0 Introduction

This pamphlet explains the National Health Insurance (NHI) program in English, Chinese, Vietnamese, Nepalese, Korean, and Tagalog for the benefit of foreign residents living in Kawasaki City. We hope it will be of use to your and other foreign residents as well as to Japanese nationals who frequently have the opportunity to interact with them, and that you lead a healthy, enjoyable, and fruitful life in Kawasaki City.

1 What Is National Health Insurance?

Japan's health insurance system is commonly divided into three types—company health insurance for those employed by a business, NHI for residents of each region, and latter-term elderly health insurance for those 75 years of age or older. NHI is a mutual assistance program in which enrolled members pay premiums into a financial pool, to which the national government and local municipalities add funds.

NHI Eligibility Requirements

Foreign residents in the basic resident registration system—meaning that they have a valid visa status of residence under the Immigration Control and Refugee Recognition Act, are allowed to stay in Japan for more three months, and have an address in Japan—are eligible to enroll. However, this excludes those enrolled in some other form of public health insurance (including those who are enrolled as dependents), those with latter-term elderly health insurance, those who receive public financial aid for everyday living, those whose visa status of residence is for designated activities with the purpose of receiving medical treatment and those whose purpose in visiting Japan is for sightseeing or recreation.

Note: Those who have been issued an applicable certificate verifying that they are enrolled in a medical insurance institution health plan in the United States, Belgium, France, the Netherlands, Czech Republic, Switzerland, Hungary or Luxemburg are exempt from enrollment in the Japanese health insurance system based on the Social Security Agreement.

When NHI Enrollment Is Permitted

(1) When you move into Kawasaki City from another municipality (if you were enrolled in NHI at your previous address)

- (2) When you lose eligibility for enrollment in the health insurance plan at your place of employment
- (3) Your date of birth
- (4) When your public financial aid for everyday living is terminated
- (5) When you lose enrollment eligibility in an NHI union
- (6) When you complete your resident registration (except in the case of [1])

When You Lose NHI Eligibility

- (1) The actual date or day after you move to another municipality (or leave Japan)
- (2) The day after the date you enroll in the health insurance program at your place of employment
- (3) The day after the date you enroll in latter-term elderly health insurance
- (4) The day following the date of your death
- (5) The date you begin receiving public financial aid for everyday living
- (6) The date you become eligible for enrollment in an NHI union

Special Case Address System

When a Kawasaki City NHI member moves to an address outside of Kawasaki City due to a long-term hospitalization or institutionalization in an institution—such as a children's welfare facility, disabled person's support facility, fee-charging home, housing for the elderly with homecare services, fixed-expense home for the elderly, nursing home for the elderly, or nursing care insurance facility—he/she continues to be a member of Kawasaki City NHI.

If you are eligible for this system, please file a notification with the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center when filing your notification regarding moving out of the city.

NHI Card

Everyone enrolled in the NHI program receives an NHI card (residents between 70 and 74 years of age receive an insurance card/ elderly recipient card). Your NHI card will be sent to you by mail from the organization entrusted with this task by the city, the Kawasaki Center for National Health Center, as a basic principle. Since your card is a certificate of enrollment in NHI, please be careful not to lose or damage it. In addition, be sure to take your card with you when you visit a medical institution for treatment.

One NHI card is issued per member. Please do not mistake the card of another family member for your own. If a family member is living in another municipality to attend school there, it is also possible to apply for the Kawasaki NHI card (Maru-Gaku Health Insurance Card) to be mailed to you. In addition, please note the following:

(1) When you receive your NHI card, please check to make sure there are no errors, such as in your name.

(2) If there are any errors or changes needed in the information on the card, such as your name, please file a notification. Do not correct the card yourself, because this will invalidate it.

- (3) The NHI card becomes invalid after the expiration date. If you have an NHI card whose expiration date is the day following the expiration date of your visa and you want to continue using the card, please complete the visa renewal procedures at your local regional immigration bureau and then receive the NHI card mailed to you from your local ward office or Citizens Center.
- (4) Lending your NHI card to another person or using someone else's card is punishable by law.
- (5) Since the expiration date for NHI cards is the end of July (except in certain cases such as when the expiration date occurs on the day after the cardholder's visas expiration date), the cards are replaced every year in August. A new NHI card will be sent to you by special registered mail by the end of July as a basic principle. If you wish to have your NHI card delivered by simple registered mail when renewed from the following and subsequent years during bulk mailing, please apply to the Kawasaki City Call Center for National Health Insurance (Tel: 044-200-0783).
- * Since NHI cards are mailed by household, individuals cannot select special registered mail or simple registered mail.
- * The mailing method can only be selected when bulk mailing of NHI cards is carried out.

File Notifications as Early as Possible When Enrolling in or Losing Eligibility for National Health Insurance

If you become eligible for enrollment in NHI or lose your NHI eligibility, please file a notification of the change within 14 days with the local ward office or local Citizens Center. <u>No enrollment or loss of eligibility notification can be filed before the change occurs.</u> In addition, no notification is necessary if you enroll in latter-term elderly health insurance because you have reached 75 years of age.

Even if you are late in filing your notification of enrollment, the enrollment date remains as stated on the previous page. Since the insurance premiums will be charged from the month you enroll, you must pay for premiums dating back to the enrollment date.

If you incur fees at a medical institution before filing your enrollment notification, you must cover those expenses yourself unless the delay in filing was due to unavoidable circumstances.

If you enroll in a new medical insurance program, please follow the necessary procedures for canceling your National Health Insurance coverage. In this case, make sure you turn in your NHI card.

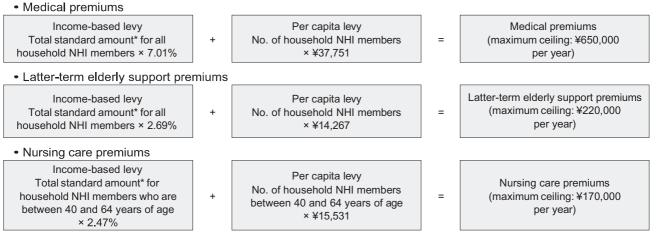
Note that you will be required to return the full sum incurred with medical examinations received at a later date if you receive them with the use of your NHI card after you have lost eligibility for National Health Insurance coverage.

2 NHI Premiums

Calculation of FY2023 NHI Premiums

NHI premiums are the sum of your medical premiums, latter-term elderly support premiums, and nursing care premiums. The formula for insurance premiums is as follows:

Annual insurance premiums = Medical premiums + Latter-term elderly support premiums + Nursing care premiums



If you join the program in the middle of a fiscal year, you will be charged the amount calculated using the following formula: Annual premiums amount \times no. of months of enrollment, divided by 12.

*Standard amount: The amount remaining after subtracting the basic deduction (¥430,000 for people whose total income earned is ¥24,000,000 or less) from your total income, etc. in 2022. The standard amount is calculated for each NHI member. It takes a little longer to confirm the standard amount for those who have moved into Kawasaki City on or after January 2, 2023, as their total income at the address of their residence on January 1 must be verified.

Reduction of NHI Premiums According to Income Standard (no application required)

Insurance premiums (the per capita amount) can be reduced for households whose income earned in 2022 meets any of the following standards:

Standard	Reduction Rate
Total income, etc. (*1, *3) ≤ ¥430,000 + (No. of salaried workers, etc. (*2) - 1) × ¥100,000	70%
Total income, etc. (*1, *3) ≤ ¥430,000 + (No. of salaried workers, etc. (*2) - 1) × ¥100,000 + (¥290,000 × No. of NHI members) (*3)	50%
Total income, etc. (*1, *3) ≤ ¥430,000 + (No. of salaried workers, etc. (*2) - 1) × ¥100,000 + (¥535,000 × No. of NHI members) (*3)	20%

- 1. Total income, etc.: Total income of all household members enrolled in NHI (includes head of the household who is not enrolled in NHI) as of the levy date, which is April 1 of the applicable fiscal year. (However, for households enrolling in NHI in the middle of the fiscal year, the levy date is the date of NHI enrollment).
- 2. Salaried workers, etc.: People whose salary income exceeds ¥550,000, or are under the age of 65 and whose income from public pensions exceeds ¥600,000, or are age 65 or older and whose income from public pensions exceeds ¥1,250,000.
- 3. Including people who reached the age of 75 and moved from National Health Insurance to the Medical Care System for Older Senior Citizens (when the household status has not changed).
- <u>To take advantage of this reduction program, the income of all household NHI members (including those not enrolled in NHI)</u> <u>must be confirmed.</u>
- Households that have not reported income earned during 2022 and households whose income status is not clear cannot be evaluated for the reduction program; an income report (for the municipality of residence on January 1) or a statement of no income (for people who moved to Kawasaki from outside Japan on January 2 onwards, etc.) is required. If you meet any of the abovementioned standards, you are eligible for insurance premium reduction.

Reduction of NHI Premiums (Per Capita Rate) for Pre-School Children (no application required)

In order to reduce the financial burden on households raising children, NHI premiums (per capita rate) for pre-school children (*) will be reduced by 50%. Households eligible for NHI premium reductions based on income standards will receive an additional 50% reduction from their per capita sum after this is applied. For example, households with pre-school children receiving a 70% reduction will have the remaining 30% reduced by 50%, which will result in a 85% reduction in total.

Reductions Based on Income Standards	Reduction Rate for People Other than Pre-School Children	Reduction Rate for Pre-School Children
Households with a 70% Reduction	70%	85%
Households with a 50% Reduction	50%	75%
Households with a 20% Reduction	20%	60%
Households with No Reductions	No Reduction	50%

*NHI members 6 years of age or younger as of March 31st, 2024 (born after April 2nd, 2017).

Reduction Program for NHI Unique to Kawasaki City (no application required)

To alleviate the burden of insurance premiums, Kawasaki City offers a unique reduction program in which the city calculates an incomebased levy after deducting the designated amount from the standard amount for a time for households with NHI members who meet the standards below as of the levy date (April 1 of the applicable fiscal year. I However, for households enrolling in NHI in the middle of the fiscal year, the levy date is the date of NHI enrollment). (The deduction is made for the "NHI member with the highest standard amount" for (1) and (2); and for the "NHI member with a disabled person's deduction" for (3).)

To take advantage of this reduction program, the income of all household NHI members must be confirmed.

Standard	Deduction Amount
(1) NHI members under 16 years of age as of December 31, 2022*	¥330,000 × No. of Applicable Persons
(2) NHI members 16 years of age or older but under 19 years of age as of December 31, 2022*	¥120,000 × No. of Applicable Persons
(3) NHI members with a "disabled person's deduction" for the FY2023 Resident's Tax Report	Amount equivalent to the disabled person's deduction

*The total income earned during the previous year must be ¥480,000 or less.

Reduction of NHI Premiums for the Involuntary Unemployed (Application is required.)

There are insurance premium reduction programs¹ for persons out of work due to bankruptcy, layoff, or termination of employment. Those who lost their jobs on or after March 31, 2022, and are receiving job-hunting benefits² as special recipients or unemployed persons for special reasons under the employment insurance system can get their FY2023 insurance premiums reduced.

Application Service Counter	Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center			
What to Bring	O NHI card O Employment insurance recipient card or employment insurance recipient notification of the person receiving the reduction (*3)			
Reduction	The insurance premiums of involuntarily unemployed persons will be calculated based on 30 percent of their annual income (salary).			
Reduction Period	From the day after the day of unemployment, to the end of the fiscal year after the fiscal year of its month (If eligibility for NHI membership is lost during the reduction period, the term lasts until eligibility is lost.)			

*1 If you are also eligible for Kawasaki City's special reduction program, your insurance premium will be calculated based on whichever total is lower—the standard amount for Kawasaki City's special reduction program, or the standard amount for the involuntary unemployment reduction program.

*2 The people eligible for this reduction will have an employment insurance recipient card or employment insurance recipient notification bearing one of the following two-digit numbers: 11, 12, 21, 22, 23, 31, 32, 33, or 34.

*3 Persons with an employment insurance special recipient card, employment insurance special recipient notification, employment insurance elderly recipient notification are not eligible.

Other NHI Premium Reduction/Exemption Programs (application necessary)

There is a premium reduction/exemption program for households in which the designated premiums payer or NHI members in the household face any of the following situations and are having financial difficulty in paying insurance premiums if they meet certain criteria.

Type of Reduction/Exemption	Standard
Disaster reduction/exemption	If your residence or office is severely damaged by an earthquake, storm/flooding, lightning, fire, or other disaster
Financial difficulty for everyday living reduction/exemption	If you are experiencing financial difficulty due to a long-term illness, injury, or other reasons
Income decrease exemption	If your income (business income, real estate income, salaried income, pension income) is severely decreased due to retirement, closure of a business, etc., and your usable assets are below the stipulated sum
Restricted benefits reduction/ exemption	If you are in a penal detention facility or juvenile hall

Please apply for a reduction/exemption before the payment deadline for insurance premiums.

In addition, please note that a reduction/exemption does not apply to insurance premiums you have already paid except in the case of disaster or a restricted benefits reduction/exemption.

Application Service Counter	Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center
What to Bring	NHI card, documentation verifying the situation (please call for more information)

NHI Premium Reduction/Exemption for Dependents of Those Enrolled in Latter-Term Elderly Health Insurance (application necessary)

When a person formerly enrolled in a company health insurance plan enrolls in Latter-Term Elderly Health Insurance and a dependent between 65 and 74 years of age must enroll in NHI, there are reduction/exemption programs for insurance premiums. Please apply for a reduction/exemption **before the payment deadline for insurance premiums**.

The reduction/exemption shall not be applied to already paid insurance premiums.

Application Service Counter	Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center
What to Bring	NHI card, loss of eligibility certificate or other such document
Description of Reduction	Income-based levy: Exemption Per capita levy: 50 percent reduction of the amount before income standard reduction
Reduction Period	Income-based levy: Starting from the month of enrollment in National Health Insurance and applicable for an undetermined time Per capita levy: Starting from the month of enrollment in National Health Insurance until two years have passed

Notifications about NHI Premiums Go to the Head of the Household

The head of the household is responsible for paying NHI premiums. Even for households in which the household's head is not enrolled in NHI, he or she is responsible for making NHI payments. Therefore, the health insurance premium invoices are mailed to the de facto head of the household. When calculating NHI premiums, however, only the portion for those enrolled in NHI is calculated.

If you are an NHI member and part of such a household, and would like to become the head of the household for NHI records i.e., the person responsible for paying premiums—you can make the change if you fulfill the requirements, such as having paid insurance premiums in full. Please complete the designated procedures to make the change with the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center.

Nursing Care Premiums

 Those between 40 and 64 years of age (nursing care insurance category 2 members) Nursing care insurance premiums are calculated as a part of NHI premiums. A notification about the change in insurance premiums will be mailed to individuals who turn 40 years of age within two months of their 40th birthday.

(2) Those 65 years of age or older (nursing care insurance category 1 members) Nursing Care Insurance premiums are not calculated as part of NHI premiums. A separate announcement about the premium amount for people aged 65 and older will be sent from the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center. During the fiscal year in which a member reaches 65 years of age, the nursing care premiums are calculated up to the month before

(3) Those not eligible as nursing care insurance category 2 members (Nursing care premiums are not calculated.)

(5) Those not engroue as nursing care insurance category 2 memoers (Nursing care premiums are not calculated.) If any of the following applies to you, please complete the designated notification at the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center within 14 days:

- You are hospitalized or institutionalized in a facility for children who are severely physically or mentally disabled, a designated national rest home, a facility for those with Hansen's disease, a relief facility under the Public Assistance Act, or similar institution.
- You are physically disabled and institutionalized in a support facility for the disabled that offers nursing care for everyday living designated by the Services and Supports for Persons with Disabilities Act, or institutionalized in a designated support facility for emotionally or mentally disabled persons that offers nursing care for everyday living and services to persons with authorization for benefits for institutionalization in such facilities.

To correctly calculate NHI premiums

NHI premiums are calculated based on income in the previous year and the number of NHI members in the same household. For that reason, it is necessary to know the previous year's income of all members of the household.

Furthermore, it is necessary to know income to determine the reduction program for NHI premiums, so please declare NHI members whose income fits in one of the following categories.

From January 1, 2022 to December 31, 2022

- 1. People with no income (¥0 in income)
- 2. People with only bereaved family pension or disability pension
- 3. People with income below a certain amount, so (they were told) they do not need to file a tax return

*Dependents of the household do not need to file a tax return if they are in one of the above categories.

If You Enroll Late

Even if you enroll late, your official enrollment date is considered the day you were first eligible to enroll, and your premiums will be calculated accordingly.

If your date of enrollment was in the previous fiscal year or before, the insurance premiums will be calculated for each fiscal year and you will receive a notification of premiums.

Concerning the Restriction of Period of the Levy Decision (Calculation of Premiums)

The calculation period for insurance premiums has been restricted to two years for National Health Insurance premiums, and the premiums cannot be determined or changed from the day after two years have passed from the day following the first payment deadline (legal deadline).

Example: The first payment deadline is June 30, 2021 for insurance premiums calculated for the household for FY2021, so they cannot be increased or decreased from July 1, 2023 onwards.

Please note that insurance premiums cannot be reduced if you are late in filing to withdraw from NHI, file your tax return*, or give notice of involuntary unemployment. Please beware that if you have already paid insurance premiums, you may not be able to receive a refund.

*If you apply for municipal resident's tax adjustment, it will take approximately one and a half to two months from the adjustment to the insurance premium decision.

However, if adjustments are necessary concerning any other insurance union other than National Health Insurance, such as a case when an insured member must involuntarily withdraw from National Health Insurance and retroactively enrolls in another insurance union, then the two-year restriction for calculating insurance premiums does not apply.

In this case, if it is within five years from the day after the first payment deadline, insurance premiums can be reduced, and you are eligible for a refund.

NHI Premiums during the Fiscal Year a Member Reaches 75 Years of Age

NHI members become eligible for Latter-Term Elderly Health Insurance on their 75th birthdays, and pay the premiums for this insurance beginning on that birthday. Separate announcements about this will be mailed to you from the Kanagawa Prefecture Latter-Term Elderly Health Insurance Regional Association, or the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center.

The insurance premiums for the fiscal year during which a member reaches 75 years of age will be calculated in advance up to the month before the member's 75th birthday. The member will then be notified of the premiums.

NHI Premium Payment Periods

Members paying by automatic account debit or with an invoice (ordinary collection) pay in 10 installments from June through March, while those paying by pension deduction (special collection) pay in six installments in even-numbered months.

	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
Automatic account debit or invoice (Ordinary Collection)			1st term	2nd term	3rd term	4th term	5th term	6th term	7th term	8th term	9th term	10th term
Pension deduction (Special Collection)	1st term		2nd term		3rd term		4th term		5th term		6th term	

Insurance premiums are calculated based on the total income earned during the previous year. Like the amount of resident's tax, these premiums are determined in June.

The payment deadline for premiums is the last day of the month. However, the deadline is the following business day if the last day of the month falls on a Saturday, Sunday, or national holiday (the deadline for the December premium (seventh term) is January 4).

NHI Premium Payment Methods

(1) Payment by automatic account debit

As a rule, having monthly insurance premiums debited automatically from a financial account is preferable. You can pay the insurance premiums by having them debited automatically from the financial account of your choice.

• Application Method

It is possible to select any of the following when making your application.

(1) Apply at the financial institution counter

Apply directly at the service counter of a financial institution with a branch in Kawasaki City by completing an account debit payment (automatic payment application) request form with the required information, and then affixing your personal seal.

* Items Required:

- Item displaying your National Health Insurance number (NHI card, notification of payment, etc.)
- Item displaying bank account information (bankbook, etc.)
- **Personal seal used with the relevant financial account** *Contact your financial institution for further details.

<Start of direct debit payments>

If you apply by the 25th, your account will begin to be debited the month after next.

(2) Apply online (Online Account Debit Payment Service) with the use of the 2D code shown below (link to the Online Account Debit Payment Service site).



https://koukin-koufuri.jp/kawasaki_city/GPFKWS01010Action_ doInit.action?tax_fee=0040

[Kawasaki City Online Account Debit Payment Service]

- * Items Required:
- Item displaying your National Health Insurance number (NHI card, notification of payment, etc.)
- Cash card
- PIN number or other information required to confirm the identity of the person concerned (differs in accordance with the financial institution)

<Start of direct debit payments>

If you apply by the 25th, your account will begin to be debited the month after next.

(3) Apply at your Ward Office or local Citizens Center

It is possible to use your cash card with the special terminal located at the counter of your Ward Office National Health Insurance and Pension Section or at the Insurance and Pension Subsection of your local Citizens Center and then apply accordingly.

- * Items Required:
- Item displaying your National Health Insurance number (NHI card, notification of payment, etc.)
- Cash card
- PIN number

<Start of direct debit payments>

If you apply by the end of the month, your account can be debited from the following month.

Debiting Method

It is possible to select either of the following debiting methods.

1. Complete term payment (lump-sum payment)

You can pay the complete annual insurance premiums in one lump sum. The payment date would be the 27th of the first term (June). If the start of the automatic debit service is not applied for in time for the first term, the payments will be debited term by term for the applicable fiscal year.

Financial Institutions that will Accept Applications (As of October 1, 2023)

	(As of Octobe	er 1, 2023)
Financial Institution Name	(1) Financial Institution	(2) Web	(3) Ward Office/Citizens Center
Mizuho Bank	•	•	•
MUFG Bank	•	•	•
Sumitomo Mitsui Banking Corporation	•	٠	•
Resona Bank	•	•	•
Gunma Bank	•	•	×
Kiraboshi Bank	٠	٠	•
Bank of Yokohama	٠	•	•
Higashi- Nippon Bank	•	٠	×
Kanagawa Bank	٠	•	×
Shizuoka Chuo Bank	•	٠	×
Yokohama Shinkin Bank	•	•	•
Kawasaki Shinkin Bank	٠	٠	٠
Sawayaka Shinkin Bank	•	•	×
Shiba Shinkin Bank	•	٠	•
Johnan Shinkin Bank	•	٠	×
Setagaya Shinkin Bank	•	٠	•
Mizuho Trust & Banking	•	×	×
Hana Credit Union	•	×	×
Kanagawa Doctors Credit Union	•	٠	×
Yokohama Kougin Shinkumi Bank	•	×	×
Chuo Labour Bank	•	•	٠
JA Ceresa Kawasaki	•	٠	•
Japan Post Bank	٠	•	٠

2. Term-by-term payment

As a rule, the annual insurance premiums are paid in ten installments from the first term (June) to the tenth term (March of the following year).

- The payment date is the 27th of each month.
- * If the payment date (the 27th) falls on a business holiday, then the date is the following business day.
- * If the insurance premiums increase in the middle of the fiscal year, payment for the difference will be debited term by term regardless of which payment method you normally use.
- * Please note that once you pay insurance premiums by lump-sum payment, no refunds are given unless an overpayment due to a reduction of premiums was made.

(2) Payment by pension deduction (special collection)

Premiums are paid by pension deduction (special collection) by those to whom conditions 1 through 4 apply.

- 1. The head of the household is enrolled in NHI, and all NHI members in the household are between 65 and 74 years of age.
- 2. The head of the household receives a pension of \$180,000 or more per year.
- 3. The head of the household has paid nursing care insurance premiums with pension deduction (special collection), and the total of the nursing care insurance premiums and NHI premiums represent no more than 50 percent of the total pension amount.
- 4. If you pay for NHI through invoices.

 \circ This does not apply if the head of the household enrolls in Latter-term Elderly Health Insurance in the middle of the fiscal year.

- Since the municipality only considers those identified by the pension insurer (such as the minister of Health, Labour, and Welfare) eligible for special collection, even fulfilling all of the above conditions does not guarantee that you will be paying by special collection.
- If households that make payment by special collection become unable to fulfill the above mentioned conditions, the payment method will be changed to that (invoice, account debit service) used before starting pension deduction (special collection).
- \circ You cannot opt to make payment by special collection by choice.
- You can also change payment methods from special collection to account debit. If this is your preferred method of payment, please ask the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center.

(3) Payment using invoices

Until you set up automatic account debit, you will continue to receive invoices. Please pay using these at any of the financial institutions, post office or convenience stores written on the back of the invoice, or via cashless settlement (LINE Pay, PayPay, or Mobile-Regi (mobile banking, credit card), au PAY, d Payment, J-Coin Pay, Rakuten Pay, Rakuten Bank convenience store payments).

(Please note, however, that you cannot make payments on amounts of more than ¥300,000 at a convenience store or via LINE Pay or PayPay or Mobile-Regi.)

What Is Cashless Settlement?

It is possible to use the Invoice Payment function on various applications to make payments by using the camera on smartphones, etc., to read the bar code on the invoice.

[Mobile-Regi] Payment Handling Charges (to be paid by the payer)

- * Mobile-Regi (Mobile Banking): No payment handling charge
- * Mobile-Regi (Credit Card): Payment handling charges incurred (to be paid by the payer) are shown in the table below.

			(As of April 1, 2023)
Payment amount (each time)	Handling Fee (inc. tax)	Payment amount (each time)	Handling Fee (inc. tax)
¥1 - ¥5,000	¥27	¥30,001 - ¥40,000	¥385
¥5,001 - ¥10,000	¥82	¥40,001 - ¥50,000	¥495
¥10,001 - ¥20,000	¥165	Each additional ¥10,000	+ ¥110
¥20,001 - ¥30,000	¥275		

* These handling fees do not provide income to Kawasaki City.

* Handling fees may change due to changes in the consumption tax rate.

* Handling fees cannot be refunded for any reason, even when refunds or appropriations are made due to mistaken payments.

Precautions When Using Cashless Settlement

- (1) The payment invoices that can be used are those printed with a barcode for paying in convenience stores for which the valid period has not expired.
- (2) Receipts for payments will not be issued, so if you require them, use a different method of payment.
- (3) There are cases in which communication fees must be paid depending on the Internet payment plan you subscribe to.
- (4) See the Kawasaki City National Health Insurance Premium Cashless Settlement page on the Kawasaki website listed below, or the websites for the company concerned for further details.

Kawasaki City National Health Insurance Premium Cashless Settlement https://www.city.kawasaki.jp/350/page/0000125479.html



Note: Concerning the payments you made during the year as well as upcoming payments, you will be sent the Notification of Completed Payments document, in time for year-end adjustment of taxes.

If Your NHI Premium Payments Are Overdue

Since health insurance premiums are an important resource that allows all NHI members to receive care at medical institutions, please be sure to pay your premiums by the payment deadline. If you fall behind in your premium payments, the following actions will be taken depending on the period of nonpayment and your circumstances:

(1) When you miss the payment deadline for your NHI premium

Households that miss the payment deadline will be notified by phone by a private company*, and a reminder notification will be sent in accordance with laws and ordinances. In addition, a new premium will be calculated according to the amount of the premium and the number of days you are in arrears. You may also be subject to certain restrictions, such as being issued a certificate that limits the maximum amount you are allowed for medical treatment expenses and places certain restrictions on your NHI coverage. (2) Follow-up after a reminder notification has been issued

Similar to case (1) above, if your household has been sent a reminder notification, a private company will contact you by phone. In some cases, a private collection agent (approved by Kawasaki City) may visit you at home to ensure that you pay your premiums. (3) If payment is not made for three periods or more

Instead of the regular NHI card, you will be issued a short-term member's card. This is an NHI card with a shorter period of validity than the regular NHI card. You will have to carry out renewal procedures more frequently.

(4) If payment is not made for one year or longer for no special reason

You will be required to return your NHI card, and will be issued a member eligibility certificate instead. When you receive medical treatment, <u>you will have to pay all medical costs</u> at the medical institution service counter. You can apply for a refund of the medical expense you paid over and above the normal personally borne portion (special medical expense) at a later date. (5) If payment is not made for a year and a half or longer for no special reason

Some or all of your health insurance benefits will be suspended. The amount owed for the services suspended may be applied to your overdue balance.

(6) Seizure of property

If you continue to avoid payment for no special reason, <u>an assessment of your property will begin</u>. Investigations will be conducted with your bank, place of employment and public offices concerning your assets (such as savings, life insurance, salary, accounts receivable and other remuneration), real estate if you have any, and other property. When your assets are known, **they will be seized** as compensation for your failure to pay premiums in accordance with the law.

3 Insurance Benefits

Medical Benefits

NHI pays expenses for examinations and treatment at medical institutions as well as expenses for medicine or medical supplies according to the percentages in the chart below. These are considered medical benefits.

(1) Those who are 69 years of age or younger

	General Insurance Member	Preschool Child
Percentage to be paid by the member	30%	20%
Percentage paid by NHI (medical benefits percentage)	70%	80%

(2) Those between 70 and 74 years of age^{1}

	Those Who Do Not Fa ll Under the Category at Right	Same Income Level as the Actively Employed ²
Percentage to be paid by the member	20%	30%
Percentage paid by NHI (medical benefits percentage)	80%	70%

1. If the member's 70th birthday is on the first of the month, this applies from the birthday month; for all others, this applies from the month following the birthday month.

2. Please read the next page concerning income levels same as those actively employed.

Those between 70 and 74 Years of Age

Individuals between 70 and 74 years of age will be issued an NHI card/elderly recipient card. The personally borne expense is recalculated every year in July based on the income conditions of the previous year, and a new card to be used from August will be mailed. Although the personally borne percentage of medical expenses at medical institutions for those between 70 and 74 years of age is 20 percent, it is 30 percent for those who have the same income level as someone that is actively employed1. In addition, if the personally borne expense exceeds the ceiling, the member only needs to pay up to the ceiling amount. For more information, please read the following section, "High Medical Expenses."

1. Same income level as the actively employed:

Those who meet the standards—such as if your household has an NHI member between 70 and 74 years old with a resident's tax taxable income² of \$1,450,000 or more—are considered the same income level as someone actively employed. However, if you do not meet the standard income amount (*3), you can apply with the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center to have the personally borne percentage category reevaluated and lowered to 20 percent even if you have the same income level as someone actively employed. (It is not necessary to apply if the proportional premium rate of [20%] is listed on your National Health Insurance Card and Medical Care System for Older Senior Citizens Card.)

2. Resident's tax taxable income:

"Resident's tax taxable income" refers to the amount obtained after subtracting regional tax law income deductions from the income amount (the tax base amount in the resident's tax notification). If a member between 70 and 74 years of age is the head of the household, and if there are members in the same household who are 18 years of age or younger with a total income (in personally born expense ratio judgment for medical treatment in August 2021 onwards, if total income includes salary income, this amount is calculated by deducting \$100,000 from salary income) of \$380,000 or less, then further deductions will be made as follows: (1) number of members who are 15 years of age or younger × \$330,000, and (2) number of members who are between 16 and 18 years of age × \$120,000.

3. Standard income amount:

- IfanNHImemberis70yearsofageorolderandthereareotherNHImembersinthesamehouseholdwhoarealso70yearsofageorolder: The total income4 of those NHI members (before various income deductions) is ¥5,200,000 or less.
- If an NHI member is 70 years of age or older and there are no other NHI members in the same household that are 70 years of age or older:

The total income of the NHI member himself/herself (before various deductions) is ¥3,830,000 or less.

• Even if the NHI member's income is over ¥3,830,000, if there is a household member who has lost NHI eligibility (i.e., those who belong to the same specific household) due to enrollment in Latter-Term Elderly Health Insurance the total income of the NHI member and Latter-Term Elderly Health Insurance member(s) is ¥5,200,000 or less.

4. Income:

Income refers to the total of (1) the amount written in the "payment amount" space on the tax withholding slip for a public pension (in the case of pension); (2) the amount written in the "payment amount" space on the tax withholding slip (in the case of salary); (3) the "revenue amount" (in the case of a business); (4) the "total income amount" from rental fees and the like (in the case of real estate income); and (5) "sales value" and the like (in the case of stock transfer income). With regard to dividend income, capital gains, and other such income related to listed stocks, for people who filed their tax return with different taxation methods for income tax and municipal tax/prefectural tax, this refers to income on the municipal tax/prefectural tax return form.

High Medical Expenses

A system in which sums paid to a medical institution within the ward (personally borne expenses for medical treatment) that exceed a designated amount in a single month are refunded based on your application.

If this sum is deemed to apply to high medical expenses, an application for a High Medical Expense Refund will be mailed to the head of the household approximately three months after treatment was received. Fill in the mandatory information, and apply accordingly. Also, submitting the Agreement for Simplifying High Medical Expense Refund Procedures on the back of the application form will enable the refund to be paid into your bank account automatically without having to go through the application procedures.

Application Service Counter	Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center
What to Bring	 O Application form with all necessary information filled in O NHI card O Receipt showing payment to the medical institution (for those who have received certification of public expenses) O Financial institution account information for payment (account in the name of the head of the household), O Individual number (My Number) card or individual number notification card of the eligible person and his/her household head as well as some form of identification of the person coming to file the application

• Please apply **within two years** from the first day of the month following the month of treatment. However, please note that the applications are only accepted after the notification is delivered.

• If you have still not received notification four months or more after undergoing medical treatment, please call the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center.

High Medical Expense Ceiling for Personally Borne Expenses

The expense ceiling for members between 70 and 74 years of age is different from the ceiling for those 69 years of age and younger. In addition, if your household has both a member who is between 70 and 74 years of age and a member 69 years of age or younger, the following personally borne expense ceiling (a) is used to calculate, followed by application of the personally borne amount ceiling (b) in calculation.

- (a) Members between 70 and 74 years of age (with an NHI card/elderly recipient card)
 - 1. If the personally borne expense for each individual for outpatient treatment in the same month exceeds the outpatient personally borne expense ceiling:

<u>High medical expense benefit = amount paid to the medical institution as partially borne expense – outpatient personally</u> borne expense ceiling amount (per individual) in chart A

2. If the total personally borne expense for each household for outpatient treatment or hospitalization in the same month exceeds the household personally borne expense ceiling amount:

High medical expense benefit = amount paid to the medical institution as partially borne expense – hospitalization or household total personally borne expense ceiling amount in chart \underline{A}

			Personally Borne Expe	nse Ceiling Amount
	(Chart A) Income	Category	Outpatient (per Individual)	Hospitalization or Household Total
	Same income level as someone actively employed III*2		¥252,600 +(Total medical expense–¥842,000)× 1%*7 [140,100]*8	
30% Burden ^{*1}	Same income level as someone actively employed II*3		¥167,400 + (Total medical expense=¥558,000) × 1%* ⁷ [¥93,000]* ⁸	
	Same income level as sor	neone actively employed I*4	¥80,100 + (Total medical expense - ¥267,000) × 1%* ⁷ [¥44,400]* ⁸	
	General (excluding households exempt from resident taxes, etc.)		¥18,000 (up to ¥144,000 per year)* ⁹	¥57,600 [¥44,400]*8
20% Burden ^{*1}	Households exempt from	Category II*5	NO 000	¥24,600
	resident taxes, etc.	Category I*6	¥8,000	¥15,000

*1 Please refer to (2) on page II-8 for details regarding the percentage of the premiums you are responsible for.

- *2 This applies if there is even one NHI member in the household between 70 and 74 years of age whose resident tax income amount is ¥6,900,000 or more.
- *3 This applies if there is even one NHI member in the household between 70 and 74 years of age whose resident tax income amount is more than ¥3,800,000 but less than ¥6,900,000.
- *4 This applies if there is even one NHI member in the household between 70 and 74 years of age whose resident tax income amount is more than ¥1,450,000 but less than ¥3,800,000.
- *5 Applies to someone that is not a Category I person but is living in a household exempt from resident taxes
- *6 When the taxable income of all those in a household amounts to zero yen after calculating the residence tax exemption for such households, etc., and when the public pension deduction, etc., is ¥800,000 (if a household is exempt from residential tax and its deduction for public pensions is calculated as ¥800,000, and if its total income includes salary income, this is the case when calculated by deducting ¥100,000 from salary income after deductions have been applied).
- *7 If the calculation of the number in parentheses is negative, it will be considered 0.
- *8 The personally borne expense ceiling amount that applies if a high medical expense benefit has been paid out more than three times during the eleven months before the month of medical treatment applicable to a high medical expense benefit (excluding outpatient-only expenses for those other than "Same Income Level as the Actively Employed, Level I to III").
- *9 The amount in parentheses represents the annual maximum amount during the year from August 1 until July 31 of the following year.

For personally borne expenses paid at the service counters of medical institutions, etc., the amount paid in one month at a single medical institution is up to the personally borne expense ceiling amount in chart A if you show your NHI card/elderly recipient card. If you fall under either Category I or Category II, you will receive an application for a certification of exemption or reduction of the standard burden. If you fall under the category of a same income level as someone actively employed in Category I or Category II, you will receive a certificate of ceiling amount. If you bring these to the reception desk at your medical institution, etc., you can apply to have a ceiling put on the amount of your premium.

(b) Those 69 years of age or younger

1. If the personally borne expense for each individual for treatment in a single medical institution in the same month exceeds the personally borne expense ceiling:

High medical expense benefit = amount paid to the medical institution as partially borne expense – household personally borne expense ceiling amount in chart B

2. If members of the same household pay a personally borne expense of ¥21,000 or higher twice or more at one medical institution in the same month, and the total exceeds the personally borne expense ceiling amount:

High medical expense benefit = amount paid to the medical institution as partially borne expense – household personally borne expense ceiling amount in chart B

(Chart B) Income Category		Personally Borne Expense Ceiling Amount	
	(Chart B) Income Category	Personally bome Expense Celling Amount	Multiple*12
а	Households with a designated amount ^{*10} of over ¥9,010,000	¥252,600 + (total medical expense – ¥842,000)*11 × 1%	¥140,100
b	Households with a designated amount ^{*10} between ¥6,000,000 and ¥9,010,000	¥167,400 + (total medical expense – ¥558,000)*11 × 1%	¥93,000
с	Households with a designated amount ^{*10} between ¥2,100,000 and ¥6,000,000	¥80,100 + (total medical expense – ¥267,000)*11 × 1%	¥44,400
d	Households with a designated amount ^{*10} of ¥2,100,000 or below	¥57,600	¥44,400
е	Households exempt from resident's tax, etc.	¥35,400	¥24,600

*10 The amount after subtracting the basic deduction from the sum of the following types of income of all household NHI members (excluding a head of household who pays for the premiums but is not an NHI member): Total income including salary, business income, real estate income, interest income, miscellaneous taxable dividends and pension income; forestry income; and separate taxable income such as dividends from listed stocks.

- *11 If the calculation of the number in parentheses is negative, it will be considered 0.
- *12 The personally borne expense ceiling amount that applies when a high medical expense benefit has been paid more than three times during the 11 months before the month of medical treatment.
 - Households that have not filed a resident's tax report will be classified as category "a" ($\frac{1252,600 + (total medical expense \frac{1842,000}{100} \times 1\%)$).
- (1) Income category for households with someone forced into unemployment:

When categorizing households with members who were forced into unemployment, their income is considered as 30 percent of actual income. To apply for this, a notification must be submitted as described on page II-3.

(2) How the personally borne expense is calculated:

- 1. Medical treatment from the first to the last day of the month is considered one month in the calculation.
- 2. Calculations are made per medical institution.
- 3. Even if treatment was received at the same medical institution, hospitalization and outpatient treatment—as well as dental and other treatments—are calculated separately.
- 4. Calculations are made per item in the medical institution's itemized bill, and the amount is determined after a screening process is conducted. For this reason, the high medical expense benefit amount may be less than the amount calculated from the personally borne expense you paid.
- 5. The standard expenses and fees that are not covered by insurance (such as fees for special beds or for meals) are not included in the personally borne expense amount when determining the high medical expense benefit.
- 6. Personally borne expenses incurred using other health insurance plans—employee health insurance, Latter-Term Elderly Health insurance, or any other insurance plan other than Kawasaki City NHI—cannot be applied to the ceiling amount.

(3) If a member transfers into Latter-Term Elderly Health Insurance in the middle of the month:

At the age of 75, the member automatically transfers into the Latter-Term Elderly Health Insurance system. For that month, the personally borne expense ceiling for the medical insurance burden (National Health Insurance) before the member's birthday and the Latter-Term Elderly Health Insurance system after the birthday will be half of their regular amounts.

Even in cases in which individuals who joined their workplace's health insurance system have turned 75, and his/her dependent(s) intend to join the National Health Insurance in tandem with that person's transition to the Latter-Term Elderly Health Insurance system, the amount the individual pays in the month in question will be half the regular amount. (In the case of (4) below, the medical insurance [National Health Insurance] will be one-quarter the original amount.) However, this rule is not applicable if the member:

- \circ Reaches 75 years of age on the first day of the month.
- ° Transfers into Latter-Term Elderly Health Insurance due to disability authorization.

(4) Handling of expenses paid by an individual who changes address within Kanagawa Prefecture in the middle of the month

- Conditions When an National Health Insurance member changes his/her address within Kanagawa Prefecture (recognizing the continuity of the household after the change)
 - 1. The personally borne expense ceiling amount (and the amount to be added) for the National Health Insurance handled by the municipalities administering your addresses before and after the change will be half their regular amounts.
 - 2. Even if your address changes, the case of high medical expenses (see 10. above for multiple times) for National Health Insurance will still be counted.

(5) Concerning personally borne expense for members 69 years of age or younger:

If a member 69 years of age or younger receives a certificate of ceiling amount/certificate of ceiling amount and reduction of the standard personally borne amount during hospitalization in advance and shows it at a service counter such as at medical institution, along with his/her NHI card, the payment per month at a single medical institution is restricted to the personally borne expense ceiling amount noted in the aforementioned chart B. Consult with the National Health Insurance and Pension Section in your local ward office, or the Insurance and Pension Subsection of your local Citizens Center for further details.

(6) Those with chronic renal failure requiring dialysis, hemophiliacs, and those with HIV caused by blood coagulants:

Showing a special Illness medical treatment certificate at the medical institution will limit the personally borne expense for medical fees (covered by insurance) for the applicable illness to \$10,000 per month. However, dialysis-related treatment for those with a designated level of income or higher or households that have not filed a resident's tax report who are 69 years of age or younger is limited to \$20,000 per month.

Application Service Counter	Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center
What to Bring	NHI card, documentation verifying the fact (such as a doctor's letter), individual number (My Number) card or individual number notification card of the eligible person and his/her household head as well as some form of identification of the person coming to file the application

Combining High Medical Expenses and High Nursing Care Expenses

Households with personally borne expenses for both health insurance and nursing care insurance can apply for benefits if the total personally borne expenses for both insurance programs for one year (starting from August 1 of each year until the end of July the following year) exceed the ceiling amount indicated in the chart below.

The benefit is paid only when the amount is more than \$500.

Household ceiling amount combining high medical and high nursing care expense (annual amount)

Worker's Insurance or NHI + Nursing Care Insurance (households with members under 70 years old) ^oWorker's Insurance or NHI + Nursing Care Insurance (households with members from 70 to 74 years of age)
 Or the Latter-Term Elderly Health Insurance + Nursing Care Insurance

Category		Ceiling amount	
High income	а	¥2,120,000	
household	b	¥1,410,000	30% bi
	с	¥670,000	
Medium income	d	¥600,000	
Households exempt from resident taxes, etc.	е	¥340,000	20% bi

Category			Ceiling amount
	Same income level as someone actively em-ployed III		¥2,120,000
30% burden	Same income level as someone actively em-ployed II		¥1,410,000
	Same income level as someone actively em-ployed I		¥670,000
	General (excluding households exempt from resident taxes, etc.)		¥560,000
20% burden	Households exempt	Category II	¥310,000
	from resident taxes, etc.	Category I	¥190,000

○ Please read pages II-10, II-11 concerning income categories.

(1) Personally borne expenses for health insurance can be included

Personally borne expenses for fees covered by insurance can be included in your calculations. If you are eligible for high medical expense benefit—including additional benefits—deducting the high medical expense benefit will also be considered.

In addition, for members 69 years of age or younger, if the personally borne expense at the service counter is $\frac{1}{21,000}$ or more per month for a single medical institution (with hospitalization fees and outpatient fees kept separate), the expenses can be included in the calculation.

Examples of expenses that are not eligible: Fees for special beds, meals and living expenses during hospitalization, health checkup fees, immunization fees, etc.

(2) Personally borne expenses for nursing care insurance that can be included

Personally borne expenses for fees that are covered by nursing care insurance can be included in your calculations. Furthermore, if you are eligible for the high nursing care (prevention) service expense benefit, it may be possible to deduct the amount.

Examples of expenses that are not eligible: Personally borne expenses that exceed the designated ceiling, home renovation fees, and meals and living expenses during institutionalization.

	Application Period*	A notification will be mailed to the head of eligible households. Please go through the application procedure after you receive this notification.
Application Service Counter Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection		Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center
	What to Bring	Your NHI card, financial institution and account number information (account in the name of the head of the household for the medical benefit, and in the name of the insured member [individual] for the nursing care benefit), individual number (My Number) card or individual number notification card of the eligible person and his/her household head as well as some form of identification of the person coming to file the application

* Please file an application within two years of the day after the standard date (July 31).

* The notification may not be delivered if you move into Kawasaki City from another municipality or transfer to NHI from another type of medical insurance in the middle of the calculation period (August 1 through July 31 of the following year).

Meals and Living Expenses During Hospitalization

The patient pays the standard personally borne amount during hospitalization for the cost of hospital meals, and NHI bears the remaining portion as a benefit.

When a member between 65 and 74 years of age is hospitalized in a bed meant for a long-term patient, the member must bear the standard hospital living expense for meals and utilities, while NHI bears the remaining portion as a benefit for living expense during hospitalization. The standard personally borne expenses are as follows below. Standard personally borne expenses are not included in the amount the member is responsible for when calculating high medical expenses.

(1) Standard Personally Borne Amount for Hospital Meals

		Standard Personally Borne Amount for Hospital Meals	
Residents whose households pay resident's tax, etc.		¥460 per meal*1	
Residents whose households are exempt from resident's tax, etc.		¥210 per meal	
Long-term applicable*2		¥160 per meal	
	Over 70 years old (Category I) *3	¥100 per meal	

(2) Standard Hospital Living Expense for Meals and Utilities

		Medical Category I*4	Medical Category II*5	Designated intractable disease
Residents whose households are not exempt from resident's tax, etc. and are hospitalized at a medical institution within the health insurance system that calculates the benefit for living expenses during hospitalization (1) * ⁶		Total amount of ¥370/day and ¥460 per meal		
Residents whose households are not exempt from resident's tax, etc. and are hospitalized at a medical institution within the health insurance system that calculates the benefit for living expenses during hospitalization (2) *7		Total amount of ¥370/day and ¥420 per meal		¥260 per meal
Residents whose	e households are exempt from resident's	Total amount of ¥370/day and ¥210 per meal		¥210 per meal
tax, etc. Long-term applicable*2			Total amount of ¥370/day and ¥160 per meal	¥160 per meal
	Over 70 years old (Category 1) *3	Total amount of ¥370/day and ¥130 per meal	Total amount of ¥370/day and ¥100 per meal	¥100 per meal

- *1 This will be ¥260 for residents with designated intractable diseases, specific chronic childhood diseases or who have been hospitalized for psychiatric care continuously for one year or longer as of March 31, 2016, and are still in a medical institution after April 1, 2016.
- *2 When the total number of days as an inpatient at a hospital over the past year exceed 90 (For this to apply to you, it is necessary to submit a notification of days of hospitalization to your ward office or branch office and be certified as "long-term inpatient")
- *3 See page II-10 (*6)
- *4 For residents other than patients with a high necessity of inpatient medical care
- *5 For those patients with a high necessity of inpatient medical care
- *6 A medical institution under the jurisdiction of the Regional Bureau of Health and Welfare that ensures that every meal is inspected by a nutritionist, etc., and that offers adequate nutritional guidance to all patients
- *7 Medical institutions other than those in (*6)

The standard personally borne expense for households exempt from resident's tax, etc. in charts (1) and (2) is the amount after using a reduction program. If this applies to you, please apply for a certificate of ceiling amount and standard burden reduction, or standard personally borne amount for hospital meals, and show your certificate to the medical institution.

Application Ser-vice Counter	Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center
What to Bring	NHI card, resident's tax exemption certificate from previous municipality (for those who moved to Kawasaki City), notice of number of days of hospitalization and receipts showing the number of days of hospitalization (for those whose hospitalized over 90 days), individual number (My Number) card or individual number notification card of the eligible person and his/her household head as well as some form of identification of the person coming to file the application

- O When hospitalization has lasted over 90 days after receiving a reduction authorization, you must reapply for long-term applicable authorization.
- O If for some unavoidable reason you were not issued a certificate of standard burden reduction or were not able to show your certificate at the medical institution and paid the standard personally borne expense, you can apply to receive a refund of the difference.

Visiting Nurse Medical Fees

When a member with a serious illness or severe disability uses visiting nurse station services under the instructions of a physician, the member only needs to pay the usage fee, and NHI covers the remaining portion as a visiting nurse medical fee benefit.

When using visiting nurse station services, please show your NHI card and other required items. The percentage of personally borne expenses is the same as the chart on page II-8.

Medical Expenses

If an NHI member pays all the medical expenses in the following cases, 70 to 80 percent of the expense can be paid into their financial account upon application, depending on the benefit percentage.

Арр	lication Service Counter	Ward Office National Hea of your local Citizens Cer	alth Insurance and Pension Section / Insurance and Pension Subsection nter
	When a Medical Expense Benefit Can Be Provided		What to Bring
1	If the patient did not bring the NHI card due to a sudden illness, and paid the entire medical expense		A statement showing the details of services provided (or a document showing similar details), NHI card, medical expense receipts, financial institution and account number information (account in the name of the head of the household)
2	If medical equipment (suc made under the instructio ex-cludes everyday equip	ns of a physician (this	A doctor's letter of approval, receipt for the equipment fee/with description of the equipment, NHI card, financial institution and account number information (account in the name of the head of the household), photograph (only when applying for reimbursement of shoe-type orthotics)
3	If treatment was received from a judo therapist (a doctor's approval is required for a broken bone or dislocated joint)		Medical expense application form (with therapy described in detail), a receipt for therapy fees, NHI card, financial institution and account number information (account in the name of the head of the household)
4	If acupuncture, moxibustion, or massage therapy was provided with a doctor's approval (restricted to illnesses specified in benefit requirements)		Medical expense application form (with therapy described in detail), a receipt for therapy fees, doctor's letter of approval, NHI card, financial institution and account number information (account in the name of the head of the household)
5	If received blood transfusion		Doctor's blood transfusion certificate, certificate of blood fee, NHI card, financial institution and ac-count number information (account in the name of the head of the household)
6	Overseas medical expenses When designated medical services are received overseas, such as for a sudden illness (this excludes traveling for the purpose of receiving medical treatment or treatments which health insurance does not cover in Japan)		Detailed description of medical services, and a receipt with a breakdown of expenses Note: If documents are in a foreign language, please attach a translation (with the name and address of the translator written on the translation). The form can be downloaded from the Kawasaki City website. Written consent for conducting inquiries concerning the overseas medical institution NHI card Financial institution and account number information (account in the name of the head of the household) Medical expense receipts Passport Documentation that confirms the date of entering Japan

• Please file an application within two years from the day after you pay your medical expenses to the medical institution.

• Treatment/surgery for recovery from exhaustion or prevention of disease is not applicable.

• Please note that since the overseas medical expense benefit is calculated with the equivalent treatment at a medical institution in Japan as the standard, the benefit amount may be significantly different from the actual expenses you paid overseas.

Transportation Expenses

If a vehicle that can hold a stretcher is used for those who are bedridden, have difficulty moving in an emergency, must transfer hospitals under the instructions of a doctor for some unavoidable reason, or are hospitalized due to sudden illness, members can receive a specified portion of the transportation expenses after applying for the refund and going through a screening process.

With regard to the cost of transporting organs, an application can be made to receive 70 to 80 percent of an amount calculated the same way as transportation costs, according to the medical benefits percentage.

Application Service Counter	Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center
What to Bring	Doctor's letter explaining the need for transportation, NHI card, transportation fee receipt, financial institution and account number in-formation (account in the name of the head of the household), individual number (My Number) card or individual number notification card of the eligible person and his/her household head as well as some form of identification of the person coming to file the application

• Please apply within two years of the day after the date of payment to the transportation company.

Funeral Expense Benefit

If an NHI member dies, the person who conducts the funeral (chief mourner) can receive a funeral expense benefit of ¥50,000 per deceased individual, which will be paid into the conductor's financial account.

If the deceased was a member of the health insurance program at his/her place of employment (this excludes dependents) and died within three months of losing eligibility in that insurance program, the other health insurance program may offer a benefit similar to the NHI funeral expense benefit. Please note, however, that the NHI benefit cannot be paid together with the same benefit of another health insurance scheme.

Application Cour		Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center
What to	o Bring	Documentation verifying who conducted the funeral (such as a receipt for the funeral expense), NHI card of the deceased*, financial institution and account number information (account must be in the name of the person that performed the funeral (chief mourner)), personal identification of the applicant

* Not necessary if this was collected when the death certificate was submitted.

• Please apply for the funeral expense benefit within two years of the day after the funeral was conducted.

Lump-Sum Childbirth/Childrearing Benefit

When an NHI member gives birth, a lump-sum childbirth/childrearing benefit of ¥500,000 per child is paid for deliveries on or after April 1, 2023 either directly to the medical institution or to the member upon application at the service counter. (This benefit is paid even in the case of a stillbirth or miscarriage if the mother has been pregnant for 12 weeks or more.)

Furthermore, if you were a member of the health insurance program at your place of employment for one year or longer and gave birth within six months after withdrawal from that insurance program, you may be eligible for the benefit that health insurance program offers. There be additional benefits as well. Please note, however, that the NHI benefit cannot be paid together with the benefit of another health insurance scheme.

(1) Direct payment

A member can use the lump-sum childbirth/childrearing benefit direct payment system in which NHI pays the medical institution the necessary childbirth expenses directly. If you have difficulty paying childbirth expenses in facilities in which the direct payment system cannot be used, please consult the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center.

(2) Benefit provided at the service counter (payment into your financial account based on your application at the service counter) If the direct payment system cannot be used, or if the actual childbirth expense is less than the direct payment benefit amount

 and you must receive the difference, please file an application at the service counter.

 Application Service Counter
 Ward Office National Health Insurance and Pension Section / Insurance and Pension Subsection of your local Citizens Center

 What to Bring
 Maternal and Child Health Handbook (or doctor's certificate in the case of a stillbirth or miscarriage), NHI card, financial institution and account number information (account in the name of the head of the household), letter of agreement with the medical institution, receipt/statement issued by the medical institution

• Please file an application for the lump-sum childbirth/childrearing benefit within two years of the day after your child is born (including stillbirths, etc.).

Reduction/Exemption of the Partially Borne Expense

If your income has decreased significantly due to unemployment or a disaster and you are having difficulty paying the partially borne expense required at the service counter of medical institutions and the like, there is a program for reduction/exemption of this expense according to your circumstances for a period of (as a rule) three months. Any of the following conditions must apply, and income standards (136 percent of the Public Assistance Standard or below) will also apply. To receive a reduction/exemption of personally borne expenses, when filing an application, besides the estimated amount of your medical expenses (must be written at the hospital), you must prepare an application in advance for documentation verifying special conditions or your eligibility of income standard. For further details, please contact the National Health Insurance and Pension Section of the ward office, or the Insurance and Pension Subsection of your local Citizens Center.

	Special Conditions				
1	If there was a death or disability, or if your assets were severely damaged or lost due to an earthquake, storm/flooding, fire, or other such disaster				
2	If your income significantly decreased due to an illness or injury				
3	If your i	ur income significantly decreased due to bankruptcy or unemployment			
4	If you fi	If you find yourself another similar situation			
	Income Standard				
Exe	mption	If the authorized income amount of applicable households according to Public Assistance Act standards is 116 percent or less of the standard cost of living.			
Reduction		If the authorized income amount of applicable households according to Public Assistance Act standards is between 116 and 136 percent of the standard cost of living.			

If You Are Injured in a Traffic Accident or Incident

If you are in a traffic accident or injured by a third party (instigator) intentionally or as a result of negligence (third-party act), the fees required to treat the injury are generally borne by the instigator, but they can also be covered by NHI.

In this case, you must file an "injury by third party" notification form. File this form at the following notification service counter. If you use NHI to cover treatment, Kawasaki City will pay the fees to the medical institution that should be paid by the instigator and invoice the instigator for damage compensation at a later date.

Notification Service	Ward Office National Health Insurance and Pension Section / Insurance and Pension
Counter	Subsection of your local Citizens Center
Required Items for Filing	"Injury by third party" notification form Note: When filing a notification, you must attach documents such as a traffic accident certificate issued by the police (Japan Safe Driving Center). Please call for more information. NHI card

• Please be sure to consult the notification service counter before you negotiate with the instigator of the accident/incident.

4 Kawasaki City NHI Health Checkups (Specific Health Checkups and Specific Health Guidance)

Specific health checkups are provided for NHI members to detect lifestyle illnesses as early as possible and hopefully lead to an improvement of lifestyle habits. There is also specific health guidance for those who are found to need to improve their lifestyle habits as a result of the checkups.

- There is no fee (paid by the individual) for a specific health checkup and specific health guidance.
- Eligibility: NHI members between 40 and 74 years of age Frequency: Once per fiscal year

Notes:

- 1. You must be enrolled in the Kawasaki City National Health Insurance system on the day of the checkup. We will send a checkup ticket to all residents eligible for a specific health checkup (about June).
- 2. After the 75th birthday, the member becomes eligible for a Latter-Term Elderly Health Checkups (free of charge).
- 3. For male NHI members who are fifty years of age or older, the PSA test can be added as an option (this is only conducted at the same time as the specific health checkup). The personally borne expense is ¥400.

Specific Health Checkup Areas

Tests	Interview		Neutral fat	Metabolism	Urinary sugar	
	Height	Fat	HDL cholesterol		Hemoglobin A1c	
	Weight		LDL cholesterol		Uric acid	
	Body mass index (BMI)	Liver	AST (GOT)	Kidney	Uric protein	
	Abdominal circumference		ALT (GPT)		Blood in the urine	
	Physical findings (physical examination)		γ -GT (γ -GTP)		Serum creatinine	
	Blood pressure	Detailed Checkups If your health checkup results meet certain designated standards and the doctor deems it necessary, the doctor may choose to conduct additional tests (not based on the choice of the individual). Types of additional tests: Electrocardiogram, ophthalmoscopy, and test for anemia.				

The specific health checkup focuses on metabolic syndrome. Excessive visceral fat cause elevated blood sugar, fat irregularities, and high blood pressure. This leads to hardening of the arteries, which can cause strokes, heart illness, or diabetes and complications such as loss of eyesight or the need for dialysis. Please undergo specific health checkups and prevent lifestyle illnesses.

Those Not Eligible for Specific Health Checkups

Individuals who are not eligible to undergo health checkups include expectant mothers; members who live overseas; those hospitalized for a long period; people institutionalized in a special rest home for the elderly, special facility, nursing care insurance facility, or similar facility; and those in prison.

Members who withdraw from Kawasaki City NHI in the middle of the fiscal year should receive health checkups according to the medical health insurance plan they transfer to.

5 Health Maintenance Services

Kawasaki City NHI Health Checkups (Health Checkups for Members between 35 and 39 Years of Age) *Only for those of the eligible ages

A health checkup card will be mailed to those who are eligible around the end of September. Please get your checkup done at a contracted medical institution (be sure to read the notification enclosed with the checkup card for details). The valid period for using the health checkup card is from October through March of the following year, and there is no fee (personally borne expense) charged.

Hot Springs Discount Tickets

Special discount tickets available at the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center can be used at the hot spring resort mentioned below. The tickets are valid until the end of the fiscal year. Please show your NHI card to receive a ticket.

(1) Facility: Arima Ryoyo Onsen Ryokan Address: 3-5-31 Higashi-Arima, Miyamae-ku Tel: 044-877-5643

(2) Discount: Adults (junior high school student and older): The general fee of ¥1,200 is discounted to 1,000. Note: No discounts are available for elementary school children or younger.

Use Heated Swimming Pools and Training Rooms for Free

Tickets for free use of heated swimming pools and training rooms are available at the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center. Please show your NHI card to receive tickets.

- Up to eight tickets (maximum of 20 tickets per household) are available during a six-month period starting in April to households who are not behind in their insurance premium payments. Tickets distributed during the first half of the fiscal year are valid for one year from April through March of the following year. Tickets distributed during the second half of the fiscal year are valid for six months from October through March of the following year.
- This free offer of pools and training rooms does not apply to junior high school students and younger children.
- To use these facilities, you must submit one ticket (an original ticket) per person and present your NHI card.
- In some cases, facilities may be closed for renovations or as a countermeasure to prevent the spread of contagious diseases. Please confirm whether the facilities are open before you attempt to use them.
 - Please note that the valid period for the tickets cannot be extended due to the facilities being closed.

	Facility	Address	Telephone No.
	Iriesaki Surplus Heat Utilization Pool	3-24-12 Shiohama, Kawasaki-ku	044-266-2156
	Kawasaki Citizen's Plaza	1-19-1 Shinsaku, Takatsu-ku	044-888-3131
Heated Swimming Pools	Kawasaki City Tama Sports Center	4-12-5 Sugekitaura, Tama-ku	044-946-6030
FUUIS	Yonetty Ozenji	1321 Ozenji, Asao-ku	044-951-3636
	Kawasaki Health Promotion Center	3-2-1 Watarida-Shincho, Kawasaki-ku	044-333-3741
	Saiwai Sports Center	1-11-3 Todehonmachi, Saiwai-ku	044-555-3011
	Todoroki Arena	1-3 Todoroki, Nakahara-ku	044-798-5000
Training Rooms	Kawasaki Citizen's Plaza	1-19-1 Shinsaku, Takatsu-ku	044-888-3131
	Miyamae Sports Center	1-10-3 Inukura, Miyamae-ku	044-976-6350
	Kawasaki City Tama Sports Center	4-12-5 Sugekitaura, Tama-ku	044-946-6030
	Yonetty Ozenji	1321 Ozenji, Asao-ku	044-951-3636

Facilities Where You Can Use the Tickets

6 For Consultations or Inquiries Regarding National Health Insurance or Specific Health Checkups, etc., Please Contact the Following:

Kawasaki City Call Center for National Health Ins (Languages spoken are English, Chinese, Vietna		☎044-200-0783
Kawasaki City Call Center for Cancer, Specific an	d Other Health Checkups	☎ 044-982-0491
National Health Insurance and Pension Section,	National Health Insurance Subsection Insurance Subsection NHI Payments Subsection Insurance Insurance & Pensions Subsection (Insurance) Insurance Insurance Payments Insurance Insurance & Pensions Subsection (Insurance) Insurance Insurance Payments Insurance Insurance Payments Insurance	☎044-201-3151
Kawasaki Ward Office	NHI Payments Subsection	☎044-201-3153
Daishi Branch Office, Citizens Center,	nese, Tagalog and Filipino) I Other Health Checkups National Health Insurance Subsection NHI Payments Subsection Insurance & Pensions Subsection (Insurance) Insurance Payments Insurance & Pensions Subsection (Insurance) Insurance Payments Insurance Payments Insurance Payments Insurance Payments Insurance Payments National Health Insurance Subsection NHI Payments Subsection National Health Insurance Subsection NHI Payments Subsection National Health Insurance Subsection NHI Payments Subsection NHI Payments Subsection National Health Insurance Subsection NHI Payments Subsection National Health Insurance Subsection National Health Insurance Subsection NHI Payments Subsection NHI Payments Subsection	☎044-271-0159
Kawasaki Ward Office	Insurance Payments	☎044-271-0163
Tajima Branch Office, Citizens Center,	Insurance & Pensions Subsection (Insurance)	☎044-322-1987
Kawasaki Ward Office	Insurance Payments	☎ 044-322-1976
National Health Insurance and Pension Section,	National Health Insurance Subsection	☎044-556-6620
Saiwai Ward Office	NHI Payments Subsection	☎044-556-6697
National Health Insurance and Pension Section,	Insurance Payments National Health Insurance Subsection NHI Payments Subsection National Health Insurance Subsection NHI Payments Subsection National Health Insurance Subsection	☎044-744-3201
Nakahara Ward Office	NHI Payments Subsection	☎044-744-3109
National Health Insurance and Pension Section,	National Health Insurance Subsection	☎044-861-3174
Takatsu Ward Office	NHI Payments Subsection	☎044-861-3173
National Health Insurance and Pension Section,	NHI Payments SubsectionInsurance & Pensions Subsection (Insurance)Insurance PaymentsInsurance & Pensions Subsection (Insurance)Insurance PaymentsNational Health Insurance SubsectionNHI Payments SubsectionNational Health Insurance SubsectionNHI Payments SubsectionNational Health Insurance SubsectionNHI Payments SubsectionNational Health Insurance SubsectionNHI Payments Subsection	☎044-856-3156
Miyamae Ward Office	NHI Payments Subsection	☎044-856-3131
National Health Insurance and Pension Section,	National Health Insurance Subsection	☎044-935-3164
Tama Ward Office	NHI Payments Subsection	☎044-935-3163
National Health Insurance and Pension Section,	National Health Insurance Subsection	☎044-965-5189
Asao Ward Office	NHI Payments Subsection	☎044-965-5252



You can also use the 2D code on the left (for the Kawasaki City website) to view the National Health Insurance Guide (translated edition). * Data fees may apply.

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