

Arogya Karnataka



G.O. No. HFW 91 CGE 2017, Dated 1.3.2018

Frequently Asked Questions

Sl. No.	FAQ	Reply
1	What is “Arogya Karnataka” and when will it be implemented?	Arogya Karnataka is a universal health coverage scheme wherein primary, specific secondary and tertiary care is provided to all citizens of the State in an Assurance Mode. The scheme will be rolled out from the first week of March 2018 and will cover the entire State in phases by the end of the year.
2	Who can enroll under this scheme?	All citizens of Karnataka who do not have any kind of health coverage either in the Government or private health schemes or insurance can get enrolled under the “Arogya Karnataka” scheme.
3	When should I get enrolled under the UHC scheme?	Beneficiaries can get enrolled under the UHC scheme anytime on payment of Rs.10/-, when they visit their nearest Govt. Hospital for treatment or checkup. They need not rush to a hospital only for the purpose of obtaining a card.
4	Where does one get enrolled under the scheme?	Beneficiaries can get enrolled in the OPD registration counters/enrollment counters of a Govt. Hospital/ Public Health Institution most convenient to them.
5	In case of an emergency should I still come to a PHI to get enrolled and then take treatment?	In case of emergency you can go to the nearest empanelled private hospital for the procedures listed under the Emergency code (Annexure 4 of the GO at reference above) and get enrolled from the Private Hospital.

6	Who should one contact in the Hospital for details regarding enrollment?	Beneficiaries can contact the Arogya Mitra who will be sitting in the Suvarna arogya Suraksha Trust kiosk, wearing a pink collared white Apron to get more details regarding enrolment in CHC and above Public hospitals or can directly visit the enrolment counters (OPD registration counters) of any public health institution.
7	What are the documents required to get enrolled under Arogya Karnataka scheme?	In order to get enrolled into Arogya Karnataka Scheme beneficiaries should carry Aadhar card and ration card. In case Aadhar card is not available, ration card is mandatory to avail the scheme benefits.
8	What if I have an Aadhar Card but no PDS card?	You will certainly be enrolled in the scheme but you will be considered as "General Patient" and will get benefits as entitled for a General Patient under the scheme.
9	What if I have a PDS "Eligible" card but do not have an Aadhar card?	You will be enrolled as a beneficiary and will get a card and will be entitled to the benefit package for an "Eligible Patient" but when you visit the empanelled private hospital after being referred from a PHI, you will mandatorily have to produce an Aadhar card, or at least an acknowledgement that you have applied for an Aadhaar card.
10	What if I don't have either an Aadhaar card or a PDS card? Will I be able to enroll in the scheme?	No. If you do not have either of the cards you will not be able to enroll, but you will get treatment in the Public Health Institutions as per the norms and general practices of that PHI.
11	Is there any age limit to get enrolled?	There is no age limit to get enrolled under the scheme.
12	If young children do not have Aadhar can they be enrolled?	Children below three years can get enrolled under the scheme with their parent's/ guardian's Aadhar card.
13	Does the beneficiary have to pay fee for enrollment?	Beneficiary has to pay a onetime fee of Rs. 10/- only for the Arogya Karnataka Card.

14	<p>If the beneficiary loses the Arogya Karnataka health card, whom to contact and how to get a duplicate card?</p>	<p>In case the beneficiary loses his/her health card he/she has to contact the nearest Govt. Hospital. He can collect a duplicate card from the enrolment counter on payment of Rs. 20/- only.</p>
15	<p>What are the benefits extended to FSA (Food Security Act) eligible (BPL) families?</p>	<p>The FSA eligible families having upto 5 members will get financial assistance up to Rs. 30,000 per annum for specified complex secondary healthcare treatment.</p> <p>In the event of the family requiring specified tertiary healthcare treatment, this annual limit will be increased to Rs.1.5 lakh per annum.</p> <p>For any family needing specified emergency tertiary healthcare treatment even after full utilization of the annual limit, additional assistance of Rs. 50,000 will be provided.</p> <p>These assistances shall be subject to the approved package rates.</p>
16	<p>What are the benefits for families that are not eligible under Food Security Act?</p>	<p>The beneficiaries who are not eligible under FSA will be called as “General Patients” under the scheme.</p> <p>The benefits will be that the treatment to a general patient shall be on co-payment basis wherein 30% of the cost of the treatment, limited to the package rate, or the actual amount charged by the hospital for the treatment, whichever is least will be reimbursed to the hospital where he has taken the treatment after referral. The balance 70 percent will be borne by the patient.</p> <p>This assistance will be subject to the family limit indicated for FAQ 15 also.</p>
17	<p>Who are not covered under the scheme?</p>	<p>The beneficiaries who are already covered under any other health insurance or assurance scheme of their employers or any insurance company like ESI, CGHS, State Govt. employee reimbursement scheme, Jyothi Sanjivini, Police Arogya Bhagya, State Legislature members scheme, private insurance scheme, etc are not covered under the</p>

		scheme.
18	How many members can get enrolled in the family?	Any number of family members can be enrolled under the scheme. There is no limit. But annually only 5 members of the family can avail the benefit of the scheme. The remaining members can avail the benefit as per the norms of the Government hospitals.
19	Which are all the hospitals covered under the scheme?	All Govt. Hospitals and Empanelled Private Hospitals will provide service under the scheme.
20	What happens if the amount fixed for a family gets exhausted and another member of the same family requires treatment?	In case the fixed amount of Rs.1,50,000/- for the family for the year gets exhausted the family will be entitled for an extra buffer amount of Rs. 50000/- for emergency tertiary care.
21	In case the treatment is beyond the limit of the scheme, will the scheme cover it?	No. Whether he is “Eligible Patient” or “General Patient” he will have to bear the extra cost of the treatment from his own pocket.
22	Will the treatment be completely free for APL beneficiaries under Arogya Karnataka?	No. The treatment for APL beneficiaries will be on co-payment basis in which 30% of the package cost, or 30% of the actual cost, whichever is least will be paid by the government and the beneficiary has to pay the balance cost.
23	What is the ward eligibility?	Beneficiaries are eligible for General ward.
24	Do I have to make any payments in Public Health Institutions?	For primary health care treatments and normal secondary healthcare treatments, the concerned PHI will charge their normal user charges.
25	Can I go directly to a Private hospital and claim the	No. You have to be referred by a doctor from the PHI to an empanelled Private hospital. If you get treatment without a referral you will not get any

	benefits under “Arogya Karnataka” scheme?	benefits of the scheme and you have to bear the complete expenditure of the treatment out of your own pocket.
26	Can I get a referral from a PHI for any treatment?	Only in case the patient requires specified complex secondary healthcare treatment or specified tertiary healthcare treatment not available in the PHIs, a referral shall be provided for availing the treatment in any of the empanelled private hospitals
27	Do I have to take treatment only from the hospital that is referred by a doctor from the PHI?	On referral from a PHI a list of empanelled private hospitals that have capability of treating you will be generated. You can choose the hospital where you would like to get treated by making an informed choice.
28	How will I know the capability of the hospital?	Information on the bed vacancy, ICU vacancy, and availability of doctors for a specialty will be available on the website www.sast.gov.in and www.karnataka.gov.in/hfw Before deciding the hospital look at the information on these websites and make your choice.
29	Will the Yeshasvini Scheme continues?	The Yeshasvini Scheme will continue upto 31/5/2018. Thereafter, the members can get enrolled in Arogya Karnataka scheme when they need treatment.
30	Will the Vajpayee Arogyashree Scheme continue?	The Vajpayee Arogyashree Scheme is subsumed under Arogya Karnataka. Patients are free to approach empanelled private hospitals with SAST for Tertiary treatments till 31.5.2018. However, they have to get enrolled in any of the public health institutions convenient to them before going to empanelled hospitals. From 1.6.2018, referral from a PHI will be necessary to get the treatment in a private hospital.