# Guide to Japan’s National Health Insurance (NHI) System

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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 ............... 10%
  (Wage-earners at their preretirement income level pay 30%.)

**Proportion of medical costs paid by NHI for members**
- Preschool infants ............... 80%
- School-age children through adults up to 69 years old ............... 70%
- Adults aged 70 to 74 years old ............... 90%
  (Wage-earners at their preretirement income level pay 70%.)

**Member**
- (insured NHI subscriber)
  - Member applies to join NHI.
  - Member makes NHI tax (premium) payments.
  - Member receives NHI card.
  - Member pays copayment.
  - Member receives medical services.

**NHI doctor**
- (healthcare provider)
  - Healthcare provider bills NHI for medical costs.

**City or town**
- (insurer)
  - City or town pays medical costs to NHI.
  - City or town receives financial assistance from the national government.

**Federation of National Health Insurance Organizations**
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.

While each household only submits one application to NHI, every member of the household is insured individually, and each receives their own NHI card.

Non-citizens deemed to have stayed in Japan at least one year and who have a Certificate of Alien Registration can subscribe to NHI, unless they (1) receive health insurance from their employer, (2) receive public assistance, or (3) are a traveler or other temporary visitor to Japan.

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.

Non-citizens

You will receive your “long life medical care card” from your city or town. Your copayment (10% or 30%) will be checked using this card at the medical facility. Once you have received your card, guard it carefully.
Joining and Leaving the NHI System

Start or renew your NHI membership when you:

- Move from one city, ward, town or village to another
- Terminate your membership in another health insurance system
- Are no longer a dependent of a household belonging to another health insurance system
- Give birth
- No longer receive public assistance

Your NHI membership ends when you:

- Move from one city, ward, town or village to another
- Become eligible for the Long Life Medical Care System (the Health Insurance System for Latter-stage Elderly People) (see page 19)
- Start a membership in another health insurance system
- Become a dependent of a household belonging to another health insurance system
- Die
- Start receiving public assistance
When starting or renewing your NHI membership

- When you move from one city, ward, town or village to another
- When you register as a resident alien (does not apply to short-term residents)
- When your membership in another health insurance system ends
- When you are no longer a dependent of a household belonging to another health insurance system
- When you give birth
- When you no longer receive public assistance

**Items needed to apply for NHI membership**

- Hanko (personal name stamp) and change of address certificate
- Certificate of Alien Registration

**When your NHI membership ends**

- When you become eligible for the Long Life Medical Care System (See Page 12)
- When you move from one city, ward, town or village to another
- When you are a non-citizen and move from one city, ward, town or village to another
- When you start a membership in another health insurance system
- When you become a dependent of a household belonging to another health insurance system
- Upon death
- When you start receiving public assistance

**Items needed to renew your NHI membership or register changes**

- NHI card
- NHI card
- NHI card and Certificate of Alien Registration
- NHI card and other health insurance system’s card
- NHI card and death certificate
- NHI card and letter indicating you will start receiving public assistance

**Other**

- When your address, head of household or name changes
- When your children move to another city, ward, town, or village for their education
- When you move from one city, ward, town or village to another in order to move to another facility
- When your NHI card becomes lost* or unreadable
- When you become eligible for the Retiree Medical System (See Page 19)
- When you are no longer eligible to be a member of a retiree health insurance system

**Items needed to make required changes**

- NHI card
- NHI card, student ID card, etc.
- NHI card, facility membership certificate, etc.
- Personal identification and the unreadable NHI card (if applicable)
- NHI card, pension certificate

* 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

★ Are not Long-Term Care Insurance System members.

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.

★ Are Type 2 Long-Term Care Insurance System members.

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.

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.)

★ Are Type 1 Long-Term Care Insurance System members.

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.)

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.

- Uniformly: Calculated based on the number of members in the household.
- Equally: Calculated based on the amount per household.
- By income: Calculated based on the member’s income.
- By net worth: Calculated based on the member’s net worth.
Pay Your NHI Tax (Premium) on Time

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. If an NHI member is more than 18 months delinquent in their NHI tax (premium) payments, some or all of their NHI benefits may be stopped.

4. Members who receive NHI benefits and are still delinquent in their payments after these steps have been taken may have some or all of their costs (such as medical costs, major medical costs, lump-sum birth/childcare benefits or funeral expenses) added to their late NHI tax (premium) payment.
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>

*Preschool infants .................................. 20%
School-age children through adults up to 69 years old .......................... 30%
Adults aged from 70 to 74 ...... 10% (except for wage-earners at their preretirement income level, who pay 30%).

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

<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 70 to 90%* of the approved amount if the claim is approved.</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>
</tbody>
</table>
| When you receive traditional amma massage or Western massage therapy, acupuncture or moxibustion with a doctor’s written consent or medical certificate | * Preschool infants .................................. 80%
School-age children through adults up to 69 years old .......................... 70%
Adults aged from 70 to 74 ...... 90% (except for wage-earners at their preretirement income level, who pay 70%). |                                                                                                                                               |
| When you incur expenses for a corset, crutches or other medical appliance | 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. | 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. |
| When you pay for blood used in a blood transfusion                           |                                                                                   |                                                                                                                                               |
| When expenses for hospitalizing or transporting a critical patient have been incurred |                                                                                   |                                                                                                                                               |
| When you are treated for an illness or injury by an overseas healthcare provider (Overseas Medical Cost) | NHII members can receive a refund of 70 to 90%* of the estimated cost for treatment of the same injury or illness in Japan (or of the amount actually paid overseas if less). | An itemized treatment description, itemized receipt, and translation are required. |

* 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>
<tbody>
<tr>
<td>- When you are treated by a traditional jūdō therapist</td>
<td>Treatment for between 10 and 30%* of the original cost</td>
<td>Bring your NHI card. 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.</td>
</tr>
<tr>
<td>- * Preschool infants ........................................ 20%</td>
<td>* School-age children through adults up to 69 years old ............................... 30%</td>
<td></td>
</tr>
<tr>
<td>- Adults aged from 70 to 74 ................................. 10%</td>
<td>(except for wage-earners at their preretirement income level, who pay 30%).</td>
<td></td>
</tr>
</tbody>
</table>

### Reimbursement for major medical costs

(See pages 12 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>
<tbody>
<tr>
<td>- When you give birth</td>
<td>Lump-sum birth/childcare benefit</td>
<td>From October 2009, as a rule lump-sum birth/childcare benefits are paid directly by NHI to the medical facility (direct payment system) to assist the payment of the cost of childbirth.</td>
</tr>
<tr>
<td>- When you are pregnant for 85 days or longer, even in the case of miscarriage or stillbirth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- When an NHI member dies</td>
<td>Funeral expenses</td>
<td>Bring the deceased member’s NHI card and death certificate.</td>
</tr>
<tr>
<td>- Meal costs when hospitalized (see page 10)</td>
<td>Hospitalized NHI members pay 260 yen (per meal) for hospital meals. NHI pays the remainder (Hospital Meal Cost).</td>
<td>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”.</td>
</tr>
<tr>
<td>- Living costs for members 65 or older hospitalized in treatment wards (see page 11)</td>
<td>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).</td>
<td>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”.</td>
</tr>
<tr>
<td>- When using a visiting nursing station</td>
<td>NHI members pay part of the cost, and NHI pays the remainder (Visiting Nursing Care Cost).</td>
<td>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.)</td>
</tr>
</tbody>
</table>

* 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).

### General NHI members (members other than those below)

<table>
<thead>
<tr>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>260 yen per meal</td>
<td></td>
</tr>
</tbody>
</table>

### NHI members from households exempt from resident tax

<table>
<thead>
<tr>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days hospitalized during past 12 months: 90 or less</td>
<td>210 yen per meal</td>
</tr>
<tr>
<td>Total number of days hospitalized during past 12 months: More than 90</td>
<td>160 yen per meal</td>
</tr>
</tbody>
</table>

### Type I low-income NHI members*2 who are 70 or older

<table>
<thead>
<tr>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<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>Total of 320 yen per day and 210 yen per meal</td>
<td></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>Total of 320 yen per day and 130 yen per meal</td>
<td></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.
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**

   **① 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). By filling out an application for your NHI healthcare provider beforehand, you can receive a certificate stating your deductible. This procedure ensures that when you are hospitalized and have major medical costs, the amount you will pay at the billing office of an individual healthcare provider will be no more than your deductible (On-the-Spot Payment).

   *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>Member Type</th>
<th>Deductible Formula</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>General members</td>
<td>(80,100 \text{ yen } + A) (A = (\text{Total medical costs } - 267,000 \text{ yen}) \times 1%)</td>
<td>87,430 yen</td>
</tr>
<tr>
<td>High-income members*1</td>
<td>(150,000 \text{ yen } + B) (B = (\text{Total medical costs } - 500,000 \text{ yen}) \times 1%)</td>
<td>35,400 yen</td>
</tr>
<tr>
<td>Members exempt from resident tax*2</td>
<td>(35,400 \text{ yen})</td>
<td></td>
</tr>
</tbody>
</table>

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

\[
\begin{align*}
\text{Total medical costs} & = 1,000,000 \text{ yen} \\
\text{Deductible} & = 87,430 \text{ yen} \\
\text{Major medical costs} & = 212,570 \text{ yen}
\end{align*}
\]

Deductible = \(80,100 \text{ yen } + (1,000,000 \text{ yen } - 267,000 \text{ yen}) \times 1\% = 87,430 \text{ yen}\)

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).

<table>
<thead>
<tr>
<th>Deductible (monthly) after fourth benefit</th>
<th>General NHI members</th>
<th>44,400 yen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High-income members</td>
<td>83,400 yen</td>
</tr>
<tr>
<td></td>
<td>Households exempt from resident tax</td>
<td>24,600 yen</td>
</tr>
</tbody>
</table>

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.

Points to note when calculating copayments

1. Copayments are calculated monthly (by calendar month), 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.

<table>
<thead>
<tr>
<th>Copayment ratio</th>
<th>Outpatients (per individual)</th>
<th>Outpatients + inpatients (per household)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General members</td>
<td>10% 12,000 yen</td>
<td>44,400 yen</td>
</tr>
<tr>
<td>Wage earners at their preretirement income level*1</td>
<td>30% 44,400 yen</td>
<td>80,100 yen + A (Total medical costs – 267,000 yen) x 1% (44,400 yen)*4</td>
</tr>
<tr>
<td>Members exempt from resident tax</td>
<td>Type II*2 10% 8,000 yen</td>
<td>24,600 yen</td>
</tr>
<tr>
<td>Type I*3</td>
<td></td>
<td>15,000 yen</td>
</tr>
</tbody>
</table>

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.

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

* 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.

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

1. Copayments are calculated monthly (by calendar month), 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).

Household members under 70
- Total applicable standard copayment
  (Each copayment over 21,000 yen)

Household members 70 or older
- (excluding members eligible for the Long Life Medical Care System)
  - Outpatients (per individual)
  - Outpatients + inpatients (per household)

Total copayment for entire NHI household
(No more than deductible given on page 12)
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.
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.

LTČI 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.
As of April 2008, the deductibles described in the table below apply to costs that remain high even after the total NHI member deductibles for both insurance systems have been deducted from medical costs and long-term care service costs. 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></th>
<th>NHI members under 70 (excluding members eligible for the Long Life Medical Care System)</th>
<th>NHI members 70 or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-income members</td>
<td>1,260,000 yen (1,680,000 yen)</td>
<td>670,000 yen (890,000 yen)</td>
</tr>
<tr>
<td>(Wage earners at their preretirement income level)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General members</td>
<td>670,000 yen (890,000 yen)</td>
<td>560,000 yen (750,000 yen)</td>
</tr>
<tr>
<td>Members exempt from resident tax</td>
<td>340,000 yen (450,000 yen)</td>
<td>310,000 yen (410,000 yen)</td>
</tr>
<tr>
<td>(excluding members eligible for the Long Life Medical Care System)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type I</td>
<td></td>
<td>190,000 yen (250,000 yen)</td>
</tr>
</tbody>
</table>

* See pages 12, 13, and 14 for details on how this applies to high-income members, wage-earners at their preretirement income level, and members exempt from resident tax.

* Because the applicable period for 2008 will be sixteen months (from April 2008 to July 2009), NHI member deductibles in parentheses indicate amounts equivalent to sixteen months. However, if copayments are mainly concentrated in the twelve months from August 2008, regular NHI member deductibles will apply.
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**
  People who satisfy both of the following criteria are eligible for the retiree medical system.

  - 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

- **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**
  - Pre-school infants: 20%
  - Post pre-school to under 65: 30%

Long Life Medical Care System

NHI members aged 75 or older (and NHI members aged 65 or older who have certain disabilities) will receive medical care under the Long Life Medical Care System (the Insurance System for Latter-Stage Elderly People).

On reaching the age of 75 (i.e. on the day of their 75th birthday, or in the case of those aged between 65 and 74 (inclusive) who have certain disabilities, on the day they receive recognition of their disability from the regional council), current NHI members will no longer be covered by the NHI system; they will be covered by the Long Life Medical Care System (the Insurance System for Latter-Stage Elderly People).

- **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.
The Self-reliance Support Law for People with Disabilities was established in order to standardize the system under which the disabled use disability welfare services and to further promote this system. It also aims to ensure that disabled persons are able to access the services they need, regardless of their disability.

**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.
Use of facilities for disabled children ...... Guardians of disabled children can apply to the prefecture for a benefit. Once the permission is granted, they sign a contract with a facility.

**Service costs**
Copayments are generally 10% of service costs. However, there is a monthly upper limit according to income.

* For more information, contact the disabled persons self-reliance support section of your city or town office.