

GOVERNMENT OF INDIA
MINISTRY OF FINANCE
DEPARTMENT OF FINANCIAL SERVICES
RAJYA SABHA

STARRED QUESTION No. *256

ANSWERED ON TUESDAY, 17 MARCH, 2026/26 PHALGUNA, 1947 (SAKA)

HEALTH INSURANCE COVERAGE FOR EVERY CITIZEN

*256 # SHRI GOVINDBHAI LALJIBHAI DHOLAKIA:

Will the Minister of FINANCE be pleased to state:

- (a) whether the current health insurance coverage in India is very low as compared to major countries of the world;
- (b) whether a large proportion of the population, particularly in rural areas of the country, remain deprived of health insurance coverage;
- (c) whether Government has launched several schemes during the last decade to enhance health insurance coverage in the country, resulting in significant rise in the same; and
- (d) whether Government is working on any action plan to provide health insurance coverage to the entire population of the country under a policy of “health insurance for all”?

ANSWER

THE FINANCE MINISTER

(SMT. NIRMALA SITHARAMAN)

(a) to (d): A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO PARTS (a) TO (d) OF RAJYA SABHA STARRED QUESTION NO. *256 ANSWERED ON 17th MARCH 2026 REGARDING, 'HEALTH INSURANCE COVERAGE FOR EVERY CITIZEN' TABLED BY SHRI GOVINDBHAI LALJIBHAI DHOLAKIA, MEMBER OF PARLIAMENT

(a): In India, as informed by Insurance Regulatory and Development Authority of India (IRDAI), for FY 2024-25, there are 251.85 lakh individual health insurance policies, which include family members as well, covering 6.01 crores people. Further, there are 13.05 lakh group health insurance policies, covering 27.51 crores members.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), world's largest public funded health insurance scheme, is a flagship scheme of Government of India, implemented in partnership with the States/UTs. The scheme provides health insurance coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families, constituting the bottom 40% of India's population. In March 2024, an additional approximately 37 lakh families of ASHA, Anganwadi Workers (AWW) and Anganwadi Helpers (AWH) were included under the scheme. In October 2024, the scheme was further 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. As on 28.02.2026, a total of 43.52 crore Ayushman cards have been created across the country.

For FY 2024-25, 3.84 crore number of insured persons and 14.91 crore number of beneficiaries are covered in Employees' State Insurance Corporation. Also, 20.35 lakh serving beneficiaries and 23.32 lakh pensioner beneficiaries are covered under Central Government Health Scheme (CGHS).

(b) As regards the proportion of rural population covered under the health insurance, it is submitted that IRDAI collects and maintains data on health insurance coverage at an aggregate level. The exact number or percentage of the rural population covered under health insurance is not maintained.

However, with a view to ensure health insurance penetration in rural areas, IRDAI has notified Insurance Regulatory and Development Authority of India (Rural, Social Sector and Motor Third Party Obligations) Regulations, 2024 dated 20.03.2024, which are aimed to enable insurance inclusion at the gram panchayat level, ensuring that even the remotest areas are covered. Compliance and measurement of these statutory obligations has been revised where the unit of measurement under the rural obligations will now be Gram Panchayat, the scope of social sector has been extended to cover cardholders and beneficiaries under various Government schemes. The modified obligations is helping to ensure that underserved communities gain access to crucial insurance products, reducing vulnerabilities and supporting economic stability.

(c) and (d): Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB PM-JAY) was launched on 23rd September 2018. The salient features of the scheme are: -

- It provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India.
- It covers up to 3 days of pre-hospitalization and 15 days of post-hospitalization expenses such as diagnostics and medicines.
- Provides cashless healthcare services for 1961 procedures across 27 medical specialties.
- There is no restriction on 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 to avail cashless treatment.

Further, IRDAI reviewed the erstwhile health insurance regulations and the circulars issued thereunder and subsequently notified the IRDAI (Insurance Products) Regulations, 2024 and the Master Circular on Health Insurance Business dated 29.05.2024. The revised framework specify several provisions aimed at achieving a wider spread of health insurance coverage in the country, with a particular focus on making products affordable and accessible to all sections of the population, including the rural and social sectors. Some of the provisions are as under:

- a. 4(h) of IRDAI (Insurance Products) Regulations,2024 specifies that the insurers shall ensure that their premium rates are fair and not excessive, not inadequate, not unfairly discriminatory and it should provide value for money;
- b. As per point no.1(a) of Chapter – I of Master Circular on IRDAI (Insurance Products) Regulations,2024-Health Insurance, wider choice to be provided by the Insurers by making available products/add-ons/riders by offering diverse insurance products catering to all ages, regions, occupational categories, medical conditions/ treatments, all types of Hospitals and Health Care Providers to suit the affordability of the policyholders/prospects and customer to be provided with the flexibility to choose products/add-ons/riders as per his/her medical conditions/specific needs. As per point no.1(a)(vii) of Chapter - I, Insurers shall empanel all categories of hospitals /health service providers considering the affordability of different segments of population.
