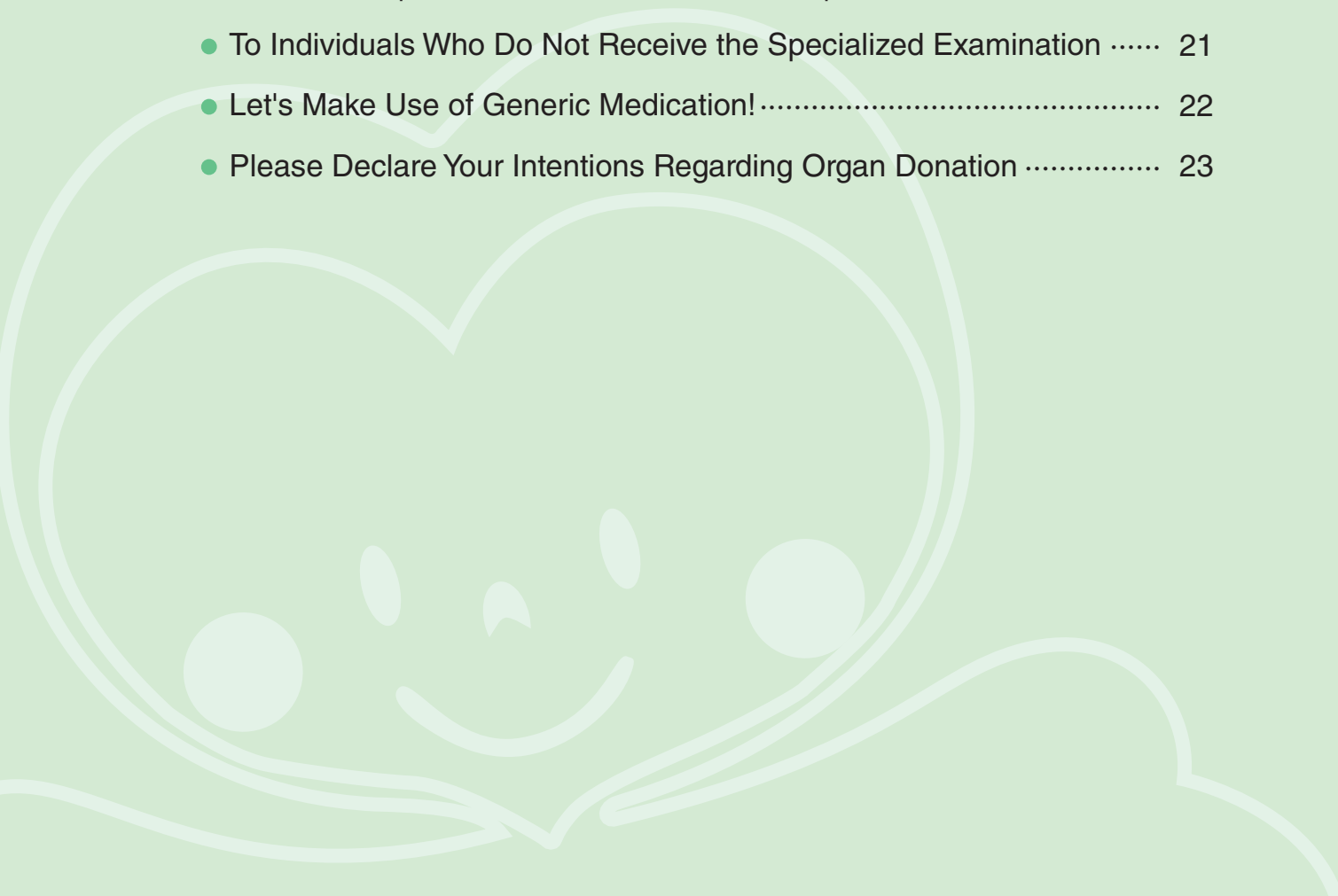


Guide to Japan's National Health Insurance (NHI) System

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How Japan's National Health Insurance (NHI) System Works

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 (20% or 30%)

(The copayment percentage that is written on your NHI card.)



Member
(insured NHI subscriber)

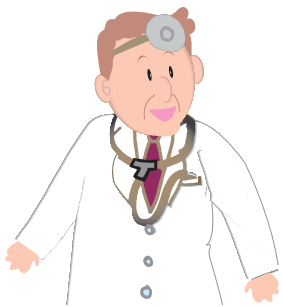
Member applies to join NHI.
Member makes NHI tax (premium) payments.

City or town receives financial assistance from the national government.

Member pays copayment.

Member receives medical services.

Member receives NHI card.



NHI doctor
(healthcare provider)



Insurer
(prefecture, city, or town)

NHI pays medical costs to healthcare provider.

City or town pays medical costs to NHI.

Healthcare provider bills NHI for medical costs.

NHI reports the medical costs incurred.



Federation of National Health Insurance Organizations

☆ There are systems that you can use to apply for collection postponements and exemptions to your copayments in the event that it is difficult for you to pay your copayments due to special reasons such as the occurrence of a disaster. → For details, contact your Japan national health insurance office.

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

Foreigners 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 transitionally in Japan) are eligible to subscribe to NHI. Also, persons whose stay is three months or less but whose stay is recognized to exceed three months on the basis of objective documents are eligible to subscribe to NHI.

Discontinuation of NHI cards

Use of NHI cards will be discontinued as of December 2, 2024, and the Individual Number Card* and NHI card will be combined into the Individual Number Health Insurance Card. (Transitional measures will be enacted.) For details, please check the Ministry of Health, Labour and Welfare website (<https://www.mhlw.go.jp/english/>).



* The Individual Number Card is also referred to as the My Number Card.



Under such circumstances, report within 14 days

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. Reporting is also necessary by a person who has registered to use the Individual Number Card as a health insurance card.

- * If you fail to carry out the procedure to cancel your national health insurance even though you have been employed by a company and have joined your company's health insurance system and then use your NHI card at a healthcare provider, you will be required to return the medical costs.
- * If you have yet to receive your new insurance card from your employing company at the time that you want to visit a healthcare provider, contact your employer.
- * Either documents A or B below are required for the procedure.
 - A. ID that can be used to verify your identity, and a document bearing your individual number (certificate of residence or certificate of items stated in resident register)
 - B. Individual Number Card
- * The items required for notification may vary by city or town. For more information, contact the NHI section of your city or town office.

When starting or renewing your NHI membership	Items needed to apply for NHI membership
When you move from one city, ward, town or village to another	Change of address certificate
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	Certificate proving you have ended a membership in another health insurance system
When you give birth	NHI card and Maternal and Child Health Handbook
When you no longer receive public assistance	Letter indicating you have been taken off public assistance
When a foreign national entered Japan (excepting short-term visitors)	Passport or residence card
If you are a foreign national	Special Permanent Resident Certificate or Residence Card
When your NHI membership ends	Items needed to renew your NHI membership or register changes
When you become eligible for the Long Life Medical Care System (For those members that are 65 to 74 years old) (see page 18)	NHI card
When you move from one city, ward, town or village to another	NHI card
When you start a membership in another health insurance system When you become a dependent of a household belonging to another health insurance system	NHI card and other health insurance system's card
Upon death	NHI card
When you start receiving public assistance	NHI card and letter indicating you will start receiving public assistance
Other	Items needed to make required changes
When your address, head of household or name changes	NHI card
When your children move to another city, ward, town, or village for their education	NHI card, student ID card, etc.
When you move from one city, ward, town or village to another in order to move to another facility.	NHI card, facility membership certificate, etc.
When your NHI card becomes lost* or unreadable	ID that can identify the individual

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



NHI Tax (Premium) Contributions Supporting NHI

● 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

★ 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.

NHI tax (premium)

- Contribution for medical care
- Contribution for Health Insurance System for Latter-stage Elderly People

Members 40 to 64 years old

★ 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.

NHI tax (premium)

- Contribution for medical care
- Contribution for Health Insurance System for Latter-stage Elderly People
- Contribution for 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.)

Members 65 to 74 years old

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

Members between the ages of 65 and 74 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, and the premium for the Long-Term Care Insurance System separately.

NHI tax (premium)

- Contribution for medical care
- Contribution for Health Insurance System for Latter-stage Elderly People

Long-Term Care Insurance System premium

- Contribution for Long-Term Care Insurance System

* 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 apply: (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 NHI tax (premium) and Long-Term Care Insurance System premium combined is more than half the yearly pension of the head of the household.

● 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

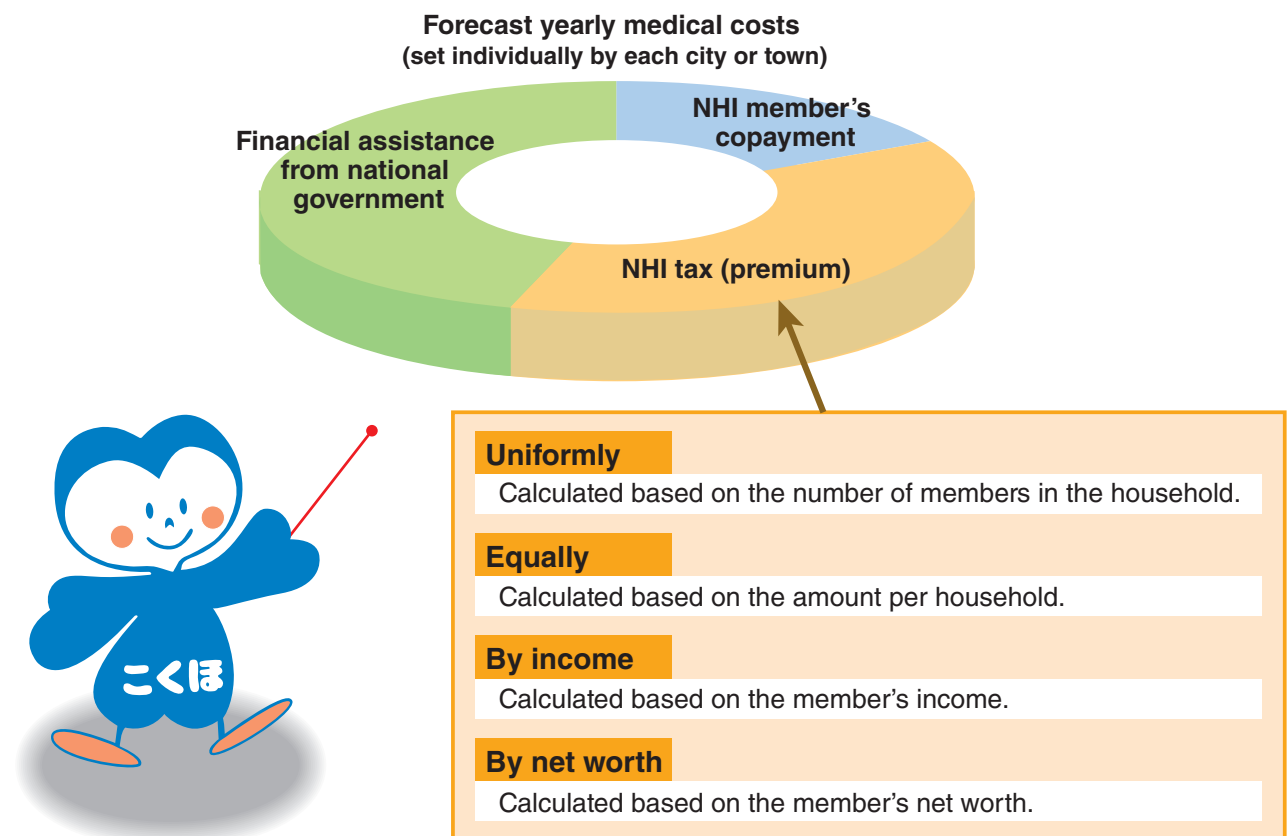
You must start paying NHI tax (premium) contributions after becoming eligible for NHI membership. You become eligible for NHI membership when (1) you withdraw from the health insurance system provided by your employer; (2) you stop receiving public assistance; or (3) you move from one city, ward, town, 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.



☆ There are systems that you can use to apply for postponements and exemptions to your NHI tax (premium) payments in the event that it is difficult for you to pay your NHI tax (premium) due to special reasons such as the occurrence of a disaster. → For details, contact a representative in charge of the NHI tax (premium).

Pay your insurance taxes (premiums) using convenient and reliable automatic withdrawal!

For other tax (premium) payment methods, please check the back of the payment statement, the website of your city or town, or other materials.

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.

Late fees may be imposed on NHI taxes (premiums) that are not paid by the payment deadline.

NHI may 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 Unless there are extraordinary circumstances, if an NHI tax (premium) is not paid within a certain period, an NHI Eligibility Certificate may be issued.

If you receive an NHI Eligibility Certificate, you will be responsible for payment of the full amount of medical expenses, and will receive a refund of the medical expenses minus the copayment at a later date.

- 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 the NHI tax (premium) 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.

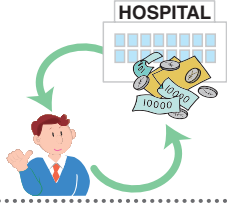
Medical benefits

When received	Benefit received	Points to note
<ul style="list-style-type: none"> When you become ill When you are injured When you require dental care 	<p>Medical treatment for between 10 and 30%* of the original cost</p> <p>* Preschool infants(20%) School-age children through adults up to 69 years old(30%) Adults aged from 70 to 74(20% or 30%) (The copayment percentage that is written on your NHI card.)</p>	<p>You must present your NHI card* at a healthcare provider that accepts NHI.</p>

* Insured Individual and Recipient Card for Seniors for individuals between 70 and 74 years old

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.

When received	Benefit received	Points to note
<ul style="list-style-type: none"> 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 	<p>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.</p>	<p>NHI investigates the circumstances thoroughly before reimbursing expenses. An invoice or receipt for the cost of medical treatment or a suitable substitute is required.</p> 
<ul style="list-style-type: none"> When you incur expenses for a corset, crutches or other medical appliance When you pay for blood used in a blood transfusion 		<p>A doctor's certificate is required. Expenses for blood used in blood transfusions between a parent and child, siblings or other family members are not reimbursed.</p>
<ul style="list-style-type: none"> When expenses for hospitalizing or transporting a critical patient have been incurred 	<p>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.</p>	<p>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.</p>
<ul style="list-style-type: none"> When you are treated for an illness or injury by an overseas healthcare provider (Overseas Medical Cost) 	<p>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).</p>	<p>An itemized treatment description, itemized receipt, translation, your passport, a copy of your airline ticket or a similar document that can be used to prove that you have traveled overseas, and a form indicating your consent to have the treatment investigated are required.</p>

* 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 for judo therapy, acupuncture, moxibustion, traditional anma massage, and Western massage therapy

When received	Benefit received	Points to note
<ul style="list-style-type: none"> ● When you are treated by a traditional judo therapist (for bone fractures, dislocations, blows to the body, and sprains) 	<p>Treatment for a portion of the original cost* paid by the member.</p> <p>* Preschool infants(20%) School-age children through adults up to 69 years old(30%) Adults aged from 70 to 74 (20% or 30%) (The copayment percentage that is written on your NHI card.)</p>	<p>Present your NHI card to the location that you will receive medical treatment. In some cases you may also need your hanko.</p> <ul style="list-style-type: none"> ● When receiving judo therapy: <ul style="list-style-type: none"> The following are not covered by insurance based on the diagnosis or determination of a physician or judo therapist. • Simple (fatiguing or chronic) stiffness in the shoulders or muscle fatigue • Chronic illnesses such as brain disease sequelae, and long-term treatment that does not improve symptoms • Injuries that are currently being treated at a medical institution (hospital, clinic, etc.)
<ul style="list-style-type: none"> ● When you receive acupuncture, moxibustion, traditional anma massage, or Western massage therapy with a doctor's written consent or medical certificate <p>* Must be carried out at a designated representative treatment facility. Verify that your desired treatment facility is a designated representative facility. The information can also be found on the Regional Bureau of Health and Welfare website.</p>		

* Designated representative facilities: A practitioner performs a treatment specified under health insurance (as a medical cost). A portion of the medical expense is received from the patient, etc., and then the practitioner prepares and submits a medical expense payment application on behalf of the patient to the insurer or applicable institution (Federation of National Health Insurance Organization in Shiga Prefecture). The practitioner, as designated representative for the patient, then receives the remaining amount. If the treatment facility is not a designated representative facility, patients are responsible for being reimbursed for payments.

◎ Reimbursement for major medical costs

When received	Benefit received	Points to note
<ul style="list-style-type: none"> ● When your costs exceed the preset deductible 	See pages 11 to 15.	

◎ Other benefits

When received	Benefit received	Points to note
<ul style="list-style-type: none"> ● Meal costs during hospitalization 	See page 9.	
<ul style="list-style-type: none"> ● Meal and living costs for members aged 65 or older hospitalized in long-term care facilities 	See page 10.	
<ul style="list-style-type: none"> ● 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.)
<ul style="list-style-type: none"> ● 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.
<ul style="list-style-type: none"> ● 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.

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

Meal and Living Costs During Hospitalization

The standard copayments for meal costs during hospitalization and meal and living costs for members aged 65 or older admitted to long-term care facilities are as follows. The remaining costs will be covered by NHI.

The following NHI members need to apply for and receive the Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability 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.

* There is no need to apply for the eligibility certificate if you provide consent at a healthcare provider equipped with an online system for checking qualifications and if your classification can be checked via your Individual Number Card (Individual Number Health Insurance Card), NHI card, or similar document. (Excluding NHI members from households exempt from resident tax and whose total number of days hospitalized during the past 12 months is more than 90 days)

1. Meal costs during hospitalization

(As of March 31, 2024)

General NHI members (members other than those below)		460 yen per meal*1
NHI members from households exempt from resident tax (Type II low-income NHI member*2 if 70 or older)	Total number of days hospitalized during past 12 months: 90 or less	210 yen per meal
	Total number of days hospitalized during past 12 months: More than 90	160 yen per meal
Type I low-income NHI members*3 who are 70 or older		100 yen per meal

*1: 260 yen (per meal) for individuals with designated intractable diseases and children with specific pediatric chronic diseases.

*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.

*3: 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 the total income of the head of the household and of all the NHI members of the household is less than the prescribed amount.

The standard copayments above are not included in the copayments used to calculate the benefits for major medical costs.



2. Meal and living costs for members aged 65 or older hospitalized in long-term care facilities

(As of March 31, 2024)

Income classification, etc.			Meal costs	Living costs
General NHI members	Members hospitalized in an NHI healthcare provider that uses Hospital Living Cost I		460 yen per meal	370 yen per day
	Members hospitalized in an NHI healthcare provider that uses Hospital Living Cost II		420 yen per meal	
NHI members from households exempt from resident tax (Type II low-income members)	Medical care classification	I	210 yen per meal	
		II	210 yen per meal*	
		III	210 yen per meal*	
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)	Medical care classification	I	130 yen per meal	
		II	100 yen per meal	
		III	100 yen per meal	

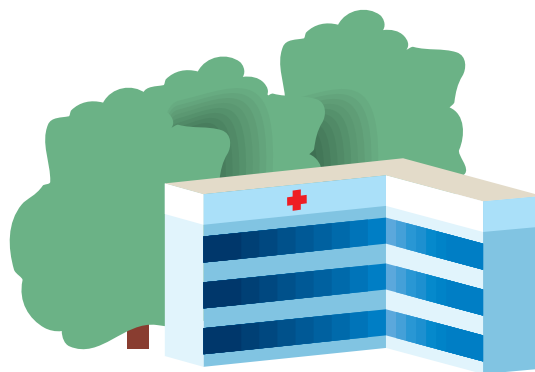
- Members who require artificial respirators or central venous nutrition, or who have spinal cord injury (with full paralysis) or terminal illnesses only pay for their food ingredients (standard Hospital Living Cost copayment).

* 160 yen per meal if the total number of days hospitalized during the past 12 months is more than 90 days.

Check with the medical facility to see if you qualify for hospitalization in a long-term care facility.

The standard copayments above are not included in the copayments used to calculate the benefits for major medical costs.

Meal costs will be raised from June 2024.



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.

In the month that you change your address from one city/town in Shiga prefecture to another city/town in Shiga prefecture and only if there are no changes to the configuration of your household, the deductible value will be split evenly between that prior to the change of address and that after the change of address.

① When your monthly copayment exceeds your deductible

Members who pay copayments to a single medical institution for medical treatment from the first day of the month to the end of the month that exceed the deductible shown in Tables 1 (below) and 2 (page 12) can apply to their NHI office to have the excess amount paid back to them (reimbursement).

Reimbursements for payments generally take 3 to 4 months from the application date.

If you have previously made a request to the NHI system and have received a Eligibility Certificate for Ceiling-Amount Application (or, for Type I and Type II resident tax-exempt NHI members, an Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability) that covers your copayment deductible, your payment to each healthcare provider (handled separately for inpatient treatment/outpatient treatment and for medical treatment/dental treatment) can be limited to your copayment deductible. In addition, for Type III members aged 70 or older with income comparable to the current workforce and general members, there is no need to apply for the Eligibility Certificate for Ceiling-Amount Application because the member's income classification can be confirmed on their NHI card (benefit in kind).

* There is no need to apply for the eligibility certificate if you provide consent at a healthcare provider equipped with an online system for checking qualifications and if your classification can be checked via your Individual Number Card (Individual Number Health Insurance Card), NHI card, or similar document.

If you are delinquent in your NHI premiums (taxes), you may not be able to receive a certificate.

1. NHI members less than 70 years old

Applicable classification	Income classification	NHI member deductibles (monthly)
A	Income greater than 9.01 million yen	252,600 yen + a a = (Total medical costs - 842,000 yen) × 1% (Corresponding to multiple times: 140,100 yen ^{*2})
B	Income between 6 million yen and 9.01 million yen	167,400 yen + b b = (Total medical costs - 558,000 yen) × 1% (Corresponding to multiple times: 93,000 yen ^{*2})
C	Income between 2.1 million yen and 6 million yen	80,100 yen + c c = (Total medical costs - 267,000 yen) × 1% (Corresponding to multiple times: 44,400 yen ^{*2})
D	Income of 2.1 million yen or less	57,600 yen (Corresponding to multiple times: 44,400 yen ^{*2})
E	Members exempt from resident tax ^{*1}	35,400 yen (Corresponding to multiple times: 24,600 yen ^{*2})

The values a, b, and c are each added if the total medical cost is more than 842,000 yen, 558,000 yen, or 267,000 yen (respectively).

* Income classifications are updated every August based on the income of the previous year. In addition, all tax return amendments and changes in household are assessed individually.

* Income refers to the standard yearly income of all NHI members of the same household.

*1: 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.

*2: Deductible after fourth benefit for a single household that receives three or more benefits for major medical costs within the past twelve months.

Example: A person is admitted to a single hospital and incurred medical costs of 1 million yen (general) in one month (Income between 2.1 million yen and 6 million yen)



Total medical costs 1 million yen	
70% (paid by NHI) 700,000 yen	30% (copayment) 300,000 yen
Deductible 87,430 yen	Major medical costs 212,570 yen

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

2. NHI members who are 70 or older (excluding members eligible for the Long Life Medical Care System)

Copayment percentage	Income classification*1		NHI member deductibles (monthly)	
			Outpatients (per individual)	Outpatients + inpatients (per household)
30%	Wage earners at their preretirement income level*2	III Base taxation amount: 6.9 million yen or more	252,600 yen + (Total medical costs – 842,000 yen) x 1% (Corresponding to multiple times: 140,100 yen*6)	
		II Base taxation amount: 3.8 million yen or more	167,400 yen + (Total medical costs – 558,000 yen) x 1% (Corresponding to multiple times: 93,000 yen*6)	
		I Base taxation amount: 1.45 million yen or more	80,100 yen + (Total medical costs – 267,000 yen) x 1% (Corresponding to multiple times: 44,400 yen*6)	
20%	General members		18,000 yen (yearly upper limit: 144,000 yen*5)	57,600 yen (44,400 yen*6)
	Members exempt from resident tax	Type II*3	8,000 yen	24,600 yen
		Type I*4		15,000 yen

*1: Income classifications are updated every August based on the income of the previous year. In addition, all tax return amendments and changes in household are assessed individually.

*2: 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 (income after deductions attributable to local tax laws, that is, the base taxation amount) 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 member can change to the 'General members' category. If it is determined that the conditions are met, the member shall be judged as being in the 'General members' category even if no application is made.

*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.

*4: 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 the total income of the head of the household and of all the NHI members of the household is less than the prescribed amount.

*5: The term year refers to the period from August of one year to July of the subsequent year.

*6: Deductible after fourth benefit for a single household that receives three or more benefits for major medical costs within the past twelve months.

* The ceiling amounts for NHI and the Long Life Medical Care System are both halved in the month an individual will turn 75.

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 individual at each hospital or clinic.
4. Copayments are calculated separately for outpatient and inpatient treatment for both medical and dental, even for the same hospital or clinic.
5. The cost of medications prepared for out-of-hospital prescriptions is added to copayments.
6. This calculation applies to individuals under 70 years old whose copayment at a healthcare provider (handled separately for inpatient treatment/outpatient treatment and for medical treatment/dental treatment) is 21,000 yen or more.

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

② 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). However, for individuals under 70 years old in income classification A or B requiring dialysis treatment for chronic renal failure, the monthly copayment amount is limited to 20,000 yen.

③ If the total copayments for a single NHI household exceed the deductible

Even if an individual's (one-time) copayment cannot be considered a copayment for major medical costs, if the individual undergoes multiple medical examinations or other members of the NHI household undergo medical examinations, the individual copayments for each month (calendar month) may be totaled. If the total copayments exceed the specified amount, individuals can apply to their city or town office to have the amount in excess of their deductible reimbursed (Household Total).

* The household total applies not only when combining partial payments of family members but also when combining an individual's partial payments to multiple medical institutions in the same month.

• Total amount for individuals under 70 years old

In a single NHI household, an individual who pays copayments of 21,000 yen or more to a healthcare provider 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) (page 11).

• Total amount for individuals aged 70 or older (not including individuals covered by the Long Life Medical Care System)

Copayments for healthcare benefits and other benefits paid within the same month in the same NHI household are subject to totaling. Individuals can apply to their city or town office to have these payments totaled, and receive the amount in excess of their deductible (Household Total) (page 12).

(1) The amount in excess of the deductible is calculated by applying the maximum outpatient copayment amount for individuals aged 70 or older to the total outpatient copayment amount for each individual.

(2) The amount in excess of the deductible is calculated by applying the maximum household copayment amount for individuals aged 70 or older to the total of the copayment amount for hospitalization and the copayment amount remaining after (1) above.

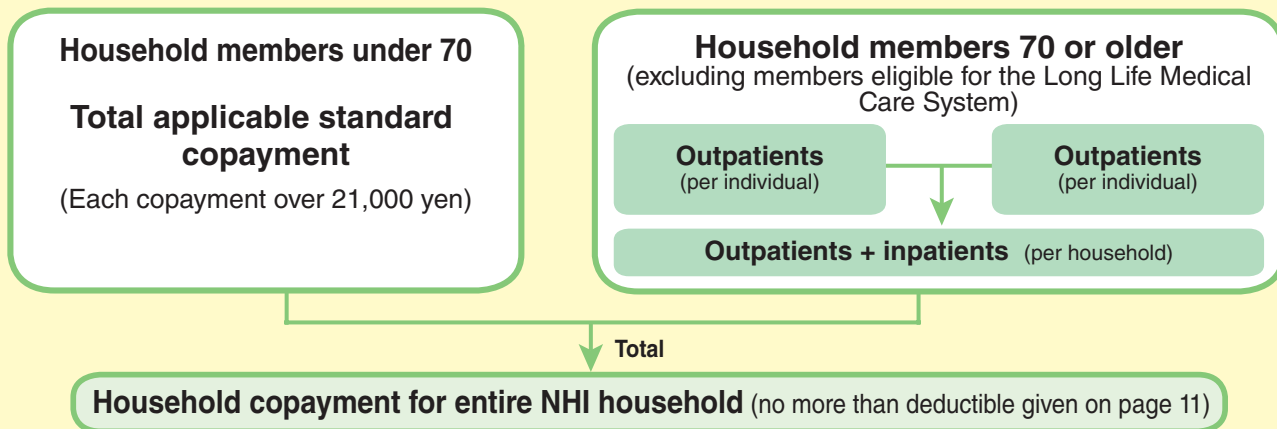
The total amount calculated in (1) and (2) above is the amount to be paid.



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 12), then

include the inpatients and apply the deductibles of household members of 70 or older (Page 12 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 11).



* There may be changes to this information according to future revisions to laws.

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.

● Combined ceiling amounts (Annual amounts; From August 1 to July 31 the following year)

NHI members under 70		NHI members 70 or older (excluding members eligible for the Long Life Medical Care System)		
Income classification (old proviso)		Income classification		
Income greater than 9.01 million yen	2,120,000 yen	Base taxation amount: 6.9 million yen or more	2,120,000 yen	
Income between 6 million yen and 9.01 million yen	1,410,000 yen	Base taxation amount: 3.8 million yen or more	1,410,000 yen	
Income between 2.1 million yen and 6 million yen	670,000 yen	Base taxation amount: 1.45 million yen or more	670,000 yen	
Income of 2.1 million yen or less	600,000 yen	General members	560,000 yen	
Members exempt from resident tax	340,000 yen	Members exempt from resident tax	Type II	310,000 yen
			Type I	190,000 yen

* See page 11 and 12 for information on income classifications.

Long-Term Care Insurance System

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.

	Members aged 65 or older (Type 1 members)	Members aged 40 to 64 (Type 2 members)
Eligible individuals	Members aged 65 or older	Health insurance members aged 40 to 64 enrolled in health insurance societies, Japan Health Insurance Association, Municipal National Health Insurance, etc. (Qualification is automatic upon turning 40, and Type 1 membership is automatically applied upon turning 65.)
Requirements	<ul style="list-style-type: none"> • In need of care • In need of assistance 	<ul style="list-style-type: none"> • Limited to the need for care (assistance) due to aging-related illness (specific illness)
Insurance premium collection	<ul style="list-style-type: none"> • Collected by municipalities (Generally deducted from pension) • Collectable from month in which member turns 65 	<ul style="list-style-type: none"> • Collected together with health insurance premium • Collectable from month in which member turns 40

● 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 (in principle)

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.)

* The rate is 20% for those individuals who earn the prescribed income or higher. Among those individuals for which the rate is 20%, the rate will be increased to 30% for those who have an exceptionally high income.

● 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.

Disability Welfare Services

The Comprehensive Support Law for People with Disabilities was established in order to standardize the system under which people with disabilities use disability welfare services and to further promote this system. This law also aims to ensure that people with disabilities are able to access the services they need regardless of their disabilities.

● An application and a certification of disability support classification are required

Prospective users of disability welfare services are required to submit an application. After the application is made, the applicant's disability support classification must be certified before the decision is made as to whether services will be provided.

(Depending on the type of service, the certification of disability support classification may not be required.)

● 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 children with disabilities can make an application at the appropriate office for a benefit.*¹ Once permission for the benefit is granted, the guardians sign a contract with the facility.

*1: The city or town serves as the office for applications to facilities for children with disabilities.

Family consulting centers serve as offices for admissions of children with disabilities.

● Service costs

Service costs shall be determined according to the amount of services used, but consideration shall be given so as to assign a burden that corresponds to factors 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.

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 NHI members are required to pay premiums, including household members (dependents) who have not previously paid premiums.

One NHI card will be issued per member.



When a person who has enrolled in health insurance through a workplace transfers to the Long Life Medical Care System, the persons who were dependents of that person (persons aged less than 75) also lose their health insurance qualification, and therefore must complete the procedure for enrolling in NHI or other health insurance.

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 a Traffic 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
- ◆ Accident occurrence status report
- ◆ 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. The natural environment, the clean air, and the effect of the hot spring soothe and relax 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?



* The conference of insurers in Shiga prefecture has made members of NHI in Shiga prefecture 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, <https://www.shigakokuho.or.jp/>).

Receive Your Specialized Medical Examination and Specialized Medical Advice!

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 and blood sugar level, 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, serum creatinine, and urinary occult blood are also added to the examination to increase the areas covered.

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 medical examination office of your city or town.

To Members Who Possess an Individual Number Card

You can view the information of your examination results from Mynportal. Please check the Ministry of Health, Labour and Welfare website (<https://www.mhlw.go.jp/english/>) for details on how to view this information.



To Individuals Who Do Not Receive the Specialized Examination

Please provide us with your medical examination information!

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.

Lifestyle improvements are even necessary for individuals currently receiving medical treatment!

② Individuals who receive other medical examinations (medical examinations for entrepreneurs)

For individuals who 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 medical examination office.

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

☆ For details, contact the medical examination office of your city or town.

A system is available for assisting with the costs of medical check-ups.
For more information, contact the application counter of your city or town office.

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). Depending on the supply conditions, some items may be out of stock.
- * 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.)

Please Declare Your Intentions Regarding Organ Donation

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>

備考

※以下の欄に記入することにより、臓器提供に関する意思を表示することができます。
記入する場合は、1から3までのいずれかの番号を○で囲んでください。

① 1 私は、脳死後及び心臓が停止した死後のいずれでも、移植の為に臓器を提供します。
2 私は、心臓が停止した死後に限り、移植の為に臓器を提供します。
3 私は、臓器を提供しません。
〈1又は2を選んだ方で、提供したくない臓器があれば、×をつけてください。〉

② 【 心臓・肺・肝臓・腎臓・膵臓・小腸・眼球 】

③ [特記欄: _____]

④ 署名年月日 年 月 日
本人署名 (自筆) _____ 家族署名 (自筆) _____

* There is also a space for declaring your organ donor intention on the Individual Number Card.

① 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 after you are declared to be brain dead, or after your death due to a 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]

② 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 for 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.

4 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: 0120-78-1069 (from 9:00 to 17:30 on weekdays)

Website: <https://www.jotnw.or.jp/english/index.html>