

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

**LOK SABHA
UNSTARRED QUESTION NO. 4692
TO BE ANSWERED ON 20TH MARCH, 2026**

LIMITATIONS OF PM-JAY INSURANCE COVERAGE

4692. MS. PRANITI SUSHILKUMAR SHINDE:

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

- (a) whether it is a fact that under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY), health insurance coverage is limited to Rs. 5 lakh per family per year only for secondary and tertiary healthcare and does not include OPD services, if so, the details thereof;
- (b) whether the Government has assessed the adequacy of this coverage in view of rising medical and outpatient treatment costs faced by common citizens, if so, the details thereof;
- (c) the average out-of-pocket expenditure incurred by beneficiaries on OPD and medicines despite being enrolled under PM-JAY; and
- (d) whether the Government proposes to expand the scope of PM-JAY to include OPD care and/or enhance the insurance cover amount and if so, the details thereof and the timeline fixed for the same thereof?

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

(a) to (c): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme provides health coverage of up to Rs. 5 lakh per family per year for secondary and tertiary care hospitalization. OPD services are not covered under the scheme.

Under the scheme, the latest Health Benefit Package 2022, provides comprehensive bundled packages covering the entire treatment cycle. This includes pre-hospitalization expenses for up to 3 days (covering diagnostics, premedication and consultation), complete hospitalization including medical, surgical treatment, anesthesia and implants (where applicable), and post-hospitalization care up to 15 days including drug expenses and follow-up care, thereby ensuring cashless, standardized and quality treatment under AB-PMJAY.

As on 28.02.2026, a total of 11.69 crore hospital admissions amounting to Rs. 1.73 lakh crore have been authorized under the scheme, thereby significantly reducing out-of-pocket expenditure for eligible beneficiaries for secondary and tertiary care hospitalization.

(d): There is no proposal under consideration to include the OPD care or increase the coverage amount under the scheme.
