

Review

AI Usage Case Study in Healthcare and Health Insurance Sector

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Abstract: Artificial Intelligence (AI) has become a transformative force in the healthcare and health insurance sectors, offering innovative solutions to improve efficiency, reduce costs, and enhance patient care. This paper examines four key applications of AI in health insurance and long-term care, analyzing their impacts from the perspectives of insurance companies, healthcare providers, and health service users. The paper highlights the role of AI in automating prior authorization processes, streamlining claims management, and providing personalized care recommendations. It also explores AI's application in high-risk pregnancy management, where predictive analytics and continuous monitoring contribute to early detection of complications, improving maternal and fetal health outcomes. Additionally, the paper discusses the challenges of ensuring AI system reliability, transparency, and fairness, as well as the importance of regulatory frameworks in maintaining patient safety and equity. By showcasing real-world case studies, this paper demonstrates how AI is revolutionizing healthcare delivery, improving operational efficiency, and ultimately enhancing the patient experience.

Keywords: predictive analytics; customer experience; risk assessment; claims processing; fraud detection; data privacy; machine learning; personalization; ethical considerations; transparency; automation; health management; chronic disease; data security; consumer trust; algorithmic governance

1. Introduction

Artificial intelligence (AI) is increasingly shaping the future of healthcare by streamlining operations and improving patient outcomes. In the realms of health insurance and long-term care, AI-driven technologies are revolutionizing processes such as risk assessment, claims management, and patient care planning. The ability to analyze vast amounts of medical and personal data allows AI to offer personalized insights, enhance decision-making, and optimize resource allocation. However, despite its promising benefits, the implementation of AI in healthcare also raises critical challenges, including data privacy concerns and algorithmic bias. This article explores the applications of AI in various healthcare domains, focusing on its impact on health insurance, long-term care, and high-risk pregnancy management, while also addressing key challenges and considerations for future research.

2. Case Study: AI-Powered Virtual Health Assistants

2.1. Introduction

AI-powered virtual health assistants are revolutionizing the way patients interact with healthcare services by providing personalized, real-time support and information. These digital tools leverage natural language processing (NLP) and machine learning to understand and respond to user queries, offering a range of services from symptom checking and appointment scheduling to medication reminders and health education. By integrating with electronic health records (EHRs) and other healthcare systems, virtual health

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assistants can provide tailored recommendations and support, enhancing the overall patient experience.

One of the primary benefits of AI-powered virtual health assistants is their ability to improve patient engagement and adherence to treatment plans. These assistants can send timely reminders for medication, follow-up appointments, and lifestyle modifications, helping patients stay on track with their healthcare regimens. For example, a virtual assistant might remind a diabetic patient to check their blood sugar levels or suggest dietary changes based on their recent health data. This continuous engagement not only improves patient outcomes but also reduces the burden on healthcare providers by automating routine tasks.

Moreover, AI-powered virtual health assistants can enhance accessibility to healthcare services, particularly for underserved populations. These tools can provide 24/7 support, answering questions and offering guidance outside of regular clinic hours. This is particularly beneficial for individuals with limited access to healthcare facilities, such as those in rural areas or with mobility issues. Additionally, virtual assistants can offer multilingual support, breaking down language barriers and ensuring that a diverse range of patients can access the information and services they need.

Despite their potential benefits, AI-powered virtual health assistants also face challenges related to data privacy and security. Handling sensitive health information requires robust security measures to protect against data breaches and unauthorized access. Ensuring that these tools comply with regulations such as the Health Insurance Portability and Accountability Act (HIPAA) is crucial to maintaining patient trust. Furthermore, there is a need to address potential biases in AI algorithms to ensure that virtual health assistants provide equitable care to all users, regardless of their demographic background.

In conclusion, AI-powered virtual health assistants offer a promising avenue for enhancing patient care and engagement in the healthcare system. By providing personalized support, improving accessibility, and automating routine tasks, these tools can significantly improve the patient experience and outcomes. However, it is essential to address challenges related to data privacy, security, and algorithmic fairness to ensure that these technologies are used responsibly and equitably.

2.2. Application

Oscar Health, an American health insurance company, has developed an AI-powered virtual health assistant that helps members navigate their healthcare needs. This assistant provides personalized recommendations, schedules appointments, and offers real-time health advice, thereby improving the overall customer experience.

Another AI in virtual health assistants is the implementation of Ada Health's AI-powered chatbot. Ada Health has developed a sophisticated virtual health assistant that leverages artificial intelligence to provide personalized health assessments and support to users. By providing personalized health assessments, 24/7 support, and data-driven insights, the virtual health assistant enhances patient engagement, improves access to care, and contributes to better health outcomes. It highlights the significant benefits of integrating AI into healthcare, making it more efficient, accessible, and patient-centered.

2.3. How It Works

2.3.1. Personalized Health Assessments

Symptom Checker: Ada Health's chatbot uses AI to interact with users, asking them a series of questions about their symptoms. Based on the responses, the AI analyzes the data to provide a personalized health assessment, which can help users understand their symptoms and decide on the next steps, such as seeking medical attention or self-care measures.

Continuous Learning: The AI system continuously learns from user interactions, improving its accuracy and effectiveness over time. This ensures that the health assessments become more precise and tailored to individual users.

2.3.2. 24/7 Availability

Instant Support: The virtual health assistant is available 24/7, providing users with immediate access to health information and support. This is particularly beneficial for users who need assistance outside of regular healthcare hours or in remote areas where access to healthcare professionals may be limited.

Reduced Wait Times: By handling routine inquiries and assessments, the AI-powered chatbot reduces the burden on healthcare providers, allowing them to focus on more complex cases and reducing wait times for appointments.

2.3.3. Enhanced Patient Engagement

Medication Reminders: The virtual assistant can send medication reminders to users, helping them adhere to their treatment plans and manage chronic conditions more effectively.

Appointment Scheduling: Users can schedule appointments with healthcare providers directly through the chatbot, streamlining the process and ensuring timely access to care.

2.3.4. Data-Driven Insights

Health Monitoring: The AI system can monitor users' health data over time, identifying trends and potential health risks. This proactive approach allows for early intervention and better management of chronic conditions.

Personalized Recommendations: Based on the analysis of user data, the virtual health assistant can provide personalized health recommendations, such as lifestyle changes, preventive measures, and follow-up actions.

2.4. Impact

Insurance Companies: The virtual assistant reduces the workload on customer service teams, allowing them to focus on more complex tasks. It also enhances customer satisfaction and retention by providing timely and accurate information.

Healthcare Providers: By streamlining administrative tasks, healthcare providers can allocate more time to patient care. The assistant also helps in better patient management by providing preliminary health assessments and recommendations.

Health Service Users: Patients benefit from immediate access to health information and support, leading to better engagement and adherence to treatment plans. This results in improved health outcomes and reduced healthcare costs.

3. Case Study: AI in Prior Authorization

3.1. Introduction

AI is revolutionizing the prior authorization process in healthcare by automating many of the manual tasks involved, thereby significantly reducing the time and effort required from both payers and providers. Prior authorization is a process where healthcare providers must obtain approval from insurance companies before administering certain treatments or services to ensure they are medically necessary and covered under the patient's plan. This process is often time-consuming and error-prone, leading to delays in patient care and increased administrative burden on healthcare providers.

One of the primary benefits of AI in prior authorization is the automation of data extraction and validation. Natural language processing (NLP) algorithms can extract key information from medical records and submitted documents, ensuring that all necessary

data is accurately captured and validated against insurance criteria. This reduces the likelihood of errors and denials due to incomplete or incorrect documentation. For instance, AI can quickly verify whether a requested treatment meets the insurer's medical necessity criteria, thereby speeding up the approval process and reducing administrative overhead.

Despite its potential benefits, AI in prior authorization also presents significant challenges. One major concern is the reliability of AI systems, which are only as good as the data and algorithms they use. If these are flawed, the results can be inaccurate, leading to inappropriate denials of care. A class-action lawsuit against UnitedHealthcare highlighted this issue, with allegations that an AI tool had a 90% error rate, resulting in the denial of medically necessary care for thousands of Medicare beneficiaries. Additionally, AI can inadvertently perpetuate biases against marginalized communities. Studies have shown that some algorithms may assign lower risk scores to Black patients compared to White patients with similar health profiles, leading to disparities in care.

To address these challenges, regulatory oversight and safeguards are being implemented. The Centers for Medicare & Medicaid Services (CMS) has issued new guidelines and regulations to ensure that AI and other automated tools adhere to specific regulatory criteria, including evidence-based guidelines and the consideration of patient-specific factors. CMS also requires that any adverse medical necessity determinations be reviewed by a qualified physician or healthcare professional, ensuring that human oversight remains a critical component of the PA process. At the state level, regulatory oversight of AI in insurance is evolving. For example, Colorado and California have established regulations for the use of algorithms in health insurance, including public listening sessions and input from various stakeholders to ensure transparency and fairness in AI decision-making processes.

In conclusion, while AI has the potential to significantly improve the efficiency and accuracy of the prior authorization process, it must be implemented with care, transparency, and oversight to ensure that it serves the best interests of patients. By marrying machine automation with human intellect, the healthcare industry can achieve more efficient prior authorizations while maintaining the quality and appropriateness of care.

3.2. Application

Health insurance companies are increasingly using AI to automate the prior authorization process. AI algorithms can quickly gather and cross-validate medical information, reducing the time required for approval and minimizing manual errors.

One notable real-world example of AI in prior authorization is the implementation of CoverMyMeds' Prior Authorization Support System. This system leverages AI to automate the prior authorization process, significantly improving efficiency and reducing administrative burdens for healthcare providers and payers alike [1].

3.3. How It Works

Data Integration and Analysis: The AI system integrates with electronic health records (EHRs) and other clinical data sources to gather relevant patient information. It uses natural language processing (NLP) to extract pertinent details from clinical notes, lab results, and other documents.

Rule-Based Decision Making: The AI applies a set of predefined rules and criteria based on insurance policies and medical necessity guidelines. These rules are continuously updated to ensure compliance with the latest standards and regulations.

Automated Submission: Once the necessary data is collected and analyzed, the AI system automatically generates and submits prior authorization requests to the appropriate payers. This process is much faster than manual submissions and reduces the likelihood of errors.

Real-Time Updates: The system provides real-time updates on the status of prior authorization requests, allowing healthcare providers to track progress and make informed decisions about patient care.

3.4. Impact

Insurance Companies: Automating prior authorization reduces administrative costs and speeds up the approval process, leading to higher operational efficiency. It also helps in reducing fraudulent claims by identifying inconsistencies in medical records.

Healthcare Providers: Providers experience faster turnaround times for approvals, allowing them to deliver timely care. This reduces the administrative burden on healthcare staff and improves patient satisfaction.

Health Service Users: Patients receive quicker access to necessary treatments and services, improving their overall healthcare experience and outcomes. This also reduces the financial strain associated with delayed treatments.

3.5. Benefits

Increased Efficiency: By automating the prior authorization process, CoverMyMeds' system reduces the time and effort required for manual submissions. This allows healthcare providers to focus more on patient care and less on administrative tasks.

Improved Accuracy: The AI system's ability to accurately extract and analyze data minimizes the risk of errors and omissions, leading to more consistent and reliable prior authorization decisions.

Enhanced Patient Care: Faster prior authorization approvals mean that patients can receive necessary treatments and procedures more quickly, improving overall health outcomes.

Cost Savings: The automation of prior authorization processes can lead to significant cost savings for healthcare providers and payers by reducing administrative overhead and streamlining workflows¹⁵⁸.

3.6. Challenges and Considerations

While the benefits are substantial, there are also challenges associated with the use of AI in prior authorization:

Data Security and Privacy: Ensuring the security and privacy of patient data is paramount. AI systems must comply with regulations such as HIPAA and implement robust security measures to protect sensitive information.

Algorithm Bias: AI systems can inadvertently perpetuate biases present in the data they are trained on. It is crucial to regularly audit and refine these systems to ensure fair and equitable decision-making.

Human Oversight: Despite the automation, human oversight remains essential to review and validate AI-generated decisions, ensuring that they align with clinical judgment and patient needs¹¹¹².

In conclusion, CoverMyMeds' Prior Authorization Support System exemplifies the transformative potential of AI in streamlining prior authorization processes, improving efficiency, accuracy, and patient care. However, it also highlights the importance of addressing challenges related to data security, algorithmic fairness, and the need for human oversight to ensure the best possible outcomes.

4. Case Study: AI in Long-Term Care Insurance

4.1. Introduction

AI is transforming the long-term care insurance sector by enhancing the accuracy of risk assessment and personalizing care plans for elderly patients. Traditionally, long-term care insurance has relied on historical data and actuarial models to predict the care needs

of policyholders. However, these methods often lack the granularity and real-time insights needed to provide accurate and personalized coverage. AI algorithms, on the other hand, can analyze vast amounts of data, including medical records, lifestyle information, and even social determinants of health, to create more precise and dynamic risk profiles.

One of the key applications of AI in long-term care insurance is predictive analytics. By leveraging machine learning models, insurers can forecast the likelihood of an individual requiring long-term care services, the duration of care needed, and the associated costs. For example, AI can analyze patterns in a patient's medical history to identify early signs of chronic conditions that may necessitate long-term care, such as dementia or mobility issues. This enables insurers to offer more tailored insurance products and pricing, ensuring that policyholders receive appropriate coverage without overpaying for unnecessary services.

Moreover, AI can improve the coordination and delivery of long-term care services. AI-powered platforms can help insurers and care providers develop personalized care plans that address the specific needs of each patient. These plans can include recommendations for home modifications, assistive devices, and caregiver support, among other services. By providing a holistic view of the patient's health and care requirements, AI enables more efficient resource allocation and better management of care services. This not only enhances the quality of care but also helps in reducing the financial burden on both insurers and patients.

Despite its potential benefits, the use of AI in long-term care insurance also raises ethical and privacy concerns. The extensive data required for AI analysis includes sensitive personal and health information, which must be handled with utmost care to ensure compliance with data protection regulations. Additionally, there is a risk that AI algorithms may inadvertently perpetuate biases, leading to unfair treatment of certain demographic groups. To mitigate these risks, insurers must implement robust data governance frameworks and ensure transparency in their AI models. Regular audits and stakeholder engagement can help in identifying and addressing potential biases, ensuring that AI is used responsibly and equitably in long-term care insurance.

In conclusion, AI holds significant promise for improving the long-term care insurance sector by enabling more accurate risk assessment, personalized care plans, and efficient service delivery. However, its implementation must be guided by strong ethical standards and regulatory oversight to protect patient privacy and ensure fairness. By leveraging AI responsibly, insurers can enhance the quality of care for elderly patients while maintaining the financial sustainability of long-term care insurance programs [2].

4.2. Application

AI is being used to improve long-term care insurance by predicting the care needs of elderly patients. AI algorithms analyze patient data to forecast the duration and type of care required, helping insurers make informed decisions about coverage and resource allocation.

One notable real-world example of AI in long-term care insurance is John Hancock's implementation of an AI-powered solution to enhance customer support and streamline administrative processes. John Hancock, a leading provider of long-term care insurance, has integrated AI to address common customer issues and questions, thereby improving the overall customer experience and operational efficiency.

The integration of AI in John Hancock's long-term care insurance services has had a profound impact on customer experience. Customers benefit from faster response times, accurate information, and personalized service, leading to higher satisfaction levels. The convenience of 24/7 support and the ability to receive instant answers to their queries enhance the overall customer experience, making it easier for them to manage their insurance policies and claims.

4.3. How It Works

4.3.1. Automated Customer Support

AI-Powered Chatbots: John Hancock has deployed AI-driven chatbots that can handle a wide range of customer inquiries, such as policy details, claim status, and coverage options. These chatbots use natural language processing (NLP) to understand and respond to customer queries in real-time, providing instant assistance and reducing the need for customers to wait for a human agent.

24/7 Availability: The AI-powered support system is available 24/7, ensuring that customers can access information and assistance at any time, which is particularly beneficial for long-term care insurance customers who may need support outside regular business hours.

4.3.2. Claims Processing and Management

Automated Claims Review: AI algorithms analyze submitted claims and supporting documents to verify their accuracy and completeness. This automated review process speeds up the claims processing time and reduces the likelihood of errors, ensuring that customers receive their benefits promptly.

Fraud Detection: The AI system is equipped with machine learning models that can detect patterns indicative of fraudulent claims. By identifying suspicious activities early, John Hancock can prevent potential fraud, saving costs and maintaining the integrity of their insurance services.

4.3.3. Personalized Policy Recommendations

Data-Driven Insights: The AI system analyzes customer data, including medical history, lifestyle factors, and financial information, to provide personalized policy recommendations. This ensures that customers receive coverage that is tailored to their specific needs and circumstances, improving customer satisfaction and retention.

Dynamic Adjustments: The AI continuously monitors customer data and can suggest policy adjustments based on changes in their health or financial situation. This proactive approach helps customers maintain optimal coverage without the need for manual reviews.

John Hancock's use of AI in long-term care insurance exemplifies how advanced technologies can transform traditional insurance services. By leveraging AI for automated customer support, claims processing, personalized policy recommendations, and operational efficiency, John Hancock has been able to enhance customer satisfaction, reduce administrative burdens, and improve overall service quality. This real-world example highlights the potential of AI to revolutionize the insurance industry, making it more responsive, efficient, and customer-centric [3].

4.4. Impact

Insurance Companies: AI enables insurers to offer personalized care plans and optimize resource allocation. This leads to more accurate risk assessment and cost management, ultimately improving profitability.

Healthcare Providers: Providers benefit from better coordination of care and resource planning. AI helps in identifying high-risk patients early, allowing for timely interventions and improved patient outcomes.

Health Service Users: Elderly patients receive tailored care plans that meet their specific needs, enhancing their quality of life. This also reduces the burden on family members and caregivers by providing appropriate support and resources.

5. Case Study: AI in High-Risk Pregnancy Management

5.1. Introduction

AI is playing a transformative role in the management of high-risk pregnancies by enhancing diagnostic accuracy, improving patient monitoring, and expanding access to care. High-risk pregnancies require specialized attention to ensure the safety and well-being of both the mother and the fetus. AI technologies, such as predictive analytics and machine learning, can help identify at-risk pregnancies early on and guide timely interventions, thereby reducing preventable maternal and neonatal complications.

One of the key applications of AI in high-risk pregnancy management is the early detection of complications. AI algorithms can analyze complex medical data, including ultrasound images, genetic information, and maternal health parameters, to identify early signs of conditions such as preeclampsia, gestational diabetes, and fetal growth restriction. For instance, AI-driven tools can process vast amounts of data to detect subtle patterns that may indicate a potential risk, allowing healthcare providers to intervene before the condition becomes severe. This early detection is crucial for improving outcomes and reducing the risk of adverse events.

AI also facilitates continuous monitoring and personalized care for high-risk pregnancies. Wearable devices and remote monitoring systems equipped with AI can track maternal health parameters in real-time, providing continuous updates to healthcare providers. These systems can alert clinicians to any changes that may require immediate attention, ensuring that patients receive timely and appropriate care. Additionally, AI-enabled telemedicine platforms can bridge healthcare gaps, particularly in underserved and rural areas, by providing access to specialized care that may not be locally available. This improves accessibility and ensures that high-risk pregnancies are managed effectively, regardless of geographical location.

Despite its potential benefits, the use of AI in high-risk pregnancy management also presents challenges that need to be addressed. One major concern is the reliability and transparency of AI algorithms. The FDA and other regulatory bodies are working to establish guidelines and standards to ensure that AI tools are validated and safe for use in clinical settings. For example, the FDA has implemented a risk-based approach to regulate AI-enabled medical devices, requiring rigorous testing and post-market surveillance to ensure their safety and efficacy. Additionally, there is a need to address issues such as data privacy and algorithmic bias to ensure that AI systems are fair and equitable for all patients.

In conclusion, AI holds significant promise for improving the management of high-risk pregnancies by enabling early detection, continuous monitoring, and personalized care. However, its implementation must be guided by robust regulatory frameworks and ethical considerations to ensure patient safety and fairness. By leveraging AI responsibly, healthcare providers can enhance the quality of care for high-risk pregnancies, leading to better outcomes for both mothers and their babies.

5.2. Application

A large health insurance company partnered with Amitech Solutions to use AI to identify high-risk pregnancies. AI algorithms analyze fetal heart rate monitoring data to predict complications early, enabling timely interventions and better management of high-risk pregnancies. Implementation of AI-powered systems by a large health insurance company in collaboration with UiPath and Amitech Solutions leverages AI to streamline the identification and management of high-risk pregnancies, significantly improving clinical outcomes and reducing costs.

It exemplifies the transformative potential of AI in healthcare. By automating risk assessment, streamlining workflows, and enhancing monitoring, the AI system improves

patient outcomes, operational efficiency, and cost savings. This real-world example highlights the significant benefits of integrating AI into high-risk pregnancy management, making it more efficient, accessible, and patient-centered.

5.3. *How it works*

5.3.1. Automated Risk Assessment

Data Processing and Analysis: The AI system uses UiPath AI Center and Document Understanding solutions to organize, interpret, and validate medical documents submitted by patients. This automated process ensures that patient data is processed quickly and accurately, allowing for timely risk assessment.

Predictive Analytics: The system employs predictive analytics models to identify high-risk pregnancies based on various factors such as medical history, pre-existing conditions, and real-time health data. This enables early identification of potential complications, allowing for prompt intervention.

5.3.2. Streamlined Workflow

Eligibility Verification: The AI system verifies patient eligibility and provider credentials, ensuring that the right patients are enrolled in the appropriate care programs. This reduces administrative burdens and ensures that high-risk patients receive the necessary care promptly.

Automated Enrollment: Once a patient is identified as high-risk, the system automatically enrolls them in the appropriate care management plan and notifies healthcare providers and care managers via email. This ensures that patients receive timely and personalized care.

5.3.3. Improved Patient Outcomes

Reduced Wait Times: By automating the risk assessment and enrollment process, the system reduces the time it takes to identify and manage high-risk pregnancies from several weeks to just minutes. This rapid response is crucial in high-risk pregnancy management, where timely intervention can significantly improve outcomes.

Enhanced Monitoring: The AI system can continuously monitor patients' health data, providing real-time updates to healthcare providers. This allows for proactive management of high-risk pregnancies, reducing the likelihood of complications and improving maternal and fetal health outcomes.

5.3.4. Cost Savings

Efficient Resource Utilization: By automating routine tasks and streamlining workflows, the AI system reduces the administrative burden on healthcare providers, allowing them to focus on more complex cases. This improves overall operational efficiency and reduces healthcare costs.

Preventive Care: Early identification and management of high-risk pregnancies can prevent costly complications and reduce the need for emergency interventions, leading to significant cost savings for both healthcare providers and patients.

5.4. *Impact*

Insurance Companies: Early identification of high-risk pregnancies reduces the likelihood of complications, leading to lower healthcare costs. It also improves customer satisfaction by providing proactive and personalized care.

Healthcare Providers: Providers can deliver timely and appropriate care, reducing the risk of adverse outcomes. This also helps in better resource allocation and planning for high-risk pregnancies.

Health Service Users: Pregnant women benefit from early detection of complications, leading to better health outcomes for both mother and child. This reduces the emotional and financial stress associated with high-risk pregnancies [4].

6. Conclusion

AI applications in health insurance and long-term care are revolutionizing the healthcare sector by improving efficiency, reducing costs, and enhancing patient care. From virtual health assistants to AI-powered prior authorization and high-risk pregnancy management, these innovations offer significant benefits to insurance companies, healthcare providers, and health service users alike. As AI continues to evolve, its role in healthcare will become increasingly vital, driving better outcomes and transforming the healthcare landscape.

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