



## General information for PMJAY-Ayushman Bharat beneficiaries



आरोग्यम् सुख सम्पदा

**Introduction:** PMJAY-Ayushman Bharat, a flagship scheme of Government of India, was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). This scheme was launched on 23rd September, 2018 in Ranchi, Jharkhand by the Hon'ble Prime Minister of India. Ayushman Bharat PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover upto Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 10.74 crores poor and vulnerable families (approximately 50 crore beneficiaries) 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).

**Scheme at AIIMS Raipur:** PMJAY-Ayushman Bharat scheme is being implemented at AIIMS Raipur since 2018. AIIMS Raipur is facilitating paperless & cashless world class healthcare services to the all eligible patients. During the hospitalization at AIIMS Raipur under the scheme, beneficiaries are not required to pay any charges.

**How to avail health benefits under Ayushman Bharat Scheme at AIIMS Raipur?:** AIIMS Raipur has a dedicated team of 'Ayushman Mitra' to assist & guide patients to get enroll for cashless & paperless benefits under the scheme. Any patient who has been advised hospitalization by the treating doctor shall mandatorily visit the **Ayushman Bharat counter/KIOSK located at Dome 3, Gate No. 4** to ascertain his/her eligibility & to complete essential formalities under the health care scheme along with specified package code provided by the treating doctor. For potential beneficiaries, they need to bring Ration card/Aadhar card/ESIC documents/CAPF card etc. Guidance for further procedures during the stay at hospital will also be provided at KIOSK/admission counter of the scheme. This scheme presently provides services only for inpatients & day care patients.

**What is included in the package:** A package consists of all the costs associated with the treatment. The specified surgical packages are paid as bundled care where a single all-inclusive payment is payable to the EHCP by insurer/SHA. The medical packages, however, are payable to the EHCP on a per day rate depending upon the admission unit (general ward, HDU, ICU) with certain pre-decided add-ons payable separately. Day-care packages are payable just like surgical packages. The treatment packages are comprehensive, covering treatment for all the specialities that include super speciality care like oncology, neurosurgery and cardio-thoracic and cardiovascular surgery etc.

The package includes:

- Registration charges
- Bed charges (General Ward)
- Nursing care charges
- Surgeons, Anaesthetists, Consultants' fees etc.
- Anaesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances, etc.
- Medicines and Drugs
- Cost of Prosthetic Devices, implants
- Pathology and radiology tests
- Food to patient

**Note:** Patient treated under the scheme shall not be paying any amount to hospital against the blocked package/packages, if the sum assurance wallet contains sufficient amount for the selected package/packages.