

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 1096
TO BE ANSWERED ON 09TH DECEMBER, 2025**

BENEFICIARIES UNDER AB-PMJAY

1096. SHRI JOSE K. MANI:

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

- (a) whether Government is expanding the coverage of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY);
- (b) the current number of beneficiaries enrolled under the scheme and the total claims settled in the last financial year;
- (c) whether private hospitals under the scheme are being regularly audited; and
- (d) the steps taken to ensure transparency and curb fraud in claim settlement?

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

(a) to (d): 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 12 crore families constituting economically vulnerable bottom 40% of India's population.

In March 2024, the eligibility criteria were expanded to include 37 lakh Accredited Social Health Activists (ASHA), Anganwadi Workers (AWW), Anganwadi Helpers (AWH), and their families. Further, the scheme was 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, through Ayushman Vay Vandana card.

As on 31.10.2025, more than 42.31 crore Ayushman cards have been created under the scheme. Further, more than 41.34 lakh Ayushman cards have been created for the ASHA/AWW/AWH categories, and 89.51 lakh cards have been issued under the Ayushman Vay Vandana category for senior citizens.

As on 31.10.2025, a total of 2.02 crore claims amounting to Rs. 28,732.18 crore have been settled in the last financial year.

State Health Agencies conduct audits of both public and private hospitals as per the Field Investigation and Medical Audit guidelines issued by National Health Authority (NHA).

Further, AB-PMJAY is governed on a zero-tolerance approach towards fraud. Advanced AI/ML-based analytics are used to proactively monitor fraud transactions. Various steps are taken for prevention, detection and deterrence of different kind of frauds that could occur in the scheme at different stages of its implementation. National Anti-Fraud Unit has been established at NHA which works in close coordination with State Anti-Fraud Units to investigate and take action against cases of fraud.

Appropriate action like suspension, show cause notice, warning letter, de-empanelment of hospitals, de-activation of e-cards, levying penalty on errant hospitals and lodging of FIRs, are taken against fraudulent entities.
