

Landscaping state government employees' medical benefit schemes across 18 states in India

Rajesh Jha¹, Beauty Kumari²

Key messages

- While all states provide medical benefits to their employees, they vary widely regarding the definition of dependents, benefits package, annual risk cover, mode of financing and scheme administration.
- There is an increasing trend towards states migrating from self-managed scheme to insurance model.
- Increasingly, more states are opting for payroll contributions to partly finance the premium contributions in the insurance model. The contributions range from nominal monthly amount in Andhra Pradesh to almost 100 percent recovery of the premium in Kerala.
- There is a need for a national framework on scientifically designed benefits package with appropriate classification and coding, along a national reference pricing for states as useful resources for states.

Background

Pro-poor government-sponsored health insurance programs in India have significantly matured and expanded in the last two decades, both at the state and the national levels in India. Gradually, national policies are being shaped towards universal cover, expanding the population base and developing strategies for consolidation. Apart from the government schemes for the poor, both national and state governments predominantly finance their employees and dependents through generous health schemes that are relatively less documented. While the Central Government Health Scheme and the Ex-servicemen Contributory Health Scheme cover central government civil and defence services employees respectively, due to the sovereign nature of states in India, each state government has its own policy and scheme for protecting its employees, pensioners, and their dependents from out-of-pocket expenditure primarily on hospitalization and in some instances on outpatient care.

In the absence of a national guideline or a framework on such schemes' technical and administrative design, the medical reimbursement or insurance cover practices across states have evolved organically, with limited or no documentation of practices and no platform for cross-learning. The practices are highly fragmented in terms of overall scheme design, benefits package, financing, and administration. While states are in their right to determine and shape

¹ Executive Director, Center for Health Policy, Asian Development Research Institute

² Policy Analyst, Center for Health Policy, Asian Development Research Institute

their schemes based on their local political economy factors, a central guiding framework may help inform local decisions to bring in greater efficiency in the use of public resources.

This paper aims to fill the existing information gap by landscaping the state government employees' and pensioners' medical benefits across 18 Indian states.

Methodology

Method: The analysis is based on desk review of publicly available documents, government orders, official press releases, guidelines, frequently asked questions (FAQs), and other details available on websites of 18 Indian state governments. Content analysis was done on five parameters, namely (i) eligibility for the scheme; (ii) benefits package; (iii) annual risk cover; (iv) mode of administration; and (v) financing of the scheme. Additionally, the authors also reviewed newspaper articles of government officials and news articles related to the medical benefits of state government employees.

Sampled States: This paper covers 18 states: Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Haryana, Karnataka, Kerala, Madhya Pradesh, Meghalaya, Mizoram, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Uttarakhand, Uttar Pradesh, and West Bengal.

Limitation of the study: While attempt has been made to review almost every available document related to the state government employees' health insurance schemes, there may be a possibility that follow-up notifications might not have been included while scanning through the government websites.

Key Findings

Eligibility

Eleven out of 18 states provide medical benefits to both serving employees and pensioners, including their dependents. The remaining seven states offer only a fixed monthly allowance to the pensioners for meeting their hospitalization expenses. This monthly allowance is usually a part of their fixed pension. Table 1 provides the list of states by the type of people who are covered.

Table 1: Serving employees and pensioners: who are covered by which state

Beneficiaries	States
Serving employees and their dependents	Arunachal Pradesh, Bihar, Karnataka, Madhya Pradesh, Sikkim, Tamil Nadu, West Bengal
Both (employees, pensioners, and their dependents)	Andhra Pradesh, Assam, Haryana, Kerala Meghalaya, Mizoram, Punjab, Rajasthan, Telangana, Uttarakhand, Uttar Pradesh

There are variations across states in how dependents are defined and included. Across the states, dependents include spouse, children, and parents. However, each state has its specific definition for dependents. For instance,

- a. In Haryana and West Bengal, dependents' income should not exceed Rs 3500 per month.
- b. Siblings are included as dependents by three of the 18 states (Arunachal Pradesh, Sikkim, and West Bengal).
- c. Few states cover step-parents. While Assam and Meghalaya include both the step-parents, only step-mother is included in Arunachal Pradesh and Karnataka. Andhra Pradesh and Telangana include adoptive parents as well.

Interesting differences were observed across states in how they have defined dependent children. Eight states (Andhra Pradesh, Assam, Haryana, Karnataka, Madhya Pradesh, Meghalaya, Mizoram, and West Bengal) cover legally adopted children and step-children residing with and wholly dependent on the employed government servant as dependents.

- a. While children are usually covered up to the age of 25 or till their marriage, Sikkim, Assam, Rajasthan (Raj Mediciclaim policy), and Karnataka include variations.
- b. Sikkim treats unemployed unmarried male children up to 30 years of age as a dependent. For unmarried and unemployed female children, there is no age bar.
- c. Rajasthan (under Raj Mediciclaim Policy) scheme covers two children up to 21 years.
- d. The scheme in Karnataka does not restrict the age group and children until they are fully dependent on the government servant.
- e. Besides, only eight out of 18 states explicitly include children with a disability which renders them unfit for employment. Kerala, Rajasthan, and Uttarakhand include physically and mentally children of any age as dependents.
- f. Mizoram covers only sons with disability³.

Siblings are included as dependents only in three states: Arunachal Pradesh, Sikkim, and West Bengal. While Arunachal Pradesh and West Bengal cover brothers and sisters until they are minor, Sikkim covers unmarried and unemployed biological brothers and/or sisters up to 30 years. Haryana, Arunachal Pradesh, and West Bengal also cover widowed sisters and widowed daughters.

Only one state explicitly limits the number of dependents. None of the states limit the number of dependents except Sikkim. Sikkim limits the number of dependents to five per family.

Benefits package

In lieu of OPD, employees of all the states, except Rajasthan, Sikkim, and Uttarakhand, get a monthly medical allowance. In Sikkim, the state government reimburses the OPD

³ The Mizoram Gazette No. D. 12015/I/02-FEA dared 14 August 2017 available at https://printingstationery.mizoram.gov.in/uploads/gazette/gazette_3417_59acfb093df68.pdf

medical care bills of its employees. Rajasthan is the only state that has introduced the cashless facility for OPD (planned to have launched in October 2021). Day care facility is provided by Haryana, Punjab, Rajasthan, Sikkim, Tamil Nadu for select procedures.

Additionally, seven states provide reimbursement for OPD expenses pertaining to chronic diseases. Andhra Pradesh provides outpatient treatment for 25 pre-defined long-term (chronic diseases) in notified government hospitals. Punjab, Assam⁴, Bihar⁵, and Meghalaya cover OPD expenses for listed chronic conditions which require ongoing treatment without hospitalization.

While all 18 states provide cover or reimbursement for in-patient hospitalization expenses, only nine of them have explicit benefit packages (Table 2). Sikkim does not specify detailed procedures but has a list of broad specialties covered under the benefits. Rajasthan has meticulously defined benefit package for various categories of employees and pensioners as per conditions laid down under the respective rules/schemes such as Rajasthan Civil Services (Medical Attendance) Rules, 2013, Rajasthan State Pensioners' Medical Concession Scheme, 2014, and Raj Mediclaim Policy. The remaining states cover all in-patient procedures, subject to defined exclusions.

Table 2: Number of procedures under benefits package: how many treatment procedures covered

Si. No.	States	Treatment Procedures
1	Andhra Pradesh	1935 procedures under the specified category name
2	Arunachal Pradesh	1300+ procedures under 23 specialties
3	Haryana	1340 procedures
4	Karnataka	1068 procedures covering 07 specialties
5	Kerala	1920 packages across 30 specialties
6	Madhya Pradesh	460 procedures (approx.) under 13 specialties
7	Tamil Nadu	203 medical and surgical procedures under 24 broad specialties.
8	Telangana	1885 procedures
9	West Bengal	1008 treatment procedures (approx.) across 35 specialties

Only seven states have an explicitly defined exclusion list. Exclusions mostly pertain to dental treatment, corrective/cosmetic/aesthetic surgery, self-injuries in a few states (Arunachal Pradesh, Andhra Pradesh, Punjab, Sikkim, Rajasthan), childbirth (Bihar), fertility-related procedures (Arunachal Pradesh, Andhra Pradesh, Tamil Nadu), and vaccination (Andhra Pradesh, Arunachal Pradesh, Bihar, Karnataka, Madhya Pradesh, Punjab, Rajasthan, Sikkim). Assam excludes pyorrhoea and gingivitis (dental treatment).

Pre- and post-hospitalization coverage is provided by a limited number of states. Details are furnished in table 3 below.

⁴ If a patient suffers from health disease/kidney disease/high blood pressure and neurological problem etc. where hospitalisation is not required but constant treatment /check-up is necessary, with consumption of drugs regularly, as outdoor patient, the expenditure is reimbursable.

⁵ T.B, Cancer, Leprosy, Post-treatment expenses related to kidney transplantation and surgery

Table 3: Pre & post hospitalization (days) covered under different states

Sl. No.	State	Days	
		Pre-hospitalization	Post-hospitalization
1	Arunachal Pradesh	3	10
2	Karnataka	0	10
3	Kerala	15	15
4	Punjab	7	30
5	Sikkim	0	30

Only two states provide reimbursement for the following services post hospitalization. Andhra Pradesh and Haryana offer reimbursements for follow-up services for indoor treatment. Andhra Pradesh provides it for one year through fixed packages of 170 listed procedures, and Haryana provides it as per the discharge summary.

Two states cover ambulance expenses as well. Rajasthan and Sikkim. Sikkim provides up to Rs 3500 per hospitalization to a maximum of three times a year for transportation.

Risk Cover

Eleven of 18 states provide unlimited risk cover. Andhra Pradesh offers a variation where the risk cover is limited to Rs 200,000 per episode of illness with no limit on the number of episodes per year, except for cases where predetermined package rates are above Rs 200,000. This effectively brings Andhra Pradesh into the unlimited-cover state club. These 11 states are Assam, Bihar, Haryana, Karnataka, Madhya Pradesh, Mizoram, Meghalaya, Telangana, Uttar Pradesh, Uttarakhand.

Annual risk cover in the remaining six states varies between Rs 100,000 in West Bengal and Rs 10,00,000 in Tamil Nadu. These states offer interesting variations in terms of basic risk cover and the top-up cover (catastrophic illness cover). See Table 4 below.

Table 4: Hospitalization risk cover for employees of different state government

States	Annual basic cover (in Rs)	Catastrophic illness cover (in Rs)	Other details
Arunachal Pradesh	Rs 500,000 per annum	-	-
Haryana	Rs 500,000 per annum	-	This is a cashless cover for six life-threatening conditions. ⁶
Kerala	Rs 300,000 per annum	Corpus fund of Rs 35 crores for 3 years for catastrophic illnesses.	Rs 3 lakh per annum on a family floater basis for a block period of 3 years. Of this, Rs 1.5 lakhs is fixed each year, and the remaining Rs 1.5 lakhs can be availed on a floater basis each year. The fixed part will lapse at the end of each year, and the floater

⁶ Six life threatening conditions: cardiac emergency, accidents, third and fourth stage cancer, coma, brain haemorrhage and electrocution.

		12 catastrophic packages, with the highest package rate at Rs 20 lakh.	amount can be carried forward to the subsequent years of the 3-year period.
Punjab	Rs 300,000 per annum through insurance. Higher amounts through a mix of insurance and reimbursement.	-	There is no mention of catastrophic illness. Claims above Rs 3 lakhs shall be paid out of a buffer fund of Rs 25 crore to be made provided by the Insurer. Once the buffer sum insured is exhausted, employees will get reimbursed through the treasury route as per the existing medical reimbursement policy.
Rajasthan	Rs 500,000 per annum	Rs 500,000 per annum	-
Sikkim ⁷	Rs 10,00,000 per annum	Rs 500,000 per annum	Rs 100,000 for secondary care and Rs 400,000 for tertiary care (as defined under the benefit package list)
Tamil Nadu	Rs 10,00,000 for a block of 4 years	-	
West Bengal	Rs 100,000 per annum		Cashless up to Rs 100,000. Amounts above Rs 100,000 can be reimbursed, subject to approvals.

Mode of Administration

Kerala, Punjab, and Tamil Nadu are the only states that manage their employee health benefits through the insurance route, while few other states are in the process of exploring the insurance route. In the last few years, managing employee health risks through the insurance route appears to gain popularity. Records reveal that Assam is in the process of contracting insurance companies. Assam is in the phase of launching Assam Employee Health Assurance 2021, which will be implemented by the insurance company and will cater to 4.3 lakh state government employees.⁸ Newspaper reports indicate Madhya Pradesh and Uttar Pradesh are also exploring the insurance route, but no confirmed information was available on the state government websites. One newspaper report states that Madhya Pradesh Mukhya Mantri Karmachari Swasthya Bima Yojana received cabinet approval in January 2020.⁹ Likewise, the Uttar Pradesh government appears to be in the process of launching a cashless scheme titled Pandit Deendayal Upadhyay State Employees Cashless Medical Scheme^{10,11} amending the Uttar Pradesh (UP) Government Servants Rules 2016. Still, no information is available in the public domain on any UP government website.

Four of the 18 states manage their employee benefits through the Trust route. These trusts were historically set up either to manage the state-sponsored health insurance schemes for different population groups or the Pradhan Mantri Jan Arogya Yojana and have now also

⁷ Sum assured cannot be clubbed.

⁸ <https://pmmodiyojana.in/employee-health-assurance-scheme/>

⁹ https://www.business-standard.com/article/pti-stories/mp-govt-starts-health-insurance-scheme-for-staff-120010500663_1.html

¹⁰ <https://www.newsnr.com/national/uttar-pradesh-gift-of-cashless-treatment-to-28-lakh-government-employees-of-up-yogi-government-started-scheme/>

¹¹ <https://www.jansatta.com/utility-news/28-lakh-employees-will-get-the-benefit-here-as-pandit-deendayal-upadhyay-cashless-medical-scheme-approved/1984120/>

assumed the mandate of administering state government employee medical benefits. These states are Andhra Pradesh, Arunachal Pradesh, Karnataka, and Telangana.

The remaining 11 states manage the benefits through different government departments/agencies. West Bengal and Kerala have a Medical Cell / Insurance Cell under Finance Department for managing employee health risks. The Health Department manages the scheme in Uttarakhand, and Sikkim takes care of it. Rajasthan has a State Insurance and Provident Fund Department. For state-wise details, refer to Annex 1.

Financing

In 12 out of 18 states, the medical benefits of government employees are fully tax-financed. The remaining six states have compulsory payroll contributions that are nominal.

Table 5: Mode of Financing

Financing	States
Fully tax-financed (non-contributory)	Bihar, Meghalaya, Uttar Pradesh, West Bengal, Punjab, Assam, Telangana, Arunachal Pradesh, Haryana, Mizoram, Rajasthan (Raj Mediclaim), Karnataka ¹²
Payroll contributions – Predominantly tax-financed	Rajasthan (RGHS), Sikkim ¹³ , Tamil Nadu, Andhra Pradesh, Uttarakhand
100% payroll contribution	Kerala

Compulsory payroll contributions across states are either based on pay grade or a fixed amount across grades. While Andhra Pradesh (table 7), Rajasthan (tables 6), and Uttarakhand (follow CGHS grade-based contribution pattern) have grade-based payroll contributions, the contribution in Sikkim (Rs 200 per individual per month), Tamil Nadu (Rs 300/month), and Kerala (Rs 500 per month) are regressive as they are fixed across the grades. In Tamil Nadu, in addition to the monthly fixed contribution, each beneficiary has to contribute Rs 5 per month for creating a non-lapsable corpus with an estimated annual accrual of Rs 5.6 crore for meeting expenditure for rare catastrophic illnesses with expenses up to Rs 20 lakh.

Table 6: Monthly payroll contribution of government employees: Rajasthan

Pay grades	Monthly payroll contribution for those appointed	
	before 1-1-2004	after 1-1-2004
Up to Rs. 18,000	Rs 265	Rs 135
Rs 18,001- Rs 33,500	Rs 440	Rs 220
Rs 33,501- Rs 54,000	Rs 658	Rs 330
Rs 54,000 and above	Rs 875	Rs 440

¹² 100% subsidy. However, Upper limit is fixed for procedures requiring implants, stents etc., exceeding which the difference of cost will be borne by the beneficiaries.

¹³ Monthly deposit of (e.g. for 5 dependents and one employees it will be 6* Rs 200= Rs 1200 per month)

Table 7: Monthly payroll contribution of government employees & pensioners: Andhra Pradesh

Pay grades	Monthly payroll contribution
Slab A (employees with Pay Grades from I to IV)	Rs 225
Slab B (employees with Pay Grades from V to XVII)	Rs 225
Slab C (employees with Pay Grades from XVIII to XXXII)	Rs 300

Twelve states out of 18 have adopted cashless facility, with five of them having reimbursement option as well. Realizing the inefficiency or problem associated with the medical reimbursement system, many state governments have replaced it with cashless system. Five states have both cashless and reimbursement facilities. Haryana, Punjab, Rajasthan, Uttarakhand, and West Bengal have reimbursement and cashless facilities based on capping and medical procedures. While Haryana provides cashless for only six life-threatening conditions (cardiac emergency, accidents, third and fourth stage cancer, coma, brain, hemorrhage, electrocution), West Bengal covers cashless medical facilities up to Rs 1,00,000 (Rupees one lac) per indoor treatment beyond which is paid through reimbursement. On the other hand, Punjab has an annual cashless coverage up to Rs 3 Lakhs annually, above which claims are paid through the buffer sum (Rs 25 crore) available for each employee through reimbursement by insurer/TPA.

Furthermore, States like Assam, Madhya Pradesh¹⁴, and Uttar Pradesh are in the process of introducing cashless treatment for both employees, pensioners, and their dependents. Table 8 below gives the overview of states which provide cashless and reimbursement facilities.

Table 8: Mode of Access to Employees benefits related to Health

Cashless Facility	Reimbursement	Both (cashless and reimbursement)
7 states	6 states	5 states
Andhra Pradesh, Arunachal Pradesh, Karnataka, Kerala, Sikkim, Tamil Nadu, Telangana	Assam, Bihar, Madhya Pradesh, Meghalaya, Mizoram, Uttar Pradesh	Haryana, Rajasthan, West Bengal, Punjab, Tamil Nadu (reimbursement for emergency treatment in non-empanelled hospitals), Uttarakhand

Policy considerations

A review of the state government employee medical benefits schemes across 18 states reveals wide variations in scheme design and functional architecture. Variations are striking in cases of how benefits packages are designed. The absence of a national reference framework on coded benefits packages and scientifically estimated national reference price make the task more challenging for states, especially those with a relatively weaker capacity for managing health insurance programs. The fragmented design landscape that emerges from this analysis

¹⁴ YojanaHindiPM. MP Karmachari Swasthya Bima Yojana. YojanaHindi. [cited 2021 July 20]. Available from: <https://www.yojanahindipm.in/mukhyamantri-karmchari-swasthya-bima-yojana/>

leads to a few important policy considerations for state governments and the national government vis-à-vis its role in shaping policies and capacities for universal health coverage.

States should consider including preventive care packages to reduce costs for more expensive curative care. Currently, none of the state schemes have any provision for preventive care. Mandatory prevention check-ups will also contribute to employees' overall well-being and good health. The Government of India (GoI) could provide a lead in developing preventive care package templates for states to adapt and adopt as required.

States still following the reimbursement model should migrate to a cashless scheme design to improve employee satisfaction and operational efficiency. The administrative cost of processing manual claims, the delays in claim reimbursement, and the unlimited financial risk of states make the system inefficient and unsustainable over time.

States may benefit from efficiency gains by converging their state employee scheme with other pro-poor government-sponsored health insurance schemes. If political economy considerations restrain the convergence of schemes at the policy level (benefits package design and risk cover), operational convergence should be prioritized. Operational convergence would imply a common state-level agency for administering all schemes, following similar provider empanelment processes, using the same technology infrastructure and uniform systems to monitor and audit all schemes. Since Pradhan Mantri Jan Arogya Yojana (PMJAY) of the GoI has a pan-India presence, the National Health Authority (NHA) could advocate with state governments the need for converging health schemes at the state level. The NHA could play the role of a mentor and a capacity development agency for states that are willing to take on this convergence agenda.

States should shift from the regressive contributory scheme. Employee contributions should be linked to their pay grades.

Institutional capacity is an essential consideration for choosing between an insurance model and a self-managed scheme. State's choice between insurance or trust route of managing employee health benefits scheme should be guided by existing capacity and the fiscal space to absorb risks. State capacities in managing medical reimbursement and insurance programs are varied. While states like Andhra Pradesh, Karnataka, and Tamil Nadu have extensive experience in insurance, Bihar and Uttar Pradesh are at the other end of the spectrum. Continuing to directly manage employee reimbursement schemes has significant institutional capacity implications that need to be realistically assessed while making an informed decision in this regard.

Competing interests

The authors declare they have no competing interests.

Authors' affiliations and contributions



Rajesh Jha (RJ) is the Executive Director of the Center for Health Policy at the Asian Development Research Institute.

Beauty Kumari (BK) works as Policy Analyst at the Center for Health Policy at the Asian Development Research Institute.

Funding

This work was supported through a grant to ADRI from the Bill and Melinda Gates Foundation.

Preferred Citation

Jha R, K Beauty. *Landscaping state government employees' medical benefit schemes across 18 states in India*. Health Policy and Financing Working Paper Series: Asian Development Research Institute, 2022; 01/2022.

**Annexure 1:
Salient features of state government employee medical reimbursement/insurance schemes**

Scheme name	Beneficiaries	Annual Risk coverage (in Rs)	Mode of administration	Financing	Cashless/ Reimbursement
1. Andhra Pradesh					
Employees Health Scheme	Employees, pensioners of the state government and their dependent family members	<ul style="list-style-type: none"> Rs2 lakh per episode of illness with no limit on the number of episodes. The limit of Rs 2 lakhs will not apply in cases where predetermined package rates are above Rs.2.00 lakhs 	Dr. YSR Aarogyasri Health Care Trust	<p>The Government will bear 50% of the total amount 50% by the employee/pensioner contribution.</p> <p>The monthly contribution will be Rs.225/- (for Slab A consisting of employees with Pay Grades from I to IV, and Slab B consisting of employees with Pay Grades from V to XVII) and Rs.300/- (for Slab C consisting of employees with Pay Grades from XVIII to XXXII).</p>	Cashless
• 2. Arunachal Pradesh					
Chief Minister Aarogya Arunachal Yojana (CMAAY)	<ul style="list-style-type: none"> State government employees and their dependents. Arunachal Pradesh Scheduled Tribe(APST) members Non-APST residents of Changlang, Lohit, Namsai possessing Resident Certificate(RC) who are people with permanent land holding documents Excludes: Natives of Arunachal Pradesh working for Public Sector Undertakings (PSUs) and Central Govt. 	Rs 5 lakh	Chief Minister Arogya Arunachal Society	100% tax-funded	Cashless

Scheme name	Beneficiaries	Annual Risk coverage (in Rs)	Mode of administration	Financing	Cashless/ Reimbursement
3. Assam					
Assam Medical Attendance Rule, 2008	State government employees and their dependents	Unlimited	State government departments	100% tax-funded	Reimbursement
4. Bihar					
Bihar Medical Attendance Rule	Present state government employees and their family members	Unlimited	State government departments	100% tax-funded	Reimbursement
5. Haryana					
Limited Cashless Medical Facility	State government's employees, pensioners/family pensioners, and their dependents	Rs 5 Lakhs annually	Health Department and Finance Department	100% tax-funded	Cashless only for six life-threatening conditions, namely cardiac emergency, accidents, cancer stage 3rd and 4th, Coma, Brain, Haemorrhage, Electrocutation
Reimbursement Policies	State government's employees, pensioners/family pensioners and their dependents	Unlimited	Respective government departments	100% tax-funded	Reimbursement
6. Karnataka					
Jyothi Sanjeevani Scheme	Government employees and their dependants	Unlimited. However, the upper limit is fixed for procedures requiring implants, stents, etc., exceeding which the beneficiaries will bear the cost difference.	Suvarna Arogya Suraksha Trust	100% tax-funded	Cashless, except in the following cases;(i) where the beneficiary opts/desires higher implants, stents, prosthesis, etc., which are costlier than the ones included in the benefits package and(ii)

Scheme name	Beneficiaries	Annual Risk coverage (in Rs)	Mode of administration	Financing	Cashless/ Reimbursement
					where the beneficiary opts for superior wards other than the one for which they are entitled. In the circumstances mentioned above, the beneficiaries shall bear the additional cost.
7. Kerala					
Medical Insurance for State Employees and Pensioners (MEDSEP)	“All serving employees of the State Government including the High Court of Kerala who are covered under the existing Kerala Government Servants Medical Attendant Rules [KGSMA Rules, 1960] and pensioners. This also includes newly recruited employees and their families, part-time contingent employees, part-time teachers, teaching, non-teaching staff of aided schools and colleges and their family and pensioners and their spouses and family pensioners on a compulsory basis, and all Civil Service officers serving under the Government of Kerala on an optional basis.” ¹⁵	Rs 3 lakh per annum on a family floater basis for a block period of 3 years. Of this, Rs 1.5 lakhs is fixed each year, and the remaining Rs 1.5 lakhs can be availed on a floater basis each year. The fixed part will lapse at the end of each year, and the floater amount can be carried forward to the subsequent years of the 3-year period. Plus, a corpus fund of Rs 35 crores for 3 years for catastrophic illnesses.	Insurance	Annual premium of Rs 4800 plus GST to be paid to the insurance company per employee/pensioner enrolled. 100% recovery from the beneficiaries: at the rate of Rs 500 per month by deduction from the monthly salary of employees and gross entitlement of pensioners.	Cashless
8. Madhya Pradesh					
MP Medical Attendance Rule	State government employees and their dependents.	Unlimited	Health Department and	100% tax-financed	Reimbursement

¹⁵ <https://medisep.kerala.gov.in/home.jsp>

Scheme name	Beneficiaries	Annual Risk coverage (in Rs)	Mode of administration	Financing	Cashless/ Reimbursement
			Finance Department		
9. Meghalaya					
Medical Reimbursement	Serving state government employees, pensioners, and their dependent family members	Unlimited	Health Department	100% tax-financed	Reimbursement
10. Mizoram					
Reimbursements for medical assistance of the State government employees	State government's employees and their dependents	Unlimited	Respective government department	100% tax-financed	Reimbursement
11. Punjab					
Punjab Government Employee and Pensioners Health Insurance Scheme	All the Government serving employees, pensioners, and their dependents on a compulsory basis. Voluntary enrolment: serving and ex- MLAs and serving and ex-judicial officers, including judges of Punjab & Haryana High Court.	Rs 3 lakh per annum. Once Rs 3 lakhs cover is exhausted, any medical expenditure will be paid through a central buffer sum (Rs 25 crore).	Insurance. MD India Healthcare Services (TPA) Pvt. Ltd	100% tax-financed	Cashless
12. Rajasthan					
Rajasthan Government Health Scheme (RGHS)	State government employees, pensioners, and their dependents <i>Others include:</i> Ministers, All India Service Officers, MLAs & Ex-MLAs, Serving & Retired Judicial officers, Serving Government employees (whether covered under old or new pension scheme), and pensioners/family pensioners. Also, this scheme will be applicable for the	Rs 5 lakh per annum + Rs 5 lakh for catastrophic illness.	State Insurance & Provident Fund Department (nodal department) + Finance (Insurance) Department shall be the administrative	Contributory: Pay-grade linked subscription ranging between: <i>For employees appointed before: 1 January 2004:</i> Rs 265 per month and Rs 875 per month <i>For employees appointed on or after: 1 January 2004:</i> Rs 135 per month and Rs 440 per month	Cashless

Scheme name	Beneficiaries	Annual Risk coverage (in Rs)	Mode of administration	Financing	Cashless/ Reimbursement
	employees and pensioners of Autonomous Bodies, Boards, Corporations, etc.		department for the scheme. ¹⁶		
13. Sikkim					
Su-swasth Yojana (Employee Health Service Scheme of the Govt. of Sikkim)	State government regular employees and their dependent family members (maximum five dependents)	Rs 10,00,000 per annum OPD medical care can be availed using the current OPD bills submission and reimbursement system.	Department of Health and Family Welfare Department, Government of Sikkim	Contributory: Monthly deposit of Rs 200 per individual (e.g., for 5 dependents and one employee, it will be 6* Rs 200= Rs 1200 per month)	Cashless
14. Tamil Nadu					
New Health Insurance Scheme	Employees of the state government departments, state public sector undertakings, statutory boards, local bodies, state government universities, and their eligible family members	Rs 10 lakhs/family for the block period of four years	Insurance: United India Insurance Company Limited, Chennai	Contributory: Rs 300 per month for all employees and pensioners	Cashless
15. Telangana					
Employee and Journalist Health Scheme	Employees, journalists, pensioners of the State Government and their dependent family members	Unlimited	Dr. YSR Aarogyasri Health Care Trust	100% tax-financed	Cashless
16. Uttarakhand					
State Government Health Scheme	Employees, pensioners and their dependents Includes state public sector undertakings, autonomous bodies, local bodies, and aided institutions and universities.	Unlimited	State Health Authority, Uttarakhand	Contributory Rs 250 to Rs 1000 as premium contribution depending on pay grade following the CGHS contribution pattern ¹⁷	Cashless + reimbursement option as well

¹⁶ <https://rghs.rajasthan.gov.in/notification9april.pdf>

¹⁷ https://sha.uk.gov.in/ScannedDocs/WebSite/Uploads/SGHS_GOVT/SGHS%20GO%20dated%202004.05.2020.pdf

Scheme name	Beneficiaries	Annual Risk coverage (in Rs)	Mode of administration	Financing	Cashless/ Reimbursement
17. Uttar Pradesh					
Uttar Pradesh Government Servants. (Medical Attendance) (Second Amendment) Rules, 2016	State government employees, pensioners and their dependents	Unlimited	Health Department	100% tax-financed	Reimbursement
18. West Bengal					
West Bengal Health for All Employees and Pensioners Cashless Medical Treatment Scheme, 2014	State government employees, state government pensioners, and their families	Cashless indoor treatment facilities up to Rs 1,00,000/-per indoor is available provided treatment done in Private Empanelled Hospitals. Reimbursement of indoor treatment costs beyond Rs 1,00,000/-is also available subject to submission of the claim to the concerned drawing and disbursing officer.	Medical Cell under Finance Department	100% tax-financed	Cashless Medical Facilities up to Rs 1,00,000 (Rupees one lac) per indoor treatment. Reimbursement of the claim over and above cashless claim of Rs 1,00,000



Annex 3:
Links to websites of different states for further information on the government employee schemes

1. **Andhra Pradesh:** Employees Health Scheme: <https://www.ysraarogyasri.ap.gov.in/ehs>
2. **Arunachal Pradesh:** Chief Minister's Arogya Arunachal Yojana: <https://cmaay.com/Hospitalization.aspx>
3. **Assam:** Assam Employees' State Insurance (Medical Benefit) Rules, 1958: <https://www.latestlaws.com/bare-acts/state-acts-rules/assam-state-laws/assam-employees-state-insurance-medical-benefit-rules-1958>
4. **Haryana:** Medical Reimbursement Policy for the State Government Employees: <http://www.secharyana.gov.in/web/assets/uploads/2017/02/Medical%20reimbursement%20policy%20for%20hry%20govt%20employees.pdf>
5. **Karnataka:** Jyoti Sanjeevani Scheme: <http://arogya.karnataka.gov.in/sast/English/index.php/site-map/2017-12-20-22-15-29/jss/50-lyothi-sanjeevani-scheme>
6. **Kerala:** <https://medisep.kerala.gov.in>
7. **Madhya Pradesh:** Mukhyamantri Rajya Karamchari Swasthya Bima Yojana: <http://health.mp.gov.in/sites/default/files/2020-02/N.125-20-B-6-4-Rajya%20Karmachari%20Bima%20Yojna-19-02-2020.pdf>
8. **Meghalaya:** Medical Attendance Rules, 1981: <http://meglaw.gov.in/rules/Meghalaya%20Medical%20Attendance%20Rules.%201981.pdf>
9. **Mizoram:** Government Employee & Dependents Medical Reimbursement: <https://health.mizoram.gov.in/page/achievement-healthcare>
10. **Mizoram:** The Mizoram Gazette No. D. 12015/I/02-FEA dared 14 August 2017 available at https://printingstationery.mizoram.gov.in/uploads/gazette/gazette_3417_59acfb093df68.pdf
11. **Punjab:** Punjab Government Employee's & Pensioners Health Insurance Scheme: https://mdindiaonline.com/pes/pdf/PGEPHIS_Scheme.pdf
12. **Rajasthan:** Mukhyamantri Chiranjeevi Swasthya Bima Yojana: <https://chiranjeevi.rajasthan.gov.in/#/chiranjeevi/scheme-details>
13. **Sikkim:** Su-swasth Yojana: <https://suswasthasikkim.com/about>
14. **Tamil Nadu:** New Health Insurance Scheme, 2021: https://www.tn.gov.in/karuvooram/nhis/nhis2021/fin_e_160_2021.pdf
15. **Telangana:** Employees & Journalists Health Scheme: <https://ehf.telangana.gov.in/HomePage/>
16. **Uttarakhand:** Atal Ayushman Uttarakhand Yojana. <https://ayushmanuttarakhand.org/the-mission> <https://sha.uk.gov.in/Home/AboutScheme.html>
https://sha.uk.gov.in/ScannedDocs/WebSite/Uploads/SGHS_GOVT/SGHS%20GO%20dated%2004.05.2020.pdf
17. **West Bengal:** West Bengal Health Scheme: https://wbhealthscheme.gov.in/Home/wbhs_about_scheme.aspx