

NATIONAL HEALTH INSURANCE

GUIDE BOOK

2026 Edition



CITY OF YOKOHAMA
(英語版)

CONTENTS

What is the National Health Insurance System?	1
国民健康保険ってなに？	
Using Your Individual Number Card (My Number Card) as a Health Insurance Card	3
マイナンバーカードの健康保険証利用	
Enrollment / 加入	
National Health Insurance Membership and Eligibility Confirmation Certificate, etc.	5
被保険者・資格確認書等	
Enrollment / 加入	
Notifications	7
届出	
Benefits / 給付	
Medical Treatment Benefits	8
療養の給付	
Benefits / 給付	
Persons 70 Years of Age or Older	8
70 歳以上の方	
Benefits / 給付	
Refund of Medical Charges	10
療養費の支給	
Benefits / 給付	
Medical Expenses for Home Nursing Visits	11
訪問看護療養費	
Benefits / 給付	
Transfer Costs	12
移送費の支給	
Benefits / 給付	
Standard Charges of Meals while in Hospital	12
入院時食事療養標準負担額	
Benefits / 給付	
Standard Charges for Utilities while in Hospital	13
入院時生活療養標準負担額	
Benefits / 給付	
Major Medical Expenses	14
高額療養費の支給	
Benefits / 給付	
Payment High-cost Long-Term Care Unitary Medical Care Benefit	17
高額介護合算療養費	
Benefits / 給付	
Lump Sum Allowance for Childbirth	18
出産育児一時金	
Benefits / 給付	
Allowance for Children with Disabilities	20
障害児育児手当金	
Benefits / 給付	
Funeral Allowance	20
葬祭費	
Benefits / 給付	
Medical Treatment Not Covered by the National Health Insurance	21
国民健康保険で診療を受けられない場合	
Benefits / 給付	
Traffic Accidents, Etc.	22
交通事故などにあったとき	
Premiums / 保険料	
How to Calculate	23
保険料: 保険料の計算	
Premiums / 保険料	
Alterations in Premium Amounts	24
保険料額の決定・変更	
Premiums / 保険料	
How to Pay the Insurance Premium	25
保険料の納付方法	
Premiums / 保険料	
Reduction of Amounts, Exemption from Payment	27
保険料の減額及び免除	
Premiums / 保険料	
Non-Payment of Premiums	30
保険料の滞納	
Specific Health Checkups and Specific Health Guidance	31
特定健康診査・特定保健指導	
Latter-Stage Elderly Health Care System	34
後期高齢者医療制度	
Medical Expense Assistance for Persons with Severe Disabilities	36
重度障害者医療費助成事業	

Medical Expenses Subsidy Scheme for Single-Parent Families.....	38
ひとり親家庭等の医療費助成	
Children's Medical Expenses Subsidy Scheme	40
小児医療費助成事業	
After-Hours and Holidays Emergency Medical Clinics	42
夜間・休日急患診療所	
List of Ward Office, Health Insurance and Pension Division, National Insurance Section.....	44
区役所保険年金課保険係一覧	
National Health Insurance Section at the City Office.....	45
市役所国民健康保険担当課	
Remember to submit a notification at the following times	46
こんなときは忘れずに届出を	
Applying online or by mail.....	46
オンライン・郵送申請のご案内	
_Toc238480779	
_Toc238480780	
Please consider using the Myna Health Insurance Card.....	46
マイナ保険証の利用をぜひご検討ください	

What is the National Health Insurance System?

国民健康保険ってなに？

A System Enabling People to Help Each Other

お互いの助けあいの制度です

Everybody wants to stay healthy and enjoy life, but nobody knows when they will suddenly find themselves sick or suffering from an injury. Everybody in Japan is required to belong to a medical health insurance scheme so that should they become sick or injured they can receive the required medical care, confident of their ability to pay the costs.

The National Health Insurance (NHI) is a system whereby members help each other by paying into the fund so as to meet the medical costs of members should this become necessary.

National Health Insurance

国民健康保険とは

Health care insurance systems in Japan include employee health insurance schemes, the latter-stage elderly health care system (aged 75 or older), and the National Health Insurance system for all others. The National Health Insurance system is managed jointly by each municipality and the prefecture, and procedures for enrolling in the system must be carried out in the city, town or village in which the applicant resides. See the page on “Enrollment” for details on the procedures for enrolling in the National Health Insurance system.

Medical Costs Are Covered by Insurance Premiums

医療費は保険料で支えられています

Members of National Health Insurance enjoy the right to receive medical treatment covered by insurance, but at the same time also have an obligation to pay their insurance premiums. See the page on “Premiums” for details on National Health Insurance premiums.

Payment of National Health Insurance Benefits

国民健康保険の給付とは

National Health Insurance benefits are paid when members obtain medical treatment for a sickness or injury, or when a member has a baby or dies. These benefits are paid either in cash or directly by the National Health Insurance to the medical provider. See the page on “Benefits” for details on National Health Insurance benefits.

Do You Know Generic Drugs?

ジェネリック医薬品(後発医薬品)をご存じですか？

Generic drugs mean pharmaceutical medicines which are produced and distributed after expiration of the patent of original formulation (new medicines), but have the same effective ingredient.

- Point 1: They are usually less expensive than original drugs and more economical. This reduces your individual payment as well as the National Health Insurance scheme administration costs at the City of Yokohama.
- Point 2: Effectiveness and safety are virtually equal to those of the original drugs. The shapes and colors of the drugs may be different.
- Point 3: Generic versions are not available for all types of drugs. Your physician may choose not to prescribe a generic drug, or generic drugs may be out of stock or otherwise unavailable at the medical facility or pharmacy.

★ If you would prefer a generic drug, consult your physician or pharmacist.

Concerning “Notification of Medical Expenses”

「医療費のお知らせ」について

Once a year, we send a “Notification of Medical Expenses,” which indicates the total amount of medical expenses incurred by all households who visited medical institutions, to the head of each household.

This notification is sent in order to provide you with a greater awareness of the way in which the cost of medical treatment is borne under the national health insurance system, and also a greater awareness of your health. In addition, a “Notification of Medical Expenses” can be used for making medical expense deduction on the final tax return. (If there is nobody in your household that has received medical care, we will not send this notification to you.)

★ Concerning the handling of personal information in “Notification of Medical Expenses”

The act of sending the “Notification of Medical Expenses” to all heads of households comes under the provision of personal information by a third party. However, because it is difficult to verify the intent of all subscribers in advance, if no particular proposal is made, we will judge that we have received agreement concerning the said act, according to the guidelines of the national government.

If you no longer want us to send you the said notification, please contact the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

Using Your Individual Number Card (My Number Card) as a Health Insurance Card

マイナンバーカードの健康保険証利用

You Can Use Your Individual Number Card (My Number Card) as Your Health Insurance Card

マイナンバーカードが健康保険証として利用できます

To use your Individual Number Card (My Number Card) as your health insurance card, you must obtain an Individual Number Card and apply for health insurance card usage through Mynaportal or other means.

To apply for health insurance card usage, simply hold your Individual Number Card (My Number Card) over the card reader installed at a medical institution or pharmacy, or use your computer, smartphone, or any Seven Bank ATM nationwide.

You Can Use Your Individual Number Card (My Number Card) as Your Health Insurance Card Indefinitely

健康保険証としてずっと使えます

Even if you change jobs, are transferred, or move home, you can continue to use your Individual Number Card (My Number Card) as your health insurance card. This means that you do not need to wait for a new insurance card to be issued, even if you change health insurance providers.

* You will still need to notify your health insurance provider of any changes, such as enrollment, withdrawal, or change of provider.

Medical Facilities Can Efficiently Verify Your Health Insurance Eligibility

医療保険の資格確認をスムーズに行えます

By simply holding your card up to the card reader at medical institutions and pharmacies, your medical insurance eligibility can be confirmed quickly and easily. This means you can expect more efficient administrative procedures at the reception desk of medical institutions and pharmacies.

You Will No Longer Need to Present a Certificate of Eligibility for Ceiling-Amount Application, etc.

限度額適用認定証等の提示が不要になります

Even without a Certificate of Eligibility for Ceiling-Amount Application, etc., you will not be required to pay at the counter for amounts exceeding the maximum amount under the high-cost medical care fee system.

* If you are a member of a household that is exempt from municipal tax and has been hospitalized for 91 days or more in the 12 months prior to the date of application, you must apply to the Health Insurance and Pension Division of your ward office to receive a further reduction in meal expenses.

You Can View Information on Specific Health Checkups, Medical Treatment, Medications, And Medical Expenses

特定健診情報や診療情報・薬剤情報・医療費通知情報が見られます

You can use Mynaportal to view your health checkup results for approximately the past five years, information on medical treatment you have received from September 2021 onward, details of your medication, and medical expense notifications (information on medical treatment is limited to data submitted by medical institutions from June 2022 onward). Please take advantage of this service to help keep track of your health.

You Can Provide Information on Specific Health Checkups, Medical Treatment, and Medications to Medical Institutions, etc.

医療機関等に特定健診情報や診療情報・薬剤情報を提供できます

With your consent, your health checkup results for approximately the past five years, information on medical treatment you have received from September 2021 onwards, and details of your medication may be shared with medical institutions.

(Information on medical treatment is limited to data submitted by medical institutions from June 2022 onward.)

You Can Easily Claim Medical Expense Deductions on Your Tax Return

確定申告の医療費控除が簡単にできます

The procedure for claiming medical expense deductions on your tax return has been updated. Starting with medical expenses incurred from September 2021 onward, you can now automatically input medical expense reports through Mynaportal. (For medical expenses incurred up to August 2021, you will need to submit receipts or medical expense notification forms.)

* For more details, please refer to the Mynaportal website or the Mynaportal app.



Myna-chan, My Number mascot

Mynaportal	 Search
------------	--

Enrollment / 加入

National Health Insurance Membership and Eligibility Confirmation Certificate, etc.

被保険者・資格確認書等

National Health Insurance Members

国民健康保険の加入者(被保険者)

All persons living in the City of Yokohama* must participate in the Yokohama National Health Insurance scheme, except for persons who have joined an employee health insurance scheme together with their dependents; persons who qualify for the latter-stage elderly health care system; and persons receiving welfare benefits.

For Example: self-employed persons, farmers, those receiving pensions, unemployed persons, those who are no longer dependent on their spouses, etc. must be insured.

* Those whose names are listed in the residents' register (including those who are not listed but deemed to be staying beyond 3 months) must enroll in the National Health Insurance. However, persons whose residence status is "for specific activities" and who are engaged in activities consisting of receiving medical care or providing daily medical care to persons who receive medical care, and persons who are engaged in activities that resemble sightseeing or recreation, and their accompanying spouses who are also engaged in activities that resemble sightseeing or recreation, cannot join the national health insurance system.

Each Individual is an NHI Member

一人ひとりが被保険者

Under the National Health Insurance scheme, every individual is insured.

The enrollment procedure is carried out per household.

About the Myna Health Insurance Card

マイナ保険証について

The system has transitioned to a system where patients are generally required to present their Myna Health Insurance Card (Individual Number Card (My Number Card) registered for health insurance use) when receiving medical treatment. Those who do not have a Myna Health Insurance Card will be issued an Eligibility Confirmation Certificate.

<Summary of how to get medical treatment>

Those who do not have a Myna Health Insurance Card	Eligibility Confirmation Certificate
Those who have a Myna Health Insurance Card	Myna Health Insurance Card *If there is no Myna Health Insurance Card reader, you can receive treatment by presenting your Myna Health Insurance Card and Notice of Eligibility Information or your Myna Health Insurance Card and Mynaportal screen.

<About the Eligibility Confirmation Certificate>

Those who are enrolled in National Health Insurance and do not have a Myna Health Insurance Card will be issued an Eligibility Confirmation Certificate. This certificate serves as a medical consultation ticket when visiting a doctor.

<About the Notice of Eligibility Information>

Those who are enrolled in National Health Insurance and have a Myna Health Insurance Card will receive notification of any changes to their eligibility information. Those who have a Myna Health Insurance Card can receive medical treatment using their card, but if there is no machine to read the card, they can receive treatment by presenting their Myna Health Insurance Card and Notice of Eligibility Information or their Myna Health Insurance Card and Mynaportal screen.

Enrollment / 加入

Notifications

届出

When You must Notify Us

こんなとき必ず届出を

Please notify the National Health Insurance Section, Health Insurance and Pension Division of your local ward office within 14 days in any of the following circumstances.

- (1) If you join or leave a health insurance scheme at your place of work.
- (2) If you change your address or name, or if the head of your household changes.
- (3) If there is a birth or death in your household.
- (4) If you start or cease to receive welfare.
- (5) A member lives in a different municipality from the rest of the family in order to attend school.
- (6) When you are leaving Japan (make sure to submit a notification before leaving Japan).

Q&A

Q: I have joined the national health insurance, but I was recently employed and joined the health insurance policy at work. Is this transfer processed automatically?

A: No, it is not processed automatically. Please bring something that shows the date you became eligible for the new health insurance and submit it.

Dates when Enrollment and Withdrawal from the NHI Become Effective

国民健康保険に加入する日、やめる日

Enrollment in the NHI becomes effective from:

- (1) The date of moving in from a foreign country or another city, town or village.
- (2) The day that your coverage provided by your employers' health insurance ceases.
(The day after you retire or the day you cease to receive support)
- (3) The day that a baby is born (when the parent supporting it is a member of NHI).
- (4) The day you cease to receive welfare.

Withdrawal from the NHI is effective from:

- (1) The day you move to another city or town.
- (2) The day you join a medical insurance scheme at your place of work.
- (3) The day after a member dies.
- (4) The day you begin to receive welfare.
- (5) The day after you leave Japan.
- (6) The day after the duration of stay expired.

Q&A

Q: What happens if you are late in making enrollment procedures?

A: As you are not eligible for NHI, you will be liable to pay the costs of any medical treatment received in full, and you will have to pay the insurance premiums retroactively.

Q: What happens if notification of withdrawal from the NHI is late?

A: If you are not eligible for NHI and have used it, you will be asked to refund the 70% (or 80%) of medical expenses that the NHI has paid on your behalf. If you join an insurance scheme at your place of work, do not use your NHI certificate any longer.

Benefits / 給付

Medical Treatment Benefits

療養の給付

Medical checkups can be received from doctors on payment of a proportional sum simply by submitting your Myna Health Insurance Card or Eligibility Confirmation Certificate at hospitals and clinics.

Category		Proportional Sum Percentage
Preschool	Up until March 31st following the 6th birthday (day before the 6th birthday for children born on April 1st)	20%
People 70-Years or Age or Older	See the following for details.	20% / 30%
All other People		30%

Benefits / 給付

Persons 70 Years of Age or Older

70 歳以上の方

Those persons 70 years of age or older who have national health insurance may receive treatment for a monetary amount for which they are liable, different from that for persons under the age of 70, until they reach the age of 75 and convert to the latter-stage elderly health care system.

The Liability Ratio for Those Persons Aged 70 or Older

70 歳以上の方の負担割合

People belonging to General or Low Income I or II households	20%
Households with an income on par with the working population	30%

- * Low income I: Household where the head of household and NHI member(s) are all exempt from residents' tax for current fiscal year (or previous year if applicable period is from April to July) and where no household members earned any income during the previous year (or the year before last if applicable period is from January to July)
- * Low income II: Household where the head of household and NHI member(s) are all exempt from municipal tax for current fiscal year (or previous fiscal year if applicable period is from April to July)
- * Household with an income on par with the working population: Household in which at least one of those NHI members of 70 years and upward (hereinafter called elderly persons) has an income in or above a specific amount (standard taxable income subject to municipal tax after all the deductions for current fiscal year (previous year if applicable period is from April to July) exceeds ¥1,450,000). However, a liability ratio of 20% will be assigned if the combined total base income of all elderly persons is ¥2,100,000 or less. Even if the amount exceeds ¥2,100,000, a liability ratio of 20% will apply if the elderly person or persons have submitted an application stating that one person has a total income of less than ¥3,830,000 or two or more people have a combined income of less than ¥5,200,000.

Note) The categories defined above are based on age, NHI membership status and household makeup as of the first day of each month.

Issuance of Certificate of Eligibility, etc.

資格確認書等の交付

If you do not have a Myna Health Insurance Card, you will be sent an Eligibility Confirmation Certificate in the latter half of the month of your 70th birthday (or the latter half of the month before your birthday if you were born on the 1st). You can start using it from the month after your birthday (or from the month of your birthday if you were born on the 1st).

If you have a Myna Health Insurance Card, you can continue to use it as is. You will be issued a Notice of Eligibility Information confirming your portion payable.

Reducing, Waiving or Postponing Payment of Portion of Medical Expenses Payable by NHI Members

一部負担金の減免及び徴収猶予

There are cases in which a system may be applied to reduce, waive or postpone certain medical expenses for people who are experiencing difficulty in paying these costs at medical facility receptions due to natural disasters, sickness, unemployment or other circumstances.

In order to use this system, it is necessary to submit applications together with documents certifying income, documents certifying the relevant disaster and other necessary documentation. Contact the National Health Insurance Section, Health Insurance and Pension Division of your local ward office in advance for further details.

Category	Cause	Eligibility	
		Reduction	Postponement
Households Covered by the Disaster Relief Act	When disaster strikes a region for which the Disaster Relief Act is in effect (in the event of damage involving the total or partial destruction of the home, the total or partial destruction of the home by fire, flood inundation above floor level, and in the event of the death of the main household breadwinner, etc.)	Inpatient/ Outpatient (*1)	
Households Damaged by Disasters	Damage involving the total or partial destruction of the home, the total or partial destruction of the home by fire, and flood inundation above floor level due to earthquakes, storms and flooding, the outbreak of fire or other reasons attributable to these causes (excluding households covered by the Disaster Relief Act)	Inpatient (*2)	Inpatient/ Outpatient (*2, *3)
Households with Reduced Income	Houses experiencing reduced income due to sickness, accidents, loss of employment, crop failure or other reasons attributable to these causes	Inpatient (*2, *3)	Inpatient/ Outpatient (*2, *3)
Households Suffering Sickness	When the head of household is in receipt of medical treatment due to sickness or injury and is experiencing difficulty in making ends meet	Inpatient (*2, *3)	Inpatient/ Outpatient (*2, *3)

* 1 Payment waived for a period of four months from the date of the disaster as a basic principle.

* 2 Payment reduced for a period of three months as a basic principle.

* 3 Applications required in advance of receiving treatment at medical facilities as a basic principle.

Benefits / 給付

Refund of Medical Charges

療養費の支給

Refund of Medical Charges

療養費の支給

In the case of the medical treatments listed in the following table, you should first pay the total medical costs to the hospital, and then later apply at the National Health Insurance Section, Health Insurance and Pension Division of your local ward office. When doing so, you must bring the necessary documents, such as an itemized statement of treatment and receipt.

If you are approved for National Health Insurance, an amount equivalent to 70% of the portion applicable to the insurance will be returned (80% for children not yet in primary school, and 70% or 80% for those aged 70 or older).

Please note that it may take two to three months for the refund to arrive, due to the necessity of conducting a review of the request.

* Please note that the deadline for a refund application is two years after the cost is paid. Refund applications later than this will not be accepted.

	Treatment	Necessary documentation
1	Unable to use insurance due to unexpected illness or other emergency (did not have NHI Certificate on hand) (*1) (did not have Myna Health Insurance Card or Eligibility Confirmation Certificate on hand)	(1) Receipt showing medical expenses paid (2) Statement detailing illness names and treatment received
2	Medical equipment such as a corset with the approval of a medical doctor (*2)	(1) Doctor's instructions (certificate) (2) Receipt and itemized receipts
3	Treatment by judo osteopath (*3) (some practitioners only charge the patient's portion of the fee if you present your Myna Health Insurance Card or Eligibility Confirmation Certificate under the Juryo Inin-barai system (*4))	(1) Receipt (2) Receipt showing details of treatment received
4	Acupuncture, moxa treatment, massage given with the consent of a medical doctor (some practitioners only charge the patient's portion of the fee if you present your Myna Health Insurance Card or Eligibility Confirmation Certificate under the Juryo Inin-barai system (*4))	(1) Receipt showing medical expenses paid (2) Receipt showing details of treatment received (3) Letter of consent from a doctor
5	Treatment at an overseas medical institution for unexpected sickness or injury (*5)	(1) Receipt and details of treatment received (2) Statement detailing illness names and treatment received (3) Japanese translation of (1) and (2) (4) Original passport of the person who received such treatment (*6) (5) Consent form (*7)

When you apply for a refund, make sure to bring your identification document and your bankbook or details of your bank account.

*The head of household's signature or personal seal (seal imprinted with the head of household's name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different to the head of household.

- The necessary forms are available from the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.
- Of the costs allowed for by NHI, the portion paid by the NHI member may become eligible for designation as Major Medical Expenses. Refer to Major Medical Expenses.

- * 1 In the event of receiving organ transplants, the cost of transporting the organ transplanted is also eligible for payment as a medical expense. A written evaluation by the doctor requiring the organ to be transported together with a receipt for the cost of transportation (including a breakdown of the departure and arrival locations, distance involved and other details) is required in this case.
- * 2 It is necessary to list the date on which a doctor covered by the National Health Insurance confirmed that therapeutic devices are being worn, together with the name of the prosthetist involved in the production of the device. (It is also necessary to attach photographs or other documentation (proving that the patient is actually wearing the device) in the case of orthopedic shoes.)
- * 3 The consent of a physician is required when receiving treatment from a judo therapist for broken bones or dislocation.
- * 4 “Juryo Inin-barai” is a payment system whereby, when you receive treatment, you pay only your personally-borne medical expenses (20% or 30%) and authorize the practitioner who provided treatment to receive the remaining amount from an insurer on your behalf.
- * 5 Medical treatment received overseas during journeys undertaken with the object of receiving such treatment are not covered. Medical activity in Japan not covered by NHI is not included either.
- * 6 If the travel is not confirmed by your passport, you are required to make a request to the Ministry of Justice to disclose your embarkation and disembarkation record and present a certificate on embarkation and disembarkation.
- * 7 Because the information on the application form must be confirmed at the overseas medical institution or other relevant facility, the person who received medical treatment must complete a consent form.

Benefits / 給付

Medical Expenses for Home Nursing Visits

訪問看護療養費

Persons with a serious illness or serious disability who make use of the Home Nursing Station service on the instructions of their family doctor are only required to pay a portion of the resulting expenses. The remainder is covered by the National Health Insurance under “home nursing visit medical expenses.”

However, the transport costs for visiting nursing workers are paid entirely by the patient. Patients should present their Myna Health Insurance Card or Eligibility Confirmation Certificate whenever they use the Home Nursing Station service.

Benefits / 給付

Transfer Costs

移送費の支給

If it is difficult for a patient to travel, and the patient undergoes an emergency hospital transfer under the instructions of a doctor in order to get medically necessary emergency treatment, and the transfer was considered necessary by an NHI review, the amount approved in the review will be refunded as a transfer expense.

- * Transfers for your convenience (transferring to a hospital closer to your home, etc.), travel for tests, travel following discharge or for regular visits, etc., are not covered.
- * Please note that the deadline for a refund application is two years after the cost is paid. Refund applications later than this will not be accepted.

Items needed for refund applications:

- Identification document
 - Your doctor's statement confirming the need for the transfer
 - Receipt for the payment of transfer cost (including details of transfer points and distance)
 - Your bankbook or details of your bank account
- * The head of household's signature or personal seal (seal imprinted with the head of household's name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different to the head of household.

Benefits / 給付

Standard Charges of Meals while in Hospital

(As of June 1, 2026)

入院時食事療養標準負担額

Insurance subscribers must pay the standard charges (per meal up to three times per day) to cover the cost of meals while in hospital, and National Health Insurance will pay the remainder. Standard charges do not apply in the event of major medical expenses.

Persons less than 70 years of age Hospital Meals Standard Charges			
Income category			Patient's portion of charges per meal
Household paying municipal resident tax			¥550
Households exempt from residents' tax	Number of days of hospitalization over the last 12 months	Up to 90 days	¥270
		91 or more days	¥220

Persons 70 years of age and over Hospital Meals Standard Charges			
Income category			Patient's portion of charges per meal
Persons whose incomes are on par with working population/General member			¥550
Low income II	Number of days of hospitalization over the last 12 months	Up to 90 days	¥270
		91 or more days	¥220
Low income I			¥130

Benefits / 給付

Standard Charges for Utilities while in Hospital

(As of June 1, 2026)

入院時生活療養標準負担額

To balance burden with long-term care insurance benefit, persons of 65 years and upward hospitalized for medical treatment are required to bear the expenses of hospital meals (food and cooking) and living (utilities) in accordance with their normal income level.

Regarding patients who are highly required to receive ongoing inpatient treatment at a hospital, we will bear the cost of meals equal to the standard meal allowance for dietetic therapy. The cost to be borne for living expenses is ¥430. Please check with the applicable medical institution concerning which of these is applicable. The standard charges will not be subject to major medical expenses.

Standard charges liable to inpatients from 65 to less than 70 years of age (hospital meals and utilities)		
Income category	Meal charge per meal	Accommodation costs (per day)
Household paying municipal resident tax	¥550 [¥510]*	¥430
Household exempt from municipal resident tax*	¥270	

Standard Charges for Utilities for People 70 Years or Older (Meals plus accommodation)		
Income category	Meal charge per meal	Accommodation costs (per day)
Persons whose incomes are on par population with the working / general member	¥550 [¥510]*	¥430
Low income II	¥270	
Low income I	¥160	

* Differs between medical institutions. Confirm charges directly with your medical institution.

Refunds of the Difference Between Standard Charges and Reduced Charges

標準負担額差額支給

If your eligibility could not be confirmed online or you could not present your Registration Certificate for Standard Charges and Reduced Charges as Applied to Maximum National Health Insurance Payments and you paid the standard fee, then we will refund the difference following an application.

* Note that the deadline for making refund requests is two years from the date of payment to the medical facility.

Items needed for refund applications:

- Identification document
- Receipts
- Your bankbook or details of your bank account

* The head of household's signature or personal seal (seal imprinted with the head of household's name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different to the head of household.

Benefits / 給付

Major Medical Expenses

高額療養費の支給

Conditions for Payments of Major Medical Expenses

支給が受けられる場合

For major medical expenses paid by an NHI member in any one month, the portion of the medical bills exceeding a certain amount is refunded at a later date on the basis of an application for refund of major medical expenses.

Every year, your “type of household” category will be determined based on your income from two years prior for the period from January to July, and determined based on your income from the previous year for the period from August to December.

The category will be determined every August. Generally, the current category will apply through July of the following year, but it may be re-assessed if there are changes in household members during that time.

<Maximum self-pay expenses for patients under 70 (monthly)>

Income category	Maximum self-pay expenses (monthly)
A	¥252,600 + (medical expenses - ¥842,000) × 1% (From the 4 th time of treatment, the monthly limit is ¥140,100.)
B	¥167,400 + (medical expenses - ¥558,000) × 1% (From the 4 th time of treatment, the monthly limit is ¥93,000.)
C	¥80,100 + (medical expenses - ¥267,000) × 1% (From the 4 th time of treatment, the monthly limit is ¥44,400.)
D	¥57,600 (From the 4 th time of treatment, the monthly limit is ¥44,400.)
E	¥35,400 (From the 4 th time of treatment, the monthly limit is ¥24,600.)

Income categories are as follows.

Income category	Income requirements
A	A household in which the combined total base income of all NHI beneficiaries is more than ¥9,010,000. Even if the income of the beneficiary in question cannot be confirmed, this category applies if they are part of this type of household.
B	A household in which the combined total base income of all NHI beneficiaries is more than ¥6,000,000 and but does not surpass ¥9,010,000.
C	A household in which the combined total base income of all NHI beneficiaries is more than ¥2,100,000 and but does not surpass ¥6,000,000.
D	A household in which the combined total base income of all NHI beneficiaries is ¥2,100,000 or less.
E	A household in which the head of household and all NHI beneficiaries are exempt from paying residents' tax.

Persons who are enrolled in NHI and become eligible for unemployment insurance (special benefits or loss of employment by special reasons) as a result of bankruptcy or termination of employment may be reassigned to a lower category.

For further information, please inquire at the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

<Maximum self-pay expenses for patients age 70 or over (monthly)>

Income category	Outpatient maximum (individual) (monthly)	Hospitalization and household maximum (household) (monthly)
Persons whose incomes are on par with the working population III	¥252,600 + (medical expenses - ¥842,000) × 1% (Maximum from the 4th time onward: ¥140,100)	
Persons whose incomes are on par with the working population II	¥167,400 + (medical expenses - ¥558,000) × 1% (Maximum from the 4th time onward: ¥93,000)	
Persons whose incomes are on par with the working population I	¥80,100 + (medical expenses - ¥267,000) × 1% (Maximum from the 4th time onward: ¥44,400)	
General member	¥18,000	¥57,600 (Maximum from the 4th time onward: ¥44,400)
Low income II	¥8,000	¥24,600
Low income I	¥8,000	¥15,000

* For outpatients who are 70 years old or older (general income persons and low income persons), when the total self-payment amount for one year (August to July of the following year) exceeds the annual limit (¥144,000) for an individual, the excess amount will be paid by the health insurances as “High Cost Medical Expenses”. A separate notification of the payment method will be sent to the individual.

Income requirements for each income category are as follows.

Income category	Income requirements
Persons whose incomes are on par with the working population III	NHI member age 70 or over belonging to a household where the highest standard taxable amount for the resident tax for a household member is ¥6,900,000 or higher.
Persons whose incomes are on par with the working population II	NHI member age 70 or over belonging to a household where the highest standard taxable amount for the resident tax for a household member is ¥3,800,000 to less than ¥6,900,000.
Persons whose incomes are on par with the working population I	NHI member age 70 or over belonging to a household where the highest standard taxable amount for the resident tax for a household member is ¥1,450,000 to less than ¥3,800,000.
General member	- A person whose income is on par with the working population, who meets the application conditions on page 8, and who belongs to a household with a 20% payable portion. - Person who falls under the “general member,” “low income II” or “low income I” category on page 8 and belongs to a household that does not fall under either of the “low income II” or “low income I” categories below
Low income II	A person who belongs to a household in which the head of household and all NHI beneficiaries are exempt from paying residents’ tax
Low income I	A person who belongs to a household in which the head of household and all NHI beneficiaries are exempt from paying residents’ tax, and whose incomes for each category are ¥0 when necessary expenses and deductions* have been factored in (For medical care received in August 2021 or after, if employment income is included, the determination is made after deducting ¥100,000 from the employment income.) * Calculated using a public pension deduction of ¥806,700

Calculating the Amount Paid by the NHI Member

一部負担金の計算方法

1. Calculation by month: Payments for all treatment received from the first to the last day of the month are calculated as one month.
2. Calculations are made separately for each hospital or clinic.
3. Inpatient and outpatient treatment are calculated separately, even if the member receives the treatment at the same hospital or clinic.
4. Dental treatment is calculated separately. If the hospital or clinic has a dental department then the dental department is treated like a separate clinic or hospital.
5. Standard charges for meals and utilities when admitted to hospital: Certain charges calculated against major medical expenses are not covered.
6. Private bed fees, etc.: Private bed fees, etc., which patients are required to pay when hospitalized, are not covered by the NHI.
7. The amount paid by the NHI member (portion borne by the NHI member): The NHI member's payable portion may be categorized as major medical expenses. See Refunds of Medical Charges.
8. Payment of charges for external prescription medications: The charges may be categorized as major medical expenses.
 - * Persons who have switched to other health insurance plans will be subject to hospital charges as separately calculated under respective health insurances.
9. For persons under age 70, receipts for medical (pharmaceutical) fees with a payable portion of ¥21,000 or higher are subject to calculation; for persons ages 70 and over, all receipts for medical (pharmaceutical) fees are subject to calculation.
 - * Receipts for medical (pharmaceutical) fees are documents provided alongside the invoice for medical (pharmaceutical) fees when a medical institution performs care and invoices an insured person for that care. They show the details and costs of the medical care (medication).

Application Methods

申請の方法

Generally, we will send an application and notification at the end of two months (i.e., in June if the applicable month is April) after the month you become eligible for refunds due to major medical expenses. Fill out the application form and return it to the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

- * If you do not receive an application form and notification from us within three months from the applicable month, please contact the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.
- * Major medical expenses are refunded based on the receipts for medical (pharmaceutical) fees sent to Yokohama City National Health Insurance by the medical institution. Therefore, if the sending of the receipts for medical (pharmaceutical) fees is delayed, the delivery of the application and notification will also be delayed.
- * The deadline for applying for a refund is two years from the first day of the month following that in which treatment was received.

Paying self-pay expenses in advance

あらかじめ自己負担額までの支払いにする方法

As the maximum payment limit can be confirmed through online eligibility confirmation by medical institutions, etc., you can limit your monthly payments to the personal ceiling amount. Paper certificates of maximum payment limits, etc. are generally not required.

Benefits / 給付

Payment High-cost Long-Term Care Unitary Medical Care Benefit

高額介護合算療養費

Payment of High-cost Long-Term Care Unitary Medical Care Benefit

高額介護合算療養費の支給

If the total amount from the personally-borne portion under NHI (*1) and user-borne portion under long-term care insurance (*2) for one year (from August to the end of the following July) for a single household exceeds the personal ceiling amount, the excess amount will be refunded as a High-cost Long-Term Care Unitary Medical Care Benefit with an application. If you could expect to receive a refund, we will send you an application and notification. Fill out the application, and return it to the insurance section of the insurance and pension division of your local government office.

* The deadline is 2 years from the day after the standard date (Generally July 31. If loss of eligibility occurs due to death, etc., then the day prior to the loss of eligibility). Be aware that you will be unable to apply after this date.

<Maximum self-pay expenses for patients under 70 (monthly)>

Income category	Personal ceiling amount for National Health Insurance + long-term care insurance (yearly)
A	¥2,120,000
B	¥1,410,000
C	¥670,000
D	¥600,000
E	¥340,000

(The income requirements for income class are the same for the major medical care benefit.)

<Personal ceiling amount for persons ages 70 to 74>

Income category	Personal ceiling amount for National Health Insurance + long-term care insurance (yearly)
Persons whose incomes are on par with the working population III	¥2,120,000
Persons whose incomes are on par with the working population II	¥1,410,000
Persons whose incomes are on par with the working population I	¥670,600
General member	¥560,000
Low income II	¥310,000
Low income I	¥190,000

(The income requirements for income class are the same for the major medical care benefit.)

- *1 If you are eligible for the major medical care benefit, you are only eligible up to the personal ceiling amount of the major medical expense. Persons under age 70 are eligible when their payable portion for a single medical institution within a single month (calendar month) is ¥21,000 or higher. Expenses not covered by insurance, such as additional room fees and medical certificate fess, and standard fees, such as hospital meals and living expenses, are not included.
- *2 If you are eligible for the high-cost long-term care service benefit, you are only eligible up to the personal ceiling amount of the high-cost long-term care service. Meals, accommodations, home renovations, and care equipment purchase costs are not included.

Benefits / 給付

Lump Sum Allowance for Childbirth

出産育児一時金

Childbirth lump sum allowance

出産育児一時金の支給

Amount of allowance: ¥500,000

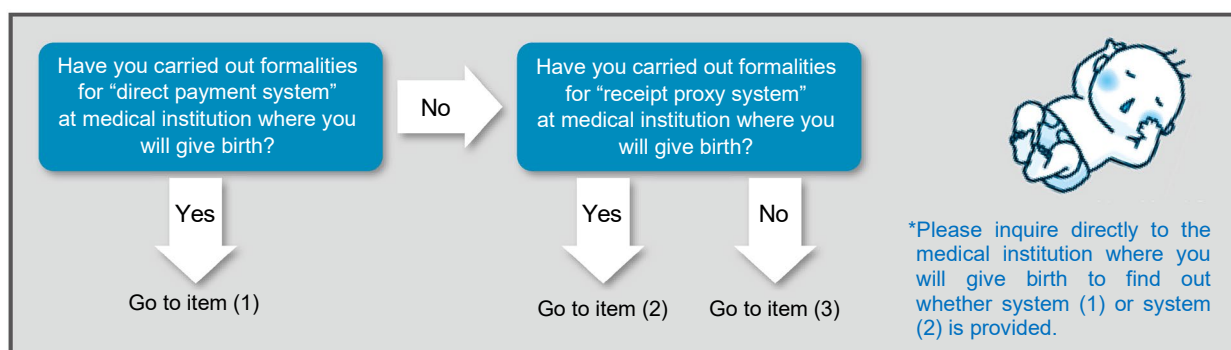
<Note 1> This allowance is paid even in the case of stillbirths or miscarriages if the pregnancy is over twelve weeks. Please bring a doctor's certificate to that effect.

<Note 2> Women who give birth within six months after leaving employment in a company can receive childbirth lump sum allowances selected from with health insurance they had carried before or National Health Insurance. (However, they must have worked for the company for one year or longer.) Some health insurance policies may pay a higher amount than the allowance by the National Health Insurance through their own added benefit. If this is the case for you, confirm your health insurance policy you had before. (Where payment is received under another health insurance scheme, there will be no allowance from the National Health Insurance.)

<Note 3> Please note that the deadline for applications is two years from the date of birth. Applications will not be accepted after this time.

How to Apply

申請の方法



(1) Childbirth lump sum allowance direct payment system

This system allows the medical institution in charge of the birth to submit the lump sum allowance application on behalf of the head of household and receive the payment directly. Accordingly, the patient is not required to pay ¥500,000 (¥488,000 if outside the scope of the obstetrics medical treatment compensation system.) upon leaving the hospital.

<Note> If the childbirth expenses are lower than the lump sum allowance for childbirth (¥500,000), you can receive the difference by applying through the insurance section of the insurance and pension division of your local government office.

The following are required at application:

- Identification document
- Mother and Child Health Handbook
- Your bank book or details of your bank account
- Document (receipt /detailed statement) from the medical facility detailing childbirth expenses
- Notice of agreement with the medical facility, etc., concerned (stating that the direct payment system will be used).

* The head of household's signature or personal seal (seal imprinted with the head of household's name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different to the head of household.

(2) Childbirth lump sum allowance receipt proxy system

This system allows expectant mothers to fill in applications designated by the national government at medical facilities, etc., registered for the receipt proxy system (requiring certain conditions to be met and notification to be submitted to the Ministry of Health, Labor and Welfare) so that the medical facility, etc., concerned is entrusted with receiving the childbirth lump sum allowance after the application has been submitted to the National Insurance Section of the Health Insurance and Pension Division at your ward office within two months of the scheduled date of birth. The mother must also be registered at the Insurance and Pension Section of the local Ward Office within two months prior to due date.

Since the childbirth lump sum allowance is paid directly by the insurer to the medical institution, it is not necessary to pay ¥500,000 (¥488,000 in cases where the obstetrics compensation system is not applicable.) of the childbirth expense upon leaving the hospital.

<Note> If the childbirth expenses are lower than the lump sum allowance for childbirth (¥500,000), you will receive the difference.

(3) When directly making an application at the ward office (when other than (1) and (2))

Please prepare the items listed below and apply at the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

- Identification document
 - Mother and Child Health Handbook
 - Your bankbook or details of your bank account
 - Document (receipt /detailed statement) from the medical facility detailing childbirth expenses
 - Notice of agreement with the medical facility, etc., concerned (stating that the direct payment system will not be used)
 - Notice of Agreement (When giving birth overseas)
- * The head of household's signature or personal seal (seal imprinted with the head of household's name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different to the head of household.
- * When giving birth overseas, please bring with you the birth certificate and a written translation of the certificate and the passport (original)
- * In the event of a stillbirth or miscarriage, please bring with you a doctor's certificate.
- * There are cases in which details will be confirmed with the local medical facility when giving birth overseas, so the mother giving birth is required to fill in a Notice of Agreement.

~ Notice of obstetric medical treatment compensation system ~

This system for hospitals, clinics or maternity homes provides compensation for newborns with cerebral palsy occurring at the 22nd week of pregnancy or later. It is designed to give peace of mind to new mothers.

Check the list of participating medical institutions provided on this website.

Benefits / 給付

Allowance for Children with Disabilities

障害児育児手当金

Payment of Allowance for Children with Disabilities

障害児育児手当金の支給

A disabled child allowance (according to the degree of disability) is paid by the City of Yokohama National Health Insurance to children who develop congenital disabilities or abnormalities within two years of birth. Application must be made within two years of the appearance of the disability and children must have been members of the NHI continuously from birth until the date of the application.

* Please note that the deadline for applications is two years from the time that the disability becomes apparent.

Amount of allowance:

¥100,000 to ¥800,000 depending on the disability level

The following are required at application:

- The diagnosis certificate
- Identification document
- Mother and Child Health Handbook
- Your bank book or details of your bank account

* The head of household's signature or personal seal (seal imprinted with the head of household's name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different to the head of household.

Benefits / 給付

Funeral Allowance

葬祭費

Funeral Allowance

葬祭費の支給

Amount of allowance: ¥50,000

When an NHI member dies, the funeral allowance will be paid to the person who holds the funeral.

The following are required at application:

- Applicant's identification
- Documents showing the person holding the funeral and the date it was held (receipt, invoice, or funeral attendance thank-you card from the funeral hall)
- Your bank book or details of your bank account

* The applicant's signature or personal seal (seal imprinted with the head of household's name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different from the applicant.

* Please note that the deadline for applications is two years from the date of the funeral.

* In the case of 1, 2 and 3 listed below, either self-subscribed existing health insurance schemes or National Health Insurance can be selected to pay burial costs and funeral costs. Depending on the insurance schemes concerned, the sums paid by self-subscribed policies tend to be larger than the sums paid by National Health Insurance in the majority of cases. For details on the required procedure, contact your existing health insurance provider. (The National Health Insurance will not pay burial costs if these costs were paid by other health insurance schemes).

- Burial costs will be paid under your previous health insurance policy in the following cases:
 1. When the deceased had purchased a health insurance policy less than three months before death
 2. When the deceased was receiving a continuous disability allowance under a health insurance policy held at the time of death or no less than three months prior to death
 3. When the deceased had received continuous childbirth allowance from the health insurance the deceased had carried at death or within three months before the death

Benefits / 給付

Medical Treatment Not Covered by the National Health Insurance

国民健康保険で診療を受けられない場合

Medical Treatment Not Covered by the National Health Insurance

国民健康保険で診療を受けられない場合

The National Health Insurance does not cover certain types of medical treatment or provides only limited coverage.

National Health Insurance cover is not available for the following

- (1) Medical treatment not covered by insurance, private beds, some materials fees and other aspects of dental treatments
- (2) Health checkups
- (3) Inoculations
- (4) Cosmetic surgery
- (5) Orthodontist work
- (6) Normal childbirth

Limited Coverage

There are cases in which benefits will not be paid in part or in total for injuries received due to quarreling, drunkenness, or other forms of misbehavior.

Work-Related Sicknesses or Injuries

Either workers compensation insurance benefits are payable, or the employer is responsible for the expenses under the Labor Standards Law.

Benefits / 給付

Traffic Accidents, Etc.

交通事故などにあつたとき

If you are in a traffic accident or accident resulting in injury

交通事故・傷害事件にあつたときは

If you are in a traffic accident or accident resulting in injury, you can use National Health Insurance to get care even if an injury or illness results from the action of a third party (person responsible). However, if you have already received the full amount for care from the person responsible, you cannot use National Health Insurance.

Common examples of injuries or illness caused by a third party

- (1) Traffic accidents (2) Injury resulting from fighting or violence
- (3) Injury caused by a third party's pet (4) Food poisoning from a restaurant, etc.
- (5) Accident occurring inside a facility or involving a physical object

You must notify your local government office

When using National Health Insurance to get care, you must submit a Notification of Injury or Sickness Caused by Third Party (*). You also need a traffic accident certificate from the police. Promptly talk to the insurance section of the insurance and pension division of your local government office.

* You have a legal obligation to submit the notification.

However, in the following cases:

- (1) Work-related injuries and illnesses
National Health Insurance cannot be used as workers' accident insurance will apply or your employer will cover the costs according to the Labor Standards Act. If you have already used National Health Insurance to get care, promptly submit a Notification of Injury or Illness Resulting from Personal Negligence or Work to the insurance section of the insurance and pension division of your local government office.
- (2) Illegal activities such as driving while intoxicated or without a license
You may be restricted from receiving some or all benefits, and you may not be able to use National Health Insurance.

The Offender is Responsible for Medical Expenses Incurred

For injuries and illnesses resulting from a traffic accident or other accident caused by a third party, the person responsible will generally be responsible for the portion relative to their degree of fault.

Accordingly, if you use National Health Insurance to get medical care, we will cover the medical expenses that should be covered by the person responsible, and we will then invoice the person responsible on your behalf, but we cannot do this without a notification from you.

You will have to submit a claim directly to the person responsible for any portion of the expenses that you paid.

Before Reaching Out-of-Court Settlements

Generally, if you reach an out-of-court settlement with the person responsible, you will be responsible for any medical care that arises after the settlement date. Depending on the details of the settlement, National Health Insurance may not be able to bill the person responsible or you may be unable to use National Health Insurance for the medical care.

If you will settle out of court, first contact the insurance section of the insurance and pension division of your local government office, and once you reach a settlement, promptly submit a copy of the settlement.

Premiums / 保険料

How to Calculate

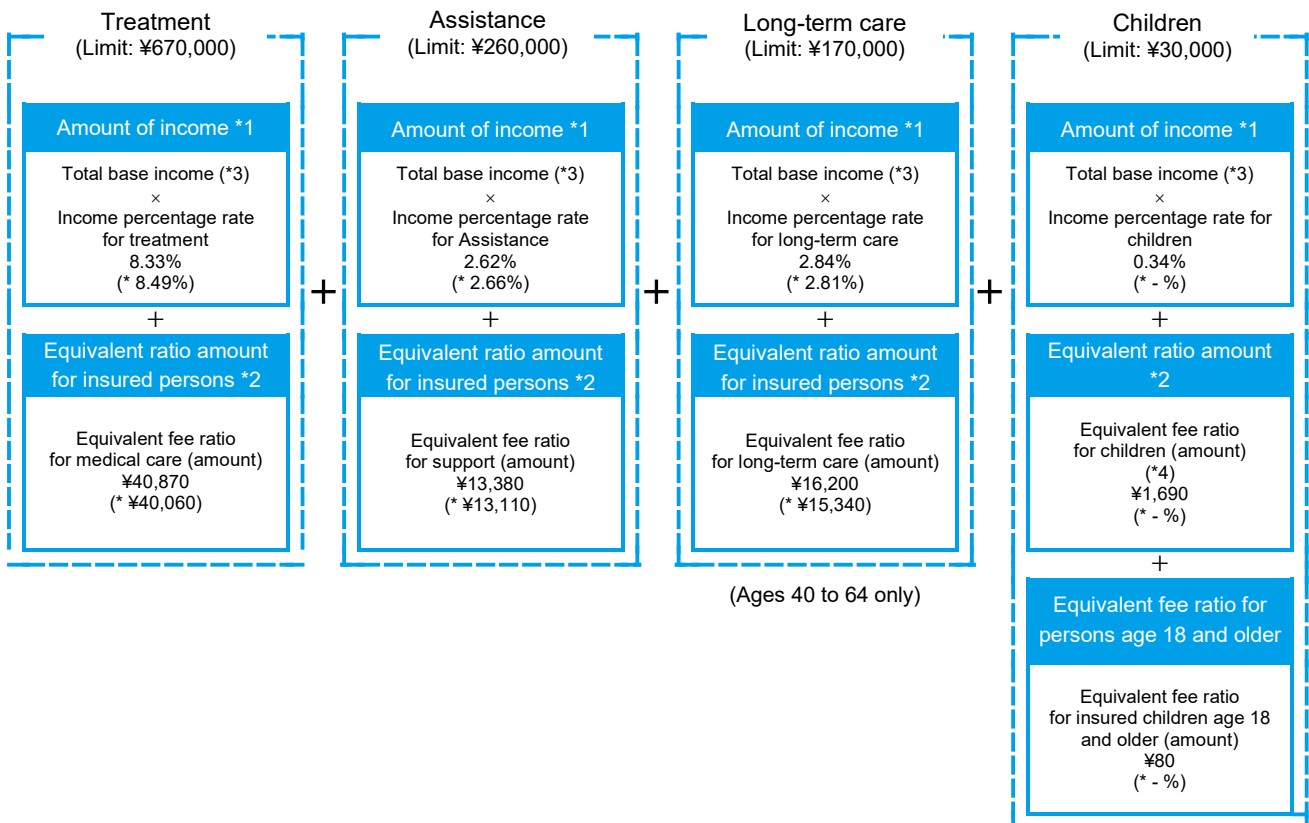
保険料の計算

Method of Calculating Insurance Premium

保険料の計算方法

Insurance premium is calculated on the basis of income percentage rates for treatment, assistance, long-term care, and child portions and equivalent ratio amount for insured persons.

Your household's insurance premiums for 2026



*1: Calculated according to income

*2: Calculated according to number of members

*3: "Total base income of insured" is the total net income with the basic municipal tax deduction applied as defined in Article 314 Paragraph 2(1) of the Local Tax Law, etc. However, this amount shall be the final amount after the special deduction for income from transfer of property in the "preemption of land and buildings, etc." category has been applied and shall exclude retirement income. Furthermore, carryover of casualty loss shall not be applied.

*4: For insured persons under age 18, the amount of the equivalent fee ratio for the child will be fully reduced.

Calculation of Premium Amount

Annual premium amount divided by 10 = one premium.

For Example: If the annual premium is ¥150,000 then each premium payable is ¥15,000.

¥150,000 divided by 10 = ¥15,000

Premiums / 保険料

Alterations in Premium Amounts

保険料額の決定・変更

Determination of Premium Amount

保険料額の決定

Premiums to be paid by each household between April of a given year and March the following year shall be determined in June, based on the number of NHI members in the household and the total base income. Premiums shall be calculated assuming that all the NHI members in the household will maintain their membership continuously until March the following year.

Once the premium has been thus determined it will only be recalculated in the event of a change in the number of NHI members, the total base income or other relevant factors, or if all members of the household cancel their NHI membership.

The household will be informed of the recalculated premium via a Notification of Determination of National Health Insurance Premiums or Notification of National Health Insurance Premiums.

For those who will turn 40 or 75 years of age

When a family member turns 40 years of age, the insurance premium will be recalculated because the family member is required to pay the Care Insurance (*) in addition to medical treatment, support, and child portions.

When a family member turns 75 years of age, the insurance premium will likewise be recalculated because the NHI membership expires at 75 years of age and the family member will instead be covered under the latter-stage elderly health care system.

(*) Those who are from 40 to less than 65 years of age bear the expense for care in the care insurance system. The payment for care starts from the month when you turn 40 years of age (or, if your birthday falls on the first day of the month, the preceding month).

Alteration of Premium Amount

保険料額の変更

When the premium amount is altered, premium payments that have already been made are not adjusted. The necessary adjustments are made to upcoming premium payments.

1. If your premium payment increases after recalculation, the increase will be spread evenly over subsequent premium amounts.
2. If your premium decreases after recalculation, the decrease will be spread evenly over subsequent premium amounts. If the amount of the reduction is greater than the total premiums already paid, the difference will be refunded to you.
3. If all members of a household cancel their NHI membership, the premium for the year shall be recalculated on a pro rata basis according to the length of NHI membership.

Premiums / 保険料

How to Pay the Insurance Premium

保険料の納付方法

Application for Automatic Payment Transfer, etc.

口座振替の申込方法等について

Generally, the transfer date will be the 29th of the month of the corresponding payment (from June through March of the following year). However, if the financial institution, etc., will be closed, then the transfer will be on the preceding business day. If the insurance premium increases retroactively through the previous year or earlier, a transfer may also be performed in April or May.

Applying for Automatic Payment Transfers

1. Applying through Pay-easy (supports eight financial institutions)

This service uses a dedicated network to register bank transfers with your financial institution. Scan your financial institution's cash card at the dedicated terminal installed in the counter of your local government office and input your PIN number.

2. Applying with a bank transfer request form (paper)

Fill out the required items on the bank transfer request form, including address, name, and insurer number (number listed on payment slips, Notice of Eligibility Information, Eligibility Confirmation Certificate, etc.), affix the same seal used for your bank account, and submit the form to the financial institution where you have the account. You can get the bank transfer request form from a financial institution or at the insurance section counter in your local government office.

3. Applying online

You can also apply online. You need your insurer number (number listed on payment slips, Notice of Eligibility Information, Eligibility Confirmation Certificate, etc.) and a document with your bank account number. Access the Online Bank Transfer Reception Service (*) through the Yokohama City website, and perform the procedures.

* For details on applying, scan the 2D code on the right (Japanese only).



Separate Payments Using Payments Slips

納付書を利用するとき

If you do not use the bank transfer service, your NHI premium payment notifications will be sent to you. Please pay the premiums promptly at a bank or convenience store, etc. on receipt of the notification.

Month sent	Number of transfer slips	Deadline for premium payments	
		Month of premium	Deadline
June	1	June	End of June
July	3	July	End of July
		August	End of August
		September	End of September
October	3	October	End of October
		November	End of November
		December	End of December
January	3	January	End of January
		February	End of February
		March	End of March

- * Where the amount of premiums payable has been increased retrospectively prior to the year before the previous fiscal year, the April notification slip will be sent in April and the May notification slip in May.
- * If the deadline for payment falls on a day when the banks or post offices are closed then the deadline for payment will be the next working day.
- * In the event that the household's annual premium payments are recalculated due to a change in the number of NHI members in the household or in the amount of income earned by the household, where such changes occur after the start of the fiscal year, amended payment notification slips will be sent out. Please use these new notification slips to pay the amended premiums.
- * Please keep the receipt in a secure place as it will serve as a certificate of payment.

Payment Slips with Printer Barcodes

バーコードが印刷されている納付書について

- Payment may be made at convenience stores, etc.
However, payment slips for over ¥300,000, or those that are soiled, creased, or otherwise damaged cannot be processed.
- You can also make payments using your smartphone. For this, it is necessary to register for one of the following payment apps.

PayB, Rakuten Bank, PayPay, au PAY, Bank pay, J-Coin

Special levy (deduction in advance from the public pension)

特別徴収(年金からの天引き)について

This special levy is a system in which the national health insurance payment is subtracted in advance from the public pension that the head of household receives.

Households that satisfy certain requirements are subject to a special levy imposed on the annual pension. These include (1) the head of household subscribes to the national health insurance (2) nursing care insurance premium payments are obtained by a special levy imposed on the public pension, and (3) all of the insured members of the household are at least 65 years of age but less than 74 years of age.

If you wish, you can change the method of payment to account transfer payment. For details, please contact the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

Premiums / 保険料

Reduction of Amounts, Exemption from Payment

保険料の減額及び免除

Reductions of Per-Capita Basis Levies for Low-Income Households

低所得世帯の均等割額の減額

Where household income is below the minimum defined threshold, health care premiums are reduced by 70%, support services premiums by 50% and long-term care premiums by 20%.

Eligibility for reduced premiums is based on the income of the head of the household (regardless if that person is a member of the National Health Insurance or not) and the number of insured parties in the household (including specified persons belonging to that household (*1)). Households with persons whose income level is not stated shall be deemed ineligible.

If you had no income in the year 2025 or if you only had annuity, pension, or old-age pension attributed to disability or death or other tax exempted income, you will still need to submit your Municipal Tax and Prefectural Tax Statement or National Health Insurance Income Statement.

Income criteria (sum of the total income etc. within the year 2025)	Per Capita Rate Reductions
Up to ¥430,000 + $\text{¥100,000} \times [\text{total number of salaried employees, etc. } (*2) - 1]$	Reduction of 70%
Up to ¥430,000 + $\text{¥310,000} \times \text{total number of insured persons } (*3)$ + $\text{¥100,000} \times [\text{total number of salaried employees, etc. } (*2) - 1]$	Reduction of 50%
Up to ¥430,000 + $\text{¥570,000} \times \text{total number of insured persons } (*3)$ + $\text{¥100,000} \times [\text{total number of salaried employees, etc. } (*2) - 1]$	Reduction of 20%

*1 Specified persons belonging to a household: People switching from National Health Insurance across to the Latter-stage Elderly Healthcare System (75-years old or above) will continue to be considered as members of the same household after subscribing to the Latter-stage Elderly Healthcare System. However, in the event of the head of the household changing or the person concerned no longer being a member of the household, they will no longer be considered members of the same special household.

*2 Refers to the head of the household (regardless of whether or not this person is a member of the National Health Insurance system) and the members of the household who are insured and designated household members who receive a predetermined amount of salary (in receipt of salaries that exceed ¥550,000), as well as public pension recipients (in receipt of public pensions, etc., that exceed ¥600,000 (less than 65-years old) or ¥1,250,000 (65-years old or above). The areas printed in bold characters within the table will only be calculated if the total number of salaried employees is two or more.

*3 The total number of insured persons and designated household members within the same household.

Reductions of Per-Capita Basis Levies for Insured Pre-School Children

未就学児の被保険者均等割額の減額

The per-capita basis levies for pre-school children who subscribe to National Health Insurance will be reduced by 50 percent. Also, because the per-capita basis levies for households eligible for the Reductions of Per-Capita Basis Levies for Low-Income Households listed above will be reduced by a further 50 percent, the per-capita basis levies for pre-school children will be reduced by 85 percent for households in receipt of 70 percent reductions, by 75 percent for households in receipt of 50 percent reductions, and by 60 percent for households in receipt of 20 percent reductions (applicable for insurance premiums for fiscal 2022). However, if the annual insurance premiums for the household reaches the maximum ceiling amount even after per-capita basis levies for pre-school children have been reduced, the insurance premiums will be the maximum ceiling amount.

Reduced Income-Based Levies for Insured Heads of Households with Children (From Fiscal 2022)

子どもがいる世帯の被保険者である世帯主に係る所得割額の減額 (令和4年度から)

The National Health Insurance premiums for insured heads of households with insured children under the age of 19 will be reduced.

[Eligible Persons]

Heads of households who subscribe to National Health Insurance as of the current base date for assessment (*1) and who reside in the same household as insured children under the age of 19 (*2) with an income of ¥580,000 or less

*1 April 1 of the relevant fiscal year. However, for persons qualifying for National Health Insurance on April 2 or later, the date on which they qualified for insurance coverage.

*2 Insured persons to whom either of the following conditions apply

(1) Persons under the age of 19 at the end of December during the fiscal year prior to the relevant fiscal year

(2) Persons with an income of ¥580,000 or less in total during the fiscal year prior to the relevant fiscal year

[Reduction Details]

The following sums will be deducted from standard income amounts, and the insurance premium income-based levy calculated accordingly. There is a limit to the amount that can be deducted from the head of household's standard income amount. Additionally, if the annual insurance premiums for the household reaches the maximum ceiling amount even after income-based levies have been reduced, the insurance premiums will be the maximum ceiling amount.

1. ¥330,000 for each insured child under the age of 16

2. ¥120,000 for each insured child of 16 years or older and under the age of 19

* Persons whose standard income is ¥0 are not eligible for reductions.

Reduction of National Health Insurance premiums for insured women who have given birth (effective January 2024)

出産被保険者の保険料の減額 (令和6年1月から)

If there is an insured woman who has given birth in the household, her National Health Insurance premiums will be reduced by up to four months.

* A National Health Insurance insured person who has given birth (including stillbirth, miscarriage, premature birth, and induced abortion) after 85 days (four months) of pregnancy. For details on how to apply, please contact the Insurance and Pension Division of your local ward office.

Application for Reduction or Exemption

申請による減額または免除

If you are having difficulty paying their insurance premiums, it is possible to have the premiums reduced or waived, as shown in the table below. Please ask at the Insurance and Pension Division, National Health Insurance Section of your local ward office.

	Criteria	Reduction/Exemption
Disaster	Damage to 20% or more of your assets, such as your house or workplace, due to wind, floods, fire or earthquake.	Exemption from premium payments for four to six months depending on the amount of damage.
Low income	Total estimated gross income for the year meets the statutory reduction criteria (see table on page 27).	Income-based levy reduced in accordance with reduced rates for total income, with 70%, 50% or 20% exemption from per capita income.
Decline in income	Your income drops radically due to unemployment or a slump in business performance.	The income basis levy is reduced according to your income level and reduction percentage.
Limitation to insurance coverage	You are unable to receive insurance medical benefits during imprisonment.	Premium payments are waived for any period in which you are unable to receive benefits (i.e. only for one-month periods in which you are unable to receive benefits between the first and last day of the month).

In the event that a dependent becomes an NHI member because beneficiaries of social insurance or equivalent have switched to the latter-stage elderly health care system, or is eligible for unemployment insurance (special benefits or loss of employment by special reasons) as a result of bankruptcy or termination of employment, insurance premiums may be reduced. Contact the Insurance and Pension Division, National Health Insurance Section of your local ward office for details.

Premiums / 保険料

Non-Payment of Premiums

保険料の滞納

In case premium payments are in arrears:

保険料を滞納すると

Sending a demand note or notice prior to seizure

In premium payments there is a deadline for payment prescribed in prefectural ordinances and a demand notice will be sent when payments are not made by the payment deadline. Additionally, there are cases when a peremptory notice or notice prior to seizure will be delivered.

* With respect to persons in arrears, there are also cases when you will be called to confirm the payment of premiums.

In addition, you may receive messages directly on your mobile phone.

Accrual of late charges

Late charges will accrue when payment is not made by the designated deadline of the demand notice.

*** Calculation of late charges**

The amount calculated by multiplying the rate prescribed in prefectural ordinances by the number of days from the day after the designated payment deadline of the demand notice up to the premiums payment date. (Article 20-2 of the Yokohama City National Health Insurance Prefectural Ordinance, etc.)

Premium payments in arrears disposition (asset seizure)

An asset investigation will be undertaken when insurance premium payments are in arrears (Article 141 of the National Tax Collection Act).

When, as a result of the investigation, assets are discovered that can be applied to the insurance premiums, there are cases when assets such as real estate, bank deposits and savings, salary and life insurance, etc. will be seized without warning as a payment in arrears disposition (Article 47 of the National Tax Collection Act).

Persons having received a residence permit whose payments are in arrears

Please note that the residence permit may not be renewed if there is nonpayment of premiums.

Specific Health Checkups and Specific Health Guidance

特定健康診査・特定保健指導

Persons aged 40 to 74 are eligible for specific health checkups for the prevention of adult-onset diseases with a particular focus on metabolic syndrome, as well as specific health guidance based on the results of these tests. The specified health tests and health guidance scheme is designed to promote sound health care practices throughout life. Specific health checkups are available free of charge with City of Yokohama National Health Insurance.

What is Metabolic Syndrome?

メタボリックシンドロームとは？

The accumulation of visceral fat is believed to be a common cause of the suite of illnesses commonly referred to as adult-onset disease. Metabolic syndrome refers to a combination of health risk factors (high blood sugar, lipid abnormality and high blood pressure) in addition to the accumulation of visceral fat.

It is warned the further the metabolic syndrome advances with an increase in number of these risk factors, the higher the risk of serious life-threatening diseases.

Specific Health Checkups

特定健康診査の実施内容

The specific health checkups is designed to check the extent of accumulated lipid abnormality as well as risk factors for adult-onset disease. It consists of the following tests.

● Common tests

(base items plus additional items stipulated by the City of Yokohama National Health Insurance Section)

	Type/purpose	Details
General examination	Assess patient lifestyle and lifestyle-related illnesses	Examination and questions about medication smoking history, dietary habits, exercise, sleep, etc.
	Evaluate symptoms known to the patient as well as symptoms observed by the doctor	Physical examination
Tests	Visceral fat and obesity	Measurement of height, weight and girth BMI (body mass index) Weight (kg) ÷ height (m) ÷ height (m)
	High blood pressure	Blood pressure measurement
	Lipids	Blood test (Triglycerides on empty stomach, HDL cholesterol, LDL cholesterol)
	Diabetes	Blood test (blood glucose level on empty stomach, hemoglobin A1c) Urine sample (diabetes test)
	Kidney function	Urine test (urinary proteins) Blood test (creatinine*, uric acid*)
	Liver function	Blood test (AST, ALT, γ-GT)
	Urinary cyst and urinary tract check	Urine sample (urine occult blood*)

* Denotes additional tests stipulated by the City of Yokohama National Health Insurance Section.

- Further testing may be performed where deemed necessary by the treating physician in accordance with the national criteria. (Further testing schedule)

Type/purpose	Details
Anemia	Blood test (red blood cells, hemoglobin content, hematocrit value)
Heart function	Electrocardiogram
Blood vessel analysis (primarily for arteriosclerosis)	Funduscopy

National criteria for further testing

1. Eligibility criteria for anemia test
Previous history of anemia or health check indicates possibility of anemia.
2. Standards for implementing electrocardiograms
Electrocardiograms are to be implemented if the results of specific health checkups during the relevant fiscal year indicate systolic blood pressure levels of 140mm Hg or more, diastolic blood pressure levels of 90mm Hg or more, or if signs of arrhythmia are indicated during examinations into the existence of subjective symptoms and objective symptoms.
3. Standards for implementing funduscopy examinations
Funduscopy examinations are to be implemented if the results of specific health checkups during the relevant fiscal year indicate the standards listed in (1) or (2) below. (When the standards listed in (2) are applied as a result of specific health checkups during the previous fiscal year in the event of the standards listed in (1) not being applicable and the results of (2) not being confirmed in the results of specific health checkups during the relevant fiscal year.)
 - (1) Blood pressure
Blood pressure during systole exceeds 140 mmHg or blood pressure during diastole exceeds 90 mmHg
 - (2) Blood glucose
Blood glucose level on empty stomach exceeds 126 mg/dl or hemoglobin A1c exceeds 6.5% (NGSP value)

Specific Health Guidance

特定保健指導の内容

The purpose of specific health guidance is to provide a lifestyle improvement program to people found to have signs of accumulated visceral fat and associated risk factors of metabolic syndrome based on the results of specific health checkups.

- (1) Advice and encouragement
 - First interview: An action plan will be formulated based on the interview and guidance with a doctor, public health nurse, or a registered dietician, and the patient is encouraged to improve their lifestyle and habits.
 - Evaluation after three months: Confirmation of improvements in physical condition and daily habits.
- (2) Active support
 - First interview: An action plan will be formulated based on the interview and guidance with a doctor, public health nurse, or a registered dietician, and the patient is encouraged to improve their lifestyle and habits.
 - Continuous support for three or more months: Practical guidance required for improving daily habits, particularly with respect to nutrition and exercise.
 - Evaluation after three months: Confirmation of improvements in physical condition and daily habits.

Eligibility for Specific Health Checkups and Specific Health Guidance

特定健康診査・特定保健指導の対象となる方

Persons who are a member of the national health insurance and will become 40 to 75 years of age on or by March 31 in the next year. (When 75 years of age, by the day before your birthday)

Pregnant women and persons admitted to specified facilities are not eligible for this program. Also, employees who are provided with physical examinations in the workplace should use that system instead.

How to access Specific Health Checkups and Specific Health Guidance

特定健康診査・特定保健指導のご利用方法

You need the Specific Health Checkups Ticket, Inquiry Sheet and your Myna Health Insurance Card or Eligibility Confirmation Certificate to receive specific health checkups. Take these documents to a specific health checkup institution and receive your checkup accordingly. Access the Yokohama City website for a list of the health facilities that are able to handle Inquiry Sheets written in foreign languages and communicate in foreign languages.

(The checkups are free of charge.)

(You may need to make an appointment. Please check with your chosen medical examination institution.)

If you have been a member before April 1 and will be 40 to 74 years of age on March 31 the next year, or if you will reach your 75th birthday after July 1, you can apply for the Specific Health Checkups Ticket, Inquiry Sheet and Guidebook for Receiving Examination at the Insurance Section of your local ward office. If you wish to receive the examination in another institution, please apply to the Insurance Section of your local ward office or call the dedicated toll-free number (045-664-2606) for a Specific Health Checkups Ticket.

If you are deemed eligible for encouragement support or active support, you will be sent a voucher for specific health guidance. Use this voucher to receive the specific health guidance service. (Use of this service is free of charge.)

People receiving treatment for lifestyle diseases are requested to consult with their attending physician with regard to this.

<Foreign language inquiry sheets>



<List of health facilities able to communicate in foreign languages>



Latter-Stage Elderly Health Care System

後期高齢者医療制度

About The Latter-Stage Elderly Health Care System

後期高齢者医療制度とは

The Latter-Stage Elderly Health Care System is a medical care system designed primarily for persons aged 75 years and older. An Eligibility Confirmation Certificate or Eligibility Notification (*) for each individual is issued and everyone pays the insurance premiums.

* These will start to be issued on August 1, 2026. They are issued to persons age 84 and under who have a Myna Health Insurance Card.

The system is run by the Latter-stage Elderly Health Care Regional Association (hereinafter known as Wide-Area Associations) in each prefecture. Ward Offices are responsible for processing applications and collecting premiums.

- Kanagawa Prefecture The Latter-Stage Elderly Health Care Regional Association
9th floor, Yokohama Portside Building
8-1 Sakae-cho, Kanagawa-ku, Yokohama
Contact:
Telephone: 045-440-6700 Fax: 045-441-1500

Eligibility Criteria

対象となる方

1. Persons 75 years of age or older (from the 75th birthday)
2. Persons age 65–74 with certain disabilities (from the date of certification from the Regional Association)

Receipt of Eligibility Confirmation Certificate or Eligibility Notification

資格確認書または資格情報のお知らせの交付

This will be sent via by mail late in the month prior to the month of the recipient's 75th birthday.

後期高齢者医療資格確認書	
有効期限 交付年月日	令和〇年〇月〇日 令和〇年〇月 〇日
被保険者番号	12345678
住所	〇〇市〇〇区〇〇〇番地
氏名	氏名 太郎 性別 男
生年月日	昭和〇〇年〇月〇日
資格取得年月日	令和〇〇年〇月〇日
負担割合	〇割
有効期限	令和〇年〇月〇日
特約保険料	
特約保険料	
保険者番号 並びに保険 者の名称及 び印	39110000 神奈川県後期高齢者医療広域連合 印

資格情報のお知らせ	
あなたの加入する後期高齢者医療制度の資格情報を下記のとおりお知らせします。 なお、このお知らせのみでは受診できません。	
被保険者番号	00000000
氏名	後期 太郎
負担割合	1割
有効期限	〇年〇月〇日
有効期限	〇年〇月〇日
交付年月日	〇年〇月〇日

スマートフォンをお持ちの方は、以下の QR コードからマイナポータルにログインすることで、
ご自身の健康保険の資格情報を確認することができます。ぜひご利用ください。

— マイナポータルへのアクセス・ダウンロードはこちら —



マイナ保険証の読み取りできない等外的な場合には、スマートフォンの資格情報画面をマイナ保
険証とともに医療機関等の受付で提示することで受診いただけます（スマートフォンをお持ちでない方は、
この文書をマイナ保険証とともに医療機関等の受付で提示することで受診いただけます）。

このカードは必要に応じて、マイナ保険証と併せ
て医療機関等に提示ください。

下部を切り離して利用いただけます
（この部分のみでも受診できます）

ジェネリック医薬品希望カード	マイナポータル	資格情報のお知らせ
医師・薬剤師の依頼へ	マイナポータルに アクセスして ください	〇年〇月〇日発行 (保険者名) (保険者番号)
ジェネリック医薬品 (後発医薬品) を希望します。		被保険者番号 00000000 氏名 後期 太郎 負担割合 1割 有効期限 〇年〇月〇日
		受診の際にはマイナ保険証がなくても受診できます

Visiting the Doctor

お医者さんのかかり方

Present your Latter-Stage Elderly Health Care System Eligibility Confirmation Certificate or Myna Health Insurance Card at reception.

At the counter, you will be responsible for 10%, 20%, or 30% of the medical expenses depending on your income.

A limit has been placed on the self-paid expenses paid within one month for both outpatients and inpatients. If the total for one month exceeds the maximum amount decided in accordance with the income, you can receive a refund later.

Insurance Premiums

保険料について

This provides funding necessary to maintain the scheme. The premiums consist of a fixed amount for which all insured persons are liable plus an additional portion that is proportional to income. Starting in 2026, in addition to the current medical insurance premium, you will also be responsible for a child and childcare support portion, and per-capita and income-based amounts will be set for each. The per-capita amount and income-based rate are set by the regional association established in each prefecture and are uniform across the municipalities within the region. The yearly upper limit for health insurance premiums is ¥850,000 for the medical portion and ¥21,000 for the child portion. There is a scheme for reducing premiums for low-income earners and individuals who were dependents of individuals on employee insurance. If you begin having difficulties paying the insurance premiums, promptly contact the insurance section of the insurance and pension division of your local government office.

Health Checkups under the latter-Stage Elderly Health Care System

後期高齢者医療制度加入の方の健康診査について

You can receive a health checkup once per fiscal year at a medical facility (one that provides such checkups) as part of prevention of life style related diseases. For reservations, information on checkup procedures and so forth, please contact the medical facility directly. However, if you reside in a special geriatric care home that is covered by long-term care insurance or are continually hospitalized for 6 months or more, be aware that you are ineligible.

[Cost] Free

[Inquiries about health examinations] Dedicated line for Yokohama City Health Examinations

(Tel: 045-664-2606 FAX: 045-663-4469)

(8:30 – 17:15 except Sundays or national holidays, or during the Year-End and New-Year holidays)

Medical Expense Assistance for Persons with Severe Disabilities

重度障害者医療費助成事業

What is the Medical Expense Assistance for Persons with Severe Disabilities?

重度障害者医療費助成とは

If persons with severe disabilities are enrolled in health insurance visit a doctor because of an illness or injury, there is a scheme where the personal portion of the medical care will be covered instead by Yokohama City. Eligible persons are issued a certificate of their enrollment in Medical Care for Persons with Severe Disabilities.

(Assistance does not apply to items not covered by insurance, including hospital room fees, document fees, health checkups, and elective treatment fees.)

Eligible Persons

対象となる方

- (1) Persons who have been issued a handbook for persons with Level 1 or Level 2 physical disability
- (2) Persons with IQ of 35 or below
- (3) Persons with IQ of more than 36 but less than 50 who have been issued a handbook for Level 3 physical disability
- (4) Persons who have been issued a handbook for those with Level 1 mental disability (hospital expenses are not included) (from October 1, 2013)

When Consulting a Physician

お医者さんにかかるとき

Present your Myna Health Insurance Card or Eligibility Confirmation Certificate and Certificate of Medical Treatment for the Seriously Disabled at the medical institution to receive medical treatment free of charge.

How to Apply

申請の方法

To apply for enrollment in Medical Expense Assistance for Persons with Severe Disabilities, please bring the following items to the insurance and pension department of your local ward office.

Items required for the application:

- Your handbook for persons with disabilities, Ai no Techo (handbook for the persons with mental disabilities)
- Document showing your health insurance details (eligibility confirmation certificate, eligibility information notification, Mynaportal health insurance eligibility information, etc.)

If you are Unable to Use Your Certificate of Enrollment for Medical Care for Persons with Severe Disabilities

重度障害者医療証を使えなかったとき

If you are unable to present your certificate of enrollment in Medical Care for Persons with Severe Disabilities when receiving medical treatment, or if you have received treatment at a medical institution outside Kanagawa Prefecture or a non-participating medical institution, you can be reimbursed for the fees paid by completing the necessary procedures at the Insurance and Pension Division of your local ward office.

The amount for medical treatment received outside Kanagawa Prefecture by those eligible for the Latter-Stage Elderly Health Care System will be automatically transferred to the account designated by the individual at a later date.

Items required for the procedure:

(1) If you are ineligible under the Latter-Stage Elderly Health Care System, or if you are eligible under the Latter-Stage Elderly Health Care System and receive medical treatment at a medical institution within Kanagawa Prefecture

- Your certificate of enrollment in Health Care for Persons with Severe Disabilities, or a document showing your health insurance details (eligibility confirmation certificate, eligibility information notification, Mynaportal health insurance eligibility information, etc.)

* Applications must be stamped with the personal seal (using a red ink-pad) of or signed by the person concerned (applicant) if the refund is to be paid into a bank account under a name that is different from the applicant.)

- Receipts (showing your name, total number of insurance points for treatment received, treatment period, amount of payment received, and name of medical institution)
- Bankbook or cash card from your nominated financial institution
- Notice of decision for allowance payment when major medical expenses or additional benefits are covered by the health insurance subscribed to.

* If you have been paid expensive medical costs or additional subsidies from your health insurance, this sum will be deducted from the amount paid. Make sure that applications for the reimbursement of medical fees are submitted within one year of the month following the month in which treatment was received. Although it is possible to submit several months' worth of receipts together, it is necessary to fill out separate applications for each month and for each medical institution involved. Note that the statute of limitations expires five years after the first day of the following month after medical treatment has been received, and applications will not be accepted after this.

(2) If you are eligible under the Latter-Stage Elderly Health Care System and receive medical treatment at a medical institution outside Kanagawa Prefecture

In general, the portion of fees paid by you will be refunded into your nominated bank account within six months. (You do not need to make an application for allowance at the ward office.) A form for designating a deposit account will be sent to you at a later date. Please be sure to submit this form.

Medical Expenses Subsidy Scheme for Single-Parent Families

ひとり親家庭等の医療費助成

What is the Medical Expenses Subsidy Scheme for Single-Parent Families?

ひとり親家庭等の医療費助成とは

Yokohama City will pay a personal portion of the medical care when a member of a single-parent family covered by a health insurance scheme receives medical treatment for sickness or injury. People eligible for this subsidy are issued with the Single-Parent Welfare Medical Care Certificate. (Assistance does not apply to items not covered by insurance, including hospital room fees, document fees, health checkups, and elective treatment fees.)

Conditions of Eligibility

対象となる方

- Resident of Yokohama
- Member of a health insurance scheme
- Single parent, either mother or father with dependent child under 18 (eligibility continues until March 31 following the child's 18th birthday, or until the child's 20th birthday if he/she has a disability of medium or greater severity or is still attending high school)
 - * Households where the mother or father has a serious disability (Class 2 or higher according to the Disability Welfare Law) also qualify for single-parent subsidies
- Income below the minimum threshold

① 福祉医療証

住所

氏名

有効期間 年 月 日から 年 月 日まで

次の受給者は、横浜市長が定める医療費助成に関する条例により医療費の一部を補助する資格があることを証明します。

横 浜 市 長

発行局 課

交付年月日 年 月 日

(注意) この医療証により受給できるのは、2面又は3面に氏名の書き添えられているのみです。

Visiting the Doctor

お医者さんにかかるとき

The patient's portion of the medical expenses is waived if you present your Single-Parent Welfare Medical Care Certificate and your Myna Health Insurance Card, or Eligibility Confirmation Certificate at the hospital or clinic.

Application Method

申請の方法

In order to receive medical expense subsidies for single-parent families, bring the following to the Medical Benefits of National Health Insurance Section, Health Insurance and Pension Division of your local government office to apply.

Items required for the application:

- Dependent Child's Allowance certificate
 - * If you do not have a Dependent Child's Allowance Certificate, please attach the following documents:
 - A copy of your family register
 - Taxation (Income) certificate for the income for the year before last (taxation certificate issued by the mayor of the city, town or village in which you lived as of January 1 of the previous year)
- Document showing your health insurance details (eligibility confirmation certificate, eligibility information notification, Mynaportal health insurance eligibility information, etc.)
- Other documentation
 - If you have a person with disabilities as a member of your household: documentation showing the degree of disability (disabled people's handbook or pension certificate, for instance)
 - If you have a child under 20 years of age attending high school: certificate of enrollment in school

If you are Unable to Use Your Single-Parent Welfare Medical Care Certificate

● 福祉医療証を使えなかったとき

If for some reason you are unable to present your Single-Parent Welfare Medical Care certificate before receiving treatment, or if you receive treatment at a hospital located outside Kanagawa Prefecture or a hospital that does not accept this certificate, your expenses will be refunded to you. Apply for a refund to the Medical Benefits of National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

Items required for the procedure:

- Your Single-Parent Welfare Medical Care Certificate, document showing your health insurance details (eligibility confirmation certificate, eligibility information notification, Mynaportal health insurance eligibility information, etc.)
 - * Applications must be stamped with the personal seal (using a red ink-pad) of or signed by the person concerned (applicant) if the refund is to be paid into a bank account under a name that is different from the applicant.)
- Receipts from the medical institution (showing the total number of insurance points for medical treatment given)
- Bank book or cash card for bank transfer account

* If you have been paid expensive medical costs or additional subsidies from your health insurance, this sum will be deducted from the amount paid. Make sure that applications for the reimbursement of medical fees are submitted within one year of the month following the month in which treatment was received. Although it is possible to submit several months' worth of receipts together, it is necessary to fill out separate applications for each month and for each medical institution involved. Note that the statute of limitations expires five years after the first day of the following month after medical treatment has been received, and applications will not be accepted after this.

Children's Medical Expenses Subsidy Scheme

小児医療費助成事業

What is the Children's Medical Expenses Subsidy Scheme?

小児医療費助成とは

This scheme provides subsidies for the personal portion of medical care when children who live in Yokohama are enrolled in health insurance get care at a medical institution for an illness or injury. (Subsidies are not paid for expenses not covered by health insurance, such as the differences incurred for the use of private beds during hospitalization, documentation or medical examinations.)

● Ages of eligibility and scope of assistance under the Children's Medical Expenses Subsidy

Age	0 to end of fiscal year when turning 18
Eligibility for assistance	Inpatient and outpatient
Eligible expenses	Personal portion of medical expenses
Assistance contents	Full Amount of Assistance

Application for the Children's Medical Expenses Subsidy and How to Use the Children's Medical Care Certificate

申請の手續と利用のしかた

Apply to the Medical Benefits of National Health Insurance Section, Health Insurance and Pension Division of your local ward office for a Children's Medical Care Certificate. Please provide your medical care certificate.

Items required for the application:

- A document showing the child's health insurance details (eligibility confirmation certificate, eligibility information notification, Mynaportal health insurance eligibility information, etc.)

Extending the validity of the children's medical care certificate

小児医療証の更新

The validity of the children's medical care certificates can be extended at the Ward Office during the month in which they expire without any specific procedures being required.

How to use

医療機関にかかるとき

- For medical institutions in Kanagawa Prefecture:
Present your children's medical care certificate together with the child's Myna Health Insurance Card or Eligibility Confirmation Certificate.
→ You do not have to pay the child's portion of the expenses.
- For medical institutions outside Kanagawa Prefecture:
First pay the child's portion of medical expenses.
→ Then apply for a refund at the Medical Benefits of National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

Other notifications

その他の届け出

You must notify us:

- When you change your health insurance policy
- When you move house

Items required for the notifications:

- The children's medical care certificate, and a document showing their health insurance details (eligibility confirmation certificate, eligibility information notification, Mynaportal health insurance eligibility information, etc.)

What you need for the refund

払い戻しの申請に必要なもの

- The children's medical care certificate, and a document showing their health insurance details (eligibility confirmation certificate, eligibility information notification, Mynaportal health insurance eligibility information, etc.)
 - * Applications must be stamped with the personal seal (using a red ink-pad) of or signed by the person concerned (applicant) if the refund is to be paid into a bank account under a name that is different from the applicant.)
- Receipts (with the patient's name, total number of treatments received and covered by insurance, duration of treatment, the amount paid, medical institution name)
- Notice for payment that confirms the amount of major medical expenses or added allowance paid by the health insurance for the month of medical treatment in the application
- Bank book or cash card for bank transfer account

* When the health insurance pays the major medical expenses or added allowance, the amount will be subtracted from the refund. Please apply for refund of medical expenses from the month after the date of the medical treatment within one year if practicable. You can make a lump application with receipts for several months, but you will need to fill in separate application forms for each month and each medical facility. Note that the statute of limitations expires five years after the first day of the following month after medical treatment has been received, and applications will not be accepted after this.

Starting April 2025, you can use your Myna Health Insurance Card as a medical certificate (children's medical care certificate, welfare medical care certificate, or severe disability medical care certificate)!

Until now, when using Yokohama City's medical expense assistance program, you were required to present both your health insurance card and a medical care certificate at the reception desk of medical institutions. However, starting April 10, 2025, you will now be able to use your Myna Health Insurance Card to receive assistance with medical expenses. Additionally, you will now be able to check the information on your medical care certificate through Mynaportal.

You will need a Myna Health Insurance Card to use this service.

Please note that some medical institutions and facilities may not yet support this system, so please continue to bring your paper medical care certificate when receiving medical care. (Traditional paper recipient certificates will continue to be issued.)

For the medical institutions where you can use a Myna health insurance card, see the following Digital Agency website.

* From the link to the Digital Agency, refer to [2. Implementation status of pilot program] and see the List of Medical Institutions and Pharmacies that have Introduced Online Eligibility Checks for Medical Expense Subsidies.



After-Hours and Holidays Emergency Medical Clinics

夜間・休日急患診療所

● After-Hours Medical Emergencies

Nighttime Emergency Medical Centers

Days open: Every Day

Name	Address	Telephone (*1)	Medical departments	Hours of treatment
Yokohama City Night Emergency Medical Care Center	1-1 Sakuragi-cho, Naka-ku	212-3535	Internal Medicine, Pediatrics, Ophthalmology, Ear, Nose and Throat Medicine	20:00 – 24:00
Yokohama City North Night Emergency Medical Care Center	1-23-4 Ushikubo-Nishi, Tsuzuki-ku	911-0088	Internal Medicine and Pediatrics	
Yokohama City Southwest Night Emergency Medical Care Center	5-1-5 Izumi Chuo-kita, Izumi-ku	806-0921	Internal Medicine and Pediatrics	

● Emergency medical treatment on Sundays and public holidays including New Year

Out of Hours Emergency Medical Clinics

Days open: Sundays, national holidays and Year-End/New-Year period (from December 30 to January 3)

Name	Address	Telephone (*1)	Medical departments	Hours of treatment
Aoba	31-21 Ichigao-cho	973-2707	Internal Medicine and Pediatrics Internal Medicine and Pediatric	9:00 – 12:00 13:00 – 16:00
Asahi	1-88-16 Futamatagawa	363-2020		10:00 – 16:00
Izumi	5-1-5 Izumi Chuo-kita	806-0921		
Isogo	1-3-13 Isogo	753-6011		
Kanagawa	3F, Heart Yu Kanagawa, 1-8-4 Tanmachi	317-5474		
Kanazawa	48 Kanazawa-cho	782-8785		
Konan	7-29 Konan-Chuo-dori	842-8806		
Kohoku	7-8-27 Kikuna	433-2311		
Sakae	635-15 Kuden-cho	893-2999		
Seya	489-46 Futatsubashi-cho	360-8666		
Tsuzuki	1-23-4 Ushikubo-Nishi	911-0088		

Tsurumi	3-4-22 Tsurumi-Chuo	503-3851	Internal Medicine and Pediatric	10:00 – 16:00
Totsuka	4141-1 Totsuka-cho	861-3335		
Naka	2-353 Honmoku-cho	622-6372		
Nishi	1-15-18 Chuo	322-5715		
Hodogaya	1-21, Tenno-cho	335-5975		
Midori	3-16-2 Nakayama	937-2300		
Minami	4-76-1 Shuku-cho	711-7000		

● Dental treatment at night and during off hours

Name	Address	Telephone (*1)	Medical departments	Hours of treatment
Yokohama City Dental Health Center (*2)	6-107 Aioi-cho, Naka-ku	201-7737	(Nighttime) Every Day	19:00 – 23:00 (Reception open until 22:30)
			(Out of Hours) Sundays, national holidays and Year-End /New-Year period (from December 29 to January 4)	10:00 – 16:00 (Reception open until 15:30)
Kanazawa Ward Night Emergency Medical Care Center	48 Kanazawa-cho, Kanazawa-ku	782-8785	Sundays, national holidays	10:00 – 12:00
			December 30 to January 3 and during the May holiday period	10:00 – 16:00

*1 The area code is [045] for Yokohama.

*2 In addition to emergency dental treatment, dental treatment is available for persons with mental and physical disabilities (children and adults) between 09:00 and 17:00 every week from Monday through Saturday (excluding on national holidays and during the Year-End/New-Year period). (Reservations required)

List of Ward Office, Health Insurance and Pension Division, National Insurance Section

区役所保険年金課保険係一覧

* The area code for Yokohama is 045. Add 045 before each number when calling.

Ward office name	Telephone			Address	Nearest station	Fax
	About the eligibility to join and insurance premiums	About the payment of premiums	About benefits, elderly health insurance and subsidy schemes			
Tsurumi	(510) 1807	(510) 1808 (510) 1809	(510) 1810	3-20-1, Tsurumi-Chuo, Tsurumi-ku 230-0051	9-min. walk from Tsurumi Station on the JR line 7-min. walk from Tsurumi Station on the Keikyu line	(510) 1898
Kanagawa	(411) 7124	(411) 7029	(411) 7126	3-8, Hirodai Ota-machi, Kanagawa-ku 221-0824	7-min. walk from Higashi Kanagawa Station on the JR line 7-min. walk from Tanmachi Station on the Tokyu line	(322) 1979
Nishi	(320) 8425 (320) 8426	(320) 8475	(320) 8427 (320) 8428	1-5-10, Chuo, Nishi-ku 220-0051	8-min. walk from Tobe Station on the Keikyu line 10-min. walk from Hiranumabashi Station on the Sotetsu line	(322) 2183
Naka	(224) 8315 (224) 8316	(224) 8313 (224) 8314	(224) 8317 (224) 8318	35, Nihon O-dori, Naka-ku 231-0021	10-min. walk from Kannai Station on the JR line 5-min. walk from Nihon-Odori Station on the Minatomirai line	(224) 8309
Minami	(341) 1126	(341) 1127	(341) 1128	2-33, Urafune-cho, Minami-ku 232-0024	8-min. walk from Bandobashi Station on the municipal subway line 14-min. walk from Kogane-cho Station on the Keikyu line	(341) 1131
Konan	(847) 8425	(847) 8426	(847) 8423	4-2-10, Konan, Konan-ku 233-0003	2-min. walk from Konan-Chuo Station on the municipal subway line	(845) 8413
Hodogaya	(334) 6335	(334) 6337	(334) 6338	2-9, Kawabe-cho Hodogaya-ku 240-0001	2-min. walk from Hoshikawa Station on the Sotetsu line	(334) 6334
Asahi	(954) 6134	(954) 6137	(954) 6138	1-4-12, Tsurugamine, Asahi-ku 241-0022	7-min. walk from Tsurugamine Station on the Sotetsu line	(954) 5784
Isogo	(750) 2425	(750) 2431	(750) 2428	3-5-1, Isogo, Isogo-ku 235-0016	3-min. walk from Isogo Station on the JR line	(750) 2545
Kanazawa	(788) 7835 (788) 7836	(788) 7837	(788) 7838 (788) 7839	2-9-1, Deiki, Kanazawa-ku 236-0021	13-min. walk from Kanazawa Hakkei Station on the Keikyu or Kanazawa Seaside Line 11-min. walk from Kanazawa Bunko Station on the Keikyu line	(788) 0328
Kohoku	(540) 2349	(540) 2350	(540) 2351	26-1, Mamedo-cho, Kohoku-ku 222-0032	7-min. walk from Okurayama Station on the Tokyu line	(540) 2355

Midori	(930) 2341	(930) 2342	(930) 2344	118, Terayama-cho, Midori-ku 226-0013	5-min. walk from Nakayama Station on the municipal subway and JR lines	(930) 2347
Aoba	(978) 2335	(978) 2431	(978) 2337	31-4, Ichigao-cho, Aoba-ku 225-0024	8-min. walk from Ichigao Station on the Tokyu line	(978) 2417
Tsuzuki	(948) 2334 (948) 2335	(948) 2338	(948) 2336 (948) 2337	32-1, Chigasaki-Chuo, Tsuzuki-ku 224-0032	6-min. walk from Center- Minami Station on the municipal subway	(948) 2339
Totsuka	(866) 8449	(866) 8445	(866) 8450	16-17, Totsuka-cho, Totsuka-ku 244-0003	2-min. walk from Totsuka Station on the municipal subway and JR lines	(871) 5809
Sakae	(894) 8425	(894) 8425	(894) 8426	303-19, Katsura-cho, Sakae-ku 247-0005	10-min. walk from Hongodai Station on the JR line	(895) 0115
Izumi	(800) 2425 (800) 2426	(800) 2428 (800) 2429	(800) 2427	5-1-1, Izumi Chuo Kita, Izumi-ku 245-0024	5-min. walk from Izumi- Chuo Station on the Sotetsu line	(800) 2512
Seya	(367) 5725 (367) 5726	(367) 5732	(367) 5727 (367) 5728	190, Futatsubashi-cho Seya-ku 246-0021	10-min. walk from Mitsukyo Station on the Sotetsu line	(362) 2420

◆ Hours during which the Ward Insurance and Pension Division is open

[Business hours] Monday to Friday 8:45 – 17:00, every 2nd and 4th Saturday: 9:00 – 12:00 (excluding public holidays and New Year holidays) (*)

* Although we normally carry out work during these hours, some wards may not always carry out all of the work handled during regular weekday hours. For details, please contact the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

National Health Insurance Section at the City Office

市役所国民健康保険担当課

	Inquiries to	Telephone number	Address	Nearest station	FAX
City Office	Health Insurance and Annuity Division, Health and Welfare Bureau - Management section - Qualified insurance premium section - Payment section - PIC of storage - PIC of fair medical expenses, etc.	(671) 2421 (671) 2422 (671) 2424 (671) 3922 (671) 4067	6-50-10 Honcho, Naka-ku, Yokohama 231-0005	Connected to the 1C entrance/exit to Minatomirai Line “Bashamichi” 3-min. walk from JR or subway “Sakuragicho”	(664) 0403

e-mail: kf-hokennenkin@city.yokohama.lg.jp

Remember to submit a notification at the following times

こんなときは忘れずに届出を

If a person's National Health Insurance eligibility changes, the head of household (or another person on the same certificate of residence), must submit a notification to the Insurance and Pension Division at your ward office within 14 days with the identification documents of the corresponding person.

- When enrolling in National Health Insurance in Yokohama City
- When withdrawing from National Health Insurance in Yokohama City
- Other
 - If moving within the city
 - If your name or the head of household changes
 - If you live outside of the city for school
 - If you lose your eligibility card

* Check the Yokohama City website for what is required with the notification.



Applying online or by mail

オンライン・郵送申請のご案内

You can perform the following processes online or by mail.

* Check the Yokohama City website for details on online applications.



* Please scan here for applications by mail.

○ You lost your National Health Insurance eligibility due to enrolling in an employer health insurance scheme ○ You enrolled in National Health Insurance due to withdrawing from an employer health insurance scheme ○ A person was enrolled in National Health Insurance due to being born ○ Lower premiums for an insured person giving birth (reduction in premiums before or after delivery)	
○ Application for medical expense reimbursement ○ Application for high-cost medical expense reimbursement ○ Application for reimbursement of difference for copay for early-stage elderly persons ○ Application for lump sum childbirth allowance ○ Application for funeral expense benefits	

Please consider using the Myna Health Insurance Card.

マイナ保険証の利用をぜひご検討ください

Benefits of a Myna Health Insurance Card (My Number card registered for use as an insurance card)

- Improved medical care based on prior prescription and treatment data
- No high-cost payments due to sudden medical procedures or hospital admission
- Smooth confirmation of health insurance eligibility
- Useful for determination of correct emergency treatment and hospital during transport from emergency site

* Check the Yokohama City website for details on Myna Health Insurance Cards.

