

[英語版]

Information on the National Health Insurance System of the City of Osaka

大阪市国民健康保険のご案内

[2022 version]

(As of July 1, 2022)

Osaka Municipal Government

Contents

Introduction to National Health Insurance	1
Persons Who Must Join the National Health Insurance System	1
Coverage by Type-II Long-Term Care Insurance (<i>Kaigo Hoken</i>).....	2
Old-old Adults Medical Care Program.....	3
Procedures for National Health Insurance	3
Eligibility for the Osaka Prefectural Government National Health Insurance Recipient Card for Seniors	5
Co-payment Rate Granted to Holders of the Osaka Prefectural Government National Health Insurance Recipient Card for Seniors	5
Benefits Available to the Insured	6
Calculating Your Premium	9
Premium for Your Household (Estimate)	10
Payment of Insurance Premiums	11
Reduction of Premium	12
Reduction for Children Who Have Not Yet Started School.....	12
Reduction for Involuntarily Unemployed Persons	13
If You Have Difficulty Paying Your Premium	13
Declaration of Income	14
When Continually Failing to Pay Premium	14
Specific Health Check-up	15
Specific Health Consultation	16
Medical Expense Refund System	17
Income Report for Calculating National Health Insurance Premium	20
Kokumin Kenko Hokensho To Kofu Tsuchisho (Notice of Issuance of National Health Insurance Certificate, Etc.) (Sample)	21

Introduction to National Health Insurance

All residents of Japan, including foreign nationals, are required to enroll in a public health insurance system that ensures easy access to medical services whenever needed.

All company employees are automatically enrolled in their company's health insurance plan, and those who are not covered by an employee health insurance plan are covered by the National Health Insurance System.

For details, see the following section, "Persons Who Must Join the National Health Insurance System."

◇ Please note that due to the U.S.-Japan Social Security Totalization Agreement (effective October 1, 2005), those who have been certified by the U.S. Social Security Administration as enrolled in appropriate insurance in the U.S. do not need to be enrolled in National Health Insurance.

Similar agreements have also been signed with the Kingdom of Belgium (effective January 1, 2007), the French Republic (effective June 1, 2007), the Kingdom of the Netherlands (effective March 1, 2009), the Czech Republic (effective June 1, 2009), the Swiss Confederation (effective March 1, 2012), the Republic of Hungary (effective January 1, 2014) and the Grand Duchy of Luxembourg (effective August 1, 2017).

Persons Who Must Join the National Health Insurance System

Those who intend to reside in Japan for more than 3 months and are not covered by employee health insurance are required to enroll in the National Health Insurance System of their local municipality at any of the applicable points of time stated in 1 to 5 below.

1 Day when foreign residents who have obtained permission to stay in Japan for more than 3 months were entered in the Basic Resident Register.

More specifically, "Foreign residents who have obtained permission to stay in Japan for more than three months" refers to:

- (1) foreign residents who, upon entering Japan, obtained permission to stay in Japan for more than three months, or
- (2) foreign residents who, upon entering Japan, obtained permission to stay in Japan for less than three months but are expected to stay for more than three months (for example, individuals who have been issued an "entertainer" visa for "3 months," but who provide evidence that they will stay in Japan longer than three months by presenting a contract with the inviting organization or other such document).

◇ The following persons are therefore not eligible for National Health Insurance coverage:

- ① Foreigners who have not obtained permission to stay in Japan
- ② Foreign residents who have been issued a "short-term" visa or "diplomatic" visa

③ Foreigners who have been issued a “designated activities” visa and who fall under any of the following categories:

- Those whose purpose of stay specified in the certificate of designation is to receive medical treatment and those who accompany them to provide daily personal care; and
- those whose purpose of stay specified in the certificate of designation is sightseeing, recreation, etc., and their accompanying spouse

2 Day when foreign residents who satisfy either of the above conditions (1) or (2) of 1 received either an extension of their permitted period of stay or a renewal of their permission

3 Day when foreign residents who are eligible for National Health Insurance who have moved from another municipality completed transfer of their address at their local ward office

4 Next day following retirement of foreign residents who satisfy either of the above conditions (1) or (2) of 1, and who are no longer eligible for employee health insurance due to retirement

5 Birthday of persons born in Japan whose parents are covered by National Health Insurance

- ◇ Those who are covered by private medical or life insurance, but not by public health insurance, are required to enroll in National Health Insurance.
- ◇ Foreign residents who have been issued an “official” visa are not required to be entered in the Basic Resident Register, but those who satisfy either of the above conditions (1) or (2) of 1 are required to enroll in National Health Insurance.

Coverage by Type-II Long-Term Care Insurance (*Kaigo Hoken*)

Persons between 40 and 64 years of age who are covered by National Health Insurance are automatically covered by the Type-II Long-Term Care Insurance.

Households with persons covered by the Type-II Long-Term Care Insurance must pay a combined sum of the conventional insurance premium for medical expenses, the premium for supporting the Old-Old Adults Medical Care Program and the Long-Term Care Insurance premium as their National Health Insurance premium. (For calculating the premium, see page 9.)

Old-old Adults Medical Care Program

Persons who intend to reside in Japan for more than 3 months and are aged 75 and over (including persons aged 65 to 74 who are certified as disabled by the Wide Area Union) receive medical benefits through this Program.

Members of the National Health Insurance System are covered by the Old-old Adults Medical Care Program from their 75th birthday. Old-old Adults Medical Care Program Insurance Certificate will be sent to those who meet the Program's criteria by the date of their 75th birthday.

Decisions on insurance premiums, benefits and other aspects of the Old-old Adults Medical Care Program will be handled by the Old-old Adults Medical Care Wide Area Union of Osaka Prefecture, consisting of all municipalities within the prefecture. In Osaka City, the ward offices will serve to handle payment of insurance premiums, receive applications and other program services.

The insured shall pay 10% (following changes to the program in October 2022, 20% if the household income exceeds a certain amount, or 30% in the case of those with income equivalent to full-time work) of any medical costs incurred on treatment at a medical institution.

Insurance premiums will be decided on an individual basis and will consist of a per capita amount from each insured person and a per income amount based upon individual income.

Procedures for National Health Insurance

1 How to apply for coverage

Within 14 days of becoming eligible for National Health Insurance coverage, you are required to submit an application to the department in charge of health insurance and pension programs of your local ward office.

You will need the following to complete the procedure.

【What to bring for application:】

- A certificate showing that you are no longer eligible for employee health insurance
(Required if you are quitting your employee health insurance. Please have your former employer certify the date on which you quit. The certificate form is also available at your ward office.)
- Your passport
- Resident card or similar document
- Certificate of designation (only if you were issued a “designated activities” visa)

- A document showing your Individual Number (My Number) (If you have one)
- Your cash card or your bank book and the seal (if you have one) which you use for your bank book
(Please refer to page 11 for payment method information.)

「国民健康保険証等交付通知書」(*Kokumin Kenko Hokencho To Kofu Tsuchisho*, or Notice of Issuance of National Health Insurance Certificate Etc.) will be sent to you two to three days after receipt of your application. Take this notice to the department in charge of health insurance and pension programs of your local ward office to obtain your National Health Insurance Certificate.

- ◇ If you fail to complete the enrollment procedure within the specified time, you will be required to pay premiums from the time you became eligible for National Health Insurance, so your insurance premiums will be charged retroactively for the duration of the delay in enrollment (up to two years).

2 If your status of residence changes or your period of stay is renewed

「大阪府国民健康保険被保険者証」(Osaka Prefectural Government National Health Insurance Recipient Card) and 「大阪府国民健康保険高齢受給者証」(Osaka Prefectural Government National Health Insurance Recipient Card for Seniors) are issued each year with an expiration date of October 31 or July 31, respectively. If your period of stay ends before your card's expiration date, your card will expire on the last day of your period of stay.

If your status of residence changes or your period of stay is renewed, you will need to apply for a new recipient card with a new expiration date. To do so, you will need the following:

【What to bring for application】

- The Osaka Prefectural Government National Health Insurance Recipient Card (or other insurance recipient card as appropriate) for the individual whose status of residence or other visa-related information has changed
- Documentation of the new status of residence and/or period of stay, for example your residence card or passport
- Documentation of your My Number (if you have one)

3 Other

Within 14 days after any of the following changes, you are required to complete necessary procedures to discontinue your coverage for National Health Insurance at your local ward office. When discontinuing coverage, you must return your National Health Insurance Certificate to your local ward office.

- (1) Permanent return to your home country (Please see the department in charge of resident registration affairs at your local ward office to perform the required departure procedures; this does not apply if you are leaving temporarily and will return to Japan shortly, i.e., within one year.)
- (2) Changing your place of residence to an address outside of Osaka City (Please see the department in

charge of resident registration affairs at your local ward office to perform the required change of address procedures.)

* If you are changing to an address within Osaka City, please perform the required procedures at the ward office of your new place of residence.

- (3) Enrollment in an employee health insurance plan (Please see the department in charge of health insurance and pension programs at your local ward office to remove yourself from National Health Insurance.)

Eligibility for the Osaka Prefectural Government National Health Insurance Recipient Card for Seniors

「大阪府国民健康保険高齢受給者証」(*Osakafu Kokumin Kenko Hoken Korei Jukyushasho*, or Osaka Prefectural Government National Health Insurance Recipient Card for Seniors) is issued to those who are covered by National Health Insurance and are 70 to 74 years of age. The co-payment rate, 「2割」(20%) or 「3割」(30%), is indicated on the card.

Be sure to present your Card together with your National Health Insurance Certificate when receiving medical services at medical institutions.

Co-payment Rate Granted to Holders of the Osaka Prefectural Government National Health Insurance Recipient Card for Seniors

For a household covered by National Health Insurance, if there are one or more household members aged 70 to 74, whose annual taxable income is 1.45 million yen or more*¹ (the amount of income less legitimate expenses and deductions), the co-payment rate for all the household members aged 70 to 74 shall be 30%.

Please note that if the total amount of gross income after basic deduction (i.e., the amount remaining after 430,000 yen is subtracted from gross income) for household members who are aged 70 to 74 in a household covered by National Health Insurance is 2,100,000 yen or less, the co-payment rate shall be 20% even for those whose co-payment rate is decided to be 30%.

When those whose co-payment rate is decided to be 30% due to the above-mentioned tax requisition fulfill the following conditions, their co-payment rate will be reduced to 20% upon application. In this case, visit the department in charge of health insurance and pension programs of your local ward office with a certificate of income for the previous year*².

A new 「大阪府国民健康保険高齢受給者証」(*Osakafu Kokumin Kenko Hoken Korei Jukyushasho*, or Osaka Prefectural Government National Health Insurance Recipient Card for Seniors), indicating the co-payment rate 「2割」(20%), will be issued upon approval of your application.

- Case in which there is one person aged 70 and older in a household covered by the National Health Insurance:

- The total earnings of the person in the previous year (January to December) are less than 3.83 million yen.
- The total earnings including those of a designated person in the same household*³ in the previous year are less than 5.2 million yen.
- Case in which there are two or more persons age 70 and older in a household covered by National Health Insurance:
 - The total earnings of these persons in the previous year are less than 5.2 million yen

*1 In cases where, as of December 31, 2021, the head of the household is aged 70-74 and there is one person in the household covered by the same National Health Insurance who is less than 19 years of age and whose total income for 2021 is 380,000 yen or less, the following amounts will be deducted from the annual taxable income when deciding the rate.

- Number of people under 16 years of age × 330,000 yen
- Number of people between 16 and 18 years of age × 120,000 yen

(Note) If you are an income earner, the total income amount calculated after deducting 100,000 yen from the earned income (as from August of 2021)

*2 Certificate of tax withheld at public pension etc., certificate of income and withholding tax, proof of earnings, etc.

*3 Those who were covered by National Health Insurance continue belonging to the same household after coming to be covered by the Old-old Adults Medical Care Program.

Benefits Available to the Insured

When you receive medical treatment, upon presenting your National Health Insurance Certificate you will be charged 30% of the total cost of the treatment. Children under school age will be charged 20%. Seniors aged 70 to 74 will be charged 20% (30% in the case of those with income equivalent to fulltime work).

Although additional costs such as meal fees are required in case of hospitalization, some of these costs may be reduced upon request, if certain conditions relating to municipal tax payment are met.

[Medical Expenses]

If unavoidable circumstances, such as the onset of an acute illness, sustaining injuries while traveling or requiring medical care during the period between the application and issuance of your National Health Insurance Certificate, necessitates you receiving medical care without presenting your Insurance Certificate, you will be required to pay the entire cost of your medical care. However, you can apply after the fact to be reimbursed for the portion of expenses covered by Insurance, as well as when being fitted with essential orthotics or undergoing other treatment deemed necessary by a physician.

[High Medical Expenses]

If the medical expenses that you have paid to medical institutions within one calendar month exceed the “prescribed self-pay amount,” you can file a refund for the excess amount upon request.

If you anticipate a high self-pay amount at a medical institution, you can be issued a 「限度額適用認定証」 (*Gendogaku Tekiyo Ninteisho*, or Eligibility Certificate for Ceiling-Amount Application) in advance and present it to the medical institution so that you need only pay it the “prescribed self-pay amount.”

[High Medical Expenses and High Long-Term Care Expenses Combination]

If the amount of medical and long-term care expenses using the National Health Insurance System that was paid within one year (from August 1 of each year to July 31 of the following year) in the same household exceeds the “prescribed self-pay amount,” the household can file a refund for the excess amount* upon request.

* Only if more than 500 yen.

[Lump-Sum Birth Allowance]

A lump sum of 420,000 yen* will be paid to an insured person who gave birth to a child after a 12-week-or-longer period of pregnancy. (This applies even in the event of a stillbirth or miscarriage.)

To reduce burdens of preparing expenses for delivery, a Lump-Sum Birth Allowance Direct Payment System is available. In this System, the lump-sum birth allowance can be directly paid from the Osaka City National Health Insurance System to hospitals or other medical institutions, so apply to the institution where you will give birth.

* This amount applies to births after a 22-week-or-longer period of pregnancy at hospitals or other medical institutions in Japan that are covered by the Maternity Medical Services Compensation System. In all other cases, the amount for a child is 408,000 yen.

[Funeral Expenses]

Following the death of an insured person, the party who pays for the funeral will be reimbursed 50,000 yen for funeral expenses.

◇ Application for reimbursement or payment of medical expenses, high medical expenses, lump-sum birth allowance or funeral expenses should be submitted within two years after the respective event.

◇ Insurance coverage in case of traffic accident etc.

In the event that you are injured as a result of the actions of a third party, such as a traffic accident caused by a third party, you can use your National Health Insurance Certificate to receive medical treatment.

However, reimbursement for medical expenses and other costs paid by Osaka City National Health Insurance System will be subsequently sought from the injuring party; thus, it is essential that you see the department in charge of health insurance and pension programs at your local ward office to perform the

required procedures.

◇ Exemption program for payments at medical institutions (patient's share)

If you experience difficulty paying for medical fees (patient's share) due to a temporary but significant reduction in income for a special reason such as a natural disaster or loss of your job, you may be able to reduce your share of the payment. Please contact the department in charge of health insurance and pension programs at your local ward office for more information.

Calculating Your Premium

Premiums are assessed from the month in which the insured person becomes eligible, but are not assessed for the month in which eligibility is lost.

Annual insurance premium amount from April to the following March is decided in June, and the decided insurance premium amount is announced in the 「国民健康保険料決定通知書」 (*Kokumin Kenko Hokenryo Kettei Tsuchisho*, or Notice of Assessment of Premium for National Health Insurance). If you enroll in the Insurance in or after June in a fiscal year, the decided insurance premium amount is announced when you receive your National Health Insurance Certificate, or the following month.

You are required to pay your insurance premiums for the year in 10 installments from June to March next year.

National Health Insurance Premium	=	Premium for Medical Insurance	+	Premium for supporting the Old-Old Adults Medical Care Program	+	Premium for Long-Term Care Insurance*
-----------------------------------	---	-------------------------------	---	--	---	---------------------------------------

* Households with persons covered by the Type-II Long-Term Care Insurance (between 40 and 64 years of age) must also pay the premium for Long-Term Care Insurance.

[Premium for Medical Insurance]

Basic premium: ¥28,175 per household	+	Per-person premium: ¥27,488 per insured	+	Income-based premium: (previous year gross income etc. of each covered person – ¥430,000) × 8.59% Total for all persons covered	=	Annual premium
---	---	--	---	--	---	----------------

● The maximum premium for medical insurance is ¥630,000.

[Premium for supporting the Old-Old Adults Medical Care Program]

Basic premium: ¥9,191 per household	+	Per-person premium: ¥8,967 per insured	+	Income-based premium: (previous year gross income etc. of each covered person – ¥430,000) × 2.87% Total for all persons covered	=	Annual premium
--	---	---	---	--	---	----------------

● The maximum premium for supporting the Old-Old Adults Medical Care Program is ¥190,000.

[Premium for Long-Term Care Insurance]

(For households with persons covered by Type-II Long-Term Care Insurance only)

Basic premium: ¥741 per household	+	Per-person premium: ¥16,739 per person covered by Type-II Long-Term Care Insurance	+	Income-based premium: (previous year gross income etc. of each person covered by Type-II Long-Term Care Insurance – ¥430,000) × 2.69% Total for all persons covered by Type-II Long-Term Care Insurance	=	Annual premium
--------------------------------------	---	---	---	--	---	----------------

● The maximum premium for Long-Term Care Insurance is ¥170,000.

Premium for Your Household (Estimate)

- Month in which you become eligible: _____(month)
(Month from which you are required to pay insurance premiums)
- Number of months for which premiums must be paid this fiscal year: _____ months (from _____ (month) _____ (year) to March 2022)
- Premium for current year:

— Premium for Medical Insurance _____

Basic premium	: ¥28,175		
Per-person premium	: ¥27,488 × _____ persons	× _____ / 12 months = ¥	
Income-based premium	: ¥ _____ × 8.59%		

(Gross income etc. in 2021 of each person covered – ¥430,000)

◇ An income-based premium is calculated for each person covered, and all the amounts are totaled.

— Premium for supporting the Old-Old Adults Medical Care Program _____

Basic premium	: ¥9,191		
Per-person premium	: ¥8,967 × _____ persons	× _____ / 12 months = ¥	
Income-based premium	: ¥ _____ × 2.87%		

(Gross income etc. in 2021 each person covered – ¥430,000)

◇ An income-based premium is calculated for each person covered, and all the amounts are totaled.

— Premium for Long-Term Care Insurance _____

Basic premium	: ¥741		
Per-person premium	: ¥16,739 × _____ persons	× _____ / 12 months = ¥	
Income-based premium	: ¥ _____ × 2.69%		

(Gross income etc. in 2021 of each person covered by Type-II Long-Term Care Insurance – ¥430,000)

◇ An income-based premium is calculated for each person covered by Type-II Long-Term Care Insurance (between 40 and 64 years of age), and all the amounts are totaled.

- Monthly premium : About ¥ _____
(Amounts less than ¥10 are included in first payment amount)
- Month when first premium is due : Month _____
(Those who receive their Insurance Certificate in April or May are required to pay their premium starting in June.)

For those lacking information on income etc. for the year 2021, income-based premium shall be calculated and added at a later date, after such information has been acquired through investigation and/or inquiry.

Payment of Insurance Premiums

You must begin paying insurance premiums from the month in which you were required to enroll in the National Health Insurance, regardless of when you actually applied for the insurance. Even if your application is delayed, you will be required to pay any delinquent premiums for up to two years retroactively. To take as an example a foreign student who comes to Japan for one year of study, starting in June: if he/she arrives in June, but is entered in the Basic Resident Register or applies for National Health Insurance coverage in August, he/she will be required to pay the insurance premium retroactively from June.

[Method of Payment]

In principle, residents of Osaka City are required to pay National Health Insurance premiums by automatic bank transfer. To pay by this method, please apply at your financial institution or your local ward office with your passbook, your seal registered at the financial institution, and your health insurance certificate.

<Application with a cash card>

You can arrange payment by automatic bank transfer simply by presenting your cash card to the local ward office. (Please note that some cash cards such as biometric cash cards cannot be accepted.)

<Application via the Internet>

You can apply for automatic bank transfer via the Internet from a PC, smartphone or tablet.

For more information on public money handling institutions designated by Osaka City and other related issues, please inquire at the department in charge of health insurance and pension programs of your local ward office.

If you do not choose payment by automatic bank transfer, a premium payment form will be mailed to your home. Please pay by the due date at a financial institution (as shown on the list of public money handling institutions designated by Osaka City), ward office or convenience store near you.

[Due Date]

Insurance premiums are due on the last day of each month (excluding April and May). If that day falls on a non-business day for financial institutions, the due date is postponed to the following business day. (For December, the due date will be the first business day in January of the following year.)

[Failure to Pay by the Due Date]

If you fail to pay the full amount of premiums due for each month by the due date, a reminder letter is mailed to you. Furthermore, you are reminded of payment by a document and on the phone.

To ensure the fairness between those who pay and fail to pay insurance premiums by the due date, those who fail to pay insurance premiums by the due date will be required to pay arrears in addition to the insurance premiums due.

◇ The Osaka City government also commissions private companies to collect premiums from those who fail to pay them by telephone calls.

If you have any questions, please do not hesitate to contact the department in charge of health insurance and pension programs of your local ward office.

Reduction of Premium

If household income (earned in Japan) for the year 2021* (January to December) is less than the amount indicated below as of April 1 or as of the date National Health Insurance is applied for, the basic and per-person premiums for medical insurance, supporting the Old-Old Adults Medical Care Program and Long-Term Care Insurance, are reduced as shown below.

* For this purpose, household income refers to the gross income of the household, including the income earned by the head of the household, remaining after the deduction of necessary expenses (e.g., employment income deduction).

- Under ¥430,000 + ¥100,000 (number of income earners – 1) ⇒ 70% reduction
- Under ¥430,000 + ¥285,000 × number of insured individuals + ¥100,000 × (number of income earners – 1) ⇒ 50% reduction
- Under ¥430,000 + ¥520,000 × number of insured individuals + ¥100,000 × (number of income earners – 1) ⇒ 20% reduction

(Note 1) **An income earner means** a person who has an earned income (employment income of ¥550,000 or more) or a person who receives a pension payment (¥600,000 or more (under 65 years of age) or ¥1.25 million (over 65 years of age)).

(Note 2) Only in case where there are more than 2 income earners, the calculation is made by including "+ ¥100,000 × (number of income earners – 1)" in the calculation formula.

Reduction for Children Who Have Not Yet Started School

The per capita portion of the National Health Insurance premium will be reduced starting in April 2022 for children who have not yet started school in order to reduce the economic burden on households with young children.

● Eligibility

Children younger than 6 who had not started school as of April 1, 2022

*For FY2022, children must have been born on or after April 2, 2016, in order to be eligible.

● Amount of reduction

The per capita portion of the insurance premium will be reduced by 50%.

Reduction for Involuntarily Unemployed Persons

If you lost your job at the age of 64 or earlier due to bankruptcy or dismissal, or for other involuntary reasons on or after March 31, 2021, and if you meet the eligibility requirement shown below*, your insurance premium is calculated based on 30% of the employment income in 2021. If you are eligible, bring your 「雇用保険受給資格者証」 (*Koyo Hoken Jukyu Shikakushasho*, or Certificate of Eligibility for Employment Insurance) and submit an application to the department in charge of health insurance and pension programs of your local ward office.

* Reductions are available for those with number 11, 12, 21, 22, 23, 31, 32, 33, or 34 in the space for reason for job loss in 「雇用保険受給資格者証」 (*Koyo Hoken Jukyu Shikakushasho*, or the Certificate of Eligibility for Employment Insurance).

If You Have Difficulty Paying Your Premium

If you have difficulty paying your health insurance premium due to retirement, cessation of business, disaster, etc., you may be eligible for a premium deduction or exemption upon application. In this case, consult with the department in charge of health insurance and pension programs of your local ward office.

After considering your situation, the ward office will determine your eligibility for a premium deduction or exemption.

It should be noted that application for a premium deduction or exemption should be submitted not later than the due date of the premium of the month for which deduction or exemption is sought.

[Deduction and Exemption Due to Retirement, Bankruptcy, Cessation of Business, etc.]

Households whose income during the current year is expected to decrease to 70 % or less compared to the previous year due to retirement, bankruptcy, cessation of business, business slowdown or other reasonable cause may receive deduction or exemption from income-based premiums, depending on the decrease ratio of income.

[Deduction and Exemption Due to Disaster (Fire, Windstorm, Flood, etc.)]

Households that have suffered losses from disaster can receive deduction or exemption from insurance premiums according to degree of losses.

Declaration of Income

If you have not declared your income, it is impossible to calculate insurance premiums correctly, or to grant a premium deduction or exemption. If you have not declared your income of fiscal 2021 (including the case in which you are not required to do so), please declare your income to the department in charge of health insurance and pension programs of your local ward office. (Income Report form is on page 20.)

When Continually Failing to Pay Premium

If you continually fail to pay your insurance premiums, you may be required to return your insurance certificate.

[Issuance of *Hihokensha Shikaku Shomeisho* (Certificate of Eligibility for Coverage by National Health Insurance)]

In accordance with the National Health Insurance Act, if you fail to pay the insurance premium for a year or longer, you will be required to return your insurance certificate and may be issued instead 「被保険者資格証明書」 (*Hihokensha Shikaku Shomeisho*, or Certificate of Eligibility for Coverage by National Health Insurance).

When you receive medical treatment upon presenting the Certificate of Eligibility, you will be required to pay the entire cost of the treatment to the medical institution. You can later file a claim with the department in charge of health insurance and pension programs of your local ward office for reimbursement of the portion covered by National Health Insurance.

Depending on your delinquency status, the reimbursement may be used to pay outstanding premiums.

《Households and Individuals Exempted from Application to Issuance of *Hihokensha Shikaku Shomeisho*》

- Households that fall into the “specific conditions” that are specified in the government ordinance such as disaster
- Individuals who receive medical treatment at government expense that is specified in the ministerial ordinance of Ministry of Health, Labour and Welfare
- Individuals who are in senior high school and under

[Attachment of Property]

If you continue to fail to pay the insurance premium, you will have your property such as postal savings and bank deposits and salary attached after your property is investigated.

- ◇ If you find yourself experiencing difficulties paying the insurance premiums, consult with the department in charge of health insurance and pension programs of your local ward office as soon as possible.

Specific Health Check-up

To help prevent or alleviate diabetes, high-blood pressure and other lifestyle-related diseases, a health check-up program for specific conditions is being offered to those who are covered by Osaka City's National Health Insurance System.

[Eligibility]

Those who hold an Osaka City National Health Insurance Certificate, and who are aged between 40 and 74 (including those who will turn 40 by March 31 of the following year) are eligible.

A health check ticket will be sent to those who are eligible (annually).

If you did not receive a health check ticket or have lost a health check ticket, contact the department in charge of health insurance and pension programs of your local ward office.

[Where to receive the check-up]

The health check-up can be received at designated medical institutions in Osaka Prefecture, or at elementary schools, health and welfare centers, etc. in each ward under the group medical check-up programs. For information about where and when the health check-up is available, please check the official website of the Osaka Municipal Government or inquire at the department in charge of health affairs of your local ward office.

[Details]

● Basic check-up (free of charge)

Interview with doctor, body measurement (height, weight, BMI, abdominal circumference), blood pressure measurement, medical examination

Blood test: Lipids (neutral fat, HDL cholesterol, LDL cholesterol or non-HDL cholesterol)

Hepatic function (GOT (AST), GPT (ALT), γ -GTP (γ -GT))

Blood glucose (blood glucose, hemoglobin A1c)

Renal function (serum creatinine (including eGFR), serum uric acid)

Urinalysis: protein, glucose

● Detailed examination (free of charge)

Anemia test

- ◇ Conducted only if you have a history of anemia or if the doctor in charge determines that the test is

necessary.

Electrocardiogram examination and fundus examination

- ◇ Performed when deemed necessary by the doctor in charge, based on such criteria as your health check results for the year in question.

Specific Health Consultation

If the result of the specific health check-up indicates that you are in need of improving your lifestyle, you can receive specific health consultation services provided by medical professionals such as doctors, health nurses and registered dietitians. These services include the provision of useful information concerning diet and exercise to prevent the development of lifestyle-related diseases. If you are deemed in need of such consultation, a specific health consultation voucher will be sent to you, and you are strongly recommended to use these services. They are free.

To those who are covered by medical health insurance in Japan
(Including those who are covered by public health insurance other than National Health Insurance)

Medical Expense Refund System

The following grants are offered to help cover medical costs.

For details, please inquire at the department in charge of the medical expense refund system at the *Hoken Fukushi* (Public Welfare and Health) Center in your ward.

[Medical expense refund for severely disabled persons]

Those meeting any of the following conditions ①-⑤ are eligible for a refund of their copayment after the application of insurance coverage, less the partial co-payment(*1). (However, income based restrictions apply.)

Those who meet any of conditions ①, ②, or ③ below and who have been issued a 「食事療養標準負担額減額認定証」 (a certificate which is issued to households exempt from tax payments by their public insurance provider entitling them to pay a reduced share of meal expenses) or a 「限度額適用・標準負担額減額認定証」 (a certificate stating that they have reached the maximum amount or that they are eligible for a reduction in the standard amount) are eligible for a refund of a portion of their meal expenses (i.e., of a portion of the standard patient share) incurred during hospitalization.

- ① Persons who carry a Certificate for Physically Disabled Persons that classifies their disability as first or second degree
- ② Persons with severe mental disability
- ③ Persons with moderate mental disability who have been issued a Certificate for Physically Disabled Persons
- ④ Persons who carry a Certificate for Mentally Disabled Persons that classifies their disability as first degree
- ⑤ Persons who are eligible for assistance according to the Act on Medical Care for Patients with Intractable/Rare Diseases, or who receive financial assistance for a Specified Illness, and who receive a disability pension classified as first degree (No. 9) or who have a child for whom they receive a Special Child Rearing Allowance classified as first degree (No. 9)

[Medical expense refund for single-parent families]

Single-parent families with children under the age of 18 (including March 31 after their 18th birthday) are eligible for refund of their share of medical costs less the partial co-payment*2, as well as meal expenses (standard amount) during hospitalization. (Income-based restrictions apply.)

[Medical expense refund for children]

For children aged between 0 and 18 (up to March 31 following the child's 18th birthday), a refund of their share of medical costs, less the partial co-payment*, is available. (Income-based restrictions apply for junior high school students aged 12 or older.)

*Those who are eligible for “a reduction in meal expenses during hospitalization” are the same as those who are eligible for “Medical expense refund for severely disabled persons.”

*1 Partial co-payment

Medical expense refund for severely disabled persons

Regarding the above medical expense refund systems, you will be required to pay partial co-payment upon receiving the refund. Partial co-payment is the medical cost to be borne by you upon receiving a medical treatment. Specifically, it is up to ¥500 per day of visit/hospitalization for each medical institution. If you go to more than one medical institution, you will be required to pay the above amount for each institution. Also, even for the same medical institution, partial co-payment for “hospitalization” and “outpatient visit,” “dental” and “non-dental” will be calculated separately.

Partial co-payment for prescriptions filled at pharmacies outside of hospitals is capped at 500 yen per day. It is not “number of prescription days × 500 yen maximum.”

Medical expenses incurred starting in April 2019 are subject to automatic refunds if partial co-payments for treatment sought using a free medical care certificate exceed a monthly maximum (¥3,000). After you apply once for this program, you will receive subsequent refunds automatically, without any further action.

Medical expenses incurred at medical institutions outside Osaka Prefecture or without using a free medical care certificate are not covered by the automatic refund system. Please contact the Refund Center to apply for your refund.

*2 Partial co-payment

Medical expense refund for single-parent families

Medical expense refund for children

Regarding the above medical expense refund systems, you will be required to pay partial co-payment upon receiving the refund.

Partial co-payment is the medical cost to be borne by you upon receiving a medical treatment. Specifically, it is up to ¥500 per day of visit/hospitalization for each medical institution, for up to two days per month. If you go to more than one medical institution, you will be required to pay the above amount for each institution.

Also, even for the same medical institution, partial co-payment for “hospitalization” and “outpatient visit,” “dental” and “non-dental” will be calculated separately.

Medical expenses incurred starting in April 2019 are subject to automatic refunds if partial co-payments for treatment sought using a free medical care certificate exceed a monthly maximum (¥2,500). After you apply once for this program, you will receive subsequent refunds automatically, without any further action.

Medical expenses incurred at medical institutions outside Osaka Prefecture or without using a free medical care certificate are not covered by the automatic refund system. Please contact the Refund Center to apply for your refund.

Income Report for Calculating National Health Insurance Premium

To: Mayor of Osaka

Income earned in Japan from January to December, 2021

Income (A) : ¥ _____

Type of income : Self-employment, Wage, Others ()

Deductible expenses (B) : ¥ _____

Net income (A – B) : ¥ _____

[Notes]

- 1 Indicate type of income by circling applicable category.
- 2 Deductible expenses are those needed for earning income, such as cost of goods, employment expenses, and land and housing rent.

Date:

No. of Health Insurance Card.:

Name :

Address :

Phone :

Kokumin Kenko Hokencho To Kofu Tsuchisho

(Notice of Issuance of National Health Insurance Certificate, Etc.) (Sample)

◆◆◆◆◆あなたの世界の概算保険料◆◆◆◆◆
令和2年度中に当区で納めていただく保険料の概算合計額は *******円**です。
(下記①+②+③の合計金額)

(注) *****が表示されている年度の保険料額は合計額に含まれていません。後日お知らせします。

保険料計算の根拠

令和2年度相当分概算保険料 (令和2年5月～令和3年3月相当分)		
医療分保険料	支援金分保険料	介護分保険料
令和2年5月～3月 II 箇月 4人	令和2年5月～3月 II 箇月 4人	令和2年5月～3月 II 箇月 1人
保険料計算の基礎となる期間・月数		
被保険者人数		
被保険者全員の算定基礎所得金額	*円	*円
平等割額	*円	*円
均等割額	*円	*円
所得割額	*円	*円
減額減免額	*円	*円
限度超過額	*円	*円
他区保険料額	*円	*円
保険料額	*円	*円

① 令和2年度相当分概算保険料 *****円

対象被保険者及び算定基礎所得金額は、作成日時点のものを表示していますので、ご了承ください。

1期あたりの保険料相当額 *****円 ÷ * (納付期数) = *****円
(10円未満切り捨て)

上記金額は今年から年度末(3月)までに按分した概算期別額です。保険証をお渡しする日から納付頂けます。

相当年度	年度相当分概算保険料 (相当分)	年度相当分概算保険料 (相当分)
平等割額	円	円
均等割額	円	円
所得割額	円	円
減額減免額	円	円
限度超過額	円	円
他区保険料額	円	円
保険料額	② 円	③ 円

◎ ②又は③の欄に*がある場合は、介護分保険料が含まれます。

◎ ②と③の保険料額は、届出が遅れたこと等によって年度をさかのぼってお支払いいただく保険料で、年額保険料を一括で請求します。

◎ 『被保険者全員の算定基礎所得金額』及び『所得割額』に「*」が表示されている世帯は、算定基礎所得金額等を調査中ですので所得金額が判明次第さかのぼって所得割保険料を追加請求させていただきます。

◎ 令和2年5月22日以降に40歳に到達される被保険者がおられる場合、①の概算保険料に介護分保険料が加算されます。

533-0011
大阪市東淀川区大樽3丁目9番99号
ブランドマンション京都
藤ヶ峰 葵 様

整理番号 第 643862 号
作成日 令和2年5月22日



533-8501
大阪市東淀川区豊野2-1-4
東淀川区役所
窓口サービス課 (保険年金・保険)
電話 06-4809-9956
FAX 06-6327-1920

国民健康保険証等交付通知書

令和2年5月22日付の国民健康保険加入届出により保険証等をお渡ししますので、お手数ですが次の※印のものをお持ちのうえ、本書記載の担当 (差出人欄) までお越しください。

なお、保険料は、退職されたときや他の市町村から転入されたとき等、国民健康保険に加入しなければならなくなるときからかかることとなりますので、加入手続きが遅れている場合は遅れた期間の保険料もさかのぼって納めていただくこととなります。

《お持ちいただくもの》 (※印のついているもの)

- ※ 1. この通知書
- ※ 2. キャッシュカードまたは通帳と通帳使用印 [口座振替 (自動払込) 申し込み用]
- 3. 住民税滞納税通知書 (お持ちの方のみ)
- 4. 年金証書 (加入期間のわかるもの) [国民年金以外の公的年金を受給されている65歳未満の方]
- 5. 健康保険資格喪失証明書
- 6. その他 ()
○資格証明書をお持ちの方は、保険証の代わりに資格証明書をお持ちください。

◎保険料の計算について
大阪市の国民健康保険料…平等割額、均等割額、所得割額の合計金額で保険料を負担していただきます。

平等割額…一世帯ごとに定額負担
均等割額…被保険者人数に応じて負担 (均等割額×人数)
所得割額…被保険者全員の算定基礎所得金額に応じて負担 (算定基礎所得金額×所得割料率)
(算定基礎所得金額とは、総所得金額等から基礎控除額を差し引いた金額のことです。)

保険料は6月に決定され、1年分を6月から翌年3月までの10期でお支払いしていきます。
なお、保険料には限度額があり、計算した額が限度額を超える場合は、限度額があなたの世帯の保険料となります。限度額は条例で定められており、ご負担いただく保険料の年度によって異なります。詳しくは、別紙『国民健康保険のしおり』を参照してください。