# A Study on The Perception of Policyholders Towards Star Health Insurance

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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 positive 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 declining premium rates that are declining which are mainly due to any unhealthy competition.

Methods: The study includes a research methodology chapter with an elaborate understanding of positive techniques 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 effectively shaping the overall satisfaction of policyholders. 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.

## 1. Introduction

### 1.1. Research background

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

Star Health's business and performance came amid rising and even industry-wide healthcare inflation, and constantly increasing claims related to incidents. Its overall combined ratio for FY25 has stood at approximately 101.1% which has been compared to around 97.2% in FY24 (Cnbctv18.com, 2025). However, the study concerned customer satisfaction, which is mainly towards Star Health Insurance. There are positive problems faced by policyholders, and these issues may include premium rates that are declining and 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 well-prepared staff. Lack of accurate publicity to promote health insurance is 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 positive challenges that have been faced by insurance companies, particularly Star Health Insurance. This is one of the leading private Health Insurance firms or the companies of India, which is headquartered in Chennai. The company began operations in the year 2006 (Starhealth in, 2025). The study provided an overview of the several factors that are directly influencing consumer satisfaction.

Specifically, it would effectively examine how health insurance plays a significant role within socio-economic development and the positive factors impacting policyholder choices. These are mainly including awareness, affordability, and along with that it may also include the particular perception of service quality.

## 2. Research aim and objective

### 2.1. Aim

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

### 2.2. Objectives

RO1: To assess the satisfaction level of positive policyholders with the 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 of 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

## 3. Literature review

### 3.1. The satisfaction level of policyholders with the health insurance company

The study has mentioned that the overall satisfaction level of the positive policyholders, mainly towards the health services, is found to be almost favorable, but it has also identified that the satisfaction scores have the space to improve. The result of this study has mentioned that basically, the people who are the policyholders are not fully satisfied with the positive 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 a hidden and qualitative variable, and to effectively convert it into a specific quantity that is almost measurable, it is essential to prioritize a suitable model and an 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 its overall sales, that is effectively presenting a noteworthy jump from around 15453 Crores to approximately 30764.50 Crores. These 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.

### 3.2. Factors shaping perceptions of policyholders regarding the company

The correlation that is mainly between customer loyalty and positive attitudes of policyholders, which 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 has established 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 most policyholders may feel almost even more confident in the fairness and reliability of the specific provider of the insurance (Lawaju et al. 2023). The correlation that is mainly between many areas includes promptness and the specific policyholder perception. This further suggests that timely service is a specific key driver in effectively shaping both overall contentment and reliability related to 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 effectively revealed that positive aspects that mainly including age, gender, and 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 respondents who prefer several money-back policies.

### 3.3. The needs and expectations of policyholders related to 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 frequent at the different profound levels of the 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, several 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 effectively cater to different medical needs and financial circumstances. The needs and demands of the policyholders must be met. It has been seen that there is quite less attention on directly assessing how positive 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 mainly within serving their clients' requirements or needs, and these are maintaining several operations. These are also in the face of any financial stress and in the time of constantly changing regulatory compliance. Furthermore, helping several policyholders, which is achieved through resolving their claims and raising awareness, is significant.

### 3.4. Existing gaps between policyholders' expectations and experiences with the company

The study has mentioned that there is 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 made complaints of any kind of delay regarding several policy problems or issues. They also raise issues associated with excessive documentation, non-responsiveness, and the problems related to the non-cooperativeness of the specific part of the company and its officials (Chitra et al. 2021). The other issues include delay in case of settlement of claim, insufficient transparency, and much more. It has been identified that most of the health insurance claimants have also filed claims, as they all have faced a few specific forms of problems and illness (Krishnan and Pai, 2023). The satisfaction level of many respondents from claim settlement and several other features of health insurance cover has been effectively examined and systematically compared that is even across both the public as well as private sector firms.

### 3.5. Impact on global markets of health insurance systems

Health insurance is a type of medical insurance provided by an insurance provider that pays for the costs of legitimate hospital stays (Gakunga et al. 2025). To keep the health insurance coverage valid, the policyholder must pay a premium, which is a certain sum (subject to requirements), once a year. In India, health insurance and hospitalization are equivalent, with the policy covering hospitalization costs. The costs of the operating room, hospital beds, nursing, surgeons, consultant doctors, and blood are all covered. Certain illnesses listed in the terms and conditions of the policy have not been covered, or they may only be covered one or two years after the date the insurance was issued. Among the many benefits that "Star Health Insurance" provides are reimbursement for hospitalization charges, pre- and post-hospitalization fees, day-care services, and domiciliary therapies.

The plan includes foreign travel health insurance, which covers medical costs incurred while you are overseas due to illnesses, diseases, or accidents (Avula et al. 2025). Additionally, it enables continuous care by enabling the patient to continue receiving the appropriate treatment overseas. Additionally, two therapy types are covered by this policy. Outpatient Treatment Reimbursement at Assistance Partner Flack India's network hospitals for inpatient treatment. Furthermore, the coverage also covers the costs of medical evacuations and repatriations. Additionally, people have purchased medications online at a reduced cost thanks to pharmacy services. Therefore, by choosing this policy, you may get the best international health travel insurance protection without having to pay the market's most affordable premium.

Conveniences of Travel Medical emergencies are not the only situations covered by this policy of Star Insurance (Joyce et al. 2025). This policy also covers a variety of unjustified problems that may arise during travel, such as missing connecting flights, aircraft have collations, baggage loss or delay, and so on. This plan also provides coverage for passport loss, hijacking distress, and luggage loss or delay. Medical Emergencies and Care Being sick or injured when travelling outside of the nation has been extremely terrifying, especially considering how expensive medical care is overseas. However, you may be confident that your hospital bills, medical expenses, and even the evacuation have all been paid for on a cashless or reimbursement basis if you have international travel health insurance. Therefore, we have been making sure that you don't have to worry about money while you recuperate, regardless of whether you have a cold or suffer an accident that breaks your rib cage. These phenomena help the company to establish its benefits through the international marketplace as their consumers or policyholders have access with having a positive safeguard while travelling internationally for any unexpected events. This respective comprehensive policy has been potentially covering the widest range of situations for ensuring mind peaceful journey.

### 3.6. Practical and policy implications

This study clarifies important elements that affect policyholder happiness, such as openness, efficient communication, and faith in "Star Health Insurance". Practically speaking, these results point to the obvious necessity for insurers to automate and use digital solutions to expedite claim settlement procedures, cutting down on delays and the load of needless paperwork. User happiness and engagement have also been greatly increased by improving digital communication methods, including chatbots, mobile apps, and real-time claim status updates. The study highlights fundamental problems in the Indian health insurance industry that have not received enough attention from a policy standpoint. Regulatory organisations have mandated streamlined claim documentation processes and uniform settlement dates. Policies encouraging increased openness in benefit disclosures, agent behaviour, and complaint resolution procedures also boost industry-wide consumer confidence (Ezeaku, 2025). To maintain professional standards, insurance professionals also require frequent training and more widespread regulation of ethical marketing practices. Even though "Star Health Insurance" excels in some areas, the results highlight broader issues facing the sector that call for structural changes. A well-rounded strategy that combines regulatory reforms with firm-level enhancements has guaranteed a more accountable, transparent, and customer-focused health insurance market in India.

## 4. Theoretical frameworks

### 4.1. Prospect theory

"Daniel Kahneman and Amos Tversky" created the prospect theory, a behavioural economic model that explains how people make choices in the face of risk and uncertainty, especially when weighing possible rewards and costs (Ergün, 2025). It questions conventional economic theories by emphasising that people's actions are impacted by how options are presented and how they perceive gains and losses, rather than necessarily being logical judgments based on predicted utility. Reference Dependence, rather than evaluating possible outcomes in terms of absolute wealth or utility, people evaluate them about a reference point, which is frequently their existing status or expectations. This implies that, depending on whether a change in wealth is above or below the reference point, it is interpreted as a gain or a loss. Loss Aversion: Compared to comparable gains, losses seem more significant. Usually, the agony of losing something is more intense than the joy of getting the same quantity. When faced with possible rewards, this makes people more risk-averse, and when faced with potential losses, they become more risk-seeking policyholder perceptions.

Probability weighting, when making risky judgments, people frequently underweight large probabilities and overweight small probabilities. Even if the expected value is the same, they might be more inclined to choose a small risk of a big gain than a larger chance of a smaller gain. For instance, even though the results are the same, a have care treatment that is presented as having a 90% survival rate is probably going to be chosen over one that is presented as having a 10% fatality rate (STAR, 2025). When deciding how much to make, they are risk-averse; they would rather make a guaranteed profit than take a chance with a little greater projected value. When it comes to losses,

they are risk-takers who would rather take a chance than guarantee a loss. React excessively to possible losses: The fear of losing something has been a strong incentive. Make contradictory decisions based on the presentation of options: The framing of a choice has altered its consequences and policyholder perceptions.

According to prospect theory, people go through two primary stages while making decisions: the editing Phase, to make the decision easier to handle, people frame the options and employ mental shortcuts. Evaluation Phase: Individuals evaluate the revised prospects, calculating their possible profits and losses. 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. As per this theory, it indicates that people have a process with their decision-making framework that helps them make decisions by the policyholders of the respective "Star Health Insurance".

## 4.2. SERVQUAL model

In the 1980s, "Parasuraman, Zeithaml, and Berry" (PZB) created the SERVQUAL model, a popular paradigm for evaluating service quality (Alizadeh et al. 2025). Through looking at five important aspects, it focuses on the discrepancy between what customers expect and how they perceive a service. These characteristics include "tangibles, assurance, responsiveness, empathy, and dependability". The SERV-QUAL model has the following process with as follows: 1. The Fundamental Idea of analysis of Gaps . The foundation of SERVQUAL is the notion that the gap between what clients anticipate and what they receive from a service determines the quality of that service. Businesses have effectively pinpointed areas where they are not meeting customer expectations and take corrective action by measuring this gap. 2. Service Quality's Five Dimensions: Tangibles: These include the premises, staff, and equipment that make up the service provider's outward look. Reliability: This dimension evaluates the service provider's capacity to accurately and consistently deliver the promised service policyholder. Response: Indicates the degree to which a service provider is eager to assist clients and offer timely support.

Assurance, this dimension focuses on staff members' expertise, civility, and capacity to inspire confidence and trust. Empathy it evaluates how well a service provider provides clients with considerate, tailored attention. 3. Operation, customers are usually asked to score their expectations and opinions of a service on a set of statements about the five SERVQUAL dimensions (Abdi et al. 2025). The difference between expectations and perceptions for each dimension is then computed using these replies. Businesses have learned where they need to make improvements to the quality of their services by examining the gaps in policyholder perceptions. Actionable Insights: Based on client input, these insights highlight certain areas that require development. Increased Customer happiness: Companies have increased customer happiness and loyalty by filling in the gaps. Competitive Advantage: Gaining a competitive edge might result from recognizing and addressing problems with service quality.
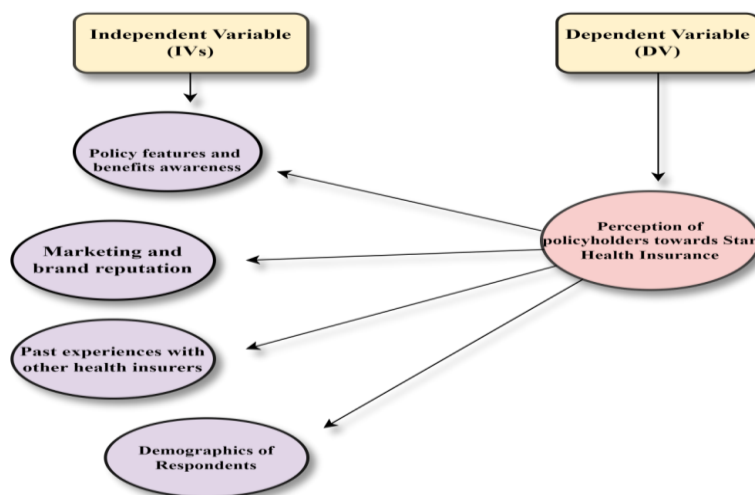
## 4.3. Conceptual framework



**Fig. 1:** Conceptual Framework.

(Source: Self-developed)

Policyholders express overall satisfaction with services, the claim process, and customer support provided by Star Health Insurance. The features and terms of Star Health Insurance policies are communicated through official documents, and Star Health Insurance is perceived as a trustworthy and reputable brand in the health insurance sector. As per the conceptual framework, it has been found that there is one dependent variable against four different independent variables based on the given subjective manner. Policyholders find Star Health Insurance more satisfactory compared to the services provided by previous health insurance providers, and many individuals have switched to Star Health Insurance after negative experiences with previous insurers regarding claims or customer service.

# 5.  Methodology

## 5.1. 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.

## 5.2. 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 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 the appropriate meaning of in-depth analysis about visual data.

## 5.3. 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, correlational, 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 beliefs about the insurance company's services.

## 5.4. 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 processes 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.

## 5.6. 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.

## 5.7. 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.

The chosen purposive sampling has been effectively helping the researcher in identifying a quantitative study by focusing on the specific characteristics for collecting information about policyholders for the health insurance company, in identifying potential leads with more relevant and reliable results. Purposive sampling is also responsible for focusing on choosing the participants during a survey, as the relevant people can provide their perception about the respective phenomenon (Ting et al. 2025). However, it allows researchers to choose a population for sampling, and it also leverages cost-effective and efficient methods while dealing with limited resources. A total 101 number of participants have been selected for the survey, and this sample size is adequate for identifying appropriate results for the given subjective manner.

# 6. 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 effectively provides deep insights into the sample areas or the characteristics of policy-holders 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, most 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 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.

## 6.1. Demographic analysis

The demographic information gathered for this study offers important new information about how policyholders' opinions of "Star Health Insurance" are influenced by factors including age, income, education, and perceived health. However, the first analysis ignored the more subtle aspects of these interactions in favour of concentrating mostly on correlation. First, perceptions seem to be significantly shaped by age. Because they had more experience managing health insurance policies and had interacted with healthcare systems more frequently, respondents in the 36–50 and 50+ age groups were more satisfied with policy features and claim help. Comparatively speaking, younger respondents (18–25) knew less about the advantages of the program, indicating the necessity for focused awareness campaigns. Perception was also significantly influenced by income level. People who made between 7 and 10 lakh and more expressed higher levels of satisfaction, particularly regarding hospital network access and coverage adequacy.

Their capacity to pay for premium plans with more amenities may be the cause of this. On the other hand, those with lower incomes (less than 3 lakh) expressed worries about affordability and the value of the premiums they paid. This demonstrates the necessity for "Star Health Insurance" to launch more affordable, inclusive plans with necessary coverage benefits. Those with postgraduate degrees had a greater level of engagement and understanding with policy concepts and advantages when looking at education, which was correlated with a more favourable attitude. Respondents who had just completed secondary or senior secondary school, on the other hand, showed weaker understanding of claim procedures, suggesting a possible communication or outreach gap. Perceptions were also impacted by perceived health status. Perhaps because of their increased use and reliance on insurance benefits, people who rated their health as "poor" or "very poor" were more critical of the length of time it took to process claims and the difficulty of the documentation. These results imply that differentiating service models according to policyholder profiles is necessary.

**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 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 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 | | -.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 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. | Pearson Correlation (r) | .392** |
| Star Health Insurance is perceived as a trustworthy and reputable brand in the health insurance sector by the 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 | .738[a] | .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 close to actual responses. This model demonstrates a strong explanatory capability in identifying what influences satisfaction with Star Health Insurance services.

**Table 5:** ANOVA

| ANOVA[a] | | | | | | |
|---|---|---|---|---|---|---|
| Model | | Sum of Squares | df | Mean Square | F | Sig. |
| | Regression | 43.587 | 16 | 2.724 | 6.274 | .000[b] |
| 1 | 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 effectively 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) is effectively 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 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.

## 7. 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 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 aspects of hospitalization, critical diseases, and maternity expenses; however, it is ideal for families and 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 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 to 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 to hospitalization and also about medical support. This is furthered by the respective company, that is any insurance firm, with its several useful and positive effective concepts or features.

One of the most popular firms, Star Health Insurance, is effectively perceived as one of the most trustworthy and is considered a reputable brand that has been effectively operating within the health insurance sector, which mainly serves the general people or public (Sugunan et al. 2024). In addition to that, both promotional content and particular advertising that is mainly by the respective insurance company are very crucial, and these are also considered both reliable and informative. These are considered by several potential and 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.

### 7.1. Practical implications

The study's conclusions about policyholders' perceptions and satisfaction with "Star Health Insurance" provide a generally favourable picture, especially when it comes to topics like policy coverage, network hospital accessibility, and customer service responsiveness. However, several significant gaps were found that need careful consideration, particularly regarding lengthy documentation processes, a lack of individualized contact, and claim settlement delays. Policyholders expressed several concerns, chief among them the delay in processing claims, which frequently causes stress and discontent during stressful times (Halim et al. 2025). By using automation and AI-based tracking technologies to streamline its claim verification procedure, "Star Health Insurance" has resolved this problem. By enabling policyholders to track the real-time status of their claims, this would increase transparency in addition to efficiency. The extensive and intricate paperwork needed for enrolment and claims is another real-world obstacle. To address this, "Star Health Insurance" ought to put in place a streamlined digital documentation system, perhaps utilizing secure digital signatures and e-KYC. The process would also be more inclusive and accessible if bilingual help and user-friendly internet platforms were provided, especially for elderly or remote clients.

Additionally, some policyholders are confused about policy terms and claim procedures because of the lack of individualized contact. The business needs to use a more proactive "customer relationship management" (CRM) strategy to increase customer satisfaction (Biru et al. 2025). The customer experience has been greatly improved by providing regular policy reminders, claim help calls, and customized updates via email or SMS. These doable tactics not only help "Star Health Insurance" enhance its reputation and service delivery, but they also offer a path forward for the insurance sector to increase policyholder satisfaction. Businesses have increased trust, promote policy renewals, and lower churn rates by resolving these issues, which have ultimately led to enduring client loyalty and steady expansion in the health insurance market.

## 8. 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 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. As per the above research, identification with the help of primary data analysis helps the study to depict with identify appropriate and critical findings to depict the perception of policyholders towards the respective insurance company. But on the other side, there is a recommendation for proceeding with future research of this paper is to derive the study by focusing on secondary qualitative data collection process for developing an in-depth analysis and evaluating previously reviewed journals or articles associated with the given topic.

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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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