

[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

[2023 version]

(As of January 1, 2024)

Osaka Municipal Government

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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 not covered by an employee health insurance plan are eligible for National Health Insurance System.

For details, see the following section, **Those eligible for National Health Insurance coverage**.

- ◇ Please note that due to the U.S.-Japan Social Security Agreement (effective October 1, 2005), those who are certified by the U.S. Social Security Administration as appropriately insured persons in the U.S. will be excluded from 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).

Those eligible for National Health Insurance coverage

Those who intend to reside in Japan for more than 3 months and are not covered by employee health insurance are eligible for their local municipality's National Health Insurance System at any 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 excluded from being insured by 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 have moved to other municipalities.

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 eligible for National Health Insurance

◇ Those who are covered by private medical or life insurance, but not by public health insurance are eligible for National Health Insurance.

◇ Foreign residents with a resident status “official” 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 eligible for National Health Insurance.

Coverage by Type-II Long-Term Care Insurance (<i>Kaigo Hoken</i>)
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Persons aged 40 to 64 who are eligible for 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 Latter-Stage Elderly Medical Care Program and the Long-Term Care Insurance premium as their National Health Insurance premium. (Please refer to page 9 for the calculation formula.)

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.

Those eligible for National Health Insurance System are covered by the Latter-Stage Elderly Medical Care Program from their 75th birthday. Latter-Stage Elderly 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.

10% for an ordinary person, 20% if the household income exceeds a certain amount or 30% for 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 When 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.)

- ◇ 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

Osaka Prefectural Government National Health Insurance Recipient Card for Seniors 「大阪府国民健康保険高年齢受給者証」 (Osakafu Kokumin Kenko Hoken Korei Jukyushasho) is issued to those who are insured for 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年齢受給者証」 (Osakafu Kokumim 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, 2022, 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 2022 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.

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

*3 Those who were eligible for National Health Insurance continue belonging to the same household after coming to be covered by the Latter-Stage Elderly 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 500,000 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 488,000 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*
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* 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: ¥30,321 per household	+	Per-person premium: ¥30,789 per insured	+	Income-based premium: (previous year gross income etc. of each covered person – ¥430,000) × 8.78% Total for all persons covered	=	Annual premium
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● The maximum premium for medical insurance is ¥650,000.

【Premium for supporting the Old-Old Adults Medical Care Program】

Basic premium: ¥10,494 per household	+	Per-person premium: ¥10,659 per insured	+	Income-based premium: (previous year gross income etc. of each covered person – ¥430,000) × 3.09% Total for all persons covered	=	Annual premium
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● The maximum premium for supporting the Old-Old Adults Medical Care Program is ¥200,000.

【Premium for Long-Term Care Insurance】

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

No equal share of premiums for long-term care starting in 2023		Per-person premium: ¥19,543 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) × 2.94% Total for all persons covered by Type-II Long-Term Care Insurance	=	Annual premium
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● 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 2024)
- Premium for current year:

Premium for Medical Insurance

$$\left(\begin{array}{l} \text{Basic premium} \quad : ¥30,321 \\ \text{Per-person premium} \quad : ¥30,798 \times \text{_____ persons} \\ \text{Income-based premium} : ¥\text{_____} \times 8.87\% \end{array} \right) \times \text{_____} / 12 \text{ months} = ¥\text{_____}$$

(Gross income etc. in 2022 of each person covered – ¥430,000)

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

Premium for supporting the Old-Old Adults Medical Care Program

$$\left(\begin{array}{l} \text{Basic premium} \quad : ¥10,494 \\ \text{Per-person premium} \quad : ¥10,659 \times \text{_____ persons} \\ \text{Income-based premium} : ¥\text{_____} \times 3.09\% \end{array} \right) \times \text{_____} / 12 \text{ months} = ¥\text{_____}$$

(Gross income etc. in 2022 each person covered – ¥430,000)

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

Premium for Long-Term Care Insurance

$$\left(\begin{array}{l} \text{Per-person premium} \quad : ¥19,543 \times \text{_____ persons} \\ \text{Income-based premium} : ¥\text{_____} \times 2.94\% \end{array} \right) \times \text{_____} / 12 \text{ months} = ¥\text{_____}$$

(Gross income etc. in 2022 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 2022, 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 National Health Insurance, regardless of when you actually applied for the insurance, and 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.

【Payment Method】

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 local ward office with your passbook, seal registered at the financial institution, and 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, please pay by the due date using a pay slip at a financial institution (as shown on the list of public money-handling institutions designated by Osaka City), a ward office, or a 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.)

【Notice of Amount Paid and Certificate of Payment】

If you are unsure of the amount you have paid for the deduction of social insurance premiums for your year-end adjustment or tax return due to loss of receipts, etc., we issue a "Notice of Amount Paid."

We also issue a "Certificate of Payment" to certify the amount paid. There will be a fee for the issuance of the certificate.

【Failure to Pay by the Due Date】

You will get a reminder letter if you fail to pay the full amount of premiums for each month by the due date. Furthermore, you will also be reminded of payment by a document and by a phone call.

If you fail to pay your premiums on time, you may be asked to pay a late fee in addition to the original premium to maintain fairness with those who have paid by the due date.

- ◇ 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 2022* (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 + ¥290,000 × number of insured individuals + ¥100,000 × (number of income earners – 1) ⇒ 50% reduction
- Under ¥430,000 + ¥535,000 × 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

To reduce the economic burden on child-rearing households, the amount of the equal portion of national health insurance premiums for preschool children will be reduced.

- Eligibility

Children younger than 6 who had not started school as of April 1, 2023

* For FY2023, children must have been born on or after April 2, 2017, 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, 2022, and if you meet the eligibility requirement shown below (※), your insurance premium is calculated based on 30% of the employment income in 2022. If you are eligible, bring your Certificate of Eligibility for Employment Insurance 「雇用保険受給資格者証」 (Koyo Hoken Jukyu Shikakushasho) or Employment Insurance Eligibility Notification 「雇用保険受給資格通知」 (Koyo Hoken Jukyu Shikaku Tsuchi) 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 Certificate of Eligibility for Employment Insurance or Employment Insurance Eligibility Notification.

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.

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 2022 (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 eligible for Osaka City's National Health Insurance System.

【Eligibility】

Those who are an insured person of Osaka City National Health Insurance Certificate, and 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 to receive a subsidy for medical expenses in the amount of partial co-payment (※ 1) deducted from the co-payment after medical insurance coverage. (However, income-based restrictions apply.)

In addition, those who meet any of conditions ①, ② or ③ below and who have been issued a Certificate for Maximum Amount Application and Standard Copayment Reduction 「限度額適用・標準負担額減額認定証」 (Gendo gaku tekiyo hyojun futan gaku gengaku ninteisho) or Certificate for Reduction of Standard Copayment for Meal during Treatment 「食事療養標準負担額減額認定証」 (Shokuji ryoyo hyojun futan gaku gengaku ninteisho) are eligible for the subsidy granted to tax-exempt households by the public medical insurance may receive a subsidy for their copayment (standard copayment) for meals 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】

Children, reaching 18 years old at the time of March 31st, and their parents, or a caregiver who has custody of the children other than the parents, are eligible to receive subsidies for medical expenses and copayment

(standard copayment) for meals during hospitalization, which is the amount deducting a part of copayment (※ 2) from the copayment after medical insurance coverage. (Income-based restrictions apply.)

【Medical expense refund for children】

Children between the ages of 0 and 18 (except children who have already reached the first March 31st since becoming 18 years old) are eligible to receive subsidies for the amount of their copayment after deducting a portion of the copayment (※ 2) from the copayment covered by medical insurance. (Income-based restrictions apply for junior high school students aged 12 or older and are scheduled to be abolished from April 2024.)

*Those who are subsidy recipients of “the expenses of a meal 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

Partial co-payment is a maximum of 500 yen (★ 1) (★ 2) per day per medical institution for both hospitalization and outpatient visits when receiving medical treatment at medical institutions.

If the amount paid at the counter of a medical institution, etc., exceeds the amount of partial co-payment for medical subsidies, such as when the maximum amount of partial co-payment (3,000 yen) is exceeded within the same month, reimbursement may be available upon application. Applications for reimbursement are accepted only by mail at the Osaka City Medical Subsidy Reimbursement Center.

In addition, by sending the necessary documents to the Osaka City Medical Subsidy Reimbursement Center once, you can receive automatic reimbursement of the amount over the monthly maximum amount (3,000 yen) without any further procedures.

However, if you receive medical treatment at a medical institution outside Osaka Prefecture, or if you receive medical treatment without presenting your medical card unavoidably, or if the receipt from the medical institution is not submitted by the 10th of the month following the month of treatment, you are not eligible for automatic reimbursement, so please apply for reimbursement at the Reimbursement Administration Center.

(★ 1) 「inpatient」 / 「outpatient」 and 「dental」 / 「non-dental」 are calculated separately, even at the same medical institution.

(★ 2) The maximum partial co-payment for using a pharmacy with an out-of-hospital prescription is 500 yen per day. It is not the number of days prescribed x 500 yen maximum.

***2 Partial co-payment**

Medical expense refund for single-parent families

Medical expense refund for children

Partial co-payment is a maximum of 500 yen per day (up to 2 days per month) (★ 1) per medical facility for both hospitalization and outpatient visits.

If the amount paid at the medical institution, etc., exceeds the amount of partial co-payment for medical assistance, such as when the maximum amount of partial co-payment (2,500 yen) is exceeded within the same month, a refund may be made upon application. Applications for reimbursement are accepted only by mail at the Osaka City Medical Subsidy Reimbursement Administration Center.

In addition, by sending the necessary documents to the Osaka City Medical Subsidy Reimbursement Center once, you can receive automatic reimbursement of the amount in excess of the monthly maximum amount (2,500 yen) without any further procedures.

However, in cases such as when you visited a medical institution outside Osaka Prefecture, when you had no choice but to visit a medical institution without using your medical card, or when a receipt from a medical institution was not submitted by the 10th of the month following the month of treatment, you are not eligible for automatic reimbursement, so please apply for reimbursement at the Reimbursement Office Center.

(★ 1) 「Inpatient」 / 「outpatient」 and 「dental」 / 「non-dental」 are calculated separately, even at the same medical institution.

Income Report for Calculating National Health Insurance Premium

To: Mayor of Osaka

Income earned in Japan from January to December, 2022

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 :