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[HealthHospitalMedicalPatientSurgeryDetails](#) Launched on 15th August 2018, "Chief Minister Arogya Arunachal Yojana" is a flagship program of the Department of Health and Family Welfare, Government of Arunachal Pradesh. The scheme aims to accord quality and cashless healthcare services to the indigenous people of the state and government employees and reduce out-of-pocket (OOP) expenses during major illness and hospitalization, thereby envisaging universal healthcare for all sections of society.

**Objectives**To reduce the financial hardship on people in the state due to disease and hospitalization. To equitably ensure assured access to quality health care for all bonafide citizens of the state. To provide quality health care benefits for state government employees and their dependents. To make the public health system efficient, effective, and self-reliant by receipt of claim refunds into the individual government hospital accounts. To fulfill the secondary and tertiary health care gap in the state.

**Benefits**

- Coverage of up to ₹15,00,000 per family per year.
- Cashless treatments during hospitalization.
- Pre-existing diseases are inclusively covered.
- The scheme encompasses expenses for pre-hospitalization for up to 3 days.
- Post-hospitalization expenses for up to 10 days are covered.
- Hospitalization expenses include: Registration Charges, Bed Charges (General Ward), Nursing and Boarding Charges, Surgeons, Anaesthetists, Medical Practitioners, Consultants Fees, etc..
- Anaesthesia, Blood Transfusion, Oxygen, Operating Theatre (OT) Charges, Cost of Surgical Appliances, etc., Medicines and Drugs, Cost of Prosthetic Devices, Implants, etc., Pathology and Radiology Tests: Radiology to Include but Not Be Limited to X-ray, Magnetic Resonance Imaging (MRI), Computed Tomography (CT) Scan, etc., Diagnosis and Tests, etc., Food for the Patient.
- Pre and Post-hospitalization expenses encompass costs incurred for consultation, diagnostic tests, and medicines before the patient's admission to the hospital. Additionally, it covers the cost of diagnostic tests and medicines up to 10 days post-discharge for the same ailment/surgery.
- All other expenses related to the patient's treatment within the hospital are also covered.

**NOTE:** In the case the applicant has employment with the state government, the insurance program's benefits are also available to their dependents.

**Eligibility** The applicant should belong to one of the tribal communities that are recognized by the state of Arunachal Pradesh. The applicant should be legally residing in the Changlang, Lohit, or Namsai Districts of Arunachal Pradesh. The applicant should be a member of one of the backward communities. The people who are enrolled in the Arunachal Pradesh Scheduled Tribe (APST) are directly eligible. In the case the applicant has employment with the state government, the insurance program's benefits are also available to their dependents.

**Exclusions** Conditions That Do Not Require Hospitalization Hospitalization primarily for evaluation / diagnostic purposes Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease, illness or injury and which requires hospitalization for treatment. Congenital external diseases Fertility related procedures Drugs and Alcohol Induced illness Vaccination Suicide Persistent Vegetative State

**Application Process Online**

**Step 1:** Visit the Official Portal of CMAAY. **Step 2:** Scroll down to the bottom of the homepage. In the "Enrollment" section, click 'Apply Online'. **Step 3:** In the enrollment form, fill in all the mandatory fields, upload all the mandatory documents, and click "Submit". **Step 4:** Upon successful enrollment, the beneficiary can download the e-Card.

**i>Check Application Status**

**Step 1:** Visit the "Check Status" page of CMAAY. **Step 2:** Enter your District and your URN / Aadhaar Number. Click "Search".

**Documents Required**

Aadhaar Card. Birth Certificate in case of children under 5 years. Ration Card. For APST (Arunachal Pradesh Scheduled Tribe) - An APST Certificate is mandatory. For Non-APST - A Resident Certificate is mandatory. For Government Employees - A Government ID Card is mandatory. Permanent Land Holding Documents. Approved Enrollment Form.

**Frequently Asked Questions**

How much coverage is provided per family per year for hospitalization and surgical procedures? The scheme offers coverage up to ₹15 Lacs per family per year, with ₹1 Lac for secondary ailments and ₹4 Lacs for high-cost tertiary ailments. Can pre-existing conditions be covered under the Risk Cover? Yes, pre-existing conditions/diseases are covered under the Risk Cover, including hospitalization and follow-up care benefits. What expenses are included in the hospitalization expense benefits package? The package covers registration charges, bed charges (General Ward), nursing and boarding charges, surgeons' fees, and other associated costs. Is there coverage for diagnostic tests like X-ray, MRI, and CT Scan? Yes, radiology tests, including X-ray, MRI, CT Scan, etc., are covered under the pathology and radiology tests package. What is the duration of cashless services for the beneficiary? Cashless services are available to the beneficiary from reporting to up to 10 days after discharge from the hospital. Can medical and surgical packages be taken together for the same patient in the same hospitalization episode? No, medical and surgical packages cannot be taken together for the same patient in the same episode of hospitalization. What is the significance of complications in the context of the procedures? Complications are considered a part of the procedure, and they are covered under the policy. What are the exclusions under the policy regarding hospitalization purposes? Conditions not requiring hospitalization, hospitalization primarily for evaluation/diagnostic purposes, and dental treatments for cosmetic or aesthetic procedures are excluded. Is fertility-related procedures covered under the policy? No, fertility-related procedures are excluded from the policy coverage. Are drugs and alcohol-induced illnesses covered? No, illnesses induced by drugs and alcohol are excluded from the policy coverage. Is there coverage for mental disorders under the medical packages? Yes, mental disorders are covered under the Medical Packages, including Emergency Room Packages for care requiring less than 12 hrs stay. How is the unit of enrollment determined? A family is the unit of enrollment, and the head of the family can be either the husband or wife, based on the defined SECC Database. What is the specific coverage for high-cost tertiary ailments per family per year? The coverage for high-cost tertiary ailments is ₹4 Lacs per family per year under the Ayushman Bharat-National Health Protection Mission. Can beneficiaries claim benefits for pre and post-hospitalization expenses? Yes, beneficiaries can claim benefits for pre and post-hospitalization expenses, including consultation, diagnostic tests, and medicines. How are family units determined for enrollment? A family unit for enrollment is based on the SECC Database, and every family in the database is entitled to claim benefits under the mission. What is the duration covered for pre-hospitalization and post-hospitalization expenses? Pre-hospitalization expenses up to 3 days and post-hospitalization expenses up to 10 days are covered for all medicines and diagnostic tests for the same ailment/surgery. Are there specific specialties covered under the approved list of procedures? Yes, there is an approved list of procedures in 23 specialties, including Cardiology, Orthopedics, Urology, and Mental Disorders, among others.

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