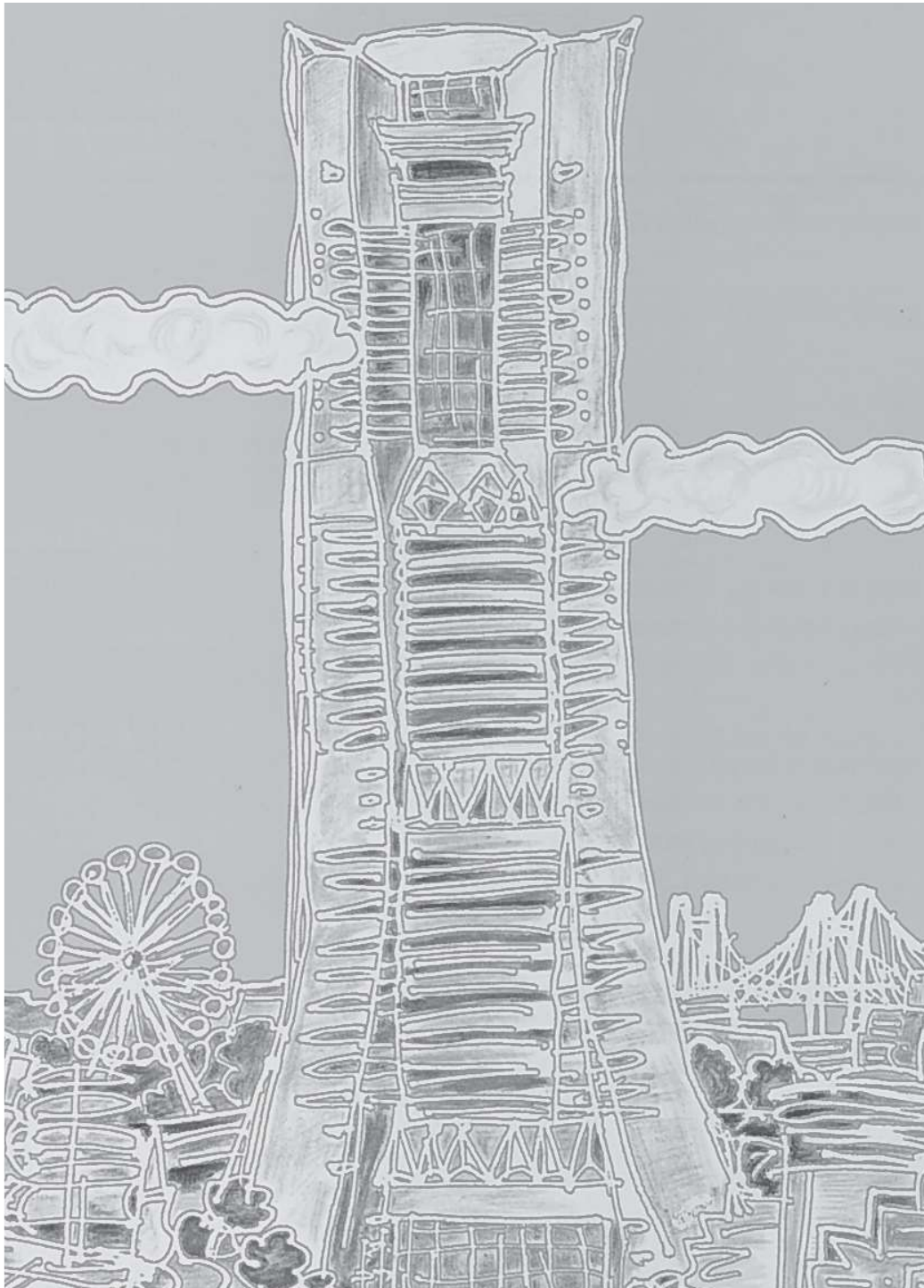


# NATIONAL HEALTH INSURANCE

GUIDE BOOK

2020 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？	
Enrollment: National Health Insurance Membership and Certificate .....	2
加入    被保険者・保険証	
Notifications.....	3
届出	
Benefits: Standard Charges of Meals while in Hospital .....	4
給付    入院時食事療養標準負担額	
Standard Charges for Utilities while in Hospital .....	5
入院時生活療養標準負担額	
Refund of Medical Charges .....	5
療養費の支給	
Medical Expenses for Home Nursing Visits .....	6
訪問看護療養費	
Transfer Costs .....	7
移送費の支給	
Major Medical Expenses.....	7
高額療養費の支給	
Lump Sum Allowance for Childbirth and Funerals .....	10
出産育児一時金・葬祭費の支給	
Allowance for Children with Disabilities .....	11
障害児育児手当金	
Sickness Benefit Allowance (Novel Coronavirus) .....	12
傷病手当金(新型コロナウイルス感染症)	
Medical Treatment Not Covered by the National Health Insurance .....	13
国民健康保険で診療を受けられない場合	
Traffic Accidents, Etc. ....	13
交通事故などがあったときは	
Premiums: How to Calculate.....	14
保険料    保険料の計算	
Alterations in Premium Amounts .....	15
保険料額の決定・変更	
Method of Insurance Premium Payment .....	16
保険料の支払方法	
Reduction of Amounts, Exemption from Payment.....	17
保険料の減額及び免除	
Non-Payment of Premiums .....	18
保険料の滞納	
Persons 70 Years of Age or Older .....	19
70歳以上の方	
Specific Health Checkups and Specific Health Guidance .....	22
特定健康診査・特定保健指導	
Latter-Stage Elderly Health Care System .....	24
後期高齢者医療制度	
Medical Expense Assistance for Persons with Severe Disabilities .....	25
重度障害者医療費助成事業	
Medical Expenses Subsidy Scheme for Single-Parent Families.....	26
ひとり親家庭等の医療費助成	
Children's Medical Expenses Subsidy Scheme .....	28
小児医療費助成事業	
After-Hours and Holidays Emergency Medical Clinics .....	30
夜間・休日急患診療所	
List of Ward Insurance and Pension Division National Insurance Section.....	32
区役所保険年金課保険係一覧	
National Health Insurance: Do not forget to submit the following notification.....	33
国民健康保険、こんな時には忘れずに届け出を	

# 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. Each region has its own National Health Insurance scheme, which is managed jointly by each municipality and the prefecture.

Those whose names are listed in the residents' register (including those who are not listed but deemed to be staying for 3 months or longer) must join the National Health Insurance unless they are insured at a workplace or covered by the latter-stage elderly health care system or receiving public welfare benefits. Persons whose residence permit is for "specified activities" in which they receive medical care or give daily care for others who receive medical care; persons who are in Japan for the purpose of sightseeing, recreation or similar; spouses who are accompanying the aforementioned persons and are also in Japan for the purpose of sightseeing, recreation or similar; persons whose residence permit has expired; and persons who do not have a residence permit are not permitted to join the National Health Insurance.

## **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.

## **Payment of Medical Costs**

療養の給付

By presenting their insurance certificate at the reception desk of a hospital or doctor's office, members are only charged 30 % (or 20 %) of the medical costs that they incur when seeing the doctor.

## **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.

## **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 householders 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 Ward Health Insurance and Pension Division Insurance Section of your local ward office.

# **Enrollment: National Health Insurance Membership and Certificate**

加入：被保険者・保険証

## **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.

Thus 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 join 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.  
However the enrollment procedure is carried out per household.

### **Looking After Your NHI Insurance Certificate**

保険証の取扱いのご注意

- Do not make any corrections on the certificate.
- Keep it in a safe place.

**\* Do not lend it to any other person, as both the lender and borrower may face criminal charges.**

## **NHI Certificate**

保険証（被保険者証）とは

One National Health Insurance certificate is issued for each insured person upon enrolling in NHI. The certificate is proof of membership of the NHI and serves as a proof of insurance. Always show your NHI certificate when visiting a doctor.

Certificates are issued in the following cases:

Event	Method
New Enrollment	Certificate is mailed to member on completion of enrollment.
Insurance certificate validity period expires	New certificates are mailed to members. * Please note that expired certificates can no longer be used.
Certificate is damaged or lost	A new certificate will be issued after you complete the procedures for reissuance.

## Enrollment Procedures

手続きの方法

Please refer to the following.

# Notifications

届出

## When You must Notify Us

こんなとき必ず届出を

Please notify the Ward Insurance and Pension Division National Health Insurance Section where you are a resident 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**).

\* Please see page 33 for documents needed for the above notifications.

### 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. You must submit a notification at your ward office, and you are asked to bring both your new health insurance certificate, your National Health Insurance certificate and your personal seal. The NHI officer will check the numbers and codes on your new health insurance certificate and collect your National Health Insurance Certificate.

## Dates when Enrollment and Withdrawal from the NHI Become Effective

国民保険に加入する日、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 will not have a NHI certificate, 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 use your insurance certificate without realizing that you are no longer eligible, 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. Return it as soon as you receive your new insurance certificate.

# Benefits: Standard Charges of Meals while in Hospital

給付：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			
Membership type			Patient's portion of charges per meal
Household paying municipal resident tax			¥460
Households exempt from residents' tax	Number of days of hospitalization over the last 12 months	Up to 90 days	¥210
		91 or more days	¥160

\* Persons 70 years of age or older should refer to page 21.

## Registration Certificate for Standard Charges and Reduced Charges as Applied to Maximum National Health Insurance Payments

国民健康保険限度額適用・標準負担額減額認定書

If you are a member of a household exempt from municipal resident tax and you apply for and are issued a Registration Certificate for Standard Charges and Reduced Charges as Applied to Maximum National Health Insurance Payments by the Ward Insurance and Pension Division National Health Insurance Section of your local ward office, it is possible to lower the cost of payments down to the standard charges listed above when this is submitted to medical facility reception staff.

## Refunds of the Difference Between Standard Charges and Reduced Charges

標準負担額差額支給

In you are unable to submit the registration certificate for reduced charges, the difference will be paid upon application when you pay the full sum.

\* 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:

- Your NHI certificate
- Your personal seal (or signature if you do not use a seal)
- Receipts
- Your bankbook or details of your bank account

# Standard Charges for Utilities while in Hospital

## 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. However, we will not bear the cost of living expenses. 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	Utilities charge per day
Household paying municipal resident tax	¥460 [¥420] (*2)	¥370
Household exempt from municipal resident tax (*1)	¥210	

\* Persons 70 years of age or older should refer to page 21.

\*1 A household in which the head of household and NHI beneficiaries (NHI members) are all exempt from municipal resident tax. The household status is based on the resident tax status for the preceding fiscal year (for hospitalization between April and July) or for the present fiscal year (for all other months). This classification does not apply to any person in the household whose income is unaccounted for.

\*2 Differs between medical institutions. Confirm charges directly with your medical institution.

## Registration Certificate for Standard Charges and Reduced Charges as Applied to Maximum National Health Insurance Payments

国民健康保険限度額適用・標準負担額減額認定証

The contents are the same as the Standard Charges of Meals while in Hospital listed on page 4. The same applies for applications for the difference in cost between the standard charges of meals while in hospital.

# Refund of Medical Charges

## 療養費の支給

### Cases for Refunds

療養費の支給——払戻しが受けられる場合

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 apply at the Ward Insurance and Pension Division National Health Insurance Section of your local ward office. You must bring your NHI certificate, your personal seal (or signature if you don't use a seal) and the application form.

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.

**Benefits: Refund of Medical Charges**  
**Benefits: Medical Expenses for Home Nursing Visits**

	Treatment	Necessary documentation
1	Unable to use NHI certificate due to unexpected illness or other emergency (did not have NHI Certificate on hand) (*1)	(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 written medical opinion (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 NHI certificate under the <i>Juryo Inin-barai</i> system (*4))	(1) Receipt (2) Receipt showing details of treatment received
4	Acupuncture, moxa treatment, massage given with the consent of a medical doctor (by presenting your NHI certificate, you may pay only personally-borne medical expenses under the <i>Juryo Inin-barai</i> 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 NHI certificate, your personal seal (or signature if you don’t use a seal) and your bankbook or details of your bank account.		

- The necessary forms are available from the insurance counter at your 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 From April 2018, it is necessary to list the date on which the new insurance scheme 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.

# 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 NHI certificate whenever they use the Home Nursing Station service



# Transfer Costs

## 移送費の支給

Expenses associated with transferring a patient are refunded where the National Health Insurance Authority deems that the current medical institution is unable to provide proper medical treatment, or where the patient is transferred on an emergency basis under the instruction of a physician or other medical staff. Outpatients are not eligible for refunds.

\* 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:

- Your NHI certificate
- Your doctor's statement confirming the need for the transfer
- Your personal seal (or signature if you don't use a seal)
- Receipt for the payment of transfer cost (including details of transfer points and distance)
- Your bankbook or details of your bank account

# 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. This category will be determined in August every year and, in general, be applicable until July of the following year, but a new determination will be made if the number of people in your household and/or other factors change during that period.

Refer to page 20 for information on monetary limits and income requirements for patients aged 70 and over.

(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 4th time of treatment, the monthly limit is ¥140,100.)
B	¥167,400 + (medical expenses - ¥558,000) × 1% (From the 4th time of treatment, the monthly limit is ¥93,000.)
C	¥80,100 + (medical expenses - ¥267,000) × 1% (From the 4th time of treatment, the monthly limit is ¥44,400.)
D	¥57,600 (From the 4th time of treatment, the monthly limit is ¥44,400.)
E	¥35,400 (From the 4th 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 million 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 million 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 million 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 Ward Insurance and Pension Division National Health Insurance Section of your local ward office.

### **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.

### **Application Methods**

#### 申請の方法

Normally, we send an application form and also a notification for refund of high medical care costs during the last third of the month following the month after the month for which you are eligible to receive a refund (for example, if the applicable month is April, we will send the application form and notification in June).

#### **Items Necessary to Apply for Refund:**

- The application form that we send you
  - Your NHI certificate
  - Your personal seal (or signature if you don't use a seal)
  - Your bank book or details of your bank account
- \* If you do not receive an application form and notification from us within three months from the applicable month, please contact the Ward Health Insurance and Pension Division Insurance Section of your local ward office.
- \* Because a refund on high medical care costs is provided based on an itemized statement sent from the medical institution concerned to the Yokohama City National Health Insurance Office, if the medical institution is late in sending the itemized statement, the application form and notification will also be late in arriving, so please understand our situation.
- \* 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

Present the National Health Insurance Applicable Limit Certificate (issued by the Insurance and Pension Division National Health Insurance Section of your local ward office) together with the insurance certificate at the reception desk of the medical institution. Payment at the desk will not exceed the stipulated maximum limit of the patient's portion.

The National Health Insurance Applicable Limit Certificate may be withheld if health insurance premiums have not been paid.

**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 Insurance and Pension Division National Health Insurance Section at your local Ward Office in advance for further details.

Category	Cause	Eligibility
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)
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)
Households Suffering Sickness	When the householder is in receipt of medical treatment due to sickness or injury and is experiencing difficulty in making ends meet	Inpatient (*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.

# Lump Sum Allowance for Childbirth and Funerals

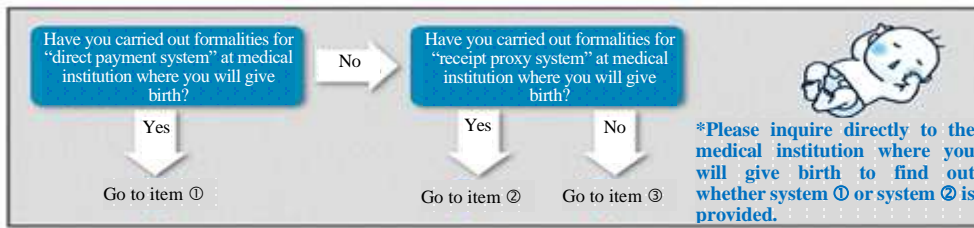
出産育児一時金・葬祭費の支給

## Childbirth lump sum allowance

出産育児一時金の支給

Amount of refund: ¥420,000

- <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.



### 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 ¥420,000 (¥404,000 if outside the scope of the obstetrics medical treatment compensation system) upon leaving the hospital.

<Note> When the childbirth expense is less than the amount of childbirth lump sum allowance (¥420,000), the mothers can make an application at the Insurance and Pension Section of the Ward Office of their residences and receive the amount of difference from the ¥420,000 benefit.

Application documents:

- Your NHI certificate
- Your personal seal (or signature if you don't use a seal)
- Mother and child handbook
- Your bank book or details of your bank account
- Document (receipt /detailed statement) from the medical facility detailing childbirth expenses
- It is necessary to conclude a notice of agreement with the medical facility, etc., concerned (stating that the direct payment system will be used).

### 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 Insurance and Pension Section of the local 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 ¥420,000 (¥404,000 in cases where the obstetrics compensation system is not applicable) of the childbirth expense upon leaving the hospital.

<Note> When the childbirth expenses are under the amount of childbirth lump sum allowance (¥420,000), the insurer shall bear the difference from ¥420,000.

**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 Insurance and Pension Division National Health Insurance Section of local ward office for your residence.

- Health insurance certificate
  - Your personal seal (using a red ink-pad a red ink pad in the name of the householder)
  - Mother and Child Health Handbook
  - Your bankbook or details of your bank account
  - Document (receipt /detailed statement) from the medical facility detailing childbirth expenses
  - Agreement (has a statement that “the direct payment system will not be used”) exchanged with the medical facility
  - Notice of Agreement (When Giving Birth Overseas)
- \* 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.

A list of participating medical institutions is provided on this website.

## **Funeral Allowance**

葬祭費の支給

**Amount of refund: ¥50,000**

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

**Documentation Required for Applications:**

- Applicant’s identification
  - Your personal seal (or signature if you don’t use a seal)
  - Receipts from the funeral company (to prove that the funeral took place)
  - Your bank book or details of your bank account
- \* Please bring the insurance certificate of the deceased at application if it is available.
- \* 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

# **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
- Your NHI certificate
- Your Mother and Child Health Handbook,
- Your personal seal (or signature if you don’t use a seal),
- Your bank book or details of your bank account

# Sickness Benefit Allowance (Novel Coronavirus)

## 傷病手当金 (新型コロナウイルス感染症)

An allowance paid to people infected with the novel coronavirus and people with fevers or other symptoms that are suspected of being caused by the novel coronavirus in the event of them taking leave from their company, etc., and unable to receive sufficient income (Period of eligibility: January 01 to September 30, 2020. This may be extended depending on the spread of infections).

### **Eligibility**

#### 対象者

People to whom all of the conditions listed below apply.

- (1) Salary recipients who subscribe to Yokohama National Health Insurance.
- (2) People unable to perform their jobs due to being absent from work for recuperation purposes owing to them being infected with the novel coronavirus or suffering from fevers or other symptoms that are suspected of being caused by the novel coronavirus.
- (3) People absent from work for three consecutive days with other days absent from the fourth day onward, and where the fourth day is between January 01 to September 30, 2020.
- (4) People unable to receive their salary, etc., or a certain percentage of their salary has been reduced.

### **Period of Payment Eligibility**

#### 支給対象期間

The period they are unable to perform their jobs calculated from the day after which three days has elapsed since they were unable to perform their jobs and covering only the days on which they were scheduled to work (maximum one year six months).

### **Allowance Sum**

#### 支給額

(Total sum of salary for the most recent three months of continuous work ÷ number of days worked) × 2/3 × Number of days

Note 1: However, there are cases in which the sum of the allowance is reduced or is not paid at all in the event of a certain percentage of the salary, etc., being reduced, or compensation for being absent from work being received.

Note 2: The sum of the allowance paid has a maximum limit.

### **Applications**

#### 申請先

Apply for the allowance at the Insurance and Pension Section of your local Ward Office.

(Contact the Ward Office's Insurance and Pension Section in advance to receive an explanation of the required procedures.)

# 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.

# Traffic Accidents, Etc.

交通事故などにあつたときは

## ***If You Are Involved in a Traffic Accident, Etc.***

交通事故などにあつたときは

National Health Insurance covers injuries received from a third party (the offender) when you are involved in a traffic accident or an incident involving bodily harm. Note that if the offender pays the full amount of treatment expenses then National Health Insurance shall not apply.

### **Be sure to provide notification**

If you receive treatment under the National Health Insurance for such injuries, you must submit a Notification of Injury Due to the Actions of a Third Party to the Health Insurance and Pension Division of your ward office. You will also need a police traffic accident certificate. This is available from the insurance counter at the Insurance and Pension Division, National Health Insurance Section of your local ward office.

### **The Offender is Responsible for Medical Expenses Incurred**

If you are injured by a third party in a traffic accident or similar, the person causing the injury is liable for medical expenses to the extent of their negligence.

If you receive treatment under the National Health Insurance, the medical expenses covered by Yokohama City National Health Insurance will consequently be claimed from the offender in accordance with the percentage of fault attributed to the offender.

### **Before Reaching Out-of-Court Settlements**

When an out-of-court settlement has been reached through discussions between the two parties, the injured party basically cannot claim treatment expenses after the date of the settlement from the offender.

Please inform the NHI prior to making an out-of-court settlement. Once you have made a settlement, please submit a copy of the settlement to the Insurance and Pension Division, National Health Insurance Section of your local ward office as soon as possible.

\* If you have injured yourself through your own negligence or in the course of your work, please submit a Notification of Injury or Illness due to Own Negligence or in the Workplace.

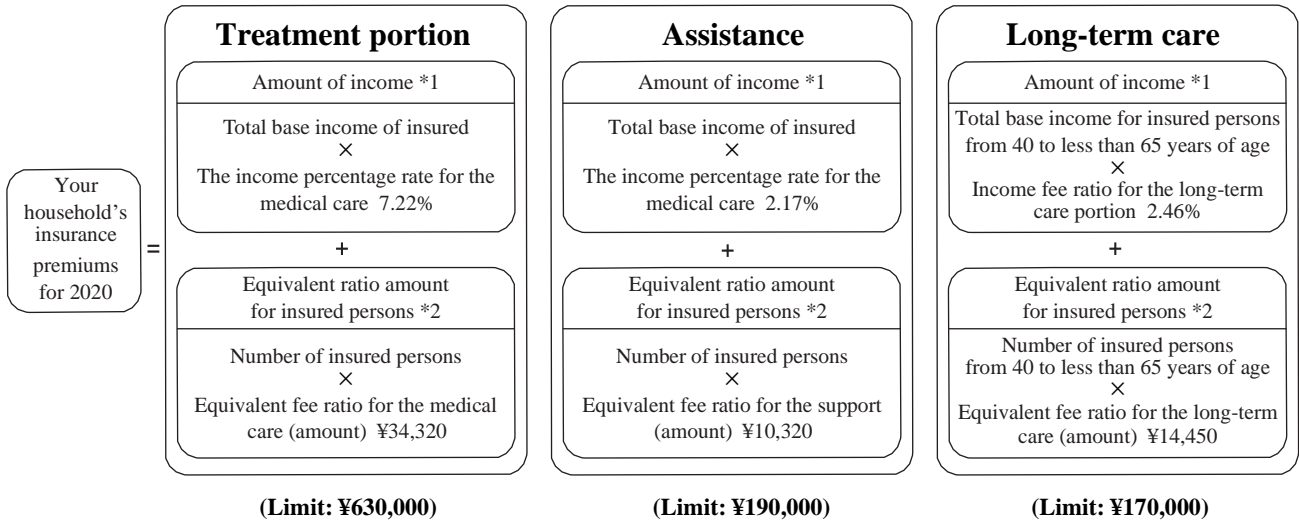
# Premiums: How to Calculate

保険料：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 portion, assistance and long-term care portions and equivalent ratio amount for insured persons.



- \*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 (¥330,000) 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.

### 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





# 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 and support allowance.

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 the remaining installments.
- 2 If your premium decreases after recalculation, this decrease will be spread evenly over the remaining premiums installments. 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.

# Method of Insurance Premium Payment

## 保険料の支払方法

### Automatic Payment Transfer

口座振替を利用するとき

#### Dates for automatic payment transfers:

Month	Date of transfer	Month	Date of transfer
June	June 29, 2020	November	November 27, 2020
July	July 29, 2020	December	December 29, 2020
August	August 28, 2020	January	January 29, 2021
September	September 29, 2020	February	February 26, 2021
October	October 29, 2020	March	March 29, 2021

- \* Where the amount of premiums payable has been increased retrospectively prior to the year before the previous fiscal year, the bank transfer may be completed in April or May.
- \* If the transfer date falls on a day when the banks and other financial institutions are closed, the transfer will be performed on the last business day prior to the day of transfer listed above.
- \* Please note: It takes one to two months to process a bank transfer request and start making bank transfers.

#### Application for Bank Transfer Service

Please fill out an application for bank transfers, giving your name, address, NHI certificate number and other information required. You should then stamp the form with your personal seal that you have registered with the bank for use with your bankbook, and submit the form to your bank.

Application forms for bank transfers can be obtained from any bank or from the insurance counter at your ward office.

### 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 on receipt of the notification.

Month sent	Number of transfer slips	Deadline for premium payments	
		Month of premium	Deadline
June	1	June	June 30, 2020
July	3	July	July 31, 2020
		August	August 31, 2020
		September	September 30, 2020
October	3	October	November 2, 2020
		November	November 30, 2020
		December	January 4, 2021
January	3	January	February 1, 2021
		February	March 1, 2021
		March	March 31, 2021

- \* 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 bar codes are required for payment at a convenience store. Participating convenience stores are listed on the back of the payment slip.

#### ◆ Special levy (deduction in advance from the public pension)

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

Households that satisfy certain requirements are subject to a special levy imposed on the annual pension. These include (1) the householder 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 Ward Health Insurance and Pension Division Insurance Section of your local ward office.

# Reduction of Amounts, Exemption from Payment

## 保険料の減額及び免除

### **Reductions of Per-Capita Basis Levy**

#### 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\*). Households with persons whose income level is not stated shall be deemed ineligible.

If you had no income in the year 2019 or if you only had annuity or pension due to disability or death, or old-age pension or other tax exempted income, you should receive either a Municipal Tax and Prefectural Tax Statement or National Health Insurance Income Statement to fill in.

Income criteria (sum of the total income etc. within the year 2019)	Per Capita Rate Reductions
¥330,000 or less	Reduction of 70%
Less than ¥330,000 + (¥285,000 × total number of insured persons and specified persons in the household*)	Reduction of 50%
Less than ¥330,000 + (¥520,000 × total number of insured persons and specified persons in the household*)	Reduction of 20%

\* Specified persons belonging to a household:

People switching from National Health Insurance across to the Latter-stage Elderly Healthcare System 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.

### **Reduction of Amount and Exemption from Payment for Households with Child/Children**

#### 子どもがいる世帯の保険料減免

For households in which there are insured persons below 19 years of age, we will reduce or eliminate the premiums that must normally be paid. Filing of application for the reduction or exemption is not necessary. \*Some households with an insured person less than 19 years old will, however, not be eligible for the reduction or exemption.

## Premiums: Reduction of Amounts, Exemption from Payment Premiums: Non-Payment of Premiums

### **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.

Circumstances	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 annual income and other revenue is less than the minimum threshold stipulated by law (see previous table).	Income-based levy reduced in accordance with reduced rates for total income, with 60% or 40% 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.

# Non-Payment of Premiums

保険料の滞納

## **Non-Payment of Premiums**

保険料を滞納すると

### ***In case premium payments are in arrears:***

#### **Sending a demand note or peremptory notice (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 (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.

#### **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 be cancelled if there is nonpayment of premiums.

# 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 ②¥1,450,000). However, households that include elderly persons born on or after January 02, 1945, will be assigned a liability ratio of 20% if the total base income of all elderly persons is ¥2,100,000 or less (sum defined by local tax laws as total net income, etc., minus a ¥330,000 deduction). 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.

### **Issuing Insurance Subscriber Certificates Combined with Elderly Citizen Recipient Certificates**

#### 被保険者証兼高齢受給者証の交付

Citizens subscribing to Yokohama City National Health Insurance will be sent Insurance Subscriber Certificates Combined with Elderly Citizen Recipient Certificates at the end of the month of their 70th birthday (or at the end of the previous month for those born on the 1st of a month). These can be used from the month immediately after the month of their birthday (from the month of their birthday for those born on the 1st of the month).

## Persons 70 Years of Age or Older

### Medical Treatment Benefits

#### 療養の給付

Those who are 70 years old or older can submit their Insurance Subscriber Certificates Combined with Elderly Citizen Recipient Certificates at the reception desk of medical institutions to receive medical treatment by paying only 20% or 30% of the actual medical expenses. Maximum payment amounts are listed in the following table.

Households having low income I, low income II, income comparable to current working population I, and income comparable to current working population II should submit the relevant application in advance.

When subscribers are hospitalized, the National Health Insurance system pays the standard charges of hospital meals or the standard charges of meals or living during hospitalization

Income category	Outpatient maximum (individual)	Hospitalization and household maximum (household)
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 new outpatients who are 70 years old or older (general income persons and low income persons) receiving medical treatment as of August, 2017, 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	Applied when one National Health System subscriber among members of the same household who are 70 years old or older has a standard taxable income for municipal residents' tax (determined in accordance with the municipal residents' tax for the relevant year calculated from April to July of the previous year, and from August to March of the following year) of ¥6,900,000 or more.
Persons whose incomes are on par with the working population II	Applied when one National Health System subscriber among members of the same household who are 70 years old or older has a standard taxable income for municipal residents' tax (determined in accordance with the municipal residents' tax for the relevant year calculated from April to July of the previous year, and from August to March of the following year) of ¥3,800,000 or more and less than ¥6,900,000.
Persons whose incomes are on par with the working population I	Applied when one National Health System subscriber among members of the same household who are 70 years old or older has a standard taxable income for municipal residents' tax (determined in accordance with the municipal residents' tax for the relevant year calculated from April to July of the previous year, and from August to March of the following year) of ¥1,450,000 or more and less than ¥3,800,000.
General member	<ul style="list-style-type: none"> <li>• Person who falls under the "persons whose incomes are on par with the working population" category and who belongs to a household that is authorized for application as shown on page 20.</li> <li>• Person who falls under the "general member," "low income II" or "low income I" category on page 20 and belongs to a household that does not fall under either of the "low income II" or "low income I" categories below</li> </ul>
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

\* Calculated using a public pension deduction of ¥800,000

\* The maximum payment by the patient is calculated per medical institution, per month and separately for inpatient and outpatient treatment. Standard expenses for meals during hospitalization and private bed fees, etc. not covered by the insurance are excluded.

\* When two or more elderly persons in the same household are hospitalized in the same month or when the patient's portion of outpatient expenses exceeds a certain amount, payments are treated as major medical expenses (refer to page 7 Payment of Major Medical Expenses).

## Standard Charges of Meals while in Hospital

入院時食事療養費標準負担額

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.

Standard Charges of Meals while in Hospital			
Member classification			Patient's portion of cost per meal
Persons whose incomes are on par with working population/General member			¥460
Low income II	Number of days of hospitalization over the last 12 months	Up to 90 days	¥210
		91 or more days	¥160
Low income I			¥100

\* Persons falling under Low Income I or II are required to submit the Registration Certificate for Standard Charges and Reduced Charges as Applied to Maximum National Health Insurance Payments at the medical facility reception in advance. Please apply to the Insurance and Pension Division National Health Insurance Section of your local ward office.

## Standard Charges for Utilities while in Hospital

入院時生活療養費標準負担額

People 65 years or older who are hospitalized for long-term care must pay for meals (equivalent to the cost of ingredients and cost of preparation) and accommodation utilities (equivalent to the cost of lighting, heating and water) as a standard charge.

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. However, we will not bear the cost of living expenses. 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 for Utilities for People 70 Years or Older (Meals plus accommodation)		
Income category	Meal costs (per meal)	Accommodation costs (per day)
Persons whose incomes are on par population with the working / general member	¥460 [¥420] (*2)	¥370
Low income II (*1)	¥210	
Low income I (*1)	¥130	

\*1 Persons falling under Low Income I or II are required to submit the Registration Certificate for Standard Charges and Reduced Charges as Applied to Maximum National Health Insurance Payments at the medical facility reception in advance. Please apply to the Insurance and Pension Division National Health Insurance Section of your local ward office.

\*2 Differs between medical institutions. Check with your medical institution to discover which sum applies.

## Refunds of the Difference Between Standard Charges and Reduced Charges

標準負担額差額支給

In you are unable to submit the registration certificate for reduced charges, the difference will be paid upon application when you pay the full sum.

\* 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:

- Your NHI certificate
- Your personal seal (or signature if you do not use a seal)
- Receipts
- Your bankbook or details of your bank account

# 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.

### 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 (neutral fats, 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 (GOT, GPT, $\gamma$ -GTP)
	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 Insurance Membership Card to receive specific health checkups. Take these to the specific health checkups institution nominated in the notice.

(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.

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

# 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. A certificate for each individual is issued and everyone pays the insurance premiums.

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 (Call Center): 0570-001120  
Telephone: 045-440-6700  
Fax: 045-441-1500

後期高齢者医療被保険者証	
住所 東京都 区 丁目 番地	
被保険者番号	
性別	
氏名	
生年月日	年 月 日
保険加入年月日	年 月 日
保険満了年月日	年 月 日
一括集約の届出	
自治体番号	
自治体名称	
自治体住所	

## 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 Insurance Certificate

保険証の交付

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

## Visiting the Doctor

お医者さんのかかり方

Present the Certificate of The Latter-Stage Elderly Health Care System at reception.

The liability is 10% of the medical expenses. Those people with an income equivalent to that during employment will be liable for 30%, however.

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 is an important source of income for the system. The premiums consist of a fixed amount for which all insured persons are liable plus an additional portion that is proportional to income. The fixed amount and income portion are determined on a regional basis. Premiums are normally equal across all cities, towns and villages in a given region. The maximum premium amount is ¥640,000 a year. Discounts are available for people with low income and people who have never paid insurance premiums.

## 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, please note that persons currently admitted to an intensive care home for the elderly for which are excluded.

[Cost] Free

[Inquiries about health examinations] Dedicated line for Yokohama City Health Examinations (8:30 – 17:15 except Sundays or national holidays, or during the Year-End and New-Year holidays): (Tel: 045-664-2606 Fax: 045-663-4469)

# 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 Program for Persons with Severe Disabilities?***

重度障害者医療費助成とは

Under this program, the City of Yokohama will pay for a portion of the personal liability for healthcare services provided by medical insurance when persons with severe disabilities enrolled in the health insurance scheme visit doctors due to illness or injury. Eligible persons are issued a certificate of their enrollment in Medical Care for Persons with Severe Disabilities.

## ***Eligible Persons***

対象となる方

- Persons who have been issued a handbook for persons with Level 1 or Level 2 physical disability
- Persons with IQ of 35 or below
- Persons with IQ of more than 36 but less than 50 who have been issued a handbook for Level 3 physical disability
- 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 health insurance 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 needed for application:**

- Your handbook for persons with disabilities, Ai no Techo (handbook for the mentally disabled)
- Your health insurance certificate
- Your personal seal (using a red ink-pad; not required if you do not use a seal)

## ***Refunds of Medical Expenses Incurred***

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 cost of medical treatment incurred as above will be remitted to your nominated account.

### **Items needed to apply for reimbursement:**

(1) If you are ineligible under the latter-stage elderly health care system

- Your certificate of enrollment in Health Care for Persons with Severe Disabilities, health insurance certificate, your personal seal, using a red ink-pad (or signature if you don't use a seal).
- Receipts (showing your name, total number of insurance points for treatment received, treatment period, amount of payment received, and name of medical institution)
- Bankbook 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.

# Medical Expense Assistance for Persons with Severe Disabilities Medical Expenses Subsidy Scheme for Single-Parent Families

\* 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

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事業

### 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 portion of medical expenses incurred 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.

### 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

The image shows a sample of a '福祉医療証' (Welfare Medical Certificate) form. The form is titled '福祉医療証' and includes fields for '住所' (Address), '氏名' (Name), '有効期間' (Valid Period) with '月' (Month) and '日' (Day) fields, and '発行年月日' (Issuance Date). A large 'Sample' watermark is overlaid on the form. At the bottom, there is a signature line for '横浜市長' (Yokohama City Mayor) and a date field '発行日' (Issuance Date). A small note at the bottom states: '(注) この受取書により医療費が免除される。上記の1.3項に該当する場合は、この受取書が必要です。' (Note: This receipt exempts medical expenses. If you meet item 1.3 above, this receipt is required.)

### 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 health insurance certificate at the hospital or clinic.

## Application Method

### 申請の方法

Please apply to the Insurance and Pension Division, National Health Insurance Section of your local ward office for subsidies for medical expenses for single-parent families. Please bring the following when you apply.

#### Items needed for 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)
- Your health insurance certificate
- Your personal seal (not required if you don't use a seal)
- Other documentation
  
- **If you have a disabled person 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

## Refund for Treatment Expenses

### ㊦ 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 Insurance and Pension Division, National Health Insurance Section of your local ward office.

#### Please bring the following when submitting the refund request:

- Your Single-Parent Welfare Medical Care Certificate, your health insurance certificate and your personal seal (type that uses an ink pad; not required if you don't use a seal)
- Receipts from the medical institution (showing the total number of insurance points for medical treatment given)
- Your bank book or details of your bank account
  
- You cannot use your Single-Parent Welfare Medical Care Certificate if you do not have your **health insurance certificate**.
- Subsidies are not paid for expenses such as private bed fees during hospitalization as these are not covered by health insurance.

\* 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?

小児医療費助成事業とは

This is a scheme whereby children resident in Yokohama who are covered by a health insurance plan can have the portion of their medical expenses subsidized if they are treated at a medical institution for sickness or injury, depending on their age.

There is a maximum limit on the guardian's income that determines whether a child aged one year or older is eligible for the children's medical expenses subsidy.

(Subsidies do not extend to expenses incurred during hospitalization that are not normally covered by health insurance, such as extra bed charges, documentation fees and medical treatment.)

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

Age	0 years old	1 year of age to third year at elementary school	Fourth year at elementary school to third year at junior school
Eligibility for assistance	Inpatient and outpatient		
Guardian income restrictions	No	Yes	
Assistance contents	No charges at reception		Outpatient charges of ¥500 per visit * The full amount of inpatient and off-site pharmacy charges for medicine will be subsidized * When the guardian's income is exempt from municipal tax, the full amount will be subsidized

## Maximum Income of Guardian (excluding 0 Year Olds)

保護者の所得制限（0歳児を除く）

The guardian is the person who has the main responsibility for the child. In order for the child to receive benefits under the Children's Medical Expenses Subsidy Scheme from one year of age, the guardian's income must not exceed the income ceiling. The ceiling differs according to the age of the eligible child and the total number of dependents. For details, please inquire with the insurance officer at the Insurance and Pension Division, National Health Insurance Section of your local ward office.

Maximum income

Number of dependents	Maximum guardian income
0	¥5,400,000
1	¥5,780,000
2	¥6,160,000
3	¥6,540,000
4 or more	(¥380,000 is added for each additional dependent)

Note) In this table, the uniform deduction considered in calculation of the income (¥80,000) has been added to the original maximum value.

### **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 Insurance and Pension Division, National Health Insurance Section at your local ward office for a Children's Medical Care Certificate.

<Items needed for application>

- The child's health insurance certificate
- Your personal seal (using a red ink-pad; not required if you don't use a seal)
- Tax/income certificate showing your income and deductions (if you have moved from another city)

<Extending the validity of the children's medical care certificate>

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>

- For medical institutions in Kanagawa Prefecture: present your children's medical care certificate together with the child's health insurance certificate.  
→ You do not have to pay the members' portion of medical expenses.
- \* Children from fourth year at elementary school to third year at junior school are charged of ¥500 per visit for outpatient treatment.
- For medical institutions outside Kanagawa Prefecture: first pay the members' portion of medical expenses then apply for a refund at the Insurance and Pension Division, National Health Insurance Section of your local ward office.

<Other notifications>

You must notify us:

- When you change your health insurance policy
- When you move house  
–What you need at application–
- Certificate of medical treatment, certificate of health insurance and your personal seal (using a red ink-pad; not required if you don't use a seal)

<What you need for the refund>

- The children's medical care certificate, the child's health insurance certificate, your personal seal (using a red ink-pad; not required if you don't use a seal)
- 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
- Tax/income certificate showing your income and deductions (if you have moved from another city)
- Passbook from your nominated financial institution

\* 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.

## After-Hours and Holidays Emergency Medical Clinics

夜間・休日急患診療所

### ●● Nighttime Emergency Medical Centers (After-Hours Medical Emergencies)

Medical clinics	Medical departments	Hours of treatment	Days open	Address and telephone	Nearest station
Yokohama City Emergency and After-Hours Medical Center	Internal Medicine, Pediatrics Ophthalmology, Ear, Nose and Throat Medicine	8 p.m. to midnight	Every Day	1-1, Sakuragi-cho, Naka-ku Tel: 212-3535	JR or subway "Sakuragicho" + walk 2 min
Yokohama City North After-Hours Emergency Medical Center	Internal Medicine and Pediatrics			1-23-4, Ushi-kubo-Nishi, Tsuzuki-ku Tel: 911-0088	Subway "Center- Kita" + walk 8 min.
Yokohama City Southwest After- Hours Emergency Medical Center	Internal Medicine and Pediatrics			1-9-8, Nakata- Kita, Izumi-ku Tel: 806-0921 (Move to 5-1-5 Izumi Chuo-kita, Izumi-ku scheduled within 2020)	Subway "Tateba" + walk 7 min. (After Move: 7-minutes' walk from Izumi Chuo Station on the Sotetsu Izumino Line)

### ●● Out of Hours Emergency Medical Clinics

(Emergency medical treatment on Sundays and public holidays including New Year)

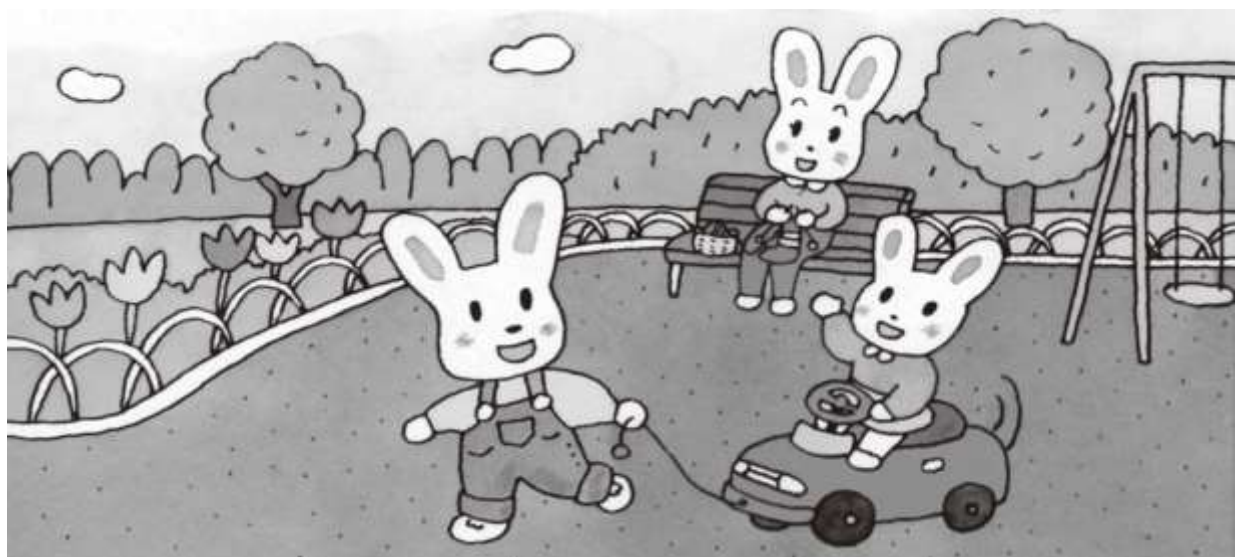
Medical clinics	Department	Hours of treatment	Days open	Address and telephone	Nearest station
Tsurumi	Internal Medicine and Pediatrics	10 a.m.-4 p.m.	Sundays, holidays and Year-End and New- Year holidays (from December 30 to January 3)	3-4-22, Tsurumi-Chuo, Tsurumi-ku Tel: 503-3851	JR "Tsurumi" + walk 12 min., or Keikyu "Keikyu Tsurumi" + walk 10 min.
Kanagawa		10 a.m.-4 p.m.		3F, Heart Yu Kanagawa 1-8-4, Tanmachi, Kanagawa-ku Tel: 317-5474	Tokyu "Tanmachi" + walk 5 min., Keikyu "Kanagawa" + walk 10 min., JR "Higashi Kanagawa" + walk 10 min., or bus from Yokohama Station west exit to "Tanmachi" + walk 1 min.
Nishi		10 a.m.-4 p.m.		1-15-18, Chuo, Nishi-ku Tel: 322-5715 (Temporary Medical Clinic will be located within the Nishi-ku Ward Office, 1-5-10 Chuo, Nishi-ku, until the end of March 2021 while the building is being rebuilt)	Bus from JR "Yokohama" to "Nishi-ku Sogochosha Iriguchi" + walk 3 min., or Keikyu "Tobe" + walk 10 min.
Naka		10 a.m.-4 p.m.		2-353, Honmoku-cho, Naka-ku Tel: 622-6372	Bus from JR "Yokohama" to "Honmoku 2-chome" + walk 1 min.
Minami		10 a.m.-4 p.m.		4-76-1, Shuku-cho, Minami-ku Tel: 731-2416	Subway "Maita" + walk 5 min.
Konan		10 a.m.-4 p.m.		7-29, Konan-Chuo-dori, Konan-ku Tel: 842-8806	Subway "Konan-Chuo" + walk 5 min.
Hodogaya		10 a.m.-4 p.m.		1-21, Tenno-cho, Hodogaya-ku Tel: 335-5975	Sotetsu "Tenno-cho" + walk 8 min.
Asahi		10 a.m.-4 p.m.		1-88-16, Futamatagawa, Asahi-ku Tel: 363-2020	Bus from Sotetsu "Futamatagawa" to "Light Center Mae" + walk 1 min.
Isogo		10 a.m.-4 p.m.		1-3-13, Isogo, Isogo-ku Tel: 753-6011	Bus from JR "Negishi" to "Hama" + walk 2 min. Bus from JR "Isogo" to "Hama" + walk 4 min.
Kanazawa		Internal Medicine, and Pediatrics		10 a.m.-4 p.m.	48 Kanazawa-cho, Kanazawa-ku Tel: 782-8785
	Dentistry	10 a.m.-12 p.m.			
		10 a.m.-4 p.m. (December 30 to January 03, and the series of consecutive holidays in May)			



Medical clinics	Department	Hours of treatment	Days open	Address and telephone	Nearest station
Kohoku	Internal Medicine and Pediatrics	10 a.m.-4 p.m.	Sundays, National holidays and Year-End and New-Year holidays (from December 30 to January 3)	7-8-27, Kikuna, Kohoku-ku Tel: 433-2311	JR or Tokyu “Kikuna” + walk 10 min.
Midori		10 a.m.-4 p.m.		3-16-2, Nakayama, Midori-ku Tel: 937-2300	Bus from JR “Nakayama” to “Koshuha Mae” + walk 2 min.
Aoba		9 a.m.-12 p.m. 1 p.m.-4 p.m.		31-21, Ichigao-cho, Aoba-ku Tel: 973-2707	Tokyu “Ichigao” + walk 8 min.
Tsuzuki		10 a.m.-4 p.m.		1-23-4, Ushikubo-Nishi, Tsuzuki-ku Tel: 911-0088	Subway “Center-Kita” + walk 8 min.
Totsuka		10 a.m.-4 p.m.		4141-1, Totsuka-cho, Totsuka-ku Tel: 861-3335	JR or subway “Totsuka,” + walk 10 min.
Sakae		10 a.m.-4 p.m.		635, Kuden-cho, Sakae-ku Tel: 893-2999	JR “Hongodai” + walk 15 min.
Izumi		10 a.m.-4 p.m.		9-8, Nakata-Kita 1-chome, Izumi-ku Tel: 801-2280 (Scheduled to change to 806-0921 within 2020) (Move to 5-1-5 Izumi Chuo-kita, Izumi-ku scheduled within 2020)	Subway “Tateba” + walk 7 min. * (After Move: 7-minutes' walk from Izumi Chuo Station on the Sotetsu Izumino Line)
Seya		10 a.m.-4 p.m.		489-46, Futatsubashi-cho, Seya-ku Tel: 360-8666	Sotetsu “Mitsukyo” + walk 13 min.
Yokohama City Dental Health Center *1	Dentistry	7 p.m.-11 p.m. ( <u>Last appointment at 10:30 p.m.</u> )	Every Day	6-107, Aioi-cho, Naka-ku Tel: 201-7737	JR “Sakuragicho” + walk 10 min, Subway “Kannai” + walk 5min or Minatomirai line “Bashamichi ” + walk 5min
		10 a.m.-4 p.m. ( <u>Last appointment at 3:30 p.m.</u> )	Sundays, National Holidays and December 29 to January 4		

\*1 In addition to emergency dental treatment, the center provides treatment for mentally and physically disabled people from 9 a.m. to 5 p.m. Monday to Saturday (except on national holidays and during the Year-End and New-Year holidays) (an appointment is necessary).

\* Yokohama telephone numbers have the prefix 045.



# List of Ward Insurance and Pension Division National Health Insurance Section

## 区役所保険年金課保険係一覧

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) 1808~09	(510) 1810	3-20-1, Tsurumi-Chuo, Tsurumi-ku 〒 230-0051	JR "Tsurumi" + walk 9 min. or Keikyu "Keikyu Tsurumi" + walk 7 min.	(510) 1898
Kanagawa	(411) 7124	(411) 7029	(411) 7126	3-8, Hirodai Ota-machi, Kanagawa-ku 〒 221-0824	JR "Higashi Kanagawa" or Tokyu "Tanmachi" + walk 7 min.	(322) 1979
Nishi	(320) 8425~26	(320) 8475	(320) 8427~28	1-5-10, Chuo, Nishi-ku 〒 220-0051	Keikyu "Tobe" + walk 8 min. or Sotetsu "Hiranumabashi" + walk 10 min.	(322) 2183
Naka	(224) 8315~16	(224) 8313~14	(224) 8317~18	35, Nihon O-dori, Naka-ku 〒 231-0021	JR or Subway "Kannai" + walk 10 min. or subway station or Minatomirai line "Nihon-Odori" + walk 5 min.	(224) 8309
Minami	(341) 1126	(341) 1127	(341) 1128	2-33, Urafune-cho, Minami-ku 〒 232-0024	Subway "Bandobashi" + walk 8 min. or Keikyu "Koganecho" + walk 14 min.	(341) 1131
Konan	(847) 8425	(847) 8426	(847) 8423	4-2-10, Konan, Konan-ku 〒 233-0003	Subway "Konan-Chuo" + walk 2 min.	(845) 8413
Hodogaya	(334) 6335	(334) 6337	(334) 6338	2-9, Kawabe-cho Hodogaya-ku 〒 240-0001	Sotetsu "Hoshikawa" + walk 2 min.	(334) 6334
Asahi	(954) 6134	(954) 6137	(954) 6138	1-4-12, Tsurugamine, Asahi-ku 〒 241-0022	Sotetsu "Tsurugamine" + walk 7 min.	(954) 5784
Isogo	(750) 2425	(750) 2431	(750) 2428	3-5-1, Isogo, Isogo-ku 〒 235-0016	JR "Isogo" + walk 3 min.	(750) 2545
Kanazawa	(788) 7835~36	(788) 7837	(788) 7838~39	2-9-1, Deiki, Kanazawa-ku 〒 236-0021	Keikyu or Kanazawa Seaside Line "Kanazawa Hakkei" + walk 12 min., or Keikyu "Kanazawa Bunko" + walk 12 min.	(788) 0328
Kohoku	(540) 2349	(540) 2350	(540) 2351	26-1, Mamedo-cho, Kohoku-ku 〒 222-0032	Tokyu "Okurayama" + walk 7 min.	(540) 2355
Midori	(930) 2341	(930) 2342	(930) 2344	118, Terayama-cho, Midori-ku 〒 226-0013	JR "Nakayama" + walk 5 min.	(930) 2347
Aoba	(978) 2335	(978) 2431	(978) 2337	31-4, Ichigao-cho Aoba-ku 〒 225-0024	Tokyu "Ichigao" + walk 8 min.	(978) 2417
Tsuzuki	(948) 2334~35	(948) 2338	(948) 2336~37	32-1, Chigasaki-Chuo, Tsuzuki-ku 〒 224-0032	Subway "Center-Minami" + walk 6 min.	(948) 2339
Totsuka	(866) 8449	(866) 8445	(866) 8450	16-17, Totsuka-cho, Totsuka-ku 〒 244-0003	JR or subway "Totsuka" + walk 2 min.	(871) 5809
Sakae	(894) 8425	(894) 8425	(894) 8426	303-19, Katsura-cho, Sakae-ku 〒 247-0005	JR "Hongodai" + walk 10 min.	(895) 0115
Izumi	(800) 2425~26	(800) 2428~29	(800) 2427	5-1-1, Izumi Chuo Kita, Izumi-ku 〒 245-0024	Sotetsu "Izumi-Chuo" + walk 5 min.	(800) 2512
Seya	(367) 5725~26	(367) 5672	(367) 5727~28	190, Futatsubashi-cho Seya-ku 〒 246-0021	Sotetsu "Mitsukyo" + walk 10 min.	(362) 2420

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

<<Open hours>> Monday to Friday 8:45 – 17:00, every 2nd and 4th Saturday ★ 9:00 – 12:00 (Closed on 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 Ward 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	(671) 2421 2422 2424	6-50-10 Honcho, Naka-ku 〒 231-0005	Connected to the 1C entrance/exit to Minatomirai Line “Bashamichi”  JR or subway “Sakuragicho” + walk 3 min.	(664) 0403

\* Yokohama telephone numbers have the prefix 045.

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

## National Health Insurance: Do not forget to submit the following notification

国民健康保険、こんな時には忘れずに届け出を

Notification must be made within 14 days to the insurance counter **at the Ward Insurance and Pension Division National Health Insurance Section of your local ward office.**

Division	Event	Documentation for Notification		
Enrolling in the Yokohama City National Health Insurance	When you withdraw from the health insurance at your place of work or the National Health Insurance Union	Certificate of loss of eligibility (*1) Savings account bankbook and personal seal used at your financial institution (not required if you have already completed bank-transfer payment registration procedures)	Residence card or equivalent, seal (using red inkpad; not required if you don't use a seal)  When you make notification, we may ask to see your "my number".	
	When moving in from a foreign country	Passport		
	When moving in from another city	Residence card or special permanent resident certificate		
	When you cease to receive public relief	Notification of abolishment or cessation of relief		
When you have child born	Mother and Child Health Handbook	NHI certificate (*3)		
Withdrawing from the Yokohama City National Health Insurance	When you are leaving Japan			Passport
	When you enroll in the health insurance at your place of work or in the National Health Insurance Union			Certificate from new insurance scheme, or certificate of eligibility to join (*2).
	If you move out of Yokohama			—
	When you start to receive relief			Notification of relief
	When a NHI member dies	A death certificate		
Other	When you move within your ward	—	Residence card or equivalent, seal (using red inkpad; not required if you don't use a seal)  When you make notification, we may ask to see your "my number".	
	If the householder changes			
	When you household is broken up, or combined with another			
	When you change your name			
	When you move from one ward to another within Yokohama (*4)	NHI certificate from previous ward		
	When you reside outside Yokohama to attend school	School enrollment certificate		
If the insurance certificate has been lost or damaged	In the case of loss, bring documents that show your insurance certificate number, such as an insurance premium amount notice or payment slip. In the case of damage, bring the damaged insurance certificate.			

\*1 Please obtain a certificate of loss of eligibility from your former place of work or the organization that issued your insurance certificate.

\*2 When withdrawing from the national health insurance, please bring with you the health insurance certificates of all the members of your household who wish to withdraw.

\*3 Please bring with you the health insurance certificates of all persons who are to relocate, and also the health insurance certificates of all persons whose items, such as the name and address of the householder, are to be changed. Also, all persons who possess pensioner's certificates or specific health examination vouchers must submit them as well.

\*4 Please make notification to Health Insurance and Pension Division of the ward office of the ward in which you have newly taken up residence.

YOKOHAMA  
ENJOY WALKING  
さあ歩こうヨコハマ。