

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

# Contents

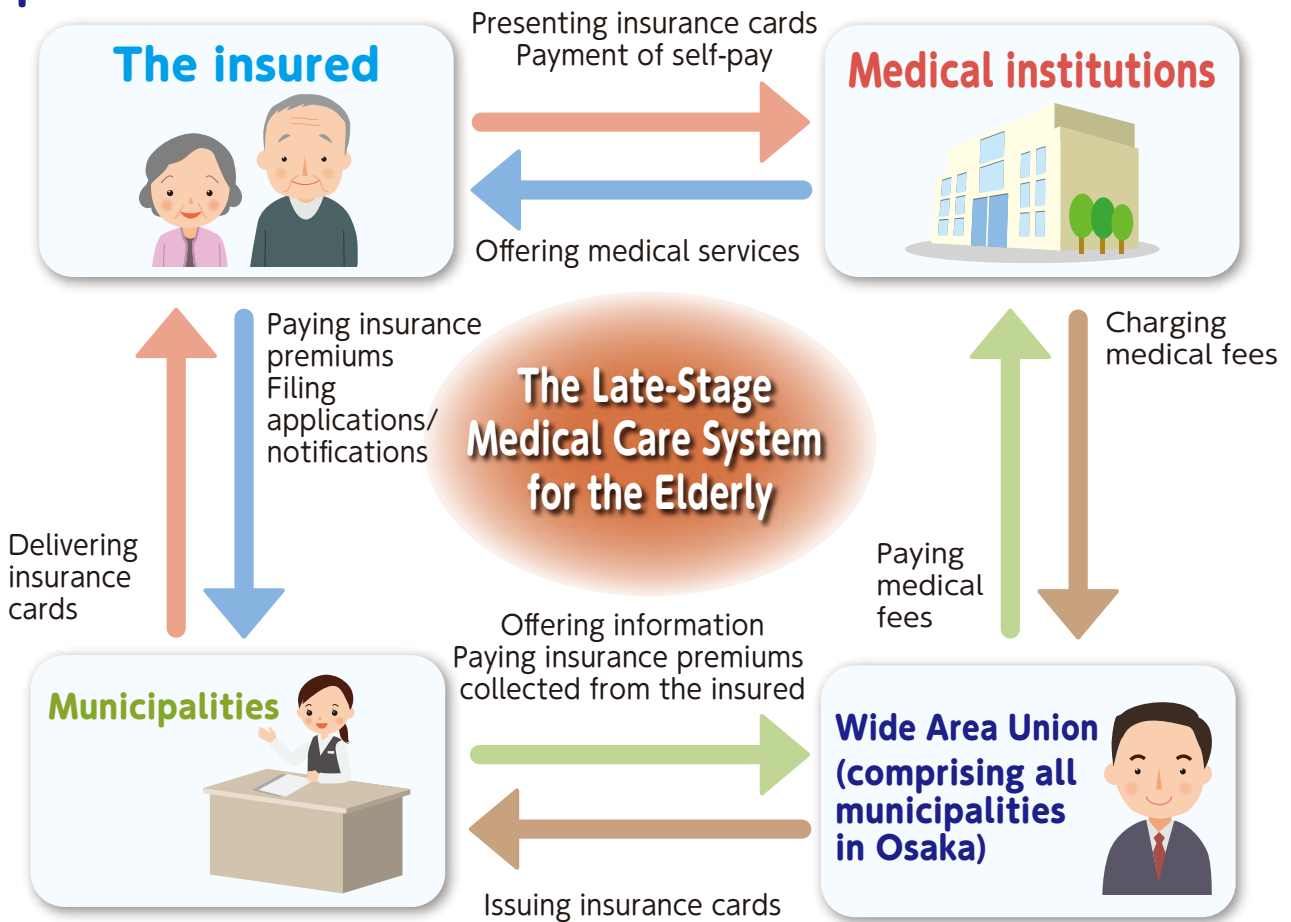
- Operational Flow and Financial Sources ..... 2
- Persons to Be Insured ..... 3
- Insurance Cards ..... 4
  - Section for Indicating Intention to Donate Organs ..... 5
- Insurance Premiums ..... 7
  - Method of Calculating Insurance Premiums ..... 7
  - Insurance Premium Discount Measures ..... 8
  - Example of Calculating Insurance Premiums ..... 10
  - How to Pay Insurance Premiums ..... 12
  - Insurance Premiums Exemption/Reduction and Postponing of Collection ..... 13
  - If I Fall Behind in Paying Insurance Premiums ..... 14
- Medical Treatment ..... 15
  - Co-pay Rates of Medical Expenses at Medical Institutions ..... 15
  - Benefit for High-Cost Medical Care ..... 16
  - Hospital Meal Fees ..... 19
  - Inpatients of Convalescent Wards ..... 19
  - Benefit Program for High Medical and Nursing Care Costs ..... 20
  - When You Need to Receive High Cost Medical Treatment for a Long Period ..... 21
  - Traffic Accidents ..... 21
  - Reimbursement of Medical Expenses (Medical Expense Benefit) ..... 22
  - How to Receive Judo-orthopedic Therapy, Acupuncture, Moxibustion Treatment, Japanese Traditional Massage and Ordinary Massage ..... 23
  - Other Benefits ..... 24
- Healthcare Programs ..... 25
  - Medical Examinations ..... 25
  - Dental Examinations ..... 25
  - Subsidies for Comprehensive Medical Examinations ..... 25
- Please Contact the Local Municipal Office on the Following Occasions ..... 26

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.**

<b>Wide Area Union</b>	<b>Municipalities</b>
<p>Operates the whole system.</p> <ul style="list-style-type: none"> <li>● Authorizes eligibility status for the medical care program and certifies the insured</li> <li>● Issues insurance cards and related certificates</li> <li>● Determines the amounts of insurance premiums</li> <li>● Provides medical benefits</li> <li>● Implements medical examinations and other related services</li> </ul>	<p>Collect insurance premiums and provide various counter services, such as the acceptance of applications and notifications.</p> <ul style="list-style-type: none"> <li>● Collect insurance premiums</li> <li>● Deliver and collect insurance cards and related certificates</li> <li>● Accept various applications and notifications</li> <li>● Offer consultation services on the program</li> </ul>

# Operational Flow and Financial Sources

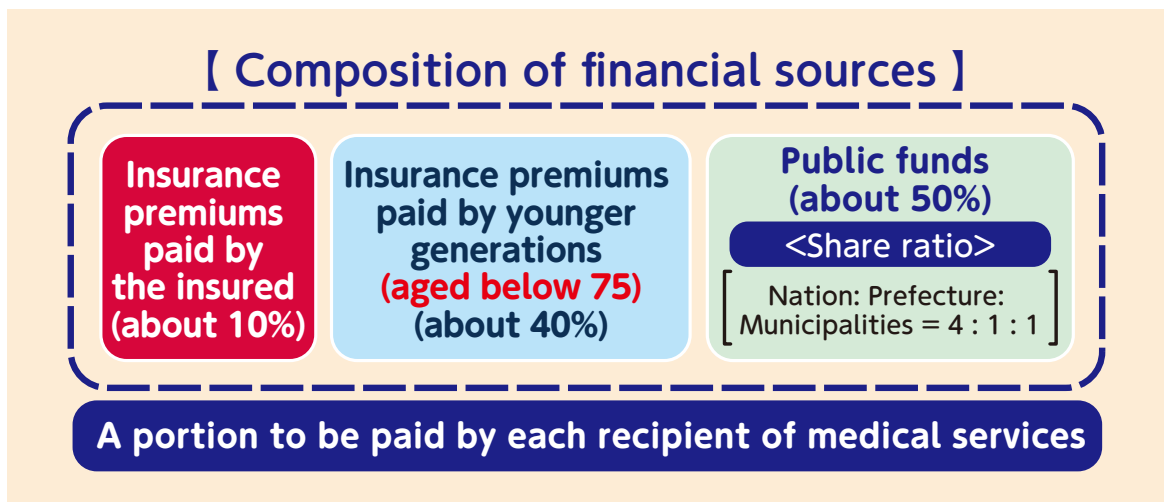
## Operational Flow



## Financial Sources

### Support of Medical Fees for the Elderly

Medical care for people aged 75 or older is supported by the whole nation under this system. Expenses for medical care, from which the co-pay portion is excluded, are covered by public funds, contributions from younger generations (people aged below 75), and insurance premiums paid by the insured persons.



# Persons to Be Insured

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

## ① People aged 75 or older

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.

\* However, welfare recipients are not covered by this system.

- Those who were previously covered by medical insurance programs other than the National Health Insurance Program

If insured persons who were previously covered by Employees' Health Insurance (or their dependents) enroll in the Late-Stage Medical Care System for the Elderly, they are required to submit a notification of loss of eligibility for Employees' Health Insurance through their place of employment.

If dependent family members are less than 75 years old, they need to separately enroll in the National Health Insurance Program or a similar program. In such a case, please follow the necessary procedures at your local municipal office. For the procedures, you need your personal seal and a certificate of loss of eligibility for Employees' Health Insurance.

## ② People aged 65 to 74 who are certified as being disabled by the Wide Area Union

Those aged 65 to 74 with a certain level of disability can enroll in the Late-Stage Medical Care System for the Elderly by filing an application (disability certification).

- Those who wish to be certified as being disabled

Eligibility for certification of a certain level of disability

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

### 〈Necessary items for filing an application〉

- National pension certificate, physical disability certificate, etc.
- Personal seal
- Documents regarding the Individual Number (My Number) (For details, see P.26.)

Even those who were once certified as being disabled can withdraw from the Late-Stage Medical Care System for the Elderly from the day following the date of notification by submitting a notification of withdrawal until they become 75 years old. Withdrawal from the Late-Stage Medical Care System for the Elderly does not mean the loss of physical or other disability certificates or loss of eligibility for disability pensions. Meanwhile, if they become ineligible for the certification of disability that they have received, they need to submit a notification of loss of certification. In such a case, they are advised to consult their local municipal office.

If those covered by the Wide Area Union for the Late-Stage Medical Care System for the Elderly of Osaka Prefecture move to another prefecture, they basically need to enroll in the program operated by the Wide Area Union for the Late-Stage Medical Care System for the Elderly of the relevant prefecture. However, if such a change in residence results from admission to a nursing home, long-term hospitalization, or a similar reason, they will continue to be insured by the Wide Area Union for the Late-Stage Medical Care System for the Elderly of Osaka Prefecture. Regarding those who obtain eligibility for the Late-Stage Medical Care System for the Elderly based on the conditions described in ① or ② above on or after April 1, 2018, even if they have an address at a nursing home, hospital, or other healthcare facility in a prefecture other than Osaka Prefecture, they are insured by the Wide Area Union for the Late-Stage Medical Care System for the Elderly of Osaka Prefecture if they were previously covered by the National Health Insurance Program of Osaka Prefecture (Special Residence Regulation).

# Insurance Cards

## ① Insurance Card

An insurance card is issued to each insured person by the Wide Area Union for the Late-Stage Medical Care System for the Elderly of Osaka Prefecture. When receiving medical care at a medical institution, please present your insurance card to the institution.

## ② Period of Validity

In principle, the insurance card is valid for one year from August 1 to July 31 of the following year. The color of the card changes annually at the time of renewal. The new insurance card is delivered to you by late July, which is valid from the day of arrival.

## ③ Old Insurance Card

Since the old insurance card becomes invalid on or after August 1, we ask you to return your old insurance card to your local municipal office or to destroy it by yourself.

後期高齢者医療被保険者証									
有効期限 令和 2年 7月31日									
交付年月日 令和〇〇年〇〇月〇〇日									
被保険者番号	〇〇〇〇〇〇〇〇								
住所	△△市△△町△△丁目△番△号								
氏名	広域 太郎								
生年月日	昭和〇〇年〇〇月〇〇日								
資格取得年月日	令和〇〇年〇〇月〇〇日								
発効期日	令和〇〇年〇〇月〇〇日								
一部負担金の割合	〇割								
保険者番号並びに保険者の名称及び印	<table border="1"> <tr> <td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td> </tr> </table> 大阪府後期高齢者医療広域連合 <small>電話:06-4790-2028</small>	×	×	×	×	×	×	×	×
×	×	×	×	×	×	×	×		

\* If you turn 75 years old, your insurance card will be delivered in the month prior to your birthday month. After your 75th birthday, you will not be able to use other insurance cards, including your National Health Insurance card and your company's health insurance card that you have used thus far. For the handling of the old insurance card, please ask the organization that issued the card.

## Notices

- Upon receipt of an insurance card, please check the information provided on the card. If there are any errors, please contact your local municipal office.
- Never use another person's insurance card. (This is strictly prohibited by the relevant law.)
- You are not allowed to use copies of your insurance card.
- The insurance card can be reissued in case of loss.  
If you lose or accidentally destroy the card, ask your local municipal office to reissue the card.
- In case of any changes in your co-pay ratio, your address, or other important matters, a new insurance card will be delivered. Be sure to use the new insurance card.  
Please return the old insurance card to your local municipal office.
- Return your insurance card when you move to another prefecture.  
If you lose eligibility due to moving to another prefecture, please return your insurance card to the municipal office promptly.

# Insurance Cards

## ■Section for Indicating Intention to Donate Organs

In association with the revision of the Act on Organ Transplantation, national and local public authorities are required to take measures to promote education and diffusion of knowledge concerning medical transplantations. As a result, the “Section for indicating intention to donate organs” has been added to health insurance cards and driver licenses from July 2010.

To promote better understanding of medical transplantation, the Wide Area Union for the Late-Stage Medical Care System for the Elderly of Osaka Prefecture has also included a section for indicating intention to donate organs on the back of its insurance cards. 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, please use stickers to hide the section for indicating intention to donate organs. Stickers are provided at the relevant counter of the Wide Area Union for the Late-Stage Medical Care System for the Elderly and in local municipal offices. (In the case where the insurance card is sent by mail, a sticker is enclosed.)

For details of organ donation, contact  
the Japan Organ Transplant Network.

Japan Organ Transplant Network  
Toll-free: 0120-78-1069  
Website: <http://www.jotnw.or.jp>



## ◎How to fill out the section



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を表示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	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	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	3. 私は、臓器を提供しません。
④	《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）： _____

### ① Selecting 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

### ② Selecting 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]

### ③ Filling 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.”

(Certain requirements should be met to donate your organs preferentially to your relative.)

### ④ Signature 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 the Late-Stage Medical Care System for the Elderly are determined for each insured person. An insurance premium charged to each insured person consists of a per capita amount and a per income amount. The per capita amount is borne by all insured persons equally, while the per income amount is determined based on the income 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 2018 and 2019)

$$\text{Annual insurance premiums}^{(*1)} = \text{Per capita amount 51,491 yen per person} + \text{Per income amount (Assessable income}^{(*2)} \times \text{earnings-related component rate 9.90\%)}$$

\*1 Annual insurance premiums are up to 620,000 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.

If your income is unknown because you have moved into Osaka Prefecture during a fiscal year, a per capita amount is charged to you as an insurance premium. If your income is confirmed through inquiry to a public office or other institution in the area of your former residence, your insurance premium is recalculated and may change from the following month.



## Insurance Premium Discount Measures

### Per capita amount for those with low incomes

The per capita amount of insurance premiums is discounted in accordance with the income level of individual households. For those who are classified under the category of a discount of 70%, as a basic rule, a discount of 85% or 90% is actually applied. However, to ensure that all residents can receive medical care, the discount rate is being gradually revised from fiscal year 2019.

Income classification for discount	Discount rate for the per capita amount			Per capita amount after deduction in FY 2019 (annual amount)	
	Basic	FY 2019	FY 2020		FY 2021
[Classification for an 85% discount in FY 2018] The total net income of the insured persons and the householder in one household does not exceed the amount of the basic exemption (330,000 yen)	70%	85% <small>Note 2</small>	77.5%	70%	7,723 yen
[Classification for a 90% discount in FY 2018] All insured persons in the household that meet the above condition have no income (after deducting 800,000 yen from their public pensions)		80% <small>Note 1</small>	70%		10,298 yen
The total net income of the insured persons and the householder in one household does not exceed [the amount of the basic exemption (330,000 yen) + 280,000 yen × the number of insured persons]	50%	50%			25,745 yen
The total net income of the insured persons and the householder in one household does not exceed [the amount of the basic exemption (330,000 yen) + 510,000 yen × the number of insured persons]	20%	20%			41,192 yen

**Note 1** Those who have been classified under the category of a discount of 90% are subject to support measures, including the provision of benefits for supporting pensioners and a further deduction of premiums for nursing-care insurance. (However, those in households which contain at least one person upon whom residence tax is levied are not eligible for these measures. The amount of benefits for supporting pensioners varies depending on their payment of national pension premiums.)

**Note 2** Since those who have been classified under the category of a discount of 85% are not eligible for benefits for supporting pensioners, a discount rate of 85% will remain for only one year to alleviate any sudden change in financial burden.

- \* Discount rates are determined based on the income status of households as of April 1 (for those who participate in the Late-Stage Medical Care System for the Elderly on or after April 2, as of the date of enrollment in the system).
- \* 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.
- \* For pensioners aged 65 or older who have taken a tax deduction for public pensions from their pensions, 150,000 yen is deducted from their pension income for discount assessment for the time being.
- \* 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.

### 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.**

# Insurance Premiums

## Those who were dependent family members

Dependent family members who were covered by the company's health insurance, mutual aid association insurance, or seamen's insurance program until the day before the date of enrollment in the Late-Stage Medical Care System for the Elderly are required to begin paying insurance premiums. However, they are exempted from the per income levy for the time being, and 50% is discounted from the per capita amount for two years after they are entitled to the insurance.

Per income amount	No need to pay
Per capita amount	50% discount for two years after entitlement to the insurance

- \* Persons who were covered by National Health Insurance or who were a member of the National Health Insurance Association on the day before the date of enrollment in the Late-Stage Medical Care System for the Elderly are not eligible.
- \* For heads of households with an income eligible for an 80% or 85% discount of the per capita amount, either will be applied.

## 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 enrollment in the Late-Stage Medical Care System for the Elderly will only have to pay 50% of the flat rate as insurance premiums for the Late-Stage Medical Care System for the Elderly for two years. However, I received a notice for insurance premiums to which no deduction was applied. Why did I receive this 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 2019)

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

Pensions	800,000 yen	1,680,000 yen	1,960,000 yen	2,190,000 yen	3,000,000 yen
After deducting pension exemption	0 yen	480,000 yen	760,000 yen	990,000 yen	1,800,000 yen
Assessable income	0 yen	150,000 yen	430,000 yen	660,000 yen	1,470,000 yen
Per income amount ①	0 yen	14,850 yen	42,570 yen	65,340 yen	145,530 yen
Discount rate for the per capita amount	<b>80%</b>	<b>85%</b>	<b>50%</b>	<b>20%</b>	
Per capita amount after discount ②	10,298 yen	7,723 yen	25,745 yen	41,192 yen	51,491 yen
Total insurance premiums ①+②	10,298 yen	22,573 yen	68,315 yen	106,532 yen	197,021 yen

\* Each of the premiums shown is an annual amount.

\* The above amounts have been calculated using 51,491 yen as the flat-rate component and 9.90% 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)

(Pension income – 1.2 million yen [deduction for public pensions] – 330,000 yen [basic exemption]) × 9.90% (earnings-related component rate)

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

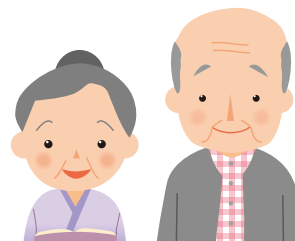
\* Bereaved family pensions and other nontaxable pensions can be excluded from the amount of income based on which insurance premiums are determined.

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 [780,000 yen] is used.

Pensions	Husband	800,000 yen	1,680,000 yen	2,240,000 yen	2,700,000 yen	3,000,000 yen
	Wife	780,000 yen	780,000 yen	780,000 yen	780,000 yen	780,000 yen
After deducting pension exemption	Husband	0 yen	480,000 yen	1,040,000 yen	1,500,000 yen	1,800,000 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Assessable income	Husband	0 yen	150,000 yen	710,000 yen	1,170,000 yen	1,470,000 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Per income amount ①	Husband	0 yen	14,850 yen	70,290 yen	115,830 yen	145,530 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Discount rate for the per capita amount			80%	85%	50%	20%
Per capita amount after discount②	Husband	10,298 yen	7,723 yen	25,745 yen	41,192 yen	51,491 yen
	Wife	10,298 yen	7,723 yen	25,745 yen	41,192 yen	51,491 yen
Total insurance premiums ①+②	Husband	10,298 yen	22,573 yen	96,035 yen	157,022 yen	197,021 yen
	Wife	10,298 yen	7,723 yen	25,745 yen	41,192 yen	51,491 yen
	Total	20,596 yen	30,296 yen	121,780 yen	198,214 yen	248,512 yen

\* Each of the premiums shown is an annual amount.

\* The above amounts have been calculated using 51,491 yen as the per capita amount and 9.90% as the per income rate.

\* Fractions below 1 yen have been rounded down for both the per income and per capita amounts.

## ■ How to Pay Insurance Premiums

There are two payment methods as described below, depending on the amounts of pensions and other factors. Insurance premiums are collected by your local municipality.

### 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.

- \* An ordinary payment method is adopted for an insured whose total amount of insurance premiums for the Late-Stage Medical Care System for the Elderly and for nursing-care insurance exceeds 50% of their pensions.
- \* **Those who reach the eligible age for the Late-Stage Medical Care System for the Elderly and eligible people who have moved to Osaka Prefecture are required to pay insurance premiums by an ordinary payment method for a while.**

[Payment of insurance premiums by a special payment method (collection from pensions) may be changed to payment through account transfer on an application basis.]

If those who have paid insurance premiums by a special payment method or have been notified of the start of collection of insurance premiums by a special payment method desire to pay insurance premiums through account transfer, their payment method can be changed on an application basis.

- \* Please contact your municipal office regarding the procedures for application.
- \* The timing of the change from a special payment method to an account transfer method is determined depending on the timing of the application.

### Ordinary payment method

#### payment through account transfer, payment slips or other means

The insured not eligible for 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 account transfer or payment slips (payment notification slips).

### — 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

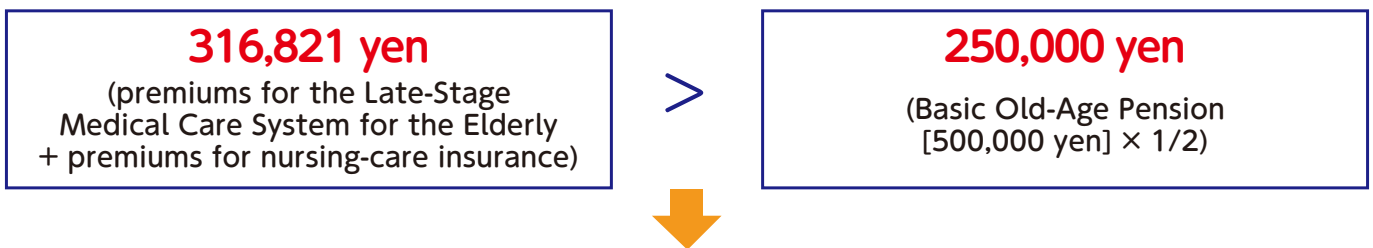
## An Example of Insurance Premiums Payment Method

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 216,821 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 a 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: 316,821 yen).



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

\* Individual municipalities determine a 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.

## 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 ~ 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.

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

- 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.

## ■ If I Fall behind in Paying Insurance Premiums

○ If you are behind on a payment, a reminder notice is delivered to you in accordance with the relevant law. In addition, arrears may be charged to establish fairness with those who have paid insurance premiums by the payment deadline.  
If you continue falling behind with payments, you are urged to pay your insurance premiums through phone calls, documents, or direct visits.

○ If you continue falling behind with payments, you may be subject to disposition of delinquency in some cases. In such a case, your assets, including pensions, deposits, savings, salaries, and real estate, may be confiscated.

○ If you continue falling behind with payments without exceptional circumstances, a short-term insurance card that expires earlier than an ordinary insurance card will be issued to you.

○ If premiums are past due for one or more years, 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.

○ If premiums are unpaid for one year and a half without any specific reason, part or all of the insurance benefits may be suspended.



◇ To avoid these cases, please pay premium insurances before the due date.

◇ If you find it difficult to pay insurance premiums, please consult with your local municipal office at the earliest possible occasion.

# Medical Treatment

## ■ Co-pay Rates of Medical Expenses at Medical Institutions

Ordinary insured persons

co-pay rate:  
**10%**

Persons with more than a certain amount of income

co-pay rate:  
**30%**

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. Your co-pay rate is determined on August 1 annually based on your income amount (income amount after various deductions) in the relevant fiscal year on which a residence tax is levied.

\* However, the income amount on which the residence tax for the previous fiscal year is levied is used to determine the co-pay rate from April to July, and the income amount on which the residence tax for the relevant fiscal year is levied is used from August to March of the following year.

Even before the expiration date of your insurance card, your co-pay rate may change depending on your household composition or the correction of your income. In case of any changes in your situation, you may be charged/reimbursed for the difference equivalent to 20% of your medical expenses at a later date.

### ◎ Persons with more than a certain amount of income with a co-pay rate of 30%

An insured of the Late-Stage Medical Care System for the Elderly with an income of 1.45 million yen or more (income amount after various deductions) on which a residence tax is levied and all other insured persons who belong to the same household should pay 30% of their medical expenses as 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%.

### Co-pay rate may be changed from 30% to 10%

If you meet the following requirements, you can file an application (Claim for Application of the Special Income Criteria) at your local municipal office to change your co-pay rate from 30% to 10%. If your application is accepted, a 10% co-pay rate will be applied from the month following the month of the application, and an insurance card indicating a 10% co-pay rate will be delivered to you later.

- 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.

\* 'Income' refers to the total amount of incomes that should be included in, for the purpose of calculation, the amount of income of various kinds (excluding retirement income) that are stipulated in the Income Tax Law. The amount of income (income) refers to the amount before a tax deduction for public pensions and the deduction of necessary expenses, and not the amount of net income. Even if the income is zero or becomes negative due to the deduction of necessary expenses or a special deduction, all the incomes are summed up to calculate the amount of income.  
(e.g.: sales earnings, proceeds from sales of listed shares to which separate taxation is applied by filing a final tax return, maturity proceeds of life insurance policies)

#### <Necessary items for filing an application>

- Application form
- Document that proves your income
- Insurance card
- Personal seal



## 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.

Medical expenses do not include meal expenses, private room charges, and other hospital charges exceeding insurance coverage.

Income-based Category		Monthly Cap for Co-pay Medical Expenses	
		Outpatient (on an individual basis)	Outpatient + Inpatient (on a household basis)
Persons with more than a certain amount of income	Taxable income 6.9 million yen or more	252,600 yen + 1% <sup>(*)1</sup> (140,100 yen) <sup>(*)4</sup>	
	II Taxable income 3.8 million yen or more	167,400 yen + 1% <sup>(*)2</sup> (93,000 yen) <sup>(*)4</sup>	
	I Taxable income 1.45 million yen or more	80,100 yen + 1% <sup>(*)3</sup> (44,400 yen) <sup>(*)4</sup>	
Ordinary insured persons		18,000 yen (up to 144,000 yen per year)	57,600 yen (44,400 yen) <sup>(*)4</sup>
Low-income class <sup>(*)5</sup>	II	8,000 yen	24,600 yen
	I		15,000 yen

\*1 "1%" refers to the amount equivalent to 1% of the excess amount when medical expenses exceed 842,000 yen.

\*2 "1%" refers to the amount equivalent to 1% of the excess amount when medical expenses exceed 558,000 yen.

\*3 "1%" refers to the amount equivalent to 1% of the excess amount when medical expenses exceed 267,000 yen.

\*4 When an insured person and his/her household members receive high-cost medical care three times or more on a monthly basis within one year from the month when he/she received high-cost medical care for the first time, this monthly cap for co-pay medical expenses is applied to the 4th and subsequent payments. (The number of times of benefit receipt from other medical insurances is not included.)

\*5 For low-income classes II and I, see page 17.

For insured persons whose co-pay rate of medical expenses exceeds 10% as of the base date (the last day of the calculation period, which runs one year from August 1 to July 31 of the following year), the monthly co-pay amount for outpatient medical care that exceeds 10% of the medical expenses in the relevant months during the calculation period is added up (if monthly benefits for high-cost medical care are provided, the amount of the benefits are excluded). If the added amount exceeds 144,000 yen, the excess will be reimbursed later.

### [More than a certain amount of income II & I]

Since a maximum payable amount certificate will be issued to persons who fall under the categories of persons with a certain amount of income II & I, the relevant persons are asked to present the maximum payable amount certificate along with their insurance card at medical institutions.

\* Applications for issuance will be accepted at local municipal offices.

### [Necessary items for applying for the issuance of a maximum payable amount certificate]

- Insurance card
- Personal seal

(Note) If you do not present your maximum payable amount certificate at a medical institution, you need to pay up to the co-pay cap for persons with a taxable income of 6.9 million yen or more. You will later be reimbursed the difference from the co-pay cap for persons with more than a certain amount of income II or I as a benefit for high-cost medical care.

# Medical Treatment

- \* When you are covered with the 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.
- \* Provision of information on application and reimbursement of benefits may be delayed due to late submission of itemized statements of medical expenses from medical institutions, re-examination of them, or another reason.
- \* Even after you receive benefits for high-cost medical care, the amount of the benefits may be reduced due to re-examination of itemized statements of medical expenses or another reason. In this case, the amount of the reduction may be deducted from the subsequent benefits, or you may be required to repay the amount of the reduction.

## [Low-income classes II & I]

For those who meet the following condition, low-income class II or I is applied on an application basis. If you are certified as falling under low-income class II or I, a “Certificate for Reducing the Standard Co-pay Amount” (\*) is issued. In such a case, you are asked to present the certificate along with your insurance card at 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"> <li>• 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)</li> <li>• The insured who is in a household where every household member is exempt from resident tax, and receives an old-age welfare pension</li> </ul>

\*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.

### [Necessary items for applying for the issuance of the Certificate for Reducing the Standard Co-pay Amount]

- Insurance card
- Personal seal
- Certificate of Old-age Welfare Pensions, if you are covered under low-income class I (recipient of old-age welfare pensions)

(\*) If you do not present your Certificate for Reducing the Standard Co-pay Amount at a medical institution, you need to pay up to the co-pay cap for ordinary insured persons. You will later be reimbursed the difference from the co-pay cap for low-income class II or I as a benefit for high-cost medical care.

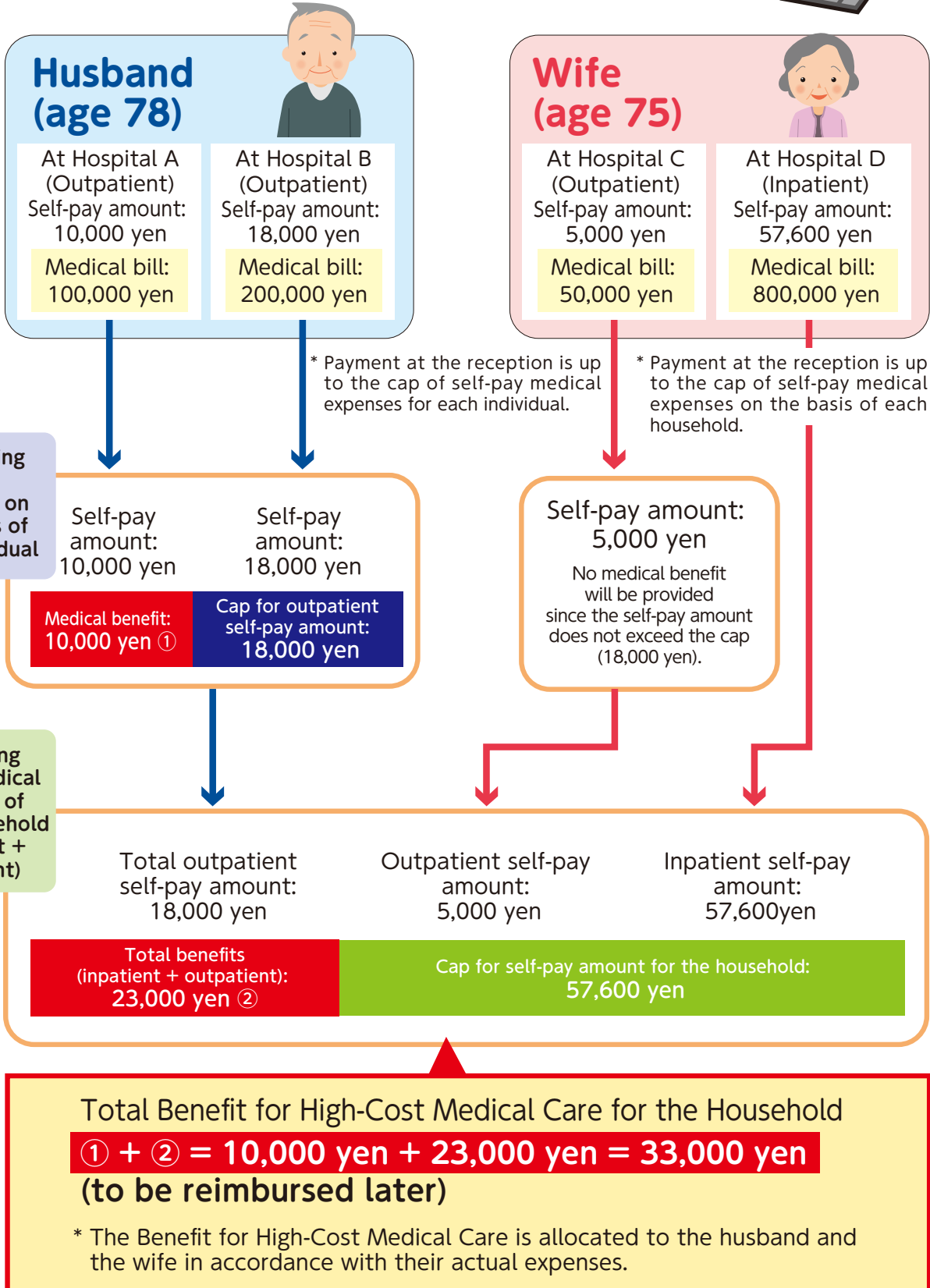
## ◎Special Amount in Your 75-Year-Old Birth Month

In the month when you become 75 years old and enroll in the Late-Stage Medical Care System for the Elderly, both of the caps for co-pay medical expenses set under the health insurance program by which you were covered before your birthday and set under the Late-Stage Medical Care System for the Elderly (listed on page 16) are reduced to half of their ordinary amounts.

\*The special amount in the month of the 75th birthday is applied to the relevant persons on an individual basis. If another insured person within the same household needs to pay medical expenses, the ordinary cap amount based on his/her household category will be applied.

# Examples

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



# Medical Treatment

## 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 Ordinary insured persons		460 yen
	Patients with designated intractable diseases <sup>(*)</sup>	260 yen
Low-income class II	Hospitalization within 90 days (in the past 12 months)	210 yen
	Hospitalization exceeding 90 days <sup>(**)</sup> (in the past 12 months)	160 yen <sup>(***)</sup>
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 17.

\*1 Those who had been hospitalized continuously for one year or longer in a psychiatric ward as of March 31, 2016 and have continued to be hospitalized at a medical institution are also eligible for this category.

\*2 The hospitalization period must exceed 90 days from the day when you are certified as falling under low income class II.

\*3 From the month following the month when you filed an application, your meal fee becomes 160 yen.

### [Necessary items for filing an application]

- Insurance card
- Personal seal
- Certificate for Reducing the Standard Co-pay Amount
- Document that proves that the hospitalization period has exceeded 90 days (receipt or the like)

## Inpatients of Convalescent Wards

Patients under convalescent hospitalization are required to pay part of the meal fees and room charges.

\*Patients with serious diseases under convalescent hospitalization are required to pay meal fees only. Inpatients with high medical needs are required to pay room charges as well as the meal fees described above.

### Standard Meal Fees and Room Charge

Income-based Category		Meal fee/meal	Room charge/day
Persons with more than a certain amount of income Ordinary insured persons		460 yen <sup>(*)</sup>	370 yen
	Low-income class II	210 yen	
	Low-income class I	130 yen	
	Recipients of old-age welfare pensions	100 yen	0 yen
	Persons falling under the border category in terms of welfare benefits <sup>(**)</sup>	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 Those who no longer need to be on welfare as prescribed in the Livelihood Protection Act (Act No. 144 of 1950).

## ■ 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 amount (cap for the co-pay amount 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 amount for the combined total of medical and nursing care expenses
Persons with more than a certain amount of income	Persons with a taxable income of 6.9 million yen or more		2,120,000 yen
	Persons with a taxable income of 3.8 million yen or more	II	1,410,000 yen
	Persons with a taxable income of 1.45 million yen or more	I	670,000 yen
Ordinary insured persons			560,000 yen
Low-income class		II	310,000 yen
		I	190,000 yen <sup>(*1)</sup>

\*1 For households categorized into low-income class I with several persons who receive nursing care services, the annual cap for the co-pay amount for nursing care expenses is 310,000 yen, which is the annual cap for the co-pay amount for households categorized into 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 Treatment

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

For patients with diseases specified by the Ministry of Health, Labour and Welfare, the maximum co-pay amount of medical expenses is up to 10,000 yen/month per medical institution (total of treatment and medicine costs; outpatient and hospitalization costs at the same institution handled separately). However, they are required to pay their medical expenses normally at the pharmacy window and hospital reception.

### [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.

### [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

## ■ Traffic Accidents

You can receive medical benefits under the Late-Stage Medical Care System for the Elderly even if you become injured by a third party in a traffic or other accident. In this case, the Wide Area Union advances medical expenses (excluding co-pay) temporarily, and then charges the expenses to the third party (perpetrator).

To receive medical benefits:

- 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.

**Submit a Notification of Injury or Sickness due to a Third-party Act.**

### Notice !

If you receive fees for treatment from perpetrator or settle a case out of court, you may not be able to receive medical benefits from the Late-Stage Medical Care System for the Elderly. Accordingly, you are strongly advised to consult your 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 or the like) for being unable to fetch your insurance card before receiving medical treatment  
\* The Wide Area Union reimburses medical expenses only when it certifies that the situation is compelling.

② When you receive judo-orthopedic treatment due to a bruise, ligament rupture, or the like

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

④ When you buy a medical brace, such as a corset or cast, in accordance with a physician's instructions, or when you receive a blood transfusion

⑤ When you necessarily receive medical treatment due to an illness or injury outside Japan

〈Necessary items for filing an application in the cases of ①~⑤〉

● Insurance card ● Application form ● Receipt ● Personal seal  
● Account information of the applicant



In the case of ①: ● Itemized statement of medical expenses or full statement detailing medical treatment

In the case of ②: ● Detailed statement or the like

In the case of ③: ● Detailed statement or the like ● Physician's written agreement

In the case of ④: ● Detailed statement or the like ● Physician's written agreement

\* When an application is filed for a shoe-type brace, a photo of the brace to be worn should be attached.

In the case of ⑤: ● Full statement detailing medical treatment  
(with its Japanese translation)

● Letter of consent for investigation

● Receipt for the fee with Japanese translation

● Documentation of travel records (passport or the like)

# Medical Treatment

## ■ 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.

### 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.



For details, please consult your local municipal office.

## 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

Benefits are paid when a person with a severe illness, with difficulty in travel, is required to be transferred in accordance with a physician's instructions or when the Wide Area Union deems it necessary to be transferred when the following three reasons are met.

- ① When the necessary treatment at the transfer destination is covered by health insurance.
- ② When an illness or injury requiring the relevant medical treatment makes travel extremely difficult.
- ③ In case of emergency or absolute necessity.

#### <Necessary items for filing an application>

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

### Funeral expense benefit

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

\* Please note that eligibility for this benefit expires two years after the day following the date of the funeral.

#### <Necessary items for filing an application>

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

### Exemption of self-pay (for up to six months)

Households to which insured persons belong may be exempt from self-pay if they fall under any of the following situations and meet certain conditions within the past one year:

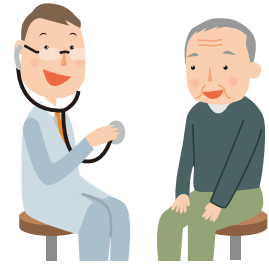
- ① when the house, household goods or other belongings have been damaged significantly due to a natural disaster;
- ② when income has been reduced significantly due to the closing of a business or loss of employment;
- ③ when the householder or their equivalent has died or suffered a significant physical or mental injury, or has had to be hospitalized for a long period.

# Healthcare Programs

## ■ Medical Examinations

For early discovery of lifestyle-related diseases, including diabetes, we implement medical examinations for the insured persons covered by the Late-Stage Medical Care System for the Elderly.

Examination cards are delivered to all the insureds annually in late April. For those who become 75 years old during a fiscal year, examination cards are delivered at the beginning of the month following the month of their 75th birthday.



Target person	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 of Osaka Prefecture <sup>(*)</sup> <sup>(**)</sup>
How to receive health checkups	Present your insurance card and examination card at a medical institution
Expense	Free
Valid Period	From the time when you receive the delivered card to March 31 of the fiscal year (once a year)

## ■ Dental Examinations

Dental examinations are conducted to check the status of teeth, the gums, and oral hygiene and to prevent the deterioration of oral function and the onset of pneumonia.

Target person	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 of Osaka Prefecture <sup>(*)</sup>
How to receive health checkups	Present your insurance card at a dental clinic
Expense	Free
Valid Period	From April 1 to March 31 of the fiscal year (once a year)

\*1 Those ineligible for medical and dental examinations include persons who are admitted to support facilities for the disabled, long-term care insurance facilities, and other similar facilities, and persons who have been continuously hospitalized at a hospital or a clinic for six months or more.

\*2 Those who have received a comprehensive medical examination do not need to undergo a medical examination.

## ■ Subsidies for Comprehensive Medical Examinations

The Wide Area Union for the Late-Stage Medical Care System for the Elderly of Osaka Prefecture grants subsidies for part of the costs of comprehensive medical examinations. If you wish to receive a comprehensive medical examination, please file an application at your local municipal office. However, you are ineligible for the subsidies if two years have passed since the day following the date when you previously received a comprehensive medical examination.

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
Necessary items for filing an application	<ul style="list-style-type: none"> <li>● Receipt for a comprehensive medical examination</li> <li>● Notification of all medical examination results (photocopy acceptable)</li> <li>● Insurance card   ● Account information of the applicant   ● Personal seal</li> </ul>
Subsidy	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 the basic examination items of one-day health examinations 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) (See page 3.)	Certificate of national pensions, certificate of physical disability, personal seal, documents regarding the Individual Number (My Number)	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) (See page 3.)	Return of insurance card, personal seal, documents regarding the Individual Number (My Number)	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 receipt, documents regarding the Individual Number (My Number)	Within 14 days from the day you started to receive welfare
Stopping receiving welfare	Certificate of withdrawal/suspension from welfare programs, documents regarding the Individual Number (My Number)	Within 14 days from the day you withdrew or were suspended from welfare programs

\* 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.

## Documents regarding the Individual Number (My Number)

For documents regarding the Individual Number (My Number) necessary for these procedures, please bring documents described in both categories ① and ② below.

① Document by which your Individual Number (My Number) can be confirmed

<One of the following documents>

Individual Number (My Number) card, Individual Number (My Number) notification card, copy of a certificate of residence on which your Individual Number (My Number) appears

② Official document that identifies you

<One item required if chosen from the following list>

Individual Number (My Number) card, driver's license, passport, certificate of physical disability, certificate of mental disability, certificate of intellectual disability, residence card, document with your face photo issued by a government or other public office

<Two items required if chosen from the following list>

Insurance card (Late-Stage Medical Care System for the Elderly, National Health Insurance, nursing care insurance, etc.), national pension handbook, document without your face photo by which your name and either of your date of birth or address can be confirmed and which is issued by a government or other public office



## Emergency Consultation Center Osaka

Should I go to a hospital immediately?  
Should I call an ambulance?

In such a case, please call the following number:

**#7119** or **06-6582-7119**  
(if #7119 is not connected)

\* Consultation on health, long-term care, and drugs is not provided.

For any inquiries about this advertisement,  
please contact the Emergency Section, Emergency Division,  
Osaka Municipal Fire Department, at 06-4393-6632.

## ◇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 condition. Avoid visiting several medical institutions to receive medical treatment for 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

Major Services	Responsible Div.	Telephone
Services concerning insurance cards, insurance premiums, etc.	Eligibility Information Management Div.	☎ 06-4790-2028
Services concerning high-cost medical care benefits, medical examinations, notification of medical expenses, etc.	Benefit Service Div.	☎ 06-4790-2031
Information on Wide Area Union budgets, public relations, the assembly of the Wide Area Union, etc.	General Affairs & Planning Div.	☎ 06-4790-2029

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

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 May 1, 2019. The contents of this booklet might differ from the current system due to any revision of the Program in the future.