

1 Ministry Of Defence

AFFDF-Financial Assistance For Treatment Of Serious Diseases To Non Pensioner Ex-Servicemen (All Ranks)/Widows

Details

A scheme to provide financial assistance to a non-pensioner Ex-Servicemen of all ranks and widows to meet medical expenses related to treatment of approved serious diseases like cancer, renal failure, knee replacement and heart surgery.

Expenditure must be incurred at a approved govt hospital at the rates applicable under CGHS / ECHS.

List of the serious diseases are covered under this scheme

Angiography & Angioplasty

- CABG. (I) Dialysis
- Open heart surgery
- Valve replacement
- Pacemaker Implant
- Cerebral stroke
- Prostrate surgery
- Joint replacement
- Renal failure
- Cancer

Treatment of other Diseases

In case the treatment of a serious disease which is not listed , such application will be referred to Director General Armed Forces Medical Services (DGAFMS) for comment/recommendation to consider it for financial assistance for treatment of that disease, to ESM under this scheme.

Benefits

- Financial assistance for treatment of the approved serious diseases to non-pensioner Ex-Servicemen of all ranks and widows subject to a maximum of Rs 1,25,000/- (One Time) and for treatment of cancer/dialysis subject to a maximum of Rs 75,000/- per annum as follows:-
- For Non-Pensioner Officers/Widows. 75% of total expenditure incurred on medical treatment, hospitalization, medicines etc.
- For Non-Pensioner other Ranks/Widows. 90% of total expenditure incurred per annum on medical treatment, hospitalization, medicine etc.

Note

Expenditure must be incurred at a approved govt hospital at the rates applicable under CGHS / ECHS.

Eligibility

The following criteria must be fulfilled:-

Applicant must be a non-pensioner ESM or his widow.

- Should not be member of ECHS or availing AFMS facilities.
- Should be recommended by respective Zila Sainik Board (ZSB).
- Expenditure must be incurred at a approved govt hospital at the rates applicable under CGHS / ECHS.

2 Ministry Of Health & Family Welfare

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana

Details

Ayushman Bharat, a flagship scheme of the Government of India, was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlining commitment, which is to "leave no one behind."

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. Ayushman Bharat adopts a continuum of care approach, comprising two inter-related components, which are -

1. Health and Wellness Centres (HWCs)
2. Pradhan Mantri Jan Arogya Yojana (PM-JAY)

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) was launched on 23rd September 2018 in Ranchi, Jharkhand by the Hon'ble Prime Minister of India, Shri Narendra Modi.

AB PM-JAY is the largest health assurance scheme in the world which aims at providing a health cover of ₹ 5,00,000 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 bottom 40% of the Indian population. The households included is based on the deprivation and occupational criteria of the Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. PM-JAY is fully funded by the Government and the cost of implementation is shared between the Central and State Governments.

Benefits

AB PM-JAY provides cashless cover of up to ₹ 5,00,000 to each eligible family per annum for listed secondary and tertiary care conditions. The cover under the scheme includes all expenses incurred on the following components of the treatment:

- 1) Medical examination, treatment, and consultation
- 2) Pre-hospitalization
- 3) Medicine and medical consumables
- 4) Non-intensive and intensive care services
- 5) Diagnostic and laboratory investigations
- 6) Medical implantation services (where necessary)

- 7) Accommodation benefits
- 8) Food services
- 9) Complications arising during treatment
- 10) Post-hospitalization follow-up care up to 15 days

The benefits of ₹ 5,00,000 are on a family floater basis which means that it can be used by one or all members of the family. Under AB PM-JAY, there is no cap on family size or the age of members. In addition, pre-existing diseases are covered from the very first day. Any eligible person suffering from any medical condition before being covered by PM-JAY will now be able to get treatment for all those medical conditions as well under this scheme right from the day they are enrolled.

Eligibility

Rural Residents:

1. Those living in scheduled caste and scheduled tribe households
2. Families with no male member aged 16 to 59 years
3. Beggars and those surviving on alms
4. Families with no individuals aged between 16 and 59 years
5. Families having at least one physically challenged member and no able-bodied adult member
6. Landless households who make a living by working as casual manual laborers
7. Primitive tribal communities
8. Legally released bonded laborers
9. Families living in one-room makeshift houses with no proper walls or roof
10. Manual scavenger families

Urban Residents:

1. Washerman/ chowkidars
2. Ragpickers
3. Mechanics, electricians, repair workers
4. Domestic help
5. Sanitation workers, gardeners, sweepers
6. Home-based artisans or handicraft workers, tailors
7. Cobblers, hawkers, and other services provided on streets or pavements
8. Plumbers, masons, construction workers, porters, welders, painters, and security guards
9. Transport workers like drivers, conductors, helpers, cart or rickshaw pullers
10. Assistants, peons in small establishments, delivery boys, shopkeepers, and waiters

Exclusions

1. Those who own a two, three, or four-wheeler or a motorized fishing boat.
2. Those who own mechanized farming equipment.
3. Those who have Kisan cards with a credit limit of ₹ 50000.
4. Those employed by the government.
5. Those who work in government-managed non-agricultural enterprises.
6. Those earning a monthly income above ₹ 10000.
7. Those owning refrigerators and landlines.
8. Those with decent, solidly built houses.
9. Those owning 5 acres or more of agricultural land.

3 Ministry Of Health & Family Welfare

Pradhan Mantri Garib Kalyan Package : Insurance Scheme For Health Workers Fighting COVID-19

Details

An Insurance scheme from Ministry of Health and Family Welfare for health workers who Lost their life due to COVID19 or accidental death on account of COVID-19 related duty.

This accident insurance scheme covers;

- Loss of life due to COVID19, and
- Accidental death on account of COVID-19 related duty.

Beneficiary

- Public healthcare providers including community health workers, who may have to be indirect contact and care of COVID-19 patients and who may be at risk of being impacted by this.
- Private hospital staff and retired /volunteer /local urban bodies/ contracted /daily wage /ad hoc/outsourced staff requisitioned by States/ Central hospitals/ autonomous hospitals of Central/ States/UTs, AIIMS and INIs/ hospital of Central Ministries can also be drafted for COVID 19 related responsibilities.

Benefits

Health workers get an insurance coverage of Rs. 50 Lakhs. The complete amount shall be paid to the claimant of the insured person.

Eligibility

- Public healthcare providers including community health workers, who may have to be in direct contact and care of COVID-19 case and who may be at risk of being impacted by this.

- Private hospital staff and retired /volunteer /local urban bodies/ contracted /daily wage /ad-hoc/outsourced staff requisitioned by States/ Central hospitals/ autonomous hospitals of Central/ States/UTs, AIIMS and INIs/ hospital of Central Ministries can also be drafted for COVID 19 related responsibilities.
- There is no age limit for this scheme

4 Ministry Of Finance

Pradhan Mantri Suraksha Bima Yojana

Details

An Accident Insurance Scheme offering accidental death and disability cover for death or disability on account of an accident.

Premium

Rs.12/- per annum per member. The premium will be deducted from the account holder's bank account through 'auto debit' facility in one instalment on or before 1st June of each annual coverage period under the scheme.

Coverage Duration

The cover shall be for the one-year period stretching from 1st June to 31st May. However, in cases where auto debit takes place after 1st June, the cover shall commence from the date of auto debit of premium by Bank.

Accident cover assurance termination

The accident cover of the member shall terminate / be restricted accordingly on any of the following events:

- On attaining age 70 years (age nearer birth day).
- Closure of account with the Bank or insufficiency of balance to keep the insurance in force.
- In case a member is covered through more than one account and premium is received by the insurance company inadvertently, insurance cover will be restricted to one account and the premium shall be liable to be forfeited.

Termination of cover

The accident cover for the member shall terminate on any of the following events and no benefit will be payable there under:

- On attaining age 70 years (age nearest birthday).
- Closure of account with the Bank or insufficiency of balance to keep the insurance in force.
- In case a member is covered through more than one account and premium is received by the Insurance Company inadvertently, insurance cover will be restricted to one bank account only and the premium paid for duplicate insurance(s) shall be liable to be forfeited.
- If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium, subject to conditions that may be laid down. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of Insurance Company.
- Participating banks will deduct the premium amount in the same month when the auto debit option is given, preferably in May of every year, and remit the amount due to the Insurance Company in that month itself.

State wise toll free number -

<https://jansuraksha.gov.in/files/STATEWISETOLLFREE.pdf>

National Toll Free Number - 1800-180-1111 / 1800-110-001

Benefits

- On Death - the Nominee shall get Rs. 2 Lakh
- Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot - Subscriber shall get Rs. 2 Lakh
- Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot –Subscriber shall get Rs. 1 Lakh

Eligibility

Individual bank account holders of participating banks aged between 18 years (completed) and 70 years (age nearer birthday) who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme.

5 Ministry Of Health & Family Welfare

Health Minister's Discretionary Grant

Details

A health scheme by Ministry of Health & Family Welfare for financially poor patients to defray a part of the expenditure on Hospitalization/treatment in Government Hospitals, for life threatening diseases covered under Rashtriya Arogya Nidhi (RAN), in cases where free medical facilities are not available. Only those having annual family income up to Rs.1.25,000/- and below are eligible for financial assistance from Health Minister's Discretionary Grant (HMDG). Under this scheme, Financial assistance is provided towards treatment in Government hospitals including super specialty Government hospitals / institutes.

Benefits

Financial assistance towards treatment in Government hospitals including super specialty Government hospitals / institutes.

1. Financial Assistance of ₹50,000/- if the estimated cost of treatment is up to ₹1,00,000/- .
2. Financial Assistance of ₹75,000/- if the estimated cost of treatment is above ₹1,00,000/- & up to ₹1,50,000/-.
3. Financial Assistance of ₹1,00,000/- if the estimated cost of treatment is above ₹1,50,000/-.

Eligibility

1. The applicant must not be an employee of either Central or State Govt.
2. The applicant must have been Hospitalized / Undergoing Treatment in a Government Hospital (including super specialty Government hospitals / institutes).
3. The Total Annual Family Income of the applicant must not exceed ₹1,00,000/- per annum.

Exclusions

The following cases are not eligible to avail benefits under HMDG:

1. Prolonged treatment involving recurring expenditure is not permissible.
2. diseases of common nature where treatment is not expensive.
3. T.B. cases
4. Cases for treatment in private hospital.
5. Central as well as State Government employees.

6 Ministry Of Health & Family Welfare

Janani Shishu Suraksha Karyakram

Details

A scheme by Ministry of MoHFW for pregnant women who access government health facilities for their delivery. to absolutely free and no expense delivery, including caesarean section. Essential care is provided to the mother and her neonate within 48 hours. Reasons like high out of pocket expenditure on diagnostics/investigations, blood, drugs, food and user charges institutional delivery JSSK was launched in June 2011 to eliminate out-of-pocket expenses for institutional delivery of pregnant women and treatment of sick infants. In 2014, the programme was extended to all antenatal & postnatal complications of pregnancy and similar entitlements have been put in place for all sick newborns and infants (up to one year of age) accessing public health institutions for treatment.

Benefits

For pregnant women-

1. Free and cashless delivery
2. Free C-Section
3. Free drugs and consumables
4. Free diagnostics
5. Free diet during stay in the health institutions
6. Free provision of blood
7. Exemption from user charges
8. Free transport from home to health institutions
9. Free transport between facilities in case of referral
10. Free drop back from Institutions to home after 48hrs stay

For sick newborns till 30 days after birth (now been expanded to also cover sick infants) -

1. Free treatment
2. Free drugs and consumables
3. Free diagnostics
4. Free provision of blood
5. Exemption from user charges
6. Free Transport from Home to Health Institutions
7. Free Transport between facilities in case of referral
8. Free drop Back from Institutions to home

Eligibility

1. The applicant must be a pregnant woman.
2. The applicant must be admitted in a government health facility.

7 Ministry Of Health & Family Welfare

Nikshay Poshan Yojana (Nutritional Support To TB Patients)

Details

An incentive scheme under National Health Mission (NHM) by Central TB Division of MoHFW for Tuberculosis (TB) patients who are under treatment and have registered / notified themselves on the NIKSHAY portal. All TB patients notified on or after 1st April 2018 including all existing TB patients under treatment are eligible to receive incentives. The patient must be registered/notified on the NIKSHAY portal. The scheme is registered under Direct Benefit Transfer. The incentives can be distributed in Cash (only via DBT preferably through Aadhaar enabled bank accounts) or in-kind.

Benefits

CASH or IN-KIND

1. Financial incentive of ₹500/- per month for each notified TB patient for the duration for which the patient is on anti-TB treatment.
2. In-kind where the total value of the food basket being distributed must not be less than ₹500 per month.

(It is the discretion of each state as to whether to provide the benefits in cash or in-kind)

Eligibility

1. The applicant must be a Tuberculosis (TB) Patient.
2. The applicant must be registered / notified on the NIKSHAY Portal.

RMEWF-Financial Assistance For Medical Treatment Of Ex-Servicemen

Details

A scheme to provide financial assistance to a non-pensioner Ex-Servicemen/widows of ranks up to Havildar/equivalent to meet routine medical expenses.

With ever increasing costs of health care, it becomes extremely difficult for non-pensioner ESM to combat diseases especially in old age. At such age, medical expenses push such ESM into a state of poverty and loss of dignity. The scheme to provide financial assistance to non-pensioners, who are without any other sources of income and in state of penury,

Treatment of Serious Diseases

The expenditure incurred on treatment of various serious ailments is covered under a separate scheme

Benefits

A Financial assistance up to a maximum of Rs.30,000/- per year per eligible Ex-Servicemen/widow is provided in a financial year.

Eligibility

The following criteria must be fulfilled:-

- Applicant must be a non-pensioner ESM or his widow.
- Should be of rank Havildar/equivalent and below.
- Should be recommended by respective Zila Sainik Board (ZSB).
- Expenditure must be incurred at recognized government hospitals at rates approved under CGHS/ ECHS.

9 Ministry of Women and Child Development

Pradhan Mantri Matru Vandana Yojana

Details

A maternity benefits program by the Ministry of Women and Child Development in which a cash incentive of ₹ 5000/- to Pregnant Women of 19 years of age or above for the first live birth. The incentive is provided in three instalments and is to be claimed within 150 days, 180 days, and at childbirth respectively. The scheme is aimed at women who were working and had to experience a wage loss due to pregnancy. The incentive can be used to meet the daily requirement of nourishment of pregnant women. PMMVY is implemented through the Anganwadi Centers (AWC). It is being implemented in States / UTs in coordination with the Department of Social Welfare & Empowerment and the Department of Health & Family Welfare.

Benefits

1. **Cash incentive of ₹5000** are provided in three instalments -

- **First installment - ₹1000/-** on early registration of pregnancy at the Anganwadi Centre (AWC) / approved Health facility as may be identified by the respective administering State / UT.
- **Second installment - ₹2000/-** after six months of pregnancy on receiving at least one antenatal check-up (ANC).
- **Third installment - ₹2000/-** after childbirth is registered and the child has received the first cycle of BCG, OPV, DPT and Hepatitis - B, or its equivalent/ substitute.

2. The eligible beneficiaries would receive the **incentive given under the Janani Suraksha Yojana (JSY)** for Institutional delivery and the incentive received under JSY would be accounted towards maternity benefits so that on an average a woman gets ₹6000/-.

Eligibility

1. The applicant should be a Female.
2. The applicant should be Pregnant.
3. The applicant should be employed and experiencing wage-loss due to the pregnancy.
4. The age of the applicant should be at least 19 years.
5. The scheme is applicable only for the first live birth.

10 Ministry Of Health & Family Welfare

Rastriya Arogya Nidhi - Health Minister's Cancer Patient Fund

Details

The “Health Minister’s Cancer Patient Fund (HMCPF) within the Rashtriya Arogya Nidhi (RAN)” was set up in 2009.

It is a scheme to provide financial assistance to poor patients living below poverty line and suffering from cancer, for their treatment at 27 Regional cancer centers (RCCs).

Revolving Funds have been created in all the 27 Regional Cancer Centres (RCCs) and funds up to Rs. 50 lakhs will be placed at their disposal.

The financial assistance to a Cancer Patient up to Rs. 2,00,000/- (Rs. Two lakh only) is processed by the Institute/Hospitals concerned through the revolving fund placed at their disposal.

Individual cases, which require assistance of more than Rs. 2.00 lakh is to be sent to the Ministry for processing.

Benefits

Financial assistance of Rs. 2,00,000/- (Rs. Two lakh only) is provided towards treatment.

List of the treatments under this scheme -

- Radiation treatment of all kinds including Radio Therapy and Gama Knife Surgery/GRT/MRT/Brachytherapy.
- Anti-Cancer Chemotherapy with supportive medication including hormonal therapy.
- Bone Marrow Transplantation- Allogenic& Autologous
- Diagnostic Procedures- including PET scan.
- Surgery for operable malignant tumours.

Eligibility

Eligibility for Health Minister’s Cancer Patient Fund (HMCPF) within RAN :

The fund will provide financial assistance to patients, living below poverty line who is suffering from Cancer.

- Assistance is admissible for treatment in 27 Regional Cancer Centre(s) (RCC) only.
- Central Govt./State Govt. /PSU employees are not eligible for financial assistance from HMCPF.
- Grant from HMCPF would not be used where treatment /facilities for cancer treatment are available free of cost

11 Ministry Of Defence

Financial Assistance For Procuring Mobility Equipment To Disabled Ex-Servicemen (All Ranks)

Details

The scheme "Financial Assistance For Procuring Mobility Equipment To Disabled Ex-Servicemen(All Ranks)" by the Department of Ex-Servicemen Welfare of the Ministry of Defence, provide financial assistance for the procurement of modified scooter for those Ex-Servicemen (ESM), who are disabled after their retirement from service with disability of 50% or more. After their retirement, most of the ESMs continue to be engaged in physically challenging activities/work. Some of them unfortunately become handicapped due to accidents etc after their retirement and need mobility equipment such as modified scooters, crutches and wheelchairs to carry on with their life. To procure mobility requirements, the Kendriya Sainik Board (KSB) provides financial assistance to disabled ESMs from the Armed Forces Flag Day Fund (AFFDF).

Benefits

1. A financial assistance of a maximum of **₹ 1,00,000**.
2. The beneficiary can re-apply for new mobility equipment after the lapse of 10 years from the date of purchase of the previous equipment.

Eligibility

1. The applicant should be an Ex-Serviceman.
2. The applicant should be disabled after retirement from the service.
3. The percentage of the disability should be 50% or more.
4. The applicant should not be covered under a similar scheme of the Army/Navy/Air Force.
5. The application of the applicant should be recommended by the respective Zila Sainik Board (ZSB).
6. The applicant should be capable of personally utilizing the mobility equipment provided.

