The Medical Care System for Elderly People

FY2026



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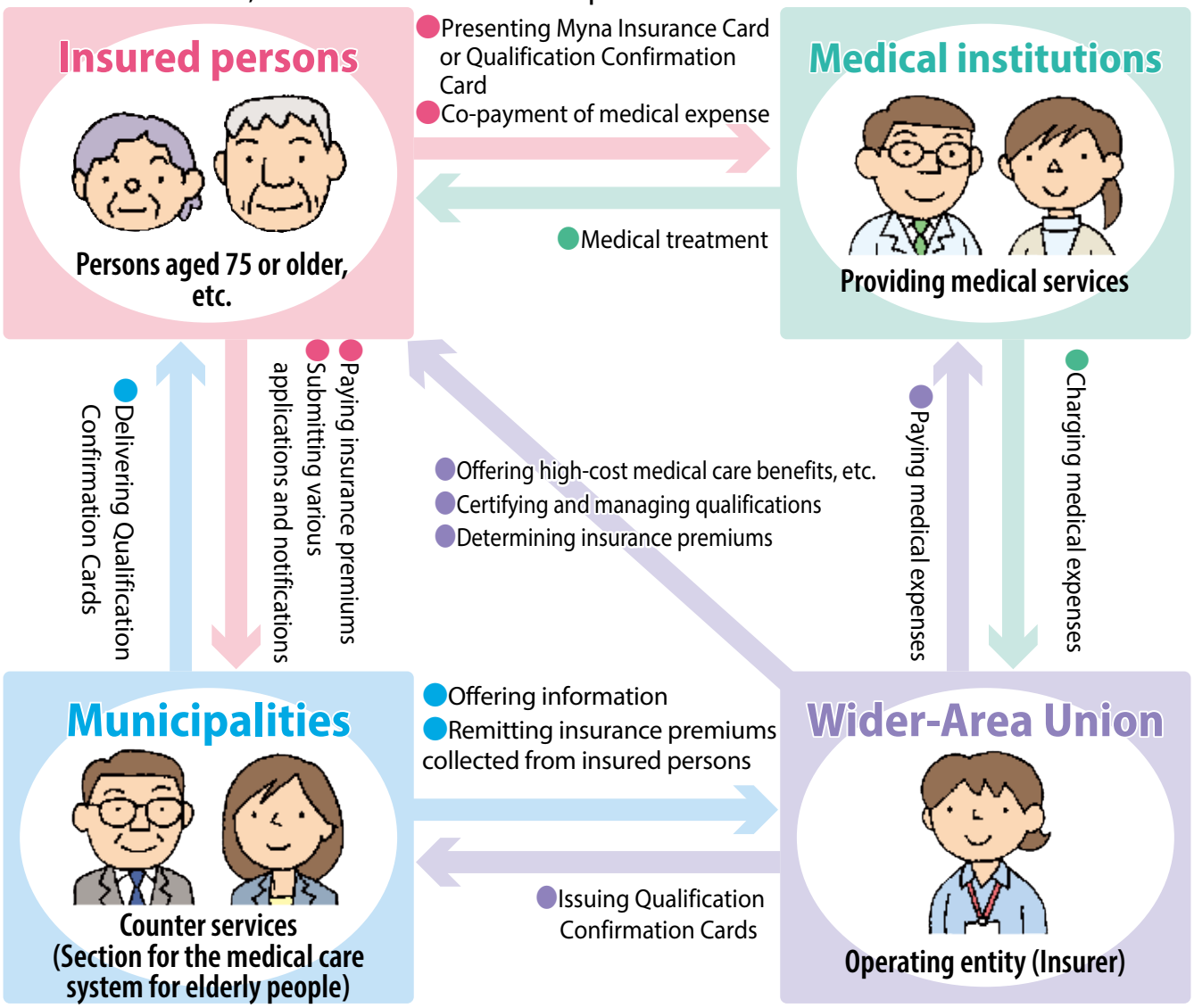
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The Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture

Operational Flow and Financial Sources

Operational Flow

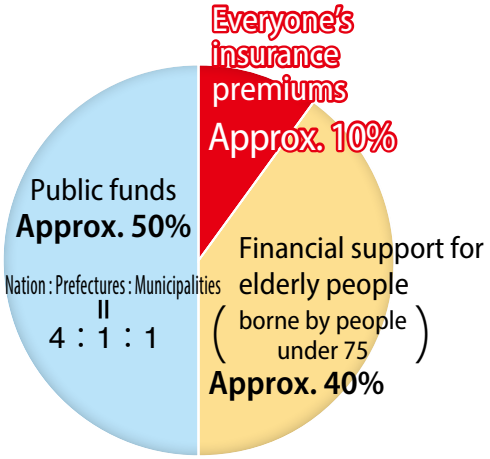
The Medical Care System for Elderly People is operated through a division of responsibilities between the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture (hereinafter, the "Wider-Area Union"), which consists of all municipalities in Osaka Prefecture, and the individual municipalities.



Financial Sources

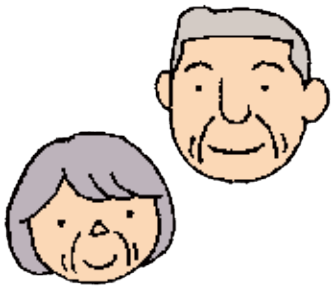
Under the medical care system for elderly people, all insured persons pay insurance premiums. The premiums paid by everyone are a vital source of funding.

When you visit a hospital or other medical facility, your medical expenses consist of the co-payment at the counter and the medical benefits provided by insurance. Approximately 10% of these medical benefits are covered by insurance premiums.



Persons to Be Insured

- **Persons aged 75 or over**
- **Persons aged 65 to 74 who are certified as having a disability* by the Wider-Area Union upon application in accordance with the program's criteria***



*Recipients of the disability pension (classes 1 and 2) based on the National Pension Act
Holders of physical disability certificates (classes 1, 2 and 3 and partly class 4)
Holders of mental disability certificates (classes 1 and 2)
Holders of disability certificate: A

Date of eligibility

- On your 75th birthday
- For persons aged 65 to 74 with certain disabilities, the date of certification by the Wider-Area Union

Eligible persons will transfer from their previous programs, such as the national health insurance program, the National Health Insurance Association Program, health insurance associations, and mutual aid associations, to the medical care system for elderly people.

Application for receiving disability certification

Those who wish to receive disability certification should apply at the division in charge at the local municipal office with their physical disability certificate or pension certificate or other document that confirms the degree of disability.。

Please note that until they reach age 75, they may withdraw their application at any time starting the day after the application date.

However, they cannot revoke it retroactively.

For those who were enrolled in a health insurance program other than municipal national health insurance the day before joining this system

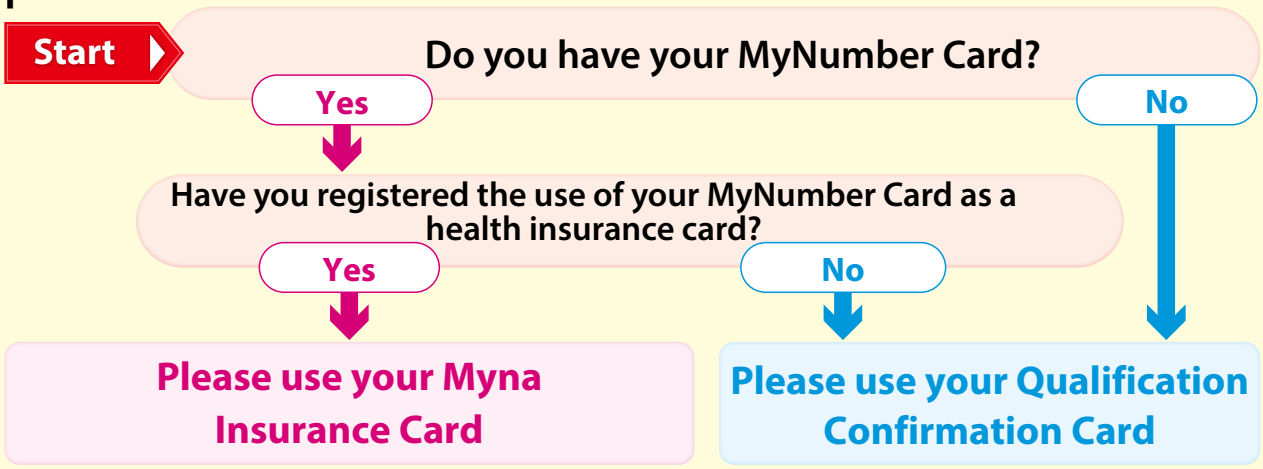
Please note that after joining the new system, you may need to go through the procedure to terminate your eligibility for your previous health insurance (such as the health insurance association and mutual aid association).

Furthermore, your dependents will need to enroll separately in the National Health Insurance, so please complete the necessary procedures at the National Health Insurance office of your local municipality.

Domicile exemption

If you move to facilities subject to domicile exemption (certain kinds of nursing homes), long-term hospitalization or similar facilities in other municipalities, you will continue to be covered by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture.

Please present your Myna Insurance Card or Qualification Confirmation Card at the reception desk of medical institutions or pharmacies.



- Qualification Confirmation Cards will continue to be issued to all insured persons until July 31, 2027 even after August 1, 2026.

Qualification Confirmation Card

The Qualification Confirmation Card contains information such as your name, date of birth, insured person number, co-payment rate, the co-payment limit category, and insurer information.

- If you wish to have your co-payment limit category newly filled out, you must apply to the relevant office in your municipality for the first time only.
- If you wish to have your Long-term Hospitalization Days (see page 20) and Specific Disease Category (see page 27) filled out, you must apply to the relevant office in your municipality. (Only applicable to eligible individuals)
- Photocopies of your card cannot be used.
- Never use another person's card. Doing so is punishable by law.

Please cooperate in indicating your intention to donate organs

You can indicate your intention to donate organs on the dedicated section included in the MyNumber Card and Qualification Confirmation Card. Please fill out the section.

*This is optional.

If you want to keep the content of your intention confidential, please hide the section with a sticker. The stickers are provided at the relevant counter in the Wider-Area Union or the local municipal offices. (If the card is mailed, a sticker will be enclosed.)

For more details of organ donation

Japan Organ Transplant Network
Toll-free: 0120-78-1069 (9:00–17:30 on weekdays)
Website: https://www.jotnw.or.jp/en/

Myna Insurance Card (My Number Card as a Health Insurance Certificate)

You can use your Myna Insurance Card as your health insurance card.

A Myna Insurance Card offers a variety of benefits, so please consider using it.



Benefits of using Myna Insurance Card

You can receive better medical care!

When you visit a medical institution or pharmacy, if you consent to sharing your past medication and health check results, you can receive a comprehensive diagnosis based on that information and appropriate prescriptions that avoid duplicate medications.

You can receive appropriate treatment in an emergency!

Since patient information is available during an emergency, appropriate medical facilities can be selected and first aid administered even when communication is difficult.

Payments exceeding the limit for high-cost medical care will be exempted!

Even if high medical expenses are incurred, you will no longer have to temporarily pay out of pocket for amounts exceeding the cap.

Claiming medical expense deductions on your tax return is easy!

You don't need to keep or submit receipts; you can easily apply for medical expense deductions through the Myna Portal.

- You can register to use your Myna Insurance Card at medical institutions and pharmacies.
- You can use your Myna Insurance Card at medical facilities and pharmacies equipped with dedicated card readers.
- Some medical institutions and pharmacies may not accept your Myna Insurance Card. In such cases, please follow the instructions of the medical institution or pharmacy.
- Each MyNumber Card has an expiration date for its electronic certificates.

Let's Get Medical Examinations (Free)

The medical examination program aims to detect not only lifestyle-related diseases, such as diabetes and hypertension, but also mental and physical frailty associated with aging. Therefore, even if you are currently receiving treatment for lifestyle-related diseases, we encourage you to undergo the health checkup.

However, if you have already undergone a comprehensive medical examination during the same fiscal year, you do not need to undergo this medical examination.

*Those who have been in support facilities for persons with disabilities or facilities covered by long-term care insurance or those who have been hospitalized at hospitals or other medical institutions for six consecutive months or longer are not subject to this program.

Receiving consultation	Please make an appointment in advance with one of the participating medical institutions* and present your Myna Insurance Card or Qualification Confirmation Card, along with your medical examination ticket (sent in late April each year, or the month following your birthday if you have recently turned 75). *Please check the list enclosed with the examination ticket or the website of the Wider-Area Union. (Some municipalities conduct group health examinations.)
Consultation period	From the date of receipt of the examination ticket until March 31 of the relevant fiscal year (once per fiscal year)

Let's Get Dental Examinations (Free)

The dental examination program checks not only the condition of the teeth but also age-related deterioration of oral functions (oral frailty). We recommend that you have a dental examination even if you use artificial teeth.

*Those who have been in support facilities for persons with disabilities or facilities covered by long-term care insurance or those who have been hospitalized at hospitals or other medical institutions for six consecutive months or longer are not subject to this program.

Receiving consultation	Please make an appointment in advance with one of the participating dental clinics* and present your Myna Insurance Card or Qualification Confirmation Card. (No medical examination ticket is provided.) *Please check the list enclosed with the information or the website of the Wider-Area Union *Please note that home visit consultations are not covered by this dental examination.
Consultation period	From April 1 until March 31 of the relevant fiscal year (once per fiscal year)

Subsidy Program of Comprehensive Medical Examinations

The Wider-Area Union subsidizes part of the cost for comprehensive medical examinations for insured persons.

Please apply to the division in charge at your local municipal office.

Please note that eligibility for this subsidy expires after two years from the day following the date when you received medical examinations.

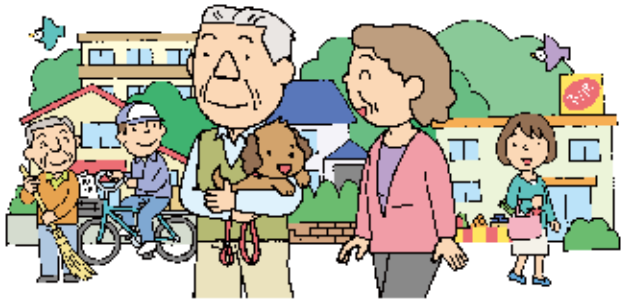
Necessary items for filing an application	● Receipt for the comprehensive medical examination (photocopy accepted) ● Identification documents ● All sheets of the examination report (photocopy accepted) ● Account information of the applicant ● Application form (including questionnaire) ● The applicant's personal seal will be necessary if a bank account of a person other than the applicant is used for bank transfer and if the applicant does not fill out the application form himself/herself. ● If you are unable to submit a copy of the checkup results, please contact the office to which it should be submitted.
Subsidy amount	Up to 26,000 yen
Consultation period	From April 1 to March 31 of the following year (once a year)
Notes	● The cost of medical examinations other than the comprehensive medical examinations, such as brain scans and various cancer tests, are not covered by the subsidy. ● If more than one of the examination items is missing, or if multiple examinations are combined, it may not be considered a comprehensive medical examination and may not be subsidized.

Let's prevent frailty

The decline in physical and mental health caused by aging is called frailty. To prevent and improve frailty, keep the following in mind.

Also, undergo a medical examination and dental examination once a year to monitor your physical and mental condition.

- **Get active with strength training and aerobic exercise.**
- **Aim to eat three nutritionally balanced meals a day.**
- **Keep your mouth clean by brushing your teeth and cleaning your dentures.**
- **Go out at least once a day and participate in society by interacting with others.**



Insurance Premiums

Payment of Insurance Premiums for the Medical Care System for Elderly People



Insurance premiums must be paid by each individual insured person. Please note that even if you have never paid insurance premiums before, you will be required to make payment once you turn age 75.

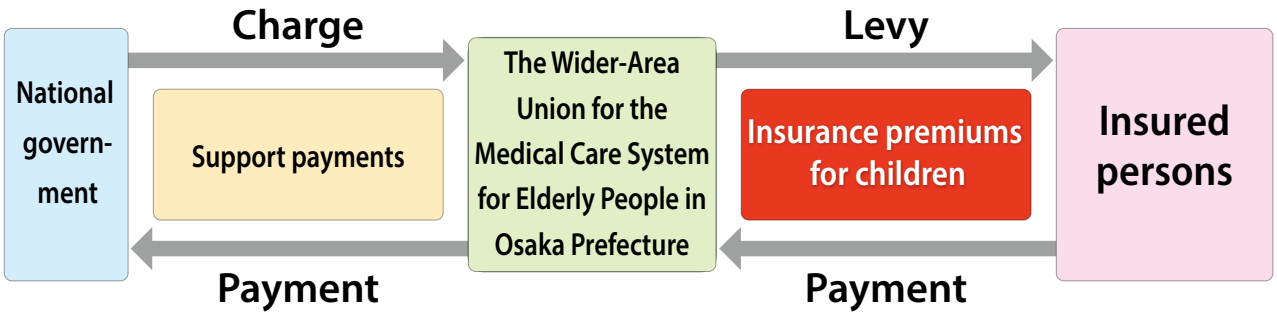
An annual insurance premium consists of the "per capita amount" which is equally paid by all insured persons and the "income ratio amount" which is paid based on the income of each insured person.

*Those aged 65 to under 75 with insurance eligibility who have received disability certification should pay insurance premiums from the month in which the certification was received.

The Child and Childrearing Support Fund System Has Been Established.

The Child and Childrearing Support Fund System is a system designed to foster "mutual support across society" for children and child-rearing families by expanding support (benefits) for such families.Starting in FY2026, we will be asking you to pay the premiums for the Child and Childrearing Support Program (the "child" portion) in addition to your medical insurance premiums. The insurance premiums paid on behalf of children will be remitted by the Wider-Area Union to the national government as subsidy payments and will be allocated to six programs, including the enhancement of the child allowance.

◆Image of the Child and Childrearing Support Fund System



Determination of Insurance Premium

The insurance premium rates (per capita amount and income ratio), which are the basis for determining insurance premiums, are reviewed every two years.

However, the insurance premium rates for children will be reviewed annually through FY 2028.

Method of calculating annual insurance premiums (FY2026)

For medical care (maximum limit: 850,000 yen)

Per capita amount: 64,931 yen per insured person

Income ratio amount: (Total income, etc. − Basic deduction of 430,000 yen)* × Income ratio of 11.51%

+

For children (maximum limit: 21,000 yen)

Per capita amount: 1,373 yen per insured person

Income ratio amount: (Total income, etc. − Basic deduction of 430,000 yen)]* × Income ratio of 0.24%

=

Annual sum of insurance premiums for FY2026

*Total income = Revenue - Deductions (not including income deductions such as deductions for medical expenses, persons with disabilities or dependents)
The amount of the basic deduction is based on the Local Tax Act.

- In cases where income has not been ascertained (e.g., undeclared income, moving from another municipality, etc.), the annual insurance premium is first calculated based on the per capita amount, and then changed to an income-based annual insurance premium after the month in which income is ascertained.
- If you gain or lose your insured status during a fiscal year, your insurance premiums will be calculated on a monthly basis.

When Insurance Premiums are Reduced

Persons with low incomes

Per capita insurance premiums for insured persons with low incomes will be reduced by any of the following rates in accordance with the income level of an individual household.

Reduction rate	Level of the total net income of all insured persons within a household, including the householder
70% reduction	**Total income amount equal to or lower than basic deduction (430,000 yen) + 100,000 yen × (number of persons with employment income - 1)**
50% reduction	**Total income amount equal to or lower than basic deduction (430,000 yen) + 310,000 yen × (number of insured persons) + 100,000 yen × (number of persons with employment income* - 1)**
20% reduction	**Total income amount equal to or lower than basic deduction (430,000 yen) + 570,000 yen × (number of insured persons) + 100,000 yen × (number of persons with employment income* - 1)**

*Individuals with salary income exceeding 550,000 yen and those with income from public pensions, etc.

- **If the reduction rate is 70%, the insurance premiums for FY2026 and FY2027 will be calculated using a reduction rate of 72% for the medical portion only.**
- **For public pension recipients aged 65 and over, a maximum of 150,000 yen within the range of pension income is deducted from their total income to determine eligibility for reduced benefits.**
- **The special deduction for capital gains and the deduction for family employees are not applicable to the calculation of total net income.**
- **The reduction rate will be determined based on the household status as of April 1 (or as of the date of enrollment if you enroll in the System on or after April 2).**

Even if you have no income, you may still be eligible for a tax reduction based on your household's actual circumstances, so please submit a simplified tax return to the relevant office in your municipality.

Formerly dependent family members covered by the employee's health insurance

No income ratio amount will be levied while 50% of the per capita amount will be reduced for two years after enrollment.

Those who are applicable

Dependent family members covered by the employee's health insurance on the day before obtaining eligibility

*Persons who were covered by the National Health Insurance Program and the National Health Insurance Association Program are not eligible.

How to Pay Insurance Premiums



Depending on the amount of the pension in question, the payment methods will be divided into the special payment method and the ordinary payment method.

★When Automatically Collected from Pensions

Special payment method

Those who are applicable

- Persons whose annual pension amount from which long-term care insurance premiums are automatically collected is 180,000 yen or more (when the total amount including the long-term care insurance premiums does not exceed 1/2 of the pension amount)

How to pay

The amount is automatically collected from the pension upon delivery.

Provisional collection			Finalized collection		
April (1st term)	June (2nd term)	August (3rd term)	October (4th term)	December (5th term)	February (6th term)
Until the income of the previous year is finalized, a provisionally calculated insurance premium is automatically collected (in principle, the same amount deducted in February of the previous year).			After the income of the previous year is finalized, the annual insurance premium minus any provisional payments is deducted in three installments.		

- The amount of the Old-Age Employees' Pension is not included in the pension amount subject to special payment method.
- Due to fluctuations in income and other factors, the difference between the provisional and finalized collection amounts may vary significantly. If provisional collection is carried out as is, under the special payment method, the provisional collection amount (first half) and the finalized collection amount (second half) will fluctuate every year, resulting in an uneven burden on either the first or second half. Therefore, some municipalities adjust the provisional collection amounts in June and August to ensure that the special collection amount of insurance premiums is as even as possible throughout the year.

Changes to payment methods

Persons who currently pay their insurance premiums through automatic deductions from their pension can request a change to account transfer. If you wish to do so, please contact the relevant office in your municipality. (Please note that this may not be permitted for those for whom reliable payments cannot be expected.)

Ordinary payment method

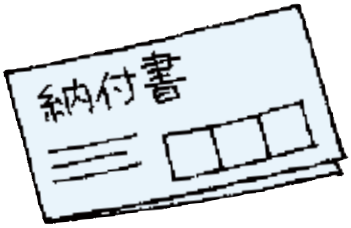
★When Paying through Payment Notice or Account Transfer

Those who are applicable

- Persons whose annual pension amount from which long-term care insurance premiums are deducted is less than 180,000 yen
- Persons whose total amount including long-term care insurance premiums exceeds half of their annual pension amount.
- Persons whose long-term care insurance premiums are not automatically collected from their pension.
- Persons who joined mid-year or whose address has changed (they may be subject to the special payment from the following fiscal year).



How to pay



Pay using the payment notice sent by your municipality at the designated financial institution by the due date. You can also pay by direct debit from your bank account. To apply, please fill out the necessary information on the "Direct Debit Request Form" at a financial institution designated by your municipality.

*Even if you had been using direct debit to pay your National Health Insurance premiums, you will need to complete the procedure again.

Deadline								
July (1st term)	August (2nd term)	September (3rd term)	October (4th term)	November (5th term)	December (6th term)	January (7th term)	February (8th term)	March (9th term)

Insurance Premiums Exemption/Reduction and Postponing of Collection

If you have suffered significant damage to your home due to a disaster, or if your income has decreased significantly due to business closure or unemployment, your insurance premiums may be reduced or deferred.

For further details, please consult the relevant division at your municipal office.





Deduction for Social Insurance Premiums

Those who have paid insurance premiums for the Medical Care System for Elderly People may receive deduction for social insurance premiums at the time of income tax/individual residence tax filing.

Regarding details in income tax filing, please contact the relevant tax office, while regarding details in individual residence tax filing, please contact the relevant municipal office.



What Happens If You Fall Behind in Paying Insurance Premiums?

- When you are behind on a payment, a reminder notice will be delivered to you based on relevant laws.
  Delinquent charge may be added to ensure fairness for those who made payment by the deadline.
- If you continually fall in paying premiums, you will receive a demand for payment by phone or mail, or in person.
  In addition, you may be subject to enforcement measures, and your property, such as pension benefits, deposits and savings, salaries, and real estate, may be confiscated after a property inspection.
- If you continually fall behind paying premiums for a long period without any reason, your insurance benefits will be suspended, and you may be required to tentatively pay the full amount (100%) when you visit a medical institution.

- Therefore, please pay premiums before the due date.
- If you find it difficult to pay the insurance premiums, consult the division in charge at your local municipal office at the earliest possible occasion.

Beware of Refund Scams!

"Refund scams" are occurring where perpetrators impersonate officials from the Wider-Area Union or municipalities to defraud people of money. We never ask you to use an ATM (automated teller machine) for reasons such as reimbursement of medical expenses or insurance premiums.

If you receive a suspicious phone call or visit, please contact the Wider-Area Union or your local municipal office.



Medical Treatments

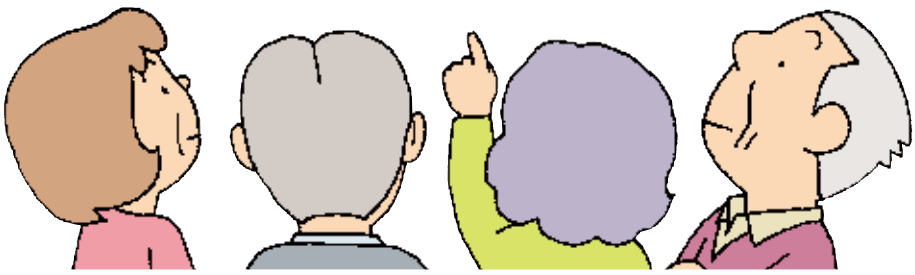
When you receive medical treatment for illness or injury, you will need to present your Myna Insurance Card or Qualification Confirmation Card at the medical institution's reception desk and pay a portion of the medical expenses yourself according to your co-payment rate.

*Health checkups, vaccinations, private room charges, and illnesses or injuries sustained at work (workers' compensation) are not covered by insurance and are not eligible for reimbursement.

Co-payment Rates of the Co-payment Limit Category (Income-based Category) and Medical Expenses

Co-payment category (Income-based category)	Co-payment rates
Persons with income comparable to those in active employment I, II, III	30%
Ordinary insured persons II	20%
Ordinary insured persons I	10%
Low-income class I, II	

*Regarding "co-payment rates," see pages 16 and 17.
*If your "co-payment limit category (income-based category)" changes due to a correction of income, household changes, etc., the change will be applied retroactively to the relevant period, and the difference in co-payment expenses paid at the medical institution's counter will be adjusted (by collecting additional funds or issuing a refund).



Co-payment Rates in Medical Institutions

Under the medical care system for elderly people, co-payment rates vary depending on the income of the household in which the insured person resides.

The rates are as follows:

Co-payment rates

Persons with income comparable to those in active employment (Active income earner)

Active income earner III

Individuals who have a taxable income for resident tax of 6.9 million yen or more, or who have an insured person in the same household with such income

Active income earner II

Individuals who have a taxable income for resident tax of 3.8 million yen or more, or who have an insured person in the same household with such income

Active income earner I

Individuals who have a taxable income for resident tax of 1.45 million yen or more, or who have an insured person in the same household with such income

30%

Application of standard income amount

For those who fall under active income earner I or II, if any of the following apply, the co-payment rate may be reduced to 20% or 10%.

- There is one insured person in the same household, and their income is less than 3.83 million yen.
- There are multiple insured persons in the same household, and their total income is less than 5.2 million yen.
- There is one insured person in the same household, and even if their income is 3.83 million yen or more, if there is a person aged 70 to under 75, their combined income must be less than 5.2 million yen.

Ordinary insured persons II

Individuals who have a taxable income for resident tax of 280,000 yen or more but less than 1.45 million yen, or who have an insured person in the same household with such income, and who do not fall under either category ❶ or ❷ below as "persons with income comparable to those in active employment".

20%

❶ There is one insured person in the same household and "public pensions*1 and all other incomes*2" total 2.0 million yen or more.

❷ There are two or more insured persons in the same household and "public pensions*1 and all other incomes*2" total 3.2 million yen or more.

Ordinary insured persons I	Those other than active income earner, low income class II, low income class I or ordinary insured persons II	10%
Low income class II	Persons who are in a household where every household member is exempt from residence tax (other than those in the low income class I)	
Low income class I	Persons who are in a household where every household member is exempt from residence tax, and where each member's income, after deducting necessary expenses and deductions (with pension income calculated with a deduction of 806,700 yen★), results in 0 yen. ★The deduction is planned to be 826,500 yen from August 2026.	

*1 "Public pensions" denote the amount of received pensions before a public pension deduction is made, and they do not include bereaved family pensions or disability pensions.
*2 "All other incomes" denote the amount calculated by subtracting necessary expenses and the amount of an employment income deduction from the sum of business income, employment income, etc.

Exemption from Co-payments

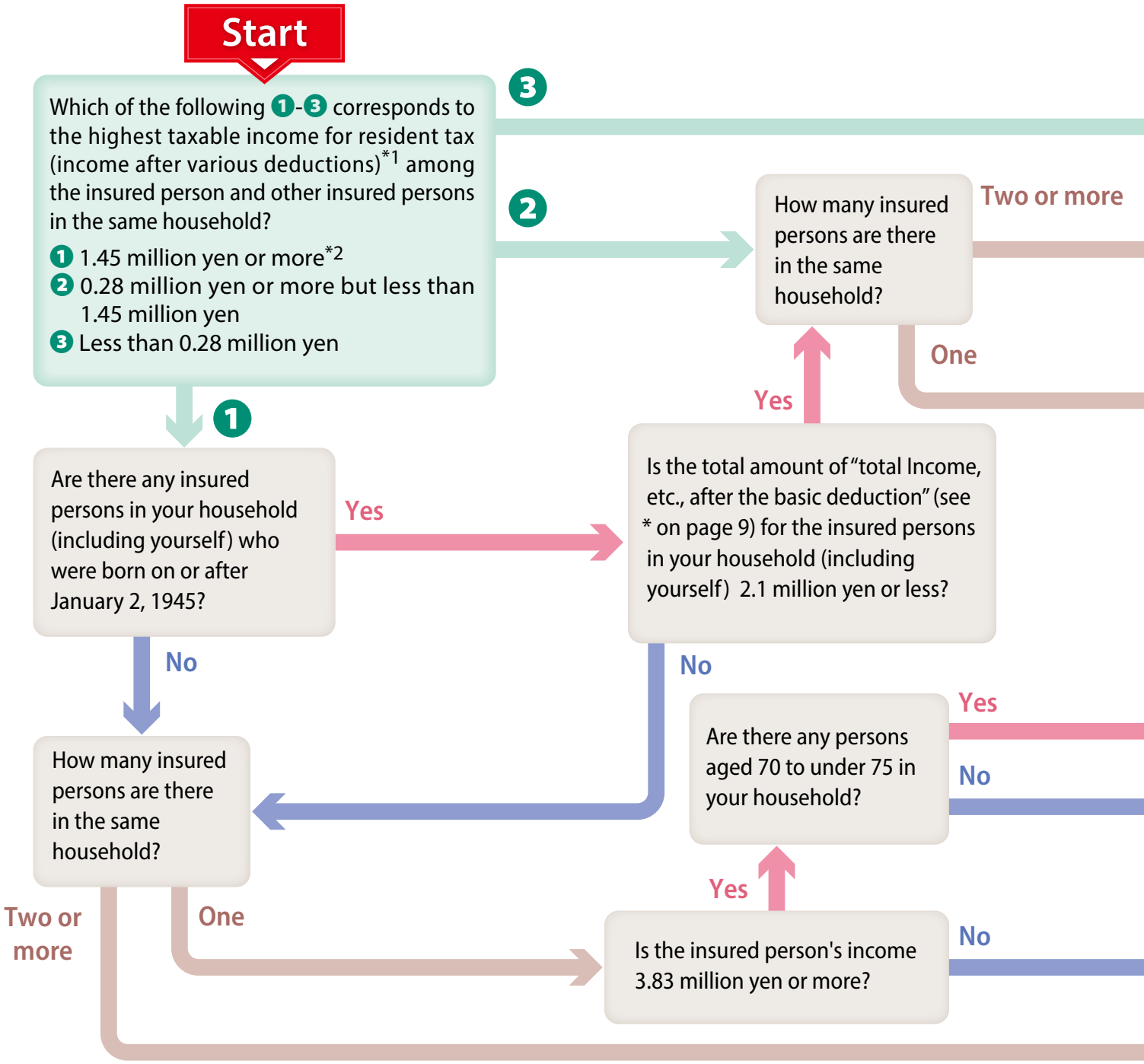
The insured persons may be exempt from co-payments when the house has been damaged significantly due to a natural disaster, when revenue has been reduced significantly due to the closing of a business or loss of employment, and when the householder or equivalent has had to be hospitalized for a long period.

For details, please consult the division in charge at your local municipal office.



Determination of Co-payment Rates

● "Insured persons" refer to the persons enrolled in the "insurance premiums for the medical care system for elderly people".

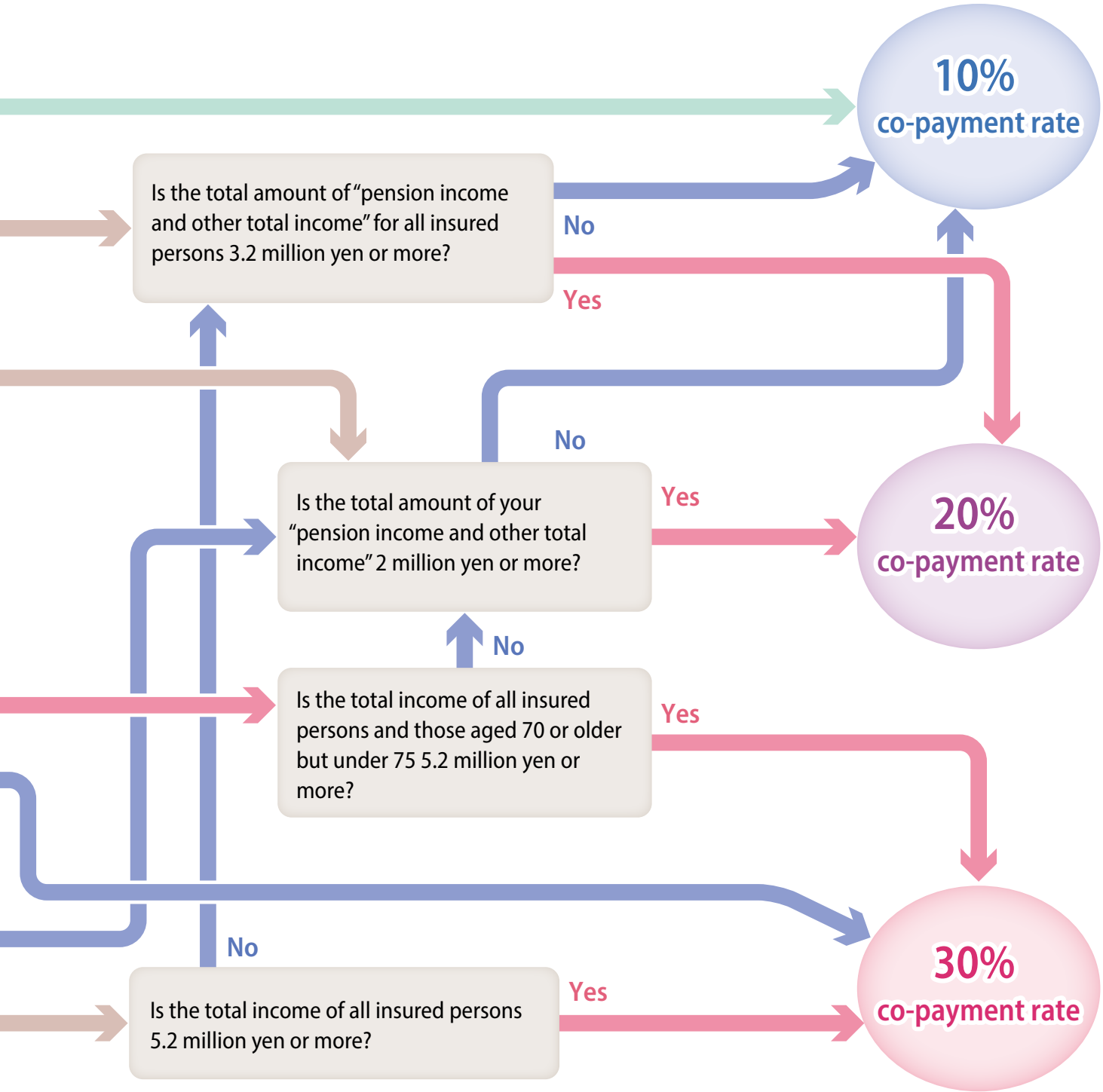


*1 For insured persons who were heads of household as of December 31 of the previous year and who have a family member under age 19 with a total income of 380,000 yen or less living in the same household, the sum of items ① and ② below shall be deducted from the taxable income for resident tax purposes when determining the copayment rate.

① **Aged under 16 ·····330,000 yen per person**

② **Aged 16 to under 19 ·····120,000 yen per person**

- The co-payment rate is determined on August 1 of each year using the amount of your reference fiscal-year income on which residence tax is imposed.
- If there are any changes in the household situation, these will be reflected starting from the following month. If any changes occur, a Qualification Confirmation Card will be newly issued.



*2 If there is an insured person with taxable income for resident tax of 1.45 million yen or more, an application for the standard income amount may be required in order to qualify for a 20% or 10% co-payment (see page 16 for eligibility criteria).
Please contact your local municipal office to find out if you need to apply or not.

Required documents for the application for the standard income amount
(Submit your application to the relevant municipal office)
- Documents showing the applicant's income status (e.g., a copy of tax return)

Contact: **Section for the medical care system for the elderly in your municipality**

Hospital Meal Fees

Amended in June 2026



Inpatients are responsible for paying the following standard co-payment per meal.

*These are the standard co-payment amounts effective from June 1, 2026.

Standard co-payment amount for hospital meals (per meal)

Co-payment limit category (income-based category) See pages 16-17			Meal fee
Persons with income comparable to those in active employment	Ordinary insured persons II	Ordinary insured persons I	550 yen*1
Low-income class II	Hospitalization up to 90 days		270 yen
	Hospitalization exceeding 90 days in the past 12 months*2		220 yen
Low-income class I			130 yen

*1 Some cases may require 330 yen.
*2 To be eligible, please submit a notification to the relevant office in your municipality. The period deemed as long-term hospitalization begins on the 1st of the month following the date of notification. Therefore, you will need to apply separately for any difference in fees from the notification date to the end of the month. You will need the receipt for your hospital stay, so be sure to keep it in a safe place.

Inpatients Using Long-Term Care Beds

Standard co-payment amount of meal fees and room charge (utility expenses)

Co-payment limit category (income-based category) See pages 16-17	Meal fee per meal	Room charge per day
Persons with income comparable to those in active employment	550 yen (510 yen in certain institutions)	430 yen
Ordinary insured persons II		
Ordinary insured persons I		
Low-income class II	270 yen	
Low-income class I	160 yen	
Recipients of old-age welfare pensions	130 yen	0 yen

- For patients whose condition requires continuous inpatient care, or for patients admitted to a post-acute rehabilitation ward, the meal fees will be the same as those for general inpatient beds described above.
  Room charge costs 430 yen (0 yen for intractable/rare disease patients)

Other Benefits

For details, please consult the division in charge at your local municipal office.

Home nursing care medical expense benefit

If insured persons use home nursing care services in accordance with a doctor's instructions, they can receive medical expense benefit by presenting their Myna Insurance Cards or Qualification Confirmation Cards.

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 insurance. Please present your Myna Insurance Card or Qualification Confirmation Card.

Funeral expense benefit

When an insured person dies, 50,000 yen is provided as part of the funeral fee. (Note) Please note that eligibility for this benefit expires after two years from the day after the funeral.

【Necessary items for filing an application】

- Identification documents
- Application form
- Account information of the applicant
- Document attesting that the applicant held the funeral (e.g. a receipt for the funeral fee under the name of the applicant)

(Note) The applicant's personal seal will be necessary if a bank account of a person other than the applicant is used for bank transfer and if the applicant does not fill out the application form himself/herself.

Transfer expense benefit

When a person with a serious illness or injury who has difficulty traveling is transferred due to temporary or urgent need under a doctor's orders, the cost is paid only if it is approved by the Wider-Area Union and the following three criteria are all met.

1. When the necessary treatment at the destination is covered by health insurance
2. When the transfer was extremely difficult due to a disease or injury that required the treatment
3. In case of emergency or absolute necessity

【Examples of ineligible cases】

- Cases considered to be for the patient's convenience such as a transfer to a hospital close to their home
- Transportation in the case of hospital visit/discharge
- Prescheduled but non-emergency transfer to another hospital

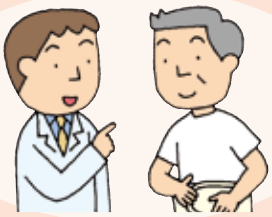
Reimbursement of Medical Expenses

In the following cases, you will initially have to pay the full amount yourself; however, if your application is approved by the relevant office in your municipality, you will be reimbursed for the amount minus your out-of-pocket expenses.

When you receive treatment with a compelling reason for being unable to present your Myna Insurance Card or other certificates



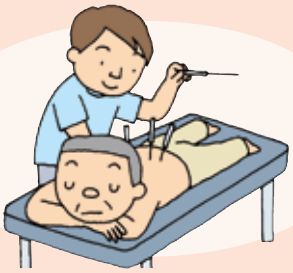
When you buy braces such as corsets, in accordance with a doctor's instructions



When you receive treatment by a judo therapist for fractures, sprains, etc. (Medical insurance may not be applicable. For details, see page 24.)



When you receive treatment from acupuncturists, moxibustion practitioners, or massage/shiatsu practitioners in accordance with a doctor's instructions (Medical insurance may not be applicable. For details, see page 24.)



When you receive treatment while travelling abroad (excluding travel for the purpose of treatment)



- When you receive treatment from a judo therapist, acupuncturist, moxibustionist, or only a partial co-payment.

Commonly required items for application

- **Identification documents (e.g., Qualification Confirmation Card)**
- **A document that verifies the account number and account holder's name**

*Upon application, you may be required to provide your My Number (Individual Number) and verify your identity. If you have your MyNumber Card, please be sure to have it ready.

Necessary items for each application

- Statement of medical expense (receipt)
- Receipt

*Items not covered by insurance (such as designated medical care fees) are not eligible for reimbursement.

- Certificate of instruction for the production of therapeutic orthotic devices and fitting, etc. (Note) When applying for shoe-type orthotic equipment, it is necessary to attach a photo of the equipment to be worn.
- Receipt (showing itemized details)

*Payments will be made in accordance with the national payment guidelines.

- Statement of treatment details
- Receipt

- Statement of treatment details
- Doctor's consent form
- Receipt

- Statement of treatment details
- Itemized receipt
- Receipt
- Japanese translation for the above
- Documentation of overseas travel records such as a passport and air tickets
- Consent form for inquiries regarding medical treatment details, etc.

massage/shiatsu therapist who accepts delegation of receipt, you can receive treatment with

How to Receive Treatment by Judo Therapists, Acupuncturists, Moxibustion Practitioners, and Massage/Shiatsu Practitioners

When health insurance can be used for judo therapy



When you receive treatment after being diagnosed by a doctor or judo therapist with a fracture, dislocation, bruise, sprain, or contusion, caused by trauma (for fractures and dislocations, a doctor's consent is required except in emergency cases).

However, health insurance cannot be used in the following cases:

- Simple (fatigue-related or chronic) shoulder stiffness or muscle fatigue
- Chronic illnesses such as sequelae of brain disease, or long-term treatment where no improvement in symptoms is observed
- Injury, etc., already under treatment at a medical institution covered by health insurance (hospital, clinic, etc.)
- Injuries sustained at work or during commuting that are covered by workers' compensation insurance

When health insurance can be used for acupuncture and moxibustion therapies

Health insurance is available for conditions whose main symptom is chronic pain, such as nerve pain, rheumatism, cervico-omo-brachial syndrome, frozen shoulder syndrome, low back pain and aftereffect of cervical sprain.

However, health insurance cannot be used in the following cases:

- Symptoms already under treatment (including medication such as patches) at a medical institution covered by health insurance (hospital, clinic, etc.)
- Simply for the purpose of fatigue recovery or relaxation
- For prevention of disease



When health insurance can be used for massage/shiatsu

Health insurance is available for cases where massage is required for medical reasons, including muscle paralysis and articular contracture.

However, health insurance cannot be used in the following cases:

- Simply for the purpose of fatigue recovery or relaxation
- For prevention of disease



Be sure to get a receipt and keep it in a safe place.

When You Are Involved in Traffic Accidents and Other Incidents

Even if you are injured in a traffic accident, you can receive medical care under the Medical Care System for Elderly People **by submitting a notification**.

However, the Wider-Area Union will temporarily cover the medical expenses (covered by insurance) and later claim reimbursement based on the percentage of fault.

Be sure to apply to the division in charge at your local municipal office.



! Proceed with caution when settling out of court !

If you receive the cost of treatment from a perpetrator or settle a case out of court, you might not be able to receive medical care under the Medical Care System for Elderly People.

You are strongly advised to consult with the division in charge at your local municipal office before settling out of court.

An Account for Receiving Public Money

Those who have registered an account for receiving public money for benefits with the government through Myna Portal website, etc. are able to select their public money receiving account when applying for the payment of benefits.

If you use an account for receiving public money, you do not need to enter your account information on the application form.

However, you will need to submit an application form for an account for receiving public money, so please contact your local municipality.



*The account for receiving public money cannot be used by anyone other than the insured persons themselves.
*Funeral expenses and subsidies for comprehensive medical examinations are not covered.

High-Cost Medical Care Benefit

If you have paid medical expenses for a single month (within the same month) exceeding the specified monthly cap shown in the table below, you will be reimbursed, if your application is approved, for the amount exceeding the cap for co-payment as high-cost medical care benefits.

The Wider-Area Union will send you the application form approximately three months after you receive the medical care. Please file an application for it with the division in charge at your local municipal office.

Any high-cost medical care benefit incurred thereafter will be transferred to your registered account unless you change your account number or other details.

When visiting a medical institution, using your "MyNumber Insurance Card" or "Qualification Confirmation Card" that indicates your co-payment limit category will ensure that the amount to be paid at the reception is limited to the cap for co-payment.

Cap for Co-Payment (Monthly) <August 2026 and Later>

Co-payment limit category (income-based category) (see pages 16-17)	Outpatient (on an individual basis)	Outpatient + Hospitalization (on a household basis)
Active income earner III	270,300 yen (If medical expenses exceed 901,000 yen, 1% of the excess amount will be added)*1 *5	
Active income earner II	179,100 yen (If medical expenses exceed 597,000 yen, 1% of the excess amount will be added)*2 *5	
Active income earner I	85,800 yen (If medical expenses exceed 286,000 yen, 1% of the excess amount will be added)*3 *5	
Ordinary insured persons II	22,000 yen (up to 216,000 yen per year)	61,500 yen*3 *5
Ordinary insured persons I		
Low-income class II	11,000 yen (up to 96,000 per year)	25,700 yen *4 *5
Low-income class I	8,000 yen	15,700 yen*5

If your household has already received high-cost medical care benefits three or more times within the past 12 months, the amount for the fourth and subsequent payments will be as follows:

*1 The fourth and subsequent payment: 140,100 yen
*2 The fourth and subsequent payment: 93,000 yen
*3 The fourth and subsequent payment: 44,400 yen
*4 24,600 yen for fourth time and after
*5 We plan to introduce a new annual cap for co-payment (annual maximum amount) starting in August 2026.

- Regarding the cap for co-payment (monthly) before July 2026, please contact your local municipality.
- In the 75-year-old birth month, the limits for your previous health insurance and the medical care system for elderly people will each be halved.
- This information is based on data as of March 31, 2026.

Calculating High-Cost Medical Care Benefits

- The totals are combined regardless of whether they are hospitals, clinics, or medical departments.
- Expenses such as meals during hospitalization and private room charges not covered by insurance are not eligible for benefits.

High-Cost Medical Care Benefits (Aggregated Annual Outpatient Expenses) System

For those whose co-payment limit category (income-based category) contains ordinary insured persons or low-income classes (see pages 16-17), if their outpatient co-payment for one year (from August of the previous year through the end of July of the current year) exceeds the annual cap, the amount exceeding the cap will be reimbursed as high-cost medical care benefits (aggregated annual outpatient expenses).

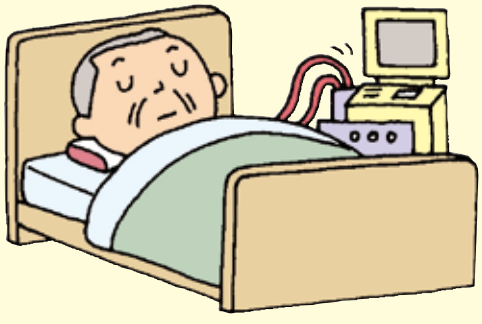
- For those who have previously received monthly high-cost medical care benefits, provided there have been no changes to their health insurance coverage during that period and their outpatient co-payment can be verified by the Wider-Area Union, the benefits will be automatically deposited into the same account used for the monthly high-cost medical care benefit payments.

  For insured persons other than those mentioned above who are expected to receive benefits, the relevant notice will be sent in November. If you receive the notice, please apply at the relevant municipal office.
- Those who fall into the category of persons with income comparable to those in active employment as of the reference date (July 31) are not eligible.

Certificate for a Patient with Specified Disease

If you have any specified disease (end-stage kidney disease, hemophilia, or acquired immunodeficiency syndrome treated with antiviral drugs), you will be issued a "Certificate for a Patient with Specified Disease". Please apply at the relevant office in your municipality. Please note that the cap for co-payment for insured medical treatment related to specified diseases is 10,000 yen per month per medical institution.

*Even if you were previously eligible for specific diseases under a health insurance plan, you will need to reapply.



Unitary High-Cost Medical/Long-Term Care System

If the aggregated co-payment for both under the Medical Care System for Elderly People and the Long-Term Care Insurance Program exceeds the limits shown in the table below, you will be reimbursed, if your application is approved, for the amount exceeding the cap for co-payment as unitary high-cost medical care benefits.



Co-payment cap when aggregating expenses (annual)

(Calculation covers the period from August of the previous year to July of the current year.)

Co-payment limit category (income-based category) (see pages 16-17)		Co-payment cap
Persons with income comparable to those in active employment	III	2,120,000 yen
	II	1,410,000 yen
	I	670,000 yen
Ordinary insured persons II		560,000 yen
Ordinary insured persons I		
Low-income class II		310,000 yen
Low-income class I		190,000 yen (Note)

(Note) For households categorized in low-income class I with more than one person who receives long-term care service, the benefit from the long-term care insurance program will be based on the co-payment cap of 310,000 yen.

★Those expected to receive the payment will be notified in writing by the Wider-Area Union during the month of March. Once you receive the notification, please apply to the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture.

Be careful about taking multiple medications.

Among the multiple medications, the state that causes harm such as side effects is specifically referred to as "polypharmacy" and has become a major concern. If you're taking many different medications, please consult a pharmacist.

If you have any leftover medication, consult a pharmacist.

Leftover medication is a waste of medical resources. If you take these medications to a pharmacy, they may let you use any medication that is still usable and adjust your prescription in consultation with your doctor.



Generic Drugs, Refill Prescription, etc.

Generic Drugs

Generic drugs are follow-on drugs sold after the patents of the original drugs (new drugs) expire. They contain the same active ingredient as the original drugs and have equivalent efficacy and effects. Since they are more affordable than the original drugs, their use helps save on medical expenses.



- If you request the original drug for a medication for which a generic version is available, you may be charged an additional fee.

Refill prescription

A "refill prescription" can be used repeatedly, up to three times within the period specified by the doctor, without the need for a follow-up visit. From the second visit onwards, you can pick up your medication at the pharmacy without seeing a doctor.

This applies to patients (with chronic conditions) whose symptoms are stable. Using refill prescriptions can help reduce the time and financial burden associated with hospital visits and lead to lower medical costs. If you wish to use this service, please consult your doctor.



Biosimilar

A biosimilar is a drug developed after the patent on the original biologic drug has expired. They offer efficacy and safety equivalent to those of original biologics, yet at a lower price, thereby helping to reduce the financial burden on patients and improve the health insurance finances.

Consult your doctor or pharmacist before using a biosimilar.

List of Municipal Offices

Municipality	Division in charge	TEL
Osaka City	Health Insurance & Pension Div.	06-6208-7996
Kita Ward	Counter Services Dept.	06-6313-9956
Miyakojima Ward	Counter Services Dept.	06-6882-9956
Fukushima Ward	Counter Services Dept.	06-6464-9956
Konohana Ward	Counter Services Dept.	06-6466-9956
Chuo Ward	Counter Services Dept.	06-6267-9956
Nishi Ward	Counter Services Dept.	06-6532-9956
Minato Ward	Counter Services Dept.	06-6576-9956
Taisho Ward	Counter Services Dept.	06-4394-9956
Tennoji Ward	Counter Services Dept.	06-6774-9956
Naniwa Ward	Counter Services Dept.	06-6647-9956
Nishiyodogawa Ward	Counter Services Dept.	06-6478-9956
Yodogawa Ward	Counter Services Dept.	06-6308-9956
Higashiyodogawa Ward	Counter Services Dept.	06-4809-9956
Higashinari Ward	Counter Services Dept.	06-6977-9956
Ikuno Ward	Counter Services Dept.	06-6715-9956
Asahi Ward	Counter Services Dept.	06-6957-9956
Joto Ward	Counter Services Dept.	06-6930-9956
Tsurumi Ward	Counter Services Dept.	06-6915-9956
Abeno Ward	Counter Services Dept.	06-6622-9956
Suminoe Ward	Counter Services Dept.	06-6682-9956
Sumiyoshi Ward	Health Insurance & Pension Div.	06-6694-9956
Higashisumiyoshi Ward	Counter Services Dept.	06-4399-9956
Hirano Ward	Health Insurance & Pension Div.	06-4302-9956
Nishinari Ward	Counter Services Dept.	06-6659-9956
Sakai City	Medical Assistance & Pension Div.	072-228-7375
Sakai Ward	Health Insurance & Pension Div.	072-228-7413
Naka Ward	Health Insurance & Pension Div.	072-270-8189
Higashi Ward	Health Insurance & Pension Div.	072-287-8108
Nishi Ward	Health Insurance & Pension Div.	072-275-1909
Minami Ward	Health Insurance & Pension Div.	072-290-1808
Kita Ward	Health Insurance & Pension Div.	072-258-6740
Mihara Ward	Health Insurance & Pension Div.	072-363-9314
Kishiwada City	Health Insurance Div.	072-423-9468
Toyonaka City	Insurance Delivery Div.	06-6858-2295
	Insurance Consultation Div.	06-6858-2301
Ikeda City	Health Insurance & Medical Welfare Div.	072-754-6258

* The division in charge and the telephone number are subject to change due to organizational reforms.

Municipality	Division in charge	TEL
Suita City	National Health Insurance Div.	050-1807-2183
Izumiotsu City	Health Insurance & Pension Div.	0725-33-1131
Takatsuki City	National Health Insurance Div.	072-674-7079
Kaizuka City	Health Insurance & Pension Div.	072-433-7271
Moriguchi City	Health Insurance Div.	06-6992-1545
Hirakata City	Health Insurance & Pension Div.	072-841-1221
Ibaraki City	Health Insurance & Pension Div.	072-620-1630
Yao City	Health Insurance Div.	072-924-3997
Izumisano City	National Health Insurance & Pension Div.	072-463-1212
Tondabayashi City	Health Insurance & Pension Div.	0721-25-1000
Neyagawa City	Citizens Service Dept. (Section for the Medical Care System for the Elderly)	050-1724-2735
Kawachinagano City	Health Insurance & Medical Welfare Div.	0721-53-1111
Matsubara City	Medical Assistance Div.	072-334-1550
Daito City	Health Insurance & Pension Div.	072-870-9629
Izumi City	Health Insurance and Pension Office	0725-99-8127
Minoo City	Health Insurance & Medical Welfare Div.	072-724-6739
Kashiwara City	Health Insurance & Pension Div.	072-972-1580
Habikino City	Health Insurance & Pension Div.	072-958-1111
Kadoma City	Health Insurance Div.	06-6902-5697
Settsu City	National Health Insurance & Pension Div.	06-6383-1387
Takaishi City	Health Promotion Div.	072-275-6392
Fujiidera City	Health Insurance & Pension Div.	072-939-1186
Higashiosaka City	Insurance Management Div.	06-4309-3051
Sennan City	Health Insurance & Pension Div.	072-483-3455
Shijonawate City	Health Insurance & Pension Div.	072-877-2121
Katano City	Medical Assistance & Health Insurance Div.	072-892-0121
Osakasayama City	Health Insurance & Pension Group	072-349-9472
Hannan City	Health Insurance & Pension Div.	072-489-4529
Shimamoto Town	Health Insurance & Pension Div.	075-962-7462
Toyono Town	Health Insurance Div.	072-739-3422
Nose Town	Citizens Affairs Div.	072-731-3202
Tadaoka Town	Health Insurance Div.	0725-22-1122
Kumatori Town	Health Insurance & Pension Div.	072-452-6195
Tajiri Town	Citizens Affairs Div.	072-466-5004
Misaki Town	Health Insurance & Pension Div.	072-492-2705
Taishi Town	Health Insurance & Medical Welfare Div.	0721-98-5516
Kanan Town	Health Insurance & Pension Div.	0721-93-2500
Chihaya-akasaka Village	Citizens Affairs Div.	0721-72-0081

Please Contact the Local Municipal Office on the Following Occasions

Occasion	Procedures / What to Take	When
Moving to another municipality	Return of Qualification Confirmation Card	When you decide to move
Moving from another municipality	Certificate of burden class (Futan kubun to shomeisho) (if you move from a municipality outside Osaka Prefecture)	Within 14 days from the day you start living in your municipality
Withdrawal of disability certification (between 65 to 74 years of age) (see page 3)	Return of Qualification Confirmation Card / Documents regarding your Individual Number (My Number)	When you want to withdraw the disability certificate provided by the Wider-Area Union
Death of an insured person	Return of Qualification Confirmation Card	After submitting a notification of death
	Application for the funeral expense benefit (see page 21)	After the funeral
Receiving public assistance	Return of Qualification Confirmation Card / Certificate of public assistance reception and documents regarding your Individual Number	Within 14 days from the date you start receiving public assistance
Stopping receiving public assistance	Notification of public assistance suspension/discontinuance decision and documents regarding your Individual Number (My Number)	Within 14 days from the date of public assistance suspension/discontinuance

The Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture

Information relating to Qualification Confirmation Cards, services concerning insurance premiums, etc.	Eligibility Information Management Div.	☎06-4790-2028
Information relating to high-cost medical care benefit, medical examinations, notification of medical expenses, etc.	Insurance Delivery Div.	☎06-4790-2031
Information relating to Wider-Area Union budgets, public relations, council, etc.	General Affairs & Planning Div.	☎06-4790-2029

●8F Chuo-odori FN Bldg., 1-3-8 Tokiwa-machi,
Chuo-ku, Osaka 540-0028
Fax: 06-4790-2030 (common to all divisions)
Website: https://www.kouikirengo-osaka.jp/

The Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture

This booklet provides information on the program as of May 1, 2026. Please note that, if any revision is made to the program in the future, this booklet may not accurately describe the program contents.

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