



INTERNATIONAL FEDERATION
OF HEALTH PLANS

▲ AI in Health Insurance

The iFHP Global Benchmark Report 2026

Who We Are

International Federation of Health Plans (iFHP) is a global association of health insurers and payers dedicated to strengthening private healthcare systems through collaboration, knowledge exchange and shared learning. Our network spans more than 40 countries and includes health plans, third-party administrators, and HMOs of all sizes, ranging from national funds to multinational organisations.



AI in Health Insurance

The iFHP Global Benchmark Report 2026

This report benchmarks how health insurers across the iFHP membership are adopting artificial intelligence, focusing on where AI is being deployed, how maturity develops across organisations, and what distinguishes progress that endures from activity that stalls. The analysis is based on interviews with senior executives across regions and business models, complemented by structured scoring across five dimensions: AI implementation, digital infrastructure, innovation practice, talent development, and culture, regulation and internal governance.

Key points for Boards and CEOs

Build governance, data platforms and skills alongside pilots, not after them.

Operational gains are easiest to achieve, but sustainable scale depends on auditability, model oversight and reliable data pipelines being designed in from the start.

Do not assess AI maturity by use cases alone. A small number of deployments can sit on strong foundations, while multiple pilots without clear processes and ownership are difficult to embed or extend.

Design processes before automating them. AI magnifies existing workflow strengths and weaknesses. Poorly defined or fragmented processes will scale inefficiency and risk, not value.

Be explicit about sequencing, risk appetite and accountability. Decide where speed is appropriate, where caution is required, and where human judgement must remain the final decision point.

A non-linear picture of adoption

A central finding is that AI adoption in health insurance is not a linear journey. Insurers do not progress up a single maturity ladder. Instead, capabilities develop unevenly across functions and foundations. An organisation may be advanced in operational automation but still early in workforce capability or member engagement. Others invest heavily in platforms and governance, accepting slower visible progress in exchange for greater long-term scalability.

This non-linearity reflects deliberate choices as much as constraint. Regulatory exposure, legacy systems, data fragmentation, and workforce readiness shape where insurers move first and where they proceed cautiously. As a result, apparent gaps in maturity often mask intentional sequencing rather than lack of ambition.

To make sense of this landscape, the report distinguishes between two layers of adoption. The visible layer consists of live use cases across operations, pricing, engagement and early strategic or clinical pilots. The capability layer includes the infrastructure, governance, talent and culture that determine whether those use cases can embed and scale. ►



Insurers that focus only on the visible layer often underestimate their true readiness or overestimate their progress.

Where AI is being used today

Across the membership, AI use cases cluster into five domains, each progressing at a different pace.

Business operations and enabling functions are the most mature and widespread. Insurers prioritise high-volume, repetitive and verifiable processes such as claims intake, document handling, call summarisation, IT operations monitoring, invoice review and contract analysis. These areas offer fast payback, measurable efficiency gains and relatively low regulatory and reputational risk. Small improvements compound at scale, freeing staff capacity and improving data quality. For many insurers, success here provides the proof points that unlock wider investment.

Pricing and risk functions show moderate adoption, largely in an assistive rather than automated mode. AI is used to accelerate analysis, simulate scenarios and surface insights, while formal decision rights remain with actuaries and risk committees. This reflects both cultural norms and accountability requirements. Where these controls are clear, insurers report meaningful reductions in time to insight without diluting governance.

Member engagement attracts high interest but remains low in maturity. Insurers are piloting chatbots, guided digital journeys, preventive nudges and compliance monitoring, drawn by the potential to improve satisfaction, retention and outcomes. Progress is slower because errors at the point of member interaction carry high trust and reputational risk. Stronger measurement, clearer ownership and robust escalation models are prerequisites for scaling.

Strategic and clinical applications are rare and experimental. These use cases touch benefit design, care pathways and long-term risk, requiring longitudinal data, robust platforms and clinical or actuarial judgement. Benefits accrue over longer horizons and are harder to measure. Even insurers

with strong strategic intent often lag here because the foundations are not yet in place.

Product and market innovation is uneven and often partner-led. Where it appears, AI supports competitive intelligence, contract analysis or API-first products designed with AI embedded from the outset. Success depends heavily on access to comparable external data or partners that can absorb build complexity. For a small group of insurers, this work shapes market positioning rather than simply improving efficiency.

Why maturity differs by domain

The evidence points to consistent drivers behind these patterns. Early wins cluster in low-risk operational tasks that are easy to verify and measure. Member-facing and clinical use cases demand different data, governance and skills, and face higher scrutiny. Fragmented platforms push teams towards vendor solutions that accelerate early value but can slow internal capability growth. The cases that scale reliably are those that augment human judgement with clear hand-offs and audit trails. Attempts at full autonomy face approval headwinds, especially in regulated environments.

Local market rules further shape outcomes. Similar ideas mature at different speeds across jurisdictions, creating variation that cannot be explained by technology alone.

Foundations matter as much as use cases

Across all dimensions, the report finds that durable progress depends on foundations being built in parallel with experimentation.

Digital infrastructure remains a critical constraint and enabler. Most insurers operate in foundational or transitional states, combining legacy cores with modern cloud platforms. Advanced organisations treat infrastructure as a strategic capability, with standardised data architectures, repeatable pipelines and data treated as a product. These environments allow pilots to move into production without wholesale re-engineering and support both experimentation and scale. ►



Innovation practice follows multiple pathways rather than a single sequence. Staff-led experimentation, external collaboration and strategic investment are used in different combinations depending on starting point and ambition. The strongest performers use pilots as learning mechanisms, not just business cases, and treat vendors as capability partners rather than substitutes for internal development.

Talent development shows wide variation behind similar headline scores. Some insurers invest in in-house labs and research hubs, others rely on universities, grow-your-own pipelines or selective vendor use. What distinguishes resilience is not headcount alone, but whether talent strategies are coherent, context-specific and tied to visible, meaningful work. Broad AI literacy, not just specialist depth, shapes adoption speed and organisational confidence.

Culture and change management emerge as decisive. Insurers that frame AI as augmentation rather than replacement, provide safe environments for experimentation, and involve frontline staff early see less resistance and more grounded use cases. Where automation is paired with credible redeployment into higher-value roles, trust is easier to sustain.

Governance and regulation are evolving but catching up. Most insurers have begun to formalise oversight through committees, registers and integration into existing risk and compliance structures.

The direction of travel is towards coherent, lifecycle-based governance rather than fragmented checklists. In a context of regulatory uncertainty, credible self-governance is becoming a source of strategic advantage.

Implications for insurers

Taken together, the findings suggest an industry moving at different speeds along intersecting routes. Insurers that acknowledge non-linearity, invest in strong foundations, and make deliberate choices about where to move early and where to proceed cautiously are capturing more value from AI. Those that wait for consensus or attempt to copy use cases without building underlying capability risk falling behind, both operationally and strategically.

Over the next two years, two broad patterns are likely to coexist. Many insurers will continue incremental consolidation, deepening operational automation while modernising platforms and skills. A smaller group will pursue accelerated strategic integration, embedding AI into pricing, product design and engagement where regulation allows. In both cases, infrastructure, talent, governance and culture remain the critical enablers.

This report should be read as a starting point. Its purpose is to provide a realistic map of where AI adoption stands in health insurance today, what explains the unevenness, and what distinguishes progress that lasts from activity that does not.



Our Purpose

Through comparative studies, member forums and global knowledge sharing, iFHP helps strengthen healthcare financing across its membership. Our purpose is to catalyse health insurers to promote equitable access to healthcare while ensuring the sustainability of private health systems.

Our Members

iFHP's membership spans a wide range of health insurance organisations across the globe. These members are united by a shared goal of advancing effective and sustainable healthcare systems. By sharing insights, data and best practices, our members work together to advance their shared capability, as demonstrated in this comparative report.