

7 Payment methods

Insurance premiums (insurance taxes) are due on the last day of each month. If the last day of the month is a bank holiday, then they are due on the following business day. Payments are usually made using one of the following methods.

(1) Bank transfer

Bank transfer is the most convenient way to pay your insurance premiums (insurance taxes). You can set it up to have the amount automatically withdrawn from your savings account, and once it's in place, the automatic payments will continue even into the next fiscal year.

(2) Payment slip

In person

Take the payment slip you receive in the mail to your nearest bank or credit union, Japan Post Bank, post office, convenience store, or municipal NHI payment counter to pay your bill.

Note: Your payment slip must have a barcode on it in order to pay at a convenience store

8 If you don't pay your premiums...

- ❶ If you do not pay your insurance premiums (insurance taxes) by the deadline, you will be sent a reminder notice. If your payment still is not received, you will be sent a written letter demanding payment. You may also receive a phone call or visit.
- ❷ If you do not pay even after receiving a reminder notice and/or written letter without good cause and without consulting with us, **you are legally subject to an asset inquiry, which may result in garnishing measures* or other forcible collection measures.** Note that you will also be charged late fees based on the number of days you are in arrears.
*Garnishing is the seizure of personal funds or property under the law
- ❸ If you do not pay your insurance premiums (insurance taxes) over an extended period of time, you will be switched to a short-term health insurance card. Ongoing failure to pay without consultation will result in confiscation of your health insurance card, which will be replaced with an Eligibility Certificate instead. Eligibility Certificates require that you pay all medical expenses at hospitals and other medical institutions upfront (instead of just the copay) and later apply for reimbursement from your municipal office.

★If having trouble you're paying, talk to us!

If you are finding it difficult to pay your insurance premiums (insurance taxes) due to unavoidable circumstances (such as a layoff or company bankruptcy), or if you are struggling to take care of payments that are already in arrears, speak with someone at the NHI payment counter at your local municipal office.

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Benefits provided by NHI

(1) Medical benefits

If you get ill or injured, simply present your health insurance card at the service desk of the medical institution and pay your copay to receive medical treatment. The remainder of your medical expenses will be paid by NHI.

100% of total medical expenses

Covered by NHI (70–90%)

Copay (10–30%)
(see ① below)

① Copay percentages

Prior to first grade
(up to age 6*¹)

20%

Age 6–69

30%

Age 70–74

20%*²

(30% for those above a certain income level*³)

*¹ : The first March 31 after the day the child turns six

*² : 10% for those born on or before April 1, 1944

*³ : Please check your Elderly Recipient Certificate for details. Speak with an NHI representative for more information on the criteria used to determine copay rates.

② What is covered (Eligible for NHI benefits)

- Medical or dental care
- Medicines and medical supplies
- Treatments, surgeries, and other procedures
- In-home care
- Hospitalization and nursing care

③ What is not covered

You cannot use the NHI for the following

- Physicals and comprehensive medical checkups
- Vaccines and immunizations
- Healthy pregnancy/normal delivery
Note: See page 10 for information on lump-sum childbirth/parenting benefit
- Cosmetic procedures/orthodontics
- Work-related illnesses or injuries
Note: These are covered by workers' compensation insurance.
- Illnesses or injuries sustained during criminal or malicious acts
- Illnesses or injuries sustained due to fighting or drunkenness

(2) Payment of medical expenses

If any of the following situations require you to pay all of your medical expenses out of pocket, you can apply to have your situation reviewed and be reimbursed for them (minus your copay) if you are approved. Inquire with your local NHI service counter for details on how to apply.

Note: You must apply within two years of the day following the date medical treatment was received. It takes about three months from the time you apply to the time you are paid.

- You need to get medical treatment without presenting your health insurance card due to an emergency or other unavoidable circumstances
- You are forced to get treatment at a medical institution that does not take insurance due to unavoidable circumstances (e.g. there is nowhere else to go). (Note that you are not eligible for reimbursement if you decide to use a medical institution that does not take insurance of your own volition.)
- A medical device was made (such as a corset or cast) that a physician deems medically necessary
- You receive treatment from a bonesetter for a bruise or sprain (not applicable to chronic back or shoulder issues)
- You receive physician-approved treatment from a massage therapist, acupuncturist, or moxibutionist
- You receive treatment at an overseas medical institution due to an emergency situation while you are traveling. (Note that you are not eligible for reimbursement if you travel overseas for the purpose of receiving medical treatment, and are limited to treatments covered by Japanese medical insurance.)

(3) Travel expenses

If illness or injury make it difficult for you to travel, but you still must get to a medical institution for emergency or unavoidable treatment deemed necessary by a physician, you may be able to get reimbursed for the necessary travel expenses.

(4) Major medical fees

If you exceed your deductible (ceiling for out-of-pocket expenses) for medical expenses within the same month, you can apply for funds to cover the excess expenses under the “major medical fees” benefit.

① Ceiling for out-of-pocket expenses for major medical expenses [Under 70 years of age]

Income category	Ceiling	Multiple*2
Former proviso income*1 Over JPY 9.01 million	JPY 252,600 + (Total medical expenses (100%) – 842,000) × 1%	JPY 140,100
Former proviso income*1 JPY 6.00–9.01 million	JPY 167,400 + (Total medical expenses (100%) – 558,000) × 1%	JPY 93,000
Former proviso income*1 JPY 2.10–6.00 million	JPY 80,100 + (Total medical expenses (100%) – 267,000) × 1%	JPY 44,400
Former proviso income*1 JPY 2.10 million or less	JPY 57,600	JPY 44,400
Households exempt from resident tax	JPY 35,400	JPY 24,600

[Age 70–74]

Income category		Ceiling		
		Outpatient care (per individual)	Per household (including inpatient)	Multiple*2
Income level of active workers III	Taxable income of JPY 6.90 million or more	JPY 252,600 + (Total medical expenses (100%) – JPY 842,000) × 1%		JPY 140,100
Income level of active workers II	Taxable income of JPY 3.80 million or more	JPY 167,400 + (Total medical expenses (100%) – JPY 558,000) × 1%		JPY 93,000
Income level of active workers II	Taxable income of JPY 1.45 million or more	JPY 80,100 + (Total medical expenses (100%) – JPY 267,000) × 1%		JPY 44,400
General	Taxable income of less than JPY 1.45 million*3	JPY 18,000 (annual ceiling: JPY 144,000)	JPY 57,600	JPY 44,400
Low-income earner II*4				JPY 24,600
Low-income earner I*5		JPY 8,000		JPY 15,000

*1 : Former proviso income is gross income minus a basic deduction (JPY 330,000). Households that have not reported their resident tax are placed in the “former proviso income of over JPY 9.01 million” category

*2 : Ceiling moves to the “multiple” category starting with the fourth instance in which the ceiling for out-of-pocket expenses is reached within the past 12 months

*3 : Also includes those with total household incomes less than JPY 5.2 million (or JPY 3.83 million for single-family households) or those with a total former proviso income of JPY 2.10 million or less (only applies to households with a member who turned 70 on or after January 2, 2015).

*4 (Low-income earner II) : Heads of household and NHI members belonging to households exempt from resident tax

*5 (Low-income earner I) : Heads of household and NHI members belonging to households exempt from resident tax and that fall below a certain household income level

② Notes on calculations

- Calculations are per individual
- Calculations are per calendar month (from the first to the last day of the month)
- Calculations are per covered medical institution (and per category (inpatient/outpatient, medical/dental) within the same medical institution)
- Excludes expenses for meals, upgraded bed charges, or other expenses not covered during inpatient stays
- When there are multiple out-of-pocket expenses of at least JPY 21,000 in the same household during the same month, those figures are totaled and the amount exceeding the ceiling is reimbursed (the entire amount is totaled for those aged 70 or older)

③ How to apply

Households eligible for major medical expenses benefits will be sent an application form three to four months after the month in which treatment was received. The head of household should apply. Note that applications are valid only for two years from the first of the month following the month in which treatment was received, and can no longer be accepted after that.

(5) Issuance of ceiling authorization certificates (ceiling/standard copay reduction certificate)

Depending on your application, you may be issued a ceiling authorization certificate. If you plan on getting inpatient or other high-cost medical treatment, you can receive one of these in advance from your municipality and present it to the service counter at the medical institution so that the payment you owe at that institution will cap out at the ceiling for out-of-pocket expenses for major medical expenses. Households exempt from resident tax will be issued a ceiling/standard copay reduction certificate)

(6) High-cost medical and nursing care benefits

If the combined total out-of-pocket expenses under medical insurance and nursing care insurance for one year exceeds the ceilings listed below, you are eligible for high-cost medical and nursing care benefits to cover the overage. The calculation period extends from August 1 to July 31 of the following year.

Ceiling for out-of-pocket expenses for high-cost medical and nursing care benefits [Under 70 years of age]

Former proviso income* ¹ over JPY 9.01 million	JPY 2.12 million
Former proviso income* ¹ JPY 6.00–9.01 million	JPY 1.41 million
Former proviso income* ¹ JPY 2.10–6.00 million	JPY 670,000
Former proviso income* ¹ JPY 2.10 million or less	JPY 600,000
Households exempt from resident tax	JPY 340,000

[Age 70–74]

Income level of active workers III (Taxable income of JPY 6.90 million or more)	JPY 2.12 million
Income level of active workers II (Taxable income of JPY 3.80 million or more)	JPY 1.41 million
Income level of active workers I (Taxable income of JPY 1.45 million or more)	JPY 670,000
General (Taxable income of less than JPY 1.45 million* ²)	JPY 560,000
Low-income earner II (households exempt from resident tax)* ³	JPY 310,000
Low-income earner II (households exempt from resident tax and with income below a certain level)* ⁴	JPY 190,000

*¹ : Former proviso income is gross income minus a basic deduction (JPY 330,000).

*² : Also includes those with total household incomes less than JPY 5.2 million (or JPY 3.83 million for single-family households) or those with a total former proviso income of JPY 2.10 million or less (only applies to households with a member who turned 70 on or after January 2, 2015).

*³ (Low-income earner II) : Heads of household and NHI members belonging to households exempt from resident tax

*⁴ (Low-income earner I) : Heads of household and NHI members belonging to households exempt from resident tax and that fall below a certain household income level

(7) Cost of meals during inpatient treatment

The cost of meals during inpatient treatment is an out-of-pocket expense. Standard per-meal costs are indicated in the table below. The remainder is covered by NHI under inpatient meal cost benefits. Note that members of households exempt from resident tax must present their ceiling/standard copay reduction certificate to be eligible for benefits listed under the “households exempt from resident tax” category in the table.

Household category			Per-meal cost	
Other households			JPY 460*1	
Households exempt from resident tax	Under age 70		Hospitalization up to 90 days	JPY 210
			Hospitalization longer than 90 days*4	JPY 160
	Age 70+	Low-income earner II*2	Hospitalization up to 90 days	JPY 210
			Hospitalization longer than 90 days*4	JPY 160
	Low-income earner I*3	Regardless of period of stay		JPY 100

*1 : Per-meal cost is JPY 260 for certain intractable and chronic childhood illnesses

*2 (Low-income earner II) : Heads of household and NHI members belonging to households exempt from resident tax

*3 (Low-income earner I) : Heads of household and NHI members belonging to households exempt from resident tax and that fall below a certain household income level

*4 : Requires reapplication. Contact your local service counter for details.

(8) Lump-sum childbirth/parenting benefit

Members who have children are eligible for benefits. Stillbirths and miscarriages are also covered if they occur at least 85 days into the pregnancy. The amount of benefit is JPY 404,000 per child. (Note that in cases of childbirth at maternity institutions belonging to obstetric care compensation programs, the benefit is JPY 420,000 .)

(9) Funeral expenses

If the insured dies, the family is eligible for a funeral expenses benefit of JPY 50,000 . Note that this benefit will not be paid if the funeral expenses are already being covered by another form of health or other insurance.

(10) Traffic accidents (injuries with a third party at fault)

Medical care for injuries due to the actions of a third party (e.g. traffic accidents) are covered under the NHI. Note, however, that you must contact the NHI benefits representative at your local municipality before using your health insurance card in these cases.

10 Specified health checkups/specific health guidance

(1) Specified health checkups

These checkups primarily look for insulin resistance in order to help prevent lifestyle diseases such as diabetes and high blood pressure. They are conducted every year and play an important role in helping you maintain good health.

① Eligibility

NHI members age 40 and older

② How to get a checkup

Those eligible for the checkup will receive a voucher by mail. Contact your local NHI service counter for checkup periods, medical institutions offering the checkups, and other details.

③ What the checkup entails

Medical interview, physical measurements (height, weight, girth), blood pressure measurement, blood test, and urine test. Note that you may be subject to other tests deemed necessary by a physician.

④ Copay

JPY 0

(2) Specific health guidance

If the results of your specified health checkup indicate that you are at high risk for lifestyle diseases, you will receive specific health guidance. This service gives you access to the advice and support of experts (physicians, nurses, nutritionists, etc.) who can help you make the lifestyle changes you need to stay healthy.

**Insurance and Pension Section,
Health and Welfare Department, Tama City Hall**

6-12-1 Sekido, Tama, Tokyo

☎042-375-8111 (main line)

Note: Please have a Japanese speaker make the inquiry for you.