



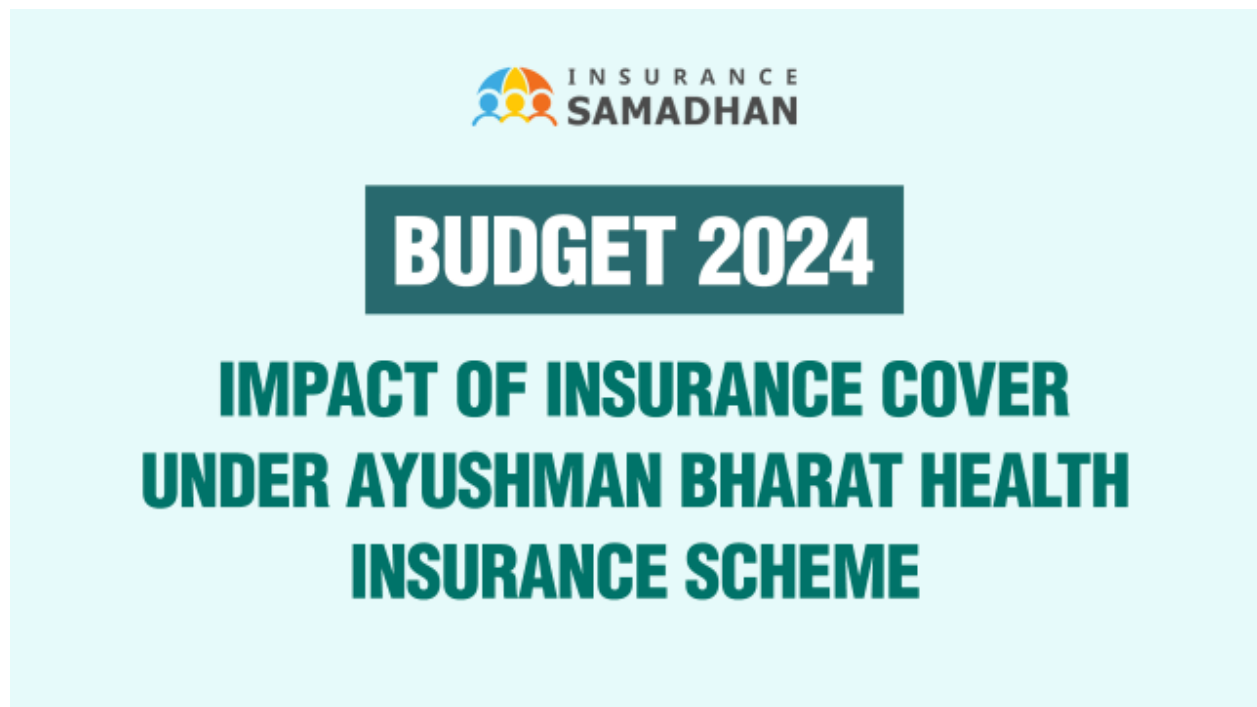
Budget 2024: Impact of Insurance cover under Ayushman Bharat health insurance scheme

What is the Ayushman Bharat Yojana / Pradhan Mantri Jan Arogya Yojana?

India's largest government-sponsored healthcare program, the Ayushman Bharat yojana (also called Pradhan Mantri Jan Arogya Yojana) aims at providing health coverage to economically weaker sections of society. The scheme was launched in September 2018.

Ayushman Bharat yojana provides cashless health benefits to eligible families for a maximum of Rs.5 lakh per annum per beneficiary. The benefits are available at all empaneled health care facilities and healthcare providers all over the country. It is one of the largest healthcare insurance programs on a global level. The scheme is expected to cover around 50 crore beneficiaries in India.

PMJAY covers the following healthcare services: Diagnostic tests Doctor consultations Treatment of various diseases Secondary and tertiary hospitalizations ICU charges and other medical expenses



What is an Ayushman card?

The Ayushman card, which provides access to a network of public and private hospitals throughout India, is issued by the national health administration. This card is similar to another government effort called the ABHA health card in that it can be used to receive cashless treatment and hospitalization at certain network institutions.

The following are the two key components of 'Ayushman Bharat'

1. *Establish Health and Wellness Centres (HWCs):* The initiative, which was introduced in February 2018, aims to create 1,50,000 Health and Wellness Centers (HWCs) to offer comprehensive healthcare services to citizens in the vicinity of their homes.
2. *Pradhan Mantri Jan Arogya Yojana (PM-JAY):* The program, which went live in September 2018, was designed to provide secondary and tertiary medical services to the most disadvantaged members of society. The policy's objective was to provide secondary and tertiary care hospitalization coverage worth Rs. 5 lakhs per family annually to around 10.74 crore poor and vulnerable families (about 50 crore beneficiaries), who make up the poorest 40% of India's population.

10 Benefits of the PMJAY Scheme

Here are the top 10 primary benefits of the PMJAY scheme for the vulnerable sections of society.

1. Healthcare cover of Rs. 5 lakh per family

The goal of the Ayushman Bharat Yojana is to serve 50 crore people. Families below the poverty level receive a health coverage of Rs. 5 lakhs. Since the yearly premiums are split 60:40 between the federal and state governments, health coverage is provided at no cost.

2. All families listed in the SECC database to be covered

Participants in the program are selected from the 2011 Socio-Economic and Caste Census (SECC). Two crore households live in metropolitan parts of India, and the remaining eight crore families come from rural areas.

3. Priority to the girl child, women, and senior citizens

The size of the family and age are not limited because everyone is covered by this health insurance. Additionally, the plan gives special consideration to women, children—especially girls—and people over 60.

4. It includes secondary and tertiary care

The program gives persons in need access to supplemental healthcare benefits from urologists and cardiologists, among other specialists. Additionally, cutting-edge medical care is covered, including that for heart surgery, cancer, and other conditions.

5. All pre-existing diseases covered

Unlike most insurance plans, the PMJAY mandates care in all public hospitals and covers pre-existing conditions. This implies that no one who needs medical attention can be turned away.

6. Cashless and paperless registration and administration.

To eliminate out-of-pocket costs, PMJAY wants to eliminate cash from the healthcare payment process. Beneficiaries of PMJAY can also get treatment anywhere in India.

7. Substantial reduction of out-of-pocket expenditure

All hospitals, both public and private, that accept PMJAY beneficiaries cannot charge more for medical care. This is to lessen service delays and corruption.

8. Private sector participation in helping to achieve public health goals

Due to the scheme's broad coverage, private healthcare providers will be paid for their services. It is anticipated that this plan will help stimulate the manufacturing of pharmaceuticals and medical equipment at lower costs.

9. Improvement of quality of life of the population

This scheme will improve the quality of life of the weaker sections of society. They will get timely care and finances to tackle their health issues.

10. Broadening the health insurance network

PMJAY will lead to improved infrastructure development in rural and impoverished communities across the country. This will make healthcare more accessible to more Indians. The government has created 1,350 medical packages that come with a range of healthcare services. Under the PMJAY health plan, this includes hospital stays, surgeries, daycare facilities, and prescription medication.

Pradhan Mantri Jan Arogya Yojana in alliance with the States

- Through national conclaves, sectoral working groups, intensive field exercises, and the piloting of key modules, stakeholders from all States and UTs provided input into the architecture and formulation of the scheme, resulting in a truly federal process.
- Because the Scheme is principle-based rather than rule-based, States are given sufficient latitude in terms of packages, procedures, scheme design, entitlements, and other guidelines, all the while guaranteeing the important national benefits of fraud detection and portability.
- States will be free to select the modes of implementation and may choose to use an already-existing Trust or Society or establish a new Trust or Society to carry out the Scheme as a State Health Agency.
- States may choose to deploy the Scheme directly through the Trust/Society/Implementation Support Agency, via an insurance company, or by using a combination of the two methods.

Budget 2024

To serve 500 million people, this means-tested program co-funded by the federal and state governments is the biggest government-sponsored healthcare program globally. In addition to primary care, PMJAY provides coverage up to Rs 5 lakh per family per year for inpatient needs.



Furthermore, as per the FM, a committee should be established to expand the number of medical colleges that offer health care coverage under Ayushman Bharat to all Asha workers. Girls in the 9–14 age range will receive a vaccination against cervical cancer.

Under the Ayushman Bharat insurance system, all Anganwadi workers and helpers, as well as Accredited Social Health Activists (ASHA), would receive healthcare coverage. The government will organize a committee to look into the situation and wants to use the infrastructure of current hospitals to set up additional medical institutions.

An increase of Rs 6,800 crore to Rs 7,500 crore has been made in the interim budget for the Pradhan Mantri Jan Arogya Yojna (PMJAY).

With the government's continuous efforts to increase awareness and strengthen the infrastructure, the Ayushman Bharat scheme is expected to gain higher momentum in the future and the yojana meet its goal of achieving universal health coverage.

Original Source:-

<https://www.insurancesamadhan.com/blog/budget-2024-impact-of-insurance-cover-under-ayushman-bharat-health-insurance-scheme/>