs 2,500 UAH and provides protection in the event of a critical or acute illness.

Insurance company «Unika» provides insurance protection in case of acute diseases, exacerbations of chronic diseases, and injuries. Among its clients, the company mainly specializes in personal insurance for individuals and their families, during IC «Ukrainian Insurance Group» and «PZU Ukraine» – in corporate health insurance for employees.

Among the elements of the transparency of the insurance company, according to which the study was carried out, the availability of information about insurance products, their advantages for the insured person, information about insurance risks that are the subject of concluding an insurance agreement, as well as the insurance amount and the number of payments, was highlighted. The availability of open information about the insurer's activities for the public through the presence of press releases and news is a good indicator of transparent activity and provides an opportunity to attract more customers, and therefore is an important element for analysis. The availability of publicly available financial statements, as well as information about the composition of the board, are important factors of transparency, which provide clarity for a potential policyholder regarding the activities of such a company, to be more confident in the reliability of receiving insurance payments and guaranteeing their own safety in the event of an insured event. The availability of an online calculator and the ability to issue an insurance service online are also elements of information openness and convenience for interested persons for several reasons:

- security of personal data and a more secure method of payment under an online insurance contract;
- the ability to order an insurance service at any time, 24/7, without the need to physically be in the office;
- human involvement and corruption risks are minimized.

As noted by (Dubyna et al., 2018), modern information technologies will help increase the level of information transparency of institutions such as insurance companies, as well as other administrative and commercial institutions. One of the indicative elements of the transparency of insurance companies is the publicly available data on the management staff, the management system, the financial condition reflected in the financial statements and the systemic features of the provision of insurance services. If we specify the

position of the author (Dubyna et al., 2018), regarding the need to ensure the transparency of the functioning of insurance companies in particular, there are several positions:

- published data must contain changes that have taken place in recent years with up-to-date information on insurance products;
- hiding the real state of affairs about the institution's financial, economic and investment activities can have negative consequences for both the institution itself and the insured persons;
- various methods and tools should be used to disseminate various types of information about insurance activities among economic subjects;
- ensuring comprehensibility and maximum coverage of information data are no less important aspects of ensuring the transparency of health insurance companies and increasing trust among the population.

The results of the analysis of the studied insurance companies are presented in Table 4.

Table 4. Analysis of voluntary health insurance companies by level of transparency

Insurance companies for voluntary health insurance	Elements of transparency					It is possible to order a health insurance service online
	Availability of information about insurance products	Availability of information for the press and mass media (press releases)	Availability of information on the composition of the board	Availability of annual financial reports	Availability of an online calculator	
Uniqa	+	+	+	+	+	-
Providna	+	+	+	+	-	+
Ingo	+	+	+	+	-	+
Alpha Insurance	+	+	+	+	-	+
ARX (Axa Insurance)	+	+	+	+	+	+
Ukrainian insurance group	-	+	+	+	+	-
Naftagazstrakh	+	+	+	+	-	+
Insurance group «TAS»	+	+	+	+	-	-
Kraina	+	-	-	+	+	-
PZU Ukraine	-	+	+	+	+	-

Sources: developed by the authors.

Based on the data in Table 4, we have that among the voluntary health insurance IC «ARX (Axa Insurance)» has the highest level of information transparency. The high level has Ics «Uniqa», «Providna», «Ingo», and «Alpha Insurance». Not all insurers with the highest level of transparency are at the beginning of the rating but have average positions. The least available information insurers are IC «Kraina» and «PZU Ukraine» due to the insufficiency or lack of data on the types of insurance products, information on the board's composition, and their activities as the unavailability of online health insurance services.

Analyzing positions not by insurance companies but by elements of transparency, it can be stated that annual financial statements with up-to-date information for recent years are publicly available on the websites of all investigated commercial institutions. The absolute majority of insurers provide up-to-date information about their activities and achievements in their press releases, the exception of such elements is IC «Kraina». Unlike IC «PZU Ukraine», IC «Kraina» opens for comprehensive review data on its insurance products, which indicate the amount of the insured amount, insurance risks as a result of which the policyholder can receive insurance compensation, benefits, and other helpful information.

The same detailed information about insurance products and opportunities for consumers is publicly available among the other insurers listed above in Table 4. Also, a significant number of insurance companies have the chance to order an online service or submit a request for its registration by entering the electronic form posted on-site; personal data is required. Such an option as the availability of an online calculator and ordering a health insurance service online is available in about half of the sites of the analyzed companies, which may indicate the low popularity of such a service among users or the desire of the owners not to show the actual cost of the insurance service so that other SCs do not use such information to improve their positions on the market. The grouping of insurance companies according to the level of transparency according to the methodology presented in (Dubyna et al., 2018) is shown in Table 5.

Table 5. Grading of voluntary health insurance companies by the level of information transparency

The level of information transparency of the insurance company	Scores	Insurance Company
<i>High level</i> – available information about all aspects of economic activity for users in public access.	6	ARX (Axa Insurance)
<i>Medium level</i> – the absolute majority of information data is in the open access with minor exceptions in some positions.	5	Uniqa, Providna, Ingo, Alpha Insurance, Naftagazstrakh
	4	Ukrainian insurance group, Insurance group «TAS», PZU Ukraine
<i>Low level</i> – the list of open information is quite limited for users, access is closed for some components of the level of transparency.	3	Kraina

Sources: compiled by the authors based on (Dubyna et al., 2018).

Conclusions. Private health insurance is a relatively new phenomenon in the insurance market of Ukraine, which replaces mandatory health insurance and has growing trends. The publicity and transparency of the insurance company's activities and the information openness of its services on the insurance market play a significant role in spreading this type of insurance. Analysis of the movement of insurance companies of Ukraine regarding the level of information transparency proved that most of them conduct, in general, transparent financial and investment activities. The publicly available company websites contain information about insurance products, the risks of an insured event, the cost of insurance services, and client incentive programs. However, it should be noted that some points in publicizing information and regulating insurance activity at the national level still need improvement. First of all, this concerns establishing transparent rules for the operation and provision of health insurance services to the population, simplifying access to online products, and the transition to electronic data exchange. In addition, it is essential to establish a clear and transparent system of insurance tariffs and conduct an information campaign to increase trust in insurance companies on the part of interested parties. The result of such an increase in the transparency of insurance companies will be an increase in the confidence of clients and a corresponding increase in the efficiency of their activities.

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Оцінка транспарентності системи медичного страхування в Україні

У статті проведено теоретичне дослідження, що стосується аналізу системи медичного страхування в Україні щодо рівня її інформаційної транспарентності та прозорості у взаємодії з приватними, кооперативними клієнтами та державою, що уособлює у собі контролюючі та регулятивні органи влади. Основною метою цього дослідження є аналітична оцінка діяльності страхових компаній, що надають послуги з добровільного медичного страхування на предмет відкритості до користувачів інформації про їх господарську діяльність, особливості пропонувананих страхових полісів, їх вартості, тощо. У цій роботі узагальнено аргументи і контраргументи в межах наукової дискусії, що стосується поняття «транспарентність», та отримуваної користі суб'єктами економічних відносин від слідування принципів відкритості та добросовісності. Актуальність вирішення даної наукової проблеми полягає у тому, що рівень медичного захисту та якість послуг, що надаються населенню на основі діючого державного медичного страхування, є на низькому рівні та не сприяє покращенню здоров'я, працездатності та якості життя населення. Дослідження питання транспарентності системи медичного страхування здійснено в наступній логічній послідовності: визначено актуальність та проблематику досліджуваного питання, а також узагальнено позицію щодо цього науковців; здійснено загальний аналіз динаміки чистих страхових премій та чистих страхових виплат за 2019-2021 рр., за різними видами страхування включно з медичним страхуванням; проаналізовано діяльність найбільш рейтингових страхових компаній з медичного страхування за рівнем страхових премій та виплат станом на кінець 2021 р.; здійснено порівняльний аналіз страхових продуктів компаній і на основі індикаторів транспарентності та системи бальної оцінки виконано умовний поділ аналізованих комерційних установ за рівнем інформаційної прозорості на високий, середній та низький рівень, на основі отриманих балів з виділенням найбільш привабливих та інформаційно відкритих установ; завершальним етапом статті надано висновки та власні рекомендації щодо вирішення проблемних аспектів дослідження. Фактологічною основою для здійснення цього дослідження стали інформаційні дані з офіційних сайтів аналізованих страхових компаній, відкриті дані Національного банку України, а також статистична інформація щодо функціонування страхового ринку з мережі Інтернет. Результати проведеного дослідження можуть бути корисними для фізичним осіб, які зацікавлені у виборі страхової компанії для особистого медичного страхування.

Ключові слова: інформаційна транспарентність, медичне страхування, ринок страхових послуг, страхова виплата, страхова премія, страховик, страхові компанії, страхувальник.