AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA

†*486. SHRI AJAY BHATT:

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

(a) the eligibility criteria and norms prescribed for availing the benefits under the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana; and

(b) the amount of health insurance cover fixed by the Government for availing medical treatment under the said scheme?

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) & (b) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 486 FOR 4TH APRIL, 2025**

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 eligible beneficiary family per year for secondary and tertiary care hospitalization in 27 different medical specialties corresponding to 1961 procedures.

The eligibility criteria under AB-PMJAY have evolved over time. Since January 2022, the beneficiary base of AB-PMJAY has been expanded from 10.74 crore families to 12 crore families, incorporating various databases such as Socio-Economic Caste Census (SECC), Antyoday Anna Yojana (AAY), National Food Security Act (NFSA) etc.

In March 2024, the eligibility criteria under the scheme were expanded to include 37 lakh Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Anganwadi Helpers (AWHs) and their families. 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 through Ayushman Vay Vandana cards.

Many of the States and Union Territories (UTs) implementing AB-PMJAY have further expanded the beneficiary base under the scheme using non-SECC data sources (including National Food Security Act, State specific datasets).

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