

PAYOUTS AVAILABLE UNDER THE NATIONAL HEALTH INSURANCE SCHEME IN KOBE CITY

1. REDUCTION OF MEDICAL FEES PAID DIRECTLY AT THE MEDICAL FACILITY

If you present your health insurance card at the hospital service desk, your out-of-pocket expenses will be limited to either 20% or 30% of the actual medical fees incurred, as follows:

- Preschool children: 20%
- Start of school through age 69: 30%
- People aged 70 through 74: 20% or 30% (if your income is comparable to that of an ordinary working person). Please present your senior recipient certificate along with your regular health insurance card.

People aged 70 through 74, who are enrolled in the national health insurance scheme, are deemed to have an income comparable to that of an ordinary working person, if the taxable portion of their net income for the purposes of resident tax is 1,450,000 yen or higher, or if the combined net income for all applicable members of their household exceeds 2,100,000 yen after basic deductions are applied. The amount of basic deduction depends on the combined income of your household. If the combined income of your household is under 24,000,000 yen, this deduction is set at 430,000 yen. Please also note that carryover deductions for casualty losses are not considered when calculating your total net income.

You will be able to use the senior recipient certificate starting with the first day of the month following your 70th birthday.

- People born on the first day of the month will be able to use it from their 70th birthday.
- The certificate will be mailed to your address at the end of the month of your 70th birthday, or at the end of the previous month if you were born on the first day of the month.

Medical services covered by this health insurance include: medical examinations, treatment, administration of medicine, injections and other similar procedures, hospitalization and nursing (excl. meals), home care (home visits by the family doctor), as well as home-visit nursing care (if deemed necessary by the attending physician).

2. YOUR HEALTH INSURANCE CARD CANNOT BE USED IN FOLLOWING SITUATIONS:

- A) For procedures deemed to be unrelated to illness, such as routine and full physical examinations, vaccinations, plastic surgery, dental materials (e.g. gold alloys), normal childbirth and extra bed charges.
- B) For procedures covered by workers' compensation insurance (i.e. injuries and illnesses that happened at work or during commute).

[Important]

Benefits under the national health insurance scheme may be limited in following situations:

- A) Accidents related to criminal activity or caused intentionally
- B) Injuries and illnesses caused by fights or inebriation
- C) When the patient disregards the directions of their physician or insurer

If you are injured in a traffic accident, you can seek medical treatment under the national health insurance scheme. In this case, however, we ask that you visit the national health insurance desk at your local ward or branch office and submit a “notice of injury or illness sustained due to actions of a third party” and other related documents, regardless of whether negligence occurred. Based on these documents, the responsible party will be billed for the 70% (or 80%) of your medical fees, which are covered by the national health insurance.

3. MEDICAL TREATMENT FEES

In the following cases, you will be asked to pay your medical bill in full first, and then you will be able to apply for a partial refund at the national health insurance service desk of your local ward or branch office (or Seishin Chuo Community Service Center for those who live within its jurisdiction, except for cases ④ ⑤ and ⑥).

As long as your premium payments are up to date, in cases ① and ③, you may also apply for a partial refund at a government administrative center. Your application will be reviewed and in the case of a positive decision, you will receive a refund (excl. the co-pay amount). Please note, however, that if you are behind on your premium payments, such refunds may be used to cover them.

- ① If you receive medical treatment without producing your health insurance card, for instance because of a sudden illness
- ② If you receive medical treatment using a different health insurance, for which you were no longer eligible
- ③ If you need to purchase a prosthetic or supportive device, such as a medical corset, that your attending physician deemed necessary for your treatment
- ④ If you receive bone fracture or sprain treatment from a bonesetter, providing the service is covered by the health insurance
- ⑤ If you receive massage, acupuncture or moxibustion procedures as part of your medical treatment and with consent from your attending physician
- ⑥ If you receive medical treatment using an insurance eligibility certificate instead of a health insurance card
- ⑦ If you receive treatment abroad

4. LUMP-SUM ALLOWANCE FOR CHILDBIRTH AND NURSING

After childbirth, persons insured under the national health insurance scheme will receive a lump-sum allowance for childbirth and nursing in the amount of 420,000 yen (404,000 yen for deliveries carried out at institutions that are not registered with the obstetric compensation system). If you choose to make use of the direct payment system for this allowance, it will be paid directly to your hospital and you will not have to pay as much at the hospital service desk.

***Starting with the 12th week (85th day) of pregnancy, this allowance will be provided even in the case of miscarriage or stillbirth.**

(1) IF YOU CHOOSE TO USE THE DIRECT PAYMENT SYSTEM

Prior to the delivery of the child, bring your health insurance card to the medical institution where you plan to have the baby and tell them that you would like to make use of the direct payment system. Should your medical bill exceed the amount of this allowance, you will have to pay the difference at the hospital service desk. If it is lower, however, you will be able to file an application to receive the difference at your local ward or branch office (or Seishin Chuo Community Service Center for those who live within its jurisdiction).

(2) IF YOU CHOOSE NOT TO USE THE DIRECT PAYMENT SYSTEM

You may also choose to not use this system and receive this allowance yourself. In this case, you will need to pay your medical bill in full at the hospital, and then file an application at the government administrative center or the national health insurance service desk of your local ward or branch office (or Seishin Chuo Community Service Center for those who live within its jurisdiction). Please note, however, that you will not be able to file this application at the government administrative center if your premium payments are overdue.

***If you receive the same lump-sum allowance under a different insurance, you will not receive it through the national health insurance scheme.**

5. FUNERAL SERVICE FEES

When a person insured under the national health insurance scheme passes away, the person in charge of making funeral arrangements (in principle, the chief mourner) will receive funeral service fees in the amount of 50,000 yen if they file an application at the government administrative center or the national health insurance service desk of their local ward or branch office (or Seishin Chuo Community Service Center for those who live within its jurisdiction). Please note, however, that you will not be able to file this application at the government administrative center if your premium payments are overdue.

6. SPECIFIED DISEASE TREATMENT CERTIFICATE

(The Seishin Chuo Community Service Center only accepts and processes applications. Certificates are mailed out by the Nishi Ward Office at a later date.)

If you present a Specified Disease Treatment Certificate at the hospital service desk, your out-of-pocket expenses will be limited to 10,000 yen (or 20,000 yen) per month. Please file an application at the national health insurance service desk of your local ward or branch office (or Seishin Chuo Community Service Center for those who live within its jurisdiction). Applications must include supporting documentation, such as a doctor's report.

ELIGIBLE HEALTH CONDITIONS (designated by the Minister of Health, Labor and Welfare)

- Chronic renal failure requiring dialysis
- Certain congenital blood coagulation factor disorders (hemophilia)
- HIV infections caused by transfusion of infected blood products

***The out-of-pocket medical expenses for dialysis patients age 69 or under, who are part of upper-class households (income category A or B) will be limited to 20,000 yen per month.**

7-1. HIGH-COST MEDICAL CARE BENEFIT SYSTEM

If your out-of-pocket medical expenses are extremely high, you can apply to receive a refund for the portion that exceeds a certain limit.

(1) IF THE MEDICAL FEES ARE ONLY FOR HOUSEHOLD MEMBERS AGED 69 OR UNDER

Whenever a single member of your household incurs out-of-pocket medical expenses in excess of 21,000 yen at a single medical institution during the same month, your household becomes eligible to apply for a partial refund. In order to receive this partial refund, however, the total of qualifying out-of-pocket expenses (at least 21,000 yen for one person in one month at a single hospital) for your household needs to exceed the threshold amount for your income bracket.

TABLE 1: OUT-OF-POCKET MEDICAL EXPENSE LIMIT (MONTHLY)

Income Bracket	Category	
Income exceeds 9,010,000 yen	A	252,600 yen + [(Total medical fees - 842,000 yen) × 1%] From 4 th instance: 140,100 yen
Income between 6,000,001 – 9,010,000 yen	B	167,400 yen + [(Total medical fees - 558,000 yen) × 1%] From 4 th instance: 93,000 yen
Income between 2,100,001 – 6,000,000 yen	C	80,100 yen + [(Total medical fees - 267,000 yen) × 1%] From 4 th instance: 44,400 yen
Income at or below 2,100,000 yen	D	57,600 yen From 4 th instance: 44,400 yen
Resident tax- exempt household	E	35,400 yen From 4 th instance: 24,600 yen

“Income” is the combined net income for all members of your household who are enrolled in the national health insurance scheme, after basic deductions are applied.

(2) IF THE MEDICAL FEES ARE ONLY FOR HOUSEHOLD MEMBERS AGED 70 THROUGH 74

For out-of-pocket medical expenses paid during the same month, you can apply to receive a refund for the portion that exceeds a certain limit. This portion is calculated as shown in the table below, in the following order.

1: The **Outpatient Limit (Per Individual)** (see table below) is applied to the total out-of-pocket expenses for each individual’s outpatient medical care, and the portion that exceeds this limit is calculated.

2: The outpatient out-of-pocket expenses that remain from 1 are combined with the inpatient out-of-pocket expenses for household members aged 70-74. The **Maximum Limit (Per Household)** (see table below) is applied to this total, and the portion that exceeds this limit is calculated.

TABLE 2: OUT-OF-POCKET MEDICAL EXPENSE LIMIT (MONTHLY)

Income Bracket for Households with Seniors	Outpatient Limit (Per Individual)	Maximum Limit (Per Household)
	Comparable Income III*	252,600 yen + [(Total medical fees - 842,000 yen) × 1%] <i>From 4th instance: 140,100 yen</i>
Comparable Income II*	167,400 yen + [(Total medical fees - 558,000 yen) × 1%] <i>From 4th instance: 93,000 yen</i>	
Comparable Income I*	80,100 yen + [(Total medical fees - 267,000 yen) × 1%] <i>From 4th instance: 44,400 yen</i>	
General Income	18,000 yen Yearly maximum (August through July): 144,000 yen	57,600 yen <i>From 4th instance: 44,400 yen</i>
Low Income II	8,000 yen	24,600 yen
Low Income I		15,000 yen

See next page for an explanation of the income brackets.

INCOME BRACKETS

- Comparable Income III

Households with a national health insurance recipient aged 70-74, whose taxable portion of their total net income for the purposes of resident tax is at least 6,900,000 yen

- Comparable Income II

Households with a national health insurance recipient aged 70-74, whose taxable portion of their total net income for the purposes of resident tax is at least 3,800,000 yen

- Comparable Income I

Households with a national health insurance recipient aged 70-74, whose taxable portion of their total net income for the purposes of resident tax is at least 1,450,000 yen

- General Income

Households that do not fall under any of the other categories in this table

- Low Income II

Households in which both the head of household and all national health insurance recipients are exempt from paying resident taxes

- Low Income I

In addition to meeting the conditions for the **Low Income II** bracket, the household's income* is 0 yen (after necessary expenses are subtracted from each income source (800,000 yen is subtracted in the case of public pension)) *If the incomes include employment income, 100,000 yen is deducted from the employment income before determining whether the household falls under this income bracket (effective from August 2021)

(3) IF THE MEDICAL FEES ARE FOR BOTH HOUSEHOLD MEMBERS AGED 69 OR UNDER, AND MEMBERS AGED 70-74

The high-cost medical care benefit amount is disbursed for the entire household as follows:

- (1) Individual out-of-pocket outpatient expenses are calculated for members aged 70-74 to determine if they are over the individual limit. Expenses in excess of this limit will be refunded.
- (2) Next, all out-of-pocket expenses incurred by household members aged 70-74 are calculated to determine if they are over the household limit for people in this age group. Expenses in excess of this limit will be refunded.
- (3) All out-of-pocket expenses incurred by household members aged 70-74 within the household limit for people in this age group are added to applicable out-of-pocket expenses (at least 21,000 yen for one person in one month at a single hospital) incurred by household members aged 69 and under, and compared against the threshold amount for your income bracket. Expenses in excess of this threshold will be refunded along with the refunds in (1) and (2).

(4) IF YOU HAVE RECEIVED THIS BENEFIT AT LEAST 4 TIMES

If a single household has received the high-cost medical care benefit at least 3 times in the past 12 months, the out-of-pocket medical expense limit will decrease from the 4th benefit onwards (shown in italics in Tables 1 and 2), and the portion that exceeds this limit will be refunded.

***If you change addresses within Hyogo Prefecture and the structure of your household is determined to be the same, the refund count will carry over.**

7-2. APPLYING FOR HIGH-COST MEDICAL CARE BENEFITS

At the end of the month two months after your visit to the hospital, if your estimated high-cost medical care benefit amount is at least 1,000 yen, and you have no overdue premium payments, you will be mailed a notification packet. Once you have received this notification, please fill out the application and submit it in the enclosed return envelope.

While it is also possible to file your application at the national health insurance service desk of your local ward or branch office before receiving the notification packet, you will not receive your refund any sooner than if you had filed your application by mail.

Except for persons with estimated benefit amounts under 1,000 yen, please wait to receive the notification packet before filing your application.

8. ELIGIBILITY CERTIFICATE FOR OUT-OF-POCKET MEDICAL EXPENSE LIMIT

(The Seishin Chuo Community Service Center only accepts and processes applications.

Certificates are mailed out by the Nishi Ward Office at a later date.)

If you have an Eligibility Certificate for Out-of-Pocket Medical Expense Limit (or Eligibility Certificate for Out-of-Pocket Medical Expense Limit / Eligibility Certificate for Standard Amount of Patient Liability, if you are in a resident tax-exempt household), the out-of-pocket medical expense limit can be applied to 1 month's medical fees at a single hospital.

If you are 70-74 years old and fall under either the **General Income** or the **Low Income II** brackets, you can simply present your senior recipient certificate. Your out-of-pocket expenses will be reduced to the limit amount, and no additional procedures at the hospital are necessary. Applications for the Eligibility Certificate can be filed at the government administrative center or the national health insurance service desk of your local ward or branch office.

[Important]

Your certificate will be valid from the 1st day of the month in which you filed your application. In principle, this certificate cannot be issued retroactively, so please carry out all necessary procedures as soon as possible if you are to be hospitalized. Please note, however, that if you are aged 69 or under and have overdue premium payments, you cannot receive this certificate.

9. HOSPITAL MEAL FEES

Hospital meal fees are treated separately from treatment and medicine fees. You will bear part of the fee for each meal up to the basic limit, and the remainder will be covered by the national health insurance.

BASIC HOSPITAL MEAL EXPENSE LIMIT (PER MEAL)

■ Households subject to resident tax:	460 yen
■ Resident tax-exempt households (90 or fewer days of hospitalization in the past 12 months):	210 yen*
■ Persons aged 70-74 in the Low Income I bracket, who are also members of a resident tax-exempt household:	100 yen

If you are in a resident tax-exempt household and present either an Eligibility Certificate for Out-of-Pocket Medical Expense Limit / Eligibility Certificate for Standard Amount of Patient Liability or a standalone Eligibility Certificate for Standard Amount of Patient Liability), your hospital meal fees will be reduced as shown above.

***If you have been hospitalized for more than 90 days within the last 12 months, you can file another application to be issued a certificate that will lower each hospital meal's fee to 160 yen, effective from the 1st of the next month after you apply (excluding periods during which your household was exempt from resident tax and it fell under the Low Income I bracket).** Please file an application at the government administrative center or the national health insurance service desk of your local ward or branch office.