

Pradhan Mantri Jan Arogya Yojana (PM-JAY)

December 15, 2020

In news

Nearly fifty percent of the treatments under PMJAY are availed by women

About Pradhan Mantri Jan Arogya Yojana (PM-JAY)

- Pradhan Mantri Jan Arogya Yojana (PM-JAY) is the second component under Ayushman Bharat (first is Health and Wellness Centres)
- This scheme was launched on 23rd September, 2018 in Ranchi, Jharkhand by the Hon'ble Prime Minister of India
- PM-JAY is the world's largest health insurance/assurance scheme fully financed by the government
- 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.
- PM-JAY was earlier known as the National Health Protection Scheme (NHPS) before being rechristened.
- It subsumed the then existing Rashtriya Swasthya Bima Yojana (RSBY) which had been launched in 2008.
- PM-JAY is fully funded by the Government and cost of implementation is shared between the Central and State Governments.

Key features of PM-JAY

- 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.
- Over 10.74 crore poor and vulnerable entitled families (approximately 50 crore beneficiaries) are eligible for

these benefits.

- PM-JAY provides **cashless access to health care services** for the beneficiary at the point of service, that is, the hospital.
- PM-JAY envisions to help mitigate catastrophic expenditure on medical treatment which pushes nearly 6 crore Indians into poverty each year.
- **It covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses** such as diagnostics and medicines.
- There is **no restriction on the family size, age or gender.**
- All pre-existing conditions are covered from day one.
- **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.
- Services include approximately 1,393 procedures **covering all the costs related to treatment, including but not limited to drugs, supplies,** diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc.
- Public hospitals are reimbursed for the healthcare services at par with the private hospitals

Benefits covered under the scheme

- 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.