

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

**LOK SABHA  
UNSTARRED QUESTION NO. 2831  
TO BE ANSWERED ON 28<sup>TH</sup> DECEMBER, 2018**

**HEALTH INSURANCE**

**2831. SHRI R. PARTHIPAN:**

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

- (a) whether National Health Protection Scheme (NHPS) in India aims to be the largest Government-funded health insurance programme in the world, if so, the details thereof;
- (b) whether as in the existing Government-funded health insurance schemes, health insurance companies are likely to play a crucial role in the implementation of the NHPS, if so, the details thereof; and
- (c) whether the number of Indians purchasing health insurance (on their own) has grown in the past few years, if so, the details thereof?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI ASHWINI KUMAR CHOUBEY)**

- (a): Yes. Pradhan Mantri Jan Arogya Yojana (PMJAY), earlier known as National Health Protection Scheme, provides benefit coverage of upto Rs. 5 lakh per annum per family to around 10.74 crore identified poor and vulnerable families for secondary and tertiary care hospitalisation. This is an entitlement based scheme and the families are identified based on deprivation and occupational criteria as per Socio Economic Caste Census (SECC) data. PMJAY has been launched on 23.09.2018. Salient features of PMJAY are annexed as **Annexure-I**.
- (b): The scheme is being implemented by the State Governments/UTs who have been given flexibility to decide mode of implementation of PMJAY. They can implement PMJAY either through Insurance Companies or directly through Trust/Society or in a mixed mode. Out of 33 States/UTs who have signed the MoU for implementation of the Yojana as on 21.12.2018, 7 have chosen to implement in Insurance mode whereas 17 have chosen to implement in Trust mode and the rest are implementing in mixed mode.
- (c): Yes. The number of persons covered under Health Insurance (excluding Personal Accident & Travel) has grown in the past few years. The details are placed are at **Annexure-II**.

## Annexure-I

### **Salient features of PMJAY launched on 23.09.2018 for families belonging to poor, vulnerable and disadvantage sections of populations are as under:**

1. Cashless and paperless access to services for the beneficiary at the point of service in any (both public and private) empanelled hospitals across India.
2. The benefit coverage of PMJAY is Rs. 5,00,000/- covering around 10.74 crore beneficiary families (identified through SECC database). This cover of Rs. 5.00 lakh is able to take care of almost all secondary care and most of tertiary care procedures.
3. No family size, ensuring all members of designated families specifically girl child and senior citizens get coverage. It is suggested to preferably make woman as the head of family.
4. This Scheme is on entitlement basis. Every family figuring in defined SECC Database will be entitled to claim benefit under the scheme. The beneficiaries are encouraged to bring Aadhaar for the purpose of identification. However, no person is denied benefits under the scheme in the absence of Aadhaar.
5. Implementation Arrangement –States have the option to use an existing Trust/ Society/ Not for Profit Company [SNA] or set up a new Trust/ Society/ Not for Profit Company [State Health Protection Mission Agency] to implement the scheme. With respect to implementation, the States are free to choose the modalities for implementation. They can implement the scheme through insurance company or directly through the Trust/ Society or mixed model.
6. A well-defined Complaint and Public Grievance Redressal Mechanism, actively utilising electronic, mobile platform, internet as well as social media, has been put in place through which complaints/ grievances are registered, acknowledged, escalated for relevant action, resolved and monitored.
7. While ensuring user convenience, robust safeguards have been created to prevent misuse/ fraud/ abuse by providers and users. Pre-Authorisation has been made mandatory for all tertiary care and selected secondary care packages.

**Annexure II**

**Number of persons covered under Health insurance (excluding PA & Travel): (in '000)**

<b>Class of Business</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Government Sponsored Schemes including RSBY	273272	335015	359262
Group Business(other than Govt. Business)	57039	70469	89448
Individual Business	28652	31962	33275
<b>Grand Total</b>	<b>358963</b>	<b>437446</b>	<b>481985</b>
<b>Growth(%)</b>		<b>22%</b>	<b>10%</b>