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# Research on the Sustainable Development of Huimin Insurance within the Multi-Level Health Security System: A Case Study of C City

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## Abstract

The inclusive commercial health insurance model of Huimin Insurance plays an important role in improving the multi-level security pattern and reducing the economic burden of healthcare for the general public. This paper applies a mixed research method that involves questionnaires and interview methods to investigate the current situation and sustainable development paths for the Huimin Insurance model in City C from both supply-side and demand-side perspectives. The research shows that the gap between income levels and supply guarantees affects the scale and enthusiasm for insurance. Meanwhile, the phenomenon of asymmetric information between insurers and consumers has led to cognitive biases and trust gaps between insurers and consumers. Furthermore, the gap between consumer demands and service qualities affects the depth of insurance coverage and satisfaction rates. Based on the research findings, relevant recommendations are put forward in this paper, aiming to provide theoretical support for the sustainable development of inclusive insurance products in City C and similar areas.

## Keywords

multi-level health security system, Huimin Insurance, welfare triangle theory

## 1. Introduction

Considering the increasing awareness of health among the population, the development of a multi-level health security system has become a national strategic priority. Relevant policy documents, particularly the “Healthy China 2030 Planning Outline” actively advocate for the development of supplementary medical insurance. Based on this, a new form of market-based medical insurance, known as “Urban Customized Commercial Medical Insurance” or “Huimin Insurance” has emerged[1]. It is a form of medical insurance that bridges the gap between basic social insurance and high-end commercial insurance. It is characterized by low enrollment thresholds, extensive coverage, and low premiums, as well as the integration of individual medical insurance accounts[2]. Since the development of “Shenzhen Supplementary Insurance for Serious Illness” in 2015, this form of medical insurance has rapidly expanded beyond major cities to second- and third-tier cities. However, this form of medical insurance is also facing a number of development challenges, including a decrease in enrollment, adverse selection, a risk of mortality spirals, and suspension of sales[3]. Thus, the

development of a multi-level health security system and the effective implementation of the "Healthy China" strategy will depend on the development challenges of affordable health insurance.

## 2. Literature Review and Theoretical Basis

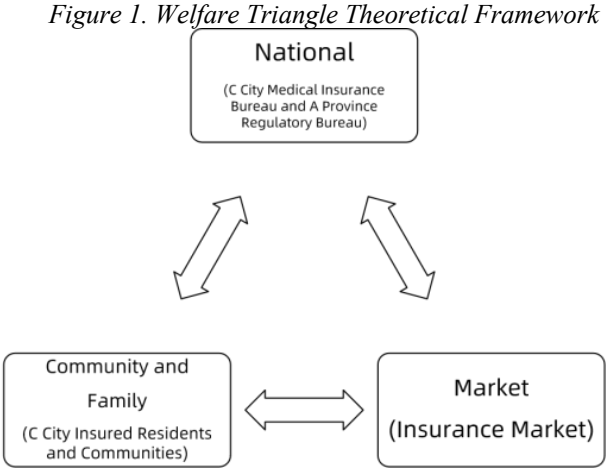
Existing literature on Huimin Insurance mainly revolves around a number of major dimensions related to policy evaluation and participant behavior. By using the PMC (Policy Modeling Consistency) model, Gu Dongming et al. [4]and Luo Jinping et al. [5]found that there are a number of operational challenges, such as unclear cycle delineation, insufficient functions in peripheral domains, and stagnant resources. On the other hand, from a quantitative perspective, Liu Yang et al.[6] used the entropy method based on the TOPSIS method and found that sustainability and compensation capacity are crucial for system sustainability. Moving on to the demand side, Li Gaojie et al.[3]found, based on analysis related to the full lifecycle of insurance participation, that certain decision-making factors are crucial for policyholder behavior. Furthermore, based on field testing, Liu Wendi et al.[7] and Wu Yuxia et al. [8] found, based on psychological behavior analysis, that policyholder behavior is driven by a combination of factors related to knowledge levels, satisfaction, and psychological dynamics. However, as regards external motivating factors, Wu Jian et al.[9] and Wang Qun et al.[10] agree that government intervention remains the major motivating factor for enrollment, while information breadth remains a secondary enhancing factor.

Most of the discussions on the paths of sustainable development focus on mitigating the risk of a "death spiral" and optimizing the institutions. According to Hu Hongwei et al. [11], the current bottlenecks can be attributed to unclear institutional arrangements, thus the need to develop new policy instruments. Wang Qiongyang et al.[12] argue that for effective governance to take place, there is a need to differentiate between the roles of the government and commercial enterprises. In order to improve participant satisfaction, Sun Jie et al.[13]suggest that new payment mechanisms should be implemented. In terms of international benchmarking, Lin Miao et al.[14] use Singapore as a reference and recommend a comprehensive settlement system and a multi-tiered risk pricing framework, while Zheng Yangyang et al.[15] use the analysis results of the US Medicare Social Commercial Partnership Model. In terms of technology, Zhang Chenghe [16] investigates the reform of actuary protocols and service methods based on the application of AI algorithms and blockchain principles, while Mengting C and Xiao Z [17] recommend a dynamic optimization framework for specialty drug coverage.

While the current literature does form a basic foundation for the understanding of the subject, a significant gap has been identified within the current knowledge base in relation to the synergies that exist within the multi-stakeholder coordination system. More specifically, the role of community engagement in the context of the tripartite model of the state, the market, and civil society has not been adequately explored. Within this context, the current study seeks to address the above-stated research question through the application of the Welfare Triangle theory as a tool of analysis, with the empirical context of the study being the Huimin Insurance program in City C.

The research aims to explicitly examine the dynamic interactions between the three major stakeholders within the context of the welfare provision process: (1) the government, which is responsible for the formulation of policies, regulatory oversight, and the establishment of operational equity, (2) market entities (commercial entities/insurers), which are responsible for the implementation of the targeted initiatives for product and risk management, and (3) community entities, which are responsible for the mobilization and bridging of the social context within the context of the enrollment phase.

*Figure 1. Welfare Triangle Theoretical Framework*




## 3. Empirical Analysis of Supply and Demand Dynamics for Huimin Insurance in City C

### 3.1 Overview of C City Huimin Insurance

The pricing strategy of the Huimin Insurance program in City C is based on a differentiated two-tier pricing structure. In particular, the Basic Plan of the Huimin Insurance program is priced at 69 RMB per year, covering a benefit limit of 2 million RMB. On the other hand, the Enhanced Plan of the same program is priced higher, amounting to 159 RMB per year, covering a benefit liability of 3.5 million RMB. In addition to the commercial viability of the program, there is also a focus on social equity. In 2025, 25,600 specialized insurance policies are donated to economically disadvantaged people through corporate and government donations, targeting people with autism and other diseases, such as children. In particular, as far as coverage scope is concerned, the Basic Plan of the Huimin Insurance program covers medical expenses, certain medical expenses on drugs, and hospitalization allowances strictly within the statutory medical insurance system. On the other hand, the coverage scope of the Enhanced Plan of the same program is significantly broader, covering non-reimbursable medical expenses and advanced medical technology, including proton and heavy ion therapy.

### 3.2 Empirical Analysis of Demand-Side

#### 3.2.1 Survey Overview and Descriptive Statistics

For this research, data collection was carried out in the region of City C from March to September 2025. The study adopted a mixed research design that enabled the collection of data using an online questionnaire and interviews, which ensured that the data collected was diverse. A total of 409 valid responses were obtained from the data collected, giving the study a valid response rate of 97.84%. As shown in Table 1, the questionnaire consisted of four major dimensions, which included sociodemographics, product cognition, purchasing behavior, and satisfaction assessment. Demographically, the sample displayed a balanced gender ratio (females: 50.6%; males: 49.4%). Age distribution was concentrated primarily in the 36–55 cohort, followed by the 18–35 group, with 55.3% of all respondents reporting their marital status as married. Regarding educational attainment, over half of the participants held an associate or bachelor's degree, while 10.5% possessed postgraduate qualifications. Economically, the monthly income distribution skewed towards lower-to-middle brackets: 31.3% earned below 3,000 RMB, and 30.3% earned between 3,000 and 5,000 RMB. In terms of baseline social security coverage, the majority (57.2%) were enrolled in the Urban and Rural Resident Basic Medical Insurance (URRBMI), whereas 41.3% participated in the Urban Employee Basic Medical Insurance (UEBMI).

*Table 1: Demographic Characteristics of the Survey Participants*

| Variable | Number | Percentage/% |
|---|---|---|
| Gender | | |
| Male | 202 | 49.4 |
| Female | 207 | 50.6 |
| Age | | |

| | | |
|---|---|---|
| Under 18 | 17 | 4.2 |
| 18–35 | 240 | 58.7 |
| 36–55 | 118 | 28.9 |
| 55 and above | 34 | 8.3 |
| Marital Status | | |
| Married | 226 | 55.3 |
| Single | 183 | 44.7 |
| Education | | |
| Junior high school or below | 46 | 11.2 |
| High school or vocational school | 80 | 19.6 |
| College diploma or bachelor's degree | 240 | 58.7 |
| Master's degree or above | 43 | 10.5 |
| Monthly Income | | |
| Below ¥3,000 | 128 | 31.3 |
| ¥3,000–¥5,000 | 124 | 30.3 |
| ¥5,000–¥8,000 | 95 | 23.2 |
| ¥8,000–¥10,000 | 40 | 9.8 |
| Above ¥10,000 | 22 | 5.4 |
| Basic Medical Insurance Enrollment | | |
| Basic Medical Insurance for Urban and Rural Residents | 234 | 57.2 |
| Basic Medical Insurance for Urban Employees | 169 | 41.3 |
| Other | 6 | 1.5 |
| Huimin Insurance Enrollment | | |
| Yes | 155 | 37.9 |
| No | 254 | 62.1 |

### 3.2.2 Single-factor analysis of insurance participation willingness and renewal willingness

Based on the above samples, this study selected 12 variables for single factor analysis, including gender, age, marital status, education level, average monthly income, whether suffering from chronic diseases, whether having major disease experience, the type of basic medical insurance, whether buying other commercial insurance, whether obtaining claims of Huimin Insurance the degree of understanding of Huimin Insurance, and the degree of satisfaction with Huimin Insurance. The findings indicate that the three factors of “Experience with Critical Illness”, “Understanding of Huimin Insurance”, and “Satisfaction” significantly impact respondents' willingness to participate in insurance, as shown in Table 2. Regarding the willingness to renew insurance, “education level”, “History of Claims Compensation”, “Understanding of Huimin Insurance” and “Satisfaction” were found to significantly affect renewal decisions, as indicated in Table 3.

*Table 2: Single-Factor Analysis of Respondents' Willingness to Participate in Huimin Insurance*

| Variable | Willing to buy | | $\chi^2$ | P-Value |
|---|---|---|---|---|
| | yes | no | | |
| Gender | | | 0.213 | 0.644 |
| Male | 71 | 98 | | |
| Female | 87 | 131 | | |
| Age | | | 1.426 | 0.700 |
| Under 18 | 16 | 16 | | |
| 18–35 | 86 | 125 | | |
| 36–55 | 38 | 60 | | |
| 55 and above | 18 | 28 | | |
| Marital Status | | | 0.002 | 0.963 |
| Married | 69 | 100 | | |
| Single | 89 | 129 | | |
| Education | | | 2.385 | 0.497 |
| Junior high school or below | 19 | 25 | | |
| High school or vocational school | 40 | 45 | | |
| College diploma or bachelor's degree | 73 | 122 | | |
| Master's degree or above | 26 | 37 | | |

| | | | | |
|---|---|---|---|---|
| Monthly Income | | | 5.682 | 0.223 |
| Below ¥3,000 | 54 | 84 | | |
| ¥3,000–¥5,000 | 28 | 57 | | |
| ¥5,000–¥8,000 | 33 | 35 | | |
| ¥8,000–¥10,000 | 31 | 33 | | |
| Above ¥10,000 | 12 | 20 | | |
| Experience with Chronic Diseases | | | 0.011 | 0.916 |
| No | 131 | 189 | | |
| Yes | 27 | 40 | | |
| Experience with Critical Illness | | | 5.852 | 0.016 |
| No | 101 | 118 | | |
| Yes | 57 | 111 | | |
| Basic Medical Insurance Enrollment | | | 0.892 | 0.640 |
| Basic Medical Insurance for Urban and Rural Residents | 103 | 159 | | |
| Basic Medical Insurance for Urban Employees | 51 | 66 | | |
| Other | 4 | 4 | | |
| Purchase of other commercial insurance | | | 0.395 | 0.530 |
| No | 107 | 148 | | |
| Yes | 51 | 81 | | |
| Understanding of Huimin Insurance | | | 60.438 | 0.000 |
| Very poor understanding | 42 | 13 | | |
| Poor understanding | 55 | 47 | | |
| Basic Understanding | 44 | 99 | | |
| High understanding | 15 | 46 | | |
| Very high understanding | 2 | 24 | | |
| Satisfaction with Huimin Insurance | | | 36.415 | 0.000 |
| Very dissatisfied | 16 | 6 | | |
| Dissatisfied | 24 | 7 | | |
| Neutral | 76 | 109 | | |
| Satisfied | 33 | 81 | | |
| Very satisfied | 9 | 26 | | |

*Table 3: Single-Factor Analysis of Respondents' Willingness to Renew Huimin Insurance*

| Variable | Willing to renew | | $\chi^2$ | P-Value |
|---|---|---|---|---|
| | yes | no | | |
| Gender | | | 2.854 | 0.091 |
| Male | 54 | 146 | | |
| Female | 46 | 183 | | |
| Age | | | 6.772 | 0.080 |
| Under 18 | 5 | 15 | | |
| 18–35 | 45 | 195 | | |
| 36–55 | 31 | 78 | | |
| 55 and above | 19 | 41 | | |
| Marital Status | | | 0.172 | 0.678 |
| Married | 51 | 160 | | |
| Single | 49 | 169 | | |
| Education | | | 12.371 | 0.006 |
| Junior high school or below | 13 | 27 | | |
| High school or vocational school | 23 | 73 | | |
| College diploma or bachelor's degree | 45 | 200 | | |
| Master's degree or above | 19 | 29 | | |
| Monthly Income | | | 7.141 | 0.129 |
| Below ¥3,000 | 15 | 87 | | |
| ¥3,000–¥5,000 | 31 | 95 | | |
| ¥5,000–¥8,000 | 25 | 81 | | |
| ¥8,000–¥10,000 | 22 | 51 | | |
| Above ¥10,000 | 7 | 15 | | |

| | | | | |
|---|---|---|---|---|
| Experience with Chronic Diseases | | | 3.555 | 0.059 |
| No | 71 | 263 | | |
| Yes | 29 | 66 | | |
| Experience with Critical Illness | | | 3.670 | 0.055 |
| No | 67 | 185 | | |
| Yes | 33 | 144 | | |
| Basic Medical Insurance Enrollment | | | 0.922 | 0.631 |
| Basic Medical Insurance for Urban and Rural Residents | 56 | 192 | | |
| Basic Medical Insurance for Urban Employees | 43 | 136 | | |
| Other | 1 | 1 | | |
| Purchase of Other Commercial Insurance | | | 0.552 | 0.457 |
| No | 55 | 167 | | |
| Yes | 45 | 162 | | |
| History of Claims Compensation | | | 7.790 | 0.005 |
| No | 97 | 3 | | |
| Yes | 287 | 42 | | |
| Understanding of Huimin Insurance | | | 65.947 | 0.000 |
| Very poor understanding | 24 | 22 | | |
| Poor understanding | 28 | 25 | | |
| Basic Understanding | 24 | 95 | | |
| High understanding | 18 | 150 | | |
| Very high understanding | 6 | 37 | | |
| Satisfaction with Huimin Insurance | | | 75.329 | 0.000 |
| Very dissatisfied | 10 | 2 | | |
| Dissatisfied | 13 | 12 | | |
| Neutral | 57 | 106 | | |
| satisfied | 14 | 151 | | |
| Very satisfied | 6 | 58 | | |

### 3.2.3 Logistic Regression Analysis of Participation and Renewal Determinants

To control for potential confounding factors, variables with $P < 0.05$ from the single-factor analysis were included in the logistic regression. As shown in Table 4, "Understanding of Huimin Insurance" ($\beta = 0.765$, $P < 0.001$, $OR = 2.148$) has a significant positive effect on the willingness to participate in insurance. Similarly, Table 5 shows that "Satisfaction with Huimin Insurance" ($\beta = 0.789$, $P < 0.001$, $OR = 2.201$) significantly positively impacts the willingness to renew insurance.

*Table 4: Logistic Regression Analysis of Insurance Enrollment Intentions*

| Variable | β | S.E. | Wald | P-Value | OR |
|---|---|---|---|---|---|
| Experience with Critical Illness | 0.394 | 0.230 | 2.923 | 0.087 | 0.675 |
| Understanding of Huimin Insurance | 0.765 | 0.144 | 28.229 | 0.000 | 2.148 |
| Satisfaction with Huimin Insurance | 0.102 | 0.156 | 0.425 | 0.514 | 1.107 |
| constant | -2.156 | 0.437 | 24.326 | 0.000 | 0.116 |

*Table 5: Logistic Regression Analysis of Renewal Intentions*

| Variable | β | S.E. | Wald | P | OR |
|---|---|---|---|---|---|
| Education | -0.057 | 0.155 | 0.136 | 0.712 | 0.944 |
| History of Claims Compensation | 0.773 | 0.630 | 1.508 | 0.219 | 2.167 |
| Understanding of Huimin Insurance | 0.312 | 0.135 | 5.363 | 0.021 | 1.366 |
| Satisfaction with Huimin Insurance | 0.789 | 0.188 | 17.565 | 0.000 | 2.201 |
| constant | -2.132 | 0.741 | 8.287 | 0.004 | 0.119 |

### 3.2.4 Qualitative Analysis of Claim Experiences and Challenges

In addition to the quantitative survey, semi-structured in-depth interviews were conducted with representative claimants to identify behavioral drivers. The thematic analysis reveals three systemic hurdles: administrative efficiency in offline settlements, cognitive understanding of policy terms, and the gap between expected and actual utility of coverage.

Firstly, with regard to process efficiency, respondents complained about the "time-consuming and inefficient process of filing claims manually." They strongly recommend the integration of the system with medical institutions to improve efficiency. Secondly, with regard to cognitive understanding, respondents were seen to have a shallow understanding of key terms such as deductibles and the policy's premium value. Most of the respondents were observed to have the perception that the actual deductible amount is more than they initially thought, and this can be attributed to the complex process of subtraction and proportionate reimbursement. Finally, there is a difference between the amount received and the economic burden, and this affects the intent to renew the product.

### 3.3 Qualitative Assessment of Supply-Side Operations

To analyze the dynamics of the supply side, this study employed semi-structured in-depth interviews, which targeted key decision-makers in the insurance firm. The target population specifically included the operational heads of the Huimin Insurance Project in City C and the senior directors of the claims department. The interview guide was designed to target four strategic dimensions: the governance structure of the coinsurance consortium, actuarial performance (enrollment rates and loss ratios), service process efficiency, and the management's perception of consumer sentiment and satisfaction.

The Huimin Insurance Project in City C adopts a coinsurance scheme, in which the insurance is jointly offered by eight insurance companies. The main business operations involve system development, claims handling, network administration, and handling everyday customer inquiries, among others. The leading company undertakes the vast majority of tasks, while the other coinsurance companies allocate compensation solely on the basis of their share ratio. This practice leads to a gross imbalance in the allocation of authority and responsibility, with an unreasonably high concentration of operational expenses and a consequent decrease in synergy efficiency.

This is evident from the enrollment statistics, which show a consistent decline in the portfolio. This has resulted in critical structural bottlenecks in the promotional channels. The portfolio has significantly declined from its peak of 1.13 million insured in 2022 to 580,000 by August 2025. Currently, C City Huimin Insurance uses online and offline co-promotion channels. However, offline promotion efforts are insufficient, with publicity mainly limited to the central urban area. "Offline channels are primarily promoted by employees of the coinsurance body's insurance companies, accounting for 45%-50%."Promotion in counties, townships, and rural areas is seriously inadequate. These areas are more likely to use face-to-face offline channels for consultations, which has resulted in a significant decline in the coverage of Huimin Insurance.

This has created a sense of dissonance, as the information is often misrepresented. Currently, the process of settling claims for C City Huimin Insurance is done offline. "Claims are mostly processed offline at 22 fully-covered outlets, where users submit documents locally; the internet is only used for consultations, not online submission." The offline nature of the operations of the company has created a number of problems, as it is prone to distortion and error.

Besides, the general public does not have a clear understanding of the 'deductibles' and "scope of coverage" concepts. "Consultations and complaints mainly focus on the insufficient understanding of deductibles, where the general public thinks that there should be no deductibles after the reimbursement of medical insurance, and becomes confused between internal and external medical expenses." This generates cognitive biases for the general public, where they think that there is a difficulty in the insurance claims and reimbursement process, leading to a lack of trust in the insurance renewal process.

## 4. Results

### 4.1 The disparity between supply security and disposable income limits the scope and desire for insurance participation

In spite of the hierarchical security model establishing a Basic and Enhanced version, according to the questionnaire study, 31.3% of groups have a monthly income below 3000 RMB. After paying the premium for basic medical insurance, the capacity for economic payment for the enhanced version is limited for this part of the group. Therefore, a large number of basic version selections with comparatively limited coverage scope

are made. Thus, despite a high demand for security enhancement for low-income groups who are at high risk, the coverage scope is lower than expected. Therefore, a vicious cycle is created due to a fundamental difference between supply and demand. The difference between coverage scope and payment capacity limits the scale of insurance participation. The decrease in the insurance participation scale increases compensation pressure. Conversely, increases in compensation pressure limit coverage scope enhancement potential, and therefore Huimin Insurance products are confronted with a problem of “inclusiveness” and “sustainability.”

### 4.2 Information Asymmetry Between Supply and Demand Results in Cognitive Bias and a Trust Deficit

Due to the knowledge asymmetry between supply and demand, various adverse effects have emerged. Among these is the misconception by some residents that there is no need to deduct the deductible amount after receiving medical insurance reimbursement. Others think that Huimin Insurance is a basic medical insurance product and only provides routine outpatient services. When their actual claims experience is lower than their expectations, it leads them to develop a negative perception of the product as "ineffectual," resulting in a large underestimation of its real value. Another adverse effect is that the information transmission between supply and demand is inefficient, and channels for understanding Huimin Insurance are limited. As reported by the claimants, “22 outlets handle a total of 120-130 consultations daily,” and a large proportion of them are related to inquiries on product coverage, claims, and other related issues. Not only does this mode increase costs, but it also reflects the high levels of uncertainty associated with the understanding of the product by local residents. If the efficiency of knowledge transmission is not enhanced in a timely manner, cognitive biases and distrust will be further exacerbated.

### 4.3 The Disparity Between Service Quality and Expectations Influences the Extent of Coverage and Overall Satisfaction

There is a clear disparity between the service quality provided by insurance companies and the expectations of policyholders. This disparity is a limiting factor for the expansion of product coverage and the ability of the product to meet essential needs. The structure of the offline service network is not well designed. The offline promotional resources of the coinsurance organization are concentrated in urban areas and insufficient in rural areas, where citizens mainly rely on in-person consultation channels. Moreover, the effectiveness of the claim settlement service is suboptimal. The claim settlement service utilizes the conventional manual settlement mode, in which the medical insurance settlement form is submitted offline to seek reimbursement. Such a mode not only incurs increased operating costs but, more importantly, affects the efficiency of Huimin Insurance and the satisfaction of policyholders owing to the inefficient claim settlement service and the prepayment of funds.

## 5. Conclusions

### 5.1 Optimize Product Design and Improve Enthusiasm for Insurance Participation

In order to boost participation rates with the insurance, it is imperative to enhance the benefits that can be derived from the insurance, such as health consultation benefits, online consultation benefits, and medical examination benefits. The benefits can act as a motivator to the insured individual who has not yet made a claim, thus increasing their willingness to engage with the insurance product. In addition, the development of the personal medical insurance account should be encouraged, whereby payments can be made from the accounts of the family members to boost “family solidarity”, thus improving the family's ability to manage risk. In order to boost the motivation of users to renew their insurance, it is imperative to introduce the continuous insurance incentive scheme, whereby the reduction of the deductible and reimbursement rate will be given to users who renew their insurance.

### 5.2 Streamline the Claims Procedure and Improve Service Accessibility

In order to ensure the smooth implementation of the above-mentioned online claim processing, it is essential to further promote the electronic examination of medical invoices, diagnostic certificates, and other relevant documents, so as to improve the efficiency of claim processing. In addition, in order to ensure that

comprehensive settlement service can be provided, it is essential to continue to advance the pilot integration of the hospital medical insurance system. This will make it possible to process claims for basic medical insurance and Huimin Insurance at the same time when discharged, so as to reduce the burden of advance fund payments. Finally, it is essential to focus on the establishment of convenient service locations or mobile service posts in rural and remote areas, so that the claim handling of groups with limited access to the internet can be adequately facilitated, thereby improving the service experience and customer satisfaction of insurance participation.

### 5.3 Innovate Publicity Methods and Broaden Publicity Channels

A move towards policy advocacy needs to be made, wherein entities such as community organizations and healthcare institutions need to be involved, especially targeting those who are more likely to participate in offline communication, such as the elderly population and those living in rural areas. It must be ensured that efforts are made towards simplifying key terms related to the policy, such as “deductible” “reimbursement ratio” “scope of coverage”. This can be done by creating short and easily understandable forms of media such as videos and brochures. It is also important to use various forms of communication media such as social media, television, and bulletin boards to the fullest extent. These steps not only need to be effective in providing an appropriate understanding of the product information and the process of claiming, but also create a sense of trust and identity within the system

## References

[1] Yu, Q. and Wang, J. The rise of new forms of health insurance. China Finance. 2022(24), pp. 73-74.

[2] Su, Z. R. Inclusive Commercial Health Insurance: Current Status, Challenges, and Development Recommendations. Journal of Administrative Management Reform. 2021, 11(11), pp. 90-99.

[3] Li, G. J., Chen, L. and Xi, X. Y. The development status, practical challenges and countermeasures of Huimin Insurance in China. Chinese Health Economics. 2023, 42(7), pp. 17-20,26.

[4] Gu, D. M., Zhang, Y. Z. and Xu, K. Quantitative evaluation of the policy of benefiting the people in China. Medicine and Society. 2026, 39(1), pp. 106-114.

[5] Luo, J. P., Sun, J. Y. and Geng, M. H. Evaluation of Public Health Resilience in Municipal Areas Based on the Entropy Weight-TOPSIS Method. Modern Preventive Medicine. 2022, 52(9), pp. 1636-1641, 1693.

[6] Liu, Y., Guo, M. J. and Li, Y. Z. Research on the construction of the evaluation index system of Huimin Insurance, based on the entropy weight TOPSIS method. Chinese Journal of Health Policy. 2022, 18(2), pp. 1-7.

[7] Liu, W. D., Wang, Z. Y. and Liu, S. Y. The willingness of residents in Lanzhou to renew the insurance and its influencing factors. Medicine and Society. 2025, 38(3), pp. 86-92,107.

[8] Wu, Y. X. and Han, C. X. Research on the influencing factors of Huimin Insurance's willingness to participate in insurance in Hebei Province from the perspective of behavioral economics. Health Economics Research. 2026, 43(1), pp. 57-62.

[9] Wu, J., Dan, Y. J. and Qian, D. F. Institution-Technology-Environment: The Complex Causes and Collaborative Governance Path of the Participation Rate of 'Huimin Insurance'. Nanjing Social Sciences. 2022(10), pp. 73-83,92.

[10] Wang, Q., Zhang, T. T. and Ying, X. H. How does the collaborative governance model improve the participation rate of Huimin Insurance? - Fuzzy set qualitative comparative analysis based on 50 cases. Chinese Journal of Health Policy. 2023, 16(11), pp. 8-15.

[11] Hu, H. W., Liu, T. S. and Duan, H. The institutional logic of Huimin Insurance: mechanism, supporting tools and policy evaluation. Journal of Northwest University (Philosophy and Social Sciences Edition). 2025, 55(5), pp. 56-73.

[12] Wang, Q. Y. and Guo, M. J. Analysis of the governance model and development path of government support for the development of Huimin Insurance from the perspective of holistic governance. Chinese Journal of Health Policy. 2023, 16(11), pp. 16-23.

[13] Sun, J. and Huang, Y. F. Sustainable Development: Challenges and Suggestions. Price Theory and Practice. 2024(2), pp. 56-62.

[14] Lin, M., Li, S. E. and Ding, J. X. The enlightenment of Singapore's government-business cooperative commercial medical insurance to China's Huimin Insurance. Chinese Health Economics. 2023, 42(7), pp. 91-96.

[15] Zheng, Y. Y., Yang, M. and Fu, M. L. The enlightenment of the American Medicare social and business cooperation model to the development of "Huimin Insurance" in China. Chinese Journal of Hospital Management. 2022, 38(12), pp. 896-900.

[16] Zhang, C. H. Innovation and pricing of commercial health insurance in the new technology era. Journal of Humanities and Nature. 2025, 1(2), pp. 140-162.

[17] Cai, M. and Zhang, X. Research on the Application Status and Development of the Specific Drug Guarantee in “Huimin Insurance”--Based on Product Analysis Perspective. In 2022 2nd International Conference on Economic Development and Business Culture (ICEDBC 2022), Dali, China, 2022; pp. 1779-1786. https://doi.org/10.2991/978-94-6463-036-7_266.

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## Conflicts of Interest
The authors declare no conflict of interest.

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