

Key Features of BPSSBY

BPSSBY is the cashless medical health insurance scheme launched under one of the flagship programme of the State with an objective to provide protection to economically weaker households from financial liabilities arising out of health shocks that involves hospitalization.

The salient features of the scheme are as under: -

- 1) The scheme will cover approximately 30 lac blue card holder families'.
- 2) The scheme will ensure cashless medical treatment to the beneficiaries upto Rs. 50,000/- per family per annum on floater basis through smartcards issued to them by the insurance company. There is no age limit applicable for enrollment of the beneficiaries under the scheme.
- 3) Additionally, the scheme provides top-up cover of Rs. 5 Lacs (Five Lacs) per enrolled HoF to cover the Accidental Death and Permanent Total Disability.
- 4) The scheme will provide one day pre-hospitalization and 5 days post hospitalization benefit respectively and covers pre existing condition from day one.
- 5) The scheme is free for the beneficiaries as the State Government shall bear the entire premium the insurance company except for Rs. 30 per family as registration fee that shall be directly paid by the beneficiary.
- 6) The beneficiaries shall be able to avail cashless medical treatment in empanelled Govt. & Private hospitals.

- 7) There is a provision for transport allowance of Rs. 100 per hospitalization subject to an annual ceiling of Rs. 1000. This will be provided by the hospital to the beneficiary at the time of discharge in cash.

- 8) The current policy period of BPSSBY is upto 31st, Oct, 2016. The scheme will continue further on Annual renewal basis.