

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 1402
TO BE ANSWERED ON 11TH MARCH, 2025**

HEALTH INSURANCE FOR BPL

**1402. SHRI GOLLA BABURAO:
SHRI MASTHAN RAO YADAV BEEDHA:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether Government is considering any policy measures to provide free health insurance to categories of BPL people, given that almost 28 per cent of the population in the country is below the poverty line;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether Government is raising awareness about health insurance and counteract misconceptions surrounding it, so that more people may take it up; and
- (d) if so, the details thereof and if not, the reasons therefor?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)**

(a) and (b): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to approximately 55 crore beneficiaries corresponding to 12.37 crore families constituting economically vulnerable bottom 40% of India's population. Recently, the scheme has been expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status under AB-PMJAY with Vay Vandana Card.

The key features of AB-PMJAY are as under:

- Provides ₹5 lakh annual health cover per eligible family for 1,961 procedures across 27 specialties.
- Fully cashless and paperless.
- Entitlement-based, covering all eligible families from day one without enrolment.
- Benefits are portable across the country.
- No cap on family size, age, or gender.

- Implemented through a three-tier model—National Health Authority, State Health Agencies, and District Implementation Units.
- Funded by the Government with cost-sharing between Centre and States/UTs as per the extant directives issued by Ministry of Finance, from time to time.
- States/UTs have flexibility in operational models—Insurance, Trust or Mixed mode.
- Under AB-PMJAY, regular updation such as inclusion of new procedures, empanelment of new hospitals, inclusion of new beneficiaries and other improvements are done as per requirements from time to time.

(c) and (d): Insurance Regulatory and Development Authority of India (IRDAI) has informed that insurers are mandated to have in place a board approved policy for protection of policyholders' interests which interalia shall include establishing a mechanism to create Insurance Awareness on an ongoing basis so as to educate prospects and policyholders about insurance products, benefits and their rights and responsibilities. The insurers are required to review the policy annually.

Further, in order to enhance the awareness of the prospects/policyholders about the coverage, features, benefits of the products, insurers are mandated for the following:

- i. to issue the prospectus for every retail product including riders or add-ons, explaining all the benefits, features, terms and conditions of the product, and make available such prospectus on their website.
- ii. to put in appropriate framework to ensure that the features, benefits along with terms and conditions of the products being sold are represented correctly and fully and that the products are not mis-stated or misrepresented to prospects or policyholders;
- iii. to have in place well defined service parameters, turnaround times, procedure for expeditious resolution of complaints, steps to prevent mis-selling and un fair business practice;
- iv. to issue of a concise and updated Customer Information Sheet (CIS) to the policyholders with a view to enhance the awareness of policyholder about the benefits covered, terms and conditions of the policy.
