

A Guide to Living in Saitama

Chapter 4: Health Insurance and Medical Treatment

医療・社会保険(医療保険・社会保険・病院・医療機関案内)

1. Japanese Health Insurance System

The Japanese Health 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 2 systems: the National Health Insurance System for company employees and their families and an Employee's Health Insurance System for the self employed.

2. National Health Insurance

Foreign nationals who have a valid alien registration card as well as an appropriate status of residence and period of stay that permits them to stay in Japan for 1 year or longer or they can prove they have already been in Japan for over 1 year are able to subscribe to the National Health Insurance. (Please note that those who are already subscribers to an Employee's Health Insurance are not eligible.) There are 2 types of National Health Insurance. One is administered by local governments and the other, for certain occupations, by National Health Insurance Unions.

(1) Subscription

To join the National Health Insurance, 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. You are required

to bring your Alien Registration Card and name seal. Please note that if the period of stay printed on your Alien Registration Card is less than 1 year, you must show proof that you will be living in Japan for over a year.

(2) Insurance Premium

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, a nursing care tax will also be included. Each municipality and National Health Insurance Union sets its own premiums (and tax rates). You pay your annual premium (and tax) in equal installments. Payment is accepted at local municipal or ward offices, banks or post offices.

(3) Insurance Certificate

Each household covered by National Health Insurance is issued one Health Insurance Certificate. This proves that you and your dependents are insured. 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:

- a) When you subscribe to or withdraw from another public health insurance system;
- b) When you move;
- c) When a child is born;
- d) When the subscriber dies;
- e) When your name or address changes, or the head of the household changes;
- f) When turning 75 years old; or
- g) When you lose your Health Insurance Certificate.

(4) Benefits

- a) **Medical & Dental:** When you receive medical or dental treatment at a hospital or clinic and show your Health Insurance Certificate, 70% of the expense is covered by insurance. You are responsible for the remaining 30%. Please note that in the case of children under 3 years old, 80% is covered

by insurance, and for people over 70 years of age, 70% or 90% is covered.

- b) **Childbirth and child rearing:** When you have a baby, a designated amount is provided to assist with the costs of childbirth.
- c) **Funeral:** When the subscriber dies, a designated amount is provided to assist with the costs of the funeral.
- d) **Medical Treatment Assistance:** When your medical expenses for 1 month exceed the designated level, the excess amount is covered by insurance.

(5) Cases Not Covered by Insurance

Ordinary health checks, inoculations, cosmetic surgery, orthodontics, ordinary childbirth and work-related illness and injuries are not covered by National Health Insurance.

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

3. Employees' Health Insurance

Subscription to Employee's Health Insurance is mandatory for people who work for companies or organizations where it is offered.

(1) Insurance Premium

The monthly premium is calculated by multiplying your standard monthly salary by the premium rate.

Your employer bears half of the monthly premium while the remaining half is born by the individual and it is usually deducted from the monthly salary.

Also, for people between the ages 45 to 60, the additional nursing care payments.

(2) Benefits

- a) **Medical & Dental:** When you receive medical or dental treatment at a hospital or clinic and you show your Health Insurance Certificate, 70% of

the expense is covered by insurance. The remaining 30% is the patients' responsibility. If the fee is very high, a *high-cost medical care benefit* is provided.

- b) **Childcare:** When you have a baby, a designated amount is provided to assist with the costs of childbirth.
- c) **Funeral:** When the subscriber dies, a designated amount is provided to assist with the costs of the funeral.
- d) **Medical Treatment Assistance:** When your medical expenses for 1 month exceed the designated level, the excess amount is covered by insurance.

(3) **Cases Not Covered by Insurance**

Ordinary health checks, inoculations, cosmetic surgery, orthodontics, ordinary childbirth and work-related illness and injuries are not covered by Employee's Health Insurance.

If you receive medical treatment as a result of a traffic accident, report the accident to your Insurer (The Social Insurance Office or National Health Insurance Union). For further information, contact your Insurer.

4. Nursing Care Insurance

Nursing Care Insurance was established as part of the Social Health Insurance System in April 2000. It was designed to assist elderly persons, who have come to require nursing care, to remain as self-sufficient as possible. The insurance and its benefits are administered by local municipalities. Benefits are available to all individuals aged 65 and over as well as those aged from 40 to 64 who are enrolled in medical insurance programs. People who do not have Japanese citizenship are able to receive benefits if they meet the following 2 requirements:

- a) You have completed your alien registration;
- b) You have been granted a period of stay in Japan of 1 year or longer or you can prove that you have already resided in Japan for at least 1 year.

For details, please visit the Nursing Care Insurance Counter at your local [municipal office](#).

(1) Insurance Premium

- a) For persons aged 65 and over, your premium is determined by the municipality you live in as well as your level of income.
- b) For persons between the ages 40 and 64 who subscribe to medical insurance, your premium is calculated according to the terms of your medical insurance policy.

(2) Benefits

There are services for people certified as requiring assistance or nursing care depending on their condition.

- a) Home Services: 12 different services including visits from home-helpers, day care services provided at institutions and short term stays at institutions as well as subsidies for the purchase of welfare equipment and house remodeling (i.e. installation of barrier-free fixtures).
- b) Facility Services: services provided when admitted to one of the following: geriatric welfare and nursing care facilities, nursing homes for the elderly, hospitals with long-term geriatric medical treatment facilities.
- c) Regional community based services (Focusing on day care, 5 types of services are provided such as the small scale nursing apartments which is a multifunctional service combined with an overnight stay service according to the needs of the patients)

(3) Application for the Recognition of the Need for Care

In order to receive services from the Nursing Care Insurance System, you have to obtain Recognition of the Need for Care Certificate (*yōkaigo ninteī*).

To obtain an application for this certificate, please consult the Nursing Care Insurance Counter at your local municipal or ward office.

(4) Cost for the Beneficiary

Persons receiving benefits from nursing care insurance are, as a general rule, responsible for 10% of the cost of the services received.

5. Doctor Consultations

When you need to see a doctor, 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 (*shōkai jō*) which will enable you to go to a hospital with the necessary facilities. You cannot receive an examination at prefectural hospitals or ones affiliated with universities offering specialized services without a letter of reference.

(1) Consultation Procedures at a Hospital

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

6. Hospitalization

There are 3 kinds of hospital rooms: private rooms, two-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 or two-bed room, you will be responsible for paying additional charges.

7. Medical Information Services

(1) Saitama Emergency Medical Information Center

The Saitama Emergency Medical Information Center provides free 24-hour information, 365 days a year in Japanese, on where to go in the case of a medical emergency (Except in the case of dentistry or psychiatry) 048-824-4199.

(2) 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.

TEL: 03-5285-8088

URL: <http://homepage3.nifty.com.amdack>

Language(s)	Days Available	Hours Available
English, Chinese, Spanish, Thai, Korean	Mon ~ Fri	9:00am ~ 5:00pm
Portuguese	Mon, Wed, Fri	9:00am ~ 5:00pm
Tagalog	Wed	1:00pm ~ 5:00pm

(3) Medical Institutions with Languages other than Japanese

A list of medical institutions that offer services in languages other than Japanese can be found on the Saitama International Association website.

URL: <http://www.os.rim.or.jp/%7Eesia/medical/menu.html>