



# Haryana Government Gazette

## EXTRAORDINARY

Published by Authority

© Govt. of Haryana

No. 127-2025/Ext.] CHANDIGARH, TUESDAY, JULY 22, 2025 (ASADHA 31, 1947 SAKA)

(To be substituted bearing same No. and date)

HARYANA GOVERNMENT

HEALTH DEPARTMENT

Notification

The 22nd July, 2025

No. 49/22/2025-6HB-II.—

**Extension of benefits of PMJAY-CHIRAYU scheme to families with certified annual income ranges above ₹1.80 Lakh and up to ₹3.00 Lakh and certain specified categories of workers**

\*\*\*\*\*

**1. Title and Date of Commencement**

- i The scheme shall be known as the “**Extension of benefits of PMJAY-CHIRAYU scheme to families with verified annual income ranges above ₹1.80 Lakh and up to ₹ 3.00 Lakh and certain specified categories of workers**”.
- ii The date of commencement of the scheme is from 01.11.2023.
- iii The scheme is completely cashless, paperless, transparent, digital and IT driven which-8747/0 provides free treatment to all eligible beneficiaries in empanelled public and private hospitals as per PMJAY guidelines.

**2. Definitions:**

- i “**AB-PMJAY**” shall mean Ayushman Bharat Pradhan Mantri Jan Arogya Yojana of Ministry of Health and Family Welfare, Govt. of India.
- ii “**AB-PMJAY CHIRAYU Card/ Golden Card**” shall mean the valid Ayushman Bharat Pradhan Mantri Jan Arogya card issued by the competent authority to all the eligible beneficiaries of the scheme while using IT platform of PMJAY, NHA GoI for availing the benefits of health coverage covered under the scheme in all the empanelled public and private hospitals.
- iii “**Beneficiary**” shall mean all the eligible families with verified annual income above ₹ 1.80 Lakh and up to ₹ 3.00 Lakh in PPP ID/ HPPA and certain specified categories of workers (Contractual employees of HKRNL, Chowkidars, Mid Day Meal Workers, Gramin Safai Karamcharis and other such workers and Lumberdars) with nominal contribution collection in the State.

- iv **“CHIRAYU”** shall mean Comprehensive Health Insurance for Antyodaya Units, an extension of AB-PMJAY benefits for the eligible State specific beneficiaries of Antyodaya families and certain specified categories of workers with nominal contribution collection in the State.
- v **“Nominal Contribution/ Registration fee”** means a nominal contribution / registration fee of ₹1500/- per family per annum.
- vi **“Day care”** shall mean indoor stay in the Hospital for less than 24 hours which is duly certified by the concerned Hospital.
- vii **“Empanelled Healthcare Provider (EHCP)”** means empanelled hospitals enlisted by State Health Authority (SHA) Haryana to provide medical services to the eligible beneficiary under the scheme.
- viii **“Health coverage”** shall mean provision of Health cover of ₹ 5.00 lakhs per family per year for secondary and tertiary care hospitalization for eligible beneficiary under the scheme.
- ix **“Health Packages”** means 2,200 treatment packages covering surgery, medical and day care treatment with cost of medicines and diagnostics included/ covered under the Scheme.
- x **“HPPA”** means Haryana Parivaar Pehchan Authority.
- xi **“PPP”** means Parivaar Pehchan Patra.
- xii **“PPP ID”** means registered Family ID in Parivaar Pehchan Patra issued by CRID/HPPA Haryana.
- xiii **“SHA”** means registered State Health Authority, Haryana
- xiv **“SECC-2011 beneficiaries”** shall mean beneficiaries of Socio -Economic Caste Census (SECC)-2011 data of Govt. of India.
- xv **“State Health Authority (SHA)”** refers to the agency/ body set up by the State Government for the purpose of coordinating and implementing the AB-PMJAY in the State. In said case, Ayushman Bharat Haryana Health Protection Authority (AB-HHPA) is the implementing authority of the scheme in the State.

### 3. Objective of the Scheme

The main objective of the scheme is to reduce out of pocket healthcare expenditure by providing healthcare benefits to all the eligible beneficiaries for indoor treatments & day care procedures through a network of Empanelled Health Care Providers (EHCPs) as defined in Health benefit packages of National Health Authority, GoI after successful receipt of nominal contribution / registration fee of ₹1500/- per family per annum.

### 4. Salient features of Scheme

- i The scheme is completely cashless, paperless, transparent, and digital and IT driven which enables free treatment to eligible beneficiaries in all empanelled public & private hospitals as per PMJAY guidelines.
- ii No cap on family size and age of entitled members.
- iii Around 2,200 treatment procedures covering surgery, medical and day care treatment with cost of medicines and diagnostics included.
- iv Treatment cost inclusive of investigations, 3 days prior to hospitalization and 15 days post-hospitalization expenses.
- v All pre-existing diseases are covered under the scheme.
- vi Eligible beneficiaries can avail services across India as the scheme has National portability benefits.
- vii There is a dedicated grievance redressal mechanism inbuilt in the scheme both at district and State level.

### 5. Registration and process flow:

- i A nominal contribution/ Registration fee of ₹1500/- per family per annum shall be collected for enrollment and card generation from the eligible beneficiaries under the scheme.
- ii The eligibility of the beneficiary is based upon eligible families with verified annual income above ₹ 1.80 Lakh and up to ₹ 3.00 Lakh in PPP ID of CRID Haryana in the State.

- iii The eligible beneficiary shall submit the registration fee through payment gateway.
- iv The SHA shall share the information of eligible beneficiaries with the details of successful payment with CRID Haryana and NHA, GoI for integration of the database.
- v Card generation activity to be undertaken by PMAMs in the public hospitals, CSC VLE operators in villages and CSCs and ASHA workers.
- vi Validity of the Ayushman Bharat card under the scheme shall be one year from the start date of activation of the card as per the table below:

**Table No. 1**

| <b>Name of the Scheme</b> | <b>Policy Period</b>      | <b>Opening of contribution collection period</b> | <b>Integration of data</b> |
|---------------------------|---------------------------|--------------------------------------------------|----------------------------|
| CHIRAYU Scheme            | 01 November to 31 October | 01 July to 30 September                          | 01 October to 31 October   |

The health benefits under the scheme shall be accessible to the enrolled beneficiaries starting 1st November only and shall continue till 31st October of next annual year. Portal for collection of nominal contribution shall be opened from 1st July to 30th September for start of benefits from 1st of November, i.e. start of policy period.

- vii Ayushman Bharat golden card number / PPP ID required at the time of admission in the empanelled hospitals.
- viii The empanelled hospitals would provide cashless treatment to the beneficiary as per the illness and available health benefit packages.
- ix The empanelled hospital would submit the claims along-with requisite documents after treatment of the eligible beneficiaries as per defined guidelines for payment from SHA Haryana.

#### **6. Financing of scheme**

This Scheme pertains to providing health care benefits to the eligible beneficiaries of the State. This Scheme shall be 100% financed by the State Government.

#### **7. State Implementation Unit (SIU):**

The State Implementation Unit comprises of an Operational Core Team headed by Chief Executive Officer of AB-HHPA with the support of Additional Chief Executive Officer/ Joint Chief Executive Officer along-with Executive Officers and their team members.

#### **8. District Implementation Unit (DIU):**

The District Implementation Unit at each district comprises of an Operational Team headed by Chief Medical Officer of Health Department with the support of District Nodal Officer and District Information Manager along-with PMAM.

SUDHIR RAJPAL,  
Additional Chief Secretary to Government Haryana,  
Health Department.