

0 Introduction

This pamphlet explains the National Health Insurance (NHI) program in English, Chinese, Portuguese, Spanish, 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 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). 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, you can also obtain a NHI card (Maru-Gaku health insurance card). 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 want to continue to use the card, please complete visa renewal procedures at your local regional immigration bureau and then obtain another NHI card at 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. The new NHI cards are delivered by special registered mail. If you wish to have your card delivered by simple registered mail, please apply to the Kawasaki City Call Center for National Health Insurance and Medical Insurance for the Elderly (Tel: 044-982-0783).

Note: Since NHI cards are mailed by household, individuals cannot select special registered mail or simple registered mail.

File NHI-Related Notifications as Early as Possible

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 Ward Residents Section of your local ward office or your local Citizens Center. No enrollment or loss of eligibility notification can be filed before the change occurs. 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 above. 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 receive a health checkup at a medical institution after your NHI card has expired, you must pay the full medical fee before you leave. If you are renewing or joining a new medical insurance program, please follow the necessary procedure for canceling your National Health Insurance coverage. In that case, please be sure to turn in your NHI card.

2 NHI Premiums

Calculation of FY2019 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:

$$\text{Annual insurance premiums} = \text{Medical premiums} + \text{Latter-term elderly support premiums} + \text{Nursing care premiums}$$

• Medical premiums

Income-based levy Total standard amount* for all household NHI members × 7.06%	+	Per capita levy No. of household NHI members × ¥35,278	=	Medical premiums (maximum ceiling: ¥610,000 per year)
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• Latter-term elderly support premiums

Income-based levy Total standard amount* for all household NHI members × 2.40%	+	Per capita levy No. of household NHI members × ¥11,681	=	Latter-term elderly support premiums (maximum ceiling: ¥190,000 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 × 2.07%	+	Per capita levy No. of household NHI members between 40 and 64 years of age × ¥12,438	=	Nursing care premiums (maximum ceiling: ¥160,000 per year)
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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 × no. of months of enrollment, divided by 12.

*Standard amount: The amount remaining after subtracting the basic deduction (¥330,000) from the total income you earned in 2018. 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, 2019.

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. (The deduction is made for the “NHI member with the highest standard amount” for (1) and (2); and for the “NHI member with the a disabled person’s deduction” for (3).) To take advantage of this reduction program, the income of all household NHI members must be confirmed.

Standards of the Kawasaki City Independent Reduction Program

Standard	Deduction Amount
(1) NHI members under sixteen years of age as of December 31, 2018*	¥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, 2018*	¥120,000 × No. of Applicable Persons
(3) NHI members with a “disabled person’s deduction” for the FY2019 Resident’s Tax Report	Amount equivalent to the disabled person’s deduction

*The total income earned during the previous year must be ¥380,000 or less.

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 2018 meets any of the following standards:

Standard	Reduction Rate
Total income, etc.* is ¥330,000 or less	70%
Total income, etc.* is less than or equal to ¥330,000 + ¥280,000 × no. of household NHI members	50%
Total income, etc.* is less than or equal to ¥330,000 + ¥510,000 × no. of household NHI members	20%

*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).

- If a household already receives a reduction according to the income standard, and if a household member turns 75 years of age and becomes a new member of the latter-term elderly health insurance, the insurance premiums will continue to be reduced even if the number of NHI members decreases, as long as the household constitution and total income remain the same.
- Households that have not reported income earned during 2018 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 is required. If you meet any of the abovementioned standards, you are eligible for insurance premium reduction.

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, 2018, and are receiving job-hunting benefits² as special recipients or unemployed persons for special reasons under the employment insurance system can get their FY2019 insurance premiums reduced.

Application Service Counter	The National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center
What to Bring	NHI card, employment insurance recipient card ³ of the person receiving the reduction, and personal seal
Reduction	The insurance premiums of unemployed persons will be calculated as 30 percent of annual income.
Reduction Period	Until the end of the following fiscal year after the fiscal year of the day following unemployment. (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 the reduction program unique to Kawasaki City, your insurance premiums will be calculated based on whichever total is lower—the standard amount for the reduction program unique to Kawasaki City, or the standard amount for the involuntary unemployment reduction program.
2. The people eligible for this reduction will have an employment insurance recipient card 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 (特) or employment insurance elderly recipient card (高) 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	Reduction/Exemption Standard Situation
1 Disaster reduction/exemption	If your residence or office is severely damaged by an earthquake, storm/flooding, lightning, fire, or other disaster
2 Financial difficulty for everyday living reduction/exemption	If you are experiencing financial difficulty due to a long-term illness, injury, or other reasons
3 Income decrease reduction/exemption	If your income is severely decreased due to retirement, closure of a business, etc.
4 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	The National Health Insurance and Pension Section of your local ward office or Insurance and Pension Subsection of your local Citizens Center
What to Bring	NHI card, documentation verifying the situation (please call for more information), personal seal

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.

Application Service Counter	The National Health Insurance and Pension Section of your local ward office or Insurance and Pension Subsection of your local Citizens Center
What to Bring	NHI card, loss of eligibility certificate or other such document, personal seal

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 Insurance and Pension Subsection of your local Citizens Center.

Nursing Care Premiums

- (1) 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 for individuals 65 years of age or older are not calculated as part of NHI premiums. A separate announcement about the premium amount will be sent from the National Health Insurance and Pension Section of your local ward office or 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 the member reaches 65 years of age and added to the medical premiums, and the member is then notified of the total.
- (3) Those not eligible as nursing care insurance category 2 members (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.

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.

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

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

As a rule, 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 portion for December (the seventh term) is January 6. The payment date for automatic account debit is the 27th of the month (the following business day if the 27th falls on a business holiday).

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. You can choose one payment method and payment date out of the following choices:

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, the deadline 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.
2. Term-by-term payment: As a rule, the annual insurance premiums are paid in 10 installments from June through March of the following year. The payment date is the 27th of the month, the deadline of each installment.

Notes:

- 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.

How to Apply for Account Debit Service

(1) Pay Easy Account Debit Service

You can apply for Pay Easy services by using the cash card reader at the special terminal at the National Health Insurance and Pension Section of your local ward office or at the Insurance and Pension Subsection of your local Citizens Center.

Please bring the following items:

- Documentation showing your National Health Insurance membership number (such as your NHI card or invoice)
- Cash card of the financial institution through which you would like to pay

Cooperating financial institutions:

- Kiraboshi Bank, Mizuho Bank, Sumitomo Mitsui Banking Corporation, MUFG Bank, Japan Post Bank, Bank of Yokohama, Resona Bank
- Kawasaki Shinkin Bank, Shiba Shinkin Bank, Setagaya Shinkin Bank, Chuo Labour Bank, Yokohama Shinkin Bank
(Please note that depending on the type of cash card, some banks may not be able to complete these procedures.)

(2) Application at a Financial Institution

Please 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 affixing your personal seal.

Please bring the following items:

- NHI card
- Savings account bankbook
- Personal seal for the financial account

(2) Payment by special collection (pension deduction)

Premiums are paid by 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 is eligible for special collection of nursing care insurance premiums, 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 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 abovementioned conditions, the payment method will be changed to regular collection.
 - 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 with an invoice

Until you set up automatic account debit, you will receive invoices. Please pay these at any financial institution, post office, or convenience store written on the back of the invoice, or via mobile-regi. (Please note, however, that payments on amounts of more than ¥300,000 cannot be made at a convenience store or via mobile-regi.)

What Is Mobile-Regi?

This is a service that makes it possible to pay via a financial institution's mobile banking services by reading the bar code on the invoice with your cell phone/smartphone camera. You can easily and safely make your payment at home without making a trip to a bank or convenience store. The handling fee for payment is waived (although packet fees will be charged).

Precautions When Using This Service

- (1) You can use this service if the invoice has a printed bar code for payment at convenience stores and the payment date has not expired.
 - (2) Since a receipt is not issued, please confirm payment by checking your mobile banking statement or bankbook entries. If you need a receipt, please make your payment using a different method.
 - (3) Please read the mobile-regi website for more information on payment methods and financial institutions that can use this service.
PC website: <http://solution.cafis.jp/bc-pay/pc/> Mobile (cell phone/smartphone) website: <https://bc-pay.jp/>
- Note: Mobile-regi is a service provided by NTT Data Corporation.

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.

* NEC Corporation

(2) Follow-up after a reminder notification has been issued

As mentioned above, if your household has been issued a reminder notification a private company will contact you as well to remind you. In some cases a private collection agent (entrusted by Kawasaki City, as above) may visit you at home or workplace to ensure payment of 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 a 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, you will have to pay all medical costs 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, an assessment of your property will begin. 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 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. 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 following section 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 amount³, 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.
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 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:
 - 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 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).

High Medical Expenses

If the personally borne expense for medical treatment exceeds a designated amount in a single month, the excess portion can be treated as a high medical expense benefit based on your application.

Application Period	A notification that you may apply for the high medical expense benefit will be mailed to the head of the household. If you receive this notification, please file the application.
Application Service Counter	National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center
What to Bring	Application form with all necessary information filled in, receipt showing payment to the medical institution (for those who have received certification of public expenses), personal seal, NHI card, financial institution account information for payment (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

- 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.
- 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.

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:
 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% [140,100] ⁷	
	Same income level as someone actively employed II ³	¥167,400 + (Total medical expense–¥558,000) × 1% [¥93,000] ⁷	
	Same income level as someone actively employed I ⁴	¥80,100 + (Total medical expense–¥267,000) × 1% [¥44,400] ⁷	
20% burden ¹	General (excluding households exempt from resident taxes, etc.)	¥18,000 (up to ¥144,000 per year) ⁸	¥57,600 [¥44,400] ⁷
	Households exempt from resident taxes, etc.	Category II ⁵	¥24,600
		Category I ⁶	¥15,000

- 1 Please refer to (2) on page II-7 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
- 7 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 (excluding any month in which only outpatient expenses apply) before the month of medical treatment (applies to the fourth and subsequent application for benefits)
- 8 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 the same 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 ¹⁰
ア	Households with a designated amount ⁹ of over ¥9,010,000	¥252,600 + (total medical expense – ¥842,000) x 1%	¥140,100
イ	Households with a designated amount ⁹ between ¥6,000,000 and ¥9,010,000	¥167,400 + (total medical expense – ¥558,000) x 1%	¥93,000
ウ	Households with a designated amount ⁹ between ¥2,100,000 and ¥6,000,000	¥80,100 + (total medical expense – ¥267,000) x 1%	¥44,400
エ	Households with a designated amount ⁹ of ¥2,100,000 or below	¥57,600	¥44,400
オ	Households exempt from resident's tax, etc.	¥35,400	¥24,600

9. The amount after subtracting the basic deduction of ¥330,000 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.

10. 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 (applies to the fourth and subsequent application for benefits)

Please note that the personally borne expense ceiling amount for income category “ア” will be applied to households with a member who has not filed a resident's tax report.

(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:

- 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 (from April 2018)

Conditions	From April 2018, 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 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 after April 2018.

(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. For more information, 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.

(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	National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center
What to Bring	NHI card, documentation verifying the fact (such as a doctor's letter), personal seal, 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)

Category		Ceiling amount
High income household	ア	¥2,120,000
	イ	¥1,410,000
Medium income	ウ	¥670,000
	エ	¥600,000
Households exempt from resident taxes, etc.	オ	¥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 employed III	¥2,120,000	
	Same income level as someone actively employed II	¥1,410,000	
	Same income level as someone actively employed 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-8 and II-9 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	The National Health Insurance and Pension Section of your local ward office, or the Insurance and Pension Subsection of your local Citizens Center
What to Bring	Your personal seal (if you have one), 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 1) 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		¥260 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		
Residents whose households are exempt from resident's tax, etc.	Total amount of ¥370/day and ¥210 per meal		¥210 per meal
	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	¥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
3. Residents whose households are exempt from resident's tax, and the income of all household members comes to ¥0 when calculating public pension deductions, etc. of ¥800,000
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 Service Counter	The National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center
What to Bring	Personal seal, NHI card, resident's tax exemption certificate from previous municipality (for those who moved to Kawasaki City), 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

- When hospitalization has lasted over 90 days after receiving a reduction authorization, you must reapply for long-term applicable authorization.
- 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-7.

Medical Expenses

If an NHI member pays all the medical expenses in the following cases, 70 to 90 percent of the expense can be paid into their financial account upon application, depending on the benefit percentage. The documents required for application are available at the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of Citizens Center.

	Application Service Counter	National Health Insurance and Pension Section of your local ward Office or the Insurance and Pension Subsection of your local Citizens Center
	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 details of the services provided (such as a receipt), personal seal, 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 (such as a corset) was made under the instructions of a physician (this excludes everyday equipment)	A doctor's letter of approval, personal seal, 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, personal seal, 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, personal seal, 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, personal seal, certificate of blood fee, NHI card, financial institution and account number information (account in the name of the head of the household)
6	<div style="border: 1px solid black; padding: 2px; width: fit-content;">Overseas medical expenses</div> 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 Personal seal 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.

Application Service Counter	National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center
What to Bring	Doctor's letter explaining the need for transportation, personal seal, NHI card, transportation fee receipt, financial institution and account number information (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 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	National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center
What to Bring	Documentation verifying who conducted the funeral (such as a receipt for the funeral expense), personal seal, NHI card of the deceased, financial institution and account number information (account must be in the name of the person that performed the funeral), personal identification of the applicant

- 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 ¥420,000 per child is paid 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 [85 days] 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.

Please note, however, that some medical institutions do not use the direct payment system. If you have difficulty paying childbirth expenses, 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	National Health Insurance and Pension Section of your local Ward Office or the Insurance and Pension Subsection of your local Citizens Center
What to Bring	<i>Maternal and Child Health Handbook</i> (or doctor's certificate in the case of a stillbirth or miscarriage), personal seal, 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.

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 (130 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 details, please contact the National Health Insurance and Pension Section of the ward office with jurisdiction over your household, 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 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 115 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 115 and 130 percent of the standard cost of living.

If You Are Injured in a Traffic Accident or Incident

If a third party causes the injury, such as in a traffic accident or other incident, as a rule the third party (instigator) is responsible for all medical expenses. However, medical treatment can be received using NHI.

However, you must file an "injury by third party" notification form. Please be sure to file this form at the National Health Insurance and Pension Section of your local ward office or at the Insurance and Pension Subsection of your local Citizens Center. If you receive medical treatment with health insurance, NHI will temporarily cover the cost, and later have the instigator cover your expenses.

Notification Service Counter	The National Health Insurance and Pension Section of your local ward office, or the Insurance and Pension 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, personal seal

Please be sure to consult the National Health Insurance and Pension Section of your local ward office or the Insurance and Pension Subsection of your local Citizens Center 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.
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 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 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 individuals (and 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.

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
	Yonetty Tsutsumine	73-1 Tsutsumine, Kawasaki-ku	044-555-5491
	Kawasaki Citizen's Plaza	1-19-1 Shinsaku, Takatsu-ku	044-888-3131
	Kawasaki City Tama Sports Center	4-12-5 Sugekitaura, 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 Sugekitaura, Tama-ku	044-946-6030
	Yonetty Ozenji	1321 Ozenji, Asao-ku	044-951-3636

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 Insurance and Medical Insurance for the Elderly		Tel: 044-982-0783
Kawasaki City Call Center for Cancer, Specific and Other Health Checkups		Tel: 044-982-0491
National Health Insurance and Pension Section, Kawasaki Ward Office	National Health Insurance Qualification and Levy Subsection	Tel: 044-201-3151
	National Health Insurance Benefits and Medical Subsidy Subsection	Tel: 044-201-3277
	Insurance Premium Collection Subsection	Tel: 044-201-3153
Daishi Branch Office, Citizens Center, Kawasaki Ward Office	Insurance and Pension Subsection	Tel: 044-271-0159
	Insurance Premium Collection Subsection	Tel: 044-271-0163
Tajima Branch Office, Citizens Center, Kawasaki Ward Office	Insurance and Pension Subsection	Tel: 044-322-1987
	Insurance Premium Collection Subsection	Tel: 044-322-1976
National Health Insurance and Pension Section, Saiwai Ward Office	National Health Insurance Qualification and Levy Subsection	Tel: 044-556-6620
	National Health Insurance Benefits and Medical Subsidy Subsection	Tel: 044-556-6722
	Insurance Premium Collection Subsection	Tel: 044-556-6697
National Health Insurance and Pension Section, Nakahara Ward Office	National Health Insurance Qualification and Levy Subsection	Tel: 044-744-3201
	National Health Insurance Benefits and Medical Subsidy Subsection	Tel: 044-744-3202
	Insurance Premium Collection Subsection	Tel: 044-744-3109
National Health Insurance and Pension Section, Takatsu Ward Office	National Health Insurance Qualification and Levy Subsection	Tel: 044-861-3174
	National Health Insurance Benefits and Medical Subsidy Subsection	Tel: 044-861-3178
	Insurance Premium Collection Subsection	Tel: 044-861-3173
National Health Insurance and Pension Section, Miyamae Ward Office	National Health Insurance Qualification and Levy Subsection	Tel: 044-856-3156
	National Health Insurance Benefits and Medical Subsidy Subsection	Tel: 044-856-3275
	Insurance Premium Collection Subsection	Tel: 044-856-3131
National Health Insurance and Pension Section, Tama Ward Office	National Health Insurance Qualification and Levy Subsection	Tel: 044-935-3164
	National Health Insurance Benefits and Medical Subsidy Subsection	Tel: 044-935-3231
	Insurance Premium Collection Subsection	Tel: 044-935-3163
National Health Insurance and Pension Section, Asao Ward Office	National Health Insurance Qualification and Levy Subsection	Tel: 044-965-5189
	National Health Insurance Benefits and Medical Subsidy Subsection	Tel: 044-965-5264
	Insurance Premium Collection Subsection	Tel: 044-965-5252

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