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HARYANA GOVERNMENT

HEALTH DEPARTMENT

Notification

The 30th October, 2026

No. 49/22/2025-6HB-II.—

Subject: CHIRAYU EXTENSION Scheme for families having a verified annual income of Rs. 3.00 lakh to Rs. 6.00 lakh and above Rs. 6.00 lakh, covering all residents of Haryana whose names are included in the Parivar Pehchan Patra (PPP) issued by CRID, Haryana, in the State.

1. Title of the scheme:

i. The scheme shall be known as the **"CHIRAYU EXTENSION SCHEME"** for families having verified annual income of Rs. 3.00 Lakh to Rs. 6.00 Lakh and above Rs. 6.00 Lakh".

ii. The date of commencement of the scheme is from 01.11.2026.

iii. The scheme is completely cashless, paperless, transparent, digital and IT driven which 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 of Rs. 3.00 Lakh to Rs. 6.00 Lakh and above Rs. 6.00 Lakh as per their PPP ID/ HPPA.

iv. **CHIRAYU EXTENSION SCHEME** means the extension of the earlier scheme, which covered families having a verified annual income between Rs. 1.80 lakh and Rs. 3.00 lakh on payment of a contribution of Rs. 1,500/- per family per year. The scheme has now been further extended to include:

v. ***(a)*** **Families having a verified annual income between Rs. 3.00 lakh and Rs. 6.00 lakh, on payment of a nominal contribution of Rs. 4,000/- per family per year; and**

(b) Families having a verified annual income above Rs. 6.00 lakh, on payment of a nominal contribution of Rs. 5,000/- per family per year to all Resident(s) of Haryana as per PPP ID of CRID Haryana in the State.

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 Health Care 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 means provision of Health cover of Rs. 5.00 lakhs per family per year for secondary and tertiary care hospitalization for eligible beneficiary under the scheme.

ix. **"Health Packages"** means 2694 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.

xiii. **"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 Rs. 4000/- and Rs. 5000/- per family per annum.

4. Salient features of Scheme:

i. The scheme is completely cashless, paperless, transparent, 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. Treatment packages as per latest package master (HBP 2022) is adopted by the state of Haryana.

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.

viii. The policy period of the scheme shall be for a period of one year, commencing from 1st November and exploring on 31st October of subsequent year. The payment portal shall be opened for a fixed timelineum as decided by the Government the subsequently years.

5. Registration and process flow:

i. The eligibility of the beneficiary is based upon following criteria:

(a) Families having a verified annual income between Rs. 3.00 lakh and Rs. 6.00 lakh, on payment of a nominal contribution of Rs. 4,000/- per family per year; and

(b) Families having a verified annual income above Rs. 6.00 lakh, on payment of a nominal contribution of Rs. 5,000/- per family per year to all Resident(s) of Haryana as verified by PPP ID/ CRID Haryana in the State.The eligible beneficiaries who are aged 70 (seventy) years or above shall be governed by the provisions of the **Vay Vandana Scheme**, as notified and amended by the Government of India from time to time, and any amendments, modifications, clarifications, or successor provisions thereto shall automatically apply to such beneficiaries.

ii The eligible beneficiary shall submit the registration fee through payment gateway with URL as (https://chirayuayushmanharyana.in/).

iii The SHA shall share the information of eligible beneficiaries with the details of successful payment with the CRID Haryana and NHA, GoI for integration in the database.

iv Card generation activity to be undertaken by PMAMs in the public hospitals, CSC VLE operators in villages and CSCs and ASHA workers.

v Validity of the Ayushman Bharat card under this scheme shall be for one year from the date of the commencement of the policy.

vi Ayushman Bharat golden card number / PPP ID required at the time of admission in the empanelled hospitals.

vii The empanelled hospitals would provide cashless treatment to the beneficiary as per the illness and available health benefit packages.

viii The empanelled hospital would submit the claims along-with requisite documents after treatment of the eligible beneficiaries as per defined guidelines for payment from the SHA Haryana.

6. Financing of scheme:

This Scheme pertains to providing health care benefits to the eligible beneficiaries of the scheme. This Scheme shall be running on co-payment model. The families with annual family income group of Rs. 3 lakh to Rs. 6 lakh shall make a payment of Rs. 4000/- per year and the families with annual family income group above Rs. 6 lakh shall make the payment of Rs. 5000/-.

7. State Implementation Unit (SIU):

The State Implementation Unit comprises of an Operational Core Team headed by Chief Executive Officer of AB-HHPA along-with Joint Chief Executive Officer and Executive Officers of different branches.

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 (DNO) and District Information Manager (DIM) along-with PMAM.

The following categories shall be considered for exclusion:

i. Beneficiaries covered under the Central Government Health Scheme (CGHS).

ii. Beneficiaries covered under the Ex-Serviceman Contributory Health Scheme (ECHS).

iii. Beneficiaries covered under Railway Health Services/Medical Attendance Scheme.

iv. Beneficiaries of Health Facility Scheme provided by armed forces or paramilitary forces.

v. Government employees, retired Government employees (pensioners) of the State of Haryana, and their dependents who are entitled to medical reimbursement or cashless health facilities from the Government shall be excluded from the benefits under this Scheme. For the purposes of this scheme, the expression "Government Employee" shall have the same meaning as assigned to it under Chapter 2, Rules 8 and 36 of the Haryana Civil Services (General) Rules, 2016.

vi. Government employees and pensioners of other State Governments or Union Territory Administrations, and their dependants, who are domiciled in the State of Haryana and are similarly situated to Government employees as defined under Chapter 2, Rules 8 and 36 of the Haryana Civil Services (General) Rules, 2016, and who are entitled to medical reimbursement or cashless health facilities from their respective Governments, shall not eligible for, and shall stand excluded from, the benefits admissible under this Scheme.

DR. SUMITA MISRA,
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Health Department.

12934—C.S.—H.G.P., Pkl.