

# NATIONAL HEALTH INSURANCE

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**GUIDE BOOK**  
.....

**2025 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.)

## What is the NHI System?

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### ★ 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.

# Using Your Individual Number Card (My Number Card) as a Health Insurance Card

マイナンバーカードの健康保険証利用

## ***You Can Use Your Individual Number Card (My Number Card) as Your Health Insurance Card***

マイナンバーカードが健康保険証として利用できます

To use your Individual Number Card (My Number Card) as your health insurance card, you must obtain an Individual Number Card and apply for health insurance card usage through Mynaportal or other means.

To apply for health insurance card usage, simply hold your Individual Number Card (My Number Card) over the card reader installed at a medical institution or pharmacy, or use your computer, smartphone, or any Seven Bank ATM nationwide.

## ***You Can Use Your Individual Number Card (My Number Card) as Your Health Insurance Card Indefinitely***

健康保険証としてずっと使えます

Even if you change jobs, are transferred, or move home, you can continue to use your Individual Number Card (My Number Card) as your health insurance card. This means that you do not need to wait for a new insurance card to be issued, even if you change health insurance providers.

\*You will still need to notify your health insurance provider of any changes, such as enrollment, withdrawal, or change of provider.

## ***Medical Facilities Can Efficiently Verify Your Health Insurance Eligibility***

医療保険の資格確認をスムーズに行えます

By simply holding your card up to the card reader at medical institutions and pharmacies, your medical insurance eligibility can be confirmed quickly and easily. This means you can expect more efficient administrative procedures at the reception desk of medical institutions and pharmacies.

## ***You Will No Longer Need to Present a Certificate of Eligibility for Ceiling-Amount Application, etc.***

限度額適用認定証等の提示が不要になります

Even without a Certificate of Eligibility for Ceiling-Amount Application, etc., you will not be required to pay at the counter for amounts exceeding the maximum amount under the high-cost medical care fee system.

\*If you are a member of a household that is exempt from municipal tax and has been hospitalized for 91 days or more in the 12 months prior to the date of application, you must apply to the Health Insurance and Pension Division of your ward office to receive a further reduction in meal expenses.

\*To receive financial assistance for medical expenses, etc., you must bring the necessary documents with you.

## ***You Can View Information on Specific Health Checkups, Medical Treatment, Medications, And Medical Expenses***

特定健診情報や診療情報・薬剤情報・医療費通知情報が見られます

You can use Mynaportal to view your health checkup results from fiscal year 2020 onward, information on medical treatment you have received from September 2021 onward, details of your medication, and medical expense notifications (information on medical treatment is limited to data submitted by medical institutions from June 2022 onward). Please take advantage of this service to help keep track of your health.

### ***You Can Provide Information on Specific Health Checkups, Medical Treatment, and Medications to Medical Institutions, etc.***

医療機関等に特定健診情報や診療情報・薬剤情報を提供できます

With your consent, your health checkup results from fiscal year 2020 onwards, information on medical treatment you have received from September 2021 onwards, and details of your medication may be shared with medical institutions. (Information on medical treatment is limited to data submitted by medical institutions from June 2022 onward.)

### ***You Can Easily Claim Medical Expense Deductions on Your Tax Return***

確定申告の医療費控除が簡単にできます

The procedure for claiming medical expense deductions on your tax return has been updated. Starting with medical expenses incurred from September 2021 onward, you can now automatically input medical expense reports through Mynaportal. (For medical expenses incurred up to August 2021, you will need to submit receipts or medical expense notification forms.)

\*For more details, please refer to the Mynaportal website or the Mynaportal app.



Myna-chan, My Number mascot

Mynaportal

 Search

# Enrollment: National Health Insurance Membership and Eligibility Confirmation Certificate, etc.

加入：被保険者・資格確認書等

## 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.

## About the Eligibility Confirmation Certificate Screen, etc.

資格確認書画面等について

Starting December 2, 2024, new health insurance cards will no longer be issued, and the system will transition to a system where patients will generally be required to present their Myna Health Insurance Card (Individual Number Card (My Number Card) registered for health insurance use) when receiving medical treatment. Those who do not have a Myna Health Insurance Card will be issued an Eligibility Confirmation Certificate.

<Summary of how to get medical treatment>

	December 2, 2024 Health insurance card expiration date	After expiration date of health insurance card
Those who do not have a Myna Health Insurance Card	Health insurance card within its validity period	Eligibility Confirmation Certificate
Those who have a Myna Health Insurance Card	Myna Health Insurance Card Health insurance card within its validity period	Myna Health Insurance Card  *If there is no Myna Health Insurance Card reader, you can receive treatment by presenting your Myna Health Insurance Card and Notice of Eligibility Information or your Myna Health Insurance Card and Mynaportal screen.



## **<About the Eligibility Confirmation Certificate>**

Those who are enrolled in National Health Insurance and do not have a Myna Health Insurance Card will be issued an Eligibility Confirmation Certificate. This certificate serves as a medical consultation ticket when visiting a doctor.

## **<About the Notice of Eligibility Information>**

Those who are enrolled in National Health Insurance and have a Myna Health Insurance Card will receive notification of any changes to their eligibility information. Those who have a Myna Health Insurance Card can receive medical treatment using their card, but if there is no machine to read the card, they can receive treatment by presenting their Myna Health Insurance Card and Notice of Eligibility Information or their Myna Health Insurance Card and Mynaportal screen.



# 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 42 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. Please bring something that shows the date you became eligible for the new health insurance and submit it.

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

国民健康保険に加入する日、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 are not eligible for NHI, 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 are not eligible for NHI and have used it, 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.

# 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 Myna Health Insurance Card or Eligibility Confirmation Certificate 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 the following for details.	20% / 30%
All other People		30%

## 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.

## **Issuance of Certificate of Eligibility, etc.**

資格確認書等の交付

If you do not have a Myna Health Insurance Card, you will be sent an Eligibility Confirmation Certificate in the latter half of the month of your 70th birthday (or the latter half of the month before your birthday if you were born on the 1st). You can start using it from the month after your birthday (or from the month of your birthday if you were born on the 1st).

If you have a Myna Health Insurance Card, you can continue to use it as is. You will be issued a Notice of Eligibility Information confirming your portion payable.

## **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.

# Refund of Medical Charges

## 療養費の支給

### Refund of Medical Charges

#### 療養費の支給

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 later apply at the National Health Insurance Section, Health Insurance and Pension Division of your local ward office. When doing so, you must bring the necessary documents, such as an itemized statement of treatment and receipt.

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.

	Treatment	Necessary documentation
1	Unable to use insurance due to unexpected illness or other emergency (did not have NHI Certificate on hand) (*1) (did not have Myna Health Insurance Card or Eligibility Confirmation Certificate on hand)	(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 instructions (certificate) (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 Myna Health Insurance Card or Eligibility Confirmation Certificate under the Juryo Inin-barai system (*4))	(1) Receipt (2) Receipt showing details of treatment received
4	Acupuncture, moxa treatment, massage given with the consent of a medical doctor (some practitioners only charge the patient's portion of the fee if you present your Myna Health Insurance Card or Eligibility Confirmation Certificate under the Juryo Inin-barai system (*4))	(1) Receipt showing medical expenses paid (2) Receipt showing details of treatment received (3) Letter of consent from a doctor
5	Treatment at an overseas medical institution for unexpected sickness or injury (*5)	(1) Receipt and details of treatment received (2) Statement detailing illness names and treatment received (3) Japanese translation of (1) and (2) (4) Original passport of the person who received such treatment (*6) (5) Consent form (*7)

When you apply for a refund, make sure to bring your identification document and your bankbook or details of your bank account.

\*The head of household's signature or personal seal (seal 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.

- 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 Myna Health Insurance Card or Eligibility Confirmation Certificate whenever they use the Home Nursing Station service.

# T Transfer Costs

## 移送費の支給

If it is difficult for a patient to travel, and the patient undergoes an emergency hospital transfer under the instructions of a doctor in order to get medically necessary emergency treatment, and the transfer was considered necessary by an NHI review, the amount approved in the review will be refunded as a transfer expense.

\* Transfers for your convenience (transferring to a hospital closer to your home, etc.), travel for tests, travel following discharge or for regular visits, etc., are not covered.

\* 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:

- Identification document
- 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 signature or personal seal (seal 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 of Meals while in Hospital

(As of April 1, 2025)

## 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			
Income category			Patient's portion of charges per meal
Household paying municipal resident tax			¥510
Households exempt from residents' tax	Number of days of hospitalization over the last 12 months	Up to 90 days	¥240
		91 or more days	¥190

Persons 70 years of age and over Hospital Meals Standard Charges			
Income category			Patient's portion of charges per meal
Persons whose incomes are on par with working population/General member			¥510
Low income II	Number of days of hospitalization over the last 12 months	Up to 90 days	¥240
		91 or more days	¥190
Low income I			¥110

# Standard Charges for Utilities while in Hospital

(As of April 1, 2025)

## 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	Accommodation costs (per day)
Household paying municipal resident tax	¥510 [¥470]*	¥370
Household exempt from municipal resident tax*	¥240	

Standard Charges for Utilities for People 70 Years or Older (Meals plus accommodation)		
Income category	Meal charge per meal	Accommodation costs (per day)
Persons whose incomes are on par population with the working / general member	¥510 [¥470]*	¥370
Low income II	¥240	
Low income I	¥140	

\* 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について

Individuals under age 70 in households exempt from the resident tax and individuals ages 70 and over who fall under “low income I” or “low income II” who consent to provide information from the Eligibility Certificate for Ceiling-Amount Application to a medical institution during the online eligibility confirmation can limit their payments to the standard charge even without a certificate as in this case the maximum amount applicable can be confirmed.

- \* If the above applies to you (excluding “low income I”) and you had a long-term hospital stay of 91 days or longer in the past 12 months, you must apply for a Registration Certificate for Standard Charges and Reduced Charges as Applied to Maximum National Health Insurance Payments with the health insurance and pension division of your local government office. (No certificate is required.)

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

標準負担額差額支給

If your eligibility could not be confirmed online or you could not present your Registration Certificate for Standard Charges and Reduced Charges as Applied to Maximum National Health Insurance Payments and you paid the standard fee, then we will refund the difference following an application.

- \* 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:**

- Identification document
- Receipts
- Your bankbook or details of your bank account

\*The head of household’s signature or personal seal (seal 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.

(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.

(Maximum self-pay expenses for patients age 70 or over (monthly))

Income category	Outpatient maximum (individual) (monthly)	Hospitalization and household maximum (household) (monthly)
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.

## Benefits: Major Medical Expenses

Income requirements for each income category are as follows.

Income category	Income requirements
Persons whose incomes are on par with the working population III	NHI member age 70 or over belonging to a household where the highest standard taxable amount for the resident tax for a household member is 6,900,000 yen or higher.
Persons whose incomes are on par with the working population II	NHI member age 70 or over belonging to a household where the highest standard taxable amount for the resident tax for a household member is 3,800,000 yen to less than 6,900,000 yen.
Persons whose incomes are on par with the working population I	NHI member age 70 or over belonging to a household where the highest standard taxable amount for the resident tax for a household member is 1,450,000 yen to less than 3,800,000 yen.
General member	<ul style="list-style-type: none"> <li>• A person whose income is on par with the working population, who meets the application conditions on page 8, and who belongs to a household with a 20% payable portion.</li> <li>• Person who falls under the “general member,” “low income II” or “low income I” category on page 8 and belongs to a household that does not fall under either of the “low income II” or “low income I” categories below</li> </ul>
Low income II	A person who belongs to a household in which the head of household and all NHI beneficiaries are exempt from paying residents’ tax
Low income I	<p>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 (For medical care received in August 2023 or after, if employment income is included, the determination is made after deducting 100,000 yen from the employment income.)</p> <p>* Calculated using a public pension deduction of ¥800,000</p>

### ***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.
9. For persons under age 70, receipts for medical (pharmaceutical) fees with a payable portion of 21,000 yen or higher are subject to calculation; for persons ages 70 and over, all receipts for medical (pharmaceutical) fees are subject to calculation.  
\* Receipts for medical (pharmaceutical) fees are documents provided alongside the invoice for medical (pharmaceutical) fees when a medical institution performs care and invoices an insured person for that care. They show the details and costs of the medical care (medication).

### ***Application Methods***

#### 申請の方法

Generally, we will send an application and notification at the end of two months (i.e., in June if the applicable month is April) after the month you become eligible for refunds due to major medical expenses. 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.
- \* Major medical expenses are refunded based on the receipts for medical (pharmaceutical) fees sent to Yokohama City National Health Insurance by the medical institution. Therefore, if the sending of the receipts for medical (pharmaceutical) fees is delayed, the delivery of the application and notification will also be delayed.
- \* 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

As the maximum payment limit can be confirmed through online eligibility confirmation by medical institutions, etc., you can limit your monthly payments to the personal ceiling amount. Paper certificates of maximum payment limits, etc. are generally not required.

# Payment High-cost Long-Term Care Unitary Medical Care Benefit

高額介護合算療養費

## Payment of High-cost Long-Term Care Unitary Medical Care Benefit

高額介護合算療養費の支給

If the total amount from the personally-borne portion under NHI (\*1) and user-borne portion under long-term care insurance (\*2) for one year (from August to the end of the following July) for a single household exceeds the personal ceiling amount, the excess amount will be refunded as a High-cost Long-Term Care Unitary Medical Care Benefit with an application. If you could expect to receive a refund, we will send you an application and notification. Fill out the application, and return it to the insurance section of the insurance and pension division of your local government office.

\* The deadline is 2 years from the day after the standard date (Generally July 31. If loss of eligibility occurs due to death, etc., then the day prior to the loss of eligibility). Be aware that you will be unable to apply after this date.

(Maximum self-pay expenses for patients under 70 (monthly))

Income category	Personal ceiling amount for National Health Insurance + long-term care insurance (yearly)
a	¥2,120,000
b	¥1,410,000
c	¥670,600
d	¥600,000
e	¥340,000

(The income requirements for income class are the same for the major medical care benefit.)

<Personal ceiling amount for persons ages 70 to 74>

Income category	Personal ceiling amount for National Health Insurance + long-term care insurance (yearly)
Persons whose incomes are on par with the working population III	¥2,120,000
Persons whose incomes are on par with the working population II	¥1,410,000
Persons whose incomes are on par with the working population I	¥670,600
General member	¥560,000
Low income II	¥310,000
Low income I	¥190,000

(The income requirements for income class are the same for the major medical care benefit.)

\*1 If you are eligible for the major medical care benefit, you are only eligible up to the personal ceiling amount of the major medical expense. Persons under age 70 are eligible when their payable portion for a single medical institution within a single month (calendar month) is 21,000 yen or higher.

Expenses not covered by insurance, such as additional room fees and medical certificate fees, and standard fees, such as hospital meals and living expenses, are not included.

\*2 If you are eligible for the high-cost long-term care service benefit, you are only eligible up to the personal ceiling amount of the high-cost long-term care service.

Meals, accommodations, home renovations, and care equipment purchase costs are not included.

# Lump Sum Allowance for Childbirth

出産育児一時金

## Childbirth lump sum allowance

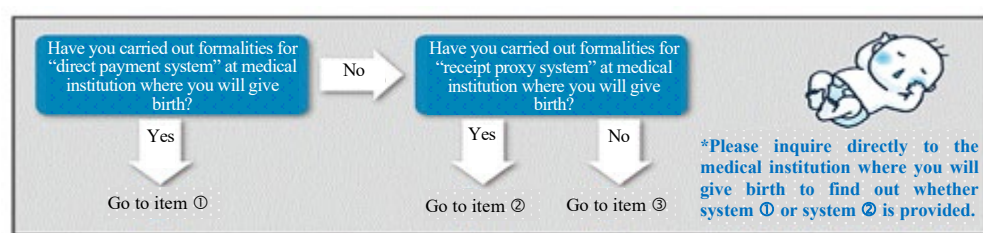
出産育児一時金の支給

Amount of refund: ¥500,000

- <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.

## How to Apply

申請の方法



### 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 ¥500,000 (¥488,000 if outside the scope of the obstetrics medical treatment compensation system.) upon leaving the hospital.

- <Note> If the childbirth expenses are lower than the lump sum allowance for childbirth (500,000 yen), you can receive the difference by applying through the insurance section of the insurance and pension division of your local government office.

Application documents:

- Identification document
- 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 signature or personal seal (seal 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> If the childbirth expenses are lower than the lump sum allowance for childbirth (500,000 yen), you will receive the difference.

**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.

- Identification document
  - 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 signature or personal seal (seal 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.

# 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
  - Identification document
  - Mother and Child Health Handbook
  - Your bank book or details of your bank account
- \* The head of household’s signature or personal seal (seal 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.

# 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
  - Documents showing the person holding the funeral and the date it was held (receipt, invoice, or funeral attendance thank-you card from the funeral hall)
  - Your bank book or details of your bank account
  - \* The applicant's signature or personal seal (seal 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 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

# 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 in a traffic accident or accident resulting in injury***

交通事故・傷害事件にあつたときは

If you are in a traffic accident or accident resulting in injury, you can use National Health Insurance to get care even if an injury or illness results from the action of a third party (person responsible). However, if you have already received the full amount for care from the person responsible, you cannot use National Health Insurance.

### **Common examples of injuries or illness caused by a third party**

(1) Traffic accidents (2) Injury resulting from fighting or violence (3) Injury caused by a third party's pet (4) Food poisoning from a restaurant, etc. (5) Accident occurring inside a facility or involving a physical object

### **You must notify your local government office**

When using National Health Insurance to get care, you must submit a Notification of Injury or Sickness Caused by Third Party (\*). You also need a traffic accident certificate from the police. Promptly talk to the insurance section of the insurance and pension division of your local government office.

\* You have a legal obligation to submit the notification.

### **However:**

#### **(1) Work-related injuries and illnesses**

National Health Insurance cannot be used as workers' accident insurance will apply or your employer will cover the costs according to the Labor Standards Act. If you have already used National Health Insurance to get care, promptly submit a Notification of Injury or Illness Resulting from Personal Negligence or Work to the insurance section of the insurance and pension division of your local government office.

#### **(2) Illegal activities such as driving while intoxicated or without a license**

You may be restricted from receiving some or all benefits, and you may not be able to use National Health Insurance.

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

For injuries and illnesses resulting from a traffic accident or other accident caused by a third party, the person responsible will generally be responsible for the portion relative to their degree of fault.

Accordingly, if you use National Health Insurance to get medical care, we will cover the medical expenses that should be covered by the person responsible, and we will then invoice the person responsible on your behalf, but we cannot do this without a notification from you.

You will have to submit a claim directly to the person responsible for any portion of the expenses that you paid.

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

Generally, if you reach an out-of-court settlement with the person responsible, you will be responsible for any medical care that arises after the settlement date. Depending on the details of the settlement, National Health Insurance may not be able to bill the person responsible or you may be unable to use National Health Insurance for the medical care.

If you will settle out of court, first contact the insurance section of the insurance and pension division of your local government office, and once you reach a settlement, promptly submit a copy of the settlement.

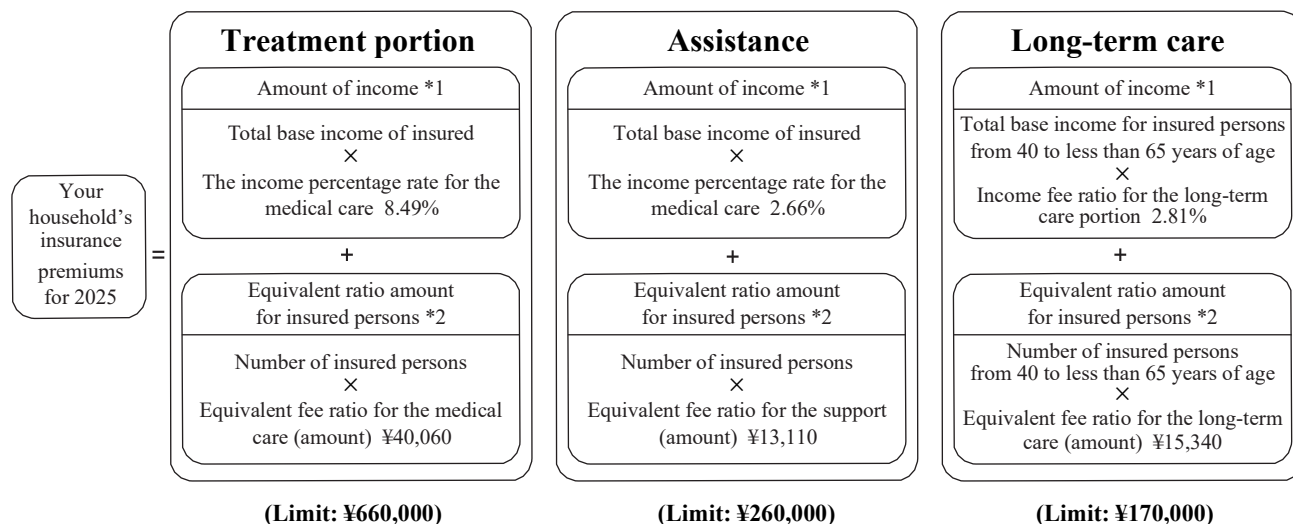
# Premiums: How to Calculate

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.

# How to Pay the Insurance Premium

## 保険料の納付方法

### **Application for Automatic Payment Transfer**

#### 口座振替を利用するとき

Generally, the transfer date will be the 29th of the month of the corresponding payment (from June through March of the following year). However, if the financial institution, etc., will be closed, then the transfer will be on the preceding business day. If the insurance premium increases retroactively through the previous year or earlier, a transfer may also be performed in April or May.

#### **Application for Bank Transfer Service**

1. Applying through Pay-easy (supports eight financial institutions)  
This service uses a dedicated network to register bank transfers with your financial institution. Scan your financial institution's cash card at the dedicated terminal installed in the counter of your local government office and input your PIN number.
2. Applying with a bank transfer request form (paper)  
Fill out the required items on the bank transfer request form, including address, name, and insurer number (number listed on payment slips, Notice of Eligibility Information, Eligibility Confirmation Certificate, etc.), affix the same seal used for your bank account, and submit the form to the financial institution where you have the account. You can get the bank transfer request form from a financial institution or at the insurance section counter in your local government office.
3. Applying online  
You can also apply online. You need your insurer number (number listed on payment slips, Notice of Eligibility Information, Eligibility Confirmation Certificate, etc.) and a document with your bank account number. Access the Online Bank Transfer Reception Service (\*) through the Yokohama City website, and perform the procedures.

\* For details on applying, scan the 2D code on the right (Japanese only).



### 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	End of June
July	3	July	End of July
		August	End of August
		September	End of September
October	3	October	End of October
		November	End of November
		December	End of December
January	3	January	End of January
		February	End of February
		March	End of March

- \* 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.
- You can also make payments using your smartphone. For this, it is necessary to register for one of the following payment apps.

PayB, Rakuten Bank, PayPay, au PAY, Bank pay, J-Coin
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### Special levy (deduction in advance from the public pension)

特別徴収（年金からの天引き）について

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 2024 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 2024)	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 + ¥305,000 × total number of insured persons (*3) + ¥100,000 × [total number of salaried employees, etc. (*2) -1]	Reduction of 50%
Up to ¥430,000 + [¥560,000 × 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 (75-years old or above) 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**

#### 未就学児の被保険者均等割額の減額

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 National Health Insurance premiums for insured women who have given birth (effective January 2024)

If there is an insured woman who has given birth in the household, her National Health Insurance premiums will be reduced by up to four months.

\* A National Health Insurance insured person who has given birth (including stillbirth, miscarriage, premature birth, and induced abortion) after 85 days (four months) of pregnancy. For details on how to apply, please contact the Insurance and Pension Division of your local ward office.

### 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 or 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.

In addition, you may receive messages directly on your mobile phone.

#### **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 (Triglycerides on empty stomach, 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 (AST, ALT, γ-GT)
	Urinary cyst and urinary tract check	Urine sample (urine occult blood*)

\* Denotes additional tests stipulated by the City of Yokohama National Health Insurance Section.

- Further testing may be performed where deemed necessary by the treating physician in accordance with the national criteria. (Further testing schedule)

Type/purpose	Details
Anemia	Blood test (red blood cells, hemoglobin content, hematocrit value)
Heart function	Electrocardiogram
Blood vessel analysis (primarily for arteriosclerosis)	Funduscopy

<National criteria for further testing>

1. Eligibility criteria for anemia test

Previous history of anemia or health check indicates possibility of anemia.

2. Standards for implementing electrocardiograms

Electrocardiograms are to be implemented if the results of specific health checkups during the relevant fiscal year indicate systolic blood pressure levels of 140mm Hg or more, diastolic blood pressure levels of 90mm Hg or more, or if signs of arrhythmia are indicated during examinations into the existence of subjective symptoms and objective symptoms.

3. Standards for implementing funduscopy examinations

Funduscopy examinations are to be implemented if the results of specific health checkups during the relevant fiscal year indicate the standards listed in ① or ② below. (When the standards listed in ② are applied as a result of specific health checkups during the previous fiscal year in the event of the standards listed in ① not being applicable and the results of ② not being confirmed in the results of specific health checkups during the relevant fiscal year.)

① Blood pressure

Blood pressure during systole exceeds 140 mmHg or blood pressure during diastole exceeds 90 mmHg

② Blood glucose

Blood glucose level on empty stomach exceeds 126 mg/dl or hemoglobin A1c exceeds 6.5% (NGSP value)

## Specific Health Guidance

### 特定保健指導の内容

The purpose of specific health guidance is to provide a lifestyle improvement program to people found to have signs of accumulated visceral fat and associated risk factors of metabolic syndrome based on the results of specific health checkups.

(1) Advice and encouragement

- First interview: An action plan will be formulated based on the interview and guidance with a doctor, public health nurse, or a registered dietician, and the patient is encouraged to improve their lifestyle and habits.
- Evaluation after three months: Confirmation of improvements in physical condition and daily habits.

(2) Active support

- First interview: An action plan will be formulated based on the interview and guidance with a doctor, public health nurse, or a registered dietician, and the patient is encouraged to improve their lifestyle and habits.
- Continuous support for three or more months: Practical guidance required for improving daily habits, particularly with respect to nutrition and exercise.
- Evaluation after three months: Confirmation of improvements in physical condition and daily habits.

### ***Eligibility for Specific Health Checkups and Specific Health Guidance***

特定健康診査・特定保健指導の対象となる方

Persons who are a member of the national health insurance and will become 40 to 75 years of age on or by March 31 in the next year. (When 75 years of age, by the day before your birthday)

Pregnant women and persons admitted to specified facilities are not eligible for this program. Also, employees who are provided with physical examinations in the workplace should use that system instead.

### ***How to access Specific Health Checkups and Specific Health Guidance***

特定健康診査・特定保健指導のご利用方法

You need the Specific Health Checkups Ticket, Inquiry Sheet and your Myna Health Insurance Card or Eligibility Confirmation 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>



## 後期高齢者医療制度とは

後期高齢者医療資格確認書	
有効期限 交付年月日	令和○年○月○日 令和○年○月○日
被保険者番号	12345678
被保険者 住所	〇〇県〇〇市〇〇番地
氏名	広城 〇〇 性男
生年月日	〇〇年〇〇月〇〇日
前経年再延日	〇〇年〇〇月〇〇日
負担割合	〇〇%
受給資格 受給期間	〇〇年〇〇月〇〇日
指定医療区分 受給期間	
長期入院歴	
特定医療区分 受給期間	
療養費書出 付いた医療 者の名称及び 印	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">3</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">〇</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">〇</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">〇</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 10px;">〇</div> </div>
	<div style="display: flex; justify-content: space-between;"> <span>神奈川県横浜市長野医療広域連合</span> <span>印</span> </div>

対象となる方

- ## 資格確認書の交付

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

## お医者さんのかかり方

(\*) Health insurance certificates are valid until July 31, 2025.

## 保険料について

This provides funding necessary to maintain the scheme. The premiums consist of a fixed amount for which all insured persons are liable plus an additional portion that is proportional to income. The per-capita amount and income-based amount are set by the regional association established in each prefecture and are uniform across the municipalities within the region. The yearly upper limit for health insurance premiums is 800,000 yen. There is a scheme for reducing premiums for low-income earners and individuals who were dependents of individuals on employee insurance. If you have difficulties paying the insurance premiums, promptly contact the insurance section of the insurance and pension division of your local government office.

## 後期高齢者医療制度加入の方の健康診査について

[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

If persons with severe disabilities are enrolled in health insurance visit a doctor because of an illness or injury, there is a scheme where the personal portion of the medical care will be covered instead by Yokohama City. 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 regular health insurance certificate or your Myna Health Insurance Card or Eligibility Confirmation 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 or a document showing your health insurance details (eligibility certificate, eligibility information notification, etc.)

## ***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 amount for medical treatment received outside Kanagawa Prefecture by those eligible for the Latter-Stage Elderly Health Care System will be automatically transferred to the account designated by the individual at a later date.

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

(1) If you are ineligible under the Latter-Stage Elderly Health Care System, or if you are eligible under the Latter-Stage Elderly Health Care System and receive medical treatment at a medical institution within Kanagawa Prefecture

- Your certificate of enrollment in Health Care for Persons with Severe Disabilities, health insurance certificate or a document showing your health insurance details (eligibility certificate, eligibility information notification, etc.).  
\* Applications must be stamped with the personal seal (using a red ink-pad) of or signed by 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.

\* 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 and receive medical treatment at a medical institution outside Kanagawa Prefecture

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

## 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 personal portion of the medical care 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

(1面)

㊤ 福祉医療証	
住所	
氏名	
有効期間	年 月 日から 年 月 日まで
次の受給者は、横浜市の単親世帯医療費助成に関する条例により医療費の一部を補助する権利を有するものと認められます。	
横 濱 市 長	
発行局 課	
交付年月日	年 月 日

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

## 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 regular health insurance certificate, or your Myna Health Insurance Card or Eligibility Confirmation Certificate at the hospital or clinic.

## Application Method

申請の方法

In order to receive medical expense subsidies for single-parent families, bring the following to the Medical Benefits of National Health Insurance Section, Health Insurance and Pension Division of your local government office to 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)

## Medical Expenses Subsidy Scheme for Single-Parent Families

### Children's Medical Expenses Subsidy Scheme

- Your health insurance certificate or a document showing your health insurance details (eligibility certificate, eligibility information notification, etc.)
- 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

#### 親 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 Medical Benefits of 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 or a document showing your health insurance details (eligibility certificate, eligibility information notification, etc.)
  - \* Applications must be stamped with the personal seal (using a red ink-pad) of or signed by 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)
- Bank book or cash card for bank transfer account

\* 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?

#### 小児医療費助成とは

This scheme provides subsidies for the personal portion of medical care when children who live in Yokohama are enrolled in health insurance get care at a medical institution for an illness or injury.

(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 to third year at junior school
Eligibility for assistance	Inpatient and outpatient
Eligible expenses	Personal portion of medical expenses
Assistance contents	Full Amount of Assistance



### ***Application for the Children's Medical Expenses Subsidy and How to Use the Children's Medical Care Certificate***

申請のしつと利用のしかた

Apply to the Medical Benefits of 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***

申請に必要なもの

- The child's health insurance certificate or a document showing their health insurance details (eligibility certificate, eligibility information notification, etc.)

### ***Extending the validity of the children's medical care certificate***

小児医療証の更新

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***

医療機関にかかるとき

- For medical institutions in Kanagawa Prefecture: present your children's medical care certificate together with the child's regular health insurance certificate or Myna Health Insurance Card or Eligibility Confirmation Certificate.  
→ You do not have to pay the child's portion of the expenses.
- For medical institutions outside Kanagawa Prefecture: first pay the child's portion of medical expenses.  
→ Then apply for a refund at the Medical Benefits of National Health Insurance Section, Health Insurance and Pension Division of your local ward office.

### ***Other notifications***

その他の届け出

You must notify us:

- When you change your health insurance policy
- When you move house

<What you need at application>

- Certificate of medical treatment, the child's health insurance certificate or a document showing their health insurance details (eligibility certificate, eligibility information notification, etc.)

<What you need for the refund>

- The children's medical care certificate, the child's health insurance certificate or a document showing their health insurance details (eligibility certificate, eligibility information notification, etc.) \*Applications must be stamped with the personal seal (using a red ink-pad) of or signed by 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
- Bank book or cash card for bank transfer account

\* 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.

**Starting April 2025, you can use your Myna Health Insurance Card as a medical certificate (children's medical care certificate, welfare medical care certificate, or severe disability medical care certificate)!**

Until now, when using Yokohama City's medical expense assistance program, you were required to present both your health insurance card and a medical care certificate at the reception desk of medical institutions. However, starting April 10, 2025, you will now be able to use your Myna Health Insurance Card to receive assistance with medical expenses.

Additionally, you will now be able to check the information on your medical care certificate through Mynaportal.

You will need a Myna Health Insurance Card to use this service.

Please note that some medical institutions and facilities may not yet support this system, so please continue to bring your paper medical care certificate when receiving medical care.

(Traditional paper recipient certificates will continue to be issued.)

Details of participating medical institutions and facilities can be found [here](#)



# 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)

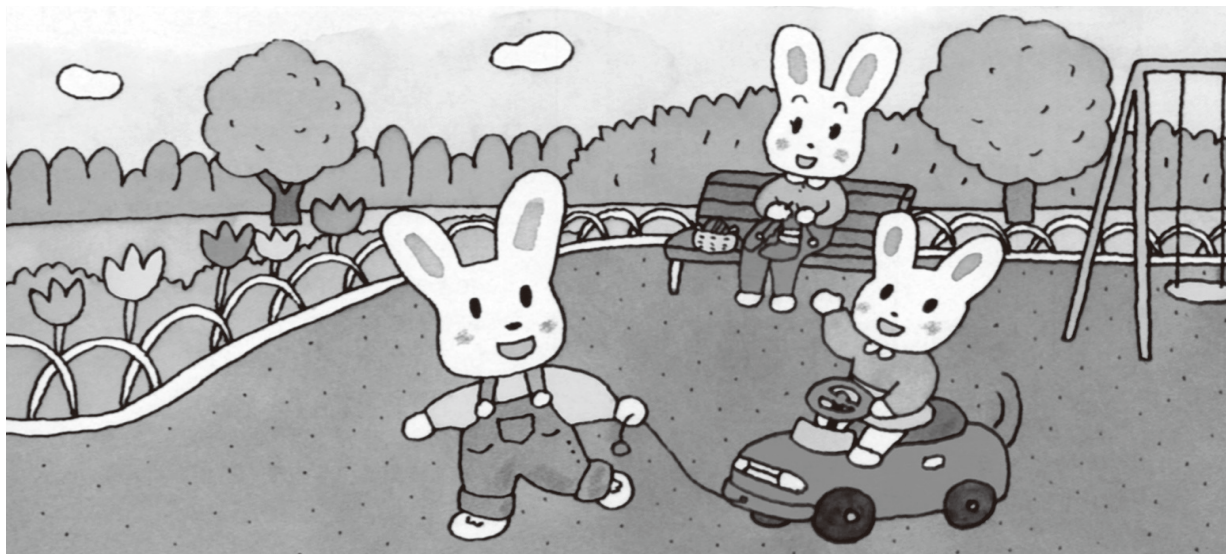
	Medical departments	Telephone (*1)	Days open	Hours of treatment	Address	Access (Nearest Station/Bus Stop)
Tsurumi	Internal Medicine and Pediatrics	503-3851	Sundays, national holidays and Year-End/New- Year period (from December 30 to January 3)	10:00 – 16:00	3-4-22 Tsurumi-Chuo, Tsurumi-ku	12-min. walk 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	711-7000	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	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	8-min. walk from Tennocho Station on the Sotetsu line 3-min. walk from Miyatacho bus stop on the municipal Sotetsu Kanachu bus 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
	Dentistry			Dental services will be suspended until November 2025. * Check the website or call in advance.	Medical services will be provided at a temporary clinic (2nd floor, VICS Building, 35 Yatsu-cho, Kanazawa-ku) until the rebuilding work is completed.	Medical services will be provided at a temporary clinic (2nd floor, VICS Building, 35 Yatsu-cho, Kanazawa-ku) until the rebuilding work is completed. 4-min. walk from Kanazawa Bunko Station on the Keikyu line
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	635-15 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 11-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 municipal subway and JR lines	(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 - Management section - Qualified insurance premium section - Payment section - PIC of storage - PIC of fair medical expenses, etc.	(671) 2421 (671) 2422 (671) 2424 (671) 3922 (671) 4067	6-50-10 Honcho, Naka-ku 〒 231-0005	Connected to the 1C entrance/exit to Minatomirai Line “Bashamichi”  3-min. walk from JR or subway “Sakuragicho”	(664) 0403

\* e-mail: [kf-hokennenkin@city.yokohama.lg.jp](mailto:kf-hokennenkin@city.yokohama.lg.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.**

You may be asked to confirm your Individual Number (My Number) when making a notification.

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	Something that shows the date you lost your health insurance eligibility when you withdrew from the health insurance at your place of work (*1)	Identification document for the person visiting the counter (Individual Number Card (My Number Card), driver's license, residence card, etc.)
	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	Identification document for the person visiting the counter (Individual Number Card (My Number Card), driver's license, residence card, etc.)
	When you enroll in the health insurance at your place of work or in the National Health Insurance Union	Document confirming the date of eligibility for the health insurance plan you have joined (*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	—	Identification document for the person visiting the counter (Individual Number Card (My Number Card), driver's license, residence card, 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	NHI certificate from previous ward	
	When you reside outside Yokohama to attend school	School enrollment certificate	
	If the Eligibility Confirmation Certificate has been lost or damaged	Identification document for the person visiting the counter (Individual Number Card (My Number Card), driver's license, residence card, etc.)	

\*1 Certificate of Loss of Health Insurance Eligibility, Individual Number Card (My Number Card) + Mynaportal eligibility screen, etc.

\*2 Eligibility Confirmation Certificate, Notice of Eligibility Information, Certificate of Health Insurance Eligibility, Individual Number Card (My Number Card) + Mynaportal eligibility screen, etc.

