VOLUME - 15, ISSUE - 06, JUNE - 2026 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Commerce

# SERVICES OF PRADHAN MANTRI AYUSHMAN BHARAT YOJANA IN INDIA

**Dr. T. Narayanamma**

M.Com, PhD, Principal, Sri Padmavathi Women's Degree & PG College, TTD, Tirupati 517502

**ABSTRACT**

This paper is presented the government launched Pradhan Mantri Ayushman Bharat Yojana in September 2018 to provide standard healthcare facilities to the economically weaker section of society. This health insurance schemes of government covers about fifty crore across country. Ayushman card already has several success narratives to its credit. As a most recent addition to the benefits covered under the PMJAY scheme, all elderly people more than 70 years old, apart from their socio-economic background will be eligible for 5 lakh health insurance coverage every year. To avail of the benefits of this insurance scheme, one first needs to check the eligibility criteria Keep reading to learn about eligibility for this scheme, the steps to apply, and the benefits available upon completing the registration. The scheme "Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana" implemented by the National Health Authority (NHA) under Ministry of Health and Family Welfare, Government of India, aims to provide cashless hospitalisation coverage of ₹5,00,000 per family per year to poor and vulnerable families for secondary and tertiary healthcare services. It was launched on 23rd September 2018 in Ranchi, Jharkhand, by the Hon'ble Prime Minister of India."Ayushman Bharat" is an attempt to move from a sectoral and segmented approach to health service delivery to a comprehensive need-based health care service. This scheme aims to undertake path-breaking interventions to holistically address the healthcare system (covering prevention, promotion, and ambulatory care) at the primary, secondary, and tertiary levels.

**KEYWORDS :** Rural Health Services

**PMJAY (Ayushman Bharat Yojana)**

The Ayushman Bharat Yojana (PMJAY) the renowned health insurance initiative by government of India designed to provide holistic coverage for tertiary and secondary hospitalisation expenses. This insurance program crafted to benefit more than 12 crores vulnerable and underprivileged families. The Ayushman Bharat Yojana, a national health protection scheme has now been renamed asPradanmanthri Jan Aarogaya Yojana. This plan is specially tailored for to make secondary and tertiary health service completely cashless for the underprivileged sections of society. The PM Jan Aarogya Yojana receivers get an Ayushman card to avail of services at an empanelled health clinics, hospitals, private or public anywhere across the nation. With this government scheme, you can take advantages of walking into healthcare services and obtaining cashless treatment

Eligible for Pradan Mantri Medical Insurance

Usually, rural families and some selected urban families can apply for this health insurance plan. The eligibility criteria for each of them are as follows

**Urban Families**

The following is the list of eligible people who can apply for Pradhan Mantri Medical Insurance

1. Street vendors, hawkers, cobblers, or other workers on the streets
2. Beggars and rag pickers
3. Domestic workers
4. Coolies
5. Construction site workers, masons, plumbers, painters, security guards, and welders
6. Transport workers such as conductors, cart pullers, and drivers
7. Sweepers, gardeners, and sanitation workers
8. Watchmen and washermen
9. Artisans, handicraft workers, home-based workers, and tailors
10. Electricians, repair workers, mechanics, and assemblers
11. Peons, delivery assistants, shop workers, attendants, helpers, and waiters
12. All senior citizens over 70, irrespective of their income

**2. Rural Families**

Almost every rural family are eligible for this scheme, which includes:

1. Destitute families which primarily depend on alms
2. Families of bonded labour
3. Families of manual scavengers
4. Primitive and vulnerable tribal groups
5. All senior citizens over 70 years of age

The following families are not eligible for this scheme:

1. Households lacking adults aged between 16 and 59 years
2. Families with females as heads and no male members aged between 16 and 59 years
3. Scheduled caste and scheduled tribe families
4. Households with no land and manual labour work as their primary income source
5. Families living in a single room with kucha walls and a roof
6. Households comprising only disabled members and no able-bodied members offering support

Upon fulfilling the eligibility criteria of this scheme, you can proceed with the application for Pradhan Mantri Ayushman Bharat Yojana.

Who is not eligible for Ayushman Bharat Yojana Registration?

While the Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY) is oriented to support economically underprivileged families, particular individuals and families are excluded from this registration depending on their income, occupations or assets. Categories are mentioned below that do not eligible for Ayushman Bharat portal registration:

- Government Employees
- Individuals owning with more than 5 acres of agricultural lands.
- Owners of agricultural machinery including tractors or harvesters.
- Urban residents earning more than 10,000 per month
- Households with particular amenities such as refrigerators, landline phone connections.
- Farmers having Kishan Credit Card with limits of 50,000 or even more
- Residents of Pucca houses (well-constructed)

Steps to Apply for Pradhan Mantri Medical Insurance

The following are steps to apply for the Pradhan Mantri Medical Insurance plan:

Step 1: Navigate to the official website of Pradhan Mantri Ayushman Bharat Yojana.
Step 2: Log in to the portal by accurately entering your mobile number and the captcha code.
Step 3: Input the OTP received on your registered mobile number to access your account.
Step 4: Choose the state from the given options where you are applying for the scheme.
Step 5: Select how you want to check your eligibility for the scheme: Name, Mobile number, Ration card number, or RSBY URN number.
Step 6: Once you are eligible, your name will be displayed on the right side of the page.

**Features and Benefits of Pradhan Mantri Medical Insurance**

The features and benefits of the Pradhan Mantri Medical Insurance plan are as follows:
Provides access to standard healthcare facilities to about 40% of India's population. Offers comprehensive coverage encompassing 27 specialty areas. These areas include cardiology, oncology, and orthopaedics. Covers treatment-associated medicine and post-discharge care expenses. Provides financial support to patients for various essential surgeries and offers associated procedures at reduced rates. Extends coverage to the treatment of critical illnesses such as heart surgery, cancer, organ transplants and other life-threatening conditions.

Offers coverage of up to Rs. 5 lakhs per family every year. People can avail of the insurance benefits at any government hospital or an empanelled private hospital. Covers various pre- and post-hospitalization expenses and day care treatment costs.

**Pradhan Mantri Medical Insurance v/s Private Medical Insurance**

The table below highlights the differences between Pradhan Mantri Medical Insurance and private medical insurance:

| Features | Pradhan Mantri Medical Insurance | Private Medical Insurance |
|---|---|---|
| Eligibility | Economically weaker sections | All sections of society |
| Premium | Free or Rs. 100 per month, depending on the plan | Depends on the plan |
| Sum Insured | Maximum Rs. 5 lakhs | Up to Rs. 2 crores |
| Coverage | Narrower Coverage | Broader coverage |
| Private Hospital Room | It may or may not be available | Availability depends on the plan |
| Network Hospitals | A large number of private and public hospitals | Numerous network private hospitals |
| Cumulative Bonus | Not available | Available |
| Tax Benefits | Not available | Available |
| Online Renewal | It may or may not be available | Available |
| Health Check-up | Not covered | Covered under some plans |

Members of DNT/NT communities are likely to have little or no access to medical facilities and other benefits available under the mainstream health policies. They are so poor that they cannot afford private medical care. It is, therefore, necessary that a separate target group is considered by the Government for assistance in health care for DNTs, NT and SNT communities under scheme like PMJAY Ayushman Bharat through State/UT Governments

**1. Objectives of Supporting Health Care for DNT, NT and SNT:**

The primary objective of the scheme is to provide financial assistance to National Health Authority (NHA) in association with State Health Agencies (SHAs) for undertaking providing a health cover of Rs. 5 lakhs per family per year to DNT, NT and SNT families as per norms of "Ayushman Bharat Pradhan Mantri Jan Arogya Yojana.The objective for supporting Health Care exclusively for DNT, NT and SNT families separately is to provide the benefits of PMJAY to those DNT/NT /SNT families which are living below poverty line and meet the eligibility criteria defined in this guideline.

**2. Ayushman Bharat Scheme:**

Ayushman Bharat, a flagship scheme of Government of India, was launched to achieve the vision of Universal Health Coverage (UHC) with its underlining commitment, which is to "leave no one behind." Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are-:

**1. Health and Wellness Centres (HWCs):**

Government of India announced the creation of 1,50,000 Health and Wellness Centres (HWCs) by transforming the existing Sub Centres and Primary Health Centres. These centres are to deliver Comprehensive Primary Health Care (CPHC) bringing healthcare closer to the homes of people. Health and Wellness Centers are envisaged to deliver an expanded range of services to address the primary health care needs of the entire population in their area, expanding access, universality and equity close to the community.

**2. Pradhan Mantri Jan Arogya Yojana (PM-JAY):**

India's flagship public health insurance/ assurance scheme called "Ayushman Bharat Pradhan Mantri Jan Arogya Yojana aims at providing a health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to poor and vulnerable families that form the bottom 40% of the Indian population. The households included are based on the deprivation and occupational criteria of Socio- Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. The coverage mentioned under PM-JAY, also includes families that were covered in RSBY but are not present in the SECC 2011 database.

**3. National Health Authority:**

National Health Authority (NHA) is the apex body responsible for implementing Ayushman Bharat PM-JAY. To implement the scheme at the State level, State Health Agencies (SHAs) have been set up by respective States. SHA is extending the coverage to beneficiaries. Functions of NHA involve set up systems and processes for convergence of PM-JAY with other health insurance/assurance schemes. It aims at following:

1. Coordination with State Governments for implementation of PM- JAY.
2. National Health Authority work closely with Insurance Regulatory and Development Authority on development and implementation of Health Insurance Regulations.
3. Effective implementation of PM-JAY across the country and its regular monitoring.
4. Carrying out awareness activities for informing beneficiaries and other stakeholders.

**4. Key Features of PM-JAY:**

Through an insurance cover of Rs.5 lakh per family per annum offered totally free through premiums paid by both the central and state governments, the Pradhan Mantri Jan Arogya Yojana allow the poor to benefit from cashless secondary and tertiary healthcare. AB-PMJAY is an entitlement based scheme rolled out for the bottom 40 per cent of poor and vulnerable population.

Rural Beneficiaries: Out of the total seven deprivation criteria for rural areas, PM-JAY covered all such families who fall into at least one of the following six deprivation criteria (D1 to D5 and D7) and automatic inclusion (Destitute/ living on alms, manual scavenger households, and primitive tribal group, legally released bonded labour) criteria:

- D1- Only one room with kucha walls and kucha roof
- D2- No adult member between ages 16 to 59
- D3- Households with no adult male member between ages 16 to 59
- D4- Disabled member and no able-bodied adult member
- D5- SC/ST households
- D7- Landless households deriving a major part of their income from manual casual labour6. Implementing Agencies and Eligibility:

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