

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 you 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 than 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

If a member of Kawasaki City's National Health Insurance enters a child welfare facility, a disability support facility, a paid nursing home, a housing for the elderly with services, a paid nursing home, a low-cost nursing home, a nursing home for the elderly, a special nursing home for the elderly, a long-term care insurance facility, etc., or moves from Kawasaki City to outside the city due to long-term hospitalization in a hospital, etc., they will continue to be a member of Kawasaki City's National Health Insurance. If you fall under this system, please notify the Insurance and Pension Division of your ward office or the Insurance and Pension Section of your branch office ward citizen center when submitting your moving-out notification.

Special provisions for insured persons who are studying “MARUGAKU”

If you are recognized as living in another city or town for the purpose of studying, you will be enrolled in the Kawasaki City National Health Insurance of the household of your legal guardian upon notification. If you wish to use this system, please notify the Insurance and Pension Division of your ward office.

NHI Eligibility Confirmation Letter / Eligibility Information Notice

If you are enrolled in NHI and have a My Number Health Insurance card (a My Number card registered to be used as a health insurance card), you will receive a "Notice of Eligibility Information" by mail, and if you do not have a My Number Health Insurance card, you will receive an "Eligibility Confirmation Letter" by mail. These documents allow you to confirm your NHI eligibility information, so please handle them carefully and do not lose or tear them.

In the future, please be sure to take your My Number Health Insurance card or Eligibility Confirmation Letter with you when visiting a medical institution.

*You will not be able to receive medical treatment under insurance coverage with just a "Notice of Eligibility Information."

- (1) When you receive the notification of your qualification information or the qualification confirmation, please check carefully that there are no mistakes in your name, etc. One copy is given per subscriber.
- (2) If there are any mistakes in your name or any changes in the contents, please notify us. If you rewrite it yourself, it will be invalid.
- (3) The qualification confirmation is invalid after the expiration date. If you are a foreigner whose expiration date is the day after the expiration date of your period of stay and you wish to continue using the qualification confirmation, please apply for renewal of your residence status at the Regional Immigration Bureau and then receive a qualification confirmation by mail from your ward office in your ward.
- (4) If you lend your qualification confirmation to someone else or use someone else's qualification confirmation, you will be punished by law.
- (5) The qualification confirmation is renewed every August, as it expires at the end of July (except for those whose expiration date is the day after the expiration date of their period of stay). In principle, new qualification confirmations will be sent by registered mail by the end of July. If you would like to receive a certificate of eligibility by registered mail when you renew your insurance the following year or later, please contact the Kawasaki City Insurance Call Center (044 200 0783).

* Certificates of eligibility are sent on a household basis, so you cannot choose between registered mail and registered mail for each individual.

* You can only choose the mailing method when renewing all at once.

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

If a reason for joining or losing your insurance occurs, please notify your ward office within 14 days of the event. (See page II - 19 for where to notify and what is required for the notification.) Please note that you cannot notify your joining or losing your insurance before the date of the event. If you join the Late-stage Elderly Medical System because you turned 75 years old, you do not need to notify.

Even if you notify your joining late, the date of joining is the date shown on the previous page. Since insurance premiums are charged from the month of joining, you must pay them retroactively.

If you visit a medical institution before notifying your joining, you will be responsible for the full medical expenses, unless the delay in notifying is unavoidable.

If you join a new medical insurance plan, please promptly complete the procedure to lose your NHI eligibility. At that time, be sure to return any insured certificates and eligibility confirmation documents that were issued to you in the past.

Please note that if you visit a medical institution using your National Health Insurance certificate or qualification confirmation after losing your qualification, you will be required to refund the medical fees at a later date.

2 NHI Premiums

Calculation of FY2024 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

• Medical premiums

Income-based levy Total standard amount* for all household NHI members × 8.13%	+	Per capita levy No. of household NHI members × ¥42,822	=	Medical premiums (maximum ceiling: ¥650,000 per year)
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• Latter-term elderly support premiums

Income-based levy Total standard amount* for all household NHI members × 2.71%	+	Per capita levy No. of household NHI members × ¥15,165	=	Latter-term elderly support premiums (maximum ceiling: ¥240,000 per year)
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• Nursing care premiums

Income-based levy Total standard amount* for household NHI members who are between 40 and 64 years of age × 2.63%	+	Per capita levy No. of household NHI members between 40 and 64 years of age × ¥15,556	=	Nursing care premiums (maximum ceiling: ¥170,000 per year)
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If you join the National Health Insurance in the middle of the fiscal year, the amount is calculated by multiplying the annual premium by the number of months of membership/12.

*Assessment base amount: The amount obtained by subtracting the basic deduction (430,000 yen if the total income amount is 24 million yen or less) from the total income amount in 2023. The assessment base amount is calculated for each National Health Insurance member. For those who moved from outside Kawasaki City on or after January 2, 2024, the assessment base amount will take time to confirm because the total income amount, etc. will be inquired from the address of the person who lives there on January 1st.

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 2023 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 + (¥295,000 × No. of NHI members) (*3)	50%
Total income, etc. (*1, *3) ≤ ¥430,000 + (No. of salaried workers, etc. (*2) - 1) × ¥100,000 + (¥545,000 × 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).

- **To take advantage of this reduction program, the income of all household NHI members (including those not enrolled in NHI) must be confirmed.**
- Households that have not reported income earned during 2023 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, 2025 (born after April 2nd, 2018).

Reduction of NHI premiums for maternity insured persons (notification is required).

From the perspective of reducing the burden on households raising children and supporting the development of the next generation, there is a system in place to reduce premiums equivalent to the period before and after childbirth for National Health Insurance subscribers who give birth.

Months subject to reduction	3 months ago	2 months ago	1 month ago		After 1 month	After 2 months	After 3 months
Single Pregnancy				Month of (expected) birth			
Multiple pregnancies				Month of (expected) birth			

*In the case of premiums for fiscal year 2023, only premiums corresponding to the period from January 2024 onward are subject to reduction. The total of the amount of the per capita income and per capita income for the period before and after childbirth for a national health insurance.

* Subscriber who gives birth is the amount of the household's insurance premiums.

The amount will be reduced from the annual amount. Premiums for the prenatal and postnatal periods are not necessarily zero.

Notification window	Ward Office Insurance and Pension Division
What you need to submit	<ul style="list-style-type: none"> ○Insured person's identification card, eligibility confirmation letter, eligibility information notice, etc. ○Maternal and child health handbook, etc. (showing expected delivery date and pregnancy status) *In the case of notification after birth, a birth certificate or other document that confirms the parent-child relationship between the National Health Insurance subscriber and the child.
Eligible persons	National Health Insurance subscribers who plan to give birth or have given birth on or after November 1, 2023. *Covered are births after 85 days (4 months) of pregnancy. (This includes stillbirths, miscarriages, premature births and abortions.)
Reduction Details	For those with a single pregnancy: The amount of income and equalization for the four months from the month prior to the (expected) month of delivery will be reduced. Multiple pregnancies: Reduction in the amount of the per capita income and per capita income for 6 months from 3 months before the (expected) month of delivery.
Notification acceptance period	Notification can be made 6 months prior to the expected date of birth. *Notification after birth is also possible.

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, 2024, and are receiving job-hunting benefits² as special recipients or unemployed persons for special reasons under the employment insurance system can get their FY 2023 insurance premiums reduced.

Application Service Counter	Ward Office Insurance and Pension Division
What to Bring	○Insurance certificate (qualification confirmation, etc.) ○Employment Insurance Eligibility Certificate or Employment Insurance Eligibility Notice for the relevant person (※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 card, or employment insurance elderly recipient notification are not eligible.

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 income-based 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. 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).)

In order to receive the reduced benefits, the income of all NHI members in the household must be verified.

Standard	Deduction Amount
(1) NHI members under 16 years of age as of December 31, 2023*	¥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, 2023*	¥120,000 × No. of Applicable Persons
(3) NHI members with a "disabled person's deduction" for the FY 2024 Tax Report	Amount equivalent to the disabled person's deduction

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

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

Applications for reductions and **exemptions must be made within the premium payment deadline.**

Please note that reductions and exemptions will not be applied to premiums that are past their due date or have already been paid at the time of application (excluding disaster and benefit restriction reductions and exemptions).

Application Service Counter	Ward Office Insurance and Pension Division
What to Bring	○Insurance certificate (qualification confirmation, etc.) ○Documents verifying the facts (please contact us for details)

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.

Applications for reduction or exemption must be made within the premium payment deadline.

Please note that reduction or exemption will not apply to premiums that are past their due date or have already been paid at the time of application.

Application Service Counter	Ward Office Insurance and Pension Division
What to Bring	○Insurance certificate (qualification confirmation, etc.) ○Certificate of loss of qualification, etc.
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 person responsible for paying the insurance premiums is the head of the household. In households where the head of the household is not enrolled in the National Health Insurance (called a "fictitious household"), the head of the household (called the "fictitious head of household") is also the person responsible for paying the premiums, so an insurance premium payment notice will be sent to the head of the household.

However, when calculating the insurance premiums, the amount for those who are enrolled in the National Health Insurance is calculated, and the amount for the fictitious head of household is not included.

In the case of a fictitious household, if the NHI enrolled person wishes to become the head of the household (person responsible for paying the premiums) for NHI purposes, this can be changed as long as they fulfill certain requirements, such as having paid the premiums in full, so please go through the procedure at the Insurance and Pension Division of your ward office.

Nursing Care Premiums

(1) Those aged 40 to 64 (Nursing Care Insurance Type 2 Insured Persons)

The nursing care insurance premium will be calculated from the National Health Insurance premium.

Notification of changes to the premium for those turning 40 will be sent the month after or the month after the month of their birthday.

(2) Those aged 65 or older (Nursing Care Insurance Type 1 Insured Persons)

Nursing care insurance premiums will not be calculated from the National Health Insurance premium. The amount of nursing care insurance premiums for those aged 65 or older will be notified separately by the Insurance and Pension Division of the Ward Office. For the nursing care insurance premiums up to age 64 in the year in which you turn 65, the nursing care insurance premiums up to the month before the month in which you turn 65 will be calculated and notified together with the medical insurance premiums, etc.

(3) Those who are not covered by the Nursing Care Insurance Type 2 Insured Persons (Nursing care insurance premiums will not be calculated)

If you fall under this category, please notify the Insurance and Pension Division of your Ward Office 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, 2023 to December 31, 2023

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)

There is a two-year limit on the period for which national health insurance premiums can be calculated, so you cannot make any decisions or changes after two years have passed since the day after the first premium payment (legal payment deadline) for that fiscal year. (Example) Since the first premium payment for the 2022 fiscal year is June 30, 2022, you cannot increase or decrease your premium after July 1, 2024.

Please note that if you delay withdrawal procedures from the National Health Insurance, income tax return (※), or involuntary unemployment notification, you may not be able to reduce your premium and may not be able to receive a refund for premiums already paid. *If you have made a correction to your municipal tax, it will take approximately one and a half to just under two months from the time the correction is made to the time your premium is determined.

However, if an insured person retroactively joins an insurance association and withdraws from National Health Insurance due to reasons beyond the insured person's control, such as coordination with an insurance association other than National Health Insurance, the two-year limit on insurance premium calculations does not apply. *In this case, the insurance premium can be calculated to be reduced and you will be eligible for a refund if it is within five years from the day after the first premium payment date of that fiscal year.

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

You will join the Medical Care System for the Elderly on your 75th birthday, and will be required to pay medical insurance premiums for the system from then on. The Kanagawa Prefectural Medical Care Association for the Elderly and the Ward Office Insurance and Pension Division will notify you of this separately.

The insurance premiums for the year you turn 75 will be calculated in advance and notified to you, covering the period up to the month before you turn 75.

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 amount of all payments, and are finalized in June, just like resident taxes. The due date for insurance premiums is the end of the month. If that date falls on a Saturday, Sunday, or public holiday, the due date will be the following day.

(For December premiums (7th period), the due date will be January 6th.)

NHI Premium Payment Methods

(1) Payment by direct debit

As a general rule, we ask that you pay by direct debit. We may send you a postcard, SMS (short message service), or phone call. You can pay your premiums by automatic transfer from your account at the financial institution of your choice.

○Application Method

You can choose one of the following methods to apply:

(1) Apply at a financial institution

Fill out and stamp the "Direct Debit Payment (Automatic Payment Application Form)" available at financial institutions with branches in Kawasaki City, and apply directly at the financial institution's counter.

<Start date of transfer>

If you apply by the 25th, transfers will start the month after the following month.

*Items Required:

- Something that shows your insured card number (insured card, payment notice, etc.)
- Something that shows your account information (bankbook, etc.)
- Account registration seal

*Please contact your financial institution for details.

(2) Apply online (Web account transfer reception service)

Please apply using the following two-dimensional code.

【Kawasaki City Web account transfer reception site】

https://koukin-koufuri.jp/kawasaki_city/GPFKWSO10IOAct1on_dolnit.action?tax_fee~0040



<Start date of transfer>

If you apply by the 25th, transfers will start the month after the following month.

*Items Required:

- **Something that shows your insured number (insured card, payment notice, etc.)**
- **Cash card**
- **Information required for identity verification, such as your PIN number (varies depending on the financial institution)**

(3) Apply at the ward office counter

You can apply using your cash card at the dedicated terminal in the Insurance and Pension Division of your ward office.

<Start date of transfer>

If you apply by the end of the month, transfers will begin the following month.

*Items Required:

- **Something that shows your insured number (insured card, payment notice, etc.)**
- **Cash card**
- **PIN number**

○Debiting Method

1. Full-period transfer (lump sum transfer)

You will pay the annual premium in one lump sum.

The direct debit date will be the 27th of the first period (June). If direct debit does not begin in time for the first period, the premiums will be debited by "period transfer" for that year.

Financial Institutions that will Accept Applications

As of October 1, 2024

Financial Institution Name	(1) Financial Institutions	(2) WEB	(3) Ward office
Mizuho Bank	●	●	●
Mitsubishi UFJ Bank	●	●	●
Sumitomo Mitsui Banking Corporation	●	●	●
Resona Bank, Ltd.	●	●	●
Gunma Bank	●	●	×
Kiraboshi Bank	●	●	●
Bank of Yokohama	●	●	●
The Bank of East Japan	●	●	×
Kanagawa Bank	●	●	×
Shizuoka Chuo Bank	●	●	×
Yokohama Shinkin Bank	●	●	●
Kawasaki Shinkin Bank	●	●	●
Sawayaka Shinkin Bank	●	●	×
Shiba Shinkin Bank	●	●	●
Jonan Shinkin Bank	●	●	×
Setagaya Shinkin Bank	●	●	●
Mizuho Trust & Banking Co.	●	×	×
Hana Credit Bank	●	×	×
Kanagawa Doctors Credit Union	●	●	×
Yokohama Kogin Credit Union	●	×	×
Chuo Labour Bank	●	●	●
Ceresa Kawasaki Agricultural Cooperative	●	●	●
JP Post Bank	●	●	●
PayPay Bank	×	●	×
Rakuten Bank, Ltd.	×	●	×
AEON Bank	×	●	×

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.

- This does not apply if the head of the household joins the Medical Care System for the Elderly in the middle of the fiscal year.
- Special collection is only applicable to those who have been notified by the pension insurer (Minister of Health, Labour and Welfare, etc.) to the city, town or village, so it is not collected from all those who meet the above requirements.
- If a household paying by special collection does not meet the above requirements for any reason, the payment method will be changed to the method before deductions from the pension (special collection) began (payment slip/direct debit).
- You cannot voluntarily change the payment method to special collection.
- You can change from special collection to direct debit by requesting a change to direct debit. If you wish to do so, please contact the Insurance and Pension Division of your ward office.

(3) Payment by payment slip

Until the direct debit procedure is completed, we will send you a payment slip. Please pay at the financial institution, post office, convenience store, or cashless payment listed on the back of the payment slip.

* Please note that if the amount exceeds 300,000 yen, you cannot pay at a convenience store or by cashless payment.

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 (Payer's responsibility)
- * Mobile-Regi (Credit Card): Payment handling charges incurred (to be paid by the payer) are shown in the table below.

(As of April 1, 2024)

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.
- * Fees may change due to changes in the consumption tax rate, etc.
- * Handling fees cannot be refunded for any reason, even when refunds or appropriations are made due to mistaken payments.

Notes on using cashless payment

- (1) Payment slips that can be used are those with a barcode printed on them for convenience store collection and that have not yet expired.
- (2) Receipts will not be issued, so if you need a receipt, please pay by another method.
- (3) Depending on your internet plan, communication fees may apply.
- (4) For the latest information on cashless payment methods that can be used and detailed instructions on how to use them, please check the Kawasaki City website below, "Paying Kawasaki City National Health Insurance Premiums by Cashless Payment," or the websites of the respective companies.

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

Insurance premiums are an important financial resource that National Health Insurance subscribers use to cover medical expenses when they visit medical institutions, so please pay them by the due date. If you are behind on your premiums, you will be treated as follows depending on the period of overdue payment and the situation.

(1) If the due date for National Health Insurance premiums has passed

For households that are overdue on their premiums, a private company will call you to inform you of the payment, and a reminder letter will be sent in accordance with the law. In addition, calculation of late fees will begin depending on the amount and number of days overdue. In addition, you may be subject to restrictions such as not being issued a certificate of application of the high-cost medical care limit and not being able to use some health services.

(2) If a reminder letter has been issued

For households that have been issued a reminder letter, a private company will call you to inform you of the payment, as mentioned above. In addition, a visitor (a private company commissioned by Kawasaki City) may visit your home to collect (receive) the premium.

(3) If you have not paid your insurance premiums for more than one year without any special reason

You will be paid special medical care expenses, and you will be required to pay the full medical expenses when you visit a medical institution. You will be able to receive a refund of the medical expenses you have paid, excluding the portion that you would normally be responsible for, upon application at a later date.

(4) If you have not paid your insurance premiums for more than one year and six months without any special reason

Special medical expenses will be paid, and **you will initially be responsible for the full medical expenses** when you visit a medical institution, etc. You will be able to receive a refund for the medical expenses you have paid at a later date, excluding the portion that you are responsible for paying yourself.

(5) Property investigation and seizure of property

If you continue to be delinquent in your insurance premiums without any special reason, **an investigation of your property will be started**. An investigation will be conducted with banks, your place of employment, government offices, etc. regarding your receivables (deposits (savings), life insurance, salary, accounts receivable, remuneration, etc.) and whether you own real estate.

If it is discovered that you own property, **the property will be seized** as a collection measure for delinquency in accordance 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 age¹

	Those Who Do Not Fall 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 For those whose birthday is on the 1st, the system will apply from the month of their birth. For others, the system will apply from the month following their birth month.

*2 For those with working-level income, please see the next page.

Those between 70 and 74 Years of Age

The self-payment ratio for people aged 70 to 74 is re-evaluated each July based on their income situation from the previous year, and is updated in August. The co-payment at medical institutions etc. is 20% of medical expenses, but for those with an income equivalent to that of a working person (※1), the rate is 30%. In addition, if the co-payment exceeds the co-payment limit, you will only be responsible for up to the co-payment limit. For more information, please see "High-cost medical expenses" below.

1. What is a working-level income earner?

If you meet certain criteria, such as having a 70-74 year-old National Health Insurance member with a resident tax taxable income (※2) of 1.45 million yen or more in the same household, you will be considered an active worker. However, if you are an active worker but do not meet the standard income (※3), you can apply to the ward office's insurance and pension division to have your burden category reassessed, and you will be required to pay 20%. (If your copayment rate is "20%" as stated on your "National Health Insurance Certificate and Elderly Beneficiary Certificate" or "Qualification Certificate", you do not need to apply.)

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 borne 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 \times ¥330,000, and (2) number of members who are between 16 and 18 years of age \times ¥120,000.

3. Standard income amount:

- If an NHI member is 70 years of age or older and there are other NHI members in the same household who are also 70 years of age or older:
The total income 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 in the "Payment amount" column of the tax withholding slip for public pensions, etc., for pensions, (2) the amount in the "Payment amount" column of the tax withholding slip for salary income, (3) the "sales amount" for business income, (4) the "total income amount" such as rental income for real estate income, and (5) the "sales price" for capital gains from stocks. Note that dividend income, etc. and capital gains from listed stocks, etc. are not included in income if you select withholding tax in a "special account" and do not file a tax return.

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 Insurance and Pension Division
What to Bring	<ul style="list-style-type: none"> ○ Application form with all necessary information filled in ○ Insurance certificate (eligibility confirmation, etc.) ○ Receipts for payments made to medical institutions, etc. (for those certified for public funding, etc.) ○ Copies of transfer financial institutions, account numbers, etc. (in the name of the head of household) ○ Something that shows the My Number of the head of household and the person in question

- 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) Those aged 70 to 74 (for those whose birthday is on the 1st, the benefit will apply from the month of their birth. For all others, the benefit will apply from the month following their birth month.)

1. If the personally borne expense for each individual for outpatient treatment in the same month exceeds the outpatient personally borne expense ceiling:
High medical expense benefit = amount paid to the medical institution as partially borne expense – outpatient personally 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 A

(Chart A) Income Category			Personally Borne Expense Ceiling Amount	
			Outpatient (per Individual)	Hospitalization or Household Total
30% Burden*1	Same income level as someone actively employed III*2		¥252,600 + (Total medical expense – ¥842,000) × 1%*7 [140,100]*8	
	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 someone actively employed I*4		¥80,100 + (Total medical expense – ¥267,000) × 1%*7 [¥44,400]*8	
20% Burden*1	General (excluding households exempt from resident taxes, etc.)		¥18,000 (up to ¥144,000 per year)*9	¥57,600 [¥44,400]*8
	Households exempt from resident taxes, etc.	Category II*5	¥8,000	¥24,600
		Category I*6		¥15,000

*1 Please refer to (2) on page II-9 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.

Regarding out-of-pocket expenses at medical institutions, etc., your monthly payment at a medical institution, etc. will reach the self-payment limit shown in Table A by presenting your Insured Person Card/Elderly Beneficiary Card (Qualification Verification Certificate). However, if you belong to categories I or II, you will need to obtain a "Certificate of Limit Application/Standard Copayment Reduction," or if you belong to categories I or II with an income equivalent to an active worker, you will need to obtain a "Certificate of Limit Application" in advance and present it at the medical order limit counter, etc.

(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	
			Multiple*12
a	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
c	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
e	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" ($¥252,600 + (\text{total medical expense} - ¥842,000) \times 1\%$).

(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 - 4.

(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:

- 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)
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1. The self-payment limit for national health insurance in the municipalities before and after the transfer (and the amount to be combined) will be half of the original amount.
2. The count of multiple national health insurance coverage in the municipalities before and after the transfer will be added together (for more information on multiple coverage, see *12).

(5) Copayments for those under 70 years of age

If a person under 70 years of age is issued a certificate of limit application or a certificate of limit application and standard copayment reduction in advance and presents it together with the insured person's certificate (qualification confirmation, etc.) at the counter of a medical institution, etc., the monthly payment at one medical institution, etc. will be up to the self-payment limit listed in Table B above. For details, please consult the insurance and pension department of your ward office.

(6) People with chronic renal failure undergoing dialysis, people with hemophilia, and people with HIV caused by the administration of blood products

If you present your "Certificate of Specific Disease Treatment" to a medical institution, etc., you will be able to pay up to 10,000 yen per month for medical expenses (insured medical expenses) for the corresponding disease. However, for medical treatment related to dialysis for people under 70 years of age, if you have an income above a certain level or if your household does not file a resident tax return, you will be able to pay up to 20,000 yen per month.

Application Service Counter	Ward Office Insurance and Pension Division
What to Bring	○Insured person's certificate (certificate of eligibility, etc.)* ○Documents verifying this fact (doctor's opinion, etc.) ○Something showing the My Number of the head of household and the person in question

*Even if you have a My Number health insurance card, you will still need to apply for a new one.

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)

Category		Ceiling amount
High income household	a	¥2,120,000
	b	¥1,410,000
Medium income	c	¥670,000
	d	¥600,000
Households exempt from resident taxes, etc.	e	¥340,000

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

○ Please read pages II-11, II-12 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 ¥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 Insurance and Pension Division
What to Bring	○Insured person's certificate (qualification confirmation, etc.)○Copy of the transfer financial institution and account number (in the name of the head of household for medical expenses, in the name of the insured person (individual) for nursing care expenses)○Document showing the My Number of the head of household and the person in question○Certificate of self-payment amount (for those who have moved from another city, town, or village, or those who have transferred from another medical insurance to national health insurance)

* 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 (From June 1, 2024)

	Standard Personally Borne Amount for Hospital Meals
Residents whose households pay resident's tax, etc.	¥ 490 per meal* ¹
Residents whose households are exempt from resident's tax, etc.	¥ 230 per meal
Long-term applicable* ²	¥ 180 per meal
Over 70 years old (Category I) * ³	¥ 110 per meal

(2) Standard Hospital Living Expense for Meals and Utilities (From June 1, 2024)

	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 yen/day and ¥490 per meal		¥280 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 yen/day and ¥450 per meal		
Those who belong to a household exempt from resident tax	Total amount of ¥370 yen/day and ¥230 per meal		¥230 per meal
Long-term applicable*2		Total amount of ¥370 yen/day and ¥180 per meal	¥180 per meal
Over 70 years old (Category 1) *3	Total amount of ¥370 yen/day and ¥140 per meal	Total amount of ¥370 yen/day and ¥110 per meal	¥110 per meal

*1 For patients with designated intractable diseases and specific chronic childhood diseases, the fee is 280 yen. For patients who have been hospitalized in a psychiatric bed for more than one year as of March 31, 2016, and who will continue to be hospitalized at a medical institution after April 1, 2016, the fee is 260 yen.

*2 If the total number of days hospitalized in the past year exceeds 90 days (to qualify for this, you must submit a notification of the number of days of hospitalization to your ward office or branch office and be certified as "long-term eligible").

*3 See page II- 11 (*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 Insurance and Pension Division
What to Bring	○Insurance certificate (qualification certificate, etc.) ○For those who have moved...Resident tax exemption certificate for previous address ○For those whose hospitalization period exceeds 90 days *Notification of number of days of hospitalization and receipt showing number of days of hospitalization, etc. ○Document showing the My Number of the head of household and the person concerned

○If the number of days of hospitalization exceeds 90 days after receiving approval for a reduction, you will need to apply again and be certified as "long-term eligible."

※ Even if you have a My Number Health Insurance card, you will need to apply again if the number of days of hospitalization exceeds 90 days.

○If you were unavoidably unable to receive a reduction certificate or be unable to submit it to the medical institution and ended up paying the general standard amount, the difference will be paid based on your application.

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-9.

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.

Application window		Ward Office Insurance and Pension Division
	When medical treatment expenses are paid	What you need to apply
1	When you cannot bring your insured person's identification card (such as a certificate of eligibility) due to a sudden illness, etc., and you have paid the full amount of the medical expenses.	Medical fee statement (or equivalent document) Receipt of medical expenses ◯ Report of financial institution, account number, etc. (in the name of the head of the household)
2	When a corset or other therapeutic orthosis is made on the physician's order (excluding orthoses for daily living).	◯ Doctor's written opinion ◯ Receipt of orthotic fee and breakdown of orthotics ◯ Certificate of insured person (such as a certificate of eligibility) ◯ A copy of the financial institution, account number, etc. to which money should be transferred (in the name of the head of the household) ◯ Photograph of the orthotic device produced (only when applying for the provision of shoe-shaped orthotic devices)
3	When treated by a judo therapist (For fractures and dislocations, a physician's consent is required)	◯ Application form for medical treatment expense payment (with description of treatment) Receipt of treatment expenses ◯ Certificate of insured person (certificate of eligibility, etc.)
4	When an acupuncturist, moxibustion practitioner, or massage therapist (limited to illnesses that meet the requirements for the payment) (limited to illnesses that meet the requirements for payment)	◯ Application form for payment of medical treatment expenses (with details of the treatment) Receipt of treatment expenses ◯ Doctor's written consent ◯ Insured person's certificate (certificate of eligibility, etc.) ◯ Report of financial institution, account number, etc. (in the name of the head of the household)
5	When raw blood is used for transfusion	◯ Doctor's certificate of blood transfusion ◯ Certificate of payment for live blood ◯ Insured person's certificate ◯ Report of financial institution, account number, etc. (in the name of the head of the household)
6	<div style="border: 1px solid black; padding: 2px; display: inline-block;">overseas medical expenses</div> When you receive certain medical treatment abroad for a sudden illness, etc. (excluding travel for the purpose of medical treatment and medical treatment not covered by insurance in Japan)	◯ Detail of medical treatment and receipts In the case of a foreign language, please attach a translation (with the translator's name and address). The form can be downloaded from the city website. ◯ Consent form for making inquiries to overseas medical institutions ◯ Certificate of insured person ◯ A copy of the financial institution and account number of the payee (in the name of the head of the household) ◯ Receipt of medical expenses ◯ Passport ◯ Documents that can confirm the date of travel

- 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 Insurance and Pension Division
What to Bring	<ul style="list-style-type: none"> ◦ Doctor's opinion on the need for transportation, ◦ Insurance certificate (certificate of eligibility, etc.) ◦ Receipt for transportation costs ◦ Copy of transfer financial institution, account number, etc. (in the name of head of household) ◦ Something that shows the My Number of the head of household and the person in question

- 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 Service Counter	Ward Office Insurance and Pension Division
What to Bring	Documents showing the name of the chief mourner and the deceased, and the date of the funeral (receipt for funeral expenses, etc.), the deceased's insurance card (qualification confirmation card, etc.), a copy of the transfer financial institution, account number, etc. (in the name of the person who conducted the funeral), and documents that can verify the applicant's identity

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

- Applications for funeral expenses must be completed within two years from the day after the funeral.
- Applications can also be made online.

<https://www.city.kawasaki.jp/350/page/0000017102.html>



Lump-Sum Childbirth/Childrearing Benefit

If a National Health Insurance member gives birth, a lump-sum birth and childcare allowance will be paid to the medical institution directly or at the counter. The amount of the allowance is 500,000 yen per newborn baby for births on or after April 1, 2023 (also paid in the case of stillbirth or miscarriage at 12 weeks or more of pregnancy).

In addition, if you have been enrolled in workplace health insurance for one year or more and give birth within six months of leaving your company, you may be able to receive benefits from your workplace health insurance (additional benefits may be available). However, you cannot receive this allowance in addition to your National Health Insurance.

(1) Direct payment

You can use the "Childbirth and Childcare Direct Payment System," in which the National Health Insurance pays the necessary expenses for childbirth directly to medical institutions, etc. If you are having difficulty paying the necessary expenses for childbirth at a facility that does not allow you to use the direct payment system, please consult the Insurance and Pension Division of ward office.

(2) Counter reception (bank transfer based on application at the counter)

If you did not use the direct payment system, or if you used the direct payment system and the childbirth expenses fell below the amount of the payment, you must apply at the counter to receive the difference.

Application Service Counter	Ward Office Insurance and Pension Division
What to Bring	<i>Maternal and Child Health Handbook</i> (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 due to unemployment or a disaster, making it difficult for you to pay your copayment (the amount you have to pay at a medical institution, etc.), there is a system in place to reduce or exempt your copayment, in principle for a period of up to three months, depending on your situation. You must meet one of the following special reasons and the income standard (136% or less of the standard for public assistance). In order to receive a reduction or exemption from your copayment, you must submit an application in advance, along with documents certifying that you meet the special reason and income standards, in addition to the estimated amount of medical expenses (must be filled out by the hospital, etc.). For more information, please contact the Insurance and Pension Division of ward office.

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 income significantly decreased due to bankruptcy or unemployment
4	If you find yourself another similar situation
Income Standard	
Exemption	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 Counter	Ward Office Insurance and Pension Division
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 (qualification certificate, etc.)

○ 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	Fat	Neutral fat	Metabolism	Urinary sugar
	Height		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 medical examination items> Items: Electrocardiogram, fundus examination, anemia test If the medical examination results meet certain implementation standards and the doctor deems it necessary, the doctor may select and perform the tests (not optional)			

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

Pregnant women, those living overseas, those currently in long-term hospitalization, those living in facilities (special nursing homes for the elderly, designated facilities (fee-paying nursing homes and other facilities designated by the Ministry of Health, Labor and Welfare ordinances that are not community-based designated facilities), long-term care insurance facilities, facilities for people with disabilities, etc.), and those currently in prison are not eligible to receive the health check.

Those who withdraw from Kawasaki City National Health Insurance during the fiscal year should undergo a health check provided by the medical insurer of their new institution.

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

This service is available to National Health Insurance subscribers aged 35-39. Eligible individuals will receive a medical examination voucher around the end of September. Please visit a designated medical institution (for details, see the notice enclosed with the medical examination voucher). The medical examination voucher can be used from October to March of the following year. There is no fee (out-of-pocket cost) for this service.

Hot Springs Discount Tickets

The "Special Health Facility Discount Coupon" distributed by the Ward Office's Insurance and Pension Division allows you to use the following hot spring facilities at a discounted rate. The coupon is valid until the end of the fiscal year. Please present your insurance card (qualification confirmation, etc.) to receive the coupon.

- (1) Facility name: Arima Ryoyo Onsen Ryokan Address: 3-5-31 Higashi-Arima, Miyamae-ku Phone: 044-877-5643
 (2) Discount details: Adults (junior high school students and above) will pay 1,100 yen instead of the usual 1,300 yen.
 *No discounts for elementary school students and younger.

Use Heated Swimming Pools and Training Rooms for Free

Free tickets for use of the heated swimming pool and training room are available at the Insurance and Pension Division of your ward office. Please present your insurance card (confirmation notice, etc.) to receive one.

- Starting in April, up to eight vouchers will be distributed every six months to households with no outstanding premiums. Vouchers distributed in the first half of the year are valid for one year, from April to March of the following year. Vouchers distributed in the second half of the year are valid for six months, from October to March of the following year.
- There is no free use for junior high school students or younger.
- When using the service, one voucher (original) per person must be presented per visit, along with an insured certificate (eligibility confirmation, etc.).
- The facility may be closed due to renovation work, etc. Please check with the facility regarding closure periods, etc., before using the facility. Please note that the validity period of the voucher will not be extended due to closures.
- Applications can also be made online.
<https://logoform.jp/form/FUQz/81733>



Facilities Where You Can Use the Tickets

	Facility	Address	Telephone No.
Heated Swimming Pools	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
	Kawasaki City Tama Sports Center	4-12-5 Sugekitauro, Tama-ku	044-946-6030
	Yonetty Ozenji	1321 Ozenji, Asao-ku	044-951-3636
Training Rooms	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
	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 Sugekitauro, Tama-ku	044-946-6030
	Yonetty Ozenji	1321 Ozenji, Asao-ku	044-951-3636

6 Notification in such cases

As a general rule, notification must be made within 14 days of the occurrence of the event. A letter of attorney is required if the notification is made by a representative.

Common requirements for all filings

In order to prevent impersonation by others, the following three steps are required for notification and application: (1) confirmation of your personal number, (2) confirmation of your identity as a visitor, and (3) confirmation of your authority to act on your behalf. Please bring the following documents along with the "Items Required for Each Notification/Application". What you need for the procedure

- ① Documents confirming my number (personal number) (for head of household, covered insured person, etc.)
My number card, notification card (whose name, address, etc. listed on the card match the information on the resident registration card), and a copy of the resident registration card/certificate of matters listed on the resident registration card that includes my number.
- ② Identification documents of visitors
One valid residence card, my number card, passport, driver's license, or other document issued by a government or municipal office that shows **your name and date of birth or address** and has your picture on it. If not, two documents issued by a government or municipal office, such as a certificate of eligibility, that show **the applicant's name and date of birth or address**.
- ③ When a person other than the person himself/herself performs the procedure
A letter of attorney if a person from a different household is filing the notification/application. If an adult guardian or other person is to perform the procedures, a certificate of registered matters or, if none is available, other documents proving the authority of representation.

Items required for each notification/application

(1)...Ward Residents' Division, Ward Office; (2)...Insurance and Pension Division, Ward Office (If the procedure involves moving in or out, it will be (1)).

at times like these	Report to	Items required for each notification/application	remarks
When enrolling in the National Health Insurance	*Foreign residents are required to have a residence card when joining the National Health Insurance system. If your status of residence is Designated Activities, please also bring your passport.		
	(1)	Certificate of moving out of the former address	If there is someone in the same household who is already a member of the National Health Insurance system, please bring that person's insured person's card, etc. (*1).
	(2)	Certificate of disqualification from workplace health insurance (with names of all employees)	
	(1) (*2)	Insured person's certificate, etc. (*1) Maternal and child health handbook	When applying for the lump-sum payment for childbirth and childcare, please bring with you a document that shows the account number, etc. to which the payment is to be transferred, a written agreement with the medical institution, etc., and a receipt statement issued by the medical institution, etc.
	(2)	Notice of decision to discontinue public assistance	
When withdrawing from the National Health Insurance	(1)	Insured person's certificate, etc. (*1)	
	(2)	Insured person's certificate, etc. (*1) Certificate of enrollment in workplace health insurance or something that shows such enrollment (such as a workplace health insurance card, etc., with everyone's name on it)	Notification can be made via the Internet.
	(1) (*2)	Insured person's certificate, etc. (*1)	When applying for funeral expenses, please bring with you a document that shows the account number, etc. to which the money is to be transferred, as well as evidence that the funeral was held.
	(2)	Insured person's certificate, etc. (*1) Notice of Decision on Commencement of Public Assistance	
When the contents of the notification are in case of change	(1)	When you move within the city	
		When the head of household changes	
		When households merge or separate	
Other	(2)	When you have lost your insured person's card or certificate of eligibility (reissuance)	If you wish to have the card reissued because it is torn or soiled, please bring the insured person's card or the certificate of eligibility.
		When a student residing outside the city for study enrolls in the Kawasaki City National Health Insurance Plan	The insured person's certificate of insurance of MARUGAKU(*1) will be issued.
		When a person with certain disabilities reaches 65 years of age	You can switch to the Late-Stage Senior Citizen's Health Care System.
		When a person moves out due to admission to a long-term care insurance facility, etc. outside the city, or when a person continuously moves from one facility to another.	You will continue to be covered by Kawasaki City National Health Insurance after moving out. (Special system for address)
		National Health Insurance subscribers aged 40-64 who enter or leave an institution for severely-retarded children	The premium for long-term care will not be calculated when the admission is reported.

*1... Insured person's card, etc.: National Health Insurance card, certificate of eligibility, certificate of eligibility confirmation, or notice of eligibility information.

*2... The application counter for the lump-sum maternity and childbirth/childcare allowance and funeral expenses is the Insurance and Pension Division of the Ward Office.

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

Kawasaki City Call Center for National Health Insurance (Languages spoken are English, Chinese, Vietnamese, Tagalog and Filipino)		☎044-200-0783
Kawasaki City Call Center for Cancer, Specific and Other Health Checkups		☎044-982-0491
National Health Insurance and Pension Section, Kawasaki Ward Office *	National Health Insurance Subsection	☎044-201-3151
	NHI Payments Subsection	☎044-201-3153
National Health Insurance and Pension Section, Saiwai Ward Office	National Health Insurance Subsection	☎044-556-6620
	NHI Payments Subsection	☎044-556-6697
National Health Insurance and Pension Section, Nakahara Ward Office	National Health Insurance Subsection	☎044-744-3201
	NHI Payments Subsection	☎044-744-3109
National Health Insurance and Pension Section, Takatsu Ward Office	National Health Insurance Subsection	☎044-861-3174
	NHI Payments Subsection	☎044-861-3173
National Health Insurance and Pension Section, Miyamae Ward Office	National Health Insurance Subsection	☎044-856-3156
	NHI Payments Subsection	☎044-856-3131
National Health Insurance and Pension Section, Tama Ward Office	National Health Insurance Subsection	☎044-935-3164
	NHI Payments Subsection	☎044-935-3163
National Health Insurance and Pension Section, Asao Ward Office	National Health Insurance Subsection	☎044-965-5189
	NHI Payments Subsection	☎044-965-5252

***As of January 2025, the counter services of the Daishi Branch Office Community Center and the Tajima Branch Office Community Center have been transferred to the Insurance and Pension Division of Kawasaki Ward Office.**



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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