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# **HOW CAN AI FACILITATE THE DEVELOPMENT OF MARKET RESEARCH TECHNIQUES BY COMPARING THE SPANISH AND USA INSURANCE SECTORS?**

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## **ABSTRACT**

The integration of Artificial Intelligence (AI) into business processes is changing how companies carry out market research. In the insurance industry, where consumer behaviour, regulations, and market structures vary widely depending on the country, AI's role in optimizing market analysis can be of great importance. However, there is limited research comparing how AI can enhance market research across different insurance markets. This thesis examines the Spanish and United States (USA) insurance markets, which present noticeable structural contrasts: the USA market is highly privatized and competitive, while the Spanish market is highly public sector-driven, especially regarding health insurance. These differences provide an opportunity to explore how AI can give custom, data-driven conclusions to better conduct consumer segmentation, pricing mechanisms, and brand positioning.

Through this comparative analysis, the research aims to contribute to international business literature by showing how AI can improve market research techniques in various regulatory and economic environments.

**Keywords:** Artificial Intelligence (AI); Market Research; Insurance Industry; Consumer Behaviour; Comparative Analysis

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# 1. INTRODUCTION

## 1.1 Background and Context

Artificial Intelligence (AI) is being integrated into business functions across industries, revolutionizing how organizations obtain and process information (Murphy, 2025). In market research, AI technologies offer the ability to process large amounts of data, detect patterns, and generate insights with greater speed and profundity than traditional techniques. This has opened up new avenues for companies to discover consumer behaviours and market patterns more efficiently (Nationwide, 2024). But nowhere is the impact of AI more evident than in data-intensive industries like insurance, where firms handle high amounts of customer and claims data and are under pressure to make data-driven decisions. The insurance industry provides a fascinating context to study AI-based market research due to the wide usage of data and the disparate nature of insurance markets globally. The United States (US) has the world's biggest insurance industry, writing nearly 58% of the world's insurance premiums as of 2022 (Rudden, 2025) characterized by a very competitive, privatized market structure. US health insurance is mostly provided by private insurers, and individuals usually obtain coverage through employers or private exchanges in the absence of a universal public system. By comparison, the insurance sector in Spain, although among the world's largest, operates in a more regulated framework as a member of the European Union (Fitch Ratings, 2024). Spain has a national health system, with private health insurance being complementary, and approximately 12 million Spaniards (some 25% of the population) having private health policies in addition to public coverage (AP News, 2023). This difference in the public and private sector roles in the two nations leads to contrasting consumer attitudes and market dynamics.

For example, the most common reason for purchasing private health insurance in Spain may be related to the search for faster access or specialist services, whereas in the US it is often a requirement for obtaining basic healthcare. These structural differences between the US and Spanish markets make them easy to compare.

The large size and privatization of the US market have promoted intense competition and innovation, including early adoption of AI tools. Meanwhile, Spain's market, governed by EU regulations like Solvency II, emphasizes stability and consumer protection, influencing technology adoption and data practices. Notably, both nations' insurers are increasingly using AI across a range of operations. In Europe, close to 50% of insurers report they use AI in non-life insurance lines (with even more planning to implement it in the near term) (Barberá, 2024). Adoption in the US is even more robust, a recent industry survey of insurance firms by Conning discovered 77% at some stage of adopting AI into their value chain (R&I Editorial Team, 2024). Insurers are leveraging AI for tasks ranging from customer service chatbots to fraud detection and underwriting automation. According to Hawkins (2024), head of insurance research at Conning, insurers are motivated by efficiency gains and the unprecedented availability of data, making AI a “crucial technology” for managing that data and improving decision-making (R&I Editorial Team, 2024). In brief, the setting for this research lies at the juncture of two trends: the revolution in market research through AI, and the comparison between the US and Spanish insurance markets.

The juncture of these trends raises vital questions: How can AI-driven approaches be leveraged to more effectively understand insurance consumers and markets? And to what extent are country-specific conditions (including regulation, data availability, and consumer behaviour) moderating the effectiveness of these AI approaches? This context sets the scene for investigating how AI can facilitate market research in insurance by comparing a European market with a large public component (Spain) and a large competitive market with predominantly private provision (USA).

## **1.2 Problem Statement**

Despite the promise of AI in enhancing market research, there is a substantial knowledge gap as to how AI-driven research techniques perform in diverse market environments. Traditional market research in insurance, like surveys, focus groups, and statistical modelling, has well-known limitations in terms of time, cost, and sometimes geographic bias. AI technologies (including machine learning algorithms and conversational AI like chatbots) hold the potential to augment or even replace some of these traditional methods by parsing consumer data quickly, predicting trends, and generating insights. But it remains unclear the extent to which these AI-driven techniques can capture market nuances, especially in highly differentiated markets like Spain and the US. The core problem this thesis addresses is the lack of comparative knowledge on AI's role in market research within different insurance sector contexts. Prior research has examined AI applications in insurance (e.g. for underwriting or claims) and AI in marketing analytics, but few studies have combined these streams to look at market research specifically, and even fewer have done so from a cross-country perspective, which leads to defining the primary objective of this thesis that is mentioned in the following section.

These uncertainties surrounding the research topic point to a broader problem: organizations will overestimate or underestimate the promise of AI in market research if they are not aware of the contextual considerations at play. For instance, an AI model trained on US insurance data will not generalize to Spain due to different consumer behaviours or regulatory constraints, leading to erroneous conclusions. Or valuable efficiencies will go unrealized if firms hesitate to use AI for market insights because its usefulness in one context (e.g., the US) has not been tested in another (Spain). Briefly, then, the problem can be stated as follows: there is a need to understand how AI may be leveraged to facilitate and augment market research techniques in the insurance sector across different national contexts. This includes a need for empirical evidence on whether AI tools can create comparable insights to traditional methods (such as direct surveys) and how country-specific dynamics mediate those outcomes. It is necessary to resolve this problem for the sake of academia, to fill a gap in the literature, and for practitioners interested in leveraging AI to gain strategic market knowledge in an international setting.

## **1.3 Research Objectives and Questions**

The primary objective of this research is to examine how AI facilitates, enhances, and differentiates market research techniques by identifying key market differences between the Spanish and USA insurance sectors. The study will address the following key research questions:

1. How does AI-driven market research compare to traditional methodologies in the insurance industry?
2. How can AI-based market insights be more precise in one market than another, comparing Spain and the USA?
3. Can AI improve market research efficiency, reducing costs and increasing effectiveness in these two markets?
4. To what extent can AI complement or replace traditional research techniques in highly regulated markets?

The research hypothesizes that AI-powered market research techniques can effectively identify and analyse differences in consumer behaviour, regulatory influences, and brand perception between the Spanish and the USA insurance industries. Additionally, it is expected that AI-driven methodologies will outperform traditional market research in terms of speed, accuracy, and cost-effectiveness.

#### **1.4 Significance of the Study: The importance of a comparative analysis between the Spanish and USA insurance sectors.**

This study is significant on multiple fronts. At the academic level, it contributes to the intersection of three fields, market research methodology, artificial intelligence, and international insurance studies, where the literature is limited. By conducting a comparative study between Spain and the USA, the study will enlighten us on whether AI-based market research techniques are one-size-fits-all or need to be tailored to dominant market situations. Cross-national comparisons can be helpful in pointing up context-dependent information that might be overlooked by single-country analysis; they allow researchers to see how factors like culture, regulation, and infrastructure technology influence outcomes (Lenihan & Mulligan, 2025). There is enormous potential for learning from each other in this strategy, what is learned in one market can be applied to the other, and vice versa, providing a richer picture than studying either market separately (Salway et al., 2011). This comparative element is a void in the existing literature and can potentially set the standard for subsequent research across other segments of the industry.

The relevance of this research also comes from evaluating AI as a change agent to market research. If AI can model or predict consumers' preferences and behaviours with some value, it can effectively revolutionize the way insurance companies conduct market research, it can become faster, cheaper, and more responsive. But if there are topics where AI is lacking knowing these will be just as useful. The results will add to theoretical understanding by demonstrating the capabilities and limitations of AI-based research across various contexts, thus adding sophistication to sweeping assertions that AI "revolutionizes" market analysis. It will also educate the literature with insights relevant to the mid-2020s, an era of rapid AI advancement and pandemic-induced changes in consumer behaviour. In real terms, this research supplies important implications for industry stakeholders in Spain and the US. Insurance companies operating in competitive markets need good market intelligence to make product development choices, price, and marketing strategy on. By understanding how AI can make such intelligence a reality, businesses can improve strategic planning. For example, if the

study finds that AI analytics can quickly identify emerging consumer patterns in the US but require greater data tailoring for Spain, insurers can allocate resources accordingly when expanding or comparing global operations. The comparative findings would help multinational insurers to customize their market research approach to suit the conditions of each nation, leading to improved customer interaction and product-market fit. Regulators and policymakers also stand to benefit from the study, for instance, learning how data protection law or open data policy in each nation influences the efficiency of AI in research can inform policy reform to stimulate innovation while protecting consumers. Finally, this thesis contributes to the general societal and economic objectives. It responds to innovation in business (UN Sustainable Development Goal 9) by examining how AI can improve business research processes, and decent work and economic growth (SDG 8) by being capable of potentially enabling businesses to better serve consumers and operate more efficiently. In an increasingly customer-and data-focused insurance sector, the significance of leveraging the newest AI tools to know markets cannot be overstated. Through providing a comparative review, this research avoids allowing findings to be restricted to a single-market perspective but strengthens them across different frameworks. Briefly, the research will be capable of making both a contribution to knowledge and a contribution to practice: it will fill an essential gap in scholarly literature and offer practical guidance on how to employ AI in market research for multicultural insurance markets.

### **1.5 Scope and Limitations: what will and won't be covered.**

The thesis is interested in market research using AI applied in the insurance industry, comparing two countries, Spain and United States. The scope is tailored to examine health insurance as the main segment for comparison because high consumer engagement is witnessed in health insurance and reflects structural differences between the US and Spanish systems.

The study will examine AI-enabled techniques such as AI-enabled surveys or simulations, determining how these techniques can identify consumer needs, preferences, and trends within each nation. The research includes a quantitative component in the form of surveys answered by insurance consumers in Spain and the US, as well as an AI component where a generative AI (ChatGPT) is used to predict market responses. By comparing AI-generated insights with actual survey findings, the study stays within the scope of assessing AI's capabilities as a market research tool. Chapter 2 of this study includes key AI and market research concepts, common applications of AI in market analysis, characteristics of the Spanish and US insurance sectors, and research design approaches, all of which inform the research design.

Several limitations must be acknowledged. First, the relative nature of the investigation for this study implies findings will be particular to the Spain-US setting. This specific work concerns only health insurance marketplace studies, other types of insurance are beyond this current study and could represent its limitations in terms of applicability of relevance.

Second, in looking at the performance of AI as an instrument in market research, the research is limited to the current AI models and their current capabilities (such as the current version of ChatGPT Plus as of 2025). Since AI technology is rapidly evolving, outcomes must be

considered against today's state of the technology; future technical breakthroughs might solve some of the constraints indicated, or other problems could develop.

There are also methodological constraints. Spain and US surveys are vulnerable to typical survey limitations, response bias and sample representativeness. Every effort was made to obtain a representative and diverse sample of insurance consumers in each country, but there were pragmatic constraints (time, access, response rates) that lead to biases. Finally, the size of the sample being of 125 people surveyed in Spain and 105 in the US.

In the same way, the AI forecast is limited by its training data, which are likely not to represent the cultural background of Spanish or American participants. The study does not involve developing new AI algorithms but uses an existing AI, which means that if the AI system is already biased or lacks knowledge, then that is what will shape the outcomes. Another limitation relates to data privacy and availability differences: Spanish industry practice and EU regulations (GDPR) may restrict applications of certain data that are less restrictive in the US. While an interesting aspect of the comparison, it also implies the input data to the AI can differ for each country, which can influence results. Finally, scope and resource limitations mean the study focuses on low-cost AI tools to set the scene for the potential in the rest of the industry.

Briefly, this thesis is going to describe what AI can accomplish in insurance market research in Spain versus the US, but not all insurance lines, all countries, or all AI tools. The results will need to be interpreted within those constraints. Any conclusions that are derived will include warnings regarding how such limitations affected the study and future research recommendations to expand or narrow down the analysis.

## **1.6 Structure of the Thesis**

The thesis is organized in several chapters, each addressing a component of the research question:

### **Chapter 1: Introduction**

This chapter sets the context of the thesis, including the background and environment for the study (Section 1.1), problem statement (Section 1.2), research questions and objectives (Section 1.3), significance of the study (Section 1.4), scope and limitations (Section 1.5), and the outline of the structure of the thesis (Section 1.6). This opening sets the context for why the subject matters and what issues will be addressed specifically.

### **Chapter 2: Literature Review**

In this chapter, the relevant literature and theory will be reviewed. It is also sub-divided into subsections that talk about the theoretical background (Section 2.1), application of AI in market research (2.2), key findings of the Spanish and USA insurance market (2.3), findings of comparative study research in related areas (2.4), and knowledge gaps discovered (2.5). Together, these areas constitute the conceptual foundation and indicate where this research will contribute new knowledge.

### Chapter 3: Research Methodology

This chapter will outline the research design and methods. It will explain the justification for adopting a comparative case study design using Spain and the US. The chapter will detail the market survey design used in each country, sampling approach, and questionnaire structure, which are literature-based and tailored to each market. It will detail how AI (ChatGPT) is used to provide predictions or analysis outcomes for comparison. Data collection tools, tools utilized, and analysis tools will be outlined. Ethical concerns (e.g., informed consent of people taking the surveys and compliance with data protection laws) and measures taken to ensure reliability and validity will be addressed in this chapter.

### Chapter 4: Results and Analysis

In this chapter the results of the Spanish and US surveys will be presented, including its variables. These results will then be compared to the AI-predicted results. The analysis will highlight trends and differences: where AI predictions aligned well with reality and where they did not. It will also cross-compare the two countries' data to see how conclusions from market research (human-driven or AI-driven) differ between the USA and Spain. Any surprises or nuances be examined in detail. The comparative analysis is the focal point here.

This chapter also explains the findings against the backdrop of the research questions and literature covered. It will examine what the findings say about the potential for AI to make market research possible, and it will look back into the theoretical framework, deciding whether the results strengthen or invalidate existing theory and expectations. It will also explicitly respond to each of the research questions posed, bringing together evidence from both nations. The results cross-nation will be addressed to draw conclusions about the role of contextual factors.

### Chapter 5: Conclusion

The final chapter will provide a shortened conclusion to the research, summarizing the key findings and what they mean. It will address the general question of "How can AI improve the development of market research techniques in the insurance sector, concerning a Spain-USA comparison?", synthesizing the findings derived. The chapter sets out the thesis's academic and industry contributions. The limitations of the study are addressed with suggestions for how future research can build on this research. The chapter will also provide practical guidance to insurance firms and market researchers.

Finally, the thesis will finish by remarking on the evolving nature of AI within business research and the need for continuous learning and adaptation as markets and technology shift. By following this structure, the thesis ensures a logical progression from establishing why the research is needed, through what is already known, to how the research was conducted, what was found, and what it means. Each chapter builds on the previous ones, providing the reader with a distinct narrative from problem identification to the development of new knowledge and practical recommendations.

## 2. SECOND SECTION

### 2.1 Theoretical Framework: key concepts related to AI, market research techniques, and their intersection in the insurance industry

This chapter outlines the key concepts and theories underpinning the research, with a focus on Artificial Intelligence (AI), market research techniques, and their integration into the use of the insurance industry. These concepts form the theoretical context in which the research questions will be examined.

Artificial Intelligence (AI): AI is commonly defined as computer systems or machines that exhibit capabilities of human intelligence, such as learning, reasoning, problem-solving, and pattern recognition. In practice, AI is a loose grouping of numerous different technologies, from machine learning algorithms that recognize patterns in large data sets, to NLP models that read and generate human language, to more specialized techniques like computer vision. A useful conceptual distinction is between narrow AI (systems designed for specific tasks, like a model that only detects insurance fraud) and general AI (a more hypothetical system with broad, human-level intelligence). Most AI being applied in business today is narrow AI, which is skilled at certain tasks via training on vast data. A particular subfield of interest to this thesis is generative AI, exemplified in models like GPT-4 that can produce human-like text and thus simulate conversation or written reports. Generative AI can be thought of as an advanced spinoff of NLP, capable of generating survey questions, summarizing data, or even predicting how people are likely to respond to specific questions. The conceptual foundation for learning about the role of AI here draws on computer science and information systems theory, particularly the idea that AI will augment human decision-making. Rather than displacing human analysts altogether, AI in many instances is seen as something that will do dull or exceedingly complex calculations and thus complement human expertise (Murphy, 2025)

For instance, AI can rapidly analyse thousands of consumer comments or behaviours to detect trends, which an individual could not efficiently do unaided.

In the insurance sector, AI's rise is supported by the industry's longstanding use of statistical models; insurers have historically been "data-driven" (e.g. actuarial science), and modern AI is an evolution of this, using computational power and advanced algorithms to drive insights. Theoretic expectation is that AI, if properly harnessed, should improve efficiency (by automating analysis), accuracy (by revealing non-intuitive patterns in data), and possibly even predictive insight in market research (Bhattacharya et al., 2025). Theory also alerts us to limitations: issues of algorithmic bias, the need for explainability (especially in regulated domains like insurance), and the risk that AI does not possess the tacit knowledge or common sense that human experts draw upon in interpreting data. These factors compel us to approach AI theoretically as a valuable but imperfect tool in the research process, one that works best in tandem with human judgment (Murphy, 2025)

**Market Research Methods:** Market research is the systematic collection, analysis, and interpretation of market data regarding consumers' needs and preferences, competitors, and the effectiveness of marketing programs.

Traditional market research techniques in insurance are similar to those in any other sector: they include qualitative techniques (e.g., focus group discussions, in-depth interviews with customers, ethnographies of consumer insurance decision-making) and quantitative techniques (e.g., surveys with structured questionnaires, analysis of sales and demographic data, statistical modelling).

They are founded in social science research methods and marketing theory. For example, survey research often depends on questionnaire design theory and sampling theory to come to unbiased, valid conclusions about a population. Focus groups utilize psychology and sociology to gain multifaceted opinions and emotional motivators. One of the main concepts in market research is the insight, a deep understanding of what customers want and why they behave the way they do. The insurance market presents some unique difficulties and concepts for market research: insurance offerings are intangible and complex, their value is often realized in hypothetical future circumstances (claims time), and the behaviour of purchasers may be influenced by abstractions like trust and risk aversion. Concepts like risk perception, customer perceived value, and policyholder trust are applicable in the context of investigating insurance markets. Additionally, researchers in the insurance market must control for regulatory issues (i.e., how do policies like mandatory health coverage or price controls affect consumer choice?) and product complexity (insurance is a difficult product for many consumers to comprehend, which affects their behaviour in the research setting). Traditional theory would suggest that successful market research in insurance involves breaking down complex questions into simpler ones for consumers and perhaps introducing educational stimuli. It also tends to involve segmenting the market (by demographics, risk profile, etc.) because insurance requirements vary between segments considerably. In this thesis, these marketing research fundamentals guide the design of the surveys and the determination of what would constitute a valuable insight.

**Intersection of AI and Market Research:** At the core of our theoretical framework is the way AI intersects with market research practices to potentially engender new methods. This coming together can be placed in the context of Augmented Analytics, a recent term that explains the use of machine learning and AI in data analysis and business intelligence. Instead of making researchers manually sift through survey responses or interview transcripts, AI can be used to perform tasks like sentiment analysis, trend analysis, clustering of respondents into segments, and even hypothesis generation. In theory, AI could transform quantitative research by handling big data, for example, sorting through millions of social media posts about insurance to gauge the public sentiment, a task in line with "social listening." It also has an impact on qualitative research: AI language models can summarize open-ended survey responses or find themes in focus group transcripts, accelerating qualitative data (Team Insights, 2023). There is also a theoretical case for using AI for predictive market research, that is, not just accounting for what consumers say or do, but predicting what they will do in the future.

Predictive modelling already exists in advanced market research (with techniques like regression or conjoint analysis), but AI (and especially machine learning) can take prediction to the next level by detecting non-linear relationships and interactions in the data that would be missed by traditional models.

For example, an AI can identify that a certain combination of variables, say age, income, and number of mobile apps used, is a good predictor of the likelihood of a customer buying insurance online, which might not have been readily apparent to a human analyst.

The Technology Acceptance Model (TAM) and related theories (e.g., the Unified Theory of Acceptance and Use of Technology, UTAUT) provide a framework for the potential acceptance by customers of AI-powered interaction (i.e., whether AI is used in surveying customers using a chatbot, their comfort with technology will play a role).

Although TAM concerns people's usage of technology, it helps indirectly to consider taking into perspective cultural differences (US vs Spain) in comfort with AI or online tools in responding to AI-administered research.

Another theoretical standpoint is comparative research methodology: since the research compares two countries, we take inspiration from cross-cultural research. Among them is contextualization, the idea that information must be interpreted within the social, cultural, and economic context of each country. Theories of international marketing suggest that variations in consumer behaviour often derive from cultural dimensions (individualism, uncertainty avoidance, etc., in Hofstede's theory) and stages of market development. Thus, theoretically, AI's effectiveness in market research could vary because it might not inherently account for these contextual nuances unless trained to do so. For instance, Spanish respondents might interpret survey questions differently than American respondents due to language subtleties or norms about surveys, which a generic AI might not fully grasp. This means our framework must consider the possibility of bias, both in traditional research and AI. Bias in traditional surveys can be questioning wording or sampling; bias in AI can be training data that underrepresents certain groups or realities. We are relying on the theoretical assumption that rigorous comparative studies must seek equivalence, ensuring we are measuring the same thing in Spain and the US. This is practically achieved through careful translation of questionnaires (to achieve conceptual equivalence) and carefully prompting the AI model with context for each country when asking it to generate insights. In summary, this thesis is multidisciplinary in theory. It assumes that AI is a good analysis tool (from computer science theory of algorithms and data), that market research has sound ways of interpreting consumers (from marketing and social science theory), and that cross-country comparison requires sensitivity to context (from international business and comparative research theory).

The working hypothesis from this framework is that AI can facilitate market research by assuming data-heavy tasks, improving speed, area, and potentially accuracy of insight generation, but that it must be applied thoughtfully, with an understanding of its limitations and need for human interpretation. Particularly in the insurance industry, where precision and confidence mean everything, any AI-driven research technique must be pitted against traditional techniques to ascertain its effectiveness. This naturally leads us to our investigation

of how AI-derived intelligence stacks up against actual survey figures in two significantly different insurance markets.

## **2.2 AI in Market Research: current AI applications in market research and their transformative potential.**

Artificial Intelligence is being used more and more to augment and even reinvent conventional market research methods. This chapter summarizes existing AI uses in market research and explores their revolutionary potential, providing a background for considering these uses in the insurance field.

**Automation and Efficiency in Data Collection:** Perhaps the most direct effect of AI on market research is the automation of data collection. AI-powered tools can scrape and pull data from online sources (social media, forums, customer reviews) that are relevant to a company's market. In insurance, this can include monitoring customer opinions on Twitter about an insurance product or using AI web crawlers to monitor competitors' price or coverage adjustments. AI chatbots are also now a vehicle for surveying and communicating with respondents in a more interactive format. A chatbot can ask questions in natural language, request clarification of answers, and follow up more in-depth based on previous answers. This could improve respondent engagement and potentially data quality. The efficiency gains here are immense: AI can handle thousands of these interactions simultaneously without human involvement. Studies have indicated that AI algorithms can be used to collect and analyse consumer and competitive data, identifying trends and even new product possibilities (Nationwide, 2024). What this implies is that AI not only speeds up data collection but can start to interpret it in real time, flagging, for example, an increase in consumers asking about a particular kind of coverage.

**Data Analysis and Pattern Recognition:** Perhaps the greatest strength of AI in market research lies in analysing large, complex datasets far beyond the capacity of manual analysis. Traditional market research might involve analysing survey results in a spreadsheet or conducting thematic coding on dozens of interview transcripts. AI blows past those limits. Machine learning algorithms, especially in the predictive analytics domain, can go through vast quantities of data to detect patterns. An AI cluster analysis in a market research case might perceive new customer segments by behaviour and preference that were not visible previously. AI can handle high-dimensional data (many variables) and detect non-linear relationships. One area where AI has succeeded is customer segmentation; AI can integrate social media, survey, and customer database data to segment customers in more useful ways (Team Insights, 2023). What we want to know in this study is whether AI can take integrated data and create the similar results a human analyst would.

Past applications show that AI can sort open-ended survey questions by sentiment or topic extremely quickly, faster than having humans read each response, and maybe more consistent (no human error or fatigue). That being said, AI pattern recognition is only as good as the data, it can find adulterated patterns if not guided by research objectives, partly why human oversight is still necessary. And predictive modelling is one area where AI is truly game-changing for

market research: using historical data to predict future consumer behaviour. Existing AI systems can be trained on past campaign results or market tests to forecast results, for example, which customers are most likely to respond to a new offer for an insurance product (Team Insights, 2023). This moves market research from a descriptive or diagnostic role to a predictive role, enabling proactive strategy. For example, an insurer might use AI to predict churn (which customers are most likely to leave) and then direct qualitative research or tailored marketing to those customers.

The disruptive potential here is that market research is no longer a passive exercise; AI systems can learn and update conclusions in real time as new data arrives, rather than static reports that are out of date quickly.

**Deeper Qualitative Insights:** Qualitative research has never been anything but a time-consuming endeavour - transcribing interviews, coding text, identifying themes - usually with small sample sizes. AI is changing that with the application of NLP (Natural Language Processing) to qualitative data. Some programs can transcribe audio recordings of focus groups through speech recognition and code the text. They can identify frequently mentioned concepts, sentiment shifts, or even recognize when participants are disagreeing or agreeing (via tone or keywords). While an AI will not grasp context in the same way a human moderator would, it can dramatically speed up the process of digesting what was said. For example, if 10 focus groups on attitudes to life insurance were held in Spain and the US, an AI can rapidly compare the transcripts and tell us that Spanish groups discussed more "government" and "public system" while US groups discussed more "cost" and "employment benefits," measuring these disparities. This provides the researcher with leads on significant themes to pursue in greater depth. AI can even summarize qualitative data (Team Insights, 2023). Try entering 100 open-ended survey responses; an AI summary might be: "Main issues cited by customers are high price, policy conditions that are difficult to interpret, and slow customer service response." This allows researchers to grasp the essence without reading each response individually, again demonstrating the efficiency advantage. Especially, AI can reduce human bias in qualitative data interpretation; it analytically processes the data rather than through the eyes of an individual researcher, but one would have to ensure the AI is unbiased (e.g., not misinterpreting colloquialisms or sarcasm).

**Real-Time and Ongoing Research:** Traditional market research is typically periodic. AI enables a shift towards real-time market research. Companies can create dashboards where AI algorithms continuously process incoming information (like social media mentions, web analytics, real-time campaign metrics, and continuous mini polls) to provide up-to-the-minute intelligence. In insurance, for example, this might be real-time tracking of customer inquiries: when a large volume of customers suddenly asks about coverage for some event (e.g., pandemic or natural disaster), the AI flags this trend right away, effectively serving as an early warning system for emerging concerns.

This real-time pulse-taking is revolutionary in the sense that it enables companies to react much more quickly to market changes or consumer sentiment shifts than has been possible to date. For example, if a breaking negative news story about an insurance company prompts outrage

online, AI sentiment analysis can quantify the impact within hours (Team Insights, 2023), whereas traditional methods might not capture it until after the damage is done. The thesis's concern with pitting AI predictions against actual survey results ties into the following idea: one can envision a future in which AI is so effective at anticipating survey findings that companies would employ AI for quick reads and only run full surveys periodically for validation.

**Limitations and Human Oversight:** With all the above, it needs to be said that while AI has revolutionary possibilities, current applications also manifest limitations that temper expectations. A primary limitation is that AI, lacking actual understanding, can misinterpret data. Leonard Murphy (2025) observes that AI can struggle with the contextual comprehension necessary for subtle qualitative research, sometimes producing shallow analyses (Murphy, 2025). Bias in AI models is another concern, if the training data for an AI tool underrepresents certain groups (perhaps fewer Spanish-language data points), the AI's insights could be biased or less accurate for that group (Murphy, 2025). Therefore, best practice in current applications is to use AI to assist and speed up research, but to have human researchers validate and interpret the results. Most experts describe AI in market research as augmenting the researcher: the AI performs the grunt work of number-crunching, and the human provides the thought, intuition, and moral judgment. This partnership is even actively recommended, for example, using AI to generate an initial analysis report, then having a researcher review it. And in sensitive applications like insurance, ethical considerations are foremost. AI can identify a pattern that it is inappropriate to act on (e.g., identifying a certain demographic is "less profitable" in a way that would lead to unethical discrimination). Human judgment is necessary to ensure that insights are used responsibly and within compliance of the law (e.g., anti-discrimination laws or privacy laws).

In conclusion, AI's current applications in market research are already shifting the landscape: surveys can be partly automated by chatbots, data analysis is turbocharged by machine learning, qualitative data can be mined by NLP for faster insights, and research can move at the pace of real-time data flows. This transformation holds great promise for the insurance sector, where understanding consumers deeply and quickly can provide a competitive edge.

The subsequent chapters of this thesis will subject the ability of AI (ChatGPT) to predict or mirror actual consumer survey results, thereby directly testing the touted efficiency and accuracy improvements in a real-world setting.

### **2.3 Insurance Sector Insights: characteristics, regulatory environments, and market dynamics of the Spanish and USA insurance sectors.**

In setting out to adequately examine how AI can be utilized for the benefit of insurance market research, understanding the nature and dynamics of Spain's and the United States' insurance markets is essential. This section documents each country's structure, regulation, and consumers' circumstances, recording differences and similarities pertinent to comparative analysis. These will inform our translation of AI-based research findings in each country. **Spain's Insurance Market:** Spain's insurance industry is a developed and well-regulated sector

placed in the broader European context. Comprehensive presence of the public sector, especially in the areas of social and health insurance, is one of the distinguishing features of Spain's insurance industry. Spain has a universal system of health care financed by taxes and hence public health is guaranteed to citizens. As a result, Spanish private health insurance is supplementary and optional, often used to access specialists or treatments more quickly, or not fully paid for by the public system. Recent figures indicate that approximately a quarter of Spaniards have private health insurance policies (AP News, 2023) driven by rising demand for supplementary coverage in the wake of pressures on the public system. Spain's private insurance market is dominated by local players; for example, companies like Mapfre, VidaCaixa, SegurCaixa Adeslas, and Sanitas are key players, and the market has a moderate degree of concentration (Statista Research Department, 2025). Spanish insurers typically write a mix of life, health, motor, and other non-life business, and some are part of big banking or financial groups (there is a bancassurance model for life insurance).

Regulations are strict, the industry is overseen by the Directorate-General for Insurance and Pension Funds (DGSFP) and has to comply with European Union directives, notably Solvency II that sets levels of capital and risk management. According to Fitch Ratings (2025), "the Spanish insurance market is well regulated, with well-established regulatory practices and supervision procedures as an EU member" (Fitch Ratings, 2024). This kind of stable regulatory environment ensures stringent consumer protection and solvency standards but means that any market research or data project will have to operate within privacy regulation like the EU's GDPR. For instance, using AI on Spanish consumer data has to be carried out with careful observance of data protection laws, which could impact the amount of data available for analysis (e.g., stricter regulations on handling personal data may limit some types of AI-based research compared to the US).

Spain's insurance consumer behaviour is influenced by systemic and cultural factors. Overall, Spanish consumers are very trusting of the public system for basic needs and may view insurance as a voluntary add-on (in health) or legal/financial obligation (in car and home insurance). Price sensitivity is high, Spaniards look for value as part of their needs are provided by public services. All the same, as the middle class expands and expects higher quality or faster service, private insurance uptake is growing, indicating changing views of insurance from a status to a more run-of-the-mill perk. Spanish industry association research has determined that concerns like customer service quality and product transparency are highly rated in terms of satisfaction, as well as price. Distribution in Spain remains predominantly reliant on bank branches and agents, but digital channels are on the rise. This is noteworthy because market research might need to consider regional variation (the regions of Spain handle healthcare and local insurers) and the importance of personal relationships in selling insurance.

One trend in Spain recently is the adoption of technology (InsurTech). While historically slower to respond than the US, Spanish insurers are also investing in digital platforms and AI. In fact, Spanish insurers are assisted by having so much data; one commentator referred to insurers as having "wide experience in design and validation of mathematical models," and this enables them to get the best out of new data technology (Barberá, 2024). Fifty percent of Spanish (and EU) insurers claim to make use of AI in customer service (chatbots) and fraud detection

(Barberá, 2024), a sign that the sector is open to innovation. However, application of AI to straight-to-consumer analysis or advertising is on the verge, due to conservative regulatory measures and demonstrating tangible advantage.

USA's Insurance Sector: America has the largest insurance market in the world, with most of its sector private and very competitive. Unlike Spain, the US lacks a universal system of healthcare for all citizens; instead, health insurance is provided mainly through private insurers (usually through employer-sponsored plans) augmented by public programs for special groups (Medicare for the elderly, Medicaid for the poor).

This underlying difference makes health insurance an essential product for most Americans, driving a gigantic private market. The US insurance industry is pluralistic, with a variety of insurance carriers operating in thousands of lives, health, property, and casualty lines. It has some line fragments (e.g., many small to mid-size insurers ensure regions), but also includes giants like UnitedHealth Group, Kaiser Permanente (for health), Prudential, MetLife (for life), and State Farm, GEICO (for automobile/home), depending on the market. At scale, the US accounted for nearly 58% of the world's insurance premiums in 2022 (Rudden, 2025), emphasizing its enormous size relative to the remainder of the world. Insurance regulation within the US is unique in that it is largely state-regulated.

Each state has its insurance regulator and laws, although there are federal agencies and laws for some of them (e.g., the Affordable Care Act for health insurance standards, or federal regulation for insurance company solvency through the coordination of the NAIC). This means the US does not have a single broad framework like Solvency II; compliance requirements can vary by state.

The climate fosters competition and innovation, but also complexity, an insurer will have to contend with 50 regulatory regimes. For market analysis, this implies that tastes of customers can vary by state (because of specific local circumstances and regulations), and data availability can be thick (the US has rich consumer data markets and credit agencies data widely used in insurance pricing) but must be processed under privacy law which, while becoming tighter (e.g., California's CCPA), is generally less standardized than Europe's. The US has fewer legal barriers to using consumer data for marketing (beyond specific protections like health data under HIPAA), which previously allowed insurers and marketers to build highly detailed consumer profiles, something now augmented with AI and big data analytics.

American consumers' attitudes towards insurance are different from Spanish consumers in part since insurance (health, in particular) is generally something required. The most important concerns of US insurance customers are premium cost, value of coverage, and networks of providers (for medical coverage). Handling by the insurer (claims experience, customer service) has a significant influence on satisfaction in all lines. The US market also sees more consumer shopping behaviour, i.e., most Americans shop auto insurance quotes every 6-12 months to switch for a better deal, something that may not be as common in higher loyalty or lower alternative markets. This engaged, competitive consumer culture means that market research in the US would likely place strong emphasis on competitive benchmarking and understanding what drives switching or choice (price vs. brand vs. features of coverage). A second

distinguishing feature is relatively high financial literacy required; US consumers generally require them to be able to parse sophisticated insurance terminology and make decisions among many plans, which is overwhelming. This has spawned products and services (some AI-based) helping customers compare and choose one space where AI is interacting with customers directly for market awareness.

US insurance industry (InsurTech) tech and innovation is very advanced. There are plenty of startups as well as existing companies using AI for personalized policy recommendations, chatbots for claims, telematics in motor insurance (capturing driving behaviours), etc. A 2024 market report noted that 67% of US insurers are experimenting with large language models (LLMs) on multiple tasks (R&I Editorial Team, 2024), suggesting a robust corporate drive to apply AI in both customer-facing and back-office functions. Insurers like Lemonade (an InsurTech insurer) have positioned AI underwriting and claims as a key cornerstone of their model, aiming to provide lightning-fast service. For market intelligence, this means US insurers are likely to be receptive to using AI analytics to gain insight into their markets, and lots of digital interaction data to draw on (as many customers interact via websites, mobile apps, etc.). The noise in such a huge market can be great, however, it's hard to separate genuine consumer sentiment in such a huge, heterogeneous population, which is why sophisticated analytics are highly valued.

Comparative Highlights between the Spanish and the USA's insurance:

Differences between Spain's and the USA's markets for insurance create a backdrop for why comparing them is useful. Spain's market is smaller, more concentrated, and influenced by public systems, whereas the USA's is gigantic, decentralized, and completely market-oriented for most needs of insurance. These differences result in varying priorities and concerns: e.g., in Spain, the market study for an insurer might focus on how to get a publicly-insured citizen to buy additional coverage (notifying him of value additions), whereas an insurer in the US might be analysing how to differentiate among many competitors as a health plan or how to resolve customer problems like a high deductible. Culturally, Spaniards would expect greater personalized touch and assurance (insurance traditionally purchased through banks and agents), whereas Americans would emphasize convenience and speed (with some purchasing insurance online in self-service).

Despite these differences, there are similarities which render it appropriate to compare them. Both countries have an insurance consumer market that is increasingly digitally aware and requires personalized service. Younger generations in the US and Spain are more likely to buy insurance over the internet and are less loyal to brands, compelling both markets' insurers to innovate and study these new types of customers. Moreover, both markets are under the broad trends of the 2020s, such as the COVID-19 virus's impact on life and health insurance opinions, economic variability that affects consumer spending on insurance, and the general rise of AI and data analysis in the consumer sector. For instance, post-pandemic, consumers in both countries might value specific insurance benefits (e.g., telemedicine or pandemic coverage) more, something that the market research of both markets would have to account for.

From the perspective of AI, variations in data availability (with US insurers perhaps having more granular consumer data, and Spanish insurers maybe utilizing more aggregate or public data due to privacy tradition) and adoption rates for AI may be expected. Indeed, European companies (including Spanish insurers) have been found to lag behind US companies in AI adoption by some distance (McKinsey Global Institute, 2024) maybe 45-70% behind on some measures, although Spain specifically is above the EU average in embracing AI for business (AI & Europe in brief AI, 2024). This could mean that US insurers might already be more actively using AI to drive market research (e.g., using machine learning to predict client abandonment), while Spanish firms might be in more experimental stages of trials. A comparative study can reveal how such environmental factors influence the outcome of using AI in market research.

Spain's insurance industry can be termed as regulated, partly public-oriented, and always updating itself, while that in the US is competitive, diversified, and technologically advanced. All these will influence the way market research is to be done, and how AI would be used. The conclusions drawn from this section will be used to account for the findings: for example, if we find that AI predictions vary from actual survey results in one but not the other nation, we might explain that as due to the reasons provided here (maybe the AI lacked information on a culturally influenced factor in Spain, or US consumer responses were more divided due to competitive options). By grounding our study on such insurance industry trends, we ensure the analysis of the role of AI in market research remains within a tangible industry context, and the conclusions are stronger and more industry-relevant for each country.

#### **2.4 Comparative Analysis Studies: existing comparative research methodologies and findings in similar contexts.**

When conducting comparative studies between the Spanish and USA insurance markets regarding AI in market research, it is beneficial to look at how comparative studies have been conducted in similar studies in the present research. This section summarizes methods and findings from previous comparative research in adjacent fields, e.g., international comparisons of insurance markets or cross-country studies of technology adoption in business, to learn and seek benchmarks for this study.

Cross-Country Insurance Market Comparisons: Comparative analysis in the insurance field is not new. Scholars have at times been interested in how different regulatory or market structures influence insurance company performance, consumer behaviour, or market structure. For instance, (Cummins & Rubio-Misas, 2006) conducted comparative research on deregulation and consolidation effects in Spain's insurance industry, with some context-related reference to the US. Their work, published in the *Journal of Money, Credit and Banking*, contrasted efficiency and competition among Spanish insurers following liberalization, and with US life insurance market trends. One outcome was that Spain's deregulation led to consolidation and increased efficiency, partly replicating earlier waves of consolidation in the US. The approach in such research is usually comparative measures: researchers compare performance metrics or consumer measures that can be measured quantitatively in both settings. In Cummins & Rubio-Misas's case, they used financial efficiency measures. In consumer studies, an analogy could

be the comparison of survey measures like consumer satisfaction or insurance trust across nations. Still another comparative view that is encountered in books is looking at consumer trust in banking or insurance across countries (sometimes correlated with cultural dimensions). These studies stress the importance of controlling for context: e.g., a multinational insurance customer satisfaction study must ensure that the questions have approximately the same meaning in all languages and cultures. One approach noted in cross-national research is the use of equivalence testing, ensuring that a factor (e.g., "perceived value for price") is conceived identically by Spanish and American participants. The literature suggests the utilization of techniques such as back-translation on items of surveys and even perhaps factor analysis by nation separately to confirm that constructs are genuine for each. Our study employs such rigor through the modification of the questionnaire to the language and context of each nation without compromising thematic coherence, as is best practice in cross-national survey design.

**Comparative Studies of Technology Adoption:** Apart from insurance itself, there exists pertinent literature comparing the adoption of new technologies such as AI or big data by firms across nations. McKinsey (2024) presented a report comparing Europe and the US on AI adoption specifically and identified European companies falling behind substantially (McKinsey Global Institute, 2024). Such an observation reinforces the point that environmental drivers (such as levels of investment, availability of talent, and regulatory sentiments) vary geographically. Studies in this vein are prone to depend on a combination of surveys and market statistics. Surveys can, for example, ask Spanish and US firms about their adoption of AI, perceived barriers, and uses, revealing differences in attitude or priorities. Findings tend to indicate that US companies report more widespread adoption and cite competition as an impetus, whereas European companies (including Spanish) are likely to cite more cautious practices, citing regulation and ethical concerns as drivers. Such variations might influence comparative market studies: if a market is more technologically advanced, the consumer base within this market may be more accustomed to (or sceptical of) AI-driven interfaces. Indeed, a cross-country survey of digital banking uptake (a peer sector) found that the US and Northern Europe had higher adoption levels than Southern Europe, primarily due to differences in trust and infrastructure (McKinsey Global Institute, 2024). By analogy, here we assume that American customers would be more familiar with chatbots or AI-driven surveys (and therefore possibly answer differently), whereas Spanish consumers would be accustomed to traditional survey technology unless the AI interface is extremely user-friendly. Comparison results like these suggest our hypothesis that AI can differ in market research tasks for the two nations.

**Methodologies of Comparative Studies:** Comparison of business research studies indicates that a variety of methodologies are common in comparative studies:

**Side-by-Side Case Studies:** Sometimes, researchers do a detailed case study of each country and then compare. For example, a detailed case study of how an insurer in Spain uses data analytics versus an insurer in the US, drawing out the differences. This provides good context, but is hard to generalize.

**Statistical Comparison of Measures:** As put forward, comparing standardized measures (KPIs, survey data) and statistically analysing differences, t-tests or ANOVA may determine whether

differences between countries are significant. More advanced techniques like multivariate regression or even structural equation modelling (SEM) have been utilized to test if relations between variables differ by country (including adding interaction terms or multi-group SEM by country). Example: One study may check if the correlation between a customer's ease-of-use perception of an AI tool and his/her willingness to use it varies in Spain versus the US, comparative customer data analysis.

**Benchmarking Studies:** Organizations like the OECD or the Geneva Association have published comparative studies that benchmark insurance markets (penetration, product mix, growth rates) in different countries. These tend to highlight that the US has higher insurance penetration (premium as a % of GDP) across most lines than Spain, except in areas where the public system replaces it (such as health). For example, US life insurance premiums per capita were significantly higher in 2020 than in Spain, and healthcare spending through private insurance is also significantly higher in the US. Such data provides context about market potential and consumer reliance on insurance, which can influence how one designs market research (the greater the insurance is a daily concern, the more specific the research can be).

**Comparative Consumer Studies:** Some studies, typically by scholars or international agencies, compare consumers head-to-head. For instance, the European Insurance Consumer Survey vs. a US Insurance Barometer Study. If both are asking similar questions, then they can compare figures: maybe "percentage of consumers who trust insurers" or "portion who use online channels". In the same vein, in other contexts, American consumers also prove to be more sceptical towards insurance companies (possibly due to experience with claims or medical expenses), while Spanish consumers, while sometimes critical of price, will view insurance as a way of topping up public welfare and hence can express trust differently. A specific study might determine, for example, that 70% of Spanish health insurance customers are happy with their policy versus only 50% in the US. If so, the analysis would look at why (which could be due to differing expectations).

Comparative research techniques have a strong emphasis on the importance of controlling for confounding variables. In the present study, when we contrast AI's performance in Spain versus the US, we will control for such variables as the demographic characteristics of respondents (we will ensure our samples are reasonably similar in age, gender, etc., or weight them accordingly) and the baseline variations in insurance awareness. Comparative studies have already taught us to be careful: the observed difference may not be due to the country as such but due to some hidden factor. For instance, if our sample in Spain includes more older respondents than in the US sample, and if older individuals react differently to AI, then that would look like a country difference even if it is not one. So, from the literature, lessons are either to match samples or to apply statistical controls.

**Findings in Comparable Comparative Contexts:** Although no prior known study has comparatively examined AI-based market research findings against survey findings in two nations (emphasizing the originality of our study), there are comparable findings to learn from:

In comparative customer satisfaction studies (without the AI factor), structural differences tend to arise. For example, a comparison study stated that Spanish bank customers were more

satisfied than American bank customers, possibly because of lower expectations and a culture of personal banking relationships in Spain. Translating this, we would expect Spanish insurance customers to have different baseline response patterns (perhaps more middle-of-the-road in ratings or culturally inclined to avoid extreme ratings) than American customers, which our AI would have to account for.

Comparative marketing research has established that tactics need to localize something that can provoke American purchasers (e.g., customized message) might differ from what will capture Spanish purchasers' attention (e.g., collective or family-centred messages). Therefore, if an AI is generating intelligence or marketing messages, a generalist strategy will come up short. We maintain this in mind studying AI forecasts: if ChatGPT, thoroughly trained on global internet material with a lot of it being in English, makes a forecast regarding Spanish consumers, it could potentially be more an expression of the Anglo-American prejudice unless it had been trained on a considerable Spanish background.

That's a nuanced example based on comparative content analysis study, i.e., one piece of research will compare how insurance is advertised in the US versus Spain and find that the US adverts draw on individualism whereas the Spanish adverts draw upon security for households. An uncalibrated AI could overestimate the importance to Spanish customers of matters that US customers value.

From the methodology, researches like "Issues and Challenges in Conducting Cross-National Research" (Livingstone, 2003) focus on careful matching of concepts and the strength of using a blend of qualitative and quantitative data to make allowances for variation (Gharawi et al., 2009). Too often, a strict quantitative comparison raises questions that cannot be answered ("We see a difference, but why?"), and researchers introduce qualitative information or secondary research on each country to interpret findings. In this instance, that is the reason why Section 2.3 (Insurance Sector Insights) is so central, it provides that contextual qualitative knowledge to make sense of any comparative difference we see in the findings.

Overall, the comparative work in nearby settings offers the following lessons to inform our study design: Assure comparability of samples and instruments for collecting data across nations. Employ statistical methods appropriate to comparing groups across (testing for differences, interactions). Consider extraneous explanations of differences (culture, regulation, market maturity). Appreciate that comparative studies may demonstrate novel findings unobservable from individual-country analysis, like how the effectiveness of tools (in our context, AI tools) is impacted by context (e.g., political context)

Cross-country comparative analysis is also suggested by the literature to be an influential tool for policy assessment and mutual learning (Lenihan & Mulligan, 2025). Through a comparative lens, our research can not only establish whether AI does the same or differently in Spain as it does in the US but also find out what each market can learn from the other. For example, if AI analysis finds that Spanish consumers value certain things that US consumers do not (or vice versa), insurers in the other country can ask themselves whether that thing is underscored in their strategy. Hence, our approach is about to contribute to local knowledge and broader understanding of AI in market research.

## **2.5 Identified Gaps: areas where current literature is lacking and where your study can contribute.**

By literature review and practice in the industry, there have been some obvious gaps , gaps which this research suggests filling:

**Shortage of Comparative Research on AI in Market Analysis:** While there is ample literature covering AI in business and an emerging body of work on AI within marketing and analytics, relatively few studies have contrasted the performance of AI-driven market research in comparison to country markets. No existing research was found comparing AI-generated market insights against actual consumer data across two other cultural/regulatory settings (i.e., Spain vs. USA). That there are no studies suggests that we cannot state whether an AI solution that performs well in one market should perform well in another. Our work closes this gap by providing systematic comparison, shedding light on context-specific AI performance in market analysis.

**Inadequate Use of Insurance Industry Context in AI Marketing Research:** Much AI marketing research is generic or industry-specific for retail or online services. The insurance industry, and especially in comparative international terms, is not well-represented in current AI-based customer insight research. The literature on insurance has covered AI in underwriting or claims, but not much on how AI could help understand consumers or design marketing strategies in insurance. Additionally, comparative insurance studies (e.g., those by Cummins et al. or OECD reports) rarely involve AI or new analytical methods. This thesis bridges that gap by focusing on insurance-specific market research questions and evaluating AI's utility there.

**Empirical Validation of AI as a Research Tool:** One notable gap is the absence of empirical validation of AI-driven insights against actual data. Firms and researchers are now frequently employing AI to forecast customer preference or clone survey results, yet little published assessment of accuracy exists. For example, if AI is predicting "60% of Spanish customers would prefer X over Y," does that prove to be true when you go ask Spanish customers? Currently, a lot of the believability in AI usage comes from anecdotal success or rational appeal and not from rigorous testing. Our research directly tackles this by contrasting AI predictions with survey answers and providing evidence for the capabilities and limitations of AI. This provides a methodological perspective on the reliability of AI for research. Industry analysts state that one needs to establish whether AI can supplement or replace conventional methods partially (Murphy, 2025), our research will give concrete information on this.

**Data and Privacy Restraints on AI Insights:** Literature so far has not exhaustively explored how data availability and privacy laws in different countries would limit or skew AI-based studies. We referred to Spain as having a more restrictive data regime than the US's laissez-faire data market, but this is a gap in available studies. By conducting the study in two environments, we can observe if, say, AI has a harder time forecasting Spanish consumer behaviour (possibly because there is less training data available in Spanish or more scattered behaviour data) than US. This will indicate how differences in data environments appear in analysis results, a yet uninvestigated subject in academic research.

**Cross-Disciplinary Synthesis:** This study is at a nexus of marketing research, AI technology, and international business, and the gap here is that most existing research is still in silos. AI research can be focusing on algorithms, marketing research on consumer behaviour theory, and international business on macro-level comparisons. The gap is a shortage of cross-disciplinary work that brings these together to address a practical question. This thesis does this by using AI (technology) to solve a marketing research problem (generation of consumer insight) in an international context (Spain vs. USA insurance markets). The hope is that this interdisciplinary method will show how the combination of disciplines yields insights that none could create alone.

**Guidance for Practitioners for Global Companies:** In practice, there is scarce guidance for geographically spread geographies of multinational insurance companies for how to deploy AI in geographically spread markets' market analysis. Best current practices in market research are most often country-centred or assume an equal strategy. Our comparative findings will bridge this gap by offering evidence-based advice on whether it is possible to use a "one-size-fits-all" AI tool or not, and if not, how much localized tuning is needed for market research AI models. This is something that current literature fails to offer, leaving practitioners in a trial-and-error mode.

With these gaps, the present study is well-placed to be able to make a new contribution. It leverages a live empirical test (surveys vs. AI predictions) that, to our knowledge, has not been documented in academic research, especially not in the insurance sector. By focusing on Spain and the USA, we investigate an under-studied comparative pair, most cross-national studies focus on US vs. big European markets like UK or Germany, or multi-country European surveys, but in-depth Spain, USA comparisons are not common in business research. This sample itself bridges a gap, as Spain is often given too little attention in English-language research despite being a significant market and an interesting counterpoint to the US. In general, bridging these gaps, the research will provide:

- New proof of the efficacy of AI in replicating human-conducted market study outcomes.
- Insight into cultural and regulatory environment's impact on consumer behaviour and on the effectiveness of AI analysis.
- A model for exploring AI tools within other industries in a country or across nations and thus as a reference point for future research.

The following chapters of the thesis will describe how we fill the gaps with what we do (Chapter 3) and with what we find (Chapter 4), a debate will revisit such gaps that were determined, in thinking about how our findings complete the available body of knowledge and what gaps perhaps remain for future studies to address. By directly confronting the limitations of prior literature, the research not only justifies its relevance but also places itself in a position to make a significant contribution to knowledge within the overlapping domains of AI, market research, and international insurance markets.

### **3. THIRD SECTION**

### **3.1 Research Design.**

A research design can be broadly classified into three approaches: qualitative, quantitative or mixed methods, each one of these with different characteristics and applications.

The present research uses a mixed-methods approach, combining quantitative and qualitative techniques to comply with the research objective of examining how AI can enhance market research techniques by identifying key market differences between the Spanish and the USA insurance sectors. The research fuses quantitative data by using survey results from human participants and the AI-generated results with a qualitative interpretation, based on contextual and theoretical analyses. This mixed-methods approach allows researchers to take advantage of the strengths of both methods, drawing results from numeric and contextual evidence and insights, achieving a more complete and comprehensive perspective of the research problem (Harvard Catalyst, n.d.). It combines post-positivist (quantitative) and interpretivist (qualitative) paradigms, enabling the investigation of complex, cross-national issues from multiple angles. (Dawadi et al., 2021)

In the case of the current study the mixed-methods approach is specially justified due to the study's objective of comparing two very different environments. Analysing the quantitative data from the surveys will reveal visible patterns and divergence between Spanish and U.S.A insurance markets, and the qualitative analysis will shed light on the interpretation of these differences and the why they exist. The qualitative components permit us to give context to the numbers obtained in the quantitative work with the theory and previously discovered industry knowledge. (Harvard Catalyst, n.d.)

### **3.2 Data Collection Methods.**

The study, as mentioned, will present both primary and secondary data collection. For the primary data collection, two online surveys (Annex A) were conducted to collect data from real, anonymous human participants from diverse samples of the population, one in Spain and the other in the U.S.A. The survey was structured in chapters with different questions related to insurance market perceptions, consumer behaviour, and attitudes towards industry practices.

Participants represent a broad group of demographics, trying to ensure diversity in age, gender and background by making the survey accessible for different demographic groups to have the choice to answer, this way the results obtained reflect a wide range of customer perspectives. Each participant is informed previously about the objective of the survey, what it is going to be used for, and the fact that all responses are anonymous. By continuing and agreeing to reply to the survey, each person is giving consent to use their responses for the explained purpose. Since the surveys are customized for each country's particularities and official language, with a set of questions that adapt to each population, conditions are set to enable a direct comparison between Spanish and American consumer responses.

The secondary data used in this study will be generated responses from ChatGPT 4o to the same set of survey questions (Annex A) answered by the actual human participants, creating responses to these questions based on the patterns it has detected from publicly available

training data. Which means a detailed prompt will be written specifying the context in which the surveys were applied in the human population and the selection of the sample (Annex A.1). The results given by the AI will be asked to be presented in an Excel file as simulated responses of “synthetic users”, which will provide another type of data set for comparison, as a cost-effective way to complement humanly obtained data (Weavely, 2025).

The logic behind this comparison will be the fact that ChatGPT has been trained on extensive internet text, so it could be able to predict answers that reflect general knowledge and common attitudes found in its data. And the comparison between the results obtained from the AI and the human conducted surveys should reflect how close or far were the AI’s insights from the actual human insights of the health insurance market.

If ChatGPT is able to answer similarly to the trends from the real respondents, it could mean that AI can facilitate market analysis, providing rapid and less costly preliminary market insights, but if the contrary occurs, the uniqueness of human opinion and limitations that the modern AI still possess will be highlighted. This comparison is conducted for that specific reason to know how much and where the insights AI can generate align with the human sentiment and where it still needs polishing, and this way stating the strengths and gaps of using AI in market research as of today.

The dual data collection method helps benchmark AI with reality, and it’s potential in facilitating market research, whether by reaffirming human data or presenting a new perspective of the data that researchers can then investigate.

### **3.3 Comparative Framework: detailed criteria and methods for comparing the Spanish and USA insurance sectors.**

For the comparison between the Spanish and the U.S. insurance sector, the study establishes a series of specific comparative measurements and a common framework that is applied to both countries.

Some of the fundamental dimensions for the comparison are:

**The regulatory environment:** It is necessary to have a general overview of the nature of insurance regulations in each country. In Spain, the insurance sector operates under European Union directives and national regulations, reflecting a more centralized regulatory framework than the United States, which, for some aspects, uses a state-by-state regulatory system with federal oversight (Euro Weekly News, 2021). This dimension reflects how divergence in administration, compliance requirements, and consumer protection laws might influence market research outcomes. The results of the surveys applied can be used to make this comparison on how regulation-driven factors are reflected differently in the responses from the two countries.

**Level of privatization vs. public provision:** This point refers to the role of the government and private companies in the insurance market in the two countries. Spain has a very strong public component in areas like healthcare, since it has a universal healthcare system that reduces the reliance on private health insurance, unlike the USA, which relies predominantly on private

insurance services for healthcare and other sectors (Spot Blue, 2025). These differences not only affect the percentage of citizens in each country that have private health insurance, but also the consumer's attitudes. The study's comparative framework will factor in how privatization versus public coverage shapes consumer expectations and behaviours in each market.

Data availability and privacy: Europe (and by extension Spain) operates under strict data protection laws like the GDPR, which require opt-in consent and limit data usage, thereby potentially constraining how insurers and researchers gather consumer information (NAIC, 2025). In the U.S., data availability has been comparatively higher due to a more fragmented privacy regulatory landscape (until recent laws like CCPA), enabling extensive use of consumer data in analytics. The framework will compare how these conditions impact market research techniques. Any differences in survey responses related to data sharing, personalization, or privacy concerns can be interpreted against this backdrop of regulatory and cultural differences in data handling.

Consumer behaviour and culture: Underlying differences in consumer attitudes, trust, and behaviour towards insurance in Spain and the U.S. This includes how consumers perceive insurance products (necessity vs. optional), their level of trust in insurance companies, risk aversion, and purchasing habits. Cultural factors (such as Spain's generally high context, relationship-driven business culture versus the USA's market-driven, individualistic culture) may lead to differences in how people respond to survey questions about insurance. The comparative framework will use the same survey metrics in both countries to identify behaviour differences attributable to these cultural and market norms.

Using these criteria, the same survey structure is deployed in both Spain and the USA to ensure one-to-one comparability. The questionnaire is identical in content (aside from necessary language translation and localization of terminology) and is administered in equivalent ways. This parallel structure means that a given survey question (for example, a question on trust in insurers or willingness to use AI-driven insurance tools) is asked in both contexts, allowing direct comparison of responses. By keeping the instrument constant, the study controls for measurement differences; any contrast in results can thus be more confidently attributed to contextual differences between the Spanish and U.S. markets rather than to different questions or survey formats. The analysis will compare response patterns across these criteria using statistical methods (outlined in 3.4) to quantify differences and then interpret those differences through the lens of the above factors. In practice, this might involve comparing mean response values between the Spain sample and the USA sample for each survey item, as well as comparing how ChatGPT's responses differ when asked from a "Spanish perspective" vs. an "American perspective." By applying a common comparative framework, the research ensures that Spain and, USA differences are systematically evaluated on all relevant dimensions, providing a structured understanding of how AI-facilitated market research might need to adapt to different regulatory and cultural environments.

### **3.4 Data Analysis Techniques, tools and statistical methods that will be used**

The data thus gathered will be analysed using a combination of software tools and statistical techniques to obtain meaningful outcomes. Microsoft Excel will be used first to arrange the data, scrub it, and prepare rudimentary visualizations, whereas SPSS (Statistical Package for the Social Sciences) will be used for advanced statistical analysis. The use of these tools in combination allows effective handling of the dataset and rigorous quantitative analysis.

**Quantitative analysis:** Once responses are collected, human and AI-generated responses will be combined into a formatted dataset (with individual indicators for country and for human/AI origin). Comparative tables will be used to compare answers to each survey question for each subgroup (Spanish humans, U.S. humans, Spanish AI, U.S. AI). These summary findings will provide a general impression of central tendencies and spread and permit any striking differences to be immediately visible. To facilitate easy visual comparison, graphs and tables will be plotted.

**Qualitative analysis:** Where there are open questions or free-text answers (in which participants can elaborate on views), qualitative answers will be coded following thematic coding procedures. Thematic analysis involves a thorough examination of the text answers to identify repeated themes, concepts, or emotions. Any qualitative insights that are extracted will be used to add context and depth to the quantitative findings. This qualitative comparative analysis would show whether the AI picks up on the same topics or ignores some culturally specific themes that are brought in by humans.

Overall, the combination of Excel, SPSS, and manual variable coding ensures that quantitative and qualitative data are thoroughly examined.

### **3.5 Ethical Considerations and how to address them.**

This research is in line with the best ethical practices in design and conduct, according to the Code of Conduct for Research Integrity of the University of Barcelona and general guidelines for ethical research and use of AI (University of Barcelona, 2025). Several measures are taken to address ethical issues:

**Participant anonymity and protection of data:** All anonymous survey responses from human subjects are collected. The survey will not ask the respondent to identify themselves in any manner other than basic demographics (and even they are handled in aggregate terms). No individual participant will be identifiable when reporting results. Research findings need to be published with anonymous or anonymized data, University of Barcelona guidelines further stipulate (University of Barcelona, 2025), and the present study stringently obeys that requirement. Any information that might identify (if they would, in error, appear in open-ended responses) will be removed or anonymized during data cleaning. Data are safely kept and in compliance with data protection legislation. In preserving anonymity, the research protects participants' privacy and encourages honest responses.

All participants will be given clear information explaining the research aim, what participation entails, what will happen to their data, and their rights. They will also be informed of whether there is a risk or benefit to participation (in this case, minimal risks are present for the survey study, but this does involve stating the time and the anonymity protections). Once they have seen understanding and consent will they be permitted to proceed to the survey questions. This process upholds the ethical practice of voluntary consent.

It also aligns with both institutional and legal standards: the University Code of Conduct and ethics committees mandate research involving human subjects to obtain informed consent and disclose to participants how their information is dealt with (University of Barcelona, 2025). By informing the participants beforehand, the study upholds trust and respect for the autonomy of the data-providing individuals.

Transparency in AI application: Application of an AI (ChatGPT) in data generation is a new aspect of this research, full transparency towards this is a must. Subjects of the study were informed that a batch of responses created by an AI system will be created to compare to their responses (although no individual's responses would be engaged with or read by the AI; it is employed separately to answer the same questions). In the thesis and publications, in the methodology, it is well described how ChatGPT was utilized to create synthetic data, including the version number of the AI utilized and the rationale for its utilization. This disclosure of AI usage is aligned with emerging publication ethics guidelines, which state that authors ought to explicitly declare the utilization of AI tools in research practices (University of Virginia, 2025). By being transparent, the study avoids any deception and allows readers and colleagues to observe the nature of data. Further, integrity of analysis is guarded by the transparency of demarcation and distinction of AI data from human data in every presentation of results.

Ethical utilization of AI and data integrity: Utilization of ChatGPT in research is followed by accuracy and bias issues, which are addressed by the study beforehand. The researcher remains accountable for all the data generated by the AI (University of Virginia, 2025). This means that the output of the AI is treated as data generated by research and must therefore be critically evaluated and legitimized.

As a matter of ethical AI practices, the research study ensures to use the AI as nothing more than a helper that aids research and not as a source. Any summary or analysis of open-ended questions (if done) through AI would similarly be double-screened and verified by the researcher to ensure non-dissemination of AI errors. The rule is that AI may help with efficiency, but human oversight must exist, a stance seconded by research integrity committees, which favour authentication of AI-generated content and background work (University of Virginia, 2025). In addition, use of ChatGPT was done within its terms of service and with an awareness of its limitations. No personal or sensitive participant information was ever input into ChatGPT; the AI was only shown the background and survey questions generally, so there was never any potential for revealing personal information. This supervised, controlled use of AI ensures the following moral principles and "responsible AI" principles such as fairness, accountability, and transparency.

Compliance with institutional ethics standards: All the practices were designed to be by the University's Code of Conduct for Research Integrity and broader European research ethics standards. The University of Barcelona's code is centred on honesty, rigour, and respect in research work (University of Barcelona, 2025), principles which are upheld in this study through the honest reporting of methods (including the AI component), guarding data privacy stringently, and respecting the participants' autonomy.

By thinking about anonymity, consent, transparency, and accountability, the research ensures that human and AI comparison in market research is conducted ethically and socially responsibly. This ethical strictness not only protects the subjects and maintains trust but also enhances the quality of the resulting research data, as ethical breakdown could otherwise distort results or harm credibility.

### **3.6 Limitations of the Methodology and how they can impact findings**

While the research design is carefully crafted, its limitations should be acknowledged. Methodological limitations can impact the potential for generalizability of the findings and should be kept in mind when interpreting results:

Generalizability of AI data: Using ChatGPT to provide survey responses is a sophisticated method, but AI data should not be assumed to exactly mirror real human populations. ChatGPT's answers are essentially a blend of the trends in its training corpus, so the answers might reflect an "average" internet perspective more than the diverse set of perspectives in the world. This will most probably make the answers homogenized, the AI might provide similarly bland and uninspired answers that lack the diversity found in actual human answers. (Zulkey, 2024)

Any inferences drawn from AI responses must be handled with care; they indicate what the AI thinks a typical response would look like but do not have the empirical reality of real people's responses. Concerning external validity, a study that "AI and humans agree on X" is not necessarily evidence that AI can predict individual human behaviour; it might only mean that the AI captures the most dominant view present in its training set.

Sample representativeness and randomness: Besides efforts to randomize and enlarging the human questionnaire sample, there are limits on how representative our participant populations can be with small representative samples for both countries (125 for Spain and 105 for USA). Practical constraints might result in a sample with preferences toward certain groups.

If the Spanish and U.S. samples differ in composition, some of the differences in findings might be a result of those sample differences rather than country differences. Furthermore, survey respondents could, to some extent, be of distinct characteristics than non-respondents, resulting in self-selection bias. The randomness of the sample is therefore not absolute, which renders generalization of human-survey findings to the general population of each country unfeasible. Also, the AI "sample" isn't really a sample in the traditional sense at all it is only one model generating answers. Even if we query the AI lots of times to get lots of answers, those answers are all generated by the same system beneath and may be correlated instead of experiencing the

real randomness of lots of different human respondents. These involve the point that when comparing human and AI data, some or all the differences or similarities seen may be byproducts of who was in the human sample or the nature of AI generation, rather than real underlying population features.

Biases in AI training data: ChatGPT's training data and algorithmic design introduce certain biases into its responses. The AI was also trained mostly on text material (web pages, books, etc.) up to a specified cut-off date, so its information and the prevailing moods it captures could be out of date or skewed.

If there have been recent advancements in the insurance industry the AI may not be aware of them when responding. Besides, the AI also adheres to a content policy that does not involve negative or inflammatory words. Experiments have highlighted that AI responses are polite and more neutral than real human responses. (Zulkey, 2024). This could be reflected as ChatGPT having more tactfully framed opinions on insurance whereas human respondents can have stronger emotions or vent frustration (good or bad) with less censoring. This discrepancy is a limitation as it suggests the AI might always underestimate certain emotions that real customers have.

Biases in the training data can also become cultural biases in the AI, if the training data included more content from one country, the AI would lean towards that perspective when not explicitly asked to adopt a specific context. We tried to fight this by asking it to be prompted with context (telling it to respond as a Spanish or American consumer), but the extent to which it can adopt those personas is not clear.

All these biases mean that the AI's dataset is not a perfect mirror of reality; it is filtered through both the lens of its training content and OpenAI's moderation policies.

Human response biases: On the human side, there are also biases to acknowledge. Respondents may exhibit social desirability bias, giving answers they think are more socially acceptable or favourable to the surveyor. Cross-culturally, those responding in Spain might be driven by modesty norms or privacy, and American respondents might be driven by consumer review culture; these kinds of influences can bias how questions are answered. Moreover, misunderstanding questions or variable interpretations (especially following translation) can introduce noise. It is a limitation of cross-national survey research. We reduce it through the process of simplifying language and back-translating to ensure accuracy but never eliminate it.

Scope and methodological limitations: There are a few other scope-related limitations. This study relies on a specific moment in time and on specific aspects of market research (survey responses). It does not address change over time or the full richness of market behaviour. The design itself, while a strength, is about combining data types; there is the risk that qualitative interpretation is subjective. The researcher's own experience of knowing the Spanish and U.S. contexts could lead to interpretation bias (though this is managed by making interpretations based on documented differences, such as regulations or existing research).

Finally, the AI technological limitation: The output and response of ChatGPT may differ with different model versions or parameters. This study makes use of a particular version; using more sophisticated future AI architecture or fresher data, outcomes might be varied. This means that, the conclusions about the capability of AI hold true only for the current status of AI (until 2024-2025) and might not be generalizable to all AI models or future developments. With these reservations in mind, the findings of the study will be analysed cautiously.

Being transparent about such limitations, the study is still reliable and presents an even-handed understanding that can inform future studies. Each limitation also suggests avenues of future work, for instance, collecting larger samples for better representativeness, using multiple AI models to compare findings, or using longitudinal designs to find out if the findings persist over time.

## **4. FOURTH SECTION**

### **4.1 Data Overview.**

The current study is based on four different datasets representing two different populations. Our first data set let's call it "Real Spain", and it includes the values obtained with the surveys made in Google Forms answered by the true population in Spain that has or have had private health insurance. Our second data set we are going to name it "Real USA" and it is also the result of the answers of the USA population that have or have had private health insurance in the US that answered the survey in Google Forms. In these two first data sets the survey was send to friends and family and asked them to promulgate it with their friends and family through social media and email, sending the survey link and posting it on my stories on the three most used Meta apps, Instagram, Facebook and WhatsApp, and that was how the majority of the responses where obtained. The researcher to complement the results obtained this way also promoted her survey through social media groups on Facebook and LinkedIn, and used a Survey Circle, especially for the USA population, this is a survey participant tool where you can reply and promote other surveys, so they can reply and help promote yours.

As per the third and fourth data sets, they are "Synthetic Spain" and "Synthetic USA", and they are formed by using Chat GPT Plus to answer the survey questions.

In less words our four data bases to analyse will be:

- Real Spain: Actual survey responses from individuals in Spain.
- Real USA: Actual survey responses from individuals in the USA.
- Synthetic Spain: AI-generated responses simulating the Spanish population.
- Synthetic USA: AI-generated responses simulating the U.S. population.

Thes databases had different sample sizes and demographics. For the case of "Real Spain" the sample size is of 125 that where the amount of people that were able to respond to the survey, being permitted only one response per user. In the case of "Real USA" the sample size is of 105 also representing the number of respondents that participated in the survey that have had or have health insurance in USA.

The majority of respondents of both real survey databases were females between 18 and 30 years old, due to the people the researcher had connections with are from this demographic group, the monthly income for both databases is between 1000€-2000€ for the Spanish population and \$2001 - \$4000 for the US population. These demographics are represented in Table 1 below, and will be analysed in more detail in the following section:

Table 1: Demographics for Real Spain and Real USA data sets.

% dentro de Type of interview

		Type of interview		
		Spain_Real	USA_Real	Total
Age recoded	18-30	40,0%	43,8%	41,7%
	30-50	28,8%	41,0%	34,3%
	51-85	31,2%	15,2%	23,9%
Total		100,0%	100,0%	100,0%

**Tabla cruzada Monthly income level\*Type of interview**

% dentro de Type of interview

		Type of interview		
		Spain_Real	USA_Real	Total
Monthly income level	< 1.000€/< \$2,000	11,2%	6,7%	9,1%
	1.000€-2.000€/\$2,001 - \$4,000	33,6%	36,2%	34,8%
	2.001 € - 3.500 €/\$4,001 - \$6,000	29,6%	30,5%	30,0%
	> 3.500€/> \$6,000	15,2%	24,8%	19,6%
	I prefer not to say	10,4%	1,9%	6,5%
Total		100,0%	100,0%	100,0%

**Tabla cruzada Gender\*Type of interview**

% dentro de Type of interview

		Type of interview		
		Spain_Real	USA_Real	Total
Gender	Female	60,0%	58,1%	59,1%
	Male	40,0%	41,9%	40,9%
Total		100,0%	100,0%	100,0%

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

In the case of the synthetic data, both data bases were asked to have a sample size of 100 responses, and the demographic groups were used to give more specific information to the AI so it would have an idea of the demographic groups that actually participated in the surveys to try to imitate their responses, which means that the demographic characteristics from, these two data bases are very similar to the real survey demographic values, this will also be debated in more detail in this section of this study.

This gives you an idea of how the synthetic data was generated. As mentioned in the data method section of this study, the synthetic data was obtained using the prompt from Annex B and providing the GPT with an image of the demographic values from the real survey responses shown in Table 1, as well as a PDF with the exact survey questions sent to the real samples for each country. The prompt gives direct but precise instructions to the AI to generate results simulating reality to obtain results as similar as possible to the results obtain with the real surveys, also indicating that it should also use public available data from the internet to

compliment the description of the sample to be able to understand how this sample would think and act regarding this survey and try to predict their answers in the real survey.

The variables in the four data sets represent the questions from the survey which are also separated into different thematic blocks to make it easy for the respondents to go through the whole thesis and make sense of the questions. Following this logic similar thematic blocks will be used in this subchapter to analyze the differences between data sets. Each variable is coded in SPSS with V#, the number representing the specific question to which it is related. You can see the list of variables, the question each one represents, and the corresponding thematic block in the survey on the table in Annex C. As you can see, the questions with more than one response were separated into different variables for better interpretation of the data. It is the case of question 11 separated into variables from V12a to V12h, question 17 separated into V18a to V18k, and question 20 (grid question) separated into V21 to V25, one variable for each innovative feature.

For the comparison of these four data sets three types of analysis were conducted that are reflected in the following subchapters of this study:

1. Comparative Analysis: Real Spain vs Real USA: This analysis will be done not only to reflect on cross-country differences in perceptions and behaviors regarding private health insurance, but also to validate the fieldwork done to obtain these results. Even though the samples have known limitations that will be discussed in detail at the end of this chapter, the comparative analysis reflects actual field engagement and survey distribution efforts in both countries.
2. Validation Analysis: Real vs Synthetic (All Combined): This analysis compares the aggregated real responses with the responses generated with AI (synthetic), without differentiating by country, at least for now. It allows the researcher to already have a general understanding of how well artificial intelligence, and more specifically ChatGPT Plus, can foresee human survey responses across a broad data set. It is crucial for understanding the real potential AI has in market research.
3. Country-Specific Validation: Real vs Synthetic within Spain and USA: This analysis compares the real human responses with the AI generated ones for each country. Now instead of just having a general view of the abilities of AI in market research, it allows us to understand AI's capability of analyzing country-specific behaviors and preferences, and how their differences can influence the survey answers. It helps determine if the AI is simply replicating general patterns or if it can actually simulate localized responses.

Each one of these comparisons were made analyzing different variable groups at a time depending on blocks similar to the ones in the survey questions:

1. Sociodemographic Variables: This block helps assess sample equivalence across countries and between real and synthetic datasets.
2. Perception and Purchasing Process: The variables included in this block are fundamental in comparing cross-country attitudes, and in evaluating the AI capability

of understanding the logic behind high decision making, very relevant especially in the first two analysis.

3. Preferences and competition: This block helps detect consumer priorities and brand associations in each market, which are crucial to evaluate whether AI adapts to the competitive landscape in each country. It also allows the researcher to evaluate if the AI is capable to do more complex analysis like the ones necessary for question 20. This block is most relevant to the country-specific validation analysis.
4. Innovation & Trends, Behavior profile and purchase intent: The variables included here are ideal for testing if ChatGPT not only understands what users value now, but also if it is capable of foreseeing what they will value and demand in the future, following trends in healthcare innovation. It is also most relevant in the country-specific validation analysis, depending on each trend on each country.

In each type of analysis custom tables were made in SPSS to be able to compare the different variables in each scenario, as well as multiple response crosstabs for the questions 11 and 17, by firstly aggregating the variables. For the case of question 20 a positioning map was made in SPSS and ChatGPT to be able to compare and judge the capability of AI of replying to these more complex questions.

#### 4.2 Comparative Analysis: Real Spain vs Real USA.

This section has the purpose of comparing the results from the real survey conducted in the USA and Spain to be able to validate that real data was collected across both national contexts.

#### Analysis of Sociodemographic Variables:

Table 2:

Country	Survey Country		
	Spain (A) Count	USA (B) Count	
Country	Cuba	5	6
	USA	7	97 A
	Spain	112 B	1
	México	1	0 <sup>1</sup>
	United Kingdom	0 <sup>1</sup>	1
Age recoded	18-30	50	46
	30-50	36	43
	51-85	39 B	16
	Total	125	105
Gender	Female	75	61
	Male	50	44
	Other / Prefer not to say	0 <sup>1</sup>	0 <sup>1</sup>
Educational Level	Elementary School	0 <sup>1</sup>	0 <sup>1</sup>
	Middle School	3	0 <sup>1</sup>
	High School	17	9
	Associate Degree or Community College	0 <sup>1</sup>	11
	Bachelor's Degree	63	59
	Master's Degree	37 B	19
	Doctorate Degree or PhD	5	7
Monthly income level	< 1.000€ / < \$2.000	14	7
	1.000€ - 2.000€ / \$2.001 - \$4.000	42	38
	2.001 € - 3.500 € / \$4.001 - \$6.000	37	32
	> 3.500€ / > \$6.000	19	26
	I prefer not to say	13 B	2

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

The first element to be mentioned must be the difference in the size of the samples: Spain (N=125) and the USA (N=105). The slightly larger sample from Spain is due to greater access to respondents in that country. Despite this difference and other cultural ones, the survey structure and methodology were aligned across both populations, allowing for valid comparisons.

When reviewing the variable regarding country of origin, as expected, the majority of the people with private health insurance in Spain self-identify as Spanish (112), and most people with private health insurance in the US also self-identify as born in USA, even though due to the access of the researcher to international respondents there are some small minorities in each sample from Cuba and other countries.

In the case of age and gender the distribution is similar in both countries, with the exception that in Spain there are more respondents in the age range 51-85 years old (39 people in Spain and 16 in the US), which might mean that the Spanish sample may lean more towards older respondent compared to USA. Never the less, most of the respondents in both countries are women, representing in both sets around 60% of the sample (75 women in Spain and 61 in the US), and the majority of the sample are also between 18 and 30 years old. Both samples have a relatively balanced age distribution, though with subtle differences that may reflect differences in perceptions and use of technology later on.

When comparing the education level and the monthly income level there are more noticeable differences. Spain shows a significantly higher amount of Master's degree holders (37 Spain, around 30%, and 19 USA, around 18%); where as for the monthly income level, the options were adjusted for each country, but either way, overall, as expected, the USA had a higher share of respondents in the highest income level (> \$3,500), with 26 respondents (25% of the sample), compared to 19 in Spain (15% of the sample), never the less both countries had the majority of the respondents with a monthly income level around 1.000€ - 2.000€ or \$2.001 - \$4.000 respectively, and significantly more respondents preferred not saying their income level in Spain than in the States.

## Analysis of Perception and Purchasing Process:

Table 3:

		Survey Country	
		Spain (A) Count	USA (B) Count
Do you consider having private health insurance is important nowadays?	No	15	7
	Yes	104	91
	Not sure	6	7
What is your main reason for having (or considering having) private health insurance?	Access to Specialized Services	35	35
	Choice of Providers/Free choice	25 B	10
	Supplementing Public Programs	19 B	6
	Employer-Sponsored Coverage	1	24 A
	Preventive and Wellness Services	0 <sup>1</sup>	27
	Reduction of waiting lists	38	0 <sup>1</sup>
	Hospitalization in a single room	3	0 <sup>1</sup>
	It is a need/No other option	0 <sup>1</sup>	2
	I do not consider it essential	1	0 <sup>1</sup>
	Mandatory for processing the CUE	1	0 <sup>1</sup>
	Health coverage to reduce costs	1	1
	I do not have insurance	1	0 <sup>1</sup>
	On a scale from 1 to 5, how important is private health insurance to you?	Not important at all	9
2		2	5
3		20	14
4		32	17
Extremely important		62	67 A
Where do you usually look for information about health insurance?	Company websites	60 B	35
	Online comparison sites	15	15
	Insurance brokers or agents	13	22 A
	Personal recommendations	32	28
	Social media	0 <sup>1</sup>	0 <sup>1</sup>
	Employer Provided Insurance	2	3
	Own Professional Criterion	1	0 <sup>1</sup>
	No Research Since Birth	1	0 <sup>1</sup>
	No Search Conducted	1	1
Employer Offer for 50+ Employees vs Broker Advice Searched Individually	0 <sup>1</sup>	1	
How do you prefer to purchase health insurance?	Online (directly)	52	45
	Through an insurance agent/broker	29	31
	By phone	8	13
	In-person at an office	36 B	16
How long does it typically take you from researching to buying insurance?	Less than 1 week	42	44
	1–3 weeks	59	45
	1 month or more	24	16

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

To the researcher's surprise, when participants were asked whether they considered having private health insurance important nowadays, the majority in both countries responded affirmatively, 91 out of 105 in the USA and 104 out of 125 in Spain. This is particularly surprising given that Spain has a stable, free public healthcare system. In both cases, over 80% of respondents affirmed the importance of private health insurance.

While both types of respondents agreed that private health insurance was important they had similar but slightly different opinions regarding the level of importance. For the United States participants more than 60% stated that this type of insurance was extremely important, while the Spanish participants were not as unified and only 49.6% thought it was extremely important (Table 4). This shows how in the USA there is more dependence on private healthcare systems than in Spain.

However, when looking into the reason why they considered having private health insurance the results in both countries seemed to be slightly different. In Spain the main reason for having these services was the reduction of waiting lists, whereas in the United States the most common reason is to access specialized services. In the same way, the Spanish respondents placed significantly greater importance to free choice of providers and supplementing public programs. In contrast, the American respondents more commonly selected coverage from their employer and preventive and wellness services, factors that were barely mentioned by the Spanish sample.

Similar differences are found in the source of information regarding these services, while both populations selected in majority the insurance companies' websites as their main source, in Spain the number of respondents that selected these websites was almost half of the sample (48%), while in the US was 33.3%. Interestingly the American sample admitted using significantly more insurance brokers or agents than in Spain to gather information, which contradicts the tendency of a higher significant number of Spaniards (28.8% with 36 participants) surveyed looking to purchase the health insurance service in person at the offices of the company than the American participants (15.2% with 16 participants), even though both samples preferred an online purchase as the main form of buying these services (more than 40% for both, 52 people in Spain and 45 in the United States).

Both samples evidence similarities in the time they took to make the purchase of these services, most of them taking between 1 and 3 weeks to make the decision. Likewise, the main factor in both countries when choosing insurers is the coverage options (Table 5), with around 70% of the sample in both cases selecting this factor. Even though in Spain the speed of services was another important factor (44% of respondents) not considered as much in the United States (25.7% of respondents). Which makes sense since the Spanish participants valued the reduction of waiting lists as the main reason to hire these services, as the population has a stable public healthcare system that can be combine with these private services.

Table 4:

**On a scale from 1 to 5, how important is private health insurance to you? \* Survey Country Crosstabulation**

% within Survey Country

		Survey Country		Total
		Spain	USA	
On a scale from 1 to 5, how important is private health insurance to you?	Not important at all	7.2%	1.9%	4.8%
	2	1.6%	4.8%	3.0%
	3	16.0%	13.3%	14.8%
	4	25.6%	16.2%	21.3%
	Extremely important	49.6%	63.8%	56.1%
Total		100.0%	100.0%	100.0%

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

Table 5:

SV12_agregated*SurveyC Crosstabulation						
		Survey Country		Total		
		Spain	USA			
Factors influencing your choice <sup>a</sup>	Price	Count	69	56	125	
		% within SurveyC	55.2%	53.3%		
	Coverage options	Count	91	72	163	
		% within SurveyC	72.8%	68.6%		
	Provider network	Count	55	44	99	
		% within SurveyC	44.0%	41.9%		
	Speed of services	Count	55	27	82	
		% within SurveyC	44.0%	25.7%		
	Company reputation	Count	51	50	101	
		% within SurveyC	40.8%	47.6%		
	Ease of using digital services (apps websites)	Count	31	23	54	
		% within SurveyC	24.8%	21.9%		
	Customer service	Count	39	30	69	
		% within SurveyC	31.2%	28.6%		
	Claims and reimbursement processes	Count	17	15	32	
		% within SurveyC	13.6%	14.3%		
	<b>Total</b>	Count	125	105	230	

Percentages and totals are based on respondents.  
a. Group

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

### Analysis of Preferences and competition:

Regarding respondent preferences (Table 6), they seem to be very similar across both countries, with the exception of copay preferences. The Spanish sample evidences a preference for plans without copay (102 participants out of 125), while the USA sample shows a more divided opinion, regardless, preferring the options with copay (56 participants out of 105).

Most of the participants in both will be clearly willing to pay for freedom to choose a doctor (over 80 participants in each survey). For both countries the most attractive innovative features are the included dental coverages (40 participants in Spain and 34 participants in the U.S.), the rest of the features have a similar distribution in both data bases, in the same way, the level of trust in insurance agencies to follow their promises for the two groups is in majority positive.

Now in regard to the type of coverage, even though both Spain and the U.S. samples answered that the most values coverage is specialist care (77 respondents in Spain, 41 respondents in the USA); the American participants also highly value surgical procedures, not as valued with private insurers in Spain probably due to the capacity of their public sector to comply with these more urgent procedures reducing the amount of people having to go to the private sector for surgical services. The levels of satisfaction with the current insurance plan in the two countries is high, around the top two level of satisfaction, nevertheless, in Spain a tendency to a satisfaction level of five is slightly more common than in United States. Similarly in both countries the sample valued a good ease of accessing private healthcare services, even though in United States a slightly bigger number of respondents values the ease of access as poor.

Table 6:

		Survey Country			
		Spain (A)		USA (B)	
		Count	Mean	Count	Mean
Do you prefer a health insurance plan with copays or without copays?	With copays	23		56	A
	Without copays	102		49	
Would you be willing to pay more for freedom to choose any doctor?	No	38		21	
	Yes	87		84	
Which type of coverage do you value the most?	Primary care	22		23	
	Specialist care	77		41	
	Hospitalization	8		12	
	Surgical procedures	13		23	A
	Wellness services	5		6	
Which insurer do you currently think is the best for private health insurance?	Sanitas	41		0 <sup>1</sup>	
	AXA	5		0 <sup>1</sup>	
	Adeslas	44		0 <sup>1</sup>	
	Agrupación Mutua	2		0 <sup>1</sup>	
	Asisa	5		0 <sup>1</sup>	
	DKV	7		0 <sup>1</sup>	
	Mapfre	14		0 <sup>1</sup>	
	Occident	3		0 <sup>1</sup>	
	Zurich	4		0 <sup>1</sup>	
	UnitedHealth Group (UnitedHealthcare)	0 <sup>1</sup>		35	
	Molina Healthcare	0 <sup>1</sup>		1	
	Kaiser Permanente	0 <sup>1</sup>		2	
	Humana	0 <sup>1</sup>		9	
	Health Care Service Corporation (HCSC)	0 <sup>1</sup>		2	
	Elevance Health (formerly Anthem Inc.)	0 <sup>1</sup>		7	
	Cigna	0 <sup>1</sup>		8	
	CVS Health (including Aetha)	0 <sup>1</sup>		21	
	Blue Cross Blue Shield Association (BCBSA)	0 <sup>1</sup>		20	
	Generali	0 <sup>1</sup>		0 <sup>1</sup>	
	Centene Corporation	0 <sup>1</sup>		0 <sup>1</sup>	
PeopleKeep	0 <sup>1</sup>		0 <sup>1</sup>		
Which innovative features are most attractive to you?	Mobile health management apps	10		14	
	Dental coverage included	40		34	
	International coverage options	22		17	
	Preventive care programs	37		26	
	Telemedicine services	16		14	
What is your current health insurance provider?		11.18		17.93	
How satisfied are you with your current health insurance plan?	1	8		3	
	2	4		4	
	3	23		10	
	4	42		47	
	5	48		41	
How would you rate the ease of accessing private healthcare services?	Very good	42		34	
	Good	67		50	
	Fair	14		14	
	Poor	2		7	A
Do you trust insurers to deliver what they promise?	No	24		22	
	Yes	71		56	
	Not sure	30		27	

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

Table 7:

**\$V18\_agregated\*SurveyC Crosstabulation**

			Survey Country		Total
			Spain	USA	
Recognized Insurers <sup>a</sup>	Sanitas	Count	108	0	108
		% within SurveyC	86.4%	0.0%	
	AXA	Count	72	0	72
		% within SurveyC	57.6%	0.0%	
	Adeslas	Count	94	0	94
		% within SurveyC	75.2%	0.0%	
	Agrupación Mutua	Count	60	0	60
		% within SurveyC	48.0%	0.0%	
	Asisa	Count	72	0	72
		% within SurveyC	57.6%	0.0%	
	DKV	Count	50	0	50
		% within SurveyC	40.0%	0.0%	
	Mapfre	Count	89	0	89
		% within SurveyC	71.2%	0.0%	
	Occident	Count	58	0	58
		% within SurveyC	46.4%	0.0%	
	Zurich	Count	67	0	67
		% within SurveyC	53.6%	0.0%	
	UnitedHealth Group (UnitedHealthcare)	Count	0	90	90
		% within SurveyC	0.0%	85.7%	
	Molina Healthcare	Count	0	44	44
		% within SurveyC	0.0%	41.9%	
	Kaiser Permanente	Count	0	35	35
		% within SurveyC	0.0%	33.3%	
	Humana	Count	0	64	64
		% within SurveyC	0.0%	61.0%	
	Health Care Service Corporation (HCSC)	Count	0	25	25
		% within SurveyC	0.0%	23.8%	
	Elevance Health (formerly Anthem Inc.)	Count	0	39	39
		% within SurveyC	0.0%	37.1%	
	Cigna	Count	0	47	47
		% within SurveyC	0.0%	44.8%	
	CVS Health (including Aetna)	Count	0	58	58
		% within SurveyC	0.0%	55.2%	
	Blue Cross Blue Shield Association (BCBSA)	Count	0	62	62
		% within SurveyC	0.0%	59.0%	
	Generali	Count	60	0	60
		% within SurveyC	48.0%	0.0%	
	Centene Corporation	Count	0	30	30
		% within SurveyC	0.0%	28.6%	
	PeopleKeep HRA Software	Count	0	19	19
		% within SurveyC	0.0%	18.1%	
<b>Total</b>		Count	125	105	230

Percentages and totals are based on respondents.  
a. Group

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

The comparison between insurance agencies in this case is not significant since each country has different insurers, so they will not coincide between the two sample types. Either way the sample in Spain considered Adeslas is the best for private health insurance (Table 6) and the greatest number of participants choose this company as their insurer (Table 8), while Sanitas is the most recognized (Table 7). In the case of United States, United Healthcare is the most valued (Table 6), recognized (Table 7) and the majority of the sample had this company as their insurer (Table 8).

Table 8:

**What is your current health insurance provider? \* Survey Country**  
**Crosstabulation**

% within Survey Country

		Survey Country		Total	
		Spain	USA		
What is your current health insurance provider?	Sanitas	14.4%		7.8%	
	AXA	8.0%		4.3%	
	Adeslas	22.4%		12.2%	
	Asisa	4.0%		2.2%	
	DKV	6.4%		3.5%	
	Mapfre	6.4%		3.5%	
	Occident	0.8%		0.4%	
	Zurich	1.6%		0.9%	
	UnitedHealth Group (UnitedHealthcare)			19.0%	8.7%
	Molina Healthcare			3.8%	1.7%
	Kaiser Permanente			5.7%	2.6%
	Humana			2.9%	1.3%
	Health Care Service Corporation (HCSC)			2.9%	1.3%
	Elevance Health (formerly Anthem Inc.)			7.6%	3.5%
	Cigna			5.7%	2.6%
	CVS Health (including Aetna)	1.6%	14.3%		7.4%
	Blue Cross Blue Shield Association (BCBSA)	1.6%	15.2%		7.8%
	Aegon Seguros	0.8%			0.4%
	Ambetter			1.0%	0.4%
	Asistencia Sanitaria	1.6%			0.9%
	Don't have	11.2%	1.9%		7.0%
	CASER Seguros	2.4%			1.3%
	Public primary care centers	5.6%	1.0%		3.5%
	TriCare			1.0%	0.4%
	Clinicum through Swisscare	0.8%			0.4%
	Unidentified	0.8%	2.9%		1.7%
	FIATC Seguros	0.8%			0.4%
	Generali	2.4%			1.3%
	I'm not sure			1.0%	0.4%
	Sanitas through Zurich	0.8%			0.4%
	Oscar Health Insurance	1.6%	8.6%		4.8%
	Obamacare			1.0%	0.4%
Quartz Health Solutions			1.0%	0.4%	
Sunshine health			1.0%	0.4%	
Swiss Care	3.2%			1.7%	
Priority Health			1.0%	0.4%	
No answer	0.8%	1.9%		1.3%	
<b>Total</b>		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

The analysis for V21 to V25 is done with positioning maps and Association Matrixes (CA) in SPSS comparing these results with the was given by ChatGPT. However, this comparison is less meaningful in this subchapter and becomes more relevant in the following sections.

When comparing the results from question number 16 (results in Annex D), being an open question it's difficult to analyse the similarities, nevertheless it is still noticeable that both populations share common priorities in services that should be included in their health insurance plan. Many participants in both surveys answered access to specialists, breadth of services, and timely care as prioritized services. These results reinforce the previous point made from closed-ended questions in the survey, enhancing the validity of the conclusions, that despite the cultural and structural differences in health systems in both countries, their share similarities in preferences and opinions.

**Analysis of Innovation & Trends, Behavior profile and purchase intent:**

Table 9:

		Survey Country	
		Spain (A)	USA (B)
		Count	Count
Do you currently use telemedicine services offered by your insurer?	No	77	61
	Yes	48	44
When was the last time you purchased or switched health insurance?	Never had private insurance	16	5
	Less than 1 year ago	28	33
	1–3 years ago	33	32
	Over 3 years ago	48	35
Are you considering purchasing or switching insurance within the next 12 months?	No	56	49
	Yes	36	36
	Not sure	33	20
How price-sensitive are you when buying health insurance?	Not sensitive at all	4	4
	2	10	5
	3	31	32
	4	41	30
	Extremely sensitive	39	34
Would you pay extra for coverage of new medical technologies?	High willingness	45	39
	Moderate willingness	53	41
	Low willingness	27	25
Do you find insurance terms and conditions easy to understand?	Always	33	34
	Sometimes	75	53
	Never	17	18
Have you ever felt misled or scammed by an insurance company?	No	98	82
	Yes	27	23

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

As it is shown in Table 9, the majority of both groups of respondents is not currently using telemedicine services (77 people in Spain and 61 in USA), they purchased their insurance over 3 years ago (48 in Spain and 35 in USA) and are not considering changing provider in the next 12 months (56 in Spain and 49 in USA). Also, in Spain the number of respondents that have never had private insurance before (16 respondents) is statistically bigger than in United States (4 respondents).

Both populations show high sensitivity to price changes, while Spain is just slightly less sensitive in proportion than USA, which means that cost remains a central concern in decision-making in both contexts. This cost concern explains while in both cases the majority of people surveyed are only moderately willing (53 in Spain, 41 in USA) to paying for new technologies.

When asked respondents about their understanding of insurance terms, in the two countries over half answered that only sometimes do they understand these terms (in Spain 75, and in USA 53); this could indicate a shared issue of unclear communication from insurers.

The majority in both cases also issued that they have never felt misled or scammed by any insurance company (98 in Spain, 82 in USA), when analysing the responses from the open-ended question 33 (responses in Annex F) you could understand the reasons why some replied negatively, mainly due to unclear coverage, unexpected costs, and lack of transparency. While

Spaniards highlight administrative confusion and unclear policies, Americans emphasize deceptive practices and denied claims.

The basic similarities in the two countries are evidenced even when analyzing the open-ended questions from this block. For example, in question 26 (responses in Annex E) from both groups most of the participants mentioned AI as a key innovation to enhance healthcare delivery, automation, and diagnostics in both countries, being AI-related responses the most frequently mentioned category, appearing more than ten times across the two samples, while mental health was the second most mentioned topic, perceived, alongside with dental services, as insufficiently covered or integrated. Responses from Spain tended to emphasize practical and social needs, such as improved support for chronic illnesses and more affordable access. In contrast, participants from the United States focused more on technological.

### 4.3 Validation Analysis: Real vs Synthetic (All Combined).

This section will be comparing the synthetic dataset with the real data to evaluate whether AI-generated responses align with real-world patterns, and if it has the potential to forecast trends and supporting early-stage market research. Laying the groundwork for assessing AI’s usefulness in simulating human survey responses before diving into country-specific differences.

#### Analysis of Sociodemographic Variables:

Table 10:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Country	Cuba	11	0 <sup>1</sup>
	USA	104	100
	Spain	113	100
	México	1	0 <sup>1</sup>
	United Kingdom	1	0 <sup>1</sup>
Age recoded	18-30	96	96
	30-50	79	62
	51-85	55	42
Gender	Female	136	111
	Male	94	89
	Other / Prefer not to say	0 <sup>1</sup>	0 <sup>1</sup>
Educational Level	Elementary School	0 <sup>1</sup>	27
	Middle School	3	24 A
	High School	26	36 A
	Associate Degree or Community College	11	14
	Bachelor's Degree	122 B	26
	Master's Degree	56 B	33
	Doctorate Degree or PhD	12	40 A
Monthly income level	< 1.000€< \$2.000	21	15
	1.000€-2.000€/ \$2.001 - \$4.000	80	65
	2.001 €- 3.500 €/ \$4.001 - \$6.000	69	69
	> 3.500€> \$6.000	45	45
	I prefer not to say	15	6

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

Since the AI was fed with the demographic information of the sample, more specifically the age group, gender and monthly income, it is easy to notice that these values were imitated very well by the AI (Table 10). The case of the country of origin it was able to recognize in which country it was conducting the survey and evaluated all the respondent as nationals in each case, which does match the majority of the respondents in each country (USA: real 104 vs synthetic 100; Spain: real 113 vs synthetic 100), but it missed minor groups, for example, immigrants that could also have or have had private health insurance in the respective countries (Cuba: 11 real vs 0 synthetic), which shows a gap in AI's sensitivity to less frequent categories.

In the case of the age distribution, the gender and the monthly income level the AI as mentioned was able to mirror human responses with no statistically significant differences, being the most common age group from 18 to 30 years old (96 respondents in both cases), the majority of the respondent were women (136 real vs 111 AI), and the most frequent monthly income was of €1,000–€2,000/\$2,001–\$4,000 (real 80, synthetic 65).

Nevertheless, it was not able to simulate the real responses for the educational level, since this demographic information was not given to the AI beforehand. Here, AI diverges substantially it overrepresents lower education levels, like Elementary (0 real vs 27 synthetic) and Middle School (3 vs 24), and underrepresents higher education, especially Bachelor's (122 real vs 26 synthetic) and Master's (56 real vs 33 synthetic), while also overestimating the amount of PhDs that were being surveyed, which doesn't align with the fact that the majority of people from both samples were in the age group of 18 to 30 years old.

These results are just a preview of what the AI can and can't do, since it was able to replicate or adapt known information but was not able to predict new information based on the explanation of the profile, significantly misrepresenting educational level, which indicates a key demographic misalignment.

### **Analysis of Perception and Purchasing Process:**

A clear divergence between the real and synthetic data generated by AI is observed in Table 11. IN the case of the perceived importance of private health insurance, the AI correctly identified the majority response as "Yes" (195 real vs 104 synthetic). However, it significantly underestimated the proportion of participants selecting this option, which were over 80% in the real data versus only around 50% in the synthetic dataset. Consequently, AI also misestimated the distribution of the remaining response options and thus indicating that it underrepresents the importance that people actually assign to private health insurance. Therefore, for the perceived importance the AI also couldn't predict the real answers, giving almost the same proportion to every possible option. While the real sample evidently showed to be lean to a high importance of this service, with 129 participants selecting a level 5 importance, the AI overestimated the negative reaction of the sample, with noticeably higher amounts than the human participants in levels "1" (35 synthetic responses) and "2" (41 synthetic responses).

Regarding the main reason for having health insurance, the top reason for the real sample was the "access to specialized services" (70 participants), while the synthetic sample favored the

“supplementing public programs” option (50 synthetic responses), also trying to split the answers more broadly.

Based on the results from Table 11 the information sources were also misread by AI. The real respondents mostly rely on company websites (95 participants) and personal recommendations (60 participants); however, AI assumes higher reliance on online comparison sites (44 responses) and social media (39 responses). Nevertheless, for the purchase preference real people prefer buying online (97 responses), but AI favors both buying only and by phone with 53 responses each. This demonstrates a misjudgment from the AI of the digital behavior of the samples.

And finally, in this block, for the case of the purchase timing most real participants buy within one to three weeks (104 responses) or less than a week (86 responses), meanwhile AI assumes slower action with 75 synthetic respondents for the option of “1 month or more”.

AI fails to replicate the most common human patterns across almost every variable in this block. It particularly underrepresents urgency, and perceived importance. These differences start to reveal that maybe AI needs deeper contextual grounding to accurately simulate consumer perceptions and health insurance decision-making.

Table 11:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Do you consider having private health insurance is important nowadays?	No	22	55 A
	Yes	195 B	104
	Not sure	13	41 A
What is your main reason for having (or considering having) private health insurance?	Access to Specialized Services	70 B	42
	Choice of Providers/Free choice	35	43
	Supplementing Public Programs	25	50 A
	Employer-Sponsored Coverage	25	18
	Preventive and Wellness Services	27	15
	Reduction of waiting lists	38 B	20
	Hospitalization in a single room	3	12 A
	It is a need/No other option	2	0 <sup>1</sup>
	I do not consider it essential	1	0 <sup>1</sup>
	Mandatory for processing the CUE	1	0 <sup>1</sup>
	Health coverage to reduce costs	2	0 <sup>1</sup>
	I do not have insurance	1	0 <sup>1</sup>
	On a scale from 1 to 5, how important is private health insurance to you?	Not important at all	11
2		7	41 A
3		34	37
4		49	46
Extremely important		129 B	41
Where do you usually look for information about health insurance?	Company websites	95 B	41
	Online comparison sites	30	44 A
	Insurance brokers or agents	35	38
	Personal recommendations	60	38
	Social media	0 <sup>1</sup>	39
	Employer Provided Insurance	5	0 <sup>1</sup>
	Own Professional Criterion	1	0 <sup>1</sup>
	No Research Since Birth	1	0 <sup>1</sup>
	No Search Conducted	2	0 <sup>1</sup>
How do you prefer to purchase health insurance?	Online (directly)	97 B	53
	Through an insurance agent/broker	60	42
	By phone	21	53 A
	In-person at an office	52	52
How long does it typically take you from researching to buying insurance?	Less than 1 week	86	73
	1-3 weeks	104 B	52
	1 month or more	40	75 A

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

In the case of the factors that influence the choice of insurer (Table 12), the AI gives an equitable distribution to every possible answer without real consideration of the characteristics of the

sample. While the real human respondents value coverage options above the rest with 70.9% of respondents selecting this option, the AI values company reputation the most, but with only 41.5% on the synthetic responses.

Table 12:

**\$V12\_agregated\*SurveyT Crosstabulation**

		Survey Type		Total		
		Real	Synthetic			
Factors influencing your choice <sup>a</sup>	Price	Count	125	78	203	
		% within SurveyT	54.3%	39.0%		
	Coverage options	Count	163	74	237	
		% within SurveyT	70.9%	37.0%		
	Provider network	Count	99	68	167	
		% within SurveyT	43.0%	34.0%		
	Speed of services	Count	82	74	156	
		% within SurveyT	35.7%	37.0%		
	Company reputation	Count	101	83	184	
		% within SurveyT	43.9%	41.5%		
	Ease of using digital services (apps websites)	Count	54	80	134	
		% within SurveyT	23.5%	40.0%		
	Customer service	Count	69	69	138	
		% within SurveyT	30.0%	34.5%		
	Claims and reimbursement processes	Count	32	73	105	
		% within SurveyT	13.9%	36.5%		
	<b>Total</b>		<b>Count</b>	<b>230</b>	<b>200</b>	<b>430</b>

Percentages and totals are based on respondents.  
a. Group

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

**Analysis of Preferences and competition:**

The previous section already showed a glance of what we can see in this section, AI once again misrepresents the most common human preferences. Starting with the copay preferences (Table 13) where most real respondents prefer plans without copays (151 participants), while the AI predicts the opposite, that 106 people will be favoring plans with copays. Additionally, 171 real respondents established they would pay more for doctor choice compared to 111 synthetic answers. This shows a misunderstanding of a key cost sensitivity preference and how much value users place on provider flexibility.

The human respondents prefer the “specialist care” coverage (118 respondents), while AI spreads responses more evenly and overestimates the "wellness services" coverage (43 responses), showing misalignment with actual user priorities in coverage. However with the key innovative features both humans and AI agree on dental coverage and preventive care being the top choices, though the AI slightly overestimates the interest in mobile apps (45 responses).

The satisfaction with the current plan is another element to compare, while the real respondents have a more positive perspective of private health insurance in general, with most of them selecting ratings of 4 (89 people) and 5 (89 people); AI responses are more neutral or negative, showing statistically significant overrepresentation in rating levels 1, 2, and 3. In terms of the ease of access to services, 117 humans rated it as “good” and 76 as “very good”, while AI shows a significant increase in “Fair” (48 responses) and “Poor” (46 responses). Likewise, the trust in insurers evidenced that 127 real respondents said they trusted their insurers, and for the

synthetic results, it also demonstrate that the majority confirmed their trust, however, it overestimated mistrust with 65 negative responses compared to only 46 real respondents, and wasn't able to capture the uncertainty in the reply of the sample as 57 people answered they were not sure. This shows AI tendencies for skepticism, failing to reflect the actual level of trust.

AI shows some general awareness of innovation trends but misjudges core user preferences, brand perception, and satisfaction levels. It often shows users as more skeptical and less satisfied than they are. These results suggest that while AI can mimic broad market themes, it lacks the nuance needed to forecast consumer loyalty, insurer reputation, and emotional perception, critical for competitive positioning.

In terms of analysing the respondents perspective on the insurers, the real survey respondents consistently identified Sanitas (47% of respondents), Adeslas (40.9% of respondents), and UnitedHealthcare (39.1% of respondents) as the most recognized brands (Table 14), the best insurers in Table 13 with 41 respondents, 44 respondents, and 35 respondents respectively, and the most common current providers (Table 15), Adeslas with 12.2% of responses, Sanitas with 7.8% and UnitedHealthcare with 8.7%. In contrast, the AI generated responses overestimating other brands like Occident (25%), Zurich (29%), and Generali (10%), none of which were nearly as recognized. This reveals that while AI can list relevant insurers, it fails to capture actual brand trust, consumer preference, and usage patterns.

Table 13:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Do you prefer a health insurance plan with copays or without copays?	With copays	79	106 A
	Without copays	151 B	94
Would you be willing to pay more for freedom to choose any doctor?	No	59	89 A
	Yes	171 B	111
Which type of coverage do you value the most?	Primary care	45	39
	Specialist care	118 B	40
	Hospitalization	20	34 A
	Surgical procedures	36	44
	Wellness services	11	43 A
Which insurer do you currently think is the best for private health insurance?	Sanitas	41 B	6
	AXA	5	10
	Adeslas	44 B	8
	Agrupación Mutua	2	5
	Asisa	5	5
	DKV	7	11
	Mapfre	14	10
	Occident	3	16 A
	Zurich	4	15 A
	UnitedHealth Group (UnitedHealthcare)	35 B	6
	Molina Healthcare	1	10 A
	Kaiser Permanente	2	4
	Humana	9	17 A
	Health Care Service Corporation (HCSC)	2	10 A
	Elevance Health (formerly Anthem Inc.)	7	10
	Cigna	8	8
	CVS Health (including Aetna)	21 B	7
	Blue Cross Blue Shield Association (BCBSA)	20	7
	Generali	0 <sup>1</sup>	14
	Centene Corporation	0 <sup>1</sup>	12
PeopleKeep	0 <sup>1</sup>	9	
Which innovative features are most attractive to you?	Mobile health management apps	24	45 A
	Dental coverage included	74	48
	International coverage options	39	37
	Preventive care programs	63 B	37
How satisfied are you with your current health insurance plan?	Telemedicine services	30	33
	1	11	37 A
	2	8	42 A
	3	33	42
	4	89 B	36
How would you rate the ease of accessing private healthcare services?	5	89 B	43
	Very good	76 B	45
	Good	117 B	61
	Fair	28	48 A
Do you trust insurers to deliver what they promise?	Poor	9	46 A
	No	46	65 A
	Yes	127	102
	Not sure	57 B	33

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

Table 14:

			\$V18_agregated*SurveyT Crosstabulation		
			Survey Type		Total
			Real	Synthetic	
Recognized Insurers <sup>a</sup>	Sanitas	Count	108	49	157
		% within SurveyT	47.0%	24.5%	
	AXA	Count	72	55	127
		% within SurveyT	31.3%	27.5%	
	Adeslas	Count	94	58	152
		% within SurveyT	40.9%	29.0%	
	Agrupación Mutua	Count	60	51	111
		% within SurveyT	26.1%	25.5%	
	Asisa	Count	72	54	126
		% within SurveyT	31.3%	27.0%	
	DKV	Count	50	57	107
		% within SurveyT	21.7%	28.5%	
	Mapfre	Count	89	54	143
		% within SurveyT	38.7%	27.0%	
	Occident	Count	58	50	108
		% within SurveyT	25.2%	25.0%	
	Zurich	Count	67	49	116
		% within SurveyT	29.1%	24.5%	
	UnitedHealth Group (UnitedHealthcare)	Count	90	32	122
		% within SurveyT	39.1%	16.0%	
	Molina Healthcare	Count	44	44	88
		% within SurveyT	19.1%	22.0%	
	Kaiser Permanente	Count	35	40	75
		% within SurveyT	15.2%	20.0%	
	Humana	Count	64	45	109
		% within SurveyT	27.8%	22.5%	
	Health Care Service Corporation (HCSC)	Count	25	39	64
		% within SurveyT	10.9%	19.5%	
	Elevance Health (formerly Anthem Inc.)	Count	39	44	83
		% within SurveyT	17.0%	22.0%	
	Cigna	Count	47	48	95
		% within SurveyT	20.4%	24.0%	
	CVS Health (including Aetna)	Count	58	40	98
		% within SurveyT	25.2%	20.0%	
	Blue Cross Blue Shield Association (BCBSA)	Count	62	40	102
		% within SurveyT	27.0%	20.0%	
	Generali	Count	60	58	118
		% within SurveyT	26.1%	29.0%	
	Centene Corporation	Count	30	39	69
		% within SurveyT	13.0%	19.5%	
	PeopleKeep HRA Software	Count	19	42	61
		% within SurveyT	8.3%	21.0%	
<b>Total</b>		Count	230	200	430

Percentages and totals are based on respondents.

a. Group

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

Table 15:

**What is your current health insurance provider? \* Survey Type  
Crosstabulation**

% within Survey Type

		Survey Type		Total
		Real	Synthetic	
What is your current health insurance provider?	Sanitas	7.8%	4.0%	6.0%
	AXA	4.3%	3.0%	3.7%
	Adeslas	12.2%	6.0%	9.3%
	Agrupación Mutua		7.0%	3.3%
	Asisa	2.2%	3.5%	2.8%
	DKV	3.5%	4.0%	3.7%
	Mapfre	3.5%	3.5%	3.5%
	Occident	0.4%	6.0%	3.0%
	Zurich	0.9%	3.0%	1.9%
	UnitedHealth Group (UnitedHealthcare)	8.7%	2.0%	5.6%
	Molina Healthcare	1.7%	5.0%	3.3%
	Kaiser Permanente	2.6%	4.5%	3.5%
	Humana	1.3%	4.5%	2.8%
	Health Care Service Corporation (HCSC)	1.3%	5.0%	3.0%
	Elevance Health (formerly Anthem Inc.)	3.5%	4.5%	4.0%
	Cigna	2.6%	5.5%	4.0%
	CVS Health (including Aetna)	7.4%	3.5%	5.6%
	Blue Cross Blue Shield Association (BCBSA)	7.8%	6.0%	7.0%
	Aegon Seguros	0.4%		0.2%
	Ambetter	0.4%		0.2%
	Asistencia Sanitaria	0.9%		0.5%
	Don't have	7.0%		3.7%
	CASER Seguros	1.3%		0.7%
	Public primary care centers	3.5%		1.9%
	TriCare	0.4%		0.2%
	Clinicum through Swisscare	0.4%		0.2%
	Unidentified	1.7%		0.9%
	FIATC Seguros	0.4%		0.2%
	Generali	1.3%	10.0%	5.3%
	I'm not sure	0.4%		0.2%
	Sanitas through Zurich	0.4%		0.2%
	Oscar Health Insurance	4.8%		2.6%
	Obamacare	0.4%		0.2%
	Quartz Health Solutions	0.4%		0.2%
Sunshine health	0.4%		0.2%	
Swiss Care	1.7%		0.9%	
Priority Health	0.4%		0.2%	
No answer	1.3%		0.7%	
Centene Corporation		5.5%	2.6%	
PeopleKeep		4.0%	1.9%	
<b>Total</b>		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

When looking into question 16 in Annex G, AI was able to replicate some common topics found in human responses to open-ended questions, such as general concerns about service quality or coverage, but consistently fell short in capturing the emotional depth, practical specificity, and contextual knowledge present in real data. While real respondents frequently emphasized concrete motivations like “hospitalization”, “specialist care”, and “dental care”, the AI leaned

toward more abstract and generalized terms like “comprehensive coverage” and “mental health services”, and frequently duplicate concepts. Emotionally driven or sentiment-based responses (were almost entirely absent from the synthetic dataset. Additionally, AI underrepresented locally relevant details like “international travel use” or “included dental,” suggesting limited contextual sensitivity. This means that even though the AI-generated responses were grammatically correct and thematically relevant, they lack the authenticity and complexity of human expression.

**Analysis of Innovation & Trends, Behavior profile and purchase intent:**

Table 16:

		Survey Type	
		Real (A)	Synthetic (B)
		Count	Count
Do you currently use telemedicine services offered by your insurer?	No	138	104
	Yes	92	96
When was the last time you purchased or switched health insurance?	Never had private insurance	21	46 A
	Less than 1 year ago	61	53
	1–3 years ago	65	59
	Over 3 years ago	83 B	42
Are you considering purchasing or switching insurance within the next 12 months?	No	105	79
	Yes	72	73
	Not sure	53	48
How price-sensitive are you when buying health insurance?	Not sensitive at all	8	44 A
	2	15	37 A
	3	63	53
	4	71 B	35
	Extremely sensitive	73 B	31
Would you pay extra for coverage of new medical technologies?	High willingness	84	81
	Moderate willingness	94 B	60
	Low willingness	52	59
Do you find insurance terms and conditions easy to understand?	Always	67	64
	Sometimes	128 B	65
	Never	35	71 A
Have you ever felt misled or scammed by an insurance company?	No	180 B	114
	Yes	50	86 A

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

The telemedicine usage is one of the few variables where AI closely matches real data (Table 16) with the majority in both cases indicating they don’t currently use telemedicine services offered by their insurer (138 real participants and 104 synthetic responses). Similarly, when asked about switching or buying insurance in the next 12 months, both the real and synthetic data showed similar proportions across “Yes” and “Not sure” answers. Likewise, the willingness to pay for new medical tech is relatively well estimated, with similar proportions

for “High” and “Low” willingness between the two groups, though AI slightly underestimates the “Moderate willingness” (94 real responses and 60 synthetic ones), but still demonstrating decent predictive capability in these cases.

The insurance purchase history diverges significantly, while real respondents show a broader history, with 83 participants indicating they purchased their insurance “over 3 years ago”, AI overrepresents those who “never had private insurance” (46 synthetic responses and 21 real responses), since it tries to give more evenly spread responses, without considering the profiles and characteristics of the samples. In a similar way, regarding the understanding of terms and conditions, AI predicts far fewer “Sometimes” responses (128 real and 65 synthetic), and overrepresents “Never” (35 real and 71 synthetic), again trying to even out the number of answers.

On price sensitivity, AI significantly underestimates consumer caution with the option of “Extremely sensitive” responses dropping from 73 real to just 31 synthetic ones, it also inflates indifference: “Not sensitive at all” jumps from 8 real responses to 44 synthetic responses. Evidencing once again that the AI misjudges the cost-awareness of real consumers and tries to give more neutral and evenly divided responses in each question.

Finally, experience of being misled shows that even though the AI is capable of foreseeing that most of the respondents will state that they have not felt misled or scammed, it still evidences a strong mismatch with 50 real and 86 synthetic respondents saying “Yes”, which might suggest AI assumes greater consumer distrust or negative experiences than actually reported.

When looking into Annex H, it is proven that real participants provided highly concrete and experience-driven suggestions, such as “access to teleconsultations with primary care doctors,” “guaranteed dental coverage,” and “better care for chronic illnesses”. These reflect personal pain points, local context, and emotional undertones. In contrast, synthetic responses frequently repeated general terms like “AI enhancement”, “digitalization”, or “efficiency”, which, while relevant, lacked the nuanced and diverse expressions found in real data. The AI also failed to reflect culturally grounded needs suggesting that while it can simulate the form of human responses, it still falls short.

When analysing Annex I, a similar conclusion is made, Real respondents provided highly specific and emotionally driven answers, such as "inexplicable price increase", "misleading marketing," and "miscommunication about coverage," with many responses including personal anecdotes, dissatisfaction, and a sense of betrayal. In contrast, synthetic responses lacked specificity, with only a few generic replies repeated across entries. This discrepancy highlights the AI’s limited ability to simulate the emotional depth and contextual complexity of real human respondents, particularly when dealing with fraud, unmet expectations, or confusion over legal clauses. While the AI can generate plausible text, it underperforms in capturing authentic experiences, especially in areas requiring subjective, detailed, and emotionally charged expressions.

#### 4.4 Country-Specific Validation: Real vs Synthetic within Spain and USA.

In this subchapter we compare real and synthetic survey data within each country, Spain and the USA, to evaluate the ability of ChatGPT 4o to simulate national-level differences in behavior and preferences in the healthcare insurance market. This section evaluates specifically whether AI can adapt to cultural, economic, and systemic distinctions from each country, to help determine its potential for conducting accurate, country-specific market research.

Real vs Synthetic values in the Spanish market:

##### Analysis of Sociodemographic Variables:

Table 17:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Country	Cuba	5	0 <sup>1</sup>
	USA	7	0 <sup>1</sup>
	Spain	112	100 <sup>1</sup>
	México	1	0 <sup>1</sup>
	United Kingdom	0 <sup>1</sup>	0 <sup>1</sup>
Age recoded	18-30	50	48
	30-50	36	23
	51-85	39	29
Gender	Female	75	55
	Male	50	45
	Other / Prefer not to say	0 <sup>1</sup>	0 <sup>1</sup>
Educational Level	Elementary School	0 <sup>1</sup>	15
	Middle School	3	17 A
	High School	17	18
	Associate Degree or Community College	0 <sup>1</sup>	0 <sup>1</sup>
	Bachelor's Degree	63 B	11
	Master's Degree	37 B	15
	Doctorate Degree or PhD	5	24 A
Monthly income level	< 1.000€/< \$2.000	14	10
	1.000€-2.000€/\$2.001 - \$4.000	42	29
	2.001 € - 3.500 €/\$4.001 - \$6.000	37	35
	> 3.500€/> \$6.000	19	21
	I prefer not to say	13	5

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

As hinted in the previous block, since the AI was fed demographic information of each sample, it was able to mirror aspects like the gender, age groups, and monthly income levels with no statistically significant differences. Nevertheless, the AI only considered nationals when answering the country of origin, as previously debated. The level of education was also wrongly predicted, overestimating respondents with middle school (3 real and 17 synthetic responses) and PhD education (5 real and 24 synthetic responses), while underrepresenting respondents with bachelor's (63 real and 11 synthetic responses) and master's degrees (37 real and 15

synthetic responses). Overall, the AI was able to mimic the demographics shown in the prompt but fails to capture the educational composition seen in the Spanish data.

### Analysis of Perception and Purchasing Process:

Table 18:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Do you consider having private health insurance is important nowadays?	No	15	23 A
	Yes	104 B	67
	Not sure	6	10
What is your main reason for having (or considering having) private health insurance?	Access to Specialized Services	35	19
	Choice of Providers/Free choice	25	22
	Supplementing Public Programs	19	27 A
	Employer-Sponsored Coverage	1	0 <sup>1</sup>
	Preventive and Wellness Services	0 <sup>1</sup>	0 <sup>1</sup>
	Reduction of waiting lists	38	20
	Hospitalization in a single room	3	12 A
	It is a need/No other option	0 <sup>1</sup>	0 <sup>1</sup>
	I do not consider it essential	1	0 <sup>1</sup>
	Mandatory for processing the CUE	1	0 <sup>1</sup>
	Health coverage to reduce costs	1	0 <sup>1</sup>
	I do not have insurance	1	0 <sup>1</sup>
	On a scale from 1 to 5, how important is private health insurance to you?	Not important at all	9
2		2	17 A
3		20	22
4		32	22
Extremely important		62 B	19
Where do you usually look for information about health insurance?	Company websites	60 B	15
	Online comparison sites	15	20
	Insurance brokers or agents	13	22 A
	Personal recommendations	32	19
	Social media	0 <sup>1</sup>	24
	Employer Provided Insurance	2	0 <sup>1</sup>
	Own Professional Criterion	1	0 <sup>1</sup>
	No Research Since Birth	1	0 <sup>1</sup>
	No Search Conducted	1	0 <sup>1</sup>
Employer Offer for 50+ Employees vs Broker Advice Searched Individually	0 <sup>1</sup>	0 <sup>1</sup>	
How do you prefer to purchase health insurance?	Online (directly)	52 B	28
	Through an insurance agent/broker	29	23
	By phone	8	24 A
	In-person at an office	36	25
How long does it typically take you from researching to buying insurance?	Less than 1 week	42	32
	1-3 weeks	59 B	30
	1 month or more	24	38 A

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

The AI in the case of perceived importance of private insurance even though it was able to identify that the majority of the participants were going to confirm the significance of this service, the proportion estimates was significantly different than the real results (104 real results and 67 synthetic results), overestimating the negative responses to this question, which shows the AI underestimates the perceived value of private insurance in the Spanish context. Similarly, in the Likert-scale rating, 62 real respondents rated it as “Extremely important” compared to just 19 synthetic results, reinforcing that AI fails to capture the intensity of this perception.

When it comes to what motivates the Spanish sample to have private insurance, real responses prioritized “reduction of waiting lists” (38 real and 20 synthetic responses), while the AI overestimated “supplementing public programs” (27 synthetic and 19 real responses). Emotional or system-related motivations like “access to specialized services” (35 real and 19 synthetic) were also more common in real data, whereas AI inflated the number of people that valued single rooms when hospitalized (3 real and 12 synthetic).

For information research regarding health insurance real participants largely look on company websites (60 real and 15 synthetic), while AI overestimated social media use (24 synthetic and 0 real). AI also exaggerated the role of brokers when looking for information (22 synthetic and 13 real), showing a mismatch in understanding information habits in Spain. In a similar way, real respondents preferred buying insurance online directly (52 real and 28 synthetic), but the AI inflated phone-based purchasing (24 synthetic and 8 real).

Regarding purchase timelines, most real respondents took between 1 and 3 weeks (59 real and 30 synthetic), but the AI leaned toward a longer 1-month or more timeframe (38 synthetic and 24 real), suggesting it may overestimate consumer hesitation.

Table 19:

**\$V12\_agregated\*SurveyT Crosstabulation**

		Survey Type		Total		
		Real	Synthetic			
Factors influencing your choice <sup>a</sup>	Price	Count	69	47	116	
		% within SurveyT	55.2%	47.0%		
	Coverage options	Count	91	44	135	
		% within SurveyT	72.8%	44.0%		
	Provider network	Count	55	40	95	
		% within SurveyT	44.0%	40.0%		
	Speed of services	Count	55	46	101	
		% within SurveyT	44.0%	46.0%		
	Company reputation	Count	51	46	97	
		% within SurveyT	40.8%	46.0%		
	Ease of using digital services (apps websites)	Count	31	49	80	
		% within SurveyT	24.8%	49.0%		
	Customer service	Count	39	42	81	
		% within SurveyT	31.2%	42.0%		
	Claims and reimbursement processes	Count	17	40	57	
		% within SurveyT	13.6%	40.0%		
	<b>Total</b>		Count	125	100	225

Percentages and totals are based on respondents.

a. Group

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

The results from table 19 confirm patterns mentioned previously, how AI underestimates key real-world priorities like “coverage options” (72.8% real vs. 44% synthetic) and “price”, while overestimating factors like “claims/reimbursement” (40% synthetic vs. 13.6% real) and digital services. These differences are due to the fact that the AI tends to generalize and try to obtain equivalent responses in all the possible options, missing the concerns highlighted by real Spanish respondents.

### **Analysis of Preferences and competition:**

Regarding the copay (Table 20), the real respondents strongly preferred plans without copays (102 real responses and 46 synthetic), while the AI overestimated acceptance of copay plans (54 synthetic and 23 real). Similarly, when analyzing the coverage types, humans prioritized specialist care (77 real and 17 synthetic), while the AI leaned toward hospitalization (8 real, 22 synthetic) wellness services (5 real, 20 synthetic) and surgical procedures (13 real, 21 synthetic). However, both groups showed that they would pay to have freedom of choice of doctors, though the AI slightly underestimated it (real: 87, synthetic: 58).

In the case of the most selected innovative feature, the real responses highlighted dental coverage (40) and preventive care (37), while the AI emphasized mobile apps (24), projecting more tech-driven preferences than reported.

When talking about satisfaction, higher levels were clearly more common in real responses, especially top score 5 (48 real, and 26 synthetic). AI predicted more dissatisfaction, overestimating responses of 1 and 2 (21 and 19 respectively). Real respondents were also more positive, rating the ease of access to this type of insurance as mostly “good” (67 real vs. 35 synthetic) and “very good” (42 real vs. 23 synthetic), while AI projected more “fair” and “poor” responses. Nevertheless, in the case of the respondent's confidence that insurers will deliver on their promises there was a more divided opinion around the human participants, with 30 choosing “not sure”, whereas AI predicted more decisive stances, slightly favoring "yes".

When analyzing the different insurers, the AI underestimates the most valued companies (Table 20) like Adeslas (44 real and 8 synthetic) and Sanitas (41 real and 6 synthetic), while giving more value to companies like Zurich (4 real and 15 synthetic), Occident (3 real and 16 synthetic) or Generali (0 real and 14 synthetic). Something similar happens when establishing which are the most recognized insurers (Table 21) and the insurer with more participants as clients (Table 22). The real results show that Sanitas is recognized by 86.4% (49% synthetic) and 14.4% (8% synthetic) of the participants in the survey are clients, and Adeslas is recognized by 75,2% (58% synthetic) , with 22.4% (12% synthetic) of the people surveyed as clients.

The analysis of the open-ended question 16 (responses in Annex J): “What services do you consider essential in a health insurance plan?” shows that real responses are more diverse, specific, and human-centered than the synthetic ones. Real participants mentioned distinct needs such as direct access to specialists and different specialties, fast diagnostics without waiting lists, or access to tests and treatments, it varies greatly. In contrast, even though the synthetic responses can capture the more common or at least commonly known services it only generated three general responses and copied these same responses for different participants.

This indicates that while AI can generalize and produce broad plausible categories, it lacks the depth, complexity and contextual awareness shown by actual respondents when asked about essential services.

Table 20:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Do you prefer a health insurance plan with copays or without copays?	With copays	23	54 A
	Without copays	102 B	46
Would you be willing to pay more for freedom to choose any doctor?	No	38	42
	Yes	87	58
Which type of coverage do you value the most?	Primary care	22	20
	Specialist care	77 B	17
	Hospitalization	8	22 A
	Surgical procedures	13	21 A
	Wellness services	5	20 A
Which insurer do you currently think is the best for private health insurance?	Sanitas	41 B	6
	AXA	5	10
	Adeplas	44 B	8
	Agrupación Mutua	2	5
	Asisa	5	5
	DKV	7	11
	Mapfre	14	10
	Occident	3	16 A
	Zurich	4	15 A
	UnitedHealth Group (UnitedHealthcare)	0 <sup>1</sup>	0 <sup>1</sup>
	Molina Healthcare	0 <sup>1</sup>	0 <sup>1</sup>
	Kaiser Permanente	0 <sup>1</sup>	0 <sup>1</sup>
	Humana	0 <sup>1</sup>	0 <sup>1</sup>
	Health Care Service Corporation (HCSC)	0 <sup>1</sup>	0 <sup>1</sup>
	Elevance Health (formerly Anthem Inc.)	0 <sup>1</sup>	0 <sup>1</sup>
	Cigna	0 <sup>1</sup>	0 <sup>1</sup>
	CVS Health (including Aetna)	0 <sup>1</sup>	0 <sup>1</sup>
	Blue Cross Blue Shield Association (BCBSA)	0 <sup>1</sup>	0 <sup>1</sup>
	Generali	0 <sup>1</sup>	14
	Centene Corporation	0 <sup>1</sup>	0 <sup>1</sup>
PeopleKeep	0 <sup>1</sup>	0 <sup>1</sup>	
Which innovative features are most attractive to you?	Mobile health management apps	10	24 A
	Dental coverage included	40	22
	International coverage options	22	20
	Preventive care programs	37	20
How satisfied are you with your current health insurance plan?	Telemedicine services	16	14
	1	8	21 A
	2	4	19 A
	3	23	16
	4	42 B	18
How would you rate the ease of accessing private healthcare services?	5	48 B	26
	Very good	42	23
	Good	67 B	35
	Fair	14	24 A
Do you trust insurers to deliver what they promise?	Poor	2	18 A
	No	24	28
	Yes	71	66
	Not sure	30 B	6

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

Table 21:

**\$V18\_agregated\*SurveyT Crosstabulation**

		Survey Type		Total	
		Real	Synthetic		
Recognized Insurers <sup>a</sup>	Sanitas	Count	108	49	157
		% within SurveyT	86.4%	49.0%	
	AXA	Count	72	55	127
		% within SurveyT	57.6%	55.0%	
	Adeslas	Count	94	58	152
		% within SurveyT	75.2%	58.0%	
	Agrupación Mutua	Count	60	51	111
		% within SurveyT	48.0%	51.0%	
	Asisa	Count	72	54	126
		% within SurveyT	57.6%	54.0%	
	DKV	Count	50	57	107
		% within SurveyT	40.0%	57.0%	
	Mapfre	Count	89	54	143
		% within SurveyT	71.2%	54.0%	
	Occident	Count	58	50	108
		% within SurveyT	46.4%	50.0%	
	Zurich	Count	67	49	116
		% within SurveyT	53.6%	49.0%	
	Generali	Count	60	58	118
		% within SurveyT	48.0%	58.0%	
Total		Count	125	100	225

Percentages and totals are based on respondents.

a. Group

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

Table 22:

**What is your current health insurance provider? \* Survey Type  
Crosstabulation**

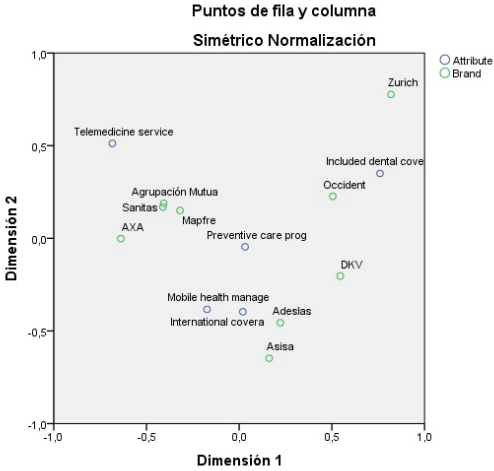
% within Survey Type

		Survey Type		Total
		Real	Synthetic	
What is your current health insurance provider?	Sanitas	14.4%	8.0%	11.6%
	AXA	8.0%	6.0%	7.1%
	Adeslas	22.4%	12.0%	17.8%
	Agrupación Mutua		14.0%	6.2%
	Asisa	4.0%	7.0%	5.3%
	DKV	6.4%	8.0%	7.1%
	Mapfre	6.4%	7.0%	6.7%
	Occident	0.8%	12.0%	5.8%
	Zurich	1.6%	6.0%	3.6%
	CVS Health (including Aetna)	1.6%		0.9%
	Blue Cross Blue Shield Association (BCBSA)	1.6%		0.9%
	Aegon Seguros	0.8%		0.4%
	Asistencia Sanitaria	1.6%		0.9%
	Don't have	11.2%		6.2%
	CASER Seguros	2.4%		1.3%
	Public primary care centers	5.6%		3.1%
	Clinicum through Swisscare	0.8%		0.4%
	Unidentified	0.8%		0.4%
	FIATC Seguros	0.8%		0.4%
	Generali	2.4%	20.0%	10.2%
	Sanitas through Zurich	0.8%		0.4%
	Oscar Health Insurance	1.6%		0.9%
	Swiss Care	3.2%		1.8%
No answer	0.8%		0.4%	
Total		100.0%	100.0%	100.0%

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

The Graph 1 shown below is made using the responses from the real survey participants for question 20, where they had to associate each innovate feature with one specific company. Analyzing this map you can interpret that for the feature “Dental coverage included” Occident seem to be closer to the attribute in the tope right corner of the map, which means that thius company should be among the top brands associated with this attribute. In the case of “International coverage options” and “Mobile health management apps” the closest brands on the map are Adeslas and Asisa which means that these companies are strongly positioned in the minds of consumers as providers with robust international coverage, and must be closely aligned with tech-based services in health insurance. With “Preventive care programs” the closest brand on the map is Mapfre, indicating this brand could be seen as proactive in offering preventive services. For the “Telemedicine services” feature the are no close companies on the map.

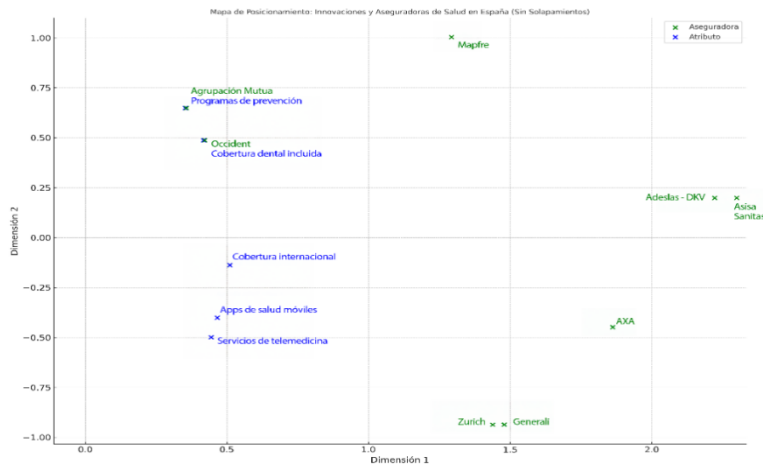
Graph 1: Positioning Map Crossing Spanish Companies and Innovative Features (Question 20).



Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain (2025).

The Graph 2 was obtained by asking ChatGPT 4o to generate a positioning map associating each feature to the most relevant company for that feature. Nevertheless, when compared with the map obtained by SPSS it shows that clearly the AI was not able to reproduce these results, which makes sense taking into consideration the difficulty it is showing to predict more simpler analysis.

Graph 2: Positioning Map Crossing Spanish Companies and Innovative Features Created by AI.



Source: Created by ChatGPT 4o based on a list of companies in Spain and features (2025).

### Analysis of Innovation & Trends, Behavior profile and purchase intent:

Table 23:

		Survey Type	
		Real (A)	Synthetic (B)
		Count	Count
Do you currently use telemedicine services offered by your insurer?	No	77	57
	Yes	48	43
When was the last time you purchased or switched health insurance?	Never had private insurance	16	23 A
	Less than 1 year ago	28	32
	1-3 years ago	33	34
	Over 3 years ago	48 B	11
Are you considering purchasing or switching insurance within the next 12 months?	No	56	43
	Yes	36	43 A
	Not sure	33 B	14
How price-sensitive are you when buying health insurance?	Not sensitive at all	4	20 A
	2	10	15
	3	31	30
	4	41 B	21
	Extremely sensitive	39 B	14
Would you pay extra for coverage of new medical technologies?	High willingness	45	44
	Moderate willingness	53 B	27
	Low willingness	27	29
Do you find insurance terms and conditions easy to understand?	Always	33	30
	Sometimes	75 B	38
	Never	17	32 A
Have you ever felt misled or scammed by an insurance company?	No	98 B	56
	Yes	27	44 A

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

Table 23 shows that even though the AI was capable of predicting that real respondents in the majority are currently not using telemedicine services offered by their insurance company, the rest of the questions were wrongly predicted.

Analyzing the last time the participants switched or hired health insurance a noticeable difference is seen, while most real respondents selected the “Over 3 years ago” option, the AI was not able to match this result (48 real vs. 11 synthetic), also overestimating the option “Never had private insurance” (16 real vs. 23 synthetic), meaning AI underrepresents long-term customers and overrepresents recent engagement or switching behavior.

In the case of the purchase intentions, the AI gave the same response to options “Yes” and “No” (43 synthetic responses), while the real participants leaned more to a negative response (56 real responses), suggesting the majority was not thinking of switching or buying insurance in the next twelve months. AI also underestimated the uncertainty of the real sample which had 33 participants indicating they were not sure about the change, but only 14 synthetic responses for this option. Something similar occurs in relation to the price sensitivity, real respondents are more price-sensitive (41 said “4” and 39 “Extremely sensitive” vs. AI’s 21 and 14). Meanwhile, the AI overestimated those “Not sensitive at all” (20 synthetic vs. 4 real replies), misjudging price as a less influential factor. Due to not understanding this price sensitivity, AI did not match the real respondents “moderate willingness” to pay for extra coverage or new services (53 real responses vs. 27 synthetic responses).

When it comes to understanding insurance terms, real respondents mostly replied that they only “sometimes” do they understand insurance terms (75 real replies vs. 38 synthetic), whereas AI overestimated the “Never” category (32 synthetic responses vs. 17 real), implying that AI believes users find insurance harder to understand than what they actually do. This could also influence in how it overpredicted the number of people that would express they have felt misled or scammed, 44 synthetic users said “Yes” compared to only 27 real, even though it was able to understand that the majority of the sample was going to say they have not felt misled, there is still a major gap in proportion (98 real respondents vs. only 56 synthetic), suggesting AI overrepresents distrust. Conversely, confirming AI’s bias toward negative assumptions in customer experience.

The Annex K reveals the answers for the open-ended questions question 26, when interpreting these results it is noticeable that while the AI was capable of detecting general services the sample slightly mentioned, it did not cover the most mentioned subjects like improving dental services and making use of AI tools to improve services, and failed to match the complexity of the human responses, generating only 4 responses that were repeated for different synthetic respondents.

Similarly, when analyzing the answers obtained for question 33 presented in Annex L the AI was able to replicate the human tone and expressions, but lacked the variety and sentiment expressed in the human responses. Most of the real answers were related to misinformation and lack of clarity from the insurance agency when asking for or hiring a service, while the AI focused on three basic answers that were copied for different users.

Real vs Synthetic values in the USA market:  
**Analysis of Sociodemographic Variables:**

For this data set (Results from United States Survey), the first blocks analysis is quite similar to the one from the Spanish respondents. Since the AI was given certain demographic values beforehand (age groups, gender and monthly income), it was able to correctly imitate these characteristics in the synthetic results. Therefore, it is shown in Table 24 how the real and synthetic responses both favor the age group of 18 to 30 years old (46 real vs. 48 synthetic), how gender distribution is correctly mirrored with the majority of the respondents being female (61 real vs. 56 synthetic), and it accurately reflects income distributions favoring as well as the real respondents the income level group of \$2,001 to \$4,000 (38 real responses vs. 36 synthetic responses). Nevertheless, the AI is not capable of matching demographic characteristics that have not been given to him before, evidenced when looking into the results it predicted for the education level, where it inflates the amount of High School (9 real vs. 18 synthetic) graduates and PhDs (7 real vs. 16 synthetic), underestimating the number of Bachelor’s Degree (59 real vs. 15 synthetic).

The AI also defaulted the country of origin of all its responses to the country where the survey was being conducted, in this case United States, omitting small groups within the sample that though born in other countries have or have had health insurance in the USA, like the case of Cuban participants (6 real vs. 0 synthetic).

Table 24:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Country	Cuba	6	0 <sup>1</sup>
	USA	97	100 <sup>1</sup>
	Spain	1	0 <sup>1</sup>
	México	0 <sup>1</sup>	0 <sup>1</sup>
	United Kingdom	1	0 <sup>1</sup>
Age recoded	18-30	46	48
	30-50	43	39
	51-85	16	13
Gender	Female	61	56
	Male	44	44
	Other / Prefer not to say	0 <sup>1</sup>	0 <sup>1</sup>
Educational Level	Elementary School	0 <sup>1</sup>	12
	Middle School	0 <sup>1</sup>	7
	High School	9	18 A
	Associate Degree or Community College	11	14
	Bachelor's Degree	59 B	15
	Master's Degree	19	18
	Doctorate Degree or PhD	7	16 A
Monthly income level	< 1.000€/< \$2.000	7	5
	1.000€-2.000€/ \$2.001 - \$4.000	38	36
	2.001 € - 3.500 €/ \$4.001 - \$6.000	32	34
	> 3.500€/ > \$6.000	26	24
	I prefer not to say	2	1

Source: Own elaboration using SPSS, based on responses from the surveys conducted in the USA and survey results given by ChatGPT 4o (2025).

### **Analysis of Perception and Purchasing Process:**

The results from table 25 show that AI underestimated the importance the sample gave to having private health insurance, 91 real respondents said private insurance is important against only 37 synthetic respondents, as well as not matching the importance level the real respondents gave (67 real respondents rated insurance as "Extremely important" vs. 23 synthetic) by overestimating "Not important at all" (2 real responses and 15 synthetic responses) and level 2 responses (5 real responses and 24 synthetic responses). In both questions the AI tried to give the equivalent number of responses to each option, without evaluating the sample's tendencies. It also failed to predict the main reason why people chose to have private health insurance; real participants gave priority to the access to specialists (35 responses against) whereas the AI emphasized the choice of providers (21 responses against 10 real responses) and supplementing public programs (23 responses against 6 real responses).

In terms of information real users preferred personal recommendations (28 respondents vs. 19 synthetic respondents) and company websites (35 respondents vs. 26 synthetic respondents), while AI emphasized social media (15 synthetic, 0 real). This suggests AI imagines more digital-centric behavior than reality supports, however, for the purchase channel most real respondents chose direct online channels (45 responses vs. 25 synthetic responses), while AI significantly overestimated phone (29 responses vs. 13 real responses) and in-person (27 responses vs. 16 real responses) purchases, implying a misjudgment in channel preferences. Regarding the time to purchase, real respondents typically needed between 1 and 3 weeks (45 responses vs. 41 synthetic responses) or less than a week (44 responses vs. 22 synthetic responses), while AI leaned toward longer times (1 month or more, 37 responses vs. 16 real responses), suggesting AI misjudges decision speed.

Table 25:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Do you consider having private health insurance is important nowadays?	No	7	32 A
	Yes	91 B	37
	Not sure	7	31 A
What is your main reason for having (or considering having) private health insurance?	Access to Specialized Services	35	23
	Choice of Providers/Free choice	10	21 A
	Supplementing Public Programs	6	23 A
	Employer-Sponsored Coverage	24	18
	Preventive and Wellness Services	27	15
	Reduction of waiting lists	0 <sup>1</sup>	0 <sup>1</sup>
	Hospitalization in a single room	0 <sup>1</sup>	0 <sup>1</sup>
	It is a need/No other option	2	0 <sup>1</sup>
	I do not consider it essential	0 <sup>1</sup>	0 <sup>1</sup>
	Mandatory for processing the CUE	0 <sup>1</sup>	0 <sup>1</sup>
	Health coverage to reduce costs	1	0 <sup>1</sup>
	I do not have insurance	0 <sup>1</sup>	0 <sup>1</sup>
On a scale from 1 to 5, how important is private health insurance to you?	Not important at all	2	15 A
	2	5	24 A
	3	14	15
	4	17	24
	Extremely important	67 B	22
Where do you usually look for information about health insurance?	Company websites	35	26
	Online comparison sites	15	24
	Insurance brokers or agents	22	16
	Personal recommendations	28	19
	Social media	0 <sup>1</sup>	15
	Employer Provided Insurance	3	0 <sup>1</sup>
	Own Professional Criterion	0 <sup>1</sup>	0 <sup>1</sup>
	No Research Since Birth	0 <sup>1</sup>	0 <sup>1</sup>
	No Search Conducted	1	0 <sup>1</sup>
Employer Offer for 50+ Employees vs Broker Advice Searched Individually	1	0 <sup>1</sup>	
How do you prefer to purchase health insurance?	Online (directly)	45 B	25
	Through an insurance agent/broker	31	19
	By phone	13	29 A
	In-person at an office	16	27 A
How long does it typically take you from researching to buying insurance?	Less than 1 week	44	41
	1–3 weeks	45 B	22
	1 month or more	16	37 A

Source: Own elaboration using SPSS, based on responses from the surveys conducted in the USA and survey results given by ChatGPT 4o (2025).

Table 26:

**\$V12\_agregated\*SurveyT Crosstabulation**

			Survey Type			
			Real	Synthetic	Total	
Factors influencing your choice <sup>a</sup>	Price	Count	56	31	87	
		% within SurveyT	53.3%	31.0%		
	Coverage options	Count	72	30	102	
		% within SurveyT	68.6%	30.0%		
	Provider network	Count	44	28	72	
		% within SurveyT	41.9%	28.0%		
	Speed of services	Count	27	28	55	
		% within SurveyT	25.7%	28.0%		
	Company reputation	Count	50	37	87	
		% within SurveyT	47.6%	37.0%		
	Ease of using digital services (apps websites)	Count	23	31	54	
		% within SurveyT	21.9%	31.0%		
	Customer service	Count	30	27	57	
		% within SurveyT	28.6%	27.0%		
	Claims and reimbursement processes	Count	15	33	48	
		% within SurveyT	14.3%	33.0%		
	<b>Total</b>		Count	105	100	205

Percentages and totals are based on respondents.

a. Group

Source: Own elaboration using SPSS, based on responses from the surveys conducted in the USA and survey results given by ChatGPT 4o (2025).

From table 26, we can determine that the top factors influencing the choice between insurance companies are different for the real and synthetic samples. For the real respondents the top drivers are coverage options (68.6% vs. 30% synthetic), price (53.3% vs. 31% synthetic), and provider network (41.9% vs. 28% synthetic). Meanwhile, the AI overestimated claims/reimbursement processes (33.0% vs. 14.3% real) and digital service usability (31.0% vs. 21.9% real), indicating a bias toward efficiency-related features over substantive coverage factors.

### Analysis of Preferences and competition:

Table 27 shows that AI could foresee the real responses of the people surveyed in relation to their choice of copay plan, since both real (56 responses) and synthetic (52 responses) data highlights plans with copays. It was also capable of recognizing the appeal of dental coverage included (34 real; 26 synthetic). However, it is not as effective in predicting the rest of the answers from this block.

In the case of the freedom to choose a doctor, 84 real respondents were willing to pay more for this service, compared to only 53 in the synthetic group. In parallel, real respondents prioritize specialist care coverage (41 responses vs. 23 synthetic responses), whereas synthetic data equally favors surgical procedures and wellness services (23 responses each).

When analyzing satisfaction and trust, both seemed higher for real respondents than for the synthetic ones, for example 47 real participants rated “4” and 41 participants rated “5” the level of satisfaction with their current health plan, versus synthetic’s 18 and 17 responses, respectively. AI consequently overestimated dissatisfaction (rating in level “1” 6 synthetic vs 1 real). For the trust estimation, the synthetic responses were mostly stating their distrust (37

responses for “No” vs. 22 real responses), while the real participants evidenced their trust (56 said "Yes" vs. 36 synthetic responses).

Table 27:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Do you prefer a health insurance plan with copays or without copays?	With copays	56	52
	Without copays	49	48
Would you be willing to pay more for freedom to choose any doctor?	No	21	47 A
	Yes	84 B	53
Which type of coverage do you value the most?	Primary care	23	19
	Specialist care	41 B	23
	Hospitalization	12	12
	Surgical procedures	23	23
	Wellness services	6	23 A
Which insurer do you currently think is the best for private health insurance?	Sanitas	0 <sup>1</sup>	0 <sup>1</sup>
	AXA	0 <sup>1</sup>	0 <sup>1</sup>
	Adeslas	0 <sup>1</sup>	0 <sup>1</sup>
	Agrupación Mutua	0 <sup>1</sup>	0 <sup>1</sup>
	Asisa	0 <sup>1</sup>	0 <sup>1</sup>
	DKV	0 <sup>1</sup>	0 <sup>1</sup>
	Mapfre	0 <sup>1</sup>	0 <sup>1</sup>
	Occident	0 <sup>1</sup>	0 <sup>1</sup>
	Zurich	0 <sup>1</sup>	0 <sup>1</sup>
	UnitedHealth Group (UnitedHealthcare)	35 B	6
	Molina Healthcare	1	10 A
	Kaiser Permanente	2	4
	Humana	9	17
	Health Care Service Corporation (HCSC)	2	10 A
	Elevance Health (formerly Anthem Inc.)	7	10
	Cigna	8	8
	CVS Health (including Aetna)	21 B	7
	Blue Cross Blue Shield Association (BCBSA)	20 B	7
	Generali	0 <sup>1</sup>	0 <sup>1</sup>
	Centene Corporation	0 <sup>1</sup>	12
PeopleKeep	0 <sup>1</sup>	9	
Which innovative features are most attractive to you?	Mobile health management apps	14	21
	Dental coverage included	34	26
	International coverage options	17	17
	Preventive care programs	26	17
	Telemedicine services	14	19
How satisfied are you with your current health insurance plan?	1	3	16 A
	2	4	23 A
	3	10	26 A
	4	47 B	18
	5	41 B	17
How would you rate the ease of accessing private healthcare services?	Very good	34	22
	Good	50 B	26
	Fair	14	24 A
	Poor	7	28 A
Do you trust insurers to deliver what they promise?	No	22	37 A
	Yes	56 B	36
	Not sure	27	27

Source: Own elaboration using SPSS, based on responses from the surveys conducted in the USA and survey results given by ChatGPT 4o (2025).

Annex M shows the answers to the question 16 for the USA data sets, if analysing real and synthetical responses, as mentioned many times already the AI even though capable of mentioning some common general services that people in USA might consider essential it cannot represent the variety and complexity shown in the answers from the human participants. Even though many answers from the real sample showed interest in hospitalization, emergencies, and dental, or preventive, primary or specialized care, the answers where very different for each user, depending on what they personally consider essential, while the AI only had five preestablished answers repeated among the synthetic users, these are: access to mental health services, better reimbursement process, and faster appointments, access to out-of-network doctors with partial coverage would be great, better integration between hospitals and insurers to avoid duplicate paperwork, lower premiums without cutting benefits, especially for families with children, and more transparency on pricing and expanded access to telehealth for chronic conditions.

Table 28:

**§V18\_agregated\*SurveyT Crosstabulation**

		Survey Type		Total	
		Real	Synthetic		
Recognized Insurers <sup>a</sup>	UnitedHealth Group (UnitedHealthcare)	Count	90	32	122
		% within SurveyT	85.7%	32.0%	
	Molina Healthcare	Count	44	44	88
		% within SurveyT	41.9%	44.0%	
	Kaiser Permanente	Count	35	40	75
		% within SurveyT	33.3%	40.0%	
	Humana	Count	64	45	109
		% within SurveyT	61.0%	45.0%	
	Health Care Service Corporation (HCSC)	Count	25	39	64
		% within SurveyT	23.8%	39.0%	
	Elevance Health (formerly Anthem Inc.)	Count	39	44	83
		% within SurveyT	37.1%	44.0%	
	Cigna	Count	47	48	95
		% within SurveyT	44.8%	48.0%	
	CVS Health (including Aetna)	Count	58	40	98
		% within SurveyT	55.2%	40.0%	
	Blue Cross Blue Shield Association (BCBSA)	Count	62	40	102
		% within SurveyT	59.0%	40.0%	
	Centene Corporation	Count	30	39	69
		% within SurveyT	28.6%	39.0%	
PeopleKeep HRA Software	Count	19	42	61	
	% within SurveyT	18.1%	42.0%		
<b>Total</b>		<b>Count</b>	<b>105</b>	<b>100</b>	<b>205</b>

Percentages and totals are based on respondents.  
a. Group

Source: Own elaboration using SPSS, based on responses from the surveys conducted in the USA and survey results given by ChatGPT 4o (2025).

For the comparison between companies, it is clear in table 27, 28 and 29, that even though the AI can recognize the companies in the market, it is not capable of knowing the value the participants will give to each of them. UnitedHealthcare (35 responses vs. 6 synthetic), CVS (21 responses vs. 7 synthetic), and Blue Cross Blue Shield (20 responses vs. 7 synthetic) where selected by the real respondents as the most important insurers in the USA market and the most common current insurers for 19%, 14.3% and 15.2% of real participants. Meanwhile AI

favoured others that were not considered as important, or as commonly used like Humana, Molina Healthcare and Centene Corporation. UnitedHealthcare (85.7%) was also the most recognized in the real survey, alongside Humana (61%), in the synthetic data the most recognized was Cigna (48%). Confirming that while the AI may generate plausible insurer names, it struggles to replicate real-world brand trust and recognition patterns rooted in user experience and market exposure.

Table 29:

**What is your current health insurance provider? \* Survey Type  
Crosstabulation**

% within Survey Type

		Survey Type		Total
		Real	Synthetic	
What is your current health insurance provider?	UnitedHealth Group (UnitedHealthcare)	19.0%	4.0%	11.7%
	Molina Healthcare	3.8%	10.0%	6.8%
	Kaiser Permanente	5.7%	9.0%	7.3%
	Humana	2.9%	9.0%	5.9%
	Health Care Service Corporation (HCSC)	2.9%	10.0%	6.3%
	Elevance Health (formerly Anthem Inc.)	7.6%	9.0%	8.3%
	Cigna	5.7%	11.0%	8.3%
	CVS Health (including Aetna)	14.3%	7.0%	10.7%
	Blue Cross Blue Shield Association (BCBSA)	15.2%	12.0%	13.7%
	Ambetter	1.0%		0.5%
	Don't have	1.9%		1.0%
	Public primary care centers	1.0%		0.5%
	TriCare	1.0%		0.5%
	Unidentified	2.9%		1.5%
	I'm not sure	1.0%		0.5%
	Oscar Health Insurance	8.6%		4.4%
	Obamacare	1.0%		0.5%
	Quartz Health Solutions	1.0%		0.5%
	Sunshine health	1.0%		0.5%
	Priority Health	1.0%		0.5%
No answer	1.9%		1.0%	
Centene Corporation			11.0%	5.4%
PeopleKeep			8.0%	3.9%
<b>Total</b>		100.0%	100.0%	100.0%

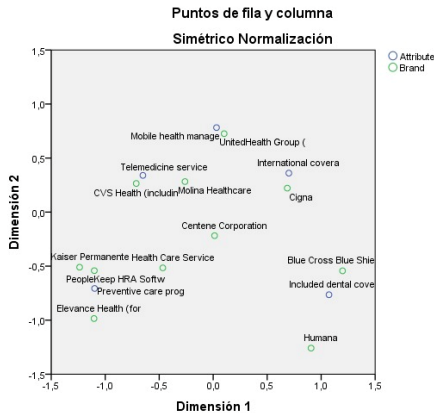
Source: Own elaboration using SPSS, based on responses from the surveys conducted in the USA and survey results given by ChatGPT 4o (2025).

Graph 3 was created using the responses from the real survey participants for question 20, where they had to associate each innovative feature with one specific company. When interpreted it shows that UnitedHealth Group is strongly associated with Mobile Health Management Apps, suggesting that users perceive this insurer as a leader in digital innovation; Blue Cross Blue Shield (BCBS) is closely linked with Included Dental Coverage, indicating a strong positioning on basic health benefit inclusivity; Cigna and International Coverage Options are situated near each other, pointing to a perceived strength in cross-border or travel-related health services; CVS Health and Telemedicine Services cluster together, highlighting the brand’s perceived

digital accessibility and virtual care options; and Kaiser Permanente, HCSC, and Elevance Health are grouped in the lower-left quadrant near Preventive Care Programs and PeopleKeep, indicating shared user perception of a focus on wellness or traditional plan structure.

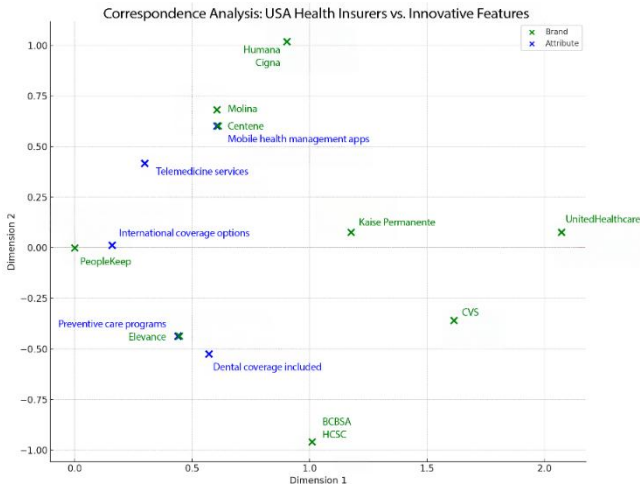
When comparing this analysis with the Graph 4 created by ChatGPT 4o, asking it to generate a positioning map associating each feature with the most relevant company for that feature. However, when compared with the map obtained by SPSS, as seen in the previous section, AI was clearly not able to reproduce these results, which makes sense taking into consideration the difficulty it is showing to predict simpler analysis. Even though it seems to have given slightly better results than for the Spanish data set.

Graph 3: Positioning Map Crossing American Companies and Innovative Features (Question 20)



Source: Own elaboration using SPSS, based on responses from the surveys conducted in the USA (2025).

Graph 4: Positioning Map Crossing American Companies and Innovative Features Created by AI.



Source: Created by ChatGPT 4o based on a list of USA companies and features (2025).

**Analysis of Innovation & Trends, Behavior profile and purchase intent:**

When analyzing the results shown in Table 30 it is visible that AI was unable to predict once again the human survey results. When being asked about the use of telemedicine services offered by their insurer the human sample expressed that they are in majority currently not using these services (61 real responses), while the AI answered the opposite (53 synthetic responses for “Yes”).

Regarding the last time the participants switched or purchased their health insurance, the real sample has more respondents that switched over 3 years ago (35 responses vs. 31 synthetic responses), nevertheless, the AI distributes the number of responses more evenly across options, missing user trends, and overestimates those who have never had private insurance (23 responses vs. 5 real responses). In a similar way, even though both AI and the real sample agree that most of them are not thinking of switching insurance in the next 12 months, the AI tends again to distributes answers more evenly, thus significantly overestimating uncertainty ("Not sure" 34 synthetic responses vs. 20 real responses).

In relation to price sensitivity, it has been demonstrated throughout the study that AI underestimates cost sensitivity in real respondents. Real responses tend toward high price sensitivity "level 4" (30 responses vs. 14 synthetic responses) and "Extremely sensitive" (34 responses vs. 17 synthetic responses), which means the AI inflates the options "Not sensitive at all" (24 responses vs. 4 real responses) and “2” (22 responses vs. 5 real responses). Strangely, both groups favour high or moderate willingness to pay (Real: 39 responses for “high willingness” 41 responses for “moderate willingness”; Synthetic: 37responses for “high willingness”, and 33 responses for “moderate willingness”).

AI overestimates people who claimed to “Never” understand insurance terms (39 responses vs. 18 real responses), while most real respondents say “Sometimes” (53 responses vs. 27 synthetic responses). This might also explain why AI significantly overrepresents people who felt scammed (42 responses vs. 23 real responses) when the majority of the human participants answered “No” (82 responses vs. 58 synthetic responses). AI overemphasizes dissatisfaction, missing a more trusting real user base.

Table 30:

		Survey Type	
		Real (A) Count	Synthetic (B) Count
Do you currently use telemedicine services offered by your insurer?	No	61	47
	Yes	44	53
When was the last time you purchased or switched health insurance?	Never had private insurance	5	23 A
	Less than 1 year ago	33	21
	1–3 years ago	32	25
	Over 3 years ago	35	31
Are you considering purchasing or switching insurance within the next 12 months?	No	49	36
	Yes	36	30
	Not sure	20	34 A
How price-sensitive are you when buying health insurance?	Not sensitive at all	4	24 A
	2	5	22 A
	3	32	23
	4	30 B	14
	Extremely sensitive	34 B	17
Would you pay extra for coverage of new medical technologies?	High willingness	39	37
	Moderate willingness	41	33
	Low willingness	25	30
Do you find insurance terms and conditions easy to understand?	Always	34	34
	Sometimes	53 B	27
	Never	18	39 A
Have you ever felt misled or scammed by an insurance company?	No	82 B	58
	Yes	23	42 A

Source: Own elaboration using SPSS, based on responses from the surveys conducted in the USA and survey results given by ChatGPT 4o (2025).

Annex N reflects the answers for the question 26 for USA, and similar to the rest of open-ended questions, although AI was able to mention some general innovative services that could want to be included by people in the USA, it cannot predict the versatility in responses, missing very important topics asked by the human participants like more innovation for dental health insurance, and for it to be included in all plans, more affordable options, easier forms of fast access and communication with doctors and specialists. Meanwhile as already demonstrated, the AI can only give a precise number of open responses repeated for multiple synthetic participants. Likewise, the Annex O shows the answers for the last question of the survey, question 33, and again the AI can generate five commonly mentioned issues that can affect users of private health insurance in the USA but lacks the capability of generating more complex and different responses for each user. A lot of the issues mentioned by the human participants was related to unclarity or misleading communication, to not notified payments, or insufficient coverage, while the synthetic responses generated where: hidden 'facility fees' in copay; emergency room visits with unexpected charges; promised dental coverage with very reduced procedures, doctor not in network when communicated otherwise; services rejected and out-of-network after promising coverage.

#### **4.5 Interpretation of Results and Practical Implications: AI's Role in Market Research.**

In general AI demonstrated a noticeable capability in replicating demographic characteristics when provided the explicit data, such as age, gender, and monthly income level. It was successful in aligning certain general preferences in open and closed ended questions, such as the popularity of dental coverage and preventive care programs and understanding broad trends in telemedicine usage and willingness to pay for new technologies. However, AI failed to accurately predict specific consumer behaviours and priorities. It significantly underestimated price sensibility, or the importance consumers assigned to private health insurance, misjudged urgency in decision-making, and inaccurately reflected key priorities such as specialist care coverage, copay preferences, and provider flexibility. AI responses also lacked authenticity, emotional depth, and cultural specificity in open-ended questions, only generating a small group of general responses.

##### **Implications for AI in Survey Research:**

The analysis suggests that while AI can simulate broad demographic patterns and some generalized consumer behaviours, it currently lacks the basic understanding necessary for accurately predicting detailed human responses. AI is best positioned as a complement rather than a full replacement for traditional survey methodologies, particularly useful in preliminary research phases or in scenarios where obtaining real data is challenging.

Synthetic data can effectively complement real data collection by identifying overarching trends and providing initial insights but still cannot fully replace traditional surveys due to lack of depth and precision in matching consumer-specific, culturally contextual, and emotionally complex responses.

##### **Practical Implications for Insurance Companies and Market Researchers:**

**Recommendations for Insurance Companies:** Adapt offerings to national contexts by focusing on country-specific preferences identified in real data. For instance, emphasize specialist care in the U.S. and reduced waiting times in Spain. Utilize AI-generated data for preliminary market analysis to quickly identify general trends and potential opportunities. Prioritize clarity and transparency in communications, particularly around coverage options and pricing, as this was highlighted as a common area of concern.

**Recommendations for Researchers Using AI:** Use synthetic data to enhance rather than replace traditional survey approaches. Synthetic data is valuable for hypothesis generation and broad market scanning but requires supplementation with real-world data for accuracy. Improve AI prompts by integrating more detailed contextual information, including educational levels, motivations, and cultural nuances, to enhance the specificity and reliability of synthetic responses.

**Recommendations for Platforms like ChatGPT in Market Analysis:** Enhance the platform's contextual and emotional recognition capabilities to produce more authentic responses, particularly for open-ended and sentiment-driven questions. Increase training datasets with

more diverse demographic, geographic, and culturally specific data to improve accuracy and reliability in market research contexts. Develop specialized AI tools tailored specifically for market research applications to bridge current gaps in predictive accuracy and nuanced response generation.

#### **4.6 Integration with Literature and Theoretical Contributions:**

The analysis presented in this thesis shows significant differences between the capabilities of Artificial Intelligence (specifically generative AI using ChatGPT 4o) in predicting market research results and the actual consumer behaviours obtained through traditional survey methods. These findings contrast notably with previous literature that suggested a substantial potential for AI in market research, specifically its predictive power and ability to accurately simulate human responses (Bhattacharya et al., 2025; Team Insights, 2023). The results from my research align closely with Murphy (2025), who underscores critical limitations in AI, such as its inability to adequately capture emotional depth, contextual nuance, and subtleties of consumer behaviour in complex market contexts like insurance.

Specifically, this study found that AI succeeded primarily where it was pre-fed explicit demographic information, gender, age, and monthly income, but consistently failed in all areas requiring predictions, including educational level, importance ratings, purchasing preferences, brand loyalty, and perceptions of innovation. The findings validate the warnings of Murphy (2025), who argued that without explicit human guidance and contextual grounding, AI-generated insights would likely fall short, particularly in emotionally charged scenarios such as insurance market behaviour.

Moreover, this research echoes concerns noted in comparative studies of technology adoption, which identified significant cross-cultural differences affecting digital preferences and behaviours (McKinsey Global Institute, 2024). In line with this, the study reveals that AI's predictive limitations are exacerbated in cross-national contexts, where subtle but critical cultural differences significantly impact consumer behaviour and decision-making processes, challenging the AI's ability to produce accurate localized responses.

This study makes several key theoretical contributions to academic literature, particularly regarding AI's role and limitations in market research.

**Understanding AI's Limitations and Potential:** The findings substantially contribute to understanding the limitations of generative AI, highlighting that current AI technologies are limited to reproducing known demographic patterns but lack the deeper predictive capabilities theorized in previous studies (Team Insights, 2023). While the literature initially posited AI as a transformative tool capable of accurately simulating and forecasting consumer preferences, the empirical evidence reveals substantial shortcomings, thereby contributing to a more balanced and realistic theoretical perspective on AI's actual role and potential.

**Cross-National Consumer Behaviour Modelling:** This research underscores the importance of contextual and cultural factors in modelling consumer behaviours across national boundaries. By comparing Spain and the USA, it becomes clear that AI's inability to capture culturally

embedded market knowledge significantly restricts its predictive accuracy. This finding expands theoretical understandings rooted in international marketing theories (Hofstede's cultural dimensions) and cross-cultural research methodology, reinforcing the importance of explicit human contextual input in multinational research designs.

**Validating Synthetic Data Techniques:** Contrary to optimistic literature promoting synthetic data as a viable or superior alternative to traditional data collection (Nationwide, 2024), the findings here present a cautious narrative. Synthetic data generated through AI in this study was unable to replicate the depth and complexity of real consumer responses, particularly regarding emotionally charged and subjective responses. Which mean the study contributes theoretically by establishing clear boundaries to the utility of synthetic data, emphasizing it as a complementary rather than a replacement tool:

- **Clarifying Contributions to Literature:** In addressing the gaps identified previously in the literature, this research specifically contributes to.
- **AI's Predictive Validity:** The study provides empirical validation challenging the predictive power of AI in market research, directly confronting optimistic assumptions and presenting evidence for a more nuanced view of AI's practical limitations.
- **Cross-Cultural Digital Preferences:** It reinforces and expands upon literature that stresses the need for explicit human-driven cultural contextualization, highlighting that AI's generalized patterns derived from global data sets cannot substitute for localized market insights, especially in culturally distinct markets like Spain and the USA.
- **Comparative AI Analysis:** This thesis contributes significantly to the limited comparative research on AI-driven market insights, illustrating that AI performance varies not only by task but critically by cultural context, regulatory environment, and market-specific dynamics.
- **Insurance Industry Application:** By specifically investigating health insurance markets, the study provides an industry-specific context that clearly demonstrates AI's limitations due to the complexity, emotion, and context-dependent nature of insurance products, something previously underrepresented in the AI marketing research literature.

#### **4.7 Challenges and Future Opportunities: Discuss any challenges encountered and potential areas for further research.**

Throughout the research, several key challenges were encountered, reflecting intrinsic limitations both in the methodology employed and in the application of Artificial Intelligence (AI) itself.

Firstly, there was notable sampling bias, primarily due to the demographic composition of the respondents. The real survey datasets for Spain and the USA predominantly featured females aged 18 to 30, reflecting my personal and professional networks used to disseminate the survey. Such a demographic skew inherently limits the generalizability of the findings across broader segments of the population, potentially obscuring important behavioral insights from different age, gender, or socioeconomic groups.

Moreover, cultural and political biases significantly impacted survey responses and AI-generated predictions. Previous chapters clearly outlined the vast differences between the regulatory environments, healthcare systems, and insurance market dynamics of Spain and the USA. Cultural perceptions regarding insurance, such as the higher reliance on private health services in the USA versus the supplemental role of private insurance in Spain, manifested distinctly in survey responses. AI struggled particularly in recognizing and interpreting these subtle but crucial cultural distinctions, confirming that contextualization remains a major challenge for AI-based methods.

The research also highlighted significant limitations of the synthetic model generated by ChatGPT. Despite its advanced NLP capabilities, the model was primarily effective only when explicitly provided with demographic inputs beforehand. It consistently failed to generate realistic responses regarding deeper psychological, behavioral, and emotional dimensions of insurance decision-making, such as purchasing motivations, trust perceptions, and brand preferences. This limitation aligns with Murphy's (2025) critique that current generative AI lacks the contextual understanding and emotional intelligence to realistically simulate nuanced human behaviors.

The synthetic responses generated by ChatGPT showed significant differences when compared to the human survey results. These limitations included:

- **Overgeneralization and homogenization:** AI-generated responses lacked diversity and tended toward evenly distributing answers rather than accurately capturing the clear preferences or intense responses observed in real-world data.
- **Inability to predict unknown demographics:** Without prior knowledge of specific demographic details such as educational attainment, AI produced significantly inaccurate representations. For example, it overestimated lower education levels and misaligned responses with actual demographic realities.
- **Lack of emotional and cultural nuance:** Particularly evident in open-ended responses, AI consistently failed to reflect authentic emotional experiences or culturally grounded expectations, crucial elements in insurance market research.
- **These limitations indicate that while AI can mimic some superficial survey outcomes, it remains inadequate as a standalone predictive tool for detailed market analysis, especially in cross-cultural scenarios.**

**Combining AI and Real Samples in Hybrid Methods:** Given the demonstrated strengths and weaknesses of both AI and traditional survey methods, a hybrid approach emerges as a promising avenue for future research. By combining AI-generated synthetic data with real-world survey responses, several benefits could potentially be realized. AI could rapidly generate preliminary data sets for exploratory research, allowing for faster iterations of survey designs and hypothesis testing. Real survey data could continuously calibrate and refine AI predictions, mitigating biases and inaccuracies by grounding AI-generated insights in empirically validated results. Leveraging AI for initial phases of data collection could significantly reduce costs, enabling larger-scale studies or deeper diving into specific segments without compromising data quality. Future research should therefore explore methodologies for effectively integrating

AI-generated synthetic data and real survey responses, creating iterative, feedback-driven systems that leverage human insight to optimize AI performance.

## 5. CONCLUSIONS

This thesis aimed to analyse the potential of Artificial Intelligence in market research within the health insurance sector, comparing real survey responses from people in Spain and the United States with AI-generated synthetic responses. The research revealed significant insights and several critical limitations of current generative AI capabilities, particularly when used for predictive market research.

The analysis demonstrated that AI's predictions aligned only with explicitly provided demographic details such as age, gender, and monthly income, highlighting its strength in mimicking given characteristics. However, AI failed to simulate deeper human responses related to consumer preferences, purchase motivations, trust perceptions, and brand loyalty. This indicates that despite the rapid and scalable data-generation capabilities of AI, it lacks the cultural and emotional intelligence necessary to fully predict real-world consumer behaviours, especially across culturally distinct markets like Spain and the USA.

Given these limitations, synthetic data generated by AI should currently be viewed as a tool to complement market resource rather than a replacement for the traditional methods. A hybrid approach combining real-world data with AI-generated insights seems to be a promising direction, potentially offering more accurate, contextually relevant, and economically viable solutions for companies and market researchers.

For researchers in the insurance sector, the results imply a need for country-specific market research strategies, highlighting the importance of cultural context and human oversight when using AI tools in research. Additionally, researchers are encouraged to further explore methods to enhance AI realism, particularly regarding cultural embedding, emotional intelligence, and diversified training datasets.

Ultimately, this study contributes significantly to the academic and practical understanding of AI's role in international market research, clearly defining both the current limitations and future potential of AI. It call for a cautious but optimistic approach, recognizing AI's strengths in efficiency and scalability while underlining the indispensable role of human interpretation and cultural awareness in deriving accurate market insights.

## REFERENCES

- Agency Forward Editorial Team. (2024, May 17). Actionable AI: A guide for insurance agents. *Agency Forward® - Nationwide*. <https://agentblog.nationwide.com/agency-management/technology/actionable-ai-a-guide-for-insurance-agents/>
- AI & Europe in brief AI. (2024, July 2). *Spain, above the EU average in AI adoption*. European Newsroom. <https://europeannewsroom.com/spain-above-the-eu-average-in-ai-adoption/>
- Alkhelb, A. A., & Alshagrawi, S. (2025). Role of artificial intelligence in healthcare insurance: Systematic literature review. *Exploration of Digital Health Technologies*, 3, 101145. <https://doi.org/10.37349/edht.2025.101145>
- AP News. (2023, January 18). *Spaniards spending record high on private health insurance*. AP News. <https://apnews.com/article/health-madrid-spain-public-business-ea8e03ace38f0586bf393f64523f05a6>
- Barberá, L. C. (2024). *Artificial-intelligence-and-the-insurance-industry-regulatory-and-market-perspectives*. 20. <https://www.conorseguerosdigital.com/almacen/pdf/artificial-intelligence-and-the-insurance-industry-regulatory-and-market-perspectives.pdf#:~:text=EIOPA%20published%20on%2030%20April,life%20and%20life>
- Bhattacharya, S., Castignani, G., Masello, L., & Sheehan, B. (2025). AI revolution in insurance: Bridging research and reality. *Frontiers in Artificial Intelligence*, 8, 1568266. <https://doi.org/10.3389/frai.2025.1568266>
- Cummins, J. D., & Rubio-Misas, M. (2006). Deregulation, Consolidation, and Efficiency: Evidence From the Spanish Insurance Industry | Request PDF. *ResearchGate*. <https://doi.org/10.1353/mcb.2006.0029>
- Fitch Ratings. (2024, June 10). *Industry Profile and Operating Environment: Spanish Insurance*. Fitch Ratings. <https://www.fitchratings.com/research/insurance/industry-profile-operating-environment-spanish-insurance-10-06-2024>
- Gharawi, M. A., Pardo, T. A., & Guerrero, S. (2009). Issues and strategies for conducting cross-national e-government comparative research. *Proceedings of the 3rd International Conference on Theory and Practice of Electronic Governance*, 163, 170. <https://doi.org/10.1145/1693042.1693076>
- Halper, F. (n.d.). *Text Analytics: The Hurwitz Victory Index Report*.
- Holland, C. (2022). *Artificial Intelligence (AI) and Digital Transformation in the Insurance Market: A Case Study Analysis of BGL Group*. <http://hdl.handle.net/10125/79890>
- K, S., & Sridevi, J. (2024). Exploring the Synergy of AI and Blockchain in Insurance: A Bibliometric Mapping and Analysis of Research Trends. *South Eastern European Journal of Public Health*, 2811, 2826. <https://doi.org/10.70135/seejph.vi.2543>

Kiselev, M. V. (n.d.). *PolyAnalyst. A MACHINEDISCOVERYSYSTEM INFEJ RING FUNCTIONALPROGRAMS.*

Lenihan, H., & Mulligan, K. (2025, March 25). One size does not fit all: A cross-country comparison of policy instruments used to support firm-level innovation and science. *Enterprise Research Centre*. <https://www.enterpriseresearch.ac.uk/publications/one-size-does-not-fit-all-a-cross-country-comparison-of-policy-instruments-used-to-support-firm-level-innovation-and-science/>

MAPFRE. (n.d.). *Ranking of Insurance Groups in Latin America*. MAPFRE. Retrieved March 15, 2025, from <https://www.mapfre.com/en/mapfreeconomics/sector-information/ranking-insurance-groups-latin-america/>

MAPFRE. (2022a). 2021 Ranking of insurance groups in Latin America. *MAPFRE*.

MAPFRE. (2022b). The spanish insurance market in 2022. *MAPFRE*.

MAPFRE. (2024). 2023 Ranking of insurance groups in Latin America. *MAPFRE*.

McKinsey Global Institute. (2024, October 1). *AI in Europe: A new opportunity for growth | McKinsey*. <https://www.mckinsey.com/capabilities/quantumblack/our-insights/time-to-place-our-bets-europes-ai-opportunity>

Mullins, M., Holland, C. P., & Cunneen, M. (2021). Creating ethics guidelines for artificial intelligence and big data analytics customers: The case of the consumer European insurance market. *Patterns*, 2(10), 100362. <https://doi.org/10.1016/j.patter.2021.100362>

Murphy, L. (2025, March 14). *The Role of Artificial Intelligence in Market Research: Opportunities and Limitations*. Greenbook. <https://www.greenbook.org/insights/the-prompt-ai/the-role-of-artificial-intelligence-in-market-research-opportunities-and-limitations>

Nationwide. (2024a, May 13). How AI is transforming the insurance industry. *Agency Forward® - Nationwide*. <https://agentblog.nationwide.com/agency-management/technology/how-ai-is-transforming-the-insurance-industry/>

Nationwide. (2024b, August 22). *Applied AI: A Guide to AI in Insurance: Use Cases, Examples, and Statistics | Tribe AI*. Tribe AI. <https://www.tribe.ai/applied-ai/ai-in-insurance>

Prajapati, M. N. (2021). Influence of AI and Machine Learning in Insurance Sector. *Department of Computing Science, MSc. Data Science and AI, Bournemouth University, UK*. [file:///C:/Users/dany9/Downloads/NitinPrajapati\\_RMPI\\_Research\\_Peaper\\_Jan2022.pdf](file:///C:/Users/dany9/Downloads/NitinPrajapati_RMPI_Research_Peaper_Jan2022.pdf)

R&I Editorial Team. (2024, March 14). *Insurance Industry Increasingly Adopting AI Technologies, Study Shows*. Risk & Insurance. <https://riskandinsurance.com/insurance-industry-increasingly-adopting-ai-technologies-study-shows/>

Riikinen, M., Saarijärvi, H., Sarlin, P., & Lähteenmäki, I. (2018). Using artificial intelligence to create value in insurance. *International Journal of Bank Marketing*, 36(6), 1145, 1168. <https://doi.org/10.1108/IJBM-01-2017-0015>

- Rostami, M., Hosseini, S. H., Samami, M., Soltanmohamadi, S., & Rahmani, S. (2024). The Role of Artificial Intelligence in Marketing Supplemental Health Insurance: A Scoping Review for Challenges and Opportunities. *Journal of Archives in Military Medicine*, 12(4). <https://doi.org/10.5812/jamm-158253>
- Rudden, J. (2025, January 17). *Global insurance market share by country*. Statista. <https://www.statista.com/statistics/1045207/market-share-of-insurance-worldwide-by-country/>
- Salway, S. M., Higginbottom, G., Reime, B., Bharj, K. K., Chowbey, P., Foster, C., Friedrich, J., Gerrish, K., Mumtaz, Z., & O'Brien, B. (2011). Contributions and challenges of cross-national comparative research in migration, ethnicity and health: Insights from a preliminary study of maternal health in Germany, Canada and the UK. *BMC Public Health*, 11, 514. <https://doi.org/10.1186/1471-2458-11-514>
- Selvakumar, L., & Shanmugam, V. (2024). Impact of artificial intelligence and machine learning in the insurance industry: A bibliometric analysis 2000-2022. *AIP Conference Proceedings*, 3112(1), 020026. <https://doi.org/10.1063/5.0211582>
- Snowflake. (2021). *The Role of AI in Insurance*. Snowflake. <https://www.snowflake.com/trending/role-ai-insurance/>
- Statista Research Department. (2025, January 29). *Topic: Insurance industry in Spain*. Statista. <https://www.statista.com/topics/7257/insurance-industry-in-spain/>
- Taneja, S., Bisht, V., & Kukreti, M. (2024). Revolutionizing Insurance Practices Through Advanced Data Alchemy. In S. Taneja, P. Kumar, Reepu, M. Kukreti, & E. Özen (Eds.), *Data Alchemy in the Insurance Industry* (pp. 119, 131). Emerald Publishing Limited. <https://doi.org/10.1108/978-1-83608-582-920241018>
- Team Insights. (2023, February 2). ChatGPT and Implications for Market Research. *Market Research & Data Collection Services Company | Data Analytics Consulting - InsightsOpinion*. <https://insightsopinion.com/market-research/chatgpt-and-implications-for-market-research/>
- Teutloff, J. K. (2025). Revolutionizing Market Research with Artificial Intelligence. In *New Horizons in Leadership: Inclusive Explorations in Health, Technology, and Education* (pp. 413, 434). IGI Global Scientific Publishing. <https://doi.org/10.4018/979-8-3693-6437-6.ch018>
- Thakur, A. (n.d.). *Market Determinants Impacting Distributed Ledger Technology, and AI-Based Architectures in the Healthcare Industry*.
- Vendor Landscape: Big Data Text Analytics*. (n.d.). Forrester. Retrieved March 15, 2025, from <https://www.forrester.com/report/vendor-landscape-big-data-text-analytics/RES122598>
- Wang, J., & Yang, J. G. S. (n.d.). *Data Mining Techniques for Auditing Attest Function and Fraud Detection*.

## ANNEXES

**Annex A Surveys applied to the health insurance clients in Spain and USA. Additional annexes include the prompt used for ideas from chat GPT and the result given from the AI.**

### ENCUESTA ESPAÑA (ESPAÑOL)

#### Datos sociodemográficos

1. País: \_\_\_\_\_
2. Edad: \_\_\_\_\_
3. Género:
  - a. Masculino
  - b. Femenino
  - c. Otro / Prefiere no decirlo
4. Nivel educativo:
  - a. Primaria
  - b. Secundaria
  - c. Formación profesional
  - d. Universitario
5. Nivel de ingresos mensuales:
  - a. Menos de 1.000 €
  - b. 1.000 € - 2.000 €
  - c. 2.001 € - 3.500 €
  - d. Más de 3.500 €

#### Capítulo 1: Percepción del seguro de salud

6. ¿Considera que disponer de un seguro de salud privado es importante hoy en día?
  - a. Sí
  - b. No
  - c. No sabe / No contesta
7. ¿Cuál es su principal motivo para tener (o considerar tener) un seguro de salud privado?
  - a. Reducción de listas de espera
  - b. Acceso directo a especialistas
  - c. Libre elección de profesionales y centros médicos
  - d. Hospitalización en habitación individual

- e. Cobertura de servicios no disponibles en la sanidad pública
  - f. Otros (especifique): \_\_\_\_\_
8. En una escala de 1 a 5, ¿qué importancia le da al seguro de salud privado?  
(1 = Nada importante, 5 = Muy importante)

## Capítulo 2: Proceso de compra

9. ¿Dónde suele informarse sobre seguros de salud?
- a. Internet / Páginas web de aseguradoras
  - b. Comparadores online
  - c. Corredores o agentes de seguros
  - d. Recomendaciones personales
  - e. Redes sociales
  - f. Otros (especifique): \_\_\_\_\_
10. ¿Dónde prefiere contratar un seguro de salud?
- a. Online (directamente)
  - b. A través de un corredor/agente
  - c. Por teléfono
  - d. Presencialmente en oficina
11. ¿Qué factores considera más importantes al elegir una aseguradora? (Seleccione hasta 3)
- a. Precio
  - b. Cobertura de servicios
  - c. Red de hospitales y médicos
  - d. Rapidez de atención
  - e. Reputación de la marca
  - f. Facilidad de uso de la app o servicios digitales
  - g. Atención al cliente
  - h. Reembolsos y facilidades de pago
12. ¿Cuánto tiempo suele tardar desde que empieza a buscar información hasta que contrata un seguro?
- a. Menos de 1 semana
  - b. Entre 1 y 3 semanas
  - c. 1 mes o más

## Capítulo 3: Preferencias de producto

13. ¿Prefiere un seguro de salud con copago o sin copago?
- a. Con copago (pago por servicio)

- b. Sin copago (todo incluido)
14. ¿Estaría dispuesto a pagar más por un seguro que le permita libre elección de médicos?
- a. Sí
  - b. No
15. ¿Qué tipo de cobertura le resulta más relevante?
- a. Medicina general
  - b. Especialidades médicas
  - c. Hospitalización
  - d. Cirugía
  - e. Servicios de bienestar (psicología, nutrición, fisioterapia)
16. ¿Qué servicios considera imprescindibles en un seguro de salud? (Pregunta abierta, respuesta breve)

#### **Capítulo 4: Competencia de mercado**

17. ¿Conoce las siguientes aseguradoras? (Marque todas las que conozca)
- a. Sanitas
  - b. Generali
  - c. Occident
  - d. AXA
  - e. Agrupación Mutua
  - f. Adeslas
  - g. Asisa
  - h. DKV
  - i. Zurich
  - j. Mapfre
18. ¿Cuál considera la mejor aseguradora de salud privada actualmente en España?
19. ¿Qué características valora más en un producto de seguro innovador?
- a. Telemedicina
  - b. Cobertura dental incluida
  - c. Programas de prevención de enfermedades
  - d. Apps de gestión de salud
  - e. Coberturas internacionales

#### **Capítulo 5: Satisfacción del cliente**

20. ¿Qué nivel de satisfacción tiene con su seguro de salud actual? (Escala de 1 a 5: 1 = Muy insatisfecho, 5 = Muy satisfecho)
21. ¿Cómo evaluaría la facilidad de acceso a la atención médica privada?

- a. Muy buena
- b. Buena
- c. Regular
- d. Mala

22. ¿Confía en que las aseguradoras cumplen lo prometido en sus contratos?

- a. Sí
- b. No
- c. No sabe / No contesta

### **Capítulo 6: Innovación y tendencias**

23. ¿Utiliza actualmente servicios de telemedicina ofrecidos por su aseguradora?

- a. Sí
- b. No

24. ¿Qué innovaciones le gustaría ver en los seguros de salud en los próximos años?  
(Pregunta abierta, respuesta breve)

### **Capítulo 7: Perfil de comportamiento e intención de compra**

25. ¿Cuándo fue la última vez que contrató o cambió de seguro de salud?

- a. Menos de 1 año
- b. 1-3 años
- c. Más de 3 años
- d. Nunca he tenido seguro privado

26. ¿Está considerando contratar o cambiar de seguro en los próximos 12 meses?

- a. Sí
- b. No
- c. No estoy seguro

27. ¿Qué tan sensible es al precio en la decisión de compra de un seguro de salud? (Escala 1-5: 1 = Nada sensible, 5 = Muy sensible)

28. ¿Qué disposición tendría a pagar más por un seguro que cubra nuevas tecnologías médicas?

- a. Alta
- b. Media
- c. Baja

### **Capítulo 8: Evaluación de productos y fraude**

29. ¿Cree que las condiciones de los seguros son claras y comprensibles?

- a. Siempre
- b. A veces
- c. Nunca

30. ¿Ha sentido alguna vez que fue víctima de prácticas poco transparentes en el sector asegurador?

- a. Sí (¿Puede describir brevemente qué ocurrió?)
- b. No

## **SURVEY USA (ENGLISH)**

### **Sociodemographic Data**

1. Country: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Gender:
  - a. Male
  - b. Female
  - c. Other / Prefer not to say
4. Educational level:
  - a. High school or less
  - b. Some college
  - c. Bachelor's degree
  - d. Graduate degree
5. Monthly income level:
  - a. Less than \$2,000
  - b. \$2,001 - \$4,000
  - c. \$4,001 - \$6,000
  - d. Over \$6,000

### **Chapter 1: Health Insurance Perception**

6. Do you consider having private health insurance is important nowadays?
  - a. Yes
  - b. No
  - c. Not sure
7. What is your main reason for having (or considering having) private health insurance?
  - a. Employer-Sponsored Coverage
  - b. Access to Specialized Services
  - c. Choice of Providers
  - d. Supplementing Public Programs

- e. Preventive and Wellness Services
  - f. Other (please specify): \_\_\_\_\_
8. On a scale from 1 to 5, how important is private health insurance to you?  
(1 = Not important at all, 5 = Extremely important)

## **Chapter 2: Purchasing Process**

4. Where do you usually look for information about health insurance?
- Company websites
  - Online comparison sites
  - Insurance brokers or agents
  - Personal recommendations
  - Social media
  - Other (please specify): \_\_\_\_\_
5. How do you prefer to purchase health insurance?
- Online (directly)
  - Through an insurance agent/broker
  - By phone
  - In-person at an office
6. What are the top factors influencing your choice of insurer? (Select up to 3)
- Price
  - Coverage options
  - Provider network
  - Speed of services
  - Company reputation
  - Ease of using digital services (apps, websites)
  - Customer service
  - Claims and reimbursement processes
7. How long does it typically take you from researching to buying insurance?
- Less than 1 week
  - 1, 3 weeks
  - 1 month or more

## **Chapter 3: Product Preferences**

8. Do you prefer a health insurance plan with copays or without copays?
- With copays
  - Without copays
9. Would you be willing to pay more for freedom to choose any doctor?

- Yes
- No

10. Which type of coverage do you value the most?

- Primary care
- Specialist care
- Hospitalization
- Surgical procedures
- Wellness services (mental health, nutrition, physical therapy)

11. What services do you consider essential in a health insurance plan? (Open-ended)

#### **Chapter 4: Market Competition**

12. Which of the following insurers do you recognize? (Check all that apply)

- UnitedHealth Group (UnitedHealthcare)
- Cigna
- Humana
- Elevance Health (formerly Anthem Inc.)
- Centene Corporation
- PeopleKeep HRA Software
- CVS Health (including Aetna)
- Kaiser Permanente
- Health Care Service Corporation (HCSC)
- Molina Healthcare
- Blue Cross Blue Shield Association (BCBSA)

13. Which insurer do you currently think is the best for private health insurance?

14. Which innovative features are most attractive to you?

- Telemedicine services
- Dental coverage included
- Preventive care programs
- Mobile health management apps
- International coverage options

#### **Chapter 5: Customer Satisfaction**

15. How satisfied are you with your current health insurance plan? (Scale 1-5: 1 = Very dissatisfied, 5 = Very satisfied)

16. How would you rate the ease of accessing private healthcare services?

- Very good
- Good
- Fair
- Poor

17. Do you trust insurers to deliver what they promise?

- Yes
- No
- Not sure

### **Chapter 6: Innovation and Trends**

18. Do you currently use telemedicine services offered by your insurer?

- Yes
- No

19. What new services or innovations would you like to see in health insurance? (Open-ended)

### **Chapter 7: Behavioral Profile and Purchase Intent**

20. When was the last time you purchased or switched health insurance?

- Less than 1 year ago
- 1, 3 years ago
- Over 3 years ago
- Never had private insurance

21. Are you considering purchasing or switching insurance within the next 12 months?

- Yes
- No
- Not sure

22. How price-sensitive are you when buying health insurance? (Scale 1-5: 1 = Not sensitive at all, 5 = Extremely sensitive)

23. Would you pay extra for coverage of new medical technologies?

- High willingness
- Moderate willingness
- Low willingness

### **Chapter 8: Product Evaluation and Fraud Detection**

24. Do you find insurance terms and conditions easy to understand?

- Always
- Sometimes
- Never

25. Have you ever felt misled or scammed by an insurance company?

- Yes (please describe briefly)
- No

## Annex A.1: Prompt Used

Below you can find the prompt used to obtain questions from the AI. Several questions were already proposed before asking the AI, and some were modified and added after analyzing the answer the AI gave:

Prompt: "Act as an expert in market research specialized in the international insurance sector. You are designing two market surveys for an insurance company, specifically focusing on health insurance services operating both in Spain and the United States.

Project Objective:  
Compare the actual survey results in both countries with the predictions generated by AI (ChatGPT) to evaluate the capability of artificial intelligence as a market research tool.

Specific instructions for building the surveys:

- Create two parallel questionnaires, one in Spanish (for Spain) and one in English (for the United States).
- Adapt the questions to the cultural, regulatory, and market particularities of each country, but maintain thematic consistency so that the results are comparable.
- Each question must have a clear and justified research purpose. Avoid "filler" questions.
- Organize the questions into sections or chapters according to the type of information sought.
- Include closed-ended questions, multiple-choice questions, Likert scale questions, and some open-ended questions, but keep the open-ended questions to a minimum and ensure they are well-justified.

Suggested Sections/Chapters:

- Perception of health insurance:  
Do consumers believe that health insurance is important or necessary?
- Purchase process:  
How do they prefer to purchase health insurance services?  
Where do they seek information?  
Where do they purchase it?  
Key factors for choosing an insurer (price, coverage, reputation, customer service, etc.).
- Product preferences:  
Do they prefer insurance with copayments or without copayments?

What type of general health insurance are they most willing to pay for?

- **Market competition:**  
Which insurers do they consider the best among the top 5 in the country?  
Which products or services do they find most useful or attractive?
- **Customer satisfaction:**  
General level of satisfaction with the available health insurance options in their country.  
Ease of access, perceived value, trust in insurance companies.
- **Innovation and trends:**  
New services or innovations that consumers already use or would like to see in the sector. Emerging products or coverages that they consider important.
- **Behavioral profile and purchase intention:**  
Attitudinal evaluation towards insurance. Future purchase intention segmented by gender, age, and socioeconomic level. Risk behaviour and price sensitivity.
- **Product evaluation and fraud:**  
Perception of the transparency and ease of use of products. Opinions on possible fraud or malpractice in the sector.

Additional methodological aspects:

- Make sure to include questions that help analyze consumer behaviour, pricing strategies, market competitiveness, risk assessment, customer segmentation, and fraud detection.
- In some questions, include response subgroups cross-referenced by gender, age, or socioeconomic level to allow segmentation analysis.

Final notes:

- Questions should be clear, neutral, and not lead the respondents.
- If a question requires response options, provide them appropriately for each market.

**Annex A.2: Answer provided by AI (ChatGPT):**

 **ENCUESTA ESPAÑA (ESPAÑOL)**

**Capítulo 1: Percepción del seguro de salud**

1. ¿Considera que disponer de un seguro de salud privado es importante hoy en día?
  - Sí
  - No
  - No sabe / No contesta
  
2. ¿Cuál es su principal motivo para tener (o considerar tener) un seguro de salud privado?
  - Acceso más rápido a servicios médicos
  - Mejores especialistas
  - Mayor comodidad y trato personalizado
  - Cobertura de servicios no disponibles en la sanidad pública
  - Otros (especifique): \_\_\_\_\_
  
3. En una escala de 1 a 5, ¿qué importancia le da al seguro de salud privado?  
(1 = Nada importante, 5 = Muy importante)

## **Capítulo 2: Proceso de compra**

4. ¿Dónde suele informarse sobre seguros de salud?
  - Internet / Páginas web de aseguradoras
  - Comparadores online
  - Corredores o agentes de seguros
  - Recomendaciones personales
  - Redes sociales
  - Otros (especifique): \_\_\_\_\_
  
5. ¿Dónde prefiere contratar un seguro de salud?

- Online (directamente)
  - A través de un corredor/agente
  - Por teléfono
  - Presencialmente en oficina
6. ¿Qué factores considera más importantes al elegir una aseguradora? (Seleccione hasta 3)
- Precio
  - Cobertura de servicios
  - Red de hospitales y médicos
  - Rapidez de atención
  - Reputación de la marca
  - Facilidad de uso de la app o servicios digitales
  - Atención al cliente
  - Reembolsos y facilidades de pago
7. ¿Cuánto tiempo suele tardar desde que empieza a buscar información hasta que contrata un seguro?
- Menos de 1 semana
  - Entre 1 y 3 semanas
  - 1 mes o más

### **Capítulo 3: Preferencias de producto**

8. ¿Prefiere un seguro de salud con copago o sin copago?
- Con copago (pago por servicio)

- Sin copago (todo incluido)
9. ¿Estaría dispuesto a pagar más por un seguro que le permita libre elección de médicos?
- Sí
  - No
10. ¿Qué tipo de cobertura le resulta más relevante?
- Medicina general
  - Especialidades médicas
  - Hospitalización
  - Cirugía
  - Servicios de bienestar (psicología, nutrición, fisioterapia)
11. ¿Qué servicios considera imprescindibles en un seguro de salud? (Pregunta abierta, respuesta breve)

#### **Capítulo 4: Competencia de mercado**

12. ¿Conoce las siguientes aseguradoras? (Marque todas las que conozca)
- Sanitas
  - Adeslas
  - Asisa
  - DKV
  - Mapfre
13. ¿Cuál considera la mejor aseguradora de salud privada actualmente en España?
14. ¿Qué características valora más en un producto de seguro innovador?

- Telemedicina
- Cobertura dental incluida
- Programas de prevención de enfermedades
- Apps de gestión de salud
- Coberturas internacionales

### **Capítulo 5: Satisfacción del cliente**

15. ¿Qué nivel de satisfacción tiene con su seguro de salud actual? (Escala de 1 a 5: 1 = Muy insatisfecho, 5 = Muy satisfecho)

16. ¿Cómo evaluaría la facilidad de acceso a la atención médica privada?

- Muy buena
- Buena
- Regular
- Mala

### **Capítulo 6: Innovación y tendencias**

18. ¿Utiliza actualmente servicios de telemedicina ofrecidos por su aseguradora?

- Sí
- No

¿Qué innovaciones le gustaría ver en los seguros de salud en los próximos años? (Pregunta abierta, respuesta breve)

### **Capítulo 7: Perfil de comportamiento e intención de compra**

20. ¿Cuándo fue la última vez que contrató o cambió de seguro de salud?

- Menos de 1 año

- 1-3 años
- Más de 3 años
- Nunca he tenido seguro privado

21. ¿Está considerando contratar o cambiar de seguro en los próximos 12 meses?

- Sí
- No
- No estoy seguro

22. ¿Qué tan sensible es al precio en la decisión de compra de un seguro de salud? (Escala 1-5: 1 = Nada sensible, 5 = Muy sensible)

23. ¿Qué disposición tendría a pagar más por un seguro que cubra nuevas tecnologías médicas?

- Alta
- Media
- Baja

## **Capítulo 8: Evaluación de productos y fraude**

24. ¿Cree que las condiciones de los seguros son claras y comprensibles?

- Siempre
- A veces
- Nunca

25. ¿Ha sentido alguna vez que fue víctima de prácticas poco transparentes en el sector asegurador?

- Sí (¿Puede describir brevemente qué ocurrió?)
- No

## Datos sociodemográficos

26. Edad: \_\_\_\_\_

27. Género:

- Masculino
  - Femenino
  - Otro / Prefiere no decirlo
- 

## SURVEY USA (ENGLISH)

### Chapter 1: Health Insurance Perception

1. Do you consider having private health insurance important nowadays?
  - Yes
  - No
  - Not sure
  
2. What is your main reason for having (or considering having) private health insurance?
  - Faster access to healthcare services
  - Access to top specialists
  - Greater convenience and personalized care
  - Coverage of services not easily available otherwise
  - Other (please specify): \_\_\_\_\_
  
3. On a scale from 1 to 5, how important is private health insurance to you?  
(1 = Not important at all, 5 = Extremely important)

### Chapter 2: Purchasing Process

4. Where do you usually look for information about health insurance?
- Company websites
  - Online comparison sites
  - Insurance brokers or agents
  - Personal recommendations
  - Social media
  - Other (please specify): \_\_\_\_\_
5. How do you prefer to purchase health insurance?
- Online (directly)
  - Through an insurance agent/broker
  - By phone
  - In-person at an office
6. What are the top factors influencing your choice of insurer? (Select up to 3)
- Price
  - Coverage options
  - Provider network
  - Speed of services
  - Company reputation
  - Ease of using digital services (apps, websites)
  - Customer service
  - Claims and reimbursement processes
7. How long does it typically take you from researching to buying insurance?

- Less than 1 week
- 1, 3 weeks
- 1 month or more

### **Chapter 3: Product Preferences**

8. Do you prefer a health insurance plan with copays or without copays?
- With copays
  - Without copays
9. Would you be willing to pay more for freedom to choose any doctor?
- Yes
  - No
10. Which type of coverage do you value the most?
- Primary care
  - Specialist care
  - Hospitalization
  - Surgical procedures
  - Wellness services (mental health, nutrition, physical therapy)
11. What services do you consider essential in a health insurance plan? (Open-ended)

### **Chapter 4: Market Competition**

12. Which of the following insurers do you recognize? (Check all that apply)
- UnitedHealthcare
  - Anthem Blue Cross Blue Shield

- Cigna
- Aetna
- Humana

13. Which insurer do you currently think is the best for private health insurance?

14. Which innovative features are most attractive to you?

- Telemedicine services
- Dental coverage included
- Preventive care programs
- Mobile health management apps
- International coverage options

#### **Chapter 5: Customer Satisfaction**

15. How satisfied are you with your current health insurance plan? (Scale 1-5: 1 = Very dissatisfied, 5 = Very satisfied)

16. How would you rate the ease of accessing private healthcare services?

- Very good
- Good
- Fair
- Poor

#### **Chapter 6: Innovation and Trends**

18. Do you currently use telemedicine services offered by your insurer?

- Yes
- No

19. What new services or innovations would you like to see in health insurance? (Open-ended)

### **Chapter 7: Behavioral Profile and Purchase Intent**

20. When was the last time you purchased or switched health insurance?

- Less than 1 year ago
- 1, 3 years ago
- Over 3 years ago
- Never had private insurance

21. Are you considering purchasing or switching insurance within the next 12 months?

- Yes
- No
- Not sure

22. How price-sensitive are you when buying health insurance? (Scale 1-5: 1 = Not sensitive at all, 5 = Extremely sensitive)

23. Would you pay extra for coverage of new medical technologies?

- High willingness
- Moderate willingness
- Low willingness

### **Chapter 8: Product Evaluation and Fraud Detection**

24. Do you find insurance terms and conditions easy to understand?

- Always
- Sometimes

- Never

25. Have you ever felt misled or scammed by an insurance company?

- Yes (please describe briefly)
- No

### **Sociodemographic Data**

26. Age: \_\_\_\_\_

27. Gender:

- Male
- Female
- Other / Prefer not to say

### **Annex B Prompt for synthetic data generation in chat GPT-4o.**

#### **Prompt used to create the synthetic data set for the Spanish Market:**

Act as a market research expert in the insurance sector, specializing in health insurance. Simulate realistic and coherent responses to a survey aimed at 100 adults in Spain who currently have or have previously had private health insurance, with the purpose of analyzing behaviors and preferences in the sector. The questions for this survey are in the attached PDF.

Each response must correspond to a detailed demographic profile, considering age, gender, education level, and income, aligned with the characteristics shown in the attached image tables. The responses should reflect real attitudes, with honest, nuanced opinions based on typical experiences within the Spanish context.

Do not assume perfect answers; they must be realistic and include nuance (neither perfect nor extreme): some should include complaints, concerns, or doubts that are coherent with the given profile.

Return the responses in Excel format, with one row per person and columns corresponding to each question in the questionnaire. Use natural language, as if a real person were answering the open-ended questions. Each row should represent a unique person with their own profile and specific responses, do not group by segments.

Each individual's responses should be internally coherent with their profile and experience. For example, if someone says they value fast care, they might mention long waiting times as a reason for getting private insurance not always, but likely by logic.

Answer the exact questions found in the attached document, without skipping or modifying any of them. Maintain the original order of the questionnaire.

**IMPORTANT:** You must also generate the responses based on patterns you have learned from publicly available data from the internet that reflect how this type of population would act.

Keep in mind that Spain has a universal healthcare system, which influences how aspects like speed of care, co-payments, freedom to choose doctors, and choice of insurance company are valued. Also consider the specific cultural tendencies in Spain regarding trust or distrust in institutions.

Answer all 33 questions from the PDF, in the exact order in which they appear.

The open-ended questions must sound like real people speaking they may include brief opinions, colloquial expressions, complaints, and must be in Spanish. They should not be the same for everyone in the sample, as they are supposed to reflect authentic, individual responses from survey participants.

### **Prompt used to create the synthetic data set for the USA Market:**

Act as a market research expert in the insurance sector, specializing in health insurance. Simulate realistic and coherent responses to a survey aimed at 100 adults in the United States who currently have or have previously had private health insurance, with the purpose of analyzing behaviours and preferences in the sector. The questions for this survey are included in the attached document.

Each response must correspond to a detailed demographic profile, considering age, gender, education level, and income, reflecting the characteristics shown in the tables of the attached image. The responses should reflect real attitudes, with honest, nuanced opinions based on typical experiences within the U.S. context.

Do not assume perfect answers; they must be realistic and nuanced (neither perfect nor extreme): some should include complaints, concerns, or doubts that are coherent with the given profile.

Return the responses in Excel format, with one row per person and columns corresponding to each question in the questionnaire. Use natural language, as if a real person were answering the open-ended questions. Each row should represent a unique person with their own profile and specific responses do not group by segments.

Answer exactly the questions that appear in the attached document, without omitting or modifying any of them. Maintain the original order of the questionnaire.

**IMPORTANT:** You must also generate the responses based on patterns you have learned from publicly available data from the internet that reflect how this type of population would act.

Keep in mind that in the U.S. there is no universal healthcare system, and many people rely on private insurance companies. This influences how aspects such as speed of care, co-payments, and freedom to choose doctors are valued. Also consider the specific culture of trust/distrust in institutions present in this country.

Answer all 33 questions from the PDF, in the exact order in which they appear.

The open-ended questions must sound like real people speaking they may include brief opinions, colloquial expressions, complaints, and must be in English. They should not be the

same for everyone in the sample, as they are meant to reflect real opinions from actual survey participants and are open-ended questions addressed to these individuals.

### **Annex C Variables used in SPSS for the analysis of the results.**

<b>Coded Variable</b>	<b>Variable/Question</b>	<b>Thematic Blocks in Survey</b>
V2	Question 1: Country	Sociodemographic Data
V3	Question 2: Age	Sociodemographic Data
V4	Question 3: Gender	Sociodemographic Data
V5	Question 4: Educational level	Sociodemographic Data
V6	Question 5: Monthly income level	Sociodemographic Data
V7	Question 6: Do you consider having private health insurance important nowadays?	Chapter 1: Health Insurance Perception
V8	Question 7: What is your main reason for having (or considering having) private health insurance?	Chapter 1: Health Insurance Perception
V9	Question 8: On a scale from 1 to 5, how important is private health insurance to you?	Chapter 2: Purchasing Process
V10	Question 9: Where do you usually look for information about health insurance?	Chapter 2: Purchasing Process
V11	Question 10: How do you prefer to purchase health insurance?	Chapter 2: Purchasing Process
V12a	Question 11: What are the top factors influencing your choice of insurer? (First factor)	Chapter 2: Purchasing Process
V12b	Question 11: What are the top factors influencing your choice of insurer? (Second factor)	Chapter 2: Purchasing Process
V12c	Question 11: What are the top factors influencing your choice of insurer? (Third factor)	Chapter 2: Purchasing Process
V12d	Question 11: What are the top factors influencing your choice of insurer? (Fourth factor)	Chapter 2: Purchasing Process
V12e	Question 11: What are the top factors influencing your choice of insurer? (Fifth factor)	Chapter 2: Purchasing Process
V12f	Question 11: What are the top factors influencing your choice of insurer? (Sixth factor)	Chapter 2: Purchasing Process
V12g	Question 11: What are the top factors influencing your choice of insurer? (Seventh factor)	Chapter 2: Purchasing Process
V12h	Question 11: What are the top factors influencing your choice of insurer? (Eighth factor)	Chapter 2: Purchasing Process
V13	Question 12: How long does it typically take you from researching to buying insurance?	Chapter 2: Purchasing Process
V14	Question 13: Do you prefer a health insurance plan with copays or without copays?	Chapter 3: Product Preferences
V15	Question 14: Would you be willing to pay more for freedom to choose any doctor?	Chapter 3: Product Preferences
V16	Question 15: Which type of coverage do you value the most?	Chapter 3: Product Preferences
V17	Question 16: What services do you consider essential in a health insurance plan?	Chapter 3: Product Preferences

V18a	Question 17: Which of the following insurers do you recognize? (First Recognized)	Chapter 4: Market Competition
V18b	Question 17: Which of the following insurers do you recognize? (Second recognized)	Chapter 4: Market Competition
V18c	Question 17: Which of the following insurers do you recognize? (Third recognized)	Chapter 4: Market Competition
V18d	Question 17: Which of the following insurers do you recognize? (Fourth recognized)	Chapter 4: Market Competition
V18e	Question 17: Which of the following insurers do you recognize? (Fifth recognized)	Chapter 4: Market Competition
V18f	Question 17: Which of the following insurers do you recognize? (Sixth recognized)	Chapter 4: Market Competition
V18g	Question 17: Which of the following insurers do you recognize? (Seventh recognized)	Chapter 4: Market Competition
V18h	Question 17: Which of the following insurers do you recognize? (Eighth recognized)	Chapter 4: Market Competition
V18i	Question 17: Which of the following insurers do you recognize? (Ninth recognized)	Chapter 4: Market Competition
V18j	Question 17: Which of the following insurers do you recognize? (Tenth recognized)	Chapter 4: Market Competition
V18k	Question 17: Which of the following insurers do you recognize? (Eleventh recognized)	Chapter 4: Market Competition
V19	Question 18: Which insurer do you currently think is the best for private health insurance?	Chapter 4: Market Competition
V20	Question 19: Which innovative features are most attractive to you?	Chapter 4: Market Competition
V21	Question 20: Which insurance company do you most strongly associate with each of the following innovative health insurance features? (Telemedicine services).	Chapter 4: Market Competition
V22	Question 20: Which insurance company do you most strongly associate with each of the following innovative health insurance features? (Included dental coverage)	Chapter 4: Market Competition
V23	Question 20: Which insurance company do you most strongly associate with each of the following innovative health insurance features? (Preventive care programs)	Chapter 4: Market Competition
V24	Question 20: Which insurance company do you most strongly associate with each of the following innovative health insurance features? (Mobile health management apps)	Chapter 4: Market Competition
V25	Question 20: Which insurance company do you most strongly associate with each of the following innovative health insurance features? (International coverage options)	Chapter 4: Market Competition
V26	Question 21: What is your current health insurance provider?	Chapter 5: Customer Satisfaction
V27	Question 22: How satisfied are you with your current health insurance plan?	Chapter 5: Customer Satisfaction
V28	Question 23: How would you rate the ease of accessing private healthcare services?	Chapter 5: Customer Satisfaction
V29	Question 24: Do you trust insurers to deliver what they promise?	Chapter 5: Customer Satisfaction

V30	Question 25: Do you currently use telemedicine services offered by your insurer?	Chapter 6: Innovation and Trends
V31	Question 26: What new services or innovations would you like to see in health insurance?	Chapter 6: Innovation and Trends
V32	Question 27: When was the last time you purchased or switched health insurance?	Chapter 7: Behavioral Profile and Purchase Intent
V33	Question 28: Are you considering purchasing or switching insurance within the next 12 months?	Chapter 7: Behavioral Profile and Purchase Intent
V34	Question 29: How price-sensitive are you when buying health insurance?	Chapter 7: Behavioral Profile and Purchase Intent
V35	Question 30: Would you pay extra for coverage of new medical technologies?	Chapter 7: Behavioral Profile and Purchase Intent
V36	Question 31: Do you find insurance terms and conditions easy to understand?	Chapter 8: Product Evaluation and Fraud Detection
V37	Question 32: Have you ever felt misled or scammed by an insurance company?	Chapter 8: Product Evaluation and Fraud Detection
V38	Question 33: If your previous answer was affirmative. Can you please briefly describe what happened?	Chapter 8: Product Evaluation and Fraud Detection
SurveyC	Variable to represent the country where the survey was conducted, different from the country of origin of the respondent (first question in the survey) 1- Spain 2- USA	
SurveyType	Variable to represent the type of data it is, if the data is from the real survey results or if it's the synthetic results given by AI. 1- Real data obtained from actual survey respondents 2- Synthetic data obtained from AI	
Type	This is to differentiate and identify each data set. 1- "Real Spain" data set 2- "Real USA" data set 3- "Synthetic Spain" data set 4- "Synthetic USA" data set	

Source: Own elaboration based on survey made by the author (2025).

**Annex D Answers from Spain and USA real surveys to the question 16: What services do you consider essential in a health insurance plan?**

		Survey Country	
		Spain (A) Count	USA (B) Count
What services do you consider essential in a health insurance plan?	- especialidades (ginecología, oftalmología, dentista)	1	0 <sup>a</sup>
	- hospitalización		
	( special care)	0 <sup>a</sup>	1
	(Emergency)	0 <sup>a</sup>	1
	(Surgical procedures)	0 <sup>a</sup>	1
	Acceder a especialistas, no haver listas de espera.	1	0 <sup>a</sup>
	Acceso a especialidades como psicología, psiquiatría y ginecología	1	0 <sup>a</sup>
	Acceso a todas las pruebas y tratamientos posibles	1	0 <sup>a</sup>
	Acceso más rápido al tratamiento	1	0 <sup>a</sup>
	Access to specialist	0 <sup>a</sup>	1
	All	0 <sup>a</sup>	1
	All services	0 <sup>a</sup>	1
	all services.	0 <sup>a</sup>	1
	All the services are very important	0 <sup>a</sup>	1
	Amplia cantidad de especialistas y centros médicos	1	0 <sup>a</sup>
	amplia gama de medicamentos recetados	1	0 <sup>a</sup>
	amplia gama de prescripciones	1	0 <sup>a</sup>
	Analítica	1	0 <sup>a</sup>
	Annual checks	0 <sup>a</sup>	1
	Annual tests, medications	0 <sup>a</sup>	1
	Asistencia médica primaria y especializada	1	0 <sup>a</sup>
	Atención a la maternidad y al recién nacido	1	0 <sup>a</sup>
	Atención ambulatoria	1	0 <sup>a</sup>
	Atención de urgencias	1	0 <sup>a</sup>
	Atención primaria	1	0 <sup>a</sup>
	Atención primaria, urgencias y hospitalizacion	1	0 <sup>a</sup>
	Atención rápida	1	0 <sup>a</sup>
	atencion rapida en urgencias	1	0 <sup>a</sup>
	Atención rápida y reducción espera	1	0 <sup>a</sup>
	Availability	0 <sup>a</sup>	1
	Available anytime	0 <sup>a</sup>	1
	Behavioral health services, primary care prevention and testing	0 <sup>a</sup>	1
	Better Surgical Procedures	0 <sup>a</sup>	1
Buen servicio, atención y listas de espera cortas	1	0 <sup>a</sup>	
Buenos especialistas, atención prioritaria, que no suban los precios cada año.	1	0 <sup>a</sup>	
Capacidad de ver a un especialista	1	0 <sup>a</sup>	
Care from professionals	0 <sup>a</sup>	1	
Cirugía	1	0 <sup>a</sup>	
Cirugía, especialistas	1	0 <sup>a</sup>	
Cobertura de servicios médicos	1	0 <sup>a</sup>	
Cobertura embarazo, pruebas médicas de urgencia	1	0 <sup>a</sup>	

Cobertura integral para futuras mamás	1	0 <sup>a</sup>
Cobertura máxima	1	0 <sup>a</sup>
Cobertura medica general y acceso a medicamentos	1	0 <sup>a</sup>
cobertura para consultas con especialistas	1	0 <sup>a</sup>
Cobertura para crisis médicas que requieren atención inmediata	1	0 <sup>a</sup>
Cobertura para diversas pruebas diagnósticas como radiografías	1	0 <sup>a</sup>
Cobertura para especialistas de todo tipo y que incluya estomatología.	1	0 <sup>a</sup>
Comprehensive coverage for preventive care, emergency services, hospitalization, prescription drugs, maternity and newborn care, mental health support, and access to specialists.	0 <sup>a</sup>	1
Comprehensive Prescription Drug Coverage	0 <sup>a</sup>	1
Considero que los servicios imprescindibles en un seguro médico incluyen atención ambulatoria, consultas de medicina general, atención materno-infantil y medicamentos recetados. También deben cubrir hospitalización, emergencias servicios de salud mental y trastornos por abuso de sustancias, etc...	1	0 <sup>a</sup>
Consulta médica normal y especialista sin restricciones	1	0 <sup>a</sup>
Coste, atención y disponibilidad	1	0 <sup>a</sup>
Counseling	0 <sup>a</sup>	1
Coverage across different regions	0 <sup>a</sup>	1
coverage for high-cost specialty drugs	0 <sup>a</sup>	1
Coverage for specific needs	0 <sup>a</sup>	1
Coverage in different region	0 <sup>a</sup>	1
Cuando hay un chequeo de vez en cuando	1	0 <sup>a</sup>
Cubierta ante eventos inesperados. Accidentes , enfermedades catastróficas	1	0 <sup>a</sup>
Customer service that can help find anything one needs	0 <sup>a</sup>	1
De	0 <sup>a</sup>	1
Debería haber límites a lo que sale del bolsillo.	1	0 <sup>a</sup>
Dental	1	1
Dental , and physical and mental check up and body check up	0 <sup>a</sup>	1
Dental, Medicina General, psicología y nutrición	1	0 <sup>a</sup>
Dentista	1	0 <sup>a</sup>
Dermatólogo, dentista y psicologo	1	0 <sup>a</sup>
Dermatologo, Pruebas médicas con poca espera (analíticas, ecografías,etc)	1	0 <sup>a</sup>
Disease management	0 <sup>a</sup>	1
Disponibilidad, capacidad y rapidez de diagnóstico, calidad de atención	1	0 <sup>a</sup>
El acceso a las especialidades médicas	1	0 <sup>a</sup>
Elegir médico.	1	0 <sup>a</sup>
Emergencias	0 <sup>a</sup>	1
Emergency	0 <sup>a</sup>	1
Emergency and hospitalization services, maternity and pediatric	0 <sup>a</sup>	1
Emergency services	1	3
Emergency surgery	0 <sup>a</sup>	1
Especialidades médicas	1	0 <sup>a</sup>
Especialidades médicas, hospitalización, cirugía, rehabilitación y fisioterapia	1	0 <sup>a</sup>
Especialista, hospitalizacion	0 <sup>a</sup>	1

Especialistas	3	0 <sup>a</sup>
Especialistes	1	0 <sup>a</sup>
Estomatología	1	1
fácil de ponerse en contacto, rapidez en la atención y un gran abanico de servicios	1	0 <sup>a</sup>
Facilidades para atención primaria	1	0 <sup>a</sup>
general intern medicine services and specialists' services including cancer specialists, urgent care and emergency services, dental and vision.	0 <sup>a</sup>	1
Geographic coverage	0 <sup>a</sup>	1
Ginecología	1	0 <sup>a</sup>
Ginecología, Fisioterapeuta, Hospitalizaciones, etc	1	0 <sup>a</sup>
Good service in case of emergencies	0 <sup>a</sup>	1
Gynecologist visits, and regular health check ins.	0 <sup>a</sup>	1
Habilitative Services	0 <sup>a</sup>	1
Health meaintenance organization	0 <sup>a</sup>	1
Hospitalización	3	0 <sup>a</sup>
Hospitalización y acceso a especialistas de nivel	1	0 <sup>a</sup>
Hospitalizados individual y acceso rápido a especialistas	1	0 <sup>a</sup>
Hospitalization	0 <sup>a</sup>	2
Hospitalization, specialist care, vision care and dental care.	0 <sup>a</sup>	1
Hospitalizations	0 <sup>a</sup>	1
I honestly don't know what services I have available to me	0 <sup>a</sup>	1
I'm not sure	0 <sup>a</sup>	1
impose annual dollar limits	0 <sup>a</sup>	1
In network options	0 <sup>a</sup>	2
introducing the concept of "minimum essential coverage	0 <sup>a</sup>	1
Laboratorio	1	0 <sup>a</sup>
Laboratory services	0 <sup>a</sup>	1
Libre elección de especialista	1	0 <sup>a</sup>
Llamadas telefónicas	1	0 <sup>a</sup>
Los médicos especialistas, servicios, pruebas médicas...	1	0 <sup>a</sup>
Management of chronic disease	0 <sup>a</sup>	1
Manejo de enfermedades crónicas	1	0 <sup>a</sup>
Más y mejor servicio de laboratorio	1	0 <sup>a</sup>
Maternity and paternity care	0 <sup>a</sup>	1
Maternity care	0 <sup>a</sup>	1
Medicina general	1	0 <sup>a</sup>
Medicina General, Cirugía	1	0 <sup>a</sup>
Medicina interna, especialistas	1	0 <sup>a</sup>
Médico de cabecera. Especialistas.	1	0 <sup>a</sup>
Médico de Familia	1	0 <sup>a</sup>
Médico primario	1	0 <sup>a</sup>
Médicos de familia	1	0 <sup>a</sup>
Mejor servicio de laboratorio	1	0 <sup>a</sup>
Mentioned above	0 <sup>a</sup>	1
Mientras más servicios mejor, para mi opinión especialidades médicas, hospitalización y cirugía.	1	0 <sup>a</sup>
No me interesa	1	0 <sup>a</sup>
No muy segura	1	0 <sup>a</sup>
None	0 <sup>a</sup>	1

Not sure	0 <sup>a</sup>	1
NS/NC	1	0 <sup>a</sup>
Oftalmología	1	0 <sup>a</sup>
Open	0 <sup>a</sup>	1
Physical Therapy	0 <sup>a</sup>	1
Poder elegir a quién consultar	1	0 <sup>a</sup>
Premium care	0 <sup>a</sup>	2
Premium healthcare	0 <sup>a</sup>	1
Premium medical care for expecting mothers	0 <sup>a</sup>	1
Prevention	0 <sup>a</sup>	1
preventive care	0 <sup>a</sup>	1
Preventive care	0 <sup>a</sup>	1
Preventive care, inpatient and outpatient services	0 <sup>a</sup>	1
Preventive services	0 <sup>a</sup>	1
preventive services/surgical	0 <sup>a</sup>	1
Primario, especializado, hospitalización, urgencias, emergencias, operaciones	0 <sup>a</sup>	1
Primary care	0 <sup>a</sup>	2
Primary Care	0 <sup>a</sup>	3
Primary Care, Hospitalization and Surgical procedures	0 <sup>a</sup>	1
Profesionalidad en el tratamiento	1	0 <sup>a</sup>
Profesionalidad, atención rápida	1	0 <sup>a</sup>
Pruebas diagnósticas	2	0 <sup>a</sup>
Pruebas diagnosticas	1	0 <sup>a</sup>
Pruebas indicadas	1	0 <sup>a</sup>
Pruebas para diagnostico	1	0 <sup>a</sup>
Pruebas y atencion rapida	1	0 <sup>a</sup>
psicología	1	0 <sup>a</sup>
Psicología	1	0 <sup>a</sup>
Psicología, fisiatria, medicina interna, hospitalización y cirugía	1	0 <sup>a</sup>
Que entre cualquier prueba médica necesaria	2	0 <sup>a</sup>
Que sean honestos	1	0 <sup>a</sup>
rapidas gestiones y una amplia lista de eleccion	1	0 <sup>a</sup>
Rapidez y efectividad	1	0 <sup>a</sup>
Rápido Acceso a médicos Especialistas y pruebas diagnósticas	1	0 <sup>a</sup>
Real professional medical attention	0 <sup>a</sup>	1
Realización de Analíticas	1	0 <sup>a</sup>
Remote monitoring	0 <sup>a</sup>	1
Servicio de urgencias	1	0 <sup>a</sup>
Servicio odontológico, pruebas diagnósticas	1	0 <sup>a</sup>
servicios de atención general, para hospitalización y cirugías importantes, mejor la seguridad social	1	0 <sup>a</sup>
Servicios de emergencia	1	0 <sup>a</sup>
Servicios de rehabilitación	1	0 <sup>a</sup>
Servicios para trastornos por consumo de sustancias	1	0 <sup>a</sup>
Servicios pediátricos	1	0 <sup>a</sup>
Sesión de terapia	1	0 <sup>a</sup>
Sin límite anual	1	0 <sup>a</sup>
Sinceridad en el servicio	1	0 <sup>a</sup>
Special services	0 <sup>a</sup>	1
Specialist care	0 <sup>a</sup>	2

Specialist Care	0 <sup>a</sup>	1
Specialist care and hospitalization	0 <sup>a</sup>	1
Specialists	0 <sup>a</sup>	2
Specialists, annual visits, mental health	0 <sup>a</sup>	1
Speciality drug coverage	0 <sup>a</sup>	1
Specialized treatments	0 <sup>a</sup>	1
Substance use services	0 <sup>a</sup>	1
Surgery	1	0 <sup>a</sup>
Surgery services	0 <sup>a</sup>	1
Surgical	0 <sup>a</sup>	1
Tener acceso a especialistas cuando sea necesario	1	0 <sup>a</sup>
Tener acceso rápido a especialistas y a pruebas diagnósticas importantes.	1	0 <sup>a</sup>
Tener opción de hospital	1	0 <sup>a</sup>
That they have online agents to solve any concerns that the client has, that they provide virtual nurses to whom we can consult from home. The most important thing is the coverage offered by the plan, which covers visits to the primary doctor, specialists, emergency visits and surgeries. I also consider it important that it covers the cost of prescription drugs and laboratory tests.	0 <sup>a</sup>	1
The drug prescription	0 <sup>a</sup>	1
The therapy aspect	0 <sup>a</sup>	1
Therapy	0 <sup>a</sup>	1
TODAS	1	0 <sup>a</sup>
Todas l'as especialitzades mèdicas	1	0 <sup>a</sup>
Todos	2	1
Tratamiento conciso del cáncer	1	0 <sup>a</sup>
Traumatología y medicina general	1	0 <sup>a</sup>
Urgencias	1	0 <sup>a</sup>
Urgencias y especialidades principales con plazo corto de espera para citas	1	0 <sup>a</sup>
Urgent care coverage	0 <sup>a</sup>	1
Urología, oftalmología, dental	1	0 <sup>a</sup>
USG, ginecólogo, analítica sin límites	1	0 <sup>a</sup>
Wellness, physical therapy	0 <sup>a</sup>	1
When they offer wellness plan	0 <sup>a</sup>	1
While deductibles are a given, a plan with a manageable deductible for my financial situation is important to ensure i can actually access care before meeting it.	0 <sup>a</sup>	1
Wide range of coverage is a must.	0 <sup>a</sup>	1
Women's health (mammogram/birth control/paps)	0 <sup>a</sup>	1
Yearly check ups, emergency and urgent care visits, prescriptions, surgeries	0 <sup>a</sup>	1

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>b</sup>

a. This category is not used in comparisons because its column proportion is equal to zero or one.

b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

**Annex E Answers from Spain and USA real surveys to the question 26: What new services or innovations would you like to see in health insurance?**

	Survey Country	
	Spain (A) Count	USA (B) Count
What new services or innovations would you like to see in health insurance?	0 <sup>a</sup>	1
	1	1
- AI-Powered Diagnostics	0 <sup>a</sup>	1
(DAOs) for Health Insurance:	0 <sup>a</sup>	1
(Dental insurance)	0 <sup>a</sup>	1
(NONE)	0 <sup>a</sup>	1
A change in the payment structure, to have a set payment with no copayment	0 <sup>a</sup>	1
A premium premium plan	0 <sup>a</sup>	1
A system where all my health data, from different providers, labs, pharmacies, and even personal devices is securely and seamlessly accessible to me	0 <sup>a</sup>	1
Acceso a servicios dentales sin tener que realizar pagos. Que el seguro cubra los tratamientos.	1	0 <sup>a</sup>
Acceso a teleconsultas con medicos primarios, especialistas y acceso a prescripciones a traves del portal del seguro	1	0 <sup>a</sup>
Accurate prescription	0 <sup>a</sup>	1
Adding AI	0 <sup>a</sup>	1
Adding facility treatment	0 <sup>a</sup>	1
Advanced fraud detection	0 <sup>a</sup>	1
AI	1	3
AI assistance	0 <sup>a</sup>	1
AI check on data	0 <sup>a</sup>	1
AI directions	0 <sup>a</sup>	1
AI powered enhancement	0 <sup>a</sup>	1
AI Therapy	0 <sup>a</sup>	1
Aplicación de IA	1	0 <sup>a</sup>
aplicaciones más completas, que permitan reservar citas en cualquier centro	1	0 <sup>a</sup>
Apoyo mejorado para enfermedades crónicas	1	0 <sup>a</sup>
Aprovechar la IA	1	0 <sup>a</sup>
Asistencia dental	1	0 <sup>a</sup>
Atención de salud mental	1	0 <sup>a</sup>
Atención más ágil. En los últimos años han aumentado los tiempos de espera de las visitas y realización de pruebas médicas.	1	0 <sup>a</sup>
Being innovative	0 <sup>a</sup>	1
Better access to therapy	0 <sup>a</sup>	1
Better discounts	0 <sup>a</sup>	1
Capacidad de apropiarse del enfoque de salud mental	1	0 <sup>a</sup>
Centrarse en la telemedicina, poder personalizar el seguro segun el caso de cada persona y autorización automática gestion medica sin tanta burocracia y papeleo	1	0 <sup>a</sup>

Chatbot for casual checkups	0 <sup>a</sup>	1
Chatbot inteligente	1	0 <sup>a</sup>
cheaper costs of health insurance.	0 <sup>a</sup>	1
Chequeos preventivos generales	1	0 <sup>a</sup>
Cobertura dental asegurada	1	0 <sup>a</sup>
Cobertura modular	1	0 <sup>a</sup>
Cobertura para tratamiento a corto plazo	1	0 <sup>a</sup>
Coberturas dentales más amplias incluidas en el Seguro médico general	1	0 <sup>a</sup>
Coberturas más flexibles y modulares	1	0 <sup>a</sup>
Counseling	0 <sup>a</sup>	1
Cuando se reservan citas para pruebas diagnósticas, a veces no aparece concretamente la que nos han indicado y se pierde tiempo buscando, por teléfono también se hace complicado. Se necesitan sistemas más sencillos de entender.	1	0 <sup>a</sup>
Debería existir algo así como una Cuenta de Ahorros para la Salud.	1	0 <sup>a</sup>
Dental	3	1
Dental insurance	0 <sup>a</sup>	1
Dental, vision	0 <sup>a</sup>	1
Dentista a cubrir	1	0 <sup>a</sup>
Descuento en medicamentos ya que eso solo te lo proporciona la seguridad social	1	0 <sup>a</sup>
Digital health monitoring	0 <sup>a</sup>	1
Discounts	0 <sup>a</sup>	1
Dispositivos portátiles útiles	1	0 <sup>a</sup>
Don't like telemedicine	0 <sup>a</sup>	1
Easy registration process	0 <sup>a</sup>	1
Emergencias	0 <sup>a</sup>	1
engaging programs that incentivize healthy behaviors through challenges	0 <sup>a</sup>	1
Estomatología	0 <sup>a</sup>	1
Ethic control, price transparency.	0 <sup>a</sup>	1
Flexibilidad	1	0 <sup>a</sup>
Free healthcare or better affordability accepted by more providers.	0 <sup>a</sup>	1
Giving necessary vaccinations when needed	0 <sup>a</sup>	1
Hermosas experiencias digitales	1	0 <sup>a</sup>
Highly valuable care	0 <sup>a</sup>	1
I don't know	0 <sup>a</sup>	1
I don't know	0 <sup>a</sup>	2
I dont know	0 <sup>a</sup>	1
I think they currently comply with everything necessary.	0 <sup>a</sup>	1
IA para diagnóstico o recomendaciones	1	0 <sup>a</sup>
Implantes	2	0 <sup>a</sup>
Implementación de IA	1	0 <sup>a</sup>
Implementando IA	1	0 <sup>a</sup>
Implementation of AI	0 <sup>a</sup>	1
Inclusión de mas servicios no medicos en la cobertura	1	0 <sup>a</sup>

Incluya prótesis, cobertura dental	1	0 <sup>a</sup>
Incluya todas las especialidades y tenga un precio asequible	1	0 <sup>a</sup>
Innovaciones	1	0 <sup>a</sup>
Inseminacion artificial	0 <sup>a</sup>	1
Integración con IA para salud mental	1	0 <sup>a</sup>
Integración de la atención preventiva	1	0 <sup>a</sup>
Integración de tecnología portátil	1	0 <sup>a</sup>
Integrating digital health	0 <sup>a</sup>	1
International coverage	0 <sup>a</sup>	1
Ir más allá de factores estáticos como la edad	1	0 <sup>a</sup>
la digitalización, la personalización, y cobertura de la tele salud	1	0 <sup>a</sup>
La telesalud como departamento central	1	0 <sup>a</sup>
Legs and chiropractor for the pain	0 <sup>a</sup>	1
Leveraging AI	0 <sup>a</sup>	1
Los resultados de pruebas en menos tiempo	1	0 <sup>a</sup>
Make it less complicated	0 <sup>a</sup>	1
Manage app for appointments	0 <sup>a</sup>	1
maquinaria de diagnostico de ultima generacion	1	0 <sup>a</sup>
Más accesible a la población	1	0 <sup>a</sup>
Más acceso a prevencion, nutricion	1	0 <sup>a</sup>
Más allá de la comprobación a nivel del suelo	1	0 <sup>a</sup>
Más atención a la salud femenina, tanto en prevención como en capacidad de diagnóstico. Mayor cobertura dental	1	0 <sup>a</sup>
Mas cobertura	1	0 <sup>a</sup>
Más preocupación por los usuarios	1	0 <sup>a</sup>
Más rapidez	1	0 <sup>a</sup>
Más rapidez en las citas la dan muy tardes	1	0 <sup>a</sup>
Más tecnología	1	0 <sup>a</sup>
Mayor atención	1	0 <sup>a</sup>
Mayor atención previa a las enfermedades	1	0 <sup>a</sup>
Mayor cobertura, mejor oferta dinero-servicios	1	0 <sup>a</sup>
Mayores coberturas dentales (en ortodoncia) y oftalmológicas	1	0 <sup>a</sup>
Médico de cabecera	1	0 <sup>a</sup>
Médicos de cabecera	1	0 <sup>a</sup>
Meeting your primary doctor before getting to choose one	0 <sup>a</sup>	1
Mejor atención online y a domicilio	1	0 <sup>a</sup>
Mejor cobertura dental	1	0 <sup>a</sup>
Mejor telemedicina y menos espera con especialista	1	0 <sup>a</sup>
Mejoras tecnológicas	1	0 <sup>a</sup>
Mejores prestaciones en fisioterapia, la fisioterapia suele ser poco útil el seguros de pago	1	0 <sup>a</sup>
Mental health check integration	0 <sup>a</sup>	1
Microseguros para necesidades específicas	1	0 <sup>a</sup>
Microseguros para otras necesidades	1	0 <sup>a</sup>
More mental health, wider coverage of drugs, larger networks	0 <sup>a</sup>	1
More technology	0 <sup>a</sup>	1
Muchas enfermedades acaban en la sanidad pública porque para cubrirlas el precio del seguro seria inasumible	1	0 <sup>a</sup>
N/A	0 <sup>a</sup>	1

N\A	0 <sup>a</sup>	1
Ninguna	1	0 <sup>a</sup>
No	0 <sup>a</sup>	2
No idea	0 <sup>a</sup>	1
No lo he pensado	1	0 <sup>a</sup>
No lo se	3	0 <sup>a</sup>
No me interesa	1	0 <sup>a</sup>
No sabría decir	1	0 <sup>a</sup>
No sé	3	0 <sup>a</sup>
No se me ocurre nada	1	0 <sup>a</sup>
No se, creo que aún hay mucho. Podría ser mejor explicación que doctore puede hacer cual examen en su oficial si estoy buscando algo específico	1	0 <sup>a</sup>
No tengo idea	1	0 <sup>a</sup>
No tengo ninguna idea	1	0 <sup>a</sup>
Non	0 <sup>a</sup>	1
None	0 <sup>a</sup>	1
Not a new service but being faster providing authorizations	0 <sup>a</sup>	1
not sure	0 <sup>a</sup>	1
Not sure	0 <sup>a</sup>	4
Ns/Nc - Desconozco qué se podría ofrecer sin cobrarme más. Asegurar calidad siempre.	1	0 <sup>a</sup>
NUEVAS	1	0 <sup>a</sup>
Occupational Therapy	0 <sup>a</sup>	1
offering targeted preventive interventions, screenings, and support services	0 <sup>a</sup>	1
Ofrecer recompensas por alcanzar objetivos	1	0 <sup>a</sup>
Online scheduling is not always available so that would be nice	0 <sup>a</sup>	1
Orthodontist for all	0 <sup>a</sup>	1
Outside country coverage	0 <sup>a</sup>	1
Perfect health record	0 <sup>a</sup>	1
Personalized Care with Genetics	0 <sup>a</sup>	1
Personalized health plans	0 <sup>a</sup>	1
Personalized products	0 <sup>a</sup>	1
Physical therapy programs / doctors being available online. I generally have had many questions and it can be long waiting weeks between appointments	10 <sup>a</sup>	1
Plastic surgery	0 <sup>a</sup>	1
Políticas dinámicas	2	0 <sup>a</sup>
Precios razonables para personas mayores de 65 años	1	0 <sup>a</sup>
Predictive analytics	0 <sup>a</sup>	1
Predictive health management	0 <sup>a</sup>	1
Prevención	1	0 <sup>a</sup>
Prevención de riesgos	1	0 <sup>a</sup>
Prevención temprana del cáncer	1	0 <sup>a</sup>
Preventive care	0 <sup>a</sup>	1
Proactive disease prevention	0 <sup>a</sup>	1
Programa de Bienestar	1	0 <sup>a</sup>
Programas de dietetica y nutricion	1	0 <sup>a</sup>

programas específicos de gestión de enfermedades crónicas	1	0 <sup>a</sup>
Proyecciones con grandes descuentos	1	0 <sup>a</sup>
Pruebas predictivas, relaciones entre especialidades (ej:1 impacto de glucosa en la vista/ infecciones vaginales)	1	0 <sup>a</sup>
Psicología	1	0 <sup>a</sup>
Q incluya salud dental 100 x100	1	0 <sup>a</sup>
Quality Data	0 <sup>a</sup>	1
Que dejaran de existir	1	0 <sup>a</sup>
Que el sistema de citas se pudiera hacer totalmente online,2 pudiendo ver el cuadro médico y escoger tranquilamente .	2	0 <sup>a</sup>
Que fuera realmente fácil acceder a la información, realizar1 citas, reembolsos, asistencia en viaje	1	0 <sup>a</sup>
Que tengan cobertura dental completa, que también forma parte1 de la salud en general	1	0 <sup>a</sup>
Rapidez de resultado y mayor disponibilidad de citas	1	0 <sup>a</sup>
rapidez para conseguir citas	1	0 <sup>a</sup>
Real-Time Pricing Transparency Tools	0 <sup>a</sup>	1
Remote monitoring	0 <sup>a</sup>	1
Schedule	0 <sup>a</sup>	1
Seguro dental incluido. Tarifas mas económicas.	1	0 <sup>a</sup>
Seguros Colectivos para Familias	1	0 <sup>a</sup>
Sending in specimens for testing	0 <sup>a</sup>	1
Servicios dentales y oculísticos	1	0 <sup>a</sup>
Servicios más amplios de odontología.	1	0 <sup>a</sup>
Sesión de terapia	1	0 <sup>a</sup>
Sin respuesta	1	0 <sup>a</sup>
Tarifa de seguro premium basada en la condición del paciente	1	0 <sup>a</sup>
Tecnología mas avanzada	1	0 <sup>a</sup>
Telemedicina	1	0 <sup>a</sup>
Telemedicina, més hospitals contractats,.	1	0 <sup>a</sup>
Telemedicina.	1	0 <sup>a</sup>
Telemedicine	0 <sup>a</sup>	1
Teràpies alternatives	1	0 <sup>a</sup>
The insurers must provide clear policies for better0 <sup>a</sup> understanding.	0 <sup>a</sup>	1
The introduction of public healthcare to the US.	0 <sup>a</sup>	1
the lowest premiums	0 <sup>a</sup>	1
This may already be covered within telemedicine but rather0 <sup>a</sup> than waiting for essentially a zoom meeting with a doctor, I think it makes more sense to have a chat function where you can describe symptoms and upload any necessary pictures and have a team be able to respond as they can. I think this would remove wait time for unnecessary things of low importance (uti, pink eye, yeast infection) which are major inconveniences to the patient, usually self diagnosable, but also require a prescription for treatment.	0 <sup>a</sup>	1
Todos los servicios relacionados con la salud mental	1	0 <sup>a</sup>
Tools for cost control	0 <sup>a</sup>	1
Total cover	0 <sup>a</sup>	1
Transistores in all languages.	0 <sup>a</sup>	1

translators different languages	0 <sup>a</sup>	1
tratamientos avanzados	1	0 <sup>a</sup>
Una amplia gama de medicamentos recetados	1	0 <sup>a</sup>
Universal coverage and single payer insurance (Medicare for all)	0 <sup>a</sup>	1
Upfront Pricing Transparency	0 <sup>a</sup>	1
Uso de IA	1	0 <sup>a</sup>
Venta directa de medicina	1	0 <sup>a</sup>
Virtual assistant	0 <sup>a</sup>	1
Virtual Therapy	0 <sup>a</sup>	1
Wellness plan based on individual health data	0 <sup>a</sup>	1
Wellness Program	1	0 <sup>a</sup>

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>b</sup>

a. This category is not used in comparisons because its column proportion is equal to zero or one.

b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

#### **Annex F: Answers from Spain and USA real surveys to the question 33: If your previous answer was affirmative. Can you please briefly describe what happened?**

	Survey Country	
	Spain	USA
	(A)	(B)
	Count	Count
If your previous answer was affirmative. Can you please describe what happened?	100	86
Aumento inexplicable de los precios	1	0 <sup>a</sup>
company is deliberately trying to underpay, making me question the entire purpose of having insurance.	0 <sup>a</sup>	1
Complex documents to sign	0 <sup>a</sup>	1
Coverage was denied when I thought the provider was in network based on the insurance's own referral list	0 <sup>a</sup>	1
Dificultats amb el pagament per intervencions quirúrgiques.	1	0 <sup>a</sup>
Dispositivos avanzados para el manejo del dolor	1	0 <sup>a</sup>
El copago de un seguro dental era casi el 95% del servicio	1	0 <sup>a</sup>

El incremento de precio anual es constante y no se avala con una lógica o transparencia para el cliente	1	0 <sup>a</sup>
El uso de investigadores externos	1	0 <sup>a</sup>
Emergency services mislead about coverage and price. Hidden charges.	0 <sup>a</sup>	1
En seguros de vehículo y hogar. No con salud, del momento.		0 <sup>a</sup>
Es difícil ver exactamente lo que estoy pagando.	1	0 <sup>a</sup>
Explicación poco clara	1	0 <sup>a</sup>
I feel it's just the nature of the business	0 <sup>a</sup>	1
I was told that therapy was covered by my insurance, so I went 4 times, and then I got bills for those appointments about a month later (that I thought were covered) for ~\$150 each. So I had to stop going.	0 <sup>a</sup>	1
La aseguradora no quería cumplir una cláusula de devolución en caso de no hacerse efectiva la aprobación de visado del tomador de seguro.		0 <sup>a</sup>
Lack of coverage, out of network, etc. my insurance only covers STD testing in men under the age of 21 why??? I tried to appeal but could not. They said it's not preventative	0 <sup>a</sup>	1
Lack of Transparency	0 <sup>a</sup>	1
like a bait-and-switch, especially during the legal documenting	0 <sup>a</sup>	1
Manipulating the legal documents	0 <sup>a</sup>	1
Marketing engañoso	1	0 <sup>a</sup>
Me pudieron una analítica tu e que pagar por una cosa que me pidió el médico.	1	0 <sup>a</sup>
Mi aseguradora ha cambiado de dueños varias veces y no tengo claro que las condiciones de mi póliza se cumplan en la nueva.	2	0 <sup>a</sup>
Most time it does not cover all treatment	0 <sup>a</sup>	1
Nada	1	0 <sup>a</sup>
No claridad con las coberturas y carencias	1	0 <sup>a</sup>
No cubría nada prácticamente	1	0 <sup>a</sup>

No está claro cómo se aplican los descuentos.	1	0 <sup>a</sup>
No todos explican la letra pequeña. Depende mucho de la persona que te atienda	1	0 <sup>a</sup>
Nothing	0 <sup>a</sup>	1
Originally one copayment and then turns out to be different amounts	0 <sup>a</sup>	1
Personal poco preparado ante casos específicos de salud. No aprobaban cubiertas, por desconocimiento médico presentado	1	0 <sup>a</sup>
Poca claridad sobre la cobertura de un examen diagnóstico, que finalmente no llegó a realizarse a pesar de ser una cobertura completa. Limitaciones temporales respecto a la renovación del contrato	1	0 <sup>a</sup>
Prefiero no dar detalles.	1	0 <sup>a</sup>
Seguro de mi casa. Al final no cubría nada y tuve que pagar.	1	0 <sup>a</sup>
Sempre engañan, no falla.	1	0 <sup>a</sup>
Surprise bills after being told something was “covered” and denials of claims without clear justification, due to miscommunication about what’s covered and what isn’t.	0 <sup>a</sup>	1
the system is very confusing, and the insurance companies create a network of doctors or hospitals which sometimes have a low ranking on reviews considering professionalism, quality of services and price for the services their offer.	0 <sup>a</sup>	1
Them looking for reasons not to pay or deliver once a claim is filed	0 <sup>a</sup>	1
There's always something seemingly misleading	0 <sup>a</sup>	1
Told I wouldn't have to pay for medications but had to anyways	0 <sup>a</sup>	1
Usando tácticas de presión	1	0 <sup>a</sup>
When I went to get my free annual medical screening, it wasn't free because they did a preventive test that they didn't consider appropriate for my age range, even though I have potential risk factors	0 <sup>a</sup>	1

Source: Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>b</sup>

a. This category is not used in comparisons because its column proportion is equal to zero or one.

b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States (2025).

**Annex G: Answers from real surveys VS synthetic surveys for the question 16: What services do you consider essential in a health insurance plan?**

	Survey Type	
	Real (A) Count	Synthetic (B) Count
What services do you consider- especialidades (ginecología,1 essential in a health insurance plan?oftalmología, dentista)		0 <sup>a</sup>
- hospitalización		
( special care)	1	0 <sup>a</sup>
(Emergency)	1	0 <sup>a</sup>
(Surgical procedures)	1	0 <sup>a</sup>
Acceder a especialistas, no haver1 listas de espera.	1	0 <sup>a</sup>
Acceso a especialidades como1 psicología, psiquiatría y ginecología	1	0 <sup>a</sup>
Acceso a todas las pruebas y1 tratamientos posibles	1	0 <sup>a</sup>
Acceso más rápido al tratamiento 1	1	0 <sup>a</sup>
Access to mental health services,0 <sup>a</sup> better reimbursement process, and faster appointments.		21
Access to out-of-network doctors0 <sup>a</sup> with partial coverage would be great.		20
Access to specialist	1	0 <sup>a</sup>
All	1	0 <sup>a</sup>
All services	1	0 <sup>a</sup>
all services.	1	0 <sup>a</sup>
All the services are very important 1	1	0 <sup>a</sup>
Amplia cantidad de especialistas y1 centros médicos	1	0 <sup>a</sup>
amplia gama de medicamentos1 recetados	1	0 <sup>a</sup>
amplia gama de prescripciones 1	1	0 <sup>a</sup>
Analítica	1	0 <sup>a</sup>
Annual checks	1	0 <sup>a</sup>
Annual tests, medications 1	1	0 <sup>a</sup>
Asistencia médica primaria y1 especializada	1	0 <sup>a</sup>

Atención a la maternidad y al recién nacido		0 <sup>a</sup>
Atención ambulatoria	1	0 <sup>a</sup>
Atención de urgencias	1	0 <sup>a</sup>
Atención primaria	1	0 <sup>a</sup>
Atención primaria, urgencias y hospitalización	1	0 <sup>a</sup>
Atención rápida	1	0 <sup>a</sup>
atención rápida en urgencias	1	0 <sup>a</sup>
Atención rápida y reducción de espera	1	0 <sup>a</sup>
Availability	1	0 <sup>a</sup>
Available anytime	1	0 <sup>a</sup>
Behavioral health services, primary care prevention and testing	1	0 <sup>a</sup>
Better Surgical Procedures	1	0 <sup>a</sup>
Buen servicio, atención y listas de espera cortas	1	0 <sup>a</sup>
Buenos especialistas, atención prioritaria, que no suban los precios cada año.	1	0 <sup>a</sup>
Capacidad de ver a un especialista	1	0 <sup>a</sup>
Care from professionals	1	0 <sup>a</sup>
Cirugía	1	0 <sup>a</sup>
Cirugía, especialistas	1	0 <sup>a</sup>
Cobertura amplia de especialistas, y que incluya psicología o fisioterapia	0 <sup>a</sup>	26
Cobertura de servicios médicos	1	0 <sup>a</sup>
Cobertura embarazo, pruebas médicas de urgencia	1	0 <sup>a</sup>
Cobertura integral para futuras mamás	1	0 <sup>a</sup>
Cobertura máxima	1	0 <sup>a</sup>
Cobertura médica general y acceso a medicamentos	1	0 <sup>a</sup>
cobertura para consultas con especialistas	1	0 <sup>a</sup>
Cobertura para crisis médicas que requieren atención inmediata	1	0 <sup>a</sup>
Cobertura para diversas pruebas diagnósticas como radiografías	1	0 <sup>a</sup>
Cobertura para especialistas de todo tipo y que incluya estomatología.	1	0 <sup>a</sup>
Comprehensive coverage for preventive care, emergency services, hospitalization, prescription drugs, maternity and newborn care, mental health support, and access to specialists.	1	0 <sup>a</sup>
Comprehensive Prescription Drug Coverage	1	0 <sup>a</sup>

Considero que los servicios imprescindibles en un seguro médico incluyen atención ambulatoria, consultas de medicina general, atención materno-infantil y medicamentos recetados. También deben cubrir hospitalización, emergencias servicios de salud mental y trastornos por abuso de sustancias, etc...	1	0 <sup>a</sup>
Consulta médica normal y especialista sin restricciones	1	0 <sup>a</sup>
Coste, atención y disponibilidad	1	0 <sup>a</sup>
Counseling	1	0 <sup>a</sup>
Coverage across different regions	1	0 <sup>a</sup>
coverage for high-cost specialty drugs	1	0 <sup>a</sup>
Coverage for specific needs	1	0 <sup>a</sup>
Coverage in different region	1	0 <sup>a</sup>
Cuando hay un chequeo de vez en cuando	1	0 <sup>a</sup>
Cubierta ante eventos inesperados. Accidentes , enfermedades catastróficas	1	0 <sup>a</sup>
Customer service that can help find anything one needs	1	0 <sup>a</sup>
De	1	0 <sup>a</sup>
Debería haber límites a lo que sale del bolsillo.	1	0 <sup>a</sup>
Dental	2	0 <sup>a</sup>
Dental , and physical and mental check up and body check up	1	0 <sup>a</sup>
Dental, Medicina General, psicología y nutrición	1	0 <sup>a</sup>
Dentista	1	0 <sup>a</sup>
Dermatólogo, dentista y psicologo	1	0 <sup>a</sup>
Dermatologo, Pruebas médicas con poca espera (analíticas, ecografias,etc)	1	0 <sup>a</sup>
Disease management	1	0 <sup>a</sup>
Disponibilidad, capacidad y rapidez de diagnóstico, calidad de atención	1	0 <sup>a</sup>
El acceso a las especialidades médicas	1	0 <sup>a</sup>
Elegir médico.	1	0 <sup>a</sup>
Emergencias	1	0 <sup>a</sup>
Emergency	1	0 <sup>a</sup>
Emergency and hospitalization services, maternity and pediatric	1	0 <sup>a</sup>
Emergency services	4	0 <sup>a</sup>

Emergency surgery	1	0 <sup>a</sup>
Especialidades médicas	1	0 <sup>a</sup>
Especialidades médicas, hospitalización, rehabilitación y fisioterapia	1	0 <sup>a</sup>
Especialista, hospitalización	1	0 <sup>a</sup>
Especialistas	3	0 <sup>a</sup>
Especialistes	1	0 <sup>a</sup>
Estomatología	2	0 <sup>a</sup>
fácil de ponerse en contacto, rapidez en la atención y un gran abanico de servicios	1	0 <sup>a</sup>
Facilidades para atención primaria general intern medicine services and specialists' services including cancer specialists, urgent care and emergency services, dental and vision.	1	0 <sup>a</sup>
Geographic coverage	1	0 <sup>a</sup>
Ginecología	1	0 <sup>a</sup>
Ginecología, Fisioterapeuta, Hospitalizaciones, etc	1	0 <sup>a</sup>
Good service in case of emergencies	1	0 <sup>a</sup>
Gynecologist visits, and regular health check ins.	1	0 <sup>a</sup>
Habilitative Services	1	0 <sup>a</sup>
Health meaintenance organization	1	0 <sup>a</sup>
Hospitalización	3	0 <sup>a</sup>
Hospitalización y acceso a especialistas de nivel	1	0 <sup>a</sup>
Hospitalizados individual y acceso rápido a especialistas	1	0 <sup>a</sup>
Hospitalization	2	0 <sup>a</sup>
Hospitalization, specialist care, vision care and dental care.	1	0 <sup>a</sup>
Hospitalizations	1	0 <sup>a</sup>
I honestly don't know what services I have available to me	1	0 <sup>a</sup>
I'd like to see better integration between hospitals and insurers to avoid duplicate paperwork.	0 <sup>a</sup>	25
I'm not sure	1	0 <sup>a</sup>
impose annual dollar limits	1	0 <sup>a</sup>
In network options	2	0 <sup>a</sup>
introducing the concept of "minimum essential coverage	1	0 <sup>a</sup>
Laboratorio	1	0 <sup>a</sup>
Laboratory services	1	0 <sup>a</sup>
Libre elección de especialista	1	0 <sup>a</sup>

Llamadas telefónicas	1	0 <sup>a</sup>
Los médicos especialistas, servicios, pruebas médicas...	1	0 <sup>a</sup>
Lower premiums without cutting benefits, especially for families with children.	0 <sup>a</sup>	12
Management of chronic disease	1	0 <sup>a</sup>
Manejo de enfermedades crónicas	1	0 <sup>a</sup>
Más y mejor servicio de laboratorio	1	0 <sup>a</sup>
Maternity and paternity care	1	0 <sup>a</sup>
Maternity care	1	0 <sup>a</sup>
Medicina general	1	0 <sup>a</sup>
Medicina General, Cirugía	1	0 <sup>a</sup>
Medicina interna, especialistas	1	0 <sup>a</sup>
Médico de cabecera. Especialistas.	1	0 <sup>a</sup>
Médico de Familia	1	0 <sup>a</sup>
Médico primario	1	0 <sup>a</sup>
Médicos de familia	1	0 <sup>a</sup>
Mejor servicio de laboratorio	1	0 <sup>a</sup>
Mentioned above	1	0 <sup>a</sup>
Mientras más servicios mejor, para mi opinión especialidades médicas, hospitalización y cirugía.		0 <sup>a</sup>
More transparency on pricing and expanded access to telehealth for chronic conditions.	0 <sup>a</sup>	22
No me interesa	1	0 <sup>a</sup>
No muy segura	1	0 <sup>a</sup>
None	1	0 <sup>a</sup>
Not sure	1	0 <sup>a</sup>
NS/NC	1	0 <sup>a</sup>
Oftalmología	1	0 <sup>a</sup>
Open	1	0 <sup>a</sup>
Physical Therapy	1	0 <sup>a</sup>
Poder elegir a quién consultar	1	0 <sup>a</sup>
Poder elegir médico y tener atención cercana a casa	0 <sup>a</sup>	28
Premium care	2	0 <sup>a</sup>
Premium healthcare	1	0 <sup>a</sup>
Premium medical care for expecting mothers	1	0 <sup>a</sup>
Prevention	1	0 <sup>a</sup>
preventive care	1	0 <sup>a</sup>
Preventive care	1	0 <sup>a</sup>
Preventive care, inpatient and outpatient services	1	0 <sup>a</sup>
Preventive services	1	0 <sup>a</sup>
preventive services/surgical	1	0 <sup>a</sup>

Primario, especializado, hospitalización, emergencias, operaciones	1	0 <sup>a</sup>
Primary care	2	0 <sup>a</sup>
Primary Care	3	0 <sup>a</sup>
Primary Care, Hospitalization and Surgical procedures	1	0 <sup>a</sup>
Profesionalidad en el tratamiento	1	0 <sup>a</sup>
Profesionalidad, atención rápida	1	0 <sup>a</sup>
Pruebas diagnósticas	2	0 <sup>a</sup>
Pruebas diagnosticas	1	0 <sup>a</sup>
Pruebas indicadas	1	0 <sup>a</sup>
Pruebas para diagnostico	1	0 <sup>a</sup>
Pruebas y atencion rapida	1	0 <sup>a</sup>
psicología	1	0 <sup>a</sup>
Psicología	1	0 <sup>a</sup>
Psicología, fisioterapia, medicina interna, hospitalización y cirugía	1	0 <sup>a</sup>
Que entre cualquier prueba médica necesaria	2	0 <sup>a</sup>
Que me atiendan rápido cuando lo necesito y sin listas de espera	0 <sup>a</sup>	46
Que sean honestos	1	0 <sup>a</sup>
rapidas gestiones y una amplia lista de eleccion	1	0 <sup>a</sup>
Rapidez y efectividad	1	0 <sup>a</sup>
Rápido Acceso a médicos Especialistas y pruebas diagnósticas	1	0 <sup>a</sup>
Real professional medical attention	1	0 <sup>a</sup>
Realización de Analíticas	1	0 <sup>a</sup>
Remote monitoring	1	0 <sup>a</sup>
Servicio de urgencias	1	0 <sup>a</sup>
Servicio odontológico, pruebas diagnósticas	1	0 <sup>a</sup>
servicios de atención general, para hospitalización y cirugías importantes, mejor la seguridad social	1	0 <sup>a</sup>
Servicios de emergencia	1	0 <sup>a</sup>
Servicios de rehabilitación	1	0 <sup>a</sup>
Servicios para trastornos por consumo de sustancias	1	0 <sup>a</sup>
Servicios pediátricos	1	0 <sup>a</sup>
Sesión de terapia	1	0 <sup>a</sup>
Sin límite anual	1	0 <sup>a</sup>
Sinceridad en el servicio	1	0 <sup>a</sup>
Special services	1	0 <sup>a</sup>
Specialist care	2	0 <sup>a</sup>
Specialist Care	1	0 <sup>a</sup>
Specialist care and hospitalization	1	0 <sup>a</sup>

Specialists	2	0 <sup>a</sup>
Specialists, annual visits, mental health	1	0 <sup>a</sup>
Speciality drug coverage	1	0 <sup>a</sup>
Specialized treatments	1	0 <sup>a</sup>
Substance use services	1	0 <sup>a</sup>
Surgery	1	0 <sup>a</sup>
Surgery services	1	0 <sup>a</sup>
Surgical	1	0 <sup>a</sup>
Tener acceso a especialistas cuando sea necesario	1	0 <sup>a</sup>
Tener acceso rápido a especialistas y a pruebas diagnósticas importantes.	1	0 <sup>a</sup>
Tener opción de hospital	1	0 <sup>a</sup>
That they have online agents to solve any concerns that the client has, that they provide virtual nurses to whom we can consult from home. The most important thing is the coverage offered by the plan, which covers visits to the primary doctor, specialists, emergency visits and surgeries. I also consider it important that it covers the cost of prescription drugs and laboratory tests.	1	0 <sup>a</sup>
The drug prescription	1	0 <sup>a</sup>
The therapy aspect	1	0 <sup>a</sup>
Therapy	1	0 <sup>a</sup>
TODAS	1	0 <sup>a</sup>
Todas las especializades médicas	1	0 <sup>a</sup>
Todos	3	0 <sup>a</sup>
Tratamiento conciso del cáncer	1	0 <sup>a</sup>
Traumatología y medicina general	1	0 <sup>a</sup>
Urgencias	1	0 <sup>a</sup>
Urgencias y especialidades principales con plazo corto de espera para citas	1	0 <sup>a</sup>
Urgent care coverage	1	0 <sup>a</sup>
Urología, oftalmología, dental	1	0 <sup>a</sup>
USG, ginecólogo, analítica sin límites	1	0 <sup>a</sup>
Wellness, physical therapy	1	0 <sup>a</sup>
When they offer wellness plan	1	0 <sup>a</sup>
While deductibles are a given, a plan with a manageable deductible for my financial situation is important to ensure i can actually access care before meeting it.	1	0 <sup>a</sup>

Wide range of coverage is a must.	1	0 <sup>a</sup>
Women's health (mammogram/birth control/paps)	1	0 <sup>a</sup>
Yearly check ups, emergency and urgent care visits, prescriptions, surgeries	1	0 <sup>a</sup>

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>b</sup>

a. This category is not used in comparisons because its column proportion is equal to zero or one.

b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

### Annex H: Answers from real surveys VS synthetic surveys for the question 26: What new services or innovations would you like to see in health insurance?

	Survey Type	
	Real (A) Count	Synthetic (B) Count
What new services or innovations would you like to see in health insurance?	1	0 <sup>a</sup>
- AI-Powered Diagnostics (DAOs) for Health Insurance: (Dental insurance) (NONE)	2	0 <sup>a</sup>
A change in the payment structure, to have a set payment with no copayment	1	0 <sup>a</sup>
A premium premium plan	1	0 <sup>a</sup>
A system where all my health data, from different providers, labs, pharmacies, and even personal devices is securely and seamlessly accessible to me	1	0 <sup>a</sup>
Acceso a servicios dentales sin tener que realizar pagos. Que el seguro cubra los tratamientos.	1	0 <sup>a</sup>
Acceso a teleconsultas con medicos primarios, especialistas y acceso a prescripciones a traves del portal del seguro	1	0 <sup>a</sup>
Accurate prescription	1	0 <sup>a</sup>
Adding AI	1	0 <sup>a</sup>
Adding facility treatment	1	0 <sup>a</sup>
Advanced fraud detection	1	0 <sup>a</sup>
AI	4	0 <sup>a</sup>

AI assistance	1	0 <sup>a</sup>
AI check on data	1	0 <sup>a</sup>
AI directions	1	0 <sup>a</sup>
AI powered enhancement	1	0 <sup>a</sup>
AI Therapy	1	0 <sup>a</sup>
Aplicación de IA	1	0 <sup>a</sup>
aplicaciones más completas, que permitan reservar citas en cualquier centro	1	0 <sup>a</sup>
Apoyo mejorado para enfermedades crónicas	1	0 <sup>a</sup>
Aprovechar la IA	1	0 <sup>a</sup>
Asistencia dental	1	0 <sup>a</sup>
Atención de salud mental	1	0 <sup>a</sup>
Atención más ágil. En los últimos años han aumentado los tiempos de espera de las visitas y realización de pruebas médicas.	1	0 <sup>a</sup>
Being innovative	1	0 <sup>a</sup>
Better access to therapy	1	0 <sup>a</sup>
Better discounts	1	0 <sup>a</sup>
Capacidad de apropiarse del enfoque de salud mental	1	0 <sup>a</sup>
Centrarse en la telemedicina, poder personalizar el seguro según el caso de cada persona y autorización automática gestión médica sin tanta burocracia y papeleo	1	0 <sup>a</sup>
Chatbot for casual checkups	1	0 <sup>a</sup>
Chatbot inteligente	1	0 <sup>a</sup>
cheaper costs of health insurance.	1	0 <sup>a</sup>
Chequeos preventivos generales	1	0 <sup>a</sup>
Clearer summaries of benefits and real-time customer service via app chat.	1	0 <sup>a</sup>
Cobertura dental asegurada	1	0 <sup>a</sup>
Cobertura modular	1	0 <sup>a</sup>
Cobertura para tratamiento a corto plazo	1	0 <sup>a</sup>
Coberturas dentales más amplias incluidas en el Seguro médico general	1	0 <sup>a</sup>
Coberturas más flexibles y modulares	1	0 <sup>a</sup>
Counseling	1	0 <sup>a</sup>

Cuando se reservan citas para pruebas diagnósticas, a veces no aparece concretamente la que nos han indicado y se pierde tiempo buscando, por teléfono también se hace complicado. Se necesitan sistemas más sencillos de entender.		0 <sup>a</sup>
Debería existir algo así como una Cuenta de Ahorros para la Salud.		0 <sup>a</sup>
Dental	4	0 <sup>a</sup>
Dental insurance	1	0 <sup>a</sup>
Dental, vision	1	0 <sup>a</sup>
Dentista a cubrir	1	0 <sup>a</sup>
Descuento en medicamentos ya que eso solo te lo proporciona la seguridad social		0 <sup>a</sup>
Digital health monitoring	1	0 <sup>a</sup>
Discounts	1	0 <sup>a</sup>
Dispositivos portátiles útiles	1	0 <sup>a</sup>
Don't like telemedicine	1	0 <sup>a</sup>
Easy registration process	1	0 <sup>a</sup>
Emergencias	1	0 <sup>a</sup>
engaging programs that incentivize healthy behaviors through challenges		0 <sup>a</sup>
Estomatología	1	0 <sup>a</sup>
Ethic control, price transparency.	1	0 <sup>a</sup>
Facilidad para acceder a especialistas sin complicaciones y atención domiciliaria		21
Flexibilidad	1	0 <sup>a</sup>
Free healthcare or better affordability accepted by more providers.		0 <sup>a</sup>
Giving necessary vaccinations when needed		0 <sup>a</sup>
Hermosas experiencias digitales	1	0 <sup>a</sup>
Highly valuable care	1	0 <sup>a</sup>
I don't know	1	0 <sup>a</sup>
I don't know	2	0 <sup>a</sup>
I dont know	1	0 <sup>a</sup>
I think they currently comply with everything necessary.		0 <sup>a</sup>
I want to see real-time deductible tracking and simplified plan comparison tools.		20
I'd love AI-driven plan customization based on my health history.		16

IA para diagnóstico o recomendaciones	1	0 <sup>a</sup>
Implantes	2	0 <sup>a</sup>
Implementación de IA	1	0 <sup>a</sup>
Implementando IA	1	0 <sup>a</sup>
Implementation of AI	1	0 <sup>a</sup>
Inclusión de mas servicios medicos en la cobertura	1	0 <sup>a</sup>
Incluya prótesis, cobertura dental	1	0 <sup>a</sup>
Incluya todas las especialidades y tenga un precio asequible	1	0 <sup>a</sup>
Innovaciones	1	0 <sup>a</sup>
Inseminacion artificial	1	0 <sup>a</sup>
Integración con IA para salud mental	1	0 <sup>a</sup>
Integración de la atención preventiva	1	0 <sup>a</sup>
Integración de tecnología portátil	1	0 <sup>a</sup>
Integrating digital health	1	0 <sup>a</sup>
International coverage	1	0 <sup>a</sup>
Ir más allá de factores estáticos como la edad	1	0 <sup>a</sup>
la digitalización, la personalización, y cobertura de la tele salud	1	0 <sup>a</sup>
La telesalud como departamento central	1	0 <sup>a</sup>
Legs and chiropractor for the pain	1	0 <sup>a</sup>
Leveraging AI	1	0 <sup>a</sup>
Los resultados de pruebas en menos tiempo	1	0 <sup>a</sup>
Make it less complicated	1	0 <sup>a</sup>
Manage app for appoitments	1	0 <sup>a</sup>
maquinaria de diagnostico de ultima generacion	1	0 <sup>a</sup>
Más accesible a la población	1	0 <sup>a</sup>
Más acceso a prevencion, nutricion	1	0 <sup>a</sup>
Más allá de la comprobación a nivel del suelo	1	0 <sup>a</sup>
Más atención a la salud femenina, tanto en prevención como en capacidad de diagnóstico. Mayor cobertura dental	1	0 <sup>a</sup>
Mas co ertura	1	0 <sup>a</sup>
Más preocupación por los usuarios	1	0 <sup>a</sup>
Más rapidez	1	0 <sup>a</sup>
Más rapidez en las citas la dan muy tardes	1	0 <sup>a</sup>
Más tecnología	1	0 <sup>a</sup>
Mayor atención	1	0 <sup>a</sup>

Mayor atención previa a las enfermedades	1	0 <sup>a</sup>
Mayor cobertura, mejor oferta de dinero-servicios	1	0 <sup>a</sup>
Mayores coberturas dentales (en ortodoncia) y oftalmológicas	1	0 <sup>a</sup>
Médico de cabecera	1	0 <sup>a</sup>
Médicos de cabecera	1	0 <sup>a</sup>
Meeting your primary doctor before getting to choose one	1	0 <sup>a</sup>
Mejor atención online y al domicilio	1	0 <sup>a</sup>
Mejor cobertura dental	1	0 <sup>a</sup>
Mejor telemedicina y menos espera con especialista	1	0 <sup>a</sup>
Mejorar la telemedicina con seguimiento personalizado y recetas digitales	0 <sup>a</sup>	9
Mejoras tecnológicas	1	0 <sup>a</sup>
Mejores prestaciones en fisioterapia, la fisioterapia suele ser poco útil el seguros de pago	1	0 <sup>a</sup>
Mental health check integration	1	0 <sup>a</sup>
Microseguros para necesidades específicas	1	0 <sup>a</sup>
Microseguros para otras necesidades	1	0 <sup>a</sup>
More AI for faster claims, and apps that help manage medications and appointments.	0 <sup>a</sup>	26
More mental health, wider coverage of drugs, larger networks	1	0 <sup>a</sup>
More support for preventive care, mental health apps, and remote consultations.	0 <sup>a</sup>	19
More technology	1	0 <sup>a</sup>
Muchas enfermedades acaban en la sanidad pública porque para cubrirlas el precio del seguro sería inasumible	1	0 <sup>a</sup>
N/A	1	0 <sup>a</sup>
N\A	1	0 <sup>a</sup>
Ninguna	1	0 <sup>a</sup>
No	2	0 <sup>a</sup>
No idea	1	0 <sup>a</sup>
No lo he pensado	1	0 <sup>a</sup>
No lo se	3	0 <sup>a</sup>
No me interesa	1	0 <sup>a</sup>
No sabría decir	1	0 <sup>a</sup>
No sé	3	0 <sup>a</sup>

No se me ocurre nada	1	0 <sup>a</sup>
No se, creo que aún hay mucho. Podría ser mejor explicación que doctore puede hacer cual examen en su oficial si estoy buscando algo específico	1	0 <sup>a</sup>
No tengo idea	1	0 <sup>a</sup>
No tengo ninguna idea	1	0 <sup>a</sup>
Non	1	0 <sup>a</sup>
None	1	0 <sup>a</sup>
Not a new service but being faster providing authorizations	1	0 <sup>a</sup>
not sure	1	0 <sup>a</sup>
Not sure	4	0 <sup>a</sup>
Ns/Nc - Desconozco qué se podría ofrecer sin cobrarme más. Asegurar calidad siempre.	1	0 <sup>a</sup>
NUEVAS	1	0 <sup>a</sup>
Occupational Therapy offering targeted preventive interventions, screenings, and support services	1	0 <sup>a</sup>
Ofrecer recompensas por alcanzar objetivos	1	0 <sup>a</sup>
Online scheduling is not always available so that would be nice	1	0 <sup>a</sup>
Orthodontist for all	1	0 <sup>a</sup>
Outside country coverage	1	0 <sup>a</sup>
Perfect health record	1	0 <sup>a</sup>
Personalized Care with Genetics	1	0 <sup>a</sup>
Personalized health plans	1	0 <sup>a</sup>
Personalized products	1	0 <sup>a</sup>
Physical therapy programs / doctors being available online. I generally have had many questions and it can be long waiting weeks between appointments	1	0 <sup>a</sup>
Plastic surgery	1	0 <sup>a</sup>
Poder hacer todo desde una app, como pedir cita y ver resultados	0 <sup>a</sup>	50
Políticas dinámicas	2	0 <sup>a</sup>
Precios razonables para personas mayores de 65 años	1	0 <sup>a</sup>
Predictive analytics	1	0 <sup>a</sup>
Predictive health management	1	0 <sup>a</sup>
Prevención	1	0 <sup>a</sup>
Prevención de riesgos	1	0 <sup>a</sup>
Prevención temprana del cáncer	1	0 <sup>a</sup>
Preventive care	1	0 <sup>a</sup>
Proactive disease prevention	1	0 <sup>a</sup>

Programa de Bienestar	1	0 <sup>a</sup>
Programas de dietetica y nutricion	1	0 <sup>a</sup>
Programas de prevención reales y chequeos anuales sin coste adicional	0 <sup>a</sup>	20
programas específicos de gestión de enfermedades crónicas	1	0 <sup>a</sup>
Proyecciones con grandes descuentos	1	0 <sup>a</sup>
Pruebas predictivas, relaciones entre especialidades (ej: impacto de glucosa en la vista/ infecciones vaginales)	1	0 <sup>a</sup>
Psicología	1	0 <sup>a</sup>
Q incluya salud dental 100 x100	1	0 <sup>a</sup>
Quality Data	1	0 <sup>a</sup>
Que dejen de existir	1	0 <sup>a</sup>
Que el sistema de citas se pudiera hacer totalmente online, pudiendo ver el cuadro médico y escoger tranquilamente .	2	0 <sup>a</sup>
Que fuera realmente fácil acceder a la información, realizar citas, reembolsos, asistencia en viaje	1	0 <sup>a</sup>
Que tengan cobertura dental completa, que también forma parte de la salud en general	1	0 <sup>a</sup>
Rapidez de resultado y mayor disponibilidad de citas	1	0 <sup>a</sup>
rapidez para conseguir citas	1	0 <sup>a</sup>
Real-Time Pricing Transparency Tools	1	0 <sup>a</sup>
Remote monitoring	1	0 <sup>a</sup>
Schedule	1	0 <sup>a</sup>
Seguro dental incluido. Tarifas más económicas.	1	0 <sup>a</sup>
Seguros Colectivos para Familias	1	0 <sup>a</sup>
Sending in specimens for testing	1	0 <sup>a</sup>
Servicios dentales y oculísticos	1	0 <sup>a</sup>
Servicios más amplios de odontología.	1	0 <sup>a</sup>
Sesión de terapia	1	0 <sup>a</sup>
Sin respuesta	1	0 <sup>a</sup>
Tarifa de seguro premium basada en la condición del paciente	1	0 <sup>a</sup>
Tecnología más avanzada	1	0 <sup>a</sup>
Telemedicina	1	0 <sup>a</sup>
Telemedicina, más hospitals contractats,.	1	0 <sup>a</sup>
Telemedicina.	1	0 <sup>a</sup>

Telemedicine	1	0 <sup>a</sup>
Teràpies alternatives	1	0 <sup>a</sup>
The insurers must provide clear policies for better understanding.	1	0 <sup>a</sup>
The introduction of public healthcare to the US.	1	0 <sup>a</sup>
the lowest premiums	1	0 <sup>a</sup>
This may already be covered within telemedicine but rather than waiting for essentially a zoom meeting with a doctor, I think it makes more sense to have a chat function where you can describe symptoms and upload any necessary pictures and have a team be able to respond as they can. I think this would remove wait time for unnecessary things of low importance (uti, pink eye, yeast infection) which are major inconveniences to the patient, usually self diagnosable, but also require a prescription for treatment.	1	0 <sup>a</sup>
Todos los servicios relacionados con la salud mental	1	0 <sup>a</sup>
Tools for cost control	1	0 <sup>a</sup>
Total cover	1	0 <sup>a</sup>
Transistores in all languages.	1	0 <sup>a</sup>
translators different languages	1	0 <sup>a</sup>
tratamientos avanzados	1	0 <sup>a</sup>
Una amplia gama de medicamentos recetados	1	0 <sup>a</sup>
Universal coverage and single payer insurance (Medicare for all)	1	0 <sup>a</sup>
Upfront Pricing Transparency	1	0 <sup>a</sup>
Uso de IA	1	0 <sup>a</sup>
Venta directa de medicina	1	0 <sup>a</sup>
Virtual assistant	1	0 <sup>a</sup>
Virtual Therapy	1	0 <sup>a</sup>
Wellness plan based on individual health data	1	0 <sup>a</sup>
Wellness Program	1	0 <sup>a</sup>

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>b</sup>

a. This category is not used in comparisons because its column proportion is equal to zero or one.

b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

**Annex I: Answers from real surveys VS synthetic surveys for the question 33: If your previous answer was affirmative. Can you please briefly describe what happened?**

	Survey Type	
	Real (A) Count	Synthetic (B) Count
If your previous answer was affirmative. Can you please briefly describe what happened?	186 <sub>B</sub>	114
Aumento inexplicable de los precios	1	0 <sup>1</sup>
company is deliberately trying to underpay, making me question the entire purpose of having insurance.	1	0 <sup>1</sup>
Complex documents to sign	1	0 <sup>1</sup>
Copays were supposed to be low, but they added hidden 'facility fees'.	0 <sup>1</sup>	10
Coverage was denied when I thought the provider was in network based on the insurance's own referral list	1	0 <sup>1</sup>
Dificultats amb el pagament per intervencions quirúrgiques.	1	0 <sup>1</sup>
Dispositivos avanzados para el manejo del dolor	1	0 <sup>1</sup>
El copago de un seguro dental era casi el 95% del servicio	1	0 <sup>1</sup>
El incremento de precio anual es constante y no se avala con una lógica o transparencia para el cliente	1	0 <sup>1</sup>
El uso de investigadores externos	1	0 <sup>1</sup>
Emergency room visits had unexpected charges I wasn't informed about.	0 <sup>1</sup>	9
Emergency services mislead about coverage and price. Hidden charges.	1	0 <sup>1</sup>
En seguros de vehículo y hogar. No con salud, de momento.	1	0 <sup>1</sup>
Es difícil ver exactamente lo que estoy pagando.	1	0 <sup>1</sup>
Explicación poco clara	1	0 <sup>1</sup>
I feel it's just the nature of the business	1	0 <sup>1</sup>
I was promised dental coverage, but the plan excluded most common procedures.	0 <sup>1</sup>	9

I was told that therapy was covered by my insurance, so I went 4 times, and then I got bills for those appointments about a month later (that I thought were covered) for ~\$150 each. So I had to stop going.	1	0 <sup>1</sup>
La aseguradora no quería cumplir una cláusula de devolución en caso de no hacerse efectiva la aprobación de visado del tomador de seguro.	1	0 <sup>1</sup>
Lack of coverage, out of network, etc. my insurance only covers STD testing in men under the age of 21 why??? I tried to appeal but could not. They said it's not preventative	1	0 <sup>1</sup>
Lack of Transparency	1	0 <sup>1</sup>
like a bait-and-switch, especially during the legal documenting	1	0 <sup>1</sup>
Manipulating the legal documents	1	0 <sup>1</sup>
Marketing engañoso	1	0 <sup>1</sup>
Me pudieron una analítica tu e que pagar por una cosa que me pidió el médico.	1	0 <sup>1</sup>
Me subieron la cuota sin avisar y no me dieron ninguna explicación	1	23
Mi aseguradora ha cambiado de dueños varias veces y no tengo claro que las condiciones de mi póliza se cumplan en la nueva.	2	0 <sup>1</sup>
Most time it does not cover all treatment	1	0 <sup>1</sup>
Mucho papeleo para un simple reembolso, me cansé del proceso	0 <sup>1</sup>	16
Nada	1	0 <sup>1</sup>
No claridad con las coberturas y carencias	1	0 <sup>1</sup>
No cubría nada prácticamente	1	0 <sup>1</sup>
No cubrían cosas que decían en el contrato y me dejaron colgado	0 <sup>1</sup>	5
No está claro cómo se aplican los descuentos.	1	0 <sup>1</sup>
No todos explican la letra pequeña. Depende mucho de la persona que te atienda	1	0 <sup>1</sup>
Nothing	1	0 <sup>1</sup>
Originally one copayment and then turns out to be different amounts	1	0 <sup>1</sup>
Personal poco preparado ante casos específicos de salud. No aprobaban cubiertas, por desconocimiento médico presentado	1	0 <sup>1</sup>

Poca claridad sobre la cobertura de un examen de diagnóstico, que finalmente no llegó a realizarse a pesar de ser una cobertura completa. Limitaciones temporales respecto a la renovación del contrato		0 <sup>1</sup>
Prefiero no dar detalles.	1	0 <sup>1</sup>
Seguro de mi casa. Al final no cubría nada y tuve que pagar.		0 <sup>1</sup>
Sempre engañan, no falla.	1	0 <sup>1</sup>
Surprise bills after being told something was “covered” and denials of claims without clear justification, due to miscommunication about what’s covered and what isn’t.		0 <sup>1</sup>
The agent told me my doctor was in network, but he wasn't.		6
the system is very confusing, and the insurance companies create a network of doctors or hospitals which sometimes have a low ranking on reviews considering professionalism, quality of services and price for the services they offer.		0 <sup>1</sup>
Them looking for reasons not to pay or deliver once a claim is filed		0 <sup>1</sup>
There's always something seemingly misleading		0 <sup>1</sup>
They said everything was covered but later denied my surgery as out-of-network.		8
Told I wouldn't have to pay for medications but had to anyways		0 <sup>1</sup>
Usando tácticas de presión	1	0 <sup>1</sup>
When I went to get my free annual medical screening, it wasn't free because they did a preventive test that they didn't consider appropriate for my age range, even though I have potential risk factors		0 <sup>1</sup>

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>2</sup>

1. This category is not used in comparisons because its column proportion is equal to zero or one.

2. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and the United States and survey results given by ChatGPT 4o (2025).

**Annex J: Answers from real surveys VS synthetic surveys for Spain for the question 16: What services do you consider essential in a health insurance plan?**

	Survey Type	
	Real (A) Count	Synthetic (B) Count
What services do you consider- especialidades (ginecología,1 essential in a health insurance plan?oftalmología, dentista)		0 <sup>a</sup>
- hospitalización		
Acceder a especialistas, no haver1 listas de espera.	1	0 <sup>a</sup>
Acceso a especialidades como1 psicología, psiquiatría y ginecología	1	0 <sup>a</sup>
Acceso a todas las pruebas y1 tratamientos posibles	1	0 <sup>a</sup>
Acceso más rápido al tratamiento	1	0 <sup>a</sup>
Amplia cantidad de especialistas y1 centros médicos	1	0 <sup>a</sup>
amplia gama de medicamentos1 recetados	1	0 <sup>a</sup>
amplia gama de prescripciones	1	0 <sup>a</sup>
Analítica	1	0 <sup>a</sup>
Asistencia médica primaria y1 especializada	1	0 <sup>a</sup>
Atención a la maternidad y al recién1 nacido	1	0 <sup>a</sup>
Atención ambulatoria	1	0 <sup>a</sup>
Atención de urgencias	1	0 <sup>a</sup>
Atención primaria	1	0 <sup>a</sup>
Atención primaria, urgencias y1 hospitalización	1	0 <sup>a</sup>
Atención rápida	1	0 <sup>a</sup>
atencion rapida en urgencias	1	0 <sup>a</sup>
Atención rápida y reducción espera	1	0 <sup>a</sup>
Buen servicio, atención y listas de1 espera cortas	1	0 <sup>a</sup>
Buenos especialistas, atención1 prioritaria, que no suban los precios cada año.	1	0 <sup>a</sup>
Capacidad de ver a un especialista	1	0 <sup>a</sup>
Cirugía	1	0 <sup>a</sup>
Cirugía, especialistas	1	0 <sup>a</sup>
Cobertura amplia de especialistas, y0 <sup>a</sup> que incluya psicología o fisioterapia	0	26
Cobertura de servicios médicos	1	0 <sup>a</sup>
Cobertura embarazo, pruebas1 médicas de urgencia	1	0 <sup>a</sup>

Cobertura integral para futuras mamás	1	0 <sup>a</sup>
Cobertura máxima	1	0 <sup>a</sup>
Cobertura medica general y acceso a medicamentos	1	0 <sup>a</sup>
cobertura para consultas con especialistas	1	0 <sup>a</sup>
Cobertura para crisis médicas que requieren atención inmediata	1	0 <sup>a</sup>
Cobertura para diversas pruebas diagnósticas como radiografías	1	0 <sup>a</sup>
Cobertura para especialistas de todo tipo y que incluya estomatología.	1	0 <sup>a</sup>
Considero que los servicios imprescindibles en un seguro médico incluyen atención ambulatoria, consultas de medicina general, atención materno-infantil y medicamentos recetados. También deben cubrir hospitalización, emergencias servicios de salud mental y trastornos por abuso de sustancias, etc...	1	0 <sup>a</sup>
Consulta médica normal y especialista sin restricciones	1	0 <sup>a</sup>
Coste, atención y disponibilidad	1	0 <sup>a</sup>
Cuando hay un chequeo de vez en cuando	1	0 <sup>a</sup>
Cubierta ante eventos inesperados. Accidentes , enfermedades catastróficas	1	0 <sup>a</sup>
Debería haber límites a lo que sale del bolsillo.	1	0 <sup>a</sup>
Dental	1	0 <sup>a</sup>
Dental, Medicina General, psicología y nutrición	1	0 <sup>a</sup>
Dentista	1	0 <sup>a</sup>
Dermatólogo, dentista y psicologo	1	0 <sup>a</sup>
Dermatologo, Pruebas médicas con poca espera (analíticas, ecografías,etc)	1	0 <sup>a</sup>
Disponibilidad, capacidad y rapidez de diagnóstico, calidad de atención	1	0 <sup>a</sup>
El acceso a las especialidades médicas	1	0 <sup>a</sup>
Elegir médico.	1	0 <sup>a</sup>
Emergency services	1	0 <sup>a</sup>
Especialidades médicas	1	0 <sup>a</sup>
Especialidades médicas, hospitalización, cirugía, rehabilitación y fisioterapia	1	0 <sup>a</sup>

Especialistas	3	0 <sup>a</sup>
Especialistes	1	0 <sup>a</sup>
Estomatología	1	0 <sup>a</sup>
fácil de ponerse en contacto, rapidez en la atención y un gran abanico de servicios	1	0 <sup>a</sup>
Facilidades para atención primaria	1	0 <sup>a</sup>
Ginecología	1	0 <sup>a</sup>
Ginecología, Fisioterapeuta, Hospitalizaciones, etc	1	0 <sup>a</sup>
Hospitalización	3	0 <sup>a</sup>
Hospitalización y acceso a especialistas de nivel	1	0 <sup>a</sup>
Hospitalizados individual y acceso rápido a especialistas	1	0 <sup>a</sup>
Laboratorio	1	0 <sup>a</sup>
Libre elección de especialista	1	0 <sup>a</sup>
Llamadas telefónicas	1	0 <sup>a</sup>
Los médicos especialistas, servicios, pruebas médicas...	1	0 <sup>a</sup>
Manejo de enfermedades crónicas	1	0 <sup>a</sup>
Más y mejor servicio de laboratorio	1	0 <sup>a</sup>
Medicina general	1	0 <sup>a</sup>
Medicina General, Cirugía	1	0 <sup>a</sup>
Medicina interna, especialistas	1	0 <sup>a</sup>
Médico de cabecera. Especialistas.	1	0 <sup>a</sup>
Médico de Familia	1	0 <sup>a</sup>
Médico primario	1	0 <sup>a</sup>
Médicos de familia	1	0 <sup>a</sup>
Mejor servicio de laboratorio	1	0 <sup>a</sup>
Mientras más servicios mejor, para mi opinión especialidades médicas, hospitalización y cirugía.	1	0 <sup>a</sup>
No me interesa	1	0 <sup>a</sup>
No muy segura	1	0 <sup>a</sup>
NS/NC	1	0 <sup>a</sup>
Oftalmología	1	0 <sup>a</sup>
Poder elegir a quién consultar	1	0 <sup>a</sup>
Poder elegir médico y tener atención cercana a casa	0 <sup>a</sup>	28
Profesionalidad en el tratamiento	1	0 <sup>a</sup>
Profesionalidad, atención rápida	1	0 <sup>a</sup>
Pruebas diagnósticas	2	0 <sup>a</sup>
Pruebas diagnosticas	1	0 <sup>a</sup>
Pruebas indicadas	1	0 <sup>a</sup>
Pruebas para diagnostico	1	0 <sup>a</sup>
Pruebas y atencion rapida	1	0 <sup>a</sup>
psicología	1	0 <sup>a</sup>
Psicología	1	0 <sup>a</sup>

Psicología, fisioterapia, medicina interna, hospitalización y cirugía	1	0 <sup>a</sup>
Que entre cualquier prueba médica necesaria	2	0 <sup>a</sup>
Que me atiendan rápido cuando lo necesito y sin listas de espera	0 <sup>a</sup>	46
Que sean honestos	1	0 <sup>a</sup>
rápidas gestiones y una amplia lista de elección	1	0 <sup>a</sup>
Rapidez y efectividad	1	0 <sup>a</sup>
Rápido Acceso a médicos Especialistas y pruebas diagnósticas	1	0 <sup>a</sup>
Realización de Analíticas	1	0 <sup>a</sup>
Servicio de urgencias	1	0 <sup>a</sup>
Servicio odontológico, pruebas diagnósticas	1	0 <sup>a</sup>
servicios de atención general, para hospitalización y cirugías importantes, mejor la seguridad social	1	0 <sup>a</sup>
Servicios de emergencia	1	0 <sup>a</sup>
Servicios de rehabilitación	1	0 <sup>a</sup>
Servicios para trastornos por consumo de sustancias	1	0 <sup>a</sup>
Servicios pediátricos	1	0 <sup>a</sup>
Sesión de terapia	1	0 <sup>a</sup>
Sin límite anual	1	0 <sup>a</sup>
Sinceridad en el servicio	1	0 <sup>a</sup>
Surgery	1	0 <sup>a</sup>
Tener acceso a especialistas cuando sea necesario	1	0 <sup>a</sup>
Tener acceso rápido a especialistas y a pruebas diagnósticas importantes.	1	0 <sup>a</sup>
Tener opción de hospital	1	0 <sup>a</sup>
TODAS	1	0 <sup>a</sup>
Todas las especialidades médicas	1	0 <sup>a</sup>
Todos	2	0 <sup>a</sup>
Tratamiento conciso del cáncer	1	0 <sup>a</sup>
Traumatología y medicina general	1	0 <sup>a</sup>
Urgencias	1	0 <sup>a</sup>
Urgencias y especialidades principales con plazo corto de espera para citas	1	0 <sup>a</sup>
Urología, oftalmología, dental	1	0 <sup>a</sup>
USG, ginecólogo, analítica sin límites	1	0 <sup>a</sup>

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>b</sup>

- a. This category is not used in comparisons because its column proportion is equal to zero or one.
- b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

**Annex K: Answers from real surveys VS synthetic surveys for Spain for the question 26: What new services or innovations would you like to see in health insurance?**

	Survey Type	
	Real (A) Count	Synthetic (B) Count
What new services or innovations- would you like to see in health insurance?	1	0 <sup>a</sup>
Acceso a servicios dentales sin tener que realizar pagos. Que el seguro cubra los tratamientos.	1	0 <sup>a</sup>
Acceso a teleconsultas con medicos primarios, especialistas y acceso a prescripciones a traves del portal del seguro	1	0 <sup>a</sup>
AI	1	0 <sup>a</sup>
Aplicación de IA	1	0 <sup>a</sup>
aplicaciones más completas, que permitan reservar citas en cualquier centro	1	0 <sup>a</sup>
Apoyo mejorado para enfermedades crónicas	1	0 <sup>a</sup>
Aprovechar la IA	1	0 <sup>a</sup>
Asistencia dental	1	0 <sup>a</sup>
Atención de salud mental	1	0 <sup>a</sup>
Atención más ágil. En los últimos años han aumentado los tiempos de espera de las visitas y realización de pruebas médicas.	1	0 <sup>a</sup>
Capacidad de apropiarse del enfoque de salud mental	1	0 <sup>a</sup>
Centrarse en la telemedicina, poder personalizar el seguro segun el caso de cada persona y autorización automática gestion medica sin tanta burocracia y papeleo	1	0 <sup>a</sup>
Chatbot inteligente	1	0 <sup>a</sup>
Chequeos preventivos generales	1	0 <sup>a</sup>
Cobertura dental asegurada	1	0 <sup>a</sup>
Cobertura modular	1	0 <sup>a</sup>
Cobertura para tratamiento a corto plazo	1	0 <sup>a</sup>

Coberturas dentales más amplias incluidas en el Seguro médico general	1	0 <sup>a</sup>
Coberturas más flexibles y modulares	1	0 <sup>a</sup>
Cuando se reservan citas para pruebas diagnósticas, a veces no aparece concretamente la que nos han indicado y se pierde tiempo buscando, por teléfono también se hace complicado. Se necesitan sistemas más sencillos de entender.	1	0 <sup>a</sup>
Debería existir algo así como una Cuenta de Ahorros para la Salud.	1	0 <sup>a</sup>
Dental	3	0 <sup>a</sup>
Dentista a cubrir	1	0 <sup>a</sup>
Descuento en medicamentos ya que eso solo te lo proporciona la seguridad social	1	0 <sup>a</sup>
Dispositivos portátiles útiles	1	0 <sup>a</sup>
Facilidad para acceder a especialistas sin complicaciones y atención domiciliaria	21	0 <sup>a</sup>
Flexibilidad	1	0 <sup>a</sup>
Hermosas experiencias digitales	1	0 <sup>a</sup>
IA para diagnóstico o recomendaciones	1	0 <sup>a</sup>
Implantes	2	0 <sup>a</sup>
Implementación de IA	1	0 <sup>a</sup>
Implementando IA	1	0 <sup>a</sup>
Inclusión de mas servicios no medicos en la cobertura	1	0 <sup>a</sup>
Incluya prótesis, cobertura dental	1	0 <sup>a</sup>
Incluya todas las especialidades y tenga un precio asequible	1	0 <sup>a</sup>
Innovaciones	1	0 <sup>a</sup>
Integración con IA para salud mental	1	0 <sup>a</sup>
Integración de la atención preventiva	1	0 <sup>a</sup>
Integración de tecnología portátil	1	0 <sup>a</sup>
Ir más allá de factores estáticos como la edad	1	0 <sup>a</sup>
la digitalización, la personalización, y cobertura de la tele salud	1	0 <sup>a</sup>
La telesalud como departamento central	1	0 <sup>a</sup>
Los resultados de pruebas en menos tiempo	1	0 <sup>a</sup>

maquinaria de diagnostico de la ultima generacion		0 <sup>a</sup>
Más accesible a la población	1	0 <sup>a</sup>
Más acceso a prevención, nutrición	1	0 <sup>a</sup>
Más allá de la comprobación a nivel del suelo	1	0 <sup>a</sup>
Más atención a la salud femenina, tanto en prevención como en capacidad de diagnóstico. Mayor cobertura dental	1	0 <sup>a</sup>
Más cobertura	1	0 <sup>a</sup>
Más preocupación por los usuarios	1	0 <sup>a</sup>
Más rapidez	1	0 <sup>a</sup>
Más rapidez en las citas la dan muy tardes	1	0 <sup>a</sup>
Más tecnología	1	0 <sup>a</sup>
Mayor atención	1	0 <sup>a</sup>
Mayor atención previa a las enfermedades	1	0 <sup>a</sup>
Mayor cobertura, mejor oferta de dinero-servicios	1	0 <sup>a</sup>
Mayores coberturas dentales (en ortodoncia) y oftalmológicas	1	0 <sup>a</sup>
Médico de cabecera	1	0 <sup>a</sup>
Médicos de cabecera	1	0 <sup>a</sup>
Mejor atención online y al domicilio	1	0 <sup>a</sup>
Mejor cobertura dental	1	0 <sup>a</sup>
Mejor telemedicina y menos espera con especialista	1	0 <sup>a</sup>
Mejorar la telemedicina con seguimiento personalizado y recetas digitales	0 <sup>a</sup>	9
Mejoras tecnológicas	1	0 <sup>a</sup>
Mejores prestaciones en fisioterapia, la fisioterapia suele ser poco útil el seguro de pago	1	0 <sup>a</sup>
Microseguros para necesidades específicas	1	0 <sup>a</sup>
Microseguros para otras necesidades	1	0 <sup>a</sup>
Muchas enfermedades acaban en la sanidad pública porque para cubrir las el precio del seguro sería inasumible	1	0 <sup>a</sup>
Ninguna	1	0 <sup>a</sup>
No lo he pensado	1	0 <sup>a</sup>
No lo se	3	0 <sup>a</sup>
No me interesa	1	0 <sup>a</sup>
No sabría decir	1	0 <sup>a</sup>

No sé	3	0 <sup>a</sup>
No se me ocurre nada	1	0 <sup>a</sup>
No se, creo que aún hay mucho. Podría ser mejor explicación que doctore puede hacer cual examen en su oficial si estoy buscando algo específico	1	0 <sup>a</sup>
No tengo idea	1	0 <sup>a</sup>
No tengo ninguna idea	1	0 <sup>a</sup>
Ns/Nc - Desconozco qué se podría ofrecer sin cobrarme más. Asegurar calidad siempre.	1	0 <sup>a</sup>
NUEVAS	1	0 <sup>a</sup>
Ofrecer recompensas por alcanzar objetivos	1	0 <sup>a</sup>
Poder hacer todo desde una app, como pedir cita y ver resultados	0 <sup>a</sup>	50
Políticas dinámicas	2	0 <sup>a</sup>
Precios razonables para personas mayores de 65 años	1	0 <sup>a</sup>
Prevención	1	0 <sup>a</sup>
Prevención de riesgos	1	0 <sup>a</sup>
Prevención temprana del cáncer	1	0 <sup>a</sup>
Programa de Bienestar	1	0 <sup>a</sup>
Programas de dietetica y nutricion	1	0 <sup>a</sup>
Programas de prevención reales y chequeos anuales sin coste adicional	0 <sup>a</sup>	20
programas específicos de gestión de enfermedades crónicas	1	0 <sup>a</sup>
Proyecciones con grandes descuentos	1	0 <sup>a</sup>
Pruebas predictivas, relaciones entre especialidades (ej: impacto de glucosa en la vista/ infecciones vaginales)	1	0 <sup>a</sup>
Psicología	1	0 <sup>a</sup>
Q incluya salud dental 100 x100	1	0 <sup>a</sup>
Que dejaran de existir	1	0 <sup>a</sup>
Que el sistema de citas se pudiera hacer totalmente online, pudiendo ver el cuadro médico y escoger tranquilamente .	2	0 <sup>a</sup>
Que fuera realmente fácil acceder a la información, realizar citas, reembolsos, asistencia en viaje	1	0 <sup>a</sup>
Que tengan cobertura dental completa, que también forma parte de la salud en general	1	0 <sup>a</sup>

Rapidez de resultado y mayor disponibilidad de citas	1	0 <sup>a</sup>
rapidez para conseguir citas	1	0 <sup>a</sup>
Seguro dental incluido. Tarifas más económicas.	1	0 <sup>a</sup>
Seguros Colectivos para Familias	1	0 <sup>a</sup>
Servicios dentales y oculísticos	1	0 <sup>a</sup>
Servicios más amplios de odontología.	1	0 <sup>a</sup>
Sesión de terapia	1	0 <sup>a</sup>
Sin respuesta	1	0 <sup>a</sup>
Tarifa de seguro premium basada en la condición del paciente	1	0 <sup>a</sup>
Tecnología más avanzada	1	0 <sup>a</sup>
Telemedicina	1	0 <sup>a</sup>
Telemedicina, más hospitales, contractats,.	1	0 <sup>a</sup>
Telemedicina.	1	0 <sup>a</sup>
Teràpies alternatives	1	0 <sup>a</sup>
Todos los servicios relacionados con la salud mental	1	0 <sup>a</sup>
tratamientos avanzados	1	0 <sup>a</sup>
Una amplia gama de medicamentos recetados	1	0 <sup>a</sup>
Uso de IA	1	0 <sup>a</sup>
Venta directa de medicina	1	0 <sup>a</sup>
Wellness Program	1	0 <sup>a</sup>

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>b</sup>

a. This category is not used in comparisons because its column proportion is equal to zero or one.

b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

#### Annex L: Answers from real surveys VS synthetic surveys for Spain for the question 33: If your previous answer was affirmative. Can you please briefly describe what happened?

	Survey Type	
	Real (A) Count	Synthetic (B) Count
If your previous answer was affirmative. Can you please briefly describe what happened?	100 <sub>B</sub>	56
Aumento inexplicable de los precios	1	0 <sup>1</sup>
Dificultats amb el pagament per intervencions quirúrgiques.	1	0 <sup>1</sup>

Dispositivos avanzados para el manejo del dolor		0 <sup>1</sup>
El copago de un seguro dental era casi el 95% del servicio		0 <sup>1</sup>
El incremento de precio anual es constante y no se avala con una lógica o transparencia para el cliente		0 <sup>1</sup>
El uso de investigadores externos	1	0 <sup>1</sup>
En seguros de vehículo y hogar. No con salud, de momento.		0 <sup>1</sup>
Es difícil ver exactamente lo que estoy pagando.		0 <sup>1</sup>
Explicación poco clara	1	0 <sup>1</sup>
La aseguradora no quería cumplir una cláusula de devolución en caso de no hacerse efectiva la aprobación de visado del tomador de seguro.		0 <sup>1</sup>
Marketing engañoso	1	0 <sup>1</sup>
Me pudieron una analítica tu e que pagar por una cosa que me pidió el médico.		0 <sup>1</sup>
Me subieron la cuota sin avisar y no me dieron ninguna explicación	0 <sup>1</sup>	23
Mi aseguradora ha cambiado de dueños varias veces y no tengo claro que las condiciones de mi póliza se cumplan en la nueva.	2	0 <sup>1</sup>
Mucho papeleo para un simple reembolso, me cansé del proceso	0 <sup>1</sup>	16
Nada	1	0 <sup>1</sup>
No claridad con las coberturas y carencias	1	0 <sup>1</sup>
No cubría nada prácticamente	1	0 <sup>1</sup>
No cubrían cosas que decían en el contrato y me dejaron colgado	0 <sup>1</sup>	5
No está claro cómo se aplican los descuentos.	1	0 <sup>1</sup>
No todos explican la letra pequeña. Depende mucho de la persona que te atiende	1	0 <sup>1</sup>
Personal poco preparado ante casos específicos de salud. No aprobaban cubiertas, por desconocimiento médico presentado	1	0 <sup>1</sup>
Poca claridad sobre la cobertura de un examen de diagnóstico, que finalmente no llegó a realizarse a pesar de ser una cobertura completa. Limitaciones temporales respecto a la renovación del contrato	1	0 <sup>1</sup>

Prefiero no dar detalles.	1	0 <sup>1</sup>
Seguro de mi casa. Al final no cubría nada y tuve que pagar.	1	0 <sup>1</sup>
Sempre engañan, no falla.	1	0 <sup>1</sup>
Usando tácticas de presión	1	0 <sup>1</sup>

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>2</sup>

1. This category is not used in comparisons because its column proportion is equal to zero or one.
2. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in Spain and survey results given by ChatGPT 4o (2025).

### Annex M: Answers from real surveys VS synthetic surveys for USA for the question 16: What services do you consider essential in a health insurance plan?

	Survey Type	
	Real (A) Count	Synthetic (B) Count
What services do you consider essential in a health insurance plan?(special care)	1	0 <sup>a</sup>
(Emergency)	1	0 <sup>a</sup>
(Surgical procedures)	1	0 <sup>a</sup>
Access to mental health services, better reimbursement process, and faster appointments.	0 <sup>a</sup>	21
Access to out-of-network doctors with partial coverage would be great.	0 <sup>a</sup>	20
Access to specialist	1	0 <sup>a</sup>
All	1	0 <sup>a</sup>
All services	1	0 <sup>a</sup>
all services.	1	0 <sup>a</sup>
All the services are very important	1	0 <sup>a</sup>
Annual checks	1	0 <sup>a</sup>
Annual tests, medications	1	0 <sup>a</sup>
Availability	1	0 <sup>a</sup>
Available anytime	1	0 <sup>a</sup>
Behavioral health services, primary care prevention and testing	1	0 <sup>a</sup>
Better Surgical Procedures	1	0 <sup>a</sup>
Care from professionals	1	0 <sup>a</sup>
Comprehensive coverage for preventive care, emergency services, hospitalization, prescription drugs, maternity and newborn care, mental health support, and access to specialists.	1	0 <sup>a</sup>

Comprehensive Prescription Drug Coverage	1	0 <sup>a</sup>
Counseling	1	0 <sup>a</sup>
Coverage across different regions	1	0 <sup>a</sup>
coverage for high-cost specialty drugs	1	0 <sup>a</sup>
Coverage for specific needs	1	0 <sup>a</sup>
Coverage in different region	1	0 <sup>a</sup>
Customer service that can help find anything one needs	1	0 <sup>a</sup>
De	1	0 <sup>a</sup>
Dental	1	0 <sup>a</sup>
Dental , and physical and mental check up and body check up	1	0 <sup>a</sup>
Disease management	1	0 <sup>a</sup>
Emergencias	1	0 <sup>a</sup>
Emergency	1	0 <sup>a</sup>
Emergency and hospitalization services, maternity and pediatric	1	0 <sup>a</sup>
Emergency services	3	0 <sup>a</sup>
Emergency surgery	1	0 <sup>a</sup>
Especialista, hospitalizacion	1	0 <sup>a</sup>
Estomatología	1	0 <sup>a</sup>
general intern medicine services and specialists' services including cancer specialists, urgent care and emergency services, dental and vision.	1	0 <sup>a</sup>
Geographic coverage	1	0 <sup>a</sup>
Good service in case of emergencies	1	0 <sup>a</sup>
Gynecologist visits, and regular health check ins.	1	0 <sup>a</sup>
Habilitative Services	1	0 <sup>a</sup>
Health meaintenance organization	1	0 <sup>a</sup>
Hospitalization	2	0 <sup>a</sup>
Hospitalization, specialist care, vision care and dental care.	1	0 <sup>a</sup>
Hospitalizations	1	0 <sup>a</sup>
I honestly don't know what services I have available to me	1	0 <sup>a</sup>
I'd like to see better integration between hospitals and insurers to avoid duplicate paperwork.	0 <sup>a</sup>	25
I'm not sure	1	0 <sup>a</sup>
impose annual dollar limits	1	0 <sup>a</sup>
In network options	2	0 <sup>a</sup>
introducing the concept of "minimum essential coverage	1	0 <sup>a</sup>
Laboratory services	1	0 <sup>a</sup>

Lower premiums without cutting benefits, especially for families with children.	0 <sup>a</sup>	12
Management of chronic disease	1	0 <sup>a</sup>
Maternity and paternity care	1	0 <sup>a</sup>
Maternity care	1	0 <sup>a</sup>
Mentioned above	1	0 <sup>a</sup>
More transparency on pricing and expanded access to telehealth for chronic conditions.	0 <sup>a</sup>	22
None	1	0 <sup>a</sup>
Not sure	1	0 <sup>a</sup>
Open	1	0 <sup>a</sup>
Physical Therapy	1	0 <sup>a</sup>
Premium care	2	0 <sup>a</sup>
Premium healthcare	1	0 <sup>a</sup>
Premium medical care for expecting mothers	1	0 <sup>a</sup>
Prevention	1	0 <sup>a</sup>
preventive care	1	0 <sup>a</sup>
Preventive care	1	0 <sup>a</sup>
Preventive care, inpatient and outpatient services	1	0 <sup>a</sup>
Preventive services	1	0 <sup>a</sup>
preventive services/surgical	1	0 <sup>a</sup>
Primario, especializado, hospitalización, urgencias, emergencias, operaciones	1	0 <sup>a</sup>
Primary care	2	0 <sup>a</sup>
Primary Care	3	0 <sup>a</sup>
Primary Care, Hospitalization and Surgical procedures	1	0 <sup>a</sup>
Real professional medical attention	1	0 <sup>a</sup>
Remote monitoring	1	0 <sup>a</sup>
Special services	1	0 <sup>a</sup>
Specialist care	2	0 <sup>a</sup>
Specialist Care	1	0 <sup>a</sup>
Specialist care and hospitalization	1	0 <sup>a</sup>
Specialists	2	0 <sup>a</sup>
Specialists, annual visits, mental health	1	0 <sup>a</sup>
Speciality drug coverage	1	0 <sup>a</sup>
Specialized treatments	1	0 <sup>a</sup>
Substance use services	1	0 <sup>a</sup>
Surgery services	1	0 <sup>a</sup>
Surgical	1	0 <sup>a</sup>

That they have online agents to solve any concerns that the client has, that they provide virtual nurses to whom we can consult from home. The most important thing is the coverage offered by the plan, which covers visits to the primary doctor, specialists, emergency visits and surgeries. I also consider it important that it covers the cost of prescription drugs and laboratory tests.		0 <sup>a</sup>
The drug prescription	1	0 <sup>a</sup>
The therapy aspect	1	0 <sup>a</sup>
Therapy	1	0 <sup>a</sup>
Todos	1	0 <sup>a</sup>
Urgent care coverage	1	0 <sup>a</sup>
Wellness, physical therapy	1	0 <sup>a</sup>
When they offer wellness plan	1	0 <sup>a</sup>
While deductibles are a given, a plan with a manageable deductible for my financial situation is important to ensure i can actually access care before meeting it.		0 <sup>a</sup>
Wide range of coverage is a must.	1	0 <sup>a</sup>
Women's health (mammogram/birth control/paps)	1	0 <sup>a</sup>
Yearly check ups, emergency and urgent care visits, prescriptions, surgeries	1	0 <sup>a</sup>

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>b</sup>

a. This category is not used in comparisons because its column proportion is equal to zero or one.

b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in USA and survey results given by ChatGPT 4o (2025).

#### **Annex N: Answers from real surveys VS synthetic surveys for USA for the question 26: What new services or innovations would you like to see in health insurance?**

	Survey Type	
	Real (A) Count	Synthetic (B) Count
What new services or innovations would you like to see in health insurance?	1	0 <sup>a</sup>
- AI-Powered Diagnostics	1	0 <sup>a</sup>

(DAOs) for Health Insurance:	1	0 <sup>a</sup>
(Dental insurance)	1	0 <sup>a</sup>
(NONE)	1	0 <sup>a</sup>
A change in the payment structure, to have a set payment with no copayment	1	0 <sup>a</sup>
A premium premium plan	1	0 <sup>a</sup>
A system where all my health data, from different providers, labs, pharmacies, and even personal devices is securely and seamlessly accessible to me	1	0 <sup>a</sup>
Accurate prescription	1	0 <sup>a</sup>
Adding AI	1	0 <sup>a</sup>
Adding facility treatment	1	0 <sup>a</sup>
Advanced fraud detection	1	0 <sup>a</sup>
AI	3	0 <sup>a</sup>
AI assistance	1	0 <sup>a</sup>
AI check on data	1	0 <sup>a</sup>
AI directions	1	0 <sup>a</sup>
AI powered enhancement	1	0 <sup>a</sup>
AI Therapy	1	0 <sup>a</sup>
Being innovative	1	0 <sup>a</sup>
Better access to therapy	1	0 <sup>a</sup>
Better discounts	1	0 <sup>a</sup>
Chatbot for casual checkups	1	0 <sup>a</sup>
cheaper costs of health insurance.	1	0 <sup>a</sup>
Clearer summaries of benefits and real-time customer service via app chat.	19	0 <sup>a</sup>
Counseling	1	0 <sup>a</sup>
Dental	1	0 <sup>a</sup>
Dental insurance	1	0 <sup>a</sup>
Dental, vision	1	0 <sup>a</sup>
Digital health monitoring	1	0 <sup>a</sup>
Discounts	1	0 <sup>a</sup>
Don't like telemedicine	1	0 <sup>a</sup>
Easy registration process	1	0 <sup>a</sup>
Emergencias	1	0 <sup>a</sup>
engaging programs that incentivize healthy behaviors through challenges	1	0 <sup>a</sup>
Estomatología	1	0 <sup>a</sup>
Ethic control, price transparency.	1	0 <sup>a</sup>
Free healthcare or better affordability accepted by more providers.	1	0 <sup>a</sup>
Giving necessary vaccinations when needed	1	0 <sup>a</sup>
Highly valuable care	1	0 <sup>a</sup>

I don't know	1	0 <sup>a</sup>
I don't know	2	0 <sup>a</sup>
I dont know	1	0 <sup>a</sup>
I think they currently comply with everything necessary.	1	0 <sup>a</sup>
I want to see real-time deductible tracking and simplified plan comparison tools.	0 <sup>a</sup>	20
I'd love AI-driven plan customization based on my health history.	0 <sup>a</sup>	16
Implementation of AI	1	0 <sup>a</sup>
Inseminacion artificial	1	0 <sup>a</sup>
Integrating digital health	1	0 <sup>a</sup>
International coverage	1	0 <sup>a</sup>
Legs and chiropractor for the pain	1	0 <sup>a</sup>
Leveraging AI	1	0 <sup>a</sup>
Make it less complicated	1	0 <sup>a</sup>
Manage app for appointments	1	0 <sup>a</sup>
Meeting your primary doctor before getting to choose one	1	0 <sup>a</sup>
Mental health check integration	1	0 <sup>a</sup>
More AI for faster claims, and apps that help manage medications and appointments.	0 <sup>a</sup>	26
More mental health, wider coverage of drugs, larger networks	1	0 <sup>a</sup>
More support for preventive care, mental health apps, and remote consultations.	0 <sup>a</sup>	19
More technology	1	0 <sup>a</sup>
N/A	1	0 <sup>a</sup>
N\A	1	0 <sup>a</sup>
No	2	0 <sup>a</sup>
No idea	1	0 <sup>a</sup>
Non	1	0 <sup>a</sup>
None	1	0 <sup>a</sup>
Not a new service but being faster providing authorizations	1	0 <sup>a</sup>
not sure	1	0 <sup>a</sup>
Not sure	4	0 <sup>a</sup>
Occupational Therapy offering targeted preventive interventions, screenings, and support services	1	0 <sup>a</sup>
Online scheduling is not always available so that would be nice	1	0 <sup>a</sup>
Orthodontist for all	1	0 <sup>a</sup>
Outside country coverage	1	0 <sup>a</sup>
Perfect health record	1	0 <sup>a</sup>

Personalized Care with Genetics	1	0 <sup>a</sup>
Personalized health plans	1	0 <sup>a</sup>
Personalized products	1	0 <sup>a</sup>
Physical therapy programs / doctors being available online. I generally have had many questions and it can be long waiting weeks between appointments	1	0 <sup>a</sup>
Plastic surgery	1	0 <sup>a</sup>
Predictive analytics	1	0 <sup>a</sup>
Predictive health management	1	0 <sup>a</sup>
Preventive care	1	0 <sup>a</sup>
Proactive disease prevention	1	0 <sup>a</sup>
Quality Data	1	0 <sup>a</sup>
Real-Time Pricing Transparency Tools	1	0 <sup>a</sup>
Remote monitoring	1	0 <sup>a</sup>
Schedule	1	0 <sup>a</sup>
Sending in specimens for testing	1	0 <sup>a</sup>
Telemedicine	1	0 <sup>a</sup>
The insurers must provide clear policies for better understanding.	1	0 <sup>a</sup>
The introduction of public healthcare to the US.	1	0 <sup>a</sup>
the lowest premiums	1	0 <sup>a</sup>
This may already be covered within telemedicine but rather than waiting for essentially a zoom meeting with a doctor, I think it makes more sense to have a chat function where you can describe symptoms and upload any necessary pictures and have a team be able to respond as they can. I think this would remove wait time for unnecessary things of low importance (uti, pink eye, yeast infection) which are major inconveniences to the patient, usually self diagnosable, but also require a prescription for treatment.	1	0 <sup>a</sup>
Tools for cost control	1	0 <sup>a</sup>
Total cover	1	0 <sup>a</sup>
Transistores in all languages.	1	0 <sup>a</sup>
translators different languages	1	0 <sup>a</sup>
Universal coverage and single payer insurance (Medicare for all)	1	0 <sup>a</sup>
Upfront Pricing Transparency	1	0 <sup>a</sup>
Virtual assistant	1	0 <sup>a</sup>
Virtual Therapy	1	0 <sup>a</sup>

Wellness plan based on individual health data	1	0 <sup>a</sup>
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Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>b</sup>

a. This category is not used in comparisons because its column proportion is equal to zero or one.

b. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in USA and survey results given by ChatGPT 4o (2025).

### Annex O: Answers from real surveys VS synthetic surveys for USA for the question 33: If your previous answer was affirmative. Can you please briefly describe what happened?

	Survey Type	
	Real (A) Count	Synthetic (B) Count
If your previous answer was affirmative.	86 <sup>B</sup>	58
company is deliberately trying to underpay, making me question the entire purpose of having insurance.	1	0 <sup>1</sup>
you please describe what happened?		
Complex documents to sign	1	0 <sup>1</sup>
Copays were supposed to be low, but they added hidden 'facility fees'.	0 <sup>1</sup>	10
Coverage was denied when I thought the provider was in network based on the insurance's own referral list	1	0 <sup>1</sup>
Emergency room visits had unexpected charges I wasn't informed about.	0 <sup>1</sup>	9
Emergency services mislead about coverage and price. Hidden charges.	1	0 <sup>1</sup>
I feel it's just the nature of the business	1	0 <sup>1</sup>
I was promised dental coverage, but the plan excluded most common procedures.	0 <sup>1</sup>	9
I was told that therapy was covered by my insurance, so I went 41 times, and then I got bills for those appointments about a month later (that I thought were covered) for ~\$150 each. So I had to stop going.	1	0 <sup>1</sup>
Lack of coverage, out of network, etc. my insurance only covers STD testing in men under the age of 21 why??? I tried to appeal but could not. They said it's not preventative	1	0 <sup>1</sup>
Lack of Transparency	1	0 <sup>1</sup>
like a bait-and-switch, especially during the legal documenting	1	0 <sup>1</sup>
Manipulating the legal documents	1	0 <sup>1</sup>
Most time it does not cover all treatment	1	0 <sup>1</sup>
Nothing	1	0 <sup>1</sup>
Originally one copayment and then turns out to be different amounts	1	0 <sup>1</sup>
Surprise bills after being told something was "covered" and denials of claims without clear justification, due to miscommunication about what's covered and what isn't.	1	0 <sup>1</sup>
The agent told me my doctor was in network, but he wasn't.	0 <sup>1</sup>	6

the system is very confusing, and the insurance companies create a network of doctors or hospitals which sometimes have a low ranking on reviews considering professionalism, quality of services and price for the services their offer.	1	0 <sup>1</sup>
Them looking for reasons not to pay or deliver once a claim is filed	1	0 <sup>1</sup>
There's always something seemingly misleading	1	0 <sup>1</sup>
They said everything was covered but later denied my surgery as out-of-network.	0 <sup>1</sup>	8
Told I wouldn't have to pay for medications but had to anyways	1	0 <sup>1</sup>
When I went to get my free annual medical screening, it wasn't free because they did a preventive test that they didn't consider appropriate for my age range, even though I have potential risk factors	1	0 <sup>1</sup>

Results are based on two-sided tests. For each significant pair, the key of the category with the smaller column proportion appears in the category with the larger column proportion.

Significance level for upper case letters (A, B, C): .05<sup>2</sup>

1. This category is not used in comparisons because its column proportion is equal to zero or one.
2. Tests are adjusted for all pairwise comparisons within a row of each innermost subtable using the Bonferroni correction.

Source: Own elaboration using SPSS, based on responses from the surveys conducted in USA and survey results given by ChatGPT 4o (2025).