

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 side works along with relevant procedures. It was created as a resource for non-Japanese living in Japan.

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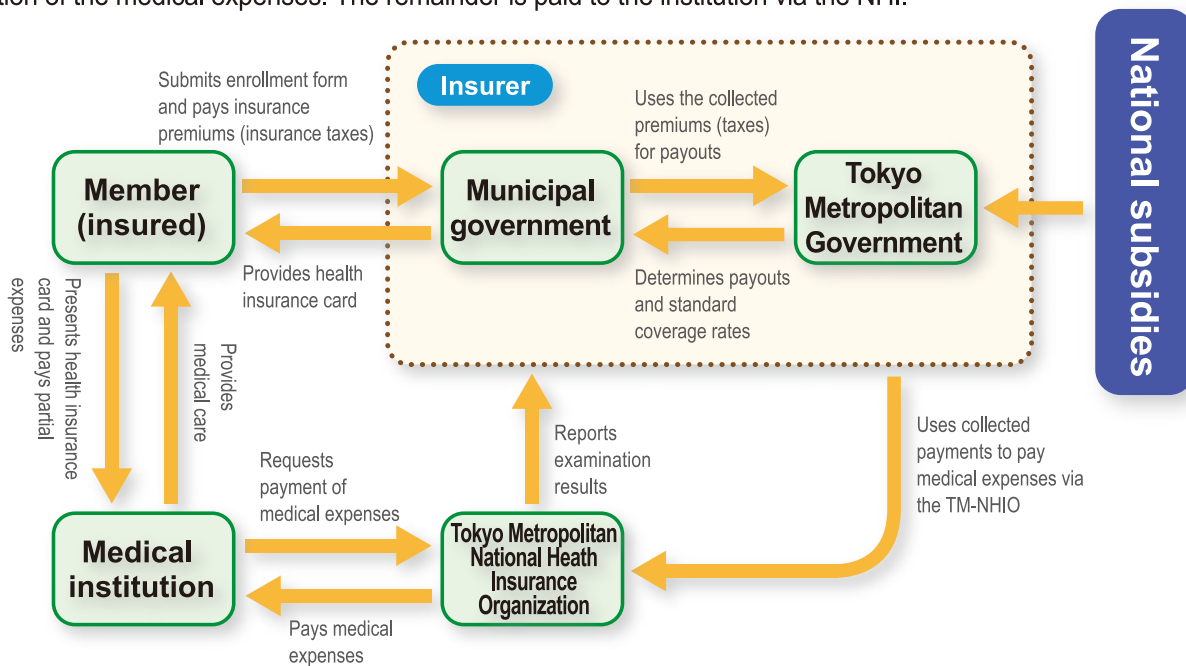
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1 The National Health Insurance system (NHI)

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 (insurance tax) 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 (insurance taxes) 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 (insurance taxes) 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 Proof of National Health Insurance (health insurance card)

(1) Keep track of your health insurance card

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 health insurance card is printed on the upper right. It's typically the day after your period of stay ends. If you let your resident registration lapse without going through renewal procedures for your period of stay, you will also become ineligible for the NHI and unable to receive benefits—so make sure that once you go through the steps needed to extend your stay with the Immigration Services Agency of Japan, you also replace your card with a new one from the municipality in which you live.

Note: You will need your old card, passport, and resident's card to get an updated health insurance card.

(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.
- 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.

4 Applying for NHI

(1) Joining NHI

① Eligibility

Registered municipal residents who are not Japanese must still enroll in the NHI. 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 who have a “designated activities” status of residence and:
 - a. Are in Japan for the purpose of receiving medical treatment or for providing everyday assistance for someone who is engaged in applicable activities
 - b. Have a period of stay for less than a year and are in Japan for the purpose of sightseeing, recreation, or similar activities or are an accompanying 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 if either of the following apply and you present the necessary documentation.

- 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 (insurance taxes) you would have paid had you enrolled on time.

- ❶ 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).
- ❷ When you get a new status of residence that is longer than three months
- ❸ 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
- ❹ When your child is born
- ❺ When you become ineligible to receive social assistance

(2) Withdrawing from the NHI

You must go through NHI cancellation procedures within 14 days should any of the following events occur. You will be asked to return your health insurance card.

- ❶ 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 (insurance tax) payments.
- ❷ When you enroll in another Japanese public health insurance program (e.g. get Employees' Health Insurance through your job), including enrollment as a dependent
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 (insurance tax) payments.
- ❸ 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.
- ❹ Upon the death of the insured
- ❺ When you start receiving social assistance
- ❻ 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
- ❼ 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 (insurance taxes) or not using your health insurance card (not visiting 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

- ❶ When you move within the same municipality
- ❷ When your name or the head of household changes
- ❸ When you lose your health insurance card

(4) Required documentation

Required documents vary depending on the type of notification you are filing and the person filing it (visiting the service counter). Please inquire with the relevant service counter for details.

5

Insurance premiums (insurance taxes)

Insurance premiums (insurance taxes) are calculated based on 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 (insurance taxes) are calculated.

(1) How insurance premiums (insurance taxes) are calculated

Insurance premiums (insurance taxes) 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 (insurance taxes) 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.

- ❶ **Income-based charge:** Calculated based on the income of household members (income x fee (tax rate))
- ❷ **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 former proviso income*.

*Gross income for the previous year minus a basic deduction (JPY 430,000)

Annual per-household insurance premiums (insurance taxes)

I Health insurance premiums		❶ Income-based charge	+	❷ Per-capita charge
April–the following March (Maximum levy: JPY <u>650,000</u>)	=	Total former proviso income for all household members × <u>5.52</u> %		JPY <u>34,700</u> × number of household members
II Older senior citizen support premiums		❶ Income-based charge	+	❷ Per-capita charge
April–the following March (Maximum levy: JPY <u>220,000</u>)	=	Total former proviso income for all household members × <u>2.15</u> %		JPY <u>12,900</u> × number of household members
III Nursing care premiums		❶ Income-based charge	+	❷ Per-capita charge
April–the following March (Maximum levy: JPY <u>170,000</u>)	=	Total former proviso income of all members age 40–64 × <u>1.88</u> %		JPY <u>14,400</u> × Number of members age 40–64

Note: Annual insurance premiums (insurance taxes) are calculated from April to March of the following year.

(2) Notice of insurance premiums (insurance taxes)

Insurance premiums (insurance taxes) are calculated for a full year (April through March of the following year) and then billed as 9 annual payments between July and the following March. So your premiums are calculated in July based on your income during the previous year, and you are notified of this total. If you enroll in the NHI in the middle of the fiscal year, notice of your insurance premiums (insurance taxes) will be sent during the month you apply or the following month. Note that if your insurance premiums (taxes) 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 (insurance taxes) 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 (insurance taxes) 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 (insurance taxes) that you owe.



6 Insurance premium (insurance tax) reduction and exemption programs

(1) Insurance premium (insurance tax) reduction program

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 you are not yet 65 years old, you can file to have your insurance premiums (insurance taxes) reduced. You will need to file a certificate showing that you are eligible to collect unemployment insurance. 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.

(2) Insurance premium (insurance tax) exemption program

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

7 Payment methods

Insurance premiums (insurance taxes) 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 (insurance taxes). You can set it up to have the amount automatically withdrawn from your savings account, and once it's in place, the automatic payments will continue even into the next fiscal year.

(2) Payment slip

① In person

Take the payment slip you receive in the mail to your nearest bank or credit union, Japan Post Bank, post office, convenience store, or municipal NHI payment counter to pay your bill.

Note: Your payment slip must have a barcode on it in order to pay at a convenience store

② ~~By phone (MobileRegi app)~~

~~You can also pay by phone if your payment slip has a barcode printed on it. Use your phone's camera to read the barcode, then pay using a mobile banking app.~~

8 If you don't pay your premiums...

- ① **If you do not pay your insurance premiums (insurance taxes) by the deadline, you will be sent a reminder notice.** If your payment still is not received, you will be sent a written letter demanding payment. You may also receive a phone call or visit.
- ② If you do not pay even after receiving a reminder and/or warning 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: the seizure of bank savings or property under the law
- ③ If you do not pay your insurance premiums (insurance taxes) over an extended period of time, you will be switched to a short-term health insurance card. Ongoing failure to pay without consultation will result in confiscation of your health insurance card, which will be replaced with an Eligibility Certificate instead. Eligibility Certificates require that you pay all medical expenses at hospitals and other medical institutions upfront (instead of just the copay) and later apply for reimbursement from your municipal office.
- ④ **Changes in status or period of residence may result in disqualification.**
(Created based on the Ministry of Justice's "Basic Plan for Immigration Services")

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

If you are finding it difficult to pay your insurance premiums (insurance taxes) due to unavoidable circumstances (such as a layoff or company bankruptcy), or if you are struggling to take care of payments that are already in arrears, speak with someone at the NHI payment counter at your local municipal office.

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Benefits provided by NHI

(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.

100% of total medical expenses

Covered by NHI (70–80%)

Copay (20–30%)
(see ① below)

① Copay percentages

Prior to first grade
(up to age 6^{*1})

20%

Age 6–69

30%

Age 70–74

20%

(30% for those above a certain income level^{*2})

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

*2 : Please check your Elderly Recipient Certificate for details. Speak with an NHI representative for more information on the criteria used to determine copay rates.

② What is covered (Eligible for NHI benefits)

- Medical or 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 10 for information on lump-sum childbirth/parenting benefit
- Cosmetic procedures/orthodontics
- Work-related illnesses or injuries
Note: These are covered by workers' compensation insurance.
- Illnesses or injuries sustained during criminal or malicious acts
- Illnesses or injuries sustained due to fighting or drunkenness

(2) Payment of medical expenses

If any of the following situations require you to pay all of your medical expenses out of pocket, you can apply to have your situation reviewed and be reimbursed for them (minus your copay) if you are approved. Inquire with your local NHI service counter for details on how to apply.

Note: You must apply within two years of the day following the date medical treatment was received. It takes about three months from the time you apply to the time you are paid.

- You need to get medical treatment without presenting your health insurance card due to an emergency or other unavoidable circumstances
- You are forced to get treatment at a medical institution that does not take insurance due to unavoidable circumstances (e.g. there is nowhere else to go). (Note that you are not eligible for reimbursement if you decide to use a medical institution that does not take insurance of your own volition.)
- A medical device was made (such as a corset or cast) that a physician deems medically necessary
- You receive treatment from a bonesetter for a bruise or sprain (not applicable to chronic back or shoulder issues)
- You receive physician-approved treatment from a massage therapist, acupuncturist, or moxibutionist
- You receive treatment at an overseas medical institution due to an emergency situation while you are traveling. (Note that you are not eligible for reimbursement if you travel overseas for the purpose of receiving medical treatment, and are limited to treatments covered by Japanese medical insurance.)

(3) Travel expenses

If illness or injury make it difficult for you to travel, but you still must get to a medical institution for emergency or unavoidable treatment deemed necessary by a physician, you may be able to get reimbursed for the necessary travel expenses.

(4) Major medical fees

If you exceed your deductible (ceiling for out-of-pocket expenses) for medical expenses within the same month, you can apply for funds to cover the excess expenses under the “major medical fees” benefit.

① Ceiling for out-of-pocket expenses for major medical expenses [Under 70 years of age]

Income category	Ceiling	Multiple*2
Former proviso income*1 Over JPY 9.01 million	JPY 252,600 + (Total medical expenses (100%) – 842,000) × 1%	JPY 140,100
Former proviso income*1 JPY 6.00–9.01 million	JPY 167,400 + (Total medical expenses (100%) – 558,000) × 1%	JPY 93,000
Former proviso income*1 JPY 2.10–6.00 million	JPY 80,100 + (Total medical expenses (100%) – 267,000) × 1%	JPY 44,400
Former proviso income*1 JPY 2.10 million or less	JPY 57,600	JPY 44,400
Households exempt from resident tax	JPY 35,400	JPY 24,600

[Age 70–74]

Income category		Ceiling		
		Outpatient care (per individual)	Per household (including inpatient)	Multiple*2
Income level of active workers III	Taxable income of JPY 6.90 million or more	JPY 252,600 + (Total medical expenses (100%) – JPY 842,000) × 1%		JPY 140,100
Income level of active workers II	Taxable income of JPY 3.80 million or more	JPY 167,400 + (Total medical expenses (100%) – JPY 558,000) × 1%		JPY 93,000
Income level of active workers II	Taxable income of JPY 1.45 million or more	JPY 80,100 + (Total medical expenses (100%) – JPY 267,000) × 1%		JPY 44,400
General	Taxable income of less than JPY 1.45 million*3	JPY 18,000 (annual ceiling: JPY 144,000)	JPY 57,600	JPY 44,400
Low-income earner II*4				JPY 24,600
Low-income earner I*5		JPY 8,000		JPY 15,000

*1 : Former proviso income is gross income minus a basic deduction (JPY 330,000, but JPY 430,000 from amount for August 2021). Households that have not reported their resident tax are placed in the “former proviso income of over JPY 9.01 million” category

*2 : Ceiling moves to the “multiple” category starting with the fourth instance in which the ceiling for out-of-pocket expenses is reached within the past 12 months

*3 : Also includes those with total household incomes less than JPY 5.2 million (or JPY 3.83 million for single-family households) or those with a total former proviso income of JPY 2.10 million or less (only applies to households with a member who turned 70 on or after January 2, 2015).

*4 (Low-income earner II) : Heads of household and NHI members belonging to households exempt from resident tax

*5 (Low-income earner I) : Heads of household and NHI members belonging to households exempt from resident tax and that fall below a certain household income level

② Notes on calculations

- Calculations are per individual
- Calculations are per calendar month (from the first to the last day of the month)
- Calculations are per covered medical institution (and per category (inpatient/outpatient, medical/dental) within the same medical institution)
- Excludes expenses for meals, upgraded bed charges, or other expenses not covered during inpatient stays
- When there are multiple out-of-pocket expenses of at least JPY 21,000 in the same household during the same month, those figures are totaled and the amount exceeding the ceiling is reimbursed (the entire amount is totaled for those aged 70 or older)

③ How to apply

Households eligible for major medical expenses benefits will be sent an application form three to four months after the month in which treatment was received. The head of household should apply. Note that applications are valid only for two years from the first of the month following the month in which treatment was received, and can no longer be accepted after that.

(5) Issuance of ceiling authorization certificates (ceiling/standard copay reduction certificate)

Depending on your application, you may be issued a ceiling authorization certificate. If you plan on getting inpatient or other high-cost medical treatment, you can receive one of these in advance from your municipality and present it to the service counter at the medical institution so that the payment you owe at that institution will cap out at the ceiling for out-of-pocket expenses for major medical expenses. Households exempt from resident tax will be issued a ceiling/standard copay reduction certificate)

(6) High-cost medical and nursing care benefits

If the combined total out-of-pocket expenses under medical insurance and nursing care insurance for one year exceeds the ceilings listed below, you are eligible for high-cost medical and nursing care benefits to cover the overage. The calculation period extends from August 1 to July 31 of the following year.

Ceiling for out-of-pocket expenses for high-cost medical and nursing care benefits [Under 70 years of age]

Former proviso income* ¹ over JPY 9.01 million	JPY 2.12 million
Former proviso income* ¹ JPY 6.00–9.01 million	JPY 1.41 million
Former proviso income* ¹ JPY 2.10–6.00 million	JPY 670,000
Former proviso income* ¹ JPY 2.10 million or less	JPY 600,000
Households exempt from resident tax	JPY 340,000

[Age 70–74]

Income level of active workers III (Taxable income of JPY 6.90 million or more)	JPY 2.12 million
Income level of active workers II (Taxable income of JPY 3.80 million or more)	JPY 1.41 million
Income level of active workers I (Taxable income of JPY 1.45 million or more)	JPY 670,000
General (Taxable income of less than JPY 1.45 million* ²)	JPY 560,000
Low-income earner II (households exempt from resident tax)* ³	JPY 310,000
Low-income earner II (households exempt from resident tax and with income below a certain level)* ⁴	JPY 190,000

*¹ : Former proviso income is gross income minus a basic deduction (JPY 330,000, but JPY430,000 from amount for August 2021).

*² : Also includes those with total household incomes less than JPY 5.2 million (or JPY 3.83 million for single-family households) or those with a total former proviso income of JPY 2.10 million or less (only applies to households with a member who turned 70 on or after January 2, 2015).

*³ (Low-income earner II) : Heads of household and NHI members belonging to households exempt from resident tax

*⁴ (Low-income earner I) : Heads of household and NHI members belonging to households exempt from resident tax and that fall below a certain household income level

(7) Cost of meals during inpatient treatment

The cost of meals during inpatient treatment is an out-of-pocket expense. Standard per-meal costs are indicated in the table below. The remainder is covered by NHI under inpatient meal cost benefits. Note that members of households exempt from resident tax must present their ceiling/standard copay reduction certificate to be eligible for benefits listed under the “households exempt from resident tax” category in the table.

Household category			Per-meal cost	
Other households			JPY 460*1	
Households exempt from resident tax	Under age 70		Hospitalization up to 90 days	JPY 210
			Hospitalization longer than 90 days*4	JPY 160
	Age 70+	Low-income earner II*2	Hospitalization up to 90 days	JPY 210
			Hospitalization longer than 90 days*4	JPY 160
	Low-income earner I*3	Regardless of period of stay		JPY 100

*1 : Per-meal cost is JPY 260 for certain intractable and chronic childhood illnesses

*2 (Low-income earner II) : Heads of household and NHI members belonging to households exempt from resident tax

*3 (Low-income earner I) : Heads of household and NHI members belonging to households exempt from resident tax and that fall below a certain household income level

*4 : Requires reapplication. Contact your local service counter for details.

(8) Lump-sum childbirth/parenting benefit

Members who have children are eligible for benefits. Stillbirths and miscarriages are also covered if they occur at least 85 days into the pregnancy. The amount of benefit is JPY 488,000 per child. (Note that in cases of childbirth at maternity institutions belonging to obstetric care compensation programs, the benefit is JPY 500,000.)

(9) Funeral expenses

If the insured dies, the family is eligible for a funeral expenses benefit of JPY 50,000. Note that this benefit will not be paid if the funeral expenses are already being covered by another form of health or other insurance.

(10) Traffic accidents (injuries with a third party at fault)

Medical care for injuries due to the actions of a third party (e.g. traffic accidents) are covered under the NHI. Note, however, that you must contact the NHI benefits representative at your local municipality before using your health insurance card in these cases.

10 Specified health checkups/specific health guidance

(1) Specified health checkups

These checkups primarily look for insulin resistance in order to help prevent lifestyle diseases such as diabetes and high blood pressure. They are conducted every year and play an important role in helping you maintain good health.

① Eligibility

NHI members age 40 and older

② How to get a checkup

Those eligible for the checkup will receive a voucher by mail. Contact your local NHI service counter for checkup periods, medical institutions offering the checkups, and other details.

③ What the checkup entails

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

④ Copay

JPY 0

(2) Specific health guidance

If the results of your specified health checkup indicate that you are at high risk for lifestyle diseases, you will receive specific health guidance. This service gives you access to the advice and support of experts (physicians, nurses, nutritionists, etc.) who can help you make the lifestyle changes you need to stay healthy.

**Insurance and Pension Section,
Welfare and Public Health Department, Higashi-kurume City Hall**

3-3-1 Honcho, Higashi-kurume, Tokyo

☎042-470-7732

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