

National Health Insurance Handbook

Japan's health insurance system is broadly divided into two programs:

Employees' Health Insurance and National Health Insurance. The first type is offered through employers, while the second is based on the area in which you live. Every single registered resident of Japan must enroll in one of these two health insurance programs, even if you are not Japanese.

This handbook explains **how the National Health Insurance system works, along with relevant procedures.** It was created as a resource for **non-Japanese living in Japan.**

The enrollee will receive the Suginami City "National Health Insurance Card." Make sure that the information such as your name, date of birth, address, etc. is recorded correctly.



In the event of illness or injury, you can receive treatment using health insurance at medical facilities. To receive medical care, please present your insurance card. The self-pay amount at a medical institution is 20% - 30% of total medical expenses.

All the NHI members are required to pay insurance premiums.

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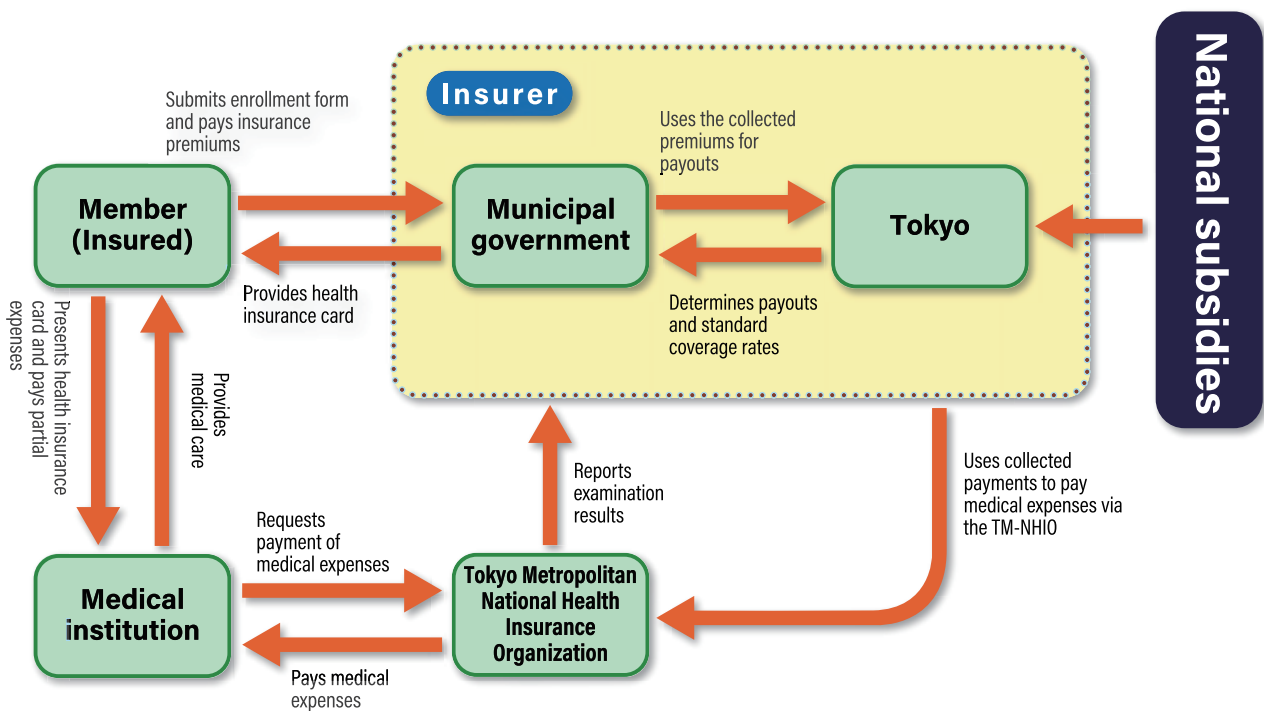
1 The National Health Insurance (NHI) System

The purpose of the National Health Insurance System (NHI) is to ensure that everyone is free to receive medical treatment if they are ill or injured. Everyone who is insured (enrolled) in the program pays an insurance premium based on their income to create a collective fund that is used to share the burden of medical expenses. The head of every household is required to pay insurance premiums to the program. In exchange, every person who is enrolled in the NHI is eligible to receive medical Benefits through the program should they get sick or injured.

2 How the NHI works

The NHI is run through the prefecture or municipality in which you live. These government bodies act as the insurers. Each municipal insurer handles the payment of medical expenses (insurance benefits) using funds acquired through the collection of insurance premiums from those enrolled in the NHI as well as through subsidies provided by the national government, the Tokyo Metropolitan Government, and other sources.

When you visit a medical institution, you are eligible to receive medical treatment while bearing (paying) only a portion of the medical expenses. The remainder is paid to the institution via the NHI.



3 National Health Insurance Certificate (health insurance card)

Contact National Health Insurance Section
Phone: 03-5307-0641

(1) Keep your health insurance card safe and at hand

Your health insurance card serves as proof that you are enrolled in the NHI, and you will need to present it to the medical institution in order to receive treatment.

Note: Every NHI member is given one card as proof of enrollment. The card can only be used by that individual.

(2) Present your card to the medical institution when receiving treatment

Always present your health insurance card at the service counter when you receive treatment at a medical institution. Once you are confirmed as being enrolled in the NHI, you can use insurance to help cover your expenses.

(3) Period of validity

The expiration date for your insurance card is shown on the upper right corner. In general, this is the day after the expiration date of the period of stay. To maintain eligibility for the NHI, you must extend your period of stay through necessary procedures at the immigration office, as failure to do so will result in the termination of your residency and loss of access to the NHI. Once we receive notification from the Ministry of Justice regarding the renewal of your period of stay, your insurance card will be sent by simple registered mail.

If your residency status is renewed under the category of "Designated Activities," we will need to verify your "Designation Letter" before issuing an insurance card. Please bring your insurance card, passport, residence card, and Designation Letter to the National Health Insurance Section or the Resident Section (at the main City Hall building) or a Residents Office to undergo the necessary procedures.

(4) Handling your health insurance card

- 1 When you get your health insurance card, check it to make sure that your address, name, birth date, and other information is correct.
- 2 If your card becomes lost, damaged, or otherwise unusable, please apply for a replacement card. Please bring your ID, such as your residence card, and come to the National Health Insurance Section at the City Hall or the City Hall Branch Office. If you lose your health insurance card while you are out, please notify the police department.
Note: If you have a short-term health insurance card or eligibility certificate, please come to the National Health Insurance Section.
- 3 Those between the ages of 70 and 74 will be given an NHI Elderly Recipient Certificate to help cover a portion of out-of-pocket expenses. Make sure to present both cards at the medical institution when receiving treatment.
- 4 Health insurance cards may not be leased, lent, or otherwise transferred to another person under penalty of law.

(5) Handling of health insurance cards after December 2, 2024

Starting December 2, 2024, conventional health insurance cards will no longer be issued. This is because the health insurance system will transition to a system based on your My Number Cards registered for use as proof of insurance ("My Number Health Insurance Card").

Valid insurance cards in your possession as of December 1, 2024, may be used until the expiration date listed (up to September 30, 2025).

Those without a valid insurance card after December 2, 2024, may use the **My Number Health Insurance Card** or use the **"Proof of Insurance"** issued to those without a My Number Health Insurance Card to receive medical treatment and prescriptions.

4 Applying for NHI

Contact National Health Insurance Section
Phone: 03-5307-0641

(1) Joining NHI

1 Eligibility

Registered municipal residents, regardless of nationality, must enroll in the NHI if staying for more than three months in Japan. Even those with an "official business" status of residence who wish to stay in the country more than three months must enroll in the NHI, even though they are exempt from filing a resident registration. Joining the NHI is mandatory and you may not opt out for personal reasons. That said, the following persons may not enroll in the NHI.

- 1 Those covered under Employees' Health Insurance or another Japanese public health insurance program (includes those enrolled as dependents)
- 2 Those enrolled in the Medical Insurance Program for Older Senior Citizens*
* Seniors are transferred from the NHI to this program on the day they turn 75.
- 3 Those receiving social assistance
- 4 Those whose status of residence is "Designated Activities" and whose designated activities are:
 - a. Being in Japan for the purpose of receiving medical treatment or for providing everyday assistance for someone who is engaged in applicable activities
 - b. In Japan with a period of stay for less than a year for the purpose of sightseeing, recreation, or similar activities or are an accompany spouse of such a person (18 or over)

Note that even if your period of stay is less than three months, you may be able to enroll in the NHI by presenting the necessary documentation in the following cases:

- If your status of residence authorizes you to stay in Japan for more than three months as an “entertainer”, “technical intern”, “dependent”, or for “designated activities” (excluding (1) ①④ above)*
 - * Designated activities are confirmed via the Certificate of Designation bound to your passport.
- Those who have enrolled in the NHI but whose resident registration was voided because their period of stay is less than three months upon renewing their status of residence or other documents

② Enrollment procedures

You must go through NHI enrollment procedures within 14 days should any of the following events occur. If you delay this process, you will still owe the insurance premiums that you would have paid if you had enrolled on time.

- ① When you move into the city (or enter the country)
Please enroll in the NHI at the same time that you apply for a resident card (resident registration).
- ② When you get a new status of residence that is longer than three months
- ③ When you withdraw from another Japanese public health insurance program (e.g. lose your Employees’ Health Insurance by leaving your job), including withdrawal due to a loss of dependent status Please bring the Certificate of Health Insurance Coverage Loss and your ID (such as your residence card).
- ④ When your child is born
If you have a “designated activities” status of residence, please also bring your passport.
- ⑤ When you become ineligible to receive social assistance
Please bring the Notification of End of Public Assistance and your ID (such as your residence card).

(2) Withdrawing from the NHI

You must go through NHI withdrawal procedures within 14 days should any of the following events occur:

- ① When you move out of the city (or leave the country)
Please submit a resident card transfer application.
Note: If you submit an overseas transfer application, your health insurance card will become invalid the day after your departure date from the country. Note that if you keep your resident card active and do not file a transfer, you will continue to be responsible for insurance premium payments.
- ② Those covered under Employees’ Health Insurance or another Japanese public health insurance program (includes those enrolled as dependents)
Note: If you do not go through cancellation procedures you will end up enrolled in two programs and will continue to be responsible for insurance premium payments. Please bring your Employees’ Health Insurance card and National Health Insurance card
- ③ When you are enrolled in the Medical Insurance Program for Older Senior Citizens
Note: You do not need to go through cancellation procedures in this case.
- ④ Upon the death of the insured
- ⑤ When you start receiving social assistance
- ⑥ When you receive a “designated activities” resident status for the purpose of receiving medical treatment or for providing everyday assistance for someone who is engaged in applicable activities
- ⑦ When you lose your status of residence (when your period of stay expires)

★ Important

- Once you withdraw from the NHI, you will no longer be able to use your health insurance card. If you do attempt to use it without being qualified to receive NHI benefits, you will be required to pay back any medical expenses covered by the insurer.
- NHI enrollment may not be canceled due to personal reasons such as high insurance premiums or not using your health insurance card due to not using medical facilities.
- Even if you are enrolled in a private health insurance plan (including international student insurance, life insurance with medical benefits, or travel accident insurance), you still must remain enrolled in the NHI as well.

(3) Other required notifications

- ① When you move within the same municipality
- ② When your name or the head of household changes
- ③ When you enroll in nursing care facilities, facilities for persons with disabilities, welfare facilities for children or other such facilities outside Suginami City
Please contact the National Health Insurance Section first as the required items may vary depending on the procedures.
- ④ If your period of stay in Japan or status of residence requires change
Please file a notification with the Immigration Bureau and have your valid period of stay or status of residence written down on the back of your Residence Card. Failure to do so may result in loss of eligibility for National Health Insurance.

(4) Reception hours and locations

Required documents vary depending on the notification you are filing and the person filing it when going to the relevant section below. Please inquire at the relevant counter for more information.

Weekdays	8:30 – 17:00	National Health Insurance Section, Resident Section, City Branch Office
Wednesdays	17:00 – 19:00	City Branch Office
1st, 3rd and 5th Saturdays	9:00 – 17:00	Resident Section
2nd and 4th Saturdays	9:00 – 17:00	City Branch Office

5 Insurance premiums

Contact National Health Insurance Section
Phone: 03-5307-0641

Insurance premiums are calculated based from the month that you enroll in the NHI. You become eligible to enroll in the NHI the moment you move into a city (enter the country) or withdraw from another Japanese public health insurance plan, so that is the moment from which your insurance premiums are calculated.

(1) How insurance premiums are calculated

Insurance premiums are calculated for each member and totaled on a per-household basis. This amount is then paid by the head of that household.

Your insurance premium are the sum of the following three parts:

- I Health insurance premiums (portion set aside for medical benefits)
- II Older senior citizen support premiums (portion set aside to help older senior citizens)
- III Nursing care premiums (Portion set aside for nursing care) (only applies to members age 40-64)

Note that each category is set based on a per-household maximum levy (the maximum amount earned in a year) and is further divided into an income-based and per-capita based charge.

- ① **Income based charge:** Calculated based on the income of household members (income x rate)
- ② **Per-capita based charge:** Calculated according to the number of household members (per-capita amount x number of people). Applies to all members regardless of income.

Income-based charges are calculated based on tax base amount (former proviso income)*

* which is your gross income minus a basic deduction (JPY 430,000).

■ Annual per-household insurance premiums (FY 2024)

I Health insurance premiums		
April - the following March (Maximum levy: JPY 650,000)	① Income-based charge	② Per-capita charge
	Total tax base amount for all household members × 8.69 %	JPY 49,100 × Number of household members
II Older senior citizen support premiums		
April - the following March (Maximum levy: JPY 240,000)	① Income-based charge	② Per-capita charge
	Total tax base amount for all household members × 2.80 %	JPY 16,500 × Number of household members
III Nursing care premiums		
April - the following March (Maximum levy: JPY 170,000)	① Income-based charge	② Per-capita charge
	Total tax base amount for all members age 40-64 × 2.20 %	JPY 16,500 × Number of members age 40-64

Note: Annual insurance premiums are calculated from April to March of the following year

Reduction of per-capita based charge for preschool children

As of FY 2022, per-capita charge has been reduced by half for preschool children (*). Even in cases where per-capita charge is reduced for households including preschool children (please refer to page 6 (1) ①), per-capita charge for preschool children has been reduced by half after the reduction.

(*) Those aged 6 and younger as of March 31, 2025

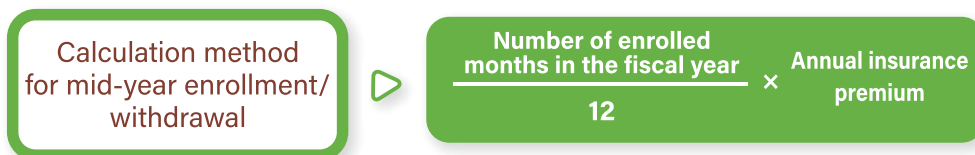
(2) Notice of insurance premiums

Insurance premiums are calculated for a full year (April through March of the following year) and then billed as 10 annual payments between June and the following March. Thus, they will be calculated in June based on your income in the previous year and you are notified. If you enroll in the NHI in the middle of the fiscal year, the notice of your insurance premiums will be sent during the month you apply or the following month. Note that if your insurance premiums change (e.g. due to a change in the number of enrolled members or income), you will be notified of your new premiums shortly thereafter.

(3) Insurance premiums for those who enroll in or withdraw from the NHI mid-year

If you enroll in the NHI partway through the fiscal year, your insurance premiums will be calculated starting with the month you enroll. If you withdraw partway through the year, they will be calculated through the month prior to the month in which you withdraw.

Note that if you move overseas or return to your home country without going through NHI cancellation procedures, you may be required to pay any outstanding insurance premiums that you owe.



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Insurance premium reduction and exemption programs

Contact National Health Insurance Section
Phone: 03-5307-0641

(1) Insurance premium reduction programs

① Reduction of per-capita based charge

If your household income for the previous year falls below a certain point, you can qualify for a reduction in the per-capita based charge. Note, however, that you must report the total income of all household members, including the head of household.

② Reduction due to involuntary unemployment

If you are covered by unemployment insurance and involuntarily lose your job due to company bankruptcy or layoffs, and are not yet 65 years old, you can file to have your insurance premium reduced. You will need an Unemployment Insurance Qualified Recipient's Identification Card or a Unemployment Insurance Qualified Recipient Notification. You are eligible to continue receiving the reduction starting with the month in which the day following the day you lose your job falls through the end of the following fiscal year.

③ Reduction of insurance premiums during the prenatal/ postnatal periods

For NHI members giving birth in November 2023 onward, insurance premiums for the applicable period will be reduced starting with the January 2024 installment.

[Eligible Period] 4 months (for multiple births, 6 months starting 3 months prior to the month of birth (planned)) starting from the month prior to the month of birth (pregnancy of 85 days (4 months) or more (planned). Includes stillbirth, miscarriage, premature birth, and abortion.)

(2) Insurance premium exemption programs

Under extraordinary hardships such as a natural disaster or serious illness, you may be able to apply for reduced health insurance premiums or exemption. Note that the status of your entire household will be taken into consideration in order to determine eligibility.

7

Payment methods

Contact National Health Insurance Premium Collection Section
Phone: 03-5307-0644

Insurance premiums are due on the last day of each month. If the last day of the month is a bank holiday, then they are due on the following business day.

Payments are usually made using one of the following methods.

(1) Bank transfer

Bank transfer is the most convenient way to pay your insurance premiums. You can set it up to have the amount automatically withdrawn from your savings account, and once this is completed, the payments will continue with the same method in the next fiscal year and onward.

(2) Payment slip

① In-person payments

Banks, credit unions, credit associations, Japan Post Bank, post offices, etc. (Financial institutions designated by Sugunami and special public fund collection agencies) Sugunami City Office, residents offices throughout the city, convenience stores

For details, see the
Sugunami City website.



② Cashless payment

Smartphone payment apps



Credit card



Online banking/mobile banking



8

If you don't pay your premiums...

Contact National Health Insurance Premium Collection Section

Phone: 03-5307-0374

- ① If you do not pay your insurance premiums by the deadline, you will be sent a late notice. If your payment still is not received, you will be sent a written letter demanding payment. You may also receive notifications by phone calls, visits or short message service to your mobile phone.
- ② If you do not pay even after receiving a reminder notice and/or written letter without good cause and without consulting with us, you are legally subject to an asset inquiry, which may result in garnishing measures* or other forcible collection measures. Note that you will also be charged late fees based on the number of days you are in arrears.
* Garnishing is the seizure of savings or other personal property under the law.
- ③ If you do not pay your insurance premiums over an extended period of time, a health insurance card with a shorter validity period will be issued. Ongoing failure to pay without consultation will result in the confiscation of your health insurance card, which will be replaced with an Eligibility Certificate instead. If you are a holder of an Eligibility Certificate, you are required to pay 100 percent of medical expenses at hospitals and other medical institutions and to apply for reimbursement from your city office later.

★ If you're having trouble paying, talk with us!

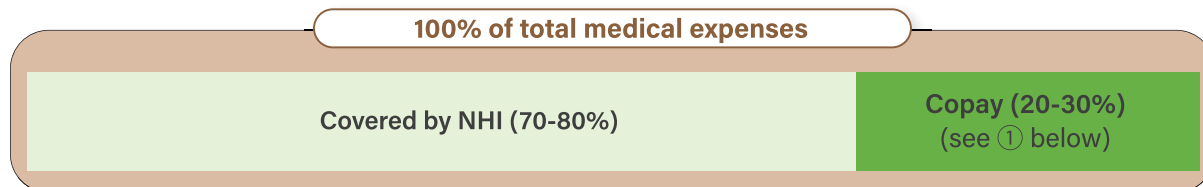
- If you are having trouble paying insurance premiums due to circumstances beyond your control, such as unemployment or bankruptcy, or if you are already in arrears and are struggling to pay premiums, please consult the NHI Premium Collection Section as soon as possible.

9 Benefits provided by NHI

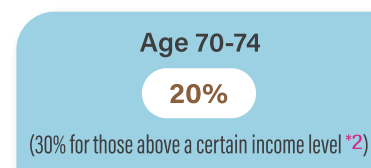
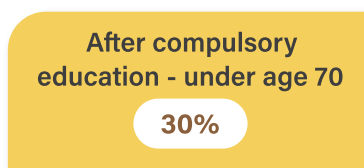
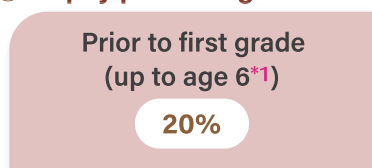
Contact National Health Insurance Benefits Section
Phone: 03-5307-0642

(1) Medical benefits

If you get ill or injured, simply present your health insurance card at the service desk of the medical institution and pay your copay to receive medical treatment. The remainder of your medical expenses will be paid by NHI.



① Copay percentages



* 1: The first March 31 after the day the child turns six

* 2: Please check your Elderly Recipient Certificate for details. Regarding the percentage criteria, please contact the National Health Insurance Section.

② What is covered (Eligible for NHI benefits)

- Medical and dental care
- Medicines and medical supplies
- Treatments, surgeries, and other procedures
- In-home care
- Hospitalization and nursing care

③ What is not covered

You cannot use the NHI for the following.

- Physicals and comprehensive medical checkups
- Vaccines and immunizations
- Healthy pregnancy/normal delivery
Note: See page 14 for information on lump-sum childbirth/parenting benefit
- Cosmetic procedures/orthodontics
- Work-related illnesses or injuries
Note: These are covered by Industrial Accident Compensation Insurance.
- Illnesses or injuries sustained during criminal or malicious acts
- Illnesses or injuries sustained due to fighting or drunkenness

(2) Reimbursement for medical care expenses

If you have paid the full amount of medical expenses in the following cases, apply for a refund at the National Health Insurance Benefits Section. Upon assessment, Suginami City will notify you of the portion to be borne under the NHI, which is 70 to 80% of the medical expenses. However, this system is limited to services eligible for the NHI.

Note: Applications must be made within two years from the day following the medical care, otherwise you cannot apply for the benefit.

<Eligibility for Reimbursement for Medical Care Expenses>

- ① When you have received medical treatment without presenting your National Health Insurance Card due to an emergency, such as a sudden illness while traveling. When you have no choice but to receive treatment at a hospital or medical facility that does not accept National Health Insurance. However, if the decision to seek treatment at such an institution was conscious on your part, that is not due to necessity, there will be no refund.
- ② When the doctor recommends the use of a supporting device such as a surgical corset or cast.
- ③ When you receive acupuncture, moxa treatment, or massage, etc. under the direction of a doctor or judo healing therapist at a clinic for the treatment of bones and joints for a fracture or sprain.
- ④ When you receive medical care at a medical institution abroad due to a sudden injury or illness during overseas travel, etc. However, note that this does not apply when traveling abroad for the purpose of seeking medical treatment.
- ⑤ When you received medical treatment during the process of changing your health insurance to the National Health Insurance. However, if the process was delayed, no refund will be given unless the reason for the delay is deemed inevitable.
- ⑥ If you incurred costs for blood for blood transfusions (exclusive of cases in which blood was provided by family).

<Required Items>

Your National Health Insurance Card, the head-of-household's bank account number and the following documentation are required for each application.

Application forms are available at the National Health Insurance Benefits Section.

- | | |
|--|--|
| ① Medical | → Detailed statement of treatment and receipts |
| ② Dental | → Detailed statement of treatment and receipts |
| ③ Pharmaceutical | → Detailed statement of pharmaceutical fees and receipts |
| ④ Medical care expenses incurred abroad | → Your passport (copies not accepted), detailed statement of treatment, itemized and unitemized receipts (each must include a Japanese translation with the translator's name and address), Informed Consent Regarding Investigation (This form is available at the National Health Insurance Benefits Section and can be downloaded from the city's website.) |
| ⑤ Supportive device or equipment | → Doctor's written medical opinion or medical certificate (provide the doctor's instructions for elastic stockings/sleeves), receipt and detailed statement from the manufacturer, photo of the actual shoes or photo of them being worn in case orthopedic shoes are to be worn |
| ⑥ Acupuncture, moxa treatment, massage | → Application form, doctor's written consent or medical certificate, and receipt from the supplier |
| ⑦ Treatment of bone and joint (Judo recovery) | → Application form, doctor's written consent (for bone fracture or dislocation only), and receipt for treatment |
| ⑧ Cost of blood | → Medical certificate, certificate for acceptance of blood for transfusions, receipt for blood donors |

(3) Reimbursement for Transfer Expenses

Transportation expenses are reimbursed when a seriously ill or injured person uses a vehicle, etc., to go to the hospital or is transferred between hospitals on a physician's order in an emergency and for unavoidable reasons. However, expenses to and from the hospital are not considered transfer expenses.

Note: Applications must be made within two years from the day following the payment for transfer, otherwise you cannot apply for the benefit.

<Required Items>

National Health Insurance Card, a doctor's written diagnosis (in a special format), receipts (containing descriptions of how the payment was made) and bank account number of the head of the household

Obtaining a doctor's written opinion may not necessarily guarantee a refund, depending on the examination result of the application.

(4) Reimbursement for High-Cost Medical Care

When eligible expenses paid for medical care received at a medical institution for illness or injury exceed the maximum ceiling of personally-borne expenses, the National Health Insurance reimburses the amount that exceeded this limit at a later date with high-cost medical care coverage.

Note: Applications must be made within two years from the first day of the month following the month in which you received medical treatment. Even when the insured person pays the copay in installments to medical institutions authorized to treat patients with health insurance coverage, the extinctive prescription of high-cost medical care begins from the first day of the month following the month in which you received medical treatment.

(1) How to apply for high-cost medical care reimbursement

You will be sent an application form three months after the month in which the medical care was received. After you receive this form, please have the head of the household complete it and submit it to the city.

Once the application procedures have been completed, there is no need to apply again; funds will be transferred automatically to the initial account (some high-cost medical care expenses are ineligible).

If you foresee exceedingly high medical care costs prior to receiving treatment at a medical institution, please obtain the Eligibility Certificate for Ceiling-Amount Application from the National Health Insurance Benefits Section in advance. Present the Eligibility Certificate for Ceiling-Amount Application along with your National Health Insurance card and you will be required to pay only the maximum ceiling of personally-borne expenses. Please refer to page 12 for how to apply for the Eligibility Certificate for Ceiling-Amount Application.

(2) How high-cost medical care coverage is calculated

Medical care expenses eligible for high-cost medical care coverage are calculated as follows:

A. Eligible medical care expenses are calculated on a monthly basis.

B. Applicable co-payments for medical care are included in the calculation. (However, co-payments of less than JPY 21,000 for each medical institution (hospital or dental office, and hospitalization or outpatient) for those under the age of 70 are excluded from the calculation.)

① How high-cost medical care coverage is calculated for individuals

If one person in the household has paid medical expenses eligible for high-cost medical care coverage, the amount calculated from (A) and (B) above that exceeds the maximum ceiling of personally-borne expenses from the chart below is eligible for coverage.

Persons who are eligible for the Elderly Member's Certificate will first be reimbursed for the portion of outpatient care only. If hospitalization expenses were incurred, only the self-pay amount remaining from the calculation of the outpatient care will be added to the cost of the hospitalization, and coverage will be provided for any amount that exceeds the maximum ceiling for personally-borne expenses for both outpatient care and hospitalization. This combined amount of the eligible outpatient care and hospitalization expense is the extent of coverage provided by high-cost medical care reimbursement.

Ceiling [Under age 70]

Income category	Ceiling	Multiple*4
Tax base amount*1 Over JPY 9.01 million	JPY 252,600 (Total medical expenses - 842,000) × 1%	JPY 140,100
Tax base amount JPY 6.00-9.01 million	JPY 167,400 (Total medical expenses - 558,000) × 1%	JPY 93,000
Tax base amount JPY 2.10-6.00 million	JPY 80,100 (Total medical expenses - 267,000) × 1%	JPY 44,400
Tax base amount JPY 2.10 million or less	JPY 57,600	JPY 44,400
Households exempt from resident tax	JPY 35,400	JPY 24,600

[Those eligible for an Elderly Members Certificate]

Income category	Ceiling	
	Outpatient care (per individual)	Outpatient + Inpatient (per household) Multiple*4
Income level of active workers III (Taxable income of JPY 6.90 million or more)	JPY 252,600 (Total medical expenses - 842,000) × 1%	JPY 140,100
Income level of active workers II (Taxable income of JPY 3.80 million or more, less than JPY 6.90 million)	JPY 167,400 (Total medical expenses - 558,000) × 1%	JPY 93,000

Income level of active workers I (Taxable income of JPY 1.45 million or more, less than JPY 3.80 million)		JPY 80,100 (Total medical expenses – 267,000) × 1%		JPY 44,400
General		JPY 18,000 (Annual ceiling: JPY 144,000)	JPY 57,600	JPY 44,400
Households exempt from resident tax	Low-income II*2	JPY 8,000	JPY 24,600	
	Low-income I*3		JPY 15,000	

- *1: Tax base amount...The sum of gross income, etc. for the previous year minus a basic deduction (JPY 430,000)
- *2: Low-income II...Those who are from a household where the head of household and all the members of National Health Insurance are exempt from the resident tax
- *3: Low-income I...Those who are from a household where the head of the household and all members of National Health Insurance are exempt from resident tax, have income from public pension of less than JPY 800,000, and have no other income.
- *4: Multiple...Indicates the maximum ceiling of personally-borne expenses after the third time when high-cost medical care reimbursements have been received more than three times in the past year. For details, see "If high-cost medical care reimbursements have been received four or more times" below.

② Calculation method in case of multiple subjects

Medical expenses incurred by more than one member of the same household, calculated according to (A) and (B) on page 10, can be combined together.

When totaling medical expenses for a household whose members are under 70 years of age and those with an Elderly Members Certificate, both the outpatient and hospitalization expenses are first individually calculated. To this sum, JPY 21,000 or more is added for those under 70 years of age. When this total amount exceeds the limit, high medical care costs are reimbursed.

③ If high-cost medical care reimbursements have been received four or more times

If the same household receives reimbursements for high-cost medical care more than three times in a one-year period (12 months starting with the month in which treatment was received), the ceiling for personally-borne expenses changes as of the fourth time. However, for individuals 70 and older, months in which high-cost medical care reimbursements are only received for outpatient care are not counted in the total.

Also note that if an individual relocates within the same prefecture and is enrolled in NHI both before and after the move, the high-cost medical care reimbursements will continue to add up.

		April	May	June	July	August	September	October	November	December
Tokyo	A City	①	②	③						
	B City (Ward)				④	⑤	⑥	⑦		

▲ Move from City A to City B

Counted from here

④ Exception to the Maximum Ceiling of Personally-Borne Expenses

High-cost medical care is calculated on a monthly basis. However, when switching to the Latter-term Elderly Medical Care System by turning 75 in the middle of the month, or when moving within the same prefecture, the individual pays the maximum ceiling of personally-borne expenses for both medical insurance systems. For this reason, a new regulation was established stipulating that individuals and their dependents whose medical insurance switches to Latter-term Elderly Medical Care is reduced by 50% during the month when the switch is made.

This exception also applies to personally-borne expenses paid by Specified Chronic Illness Medical Treatment Card holders.

Loans for High-Cost Medical Care

It takes about three months to receive the notice of high-cost medical care. Given this situation, the City Office will provide an interest-free loan for up to 90 percent of the estimated amount of payment for high-cost medical care to those who have incurred high medical expenses from long-term hospitalization or for other reasons and cannot pay.

The loan will be repaid with high-cost medical care coverage issued subsequently.

A reservation is required when applying. Please inquire in advance on other loan requirements and required documents.

(5) Issuance of the Eligibility Certificate for Ceiling Amount Application

(Eligibility Certificate; Claim for Application of Ceiling Amount of Personally-Borne Medical Expenses and for Reduction from the Standard Amount of Expenses Payable by Inpatients)

If you incur high medical care costs, you can obtain the Eligibility Certificate from the National Health Insurance Benefits Section in advance and present this along with your National Health Insurance card to pay only the maximum ceiling of personally-borne expenses (refer to page 10) at the hospital.

Residents aged 70 or above classified in "Income level of active workers III" or "General" will only be required to pay up to the maximum ceiling of personally-borne expenses when presenting their Elderly Members Certificate and National Health Insurance card at time of payment. These individuals do not need to obtain an Eligibility Certificate.

Those with a My Number Health Insurance Card need not apply for a Eligibility Certificate for Ceiling-Amount Application. However, those who fall under Reduction from the Standard Amount of Expenses Payable by Inpatients (for long-term hospitalization) must still apply.

<Required Items>

- ① Health insurance card
- ② If any person not from the same household applies, a letter of proxy from the head of the household and documents that establish the personal identification of the proxy

Reduction of cost of meals during hospitalization

The amount borne by patients is JPY 490 per meal (JPY 460 until May 31, 2024) during hospitalization (standard self-pay amount). For a person who is from a household exempt from resident tax, cost for meals during hospitalization is reduced as shown in the table below by applying for the issuance of an Eligibility Certificate (for Application of Ceiling Amount of Personally-Borne Medical Expenses and for Reduction from the Standard Amount of Expenses Payable by Inpatients) and presenting it together with the health insurance card at the time of entry to the hospital.

For the application, confirmation that the head of the household and all NHI members (insured persons) are exempted from paying resident tax is required. If there is a person who failed to file taxes, please file a resident tax form. The Eligibility Certificate (for Application of Ceiling Amount of Personally-Borne Medical Expenses and for Reduction from the Standard Amount of Expenses Payable by Inpatients) will be issued when it has been confirmed that the person is from a household exempt from resident tax.

Cost of meals during hospitalization is not subject to benefits payable by the high-cost medical care.

Cost of Meals during Hospitalization (Standard Self-pay Amount)

Income category	Meal cost (per meal)	
	Until May 31, 2024	Starting June 1, 2024
Households that pay resident tax	JPY 460	JPY 490
If the Claim for Application of Ceiling Amount of Personally-borne Medical Expenses and for Reduction from the Standard Amount of Expenses Payable by Inpatients is not presented		
Households that have members under the age of 70 years and that are exempt from resident tax	JPY 210 *	JPY 230
Low-income earner II for individuals eligible for the Elderly Members Certificate		
Low-income earner I for individuals eligible for the Elderly Members Certificate	JPY 100	JPY 110

* If a non-taxable household member is hospitalized for more than 90 days, the cost of meals can be reduced to JPY 180 (JPY 160 until May 31, 2024) per meal from the application date after the 91st day of hospitalization. If this applies to you, please submit an application.

<Required Items>

- ① Health insurance card
- ② If any person not from the same household makes an application, a letter of proxy from the head of the household and documents that establish the personal identification of the proxy
- ③ Documents that verify the number of days hospitalized, such as receipts from the medical institution or other documents (only when the hospitalization exceeded 91 days)
- ④ The previously issued Claim for Application of Ceiling Amount of Personally-borne Medical Expenses and for Reduction from the Standard Amount of Expenses Payable by Inpatients (only when the hospitalization exceeded 91 days; unnecessary if the first application is made in the same fiscal year)

(6) High Cost Long-Term Care Unitary Medical Care Benefit

If the total amount of partial contributions to Sugunami City NHI and nursing care expenses per household for one year exceeds the ceiling amount for personally-borne expenses as indicated in the chart below, reimbursement will be provided as "High Cost Long-Term Care Unitary Medical Care Benefit" with an application. The calculation period extends from August 1 to July 31 of the following year.

① Ceiling for personally-borne expenses for high-cost medical and nursing care

Ceiling

[Household with individuals aged 70 or younger]

Income category	Ceiling of combined annual personally-borne medical and nursing expenses
Tax base amount over JPY 9.01 million	JPY 2.12 million
Tax base amount JPY 6.00 - 9.01 million	JPY 1.41 million
Tax base amount JPY 2.10 - 6.00 million	JPY 670,000
Tax base amount JPY 2.10 million or less	JPY 600,000
Households exempt from resident tax	JPY 340,000

[Household with individuals aged 70 - 74]

Income category	Ceiling of combined annual personally-borne medical and nursing expenses	
Taxable income of JPY 6.90 million or more	JPY 2.12 million	
Taxable income of JPY 3.80 million or more, less than JPY 6.9 million	JPY 1.41 million	
Taxable income of JPY 1.45 million or more, less than JPY 3.80 million	JPY 670,000	
General	JPY 560,000	
Households exempt from resident tax	Low-income earner II	JPY 310,000
	Low-income earner I	JPY 190,000

② Eligibility

The head of the household of individuals enrolled in the Sugunami City NHI as of the base date (<July 31>, the last day of the accounting period)

③ Application Procedure

An application will be sent every year in mid-February to households for high-cost medical care and high-cost nursing care. Please fill in the bank account information of the head of the household and the person who has received care services. The head of household should sign and apply for it.

(7) Cost Reduction for Specified Chronic Illnesses

Monthly medical expenses paid by the insured for the following illnesses, which require long-term and expensive medical treatment, will be reduced to JPY 10,000 (you must apply to receive this reduction).

- ① Chronic renal failure requiring artificial dialysis
- ② Hemophiliacs or AIDS patients receiving antiviral drugs (including HIV infection/limited to those specified by the Minister of Health, Labor and Welfare)

Please apply for the Specified Chronic Illness Medical Treatment Card if the relevant above categories apply to you.

* Monthly medical expenses paid by individuals with chronic renal failure requiring artificial dialysis, and to whom both (A) and (B) below apply, will be reduced to JPY 20,000.

A. The household's total tax base amount for all household members enrolled in NHI (i.e., insured persons) is over JPY 6,000,000 (or the household includes a member who has not filed resident tax).

B. Insured persons are 70 years of age or younger.

<Required Items>

Your health insurance card, doctor's written consent or physical disability certificate (describing the applicable special illness)

(8) Lump-sum Allowance for Childbirth

A lump-sum will be paid to mothers insured under the NHI for each newborn child. Stillbirths and miscarriages are also covered if they occur at least 85 days into the pregnancy.

* Note: Applications must be made within two years from the day following the childbirth, otherwise you cannot apply for the benefit.

Allowance issued

JPY 500,000 per child

* JPY 500,000 for children born on or after April 1, 2023, JPY 420,000 for children born on or before March 31, 2023.

How to apply

The insured can apply for Lump-sum Allowance for Childbirth in the following three ways:

(1) Direct Payment System (apply at the reception area of your medical institution)

Present your health insurance card at the medical institution or maternity center reception area, and sign the certificate of authorization to use the system. This will allow for direct payment of the lump sum allowance payment for childbirth to be made from the city to the medical institution or maternity center up to the maximum amount.

In the event the birth costs incurred at the medical institution or maternity center are less than the payment, the difference will be issued to the head of the household. In this case, you will receive notification regarding this payment a few months after birth.

* Note: Please note that the Direct Payment System cannot be used at all medical institutions or maternity center. Please contact your medical institution or maternity center for details.

(2) Proxy Recipient System (apply at the National Health Insurance Benefits Section of City Office)

It is possible to apply starting two months before the scheduled date of birth. This will allow for direct payment of the lump sum allowance payment for childbirth to be made from the city to the medical institution or maternity center up to the maximum amount.

In the event the birth costs incurred at the medical institution or maternity center are less than the payment, the difference will be issued to the head of the household.

<Required Items>

- ① Health insurance card
 - ② Maternal Health Handbook (indicating the due date)
 - ③ The seal of the head of household (vermilion ink pad) (signature acceptable if you do not have a seal)
 - ④ Bank account number of the head of the household
 - ⑤ Application form for issuance of Lump-sum Allowance for Childbirth (for proxy recipient)
(This must include the name and seal of the medical institution or maternity center)
- * The application form for the issuance of the Lump-sum Allowance for Childbirth (for proxy recipients) is available at medical institutions where the Proxy Recipient System can be used or at the NHI Benefits Section.
- * Please note that the Proxy Recipient System cannot be used at all medical institutions or maternity center. Please contact your medical institution or maternity center for details.

(3) If you are not using Direct Payment System or Proxy Recipient System

(Apply at the National Health Insurance Benefits Section of the City Office or at the Resident Section)

<Required Items>

- ① Health insurance card
 - ② Maternal Health Handbook (document providing proof that a birth certificate has already been submitted), birth certificate (original copy), or other document where the date of birth can be confirmed (an original copy of doctor's certificate can be used in the event of a stillbirth or miscarriage)
 - ③ An agreement issued by the medical institution indicating that the Direct Payment System will not be used
 - ④ A statement or receipt (original copy) of birth costs issued by the medical institution (document indicating that you will not use the Direct Payment System)
 - ⑤ Bank account number of the head of the household
- * The money will be transferred to your bank account approximately one month after you apply.

If the childbirth took place abroad, please apply after the person who gave birth returns to Japan.

<Required Items>

- ① Health insurance card
- ② Original birth certificate accompanied by a Japanese translation
- ③ Bank account number of the head of the household
- ④ Passport of the person who gave birth.

(9) Loans to Cover Childbirth Expenses (Advance Notice Required)

In the event that an NHI member gives birth without using the Direct Payment System or Proxy Recipient System, the head of household is eligible for an interest-free loan for 80% of the lump-sum amount, one month prior to the expected date of birth.

<Required Items>

- ① Health insurance card
 - ② Maternal Health Handbook (indicating the due date)
 - ③ An agreement issued by the medical institution indicating that the Direct Payment System will not be used
 - ④ The seal of the head of household (vermilion ink pad) (signature acceptable if you do not have a seal)
 - ⑤ Bank account number of the head of the household
 - ⑥ Letter of proxy and documents that establish the personal identification of the proxy in the event that someone other than the head of household is conducting procedures for the loan
- * Please call in advance, as certain conditions must be met to qualify for the loan.
* Loans cannot be provided to individuals who have already given birth, or for individuals going birth overseas.

(10) Payment of funeral expenses

When a person insured under the NHI system dies, the funeral expenses will be reimbursed to the person who holds the funeral service. The benefit amount is JPY 70,000. However, NHI payment will not be made to those that receive funeral expenses from another health insurance policy such as social insurance.

- * Applications must be made within two years from the day following the funeral, otherwise you cannot apply for the benefit.

<Required Items>

National Health Insurance Card, receipt for the funeral (original) and bank account number of the person who is responsible for arranging the funeral

(11) Reimbursement of Psychiatric Care Benefits/Medical Care Benefits for Tuberculosis

(1) Psychiatric Care Benefits

For persons qualified for the Independence and Medical Care Support System for Persons with Disabilities (psychiatric out-patient medical care) and whose household is exempt from the Residential Tax, by applying for the National Health Insurance Beneficiary Certificate (as a psychiatric outpatient), the individual will become eligible for monthly benefits up to the maximum limit under the Independence and Medical Care Support System for Persons with Disabilities (psychiatric outpatient medical care).

- * Apply at the nearest Insurance Center in your area of residence.

(2) Tuberculosis Medical Care Benefits

Persons receiving care under the terms of the Law Concerning the Prevention of Infectious Diseases and Patients with Infectious Diseases, and those who are exempt from Residential Taxes, are entitled to a 5% reduction in medical expenses by applying for the Medical Care Benefits for Tuberculosis Beneficiary Certificate.

- * Apply at the Public Health Section of the Suginami Public Health Center.

(12) Reduction of/Exemption from Medical Expenses

If you are having trouble paying your medical expense co-payment because of a disaster or other special circumstances, your co-payment may be reduced or exempted. Please discuss your circumstances with the staff.

(13) Injury Caused by Another Person

If you are injured or become ill due to the actions of a third party (i.e., an assailant), such as a traffic accident or assault, and receive medical treatment using NHI, please be sure to notify the NHI Benefits Section.

(14) Request to Return the Medical Expenses

If you continue to use the Suginami City Health Insurance Card after moving out of the City or after enrollment in another health insurance program, then you must return the portion of medical treatment expenses borne by Suginami City.

You may not use the Suginami City Health Insurance Card if:

- Moving out of the city → From the day of moving out
- Enrolling in another health insurance program → From the day of enrollment

- * The date of enrollment is the date of acquisition/authorization.
- * Not the date of issue of the health insurance card.
- * When you are no longer qualified for insurance treatment, promptly return the Health Insurance Card to Suginami City.
- * If an insured non-Japanese person leaves Japan and does not reenter within the permitted reentry period, the insurance membership will be deemed invalid retroactive to the day of the departure.

(15) Sickness and injury benefits

If you are a person enrolled in the NHI in Suginami City who is infected or is suspected of infection with COVID-19 due to having symptoms such as a fever, sickness and injury benefits will be paid for the period of absence from work for medical treatment (only when certain requirements are met).

① Eligibility

Person who is eligible to receive benefits shall satisfy all items from 1 through 4 below.

1. Person who enrolled in the NHI in Suginami City
2. Person who receives a salary or other income
3. Person who was unable to work to receive medical treatment when infected or suspected of infection with the COVID-19 due to having a symptom such as a fever
4. Person who couldn't receive payment of the full or partial salary for the period of absence from work for medical treatment

② Benefit period

Period of time when the person is unable to work from the day on which three days have elapsed after the day on which the person became unable to engage in work

③ Benefit amount

(Amount calculated by dividing the total amount of salary for the last three consecutive months by the number of the working days) × 2/3 × Number of days (Number of days to be paid)

(Note) When the person can receive payment of the full or partial salary, the benefit amount may be adjusted or the benefit may not be paid.

④ Prescription

Two years from the day following each date you were unable to work

- * People who developed disease on or before May 7, 2023 are eligible.
- * Please call in advance, as certain conditions must be met to apply.

10 NHI Special Health Checkups and Special Health Guidance

(1) NHI Special Health Checkups

These checkups focus on metabolic syndrome in order to help prevent or handle lifestyle diseases such as diabetes and hypertension. They are conducted every year and play an important role in helping you maintain good health.

① Eligibility

NHI members being age 40 or older in the fiscal year

② When and How to Get a Checkup

Those eligible for the checkup will receive a checkup notice. (Registration is not required) Checkups are available from June 1, 2024 to February 15, 2025. Please consult with the point of contact for the details, including the medical institutions offering the checkups.

③ What the checkup entails

Medical interview, physical measurements (height, weight, girth, BMI), blood pressure measurement, blood test, and urine test. Note that you may be subject to other tests deemed necessary by a physician.

④ Cost

Free

(2) Specific Health Guidance

Individuals whose NHI Specific Health Checkups revealed a high risk of lifestyle-related diseases will be recommended to receive Specific Health Guidance. This service gives you access to advice and support of experts (physicians, nurses, nutritionists, etc.) who can help you make the lifestyle changes you need to stay healthy free of charge.

**Suginami City Office, Health and Welfare Division,
National Health Insurance and Pension Section**

.....
1-15-1, Asagayaminami, Suginami-ku, Tokyo 166-8570 Japan
.....

☎ 03-3312-2111 (Main)
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Note: Please have a Japanese speaker make the inquiry for you.