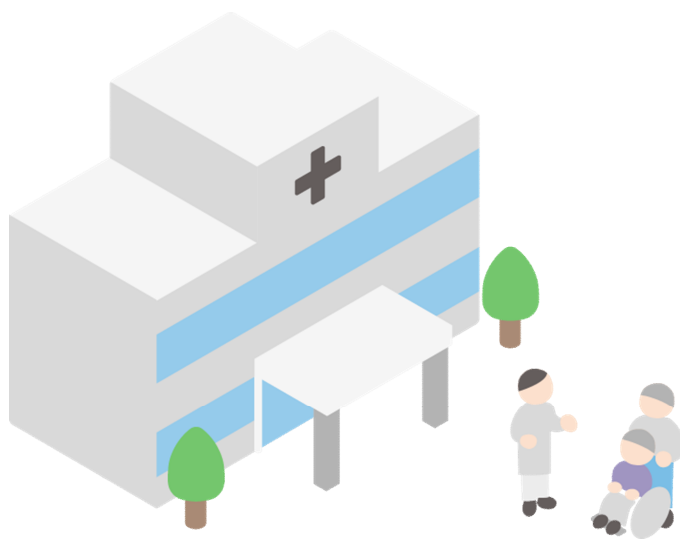


National Health Insurance Handbook



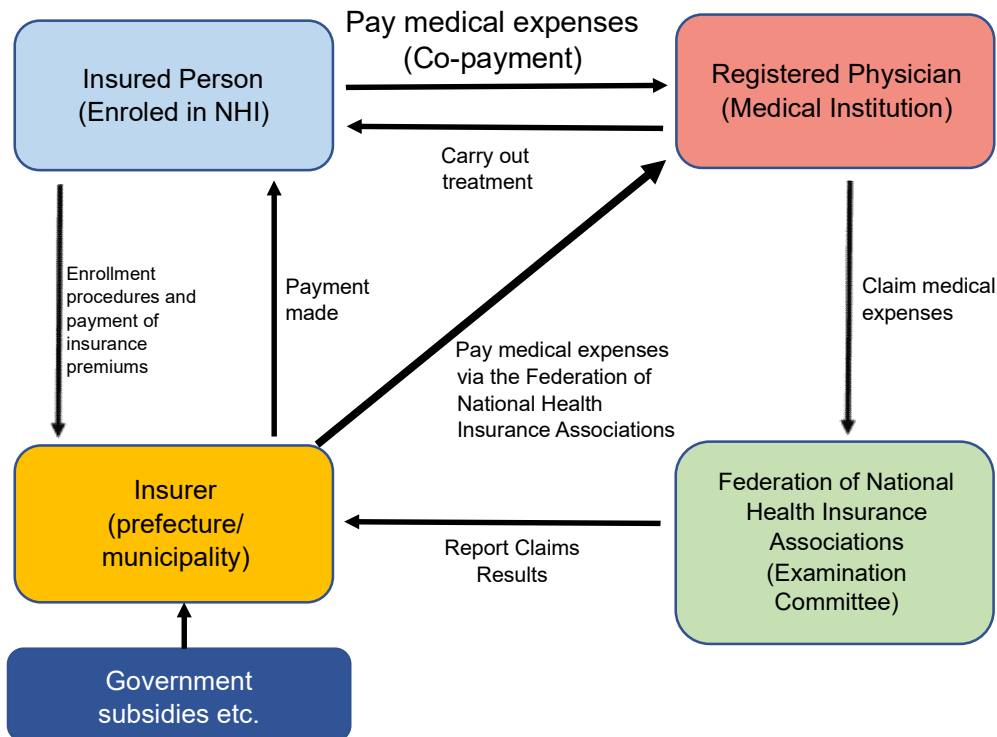
Minoh City

Citizen Services Department

National Health Insurance Division

1. National Health Insurance (Kokuho) System

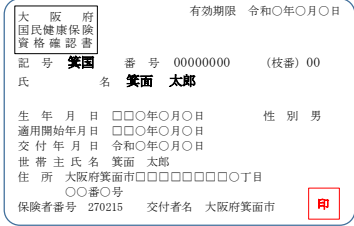
National Health Insurance (*Kokuho*) is a system in which people contribute to regularly (as insurance premiums) for everyone have the peace of mind that comes with knowing that they can see a doctor if they get sick or injured. It is operated jointly by the local prefecture and municipalities.



2. About the Eligibility Notification and Health Insurance Eligibility Certificate

- ◆ Handling your Eligibility Notification or Health Insurance Eligibility Certificate
 - When you receive your Eligibility Notification or Health Insurance Eligibility Certificate, be sure to check the details shown on it, including your name.
 - Never lend it to or borrow it from anyone else. Doing so is punishable by law.
 - Keep it in a safe place. If it is lost or damaged, please apply to have it reissued.

◆ How to receive treatment at a medical institution

Myna (My Number) Insurance Card Registration	Issued by the City Office	To present at medical institutions
If you have registered your Myna (My Number) Insurance Card	Eligibility Notification 	Myna (My Number) Insurance Card ● For medical facilities that do not accept Myna (My Number) Insurance Cards Please present a: "Myna (My Number) Insurance Card" + "Eligibility Notification"
If you have not registered your Myna (My Number) Insurance Card	Health Insurance Eligibility Certificate 	Health Insurance Eligibility Certificate + Eligibility Certificate for Ceiling-Amount Application, etc. If you have one

3. National Health Insurance Procedures

When you enroll in/withdraw from National Health Insurance, you are required to notify the National Health Insurance office within 14 days.

When do I need to enroll in National Health Insurance

- ◆ When you move to another municipality (and are not enrolled in workplace health insurance, etc.)
- ◆ When you withdraw from health insurance at your workplace (from day after end of employment)
- ◆ When your child is born
- ◆ When you are no longer eligible to receive public assistance



Applicants are required to complete any outstanding premium payments from the time of becoming subject to payment for National Health Insurance even in the case of late registration.

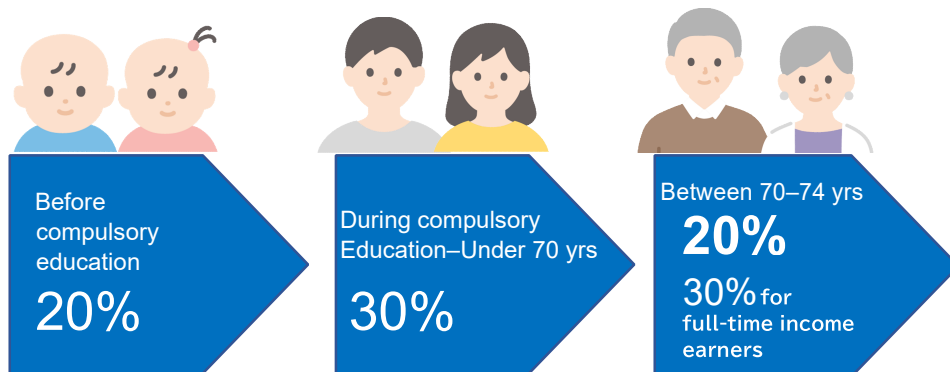
When do I need to withdraw from National Health Insurance?

- ◆When moving to a new municipality
- ◆When enrolling in workplace health insurance, etc.
- ◆In the case of a death
- ◆If you start receiving public assistance
- ◆If you join The Medical Care System for Elderly People
(not required if 75yrs when joining The Medical Care System for Elderly People)

4. In the case of illness or injury (medical benefits)

When you are attending for medical treatment for an illness or injury, If you present your My Number Health Insurance Card or Health Insurance Eligibility Certificate at the reception desk of a medical institution, you can receive medical treatment by paying only part of the medical expenses, usually 20% to 30%. If the medical institution cannot accept My Number Health Insurance Card, please also present your Eligibility Notification.

Medical Expenses Self-pay Rate



5. Dealing with High-cost medical treatment (high-cost medical expense benefits)

If the amount you pay out of pocket to medical institutions in one month is high, you may apply for reimbursement. If approved, the amount exceeding your monthly out-of-pocket limit will be reimbursed as high-cost medical expense benefits. The limit is different for those under 70, and for those from 70 to 74 years old.

6. Other benefits

You can also receive benefits in the following cases:

Childbirth (payment of Childbirth and Childcare Lump-Sum Allowance)

This allowance is paid when the insured person gives birth. If it is finalized after the 12th week (85 days) of pregnancy, and is be paid even if the birth results in a stillbirth or a miscarriage.

In principle, the payment is made directly from the National Health Insurance to the medical institution.

Death (payment of funeral expenses)

When the insured person passes away, a payment is made to the person who bore the costs of the funeral (subject to application).

Transportation expenses (payment of transportation expenses)

If a person has difficulty travelling due to illness or injury and, on a doctor's instructions, incurs transportation costs for an unavoidable emergency admission or transfer to another hospital, they may apply for reimbursement. The costs will be covered if National Health Insurance determines that the transportation was necessary.

Meal expenses when hospitalized (hospital meal expenses)

For meals provided during a hospital stay, patients pay a standard amount per meal separately from the costs of medical treatment and medication. National Health Insurance covers the remaining cost.

Traffic accidents (notification of injury or illness caused by a third party)

In principle, when injured by a third party, such as in a traffic accident the assailant should bear the cost of medical treatment. However, insured persons can use National Health Insurance to see a doctor. Please consult with the National Health Insurance office before settling out of court.

7. Insurance Premiums

Premiums are calculated from the month of enrolment. If you move to a new municipality (e.g., new entrants to Japan), or if you leave another Japanese public health insurance and enroll in National Health Insurance, you will be eligible for National Health Insurance at that time. Insurance premiums are due from the time of enrolment.

How insurance premiums are calculated

Insurance premiums are calculated for each insured person, totalled for each household, and paid by the head of the household.

Insurance premiums consist of four components: medical care, support for the Medical Care System for Elderly People, long-term care, and child and childcare support. The total of these four components is the amount of the insurance premium.

Insurance premium notice

Premiums for one year (from April to March of the following year) are paid in 10 installments from June to March of the following year. Therefore, calculations and notice of premiums are carried out in June based on the amount of income during the previous year. If you enrol in NHI mid-fiscal year, notification will be sent in the month of enrolment or the following month. You will also be informed of any changes in insurance premiums due to changes in the number of members, income, etc.

How to pay insurance premiums

In principle, the method of payment of insurance premiums is bank transfer. Once you register, it will be automatically renewed for the next fiscal year. Alternatively, you can use the payment slip sent to you to pay in cash at a financial institution, post office, or convenience store, or pay using a smartphone payment app.

Insurance premiums when enrolling in or withdrawing from National Health Insurance mid-year

If you enroll in NHI in the middle of the fiscal year, premiums will be calculated from the month of enrolment. If you withdraw from NHI mid-year, premiums will be calculated up until the month prior to the month of your withdrawal.

If you fail to pay your insurance premiums, you may not be able to receive approval for the maximum amount of high-cost medical expenses. Additionally, action will be taken in accordance with pending payments.

**Payment
Reminder**

If the payment is not made by the deadline, a reminder will be sent and a late fee may be collected.



If non-payment continues

**Special
Medical
Expenses**

In some cases, you may be required to pay the full cost of treatment upfront under the Special Medical Expenses system when receiving treatment at a medical institution. You can later apply at the relevant service counter to receive reimbursement for the portion covered by insurance. You will be notified in advance if this applies to you.



If non-payment continues

**Withholding
of benefits**

All or part of the payment of National Health Insurance will be suspended.

*Additionally, you may be subject to seizure of property etc. and long-term care insurance benefits may be restricted for households with National Health Insurance insured persons aged 65 and over. Once a year, you will have an examination at a medical examination/health guidance institution contracted by the National Health Insurance 40 through 64 .

When you struggle to make payments

If you have difficulty paying your insurance premiums due to extraordinary circumstances, you can apply for payment in installments. Therefore please discuss before you are late on payments.

8. Specialized Health Check-Ups

Lifestyle-related diseases such as heart disease and stroke continue to increase. For the purpose of early detection of metabolic syndrome, which is the main cause of lifestyle-related diseases, a "lifestyle-related disease check-up (specialized health check-up)" is carried out, and if improvement/changes to lifestyle are necessary, "specialized health guidance" will be provided.

Lifestyle-related disease check-up (Specialized health check-up)

National Health Insurance insured persons from 40 through 74 years of age are eligible.

*Eligible persons will receive a 'specialized health check-up' etc.

Consultation Institutions

Once a year, you will have an examination at a medical examination/health guidance institution contracted by the National Health Insurance

Health check-up data is stored by the National Health Insurance for effective health management

- The format of test items and results will be unified.
- Effective health guidance can be provided by comparing with past health check-up data.
- Even if the medical insurer changes due to moving or changing jobs, data will be transferred at the request of the insured person, and health management can be performed without change.

Examinations

The accumulation of visceral fat is checked by measuring the waist circumference. Additionally, basic tests such as blood pressure, blood sugar, urinalysis, liver function test, and lifestyle habits such as smoking history will be examined.

Specialized Health Guidance

Based on the results of the specialized health check-up, information will be provided in accordance with the risk of metabolic syndrome, and health guidance will be tailored to each individual, with support for improvement of lifestyle habits.



If there is a need to attend a medical institution, 'Consultation Recommendation'

