

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

# The Medical Care System for Elderly People



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

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

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

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

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

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

**Insurance cards will no longer be issued as of December 2, 2024.**

**Insurance cards will be issued only up to and including December 1, 2024 and none will be issued thereafter.**

Insurance cards issued up to December 1, 2024, can be used until the stated expiration date. Please note that if the information on your insurance card changes as of December 2, 2024, due to relocation, etc., the original insurance card can no longer be used.

As of December 2, 2024, in principle, you will have to use your Individual Number Card that has been applied for or registered so that it also functions as an insurance card (=Myna Insurance Card).

Currently, about half of all insured individuals hold *Myna Insurance Cards*. After your insurance card expires, please be sure to show your Individual Number Card (that also functions as an insurance card) at medical institutions to receive medical treatment.

**After December 2, 2024, the “Notice of Qualification Information” or “Qualification Confirmation Form” will be issued.**

As of December 2, 2024, the following documents will be issued depending on possession of the *Myna Insurance Card*.

If you have a *Myna Insurance Card*:  
The “Notice of Qualification Information”  
will be issued. (See ① below)

If you do not have a *Myna Insurance Card*:  
The “Qualification Confirmation Form” will  
be issued. (See ② below)

\*For information on registering to use your *Myna Insurance Card*, please see page 29.

\*If you are not sure if you have a *Myna Insurance Card*, please refer to the Mynaportal website.

If you have a smartphone, you can check your health insurance qualification information by logging into the Mynaportal website through the 2D barcode on the right. Please use it.



## ① Notice of Qualification Information

If you have a *Myna Insurance Card* and are newly enrolled in the Medical Care System for Elderly People, or if your co-payment rate or other conditions have changed, a “Notice of Qualification Information” will be issued.

Medical institutions that have not introduced the online qualification confirmation system can provide medical consultations if you present this Notice of Qualification Information together with your *Myna Insurance Card*.

At medical institutions that have introduced such a system, you can receive medical consultations just by showing your *Myna Insurance Card*, as changes to your qualification information are automatically linked with the institution.

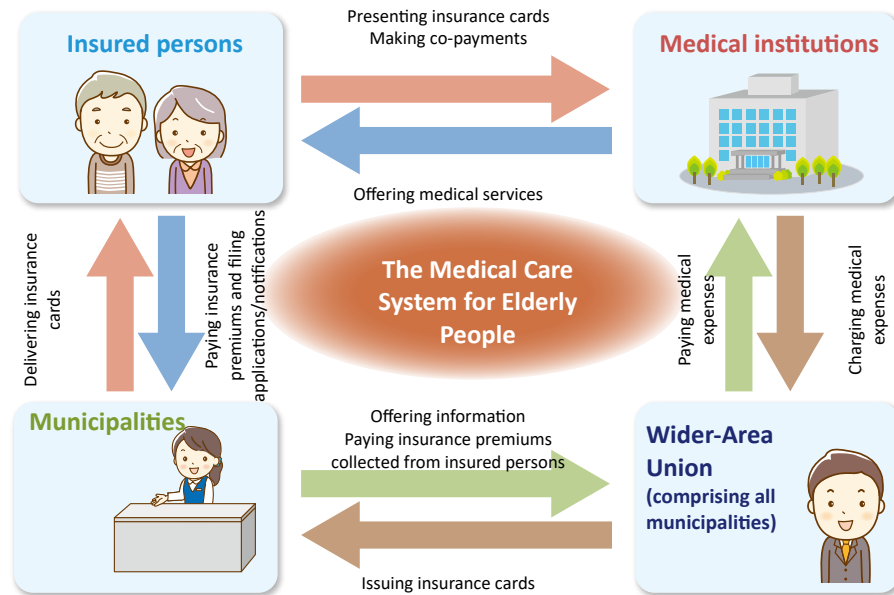
## ② Qualification Confirmation Form

If you have not obtained an Individual Number Card or have not registered to use it as an insurance card even though you have obtained it, a “Qualification Confirmation Form” will be issued. It contains information on your qualifications, such as the co-payment rate. In addition, if you have lost your *Myna Insurance Card*, you can apply to your local municipality office to obtain the Qualification Confirmation Form.

By presenting your Qualification Confirmation Form at a medical institution, you can basically receive medical treatment in the same manner as before.

# Operational Flow and Financial Sources

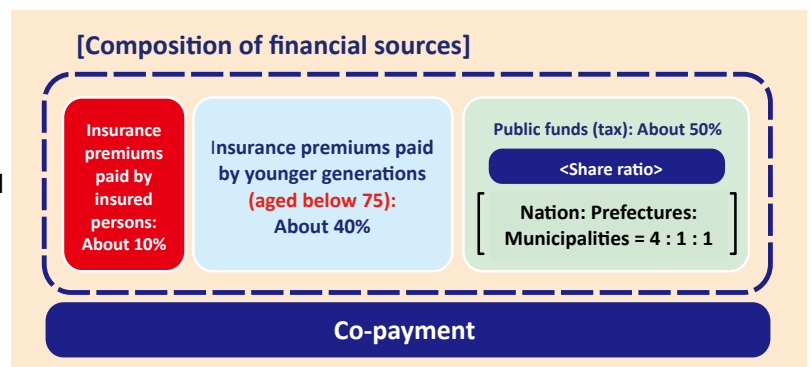
## Operational Flow



## Financial Sources

### The Whole Society Supports the Medical Care System for Elderly People

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



## Please Contact the Local Municipal Office on the Following Occasions

Occasion	Procedures / What to Take	When
Moving to another municipality	Return of insurance card	When you decide to move
Moving from another municipality	Certificate of burden class ( <i>Futan kubun to shomeisho</i> ) (if you move from a municipality outside Osaka Prefecture)	Within 14 days from the day you start living in your new residence
Becoming disabled (between 65 to 74 years of age) (See page 4.)	National pension certificate/physical disability certificate and documents regarding your Individual Number	When you desire a disability certificate given by the Wider-Area Union
Withdrawal of disability certification (between 65 to 74 years of age) (See page 4.)	Return of insurance card / Documents regarding your Individual Number	When you want to withdraw the disability certificate provided by the Wider-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. 25.)	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 date you start receiving public assistance
Stopping receiving public assistance	Notification of public assistance suspension/discontinuance decision and documents regarding your Individual Number	Within 14 days from the date of public assistance suspension/discontinuance

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

# Persons to Be Insured

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

## ① Persons aged 75 or over

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

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

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

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

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

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

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

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

## Domicile exemption

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



# Insurance card (to be issued by December 1, 2024)

## ① Insurance card

One card is issued to each insured person. To receive medical treatment at a medical institution, please put your Individual Number Card which incorporates your *Myna Insurance Card* under the card reader or present your original 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. The new card can be used **from the date of receipt**. (If you turn 75 years old on or before December 1, 2024 and become insured, the card will be effective from the date of your birthday.)\*

## ③ Termination of issuance of original insurance cards

Insurance cards will no longer be issued after December 2, 2024. Please refer to page 2 for details.

\* If you turn 75 years old on or before December 1, 2024, your insurance card will be delivered in the month prior to your birthday. If you turn 75 years old after December 2, 2024, a Notice of Qualification Information or Qualification Confirmation Form will be delivered in the same period as above. After your 75th birthday, you cannot use any insurance card issued by the National Health Insurance Program, employee's health insurance program or any other program that previously covered you. Please check with your municipal office, employer or other issuers regarding the handling of the old insurance card.

<b>後期高齢者医療被保険者証</b>									
有効期限 令和 7 年 7 月 31 日									
交付年月日 令和〇〇年〇〇月〇〇日									
被保険者番号	〇 〇 〇 〇 〇 〇 〇 〇								
住所	△ △ 市 △ △ 町 △ △ 丁目 △ 番 △ 号								
氏名	広域 太郎								
生年月日	昭和〇〇年〇〇月〇〇日								
資格取得年月日	□□〇〇年〇〇月〇〇日								
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" style="display: inline-table; vertical-align: middle;"> <tr> <td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td><td>×</td> </tr> </table> <span style="border: 1px solid red; padding: 2px; margin-left: 10px;">印</span>	×	×	×	×	×	×	×	×
×	×	×	×	×	×	×	×		
大阪府後期高齢者医療広域連合 電話：06-4790-2028									

## ■ Precautions in handling the insurance card

- If you find any errors on your insurance card, please ask the division in charge at your local municipal office to correct them.
- Never use another person's insurance card. (Doing so is punishable by law.)
- Copies of your insurance card cannot be used.
- If you lose your insurance card, you can request that one be reissued (until December 1, 2024).  
If you lose or accidentally destroy your card, ask the local municipal office to reissue it.
- If any change is made to your co-payment rate, your address or other important information, a new insurance card with the revised information will be sent to you. Please be sure to use the new insurance card.  
When you receive the new card, please return the old one to the division in charge at your local municipal office.
- If you move into another prefecture, please return your insurance card.  
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.

## ■ Section for Indicating Intention to Donate Organs

### ◎ Indication of intention to donate organs

Indicating your intention to donate organs is at the discretion of each insured person, so you are not obliged to fill out this section.

### ◎ How to fill out the section

#### ① Select the statement that represents your intention

Please circle only the number for the statement that represents your intention.

- If you intend to donate your organ(s), please circle 1 or 2. ⇒ To ②, ③ and ④
- If you do not intend to donate your organ(s), please circle 3. ⇒ To ④

#### ② Select any organs that you do not want to donate

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

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

**[After cardiac death: kidneys, pancreas and eyes]**

#### ③ Fill out the special note section

- If you circled 1 or 2 and intend to donate other tissues such as skin, cardiac valve, blood vessels and bones, you can write "All" or name the specific organ(s), such as "skin," "cardiac valve," "blood vessel" and "bone."
- If you want to donate your organs preferentially to a relative, you can write "Give preference to my relatives." (There are certain requirements that must be met in order to prioritize donations to your relatives.)

#### ④ Write your signature and the date

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

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か、この証を窓口で渡してください。
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.	私は、脳死後及び心臓が停止した死後のいずれでも、移植の為に臓器を提供します。
2.	私は、心臓が停止した死後に限り、移植の為に臓器を提供します。
3.	私は、臓器を提供しません。 《1又は2を選んだ方で、提供したくない臓器があれば、×をつけてください。》
【心臓・肺・肝臓・腎臓・膵臓・小腸・眼球】 〔特記欄〕	
署名年月日:	年 月 日
本人署名(自筆):	
家族署名(自筆):	

If you want to keep the content of your intention confidential, please hide the section with a sticker provided at the counter in charge of the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture or the local municipal offices. (If the insurance card is mailed, a sticker will be enclosed.)

For more details of organ donation

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

# Insurance Premiums

## ■ Method of Calculating Insurance Premiums

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

The Wider-Area Unions of 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 (FY 2024 and 2025)

$$\begin{array}{l} \text{Annual sum of} \\ \text{insurance} \\ \text{premiums} \\ \text{Up to 800,000} \\ \text{yen}^{*1} \end{array} = \begin{array}{l} \text{Per capita amount} \\ \text{57,172 yen} \\ \text{per insured person} \end{array} + \begin{array}{l} \text{Income ratio amount} \\ \text{Assessable income}^{*2} \\ \text{[Total income}^{*3} - \text{Basic Deduction}^{*4}] \\ \times \text{Income ratio (11.75\%)}^{*1} \end{array}$$

- \*1 Since the amount of insurance premiums has been revised due to the government's reform of the medical insurance system, **the following measures to alleviate drastic changes have been established for FY 2024:**
- The maximum levy is **730,000 yen** for those who were born before March 31, 1949, and those qualify due to disability certification.
  - The income ratio for a reduction of **10.94%** is applied for those whose assessable income is 580,000 yen or less.
- \*2 Assessable income is the amount remaining after making the basic deduction from total income (the sum of non-forestry income, forestry income and other separately calculated incomes [stock transfer income, dividend income, property transfer income, etc., subject to separate self-assessed taxation] in the previous year). (Carryforward of casualty loss is not deducted.)
- \*3 Total income = Revenue – Deductions\*
- \* “Deductions” here denote a public pension deduction, an employment income deduction, an income adjustment deduction, necessary expenses, etc. and do not include income deductions, such as deductions for medical expenses, persons with disabilities, or dependents.
- \*4 The amount of the basic deduction is as specified in Paragraph 2, Article 314-2 of the Local Tax Act; e.g., if the total income is 24 million yen or less, the basic deduction is 430,000 yen.
- \*5 **In cases where income has not been ascertained (e.g., undeclared income, moving from another municipality, etc.), the annual insurance premium is first calculated based on the per capita amount, and then changed to an income-based annual insurance premium after the month in which income is ascertained.**
- \*6 If there is a change in your income due to a revised return or other circumstances, the amount of your insurance premium may change retroactively. In such a case, please consult with the division in charge of the Medical Care System for Elderly People of your local municipal office.



## ■ Reduction of Insurance Premiums

### Per capita amount for insured persons with low incomes (FY 2024)

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

Income level (Level of the total net income of all insured persons within a household, including the householder)	Reduction rate of per capita amount
Total income amount equal to or lower than [basic deduction (430,000 yen) + <u>100,000 yen × (number of persons with employment income - 1)</u> ]	<b>70%</b>
Total income amount equal to or lower than [basic deduction (430,000 yen) + 295,000 yen × (number of insured persons) + <u>100,000 yen × (number of persons with employment income - 1)</u> ]	<b>50%</b>
Total income amount equal to or lower than [basic deduction (430,000 yen) + 545,000 yen × (number of insured persons) + <u>100,000 yen × (number of persons with employment income - 1)</u> ]	<b>20%</b>

- \* The item underlined with a wavy line must be included in calculation if the household includes two or more persons including insured persons and the householder, with employment or other incomes (those who fall under any of conditions (1) to (3) below).
  - (1) Persons with a revenue of over 550,000 yen from salary
  - (2) Persons aged below 65 with a public pension revenue of over 600,000 yen
  - (3) Persons aged 65 or over with a public pension revenue of over 1,250,000 yen
- \* The reduction rate will be determined based on the household status as of April 1 (or as of the date of enrollment if you enroll in the System on or after April 2). Even if the status of your household changes after the date of determination, the reduction rate will not be redetermined within the fiscal year.
- \* Special deduction in capital gains and that for family employees is NOT applicable to the calculation of total net income, based on which to determine the reduction rate.
- \* For the time being, 150,000 yen will be deducted from the income of pensioners (limited to those aged 65+) who have a public pension deduction for their pensions when the reduction rate for them is determined.
- \* The reduction rate is determined in accordance with the householder's income, whether or not the householder is insured by the Medical Care System for Elderly People.

#### Notify the local municipal office of your income.

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



## One Point Q & A

**Q** If I enroll in the Medical Care System for Elderly People during a fiscal year, how much in insurance premiums should I pay?

**A** In such a case, insurance premiums will be calculated on a monthly basis, and you have to pay the premiums from the month of your enrollment.

Also, if you lose eligibility for the System during a fiscal year, you will be charged a monthly premium up to one month before your withdrawal.

# Insurance Premiums

## Formerly dependent family members

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

Income ratio amount	Not levied
Per capita amount	<b>2 years after enrollment: 50% reduction</b>

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

## One Point Q & A

**Q**

Until I recently enrolled in the Medical Care System for Elderly People, I was covered by the employee health insurance of my child's company. However, I received a notice of the insurance premiums to which no reduction was applied. Why did I receive such a notice?

**A**

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

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



## ■ Example of Calculating Insurance Premiums (FY 2024)

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

Pensions	1,530,000 yen	1,680,000 yen	1,975,000 yen	2,110,000 yen	2,225,000 yen	3,000,000 yen
Total income	430,000 yen	580,000 yen	875,000 yen	1,010,000 yen	1,125,000 yen	1,900,000 yen
Total net income after basic deduction	0 yen	150,000 yen	445,000 yen	580,000 yen	695,000 yen	1,470,000 yen
Income ratio amount (1)	0 yen	16,410 yen	48,683 yen	63,452 yen	81,662 yen	172,725 yen
Reduction rate of per capita amount for an insured person	70% reduction		50% reduction	20% reduction		
Per capita amount after reduction for an insured person (2)	17,151 yen	17,151 yen	28,586 yen	45,737 yen	45,737 yen	57,172 yen
Total insurance premiums: (1) + (2)	17,151 yen	33,561 yen	77,269 yen	109,189 yen	127,399 yen	229,897 yen

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

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

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

However, for those whose assessable income amount is 580,000 yen or less (2.11 million yen or less in pension income), the income ratio for a reduction of 10.94% is applied for calculation.

**<Reference>** Example of income ratio amount calculation (in the case of a person only with a pension revenue of below 3.3 million yen)  
 $(\text{Pension revenue} - 1.1 \text{ million yen} - 430,000 \text{ yen}) \times \text{Income ratio}$   
(public pension deduction) (basic deduction) (See the notes on pages 10 and 11)

- \* 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 (800,000 yen) is used.

Pensions	Husband	1,530,000 yen	1,680,000 yen	2,110,000 yen	2,270,000 yen	2,770,000 yen	3,000,000 yen
	Wife	800,000 yen	800,000 yen	800,000 yen	800,000 yen	800,000 yen	800,000 yen
Total income	Husband	430,000 yen	580,000 yen	1,010,000 yen	1,170,000 yen	1,670,000 yen	1,900,000 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen	0 yen
Total net income after basic deduction	Husband	0 yen	150,000 yen	580,000 yen	740,000 yen	1,240,000 yen	1,470,000 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen	0 yen
Income ratio amount (1)	Husband	0 yen	16,410 yen	63,452 yen	86,950 yen	145,700 yen	172,725 yen
	Wife	0 yen	0 yen	0 yen	0 yen	0 yen	0 yen
Reduction rate of per capita amount for an insured person		70% reduction		50% reduction		20% reduction	
Per capita amount after reduction for an insured person (2)	Husband	17,151 yen	17,151 yen	28,586 yen	28,586 yen	45,737 yen	57,172 yen
	Wife	17,151 yen	17,151 yen	28,586 yen	28,586 yen	45,737 yen	57,172 yen
Total insurance premiums: (1) + (2)	Husband	17,151 yen	33,561 yen	92,038 yen	115,536 yen	191,437 yen	229,897 yen
	Wife	17,151 yen	17,151 yen	28,586 yen	28,586 yen	45,737 yen	57,172 yen
	Total	34,302 yen	50,712 yen	120,624 yen	144,122 yen	237,174 yen	287,069 yen

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

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

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

However, for those whose assessable income amount is 580,000 yen or less (2.11 million yen or less in pension income), the income ratio for a reduction of 10.94% is applied for calculation.

## ■ How to Pay Insurance Premiums

Insurance premiums should be paid to your local municipal office.

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

### Special payment method

- Persons annually receiving 180,000 yen or above as public pensions\*
- Persons whose long-term care insurance premiums have been collected by the special payment method and whose total amount of the premiums for the Medical Care System for Elderly People 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

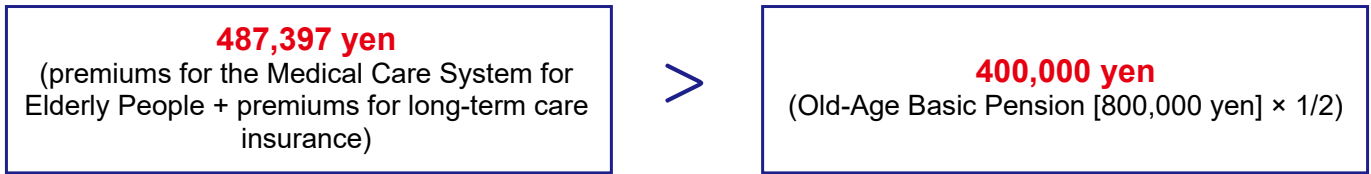
## Example of Determining the Insurance Premiums Payment Method

Mr. A receives the Old-Age Basic Pension (0.8 million yen) and the Old-Age Employees' Pension (2 million yen; total 2.8 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 2.8 million yen and real estate income of 1.2 million yen, Mr. A's annual insurance premiums for the Medical Care System for Elderly People amount to 347,397 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 (0.8 million yen) is compared with the total of the insurance premiums for the Medical Care System for Elderly People and the premiums for long-term care insurance (total: 487,397 yen).



**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 Elderly People to be actually collected.

**—Deduction for Social Insurance Premiums—**

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

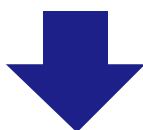
For details, please consult the division in charge at your local municipal office.

- 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.

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

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

- When you are behind on a payment, a reminder notice will be delivered to you based on relevant laws.  
Delinquent charge may be added to ensure fairness for those who made payment by the deadline.
- If you continually fall behind in paying premiums, you will receive a demand for payment by phone or mail, or in person. In addition, you may be subject to enforcement measures, and your property, such as pension benefits, deposits and savings, salaries, and real estate, may be confiscated after a property inspection.
- If you 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

The co-payment rate refers to the "percentage of co-payment" on the insured person's health insurance card.



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

The co-payment rate is determined on August 1 of each year using the amount of your reference fiscal-year income on which residence tax is imposed (hereinafter referred to as "assessable annual income"<sup>\*1</sup>). (The co-payment rate for the period from April to July 2024 is determined based on the assessable annual income in FY 2023; the co-payment rate for the period from August 2024 to March 2025 is determined based on the assessable annual income in FY 2024.)

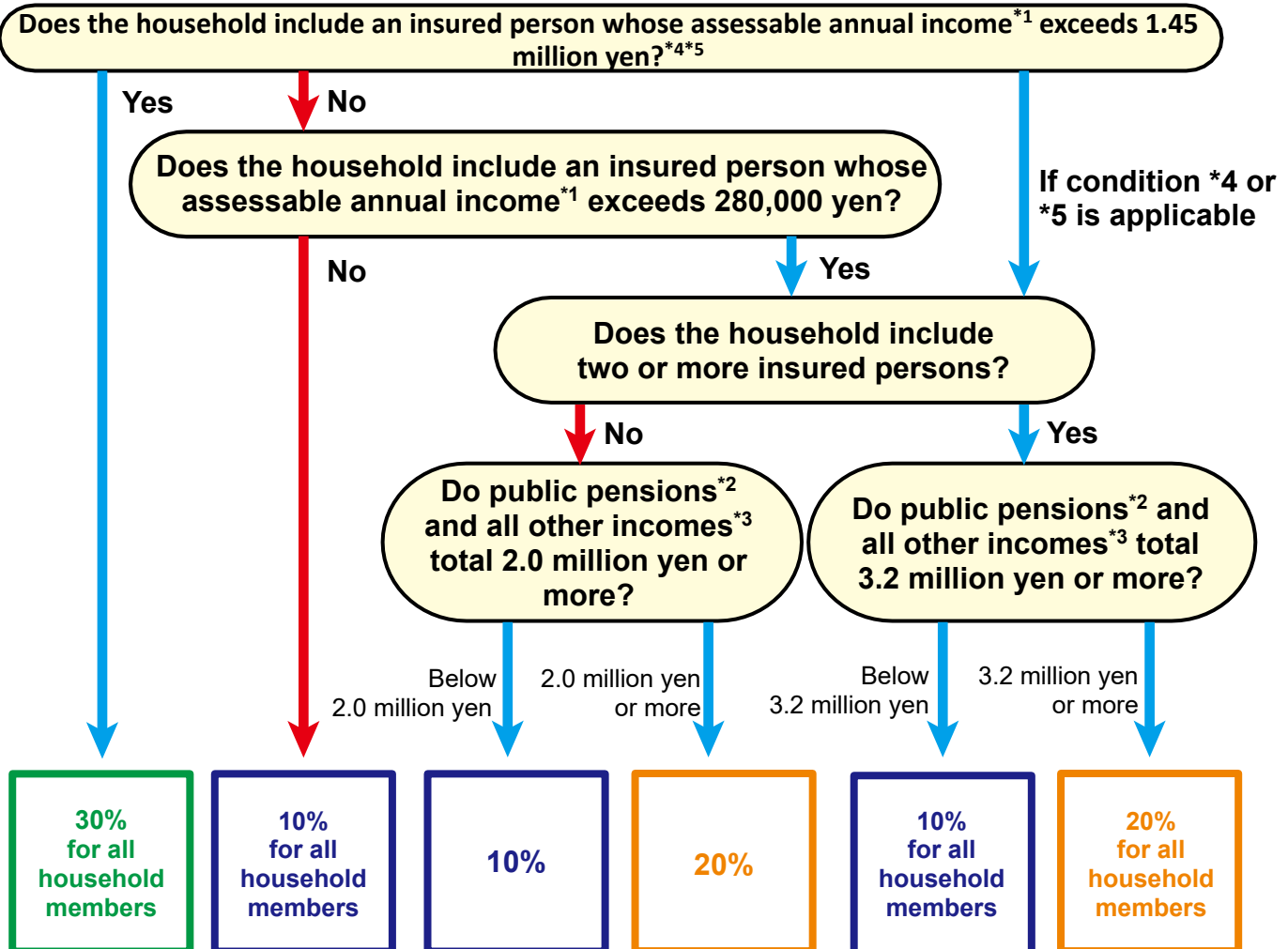
Even before the expiration date, your co-payment rate is subject to change due to changes in the composition of your household, adjustments to your assessable income, or other circumstances. Accordingly, you may be charged or reimbursed for the 10% or 20% difference later.

### Co-payment rate determination flow chart

The co-payment rate is determined on the basis of the insured person's assessable annual income<sup>\*1</sup> and public pensions,<sup>\*2</sup> etc., on the basis of the household unit on the residence certificate as of the first of each month, in principle.

If there are multiple insured persons in the same household, assessable annual income<sup>\*1</sup> will be determined based on the higher of the insured persons, and "public pensions<sup>\*2</sup> + other total income<sup>\*3</sup>" will be determined based on the total amount of all insured persons.

<sup>\*</sup>If all members of the household, including those who are not insured, are exempt from taxation, the insured person(s) are required to pay 10% of the total amount.



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

\*2 "Public pensions" denote the amount of received pensions before a public pension deduction is made, and they do not include bereaved family pensions or disability pensions.

\*3 "All other incomes" denote the amount calculated by subtracting necessary expenses and the amount of an employment income deduction from the sum of business income, employment income, etc. (or after special deductions for long-term (short-term) transfer income if special deductions are available), but before deducting income tax exemptions (basic deductions, deductions for social insurance premiums, etc.). (If the total amount is negative, it will be zero.)

\*4 If your household falls under any of the following conditions, the co-payment rate of 30% will not apply.  
If the total amount of income (Note 2 on page 7) on which the imposition of premiums is based for the insured born on or after January 2, 1945 and the insured in the same household is 2.1 million yen or less, the co-payment rate will be either 20% or 10%.

\*5 **Your co-payment may be changed from 30% to 20% or 10%.**  
If your income amount during the year meets the following requirements, you can **apply (Application for the Standard Income Amount)** to your local municipal office for a change to either 20% or 10% of the cost **from the month following the month of application.** \*There are cases in which an application is not required. Please contact your local municipal office to find out if you need to apply or not.

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

- If there is only one insured person in the same household  
→When the amount of revenue\* of the insured person is **less than 3.83 million yen**
  - If there are two or more insured persons in the same household  
→When the total amount of revenue\* of the insured persons is **less than 5.2 million yen**
  - If the household includes only one insured person and person(s) aged between 70 and 74 and if the revenue\* of the insured person equals or exceeds 3.83 million yen  
→When the total amount of the revenue\* of the insured person and other family member(s) aged between 70 and 74 is **less than 5.2 million yen**
- \* The "amount of revenue" means the sum of the amount that should be included in revenue when calculating the amount of various incomes (excluding retirement income) that are stipulated in the Income Tax Act. The amount of revenue is the amount before withdrawing public pension deduction and necessary expenses, and it is not the amount of income. Even if the amount of income is "0" or "minus" due to necessary expenses or special deductions, the amount of revenue before deductions is added together. (This includes all revenue for which a tax return is filed.) [e.g., operational revenue, termination amount of life insurance, sell-out price of listing shares etc. for which separate taxation is applied by filing a tax return]

#### [Necessary items for filing an application]

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

# 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			Co-payment Rate	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	30%	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			20%	6,000 yen + (Total medical expenses of outpatient individual - 30,000 yen) x 0.1 or 18,000 yen, whichever is less (up to 144,000 yen per year)	57,600 yen (44,400 yen*4)
			10%	18,000 yen (up to 144,000 yen per year)	
Low-income class*5		II	10%	8,000 yen	24,600 yen
		I			15,000 yen

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

For three years from October 1, 2022 to September 30, 2025, for those who pay 20%, the increase in monthly outpatient medical expenses will be limited to 3,000 yen (inpatient medical expenses are not covered).

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

\*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 18.



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

**[Persons with 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.

\*If you use your Individual Number Card that functions as an Insurance Card, no prior steps are required. Please see page 29 for details.

**[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 category III will be applied, and the excess of the amount you pay over the amount for categories II and I will be reimbursed as a high-cost medical care benefit at a later date.

**[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**.

**If you obtain the Certificate, present it with your insurance card to the reception at the medical institution to receive medical treatment.**

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"> <li>• Insured person who is in a household whose members are all exempt from residence tax and have zero income (A public pension deduction of 800,000 yen is included in the calculation.)</li> <li>• Insured person who is in a household where every household member is exempt from residence tax and receives Old-Age Welfare Pensions</li> </ul>

\* 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.**

\*If you use your Individual Number Card that functions as an Insurance Card, no prior steps are required. Please see page 29 for details.

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

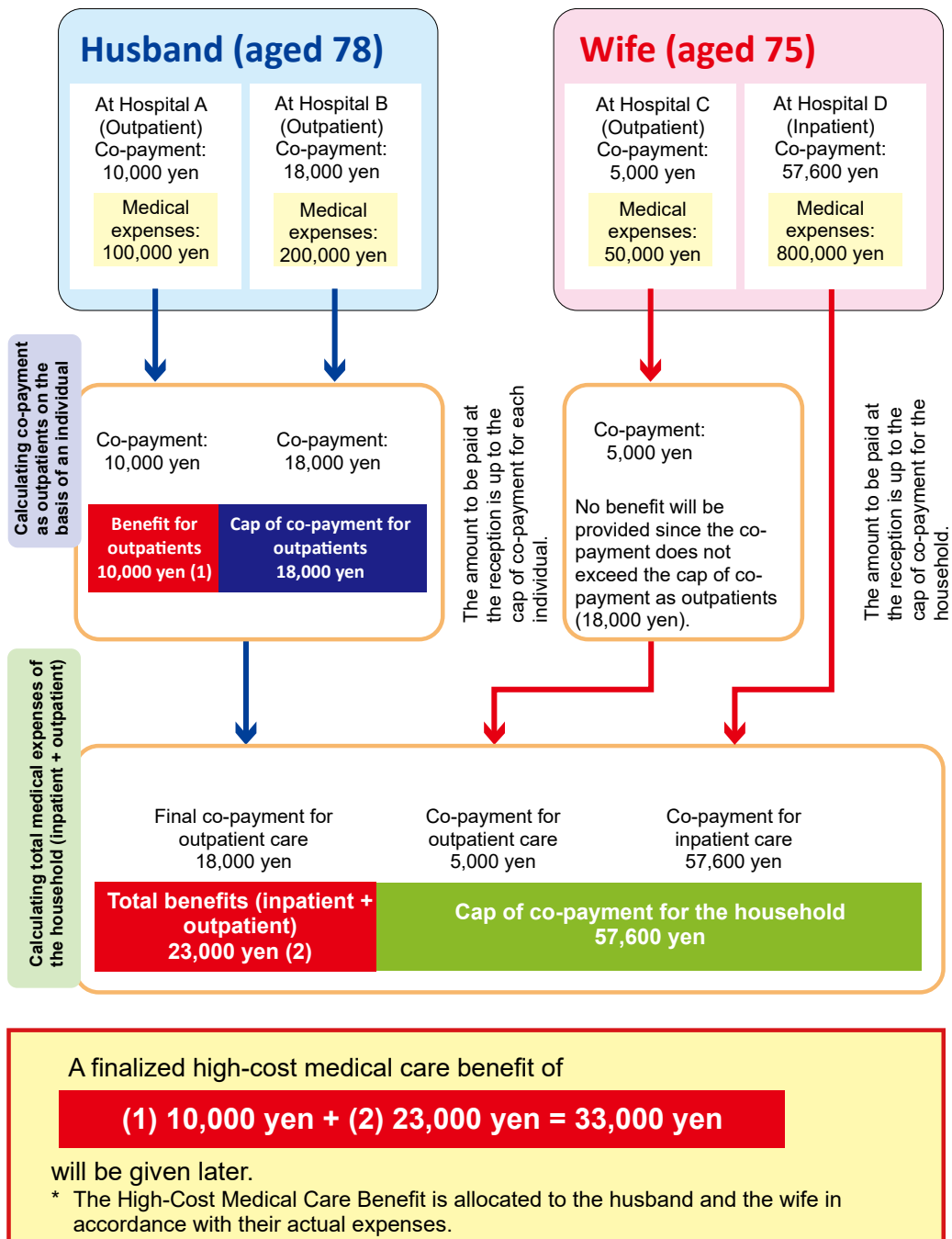
- Insurance card
- Old-Age Welfare Pension Certificate if you are applying for low-income class I (recipient of Old-Age Welfare Pensions)

\*If you do not present the certificate at a medical institution, the co-payment cap for "ordinary insured persons: 10%" will be applied, and the excess of the amount you pay over the amount for low-income classes II and I will be reimbursed as the high-cost medical care benefit at a later date.

Meal fees and room charge described on page 20 are not covered by high cost medical care benefit or reimbursement, so please apply for a "Eligibility Certificate for the Application of the Ceiling-Amount and Reduction of the Standard Amount of Patient Liability" in advance.

# Medical Treatments

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



## © In your 75-year-old birth month

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

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

**■ Hospital Meal Fees** \*Revisions are scheduled to be made after June 2024.  
Inpatients must pay the standard meal fees as shown below.

Income-based Category		Meal Fee (per meal)	From June 2024
Persons with more than a certain amount of income Ordinary insured persons* <sup>1</sup>		460 yen	490 yen
	Designated intractable/rare disease patients	260 yen	280 yen
Low-income class II	Hospitalization within 90 days (in the past 12 months)	210 yen	230 yen
	Hospitalization exceeding 90 days* <sup>2</sup> (in the past 12 months)	160 yen* <sup>3</sup>	180 yen* <sup>3</sup>
Low-income class I		100 yen	110 yen

\*In principle, the "Eligibility Certificate for the Application of the Ceiling-Amount and Reduction of the Standard Amount of Patient Liability" must be issued in advance in order for low-income classes II/I residents to be eligible for the above amount. Please see page 18 for details.

- \*1 Those who have been hospitalized continuously for one year or longer in a psychiatric ward as of March 31, 2016 and who will continue to be hospitalized in a medical institution must pay 260 yen as a transitional measure.
- \*2 The hospitalization period must exceed 90 days from the date you are certified as being in low-income class II.
- \*3 Those who already have an "Eligibility Certificate for the Application of the Ceiling-Amount and Reduction of the Standard Amount of Patient Liability" are also required to apply separately. The meal fee will be 160 yen\* as of the application date. (The amount to be paid at the counter will be 160 yen\* from the month following the month of application. The amount of difference incurred from the application date to the end of the month will be paid at a later date by making a separate application.

**[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.

- \* Patients with designated intractable/rare diseases will only have to bear the cost of the hospital meal fee listed above.
- \* For persons with a significant need for hospitalization, the meal fee will be as listed above.

**Standard Meal Fees and Room Charge**

\*Revisions will be made after June 2024.

Income-based Category	Meal Fee per Meal	From June 2024	Room Charge per Day	
Persons with more than a certain amount of income Ordinary insured persons	460 yen* <sup>1</sup>	490 yen* <sup>1</sup>	370 yen	
Low-income class II	210 yen* <sup>2</sup>	230 yen* <sup>2</sup>		
Low-income class I	130 yen	140 yen		
	Recipients of Old-Age Welfare Pensions	100 yen	110 yen	0 yen
	Persons on the boundary* <sup>3</sup>	100 yen	110 yen	0 yen

- \*1 Applied to the case where nutrition management is implemented by a dietician. For other cases, it is 420 yen (450 yen as of June 2024), and 260 yen (280 yen as of June 2024) for patients with designated intractable/rare diseases
- \*2 For patients with designated intractable/rare diseases and those with a significant need for hospitalization, "Hospitalization exceeding 90 days" of the previous section: Hospital Meal Fees" (top of page) will be applied upon separate application.
- \*3 A person who does not need welfare stipulated in the provisions of the Public Assistance Act (Act No. 144 of 1950) when this is applied.

# Medical Treatments

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

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

Income-based Category			Co-payment Rate	Annual cap for the co-payment of [The Medical Care System for Elderly People + Long-Term Care Insurance Program]
Persons with more than a certain amount of income	III	Assessable income of 6.9 million yen or more	30%	2,120,000 yen
	II	Assessable income of 3.8 million yen or more		1,410,000 yen
	I	Assessable income of 1.45 million yen or more		670,000 yen
Ordinary insured persons			20%	560,000 yen
Low-income class	II		10%	310,000 yen
	I			190,000 yen <sup>*1</sup>

\*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), **by presenting the Certificate for a Patient with Specified Disease (application required) to the medical institution when receiving the relevant treatment.** However, these fees must be paid normally at the pharmacy and hospital reception.

### [In your 75-year-old birth month]

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

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

- Part of congenital disorders of blood coagulation factor (resulting from Factors VIII or IX)
- Chronic renal failure entailing artificial dialyses
- HIV-infection caused by blood coagulation factor products

To receive the benefit, please apply for a **Certificate for a Patient with Specified Disease** in advance at the division in charge at your local municipal office.

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

- 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 Elderly People (if available)

## ■ When You Are Involved in Traffic Accidents or Other Incidents

If you are injured by a third party in a traffic accident or other incident, the third party (the perpetrator) must, in principle, bear the medical expense in proportion to the percentage of negligence; however, by submitting a notification, you can receive medical care under the Medical Care System for Elderly People. In this case, the Wider-Area Union advances the medical expense temporarily (excluding co-payment) and will charge the third party (perpetrator) for it.

Therefore, when receiving medical treatment under the Medical Care System for Elderly People for an injury or illness caused by a third party, please be sure to submit a **“Notification of Injury or Illness Caused by a Third-Party”** at your municipal office.

### [Items required for notification]

- Insurance card
- Personal seal
- Traffic Accident Certificate (\*If the incident is a traffic accident)



If you receive cost of treatment from a perpetrator or settle a case out of court, you might not be able to receive medical care under the Medical Care System for Elderly People. Hence, you are strongly advised to consult with the division in charge at your local municipal office before settling out of court.



# Reimbursement of Medical Expenses

## (Medical Expense 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 Wider-Area Union, provided that it approves the reimbursement.

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

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

\*The Wider-Area Union will make reimbursement only when it deems the situation to be 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 medical services outside Japan are necessary

\*The Wider-Area Union will make reimbursement only when it deems the situation to be compelling.

[Necessary items for applying for benefit in the 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 consent form

In case ④: ● Detailed statement or the like ● Doctor's statement of opinion, Certificate of instruction for the production of therapeutic orthotic devices and fitting, etc.

\* When applying for shoe-type orthotic equipment, it is necessary to attach a photo of the equipment to be worn.

In case ⑤: ● Attending doctor's statement (with Japanese translation attached)

● Letter of consent to the investigation

● Itemized receipt (with Japanese translation attached)

● Documentation of travel records (passport, etc.)

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

## ① When you receive treatment by judo therapists

### [Cases covered by health insurance]

- Fracture, dislocation, bruise, ligament rupture, etc. (including so-called muscle strain)
  - \* In case of fracture or dislocation, except for first aid, prior approval by the doctor is required.

### [Precautions in receiving the treatment]

- Treatment cost for shoulder discomfort, muscle fatigue and other minor symptoms is not covered by health insurance; all costs for such treatment must be paid by the patient.

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

### [Cases covered by health insurance]

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

### [Precautions in receiving the treatment]

- To have treatment covered by health insurance, you need to obtain a certificate of consent or a medical certificate issued by the doctor beforehand.
- Cost for treatment or massage aimed at mere recovery from fatigue, consolation or disease prevention is not covered by health insurance; all the cost for such treatment must be paid by the patients.
- While you receive treatment for a condition or symptom at an authorized insurance medical institution (hospital, clinic, etc.), receipt of acupuncture, moxibustion treatment, etc. for the same condition elsewhere is not covered by health insurance.

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

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

# Other Benefits

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

## ◎ Home nursing care medical expense benefit

If insured persons use home nursing care services in accordance with a doctor's instructions, they can receive medical expense benefit by presenting 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 Elderly People. 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
- Document attesting that the applicant held the funeral (e.g. a receipt for the funeral fee under the name of the applicant)

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

## ◎ Transfer expense benefit

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

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

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

### [Examples of eligible cases]

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

### [Examples of ineligible cases]

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

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

The insured persons may be exempt from co-payments if the household that they belong to fell under any of the following conditions 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

## ■ 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 ticket will be delivered to all insured persons in late April every year. Those who will be 75 years old will receive the examination ticket in the month following their birthday.

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

### Scheduling and Getting a Medical Examination

Examination period: From the date of receipt of the examination ticket to March 31 of the current fiscal year (once during the fiscal year)

1

#### Select a medical institution that offers medical examinations

Medical Institutions Registered to Conduct Health Examinations

Please check the "List of Medical Institutions Registered to Conduct Health Examinations (Medical Department)" enclosed with the examination ticket or the "Wider-Area Union for the Medical Care System for Elderly People Website".

You can also receive a medical checkup at medical institutions in Osaka Prefecture other than those in your city, ward, town, or village.

Some municipalities offer group medical examinations. Please contact your local municipal office for details.



2

#### Apply in advance (by phone, etc.) to the organization conducting the medical examination.



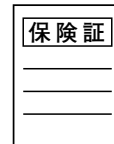
It's better to ask!

3

#### Go for your medical examination

<What to bring on the day of the examination>

- ① Insurance Card for the Medical Care System for Elderly People
- ② Medical examination ticket



Eligible persons	Persons who are insured by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture at the time of undergoing a medical examination * Those who have been in support facilities for persons with disabilities or facilities covered by long-term care insurance or those who have been hospitalized at hospitals or other medical institutions for six consecutive months or longer are not subject to this program.
Examination items	<p>&lt;Basic items&gt;</p> <ul style="list-style-type: none"> <li>◎ Questionnaire (frailty checklist) ◎ Physical measurement</li> <li>◎ Blood pressure measurement ◎ Physical examination ◎ Urinalysis</li> <li>◎ Blood test (lipid test, blood sugar test, liver function test, renal function test)</li> </ul> <p>&lt;Detailed examination items (Implemented at the doctor's discretion)&gt;</p> <ul style="list-style-type: none"> <li>◎ ECG ◎ Fundus examination ◎ Anemia examination</li> </ul>
Notes	<ul style="list-style-type: none"> <li>• If you have lost your medical examination ticket, it can be reissued. Please contact your local municipal office or the Wider-Area Union for the Medical Care System for Elderly People.</li> <li>• During the medical examination, if you are found to have an injury or illness, you will be required to pay a part of the cost of the treatment.</li> </ul>

# Healthcare Programs

## Dental Examinations

You can undergo this kind of examination free of charge.

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

Information on the dental examinations will be delivered to all insured persons in late April every year. Those who will be 75 years old will receive it in the month following their birthday. (No examination ticket will be issued.)

### Scheduling and Getting a Dental Examination

Examination period: From April 1 to March 31 of the current fiscal year (once during the fiscal year)

#### 1 Select a dental clinic that offers dental examinations

Please check the "List of Dental Clinics Registered to Conduct Dental Examinations" enclosed with the letter or the "Wider-Area Union for the Medical Care System for Elderly People Website".

\*You can also receive a dental checkup at dental clinics in Osaka Prefecture other than those in your city, ward, town or village.

Dental Clinics Registered to Conduct Dental Examinations



#### 2 Apply in advance (by phone, etc.) to the organization conducting the dental examination.

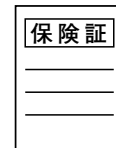


It's better to ask!

#### 3 Go for your dental examination

<What to bring on the day of the examination>

Insurance Card for the Medical Care System for Elderly People  
(No dental examination ticket)



Eligible persons	Persons who are insured by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture at the time of undergoing a medical examination * Those who have been in support facilities for persons with disabilities or facilities covered by long-term care insurance or those who have been hospitalized at hospitals or other medical institutions for six consecutive months or longer are not subject to this program.
Examination items	<input type="checkbox"/> Interview <input type="checkbox"/> Teeth condition <input type="checkbox"/> Periodontal tissue condition <input type="checkbox"/> Occlusion condition <input type="checkbox"/> Oral hygiene condition <input type="checkbox"/> Oral dryness <input type="checkbox"/> Chewing ability <input type="checkbox"/> Tongue and lip functions <input type="checkbox"/> Swallowing function <input type="checkbox"/> Temporomandibular joint (jaw movement) <input type="checkbox"/> Oral mucosa
Notes	<ul style="list-style-type: none"> <li>• If you are having treatments at the same time as this dental examination, there may be an additional fee. Please consult your dentist for details.</li> <li>• Please note that house calls are not covered by this dental examination.</li> </ul>

# Healthcare Programs

## ■ Subsidy Program of Comprehensive Medical Examinations

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

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

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

Eligible persons		Persons who are insured by the Wider-Area Union for the Medical Care System for Elderly People in Osaka Prefecture at the time of undergoing a comprehensive medical examination		
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, $\gamma$ -GT, ALP, fasting blood sugar, HbA1c	Others	Fecal occult blood, questionnaire, interview, explanation of results, health guidance
Notes		<p>(1) The cost of medical examinations other than those listed above, such as brain scans and various cancer tests, are not covered by the subsidy.</p> <p>(2) If more than one of the above examination items is missing, or if multiple examinations are combined, it may not be considered a comprehensive medical examination and may not be subsidized.</p>		
Necessary items for filing an application		<ul style="list-style-type: none"> <li>● Receipt for the comprehensive medical examination</li> <li>● All sheets of the examination report (photocopy accepted)</li> <li>● Insurance card      ● Account information of the applicant</li> <li>● Application form (including questionnaire)</li> </ul> <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> <p>* If you are unable to submit a copy of the checkup results, please contact the office to which it should be submitted.</p>		
Subsidy		Up to 26,000 yen		
Valid period		From April 1 to March 31 of the following year (once a year)		

### Let's make good use of the medication record book

The medication record book is a notebook for recording the medicines you are using.

Checking of this record book by doctors or pharmacists will help prevent damage to your health.

If you do not have a record book, please request the pharmacist to issue one.

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

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

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



# Use of the Individual Number Card as an Insurance Card

**!** If you have not yet registered to use your Individual Number Card as an Insurance Card, please take these two steps.

## STEP1.

### Apply for an Individual Number Card

#### ■ You can choose how to apply

- ① Online (from PC or smartphone)
- ② By mail
- ③ From a public ID photo machine



## STEP2.

### Register your Individual Number Card as an Insurance Card

#### ■ How to register

- ① At a reception desk (card reader) of a medical institution or a pharmacy
- ② Through the Mynaportal website
- ③ At a Seven Bank ATM



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

## ■ Benefits of using the Individual Number Card as an insurance card

### ① Saves 20 yen on medical expenses

Compared with a paper insurance card, it saves you 20 yen in medical expenses covered by your insurance premiums, lowering your co-payments!

### ② Provides you better medical care

Past medication information and medical examination results can be reviewed, making it possible to consider the current physical condition and possibility of other illnesses, which helps with treatment. Multiple medications or dosages can also be adjusted.

### ③ Waives payment over the limit for high-cost medical care without a procedure

Even without the Eligibility Certificate for Ceiling-Amount Application, you will be **exempted from payment of excess** of medical expenses under the high-cost medical care benefit system.

## An Account for Receiving Public Money

Those who have registered an account for receiving public money for benefits with the government through Mynaportal website, or with some other methods have been able to select their public money receiving account when applying for the payment of benefits. If you use an account for receiving public money, you do not need to enter your account information on the application form. However, you will **need to submit an application form for an account for receiving public money**, so please contact your local municipality.

\*Only insured persons themselves can use the account. For the premium benefits from the Medical Care System for Elderly People, the account for receiving public money cannot be used by anyone other than the insured persons themselves.

\*Funeral expenses and subsidies for comprehensive medical examinations are not covered.

# 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 Consultation Div.	06-6858-2301	Settsu City	National Health Insurance & Pension Div.	06-6383-1387
Ikeda City	Health Insurance & Medical Welfare Div.	072-754-6258	Takaishi City	Health Promotion Div.	072-275-6392
Suita City	National Health Insurance Div.	050-1807-2183	Fujiidera City	Health Insurance & Pension Div.	072-939-1186
Izumiotu City	Health Insurance & Pension Div.	0725-33-1131	Higashiosaka City	Insurance Management Div.	06-4309-3051
Takatsuki City	National Health Insurance Div.	072-674-7079	Sennan City	Health Insurance & Pension Div.	072-483-3455
Kaizuka City	Health Insurance & Pension Div.	072-433-7271	Shijonawate City	Health Insurance & Pension Div.	072-877-2121
Moriguchi City	Health Insurance Div.	06-6992-1545	Katano City	Medical Assistance & Health Insurance Div.	072-892-0121
Hirakata City	Health Insurance & Pension Div.	072-841-1403	Osakasayama City	Health Insurance & Pension Group	072-349-9472
Ibaraki City	Health Insurance & Pension Div.	072-620-1630	Hannan City	Health Insurance & Pension Div.	072-489-4529
Yao City	Health Insurance Div.	072-924-3997	Shimamoto Town	Health Insurance & Pension Div.	075-962-7462
Izumisano City	National Health Insurance & Pension Div.	072-463-1212	Toyono Town	Health Insurance Div.	072-739-3422
Tondabayashi City	Health Insurance & Pension Div.	0721-25-1000	Nose Town	Citizens Affairs Div.	072-731-3202
Neyagawa City	Citizens Service Dept. (Section for the Medical Care System for the Elderly)	072-813-1190	Tadaoka Town	Health Insurance Div.	0725-22-1122
Kawachinagano City	Health Insurance & Medical Welfare Div.	0721-53-1111	Kumatori Town	Health Insurance & Pension Div.	072-452-6195
Matsubara City	Medical Assistance Div.	072-334-1550	Tajiri Town	Citizens Affairs Div.	072-466-5004
Daito City	Health Insurance & Pension Div.	072-870-9629	Misaki Town	Health Insurance & Pension Div.	072-492-2705
Izumi City	Health Insurance & Pension Office	0725-99-8127	Taishi Town	Health Insurance & Medical Welfare Div.	0721-98-5516
Minoh City	Long-Term Care Insurance, Medical Subsidies & Pension Div.	072-724-6739	Kanan Town	Health Insurance & Pension Div.	0721-93-2500
Kashiwara City	Health Insurance & Pension Div.	072-972-1580	Chihaya-akasaka Village	Citizens Affairs Div.	0721-72-0081

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



# # 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 immediately.**

**Scam phone calls using international numbers are sharply increasing!**

**International calls can be suspended free of charge**

(Outgoing/incoming call to/from overseas)

**【International Calls Non-Handling Reception Center】**

# 0120-210-364

**【Operation hours】**

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

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

\*\*Applicable to land lines and optical fiber phones.




Some other conditions apply. Please refer to the details upon application.



**Osaka Prefectural Police**

### Contact Information

The Wider-Area Union for the Medical Care System for Elderly People 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 Wider-Area Union budgets, public relations, council, etc.	General Affairs & Planning Div.	 06-4790-2029

8F Chuo-odori FN Bldg., 1-3-8 Tokiwa-machi, Chuo-ku, Osaka 540-0028

Fax: 06-4790-2030 (common to all divisions)

Website: <https://www.kouikirengo-osaka.jp/>

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



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

The information in this booklet is current as of May 1, 2024. 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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