**DETERMINANTS OF POLICYHOLDER SATISFACTION AND PERCEPTION OF STAR HEALTH INSURANCE: AN EMPIRICAL INVESTIGATION**

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**Data Availability Statement**

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

**Conflict of Interest Statement**

The authors declare that there is no conflict of interest related to this study

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**ABSTRACT**

**Background:** Health insurance is indicated as significant insurance that is mainly against the risk associated with incurring among individuals. The paper discusses the issues and multiple challenges that have been faced by insurance companies, specifically Star Health Insurance. There are several problems that have been faced by policyholders and these issues may include premium rates that is declining that are mainly because of any unhealthy competition.

**Methods:** The study includes a research methodology chapter with an elaborate understanding of multiple technique and approaches including research philosophy along with approach, and the research design as well. It will also consist of a primary data collection process with the use of SPSS software as a tool for data analysis and collection, with the help of a survey process from 101 participants with purposive sampling techniques, following within the study. The study also consists of the help of Google Scholar form using a “5-point Likert scale” for information collection to depict perceptions towards the phenomenon of “Star Health Insurance” as a policyholder.

**Results:** The findings collectively allow for the portrayal of a scenario where most respondents are not only satisfied but also well-informed, with strong positive opinions about the brand, services, and communication. This supports the hypothesis that effective policy features and communication strategies play a crucial role in accurately shaping overall satisfaction of policyholder. The result section also consists of a discussion based on the specific data analysis with the help of SPSS or a statistical approach to derive the appropriate findings or perception among different policyholders towards the specification of “Star Health Insurance.”

**Keywords:** Health, Insurance, Policyholders, Satisfaction Level, Star Health Insurance, services, product

**Conflicts of Interest:** Have no Conflicts of Interest**.**

**INTRODUCTION**

**Research Background**

Health insurance is referred to as significant insurance that is against the risk associated with incurring mainly among individuals. Through accurately evaluating the largely associated risk of both physical condition situation and care and also numerous expenses related with health system that is among a particular targeted group, an insurer is able to systematically expand a custom finance structure. This may include monthly premium or also about payroll tax and this is significant in order to ensure that money is almost available to pay particularly for the health care advantages specified within the insurance agreement. Health insurance has been the area that plays a significant key in accurately promoting the socio-economic development of the modern economy.

Star Health's business and performance came amid almost rising and even industry-wide healthcare inflation and also constantly increasing claims related to incidents. Its overall combined ratio for FY25 has stood at approximately 101.1% that has been compared to around 97.2% in FY24 (Cnbctv18.com, 2025). This is further reflecting the rising claims burden of industry. However, the study concerned customer satisfaction that is mainly towards star health insurance. There are multiple problems faced by policyholders and these issues may include premium rates that is almost declining and that are due to any unhealthy competition. It has been seen that many branches of the company have been intense around several urban areas. The other issues are associated with the lack of health insurance professionalism and many preparation staff. Lack of accurate publicity to promote health insurance has been found to be another problem. It is quite clear that the issues or the issues of the health insurance industry have been constantly increasing through several factors.

The research delves into the constantly increasing prevalence of health insurance mainly within a modern society. This also discusses the issues and multiple challenges that have been faced by insurance companies, particularly Star Health Insurance. This is one of the most leading private Health Insurance firms or the companies of India which Headquartered has been located in Chennai. The company began operations in the year, 2006 (Starhealth.in, 2025). The study provided an overview about the several factors that are directly influencing consumer satisfaction. Specifically, it would accurately examine how health insurance plays a significant role within socio-economic development and the multiple factors impacting policyholder choices. These are mainly including awareness, affordability, and along with that it may also include the particular perception of service quality.

**RESEARCH AIM AND OBJECTIVE**

**Aim:** The study aims to effectively analyze the different perceptions of Star Health Insurance policyholders

**Objectives**

**RO1:** To assess the satisfaction level of multiple policyholders with products and services of Star Health Insurance

**RO2:** To recognize the several key factors shaping perceptions of policyholders about the company

**RO3:** To get a clear understanding about the needs and expectations of policyholders associated with health insurance coverage

**RO4:** To identify existing gaps between expectations of policyholders and their experiences with Star Health Insurance

**LITERATURE REVIEW**

**The satisfaction level of policyholders with Health Insurance Company**

The study has mentioned that the overall satisfaction level of the multiple policyholders that is mainly towards the health services are found to be almost favorable but it has also identified that the satisfaction scores have the space to improve. The result of this particular study has mentioned that basically the people who are the policyholders are not fully satisfied with multiple products of the life insurance companies that are mainly based on the significant attributes that are further attached to any specific product (Hamzeh et al. 2023). The study has mentioned that consumer satisfaction is found to be one hidden and also a qualitative variable and in order to accurately exchange it into any specific quantity that is almost measurable then it is essential to prioritize a suitable model and also algorithm.

Health insurance has been referred to as a split class associated with the business that is by IRDA. Furthermore, it has been identified that in the last five years, the health insurance industry has almost doubled the overall sales that is effectively presentation a noteworthy jump from around 15453 Crores to approximately 30764.50 Crores. This sales jumped mainly during the period from 2012-13 to 2016-17 (Bhogal and Basu, 2022). Buyer contentment has a crucial role within health insurance mechanisms. It is significant to retain the existing consumer rather than only effectively attracting any new customer within the business segment of health insurance. Private sector companies have launched numerous innovative products within the health insurance sector, and that is why the public sector companies are facing great competition.

**Factors shaping perceptions of policyholders regarding the company**

The correlation that is mainly between customer loyalty and multiple attitudes of policyholders that is in the direction of indemnity needs to be light. This is further representative that the specific amount of faithfulness has been established by a consumer does not markedly directly affect how several policyholders directly perceive their insurance interactions. Furthermore, another significant factor is transparency and transparency directly contributes to an overall positive perception, as mostly policyholders may feel almost even more confident within the fairness and also reliability of the specific provider of the insurance (Lawaju et al. 2023). The correlation that is mainly between many areas is including promptness and also the specific policyholder perception. This further suggests that timely service is a specific key driver in accurately shaping both overall contentment and reliability related with almost any cover provider.

There are other studies as well that have discussed the factors that have a direct impact on the perception of policyholders within the health insurance companies. However, the study has accurately revealed that multiple aspects that mainly include age, gender, and also income level have directly influenced investment decisions of the customer. Additionally it has been identified that the company reputation, money-back guarantee, and other areas including hazard reporting, low premium, along with easy access to several agents have been ranked as the most significant influential features in purchase decisions of the policyholders (Geng et al. 2021). The study has further suggested that the goodwill of the firm significantly impacted policy-buying decisions, with a huge majority of many respondents who prefer several money-back policies.

**The needs and expectations of policyholders related with health insurance coverage**

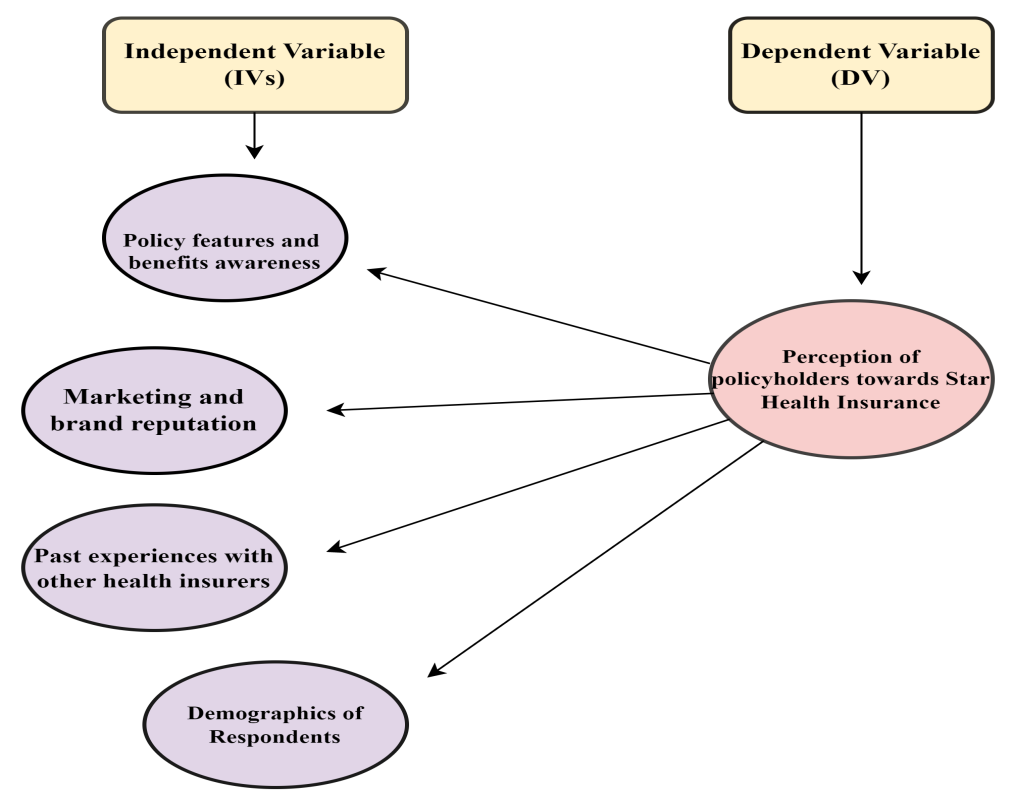
The study has mentioned that indemnity is usually viewed as a specific intermediate to effectively ensure financial security, but at the same time it is also viewed as voluntary. This is mainly frequently at the different profound levels of regime of needs and requirements of an individual. As per the study it has been stated that there are many issues that are faced by the policyholders (Singhal et al. 2023). These include direct violations of the service-level agreement, a number of procedural bottlenecks, and it is also including the lack of both clarity and awareness mainly when the policyholders pursue any claims.

Health insurance policies have come with numerous benefits that have been designed to accurately cater to different medical needs and also financial circumstances. The needs and demands of the policyholders are required to meet. It has seen that there is quite less attention in directly assessing how multiple physical condition tasks or services meet the expectations of clients (Tindyebwa et al. 2023). On the other hand, it has been identified that the challenges directly insurers confront mainly within serving their client's requirements or the needs and these are maintaining several operations. These are also in the face of any financial stress and also in the time of constantly changing regulatory compliances. Furthermore helping several policyholders which are basically through resolving their claims and also raising awareness are significant.

**Existing gaps between policyholders’ expectations and experiences with company**

The study has mentioned that there is almost a rapid evolution of health insurance in efficiently mitigating several financial risks. In addition to this, it has been identified that the policyholders have directly make complained of any kind of delay within several policy problems or issues. They also raise issues associated with excessive documentation, non-responsiveness and the problems related with the non-cooperativeness on the specific part of the company and also its officials (Chitra et al. 2021). The other issues are including delay in case of settlement of claim, insufficient transparency and much more. It has been identified that the majority of the health insurance claimants have also filed claims as they all have face few specific form of problems and illness (Krishnan and Pai, 2023). The satisfaction level of many respondents from claim settlement and also several other features of health insurance cover have been accurately examined and also systematically compared that is even across both public as well as private sector firms.

**Figure-1: Conceptual Framework**



**METHODOLOGY**

**Research philosophy**

Research philosophy has effectively formed the bedrock of the entire research methodology by providing assumptions and beliefs of shape the overall research process (Paudel, 2024). The research philosophy has been divided into three types, and they are interpretivism, positivism and realism. The respective research paper continues with the help of selecting a **positivist research philosophy,** to depict the appropriate findings based on the perception of policyholders towards Star Health Insurance. Positivism focuses on the quantifiable data and objective reality with the help of using scientific methods to uncover the universal law about the effectiveness of policyholder perception.

**Research approach**

A particular research approach is derived based on the overall strategy selected by the researcher for investigating the subject-based problems, encompassing the process of data collection and also interpretation throughout the study (Song et al. 2025). Research approach further divides into three categories, and they are qualitative, quantitative and mixed methods. Now, the respective research paper has focused on a **quantitative research approach** to understand the perspective, experiences and also the appropriate meaning of in-depth analysis about visual data.

**Research design**

Research design is subjected to be a crucial element that comes under the chapter of research methodology, which depicts the total planning or framework of conducting the study (Takona, 2024). This also performs in guiding researchers to collect, analyze and interpret data for identifying research question answers. The research design has chiefly been divided into four types, such as descriptive, experimental, correlation and explanatory research designs. Furthermore, the study focuses on **descriptive research design** to effectively describe population characteristics instead of focusing on cause-and-effect relationships. The descriptive design is considered the most important aspect for identifying the perceptions of policyholders towards the “Star Health Insurance” as it allows researchers to gather detailed information based on the experience, opinion and also beliefs about the insurance company's services.

**Data collection process**

The phenomenon of data collection within research methodology consists of different key aspects that define appropriate research objectives, identification of data sources, developing a study structure, and collecting data while maintaining ethical principles (Karunarathna et al. 2024). Data collection consists of two types, and they are primary and less important process associated with data collection. The study or paper has a process with selecting the **primary data collection process,** to appropriately define the objective of the study and depict the perception of policyholders towards Star Health Insurance in a crucial manner. Furthermore, with the help of primary data, researchers can gather firsthand information, understanding the individual viewpoint and different factors that influence consumer behaviour identification to study recruitment crucially.

**Data analysis technique**

The data analysis process consists of the motivation to interpret and understand collected information according to the subjective phenomenon (Adeniran and Onasanya, 2024). The study has followed with the help of selecting **SPSS software,** to derive descriptive statistics, inferential, regression and correlation analysis. The respective software is process with user-friendly, making this accessible for many researchers with altering the significant levels or stages of numerical expertise. This software also plays a versatile role in handling different types of data and analysis processes to make it suitable for deriving a wide range of research questions.

**Sampling method**

Sampling method within research methodology consists of selecting a subset of the population for sampling from the larger population (Ahmed, 2024). Sampling methods have a process with targets the specific population to collect data based on a given subjective manner. The study is going to be conducted with the help of **purposive sampling,** wherein the participants were selected with an intentional approach based on their respective characteristics to align the study objectives. However, it helps researchers to depict an in-depth analysis according to individuals, which serves valuable insights related to the effective research questions. A total **101 number** of participants have been selected for the survey with the help of a Google Scholar form using a “5-point Likert scale” to depict their respective perceptions towards the phenomenon of “Star Health Insurance” as a policyholder. The chosen demographic survey questions also affect the study as an independent variable.

**Analysis and Interpretation**

**Table 1: Frequency Analysis of Demographics of Respondents**

| **Category** | **Frequency** | **Percent** |
| --- | --- | --- |
| **What is your gender?** | | |
| Female | 53 | 52.5 |
| Male | 43 | 42.6 |
| Others | 5 |  |
| **What is your age?** | | |
| 18-25 years old | 4 | 4.0 |
| 26-35 years old | 37 | 36.6 |
| 36-50 years old | 43 | 42.6 |
| 50 years above | 17 | 16.8 |
| **What is your marital status?** | | |
| Single | 9 | 8.9 |
| Married | 55 | 54.5 |
| Divorced | 22 | 21.8 |
| Widowed | 15 | 14.9 |
| **What is your educational level?** | | |
| Secondary Education | 6 | 5.9 |
| Senior Secondary | 9 | 8.9 |
| Graduate | 40 | 39.6 |
| Post Graduate | 44 | 43.6 |
| Others | 2 | 2.0 |
| **What is your income level (per annum)?** | | |
| Below 1 Lakh | 8 | 7.9 |
| 1 Lakh - 3 Lakh | 16 | 15.8 |
| 4 Lakh - 6 Lakh | 49 | 48.5 |
| 7 Lakh - 9 Lakh | 23 | 22.8 |
| 10 Lakh and above | 5 | 5.0 |
| **What is your occupation?** | | |
| Unemployed | 6 | 5.9 |
| Civil/public servant | 22 | 21.8 |
| Private sector | 36 | 35.6 |
| Trader/businessman | 32 | 31.7 |
| Others | 5 | 5.0 |
| **What is your perceived health status?** | | |
| Very good | 13 | 12.9 |
| Good | 39 | 38.6 |
| Fair | 25 | 24.8 |
| Poor | 18 | 17.8 |
| Very poor | 6 | 5.9 |
| **Total** | **101** | **100.0** |

The demographic profile of the 101 respondents accurately provides deep insights into the sample areas or the characteristics of policyholders with Star Health Insurance. In terms of gender, females (52.5%) marginally outnumber males (42.6%), while 5% identify as others, indicating inclusivity in the data. Age-wise, the majority of respondents fall in the 36-50 years category (42.6%), followed by those aged 26-35 years (36.6%), suggesting that middle-aged adults form the core user base. Individuals aged above 50 comprise 16.8%, while the 18–25 age group represents only 4%. Marital status analysis shows that 54.5% of respondents are married, which may influence health insurance decisions due to family obligations. Divorced and widowed participants account for 21.8% and 14.9%, respectively, indicating a significant segment of potentially financially independent individuals. Regarding educational background, the majority hold postgraduate (43.6%) or graduate (39.6%) degrees, implying a well-educated policyholder base, while only a small portion (14.8%) has secondary or senior secondary education.

Income levels reveal that nearly half of the respondents (48.5%) earn between 4 and 6 lakh INR annually, with another 22.8% earning 7 to 9 lakh. Occupation-wise, 35.6% work in the private sector, 31.7% are traders/businessmen, and 21.8% are civil/public servants, indicating diversity in employment. Health status perception shows that most respondents consider themselves to be in ‘good’ (38.6%) or ‘fair’ (24.8%) health, with 12.9% stating ‘very good’ health and only a small fraction reporting poor or very poor health. Overall, the demographic data reflect a fairly diverse but predominantly middle-class, well-educated, and middle-aged participant group with varied employment and health perceptions, which is important for analysing policy satisfaction and preferences.

**Table 2: Results of Descriptive Statistics**

| **Descriptive Statistics** | | |
| --- | --- | --- |
|  | **Mean (M)** | **Std. Deviation (SD)** |
| Gender | 1.52 | .593 |
| Age | 2.72 | .789 |
| Marital status | 2.43 | .853 |
| Educational level | 3.27 | .882 |
| Income level (per annum) | 3.01 | .954 |
| Occupation | 3.08 | .987 |
| Perceived health status | 2.65 | 1.099 |
| Policyholders express overall satisfaction with services, the claim process and customer support provided by Star Health Insurance. | 4.14 | .895 |
| Policyholders are aware of the coverage, exclusions, and add-on benefits included in their Star Health Insurance plans. | 4.52 | .756 |
| The features and terms of Star Health Insurance policies are clearly communicated through official documents and brochures. | 4.60 | .813 |
| There is a good understanding among policyholders on how to use policy benefits during medical or hospitalisation events. | 4.54 | .866 |
| Star Health Insurance is perceived as a trustworthy and reputable brand in the health insurance sector by the general public. | 4.52 | .934 |
| Promotional content and advertising by Star Health Insurance are considered reliable and informative by potential and existing customers. | 4.44 | .984 |
| Public opinion, reviews and social media presence play a crucial role in shaping the brand image of Star Health Insurance. | 4.45 | 1.024 |
| Policyholders find Star Health Insurance more satisfactory compared to the services provided by previous health insurance providers. | 4.29 | 1.125 |
| Experience with other insurance companies has influenced the preference and expectations towards Star Health Insurance. | 4.28 | 1.106 |
| Many individuals have switched to Star Health Insurance after negative experiences with previous insurers regarding claims or customer service. | 4.32 | 1.009 |
| Valid N (listwise) | 101 | |

The descriptive statistics provide a central tendency and variability overview for both demographic and perception-based variables. The mean value for gender (1.52) and its low standard deviation (0.593) reflect a nearly balanced male-female ratio. Age (M=2.72, SD=0.789) and marital status (M=2.43, SD=0.853) suggest moderate age diversity and predominantly married respondents. Educational level (M=3.27, SD=0.882) and income (M=3.01, SD=0.954) indicate that most respondents have higher education and belong to middle-income brackets. Regarding policyholder perceptions, several variables yield high mean values, suggesting favourable attitudes toward Star Health Insurance. For example, awareness of coverage and benefits (M=4.52, SD=0.756), clarity in communication (M=4.60, SD=0.813), and understanding of policy use (M=4.54, SD=0.866) reflect a high level of customer knowledge and engagement. Similarly, the perception of Star Health Insurance as a trustworthy brand (M=4.52, SD=0.934) and confidence in promotional content (M=4.44, SD=0.984) suggest strong brand credibility.

The average satisfaction score (M=4.14, SD=0.895) confirms a generally positive experience with services, claims, and customer support. Variables like satisfaction compared to previous insurers (M=4.29, SD=1.125), and influence of past experiences (M=4.28, SD=1.106) indicate that policyholders have moved to Star Health Insurance after dissatisfaction with competitors. The relatively higher standard deviations in these variables indicate varied personal experiences. The statistics collectively allow portraying a scenario where most respondents are not only satisfied but also well-informed, with strong positive opinions about the brand, services, and communication. This supports the hypothesis that effective policy features and communication strategies play a crucial role in shaping policyholder satisfaction.

**Table 3: Correlation between DV and IVs**

| **Correlations** | | |
| --- | --- | --- |
|  | | Policyholders express overall satisfaction with services, the claim process and customer support provided by Star Health Insurance. |
| Gender | Pearson Correlation (r) | -.082 |
| Age | .112 |
| Marital status | .171 |
| Educational level | .434\*\* |
| Income level (per annum) | -.002 |
| Occupation | .214\* |
| Perceived health status | -.123 |
| Policyholders express overall satisfaction with services, the claim process and customer support provided by Star Health Insurance. | 1 |
| Policyholders are aware of the coverage, exclusions, and add-on benefits included in their Star Health Insurance plans. | .394\*\* |
| The features and terms of Star Health Insurance policies are clearly communicated through official documents and brochures. | .502\*\* |
| There is a good understanding among policyholders on how to use policy benefits during medical or hospitalisation events. | .392\*\* |
| Star Health Insurance is perceived as a trustworthy and reputable brand in the health insurance sector by the general public. | .451\*\* |
| Promotional content and advertising by Star Health Insurance are considered reliable and informative by potential and existing customers. | .521\*\* |
| Public opinion, reviews and social media presence play a crucial role in shaping the brand image of Star Health Insurance. | .477\*\* |
| Policyholders find Star Health Insurance more satisfactory compared to the services provided by previous health insurance providers. | .516\*\* |
| Experience with other insurance companies has influenced the preference and expectations towards Star Health Insurance. | .507\*\* |
| Many individuals have switched to Star Health Insurance after negative experiences with previous insurers regarding claims or customer service. | .471\*\* |

The correlation analysis explores relationships between the dependent variable (overall satisfaction) and several independent variables. Notably, satisfaction is positively correlated with several variables at a statistically significant level. A strong correlation is observed between satisfaction and clarity of policy features (r = .502, p < .01), awareness of policy details (r = .394, p < .01), and understanding of benefit usage (r = .392, p < .01). These results highlight the importance of information transparency and customer education in influencing satisfaction. Additionally, promotional content reliability (r = .521, p < .01), public opinion and social media (r = .477, p < .01), and brand trust (r = .451, p < .01) show substantial correlations, signifying the role of communication and reputation in customer perception. Past experiences with other insurers and satisfaction relative to previous providers also correlate highly with overall satisfaction (r = .507 and r = .516, respectively, p < .01), indicating that service quality comparison heavily influences customer loyalty.

Demographic variables like education (r = .434, p < .01) and occupation (r = .214, p < .05) show weaker but significant positive associations, whereas age, gender, income, and perceived health status show little to no significant correlation with satisfaction. Interestingly, income level (r = -.002) and gender (r = -.082) appear to have negligible influence. Overall, the data reveal that satisfaction is more behaviourally and perceptually driven, shaped by product knowledge, customer service experience, and media influence, than by inherent demographic traits. These findings suggest that marketing communication, service delivery, and policy clarity are critical in securing customer approval and loyalty in the health insurance industry.

**Table 4: Regression - Model Summary**

| **Model Summary** | | | | |
| --- | --- | --- | --- | --- |
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
| 1 | .738a | .544 | .458 | .659 |
| a. Predictors: (Constant), Policy features and benefits awareness, Marketing and brand reputation, Past experiences with other health insurers, Demographics of Respondents | | | | |

The model summary of the regression analysis indicates a strong predictive relationship between the independent variables and the dependent variable, policyholder satisfaction. The R-value is 0.738, representing a high correlation between predicted and observed values. The R Square value is 0.544, meaning approximately 54.4% of the variance in policyholder satisfaction can be explained by the model, which includes demographic factors, awareness of policy features, marketing elements, and prior experiences with other insurers. The Adjusted R Square (0.458) accounts for the number of predictors and the sample size, suggesting that even after adjusting for complexity, nearly 46% of the variance remains accounted for. The standard error of the estimate is 0.659, which is reasonably low and confirms that the model's predictions are fairly close to actual responses. This model demonstrates a strong explanatory capability in identifying what influences satisfaction with Star Health Insurance services

**Table 5: ANOVA**

| **ANOVAa** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Model | | Sum of Squares | df | Mean Square | F | Sig. |
| 1 | Regression | 43.587 | 16 | 2.724 | 6.274 | .000b |
| Residual | 36.473 | 84 | .434 |  |  |
| Total | 80.059 | 100 |  |  |  |
| a. Dependent Variable: Policyholders express overall satisfaction with services, the claim process and customer support provided by Star Health Insurance.  b. Predictors: (Constant), Policy features and benefits awareness, Marketing and brand reputation, Past experiences with other health insurers, Demographics of Respondents | | | | | | |

The ANOVA table has been the key area that further confirms the overall statistical significance or the importance of the regression model. The F-value is 6.274 with a significance level (p-value) of 0.000, further accurately indicating that the specific model is almost statistically significant that is also at the 1% level. This means that the independent variables together significantly predict the dependent variable, policyholders’ overall satisfaction with Star Health Insurance. The regression sum of squares (43.587) accurately compared to the remaining amount of squares (36.473) shows that a large proportion of the variance in satisfaction is explained by the model. With 16 degrees of freedom for the regression and 84 for the residual, the mean square for regression (2.724) is considerably superior to the particular mean square for residuals (0.434), reinforcing the model’s validity. This ANOVA result justifies using the regression model and supports the hypothesis that demographic factors, policy understanding, and past insurance experiences have a statistically significant effect on customer satisfaction.

**DISCUSSION**

The discussion is based on the above data analysis derived with the help of SPSS software for the identification of appropriate research findings leveraged with policyholder perception for the “Star Health Insurance.” A critical dilemma has been performed by the demographic section to optimize the appropriate responses of the respondents by focusing on participants' different genders, age, occupation, and their income level within the study. Furthermore, from the data analysis, it has been found that Policyholders express overall satisfaction with services, the claim process and customer support provided by “Star Health Insurance”. The respective insurance company consists of more than a total number of 850 branches within India and also serves as a robust network for having 14000+ hospitals for serving its policyholders (Pareek, 2024). Policyholders are aware of the coverage, exclusions, and add-on benefits included in their “Star Health Insurance” plans.

As per the perception of the policyholders, the health insurance of financial security that is subjected to be one of the most essential security at the event of arriving at a medical emergency. The respective insurance company is considered to provide well-known insurance services within India, consistent with different health plans. In the rise of health-related expenditure, this is important for choosing a correct insurer. The star compensation for health insurance is subject to a policy that is rich with features that significantly offer coverage for the aspect of hospitalization, critical diseases, and maternity expenses; however, it is ideal for families and also individuals, as per the perception of policyholders. However, among its different prime benefits, this is not consistent with the sun limit for treatment expenses and room rents; thus, the policyholders do not need to think about the best treatment.

Policyholders have also depicted that the insurance company includes free health check-ups annually, encourages prevention with medicine and also helps with the detection of diseases. This phenomenon creates a positive perception about the respective insurance company among policyholders, who tend to depend on and become relaxed by having a policy with this company. However, with a high sum-insured and coverage, the respective policy serves as a financial security for any sudden claim for medical expenses. These phenomena create a positive perception among the policyholders to feel relaxed due to having their health insurance with “Star Health Insurance”. According to the data collection, people have positively reacted towards the features and terms of “Star Health Insurance” policies are communicated through official documents and brochures. At the same time it has been identified that the policyholders have also been almost consistent that is mainly with the positive idea or the perception associated with the phenomenon related with the hospitalization and also about medical support. This is further by the respective company that is any insurance firm, with its several useful and multiple effective concepts or features.

One of the most popular firm, Star Health Insurance has accurately perceived as one of the most trustworthy and also considered as a reputable brand that has been accurately operating within the health insurance sector that is mainly the general people or the public (Sugunan et al. 2024). In addition to that, both promotional content and also particular advertising that is mainly by the respective insurance company is very crucial and these are also considered both reliable and informative. These are considered by several potential and also many customers who already exist. Furthermore, based on the analysis, it has been identified that the policyholders have generated a positive and effective perception about having their insurance with the company due to their appropriate customer service process. Public opinion, reviews and social media presence play a crucial role in shaping the brand image of the respective insurance company, and policyholders have effective consistency with a positive perception towards the company. Policyholders find “Star Health Insurance” more satisfactory compared to the services provided by previous health insurance providers due to its effective performance. Many individuals have switched to the insurance company after negative experiences with previous insurers regarding claims or customer service. This has also created a positive perception among policyholders of the respective insurance company and has generated or achieved a huge level of customer base to achieve success.

**CONCLUSION**

The perception of the policyholder of the “Star Health Insurance” has derived a positive perception among the policyholders, considering different quick claim settlements, hospitals with a wide network and also positive customer support. However, from the above study, it can be concluded that the policyholders have generated a positive perception about the insurance company due to having effective customer support. A remarkable portion of the policyholders have expressed their satisfaction with the services provided through the respective insurance company, citing ease of claiming and helpful customer service. Policyholders have found “Star Health Insurance” more satisfactory compared to the services provided by previous health insurance providers.

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