

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

The Medical Care System for Elderly People



Let's use Myna Insurance Card!



The Medical Care System for Elderly People covers persons aged 75+ and those aged 65–74 who are certified as being disabled under the program's criteria.

Thank you for your understanding.

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

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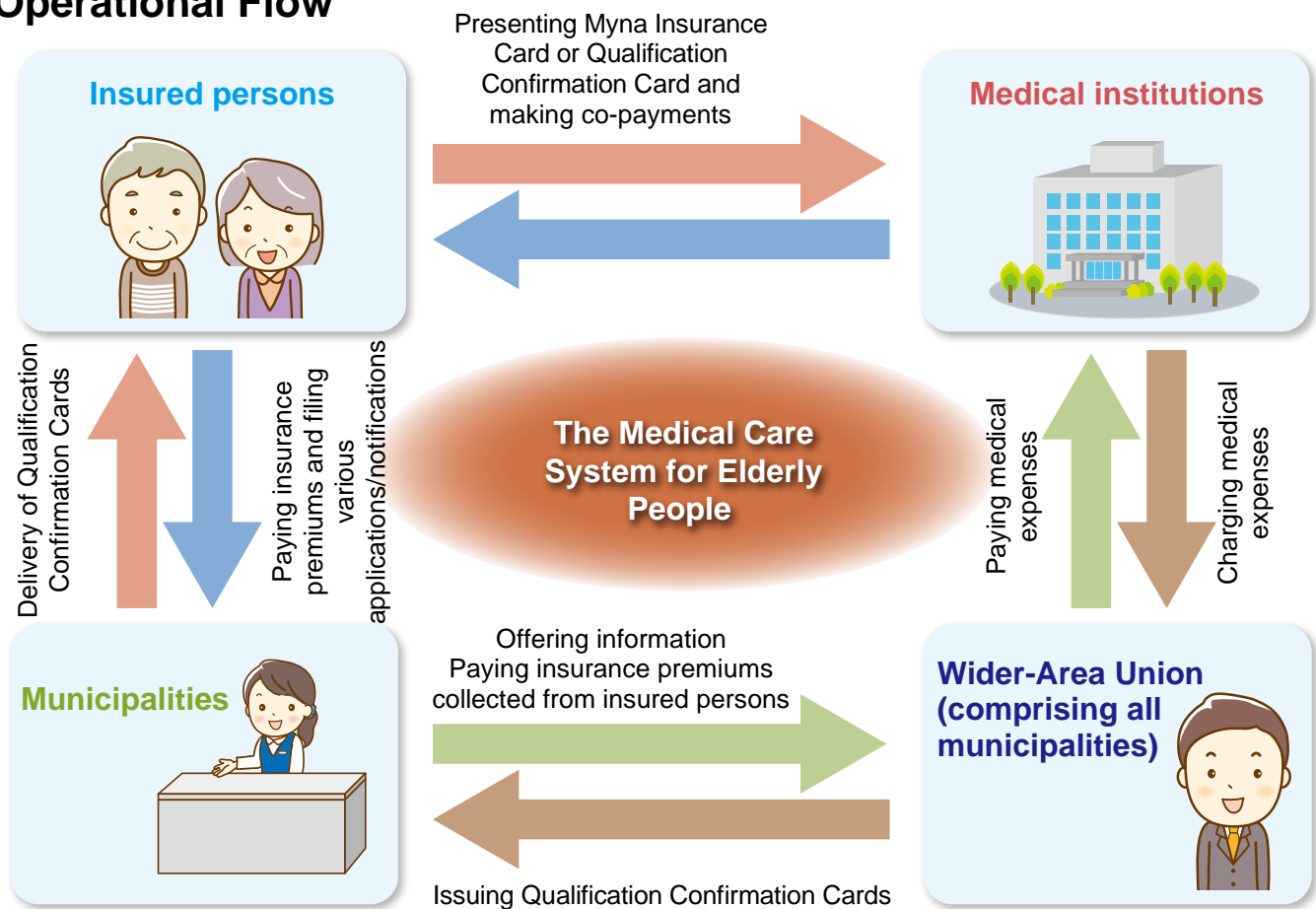
In Osaka Prefecture, the Medical Care System for Elderly People is operated by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture (hereinafter, the “Wider-Area Union”), which comprises all municipalities within Osaka Prefecture.

Meanwhile, each municipality offers various counter services, such as the acceptance of applications and notifications.

Wider-Area Union	Municipalities
<p>Operates the Medical Care System for Elderly People</p> <ul style="list-style-type: none"> • Authorizes eligibility status for the medical care program and certifies insured persons • Issues Qualification Confirmation Cards and related certificates • Determines the amounts of insurance premiums • Provides various medical and other related benefits • Implements various healthcare programs, including medical examinations, etc. 	<p>Collect insurance premiums and provide various counter services, such as the acceptance of applications and notifications</p> <ul style="list-style-type: none"> • Collect insurance premiums • Deliver and collect Qualification Confirmation Cards and related certificates • Accept notification regarding acquisition/loss of eligibility • Offer consultation services on the program, etc.

Operational Flow and Financial Sources

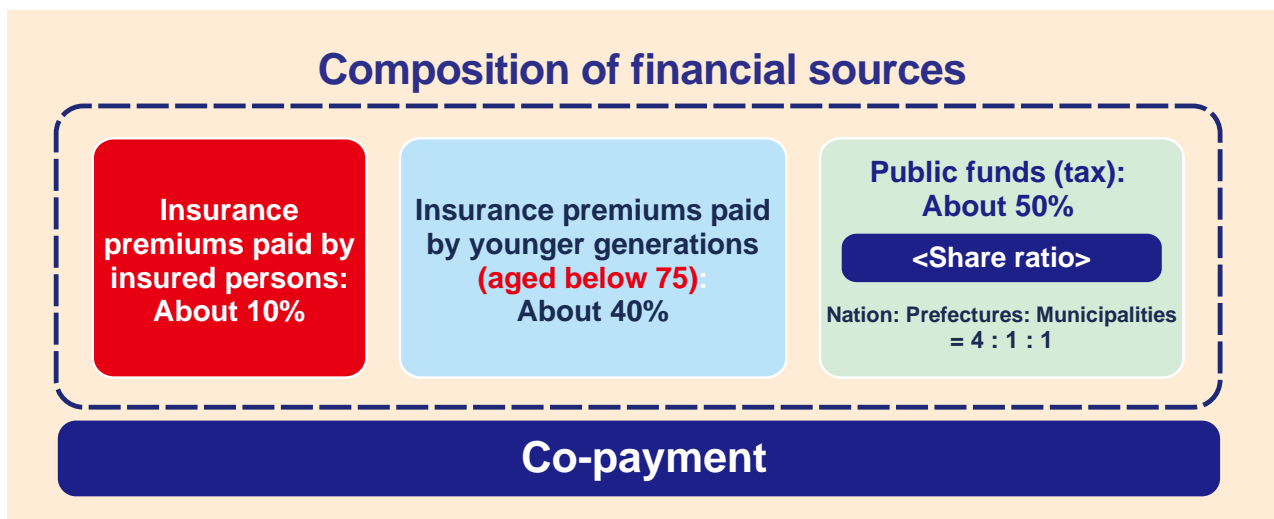
Operational Flow



Financial Sources

The Whole Society Supports the Medical Care System for Elderly People

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



Persons to Be Insured

Who will be insured by this program?		When does coverage start?
①	Persons aged 75 or over	On their 75th birthday
②	Persons aged 65 to 74 who are certified as being disabled by the Wider-Area Union on application	On the date of certification by the Wider-Area Union

① Persons aged 75 or over

Basically, all persons aged 75+ are insured, regardless of the types of medical insurance programs they were previously covered under, by the Medical Care System for Elderly People.

*Please note, however, that public assistance recipients are not covered.

○To those who had enrolled in medical insurance programs other than National Health Insurance

When the persons previously covered by employee's health insurance or their dependents enroll in the Medical Care System for Elderly People, they must submit a notification regarding the loss of eligibility for the employee's health insurance. The notification must be submitted to the municipal office through the place of employment.

In such a case, dependent family members aged below 75 need to enroll in the National Health Insurance or similar other programs. If this is applicable in your case, please take the necessary steps at your local municipal office or workplace. For details about the procedures, please contact the division in charge at your local municipal office.

② Persons aged 65 to 74 who are certified as being disabled by the Wider-Area Union on application

Persons aged 65 to 74 having a specific disability can enroll in the Medical Care System for Elderly People by filing an application for disability certification.

○To those who are intending to receive disability certification

Eligibility for disability certification

- 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 intellectual disability certificates (class A)

<Necessary items for filing an application>

- National pension certificate, certificate of physical disability, etc.
- Documents regarding your Individual Number (My Number)

Those who have once received disability certification **can withdraw from the Medical Care System for Elderly People until they are 75 years old by submitting a notification of withdrawal. In such a case, they will be treated as not covered by the System from the day after they submit the notification. If you switch to another social insurance plan, submit a notification of withdrawal before the date of your enrolment in the new insurance.** Withdrawal does not mean loss of physical or other disability certificates or loss of eligibility for disability pensions. **Those who have become ineligible for the disability certification after receiving the certification are required to submit a notification for loss of eligibility.** For details about the procedure, please consult the division in charge at your local municipal office.

Domicile exemption

If persons covered by the Medical Care System for Elderly People in one prefecture move into another prefecture, they will basically need to enroll in the program operated by the Wider-Area Union of that prefecture. If such a change in residence results from admission to facilities subject to domicile exemption (certain kinds of nursing homes), long-term hospitalization or similar reasons, those individuals will continue to be covered by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture. In addition, if persons who enroll in the Medical Care System for Elderly People for reason ① or ② above after April 1, 2018 had enrolled in the National Health Insurance Program of Osaka Prefecture and have addresses at facilities subject to domicile exemption (certain kinds of nursing homes) or hospitals in other prefectures, they will be covered by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture.

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

Please present your **MyNumber Card** when visiting medical institutions or pharmacies.

How to use your Myna Insurance Card at medical institutions, etc.

1. Place your Myna Insurance Card on the face recognition card reader.
2. Verify your identity (with facial recognition/PIN).
3. Select whether or not you agree to provide various information.

Benefits of using Myna Insurance Card

1. Information on your past medication and health checkup results becomes available, allowing you to **receive better medical care** based on your physical condition and information about other illnesses.
 2. In emergency situations, it also provides useful information for appropriate first aid during transport and for selecting hospitals.
 3. Payments exceeding the limit for high-cost medical care will be exempted without any procedures.
- If you do not wish to use your Myna Insurance Card, you can cancel your registration at your local municipal office. For details, please contact your local municipal office. (Even after canceling your registration for a Myna Insurance Card, you can use it again by re-registering it.)
 - Myna Insurance Card has an expiration date for use as an electronic certificate. A notification letter will be sent approximately two to three months before the expiration date. Please complete the necessary procedures at your local municipal office.

◎ Notice of Qualification Information (July 2026 onwards)

- If you have a Myna Insurance Card and are newly enrolled in the Medical Care System for Elderly People, or if your co-payment rate or other conditions have changed, a Notice of Qualification Information will be issued.
- If a medical institution has no card reader or if the card reader is not available due to malfunction, you can receive medical care by presenting this Notice of Qualification Information together with your Myna Insurance Card.
- **You cannot receive medical care by presenting the Notice of Qualification Information alone.**

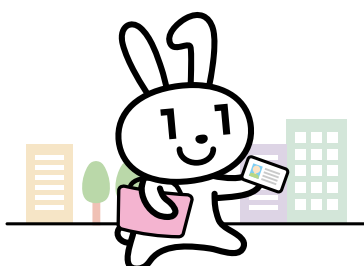


Image of the Notice of Qualification Information

広域 太郎 様

後期高齢者医療資格情報のお知らせ


大阪府後期高齢者医療広域連合
保険者番号 ××××××××

あなたの加入する後期高齢者医療制度の資格情報を下記のとおりお知らせします。
なお、このお知らせのみでは受診できません。

被保険者番号	〇〇〇〇〇〇〇〇
氏名	広域 太郎
負担割合	〇割
有効期限	令和〇〇年〇〇月〇〇日
発効期日	□□□□年□□月□□日
交付年月日	令和〇〇年〇〇月〇〇日

スマートフォンをお持ちの方は、以下の二次元コードからマイナポータルにログインすることで、ご自身の健康保険の資格情報を確認することができます。ぜひご利用ください。

— マイナポータルへのアクセス・ダウンロードはこちら —



マイナ保険証の読み取りができない例外的な場合については、スマートフォンの資格情報画面をマイナ保険証とともに医療機関等の受付で提示することで受診いただけます（スマートフォンをお持ちでない方は、この文書をマイナ保険証とともに医療機関等の受付で提示することで受診いただけます）。

下部を切り取ってご利用いただくこともできます
(このお知らせのみでは受診できません)

後期高齢者医療資格情報のお知らせ

令和〇〇年〇〇月〇〇日発行
大阪府後期高齢者医療広域連合
保険者番号 ××××××××

被保険者番号 〇〇〇〇〇〇〇〇
氏名 広域 太郎
負担割合 〇割
有効期限 令和〇〇年〇〇月〇〇日
発効期日 □□□□年□□月□□日

受診の際にはマイナ保険証があわせて必要です

Qualification Confirmation Card

Until July 31, 2026, a Qualification Confirmation Card will be issued regardless of whether you have your Myna Insurance Card.

◎ Qualification Confirmation Card

If you have newly enrolled in the Medical Care System for Elderly People, or if your co-payment rate or other conditions have changed, a Qualification Confirmation Card will be issued. Please present this certificate at the reception desk when receiving treatment at a hospital or other medical facility.

Co-payment Limit Category

*For those who hold a "Maximum Co-payment Amount Certificate" or a "Maximum Co-payment/Standard Burden Reduction Certificate" before December 1, 2024, as well as those who applied for combined notation on or after December 2, 2024, the co-payment limit category will be automatically included.

*If you wish to request the combined notation, an application is required. You must prepare documents that can verify your identity.

Specific Disease Category

Please refer to page 22 for the documents necessary for specific disease certification.

Indication of Intent to Donate Organs

You can indicate your intention to donate organs on the back page. For further details, please see page 28.

後期高齢者医療資格確認書									
有効期限 令和 8 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	□□〇〇年〇〇月〇〇日								
負担割合	〇割								
発効期日	□□〇〇年〇〇月〇〇日								
限度区分	〇〇〇								
発効期日	□□〇〇年〇〇月〇〇日								
長期入院該当日	□□〇〇年〇〇月〇〇日								
特定疾病区分	〇〇〇								
発効期日	□□〇〇年〇〇月〇〇日								
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 電話：06-4790-2028	×	×	×	×	×	×	×	×
×	×	×	×	×	×	×	×		

You can also receive medical treatment using your My Number Card as a "Myna Insurance Card."

For the benefits of using the Myna Insurance Card, please see page 4.

Registration Procedure

1. Registration via face recognition card reader
2. Registration via Myna Portal
3. Registration via Seven Bank ATMs



■ Note

Expiration date

As a rule, the expiration date is July 31 each year. A new Qualification Confirmation Card and other documents will be sent by the end of July each year. (If you become an insured person on your 75th birthday, you can use them from that day.)

Insurance Card and Qualification Confirmation Card which have expired

Please return them to the municipal office or dispose of them yourself.

For those turning 75 years old

Your Qualification Confirmation Card will be sent to you in the month prior to your birthday. If you already have your Myna Insurance Card, you can continue to use it. If you have been issued a Qualification Confirmation Card based on your national health insurance or company health insurance you were previously enrolled in, you will no longer be able to use it after your birthday.

For details, please contact the relevant municipal office or your employer.

Other precautions in handling a Qualification Confirmation Card

- | |
|--|
| ○ If you find any errors on your card, please ask the division in charge at your local municipal office to correct it. |
| ○ Never use another person's card. (Doing so is punishable by law.) |
| ○ Copies of your card cannot be used. |
| ○ If you lose your card, you can request it be reissued.
If you lose or accidentally destroy your card, ask the local municipal office to reissue it. |
| ○ If any change is made to your co-payment rate, your address or other important information, a Qualification Confirmation Card with the revised information will be sent to you. Please be sure to use the new Qualification Confirmation Card.
When you receive the new card, please return the old one to the division in charge at your local municipal office. |
| ○ If you move into another prefecture, please return your card.
Upon loss of eligibility due to moving into another prefecture, please return your card immediately to the division in charge at your local municipal office. |

Insurance Premiums

■ Method of Calculating Insurance Premiums

An insurance premium is charged to each insured person and consists of the per capita amount and income ratio amount. The former comprises a fixed amount to be paid by all insured persons; the amount of the latter is determined based on the income of respective insured persons.

The Wider-Area Unions of each prefecture determine insurance premium rates every other year through ordinances. Within Osaka Prefecture, insurance premium rates are uniform, regardless of the municipality in which you reside.

If you gain or lose your insured status during a fiscal year, your insurance premiums will be calculated on a monthly basis.

◎Method of calculating insurance premiums (FY 2024 and 2025)

$$\begin{array}{|c|} \hline \text{Annual sum} \\ \text{of} \\ \text{insurance} \\ \text{premiums}^{*1} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Per capita amount} \\ \text{57,172 yen} \\ \text{per insured person} \\ \hline \end{array} + \begin{array}{|c|} \hline \text{Income ratio amount} \\ \text{Assessable income}^{*2} \\ \text{[Total income}^{*3} - \text{Basic} \\ \text{Deduction}^{*4}] \\ \times \text{Income ratio (11.75\%)} \\ \hline \end{array}$$

*1 The annual maximum limit for insurance premiums is 800,000 yen. (For FY 2024, transitional relief measures may apply).

*2 Assessable income is the amount remaining after making the basic deduction from total income (the sum of non-forestry income, forestry income and other separately calculated incomes [stock transfer income, dividend income, property transfer income, etc., subject to separate self-assessed taxation] in the previous year). (Carryforward of casualty loss is not deducted.)

3 Total income = Revenue – Deductions

* “Deductions” here denote a public pension deduction, an employment income deduction, an income adjustment deduction, necessary expenses, etc. and do not include income deductions, such as deductions for medical expenses, persons with disabilities, or dependents.

*4 The amount of the basic deduction is shown below as specified in Paragraph 2, Article 314-2 of the Local Tax Act.

Total income	Basic reduction
24 million yen or less	430,000 yen
Over 24 million yen and up to 24.5 million yen	290,000 yen
Over 24.5 million yen and up to 25 million yen	150,000 yen
Over 25 million yen	Not applicable

*5 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.

*6 If there is a change in your income due to a revised return or other circumstances, the amount of your insurance premium may change retroactively. In such a case, please consult with the division in charge of the Medical Care System for Elderly People of your local municipal office.

■ Reduction of Insurance Premiums

Per capita amount for insured persons with low incomes (FY 2025)

The per capita insurance premium will be reduced by any of the following rates in accordance with the income level of an individual household.

Income level (Level of the total net income of all insured persons within a household, including the householder)	Reduction rate of per capita amount
Total income amount equal to or lower than [basic deduction (430,000 yen) + 100,000 yen × (number of persons with employment income – 1)]	70%
Total income amount equal to or lower than [basic deduction (430,000 yen) + 305,000 yen × (number of insured persons) + 100,000 yen × (number of persons with employment income – 1)]	50%
Total income amount equal to or lower than [basic deduction (430,000 yen) + 560,000 yen × (number of insured persons) + 100,000 yen × (number of persons with employment income – 1)]	20%

* The item underlined with a wavy line must be included in calculation if the household includes two or more persons including insured persons and the householder, with employment or other incomes (those who fall under any of conditions (1) to (3) below).

(1) Persons with a revenue of over 550,000 yen from salary

(2) Persons aged below 65 with a public pension revenue of over 600,000 yen

(3) Persons aged 65 or over with a public pension revenue of over 1,250,000 yen

* 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 the status of your household changes after the date of determination, the reduction rate will not be redetermined within the fiscal year.

* 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 the reduction rate.

* For the time being, 150,000 yen will be deducted from the income of pensioners (limited to those aged 65+) who have a public pension deduction for their pensions when the reduction rate for them is determined.

* The reduction rate is determined in accordance with the householder's income, whether or not the householder is insured by the Medical Care System for Elderly People.

Notify the local municipal office of your income.

Since insurance premium reduction rates are determined in accordance with income levels, please submit a declaration form to the department in charge of the Medical Care System for Elderly People at your local municipal office by April 15 (within 15 days of the date you acquired eligibility if it was in the middle of the fiscal year) even if you have no income.



One Point Q & A

Q

If I enroll in the Medical Care System for Elderly People during a fiscal year, how much in 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.

Insurance Premiums

Formerly dependent family members

Dependent family members who were covered by the employee's health insurance, or organizations such as mutual aid associations until the day before the enrollment in the Medical Care System for Elderly People should also pay insurance premiums. **No income ratio amount will be levied for the time being, and 50% of the per capita amount will be reduced for two years after enrollment.**

Income ratio amount	Not levied
Per capita amount	2 years after enrollment: 50% reduction

- * Persons who were covered by the National Health Insurance Program or the National Health Insurance Association Program until the day before the enrollment in the Medical Care System for Elderly People are not eligible.
- * To former dependent family members in households eligible for a 70% reduction of insurance premiums (see page 8), the per capita reduction rate of 70% applies.

One Point Q & A

Q

Until now, I have been covered by the employee health insurance of my child's company. However, I received a notice of the insurance premiums to which no reduction was applied. Why did I receive such a notice?

A

Even if you are a dependent family member who was covered by employee health insurance, the insurance premiums of the Medical Care System for Elderly People indicated in the first notice you receive is the amount to which no reduction is applied. This is because it takes two to three months for the Wider-Area Union to receive information from your former insurer. As soon as after your former dependent status is confirmed, the amount of insurance premiums will be recalculated, and you will be informed of the new premium amount.

*You can shorten the period required to have your insurance premiums reduced by notifying your local municipal office's division in charge of the Medical Care System for Elderly People about your former status as a dependent. When you give notification, you must present documentary proof of your former dependent status. Please inquire about such documents at the company or business office of your child, the health insurance association, etc.



■ Example of Calculating Insurance Premiums (FY 2025)

◎ Single-person household (with revenue comprising pensions only)

Pensions	1,530,000 yen	1,680,000 yen	1,985,000 yen	2,240,000 yen	3,000,000 yen
Total income	430,000 yen	580,000 yen	885,000 yen	1,140,000 yen	1,900,000 yen
Total net income after basic deduction	0 yen	150,000 yen	455,000 yen	710,000 yen	1,470,000 yen
Income ratio amount (1)	0 yen	17,625yen	53,462 yen	83,425 yen	172,725 yen
Reduction rate of per capita amount for an insured person	70% reduction		50% reduction	20% reduction	
Per capita amount after reduction for an insured person (2)	17,151 yen	17,151 yen	28,586 yen	45,737 yen	57,172 yen
Total insurance premiums: (1) + (2)	17,151 yen	34,776 yen	82,048 yen	129,162 yen	229,897 yen

*Each of the figures shown above is an annual amount.

*The calculation was made with a per capita amount of 57,172 yen and an income ratio of 11.75%.

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

<Reference>

Example of income ratio amount calculation (in the case of a person only with a pension revenue of below 3.3 million yen)

$(\text{Pension revenue} - 1.1 \text{ million yen} - 430,000 \text{ yen}) \times 11.75\%$
(public pension deduction) (basic deduction) (income ratio)

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

* Bereaved family pensions and other nontaxable pensions are excluded from the amount of revenue based on which insurance premiums are determined

Public pensions	Public pension deduction
Below 3.3 million yen	1,100,000 yen
3.3 million yen to below 4.1 million yen	Public pensions \times 0.25 + 275,000 yen
4.1 million yen to below 7.7 million yen	Public pensions \times 0.15 + 685,000 yen
7.7 million yen to below 10 million yen	Public pensions \times 0.05 + 1,455,000 yen
10 million yen or above	1,955,000 yen

* The public pension deductions in the table above are for pension recipients aged 65 or over as of December 31 of the year they received the pension, who had a total income of 10 million yen or less excluding miscellaneous income from public pensions.

Insurance Premiums

◎ Two-person household of wife and husband who are both aged 75 or over (with revenue comprising pensions only)



- For wife's pension, the amount of basic pension (830,000 yen) is used.

Pensions	Husband	1,530,000 yen	1,680,000 yen	2,290,000 yen	2,800,000 yen	3,000,000 yen
	Wife	830,000 yen	830,000 yen	830,000 yen	830,000 yen	830,000 yen
Total income	Husband	430,000 yen	580,000 yen	1,190,000 yen	1,700,000 yen	1,900,000 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Total net income after basic deduction	Husband	0 yen	150,000 yen	760,000 yen	1,270,000 yen	1,470,000 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Income ratio amount (1)	Husband	0 yen	17,625 yen	89,300 yen	149,225 yen	172,725 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Reduction rate of per capita amount for an insured person		70% reduction		50% reduction	20% reduction	
Per capita amount after reduction for an insured person (2)	Husband	17,151 yen	17,151 yen	28,586 yen	45,737 yen	57,172 yen
	Wife	17,151 yen	17,151 yen	28,586 yen	45,737 yen	57,172 yen
Total insurance premiums: (1) + (2)	Husband	17,151 yen	34,776 yen	117,886 yen	194,962 yen	229,897 yen
	Wife	17,151 yen	17,151 yen	28,586 yen	45,737 yen	57,172 yen
	Total	34,302 yen	51,927 yen	146,472 yen	240,699 yen	287,069 yen

*Each of the figures shown above is an annual amount.

*The calculation was made with a per capita amount of 57,172yen and an income ratio of 11.75%.

*Fractions below 1 yen have been rounded down for both per capita amount and income ratio amount.

■ How to Pay Insurance Premiums

Insurance premiums should be paid to your local municipal office.

As a general rule, insurance premiums are collected by the special payment method (automatically collected from public pensions), but the municipality in which you live will decide whether to collect them by special or ordinary payment method.

Special payment method

- Persons annually receiving 180,000 yen or above as public pensions*
- Persons whose long-term care insurance premiums have been collected by the special payment method and whose total amount of the premiums for long-term care insurance and those for the Medical Care System for Elderly People does not exceed 1/2 of the amount of public pensions* subject to the special payment method.

*For those who receive multiple kinds of pensions, the amount of pension with the highest priority determined by Cabinet Order.

- The premiums will be automatically collected from the public pensions provided six times a year.

April (1st term)	June (2nd term)	August (3rd term)	October (4th term)	December (5th term)	February (6th term)
Provisional collection			Finalized collection		
Until the income of the previous year is finalized, insured persons will be required to pay the insurance premiums provisionally calculated based on the insurance premiums of the previous year.			Insured persons are required to pay the finalized amount of insurance premiums (after deducting the provisionally collected amount) in three installments.		

*In some municipalities, the amount for the provisional collection of premiums in the first term may differ from those for the second- and third-term provisional collections.

Ordinary payment method

- Persons to whom the special payment method is not applied
- Persons who have just turned 75 years old or have just moved in
(They have to pay insurance premiums by the ordinary payment method for a certain period until the special payment starts.)

- Payment should be made by account transfer or with the payment notice sent from your local municipality office.

Please note that information about the transfer account used to pay the National Health Insurance premium (tax) will not be inherited. **You need to newly apply for the account transfer.**

Please contact the division in charge at your local municipal office to ask how to use bank transfer.

- You may select account transfer instead of the special payment method by filing an application. If you desire to pay through account transfer instead of the special payment method (when you have been paying the insurance premiums by the special payment method or you have been notified of the start of the premium payment by the special payment method), your payment method can be changed after you file an application. The time to stop the payment by the special payment method is determined according to the time of the application. Please ask how to file an application at the division in charge at your local municipal office.

* Changes may not be accepted due to past payment status or other reasons.

* If you fall behind in the payment several times after selecting account transfer, you may be required to pay with the special payment method again.

Insurance Premiums

Example of Determining the Insurance Premiums Payment Method

Mr. A receives the Old-Age Basic Pension (0.83 million yen) and the Old-Age Employees' Pension (2 million yen; total 2.83 million yen) and has income from real estate (1.2 million yen). His premiums for long-term care insurance (140,000 yen/year*) are automatically collected from his pensions.

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



- (1) Based on the pension revenue of 2.83 million yen and real estate income of 1.2 million yen, Mr. A's annual insurance premiums for the Medical Care System for Elderly People amount to 350,922 yen.
- (2) Mr. A receives two types of annual pensions, both exceeding 180,000 yen. Since the Old-Age Basic Pension has the highest priority among the pensions subject to the special payment method, the payment method (special payment method or ordinary payment method) is determined based on the Old-Age Basic Pension.
- (3) To determine the payment method, the amount of the Old-Age Basic Pension (0.83 million yen) is compared with the long-term care insurance and the total of the insurance premiums for the Medical Care System for Elderly People (total: 490,922yen).

490,922 yen

(Premiums for long-term care insurance +
Premiums for the Medical Care System for
Elderly People)

>

415,000 yen

(Old-Age Basic Pension [830,000 yen] × 1/2)



Result: The ordinary payment method will be applied to the collection of the insurance premiums for the Medical Care System for Elderly People.

* Determination made by a municipality will be based on whether or not a pension received exceeds 1/2 of the sum of a long-term care insurance premium and an insurance premium for the Medical Care System for Elderly People to be actually collected.

—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. Please note that, by this, the amounts of income tax and individual residence tax for the whole household may change.

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.



■ Insurance Premiums Exemption/Reduction and Postponing of Collection

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

If the insured persons, or their joint guarantors, are certified as being unable to pay part or all of the insurance premiums by the due date **for the reasons specified below (① to ④)**, their payment of the portion they are unable to pay may be postponed by up to one year.

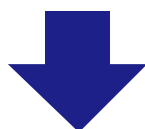
For details, please consult the division in charge at your local municipal office.

- ① The insured persons' houses, household goods or other properties have been significantly damaged by an earthquake, storm, fire or other similar disasters.
- ② The revenue of either the insured persons or their joint guarantors* has remarkably diminished due to failure, suspension or closing of their businesses, or loss of their jobs.
- ③ The insured persons are detained at a prison or similar facility.
- ④ Insured persons who are deemed to have sufficient financial resources but are unable to use them and visit an insured medical institution or pharmacy as emergency patients.

* Joint guarantors: Either the householders of the insured persons or spouses of the insured persons (only for the ordinary payment method)

■ What Happens If I Fall Behind in Paying Insurance Premiums?

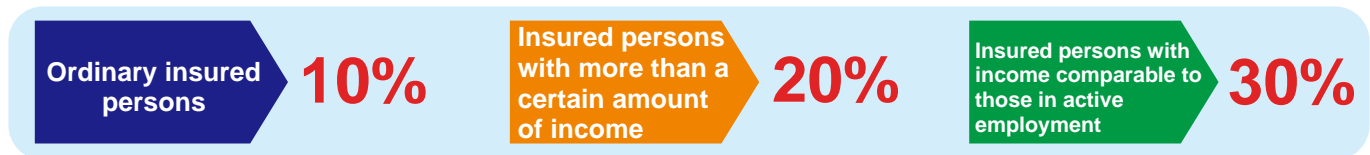
- When you are behind on a payment, a reminder notice will be delivered to you based on relevant laws. Delinquent charge may be added to ensure fairness for those who made payment by the deadline.
- If you continually fall behind in paying premiums, you will receive a demand for payment by phone or mail, 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.

Medical Treatments

■ Co-payment Rates of Medical Expenses



Co-payment rates for medical expenses are 10% for ordinary insured persons, 20% for persons with more than a certain amount of income and 30% for persons with income comparable to those in active employment. For details, please refer to the chart below and to page 16.

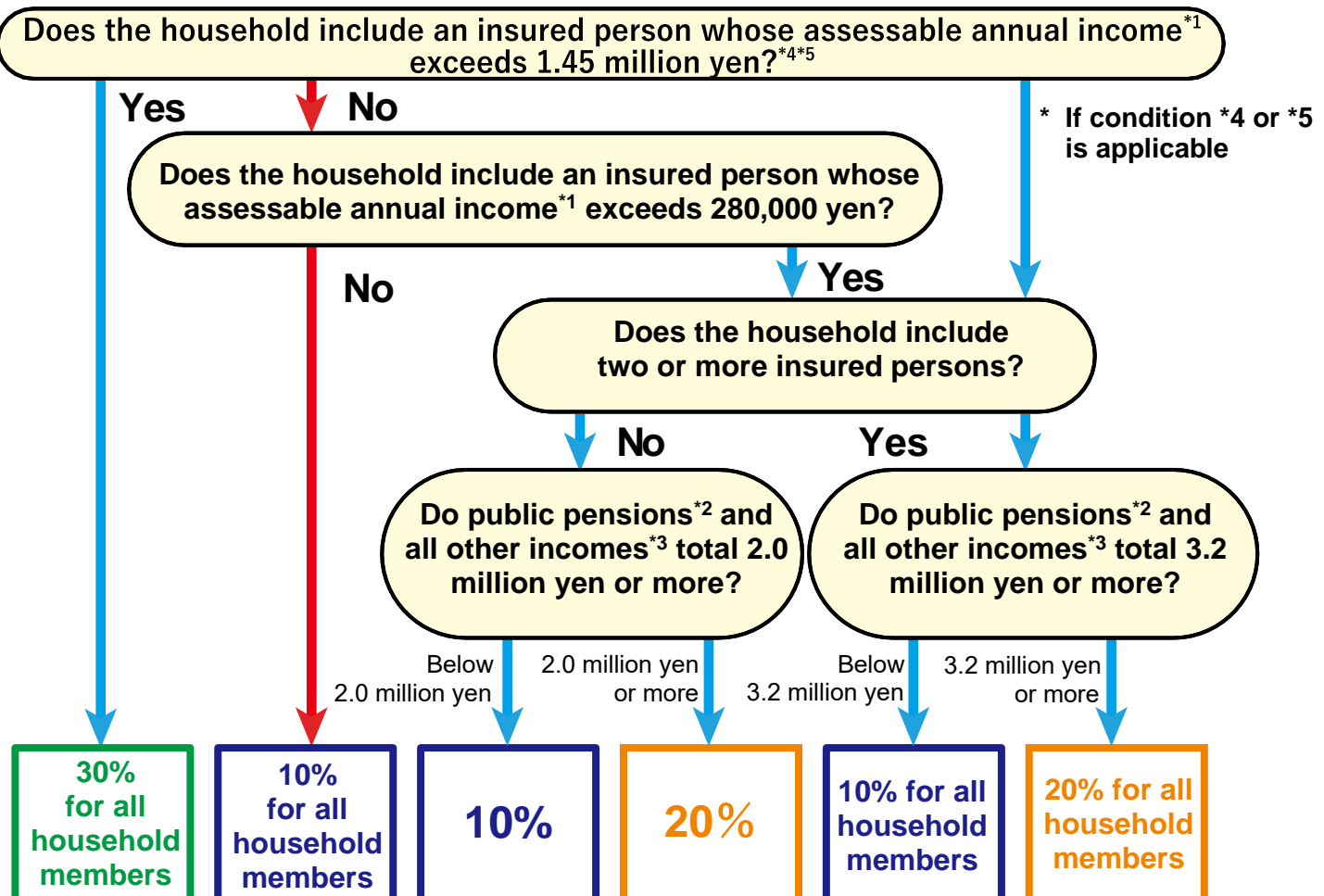
The co-payment rate is determined on August 1 of each year using the amount of your reference fiscal-year income on which residence tax is imposed (hereinafter referred to as "assessable annual income"^{*1}). (The co-payment rate for the period from April to July 2025 is determined based on the assessable annual income in FY 2024; the co-payment rate for the period from August 2025 to March 2026 is determined based on the assessable annual income in FY 2025.)

Even before the expiration date, your co-payment rate is subject to change due to changes in the composition of your household, adjustments to your assessable income, or other circumstances. Accordingly, you may be charged or reimbursed for the 10% or 20% difference later.

Co-payment rate determination flow chart

The co-payment rate is determined on the basis of the insured person's assessable annual income^{*1} and public pensions,^{*2} etc., on the basis of the **household unit on the residence certificate** as of the first of each month, in principle. If there are multiple insured persons in the same household, assessable annual income^{*1} will be determined based on the higher of the insured persons, and "public pensions^{*2} + other total income^{*3}" will be determined based on the total amount of all insured persons.

^{*}If all members of the household, including those who are not insured, are exempt from taxation, the insured person(s) are required to pay 10% of the total amount.



*1 “Assessable income” denotes the amount shown as the “Tax base” in the Notice of Municipal and Prefectural Taxes (the amount obtained by making an employment income deduction, a public pension deduction, and/or other income deductions [including a basic deduction and a deduction for social insurance premiums] from the previous year’s income). If a household that is headed by an insured person includes persons aged below 19 whose annual income is 380,000 yen or less each and to whom deductions for a dependent apply, the sum of prescribed amounts (330,000 yen for person aged below 16 and 120,000 yen for person aged 16 to 18) multiplied by the numbers of relevant persons will be deducted from the insured person’s assessable income on which municipal tax is imposed.

*2 “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.

*3 “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. (or after special deductions for long-term (short-term) transfer income if special deductions are available), but before deducting income tax exemptions (basic deductions, deductions for social insurance premiums, etc.). (If the total amount is negative, it will be zero.)

*4 If your household falls under any of the following conditions, the co-payment rate of 30% will not apply. If there is an insured person in the same household who was born on or after January 2, 1945, and the total amount of income (note 2 on page 7) used as the basis for the premium for all insured persons in the same household is 2.1 million yen or less, the co-payment rate will be either 20% or 10%.

*5 **Your co-payment may be changed from 30% to 20% or 10%**

If your income amount during the year meets the following requirements, you can **apply (Application for the Standard Income Amount)** to your local municipal office for a change to either 20% or 10% of the cost **from the month following the month of application**. *There are cases in which an application is not required. Please contact your local municipal office to find out if you need to apply or not.

Requirements for changing the co-payment rate from 30% to 20% or 10% (Application for Standard Income Amount)

- If there is only one insured person in the same household
→When the amount of revenue* of the insured person is **less than 3.83 million yen**
- If there are two or more insured persons in the same household
→When the total amount of revenue* of the insured persons is **less than 5.2 million yen**
- If the household includes only one insured person and person(s) aged between 70 and 74 and if the revenue* of the insured person equals or exceeds 3.83 million yen
→When the total amount of the revenue* of the insured person and other family member(s) aged between 70 and 74 is **less than 5.2 million yen**

* The “amount of revenue” means the sum of the amount that should be included in revenue when calculating the amount of various incomes (excluding retirement income) that are stipulated in the Income Tax Act. The amount of revenue is the amount before withdrawing public pension deduction and necessary expenses, and it is not the amount of income. Even if the amount of income is “0” or “minus” due to necessary expenses or special deductions, the amount of revenue before deductions is added together. (This includes all revenue for which a tax return is filed.)

[e.g., operational revenue, termination amount of life insurance, sell-out price of listing shares etc. for which separate taxation is applied by filing a tax return]

[Necessary items for filing an application]

- Application form
- Documents indicating the amount of revenue
- Qualification Confirmation Card, etc.

Medical Treatments

■ High-Cost Medical Care Benefit

If you have paid significantly high medical expenses in a single month (exceeding the specified monthly cap for co-payment), you will be reimbursed for the amount exceeding the cap for co-payment after filing an application for high-cost medical care benefit. **For co-payment at a single medical institution, outpatients need to pay up to the co-payment cap on the basis of each individual, and inpatients need to pay up to the co-payment cap on the basis of each household. However, dental/non-dental and hospitalization/outpatient treatments will be calculated separately.** The meal fees at the time of hospitalization and the room charges not covered by insurance are not included in the calculation.

Co-payment limit category (Income-based Category)			Co-payment Rate	Monthly Cap for Co-payment	
				Outpatient (on an individual basis)	Outpatient + Hospitalization (on a household basis)
Persons with income comparable to those in active employment	III	Assessable income of 6.9 million yen or more	30%	252,600 yen + 1%* ¹ (140,100 yen* ⁵)	
	II	Assessable income of 3.8 million yen or more		167,400 yen +1%* ² (93,000 yen* ⁵)	
	I	Assessable income of 1.45 million yen or more		80,100 yen +1%* ³ (44,400 yen* ⁵)	
Ordinary insured persons			20%	18,000 yen* ⁴ (up to 144,000 yen per year)	57,600 yen (44,400 yen* ⁵)
			10%		
Low-income class* ⁶		II		8,000 yen	24,600 yen
		I			15,000 yen

For insured persons with a co-payment rate of 10% or 20% as of the reference date (the last day of the calculation period), the co-payment amount for each month when their co-payment rate was 10% or 20% within the calculation period of one year (from August 1 to July 31 of the following year) will be added up (excluding the high-cost medical care benefit already provided), and when the amount exceeds 144,000 yen, the excess amount will be refunded at a later date.

*1 "1%" here means the amount equivalent to 1% of the excess of medical expense over 842,000 yen.

*2 "1%" here means the amount equivalent to 1% of the excess of medical expense over 558,000 yen.

*3 "1%" here means the amount equivalent to 1% of the excess of medical expense over 267,000 yen.

*4 For three years from October 1, 2022 to September 30, 2025, for those who pay 20%, the increase in monthly outpatient medical expenses will be limited to 3,000 yen (inpatient medical expenses are not covered). The cap for co-payment for the target month of treatment is either [6,000 yen + (total outpatient medical expenses - 30,000 yen) × 0.1] or 18,000 yen, whichever is lower.

*If the patient receives medical care at the same medical institution, he/she does not have to pay more than the maximum amount at the counter. In the case of multiple medical institutions, the difference to limit the monthly cost increase to 3,000 yen will be reimbursed as high-cost medical care expenses at a later date.

*5 This is the monthly cap to be paid on the fourth time and after, when the household had received high-cost medical care benefit three times or more in one year from the month when the insured person used high-cost medical care. (Number of times of benefit of other medical insurance is not included.)

*6 For the description of low-income classes II and I, see page 18.

- * When you are receiving high-cost medical care benefit for the first time, **file an application for it with the division in charge at your local municipal office** as the Wider-Area Union will send you the application form in or after three months from when you received the medical care.
- * You do not have to file an application again as long as your account number and related information remain unchanged.
- * **Provision of information regarding application and reimbursement may be delayed** due to late submission of certificates of medical remuneration from medical institutions, re-examination, or other reasons.
- * Even after you receive the high-cost medical care benefit, **the amount of the benefit may be reduced** due to re-examination of certificates of medical remuneration or other reasons. **In this case, the reduced amount may be deducted from the subsequent benefits or you may be required to repay the reduced amount.**

[Persons with income comparable to those in active employment in categories II and I]

Those with income comparable to those in active employment in categories II and I and do not have a Myna Insurance Card can apply to have their co-payment limit added to their Qualification Confirmation Card. For details, please refer to page 5.

If you present your Qualification Confirmation Card without the co-payment limit listed, the cap of co-payment for "Income-based Category III" will be applied, and the difference with "Categories II and I" will be refunded later as high-cost medical expenses.

[Low-income classes II and I]

Those who fall under the below and do not have their own Myna Insurance Card can apply to have their co-payment limit added to their Qualification Confirmation Card. For details, please refer to page 5.

If you present your Qualification Confirmation Card without the co-payment limit listed, the cap of co-payment for "Ordinary insured persons: 10%" will be applied, and the difference with "Low-income classes II and I" will be refunded later as high-cost medical expenses.

(Note) Meal fees and room charges listed on page 20 are not eligible for high-cost medical expenses or reimbursement. Please apply in advance to have the co-payment limit category added to your Qualification Confirmation Card.

Low-income class II	Insured person who is in a household where every household member is exempt from residence tax and who is not categorized in class I
Low-income class I	<ul style="list-style-type: none"> • Insured person who is in a household whose members are all exempt from residence tax and have zero income (A public pension deduction of 800,000 yen is included in the calculation.)*The deduction is planned to be 806,700 yen from August 2025 • Insured person who is in a household where every household member is exempt from residence tax and receives Old-Age Welfare Pensions

- * For the judgment of low-income classes II and I, periodical judgment shall be conducted based on the income and taxation situation of total household members as of August 1 every year. The judgment may be changed due to changes in household composition and correction of income besides the periodical judgment. The income subject to the judgment is income on which the residence tax is imposed of the previous fiscal year for April to July and that of the relevant fiscal year for August to next March.

An Account for Receiving Public Money

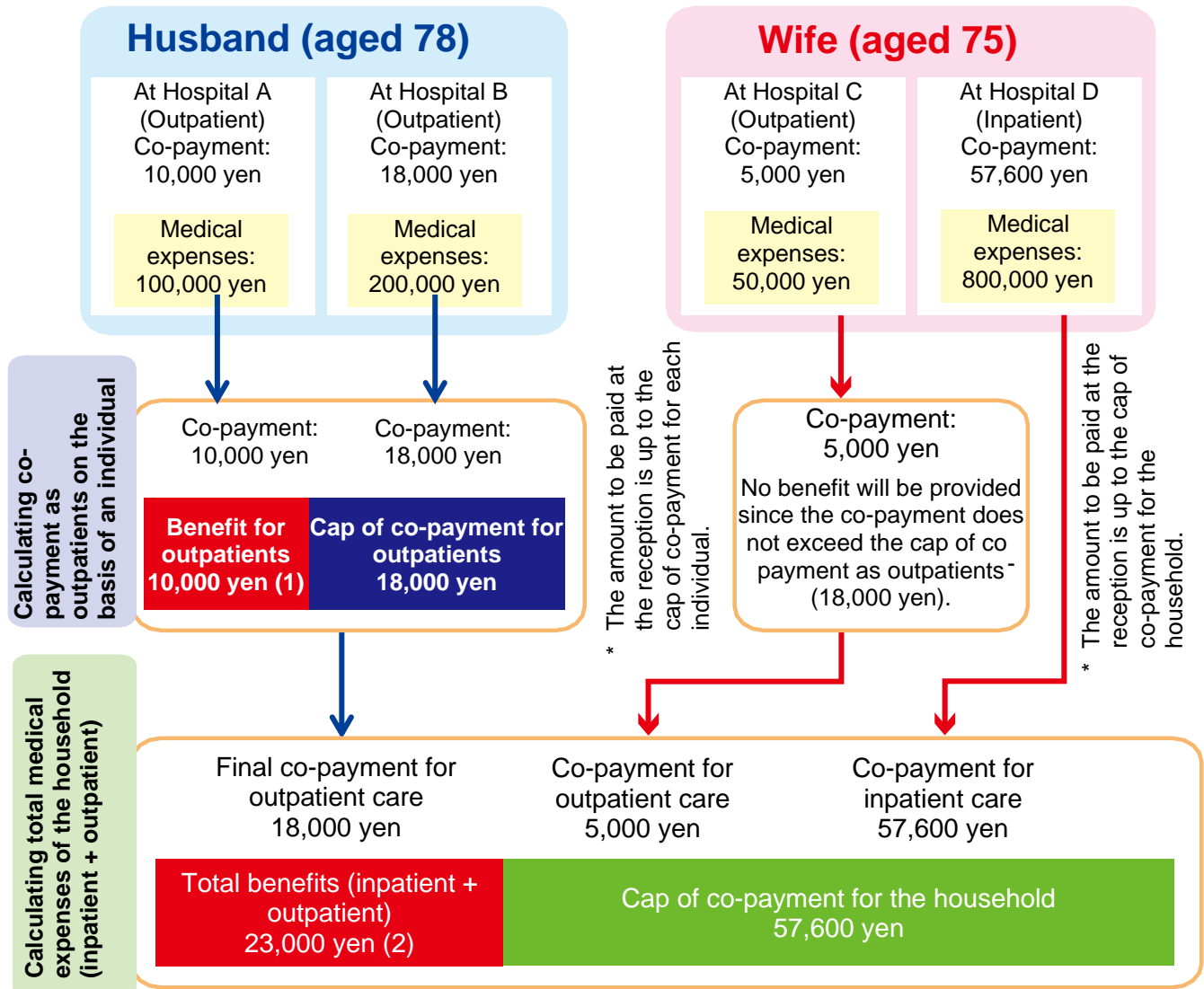
Those who have registered an account for receiving public money for benefits with the government through Mynaportal website, or with some other methods have been able to select their public money receiving account when applying for the payment of benefits. If you use an account for receiving public money, 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.

- * Only insured persons themselves can use the account. For the premium benefits from the Medical Care System for Elderly People, 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.

Medical Treatments

Example of calculating high-cost medical care benefit

(in the case of a household whose income-based category is “ordinary: 10%”)



A finalized high-cost medical care benefit of

(1) 10,000 yen + (2) 23,000 yen = 33,000 yen

will be given later.

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

◎ In your 75-year-old birth month

When you become 75 years old and enroll in the Medical Care System for Elderly People in the month of your 75th birthday, the cap for the co-payment in that month will be halved for the health insurance program you were covered by before your birthday and for the Medical Care System for Elderly People (see page 17).

* Special amounts in the 75-year-old birth month are applied on the basis of an individual. However, if there is an amount that other insured persons should bear in the same household, the amount will be calculated using the usual household unit cap.

■ Hospital Meal Fees

Inpatients must pay the standard meal fees as shown below.

April 1, 2025 onwards

Co-payment limit category (Income-based category)		Meal Fee (per meal)
Persons with income comparable to those in active employment Ordinary insured persons* ¹		510 yen
	Designated intractable/rare disease patients	300 yen
Low-income class II	Hospitalization within 90 days (in the past 12 months)	240 yen
	Hospitalization exceeding 90 days (in the past 12 months)* ²	190 yen* ³
Low-income class I		110 yen

* Those who fall under "Low-income classes II and I" and do not have a Myna Insurance Card can apply to have their "co-payment limit category" added to their Qualification Confirmation Card. Please see page 5 and 18 for details.

*¹ Those who have been hospitalized continuously for one year or longer in a psychiatric ward as of March 31, 2016 and who will continue to be hospitalized in a medical institution must pay 260 yen as a transitional measure.

*² The hospitalization period must exceed 90 days from the date you are certified as being in low-income class II.

*³ A separate "notification of hospitalization days" will be required, and the fee will be 190 yen from the date of notification. (The amount payable at the counter will be 190 yen from the month following the month of the notification, and the resulting difference between the notification date and the end of that month will be paid later upon separate application.)

[Necessary items for applying for a meal fee of 190 yen as mentioned in *³]

- Identification documents
- Insurance card or Qualification Confirmation Card
- Any document attesting that hospitalization period has exceeded 90 days (receipt, for instance)

■ Inpatients Using Long-Term Care Beds

Inpatients using long-term care beds must pay part of the meal fees and room charge.

* Patients with designated intractable/rare diseases will only have to bear the cost of the hospital meal fee listed above.

* For persons with a significant need for hospitalization, the meal fee will be as listed above.

Standard Meal Fees and Room Charge

*April 1, 2025 onwards

Co-payment limit category (Income-based category)		Meal Fee per Meal	Room Charge per Day
Persons with income comparable to those in active employment Ordinary insured persons		510 yen* ¹	370 yen
Low-income class II		240 yen	
Low-income class I		140 yen	
	Recipients of Old-Age Welfare Pensions	110 yen	0 yen
	Persons on the boundary* ²	110 yen	0 yen

*¹ Applied to the case where nutrition management is implemented by a dietician. In other cases, it is 470 yen. For those patients with designated intractable/rare diseases, it will be 300 yen.

*² A person who does not need welfare stipulated in the provisions of the Public Assistance Act (Act No. 144 of 1950) when this is applied.

Medical Treatments

■ Unitary High-Cost Medical/Long-Term Care System

A household that has to pay the co-payment under the Medical Care System for Elderly People and the Long-Term Care Insurance Program can file an application for benefits for overruns beyond the combined annual total of the specified annual cap for the co-payment (from August 1 to July 31 of the following year; indicated in the table below).

Co-payment limit category (Income-based Category)			Co-payment Rate	Annual cap for the co-payment of [The Medical Care System for Elderly People + Long-Term Care Insurance Program]
Persons with income comparable to those in active employment	III	Assessable income of 6.9 million yen or more	30%	2,120,000 yen
	II	Assessable income of 3.8 million yen or more		1,410,000 yen
	I	Assessable income of 1.45 million yen or more		670,000 yen
Ordinary insured persons			20%	560,000 yen
Low-income class		II	10%	310,000 yen
		I		190,000 yen ^{*1}

^{*1} 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 (the cap for households categorized in low-income class II).

We encourage the use of generic drugs

Generic drugs are drugs sold after the patents of the original drugs (drugs that have been used) expire. 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 more affordable and 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 from the original drugs in terms of indications.
 - Some generic drugs are different in color, size, shape, etc. from the original drugs.
- ☆If you prefer generic drugs, please consult with your doctor or pharmacist. Please be sure to make a prior inquiry with the medical institution or pharmacy on whether it uses the generic drugs and has stocks thereof.
- ☆We recommend using generic drugs because they will reduce the burden of medications, improve medical insurance finances, and reduce the increase in insurance premiums.

■ When Receive Treatment for a Specified Disease

For patients with diseases specified by the Ministry of Health, Labour and Welfare, the maximum co-payment of medical expenses is up to 10,000 yen/month per medical institution (total of treatment and medicine costs; counted separately as outpatient and inpatient at one medical institution), **by presenting the Certificate for a Patient with Specified Disease (application required) to the medical institution when receiving the relevant treatment.** However, these fees must be paid normally at the pharmacy and hospital reception.

[In your 75-year-old birth month]

The maximum co-payment in your 75-year-old birth month is 5,000 yen for the Medical Care System for Elderly People.

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

- 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 apply for a **Certificate for a Patient with Specified Disease** in advance at the division in charge at your local municipal office.

[Necessary items for filing an application for the Certificate for a Patient with Specified Disease]

- Identification documents
- Medical rehabilitation service coupon or other materials that attest to the applicant being inflicted by a specified disease
- Certificate for a Patient with Specified Disease used by the applicant before enrolling in the Medical Care System for Elderly People (if available)

■ When You Are Involved in Traffic Accidents or Other Incidents

If you are injured by a third party in a traffic accident or other incident, the third party (the perpetrator) must, in principle, bear the medical expense in proportion to the percentage of negligence; however, by submitting a notification, you can receive medical care under the Medical Care System for Elderly People. In this case, the Wider-Area Union advances the medical expense temporarily (excluding co-payment) and will charge the third party (perpetrator) for it. Therefore, when receiving medical treatment under the Medical Care System for Elderly People for an injury or illness caused by a third party, please be sure to submit a **“Notification of Injury or Illness Caused by a Third-Party”** at your municipal office.

[Items required for notification]

- Identification documents
- Personal seal
- Traffic Accident Certificate (*If the incident is a traffic accident)

Precaution



If you receive 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. Hence, you are strongly advised to consult with the division in charge at your local municipal office before settling out of court.

Reimbursement of Medical Expenses^(Medical Expense Reimbursement)

If you pay the full amount of medical expenses as in the cases listed below (① to ⑤) and **file an application with the division in charge at your local municipal office**, part of the expenses (after deducting co-payment) is reimbursed at a later date by the Wider-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 When you receive treatment with a compelling reason (acute illness, for instance) for being unable to present proof of insurance eligibility*
 *Either of ① to ③
 ① Myna insurance card ② Qualification Confirmation Card
 ③ Insurance card (valid until July 31, 2025)
- ② When you receive treatment by judo therapists due to a bruise, ligament rupture, etc.
- ③ When you receive treatment by acupuncturists, moxibustion practitioners, or massage/shiatsu practitioners in accordance with a doctor's instructions
- ④ When you buy braces, such as corsets or casts, in accordance with a doctor's instructions, or when you receive a blood transfusion
- ⑤ When medical services outside Japan are necessary
 *The Wider-Area Union will make reimbursement only when it deems the situation to be compelling

[Necessary items for applying for benefit in the cases① to ⑤]

- Identification documents ● Application form ● Receipt ● Account information of the applicant
- * 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.



- In case ①: ● Statement of medical expenses or attending doctor's statement
- In case ②: ● Detailed statement or the like
- In case ③: ● Detailed statement or the like ● Doctor's consent form
- In case ④: ● Detailed statement or the like ● Doctor's statement of opinion, Certificate of instruction for the production of therapeutic orthotic devices and fitting, etc.
 * When applying for shoe-type orthotic equipment, it is necessary to attach a photo of the equipment to be worn.
- In case ⑤: ● Attending doctor's statement (with Japanese translation attached)
 ● Letter of consent to the investigation
 ● Itemized receipt (with Japanese translation attached)
 ● Documentation of travel records (passport, etc.)

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

① When you receive treatment by judo therapists

[Cases 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 in receiving the treatment]

- 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.

② When you receive treatment by acupuncturists, moxibustion practitioners, or massage/shiatsu practitioners that the doctor deems necessary

[Cases covered by health insurance]

- Acupuncture and moxibustion
 - Nerve pain • Rheumatism • Cervico-omo-brachial syndrome
 - Frozen shoulder syndrome • Low back pain • Aftereffect of cervical sprain
 - Other conditions whose main symptom is chronic pain
- Massage/shiatsu
 - Cases where massage is required for medical reasons, including muscle paralysis and articular contracture

[Precautions in receiving the treatment]

- To have treatment covered by health insurance, you need to obtain a certificate of consent or a medical certificate issued by the doctor beforehand. Cost for treatment or massage aimed at mere recovery from fatigue, consolation or disease prevention is not covered by 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 of acupuncture, moxibustion treatment, etc. for the same condition elsewhere is not covered by health insurance.

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

Since judo therapists are permitted to make insurance claims on behalf of their patients, you can receive judo therapy by making the co-payment. When you receive judo therapy, check the description of the therapy on the Application for Medical Expense Grant and affix your signature and seal to the application.

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 proof of their insurance eligibility*.

*Either of ① to ③

① Myna insurance card ② Qualification Confirmation ③ Card Insurance card

◎ Uncovered medical-treatment-related expense benefit

When insured persons receive advanced medical treatment, the part of the advanced treatment that is common to ordinary medical treatments is covered by insurance. Please present proof of your insurance eligibility*.

*Either of ① to ③

① Myna insurance card ② Qualification Confirmation ③ Card Insurance card

◎ 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 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)

* 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

*Especially for ③, strict criteria are applied for the determination, such as in cases where the patient's life will be in danger unless they are transferred to another hospital.

[Examples of eligible cases]

- Emergent transfer to a medical institution in such cases where ambulances are unavailable at a disaster site or on a remote island

[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

◎ Exemption from co-payments (up to 6 months)

The insured persons may be exempt from co-payments if the household that they belong to fell under any of the following conditions to within the past one year and meets certain conditions.

- ① When the house, household goods or other property have been damaged significantly due to a natural disaster
- ② When revenue has been reduced significantly due to the closing of a business or loss of employment
- ③ When the householder or equivalent has died or suffered significant physical or mental damage or has had to be hospitalized for a long period

Healthcare Programs

《Precautions for receiving treatment》

Please contact the medical institution or dental clinic you wish to visit in advance to confirm the status of their services.

■ 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 caused by aging. We recommend that you be subject to a healthcare examination even if you periodically visit a medical institution for treatment of a lifestyle-related disease. The examination ticket will be delivered to all insured persons in late April every year. Those who will be 75 years old will receive the examination ticket in the month following their birthday.

Those who have had a comprehensive medical examination within the current year do not have to undergo a medical examination as described in this paragraph.

Eligible persons	Persons who are insured by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture at the time of undergoing a 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.
Examination items	<Basic items> ◎ Questionnaire (frailty checklist) ◎ Physical measurement ◎ Blood pressure measurement ◎ Physical examination ◎ Urinalysis ◎ Blood test (lipid test, blood sugar test, liver function test, renal function test) <Detailed examination items (Implemented at the doctor's discretion)> ◎ ECG ◎ Fundus examination ◎ Anemia examination
Receiving consultation	Present your medical examination ticket and proof of insurance eligibility to a registered medical institution*1*1 Please check the list enclosed with the examination ticket or the website of the regional 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)

■ 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.

Eligible persons	Persons who are insured by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture at the time of undergoing a 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.
Examination items	◎ Interview ◎ Teeth condition ◎ Periodontal tissue condition ◎ Occlusion condition ◎ Oral hygiene condition ◎ Oral dryness ◎ Chewing ability ◎ Tongue and lip functions ◎ Swallowing function ◎ Temporomandibular joint ◎ Oral mucosa
Receiving consultation	Present proof of your insurance eligibility*2 to a registered dentist*3 (No examination ticket is required.) *3 Please check the list enclosed with the information or the website of the regional union. ● Please note that home visit consultations are not covered by this dental health checkup.
Consultation period	From April 1 until March 31 of the relevant fiscal year (once per fiscal year)

*2 Either of ① to ③

① Myna insurance card ② Qualification Confirmation Card ③ Insurance card (valid until July 31, 2025)

Healthcare Programs

■ 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.

Eligible persons		Persons who are insured by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture at the time of undergoing a comprehensive medical examination		
Physical measurement	Physical measurement	Body height, weight, obesity, BMI, abdominal circumference	Hematological examination	Red blood cells, white blood cells, hemoglobin, hematocrit, platelet count, MCV, MCH, MCHC
	Physiological examination	Blood pressure, ECG, heart rate, fundus, intraocular pressure, visual acuity, hearing, respiratory function	Biochemical examination	Total protein, albumin, creatinine, eGFR, uric acid, TC, HDL-C, LDL-C, Non-HDL-C, neutral fat, total bilirubin, AST, ALT, γ-GT, ALP, fasting blood sugar, HbA1c
	X-ray and ultrasound	Chest X-ray (or chest CT scan), upper GI X-ray (or endoscopy), abdominal ultrasound (or abdominal CT scan)		
	Serological examination	CRP (blood type and HBs antigen)	Others	Fecal occult blood, questionnaire, interview, explanation of results, health guidance
	Urinalysis	Protein, urinal sugar, occult blood (urinary sediment)		
Notes		(1) The cost of medical examinations other than those listed above, such as brain scans and various cancer tests, are not covered by the subsidy. (2) If more than one of the above examination items is missing, or if multiple examinations are combined, it may not be considered a comprehensive medical examination and may not be subsidized.		
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		Up to 26,000 yen		
Valid period		From April 1 to March 31 of the following year (once a year)		

Let's make good use of the medication record book

The medication record book is a notebook for recording the medicines you are using. Checking of this record book by doctors or pharmacists will help prevent damage to your health. If you do not have a record book, please request the pharmacist to issue one.

- You can check for duplicate medication and reduce the risk of side effects and drug interaction.
- You will be able to accurately convey your drug information when traveling or in the event of a disaster.

Be sure to bring the medication record book to the medical institutions.

Do not make a separate medication record book for each medical institution/pharmacy; keep one record book per person.

Indicating Intention to Donate Organs

Indication of intention to donate organs

You can indicate your intention to donate organs on the back of the Qualification Confirmation Card or on the bottom right of the front of your My Number Card. Indicating your intention to donate organs is at the discretion of each insured person, so you are not obliged to fill out this section.

How to fill out the section

① Select the statement that represents your intention

Please circle only the number for the statement that represents 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 Select any organs that you do not want to donate

If you circled 1 or 2 and you do not want to donate any specific organs, mark the organs that you do not want to donate with an x. Organs that can be donated are as follows:

[After brain death: heart, lungs, liver, kidneys, pancreas, small intestine and eyes]

[After cardiac death: kidneys, pancreas and eyes]

③ Fill out the special note section

- If you circled 1 or 2 and intend to donate other tissues such as skin, cardiac valve, blood vessels and bones, you can write "All" or name the 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 relatives." (There are certain requirements that must be met in order to prioritize donations to your relatives.)

④ Write your signature and the date

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

※ 以下の欄に記入することにより、臓器提供に関する意思表示をすることができます。記入する場合は、1から3までのいずれかの番号を○で囲んでください。

1. 私は、脳死後及び心臓が停止した死後のいずれでも、移植の為に臓器を提供します。

2. 私は、心臓が停止した死後に限り、移植の為に臓器を提供します。

3. 私は、臓器を提供しません。
《1又は2を選んだ方で、提供したくない臓器があれば、×をつけてください。》

【 心臓・肺・肝臓・腎臓・膵臓・小腸・眼球 】
〔特記欄: 〕

署名年月日: 年 月 日

本人署名(自筆): _____

家族署名(自筆): _____

If you want to keep the content of your intention confidential, please hide the section with a sticker provided at the counter in charge of the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture 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/>

●Medical consultation and drug preparation

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

- ☆ Reconsider whether you can see a doctor during regular hours on weekdays.
- ☆ Have a 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 treat the same disease.
- ☆ Consider using generic drugs, which generally cost less, and talk to your doctor or pharmacist if you have any leftover medication.

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 (<i>Futan kubun to shomeisho</i>) (if you move from a municipality outside Osaka Prefecture)	Within 14 days from the day you start living in your new residence
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 25.)	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	Within 14 days from the date of public assistance suspension/discontinuance

*Check with the division in charge at your local municipal office in case any requisite procedures other than those mentioned above are needed.

List of Municipal Offices

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

Municipality	Division in charge	TEL	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	Habikino City	Health Insurance & Pension Div.	072-958-1111
Toyonaka City	Insurance Delivery Div.	06-6858-2295	Kadoma City	Health Insurance Div.	06-6902-5697
	Insurance Consultation Div.	06-6858-2301	Settsu City	National Health Insurance & Pension Div.	06-6383-1387
Ikeda City	Health Insurance & Medical Welfare Div.	072-754-6258	Takaishi City	Health Promotion Div.	072-275-6392
Suita City	National Health Insurance Div.	050-1807-2183	Fujiidera City	Health Insurance & Pension Div.	072-939-1186
Izumitsu City	Health Insurance & Pension Div.	0725-33-1131	Higashiosaka City	Insurance Management Div.	06-4309-3051
Takatsuki City	National Health Insurance Div.	072-674-7079	Sennan City	Health Insurance & Pension Div.	072-483-3455
Kaizuka City	Health Insurance & Pension Div.	072-433-7271	Shijonawate City	Health Insurance & Pension Div.	072-877-2121
Moriguchi City	Health Insurance Div.	06-6992-1545	Katano City	Medical Assistance & Health Insurance Div.	072-892-0121
Hirakata City	Health Insurance & Pension Div.	072-841-1221	Osakasayama City	Health Insurance & Pension Group	072-349-9472
Ibaraki City	Health Insurance & Pension Div.	072-620-1630	Hannan City	Health Insurance & Pension Div.	072-489-4529
Yao City	Health Insurance Div.	072-924-3997	Shimamoto Town	Health Insurance & Pension Div.	075-962-7462
Izumisano City	National Health Insurance & Pension Div.	072-463-1212	Toyono Town	Health Insurance Div.	072-739-3422
Tondabayashi City	Health Insurance & Pension Div.	0721-25-1000	Nose Town	Citizens Affairs Div.	072-731-3202
Neyagawa City	Citizens Service Dept. (Section for the Medical Care System for the Elderly)	072-813-1190	Tadaoka Town	Health Insurance Div.	0725-22-1122
Kawachinagano City	Health Insurance & Medical Welfare Div.	0721-53-1111	Kumatori Town	Health Insurance & Pension Div.	072-452-6195
Matsubara City	Medical Assistance Div.	072-334-1550	Tajiri Town	Citizens Affairs Div.	072-466-5004
Daito City	Health Insurance & Pension Div.	072-870-9629	Misaki Town	Health Insurance & Pension Div.	072-492-2705
Izumi City	Health Insurance & Pension Office	0725-99-8127	Taishi Town	Health Insurance & Medical Welfare Div.	0721-98-5516
Minoh City	Long-Term Care Insurance, Medical Subsidies & Pension Div.	072-724-6739	Kanan Town	Health Insurance & Pension Div.	0721-93-2500
Kashiwara City	Health Insurance & Pension Div.	072-972-1580	Chihaya-akasaka Village	Citizens Affairs Div.	0721-72-0081

Scam phone calls using international numbers are sharply increasing!

International calls can be suspended free of charge

(Outgoing/incoming call to/from overseas) 【International Calls Non-Handling Reception Center】

0120-210-364 (toll free)

【Operation hours】

Operator assistance: 9:00 a.m. to 5:00 p.m. weekdays

Automatic voice assistance: 24 hours a day, weekdays, weekends, and holidays

**Applicable to land lines and optical fiber phones. Some other conditions apply. Please refer to the details upon application.



Osaka Prefectural Police



If you cannot decide if you should call an **ambulance**, or whether or not you should rush to the **hospital**, or don't know which hospital is nearest to you, or how to give **first aid**,

Call **Emergency Consultation Center Osaka**



#7119 or **06-6582-7119**

In case of an emergency, call **119** immediately

**24 hours
365 days**



Please note that this line cannot respond to inquiries about how to use medicines, policies on treatment for the disease you currently suffer from, health consultation, or long-term care consultation.



Contact Information

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

Information relating Qualification Confirmation Cards, services concerning insurance premiums, etc.	Eligibility Information Management Div.	☎ 06-4790-2028
Information relating high-cost medical care benefit, medical examinations, notification of medical expenses, etc.	Benefit Service 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/>

Or contact the division in charge of the Medical Care System for Elderly People of your local municipal office (see page 30)



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

The information in this booklet is current as of May 1, 2025. 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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friendly vegetable oil ink

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