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Japan’s National Health Insurance (NHI) system is supported by the regular NHI tax (premium) contributions from healthy NHI members that allow them to be ready for serious illnesses and injuries. NHI helps members pay incurred medical costs and maintain a healthy lifestyle.

**Copayments made by members**
- Preschool infants ... (20%)
- School-age children through adults up to 69 years old ... (30%)
- Adults aged 70 to 74 years old
  - (The copayment percentage that is written on your Certificate for Elderly Recipient of Health Insurance.)

**Member**
(insured NHI subscriber)

Member applies to join NHI. Member makes NHI tax (premium) payments.

Member receives medical services.

Member receives NHI card.

City or town (insurer)

City or town pays medical costs to NHI.

City or town receives financial assistance from the national government.

NHI doctor
(healthcare provider)

Healthcare provider bills NHI for medical costs.

NHI pays medical costs to healthcare provider.

Federation of National Health Insurance Organizations
NHI Members

Every Japanese citizen and resident (except short-term residents) can subscribe to NHI, unless they (1) are 75 years of age or older, (2) receive health insurance from their employer (such as through a health insurance association, mutual aid association, or seafarers’ insurance organization), or (3) receive public assistance (System of medical insurance for the whole nation).

● Single application for each household
  To join NHI, each household (defined as a group of people living at the same residence under the same household budget) submits a single application. The head of the household submits the application.

● Each individual member is covered
  While each household only submits one application to NHI, every member of the household is insured individually, and each receives their own NHI card.
  * If you misuse your NHI, you will be punished with imprisonment for fraud under the criminal code.

● Foreign residents
  Foreign residents to whom the Basic Resident Registration Act applies (medium to long-term residents [residents whose stay exceeds three months], special permanent residents, persons granted permission for provisional stay, persons granted permission for temporary refuge, or persons who may continue to stay transitively in Japan). Persons whose stay is three months or less but whose stay is recognized to exceed three months on the basis of objective documents.

Adults Aged 70 to 74

Receipt of Long Life Medical Care Card

You will receive your “long life medical care card” from your city or town. Your copayment will be checked using this card at the medical facility. Once you have received your card, guard it carefully.
When starting or renewing your NHI membership

<table>
<thead>
<tr>
<th>Event</th>
<th>Items Needed to Apply for NHI Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you move from one city, ward, town or village to another</td>
<td>Hanko (personal name stamp) and basic resident registration card or change of address certificate.</td>
</tr>
<tr>
<td>When your membership in another health insurance system ends</td>
<td>Certificate proving you have ended a membership in another health insurance system</td>
</tr>
<tr>
<td>When you are no longer a dependent of a household belonging to another health insurance system</td>
<td></td>
</tr>
<tr>
<td>When you give birth</td>
<td></td>
</tr>
<tr>
<td>When you no longer receive public assistance</td>
<td></td>
</tr>
</tbody>
</table>

When your NHI membership ends

<table>
<thead>
<tr>
<th>Event</th>
<th>Items Needed to Renew Your NHI Membership or Register Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you become eligible for the Long Life Medical Care System</td>
<td>NHI card</td>
</tr>
<tr>
<td>(For those members that are 65 to 74 years old) (see page 16)</td>
<td>NHI card</td>
</tr>
<tr>
<td>When you move from one city, ward, town or village to another</td>
<td>NHI card and other health insurance system's card</td>
</tr>
<tr>
<td>When you start a membership in another health insurance system</td>
<td>NHI card and death certificate</td>
</tr>
<tr>
<td>When you become a dependent of a household belonging to another health insurance system</td>
<td>Something that proves you are the chief mourner</td>
</tr>
<tr>
<td>Upon death</td>
<td>NHI card and letter indicating you will start receiving public assistance</td>
</tr>
<tr>
<td>When you start receiving public assistance</td>
<td></td>
</tr>
</tbody>
</table>

Other

<table>
<thead>
<tr>
<th>Event</th>
<th>Items Needed to Make Required Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>When your address, head of household or name changes</td>
<td>NHI card</td>
</tr>
<tr>
<td>When your children move to another city, ward, town, or village for their education</td>
<td>NHI card, student ID card, etc.</td>
</tr>
<tr>
<td>When you move from one city, ward, town or village to another in order to move to another facility</td>
<td>NHI card, facility membership certificate, etc.</td>
</tr>
<tr>
<td>When your NHI card becomes lost or unreadable</td>
<td>Personal identification and the unreadable NHI card (if applicable)</td>
</tr>
<tr>
<td>When you become eligible for the Retiree Medical System</td>
<td>NHI card, pension certificate</td>
</tr>
<tr>
<td>(See Page 17)</td>
<td></td>
</tr>
<tr>
<td>When you are no longer eligible to be a member of a retiree health insurance system</td>
<td></td>
</tr>
</tbody>
</table>

* If your cards are stolen or lost while out, notify the police.

☆ For more information, contact the NHI section of your city or town office.

Delayed reporting may cause problems such as you may be personally liable for the full cost of your medical treatment, or be made to pay all back health insurance dues, so be careful.
NHI system and NHI tax (premium) contributions

NHI is an important support system in the lives of all Japanese residents, allowing them to receive medical treatment for only a fraction of the full cost. Along with financial assistance from the national and prefectural governments, the NHI tax (premium) contributions of members provide a vital source of financing to keep NHI running. NHI members must therefore always keep paying their NHI tax (premium) contributions.

NHI member NHI tax (premium) contributions

- **Members up to 39 years old**: Members up to the age of 39 only pay the NHI tax (premium), which includes a contribution for medical care and a contribution for the Health Insurance System for Latter-stage Elderly People.

- **Members 40 to 64 years old**: Members between the ages of 40 and 64 pay a single NHI tax (premium) which includes a contribution for medical care, a contribution for the Health Insurance System for Latter-stage Elderly People, and a contribution for the Long-Term Care Insurance System.

- **Members 65 to 74 years old**: Members between the ages of 65 and 74 only pay the NHI tax (premium), which includes a contribution for medical care and a contribution for the Health Insurance System for Latter-stage Elderly People. The premium for the Long-Term Care Insurance System is generally deducted from the member’s pension. Members with a yearly pension of less than 180,000 yen pay the premium for the Long-Term Care Insurance System to their city or town separately.

* The NHI tax (premium) of households in which all NHI members are 65 to 74 years old is deducted from the pension of the head of the household. (Excluding those who make payments by account transfer.) However, the NHI tax (premium) must be paid separately if any of the following cases applies: (1) the head of the household is not an NHI member, (2) the head of the household receives a yearly pension of less than 180,000 yen, or (3) the Long-Term Care Insurance System premium deduction is more than half the yearly pension of the head of the household.

- **When turning 40 during your membership year**: Your NHI tax (premium) will increase to include the contribution for the Long-Term Care Insurance System starting with the month in which you turn 40. (The month in which you turn 40 is considered to be the month that contains the day before your 40th birthday.)

- **When turning 65 during your membership year**: Your Long-Term Care Insurance System premium (the Long-Term Care Insurance System contribution of your NHI tax (premium)) for the period through the month before the month in which you turn 65 must be paid separately from the NHI tax (premium) that must be paid by the end of your membership year.
Start paying NHI tax (premium) contributions after becoming eligible for NHI membership

You must start paying NHI tax (premium) contributions after becoming eligible for NHI membership. You become eligible for NHI membership when (1) your membership in the health insurance system provided by your employer ends, (2) you stop receiving public assistance, or (3) you start living in your new residence after moving from one city, ward, town or village to another. If you are late in applying to start or renew your NHI membership, you will have to pay the delinquent amount of NHI tax (premium).

Head of the household is responsible for paying NHI tax (premium)

NHI tax (premium) letters are sent to the head of the household. Even if the head of the household is a member of their employer’s health insurance system and not an NHI member, the head of the household is still responsible for paying the NHI tax (premium) if any other member of the household is an NHI member.

Criteria used to set amount of NHI tax (premium)

The NHI tax (premium) is set in combination with the city or town, and calculated as shown on the below.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniformly</td>
<td>Calculated based on the number of members in the household.</td>
</tr>
<tr>
<td>Equally</td>
<td>Calculated based on the amount per household.</td>
</tr>
<tr>
<td>By income</td>
<td>Calculated based on the member’s income.</td>
</tr>
<tr>
<td>By net worth</td>
<td>Calculated based on the member’s net worth.</td>
</tr>
</tbody>
</table>
The NHI tax (premium) is an important financial resource that pays for the medical costs of all NHI members.

Be sure to pay your NHI tax (premium) on time. Unless there are extraordinary circumstances, NHI may be forced to take the steps below for households late in making their NHI tax (premium) payments.

1. The delinquent NHI member may be issued a special short-term NHI card with a shorter than normal validity period.

2. If an NHI tax (premium) is more than one year late, the delinquent NHI member may be asked to return their NHI card, and be issued an NHI Eligibility Certificate in its place.

Members who are issued an NHI Eligibility Certificate must initially pay the full amount of medical costs, and later receive the standard NHI refund of 70 to 90% of the medical costs.*

*Preschool infants···80%, school-age children through adults up to 69 years old···70%, adults aged 70 or older···90% (except for wage-earners at their preretirement income level, who receive a 70% refund).

3. The receipt of Japan’s national health insurance may be stopped in part or in whole. Also, if you receive NHI benefits (medical care, high cost medical care, funeral expenses, etc.), the amount you have received may be applied in part or in whole to your unpaid NHI tax (premium).

Note that, as required by law, the seizure of assets (salary, savings, real estate, etc.) and other similar methods may be used in the event that you fail to pay your NHI tax (premium).

If you expect to have difficulty in paying your NHI tax (premium), contact the representative in charge of Japan’s national health insurance system at your city or town office as soon as possible.
NHI Benefits

Once you become an NHI member, you are eligible to receive several types of benefits made possible by the NHI tax (premium) contributions of all NHI members and other sources of financial assistance.

- **Medical benefits**

<table>
<thead>
<tr>
<th>When received</th>
<th>Benefit received</th>
<th>Points to note</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you become ill</td>
<td>Medical treatment for between 10 and 30%* of the original cost</td>
<td>You must present your NHI card at a healthcare provider that accepts NHI. Members aged 70 or older (excluding members eligible for the Long Life Medical Care System) must present their NHI card and Senior Benefit Card.</td>
</tr>
<tr>
<td>When you are injured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When you require dental care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Reimbursement for medical costs (refunds received from NHI after applying)**

* The statute of limitations on your right to apply for refunds to medical costs is two years after the day following the day that you pay for the corresponding medical costs. However, the day to use in evaluating refunds for reimbursement of major medical costs shall be the first day of the month following the month in which the medical care was received. If the copayment is made in the month following the month in which medical care was received or in a later month, the day following the day that the copayment was made shall be used in evaluating the refund.

<table>
<thead>
<tr>
<th>When received</th>
<th>Benefit received</th>
<th>Points to note</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you receive medical treatment from a healthcare provider that doesn’t accept NHI, or must receive treatment when not in possession of your NHI card</td>
<td>After initially paying the full amount, the member makes a claim for the incurred medical cost. NHI investigates the case, and the member receives a refund of the approved amount.</td>
<td>NHI investigates the circumstances thoroughly before reimbursing expenses. An invoice for the cost of the medical treatment or a suitable substitute is required.</td>
</tr>
<tr>
<td>When you receive traditional amma massage or Western massage therapy, acupuncture or moxibustion with a doctor’s written consent or medical certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When you incur expenses for a corset, crutches or other medical appliance</td>
<td>The incurred transportation expenses are reimbursed (no more than the amount estimated for transportation by the most economical standard route and method) if the transportation was of an emergency nature and was deemed necessary by a doctor.</td>
<td>Only when approved by NHI. A written opinion from the doctor deeming the transportation necessary, and a receipt for the incurred transportation expenses (indicating the distance, and start/end points of the journey) are required for application.</td>
</tr>
<tr>
<td>When you pay for blood used in a blood transfusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When expenses for hospitalizing or transporting a critical patient have been incurred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When you are treated for an illness or injury by an overseas healthcare provider (Overseas Medical Cost)</td>
<td>NHI members can receive a refund of a portion of the estimated cost determined by NHI for treatment of the same injury or illness in Japan (or of the amount actually paid overseas if less).</td>
<td>An itemized treatment description, itemized receipt, and translation are required.</td>
</tr>
</tbody>
</table>

* NHI reimburses Overseas Medical Costs only when they are for emergency treatment. NHI does not reimburse medical costs on trips made overseas for the purpose of receiving organ transplants or other treatments not covered by NHI in Japan.
### Medical costs

<table>
<thead>
<tr>
<th>When received</th>
<th>Benefit received</th>
<th>Points to note</th>
</tr>
</thead>
</table>
| When you are treated by a traditional jūdō therapist (for bone fractures, dislocations, blows to the body, and sprains) | Treatment for a portion of the original cost* paid by the member.  
* Preschool infants ..............(20%)  
School-age children through adults up to 69 years old ..............(30%)  
Adults aged from 70 to 74 .........(The copayment percentage that is written on your Certificate for Elderly Recipient of Health Insurance.) | Present your NHI card to the location that you will receive medical treatment. In some cases you may also need your hanko. Members aged 70 or older (excluding members eligible for the Long Life Medical Care System) must present their NHI card and Senior Benefit Card. |

### Reimbursement for major medical costs

(See pages 11 to 15 for more information.)

<table>
<thead>
<tr>
<th>When received</th>
<th>Benefit received</th>
<th>Points to note</th>
</tr>
</thead>
<tbody>
<tr>
<td>When your costs exceed the preset deductible</td>
<td>If the costs paid at the hospital billing office exceed the preset deductible, NHI reimburses the excess.</td>
<td>Does not apply to bed surcharges and other items not covered by NHI.</td>
</tr>
</tbody>
</table>

### Other benefits

<table>
<thead>
<tr>
<th>When received</th>
<th>Benefit received</th>
<th>Points to note</th>
</tr>
</thead>
</table>
| When you give birth  
When you are pregnant for 85 days or longer, even in the case of miscarriage or stillbirth | Lump-sum birth/childcare benefit | In principle, payments are made directly from Japan’s national health insurance to healthcare providers so that the lump-sum birth/childcare benefits can be applied to the cost of childbirth. |
| When an NHI member dies | Funeral expenses | Payments are made to the chief mourner. The chief mourner may be required to present something that proves they are the chief mourner. |
| Meal costs when hospitalized (see page 10) | Hospitalized NHI members pay 260 yen (per meal) for hospital meals. NHI pays the remainder (Hospital Meal Cost). | People in households that are exempt from resident taxes should apply to receive a “Certificate of Eligibility for Payment of Deductible or Reduction of Standard Copayment”. |
| Living costs for members 65 or older hospitalized in treatment wards (see page 10) | Hospitalized NHI members pay 460 yen or 420 yen (per meal) for hospital meals, and 320 yen (per day) for living costs. NHI pays the remainder (Hospital Living Cost). | People in households that are exempt from resident taxes should apply to receive a “Certificate of Eligibility for Payment of Deductible or Reduction of Standard Copayment”. |
| When using a visiting nursing station | NHI members pay part of the cost, and NHI pays the remainder (Visiting Nursing Care Cost). | Applies when a doctor has deemed at-home treatment necessary. Present your NHI card to the visiting nursing station. (This benefit is paid by the Long-Term Care Insurance System in some cases.) |

* For more information, contact the NHI section of your city or town office.
Hospitalized NHI members pay only the standard copayments below for hospital meals. NHI pays the remainder (Hospital Meal Cost).

<table>
<thead>
<tr>
<th>General NHI members (members other than those below)</th>
<th>260 yen per meal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHI members from households exempt from resident tax</strong> (Type II low-income NHI member*1 if 70 or older)</td>
<td><strong>Total number of days hospitalized during past 12 months: 90 or less</strong></td>
</tr>
<tr>
<td></td>
<td>210 yen per meal</td>
</tr>
<tr>
<td></td>
<td><strong>Total number of days hospitalized during past 12 months: More than 90</strong></td>
</tr>
<tr>
<td><strong>Type I low-income NHI members</strong>&lt;sup&gt;*&lt;/sup&gt; who are 70 or older</td>
<td>160 yen per meal</td>
</tr>
<tr>
<td></td>
<td>100 yen per meal</td>
</tr>
</tbody>
</table>

The following NHI members need to apply for and receive the Certificate of Eligibility for Payment of Deductible or Reduction of Standard Copayment at the NHI section: (1) NHI members less than 70 years old from households exempt from resident tax, and (2) Type I or Type II low-income NHI members who are 70 or older.

*1: A member of a household in which the head of the household and all the NHI members of the household are exempt from resident tax.

*2: A member of a household in which the head of the household and all the NHI members of the household are exempt from resident tax and in which total incomes are less than the prescribed amount of income.

The standard copayments above are not included in the copayments used to calculate the benefits for major medical costs.
NHI members who are 65 or older and hospitalized in a treatment ward pay only the standard copayments below for hospital living costs. NHI pays the remainder (Hospital Living Cost). (Check with your healthcare provider to determine whether your ward meets the definition of a treatment ward.)

<table>
<thead>
<tr>
<th>General NHI members</th>
<th>Members hospitalized in an NHI healthcare provider that uses Hospital Living Cost I</th>
<th>Total of 320 yen per day and 460 yen per meal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Members hospitalized in an NHI healthcare provider that uses Hospital Living Cost II</td>
<td>Total of 320 yen per day and 420 yen per meal</td>
</tr>
<tr>
<td>NHI members from households exempt from resident tax (Type II low-income members)</td>
<td></td>
<td>Total of 320 yen per day and 210 yen per meal</td>
</tr>
<tr>
<td>NHI members from households exempt from resident tax in which total incomes are less than the prescribed amount of income (Type I low-income members)</td>
<td></td>
<td>Total of 320 yen per day and 130 yen per meal</td>
</tr>
</tbody>
</table>

- Members of households exempt from resident tax need to apply for and receive the Certificate of Eligibility for Payment of Deductible or Reduction of Standard Copayment at the NHI section.

Members who require artificial respirators or central venous nutrition, or who have spinal cord injury (with full paralysis) or terminal illnesses only pay for their food ingredients (standard Hospital Living Cost copayment).

The standard copayments above are not included in the copayments used to calculate the benefits for major medical costs.
When a copayment paid to a healthcare provider is high, NHI pays the amount in excess of the NHI member’s deductible.

To receive major medical costs, you must fill out an application. Submit the Application to Receive Major Medical Cost at the NHI section of your city or town office.

1. NHI members less than 70 years old

When your monthly copayment exceeds your deductible

If a copayment (for a single billing month) made by a single NHI member in a single month to a single healthcare provider exceeds the deductible shown in the table below, the NHI member can receive the excess by applying to the NHI section of their city or town office (reimbursement).

If you have previously made a request to Japan’s national health insurance system and you have received a certificate that covers your copayment deductible, your payment at each healthcare provider can be limited to your copayment deductible (benefit in kind).

* Outpatient care is also supported as of April 1, 2012.

* If you are delinquent in your NHI tax (premium) payments, you may not be able to receive a certificate.

NHI member deductibles (monthly)

<table>
<thead>
<tr>
<th>High-income members*1</th>
<th>150,000 yen + A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A= (Total medical costs - 500,000 yen) x 1%</td>
</tr>
<tr>
<td>General members</td>
<td>80,100 yen + B</td>
</tr>
<tr>
<td></td>
<td>B= (Total medical costs - 267,000 yen) x 1%</td>
</tr>
<tr>
<td>Members exempt from resident tax*2</td>
<td>35,400 yen</td>
</tr>
</tbody>
</table>

A is added if the medical cost is more than 500,000 yen. B is added if the medical cost is more than 267,000 yen.

*1: Applies to members of households in which the combined annual income of all the NHI members of the household exceeds 6,000,000 yen.

*2: Applies to members of households in which the head of the household and all the NHI members of the household are exempt from resident tax.

Example: A person is admitted to a single hospital and incurred medical costs of 1 million yen (general) in one month

<table>
<thead>
<tr>
<th>Total medical costs 1 million yen</th>
<th>70% (paid by NHI)</th>
<th>30% (copayment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>700,000 yen</td>
<td>700,000 yen</td>
<td>300,000 yen</td>
</tr>
</tbody>
</table>

Deductible= 80,100 yen + (1 million yen – 267,000 yen) x 1%= 87,430 yen

After applying for Reimbursement, it will take about three months to receive payment.

NHI members who have difficulty paying high medical costs may be able to use the Major Medical Cost Loan System. Inquire at the NHI section of your city or town office.

* For more information, contact the NHI section of your city or town office.
If a single NHI household’s total copayments exceed the deductible

A single NHI household that pays copayments of more than 21,000 yen two or more times in a single month (for the same billing month) can apply to their city or town office to have these payments totaled, and receive the amount in excess of their deductible (Household Total).

* The above applies not only to families, but also to individual members who have made copayments to multiple healthcare providers in the same month.

When receiving four or more benefits for major medical costs per year

A single household that receives four or more benefits for major medical costs in the past twelve months can apply to their city or town office after the fourth benefit, to receive the amount by which the deductible below was exceeded in a single month (Frequent Benefits Provision).

When receiving long-term high-cost medical treatment

NHI members of any age who suffer from certain diseases that require long-term high-cost medical treatment can have their monthly deductible reduced to 10,000 yen by presenting a Designated Illness Treatment Certificate, which members can apply to have issued by the NHI system, to the hospital billing office. Only diseases designated by the Minister of Health, Labour and Welfare are applicable (hemophilia, HIV infections caused by blood coagulant factor agents, and chronic renal failure requiring dialysis). Note that the monthly deductible is 20,000 yen for wage earners at their preretirement income level who have chronic renal failure requiring dialysis.

Deductible (monthly) after fourth benefit

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-income members</td>
<td>83,400 yen</td>
</tr>
<tr>
<td>General NHI members</td>
<td>44,400 yen</td>
</tr>
<tr>
<td>Households exempt from resident tax</td>
<td>24,600 yen</td>
</tr>
</tbody>
</table>

Points to note when calculating copayments

1. Copayments are calculated monthly, from the first to the last day of the month.
2. Bed surcharges not covered by insurance, standard Hospital Meal Cost copayments and other items not covered by NHI are not covered.
3. Copayments are calculated for each hospital or clinic.
4. Separate copayments are calculated for outpatient treatment and inpatient treatment, even if the hospital or clinic is the same.
5. The cost of medications prepared for out-of-hospital prescriptions is added to copayments.
2. NHI members who are 70 or older (excluding members eligible for the Long Life Medical Care System)

- **When your monthly copayment exceeds your deductible**

  If a copayment (for a single billing month; up to the inpatient deductible) made by a single NHI member in a single month exceeds the deductible shown in the table below, the member can receive the excess amount by applying to the NHI section of their city or town office.

  Type I and Type II resident tax-exempt NHI members must apply for the Certificate of Eligibility for Payment of Deductible or Reduction of Standard Copayment at the NHI section of their city or town office.

<table>
<thead>
<tr>
<th>Copayment ratio</th>
<th>Outpatients (per individual)</th>
<th>Outpatients + inpatients (per household)</th>
</tr>
</thead>
</table>
| **Wage earners at their preretirement income level**<sup>1</sup> | 44,400 yen | 80,100 yen + A
| (The copayment percentage that is written on your Certificate for Elderly Recipient of Health Insurance.) | | A= (Total medical costs – 267,000 yen) x 1% (44,400 yen)<sup>4</sup> |
| **General members** | *5 12,000 yen | *6 44,400 yen |
| **Members exempt from resident tax** | 8,000 yen | 24,600 yen |
| Type II<sup>2</sup> | | 15,000 yen |
| Type I<sup>3</sup> | | |

A is added if the medical cost is more than 267,000 yen.

- **1**: An NHI member living in a household that includes an NHI member who is 70 or older and earns at least the prescribed level of income (taxable income of 1,450,000 yen). However, if the member notes in their application that the combined incomes of members of the household who are NHI members aged 70 or older is less than the prescribed level (annual income below 3,830,000 yen for single-person households, or annual income below 5,200,000 yen for households of at least two people), the same conditions as the ‘General members’ category apply.

- **2**: An NHI member living in a household in which the head of the household and all the NHI members of the household are exempt from resident tax.

- **3**: An NHI member living in a household in which the head of the household and all the NHI members of the household are exempt from resident tax and in which total incomes are less than the prescribed amount of income.

- **4**: The amount in parentheses is the member’s deductible for the fifth and subsequent copayments for major medical costs paid four or more times in a single year.

- **5**, **6**: These values may be changed in the future.

- * The deductible for NHI members with hemophilia or chronic renal failure requiring dialysis is 10,000 yen.

- * For more information, contact the NHI section of your city or town office.
Points to note when calculating copayments

1. Copayments are calculated monthly, from the first to the last day of the month.
2. Bed surcharges not covered by insurance, standard Hospital Meal Cost copayments and other items not covered by NHI are not covered.
3. Total the copayments paid by each outpatient to each healthcare provider, to calculate the amount by which the deductible has been exceeded.
4. The inpatient copayments to healthcare providers in a single month can not exceed the household's deductible. (A certificate of eligibility is required for Type I and Type II resident tax-exempt NHI members.)
5. To calculate the total household benefits to be received, total the outpatient benefit for each individual and combine this total with the inpatient copayments to determine the amount by which the household's deductible has been exceeded.

You can still total your copayments if your NHI household includes both members under 70 and members 70 or older (excluding members eligible for the Long Life Medical Care System).

To total your copayments if your NHI household includes both members under 70 and members 70 or older (excluding members eligible for the Long Life Medical Care System), create separate copayment totals for the members under 70 and for the members 70 or older. First add the deductible of each outpatient of 70 or older (see the information on outpatient deductibles on page 14), then include the inpatients and apply the deductibles of household members of 70 or older (Page 14 outpatients + inpatient deductible). Combine this figure with the total applicable standard copayment for the household members under 70, and apply the deductible for the entire NHI household (see the information on deductibles on page 12).

* There may be changes to this information according to future revisions to laws.
Points to note when calculating copayments

1. Copayments are calculated monthly, from the first to the last day of the month.
2. Bed surcharges not covered by insurance, standard Hospital Meal Cost copayments and other items not covered by NHI are not covered.
3. Total the copayments paid by each outpatient to each healthcare provider, to calculate the amount by which the deductible has been exceeded.
4. The inpatient copayments to healthcare providers in a single month cannot exceed the household’s deductible. (A certificate of eligibility is required for Type I and Type II resident tax-exempt NHI members.)
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### Combined Copayments System for Major Medical and Long-Term Care Costs

Even after the copayment deductible for medical costs and the copayment deductible for long-term care service costs are both applied, if the copayment value that is the sum of both insurances is still high, the deductibles shown in the following table are applied. Deductibles from August 1st of each year to July 31st of the following year are calculated as a lump sum.

The combined copayments system for medical and long-term care costs is intended for households that have copayments for both NHI and LTCI. Meal costs, living costs, and bed surcharges are not included in copayment totals.

All copayments are included in copayment totals for NHI members aged 70 or older. For NHI members aged 69 or younger, only monthly medical cost copayments of 21,000 yen or more are included in copayment totals.

<table>
<thead>
<tr>
<th>NHI members under 70</th>
<th>NHI members 70 or older (excluding members eligible for the Long Life Medical Care System)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High-income members</strong> (Wage earners at their preretirement income level)</td>
<td>1,260,000 yen</td>
</tr>
<tr>
<td><strong>General members</strong></td>
<td>670,000 yen</td>
</tr>
<tr>
<td><strong>Members exempt from resident tax</strong></td>
<td></td>
</tr>
<tr>
<td>Type II</td>
<td>340,000 yen</td>
</tr>
<tr>
<td>Type I</td>
<td></td>
</tr>
</tbody>
</table>

*1: These values may be changed in the future.

* See pages 11 and 13 for details on how this applies to high-income members, wage-earners at their preretirement income level, and members exempt from resident tax.
Retiree Medical System

People under 65 years of age who have retired from a company or the civil service and are receiving a pension as members of NHI will receive treatment together with their families as retired NHI members under the “Retiree Medical System”.

- **Eligible People**
  - **Retiree**
    - NHI member
    - People receiving long life (retirement) pensions such as Employees’ Pensions and Mutual Aid Pensions, who have either been members of the pension fund for 20 years or longer, or who are aged 40 or over and have been members for ten years or longer.
  - **Dependents**
    - NHI member
    - Spouse of the retired NHI member or family member within three generations
    - The retired NHI member is the main breadwinner of the household.
    - An individual whose yearly income is expected to be less than 1,300,000 yen (1,800,000 yen for individuals who are 60 years old or older or who have a disability)

- **Qualifications and Notification**
  - The retiree medical system shall apply from the day you become eligible for a pension.
  - Report to your NHI office within 14 days of receipt of a pension certificate to receive your “NHI retiree insurance card”.
  - This procedure will require your “pension card” and “NHI card”.

- **Copayments**
<table>
<thead>
<tr>
<th></th>
<th>Copayment percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired NHI member</td>
<td>30%</td>
</tr>
<tr>
<td>Dependents</td>
<td></td>
</tr>
<tr>
<td>Prior to mandatory schooling</td>
<td>20%</td>
</tr>
<tr>
<td>After mandatory schooling to 64 years old</td>
<td>30%</td>
</tr>
</tbody>
</table>

Long Life Medical Care System

Members aged 75 or older (members who are not yet 75 years old will fall under this category on their 75th birthday) or members between the age of 65 and 74 who have certain disabilities (in this case, an application is required) shall be covered by the Long Life Medical Care System. However, members between the age of 65 and 74 who have certain disabilities and whose application to be covered by the Long Life Medical Care System is approved can also opt out of this system by withdrawing their disability recognition application. (These members are able to choose their medical care system, but they cannot change their selection once it has been assigned.)

- **Main operating body**
  Shiga Prefecture Regional Bureau for Medical Care for Latter-stage Elderly People
  (Collection of premiums and administrative work is conducted by the city or town.)

- **Premiums and insurance cards**
  All eligible parties (members) are required to pay premiums; even non-working dependents who were not previously paying premiums.
  One NHI card will be issued per member.
Upon turning 40, NHI members are also made members of the Long-Term Care Insurance (LTCI) System. The system provides members with recognized needs for long-term care or nursing assistance with the LTCI services they need.

LTCI members are classified as Type 1 or Type 2 members.

Type 1 members
LTCI members 65 or older living in a city or town

Type 2 members
LTCI members aged 40 to 64 living in a city or town who have health insurance

Apply for acknowledgement of long-term care needs
To receive an LTCI service, you must apply for and receive recognition of your long-term care need (Long-Term Care Need Certification). You can start receiving the proper LTCI service for your need once your need has been recognized.

10% copayment for service costs
LTCI members are required to make copayments of 10% of the cost of services within the deductible.

Living costs, residence costs, meal costs (LTCI facilities, short-term care facilities, daycare facilities), and other services exceeding the deductible are generally borne entirely by the user.

LTCI services
Degrees of need for long-term care are ranked. Members can use preventive, long-term care, and local assistance provider services according to their degree of need.

* For more information, contact the LTCI section of your city or town office.
Application and certification of degree of disability are required

Prospective users of disability welfare services are required to submit an application and obtain certification of their degree of disability. After receiving certification, applicants are subject to further review before the decision is made as to whether services will be provided.

Main services

- Long-term care services: At-home care, visiting care for the severely disabled
- Provision of training and other services: Work training assistance, group homes, etc.
- Support for the use of facilities for disabled children

Guardians of disabled children can apply to their city or town (the child consultation center) for a benefit. Once the permission is granted, the guardians sign a contract with the facility.

Service costs

The burden assigned to the user of the facility shall be assigned according to the amount of services used and to details of the user such as the user's income. That is, the burden shall be assigned according to the user's ability to pay.

* For details, contact the disability welfare office of your city or town.
Injuries from Traffic Accident and Other Incidents

Always submit the required paperwork
If you use your NHI card to receive medical treatment after being injured in a traffic accident or other incident in which another party is at fault, you will need to file a police report right away and submit the proper form to the NHI section of your city or town office at the same time.

Party at fault pays medical costs
As long as you were not negligent, the party at fault is generally obliged to pay your medical costs. If you receive treatment under NHI, NHI will advance you the medical costs to be paid by the party at fault.

Application procedure

1. File a police report.
   If you are in a traffic accident, file a police report right away and receive an Accident Certificate.

2. Submit the required form at the NHI section of your city or town office.
   Submit a Form for Disability Caused by Other Party.

Documents needed to fill out forms
◆ Form for Disability Caused by Other Party
◆ Accident Certificate
◆ Your NHI card
◆ Any other documents needed

You can submit a preliminary version of the form even if you do not have all the required paperwork ready.

Seek advice before settling out of court
You may no longer be able to use NHI if you settle out of court such as by accepting medical costs directly from the party at fault. Before settling out of court, be sure to seek advice from the NHI section of your city or town office.

You'll feel reinvigorated in both body and soul!
Let's go to a hot spring resort!
Making use of hot spring resorts to improve one's health has gained a lot of attention lately. These resorts are situated in natural environments that have clean air. Sitting in a hot spring has a soothing effect and relaxes the participant's mind and body. As such, it's said that hot springs are effective in improving one's health.

Through the warmth of the water, interactions with nature, other people, and culture provide a comfortable stimulation to the mind and body. Why don't you try to make use of hot spring resorts to improve your health?

* Members of NHI in Shiga prefecture are eligible for special discounts at hot spring resorts. For details, see the "Hot Spring Tour" pamphlet available at your NHI office and the National Health Insurance Organization website (in Japanese, http://www.shigakokuho.or.jp/).
Specialized medical examinations and medical advice that are focused on the prevention of the metabolic syndrome and other lifestyle related diseases are being carried out. Be sure to receive at least one medical examination a year to periodically check your health and to improve your lifestyle.

The key points are:

1. All NHI members between the age of 40 and 74 are eligible.
   All people between the age of 40 and 74 are eligible for the specialized medical examinations.

   How to receive the medical examination
   After you receive a medical examination card and an explanation from Japan's national health insurance, take the medical examination card and your NHI card with you to the healthcare provider or group medical examination site where you will receive your specialized examination. Prior to receiving the medical examination, confirm the times that the examinations will be held and, if necessary, reserve the day and time.

2. Along with some additional items, the items that make up the medical examination are focused on the metabolic syndrome.
   By examining your cholesterol, measuring your abdomen's girth, and checking other items, the examination focuses on identifying the people that are affected with metabolic syndrome and those for who lifestyle related diseases can be prevented. In addition, tests of items such as uric acid, creatinine, and urinary occult blood have been added to the examination to increase the areas that it covers.

3. There are simultaneous examinations for diseases such as cancer.
   There are locations in which you can receive examinations for diseases such as cancer simultaneously with the specialized examination. Please feel free to use these locations.

4. Medical advice that matches your examination results will be provided.
   All individuals that receive the specialized examination can receive the results of their examination and information about how to lead a healthy life. In addition, you can receive assistance (specialized medical advice), which is tailored to your examination results and matches your personal medical situation, in improving your lifestyle. Please feel free to make use of this assistance. We recommend that you proactively make use of this assistance to maintain your health.

A primary characteristic of the majority of lifestyle related diseases is that they will progress without symptoms. You can understand your own body by receiving an examination. Even if you are healthy and busy, try to receive an examination once per year.

☆ For details, contact the Japan national health insurance office of your city or town.
To Individuals Who Do Not Receive the Specialized Examination

We ask that you provide us with the following medical examination information to help us improve the rate that the specialized examinations are received and to help us stabilize the financial affairs of NHI.

1. Individuals who periodically receive medical examinations at a healthcare provider
   Among those individuals who are receiving medical treatment for lifestyle related diseases, many individuals say that they will not receive a medical examination because they are already receiving treatment. However, the specialized examination also applies to those individuals who are receiving treatment at a healthcare provider. Providing us with information such as the results of the examination you received at your healthcare provider is equivalent to you having received the specialized examination.

   [Eligible individuals]
   Individuals who are eligible for the specialized examination and who are receiving treatment at a healthcare provider (a healthcare provider that performs the specialized examination) for a chronic malady.

   [How to provide your information]
   Take the specialized examination card and your NHI card to your personal healthcare provider, and then provide them with your examination information.

2. Individuals who receive other medical examinations (medical examinations for entrepreneurs)
   For individuals who cannot receive the specialized examination but who can receive medical examinations for entrepreneurs held by organizations such as commercial and industrial associations and chambers of commerce and industry within the prefecture, the individual providing us with the results of this examination is equivalent to the individual having received the specialized examination.

   (1) Individuals who receive medical examinations for entrepreneurs held by commercial and industrial associations and chambers of commerce and industry within the prefecture
   [How to provide your information]
   When you receive the medical examination for entrepreneurs, take the specialized examination card that was remitted to you by the NHI member to the medical examination site and present this card there.

   (2) Individuals who receive medical examinations for entrepreneurs under conditions other than (1) and individuals who receive other medical examinations
   [How to provide your information]
   Present your medical examination results to your Japan national health insurance office.

* There is no cost associated with the presentation of information outlined in (1) and (2).

☆ For details, contact the Japan national health insurance office of your city or town.
Let's Make Use of Generic Medication!

Generic medication (over-the-counter drugs) refers to inexpensive medication that is produced and sold after its patent as new medication (leading-edge medication) expires. Generic medication is recognized as being equivalent to new medication by the Ministry of Health, Labour and Welfare. Using generic medication can help you reduce your medication cost.

Q Are there different types of generic medication?
A Generic medication can be used to counteract a variety of diseases and symptoms. It also comes in a variety of formats, such as capsules, pills, and eye drops.

Q How expensive is generic medication?
A There is a large cost associated with developing leading-edge medication, but generic medication, which has a much shorter development period, is almost always less expensive than leading-edge medication.

Q How do I change to using generic medication?
A Tell the doctor who prescribes your medication or the pharmacist who prepares your medication that "I want to switch to generic medication."

* Generic medication is not available for all new medication (leading-edge medication).
* Your doctor may decide to not prescribe you generic medication.

Note

We are carrying out notifications regarding generic medication twice each year.

- What is the notification regarding generic medication?
  This is a notification of how you can reduce your medication cost by switching from the new medication that you are taking to generic medication.

- Why did you start providing these notifications?
  We started providing these notifications to reduce the burden of medication cost on households as well as to improve the financial affairs of NHI.

Note

Not all individuals will receive the notification regarding generic medication. (For example, we are providing this notification to individuals who are receiving medical care for lifestyle related diseases (such as high blood pressure, diabetes, and hyperlipidemia) and are receiving their medication at pharmacies by prescription.)
Due to the change in laws related to organ transplants, we changed to a new system on July 17, 2010. Declare your intentions regarding organ donation by writing them in the field designed for them as shown below. Please declare your intentions regarding organ donation.

* The decision of whether to indicate one’s intentions regarding organ donation rests with the NHI member. You are not required to write your intentions in the field designed for them.

How to write your intentions

<Example of the back of an NHI card>

Declaring your intentions

Draw a circle around the number that matches your intentions.

- Draw **a circle around 1** if you wish to donate your organs in the event that you are judged to be brain dead and you have suffered cardiac arrest.

- Draw **a circle around 2** if you do not wish to donate your organs in the event of brain death but if you do wish to donate your organs in the event that you die from cardiac arrest. (In this situation, by law, no judgment of whether you have suffered brain death will be performed.)

- Draw **a circle around 3** if you do not wish to donate your organs. [To ④]

Selecting the organs that you do not want to donate

If you drew a circle around 1 or 2, draw an x beside each organ that you do not want to donate.

The organs that can be donated are shown below.

**After brain death**: heart, lung, liver, kidney, pancreas, small intestine, and eyeball

**After death from cardiac arrest**: kidney, pancreas, and eyeball
3 Writing information in the special comments field

Donating tissues
If you drew a circle around 1 or 2 and you wish to donate skin, heart valve, blood vessel, bone, or other tissue, write "All" or the specific tissue such as "Skin," "Heart valve," "Blood vessel," or "Bone."

Intention to give priority to donations to relatives
If you wish to indicate your intention to give priority to donations to relatives, read the following closely, and then write "Priority to donations to relatives."

Situations in which priority is given to donations to relatives

The following three conditions must be met.
- The individual (15 years of age or older) has indicated intent to provide organ donations and has given written indication of intent to give priority to donations to relatives.
- In the event that organs are donated, the relative (spouse,*1 child,*2 or parent*2) has registered to be a recipient of organ transplants.
- Medical conditions (compatibility conditions) have been met.

*1 The other individual in your marriage registration. Common-law marriages are not included.
*2 In addition to genetic parent-child relationships, this includes relationships between adopted children and adoptive parents.

Points of concern regarding giving priority to donations to relatives

If, due to medical conditions, a relative to whom the organ transplant applies cannot be found, the organ shall be donated to an individual who is not a relative of the donor.

If you specify by name (in writing) a relative to whom you wish to give priority to organ donation, out of all of your relatives, that relative will be given priority for your organ donations.

If you limit the individuals to whom you wish to donate organs by specifically naming a single individual whom you want to receive your organs, your organs will not be donated to any other individuals, including relatives.

Priority shall not be given to the donation of organs to relatives when the donor dies of suicide. This is to prevent incidences of suicide carried out so that a relative receives the organs of the dead individual.

Signature and other information

In your own handwriting, write your signature and the date that you did so. If possible, have your family members also sign this intention declaration card to show that they are aware that you are carrying this card.

Inquiries regarding organ donations
Japan Organ Transplant Network
Phone: +81-120-78-106
From mobile phones: +81-3-3502-2071
Website: http://www.jotnw.or.jp/english/index.html