

**Comparison of Health Insurance Premiums for BPJS Participants and Private Health Insurance****Safaratul Zikra<sup>1</sup>**Program Studi Kesehatan Masyarakat, Fakultas Ilmu-Ilmu Kesehatan, Universitas Abulyatama, Jl. Blang Bintang Lama KM 8,5 Lampoh Keude, Aceh Besar [safaratulzikra@gmail.com](mailto:safaratulzikra@gmail.com)**Ambia Nurdin<sup>\*2</sup>**Program Studi Kesehatan Masyarakat, Fakultas Ilmu-Ilmu Kesehatan, Universitas Abulyatama, Jl. Blang Bintang Lama KM 8,5 Lampoh Keude, Aceh Besar [ambianurdin\\_fkm@abulyatama.ac.id](mailto:ambianurdin_fkm@abulyatama.ac.id)**ABSTRACT**

BPJS is a legal entity whose function is to organize a health insurance program for all Indonesian people, including foreigners who work for a minimum of 6 months in Indonesia. This health insurance is in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs that are given to everyone who has paid contributions or whose contributions have been paid by the government. This research is more focused on comparative research, namely comparative research, in this case comparing the results of calculating business entity BPJS insurance premiums with private health insurance premiums, where the results will be derived to see the advantages and disadvantages of each. The results of a comparison of the calculation of BPJS health insurance premiums and private health insurance results in BPJS health insurance premiums being much cheaper than private health insurance premiums. With such a premium calculation, it will explain more about the advantages and disadvantages between business entity BPJS health insurance and private health insurance.

**Keywords:** *health insurance; health insurance premiums; BPJS and private health*

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Health insurance in Indonesia is relatively new for most Indonesians because the term health insurance is not yet part of the general vocabulary. Understanding of what health insurance is is still very diverse so it is not surprising, for example in the past, many people stated that JPKM (public health care guarantee) is not health insurance just because the name was deliberately chosen not to use the words insurance.<sup>(1)</sup>

In discussing the history of health insurance, it must first be agreed on what is meant by health insurance. The Indonesian government has not been able to achieve coverage of social security program participants for the entire population of Indonesia. (universal coverage).<sup>(2)</sup>

This is based on data that around 37% (87 million) of the Indonesian population does not have or is covered by health insurance/guarantee. One of the government's efforts in terms of universal coverage where all citizens are entitled to health insurance, in 2004 it established Law Number 40 of 2004 concerning the National Social Security System (SJSN). This law emphasizes that health insurance is a social security program that is a priority for implementation. The enactment of this law is a concrete manifestation of the commitment of State administrators to carry out the constitutional mandate of the 1945 Constitution.

One of the government's health policies is National Health Insurance. This policy aims to ensure that all people can receive equitable and fair health services using a premium system like health insurance in general. One form of implementation of this policy is through the Social Security Administering Body (BPJS), hereinafter referred to as BPJS-Kesehatan. BPJS-Kesehatan guarantees that every community receives health services with a premium system. In accordance with the BPJS-Kesehatan implementation manual, community health centers and clinics which are classified as level one health facilities are the first health facilities that people must use to receive health services. Social Security Organizer (BPJS), hereinafter referred to as BPJS-Kesehatan.<sup>(3)</sup> BPJS-Kesehatan guarantees that every community receives health services with a premium system. In accordance with the BPJS-

Health implementation manual, community health centers and clinics which are classified as level one health facilities are the first health facilities that people must use to receive health services. Preference for private healthcare providers has increased significantly due to service delivery failures in the public sector, including complex inpatient practices, poor referral and appointment systems and long waiting times. High levels of dissatisfaction with public health care services are common in developing countries.<sup>(4)</sup> Private healthcare providers are often seen as offering better services, technology and ease of access.

The Health Social Security Administering Agency (BPJS) is a legal entity that is directly responsible to the President and has the task of administering National Health for all Indonesian people, especially for Civil Servants and TNI/POLRI, Veterans, Independence Pioneers and their families and other Business Entities or the people normal.<sup>(5)</sup> Referring to the development trend of health insurance, it is interesting to observe the role of private insurance companies in health financing in Indonesia. In principle, insurance companies are divided into loss insurance companies and life insurance companies, as well as reinsurance companies. Each type of company can also be divided into general insurance companies or sharia insurance companies.<sup>(6)</sup> Meanwhile, commercial health insurance is insurance provided by a company or other insurance body, the nature of participation is voluntary, depending on the person's or company's willingness to purchase and the premium is set in nominal terms according to the insurance benefits offered. Therefore, commercial health insurance premiums and benefits vary greatly and are not the same for each participant.

### **Research Purposes**

This research aims at comparative research, in this case comparing the results of calculating BPJS insurance premiums with private health insurance premiums, where the results will be derived to see the advantages and disadvantages of each.

The results of a comparison of the calculation of BPJS health insurance premiums for business entities and private health insurance produce BPJS health insurance premiums for business entities that are much cheaper than private health insurance premiums. This premium calculation will explain further the advantages and disadvantages between BPJS health insurance for business entities and private health insurance.

### **RESEARCH METHOD**

This research is more focused on comparative research, namely research that is comparative, in this case comparing the results of calculating BPJS insurance premiums for business entities with private health insurance premiums, where the results will be derived to see the advantages and disadvantages of each.<sup>(2)</sup> The variables collected are the number of insurance companies according to insurance type (casualty, life insurance or reinsurance), ownership (national private or joint venture), insurance principles used (syariah or general), number of life insurance participants (individual and group), premiums and claims for health, accident and total insurance<sup>(6)</sup>.

The population of this study is all private insurance companies that have health and accident insurance products. The unit of analysis in this study is aggregate data according to type and ownership of insurance companies. The data sources used are primary data obtained from field investigations at BPJS Health and secondary data in the form of data collection in the form of data or source books from the BPJS office or from other trusted sources. The data collection technique used is the observation interview and survey method.

### **RESULTS**

Based on the results of research regarding the comparison of health insurance premiums for BPJS participants with private health insurance, the results of the comparison of the calculation of BPJS health insurance premiums for business entities and private health insurance produce BPJS health insurance premiums for business entities that are much cheaper than private health insurance premiums. This premium calculation will explain further the advantages and disadvantages between BPJS health insurance for business entities and private health insurance.

The results of the research carried out show how important premiums/contributions are by taking into account several aspects related to real premiums, normative utilization premiums and package benefits by considering the ability and willingness to pay of the community. The findings state that if the amount

of funds needed to handle claims continues to increase and is not balanced with the consequences of paying appropriate premiums, the burden on the organizing agency/insurer will become greater.

## DISCUSSION

From the background of the problem above, the problem is formulated, namely how to calculate BPJS health insurance premiums for business entities and private health insurance premiums. From the differences in monthly premium calculations, it will be further derived what the advantages and disadvantages are of BPJS insurance for business entities and private health insurance.<sup>(2)</sup> The Health Social Security Administering Body (BPJS) is a legal entity that is directly responsible to the President and has the task of administering National Health for all Indonesian people, especially for Civil Servants and TNI/POLRI, Veterans, Independence Pioneers and their families and other Business Entities or the people normal.<sup>(5)</sup> BPJS Health is part of the national insurance system.

BPJS health participants who have registered and paid contributions are entitled to health insurance benefits as stated in Presidential Decree Number 12 of 2013 concerning Health Insurance. BPJS Health is an individual health service, including promotive, preventive, curative and rehabilitative services. Including drug services and consumable medical materials as needed. BPJS establishes service procedures with a tiered referral system.<sup>(6)</sup> Meanwhile, problems that still need to be improved in private health facilities are the high cost of prescription medicines which patients still need to buy again themselves, long queues at certain hours and quite a long time waiting for the doctor to arrive. However, in general, health facility users said they were satisfied with the services they received.<sup>(7)</sup>

Another reason informants gave private health service facilities was because they were taken by family or told by friends to use private health facilities. Private health facilities will try to be easy to access and maintain the quality of their services so that customers recommend these private service facilities to their family or friends. They do this because private health care facilities depend on money coming in from customers.<sup>(7)</sup>

All informants who took part in this study were informants who had national health insurance which was managed by the state through an appointed institution, whether they were registered independently, or which they obtained through their workplace as an obligation for their employers through wage and subsidy allocation schemes. companies to guarantee workers' rights. However, based on their experience while using public health facilities, they felt that there was a difference in the quality of health services. Starting from a referral system with applicable terms and conditions, because the principle of handling public health problems starts from primary health service facilities, if this treatment is not successful or requires experts (specialist doctors) then a referral is given to a second level facility, namely a hospital. So private insurance is chosen because it provides more benefits to those who are sick.<sup>(4)</sup>

## CONCLUSION

From the research above, it can be concluded that BPJS Health is a legal entity formed to provide social and health security programs for all Indonesian people, because every individual has the right to live, whether they are rich or economically disadvantaged. The benefits of health insurance are as follows: Individual health services, including promotive, preventive, curative, rehabilitative services, drug services, consumable medical materials in accordance with necessary medical indications and also medical benefits that are not tied to the amount of contributions paid, non- medical care which is determined based on the scale of the contribution paid, including accommodation benefits.

In law, BPJS insurance is included in the type of social insurance. BPJS Health as a portability company that manages health insurance is very beneficial for the community. BPJS Health benefits include promotive, preventive, curative and rehabilitative benefits, medical and non-medical benefits. Apart from that, insurance companies should create new differentiated health insurance products that can accommodate customers in switching to lower premium payments by adjusting their services or health insurance limits. However, on the other hand, for national health institutions, with the same service conditions they can maintain premiums with reasonable increases or no premium increases. The increase in premiums has the potential to make independent payers in national health services switch easily to private health insurance companies that provide better services at relatively low cost rates.

Factors that have a significant influence on the use of private health facilities are employment and insurance ownership, which are enabling factors. The results of the qualitative study show that several factors that influence the use of private health facilities are no different from the results of further analysis, namely: distance to access and ownership of health insurance. By looking at the claims ratio, life insurance companies for health have remained within reasonable limits in the last 5 years, whereas losses tend to be high for insurance companies. It cannot be denied that the government program to achieve universal health coverage with a social insurance program is a threat to private insurance companies.

## REFERANCE

1. Bagian A. DASAR-DASAR ASURANSI KESEHATAN.
2. Asuransi D, Swasta K, Sulistyani D. Perbandingan Premi Asuransi Kesehatan Peserta BPJS Badan Usaha Dengan Asuransi Kesehatan Swasta ISSN : 1412-629X. 2015;16(01).
3. Husada S, Ilmiah J, Sandi K, Penyelenggara B, Kesehatan J, Malik AA, et al. Research Article. 2019;(April).
4. Syam A, Suryadi DF, Syam A. Kegagalan Pembayaran Premi pada Pengguna Asuransi Kesehatan Swasta. 2023;6(1):203–12.
5. Mariyam S. Sistem Jaminan Sosial Nasional Melalui Badan Penyelenggara Jaminan Sosial ( BPJS ) Kesehatan ( Perspektif Hukum Asuransi ). 2018;7(2):36–42.
6. Sari K. Perkembangan Asuransi Kesehatan Swasta di Indonesia Tahun 2012- 2016. 2016;2(2):87–6.
7. Siahaan SAS. Faktor yang Berpengaruh terhadap Pemanfaatan Fasilitas Pelayanan Kesehatan Swasta Factors Influencing The Utilization of Private Health Services Facilities. 2018;2(2):87–94
8. CiaranBarlow, LukeDuggleby, T. (2022). Early weight bearing in elderly patients with ankle fractures reduces care needs and maintains independence. *Marcus and Feldman's Osteoporosis (Fifth Edition)*, 28(7), 669–691. <https://www.sciencedirect.com/science/article/pii/B9780128130735000289>
9. Sari, K. (2016). Perkembangan Asuransi Kesehatan Swasta di Indonesia Tahun 2012- 2016. *Jurnal Ekonomi Kesehatan Indonesia*, 2(2), 48–58.
10. Wilson, H. W., & Widom, C. S. (2009). A prospective examination of the path from child abuse and neglect to illicit drug use in middle adulthood: The potential mediating role of four risk factors. *Journal of Youth and Adolescence*, 38(3), 340–354. <https://doi.org/10.1007/s10964-008-9331-6>
11. Perekam, P., & Pura, U. D. (2023). *FACTORS RELATED TO THE APPENDECTOMY INPATIENTS CARE LENGTH OF STAY AT SANGLAH PUBLIC HOSPITAL DENPASAR FAKTOR - FAKTOR YANG MEMPENGARUHI LAMA HARI RAWAT PASIEN APENDIKTOMI DI RUMAH SAKIT UMUM PUSAT SANGLAH KOTA DENPASAR*. 02(01), 29–40.
12. Patricio, M. D., Lagos, T. B., Tan, A. D., Tortosa, C. J., & Permejo, C. C. (2021). Nutrition and frailty status of patients undergoing cardiovascular surgery and its association with postoperative outcomes. *European Heart Journal*, 42(Supplement\_1), 2255. <https://doi.org/10.1093/eurheartj/ehab724.2255>