

NATIONAL HEALTH INSURANCE

GUIDE BOOK

2022 Edition



CITY OF YOKOHAMA
(英語版)

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What is the National Health Insurance System?

国民健康保険ってなに？

A System Enabling People to Help Each Other

お互いの助けあいの制度です

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

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

National Health Insurance

国民健康保険とは

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

Medical Costs Are Covered by Insurance Premiums

医療費は保険料で支えられています

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

Payment of National Health Insurance Benefits

国民健康保険の給付とは

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

Do You Know Generic Drugs?

ジェネリック医薬品（後発医薬品）をご存じですか？

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

Point 1: They are usually less expensive than original drugs and more economical. This reduces your individual payment as well as the National Health Insurance scheme administration costs at the City of Yokohama.

Point 2: Effectiveness and safety are virtually equal to those of the original drugs. The shapes and colors of the drugs may be different.

Point 3: Generic versions are not available for all types of drugs. Your physician may choose not to prescribe a generic drug, or generic drugs may be out of stock or otherwise unavailable at the medical facility or pharmacy.

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

Concerning “Notification of Medical Expenses”

「医療費のお知らせ」について

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

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

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

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

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

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.

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

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

* Please see page 37 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 and your NHI certificate. The NHI officer will check the numbers and codes on your new health insurance certificate and collect your NHI 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: Medical Treatment Benefits

給付：療養の給付

Medical checkups can be received from doctors on payment of a proportional sum simply by submitting your Health Insurance Certificate (Insurance Subscriber Certificates Combined with Elderly Citizen Recipient Certificates for people 70-years of age and above) at hospitals and clinics.

Category		Proportional Sum Percentage
Preschool	Up until March 31st following the 6th birthday (day before the 6th birthday for children born on April 1st)	20%
People 70-Years or Age or Older	See page 14 for further details	20% / 30%
All other People		30%

Standard Charges of Meals while in Hospital

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 16.

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 National Health Insurance Section, Health Insurance and Pension Division 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:

- NHI certificate
- Receipts
- Your bankbook or details of your bank account

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

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. The cost to be borne for living expenses is ¥370. 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 16.

*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 National Health Insurance Section, Health Insurance and Pension Division of your local ward office. You must bring your NHI certificate 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)
<p>When you apply for a refund, make sure to bring your NHI certificate and your bankbook or details of your bank account.</p> <p>*The head of household’s personal seal (the one imprinted with the head of household’s name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different to the head of household.</p>		

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

Refer to Major Medical Expenses.

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

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 the 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
- Receipt for the payment of transfer cost (including details of transfer points and distance)
- Your bankbook or details of your bank account

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

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 15 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 and but does not surpass ¥9,010,000.
C	A household in which the combined total base income of all NHI beneficiaries is more than ¥2,100,000 and but does not surpass ¥6,000,000.
D	A household in which the combined total base income of all NHI beneficiaries is ¥2,100,000 or less.
E	A household in which the head of household and all NHI beneficiaries are exempt from paying residents' tax.

Persons who are enrolled in NHI and become eligible for unemployment insurance (special benefits or loss of employment by special reasons) as a result of bankruptcy or termination of employment may be reassigned to a lower category. For further information, please inquire at the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

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). Fill out the application form and return it to the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

- * If you do not receive an application form and notification from us within three months from the applicable month, please contact the National Health Insurance Section, Health Insurance and Pension Division of your local ward office.
- * 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 National Health Insurance Section, Health Insurance and Pension Division 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 National Health Insurance Section, Health Insurance and Pension Division of 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 head of household is in receipt of medical treatment due to sickness or injury and is experiencing difficulty in making ends meet	Inpatient (*2, *3)

* 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

出産育児一時金

Childbirth lump sum allowance

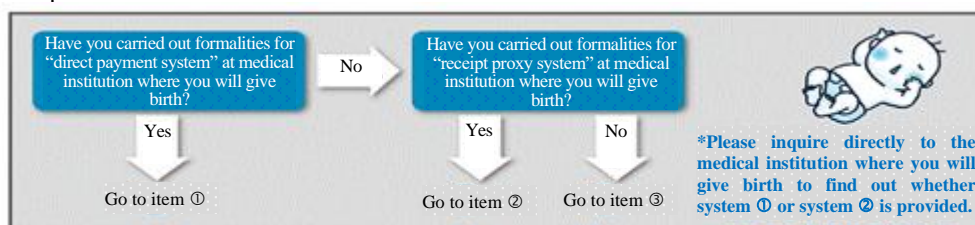
出産育児一時金の支給

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.



Benefits: Lump Sum Allowance for Childbirth

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 (¥408,000 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 National Health Insurance Section, Health Insurance and Pension Division of your local ward office of their residences and receive the amount of difference from the ¥420,000 benefit.

Application documents:

- Your NHI certificate
- Mother and Child Health Handbook
- Your bank book or details of your bank account
- Document (receipt /detailed statement) from the medical facility detailing childbirth expenses
- It is necessary to conclude a notice of agreement with the medical facility, etc., concerned (stating that the direct payment system will be used).

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

② Childbirth lump sum allowance receipt proxy system

This system allows expectant mothers to fill in applications designated by the national government at medical facilities, etc., registered for the receipt proxy system (requiring certain conditions to be met and notification to be submitted to the Ministry of Health, Labor and Welfare) so that the medical facility, etc., concerned is entrusted with receiving the childbirth lump sum allowance after the application has been submitted to the National Insurance Section of the Health Insurance and Pension Division at your ward office within two months of the scheduled date of birth. The mother must also be registered at the Insurance and Pension Section of the local Ward Office within two months prior to due date. Since the childbirth lump sum allowance is paid directly by the insurer to the medical institution, it is not necessary to pay ¥420,000 (¥408,000 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 National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

- NHI certificate
- 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)

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

* When giving birth overseas, please bring with you the birth certificate and a written translation of the certificate and the passport (original)

* In the event of a stillbirth or miscarriage, please bring with you a doctor's certificate.

* There are cases in which details will be confirmed with the local medical facility when giving birth overseas, so the mother giving birth is required to fill in a Notice of Agreement.

~ Notice of obstetric medical treatment compensation system ~

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

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

Funeral Allowance

葬祭費

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
 - Receipts from the funeral company (to prove that the funeral took place)
 - Your bank book or details of your bank account
- * The head of household's personal seal (the one imprinted with the head of household's name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different from the applicant.
- * Please 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
 - NHI certificate
 - Mother and Child Health Handbook
 - Your bank book or details of your bank account
- * The head of household's personal seal (the one imprinted with the head of household's name that is used with inkpads) will be required if the refund is to be paid into a bank account under a name that is different to the head of household.

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: From January 01, 2020. End to the period of eligibility remains undetermined).

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.
- (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).

* The statute of limitations is two years from the day of taking absence, so note that applications submitted after this will not be accepted.

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

(Contact the Ward Office's Health Insurance and Pension Division 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 National Insurance Section of the Health Insurance and Pension Division at your ward office. You will also need a police traffic accident certificate. This is available from the insurance counter at the National Health Insurance Section, Health Insurance and Pension Division 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 National Health Insurance Section, Health Insurance and Pension Division 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.

Persons 70 Years of Age or Older

70 歳以上の方

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

The Liability Ratio for Those Persons Aged 70 or Older

70 歳以上の方の負担割合

People belonging to General or Low Income I or II households 20%

Households with an income on par with the working population..... 30%

* **Low income I:** Household where the head of household and NHI member(s) are all exempt from residents' tax for current fiscal year (or previous year if applicable period is from April to July) and where no household members earned any income during the previous year (or the year before last if applicable period is from January to July)

* **Low income II:** Household where the head of household and NHI member(s) are all exempt from municipal tax for current fiscal year (or previous fiscal year if applicable period is from April to July)

* **Household with an income on par with the working population:**

Household in which at least one of those NHI members of 70 years and upward (hereinafter called elderly persons) has an income in or above a specific amount (standard taxable income subject to municipal tax after all the deductions for current fiscal year (previous year if applicable period is from April to July) exceeds ¥1,450,000). However, a liability ratio of 20% will be assigned if the combined total base income of all elderly persons is ¥2,100,000 or less. Even if the amount exceeds ¥2,100,000, a liability ratio of 20% will apply if the elderly person or persons have submitted an application stating that one person has a total income of less than ¥3,830,000 or two or more people have a combined income of less than ¥5,200,000.

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

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).

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

Income requirements for each income category are as follows.

Income category	Income requirements
Persons whose incomes are on par with the working population III	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"> • 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 14. • Person who falls under the “general member,” “low income II” or “low income I” category on page 14 and belongs to a household that does not fall under either of the “low income II” or “low income I” categories below
Low income II	A person who belongs to a household in which the head of household and all NHI beneficiaries are exempt from paying residents’ tax
Low income I	A person who belongs to a household in which the head of household and all NHI beneficiaries are exempt from paying residents’ tax, and whose incomes for each category are ¥0 when necessary expenses and deductions* have been factored in

* 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
		91 or more days
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. The cost to be borne for living expenses is ¥370 (*). 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 National Health Insurance Section, Health Insurance and Pension Division 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
- Receipts
- Your bankbook or details of your bank account

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

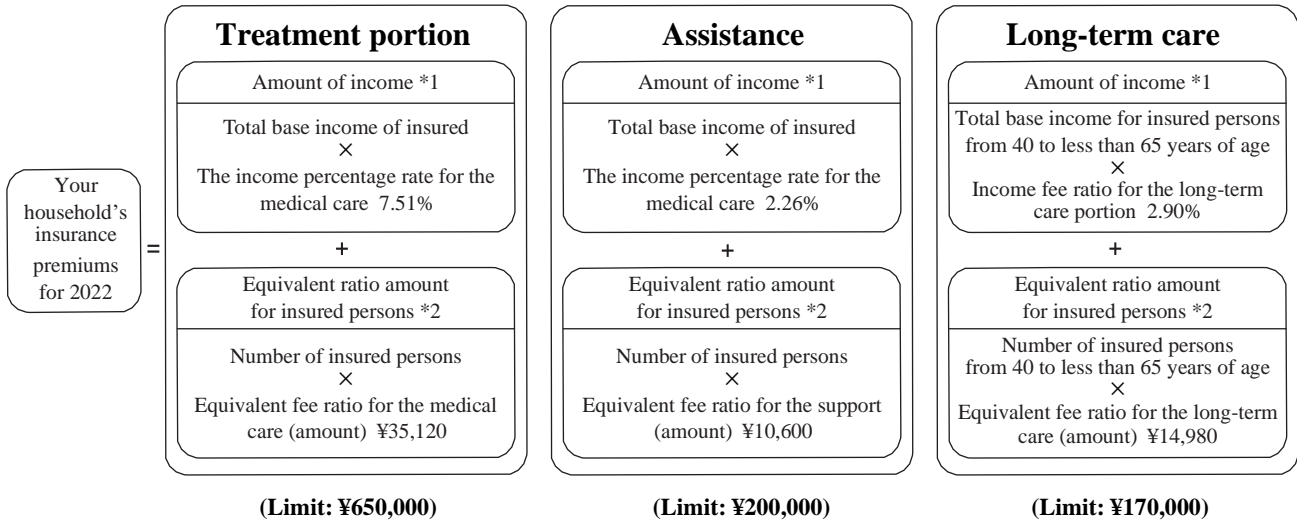
Premiums: How to Calculate

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.



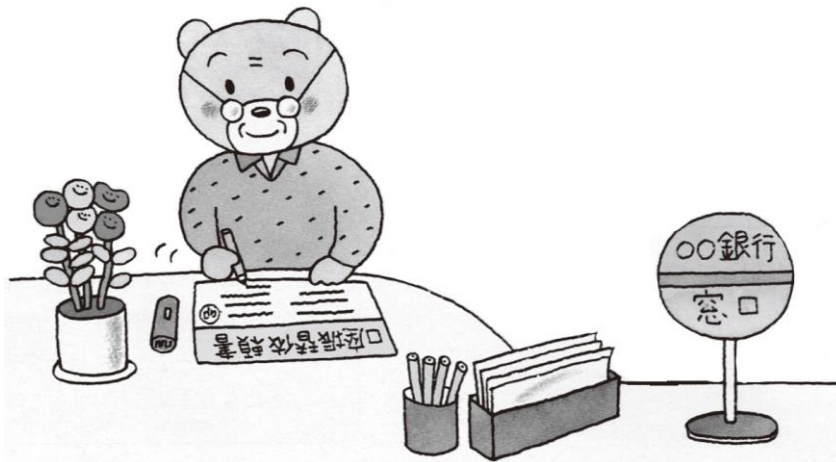
- *1: Calculated according to income
- *2: Calculated according to number of members
- *3: "Total base income of insured" is the total net income with the basic municipal tax deduction applied as defined in Article 314 Paragraph 2(1) of the Local Tax Law, etc. However, this amount shall be the final 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 subsequent premium amounts.
- 2 If your premium decreases after recalculation, the decrease will be spread evenly over subsequent premium amounts. If the amount of the reduction is greater than the total premiums already paid, the difference will be refunded to you.
- 3 If all members of a household cancel their NHI membership, the premium for the year shall be recalculated on a pro rata basis according to the length of NHI membership.

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, 2022	November	November 29, 2022
July	July 29, 2022	December	December 29, 2022
August	August 29, 2022	January	January 27, 2023
September	September 29, 2022	February	February 28, 2023
October	October 28, 2022	March	March 29, 2023

- * 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.
- It is possible to use cashcards issued by certain financial institutions for applications at the insurance counter of 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, etc. on receipt of the notification.

Month sent	Number of transfer slips	Deadline for premium payments	
		Month of premium	Deadline
June	1	June	June 30, 2022
July	3	July	August 1, 2022
		August	August 31, 2022
		September	September 30, 2022
October	3	October	October 31, 2022
		November	November 30, 2022
		December	January 4, 2023
January	3	January	January 31, 2023
		February	February 28, 2023
		March	March 31, 2023

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

Payment Slips with Printer Barcodes

バーコードが印刷されている納付書について

- Payment may be made at convenience stores, etc. However, payment slips for over ¥300,000, or those that are soiled, creased, or otherwise damaged cannot be processed.
- Payments can be made from personal smartphones from April 1, 2022. For this, it is necessary to register for one of the following payment apps.

PayB, Rakuten Bank, LINE Pay, PayPay, au PAY, Bank Pay, J-Coin

◆ 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 head of household receives.

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

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

Reduction of Amounts, Exemption from Payment

保険料の減額及び免除

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

低所得世帯の均等割額の減額

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

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

If you had no income in the year 2021 or if you only had annuity, pension, or old-age pension attributed to disability or death or other tax exempted income, you will still need to submit your Municipal Tax and Prefectural Tax Statement or National Health Insurance Income Statement.

Income criteria (sum of the total income etc. within the year 2021)	Per Capita Rate Reductions
Up to ¥430,000 + ¥100,000 × [total number of salaried employees, etc. (*2) -1]	Reduction of 70%
Up to ¥430,000 + ¥285,000 × total number of insured persons (*3) + ¥100,000 × [total number of salaried employees, etc. (*2) -1]	Reduction of 50%
Up to ¥430,000 + [¥520,000 × total number of insured persons (*3)] + ¥100,000 × [total number of salaried employees, etc. (*2) -1]	Reduction of 20%

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

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

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

Reductions of Per-Capita Basis Levies for Insured Pre-School Children (From Fiscal 2022)

未就学児の被保険者均等割額の減額 (令和4年度から)

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

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

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

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

[Eligible Persons]

Heads of households who subscribe to National Health Insurance as of the current base date for assessment (*1) and who reside in the same household as insured children under the age of 19 (*2) with an income of ¥480,000 or less

- *1. April 1 of the relevant fiscal year. However, for persons qualifying for National Health Insurance on April 2 or later, the date on which they qualified for insurance coverage.
- *2. Insured persons to whom either of the following conditions apply
 - (1) Persons under the age of 19 at the end of December during the fiscal year prior to the relevant fiscal year
 - (2) Persons with an income of ¥480,000 or less in total during the fiscal year prior to the relevant fiscal year

[Reduction Details]

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

1. ¥330,000 for each insured child under the age of 16
2. ¥120,000 for each insured child of 16 years or older and under the age of 19

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

Reduction of Amount and Exemption from Payment for Households with Child/Children (Up Until Fiscal 2021)

子どもがいる世帯の保険料減免 (令和3年度まで)

With regard to insurance premiums up until fiscal 2021, the premiums that must normally be paid by households in which there are insured persons below 19 years of age will be reduced or eliminated. 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.

Application for Reduction or Exemption

申請による減額または免除

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

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

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

Non-Payment of Premiums

保険料の滞納

In case premium payments are in arrears:

保険料を滞納すると

Sending a demand note or notice prior to seizure

In premium payments there is a deadline for payment prescribed in prefectural ordinances and a demand notice will be sent when payments are not made by the payment deadline. Additionally, there are cases when a peremptory notice (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 not be renewed if there is nonpayment of premiums.

Specific Health Checkups and Specific Health Guidance

特定健康診査・特定保健指導

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

What is Metabolic Syndrome?

メタボリックシンドロームとは？

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

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

Specific Health Checkups

特定健康診査の実施内容

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

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

	Type/purpose	Details
General examination	Assess patient lifestyle and lifestyle-related illnesses	Examination and questions about medication smoking history, dietary habits, exercise, sleep, etc.
	Evaluate symptoms known to the patient as well as symptoms observed by the doctor	Physical examination
Tests	Visceral fat and obesity	Measurement of height, weight and girth BMI (body mass index) Weight (kg) ÷ height (m) ÷ height (m)
	High blood pressure	Blood pressure measurement
	Lipids	Blood test (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, γ-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.

Specific Health Checkups and Specific Health Guidance

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 NHI certificate to receive specific health checkups. Take these documents to a specific health checkup institution and receive your checkup accordingly. Access the Yokohama City website for a list of the health facilities that are able to handle Inquiry Sheets written in foreign languages and communicate in foreign languages.

(The checkups are free of charge.)

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

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

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

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

<Foreign language inquiry sheets>



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



Latter-Stage Elderly Health Care System

後期高齢者医療制度

About The Latter-Stage Elderly Health Care System

後期高齢者医療制度とは

The Latter-Stage Elderly Health Care System is a medical care system designed primarily for persons aged 75 years and older. 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	
有効期限 年 月 日	
被保険者番号	
住所	
氏名	男 女
生年月日	年 月 日
資格取得年月日	年 月 日
発給期日	年 月 日
交付年	年 月 日
一部負担率の割合	
保険者番号並びに保険者の名称及び印	神奈川県後期高齢者医療広域連合

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. People eligible for 10% liability for medical expenses will be charged 20% from October 2022 if their income is above a predetermined amount.

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 ¥660,000 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 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 persons with mental disabilities)
- Your health insurance certificate

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 *Applications must be stamped with the personal seal of the person concerned (applicant) if the refund is to be paid into a bank account under a name that is different from the applicant.)
- Receipts (showing your name, total number of insurance points for treatment received, treatment period, amount of payment received, and name of medical institution)
- Bankbook 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 Expenses Subsidy Scheme for Single-Parent Families Medical Expense Assistance for Persons with Severe Disabilities

* 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

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.

(1画)

① 福祉医療証	
住所	
氏名	
有効期間	月 日から 月 日まで
次の発給者は、横浜市立福祉医療証の医療費助成に関する条例により医療費の一部を助成する権利を有する者であることを証明します。	
横浜市 市長	
発行局	
交付年月日	年 月 日

(注) この医療証により発給できるのは、2画又は3画に氏名の書かれている方のみです。

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
- Other documentation
- **If you have a person with disabilities as a member of your household:** documentation showing the degree of disability (disabled people's handbook or pension certificate, for instance)
- **If you have a child under 20 years of age attending high school:** certificate of enrollment in school

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 National Health Insurance Section, Health Insurance and Pension Division 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 *Applications must be stamped with the personal seal of the person concerned (applicant) if the refund is to be paid into a bank account under a name that is different from the applicant.)
 - Receipts from the medical institution (showing the total number of insurance points for medical treatment given)
 - 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.

A screening process to determine whether or not children aged one year or two years are required to pay a certain percentage of medical expenses will be carried out based on the income of the guardian, and Medical Care Certificates issued accordingly.

There are income limits in effect for children aged three years or older, and Medical Care Certificates will be issued for applications if they are deemed eligible during the screening process for details into the income of the guardian.

(Subsidies are not paid for expenses not covered by health insurance, such as the differences incurred for the use of private beds during hospitalization, documentation or medical examinations.)

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

Age	0 years old	1 to 2 years old	3 years old 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	Full Amount of Assistance	○ When the guardian's income is <u>less than the standard income</u> ⇒ No charges at reception ○ When the guardian's income is <u>above the standard income</u> ⇒ Outpatient: Up to ¥500 per visit Inpatient/Medicine: Total amount subsidized	Full Amount of Assistance	Outpatient: Up to ¥500 per visit *When the guardian's income is exempt from municipal tax, the full amount will be subsidized Inpatient/Medicine: Total amount subsidized

Maximum Income of Guardian (excluding children ages 0 - 2)

保護者の所得制限 (0~2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 3 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 (Standard amount for 1 and 2 year olds)

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

申請の手続と利用のしかた

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

<Items needed for application>

- The child's health insurance certificate
- Tax (income) certificate for the guardian showing your income and deductions (if you have moved from another city)
- * The same documentation for a spouse is required in principle if married.

<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 one and two years old for whom guardians earn more income than the standard income amount, and children from fourth year at elementary school to third year at junior school are charged up to ¥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 National Health Insurance Section, Health Insurance and Pension Division 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, NHI certificate

<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 *Applications must be stamped with the personal seal of the person concerned (applicant) if the refund is to be paid into a bank account under a name that is different from the applicant.)
- Receipts (with the patient's name, total number of treatments received and covered by insurance, duration of treatment, the amount paid, medical institution name)
- Notice for payment that confirms the amount of major medical expenses or added allowance paid by the health insurance for the month of medical treatment in the application
- 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	Telephone (*1)	Days open	Hours of treatment	Address	Access
Yokohama City Emergency and After-Hours Medical Center	Internal Medicine, Pediatrics, Ophthalmology, Ear, Nose and Throat Medicine	212-3535	Every Day	20:00 – 24:00	1-1 Sakuragi-cho, Naka-ku	2-min. walk from Sakuragicho Station on the JR and municipal subway lines
Yokohama City North After-Hours Emergency Medical Center	Internal Medicine and Pediatrics	911-0088	Every Day	20:00 – 24:00	1-23-4 Ushi-kubo-Nishi, Tsuzuki-ku	8-min. walk from Center-Kita Station on the municipal subway
Yokohama City Southwest After-Hours Emergency Medical Center	Internal Medicine and Pediatrics	806-0921	Every Day	20:00 – 24:00	5-1-5 Izumi Chuo-kita, Izumi-ku	8-min. walk from Izumi Chuo Station on the Sotetsu Line

● Out of Hours Emergency Medical Clinics

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

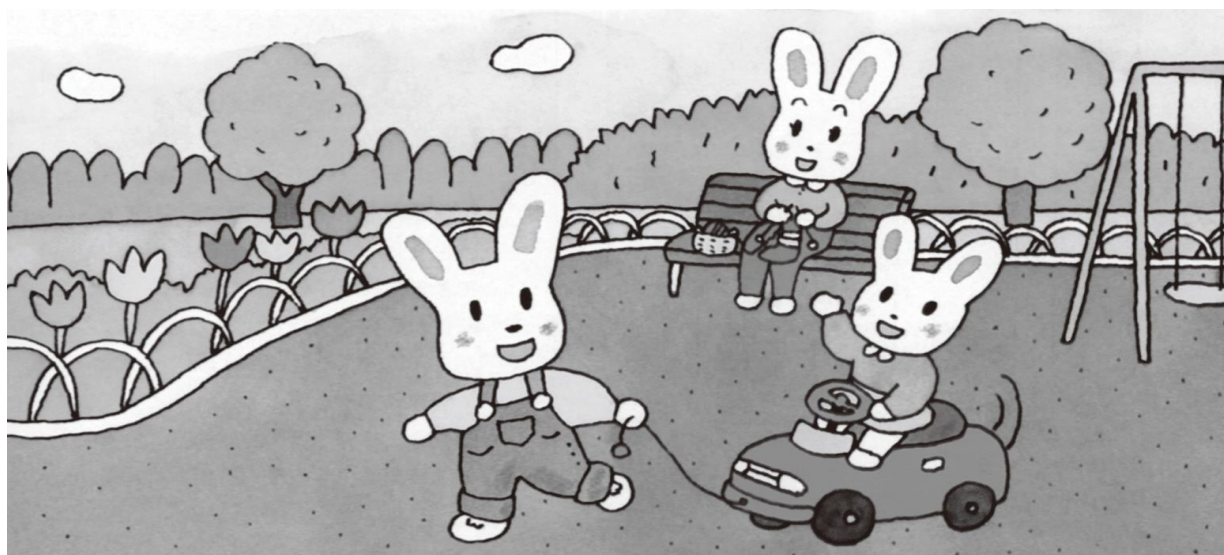
Medical clinics	Medical departments	Telephone (*1)	Days open	Hours of treatment	Address	Access (Nearest Station/Bus Stop)
Tsurumi	Internal Medicine and Pediatrics	503-3851	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	3-4-22 Tsurumi-Chuo, Tsurumi-ku	12-min. walk from Tsurumi Station on the JR line 10-min. walk from Keikyu Tsurumi Station on the Keikyu line
Kanagawa	Internal Medicine and Pediatrics	317-5474	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	3F, Heart Yu Kanagawa 1-8-4 Tanmachi,	10-min. walk from Kanagawa Station on the Keikyu line 10-min. walk from Tanmachi Station on the Tokyu line 10-min. walk from Higashi-Kanagawa Station on the JR line
Nishi	Internal Medicine and Pediatrics	322-5715	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	1-15-18 Chuo, Nishi-ku	10-min. walk from Tobe Station on the Keikyu line 3-min. walk from Nishi-ku Sogochosha Iriguchi bus stop on the municipal Kanachu bus line
Naka	Internal Medicine and Pediatrics	622-6372	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	2-353 Honmoku-cho, Naka-ku	3-min. walk from Honmoku Nichome bus stop on the municipal bus line 5-min. walk from Minowa Yato bus stop on the municipal bus line
Minami	Internal Medicine and Pediatrics	731-2416	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	4-76-1 Shuku-cho, Minami-ku * A temporary medical clinic will be located on the 2nd floor of the Kenko Head Office Building at 2-22 Eirakucho, Minami-ku, from June 2022 while the building is being rebuilt	5-min. walk from Maita Station on the municipal subway line

Konan	Internal Medicine and Pediatrics	842-8806	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	7-29 Konan-Chuo-dori, Konan-ku	5-min. walk from Konan Chuo Station on the municipal subway line 1-min. walk from Yoshihara bus stop on the municipal Kanachu bus line
Hodogaya	Internal Medicine and Pediatrics	335-5975	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	1-21 Tenno-cho, Hodogaya-ku * A temporary medical clinic will be located at 1-7-15 Iwama-cho, Hodogaya-ku until June 2022 while the building is being rebuilt	8-min. walk from Tennocho Station on the Sotetsu line 3-min. walk from Miyatacho bus stop on the municipal Sotetsu Kanachu bus line * Temporary medical clinic: 5-minute walk from Tennocho Station on the Sotetsu line
Asahi	Internal Medicine and Pediatrics	363-2020	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	1-88-16 Futamatagawa, Asahi-ku	18-min. walk from Futamatagawa Station on the Sotetsu line 1-min. walk from Right Center Mae bus stop on the Sotetsu bus line
Isogo	Internal Medicine and Pediatrics	753-6011	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	1-3-13 Isogo, Isogo-ku	3-min. walk from Hama bus stop on the municipal bus line
Kanazawa	Internal Medicine and Pediatrics	782-8785	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	48 Kanazawa-cho, Kanazawa-ku	8-min. walk from Kanazawa Bunko Station on the Keikyu line
	10:00 – 12:00 * Until 16:00 during Year-End/ New-Year period (from December 30 to January 3) and the May holiday period					
Kohoku	Internal Medicine and Pediatrics	433-2311	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	7-8-27 Kikuna, Kohoku-ku	10-min. walk from Kikuna Station on the Tokyu line 10-min. walk from Okurayama Station on the Tokyu line 20-min. walk from Shin-Yokohama Station on the JR and municipal subway lines
Midori	Internal Medicine and Pediatrics	937-2300	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	3-16-2 Nakayama, Midori-ku	15-min. walk from Nakayama Station on the JR line 2-min. walk from Koshuha Mae bus stop on the municipal bus line
Aoba	Internal Medicine and Pediatrics	973-2707	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	9:00 – 12:00 13:00 – 16:00	31-21 Ichigao-cho, Aoba-ku	8-min. walk from Ichigao Station on the Tokyu line
Tsuzuki	Internal Medicine and Pediatrics	911-0088	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	1-23-4 Ushikubo-Nishi, Tsuzuki-ku	8-min. walk from Center-Kita Station on the municipal subway line
Totsuka	Internal Medicine and Pediatrics	861-3335	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	4141-1 Totsuka-cho, Totsuka-ku	10-min. walk from Totsuka Station on the JR and municipal subway lines

Sakae	Internal Medicine and Pediatrics	893-2999	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	635 Kuden-cho, Sakae-ku	7-min. walk from Sakae Keisatsu Mae bus stop on the Kanachu bus line 15-min. walk from Hongodai Station on the JR line
Izumi	Internal Medicine and Pediatrics	806-0921	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	5-1-5 Izumi Chuo-kita, Izumi-ku	8-min. walk from Izumi Chuo Station on the Sotetsu line
Seya	Internal Medicine and Pediatrics	360-8666	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	489-46 Futatsubashi-cho, Seya-ku	12-min. walk from Mitsukyo Station on the Sotetsu line 4-min. walk from Nakamaru bus stop on the Sotetsu bus line
Yokohama City Dental Health Center (*2)	Dentistry	201-7737	Every Day	19:00 – 23:00 (Reception open until 22:30)	6-107 Aioi-cho, Naka-ku	10-min. walk from Sakuragicho Station on the JR line 5-min. walk from Kannai Station on the municipal subway line 5-min. walk from Bashamichi Station on the Minato Mirai line
			Sundays, national holidays and Year-End/New- Year period (from December 29 to January 4)	10:00 – 16:00 (Reception open until 15:30)		

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

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



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

区役所保険年金課保険係一覧

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

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

Kohoku	(540) 2349	(540) 2350	(540) 2351	26-1, Mamedo-cho, Kohoku-ku 〒 222-0032	7-min. walk from Okurayama Station on the Tokyu line	(540) 2355
Midori	(930) 2341	(930) 2342	(930) 2344	118, Terayama-cho, Midori-ku 〒 226-0013	5-min. walk from Nakayama Station on the JR line	(930) 2347
Aoba	(978) 2335	(978) 2431	(978) 2337	31-4, Ichigao-cho Aoba-ku 〒 225-0024	8-min. walk from Ichigao Station on the Tokyu line	(978) 2417
Tsuzuki	(948) 2334 (948) 2335	(948) 2338	(948) 2336 (948) 2337	32-1, Chigasaki-Chuo, Tsuzuki-ku 〒 224-0032	6-min. walk from Center-Minami Station on the municipal subway	(948) 2339
Totsuka	(866) 8449	(866) 8445	(866) 8450	16-17, Totsuka-cho, Totsuka-ku 〒 244-0003	2-min. walk from Totsuka Station on the municipal subway and JR lines	(871) 5809
Sakae	(894) 8425	(894) 8425	(894) 8426	303-19, Katsura-cho, Sakae-ku 〒 247-0005	10-min. walk from Hongodai Station on the JR line	(895) 0115
Izumi	(800) 2425 (800) 2426	(800) 2428 (800) 2429	(800) 2427	5-1-1, Izumi Chuo Kita, Izumi-ku 〒 245-0024	5-min. walk from Izumi-Chuo Station on the Sotetsu line	(800) 2512
Seya	(367) 5725 (367) 5726	(367) 5732	(367) 5727 (367) 5728	190, Futatsubashi-cho Seya-ku 〒 246-0021	10-min. walk from Mitsukyo Station on the Sotetsu line	(362) 2420

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

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

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

National Health Insurance Section at the City Office

市役所国民健康保険担当課

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

* 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 handbook and personal seal used at your financial institution (not required if you have already completed bank-transfer payment registration procedures)
	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	
Withdrawing from the Yokohama City National Health Insurance	When you are leaving Japan	Passport	NHI certificate (*3)
	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, Individual Number (My Number) Cards, etc.
	If the head of household 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.	

When you make notification, we may ask to see your “my number”.

- *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 head of household, are to be changed. Also, all persons who possess Applicable Limit Certificates or specific health examination vouchers must submit them as well.
- *4 Please make notification to National Health Insurance Section, Health Insurance and Pension Division of your local ward office in which you have newly taken up residence.

YOKOHAMA
ENJOY WALKING
さあ歩こうヨコハマ。