

Government Health Insurance Schemes and Their Benefits to The Indian Population: An Overview

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ABSTRACT

In today's scenario accelerating cost of health significantly impact the health of people and the populace creating a monetary burden on poor households. One of the key concerns while tackling healthcare disparities is out-of-pocket expenses (OOPE). Providing financial safety and provide universal coverage to the entire populace are the main goal of health schemes. Health policies in India are based on equity prioritising the needs of the poor and underprivileged. Likewise, there is a discrepancy in the consistency of information and knowledge regarding the scheme among the beneficiaries. A review was created to help medical and nursing professionals to gain comprehensive knowledge of various health schemes. We tried to give an overview of various health schemes including Ayushman Bharat Yojana, Aam Aadmi Bima Yojana (AABY), Pradhan Mantri Suraksha Bima Yojana (PMSBY), Rashtriya Swasthya Bima Yojana (RSBY), Central Government Health Scheme (CGHS), Employees State Insurance Scheme (ESIC), Employee Health Scheme and various state-level health schemes. include, Yeshasvini Health Insurance Scheme, Mahatma Jyotiba Phule Jan Arogya Yojana, Chief Minister Comprehensive Health Insurance Scheme, Mukhyamantri Amrutum Yojana, Karunya Health Scheme, Awaz Health Insurance Scheme, Telangana State Govt Employees and Journalist Health Scheme, Dr Ysr Aarogyastri Health Care Trust, Mukhyamantri Chiranjeevi Yojana, Rajasthan Government Health Scheme (RGHS), and Arogya Raksha.

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INTRODUCTION

Health has been declared a fundamental human right, as well as an important component of human resource development. Good health is considered a real asset to society's wealth because it not only increases human efficiency but also cut down private and public expenditures on illness and diseases. Healthcare services have been of great help in reducing the infant mortality rate, checking the crude death rate, keeping diseases under control and bringing a surge in life expectancy.^[1] Every government's predominant responsibility is to offer affordable and accessible healthcare to its residents by providing different health insurance services, enabling the common citizens to access these facilities when needed. Likewise, the Indian government has also launched a variety of health insurance schemes that have low premiums and offer a significant sum insured to make good healthcare available to all.

The government of India addresses the significance of Universal Health Coverage (UHC) in the twelfth 5-year plan, thereby introducing a work plan to achieve UHC for the 1.3 billion population of the country. The major principles of these plans are primarily based on providing low-cost, accessible and good-quality healthcare along with monetary protection to the people of the country.¹ According to the Health Insurance Association of America, health insurance is defined as "coverage that provides for the payments of benefits as a result of sickness or injury that includes insurance for losses from Accident, Medical Expense, Disability, or Accidental Death and Dismemberment". Such health insurance policies are usually offered every year.²

Over the years, the government of India has unveiled distinct projects to address healthcare-associated inequities in India. In 2005, the public healthcare system was revised and reframed as the National Rural Health Mission, and in 2013 it turned into National Health Mission.^{3,4} A project like Janani Suraksha Yojana and public-funded health insurance (PFHI) schemes such as Rashtriya Swasthya Bima Yojana (RSBY), had been also launched, to address health inequalities, improve health outcomes, and provide financial risk protection. Not only at the national level, but states have also sponsored health insurance (HI) schemes, most notably Karnataka's Vajpayee Arogyashree Scheme (VAS), Kerala's Comprehensive Health Insurance Scheme (CHIS), and Tamil Nadu's Chief Minister Health Insurance Scheme (CMHIS).⁴

Features and Benefits of Government Health Insurance Schemes

In comparison to private policies, government health insurance is inexpensive. Families in BPL status are also eligible for insurance benefits under this policy. The policy guarantees coverage for the underprivileged. The policy offers treatment in both private and public hospitals for better healthcare.

Need of the review: The primary mission of health insurance is to benefit the poor and the weak by providing better coverage and health services at lower costs whilst avoiding from overuse of approaches and technology in health care delivery.

The role and relevance of tax or social health insurance-based intervention have come to occupy a central stage in recent years in several countries that are undertaking measures to reform health systems. Many of these health-financing models are considered desirable to achieve universal coverage for its population. Most of the low-and middle-income economies till recently have depended on Out-Of-Pocket (OOP) payments of households, which are considered both inefficient and dreadful. As a consequence, OOP causes financial catastrophe and impoverishment of vulnerable households.⁵ A health insurance plan that is sponsored by the federal or country governments is known as a government health insurance programme.

Thus, there is a surplus of health insurance options available from the government for people below the poverty line. These can be utilized for the betterment of their health. This study "Government health insurance schemes and their benefits to Indian population: An overview" identify and provide information on various health insurance schemes in India.

Health schemes running in India are given below:

CENTRAL GOVT. HEALTH SCHEMES:

Ayushman Bharat Yojana:
(<https://mera.pmjay.gov.in>)⁶

Ayushman Bharat, or "Healthy India," is a nationwide project launched on September 23, 2018, by Prime Minister Narendra Modi with the aim of Universal Health Coverage (UHC). Ayushman Bharat is an initiative to provide comprehensive need-based health care. And to implement ground-breaking interventions to address health holistically (including prevention, promotion, and ambulatory care) at the primary, secondary, and tertiary levels. It takes a continuum-of-care approach, with two interconnected components:

i. Establishment of Health and Wellness Centres: They provide comprehensive Primary Health Care (CPHC), including both maternal and child health services and non-communicable diseases, as well as free essential drugs and diagnostic offerings.

ii. Pradhan Mantri Jan Arogya Yojana (PM-JAY): Offers poor and vulnerable families financial protection resulting from catastrophic health crises by giving yearly benefit cover of Rs. 500,000 per household. It covers all secondary care and most tertiary care treatments' medical and hospitalisation costs that include surgical, medical and day-care treatments, as well as medications, diagnostics, and transportation. In this scheme, there is no limit on family size or age to ensure that no one is left out. In public hospitals

and empanelled private hospitals, this scheme is cashless and paperless. Pre- and post-hospitalization expenses are also covered by this programme.

Aam Aadmi Bima Yojana (AABY):⁷

The Aam Admi Bima Yojana was launched on October 2, 2007. It is a social security scheme aimed at low-income families in India and gives benefits to payroll, such as fishers, car drivers, cobblers, and so on. This scheme provides financial assistance of Rs. 30,000/- in natural death, Rs. 75000/- in an accident, Rs. 37500/- in partial disability, and Rs. 75000/- in permanent disability.

The premium for the Aam Aadmi Bima Yojana is quite low, and the government pays half of the premium. LIC also provides this programme to BPL families under some vocational categories.

Eligibility: Age of 18 to 59 years, belonging to a Below Poverty Line (BPL) family, slightly over the poverty line families that are a part of any vocational category outlined in the programme, and a person belonging to a rural landless household.

Pradhan Mantri Suraksha Bima Yojana (PMSBY)⁸

The Scheme is open to people between the ages of 18 and 70 who have a bank account and agree to allow/join on auto-debt. Auto debt has to be done on or before May 31st for the coverage period of 1st June to 31st May on an annual renewal basis. Aadhar would be the main document form for KYC registration. The scheme provides coverage of Rs. 2 lakhs for accidental death and total disability and Rs. 1 lakh for partial impairment. The annual premium of Rs. 12 is to be deducted from the account holder's bank account in one payment via the 'auto-debit' facility. The programme is being offered by Public Sector General Insurance Companies (PSGICs) or any other general insurance company willing to offer the product on identical conditions with the requisite approvals and bank partnerships. *Application forms available at <https://jansuraksha.gov.in>*

Rashtriya Swasthya Bima Yojana (RSBY):⁹

In 2008, the Ministry of Labour and Employment of the Government of India established RSBY to provide health insurance to families residing below the poverty line (BPL). The goal of RSBY is to safeguard BPL households from economical liabilities attributable to medical emergencies, that need hospitalisation.

Unorganised sector workers and their families (up to five people) will be covered under this scheme. Under this scheme, a total of Rs. 30,000/- per annum will be covered. All covered diseases are treated without charge. Expenses for hospitalisation, covering the majority of frequent ailments and pre-existing conditions must be covered under this scheme.

Central Government Health Scheme (CGHS):¹⁰

The Central Government Health Scheme has been

providing comprehensive medical treatment to Central Government employees and retirees for the past six decades, with an enormous number of beneficiaries and an open-ended generous approach to health care provision. In reality, CGHS meets the healthcare needs of qualified beneficiaries by including all four pillars of India's democratic system: the Legislature, the Judiciary, the Executive, and the Press.

CGHS currently covers approximately 38.5 lakh people in 74 cities across India, with plans to expand to more locations in the future to enhance accessibility. Allopathic, Homoeopathic, and AYUSH medicine are used by CGHS to provide health care. Please check the official website at <https://cghs.gov.in> for additional information.

Employees State Insurance Scheme (ESIC):¹¹

Its motive is to protect 'workers,' as defined by the Employees' State Insurance Act of 1948, from the effects of sickness, maternity, disablement, and death caused by work-related injuries, as well as to provide medical care to insured persons and their families. The ESI Scheme applies to industries and other establishments with a minimum of 10 or more employees, such as hotels, restaurants, cinemas, newspapers, shops, and educational/medical institutions. With effect from August 1, 2015, ESI Corporation has extended the advantages of the ESI Scheme to workers employed on building sites. The ESIC scheme is financed by both Employers and employees in which the employer's contribution is 4.75 per cent of the wages paid to employees and the employee's contribution is 1.75 per cent of their wages. Employees who earn less than Rs. 137/- per day in daily wages are excused from contributing their part.

Initially, in 1952, the ESI Scheme was introduced in only two industrial centres in the country: Kanpur and Delhi but now Scheme is being implemented in over 843 locations throughout 33 states and union territories. The Act presently covers approximately 7.83 lakh factories and establishments across the country, with 2.13 crore insured persons/family units benefiting. So far, the number of people who have benefited from this scheme is around 8.28 crores.

ESIC 2.0: On July 20, 2015, Shri Narendra Modi, Hon'ble Prime Minister of India, introduced a series of ESIC health reform initiatives at Vigyan Bhawan in New Delhi. The Agenda of this **ESIC 2.0** was the online availability of Electronic Health Records for ESI Beneficiaries (Insured Persons and their Family Members). Abhiyan Indra Dhanush, includes VIBGYOR pattern of bedsheets during the week, i.e., to be changed every day, Medical Helpline No. 1800 11 3839 for emergency and seeking guidance from ESIC Hospitals' Casualty/Emergency and Special OPD for Senior Citizens all were the reforms of 'ESIC-2.0'.

Employee Health Scheme:¹²

At AIIMS, the E.H.S. (Department of Family Medicine) was formed on the model of the Central Government

Health Services to care for the institute's personnel and their dependents for preventative, promotive, and curative health care needs. A monthly EHS deduction of approximately Rs 650 is made from the employee's salary account.

STATE GOVT. HEALTH SCHEMES:

Yashasvini Health Insurance Scheme (Karnataka):¹³

On November 14th, 2002, former Karnataka chief minister S.M. Krishna launched the Yeshasvini Cooperative Farmers Health Care Scheme. This scheme provided medical and surgical treatments in more than 823 procedures. Across the state, it was implemented to cover workers in the lower and intermediate income groups, as well as individuals under the age of 75 years. Members of Cooperative Societies who have been members for at least three months are eligible to participate in the initiative. From May to June, all Cooperative Societies will be accepting new members and renewing existing members for the plan. Because this is a self-funded system, beneficiaries must pay a set amount of annual contribution each year, such as Rs. 300 for Rural Yeshasvini and Rs. 710 for Urban Yeshasvini. To apply for a Yeshasvini card online, go to <http://yeshasvini.kar.nic.in>. The scheme's advantages are available to the family of the principal member of the Rural Cooperative Society.

Mahatma Jyotiba Phule Jan Arogya Yojana (Maharashtra):¹⁴

It was the one of flagship health insurance schemes of the Maharashtra government. This scheme provides end-to-end cashless services for certain circumstances through a network of service providers in the public and private sectors. It was previously known as the Rajiv Gandhi Jeevandayee Arogya Yojana and was started on July 2, 2012, in eight districts.

On November 21, 2013, Rajiv Gandhi Jeevandayee Arogya Yojana expanded to 28 districts. On 1st April 2020, Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was started in Maharashtra in collaboration with Mahatma Jyot Rao Phule Jan Arogya Yojana and was implemented using a hybrid insurance and assurance model. Mahatma Jyotiba Phule Jan Arogya Yojana is fully funded by the Government of Maharashtra. Pradhan Mantri Jan Arogya Yojana is jointly funded by the Government of India and the Government of Maharashtra in a ratio of 60:40.

Chief Minister Comprehensive Health Insurance Scheme (Tamil Nadu)¹⁵

The Tamil Nadu government created the Chief Minister's Comprehensive Health Insurance Scheme to give medical insurance coverage to the state's poor residents. The applicant must have a government-issued family card and earn less than Rs.72,000 per

year. The benefits provided by this policy are in the form of cashless treatment. This scheme provides no reimbursement advantages. This system covers a total of 1,027 therapy procedures. It also includes 38 diagnostic procedures as well as 154 follow-up treatments. Sri Lankan refugees in camps are also eligible for treatment under this scheme, which has no income restrictions.

Eligible individuals enrol in this scheme by visiting the district kiosk at their local collectorate office. The income certificate, as well as the ration card, must be presented at the time of application. This plan received the 'e-India Jury Award' in 2012 for Best Practices in Health Insurance with IT-enabled solutions.

Mukhyamantri Amrutum Yojana (Gujarat):¹⁶

The Mukhyamantri Amrutum Yojana is a health insurance scheme introduced by the Gujarat government on September 4th, 2012. It is a comprehensive health insurance plan that covers the full medical situation, from diagnostic tests to post-hospitalization treatment. The Mukhyamantri Amrutam Vatsalya is a genuine blessing to the BPL family. The beneficiaries of this scheme are not required to pay any monetary amount for enrolling on this insurance premium. This is a completely state-funded scheme. ASHA workers get an incentive of Rs. 100/- for assisting BPL families to register under the schemes. Mega and General Health Camps are held every month at the district level, with the assistance of private and government-empanelled hospitals. Beneficiary family members should visit kiosks at Taluka or Civic Centres in their region to enrol in this scheme. To reach the greatest number of eligible families possible, the State Government has also implemented mobile kiosks at the local level. For enrolling in this scheme, address proof such as a ration card, identification proof such as an Aadhaar card, Voter ID card, Driving License, or PAN card, Below Poverty Line (BPL) Certificate, and Income Proof are required. MA Yojana also covers the following items:

Coverage	Benefits
Medical expenses	Rs. 5,00,000/- per family per annum
Travel charges	Rs. 300/- per hospitalization
Repatriation of remains	Rs. 6/- per kilometre from the hospital to the place of residence.
Additional benefits	All benefits of the PM-JAY package i.e., Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

Karunya Health Scheme (Kerala)¹⁷

The Government of Kerala's Karunya Health Scheme acts similarly to a critical illness insurance policy. People with major chronic conditions such as cancer, haemophilia, kidney disease, heart disease, and palliative care can benefit from this coverage.

The government provides medical benefits of up to Rs.2 lakh for the aforementioned health issues. Treatment benefits might be extended to Rs.3 lakh in rare cases of severe disease. The Kerala Lottery is

used to fund this scheme, and the money is directly given to the hospitals that have been approved.

Eligibility: Residents of Kerala who are below the poverty line and have their Aadhaar card and income certificate with them upon enrolling in this coverage are eligible.

Awaz Health Insurance Scheme (Kerala):¹⁸

Awaz Health Insurance is a healthcare scheme that provides health insurance and accidental death coverage to migrant workers working in Kerala. This is the first effort for migrant labourers. This programme was introduced in November 2017. However, the registration process for this plan began in December 2017. Under this scheme, medical treatment for any illness or injury up to Rs. 15,000 is covered. Accidental death coverage is restricted to Rs. 2 Lakhs. In the event of the death of an insured migrant worker, his or her beneficiary may file a claim for the insurance sum by producing proper death proof.

Telangana State Govt Employees and Journalist Health Scheme¹⁹

This Employees Health Scheme is designed to provide cashless treatment to State Government employees, pensioners, and dependent family members, replacing the existing medical reimbursement system with additional benefits such as post-operative care and treatment of chronic diseases that do not necessitate hospitalisation and treatment in empanelled hospitals. The Scheme is implemented by Aarogyasri Health Care Trust under the supervision of the State Government.

Financial Coverage: The government bears the entire cost of implementation, and no contributions will be collected from employees/pensioners. There will be no maximum limit on financial coverage, and the system would pay the patient's whole cost of treatment for the enumerated therapies.

Dr Ysr Aarogyasri Health Care Trust (Andra Pradesh)²⁰

Dr YSR Aarogyasri Health Insurance Scheme is unique in its application because no other State/government organisation provides universal health care to the poor. The patient has the option of selecting a hospital for treatment. To prevent misuse and fraud, the entire process is made transparent through web-based processing, from the time of health camp conduct to screening, diagnosis, treatment, follow-up, and claim settlement. The scheme supplements the facilities offered in government hospitals and, when combined, provides Universal Health Coverage to the BPL population, encompassing prevention, primary care, and in-patient treatment. All Primary Health Centres (PHCs), which serve as the first point of contact, Area/District Hospitals, and Network Hospitals, have Help Desks staffed by Vaidya Mithras to assist illiterate patients.

The package includes the following services:

- End-to-end cashless service provided by an NWH from the time a patient is reported until ten days after discharge medicines, including problems if any, up to thirty (30) days after release, for those patients who undergo a procedure "designated treatment (ies).
- Free OP evaluation for patients who may not receive treatment for the mentioned therapies.
- The scheme covers all pre-existing instances involving listed therapies.
- Transportation and food.

Mukhyamantri Chiranjeevi Yojana (Rajasthan)²¹

The Chiranjeevi Health Insurance Scheme provides cashless medical insurance of up to Rs. 5 lacks to all Rajasthan families. The scheme was introduced by Rajasthan Chief Minister Shri Ashok Gehlot during the state budget 2021-22. Benefits under the scheme will be available to all Rajasthan households who meet the eligibility conditions beginning May 1, 2021. Applicants must pay Rs. 850 per year to be eligible for the scheme's benefits.

Eligible: Permanent residents of Rajasthan, SECC 2011 registered households, all other families, NFSA card holders, small farmers, and all department Samvida staff are eligible.

Rajasthan Government Health Scheme (RGHS)²²

Through provisions under several Rules, Schemes, and Medical Insurance Policies, the Government of Rajasthan has provided medical facilities to Hon'ble MLAs, Ex-MLAs, State Government employees, and pensioners. All state-run hospitals, approved hospitals, and public-private partnership hospitals will be eligible to provide medical services under this scheme, subject to the rules and regulations. Treatment in Referral Hospitals will be permitted in the event of a serious emergency, but only after a proper referral from a competent authority.

OPD Treatment, Cashless Facility for IPD/day-care Services, Investigations at Government and Empanelled Diagnostic Centers, Family Welfare, Maternity and Child Health Services will all be provided under this scheme. On a family floater basis, new beneficiaries will be eligible for treatment up to Rs. 5.00 Lacs per year. The scheme will cover additional expenses connected to the hospitalisation of beneficiary members in any Government/Private empanelled hospital for catastrophic disease exceeding Rs. 5.00 Lacs per family per year.

Aarogya Raksha²⁰

By introducing "Aarogya Raksha," Andhra Pradesh became the first and only state in India to provide "Health for All," intending to deliver quality health to the whole population (APL and BPL) of the state. The patient chooses the hospital where he or she will be treated. To prevent misuse and fraud, the entire process is made public through web-based processing,

from the time health camps are held to screen, diagnosis, treatment, follow-up, and claim settlement.

Through 400 Government and Corporate Network Hospitals, end-to-end cashless services for designated 1059 diseases in secondary and tertiary care. Starting January 1, 2017, APL / BPL families can join in "Aarogya Raksha" by paying a one-year payment for the entire family of Rs.1200/- for individuals. Unlike previous insurance plans, pre-existing diseases will not be considered. The new-born can enrol in the Scheme by paying Rs.100/- each month for the remainder of the financial year. A newly married couple from another state, either the wife or the husband, can register as a single family by paying the entire annual payment.

DISCUSSION & CONCLUSION

In this article, we have seen the participation of the Government, committees, academicians, and civil society, health activists in setting up various health insurance schemes and universalization of healthcare services. NRHM serves health services in rural areas through decentralization, flexible financing, and community participation. RSBY protects the underprivileged from high hospitalization expenses.

The main concern in implementing health insurance schemes are lack of awareness and national wide coverage which remains very low in India in contrast to many countries such as Canada, Germany and Thailand have achieved very high nationwide coverage through their health insurance schemes. The Government, hospital authorities, health care workers, insurers and their agents should lay greater emphasis on giving more information to the population. In Health care workers, frontline workers like ASHA, ANM, and multipurpose health workers (MPW) should play an important role in increasing awareness about health insurance schemes.

In this article, the researcher deliberately explored the various health insurance schemes of central and state governments. Although the information about the health insurance schemes of India is available but is scattered manner. The researcher tried to bring all the valuable information on a single piece of paper to convert the available information into permanent knowledge.

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