



Scientia Research Library

ISSN 2348-0416

USA CODEN: JASRHB

Journal of Applied Science And Research, 2025, 13 (1):44-48

<http://www.scientiaresearchlibrary.com/archive.php>

“Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana”

(AB-PMJAY)

Mr. Philip Sebastian,

Associate professor, T John college of nursing Bangalore

ABSTRACT

Prime Minister Narendra Modi announced the launch of **Ayushman Bharat National Health protection insurance scheme** in 2018. It is considered as the biggest government sponsored health insurance scheme in the world. It was launched in 23/09/2018 by Prime Minister Mr. Narendra Modi in Ranchi.

Keywords: Ayushman Bharat, Yojana, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

INTRODUCTION

As per recommended under NHP 2017, the Union Budget 2018- 19 announced ‘Ayushman Bharat’ for a healthy India. The Government of India announced major initiatives in the health sector as part of Ayushman Bharat aimed at introducing path-breaking interventions to address health services holistically, in primary, secondary and tertiary care systems, covering both preventive and health Promotional activities.

The government of India envisioned that health initiatives under Ayushman Bharat will be helpful to build a New India 2022 and ensure enhanced productivity, wellbeing, prevent wage loss, financial hardship, create jobs and boost the healthcare sector.

Ayushman Bharat is a national health protection mission offering benefit cover of Rs.5 lakh per family per year for secondary and tertiary care services. Benefits of the scheme are portable and the beneficiary covered under this scheme will be eligible to take cashless benefits from any public as well as empanelled private hospitals across the country.

One of the main principle of Ayushman Bharat is cooperative federalism and flexibility to the states.

The main objective of AB-PMJAY is to reduce catastrophic health expenditure, improve access to quality health care, reduce unmet needs and reduce out of pocket healthcare expenditures of poor and vulnerable families of the society. Due to the catastrophic expenditure majority of the rural populations are not willing to hospitals for there secondary and tertiary care services. Primary care services are available through primary health centres irrespective of cast, colour, creed discrimination.

Salient features of the scheme:

- a. AB-PMJAY is considering the world's largest health insurance/ assurance scheme fully financed by the government. This scheme is offering in insurance mode, trust mode or combined mode as per the state government decision.
- b. It provides a cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India. Primary care services are not available through this scheme as primary care services are available through primary health centres with free of cost.
- c. PM-JAY the services are offered in package wise.
- d. Over 10.74 crore poor and vulnerable entitled families (approximately 50 crore beneficiaries) are eligible for these benefits.
- e. PM-JAY provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.
- f. There is no restriction on the family size, age or gender, religion..etc
- g. Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.

Eligibility Criteria:

The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. It also includes families that were covered in RSBY but are not present in the SECC 2011 database.

Ayushman Bharat, a flagship scheme of Government of India, was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to "leave no one behind.

Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are -

- Health and Wellness Centres (HWCs)
- Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Under Ayushman Bharat the health care services are offered through the modified Health and Wellness centres.

PM-JAY scheme covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines. The other important advantages of this schemes are

1. All pre-existing conditions are covered from day one.
2. Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.

Recently one more mille stone happened in PM-JAY. i.e PM-JAY and ESIC corporation signed one agreement that ESIC beneficiaries are permitted to use PM-JAY empanelled hospitals for treatment and PM-JAY card holders are permitted to utilize the facility's from ESIC hospitals.

The beneficiaries are getting information regarding there eligibility from

1. Prime Minister Letter
2. Primary health centres
3. Common service centre
4. PMJAY website
5. Call centre

Benefit Cover Under PM-JAY

Benefit cover under various Government-funded health insurance schemes in India have always been structured on an upper ceiling limit ranging from an annual cover of INR30,000 to INR3,00,000 per family across various States which created a fragmented system. PM-JAY provides cashless cover of up to INR5,00,000 to each eligible family per annum for listed secondary and tertiary care conditions. The cover under the scheme includes all expenses incurred on the following components of the treatment.

- Medical examination, treatment and consultation
- Pre-hospitalization
- Medicine and medical consumables
- Non-intensive and intensive care services
- Diagnostic and laboratory investigations
- Medical implantation services (where necessary)
- Accommodation benefits
- Food services
- Complications arising during treatment
- Post-hospitalization follow-up care up to 15 days

The benefits of INR 5,00,000 are on a family floater basis which means that it can be used by one or all members of the family. The RSBY had a family cap of five members. However, based on learnings from those schemes, PM-JAY has been designed in such a way that there is no cap on family size or age of members. In addition, pre-existing diseases are covered from the very first day. This means that any eligible person suffering from any medical condition before being covered by PM-JAY will now be able to get treatment for all those medical conditions as well under this scheme right from the day they are enrolled.

Rural Beneficiaries

Out of the total seven deprivation criteria for rural areas, PM-JAY covered all such families who fall into at least one of the following six deprivation criteria (D1 to D5 and D7) and automatic inclusion(Destitute/ living on alms, manual scavenger households, primitive tribal group, legally released bonded labour) criteria:

- D1- Only one room with kucha walls and kucha roof

- D2- No adult member between ages 16 to 59
- D3- Households with no adult male member between ages 16 to 59
- D4- Disabled member and no able-bodied adult member
- D5- SC/ST households
- D7- Landless households deriving a major part of their income from manual casual labour

Urban Beneficiaries

For urban areas, the following 11 occupational categories of workers are eligible for the scheme:

- Ragpicker
- Beggar
- Domestic worker
- Street vendor/ Cobbler/hawker / other service provider working on streets
- Construction worker/ Plumber/ Mason/ Labour/ Painter/ Welder/ Security guard/ Coolie and other head-load worker
- Sweeper/ Sanitation worker/ Mali
- Home-based worker/ Artisan/ Handicrafts worker/ Tailor
- Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller
- Shop worker/ Assistant/ Peon in small establishment/ Helper/Delivery assistant / Attendant/ Waiter
- Electrician/ Mechanic/ Assembler/ Repair worker
- Washer-man/ Chowkidar

Even though PM-JAY uses the SECC as the basis of eligibility of households, many States are already implementing their own health insurance schemes with a set of beneficiaries already identified. Thus, States have been provided the flexibility to use their own database for PM-JAY. However, they will need to ensure that all the families eligible based on the SECC database are also covered.

CONCLUSION

Providing quality health care services to the nation is one of the major responsibility of the Government of India. Through Ayushman Bharat scheme Government is offering quality health care services to the needy population for there secondary and tertiary care services.

REFERENCE

- [1] Basavanthappa B.T. Community health nursing. New Delhi: Jaypee publications; **2004**
- [2] Kamalam S. Essentials in community health nursing practice. New Delhi: Jaypee publications; **2004**.
- [3] Swarnkar Keshav.Community health nursing. Indore.N.R. Brothers;**2010**.

- [4] Park K. Essentials of community health nursing. Jabalpur: Bhanot publications;**2014**.
- [5] Gulani K K. Community health nursing. New Delhi: Kumar publications;**2012**.