

NATIONAL HEALTH INSURANCE (NHI)

QUALIFICATION:

Foreign residents in Japan who meet all the following qualifications - qualify for and are obliged to join NHI.

Those who have registered as foreign residents;

Those who are permitted to remain in Japan one year or more;

Those who are not enrolled in health insurance, seamen's insurance or a cooperative through the workplace, or a welfare program.

Not only householders but also their dependents are defined as NHI policyholders (who are expected to pay premiums and receive the benefits).

The NHI benefits shown below are available only to those who are enrolled in NHI.

If you are not covered by insurance at your workplace and if you are registered and permitted to remain in Japan one year or more, ask your employer to indicate the reason why you are not covered in a written form, and show the statement at your local NHI office to apply for membership in NHI.

NHI is offered by local governments and NHI associations called kokumin kenko hoken kumiai (kokuho kumiai for short) which are guilds for local residents (at least 300 members) and have been approved by the governor. The membership of these NHI associations is voluntarily, and both members and their dependents are defined as policyholders.

ENROLLMENT:

You can apply for membership in NHI at your local NHI office within 14 days of your qualification. The office is usually located in the building where you registered as a foreign resident.

To enroll, you will need your alien registration card, personal seal if you have one, and a document proving your qualification (check with your local NHI office, for details).

You will be qualified as an NHI policyholder on the day you are enrolled although a health insurance certificate may not be issued immediately. When you visit a medical facility before the issue of the certificate, you will pay the full fee and be reimbursed by the facility if you present your certificate later. In case that you cannot be reimbursed by the facility, visit your local NHI office to apply for reimbursement for medical expenses (See "Insurance Benefits (E) Medical Expenses" below).

If you are a member of an NHI association (kokuho kumiai), apply at the office of your association.

PREMIUMS:

Although premiums vary among different local governments according to their financial conditions, your premium generally consists of the amount all policyholders pay equally plus the amount calculated from your tax.

You will start to pay the premium on the month you are qualified as an NHI policyholder. Note that when you have been eligible for NHI but did not enroll immediately, you will be charged back premiums (up to 2 years) when you do enroll.

When your income in the previous year is far less than in the year before last due to disaster, sickness, resignation, or other reasons, you may apply for exemption or grace for payment at you NHI office.

If you fall behind in your payment without special reasons, you will return your health insurance certificate and be issued "Certificate Providing Eligibility for NHL" (hi-hokensha shikaku shomei-sho). While you have this certificate, you bear the full fee, and later bill the insurer for medical expenses.

In the case of NHI associations (kokuho kumiai), the premiums are determined individually.

INSURANCE BENEFITS:

<p>Benefits obligatory for insurer* to execute</p>	<p>Benefits insurer* must always execute</p>	<p>(A) Medical Benefits (Benefits in kind) --- when a policyholder has treatment at a medical facility (B) Special Medical Fees --- when a policyholder has treatment at a medial facility that is approved to provide advanced medical treatment (C) Hospital Meals Fees --- when a policyholder has hospital meals as an inpatient (D) Home Visiting Nurse Services Fees --- when a policyholder receives home visiting nurse services (E) Medical Expenses (in cash) --- when a policyholder has treatment at a medical facility not accepting his or her insurance (F) High-cost Medical Fees --- when a policyholder has co-payments exceeding the fixed amount (G) Transportation to Hospital --- when a policyholder is transferred to hospital in an urgent situation according to the doctor's judgment</p>
	<p>Benefits insurer* may not execute all or part for special reasons</p>	<p>(H) Lump-Sum Maternity Subsidy --- when a policyholder has a childbirth (I) Funeral Allowance --- when a policyholder dies</p>

Notes: insurer* refers to local governments or NHI associations (kokuho kumiai)

(A) Medical Benefits (Benefits in kind)

Medical Benefits include the following items - provided by medical facilities accepting insurance, when the doctor judges that your disease requires treatment.

- medical examination
- medications or treating materials
- operations and other medical treatments
- nursing care services at home
- nursing care services at hospitals or clinics

Notes: Medical Benefits do not usually cover injuries caused by someone else such as traffic accidents or fighting; you can apply for medical insurance at your local NHI office. Other items not covered by Medical Benefits include work-related injuries or illnesses, self-inflicted injuries including suicide, physical examination, human dry dock, immunizations, cosmetic surgery, and normal delivery.

Your Own Expenses:

When as an NHI policyholder you have treatment at a medical facility which accepts your insurance, you pay 30 percent of the fee as your co-payment.

However, the co-payment may vary among different insurers (local governments) since they can lower the percentage. You may be exempted or allowed grace for the co-payment if your NHI office considers it appropriate.

For outpatient medications, you bear an extra portion of the cost in addition to the 30 percent burden. Please see “Medications Fees”, for details.

(B) Special Medical Fees

The cost of advanced medical treatment at medical facilities that are approved to provide advanced medical treatment is not covered by public health insurance; you bear the full cost. However, 70 percent of the fundamental portion of the treatment is covered as Special Medical Fees, provided that you are not issued "Certificate Providing Eligibility for NHL" (hi-hokensha shikaku shomei-sho) stated above.

Procedures:

Show your health insurance certificate at your medical facility, and pay your co-payment and the cost of the portion uncovered by your insurance.

Your Own Expenses:

You bear the cost of medical techniques, private rooms, dental materials, and 30 percent of the fundamental portion of the treatment.

(C) Hospital Meals Fees

As Hospital Meals Fees, the amount obtained by subtracting the standard cost burden of inpatients (See Table 1) from the cost calculated from the criterion determined by the Minister of Health, Labor and Welfare is covered by NHI.

Your Own Expenses:

You bear the fixed standard cost burden shown below.

Table 1		Standard cost burden (per day)
General households		¥780
Households with low income (exempted from municipal taxes)		¥650
	Inpatients from the fourth month on	¥500
	Old-age welfare pensioners	¥300

Notes: For the proof of a household with low income, "shikuchosonmin hikazei shoumei " (a municipal tax exemption certificate) is necessary

(D) Home Visiting Nurse Services Fees

Home Visiting Nurse Services Fees will be paid when as a policyholder you are allowed by your doctor to receive medical care or medical help from nurses or helpers sent from designated home visiting nurse service enterprises such as home visiting nurse stations, if you are a patient

in the final stages of cancer or with an intractable disease, a serious handicap, or cerebrovascular defects in the early stages of your old age.

Your Own Expenses:

You bear 30 percent as your co-payment.

(E) Medical Expenses

In the following cases - which are not usually covered by "Medical Benefits (benefits in kind)" stated in (A) above, as a policyholder you may temporarily pay the full fee, and later bill the insurer for Medical Expenses (in cash), provided that the insurer permits it.

When a medical facility that would accept your insurance is not available;

When it is a medical emergency that causes you to seek care at a facility that would not accept your insurance;

When you have treatment at a medical facility which accepts your insurance before the issue of the certificate or without bringing it with you.

When you are treated by a judo seifuku-shi, a masseur, an acupuncturist, or a practitioner of moxibustion according to your doctor's direction, and when the insurer approves it;

When you are hospitalized by law such as Law on Infectious Diseases;

When you have treatment at a medical facility with "Certificate Providing Eligibility for NHL" (hi-hokensha shikaku shomei-sho)

The following items should be included in Medical Benefits (benefits in kind) but in practice are covered by Medical Expenses;

fresh blood for blood transfusion, medical materials (artificial legs and arms, walking supplements), massage, etc.;

When you have treatment at a medical facility outside Japan;

You can be reimbursed for the amount obtained by subtracting your co-payment from the medical fee covered by insurance. You temporarily pay the full fee, and later apply for reimbursement by submitting an application form along with the receipt or the statement of your diagnosis and treatment and its translation (put the translator's name and address on it).

Your Own Expenses:

You bear an equivalent to 30 percent as your co-payment (the insurer determines).

Procedures:

The householder will submit the form ryoyo-hi shikyu shinsei-sho to the insurer, along with a certificate, an itemized receipt and other necessary documents.

(F) High-cost Medical Fees

When your co-payments for medical treatment exceed a monthly ceiling (¥63,600 for general households, ¥121,800 for households with high income, and ¥35,400 for households with low income) for one case, the insurer will reimburse the amount paid over this figure.

Note that if your monthly medical expenses (not your own expenses) exceed a specified figure (¥318,000 for general households and ¥609,000 for households with high income), 1% of the amount over this figure will be added to the monthly ceiling as your cost burden. Households with low income have no extra cost burden added to the monthly ceiling.

Here, “households with high income” and “households with low income” respectively refer to households with an annual income of ¥6,700,000 or more after the deduction of income tax as the whole household, and households with income that is so low that municipal taxes are not required. “One case” refers to the co-payments of one policyholder paid in one month (1st to the end of the month) at the same medical facility. In the same medical facility, medical and dental treatments are calculated separately, and inpatient and outpatient treatments are calculated separately. For inpatient, treatments received at separate departments are regarded as one case; for outpatient, they are calculated separately.

Note that the standard cost burden of hospital meals are not covered.

Reduction From Co-payment of High-cost Medical Fees:

If in the same month a household has two or more cases as co-payments each not less than ¥30,000 (for general households and households with high income) or each not less than ¥21,000 (for households with low income), and if the total exceeds ¥63,600 (for general households), ¥121,800 (for households with high income), and ¥35,400 (for households with low income), the insurer will reimburse the amount paid over this figure.

Note that if your monthly medical expenses (not your own expenses) exceed a specified figure (¥318,000 for general households and ¥609,000 for households with high income), 1% of the amount over this figure will be added to the monthly ceiling as your cost burden.

If a household is reimbursed for high cost treatment four or more times within 12 months, from the fourth time on, reimbursement will be for the amount paid over ¥37,200 (for general households), ¥70,800 (for households with high income), and ¥24,600 (for households with low income).

Maximum monthly co-payments will be no more than ¥10,000 for long-term, high-cost treatment, such as that for hemophilia and chronic diseases requiring dialysis, and the amount over this figure will be covered as benefits in kind. Prior issue of "Health Insurance Certificate for Medical Treatment of Designated Diseases" (kenko-hoken tokutei shippei ryoyo juryo-sho) by the insurer is necessary.

Procedures:

Submit the form High-cost Treatment Fee Application to the insurer with an itemized receipt, and you will receive reimbursement in a few months. Some local governments pay estimated amounts for high-cost treatment to medical facilities.

Loans for high-cost treatment:

Loans for high-cost treatment are available to help until reimbursement comes through. Check at your local NHI office, for details.

(G) Transportation to Hospital

If a patient who is a policyholder must be transported by car, etc. to a hospital, or transferred from one hospital to another in a situation that he or she is seriously ill or injured and it is a medical emergency, he or she can be reimbursed for the cost of that transportation. Reimbursement will be no more than the amount calculated based on the ordinary route and method.

Procedures:

Submit an itemized receipt to the insurer with the transportation application form.

Your Own Expenses:

If the amount the patient paid exceeds the calculated amount, he or she will bear the excess.

(H) Lump-sum Maternity Subsidy

When a mother who is a policyholder has childbirth, she can apply for a Lump-sum Maternity Subsidy. The amount is generally ¥300,000, although it varies among insurers.

“Childbirth” includes not only natural birth but also premature births, stillbirths, miscarriages, abortion, and abnormal birth if the pregnancy lasted 85 days or longer.

Even if the baby is born outside Japan, this can be awarded after the mother comes back to Japan within 2 years after the birth as long as she has been a policyholder continuing to pay the premium.

In the case of multiple births, the subsidy will be awarded for each baby. For example, in the case of twin babies, the amount doubles.

Procedures:

Submit the form Lump-sum Maternity Subsidy application to the insurer, along with the birth certificate.

(I) Funeral Allowance

If a policyholder dies, the family can apply for Funeral Allowance. The amount varies among insurers.

Procedures:

Applications are made at the local government NHI office with the bill for the funeral, the death certificate, and the health insurance certificate of the deceased.