

Chapter 4

Health Insurance and Medical Treatment



Saitama's Prefectural Mascot
Kobaton

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1 Medical Insurance System

The Japanese Medical Insurance System is set up to help alleviate people's medical expenses in the case of illness, disease, or injury. In principal all residents of Japan, regardless of their nationality, are required to subscribe to a public health insurance program.

There are 3 systems: the National Health Insurance system for company employees and their families, an Employee's Health Insurance system for the self-employed, and a medical system for elderly persons aged 75 and older.

2 National Health Insurance (Regional Social Insurance)

Foreign nationals who hold a residency status of more than 3 months and have a Resident Record, or those who can prove that they will stay in Japan for more than 3 months are required to enroll in the National Health Insurance system. (Please note that those who are already enrolled in Employee's Health Insurance, persons who enter the country only to receive medical treatment, and visitors for sightseeing are not eligible). There are 2 types of National Health Insurance: one is co-administered by the 47 prefectures of Japan, while the other is co-administered by National Health Insurance Unions for certain occupations.

(1) Enrollment

To join the National Health Insurance system which is co-administered by the 47 prefectures of Japan, apply at your local municipal or ward office's National Health Insurance Department, or at your local union if a National Health Insurance Union administers your insurance. Furthermore, to join a National Health Insurance Union, you must file an application at the counter of the Union. You are required to bring an official copy of your Resident Record and name seal (if you have one). Regarding the necessary documents for filing an application, please see the Union to which you will submit your application.

(2) Insurance Premium (Tax)

The premium is calculated according to the number of people in your family, and the income you earned the previous year. Consequently, this fee may change every year. For households with individuals between the ages of 40 and 64, nursing care insurance premium (tax) will also be included. Each municipality and National Health Insurance Union sets its own premiums (and tax rates). You pay your insurance premium (tax) for the FY in multiple installments. Payment is accepted at local municipal or ward offices, banks, and post offices.

(3) Insurance Certificate (Insurance Card)

Enrollment in National Health Insurance is by household unit, and the head of the household is responsible for submitting notifications and paying insurance premiums and other fees. However, each household member is insured, and is issued a separate insurance card. Be sure to take it with you when you go to a hospital or clinic.

You must notify the National Health Insurance Department of your local municipal or ward office in the following cases:

- ① When you subscribe to or withdraw from another public health insurance system;
- ② When you move;
- ③ When a child is born;
- ④ When the insured person dies;
- ⑤ When your name or address changes, or the head of the household changes;
- ⑥ When turning 75 years old; or
- ⑦ When you lose your Health Insurance Certificate (Card)

(4) Benefits

- ① **Medical & Dental:** When you receive medical or dental treatment at a hospital or clinic and show your Health Insurance Certificate (Card), 30% of the expense is paid by the beneficiary. Please note that for children who are yet to enroll in school, 20% is paid by the beneficiary, and for people over 70 years of age, 10% to 30% is paid by the beneficiary. The remaining expense is paid by the National Health Insurance to hospitals.
- ② **Childbirth and Child Raising:** When you have a baby, a designated amount is provided to assist with the costs of childbirth.
- ③ **Funeral:** When the insured person dies and a funeral is held, a designated amount is provided to assist with the costs of the funeral.
- ④ **Medical Treatment Assistance:** When your payments to medical facilities for 1 month exceed the designated level, the excess amount is covered by insurance.
- ⑤ **Medical Treatment Cost:** In the following events, if you file the necessary documents with the division of your local municipal or ward office in charge of National Health Insurance and your application is accepted, the payment amounts, minus the co-payment for the service cost, will be reimbursed.
 - a. When, for unavoidable reasons, you use a medical facility without an insurance certificate (card);
 - b. When you undergo a blood transfusion (cost of blood);
 - c. When you pay for medical equipment (corset, etc.) that is deemed necessary by the physician;
 - d. When you undergo treatments such as acupuncture, Chinese heat treatment, massage, etc. that are deemed necessary by a physician;
 - e. When you visit a judo therapist to receive medical treatment in the event of sprains, bone fractures, etc.; or
 - f. When, for unavoidable reasons, you receive treatment at overseas medical facilities during overseas travel (the amount corresponding to expenses that would have been incurred in Japan will be reimbursed).

(5) Cases Not Covered by Insurance

Ordinary health checks, vaccinations, cosmetic surgery, orthodontics (tooth realignment), natural childbirth, and work-related illness or injury are not covered by National Health Insurance (you cannot use your insurance card).

For further information, contact the division of your local municipal or ward office in charge of National Health Insurance Department of your local municipal or ward office or the National Health Insurance Union you belong to.

3 Health Insurance (Employee's Health Insurance)

Enrolling in Employee's Health Insurance is mandatory for full-time employees who work for companies or organizations where it is offered.

(1) Insurance Premium

The monthly premium is calculated by multiplying the value of your monthly salary (including various allowances) and standard bonus amount and bonus by the premium rate. Your employer bears half of the monthly premium while the remaining half is borne by you (the person to be covered). It is usually deducted from your monthly salary and bonus(es) and paid on your behalf.

Also, for insured people aged between 40 and 64, the additional nursing care payments are calculated in this way.

(2) Benefits

- ① Medical & Dental Expenses: When the insured person receives medical or dental treatment at a hospital or clinic and the person shows his/her Health Insurance Certificate (Card), 30% of the expenses are paid by the insured (beneficiary). Please note that for children who are yet to enroll in school, 20% is paid by the beneficiary, and for people over 70 years of age, 10% to 30% is paid by the beneficiary. The remaining expense is paid by the National Health Insurance to hospitals.
- ② Childcare and Child Raising: When an insured person has a baby, a designated amount is provided to assist with the costs of childbirth.
- ③ Funeral: When an insured person or his/her family dies, a designated amount is provided to assist with the costs of the funeral.

- ④ Medical Treatment Assistance: When an insured person's payments to medical facilities for 1 month exceed the designated level, the excess amount is covered by insurance.
- ⑤ Medical Expenses: When the whole medical expense is paid by an insured person for unavoidable reasons, medical equipment is made, etc., the amount determined by the insurer is paid.
- ⑥ Sickness and Injury Allowance: When an insured person becomes unable to work due to an illness or injury, roughly two-thirds of their wage is reimbursed.
- ⑦ Maternity Allowance: When an insured person is absent from work in excess of 4 months (85 days) during pregnancy, roughly two-thirds of their wage is provided to them for a certain period before and after the delivery.

(3) Cases Not Covered by Insurance

Ordinary health checks, vaccinations, cosmetic surgery, orthodontics (tooth realignment), natural childbirth, work-related illness or injury, and illness and injuries incurred during your commute are not covered by Employee's Health Insurance (you cannot use your insurance certificate (card)).

If you receive medical treatment as a result of a traffic accident, you need to report the accident to your insurer (The Social Insurance Office or National Health Insurance Union). Contact your insurer specified on your insurance certificate (card).



Consultation and Inquiries

Office	Telephone	Address	Hours
Japan Health Insurance Association Saitama Branch (For those enrolled in this association)	Benefits and voluntary continuation: 048-658-5919 Notification on medical expenses and traffic accidents: 048-658-5914 Medical examinations / Health guidance: 048-658-5915	16F Omiya Information Culture Center (JACK Omiya) 682-2 Nishiki-cho, Omiya-ku Saitama-shi	Mon-Fri 8:30 - 17:15 (Except National Holidays and during the New Year's Holiday Period from Dec. 29 to Jan. 3)
Other (National Health Insurance Union / Mutual Aid Association, etc.)	Please refer to the insurer information printed on each insurance certificate (card) regarding the telephone number and address.		

4 Health Check-ups (Tokutei Kenko Shinsa)

Health checks-ups (*tokutei kenko shinsa*) are done for people covered by health insurance between the ages of 40 and 74 (including persons who will turn 40 in the relevant fiscal year). For more information, please contact your National Health Insurance Union.

For example, the Japan Health Insurance Association provides preventative screenings for adult lifestyle-related diseases targeting those who are covered by health insurance (insured members) between the ages of 35 and 74 (including persons who will turn 35 in the relevant fiscal year), and health check-ups (*tokutei kenko shinsa*) for dependents (family members supported by insured members) between the ages of 40 and 74 (including persons who will turn 40 in the relevant fiscal year).

For more information, please contact the insurer specified on your insurance card.

5 Medical System for the Elderly

Persons aged 75 and older (including persons aged 65 and older who have certain handicaps and are accepted by the Federation of Saitama on Medical Treatments for the Elderly) will be eligible to subscribe to the medical system for the elderly.

However if the person does not have Japanese citizenship, and is (1) a person with no right to residency as set forth by the Immigration Control and Refugee Recognition Act, (2) a person who holds a period of stay of 3 months or shorter, (3) a person who is not subject to the Basic Resident Registration Act, or (4) a person residing in Japan who entered the country for the express purpose of receiving medical treatment, they will not be eligible to subscribe to the system.

(1) Filing the Subscription

When a person reaches the age of 75 or when a person changes his/her domicile to the prefecture, as a rule, an insurance card will arrive from the municipality where s/he lives, and therefore there is no need to make a special filing.

(2) Insurance Premium

The insurance premium is made up of the base amount, which all subscribers bear, and the income-based amount which coincides with one's income level (reductions may apply). As a rule, the insurance rate is the same for all of Saitama Prefecture.

(3) Insurance Certificate (Card)

Each subscriber is given an insurance certificate (card). Please present this card when seeing a doctor.

In the following events, please return your insurance card to the division in charge of medical treatments for the elderly at your local municipal or ward office:

- ① When items described on your insurance card have changed
- ② When your insurance card is damaged
- ③ When you lose your right to receive benefits

(4) Description of Benefits

- ① Medical Expenses: When an insured person receives an examination or treatment upon presentation of their insurance card at hospitals, etc., 10% of the treatment cost will be paid by the insured (30% for those who have an income which exceeds the specified level). The balance is paid by the insurance company to hospitals, etc.
- ② Medical Treatment Assistance: When an insured person's payments to medical facilities for 1 month exceed the designated level, the excess amount is covered by insurance.
- ③ Medical Treatment Cost: In the following events, if you file necessary documents with National Health Insurance section of your local municipality and your application is accepted, the payment amounts, minus the co-payment for the service cost, will be reimbursed.
 - a. When, for unavoidable reasons, you use a medical facility without an insurance card;
 - b. When you undergo a blood transfusion (cost of blood);
 - c. When you pay for medical equipment (corset, etc.) that is deemed necessary by the physician;
 - d. When you undergo treatments such as acupuncture, Chinese heat treatment, massage, etc. that are deemed necessary by a physician;
 - e. When you visit a judo therapist to receive medical treatment in the event of sprains, bone fractures, etc.; or
 - f. When, for unavoidable reasons, you receive treatment at overseas medical facilities during overseas travel
- ④ Funeral: When an insured person dies and a funeral is held, a designated amount is provided to assist with the costs of the funeral.

(5) Cases Not Covered by Insurance

Cases not covered by insurance are the same as for the National Health Insurance. For details regarding medical treatments for the elderly, please inquire at your local municipal or ward office.

6 Nursing Care Insurance

Nursing Care is designed to assist elderly persons who require nursing care remain as self-sufficient as possible. This insurance and its benefits are administered by local municipalities. Benefits are available to all individuals aged 65 and above, as well as those aged from 40 to 64 who are enrolled in medical insurance programs. If you do not have Japanese citizenship, you are able to receive benefits if you have been granted a period of stay in Japan of 3 months or longer, or if you can prove that you have already resided in Japan for at least 3 months.

For details, please visit the Nursing Care Insurance Counter at your local municipal or ward office.

(1) Insurance Premiums

- ① For people 65 and over, your premiums are determined by the municipality you live in as well as by your level of income and other factors.
- ② For people between 40 and 64 who subscribe to medical insurance, your premiums are calculated according to the terms of your medical insurance policy.

(2) Application for Certification of Needed Long-Term Care

To receive the services of nursing care insurance, it is necessary to obtain certification (Certification of Needed Long-Term Care) that determines your eligibility to receive the services.

To apply for Certification of Needed Long-Term Care, please visit the Nursing Care Insurance Counter at your local municipal or ward office.

(3) Benefits

There are condition-based services offered for people deemed as requiring assistance, and for people who have obtained a Certification of Needed Long-Term Care.

There are upper limits to maximum use of services relative to your use depending on the nursing care needs, so necessary services will be selected upon consultation with a nursing care support specialist (care manager).

- ① Home Services (This includes services where a helper visits the person's home, services where the person commutes to a facility from their home, services where the person stays at a facility, services that utilize welfare equipment to prepare a suitable

living environment at the person's home, financial assistance to cover funds necessary to repair or improve homes, etc.)

- ② Facility Services (Services provided when the person is admitted to one of the following: geriatric welfare and nursing care facilities, nursing homes for the elderly, and hospitals with long-term geriatric medical treatment facilities. As a general rule, people deemed as requiring assistance cannot use these services.)
- ③ Community-based Services (Services that aim to support patients to continue living independently in an environment that they are used to, as much as possible)

(4) Cost for the Beneficiary

Persons receiving benefits from nursing care insurance are, as a general rule, responsible for 10% (20% or 30% for those with incomes above a certain amount) of the cost of the services received.

7 Medical Institution Information

(1) Saitama Medical Institution Information System

This system allows users to search online for hospitals, health clinics, dentists, midwife centers, pharmacies, etc., with various criteria within Saitama Prefecture. Users can also search for hospitals that will treat patients in a foreign language. (Search results are in Japanese.)

Manuals about the “Medical Institution Information System” are also available in multiple languages (English, Chinese, Korean, Portuguese, and Spanish).

You can search medical institutions on this system using this manual and a list of keywords.

Medical Institution Information System (Website of the Medical Advancement Division, Saitama Prefectural Government)

URL: <http://www.iryō-kensaku.jp/saitama/>

Manuals in multiple languages (Website of the International Division, Saitama Prefectural Government)

URL: <http://www.pref.saitama.lg.jp/a0306/tabunkakyousei/medicalsyst.html>

(2) Saitama Emergency Phone Consultations (① Emergency Phone Consultations for Children, ② Emergency Phone Consultations for Adults, ③ Medical Facility

Guidance)

The following consultation counters are set up in case of sudden illness or injury (in Japanese only).

Phone Number

#7119 or

048-824-4199 (Dial line, IP phone, PHS, if the person uses the phone in the border area between Saitama and Tokyo).

* The phone numbers below are still available to use as before,

#8000 or 048-833-7911 (consultation for children)

Consultation Times

24 hours, 365 days a year

How to use

Please select the counter you would like to consult based on the voice guidance.

① Consultation for children (emergency phone consultation for children)

② Consultation for adults (emergency phone consultation for adults)

③ Medical facility guidance (for both children and adults)

※Attention: when using ③ Medical facility guidance:

- Dentistry, oral surgery, and psychiatry are excluded.
- The counter cannot provide medical consultations.
- Please call the medical facility referred to you by the counter to confirm the details before you go.
- Please understand that there may be cases in which the counter cannot refer you to any medical facilities based on your inquiry.

※A FAX service is available in Japanese at 048-831-0099 for the hearing impaired. Please download a request form from the Saitama Emergency phone consultations page on the Saitama Prefectural Government website.

(3) Saitama Prefectural AI Emergency Consultation

If you are wondering whether to go to a doctor in case of sudden illness or injury, please consult with “Saitama Prefectural AI Emergency Consultation” (It is available in Japanese)

<https://www.pref.saitama.lg.jp/a0703/aikyukyu.html>

(4) AMDA International Medical Information Center

AMDA offers free information about Japanese medical, welfare, insurance systems, and information regarding medical institutions that offer treatment in languages other than Japanese.

AMDA also provides an interpretation service via telephone for medical examinations if

the medical institution agrees.

TEL: 03-5285-8086

URL: <http://amda-amic.com/>

8 Medical Examinations at a Hospital

When you need to see a physician, simply go to a clinic or hospital near you. Should you require specific treatment from a specialist, the physician examining you will give you a letter of reference (*shokai jo*) which will enable you to go to a hospital with the necessary facilities. If you go to a hospital larger than a specified scale without a letter of reference, you may be charged more than the regular fee.

(1) Examination Procedures at a Hospital

The procedures at reception differ between medical institutions. The following is an example:

- ① Submit your insurance card to the reception desk if you are a new patient and tell them which unit you would like to go to for treatment.
- ② Take your patient's chart and consultation ticket and go to the appropriate unit.
- ③ At the unit's reception desk you are required to submit a form before seeing the physician.
- ④ After your consultation with the physician, you are required to pay at the cashier.
- ⑤ If you require medication, go to the pharmacy within the hospital, or to a designated pharmacy outside of the hospital, and present the prescription written by your physician. They will then prepare the appropriate medication for you.

9 Hospitalization

There are 3 kinds of hospital rooms: private rooms, four-bed rooms and common rooms. All types of health insurance cover the cost of staying in a common room. However, if you wish to stay in private rooms, you will be responsible for paying any additional charges.