

For Persons aged 75+

and persons aged 65+ who are
certified as being disabled

**~Preventing the spread of COVID-19 and other
infectious diseases~**

Please be careful to prevent infections by practicing
cough etiquette, washing hands, and avoiding
crowded places.

The basic measures against COVID-19 and other
infectious diseases are hand washing and cough
etiquette (including wearing face masks).

Medical Care System for the Elderly



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

Thank you for your understanding.

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

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

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

Wide-Area Union	Municipalities
<p>Operates the Medical Care System for the Elderly</p> <ul style="list-style-type: none"> • Authorizes eligibility status for the medical care program and certifies insured persons • Issues insurance cards and related certificates • Determines the amounts of insurance premiums • Provides various medical and other related benefits • Implements various healthcare programs, including medical examinations, 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 insurance cards and related certificates • Accept notification regarding acquisition/loss of eligibility • Offer consultation services on the program, etc.

Announcements from the Wider-Area Union for the Medical Care System for the Elderly

The Co-payment Rate of Medical Expenses for Elderly People Who Fall under Certain Conditions Will Change

From October 1, 2022, the co-payment rate of medical expenses for elderly people who fall under certain conditions will change to 20%, except for those with more than a certain amount of income (for whom the co-payment rate will remain at 30%). (A new co-payment rate of 20% will apply to about 20% of insured persons.)

For how the co-payment rate will be determined from October 1, 2022, see page 18.

System overview

Until September 30, 2022

Category	Co-payment rate of medical expenses
Persons with more than a certain amount of income	30%
Persons with ordinary levels of income*	10%



From October 1, 2022

Category	Co-payment rate of medical expenses
Persons with more than a certain amount of income	30%
Persons who fall under certain conditions	20%
Persons with ordinary levels of income*	10%

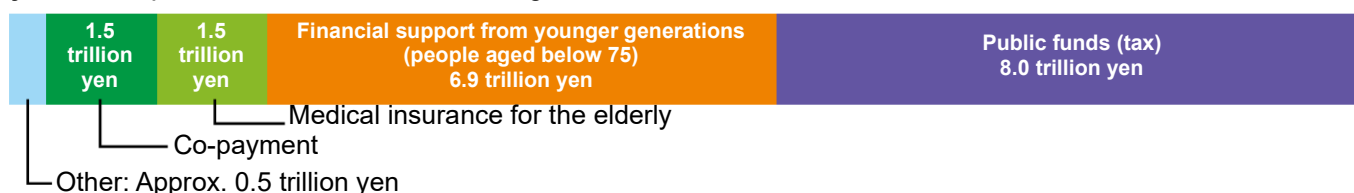
About 20% of all insured persons

* The co-payment rate for persons who belong to a household excepted from residence tax will be 10%.

Background to the revision

- From 2022 onward, baby boomers will reach and exceed the age of 75, which is expected to boost national medical expenditure.
- Except for co-payment, about 40% of medical expenses of the elderly are covered by financial support provided by younger generations (children and grandchildren), and this percentage is predicted to continue to increase.
- This revision to the co-payment rates is aimed at controlling an increase in financial burdens on younger generations and handing down the universal health insurance coverage to future generations.

Composition of financial sources for the medical expenses of the elderly aged 75 and over (18.4 trillion yen in total) * Based on the FY2022 budget bill



Transitional measures will be adopted to lighten financial burdens on those for which the co-payment rate will be raised to 20%.

- During the three years from October 1, 2022 to September 30, 2025, an increase in the co-payment amount for those for whom the co-payment rate will be raised to 20% will be limited up to 3,000 yen per month. (This will not apply to expenses for inpatient care.)

* You will not be charged more than the co-payment cap if you always have medical consultations at the same medical institution. If you use multiple medical institutions during a month, the difference between the amount you have actually paid and the previous co-payment cap plus 3,000 yen will be refunded to you later as a high-cost medical care benefit in order to limit the increase in the co-payment amount up to 3,000 yen per month.

- If a co-payment rate of 20% applies to you and if you have not registered any bank account to which high-cost medical care benefits are paid, you will receive the application form for prior bank account registration by post from the Wide-Area Union late in September 2022. Once the application form reaches you, please register a bank account while following instructions given on the form.

Use of the Individual Number Card as an Insurance Card

■ The Individual Number Card can serve as an insurance card.

On October 20, 2021, a full-scale system began to operate to enable insured persons to use the Individual Number Card as an insurance card.

On application, your Individual Number Card is now valid as your insurance card at medical institutions and pharmacies displaying the sticker and/or poster shown on the right, which indicate that the Individual Number Card is acceptable as an insurance card.

* The ordinary insurance card is also acceptable as was.



■ Benefits of use of the Individual Number Card as an insurance card

- Even if you change to another insurer due to moving or other circumstances, you can use your Individual Number Card as your insurance card without waiting for the issuance of your new insurance card. (*)
(* Please note that you may be required to take your insurance card to the medical institution in some cases, for example, if you have a medical consultation on the day of your change to another health insurance system.)
- Even if you do not have the Eligibility Certificate for Ceiling-Amount Application, your Individual Number Card will exempt you from temporary payment of an excess of medical expenses over the ceiling amount under the high-cost medical care benefit system.
- You can obtain information about specified health checkups, medicines prescribed to you, and your medical expenses via the Mynportal website.

■ Prior application for use

If you do not have your Individual Number Card, apply to have it issued. After your Individual Number Card reaches you, apply to use it as your insurance card at the Mynportal website.

You can apply for use of your Individual Number Card as your insurance card on your computer or mobile device or on a Seven Bank ATM.

- * Your insurance card will continue to be valid whether or not you apply for an Individual Number Card and its use as your insurance card.
- * On the renewal of your insurance coverage every July, a new insurance card will continue to be issued.



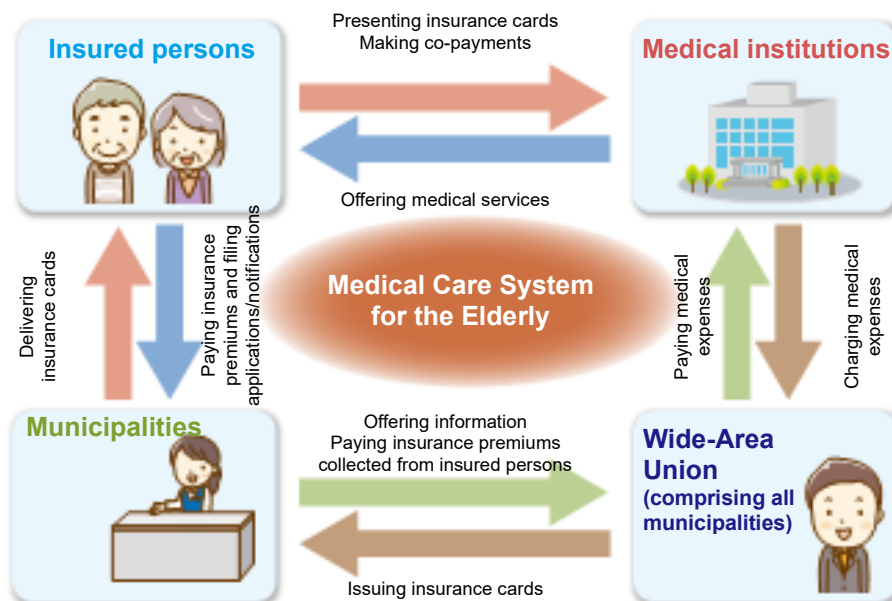
Inquiries about application for the use of the Individual Number Card as an insurance card and about the Individual Number Card itself

0120-95-0178 (Toll-free number for general inquiries about the Individual Number)

https://myna.go.jp/html/index_en.html (URL of the Mynportal website)

Operational Flow and Financial Sources

Operational Flow

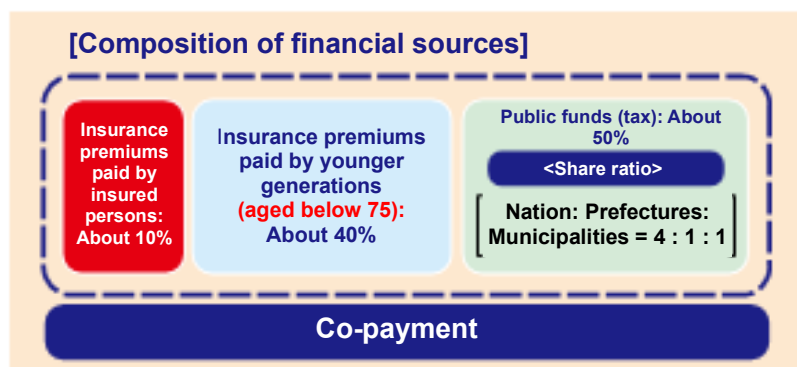


Financial Sources

The Whole Society Supports

Medical Expenses for the Elderly

The Medical Care System for the Elderly is the scheme under which the whole nation supports medical care for the 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.



Please Contact the Local Municipal Office on the Following Occasions

Occasions	Procedures / What to Take	When
Moving to another municipality	Return of insurance card	Upon decision to move out
Moving in from another municipality	Certificate of burden class (<i>Futan kubun to shomeisho</i>) (if you move in from a municipality outside Osaka Prefecture)	Within 14 days from the day you start to reside in your new residence
Becoming disabled (at the age of 65 to 74) (See page 5.)	National pension certificate/physical disability certificate and documents regarding your Individual Number	When you desire a disability certificate given by the Wide-Area Union
Withdrawing the disability certification (at the age of 65 to 74 years old) (See page 5.)	Return of insurance card / Documents regarding your Individual Number	When you desire to withdraw disability certificate given by the Wide-Area Union
Death of an insured person	Return of insurance card	After submitting a notification of death
	Application for the funeral expense benefit (See p. 27.)	After the funeral
Receiving public assistance	Return of insurance card / Certificate of public assistance reception and documents regarding your Individual Number	Within 14 days from the day 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

* Confirm with the division in charge at your local municipal office, in case that the requisite or necessary proceeding other than what is mentioned above might be needed.

Persons to Be Insured

Who will be insured by this program?		When to 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 Wide-Area Union on application	On the day of certification by the Wide-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 the Elderly.

* 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 the Elderly, 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 to your case, please take the necessary procedures at your local municipal office. 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 Wide-Area Union on application

Persons aged 65 to 74 having a specific disability can enroll in the Medical Care System for the Elderly 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

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

Insurance card

① Insurance card

One card is issued to each insured person. To receive medical treatment at a medical institution, insured persons must be electronically authenticated using the Individual Number Card or present the insurance card to the institution. (The medical institution may require you to present a photo ID, such as a driver's license, along with your insurance card if the institution determines that it is necessary.)

② Expiration date

As a general rule, the insurance cards are valid until July 31 every year. A new insurance card is delivered by late July. Every time a new card is issued, it is different in color. The new card can be used from the day of arrival. (When you become insured by turning 75 years old, it will be effective from your birthday.)

③ Expired insurance card

No expired insurance card is valid. We ask you to return your expired insurance card to your local municipal office or to destroy it by yourself.

- * If you turn 75 years old, your insurance card is to be delivered in the previous month of your birthday. After the 75th birthday, you will not be able to use any insurance card issued by the National Health Insurance Program, employee's health insurance program or others by which you had been covered previously. Please check with the issuer regarding the handling of the old insurance card.

* Insurance card valid until September 30, 2022

後期高齢者医療被保険者証											
有効期限 令和 4 年 9 月 30 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	□□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										
発効期日	□□〇〇年〇〇月〇〇日										
一部負担金の割合	〇割										
保険者番号並びに保険者の名称及び印	<table border="1"> <tr> <td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><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	×	×	×	×	×	×	×	×	×	×
×	×	×	×	×	×	×	×	×	×		

* Insurance card valid until July 31, 2023

後期高齢者医療被保険者証											
有効期限 令和 5 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	□□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										
発効期日	□□〇〇年〇〇月〇〇日										
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×	×	×	×	×	×	×	×	×	×		

Only in 2022, all insured persons will receive insurance cards twice.

	Expiration date	When you will receive	Difference between the first and second insurance cards
First insurance card	September 30, 2022	July 2022	The co-payment rate of medical expenses will change for about 20% of all insured persons. For details, see page 2.
Second insurance card	July 31, 2023	September 2022	

Please be well aware of the expiration dates.

Insurance card

■ Important matters concerning the insurance card

○ If you find any errors on your insurance card, please ask for correction at the division in charge at your local municipal office.
○ Never use another person's insurance card. (If you do so, you will be punished by law.)
○ You cannot use copies of your insurance card.
○ If your insurance card is lost, you can request that it be reissued. <small>If you lose or accidentally destroy the card, ask the local municipal office to reissue the card.</small>
○ If any change in your co-payment rate, your address or other important matters has been made, a new insurance card that carries the revised information will be delivered. Please be sure to use the new insurance card. <small>When you receive the new card, please return the old one to the division in charge at your local municipal office.</small>
○ If you move into another prefecture, please return your insurance card. <small>Upon loss of eligibility due to moving into another prefecture, please return your insurance card immediately to the division in charge at your local municipal office.</small>

■ Section for Indicating Intention to Donate Organs

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

The Wide-Area Union for the Medical Care System for the Elderly in Osaka Prefecture has included a section for indicating intention to donate organs on the back of its insurance card to promote better understanding of medical transplantation. We would like to ask for your understanding and support.

◎ Indication of intention to donate organs

- Whether or not to indicate intention to donate organs is left to the judgment of each insured person, and therefore we do not require you to fill out that section. Furthermore, whether you fill out the section and what you fill in do not affect the contents of treatment, etc.
- There is no age limit for indicating intention to donate organs. Anyone, including elderly persons and those on medication due to illness, can fill out the section. Organs have previously been donated by persons in their 70s. However, there is a possibility that those who die of cancer or other specific illness cannot donate their organs. The judgment will be based on the results of medical analysis conducted when organs are actually donated.
- Organs are donated on a bona fide basis and without compensation. Donors do not have to bear any costs regarding donation.
- 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 Wide-Area Union for the Medical Care System for the Elderly in Osaka Prefecture or the local municipal offices. (In the cases where the insurance card is mailed, a sticker is enclosed.)

◎ 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 organs that you do not want to donate

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

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

[After cardiac death: kidney, pancreas and eyeball]

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 vessel and bone, you can write "All" or name specific organ(s), such as "skin," "cardiac valve," "blood vessel" and "bone."
- If you want to donate your organs preferentially to a relative, you can write "Give preference to my relative." (Since some requirements are necessary to donate your organs preferentially to a relative, your organs may not necessarily be transplanted to the relevant relative.)

④ Write your signature and the date

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

* Insurance card valid until September 30, 2022

注意事項

1 この証は、大切に保管してください。
2 保険医療機関等において診療を受けようとするときは、電子資格確認を受けるが、この証を窓口で提示してください。

備考

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

① 1. 私は、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。）

② 【心臓・肺・肝臓・腎臓・膵臓・小腸・眼球】
[特記欄:]

③ 署名年月日: 年 月 日

④ 本人署名(自筆):
家族署名(白筆):

* Insurance card valid until July 31, 2023

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【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(白筆):

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

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



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 Wide-Area Unions of respective prefectures determine insurance premium rates every other year by ordinances. Within Osaka Prefecture, insurance premium rates are uniform, regardless of the municipality where the insured person lives.

◎ Method of calculating insurance premiums (fiscal year 2022 and 2023)

$$\begin{array}{|c|} \hline \text{Annual sum of} \\ \text{insurance} \\ \text{premiums} \\ \text{*1} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Per capita amount} \\ \text{54,461 yen} \\ \text{per insured person} \\ \hline \end{array} + \begin{array}{|c|} \hline \text{Income ratio amount} \\ \text{Assessable income*2} \\ \text{[Total income*3 - Basic Deduction*4]} \\ \text{× Income ratio (11.12\%)} \\ \hline \end{array}$$

*1 The annual sum of insurance premiums is up to 660,000 yen.

*2 Assessable income denotes 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 basic deduction is as shown by the table below, according to Paragraph 2, Article 314-2 of the Local Tax Act.

Total income	Basic deduction
24.0 million yen or less	430,000 yen
More than 24.0 million yen and up to 24.5 million yen	290,000 yen
More than 24.5 million yen and up to 25.0 million yen	150,000 yen
More than 25.0 million yen	Not applicable

*5 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 the Elderly of your local municipal office.

■ Reduction of Insurance Premiums

Per capita amount for insured persons with low incomes (fiscal year 2022)

The per capita insurance premium (54,111 yen) 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	Annual per capita amount after reduction for fiscal year 2022
Total income amount equal to or lower than [basic deduction (430,000 yen) + 100,000 yen × (number of persons with employment income – 1)]	70%	16,338 yen
Total income amount equal to or lower than [basic deduction (430,000 yen) + 285,000 yen × (number of insured persons) + 100,000 yen × (number of persons with employment income – 1)]	50%	27,230 yen
Total income amount equal to or lower than [basic deduction (430,000 yen) + 520,000 yen × (number of insured persons) + 100,000 yen × (number of persons with employment income – 1)]	20%	43,568 yen

- * The item underlined with a wavy line must be included in calculation if the household includes two or more insured persons, including 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 or other revenue sources
 - (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 the Elderly.

Notify the local municipal office of your income.

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



One Point Q&A

Q If I enroll in the Medical Care System for the Elderly 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.

If your amount of income cannot be confirmed because you have recently moved in or for other reasons, the per capita amount will be applied as the annual amount of your insurance premiums. If your amount of income is confirmed by referring to the municipality where you previously lived or other means, your premium amount may change after the next month.

Insurance Premiums

Those who were dependent family members

Dependent family members who were covered by the employee’s health insurance, mutual aid associations or seamen’s insurance programs until the day before the enrollment in the Medical Care System for the Elderly 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 the Elderly are not eligible.
- * To former dependent family members in households eligible for a 70% reduction of insurance premiums (see page 10), the per capita reduction rate of 70% applies.

One Point Q&A

Q Until I was recently enrolled in the Medical Care System for the Elderly, I had 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 the Elderly 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 Wide-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 the Elderly about your former status as a dependent. When you give notification, you must present documentary proof of your former dependent status. Please make inquiries about such documents to the former employer, health insurance association, etc. of your financial supporter whose health insurance formerly covered you).

■ Example of Calculating Insurance Premiums (fiscal year 2022)



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

Pensions	1,530,000 yen	1,680,000 yen	1,965,000 yen	2,200,000 yen	3,000,000 yen
Total income	430,000 yen	580,000 yen	865,000 yen	1,100,000 yen	1,900,000 yen
Total net income after basic deduction	0 yen	150,000 yen	435,000 yen	670,000 yen	1,470,000 yen
Income ratio amount (1)	0 yen	16,680 yen	48,372 yen	74,504 yen	163,464 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)	16,338 yen	16,338 yen	27,230 yen	43,568 yen	54,461 yen
Total insurance premiums: (1) + (2)	16,338 yen	33,018 yen	75,602 yen	118,072 yen	217,925 yen

- * Each of the figures shown above is an annual amount.
- * The calculation was made with a per capita amount of 54,461 yen and an income ratio of 11.12%.
- * Fractions below 1 yen have been rounded down for both 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)

$$(\text{Pension revenue} - 1.1 \text{ million yen} - 430,000 \text{ yen}) \times 11.12\%$$

(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 (780,000 yen) is used.

Pensions	Husband	1,530,000 yen	1,680,000 yen	2,250,000 yen	2,720,000 yen	3,000,000 yen
	Wife	780,000 yen	780,000 yen	780,000 yen	780,000 yen	780,000 yen
Total income	Husband	430,000 yen	580,000 yen	1,150,000 yen	1,620,000 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	720,000 yen	1,190,000 yen	1,470,000 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen
Income ratio amount (1)	Husband	0 yen	16,680 yen	80,064 yen	132,328 yen	163,464 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	16,338 yen	16,338 yen	27,230 yen	43,568 yen	54,461 yen
	Wife	16,338 yen	16,338 yen	27,230 yen	43,568 yen	54,461 yen
Total insurance premiums: (1) + (2)	Husband	16,338 yen	33,018 yen	107,294 yen	175,896 yen	217,925 yen
	Wife	16,338 yen	16,338 yen	27,230 yen	43,568 yen	54,461 yen
	Total	32,676 yen	49,356 yen	134,524 yen	219,464 yen	272,386 yen

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

* The calculation was made with a per capita amount of 54,461 yen and an income ratio of 11.12%.

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

■ How to Pay Insurance Premiums

Please pay insurance premiums to your local municipal office.

As a general rule, insurance premiums are collected by the special payment method (automatically collected from public pensions).

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 the Medical Care System for the Elderly and those for long-term care insurance 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 (0.78 million yen) and the Old-Age Employees' Pension (2.0 million yen; total 2.78 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 2.78 million yen and real estate income of 1.2 million yen, Mr. A's insurance premiums for the Medical Care System for the Elderly amounts to 326,901 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 (0.78 million yen) is compared with the total of the insurance premiums for the Medical Care System for the Elderly and the premiums for long-term care insurance (total: 466,901 yen).

466,901 yen
(premiums for the Medical Care System for the Elderly + premiums for long-term care insurance)



390,000 yen
(Old-Age Basic Pension [780,000 yen] × 1/2)



Result: The ordinary payment method will be applied to Mr. A.

* 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 the Elderly to be actually collected.

—Deduction for Social Insurance Premiums—

Those who have paid insurance premiums for the Medical Care System for the Elderly may receive deduction for social insurance premiums at the time of income tax/individual residence tax filing. 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 (❶ to ❸), 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 for the same reasons as above, their payment of the portion they are unable to pay may be postponed by up to one year.

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

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

- ❶ The insured persons' houses, household goods or other properties have been significantly damaged by an earthquake, storm, fire or other similar disasters.
- ❷ 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.
- ❸ The insured persons are detained at a prison or similar facility.

■ 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 continue falling behind in paying without exceptional circumstances that make payments difficult, a short-term insurance card (which expires earlier than an ordinary insurance card) will be issued to you.
- If premiums are past due for one year, the individual's insurance card may have to be returned and replaced with an Eligibility Certificate for the Insured.
If you receive medical treatment by presenting your Eligibility Certificate for the Insured, you must pay the full amount (100%) at one time.
- If premiums are unpaid for one year and a half without any specific reason, part or all of the insurance benefits may be suspended.



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

Until September 30, 2022

Since October 1, 2022, a new framework of co-payment rates of medical expenses has been adopted. If you fall under certain conditions, the co-payment rate for you will be 20%. → For details, see page 2.

Ordinary insured
persons

10%

Persons with more than a
certain amount of income

30%

Co-payment rates of medical expenses are **10% for ordinary insured persons and 30% for persons with more than a certain amount of income**. Your co-payment rate, 10% or 30%, for April to July is determined based on your previous-fiscal-year income on which residence tax is imposed, while that for August to next March is determined based on your reference-fiscal-year income on which residence tax is imposed. * Determination based on the income of the reference fiscal year is made on August 1 every year.

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

◎ Co-payment rate of 30% for persons with more than a certain amount of income, in principle

Insured persons in the Medical Care System for the Elderly, whose income on which residence tax is imposed (income after various deductions) is 1.45 million yen or more, and all other insured persons who belong to the same households should pay 30% as the persons with more than a certain amount of income. If the total of assessable income (see *2 on page 9) of insured persons born on or after January 2, 1945 and the insured persons who belong to the same households is 2.1 million yen or lower, the co-payment rate would be 10%.

Your co-payment rate may be changed from 30% to 10%.

Even if you are certified as being a person with more than a certain amount of income, if you satisfy the conditions stated below, you can file an application with your local municipal office to change your co-payment rate to 10% **from the following month of the application**. * Application may not be required in some cases. Please contact your local municipal office to confirm whether or not you must apply.

- **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 when your income is zero or negative after subtracting necessary expenses and/or the special exemption, you should calculate your revenue by totaling up all revenues notified in your final return. (However, if you have chosen not to notify your income from dividends on and/or transfer of listed shares concerning the individual residence tax, this will not be included [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 final tax return]).

[Necessary items for filing an application]

- Application form
- Documents indicating the amount of revenue
- Insurance card

■ Co-payment Rates of Medical Expenses

From October 1, 2022

Ordinary insured persons

10%

Insured persons who fall under certain conditions

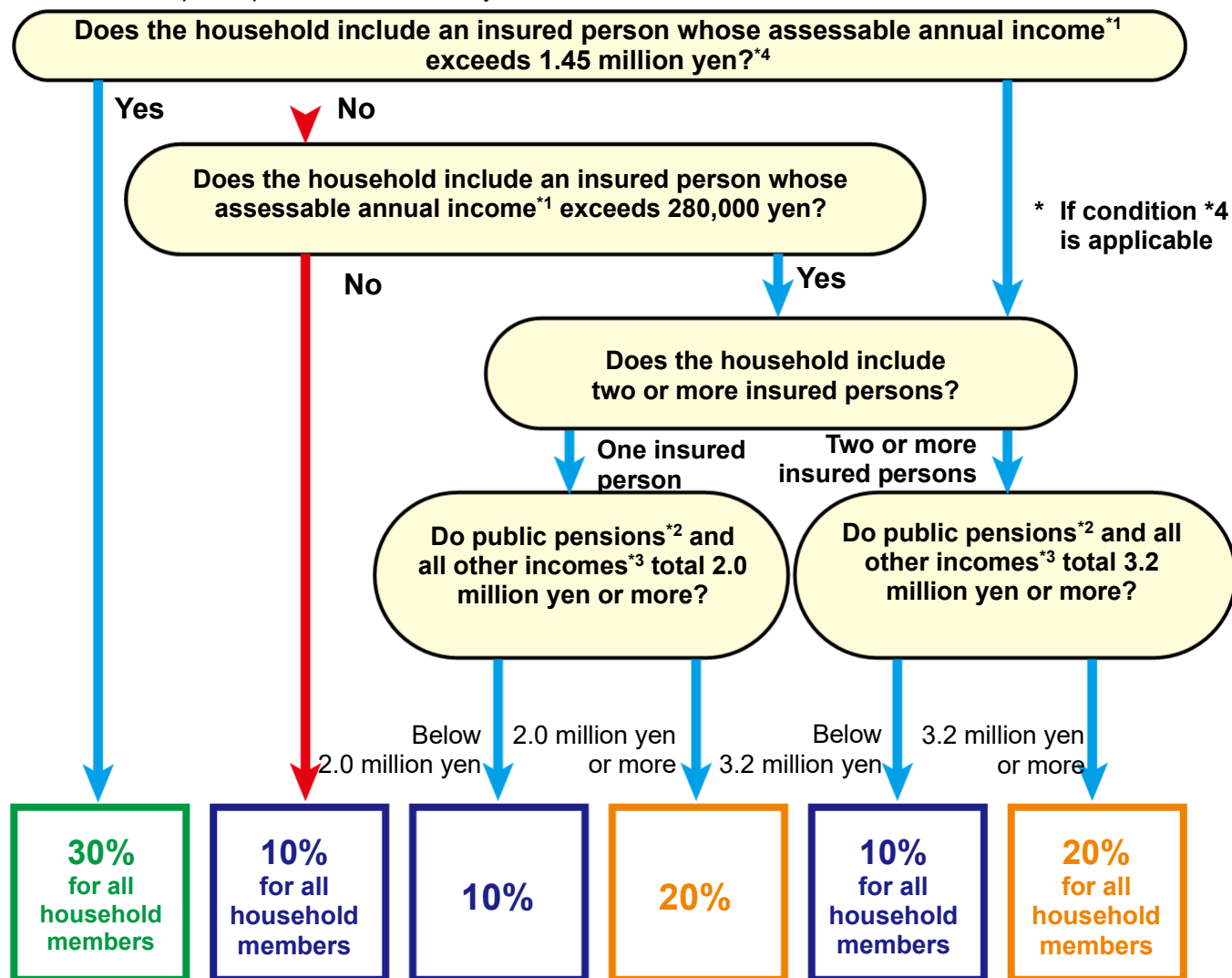
20%

Insured persons with more than a certain amount of income

30%

The process of determining the co-payment rate applicable from October 1, 2022 is mainly as follows:

- The co-payment rate of medical expenses is determined on a household basis according to assessable incomes^{*1} and public pensions^{*2} received by all its insured members.



^{*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.

^{*4} If your household falls under any of the following conditions, you may apply for the application of the standard income amount in order to ensure that a co-payment rate of 30% will not apply to your household.

- * Application may not be required in some cases. Please contact your local municipal office to confirm whether or not you must apply.
- A household with one insured person whose annual income for 2021 was below 3.83 million yen
- A household with two or more insured persons whose annual incomes for 2021 totaled below 5.20 million yen
- A household with insured persons and persons aged 70 to 74 whose annual incomes for 2021 totaled below 5.20 million yen. In addition, a co-payment rate of 30% will not apply to a household with insured persons who were born on January 2, 1945 or later and other insured persons whose 2021 annual incomes after municipal tax basic reductions totaled 2.10 million yen or less.
- For the definition of "revenue," see page 17.

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.

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

- *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 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.)
- *5 For the description of low-income classes II and I, see page 20.

For insured persons with a co-payment rate of 10% 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% within the calculation period of one year (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.

[Persons with more than a certain amount of income in categories II and I]

Persons with more than a certain amount of income in categories II and I can apply for an Eligibility Certificate for the Application of the Ceiling-Amount. If you obtain the Certificate, present it with your insurance card to the reception at the medical institution to receive medical treatment.

* The application form for issuance is to be taken to the division in charge at your local municipal office.

[Necessary item for an application for issuing the Eligibility Certificate for Ceiling-Amount Application]

- Insurance card

(Note) If you do not present the certificate at a medical institution, a co-payment cap for taxable income of 6.9 million yen or more will be applied, and the excess of the amount you pay over the amount for categories II and I will be refunded as a high-cost medical care benefit at a later date.

- * 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 Wide-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.**

[Low-income classes II and I]

Insured persons who meet the following conditions can apply for the **Eligibility Certificate for the Application of the Ceiling-Amount and Reduction of the Standard Amount of Patient Liability**.^{*1}
Present the certificate together with your insurance card when you use medical institutions.

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 <u>members are all</u> exempt from residence tax and <u>have zero income</u>^{*2} (A public pension deduction of 800,000 yen is included in the calculation.) • 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.
- * The application form for issuance is to be taken to the division in charge at your local municipal office.

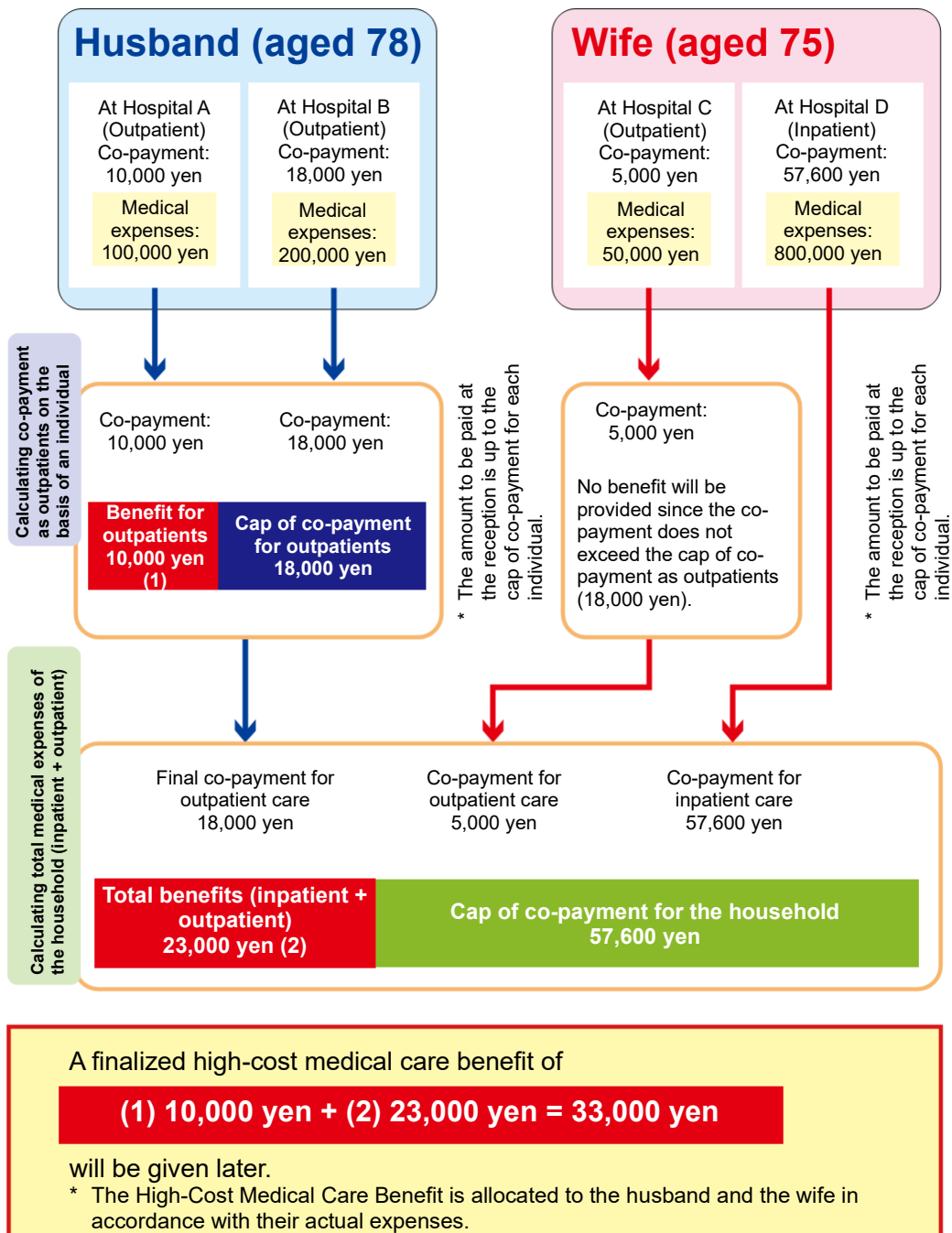
[Necessary items for an application for issuing the Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability]

- Insurance card
- Old-Age Welfare Pension Certificate if you are applying for low-income class I (recipient of Old-Age Welfare Pensions)

- ^{*1} If you do not present the certificate at a medical institution, the co-payment cap for “ordinary insured persons” will be applied, and the excess of the amount you pay over the amount for low-income classes II and I will be refunded as the high-cost medical care benefit at a later date.
- ^{*2} From August 2021 on, when insured persons with employment income receive medical treatment, their co-payment amount is calculated with a 100,000-yen deduction from their employment income.

Medical Treatments

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



© In your 75-year-old birth month

When you become 75 years old and enroll in the Medical Care System for the Elderly 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 the Elderly (see page 19).

* 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.

Income-based Category		Meal Fee (per meal)
Persons with more than a certain amount of income Ordinary insured persons		460 yen
	Designated intractable/rare disease patients ^{*1}	260 yen
Low-income class II	Hospitalization within 90 days (in the past 12 months)	210 yen
	Hospitalization exceeding 90 days ^{*2} (in the past 12 months)	160 yen ^{*3}
Low-income class I		100 yen

* For the description of low-income classes II and I, see page 20.

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

*2 It is required that the hospitalization period has exceeded 90 days from the day when you are certified to be in low-income class II.

*3 The meal fee will become 160 yen from the month following the month of the application date.

[Necessary items for applying for a meal fee of 160 yen as mentioned in *3]

- Insurance card
- Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability
- 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.

* Intractable/rare disease patients will have their fee reduced to the meal fee only. For persons with substantial needs for hospitalization, the meal fee listed above and the room charge will also be applied.

Income-based Category		Meal Fee per Meal	Room Charge per Day
Persons with more than a certain amount of income Ordinary insured persons		460 yen ^{*1}	370 yen
Low-income class II		210 yen	
Low-income class I		130 yen	
	Recipients of Old-Age Welfare Pensions	100 yen	0 yen
	Persons on the boundary ^{*2}	100 yen	0 yen

*1 Applied to the case where nutrition management is implemented by a dietician (whether registered or not) as prescribed in the Dietitians Act. For other cases, it is 420 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 the Elderly 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 (August to the end of July of the following year; indicated in the table below).

Income-based Category			Annual cap for the co-payment of [Medical Care System for the Elderly + Long-Term Care Insurance Program]
Persons with more than a certain amount of income	III	Assessable income of 6.9 million yen or more	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			560,000 yen
Low-income class	II		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 You Need to Receive High Cost Medical Treatment for a Long Period

For patients with diseases specified by the Ministry of Health, Labour and Welfare, the maximum co-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). 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 the Elderly.

[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** 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]

- Insurance card
- 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 the Elderly (if available)

■ Traffic Accidents

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

- (1) Go to the police and ask for the issuance of an Accident Certificate.
- (2) Bring the Traffic Accident Certificate, your personal seal and your insurance card **to the division in charge at your local municipal office and follow the procedures for “Notification of Injury or Sickness due to a Third-party Act.”**



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 the Elderly.

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 Benefit)

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 Wide-Area Union, provided that it approves the reimbursement.

Your application, however, must be filed within two years from the day after completion of the full-amount payment.

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

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

- 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 you necessarily receive medical services outside Japan

[Necessary items for applying for benefit in the cases ① to ⑤]

- Insurance card ● 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 statement of opinion

In case ④: ● Detailed statement or the like ● Doctor's statement of opinion

* 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 their insurance 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 the Medical Care System for the Elderly. To receive the benefit, please present your insurance card at the medical institutions concerned.

◎ 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]

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

* 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 serious illness with difficulty of travel is transferred urgently by a doctor's instruction, the cost is paid if the Wide Area Union deems the transfer to be necessary and the following three reasons are met.

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

[Necessary items for filing an application]

- Insurance card ● Application form ● Account information of the applicant
- Receipt ● Doctor's statement of opinion ● Document indicating the transfer route (map, etc.)

* 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.

◎ Exemption from part of the premiums (up to 6 months)

The insured persons may be exempt from part of the premiums if the household that they belong to fell under any of the following conditions ① to ③ 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

<Precaution in receiving an examination> Please be sure to make a prior inquiry with the medical or dental institution you plan to visit on whether it implements healthcare programs.

■ Medical Examinations

You can undergo this kind of examination free of charge.

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 card will be delivered to all insured persons in late April every year. Those who reach 75 years of age in the current year will receive the examination card in the month after 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 Wide-Area Union for the Medical Care System for the Elderly in Osaka Prefecture at the time of undergoing a comprehensive 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 (about frailty) ◎ 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
How to receive the examinations	Present your insurance card and examination card at a registered medical institution.* * Please check the list enclosed with the examination card or the website of the Wide-Area Union.
Valid period	From the time when you receive an examination card to March 31 of the following year (once a year)

■ Dental Examinations

You can undergo this kind of examination free of charge.

The dental examination program aims to check not only the condition of the teeth but also oral functions. We recommend that you be subject to a dental examination even if you use artificial teeth.

Guidance is delivered to all the insured persons annually in late April. For those who become 75 years old during the fiscal year, it will be delivered in the month following their birthday. (No examination card is issued.)

Eligible persons	Persons who are insured by the Wide-Area Union for the Medical Care System for the Elderly in Osaka Prefecture at the time of undergoing a dental 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 (jaw movement) ◎ Oral mucosa
How to receive the examinations	Visit a registered dental clinic and present your insurance card there. (No examination card is issued.) * Please check the list enclosed with the guidance letter or the website of the Wide-Area Union. ● Please note that house call dental examinations are not covered by this dental examination program.
Valid period	From April 1 to March 31 of the following year (once a year)

Healthcare Programs

■ Subsidy Program of Comprehensive Medical Examinations

The Wide-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 Wide-Area Union for the Medical Care System for the Elderly in Osaka Prefecture at the time of undergoing a comprehensive medical examination		
Examination items	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	Serological examination	CRP (blood type and HBs antigen)
	X-ray and ultrasound	Chest X-ray (or chest CT scan), upper GI X-ray (or endoscopy), abdominal ultrasound (or abdominal CT scan)	Urinalysis	Protein, urinal sugar, occult blood (urinary sediment)
	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	Others	Fecal occult blood, questionnaire, interview, explanation of results, health guidance
Necessary items for filing an application		<ul style="list-style-type: none"> Receipt for the comprehensive medical examination All sheets of the examination report (photocopy accepted) Insurance card Account information of the applicant Application form <p>* 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.</p>		
Subsidy		Up to 26,000 yen		
Valid period		From April 1 to March 31 of the following year (once a year)		
Notes		<p>(1) The cost of medical examinations of the brain as well as various kinds of cancers (including those using PET) and additional examinations and other related costs are not subject to the subsidy.</p> <p>(2) If the comprehensive medical examinations lack more than one item or the items are quite different from those listed above, the subsidy may not be provided.</p>		

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 have it for each hospital/pharmacy; have one record book per person.

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	Health Insurance & Pension Div.	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 Qualification 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.	06-6384-1239	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.	072-674-7178	Sennan City	Health Insurance & Pension Div.	072-483-3455
Kaizuka City	Elderly Care Div.	072-433-7042	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	Division for the Medical Care System for the Elderly	072-841-1221	Osakasayama City	Health Insurance & Pension Group	072-366-0011
Ibaraki City	Health Insurance & Pension Div.	072-620-1630	Hannan City	Health Insurance & Pension Div.	072-471-5678
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	Welfare & Medical Assistance 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., Citizens Affairs Dept.	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

◇ Request for Attention ◇

● 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.
- ★ When you have surplus drugs or you would like to use generic drugs (which are more affordable in most cases), please consult with a doctor or pharmacist.

Emergency Consultation Center Osaka

If you waver on whether or not you should call an ambulance, whether or not you should rush to the hospital immediately, which hospital is the nearest to you, or how you can give first aid



#7119

If the above line is busy

06-6582-7119

* 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, childcare consultation, or long-term care consultation.

In case of an emergency, call **119** without hesitation.

Warning from the Osaka Prefectural Police

Monetary losses caused by communications fraud in Osaka Pref.:

Approx. 2.4 billion yen
(a provisional figure for 2021)

In 2021, the amount of losses caused by **refund fraud** alone amounted to **approximately 840 million yen, setting an all-time record!**



- "You can receive a refund."
- "Please go to an ATM."

Such a caller must be a fraud!

❗ You can never receive a refund on an ATM!

❗ Do not use your mobile phone while on an ATM!

If someone calls you and talks about money, consult with your family members or the police, instead of feeling concerned alone.

Contact Information

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

Insurance cards, services concerning insurance premiums, etc.	Eligibility Information Management Div.	☎ 06-4790-2028
Services concerning high-cost medical care benefit, medical examinations, notification of medical expenses, etc.	Benefit Service Div.	☎ 06-4790-2031
Information relating to Wide-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 the Elderly of your local municipal office (see page 30)

The information in this booklet is current as of May 1, 2022. 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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