

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.**

Those who have completed the enrollment procedures today will receive a "National Health Insurance Eligibility Certificate" or "Notice of Eligibility Information" from Suginami City. Please make sure that your name, date of birth, address, etc. are correct.



In the event of illness or injury, you can receive treatment using health insurance at medical facilities. To receive medical care, please present your the certificate. 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.

Contents

<p>1</p> <p>The National Health Insurance (NHI) System</p> <p>P. 1</p>	<p>2</p> <p>How the NHI works</p> <p>P. 1</p>	<p>3</p> <p>The National Health Insurance Eligibility Certificate, etc.</p> <p>P. 1</p>	<p>4</p> <p>Applying for NHI</p> <p>P. 2</p>	<p>5</p> <p>Insurance premiums</p> <p>P. 4</p>
<p>6</p> <p>Insurance premium reduction and exemption programs</p> <p>P. 6</p>	<p>7</p> <p>Payment methods</p> <p>P. 6</p>	<p>8</p> <p>If you don't pay your premiums...</p> <p>P. 7</p>	<p>9</p> <p>Benefits provided by NHI</p> <p>P. 8</p>	<p>10</p> <p>NHI Special Health Checkups and Special Health Guidance</p> <p>P. 16</p>

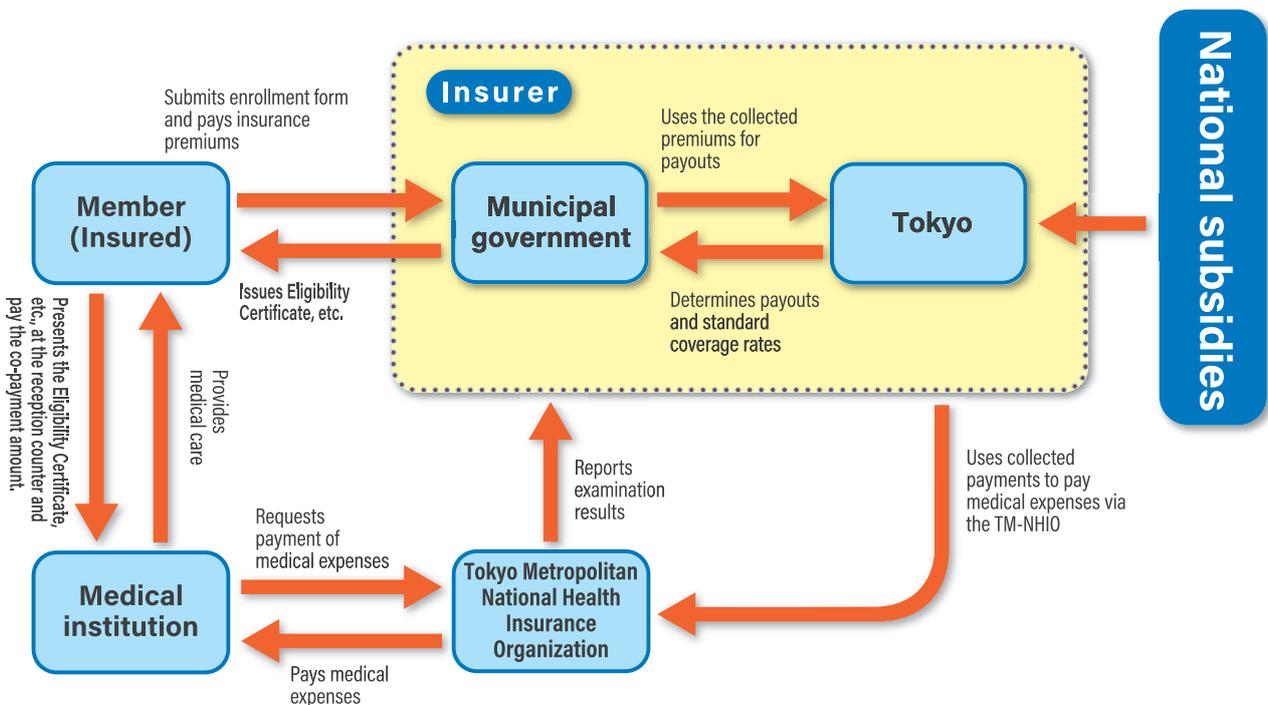
1 The National Health Insurance (NHI) System

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 The National Health Insurance Eligibility Certificate, etc.

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

(1) Handling of Health Insurance Cards After December 2, 2024

Starting December 2, 2024, the system has transitioned to using the My Number Card with health insurance registration (My Number Health Insurance Card) as the basis for use as a health insurance card, so the old type of health insurance cards are no longer being issued.

If you do not have a My Number Health Insurance Card, we will send you an Eligibility Certificate which can be used in place of your health insurance card.

By presenting the Eligibility Certificate at the reception counter of the medical institution, etc., you can receive medical treatments in the same way as with your existing health insurance card.

A Notice of Eligibility Information will be sent to those who have a My Number Health Insurance Card. When visiting medical institutions that do not accept the My Number Health Insurance Card, you can receive medical services by presenting your My Number Health Insurance Card together with the eligibility information screen from the My Number Portal, or by presenting your My Number Health Insurance Card together with the Notice of Eligibility Information.

(2) Validity Period

The validity period of the Eligibility Certificate is indicated in the upper right corner of the certificate. In principle, it expires the day after the expiration date of your period of stay. If you fail to renew your period of stay and your resident registration is deleted, your National Health Insurance eligibility will also be lost, and you will no longer be able to use it. Therefore, please be sure to complete the extension procedure at the Tokyo Immigration Services Bureau. Normally, the Eligibility Certificate or the Notice of Eligibility Information will be sent to you once the Ministry of Justice has given notification of the renewal of your period of stay. The Eligibility Certificate is sent by registered mail, and the Notice of Eligibility Information is sent by regular mail.

However, if your status of residence is renewed under the category of "Designated Activities," confirmation of the contents of the "Designation Certificate" is required before issuing the Eligibility Certificate or the Notice of Eligibility Information. Please bring your Eligibility Certificate, passport, residence card, and Designation Certificate and complete the procedure at the National Health Insurance Eligibility Section, the Residents' Division (Main City Office), or a local residents' office.

(3) Handling of the Eligibility Certificate, etc.

- ① When you receive the Eligibility Certificate or the Notice of Eligibility Information, be sure to check that the information listed, such as your address, name, and date of birth, is correct.
- ② If you lose the documents or if they become damaged and unusable, please apply for a reissuance. Please bring your ID (such as a residence card) and come to the National Health Insurance Eligibility Section or City Branch Office. If you lose your Eligibility Certificate or other related documents while you are outside, please file a report with the police.
*If you are eligible for special medical expense benefits, please visit the National Health Insurance Eligibility Section.
- ③ You must not lend or borrow an Eligibility Certificate to or from another person. Doing so is punishable by law.

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 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

In any of the following cases, you must complete the withdrawal procedure and return your Eligibility Certificate within 14 days.

- ① When you move out of the city (or leave the country)
Please submit a resident card transfer application.

Note: Once you file a moving-out notification, your Eligibility Certificate will become invalid starting from the day after your departure.
Please note that if you fail to submit the notification and your resident registration remains in Japan, you will continue to be charged health insurance premiums.
- ② Those covered under Employees’ Health Insurance or another Japanese public health insurance program (includes those enrolled as dependents)

Note: If you do not complete the withdrawal procedure, you may end up with double enrollment and will continue to be charged National Health Insurance premiums.
Please bring the Eligibility Certificate or Notice of Eligibility Information issued by your employer, along with your National Health Insurance Eligibility Certificate.
- 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

- After withdrawing from the National Health Insurance system, you will no longer be able to use the Eligibility Certificate. If you use it without being enrolled in the National Health Insurance system, you will be required to repay the portion of the medical expenses that was covered by the insurer.
- You cannot withdraw from the National Health Insurance system simply because the premiums are high or because you do not go to the hospital.
- 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 Please be sure to notify the Tokyo Regional Immigration Bureau and have your valid period of stay and status of residence noted on the back of your residence card. Failure to do so may result in the loss of your National Health Insurance eligibility.

(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, Residents Section, City Branch Office
Wednesdays	17:00 – 19:00	City Branch Office
1st, 3rd and 5th Saturdays	9:00 – 17:00	Residents 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 Japan) 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 2025)

I Health insurance premiums		
April - the following March (Maximum levy: JPY 660,000)	① Income-based charge	② Per-capita charge
	Total tax base amount for all household members × 7.71 %	JPY 47,300 × Number of household members
II Older senior citizen support premiums		
April - the following March (Maximum levy: JPY 260,000)	① Income-based charge	② Per-capita charge
	Total tax base amount for all household members × 2.69 %	JPY 16,800 × 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 × 2.25 %	JPY 16,600 × 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, 2026

(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 based on your income in the previous year and you are notified in June. 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.



6 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 Payment at the reception counter (cash payment)

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 there are no special circumstances and your insurance premiums remain unpaid for a certain period, you will have to pay the special medical expenses and you will be required to pay the full cost (instead of the usual 30% co-payment) at the reception counter of the medical institution. By applying at a later date, you can be reimbursed for 70% of the insured medical treatment costs, but as a general rule, this amount will be applied to any unpaid insurance premiums.

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

- If you are unable to pay your insurance premiums due to unavoidable circumstances such as unemployment or company bankruptcy, or if you are unsure how to pay insurance premiums that are already overdue, please consult the National Health Insurance Premium Collection Section at the City Office.

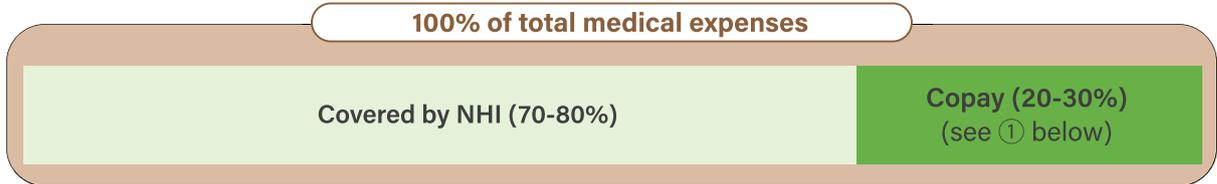
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Benefits provided by NHI

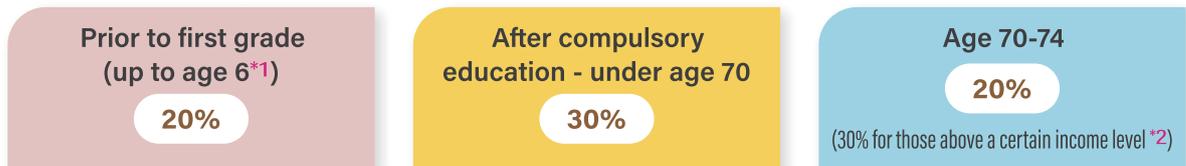
Contact National Health Insurance Benefits Section
Phone: 03-5307-0642

(1) Medical benefits

When you become ill or suffer an injury, you can receive treatment by simply paying a portion of the medical expenses (co-payment) by presenting your My Number Health Insurance Card, etc. at the reception counter of the medical institution.



① Copay percentages



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

* 2: For information on how your co-payment rate is determined, please contact the National Health Insurance Eligibility 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, Sugunami 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 receive treatment for an emergency, such as a sudden illness while on vacation, without presenting your My Number Health Insurance Card, etc., and the treatment is not covered by insurance at the time. When you receive treatment at a medical institution that does not handle health insurance due to unavoidable circumstances. However, if you decided to receive treatment at a medical institution that does not accept insurance, reimbursement will not be approved.
- 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>

To complete the procedure, you will need a document confirming your insurance status (such as the Eligibility Certificate or Notice of Eligibility Information), the bank account number in the name of the head of household, and any additional documents required depending on the type of application. The 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>

Documents showing qualification information (such as the Eligibility Certificate or Notice of Eligibility Information), a doctor's opinion letter (in the prescribed format), receipts (detailing the transportation route and method), and the bank account number in the name 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

The application form will be sent approximately three months after the month in which medical treatment was provided. Once you receive it, the head of the household should submit the application.

Once you have completed the application process, you will not need to apply again in the future, and payments will be automatically deposited into the initially registered bank account (note that some high-cost medical expenses may not be eligible).

Additionally, if you expect to incur high medical expenses before visiting a medical institution, you can obtain an "Eligibility Certificate for Ceiling-Amount Application" in advance from the National Health Insurance Benefits Section, and by presenting it at the reception counter of the medical institution, this will limit your out-of-pocket payment at the medical institution to the prescribed maximum amount.

For information on applying for the Eligibility Certificate for Ceiling-Amount Application, please refer to page 12.

Those who can use the My Number Health Insurance Card do not need to apply for the Eligibility Certificate for Ceiling-Amount Application in advance. However, if the case falls under the category of standard copayment reduction (for long-term hospitalization), an application is required.

(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 only one person in the household has incurred medical expenses eligible for high-cost medical expense benefits, the portion that exceeds the self-payment limit amount shown in the table below, which is calculated using the amounts in sections "A" and "B" above, will be considered as high-cost medical expenses.

For those aged 70 and over, high-cost medical expenses are first calculated based on outpatient expenses only (outpatient portion). Next, if there are any inpatient expenses, the remaining out-of-pocket amount after calculating the outpatient portion (= outpatient out-of-pocket maximum) is combined with the inpatient medical expenses, and the amount exceeding the combined outpatient plus the inpatient out-of-pocket maximum is then calculated (inpatient portion). The total amount of the outpatient portion and the inpatient portion is the high-cost medical expense (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 aged 70 and over]

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...Low-income category I: Applies to households in which both the head of household and all National Health Insurance members are exempt from resident tax and each individual's public pension income is below a certain threshold with no other sources of 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

If members of the same household incur medical expenses in the same month, the amounts calculated under "A" and "B" on page 10 can be combined.

When combining expenses for those under 70 and those aged 70 or older, first calculate the outpatient and inpatient costs separately for those aged 70 or older, then add the portion exceeding 21,000 yen for those under 70. If the total exceeds the self-pay limit for those under 70, the excess amount will be reimbursed as high-cost medical expenses.

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 expenses, you can obtain an "Eligibility Certificate for Ceiling-Amount Application" in advance and present it at the reception counter of the medical institution to limit your payment at the reception to the co-payment ceiling amount (as described on page 10).

For individuals aged 70 and over whose income category is either "those with income comparable to active income earners" or "general," presenting the Eligibility Certificate at the reception counter will allow them to pay up to the co-payment limit, and they will not need to receive an "Eligibility Certificate for Ceiling-Amount Application".

Those who can use the My Number Health Insurance Card do not need to apply in advance for the Eligibility Certificate for Ceiling-Amount Application. However, if they qualify for a reduction in the standard co-payment amount (such as for long-term hospitalization), they will still need to apply.

<Required Items>

- ① Documents showing eligibility information (Eligibility Certificate, Notice of Eligibility Information, etc.)
- 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

For meal costs during hospitalization, a fixed amount of 510 yen per meal is to be paid by the patient (standard co-payment for meals and medical care). Households exempt from resident tax can apply for and receive the "Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability," which, when presented to medical institutions during hospitalization, reduces the meal costs as outlined in the table below.

To apply, it is necessary to confirm that both the head of the household and all National Health Insurance members (insured persons) are exempt from resident tax. If there are any individuals who have not filed, they must submit a resident tax declaration, and once the household is confirmed as tax-exempt, the "Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability" will be issued.

The cost of meals during hospitalization is not covered by the high-cost medical expense benefit.

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

Income category	Meal cost (per meal)
Households that pay resident tax	JPY 510
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 240 *
Low-income category II for those aged 70 and over	
Low-income category I for those aged 70 and over	JPY 110

* If the number of inpatient days as a tax-exempt household exceeds 90 days, from the 91st day of hospitalization onward, the meal cost can be reduced to 190 yen per meal upon application. Eligible individuals should complete the application process.

<Required Items>

- ① Documents showing eligibility information (Eligibility Certificate, Notice of Eligibility Information, etc.)
- 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 Applicant

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>

Documents showing eligibility information (Eligibility Certificate, Notice of Eligibility Information, etc.), a doctor's opinion letter, or a disability certificate (specifying the applicable special disease)

(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
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How to apply	The insured can apply for Lump-sum Allowance for Childbirth in the following three ways:
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(1) Direct Payment System (apply at the reception area of your medical institution)

Please present your My Number Health Insurance Card, etc. at the reception counter of the medical institution or maternity clinic and exchange a written agreement to use the system. Through this procedure, the city will directly pay the lump-sum childbirth and childcare allowance to the medical institution or maternity clinic, up to the designated amount.

If the childbirth expenses at the medical institution or maternity clinic are less than the payment amount, the difference will be paid to the head of the household. In such cases, the city will notify the household about the payment 1 to 3 months after the childbirth.

* 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 Documents showing eligibility information (Eligibility Certificate, Notice of Eligibility Information, etc.)
 - 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 Residents Office)

<Required Items>

- ① Documents showing eligibility information (Eligibility Certificate, Notice of Eligibility Information, etc.)
 - 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 the 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 Documents showing eligibility information (Eligibility Certificate, Notice of Eligibility Information, etc.)
- 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 Documents showing eligibility information (Eligibility Certificate, Notice of Eligibility Information, etc.)
 - 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>

Documents showing the deceased person's eligibility information (Eligibility Certificate or Notice of Eligibility Information, etc.), the original receipt for the funeral, and the bank account number of the person who conducted 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 Community Health 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 use Suginami City's National Health Insurance after moving out of Suginami City or joining another health insurance system, you will be required to repay the medical expenses that the city has covered. In the following cases, you cannot use Suginami City's National Health Insurance.

- 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.
- * 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.

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, 2025 to February 15, 2026. 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.

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

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

☎ 03-3312-2111 (Main)

Note: Please have a Japanese speaker make the inquiry for you.