

For Persons aged 75+
65+ who are certified
as being disabled

Late-Stage Medical Care System for the Elderly



The Late-Stage Medical Care System for the Elderly covers persons aged 75+ and those aged 65-74 who are certified as disabled under the new program's criteria. The program is designed to gain support for these elderly people by all generations, whose understanding is requested and will be highly appreciated.

**The Wide Area Union
for the Late-Stage Medical Care System for the Elderly
in Osaka Prefecture**

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In Osaka Prefecture, the Late-Stage Medical Care System for the Elderly is operated by the Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture (the Wide Area Union), comprising all municipalities within Osaka Prefecture. Meanwhile, each municipality collects insurance premiums and offers various counter services, such as the acceptance of applications and notifications.

◇Wide Area Union

Operates the Late-Stage Medical Care System for the Elderly

- Authorizes eligibility status for the medical care program and certifies the insured
- Issues insurance cards and related certificates
- Determines the amounts of insurance premiums
- Provides various medical and other related benefits
- Implements various healthcare programs, including medical examinations

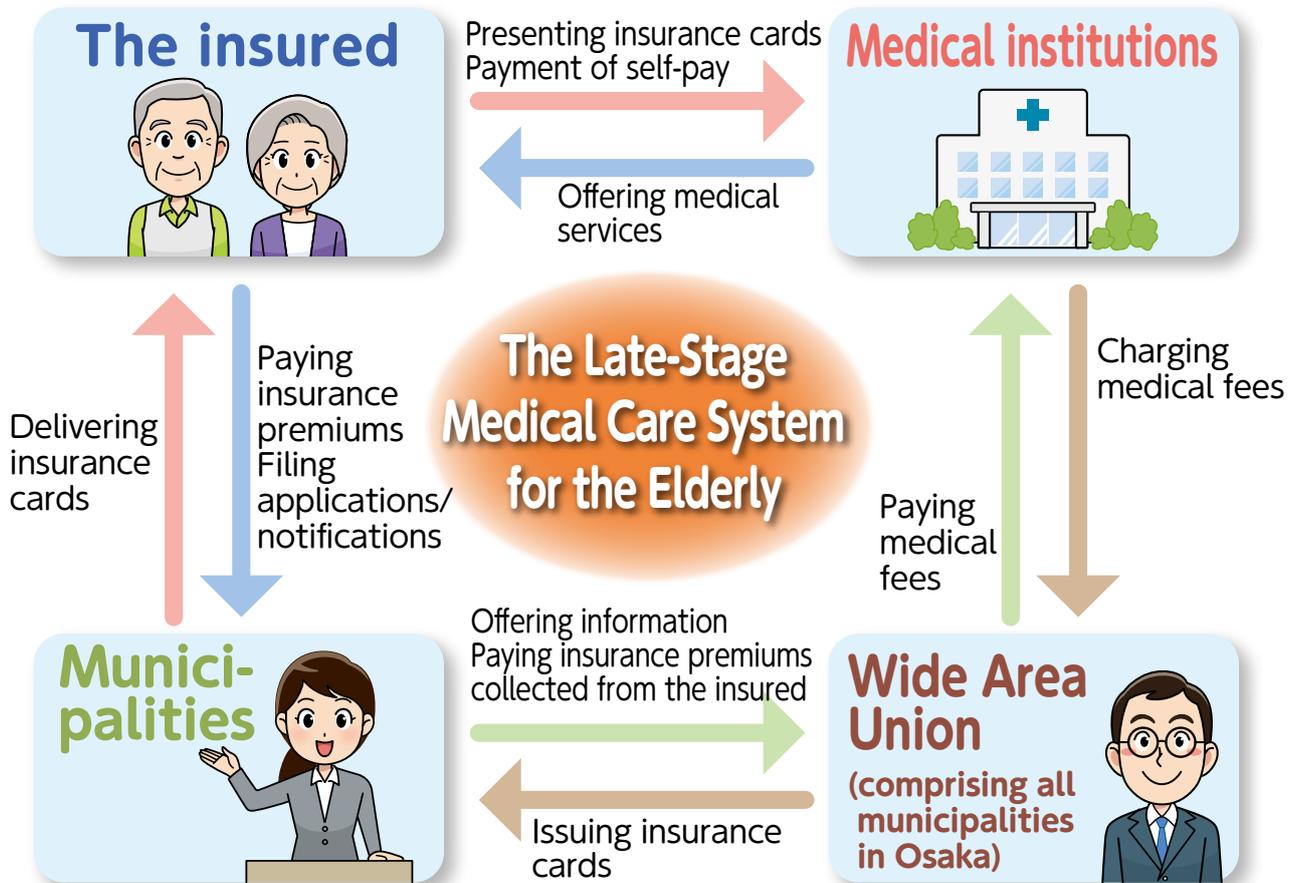
◇Municipalities

Collect insurance premiums and provide various counter services, such as the acceptance of applications and notifications

- Collect insurance premiums
- Deliver and collect insurance cards and related certificates
- Accept notification regarding acquisition/loss of eligibility
- Accept various applications
- Offer consultation services on the program

Operational Flow and Financial Sources

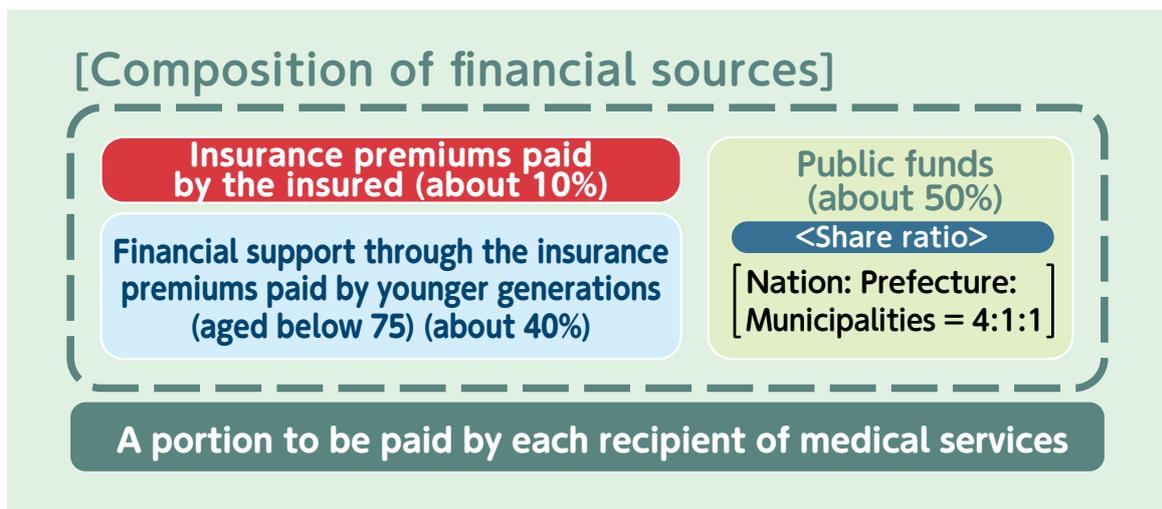
Operational Flow



Financial Sources

Support of Medical Fees for the Elderly

The Late-Stage Medical Care System for the Elderly is the scheme the whole nation supports the medical care of the people aged 75 and over. The expense of medical care, from which the co-pay portion is excluded, is paid out of public fund, financial support from the younger generations (people aged below 75), and insurance premium paid by the insured persons.



Persons to Be Insured

Who will be insured by this program?	When to start?
Basically, all residents aged 75 or older*1	On their 75th birthday
Persons aged 65 – 74, who are certified as being disabled*2 by the Wide Area Union	On the day of certification by the Wide Area Union

*1 Basically, all residents aged 75+ are insured, regardless of the types of medical insurance programs they were previously covered by the Late-Stage Medical Care System for the Elderly.

*2 Eligibility for disability certification

- Recipients of the pensions for class 1 or 2 disabled people in compliance with the National Pension Act
- Holders of physical disability certificates (classes 1, 2, 3 and part of class 4)
- Holders of mental disability certificates (classes 1, 2)
- Holders of intellectual disability certificates (class A)



Notices

- The Late-Stage Medical Care System for the Elderly does not cover welfare recipients, who are eligible for a different medical assistance program.
- Even if individuals between 65 and 74 were once certified as being disabled, they can withdraw from the Late-Stage Medical Care System for the Elderly. In this case, however, they need to submit a notification of withdrawal to their local municipal office, where they can receive consultation services.
- * Withdrawal from the Late-Stage Medical Care System for the Elderly does not mean loss of physical or other disability certificates or loss of eligibility for disability pensions.
- If persons covered by the Late-Stage Medical Care System for the Elderly in one prefecture move into another prefecture, they will basically need to enroll in the program operated by the Wide Area Union of that prefecture. If such a change in residence results from admission to nursing homes, long-term hospitalization or similar reasons, the persons will continue to be covered by the Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture. (Special Residence Regulation)
- When the insured persons previously covered by employee's health insurance (or their dependents) enroll in the Late-Stage Medical Care System for the Elderly, they must submit a notification regarding the loss of eligibility for the employee's health insurance. The notification should be submitted to the municipal office through the place of employment. In such a case, dependent family members aged below 75 need to enroll in the National Health Insurance Program or similar other programs. If this is applicable to your case, please take the necessary procedures at your local municipal office. To take the procedures, bring your seal and certificate of loss of eligibility for the employee's health insurance.

Insurance Cards

The Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture issues an insurance card to each insured person. The insurance card carries important information, such as the expiration date and the co-pay ratio (10% or 30%). To receive medical benefits, the insured must present this card to hospitals and other medical institutions.

The insurance cards are valid for one year: in principle from August 1 to July 31 of the following year. The new insurance card is delivered by late July, which can be used from the day of arrival. We ask you to visit the local municipal office attendant to return your old insurance card or to destroy it by yourself.

* If you turn 75 years old, your insurance card is to be delivered in the previous month of your birthday. After the 75th birthday, you will not be able to use any insurance card such as National Health Insurance, Company's Health Insurance and others by which you have been covered previously. *2

Notices

Check

Upon receipt of an insurance card, please check the information written on the card. If you find any errors, please ask for correction at your local municipal office.

Keep the card at hand

Please keep the insurance card at hand so that you can use it anytime.

Ask for reissue, if necessary

If you lose or accidentally destroy the card, ask the local municipal office to reissue the card.

Return

Upon loss of eligibility, please return the card to your local municipal office. If any change in your co-pay ratio, your address or other important matters has been made halfway through the fiscal year, a new insurance card that carries the revised information will be delivered. When you receive the new card, please return the old one.

後期高齢者医療被保険者証									
有効期限 平成30年7月31日									
被保険者番号	○○○○○○○○								
被 保 險 者	住 所 △△市△△町△△丁目△番△△号								
	氏 名 SAMPLE 広域 太郎								
	生年月日 昭和□□年□□月□□日								
資格取得年月日	平成○○年○○月○○日								
発効期日	平成○○年○○月○○日								
交付年月日	平成○○年○○月○○日								
一部負担金の割合	○割								
保険者番号並びに保健者の名称及び印	<table border="1"> <tr> <td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td> </tr> </table> 印 大阪府後期高齢者医療広域連合 <small>電話：06-4790-2028</small>	×	×	×	×	×	×	×	×
×	×	×	×	×	×	×	×		

*The color of the card changes annually. (The color of the insurance card valid from August 2017 to July 2018 is pink.)

- You cannot use copies of your insurance card.
- Never use another person's insurance card.
(This is strictly prohibited by the relevant law.)

Insurance Cards

■ Section for Indicating Intention to Donate Organs

According to a revision of the Act on Organ Transplantation, national and local public authorities are required to take measures for education and diffusion of knowledge concerning medical transplantations to promote better understanding of medical transplantation, and as a result the "Section for indicating intention to donate organs" has been added to health insurance cards, driver licenses, etc. starting in July 2010.

"Organ transplantation" is a medical procedure allowing a patient whose organ has become dysfunctional due to illness or an accident, and who could be cured only through organ transplantation to recover normal functions by transplant of an organ donated on a bona fide basis. In Japan, the number of organs donated is relatively small compared to that of registered patients seeking organ transplantation and many patients are currently waiting for transplants.

The Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture has included a section for indicating intention to donate organs on the back of its insurance card since August 2011, based on the purpose of the Act. We would like to ask for your understanding and support.

◎ Indication of intention to donate organs

- Whether or not to indicate intention to donate organs is left to the judgment of each insured person and therefore we do not require you to fill out that section. Furthermore, whether you fill out the section and what you fill in do not affect the contents of treatment etc.
- There is no age limit for indicating intention to donate organs. Anyone, including old persons and those on medication due to illness, can fill out the section. Organs have previously been donated by persons in their 70s. However, there is a possibility that those who die of cancer or other specific illness cannot donate their organs. Whether organs can be donated or not is judged by medical tests after extraction of organs.
- Organs are donated on a bona fide basis and without compensation. Donors do not have to bear any costs regarding donation.
- For those who would like to keep the contents of their intention confidential, stickers to hide the section for indicating intention to donate organs are provided at the counter in charge of the Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture and the local municipal offices. (In cases where the insurance card is mailed, a sticker is enclosed.)

For details of organ donation, visit the Japan Organ Transplant Network Website

Japan Organ Transplant Network

Toll-free: 0120-78-1069

Website: <http://www.jotnw.or.jp>



◎How to fill out the section



- ① {
② {
③ {
④ {

注 意 事 項	
1	この証の交付を受けたときは、大切に保管してください。
2	保険医療機関等において診療を受けようとするときは、必ずこの証をその窓口で渡してください。
備考	
※ 以下の欄に記入することにより、臓器提供に関する意思表示をすることができます。記入する場合は、1から3までのいずれかの番号を○で囲んでください。	
1.	私は、 <u>脳死後及び心臓が停止した死後のいずれでも</u> 、移植の為に臓器を提供します。
2.	私は、 <u>心臓が停止した死後に限り</u> 、移植の為に臓器を提供します。
3.	私は、臓器を提供しません。
《1又は2を選んだ方で、提供したくない臓器があれば、×をつけてください。》	
【心臓・肺・肝臓・腎臓・膵臓・小腸・眼球】	
〔特記欄： _____〕	
署名年月日： _____ 年 _____ 月 _____ 日	
本人署名（自筆）： _____	
家族署名（自筆）： _____	

①Selecting intention

Please circle only one number in accordance with your intention.

●If you intend to donate your organ(s), please circle 1 or 2.

⇒ To ②, ③ and ④

●If you do not intend to donate your organ(s), please circle 3

⇒ To ④

②Selecting organs that you do not want to donate and filling out the special note section

If you circled 1 or 2 and you do not want to donate any particular organs, mark with a × the organs that you do not want to donate.

Organs that you can donate are as follows:

[After brain death: heart, lung, liver, kidney, pancreas, small intestine and eyeball]

[After heart stoppage: kidney, pancreas and eyeball]

③Filling out the special note section

• If you circled 1 or 2 and intend to donate other tissues such as skin, cardiac valve, blood vessel and bone, you can write "All" or name specific organ(s), such as "skin," "cardiac valve," "blood vessel" and "bone."

• If you want to donate your organs preferentially to a relative, you can write "Give preference to my relative." (Since some requirements are necessary to donate your organs preferentially to a relative, your organs may not necessarily be transplanted to the relevant relative.)

④Signature etc.

Please sign your name and write the date of signature by yourself. If possible, please have one of your family members who knows your intention to donate your organs sign his/her name for confirmation.

Insurance Premiums

■ Method of calculating insurance premiums

Insurance premiums for Late-Stage Medical Care System for the Elderly are determined for each insured. An insurance premium charged to each insured person consists of flat-rate and earnings-related components. The former comprises a fixed amount to be paid by all the insured; the amount of the latter is determined based on earnings of respective insured persons. Insurance premiums rates are determined every other year by the Wide Area Unions of respective prefectures. Within Osaka Prefecture, insurance premiums rates are uniform, regardless of the municipality where the insured live.

◎ Method of calculating insurance premiums (fiscal year 2016 and 2017)

$$\begin{array}{l} \text{Annual} \\ \text{insurance} \\ \text{premiums}^{*1} \end{array} = \begin{array}{l} \text{Flat-rate} \\ \text{component} \\ \text{51,649 yen} \\ \text{per person} \end{array} + \begin{array}{l} \text{Earnings-related} \\ \text{component} \\ \text{Assessable income}^{*2} \\ \text{earnings-related} \\ \text{component rate } \mathbf{10.41\%} \end{array}$$

*1 Annual insurance premiums are up to 570,000 yen.

*2 The taxable income is the amount remaining after deducting the basic exemption (330,000 yen) from the total of the gross income, forestry income and other incomes (stock transfer income, dividend income, property transfer income, etc., subject to separate self-assessed taxation) calculated separately in the previous year. (Carry-forward of casualty loss is not deducted.)

Calculation method of major taxable incomes

- 1) Employment income: (Employment income - employment income deduction) - basic exemption (330,000 yen)
- 2) Public pension: (Public pensions - public pension deduction) - basic exemption (330,000 yen)
- 3) Other: (Income - business expenses) - basic exemption (330,000 yen)

* The insured who have multiple income sources can deduct the basic exemption from only one of the sources.

One Point Q&A

Q If I enroll in the Late-Stage Medical Care System for the Elderly during a fiscal year, how much insurance premiums should I pay?

A In such a case, insurance premiums will be calculated on a monthly basis, and you have to pay the premiums from the month of your enrollment. Also, if you lose eligibility for the System during a fiscal year, you will be charged a monthly premium up to one month before your withdrawal.

After Enrolling in the Late-Stage Medical Care System for the Elderly

- The insured previously covered by the National Health Insurance Program or the National Health Insurance Union Program should pay the premium for the Late-Stage Medical Care System for the Elderly, instead of the previous programs.
- Dependent family members who were covered by the insured through the employee's health insurance, mutual aid associations and seamen's insurance programs should also pay insurance premiums. (For discount of premiums, see P. 9.)

Discount of Insurance Premiums

○ Insurance premiums will be discounted for those insured with low incomes. (You do not have to file an application for the discount if your income level is already known to the relevant municipality. However, if your income is not known to the relevant municipality, simplified application is necessary.)

① Discounting the flat-rate component

The flat-rate component (51,649 yen) of insurance premiums will be discounted in accordance with [income levels of individual households](#).

Income levels	Discount rates	Annual amount of flat-rate component after deduction
① All insured persons in the household applicable to ② stated below have no income (after deducting 800,000 from their public pensions)	90%	5,164 yen
② Total net income of the insured persons and the householder in one household does not exceed the amount of basic exemption (330,000 yen)	85%	7,747 yen
③ Total net income of the insured persons and the householder in one household does not exceed basic exemption (330,000 yen) + 270,000 yen × the number of insured persons	50%	25,824 yen
④ Total net income of the insured and the householder in one household does not exceed basic exemption (330,000 yen) + 490,000 yen × the number of persons insured	20%	41,319 yen

- * The amounts of basic exemption and other items may change, subject to revisions of the tax law and other relevant laws.
- * Special deduction in capital gains and that for family employees is NOT applicable to the calculation of total net income, based on which to determine discount rates.
- * As with the National Health Insurance Program, for the time being, 150,000 yen will be deducted from the income of pensioners aged 65+ who have a public pension deduction for their pensions.
- * The discount rate is determined in accordance with the householder's income, whether or not the householder is insured by the Late-Stage Medical Care System for the Elderly.
- * For calculation example, see page 10 (Single-person household) and page 11 (Two-person household of wife and husband who are both aged 75 or older).
- * Discount coverage for 50% and 20% is expanded in FY 2017 (compared with FY 2016).

Insurance Premiums

2. Discounting the earnings-related component

Earnings-related component is discounted by 20% for an insured person whose assessable income is 580,000 yen or below (whose pension income is 2.11 million yen or below, provided that the insured person has no other income sources*) in FY 2017.

* In case the insured person is 65 years old or over as of December 31 of the year of receiving income.

* From 2018 onwards, the system of earnings-related component discounts will be discontinued.

Discounting insurance premiums for dependent family members who were previously covered by the employee's and other health insurance programs under which dependents did not have to pay any insurance premiums

The dependent family members who were covered by the employee's health insurance, mutual aid association or seamen's insurance programs until the day before their enrollment in the Late-Stage Medical Care System for the Elderly will have no exemption per income levy, however, 70% discount for the insured person flat-rate component for the time being in FY 2017.

* Persons who were covered by National Health Insurance or who were a member of National Health Insurance or National Health Insurance Society on the day before the enrollment date of the Late-Stage Medical Care System for the Elderly are not eligible.

* For heads of households with income eligible for 90% or 85% discounts, either will be applied.

* From 2018, the calculated insurance discount will be 50%. For 2 years from the date of initial discount, the insurance fee will remain with a 50% discount.

One Point Q&A

Q I heard that dependent family members who were covered by their children's company's employee health insurance until the day before the enrollment in the Late-Stage Medical Care System for the Elderly will have to pay only 30% of the flat rate as the insurance premiums of the Late-Stage Medical Care System for the Elderly. However, I received a notice of the insurance premiums to which no deduction was applied. Why did I receive such a notice?

A Even if you are a dependent family member who was covered by company's employee health insurance, the insurance premiums of the Late-Stage Medical Care System for the Elderly indicated in the first notice you receive is the amount to which no deduction is applied. This is because two to three months are required to confirm the notification of the change (eligibility loss) of dependent family members submitted by the insurer. As soon as the change is confirmed, the insurance premiums will be discounted and its notification will be sent to you. If you already paid the insurance premiums by the payment slip enclosed in the first notice, the excess payment will be reimbursed as soon as the fact that you were a dependent family member of company's health insurance is confirmed.

*If you request for a notification form regarding dependent family members of employee's health insurance and submit it to the local municipal office, the period to confirm the deduction of insurance premiums will be shortened.

■ Example of Calculating Insurance Premiums (FY 2017)

◎ Case 1: Single-person household (income comprising pension only)

Pensions	800,000 yen	1,680,000 yen	1,950,000 yen	2,170,000 yen	3,000,000 yen
After deducting pension exemption	0 yen	480,000 yen	750,000 yen	970,000 yen	1,800,000 yen
Assessable income	0 yen	150,000 yen	420,000 yen	640,000 yen	1,470,000 yen
Earnings-related component	0 yen	15,615 yen	43,722 yen	66,624 yen	153,027 yen
Discount rate of earnings-related component		20%	20%		
Earnings-related component after discounting [1]	0 yen	12,492 yen	34,977 yen	66,624 yen	153,027 yen
Discount rate of flat-rate component	90%	85%	50%	20%	
Flat-rate component after discounting [2]	5,164 yen	7,747 yen	25,824 yen	41,319 yen	51,649 yen
Total insurance premiums [1] + [2]	5,164 yen	20,239 yen	60,801 yen	107,943 yen	204,676 yen

* Each of the premiums shown is an annual amount.

* The above amounts have been calculated using 51,649 yen as the flat-rate component and 10.41% for earnings-related component rate.

* Fractions below 1 yen have been rounded down for both earnings-related and insured person flat-rate components.

[Reference] Example of earnings-related component calculation (When pension incomes are below 3.3 million yen)

$$(\text{Pension income} - \text{1.2 million yen} - \text{330,000 yen}) \times \text{10.41\%}$$

(deduction for public pensions) (basic exemption) (earnings-related component rate)

* For deduction for public pensions, please refer to the table below.

* Bereaved family pensions and other nontaxable pensions can be excluded from the amount of income based on which insurance premiums are determined.

Public pensions	Deduction for public pensions
Below 3.3 million	1.2 million yen
3.3 million yen – below 4.1 million yen	Public pensions × 0.25 + 375,000 yen
4.1 million yen – below 7.7 million yen	Public pensions × 0.15 + 785,000 yen
7.7 million yen or above	Public pensions × 0.05 + 1,555,000 yen

* The table above shows amounts of deduction for pensioners aged 65 or older as of December 31 of the year of receiving pensions.

Insurance Premiums

◎ Case 2: Two-person household of wife and husband who are both aged 75 or over (income comprising pension only)

* Householder is either the husband or the wife



● For wife's pension, the amount of basic pension [790,000 yen] is used

Pensions	Husband	800,000 yen	1,680,000 yen	2,220,000 yen	2,660,000 yen	3,000,000 yen
	Wife	790,000 yen	790,000 yen	790,000 yen	790,000 yen	790,000 yen
After deducting pension exemption	Husband	0 yen	480,000 yen	1,020,000 yen	1,460,000 yen	1,800,000 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Assessable income	Husband	0 yen	150,000 yen	690,000 yen	1,130,000 yen	1,470,000 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Earnings-related component	Husband	0 yen	15,615 yen	71,829 yen	117,633 yen	153,027 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Discount rate of earnings-related component	Husband		20%			
	Wife					
Earnings-related component after discounting [1]	Husband	0 yen	12,492 yen	71,829 yen	117,633 yen	153,027 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Discount rate of flat-rate component	Husband	90%	85%	50%	20%	
	Wife					
Flat-rate component after discounting [2]	Husband	5,164 yen	7,747 yen	25,824 yen	41,319 yen	51,649 yen
	Wife	5,164 yen	7,747 yen	25,824 yen	41,319 yen	51,649 yen
Total insurance premiums [1] + [2]	Husband	5,164 yen	20,239 yen	97,653 yen	158,952 yen	204,676 yen
	Wife	5,164 yen	7,747 yen	25,824 yen	41,319 yen	51,649 yen
	Total	10,328 yen	27,986 yen	123,477 yen	200,271 yen	256,325 yen

* Each of the premiums shown is an annual amount.

* The above amounts have been calculated using 51,649 yen as the flat-rate component and 10.41% for earnings-related component rate.

* Fractions below 1 yen have been rounded down for both earnings-related and flat-rate components.

How to Pay Insurance Premiums

There are two payment methods: special payment method (collection from pensions) and ordinary payment method. The payment methods are determined in accordance with the amounts of pensions and other factors. Insurance premiums are collected by local municipalities.

Special payment method (collection from pensions)

In principle, pensioners annually receiving 180,000 yen or more have their insurance premiums automatically collected from their pensions, provided six times a year, beginning in April of each fiscal year.

* Ordinary payment method is used for the insured whose total amount of the insurance premiums for the Late-Stage Medical Care System for the Elderly and the premiums for nursing-care insurance exceeds 50% of their pensions. (See An Example of Insurance Premiums Payment Method on page 13.) The insured to whom special payment method is applicable and who are under specific conditions can ask for a change to the ordinary payment method.

(Note) If you receive multiple types of pensions, each exceeding 180,000 yen/year, the insurance premiums will be collected from the pensions of the highest priority.

* Persons who reach the eligible age of the Late-Stage Medical Care System for the Elderly and eligible persons who moved in a new municipality in the middle of a fiscal year have to pay insurance premiums by ordinary payment method for a certain time.

[Instead of the special payment method (collection from pensions), you can pay through account transfer.]

If you desire to pay through account transfer instead of the special payment method (when you have been paying the insurance premiums by the special payment method or you have been notified of the start of the premium payment by the special payment method), your payment method can be changed after you file an application.

* Please ask how to file an application at your local municipal office.

* The time to stop the payment by the special payment method is determined according to the time of the application.

Ordinary payment method (payment through account transfer, payment slips or other means)

The insured not adopting a special payment method should pay insurance premiums by the deadlines specified by respective municipalities (divided into 9 periods from July to March of the following year) through the use of account transfer, payment slips or other means.

Insurance Premiums

An Example of Insurance Premiums Payment Method

Mr. A receives the Basic Old-Age Pension (0.5 million yen) and the Retired Employees' Pension (2.7 million yen; total 3.2 million yen), and his premiums for nursing-care insurance (100,000 yen/year*) are automatically collected from his pensions.

* Premiums for nursing-care insurance differ depending on the municipality you live in.



- [1] Mr. A's insurance premiums for the Late-Stage Medical Care System for the Elderly amounts to 225,496 yen.
- [2] Mr. A receives two types of annual pensions, both exceeding 180,000 yen. Since the Basic Old-Age Pension has the highest priority, payment method (special payment method or ordinary payment method) is determined based on the Basic Old-Age Pension.
- [3] To determine the payment method, the amount of the Basic Old-Age Pension (0.5 million yen) is compared with the total of the insurance premiums for the Late-Stage Medical Care System for the Elderly and the premiums for nursing-care insurance (total: 325,496 yen).



Result: Ordinary payment method will be applied to Mr. A.

* Individual municipalities determine the payment method depending on whether or not the combined total of insurance premium for the Late-Stage Medical Care System for the Elderly and the premium for nursing-care insurance to be paid at each time exceeds 50% of the amount of pension received at each time.



— Deduction of Social Insurance Premiums —

The amount of paid insurance premiums can be deducted from the net income based on which the amounts of income tax and individual residents' tax are determined (deduction of social insurance premiums). Depending on who pays the premiums, the amounts of income tax and individual residents' tax may change. Regarding details in income tax filing, please contact the relevant tax office, while regarding details in individual residents' tax filing, please contact the relevant municipal office.

■ Insurance Premiums Exemption/Reduction and Postponing of Collection

If the insured or their joint guarantors* are certified as being unable to pay part or all of the insurance premiums for reasons specified below (① to ③), part of their insurance premiums may be exempted, or reduced up to the amount that they are unable to pay.

If the insured or their joint guarantors are certified as being unable to pay part or all of the insurance premiums for the same reasons as above, their payment of the portion they are unable to pay may be postponed by up to one year.

For further information, consult with a person in charge at the local municipal office.

- ① The insured persons' houses and other properties have been significantly damaged by an earthquake, storm, fire or other similar disasters.
- ② The incomes of either the insured or their joint guarantors* have remarkably diminished due to failure, suspension or closing of their businesses, or loss of their jobs.
- ③ The insured are detained at a prison or similar facility.

* Joint guarantors : Either the householders of the insured persons or their spouses

■ What Happens if I Fall behind in Paying Insurance Premiums?

- When you are behind on a payment, a reminder notice will be delivered to you. (Arrears may be charged.)
- If you continue falling behind in paying without exceptional circumstances that make payments difficult, a short-term insurance card (which expires earlier than an ordinary insurance card) will be issued to you.
- If premiums are past due for one year, the individual's insurance card may have to be returned and replaced with an Eligibility Certificate for the Insured. If you receive medical treatment by presenting your Eligibility Certificate for the Insured, you must pay the full amount (100%) at one time. After that, if you file an application at your local municipal office, a portion of the paid amount (amount excluding the self-paid portion) will be reimbursed.
- If premiums are unpaid for one year and a half without any specific reason, part or all of the insurance benefits may be suspended.
- If you continue falling behind with payments, your properties could be confiscated. Therefore, please pay premiums before the due date. If you find it difficult to pay the insurance premiums, consult with your local municipal office at the earliest possible occasion.



Medical Treatments (Medical Benefits)

■ Co-pay Rates of Medical Expenses

Co-pay rates of medical expenses are **10% for ordinary insured persons aged 75+, and 30% for persons with more than a certain amount of income.**

Whether you will pay 10% or 30% is periodically determined in accordance with the resident tax taxable income after various deductions from income (as of August 1 of that year).

* The co-pay rate is determined based on the resident tax taxable income after various deductions from income in the previous year for April to July, and that in the reference year for August to next March. However, even before the expiration date, change of household composition and correction of income may cause to change co-pay rate. If the co-pay rate is changed before the expiration date, you may be charged/reimbursed for the 20% difference at a later date.

Ordinary insured persons

Co-pay rate: **10%**

Persons with more than a certain amount of income

Co-pay rate: **30%**

◎ The persons with more than a certain amount of income

Those insured in the Late-Stage Medical Care System for the Elderly, whose resident tax taxable income after various deductions from income in the relevant fiscal year is 1.45 million yen or more as of August 1 in every year, and all other insured persons who belong to the same households should pay 30% as the persons with more than a certain amount of income. For the insured born after January 1, 1945, and the insured who are in the same household with them, however, if their total income (see *2 on page 7), which is the base for taxation, is 2.1 million yen or lower, the co-pay rate would be 10%.

* Even if you are certified as being a person with more than a certain amount of income, **if you satisfy the conditions stated below**, you can file an Application for 10% Co-pay to the local municipal office **to change your co-pay rate to 10% from the following month of the application.** If your application is accepted, an insurance card indicating a 10% co-pay rate will be delivered to you.

- **If there is only one insured person in the same household**
→ When the amount of income of the insured person* is **less than 3.83 million yen**
- **If there are more than one insured person in the same household**
→ When the total amount of incomes of the insured persons* is **less than 5.2 million yen**
- **If there is only one insured person in the same household, and is/are a person(s) aged between 70 and below 75 in the same household**
→ When the amount of income of the insured person* is 3.83 million yen or more, and the total amount of the incomes of the insured person and other family member (s) aged between 70 and below 75* is less than 5.2 million yen.

* 'Amount of income' means the sum of the amount that should be included in, for the purpose of calculation, the amount of income of various kinds of income (excluding retirement income) that are stipulated in income tax law, and the amount that should be included in the total receipt, which is the amount the necessary expense is not withdrawn from. Even when the income may be none or go negative by necessary expense or special deduction, all the incomes are summed up. (e.g. termination amount of life insurance, sell-out price of listing shares etc. for which separate taxation is applied by filing a final tax return)

Notify the local municipal office of your income

Since co-pay rates and insurance premiums discount levels are determined in accordance with your income levels, please notify your local municipal office of your income. Even if you have no income, please notify the office all the same.

Benefit for High-Cost Medical Care

If you have paid significantly high medical expenses in a single month (exceeding the specified monthly cap for co-pay amount), you will be reimbursed by the amount exceeding the cap for co-pay amount after filing an application for Benefit for High-Cost Medical Care.

For co-pay amount at a single medical institution, outpatients need to pay up to the co-pay cap on the basis of each individual and inpatients need to pay up to the co-pay cap on the basis of each household. However, dental/non-dental and hospitalization/outpatient treatments will be calculated separately.

Income-based Category		Monthly Cap for Co-pay Medical Fee	
		Outpatient (on the basis of an individual)	Outpatient + Inpatient (on the basis of a household)
Persons with more than a certain amount of income		44,400 yen 57,600 yen* ³	80,100円+ 1%* ¹ (44,400円* ²)
Ordinary insured persons		12,000 yen 14,000 yen* ³ (up to 144,000 yen per year)	44,400 yen 57,600 yen* ³ (44,000 yen* ²)
Low-income class	II	8,000 yen	24,600 yen
	I		15,000 yen

*1 "1%" means the amount equivalent to 1% of the excess when medical expense exceeds 267,000yen.

*2 This is monthly cap for the co-pay medical fee to be paid on the 3rd time and after, when the household falls into high-cost medical care on a household basis equal to four times or over in one year from the month that the insured person fell into high medical care. (Number of times of benefit of other medical insurance is not included.)

*3 This amount is valid from August 2017.

[Low-income classes II & I]

For the insured in a household where every household member is exempt from resident tax, low-income II or low-income I category shall be applied by filing an application. Once granted, as the "Certificate for Reducing the Standard Co-pay Amount" will be issued, submit it with your insurance card to the reception of medical institutions.

Low-income class II	The insured who is in a household where every household member is exempt from resident tax, and who is not categorized in class I
Low-income class I	<ul style="list-style-type: none"> The insured who is in a household where every household member is exempt from resident tax, and the income of every household member is 0 yen (however, the public pension deduction is calculated at 800,000 yen) The insured who is in a household where every household member is exempt from resident tax, and receives a senior welfare pension

* For the judgment of Low-income classes II and I, periodical judgment shall be conducted based on the income and taxation situation of total family as of August 1, every year.

The judgment may be changed due to the change of household construction or income beside the periodical judgment. The income subject to the judgment is the income from April to July for the previous year, and the resident tax taxable situation of the fiscal year in question from August to March.

* The application form for issuance is to be taken to your local municipal office.

[Requirements for an application for issuing the Certificate for Reducing the Standard Co-pay Amount]

- Your insurance card ● Your seal
- Certificate of Senior Welfare Pensions if you are applied to Low-income class I (recipient of senior welfare pensions)

Medical Treatments (Medical Benefits)

- * When you are covered with Benefit for High-Cost Medical Care for the first time, file an application for it to your local municipal office as the extended association will send you the application form in or after three months from the medical care month.
- * You do not have to file an application again, as long as your account number and related information remain unchanged.
- * The Benefit for High-Cost Medical Care does not cover meals, private room charges or other hospital charges exceeding the insurance coverage.
- * To receive benefits for low-income classes II & I, you need to present the **Certificate for Reducing the Standard Co-pay Amount** (see page 16) along with the insurance card at the medical institution. If you do not present the Certificate for Reducing the Standard Co-pay Amount, you need to pay up to the co-pay cap for ordinary insured persons. You will be reimbursed later the difference from the co-pay cap for low-income classes II & I as the Benefit for High-Cost Medical Care.
- * Since the Benefit for High-Cost Medical Care is calculated based on certificates of medical remuneration and other related documents submitted by medical institutions, provision of information regarding application and reimbursement may be delayed due to late submission of such documents from medical institutions, re-examination, or other reason.
- * Even after you receive the Benefit for High-Cost Medical Care, the amount of the benefit may be reduced due to re-examination or withdrawal of certificates of medical remuneration or other reasons. In this case, the amount of the reduction may be deducted from the following benefits or you may be required to repay the amount of the reduction.

◎ In Your 75-Year-Old Birth Month

When you become 75 years old and enroll in the **Late-Stage Medical Care System for the Elderly in the month of your 75th birthday**, the cap for the co-pay medical fee will comprise half (1/2) of the cap set for the health insurance program you are covered by before your birthday (National Health Insurance, employee's health insurance, etc.) and half of the cap set under the Late-Stage Medical Care System for the Elderly.

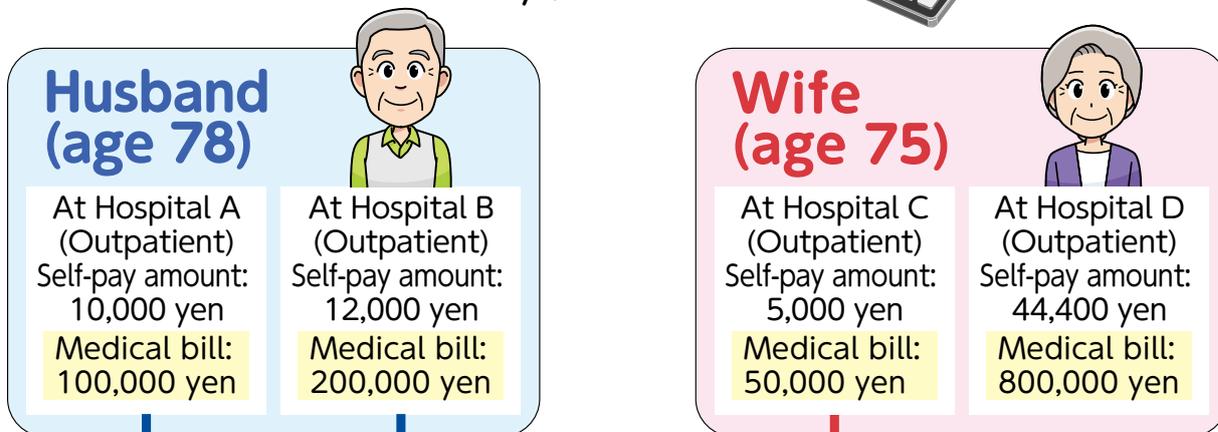
Income-based Category		Monthly Cap for Co-pay Medical Fee		
		Outpatient (on the basis of an individual)	Outpatient + Inpatient (on the basis of an individual)	Outpatient + Inpatient (on the basis of a household)
Persons with more than a certain amount of income		22,200 yen 28,800 yen*4	40,050 yen + 1%*1	80,100 yen + 1%*1 (44,400 yen*2)
Ordinary insured persons		6,000 yen 7,000 yen*4	22,200 yen 28,800 yen*4	44,400 yen 57,600 yen*4 (44,400 yen*2)
Low-income class*3	II	4,000 yen	12,300 yen	24,600 yen
	I		7,500 yen	15,000 yen

Special amounts for the 75-year-old birth month

- * Special amounts in the 75-year-old birth month (indicated within the red frame in the table above) are applied on the basis of an individual. If, however, another insured person within the same household should pay medical fee, the amount on the basis of a household will be applied.
- *1 1% in individual totaling is equivalent to 1% of the excess when medical expense exceeds 133,500 yen. 1% on a household basis is equivalent to 1% of the excess when medical expense exceeds 267,000 yen.
- *2 This is the monthly cap for the co-pay medical fee to be paid on the 3rd time and after when the household falls into high medical care on a household basis equal to four times or over in one year from the month that the insured person fell into high-cost medical care. (Number of times of benefit of other medical insurance is not included.)
- *3 For classification of low-income classes, please see page 16.
- *4 This amount is valid from August 2017.

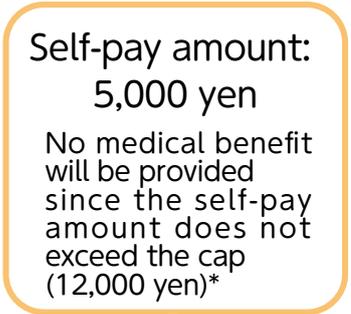
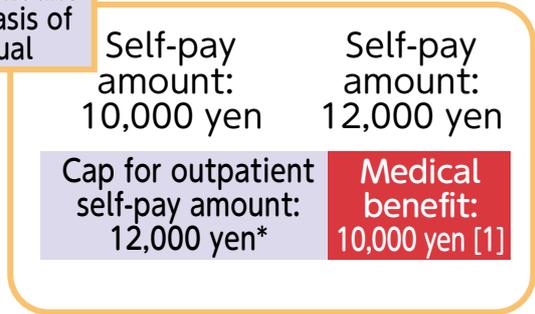
Examples

(in the case of a family whose income classification is "ordinary")



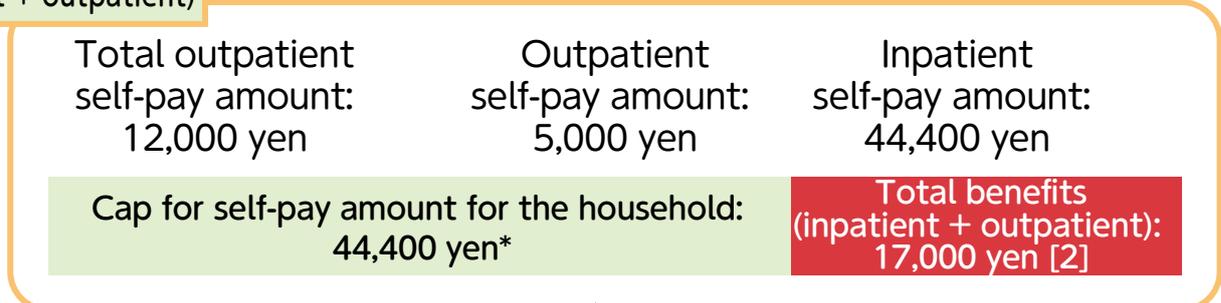
* Payment at the reception is up to the cap of self-pay medical expenses for each individual.

Calculating self-pay amount on the basis of an individual



* Payment at the reception is up to the cap of self-pay medical expenses on the basis of each household.

Calculating total medical expenses of the household (inpatient + outpatient)



Total Benefit for High-Cost Medical Care for the Household

[1] + [2] = 10,000 yen + 17,000 yen = 27,000 yen

(to be reimbursed later)

* The Benefit for High-Cost Medical Care is allocated to the husband and the wife in accordance with their actual expenses.

*From August of 2017, the self-pay amount cap will be revised. For more information, please check on page 16.

Medical Treatments (Medical Benefits)

Hospital Meal Fees

Inpatients must pay the standard meal fees as shown below.

Income-based Category		Meal fee (per meal)
Persons with more than a certain amount of income		360 yen ^(*3)
Ordinary insured persons	Designated intractable/rare disease patients ^{*1}	260 yen
Low-income class II	Hospitalization within 90 days (in the past 12 months)	210 yen
	Hospitalization exceeding 90 days ^{*2} (in the past 12 months)	160 yen ^(*4)
Low-income class I		100 yen

* To receive benefits for low-income classes II & I, "Certificate for Reducing the Standard Co-pay Amount" is necessary. For the description of low income classes II & I, see page 16.

*1 Those who have been hospitalized continuously for one year or longer in a psychiatric ward as of March 31, 2016, and will continue to be hospitalized in a medical institution will also be eligible for this category as an interim measure.

*2 It is required that hospitalization period has exceeded 90 days from the day when you are certified as low income class II. To acquire the eligibility of low income class II, you need to apply for your local municipal office.

*3 From April of 2018 the price will become 460 yen.

*4 From the month following the month when you filed an application, your meal fee becomes 160 yen.

[Necessary items for filing an application]

Take the patient's insurance card, Certificate for Reducing the Standard Co-pay Amount and any document attesting that hospitalization period has exceeded 90 days (receipt, for instance) and his/her personal seal.

Inpatients of Convalescent Wards

Inpatients of convalescent wards must pay part of the meal fees and room charge.

* Inpatients with serious diseases will have their fee reduced to the meal fee only. For inpatients with high medical needs, the meal fee listed above and, from October 2017, the room charge will also be applied.

* Medical division II, III...patients with high medical needs
Medical division I...Other than II and III

Standard Meal Fees and Room Charge

Income-based Category	Meal fee/meal	Room charge/day	
Persons with more than a certain amount of income	460 yen ^{*1}	Medical division	I ^{*2} 320 yen
Ordinary insured persons			II • III ^{*3} 0 yen
Low-income class II	210 yen		
Low-income class I	130 yen		
Recipients of old-age welfare pensions	100 yen		0 yen

*1 The food expense when nutrition management is implemented by national registered dietician or nutritionist. For other cases, it is 420 yen.

*2 From October 2017 the price will become 370 yen.

*3 From October 2017 the price will become 200 yen; from April 2018 it will be 370 yen.

Benefit Program for High Medical and Nursing Care Costs

A household that has to pay the considerable amounts of medical and nursing care costs incurred under the Late-Stage Medical Care System for the Elderly and the Nursing Care Program respectively can file an application for benefits for overruns beyond the specified annual cap for the co-pay amounts (cap for the co-pay amounts from August to the end of July of the following year, indicated in the table below) for combined total of medical and nursing care expenses.

Income-based Category		Annual cap for the co-pay amounts for combined total of medical and nursing care expenses
Persons with more than a certain amount of income		670,000 yen
Ordinary insured persons		560,000 yen
Low-income class	II	310,000 yen
	I	190,000 yen* ¹

*1 For households categorized into the low-income class I with more than one person who receives nursing care service, the annual cap for the co-pay amounts for combined total of medical and nursing care expenses is 310,000 yen (the annual cap for the co-pay amounts for households categorized into the low-income class II).

Encouragement to use generic drugs

Generic drugs are drugs sold when original drugs (that have been used until now) have lost their patent. Generic drugs have been recognized by the government as having the same efficacy and constitution of the original drugs. Since the development period of generic drugs are short and therefore the development costs are low, they are cheaper and more economical than the original drugs.

Notes

- Not all original drugs have corresponding generic drugs.
- Some patients cannot switch to generic drugs because, for example, some generic drugs are different in illness to which the relevant drugs are effective (efficacy) from original drugs.
- Some generic drugs are different in color, size, shape, etc. from original drugs.
- Since there is a limit to drugs that a single medical institution or pharmacy can stock regularly, it may take some time to obtain generic drugs.

☆ **If you prefer generic drugs, please ask your physician or pharmacist. We encourage the use of generic drugs since using generic drugs will reduce costs for drugs and improve public finances for medical insurance.**

Medical Treatments (Medical Benefits)

■ When You Need to Receive High Cost Medical Treatment for a Long Period

For patients with diseases specified by the Ministry of Health, Labor and Welfare who entail long-term, high-cost medical treatment, the maximum co-pay amount of medical expenses is up to 10,000 yen/month per medical institution (total of treatment and medicine costs; each institution and hospitalization separately). However, these fees must be paid normally at the pharmacy window and hospital reception.

[Diseases specified by the Ministry of Health, Welfare and Labour]

- Part of congenital disorders of blood coagulation factor (resulting from Factors VIII or IX)
- Chronic renal failure entailing artificial dialyses
- HIV-infection caused by blood coagulation factor products

To receive the benefit, please present the **Certificate for a Patient with Specified Disease** at the medical institution.

To receive the Certificate for a Patient with Specified Disease, please file an application at your local municipal office.

[Necessary items for filing an application]

- Insurance card
- Medical rehabilitation service coupon or other materials that attest to the applicant being inflicted by a specified disease
- Certificate for specified diseases, used by an applicant before enrolling in the Late-Stage Medical Care System for the Elderly (if available)
- Personal seal

[Special amounts for the 75-year-old birth month]

The maximum co-pay amount of medical expenses in your 75-year-old birth month is 5,000 yen/month for insured patients.

■ Traffic Accidents

You can receive medical benefit under the Late-Stage Medical Care System for the Elderly, should you become injured by a third party in a traffic or other accident. In this case, Wide-area Union advances the medical expense temporarily (excluding co-pay), and will charge a third party (perpetrator) with it.

To receive medical benefit:

- 1 Go to the police and ask for the issuance of an Accident Certificate.
 - 2 Notify the local municipal office of the accident, taking the Accident Certificate, your seal and insurance card.
- Take the procedures of Notification of Contingency Caused by an Act of a Third Party.



Notice

If you receive cost of treatment from perpetrator or settle a case out of court, you might not be able to receive medical care by the Late-Stage Medical Care System for the Elderly. Hence, you are strongly advised to consult with the local municipal office before settling out of court.

■ Reimbursement of Medical Expenses (Medical Expense Benefit)

If you pay the full amount of medical expenses as in the cases listed below (1 – 5), and file an application at your local municipal office, part of the expenses (after deducting the co-pay amount) is reimbursed at a later date by the Wide Area Union, provided that it approves the reimbursement. Your application, however, must be filed within two years from the day after completion of the full-amount payment.



- 1 If you have a compelling reason (acute illness, for instance) for being unable to fetch your insurance card before receiving medical treatment

<Necessary items for filing an application>

- Insurance card
- Application form
- Full statement detailing medical treatments
- Receipt for the fee
- Personal seal
- Account information of the applicant

* The Wide Area Union reimburses only when it certifies that the situation is compelling

- 2 When you receive judo-orthopedic treatment due to bruises, ligament ruptures, etc.

<Necessary items for filing an application>

- Insurance card
- Application form
- Receipts for the fee
- Detailed statement
- Personal seal
- Account information of the applicant

- 3 When you receive acupuncture, moxibustion, Japanese traditional massage or ordinary massage in accordance with physician's advice

<Necessary items for filing an application>

- Insurance card
- Application form
- Physician's written agreement
- Receipts for the fee
- Detailed statement
- Personal seal
- Account information of the applicant

- 4 When you buy braces such as a corset and casts in accordance with physician's instructions, or when you receive a blood transfusion

<Necessary items for filing an application>

- Insurance card
- Application form
- Physician's written opinion
- Receipts for the fee
- Detailed statement
- Personal seal
- Account information of the applicant

- 5 When you necessarily receive medical services outside Japan

<Necessary items for filing an application>

- Insurance card
- Application form
- Full statement detailing medical treatments (with its Japanese translation)
- Receipts for the fee
- Its itemized receipt with Japanese translation
- Documentation of travel records (passport, etc.)
- Letter of consent to the investigation
- Personal seal
- Account information of the applicant

Medical Treatments (Medical Benefits)

■ How to Receive Judo-orthopedic Therapy, Acupuncture, Moxibustion Treatment, a Japanese Traditional Massage or an Ordinary Massage

① When you receive judo-orthopedic therapy

[Case covered by health insurance]

- Fracture, dislocation, bruise, ligament rupture, etc. (including so-called muscle strain)
- * In case of fracture or dislocation, except for first aid, prior approval by the doctor is required.

[Precautions concerning judo-orthopedic therapy]

- **Treatment cost for shoulder discomfort, muscle fatigue and other minor symptoms is not covered by health insurance; all costs for such treatment must be paid by the patient.**
- Since it is approved that judo-orthopedic therapists make insurance claims on behalf of their patients, you can receive judo-orthopedic therapy by paying the co-pay amount. **When you receive judo-orthopedic therapy, please write down your signature or affix your seal on the Application for Medical Expense Grant after confirming the treated place(s), the number of treatments received and other items on the application.**
- While you receive treatment for an injury, etc. at an authorized insurance medical institution (hospital, clinic, etc.), the treatment cost for the same injury, etc. elsewhere is not covered by the health insurance.

② When you receive acupuncture, moxibustion treatment, a Japanese traditional massage or ordinary massage that the doctor deems necessary

[Conditions and symptoms covered by health insurance]

- Acupuncture and moxibustion treatment
 - Nerve pain, rheumatism, cervico-omo-brachial syndrome, frozen shoulder syndrome, low back pain, aftereffect of cervical sprain and other conditions whose main symptom is chronic pain
- Japanese traditional massage and ordinary massage
 - Cases where massage is required for medical reasons, including muscle paralysis and articular contracture

[Precautions concerning acupuncture and moxibustion treatment and massage]

- To have the cost for acupuncture and moxibustion treatment and massage covered by the health insurance, you need to obtain a certificate of consent or a medical certificate issued by the doctor beforehand.
- **Cost for acupuncture treatment, moxibustion treatment or massage aimed at mere recovery from fatigue, consolation or disease prevention is not covered by the health insurance; all the cost for such treatment must be paid by the patients.**
- While you receive treatment for a condition or symptom at an authorized insurance medical institution (hospital, clinic, etc.), receipt for acupuncture, moxibustion treatment, etc., for the same condition elsewhere is not covered by the health insurance.

The cost for judo-orthopedic therapy etc. is subject to medical expenses deduction.
Please make sure to receive receipts.

■ Other Benefits

◎ Home nursing care medical expense benefit

If insured persons use home nursing care services in accordance with physician's instructions, by presenting their insurance cards at home nursing care stations, the insured persons can receive medical expense benefit.

◎ Uncovered medical treatment-related expense benefit

When insured persons receive advanced medical treatment, part of the advanced treatment that is common to ordinary medical treatments is covered by the Late-Stage Medical Care System for the Elderly. To receive the benefit, please present your insurance card at the medical institutions concerned.

◎ Transfer expense benefit

The cost is paid when a person with serious illness, with difficulty of travel, is required to be transferred urgently by doctor's instruction or when the Wide-area Union deems transfer to be necessary or when the following three reasons are met.

- ① When the necessary treatment at the destination is covered by health insurance.
- ② When the necessary treatment required causes transfers to be extremely difficult.
- ③ In case of emergency or absolute necessity.

(Example of transfer expense benefit: when a patient with an injury is transferred from a disaster area to a medical facility in an emergency)

<Necessary items for filing an application>

- Insurance card
- Application form
- Physician's written opinion
- Receipts
- Document showing transfer route (map)
- Personal seal
- Account information of the applicant

◎ Funeral expense benefit

When an insured person dies, 50,000 yen is provided as part of the funeral fee.

*Beware that eligibility for this benefit expires after two years from the day after the funeral.

<Necessary items for filing an application>

- Insurance card
- Application form
- Receipt for the funeral fee
- Document attesting that the applicant held the funeral (if the applicant's name is not on the receipt of the funeral fee)
- Personal seal
- Account information of the applicant

◎ Exemption of part of the premiums

The insured persons may be exempt from part of the premiums for only six months in the following cases:

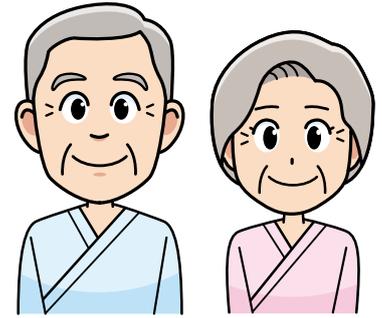
With regard to the household that the insured belongs to, within the past one year, (1) when the house, household goods or other belongings have been damaged significantly due to a natural disaster; (2) when income has been reduced significantly due to the closing of business or loss of employment; or (3) when the householder or their equivalent has died or suffered significant physical or mental damage or has had to be hospitalized for a long period, such that the insured is exempt from the residents' tax; or when the income of the household that the insured belongs to is lower than the level for the public assistance standard prescribed by the Public Assistance Act and the balance of his/her bank account becomes lower than three months' amount for the public assistance standard such that the insured is recognized as a person who has difficulty in paying some of the premiums.

For details, please consult your local municipal office.

Healthcare Programs

Medical Examinations

For early discovery of lifestyle-related diseases like diabetes, we implement health checkup for the insured persons covered by Late-Stage Medical Care System for the Elderly. Examination cards are delivered to all the insured annually in late April. Examination cards are delivered to those persons who will become 75 years old during a fiscal year, about one month after their birthday. To have a medical examination, please take the delivered card along with your insurance card.



Target person:	<p>The insured of the Late-Stage Medical Care System for the Elderly provided by the Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture</p> <p>* Those who are in support facilities for persons with disabilities, facilities for insured long-term care etc. or those who are hospitalized for six consecutive months in a hospital or clinic are not eligible for the medical examinations. * Those who went through comprehensive medical examination don't have to have health check up.</p>
Expense	Free
Valid Period	From the time when you receive the delivered card to March 31 of the fiscal year (once a year)

* You can receive a free medical examination only once per fiscal year (from April to the following March).

Subsidy Program of Comprehensive Medical Examinations

The Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture promotes the project to finance a part of the cost involved in comprehensive medical examination for the people who are covered by the Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture.

People who will receive the subsidy should take such documents as receipt of comprehensive medical examination and a copy of notification of examination outcome, your insurance card, something that your account information can be known, and your seal to the local municipal office for application. However, you will not be covered if the application has passed two years from the next day when you received the medical checkup.

Target person	The insured persons who are covered by the Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture
Subsidy	A part of the cost is financed, up to 26,000 yen.
Valid period	From April 1 to March 31 of the following year (once a year)

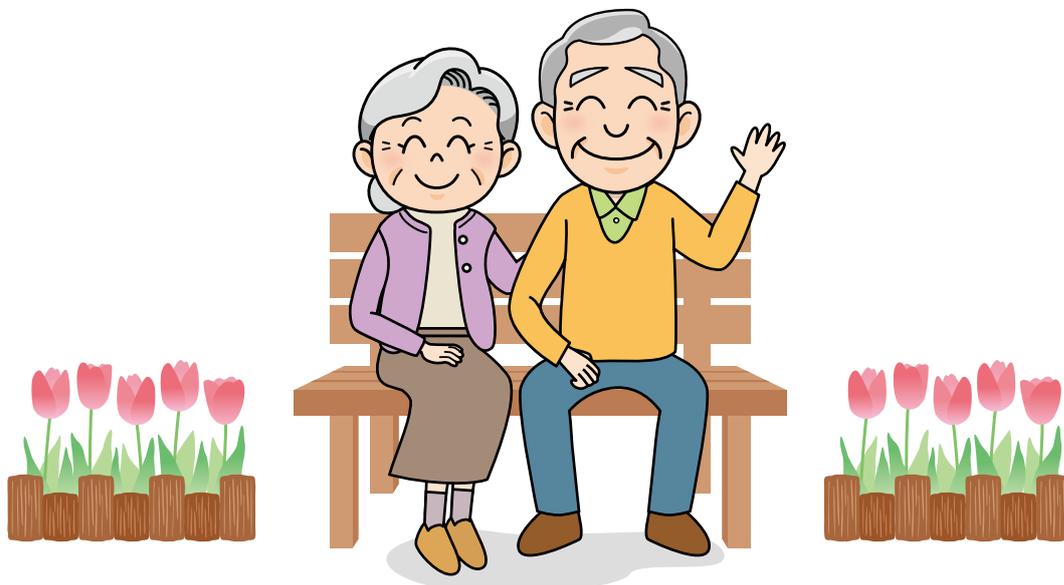
* The cost of medical checkup of brain, medical examinations of various kinds of cancers, including those using PET, and additional examinations and other relating costs are not subject to the subsidy.

* It is necessary that the items for comprehensive medical examinations conform with those specified by the Japan Society of Ningen Dock.

Please Contact the Local Municipal Office on the Following Occasions

Occasions	Procedures/What to Take	When
Moving to another municipality	Return of insurance card	Upon decision to move out
Moving in from another municipality	Certificate of Burden class (if you moved-in from the municipality other than Osaka prefecture)	Within 14 days from the day you started to reside in your new residence
Becoming disabled (For persons aged 65 - 74)	Certificate of national pensions, certificate of physical disability, personal seal, etc.	When you desire a disability certificate given by the Wide Area Union
Withdrawing a disability certificate given by the Wide Area Union (For persons aged 65 - 74)	Return of insurance card, personal seal	When you desire to withdraw disability certificate given by the Wide Area Union
Death of insured person	Return of Insurance card	After submitting a notification of death
	Application for funeral fee (See p.24)	After the funeral
Receiving welfare	Return of insurance card, certificate of welfare reception	As soon as possible
Stopping receiving welfare	Certificate of withdrawing from welfare programs	As soon as possible

* Confirm with an appropriate department of your local municipal office, in case that the requisite or necessary proceeding other than what is mentioned above might be needed.



◇ Attention ◇

● Warning against Phone Scam and Phishing of Personal Information!

These days there are many fraud cases such as refund fraud reported, in which a person impersonates staff of Health, Labor, and Welfare Ministry. If you receive any of suspicious calls or visits regarding the Late-Stage Medical Care System for the Elderly, do not respond to his/her instruction straight but contact the Wide-Area Union or the office of the municipal government where you live to make sure. Should you have been victimized, immediately report to the police.

● Medical visit and drug preparation

These days, more and more mildly ill patients are visiting the emergency room on holidays and at nighttime, which makes it harder to give patients with urgency and serious illness medical treatment. To ensure to every citizen an appropriate medical care, we will ask you for careful attention to the following.

- ☆ Reconsider whether you can see a doctor during regular hours on weekdays.
- ☆ Find your family doctor and consult with him/her first if you have any concerns.
- ☆ Duplicate examination and medication may worsen your physical conditions. Avoid visiting several medical institutions to treat the same disease.
- ☆ When you have surplus drugs or you would like to use generally reasonable generic drugs, please consult with a doctor or physician.

Contact Information

The Wide Area Union for the Late-Stage Medical Care System for the Elderly in Osaka Prefecture

Address : Chuo-odori FN Building, 8th floor, 1-3-8 Tokiwa-machi, Chuo-ku, Osaka 540-0028

Major Services	Responsible Div.	Telephone
Eligibility of the insured, insurance cards, services concerning insurance premiums, etc.	Eligibility Information Management Div.	06-4790-2028
Services concerning benefit payment, healthcare programs (medical examinations, etc.), notification of medical expenses, inspection of medical fee receipts, etc.	Benefit Service Div.	06-4790-2031
Information relating to Wide Area Union budgets, General Affairs, reports, Wide Area Union meetings	General Affairs & Planning Div.	06-4790-2029

Fax : 06-4790-2030 (all divisions) Website: <http://www.kouikirengo-osaka.jp/>
Or contact the responsible division of your local municipal office.

The information in this booklet is current as of the last day of June, 2017. The content of this booklet might differ from the current system due to any revision of the Program in the future.