

City of Yokohama Long-term Care Insurance Guide

2015 Edition

YOKOHAMA



Yokohama City Elderly Health and Welfare Plan/ Long-term Care Insurance Service Plan (term 6)

The Long-term care insurance is operated based on the Long-term Care Insurance Service Plan which is an integrated program drawn up by local municipalities to ensure the smooth implementation of the long-term care insurance system.

The Long-term Care Insurance Service Plan is jointly programmed with the Elderly Health and Welfare Plan (term 6 plan period: FY2015 through FY2017) which is an integrated plan of the health and welfare services for the elderly.

The plan sets basic objectives and assesses the long-term care insurance premiums for residents aged 65 or older during the plan period, basing on policy developments for the goals and the estimated expenses for long-term care services.

The city focuses on 2025 and after, when the baby boomer generation will be aged 75 or older, and suggests Term 6 Plan as “Yokohama Integrated Community Care Plan,” which takes a step-by-step approach to improve long-term care service and to develop community that supports the elderly.

《 Basic Objectives 》

To develop the Yokohama-style integrated community care system which allows the elderly to stay socially active throughout their lifetime and to keep living comfortably in their familiar home communities

1 To stay healthy and active

- Promote healthy lifestyles and aim for Japan’s top city with the longest health life span
- Develop programs to prevent the increase of the population in needs of the nursing care
- Create places and opportunities for the elderly to stay active and serve in the local community, also promote the support system that allows them to do so

2 To continuously live in the local community

Reinforce cooperative ties between the In-home medical care and the In-home long-term care and improve its service

- Improve functions of the integrated community support centers
- Increase the service to support those who live their own home
- Meet medical needs and promote community based services that are accessible 24/7
- Secure healthcare providers for the In-home medical care and reinforce cooperative ties between medical care and long-term care

Enhance support systems for individuals with dementia

- Develop a system for early diagnosis and prompt actions for the elderly with dementia
- Build the medical care system for individuals with dementia centered on the medical center for degenerative disease
- Establish the support system for caregivers including creating safe and comfortable places for both persons with dementia and their caregivers
- Form community support systems that community members help each other
- Support the individuals with early onset dementia

Improve daily living support services

- Implement a smooth transition of insurance services designed to prevent the needs for nursing (i.e. home-visit care and day service) to community support services
- Develop various services utilizing community resources

3 To secure stable homes

- Maintain facilities and housing according to each individual’s needs
- Improve the consultation system and provide the appropriate information regarding elderly care facilities and housings

From the perspective of promoting the programs

To build the strong integrated community care system

- Build a community that promotes the establishment of an integrated community care system
- Ensure long-term care staff and improve its quality
- Enhance the support system for long-term caregivers
- Make sure the public information is easy to access and understand for everyone
- Provide the appropriate long-term care services and ensure the quality
- Improve the help desk support system

Integrated Community Care System

It is a system that the medical, nursing care, preventive actions, housing and daily living support are all comprehensively provided to the elderly to continuously live in the community they are familiar with.



Purposes of Plan

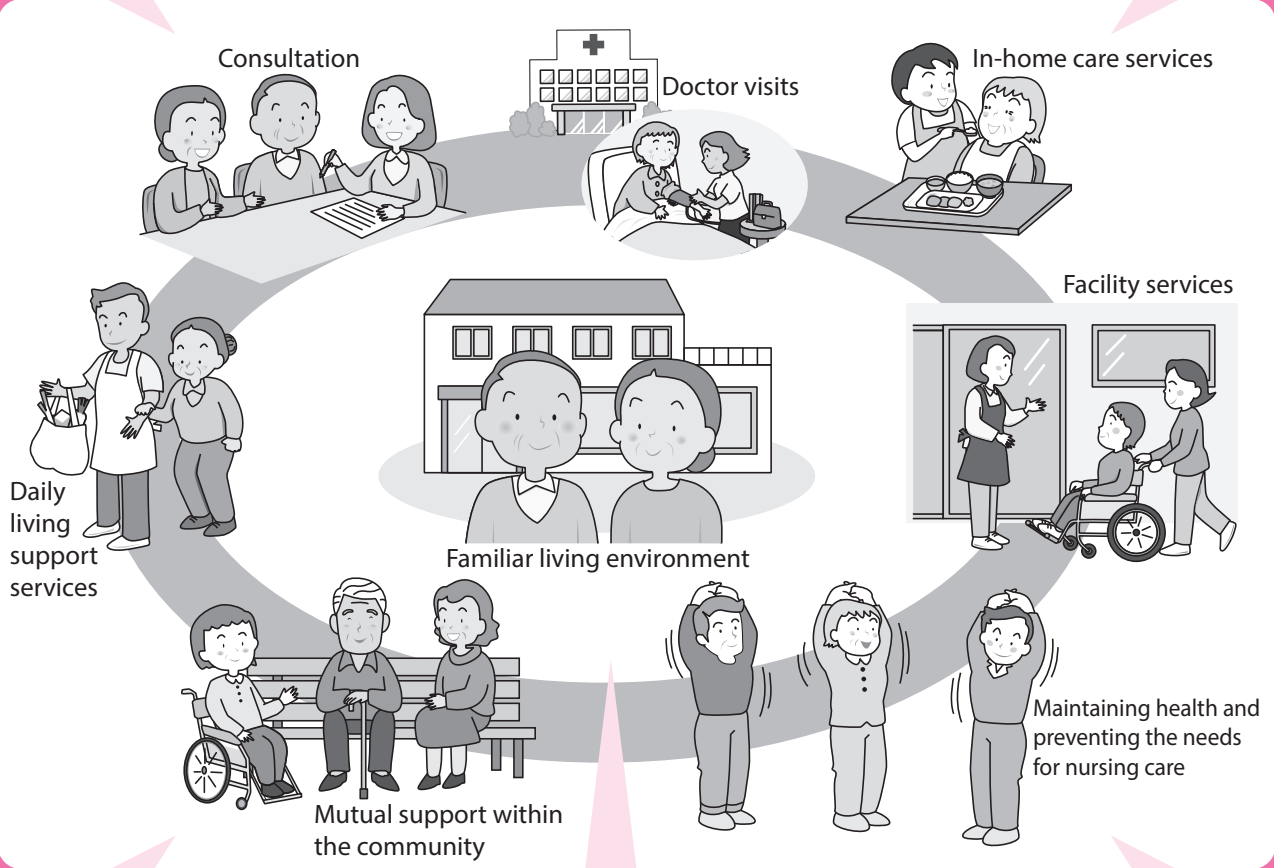
As the integrated community care plan, we will gradually introduce the community planning with the greater long-term care service and the stronger support system for the elderly through each planned period, and will construct the integrated care system according to each community's situation by FY2025.

Our Vision of 2025
The baby boomer generation will be aged 75 or older.
 Regardless their physical or mental condition, everybody is living their life with the dignity in the familiar surroundings of the community to their last day.



They have an easy access to consultation service counters and are receiving necessary services and support (i.e. daily living and monitoring support) according to each individual's needs.

Even if nursing care becomes necessary, the elderly will be comfortably living 24 hours a day, 365 days a year with the various services provided including medical care.

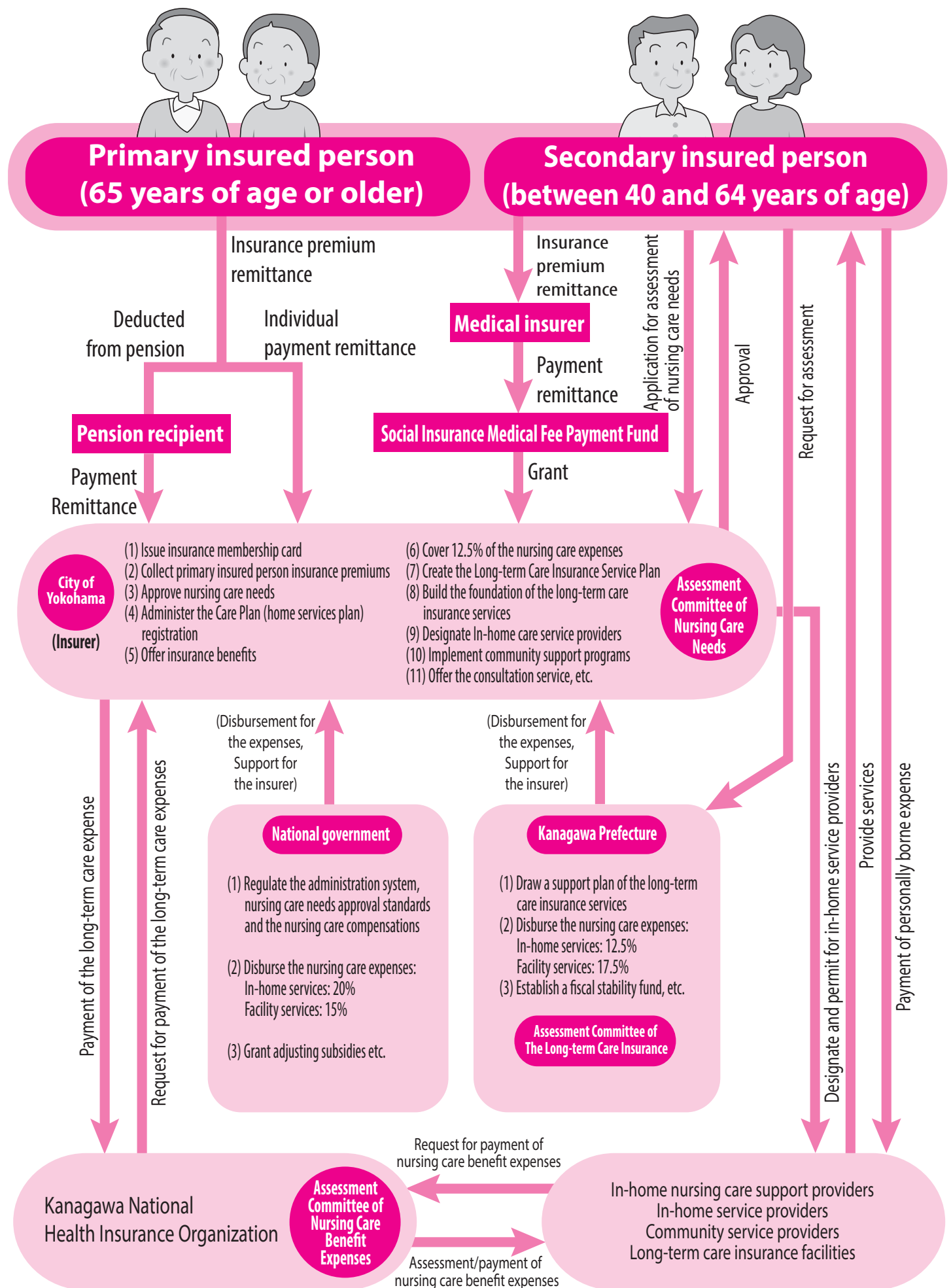


We are helping and supporting each other as active community members.

We are leading a meaningful life with all the knowledge and experiences we have gained.

Health is something one has to work on. We are trying to stay healthy and to prevent the needs for nursing care for a good quality of life.

Long-term Care Insurance System



Those Eligible for Long-term Care Insurance

Yokohama City residents aged 40 or older are eligible for enrollment in the Yokohama City long-term care insurance plan. ("Insured persons")

All Yokohama City Residents aged 65 or Older ("Primary insured persons")

All residents who reached 65 years of age become primary insured persons on the day before their 65th birthday. Regardless of your reasons, you can receive the nursing care service with the approval for the nursing care needs, when the care is needed.

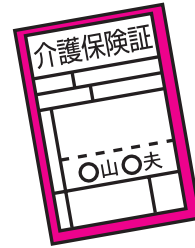
Issue of Long-term Care Insurance Cards

All of primary insured persons receive their long-term care insurance card by their 65th birthday in mail.

Notification

Please file a notification in the following cases:

- If you move into Yokohama City from another municipality or if you plan to move to another municipality
- If there is a change in your name or address
- If you lose or damage your long-term care insurance card
- If an insured person deceases
- If you move into a long-term care insurance facility and the facility is outside of Yokohama City*
- If you start to receive (or stop receiving) public financial assistance for everyday living



All Yokohama City Residents Between 40 and 64 Years of Age Who Enrolled in Health Insurance (Secondary Insured Persons)

All Yokohama City residents between 40 and 64 years of age who enrolled in health insurance automatically become secondary insured persons.

Secondary insured persons can receive the nursing care insurance services with the approval when they need the service due to an illness caused by aging (the national government named 16 illnesses **).

Issue of Long-term Care Insurance Cards

A long-term care insurance card is given to residents who are assessed and approved for the eligibility for nursing care or assistance (or apply for the assessment).

** Specified illnesses for which secondary insured persons can use the long-term care insurance

- | | | | |
|--|---|--|--|
| 1. Amyotrophic lateral sclerosis | 6. Spinocerebellar degeneration | 10. Cerebrovascular disease | 14. Chronic obstructive lung disease |
| 2. Ossification of posterior longitudinal ligament | 7. Spinal canal stenosis | 11. Progressive supranuclear paralysis, corticobasal degeneration or Parkinson's disease | 15. Arthrosis deformans accompanied by marked deformation in both the knee or hip joints |
| 3. Osteoporosis accompanied by fracture | 8. Progeria | 12. Arteriosclerosis obliterans | 16. Terminal-stage cancer |
| 4. Multiple system atrophy | 9. Diabetic neuropathy, diabetic retinopathy, or diabetic nephropathy | 13. Rheumatoid arthritis | |
| 5. Early onset dementia | | | |

* Exceptions for Those moved in Long-term Care Insurance Facilities (Address Exceptions)

You will continue to be covered by the Yokohama City long-term care insurance plan rather than the insurance plan of the municipality which the facility belong to, if you are enrolled in the Yokohama City long-term care plan (Insured persons) and change your address of residence as you move into one of the facilities below.

Applicable Facilities for Address Exceptions

- Long care insurance facilities (special nursing homes for the elderly, nursing care health facilities for the elderly, or nursing care medical facilities)
- Private nursing homes for the elderly
- Low cost social welfare homes for the elderly
- Public nursing homes for the elderly
- Homes for the elderly with home-care service in the private sector

Facilities Not Covered by Long-term Care Insurance

The long-term care insurance may not cover you if you live in one of the following facilities. (For more information, please ask the Elderly and Disabled Support Division or the Insurance and Pension Division at your local ward office.)

Applicable Facilities

- Medical facilities for children with disabilities
- Designated healthcare institutions (i.e. national hospitals; Only for those who have been hospitalized with support for orthopedically-impaired children)
- Nozomi-no-Sono (National Center for Persons with Severe Intellectual Disabilities)
- Nursing facilities for Hansen's Disease
- Welfare facilities
- Facilities covered by the Industrial Accident Compensation Insurance Act
- Support facilities for the disabled (for those who are receiving daily living and housing supports by the Total Supports for Persons with Disabilities Act)
- Hospitals that offer recuperation care based on the Total Supports for Persons with Disabilities Act (only for those who are receiving with benefits for recuperation care)
- Nursing facilities for the physically disabled

Insurance Premiums

Insurance Premiums for Members aged 65 or Older (Primary Insured Persons)

- The premiums for members aged 65 or older are complying regulations and assessed based on the estimate of the cost of long-term care insurance services for the three-year period (from FY2015 through FY2017) by municipalities.
- Insurance premiums are classified into levels based on the income earned the previous year and assessed for each individual. The level of insurance premiums for each fiscal year (from April through March of the following year) is determined in June. If there is a reason to change the premiums set, it will be reassessed.

Base Amount **¥71,880 per year** (¥5,990 per month)

This is the insurance premium for Level 6.

FY 2015 through FY 2017 (annual amount)

Insurance Premium Level	Eligibility		Insurance Premiums (base amount x ratio = annual insurance premium amount)	
Level 1	<ul style="list-style-type: none"> • Those receiving public financial aid for everyday living or assistance for Japanese nationals remaining in China • Households that are exempted from municipal tax and those who are receiving a senior welfare pension 		$¥71,880 \times 0.40 = ¥28,750^{(*1)}$ Before reduction[$¥71,880 \times 0.45 = ¥32,340$]	
Level 2	The member himself/herself is exempted from municipal tax	All household (*2) members are exempted from municipal tax	$¥71,880 \times 0.40 = ¥28,750^{(*1)}$ Before reduction[$¥71,880 \times 0.45 = ¥32,340$]	
Level 3		The member's total yearly income, including public pension earnings(*3) and total earnings(*4), is ¥800,000 or less	$¥71,880 \times 0.60 = ¥43,120$	
Level 4		The member's total yearly income, including public pension earnings and total earnings, is ¥1,200,000 or less, and does not meet Level 2 requirements		
Level 5		All others whom the abovementioned don't apply	$¥71,880 \times 0.65 = ¥46,720$	
Level 6 (base amount)	At least one household member pays municipal tax	The member's total yearly income, including public pension earnings and total earnings, is ¥800,000 or less	$¥71,880 \times 0.90 = ¥64,690$	
Level 7		All others whom the abovementioned don't apply	$¥71,880 \times 1.00 = ¥71,880$	
Level 8	The member himself/herself pays municipal tax	The total earnings of the member himself/herself are:	Less than ¥1,600,000	$¥71,880 \times 1.10 = ¥79,060$
Level 9			¥1,600,000 or more and less than ¥2,500,000	$¥71,880 \times 1.27 = ¥91,280$
Level 10			¥2,500,000 or more and less than ¥3,500,000	$¥71,880 \times 1.55 = ¥111,410$
Level 11			¥3,500,000 or more and less than ¥5,000,000	$¥71,880 \times 1.69 = ¥121,470$
Level 12			¥5,000,000 or more and less than ¥7,000,000	$¥71,880 \times 1.96 = ¥140,880$
Level 13			¥7,000,000 or more and less than ¥10,000,000	$¥71,880 \times 2.28 = ¥163,880$
		More than ¥10,000,000	$¥71,880 \times 2.60 = ¥186,880$	

*1. The ratio for the level 1-2 and insurance premiums are reduced by being financed by public expenditures from Consumption Tax.

*2. **Household:** Generally households registered in the residence records as of April 1. However, for individuals who moved into Yokohama City or became primary insured persons reached 65 years old in the middle of the fiscal year on or after April 2, it refers to the household that they belong to on the date of the relocation or on the day before their 65th birthdays.

*3. **Public pension earnings:** Income from public pensions (such as national pension and welfare annuity) that is categorized as taxable income according to tax laws. It does not include nontaxable pensions (such as bereaved family pension and disability pension).

*4. **Total earnings:** Total earnings from the previous year AFTER the amount for necessary expenses has been deducted but BEFORE various income deductions according to tax laws (e.g.: deductions for spouse, medical expenses deductions) or special deductions for transfer income of lands/buildings, etc. or deductions for losses from the sale of listed stocks are carried over. Please note that if the total earnings figure is a negative number, it is calculated as ¥0.

Payment of Insurance Premiums	Special Collection	Deduction from Pension	Premiums are deducted from your pension on the pension payment date of even-numbered month
	Regular Collection	Direct Payment from Bank Account	Payment withdrawal is on the 29th of each month (or the last date of February). If the payment day falls on holiday, the transaction will occur on the previous business day.
		Payment Remittance with Invoice	The due day is the last day of month. If the due day falls on holiday, it will be the following business day.

Pre-authorized Direct Payment from Bank Account

- Pre-authorized direct payment is a convenient way to make your insurance premium remittance for regular collection.
- To apply for this service, fill out a financial account debit request form with the required information, affix your personal seal imprint for the financial account, and submit the completed form to your financial institution. (The form is available at your financial institution and the Insurance and Pension Division at your local office.)
- Pre-authorized direct payment service starts about two months after your financial institution received the completed document. Notification will be mailed to you when the account is set up for the pre-authorized direct payment.
- Special collection will still be deducted from your pension even if you apply for the pre-authorized payment.

Insurance Premiums

Insurance premiums are collected in two ways: **special collection** and **regular collection**.

Note: Please note that the method of collection is determined by law and an insured person cannot choose the method.

Special Collection

If your annual pension is ¥180,000 or more, your premium will be deducted from their pension.

- The insurance premiums will be divided into six installments and deducted from your pension in the month of pension payments.

Deductible pensions

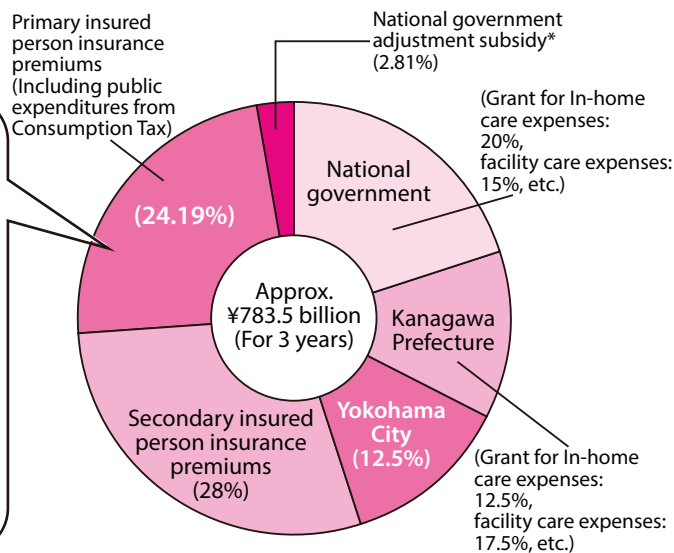
- Elderly (retirement) pension
- Bereaved family pension
- Disability pension

Note: Senior welfare pension is not eligible for deduction.

Regular Collection

If your annual earning amount from pension is less than ¥180,000 and you are not object to the special collection, then you must pay individually, either through their financial account or with an invoice.

Revenues for Yokohama City's Long-term Care Insurance Services
(Estimate for FY2015–FY2017)



Insurance Premiums

***National government adjustment subsidy**

The standard premium amounts for primary insured persons will go up as the number of the elderly aged 75 or older, who are more likely to need the nursing care service, increases and the income level of primary insured persons goes down. The National government provides an adjustment subsidy to municipalities to compensate for differences in insurance premiums for primary insured persons that municipalities are unable to control.

Point

What are long-term care insurance premiums used for?
Long-term care insurance premiums are used to cover the cost of long-term care insurance services for those who need nursing care.

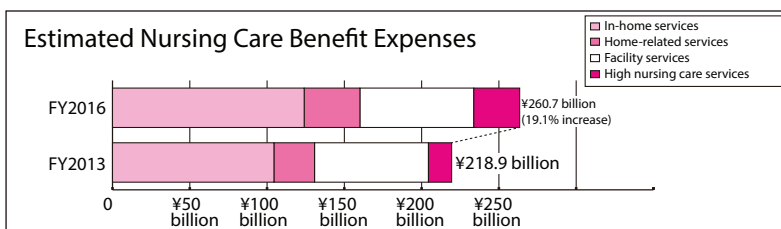
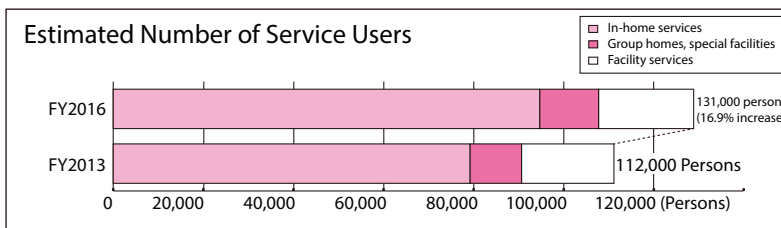
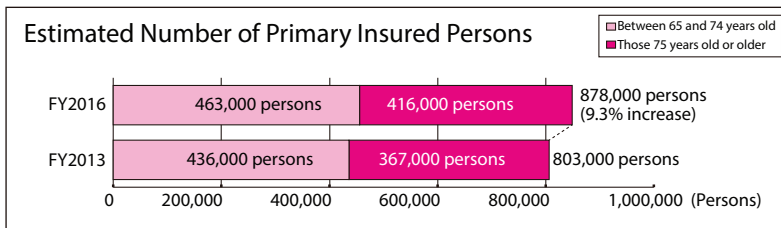
Review of Long-term Care Insurance Premiums from FY2015 through FY2017

The number of elderly people using the long-term care insurance service is increasing annually and so is the cost required for the services. During the three years from FY2015 through FY2017, it is estimated that the number of the long-term care insurance service user will grow even more than the increase of the number of people who will pay for the insurance premium as population aging continues. For this reason, the insurance premium for individual has increased.

Another reason of the insurance premium increase is the increase of personally borne expense by 1%.

On the contrary, those with a low income who are categorized as Insurance Premium Level 1 or 2 are eligible for the reduction by being financed by the public expenditures from Consumption Tax, aside from the public expenditures obtained from about a half of the revenues for the long-term care insurance.

The steady development of the long-term care service infrastructures is required in order that elderly people may continue living safely and comfortably. Yokohama City aims to become Japan's top city with the longest health life span and focuses on promoting health as well as preventing needs for nursing care while providing necessary services.



Insurance Premiums.....

If You Are Having Difficulty Paying Your Insurance Premiums

Reduction/Exemption of Insurance Premiums

Reduction/exemption program is available for the long-term care insurance premiums for those who are having difficulty paying their insurance premiums due to a disaster, unemployment, bankruptcy, or other circumstances. For more information, please ask the Insurance and Pension Division of your local office.

Circumstances	Eligibility	Length/Amount
Disaster	Those whose home or property suffered 20% or more damage due to a storm/flood, fire, or earthquake.	Depending on the level of damage, an exemption for four to six months' of payments is available.
Loss of income	Those whose income decreased drastically due to unemployment or bankruptcy.	A reduction is available based on the estimated income of the applicable year.
Low income	Those with a low income who are categorized as Insurance Premium Level 7 or under and meet a level for both income standard or asset standard (except for those who receive such assistance as public financial aid for everyday living or assistance for Japanese nationals remaining in China).	Premiums are reduced to half of the level 1 amount (before reduction measures by public expenditures).
Home relocation	Those who purchased a new house by selling their old house.	The level of insurance premiums is evaluated depending on the net income (the capital transfer income cap is placed) from selling/buying a house.

Income and Asset Standard of Reduction/Exemptions for Individuals with Low-Income

Income standard	Estimated annual income of household	
	One-person household	¥1,500,000 or less
	Multi-person household	¥1,500,000 plus ¥500,000 per additional household member or less (excluding the insured person)
Asset standard	All of the following requirements must be met:	
	(a) The total value of assets including cash, savings, and securities held by the entire household must meet the following standard	
	One-person household	¥3,500,000 or less
	Multi-person household	¥3,500,000 plus ¥1,000,000 per additional household member or less (excluding the insured person)
	(b) No real estate held other than their residential property (200 m ² or less)	

Point

Please pay your insurance premiums by the due date.

Insurance premiums are an important source of the revenue for maintaining the long-term care insurance system, please be sure to remit payment on time.

Reminder will be mailed to you if your premium payment is overdue.

If payment is not made within the grace period on reminder, the interest will occur in accordance with the number of days from the day after the due date.

It is convenient for you to use account transfer payment system if you are still remitting payment with invoice at bank.

Insurance Premiums for Members Between 40 and 64 Years Old (Secondary Insured Persons)

How premiums are assessed: Medical insurance providers (such as National Health Insurance or worker's health insurance) assess the insurance premiums according to the number of secondary insured persons enrolled.

How premiums are paid: The long-term care insurance premiums are paid in a lump sum as health insurance premiums.

Insurance premiums: Although the premiums vary with each health insurance plan, they depend on the income. For more information, please ask your insurance provider.

Yokohama City National Health Insurance (NHI)

- There are an income ratio amount and a per-capita amount.
- The long-term care insurance premiums are assessed depending on the income and the number of secondary insured persons in the household, and the head of the household is responsible for payment as the medical health insurance premiums for the household.
- Premiums are paid in ten installments from June through March of the following year. (Generally payment is due on the last day of the month.)
- Invoices are mailed four times a year, in June, July, October, and January.

Employee Health Insurance

- Insurance premiums vary depending on the salary of the insured person.
- A part of the insurance premium costs are covered by the employer.
- The insured person pays the portion for his/her dependents such as the spouse.

Note: For more information, please ask your insurance provider.

Insurance Premiums

When your payment is overdue

Insurance premiums are an important source of the revenue for the long-term care insurance services, outstanding overdue premiums are a problem to maintain the long-term care insurance system.

If your payment is overdue without acceptable reasons, the following actions may be taken to ensure fairness to those who are paying their premiums on time according to the law.

If your payment is one year overdue...

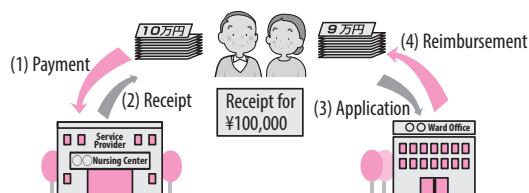
The payment method of insurance benefits will be changed. (Reimbursement)

- When using the long-term care insurance services, the member will have to pay the entire amount upfront.
- The exceeded portion of the expense paid (the insurance benefits) will be reimbursed after the member applies at the ward office.

If you use ¥100,000 in Services in a Single Month

※ Example of those whose personally borne expense is 10 %

- (1) You must pay the service providers the entire amount of ¥100,000 upfront.
- (2) You receive a receipt for ¥100,000, or a detailed statement of services.
- (3) You bring the receipt for ¥100,000 or statement of services to the ward office and apply for a reimbursement of insurance benefits.
- (4) Insurance benefits will be reimbursed at a later date.



If your payment is one and half year overdue...

Insurance benefits will be temporarily suspended.

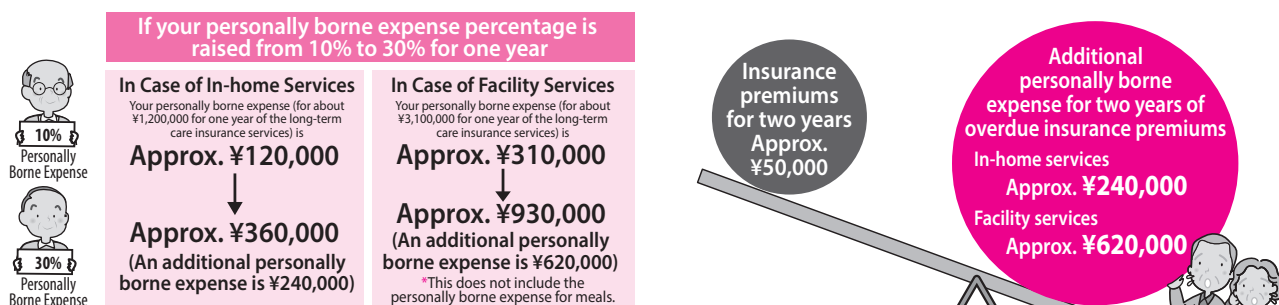
- Necessary actions will be taken, including a temporary suspension of part or all of the reimbursement for the expenses.
- If you continue to fall behind in payments, the overdue premiums may be subtracted from the suspended insurance benefits.

If your payment is two year overdue...

Insurance benefits will be reduced, and the percentage of personally borne expense pays will be increased.

- If more than two years pass after the day after the reminder is received (statute of limitations starting date), insurance premiums cannot be collected.
- If your premiums cannot be collected due to the statute of limitations, your personally borne portion of costs will rise to 30% for a certain period, depending on the duration of nonpayment.
- During this period, you are no longer eligible to receive reimbursements for high nursing care (preventive long-term care) expense (see page 31) or fee reductions for room charges or meal expenses (see page 32). In addition, your personally borne expenses during this period are not eligible for calculation in the high medical/high nursing care joint expense program (see page 33).

Example of the Average Personally Borne Expense for One Year of Nursing Care Services for a Level 2 Individual*



As you can see, your personally borne expense increases for the long-term care insurance services.

This example shows what could happen if you needed to use the long-term care insurance services after not paying any premiums for four years and the insurance benefits for two years cannot be paid due to the statute of limitations.

In this example, 30% of costs are covered by the insured for a one-year period. If insurance premiums were paid for part of the period, the length of time for reduced insurance benefits will shorten depending on how long premiums were paid.

* Example of those who are categorized as Insurance Premium Level 2 and whose personally borne expense is 10%

Seizure of Property

Regardless whether the long-term care insurance services are being used or not, assets such as savings or life insurance may be seized according to the law as a measure against failure to pay.

Persons Responsible for Overdue Payment

If payment should be made by regular collection, the head of a household and the person's spouse are both legally responsible for paying insurance premiums.

If a Secondary Insured Person Fails to Pay Health Insurance Premiums

When a secondary insured person (a member between 40 and 64 years old) fails to pay his or her health insurance fees, measures such as a change in payment method or temporary suspension of part or even all health insurance benefits may be taken.

Procedures for Using Services

Procedure

1 Receive approval for nursing care needs



2 Make a care plan and finalize contracts with service providers

You need to consult with a care manager to create a home service plan (care plan) based on individual requests and circumstances within the cost limits of care required for his/her level in nursing care needs (see page 10).

Note: You may also create your own care plan, but you must submit the plan to the Elderly and Disabled Support Division of your local ward office in advance for approval.

3 Using the Services

Using the services based on the care plan. The user must generally pay 10%* of the cost.

Care plans are revised according to your needs. In addition, care plans must be submitted for renewal before the assessment expiry date to ensure no interruption of services will occur. If your mental or physical condition changes and affects the level of nursing care needed, you can always file an application to revise the assessment.

* For those with an income above a certain level (e.g.: the person's total earnings is more than 1.6 million yen), the personally borne expense ratio will be 20% from August 2015 (For more information, see page 29).

1 Receive Approval for Nursing Care Needs.

1. File an application

You or your family must file an application for assessment of nursing care needs at the Elderly and Disabled Support Division of your local ward office or the nearest integrated community support center/community care plaza. Home nursing care support providers can also submit applications on your behalf.

● Required Documents

- Assessment of nursing care/assistance needs application form (available at the service counter)
- Long-term care insurance card (issued on the 65th birthday)
- Personal seal (not necessary if the applicant files the application by himself/herself)
- A document showing the name of the applicant's family doctor and healthcare provider

Note: Secondary insured persons (see page 4) should also bring their health insurance card.

2. Take the assessment of the applicant's mental and physical condition

● Evaluation

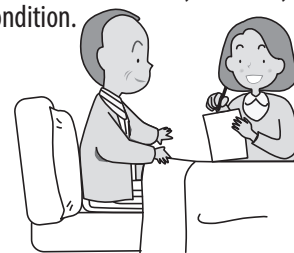
An evaluating officer will visit the home and interview the applicant and the applicant's family.

The evaluation involves a standard survey of 74 questions that is used nationwide, as well as questions about the applicant's general condition.

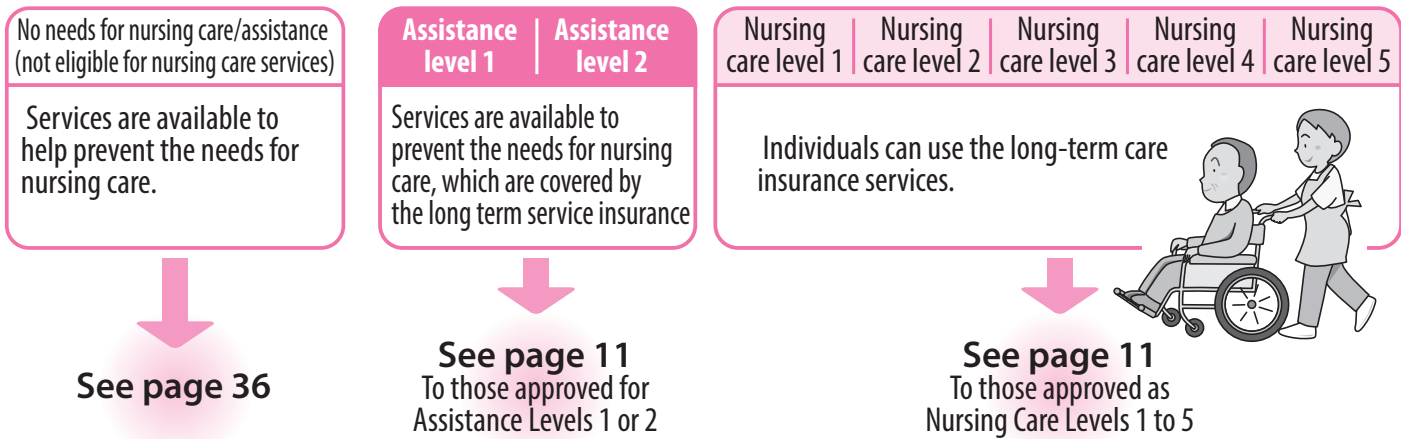
● Doctor's Note

Before you apply, please obtain a note from your family doctor describing your condition.

Note: Please consult the service counter if you do not have a family doctor.



.....Procedures for Using Services Services Vary Depending on Your Level of Needs on Nursing Care



Limits on the Use of Long-term Care Insurance Home Services

The maximum benefit limits you are eligible to receive for in-home services covered by the long term care insurance are determined according to the level of nursing care needs. If you use the services exceeded the maximum limits, you have to pay the excess portion of the expense on your own cost.

However, no maximum amounts are set for daily nursing care for tenants at specially-designated facilities as well as communal living nursing for those suffering from dementia. In addition, home health maintenance guidance is not included in the maximum benefit amounts.

Nursing Care/Assistance Level		Units Allowed	Limits for Use Per Month*
Assistance	Assistance level 1	5,003 units	Approx. ¥50,000 – ¥60,000
	Assistance level 2	10,473 units	Approx. ¥100,000 – ¥120,000
Nursing care	Nursing care level 1	16,692 units	Approx. ¥170,000 – ¥190,000
	Nursing care level 2	19,616 units	Approx. ¥200,000 – ¥220,000
	Nursing care level 3	26,931 units	Approx. ¥270,000 – ¥300,000
	Nursing care level 4	30,806 units	Approx. ¥310,000 – ¥340,000
	Nursing care level 5	36,065 units	Approx. ¥360,000 – ¥400,000

* These are approximate amounts.
The actual number is calculated with the following formula:
No. of units x Yokohama City community unit price (¥10 - ¥11.12)
(See page 15)

3. Take the assessment and get an approval for the level of nursing care required

● Evaluation, Assessment, and Approval

The Assessment Committee of Nursing Care Needs, which is composed of health, medical, and welfare specialists, evaluates the level of nursing care required based on the results of the examinations and the letter from your family doctor.

The local ward office then approves the level of needs for nursing care based on the evaluation and the assessment given by the committee.

Preliminary evaluation:
Evaluation by computer

Secondary evaluation:
Evaluation and assessment by the Assessment Committee of Nursing Care Needs

Approval for level of nursing care needs



4. Receive the assessment results and a long-term care insurance card

Please read carefully the details on the notification letter and your insurance card when they arrive.

● What to Check

Nursing care/assistance level (Assistance level 1 or 2, nursing care level 1–5, or “not applicable”) Length of Approval (For initial applications or re-applications for a change in category, the period of validity is between 3 months to 12 months. For renewal, the period of validity is between 3 months and 24 months.)



2 Make a Care Plan and Finalize Contracts with Service Providers

Those Approved for Assistance Level 1 or 2

1. Create your care plan for the preventive long-term care at your local integrated community support center/community care plaza

Public health officials can help you set goals and organize a care plan for the preventive long-term care to maintain and improve your capabilities for living. You can also ask a care manager at a designated home nursing care support provider to create a care plan for the preventive long-term care tailored to your needs. (In this case, a public health official from the integrated community support center will review the care plan for the preventive long-term care plan that is created.)

See page 13 regarding integrated community support centers/Community Care Plazas.

Those Approved for Nursing Care Levels 1–5

● If you prefer to continue living at your own home...

1. Selecting your care provider and care manager

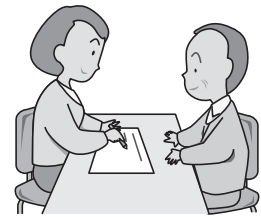
A care manager who works for a home nursing care support provider or for a small-scale, multifunctional home nursing care provider can organize your care plan. You can consult the Elderly and Disabled Support Division of your local ward office or an integrated community support center/community care plaza to make your decision.

See page 13 regarding home nursing care support providers.
See page 24 regarding small-scale, multifunctional home nursing care providers.

2. Create a Care Plan

Consult the care manager to determine what services you need.

The care manager will create a care plan for you and then confirm the details with you.



● If you choose to live in a facility...

1. Choose a facility

Visit facilities where you would like to live to find out what services they offer and the details of their contracts. (Your local ward office or integrated community support center/community care plaza can provide information on facilities available.)

2. File an application for admittance

Consultations and applications for special nursing homes for the elderly* are handled at institution application centers. Requirements for admission depend on the level required for nursing care (see page 26). For other facilities, applications can be filed directly (see page 27).

* Special nursing homes for the elderly are generally for those approved for Nursing Care Levels 3 or over.

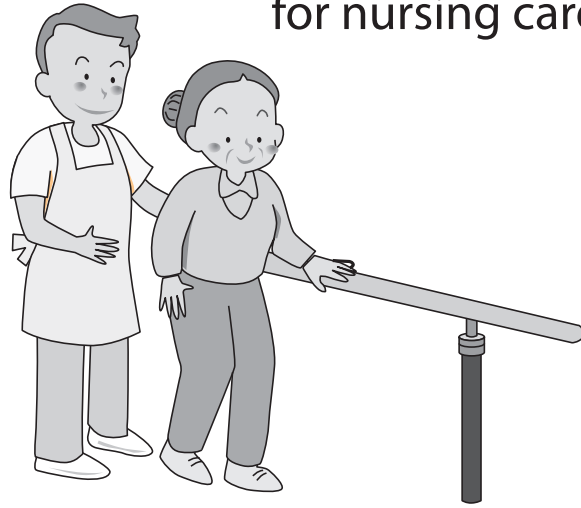
3 Start Using the Services

2. Finalize contracts with service providers

After confirming the details of the contract and services as well as reading through explanatory documents on important matters, finalize individual use contracts with each service provider.

See page 14 regarding contracts with service providers.

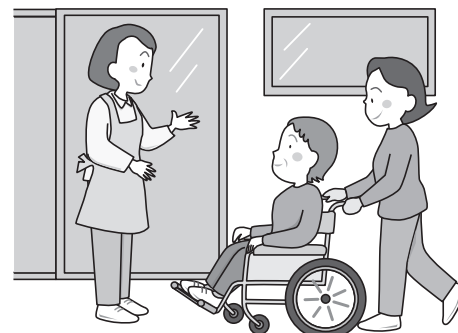
See page 16 regarding services designed to prevent the needs for nursing care.



See page 16 regarding In-home services.



See page 26 regarding facility services.



3. Finalize contracts with service providers

After confirming the details of the contract and services as well as reading through explanatory documents on important matters, finalize individual use contracts with each service provider.



See page 14 regarding contracts with service providers.

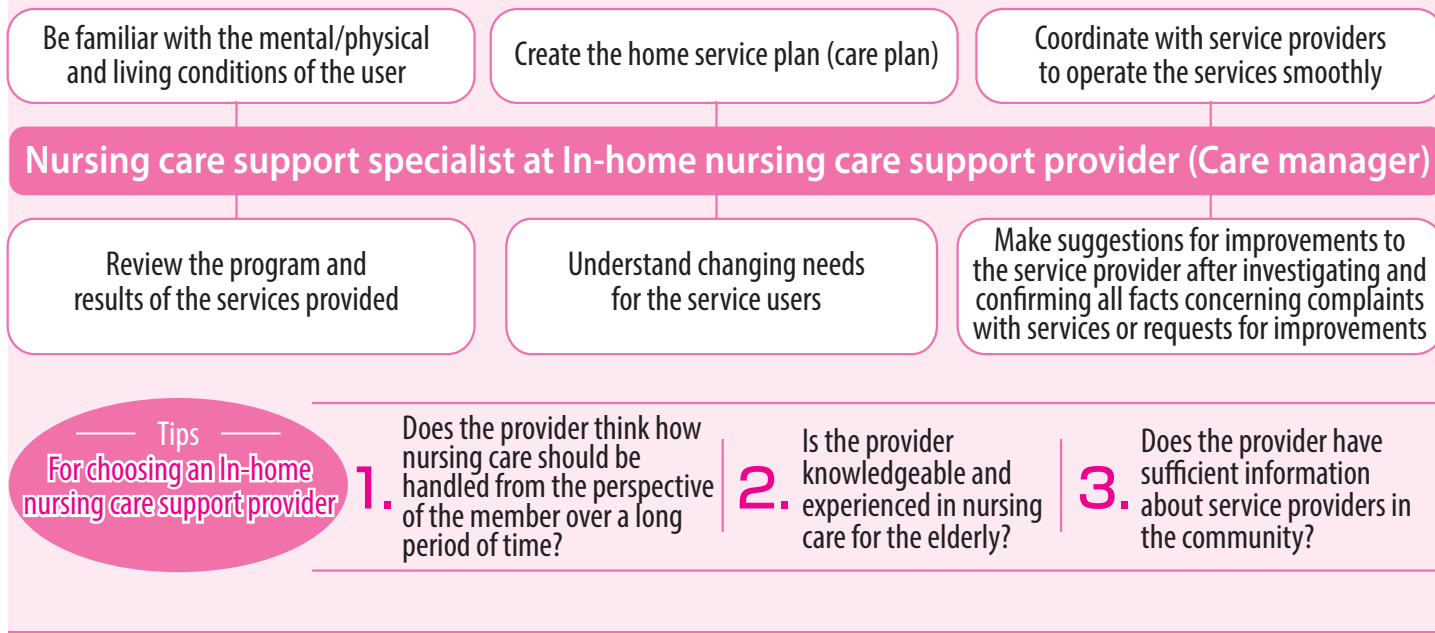
Procedures for Using Services

In-Home Nursing Care Support Providers

Choose a care manager who creates your care plan.

- The care manager creates In-home service plan (care plan) for you to receive appropriate services according to physical or mental conditions as well as preferences of your family, and coordinates with service providers to organize services.
- You will pay no fees to them as the long-term care insurance covers the entire cost.

Role of In-Home Nursing Care Support Providers

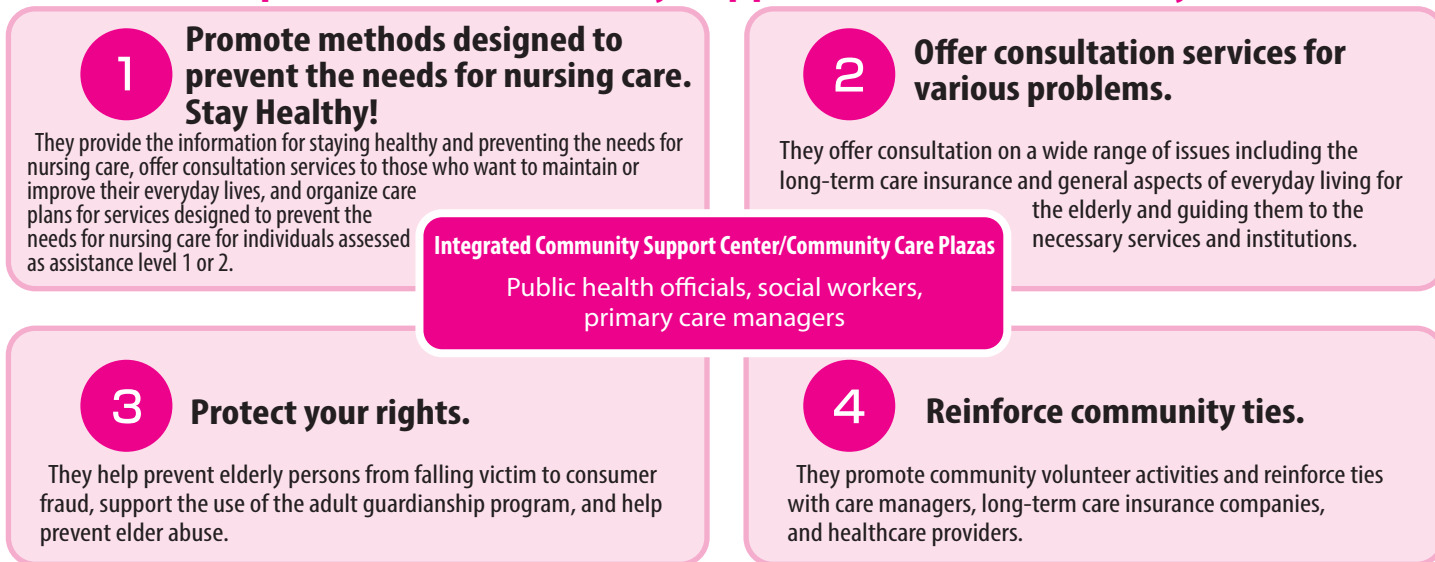


Integrated Community Support Centers/Community Care Plazas

Integrated community support centers/community care plazas are the consultation service counters of local community.

Yokohama City arranged integrated community support centers at community care plazas and some of special nursing homes for the elderly to help seniors live continuously in the community they are familiar with.

Role of Comprehensive Community Support Centers/Community Care Plazas



- If you have a problem or concern in your everyday life, please feel free to consult the integrated community support center/community care plaza in your neighborhood. They are open on Saturdays, Sundays, and national holidays except the year-end/New Year holidays and on facility inspection day (once a month).
- If you are approved for assistance levels 1 or 2, you will receive the list of your local integrated community support centers/community care plazas with the approval. The Elderly and Disabled Support Division of your local ward office can offer information on the integrated community support center/community care plazas in your community.

Contracts with Service Providers

You need to sign a contract with a service provider for each service used. To avoid any possible problems, ensure to read closely all the written terms of the contract and explanatory documents on important matters. If you have any concerns, please consult with your ward office service counter.

Point

Points to Check in the Contract and Explanatory Documents on Important Matters

● Description of services

Are the types of services offered explained in detail?

→ Details about the services provided may be explained in a separate document.

● Contracted period

Is the contracted period clearly specified (from starting date to end date)?

→ Is there a clear explanation of the procedure for renewal following contract expiration?

● Explanation of services

Does it state that the service provider must explain and provide a copy of the content of services used and the record of services provided?

● Personally Borne Expense

Is the amount of the personally borne expenses for the service user clearly stipulated?

→ Are there any ambiguous expenses for the service user other than those stipulated by law, such as cooperation fees or member charges? Is it written in a way that allows the service provider to make changes for its own convenience/benefit?

● Failure to pay the personally borne expense

Is the service provider mindful of the user's situation, for example by granting a set grace period if you fall behind in payments?

→ Does it state that services can be immediately suspended or care recipients may be required to pay penalty fees?

● Termination of the contract

Does it state that user have a right to terminate the contract?

→ Is there a penalty fee for cancellation?

● Cancellation of use of services

Does it state that user can cancel services that they have booked?

→ Is there an expensive cancellation fee?

● Compensation for injuries and damages

Does it state that the service provider will compensate the user if injuries or property damages occur that caused by the provider?

● Protection of privacy

Does it state that the service provider will not give out any personal information about the user or his/her family members to third parties without the consent of the user except on justifiable grounds?

● Complain handling

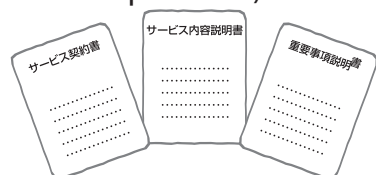
Does the service provider make clear which department and who is in charge of handling complaints?

Make sure that the contract does not have unreasonable fees.

See page 28 for the range of the member's personally borne expenses with the long-term care insurance.

● Service Contract ●

The basic description of the contract (i.e. the valid period, payment, and termination procedures)



● Explanatory Document on Services ●

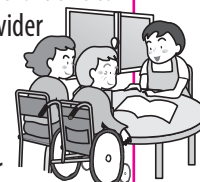
The following matters are covered:

- (1) Detailed description of services
- (2) Frequency and schedule of services
- (3) Personally borne expenses and payment procedures
- (4) The details of the cancellation procedure and the cancellation fees

● Explanatory Documents on Important Matters ●

The following matters are covered:

- (1) Outline of the service provider
- (2) Outline of the service provider's facilities
- (3) Personnel of the service provider
- (4) Business hours
- (5) Amount of personally borne expenses
- (6) Consultation service counter



Services Available

Types of Long-term Care Insurance Services

The types of services that you can use vary depending on whether you are approved for nursing care or assistance. Those approved for nursing care can use the long-term care services, while those approved for assistance can use services to prevent the needs for nursing care.

	Services to provide nursing care	Services to prevent the needs for nursing care
	In-Home Nursing Care Support	Support for nursing care to prevent the needs for nursing care
In-Home Services	Home-visit nursing care (home help) Home-visit bathing care Home-visit nurse Home-visit physiotherapy In-home health maintenance guidance Outpatient nursing care (day service) Outpatient physiotherapy (day care) Short-term stay nursing care (short stay) Short-term stay medical nursing care (short stay) Daily nursing care for tenants at specially-designated facilities Daily nursing care for tenants at specially-designated facilities (for short-term use) Rental of care equipment Purchase of specially designated welfare equipment	Home-visit nursing care (home help) Home-visit bathing care Home-visit nurse Home-visit physiotherapy for prevention In-home health maintenance guidance Outpatient nursing care (day service) Outpatient physiotherapy (day care) Short-term stay nursing care (short stay) Short-term stay medical nursing care (short stay) Daily nursing care for tenants at specially-designated facilities Rental of care equipment Purchase of specially designated welfare equipment
Community Services	Periodic rotation/ongoing home-visit nursing care Home-visit nursing care at night Outpatient nursing care for those suffering from dementia Small-scale, multifunctional home nursing care Communal living nursing care for those suffering from dementia (group home) Communal living nursing care for those suffering from dementia (group home) for short-term use Daily nursing care for tenants at specially designated community-based facilities Daily nursing care for tenants at specially designated community-based facilities (for short-term use) Community-based living nursing care for tenants of nursing care welfare facilities for the elderly Community-based living nursing care for tenants of nursing care welfare facilities for the elderly (for short-term use) Small-scale, multifunctional home nursing care and home-visit nurse (former name: Combined services)	Outpatient nursing care for those suffering from dementia Small-scale, multifunctional home nursing care Communal living nursing care for those suffering from dementia (group home) Communal living nursing care for those suffering from dementia (group home; for short-term use)
Facility Services	Nursing care welfare facility for the elderly (special nursing homes for the elderly) Nursing care health facilities for the elderly Nursing care medical facilities	※ In addition to the abovementioned services, see the page 22 regarding home renovation to prevent the needs for nursing care. For community support programs (run by municipalities), please see pages 36–38.

Please see pages 16 to 27 for more information regarding main services covered by the long-term care insurance and estimates of personally borne expenses. Please note that the estimates of personally borne expenses are calculated for those who pay 10% of insurance premiums as an example, and do not include the charges for staffing at service providers.

Point

How is an estimate of personally borne expenses calculated?

The number of units for each service is multiplied by the regional unit price of Yokohama City (as shown in the chart at right), after that the amount is multiplied by 10%.

Note: Estimates for personally borne expenses for services marked by an asterisk (*) are calculated for 30 days of use.

$$\text{Number of units} \times \text{Yokohama City regional unit price} \times 0.1 = \text{Personally borne expense}$$

Type of Services (including community-based services and services designed to prevent the needs for nursing care)	Regional Unit Price
In-home health maintenance guidance Welfare equipment rental	¥10
Outpatient nursing care, short-term stay medical nursing care, nursing care welfare facilities for the elderly*, daily nursing care for tenants at specially designated facilities*, communal living nursing care for those suffering from dementia*, nursing care health facilities for the elderly*, nursing care medical facilities*, daily nursing care for tenants at specially designated community-based facilities*, community-based living nursing care for tenants of nursing care welfare facilities for the elderly*	¥10.72
Home-visit physiotherapy; outpatient physiotherapy; short-term stay nursing care; outpatient nursing care for those suffering from dementia; small-scale, multifunctional home nursing care; small-scale, multifunctional home nursing care and home-visit nurse	¥10.88
Home-visit nursing care, home-visit bathing care, home-visit nurse, periodic rotation/ongoing home-visit nursing care, home-visit nursing care at night, home nursing care support	¥11.12

In-Home Services

Those Approved for Nursing Care Levels 1–5

Home-visit Nursing Care (Home Help)

A home helper (home-visit nursing caregiver) visits your home to provide physical nursing care for meals, bathroom, dressing, maintaining personal hygiene, and other everyday living support such as housekeeping.

< Estimated Personally Borne Expenses >

Use mainly physical nursing care	Under 20 mins.	20–29 mins.	30–59 mins.	60–89 mins.	Additional 30 mins
	¥184	¥273	¥432	¥628	¥89

Use everyday living support in addition to physical nursing care	20–44 mins	45–69 mins.	70 mins or more
	¥75	¥149	¥224

Use mainly everyday living support	20–44 mins.	45–69 mins.
	¥204	¥251

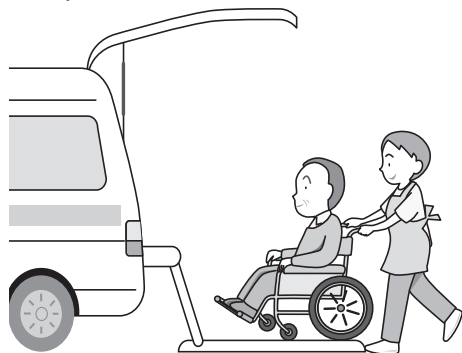
- ◇ For example, if you used everyday living support for 20 to 44 minutes in addition to the physical nursing care service for 30 to 59 minutes, your own expense would be the total ¥507 (¥432 + ¥75 = ¥507).
Note: If you use mainly the everyday living support 45 minutes or more or the everyday living support in addition to the physical nursing care for 70 minutes or more, the personally borne expense will be a fixed amount.

- Everyday living support is available for those who have difficulty in doing household chores by themselves and assistance is unavailable from the family or the local community.
- Services beyond the range of your daily life are not covered.
 Examples:
 - (1) Services that do not directly support yourself, such as doing the laundry, cooking, shopping, or house-cleaning for your family members; receiving guests; or washing the family car
 - (2) Services that do not assist daily living needs, such as weeding the garden, taking care of pets, major housecleaning, cleaning windows, fixing the house, painting, gardening, and cooking special meals for special occasions such as New Year's
- The personally borne expense for the service in early morning and late night goes up by 1.25 to 1.5 times.

Those Approved for Nursing Care Levels 1–5

Assistance for Hospital/Doctor's Visits

One home helper can help you get in and out of a car, and drive to the clinic/hospital.



< Estimated Personally Borne Expenses >

One way	¥108
---------	------

- ◇ Transport costs are separated personally borne expenses.

Those Approved for Assistance Levels 1 or 2

Using Home-visit Nursing Care to Prevent the Needs for Nursing Care

The needs for nursing care can be prevented by getting help with everyday tasks such as bathing, going to the bathroom, preparing meals, and maintaining or improving their living conditions so that you can live independently at their own home as long as possible. Generally you can use only one service provider.

< Estimated Personally Borne Expenses >

Frequency (for One Month)	Assistance Level 1	Assistance Level 2
About once a week	¥1,299	¥1,299
About twice a week	¥2,597	¥2,597
More than twice a week ※		¥4,119

- ※ Those approved for assistance level 1 may not use the service more than twice a week.



Note: Those approved for assistance levels 1 or 2 are not covered for assistance services for hospital/doctor's visits.

From January 2016, service system of home-visit nursing care and outpatient nursing care for those approved for assistance level 1 or 2 will be changed.

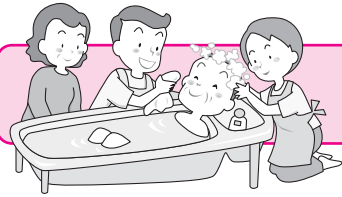
Yokohama City will move the service of home-visit nursing care and outpatient nursing care for those approved for assistance level 1 or 2, from the services administered by the national government to community support services run by municipalities in order to prevent the needs for nursing care.

At the beginning of the transition, existent nursing care facilities offer services equal to the present ones and from April 2017, full operation will start. In addition to the given services, other services are provided by various parties such as nonprofit organizations and volunteer groups.

Services Available

Those Approved for Nursing Care Levels 1–5

Home-visit Bathing Care



A team of three nursing caregiver (or two people for those approved for assistance levels 1 and 2) visits the user's home, bringing a bathtub and give a bath to the user.

< Estimated Personally Borne Expenses >

Per session ¥1,373

- ◇ For those who have difficulty in taking a full-body bath by themselves, bed-bath or partial bathing service is available for ¥961 per session.

Those Approved for Assistance Levels 1 or 2

Home-visit Bathing Care (Used to prevent the needs for nursing care)

< Estimated Personally Borne Expenses >

Per session ¥928

- ◇ For those who have difficulty in taking a full body bath by themselves, bed-bath or partial bathing service is available for ¥650 per session.

Those Approved for Nursing Care Levels 1–5

Home-visit physiotherapy

For those whose medical condition has stabilized and who can stay at their home but have difficulty in visiting the hospital/clinic, a physiotherapist or occupational therapist will visit and provide treatments according to instructions from the family doctor.



< Estimated Personally Borne Expenses >

Per session ¥329

- ◇ If a therapy plan is created and you receive intensive therapy, an additional fee of ¥218 per session will occur.

Those Approved for Assistance Levels 1 or 2

Home-visit physiotherapy (used to prevent the needs for Nursing care)

For those who have difficulty in visiting a hospital, specialized staff visit their home and provide therapy according to instructions from the family doctor with the goal of preventing the needs for nursing care.



< Estimated Personally Borne Expenses >

Per session ¥329

- ◇ If a therapy plan is created and you receive intensive therapy, there is an additional fee of ¥218 per session.

Those Approved for Nursing Care Levels 1–5

In-Home Health Maintenance Guidance

For those who need medical attention but have difficulty in visiting the hospital/clinic, the doctor, dentist or pharmacist will visit and offer instruction and advice on treatment, including providing a care manager with the information needed to draw up a care plan.



Frequency	Doctor/Dentist	Pharmacist at Healthcare Provider	Pharmacist at Pharmacy	Nutritionist	Dental Hygienist	Public Health Nurse/Nurse
Per session	¥503	¥553	¥503	¥533	¥352	¥402
Same day visit for multiple patients in the same building	¥452	¥387	¥352	¥452	¥302	¥362
Maximum use	Twice a month	Twice a month	Four times a month *1	Twice a month	Four times a month	*2

*1 Those with terminal cancer or those receiving mainly parenteral nutrition can receive home health maintenance guidance twice a week for a maximum of eight times a month.

*2 The service use is limited to twice in the first six-month since in-home services begun.

Those Approved for Assistance Levels 1 or 2

In-Home Health Maintenance Guidance (Used to Prevent the Need for Nursing Care)

For those who need medical attention but have difficulty in visiting the hospital/clinic, the dentist, or pharmacist will visit and give instructions and advice for maintaining and/or improving everyday functions. In addition, they will provide the member's local integrated community support center/community care plaza with the information to create a care plan.

Note: Estimates of personally borne expenses are calculated by using those who pay 10% of insurance premiums as an example.

Those Approved for Nursing Care Levels 1–5

Home-visit Nurse

According to instructions from the family doctor, a nurse visits regularly to those need medical attention and conducts health checks as well as providing advice and assistance with treatment.

Estimated Personally Borne Expenses	Minutes per Visit	Under 20 Mins.*1	Under 30 Mins.	30–59 Mins.	60–89 Mins.	90 Mins. or More*2
	Service Category					
	Home-visit nurse station	¥345	¥515	¥906	¥1,243	¥1,576
	Hospital or clinic	¥292	¥436	¥631	¥929	¥1,263

- *1 "Under 20 minutes" can be calculated only when other services are provided once a week or more for 20 minutes or longer.
- The personally borne expense for the service in early morning and late night goes up by 1.25 to 1.5 times.
- *2 These amounts are calculated for those who are eligible for fee addition for special control and when the total minute of home-visit nurse services provided becomes 90 minutes or longer.

Those Approved for Assistance Levels 1 or 2

Home-visit Nurse

(Used to Prevent the Need for Nursing Care)

According to instructions from the family doctor, a nurse visits regularly to those need medical attention and conducts health checks as well as providing advice and assistance with treatment to improve everyday living functions.

Those Approved for Nursing Care Levels 1–5

Outpatient Nursing Care (Day Service)

You can commute to a day service center and receive services such as meals, bathing care, health checks, and functional training.

< Estimated Personally Borne Expenses >

Per Day	Nursing Care Level 1	Nursing Care Level 2	Nursing Care Level 3	Nursing Care Level 4	Nursing Care Level 5
Over 7 hours and less than 9 hours a day	¥704	¥831	¥963	¥1,095	¥1,227



- ◇ This is an estimated fee required for the services for more than 7 hours but less than 9 hours a day at a regular-sized facility for providing day services. (Transportation service fees are included.)
- ◇ An additional fee of ¥54 per day will be charged if the bathing service is used.
- ◇ Other additional fees are required if services related to improving nutrition and/or oral functioning are used.

Outpatient Nursing Care (Day Service)

This service which provides assistance with meals, bathing, health checking, and functional training, is available to those who require constant attention by a nurse due to an incurable disease or terminal cancer and the condition is moderate to severe.

< Estimated Personally Borne Expenses >

Per Day	No Category
Over 6 hours and less than 8 hours	¥1,620



- ◇ The service is limited depending on your physical condition.

Those Approved for Assistance Levels 1 or 2

Outpatient Nursing Care

(Used to Prevent the Need for Nursing Care)

To maintain or improve everyday living functions, you can commute to a day service center and receive services such as meals and bathing care as well as the following optional services. The fees are charged at a fixed rate per month. Generally you can choose only one center to use.

– Types of Optional Services –

- Everyday living function improvement group activities
- Improvement in motor skills
- Improvement in nutrition
- Improvement in oral function



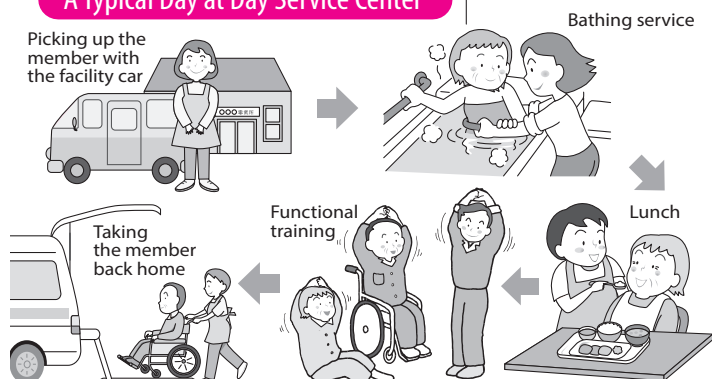
< Estimated Personally Borne Expenses >

Per Month	Common Services	Everyday Living Function Improvement Group Activities (Additional)	Improvement in Motor Skills (Additional)	Improvement in Nutrition (Additional)	Improvement in Oral Function (Additional)
Assistance level 1	¥1,766	¥108	¥242	¥161	¥161
Assistance level 2	¥3,621	¥108	¥242	¥161	¥161



- ◇ The fees for transportation and bathing care services are included in the common service fee.

A Typical Day at Day Service Center



Note: Estimates of personally borne expenses are calculated for those who pay 10% of insurance premiums as an example.

Services Available

Those Approved for Nursing Care Levels 1–5

Outpatient Physiotherapy (Day Care)

If your family doctor considers it necessary to maintain your health and recover your physical functions, you can commute to a nursing care health facility for the elderly, the hospital, or the clinic for physiotherapy.



< Estimated Personally Borne Expenses >

Per Day	Nursing Care Level 1	Nursing Care Level 2	Nursing Care Level 3	Nursing Care Level 4	Nursing Care Level 5
Over 6 hours and less than 8 hours a day	¥790	¥952	¥1,112	¥1,277	¥1,438



- ◇ These are estimates when using a typical outpatient nursing care program at a nursing care health facility for the elderly, the hospital, or the clinic for more than 6 hours but less than 8 hours. (Transportation fee is included.)
- ◇ An additional fee of ¥55 per day will occur if the bathing service is used.
- ◇ There are also additional charges if the user receives intensive physiotherapy over a short period of time according to a physiotherapy plan, or for services for improvement in nutrition or oral functioning.

Those Approved for Assistance Levels 1 or 2

Outpatient Physiotherapy (Used to Prevent the Need for Nursing Care)

If your family doctor considers it necessary to maintain your health and recover your physical functions, you can commute to a nursing care health facility for the elderly, the hospital, or the clinic for physiotherapy, and receive everyday living support services (common services) such as bathing care and meals. The following optional services are also available. The monthly fee is fixed, and generally you can choose one center to use.

< Types of Optional Services >	- Improvement in motor skills	- Improvement in nutrition	- Improvement in oral function
--------------------------------	-------------------------------	----------------------------	--------------------------------

< Estimated Personally Borne Expenses >

Per Month	Common Services	Improvement in Motor Skills (Additional)	Improvement in Nutrition (Additional)	Improvement in Oral Functioning (Additional)
Assistance level 1	¥1,972	¥245	¥164	¥164
Assistance level 2	¥4,042	¥245	¥164	¥164



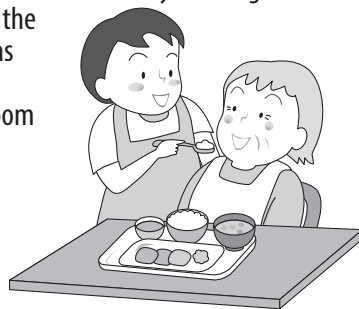
- ◇ The transportation and the bathing assistance service fees are included in the common service fee.

Home-related Services

Those Approved for Nursing Care Levels 1–5

Daily Nursing Care for Tenants at Specially Designated Facilities

You can move in a nursing home for the elderly with nursing care services in the private sector covered by the long-term care insurance, and receive the nursing care services such as meals, bathing care, and assistance using the bathroom as well as physiotherapy services.



< Estimated Personally Borne Expenses >

Per Month	Nursing Care Level 1	Nursing Care Level 2	Nursing Care Level 3	Nursing Care Level 4	Nursing Care Level 5
	¥16,854	¥18,876	¥21,059	¥23,083	¥25,233



Note: Estimates of personally borne expenses are calculated for those who pay 10% of insurance premiums as an example.

Those Approved for Assistance Levels 1 or 2

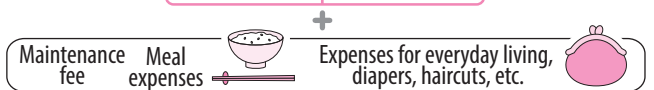
Daily Nursing Care for Tenants at Specially Designated Facilities (Used to Prevent the Need for Nursing Care)

You can move in a nursing home for the elderly with the nursing care services in the private sector covered by the long-term care insurance, and receive assistance for everyday living from the staff and services designed to improve everyday living functions.



< Estimated Personally Borne Expenses >

Assistance Level 1	Assistance Level 2
¥5,660	¥4,739



Services That Include Short-Term Stay in a Facility

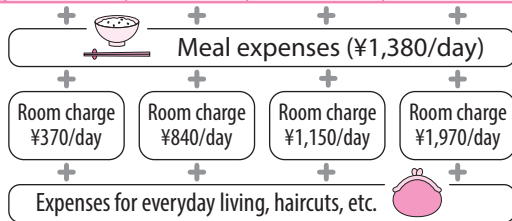
Those Approved for Nursing Care Levels 1–5

Short-Term Stay Nursing Care (Short Stay in a Welfare Facility)

You can move into as a short-term to a welfare facility and receive nursing care services, such as assistance with meals, getting dressed, and bathing, as well as recreational services, if it is temporarily difficult for you to receive nursing assistance from the family. Fees vary according to the type of room used.

< Estimated Personally Borne Expenses >

Per Day	Shared Bed Room (Capacity: two or more persons)		Conventional Private Room (Room without joint living room)	Unit-type Private Room (Room with joint living room [the size of 8-tatami room or bigger])
	Until July 31, 2015	From August 1, 2015		
Nursing care level 1	¥703	¥652	¥630	¥737
Nursing care level 2	¥776	¥725	¥703	¥809
Nursing care level 3	¥850	¥799	¥777	¥886
Nursing care level 4	¥923	¥872	¥850	¥958
Nursing care level 5	¥994	¥943	¥921	¥1,030



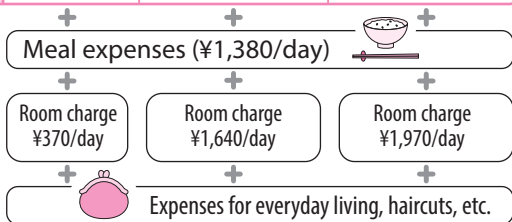
Those Approved for Nursing Care Levels 1–5

Short-term Stay Medical Nursing Care (Short Stay in a Health Facility for the Elderly, Hospital, Etc.)

You can move into to a nursing care health facility for the elderly or a medical facility as a short term to receive services in functional training and daily living support from doctors, nurses, and therapists, if it is temporarily difficult for you to receive nursing assistance from the family. Fees vary according to the type of room.

< Estimated Personally Borne Expenses >

Per Day	Shared Bed Room (Capacity: two or more persons)	Conventional Private Room (Room without joint living room)	Unit-type Private Room (Room with joint living room [the size of 8-tatami room or bigger])
Nursing care level 2	¥934	¥853	¥937
Nursing care level 3	¥1,000	¥918	¥1,004
Nursing care level 4	¥1,054	¥974	¥1,061
Nursing care level 5	¥1,111	¥1,028	¥1,115



Those Approved for Assistance Levels 1 or 2

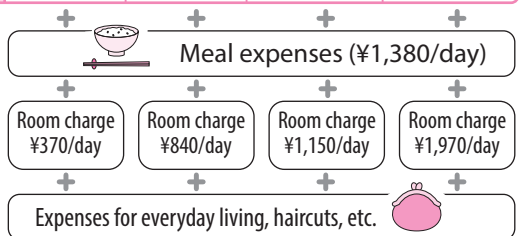
Short-Term Stay Nursing Care (Used to Prevent the Needs for Nursing Care)

You can move into as a short-term to a welfare facility and receive nursing care services to maintain their everyday living functions if it is temporarily difficult for you to receive nursing assistance from the family.



< Estimated Personally Borne Expenses >

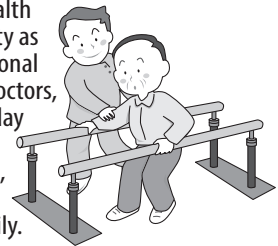
Per Day	Shared Bed Room (Capacity: two or more persons)		Conventional Private Room (Room without joint living room)	Unit-type Private Room (Room with joint living room [the size of 8-tatami room or bigger])
	Until July 31, 2015	From August 1, 2015		
Assistance level 1	¥515	¥477	¥472	¥553
Assistance level 2	¥633	¥587	¥586	¥687



Those Approved for Assistance Levels 1 or 2

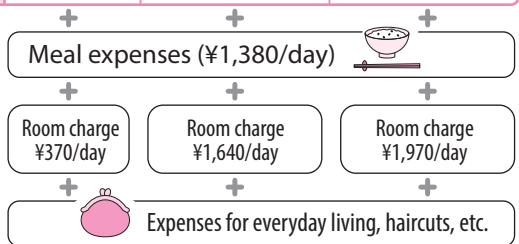
Short-Term Stay Medical Nursing Care (Used to Prevent the Needs for Nursing Care)

You can move into to a nursing care health facility for the elderly or a medical facility as a short term to receive services in functional training and daily living support from doctors, nurses, and therapists to support everyday living and functional skills with the goal of preventing the needs for nursing care, if it is temporarily difficult for you to receive nursing assistance from the family.



< Estimated Personally Borne Expenses >

Per Day	Shared Bed Room (Capacity: two or more persons)	Conventional Private Room (Room without joint living room)	Unit-type Private Room (Room with joint living room [the size of 8-tatami room or bigger])
Assistance level 2	¥817	¥768	¥831



- ◇ An additional fee of ¥198 to ¥201 is required for each one-way trip if the transportation service is used.
- ◇ The cost of diaper is covered by the long-term care insurance.

Notes:

- Meal expenses and room charges are standard amounts set by the national government. For more information, please ask each facility.
- Low income earners are eligible for a program for the reduction/exemption of expenses for meals and room charge (see page 32).

Note: Estimates of personally borne expenses are calculated for those who pay 10% of insurance premiums as an example.

Services Available

Services for Supporting the Living Conditions

Those Approved for Nursing Care Levels 1-5

Those Approved for Assistance Levels 1 or 2

Rental of Care Equipment

Members may use welfare equipment to assist in living independently.

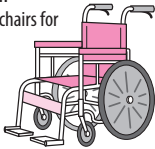
Rental of Care Equipment

Members may rent welfare equipment to help them live independently and prevent the needs for nursing care.

Rental Items covered by the service (13 Types)

1 Wheelchair

* Manual wheelchairs for self-use or assistance, or electric wheelchairs



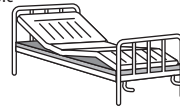
2 Wheelchair accessories

* Cushions, auxiliary electric equipment, etc.



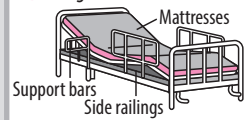
3 Long term care beds

* Head and foot positioning is adjustable as well as the height



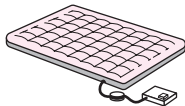
4 Long-term care bed accessories

* Mattresses, Support bars, Side railings, Tables, assistance belts, sliding boards, mats



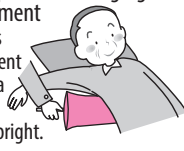
5 Equipment to prevent bedsores

* Air mats, water mats, etc.



6 Body position-changing equipment

* Includes equipment to help a user move upright.



7 Detectors for demented wanderers

* Includes sensors that detect when the member leaves the bed.



8 Lifts for mobilizing

* Includes lifts for climbing stairs.



9 Automated toilet system

* Excludes exchangeable parts.

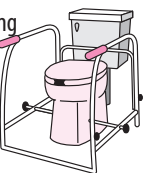


Notes:

- Item 1 to 8 are not covered for those approved for assistance levels 1 or 2, or those approved for nursing care level 1 except special cases.
- Item 9 automated toilet systems with the function for solid waste are not covered for those approved for assistance levels 1 or 2, or for nursing care levels 1-3 except special cases. (Machines with the function to remove liquid waste are covered.)

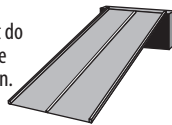
10 Hand railing

* Items that do not require installation.



11 Slopes

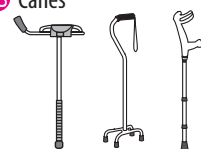
* Items that do not require installation.



12 Walkers



13 Canes



< Estimated Personally Borne Expenses >

10% (or 20%) of the rental fee

※ Rental fees vary depending on the type of equipment, model, and dealer.

Those Approved for Nursing Care Levels 1-5

Those Approved for Assistance Levels 1 or 2

Purchase of Special Welfare Equipment

90% (or 80%) of the purchase amount will be reimbursed for the special welfare equipment such as items used for eliminating human waste or for bathing.

Purchase of Special Welfare Equipment

90% (or 80%) of the purchase amount will be reimbursed for the special welfare equipment to prevent the needs for nursing care such as items used for eliminating human waste or for bathing.

Items covered by the service (5 Types)

■ Only items purchased from the certified dealers are reimbursed.

Chair-type toilet seat

* Includes the toilet seat riser.



Exchangeable parts of automated toilet system

* Receivers, tubes, tanks, etc.



Bathing equipment accessories

* Bathing chairs, chairs for use in a bathtub, bathing stand, belts for assisting bathing, etc.



Simple bathtub



Hanging equipment for mobilizing lifts



< Estimated Personally Borne Expenses >

10% (or 20%) of the purchase amount

(Maximum reimbursement per year is ¥90,000 or ¥80,000) Note: If the purchase amount exceeds ¥100,000, the member must pay the exceeded portion that exceeds.

Required Documents for Application

- (1) Application form (available at the Insurance and Pension Division of your local ward office)
- (2) Receipt
- (3) Documentation explaining the needs for the welfare equipment (written in the application form, the statement of reason, the in-home service plan, or the welfare equipment purchase plan)
- (4) A pamphlet of the applicable welfare equipment (with an outline on the welfare equipment)

Note: The same type of equipment generally cannot be purchased more than once.

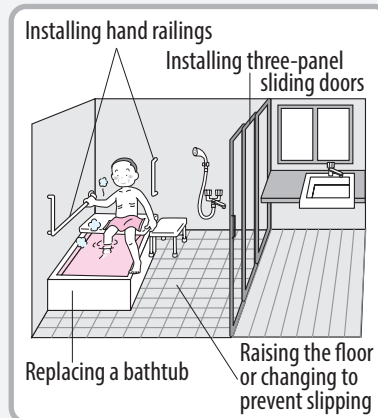
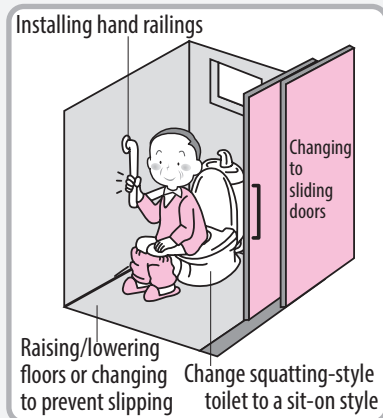
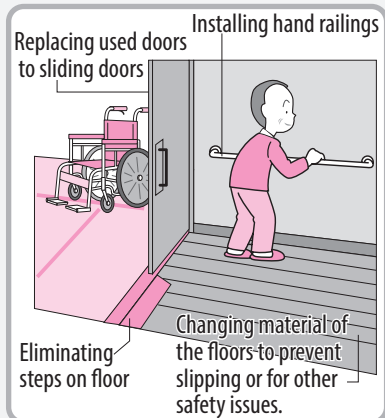
Those Approved for Nursing Care Levels 1–5

Those Approved for Assistance Levels 1 or 2

Home Renovation

Preventive Long-term Care Home Renovation

If you are approved for nursing care and renovate your home to live further, 90% (or 80%) of the cost will be reimbursed.



Construction procedures covered by the service

- (1) Installing hand railings
- (2) Eliminating steps or slants on the floor
- (3) Changing the material of the floors to prevent slipping or for other safety issues.
- (4) Changing to sliding doors (includes the expense for removal of the old doors and installation of the new ones [if the cost is lower than replacing])
- (5) Changing from a squatting-style toilet to a sit-on style
- (6) Any construction recognized as necessary to complete any of items (1) through (5):
 - Wall reinforcement for the installation of hand railings
 - Plumbing work for the bathroom or toilet
 - Installing fences to prevent a fall along with the installation of slopes
 - Repairing walls and pillars along with the replacement of doors, etc.

Documents Required for Application (Not when the authorized payment system which you authorize the contractor receives the fund directly from the city.)

Before Construction

- (1) Application form (available at the Insurance and Pension Division of your local ward office)
- (2) Estimate or Statement of estimates
- (3) Documentation stating the reason for the renovation written by the care manager. (If the individual does not have a care manager, please consult the Elderly and Disabled Support Division of your local ward office.)
- (4) Photo of the home before renovation
- (5) Blueprint of the proposed home renovation
- (6) Copy of the agreement of home renovation and rent contract (if the home is rental housing)

After Construction

- (1) Receipt or statement of construction service
- (2) Photo of the home after renovation is completed

Yokohama City Home Renovation Procedure

You will be required to pay all expenses upfront, but 90% (or 80%) of the amount will be reimbursed on a later date. Yokohama City, however, has the authorized payment system that you can only pay the contractor only 10% (or 20%) of the cost and the contractor will receive the rest directly from the city.

This system is only applicable for renovations conducted by home-renovation companies registered with the city. List of registered companies is available at the Elderly and Disabled Support Division or the Insurance and Pension Division of your local ward office. It can also be found on the Yokohama City website.

<http://www.city.yokohama.lg.jp/kenko/kourei/riyousya/shinsei/juukai/meibo.html>

◇ In addition to the home renovation program by long-term care insurance, the living environment equipping program is also available. (See page 39).

Although the types of construction applicable for subsidies and the subsidy amounts vary, in some cases you can use both programs.

Please consult with the Elderly and Disabled Support Division of your local ward office before you begin construction for more information regarding the living environment equipping program.

< Estimated Personally Borne Expenses >

10% (or 20%) of the renovation expense

Maximum reimbursement: ¥180,000 (or ¥160,000)

Note: The maximum reimbursement for renovation is ¥200,000.

You can apply again for the reimbursement if you change the address of residence or if your nursing care level increases more than three levels (the maximum reimbursement remains the same).

- (1) Before starting construction, please submit documents to the Insurance and Pension Division of your local ward office. Construction may begin after you receive an approval for the renovation from the Insurance and Pension Division.
- (2) After construction is completed and you have paid off the contractor, please submit the receipts and other necessary documents to the Insurance and Pension Division of your local ward office to receive your reimbursement (90% or 80% of total expenses).

Services Available

Services Available

Community-based Services

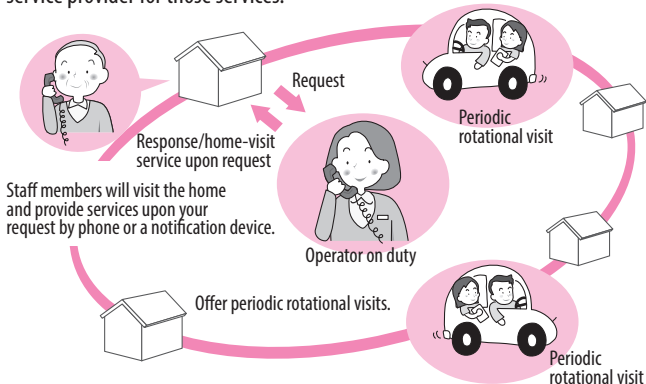
Community-based services are created for community members to live as long as possible in their own home and the local community that they are familiar with.

Generally, the city's community-based service facilities are available for only those enrolled in the Yokohama City long-term care insurance program and those who moved in applicable facilities* in Yokohama City after April 2015 (* paid nursing homes for the elderly, homes for the elderly with nursing care services)

Those Approved for Nursing Care Levels 1-5 (Those Approved for Assistance Level 1 or 2 Cannot Use the Following)

Periodic Rotation/Ongoing Home-visit Nursing Care

Home-visit nursing care staff and home-visit nurse members work closely with each other and offer the periodic rotational home-visit service and the ongoing home-visit service during the day or at night. You generally can use only one service provider for those services.



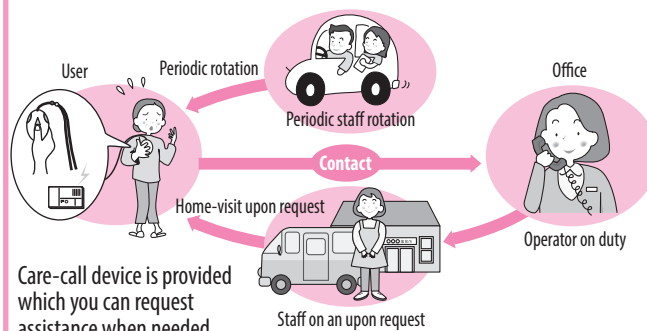
< Estimated Personally Borne Expenses >

Per month

	Nursing Care/Nurse	Nursing Care
Nursing care level 1	¥9,180	¥6,292
Nursing care level 2	¥14,342	¥11,232
Nursing care level 3	¥21,891	¥18,648
Nursing care level 4	¥26,986	¥23,588
Nursing care level 5	¥32,692	¥28,528

Home-visit Nursing Care at Night

In addition to periodic home-visit nursing care service at night, the home-visit service upon your request is always available. Furthermore, the operation service that the staff coordinates or responds to your call is also available.



< Estimated Personally Borne Expenses >

Home-visit Nursing Care at Night I

Operation service	Periodic rotation service	Ongoing home-visit services I
¥1,091/month	¥410/use	¥623/use

Home-visit Nursing Care at Night II

Home-visit service upon request, periodic rotation service
¥2,966/month

Those Approved for Nursing Care Levels 1-5

Communal Living Nursing Care for Those Suffering from Dementia

Those suffering from dementia can receive daily nursing care while living in a homelike environment in a group of five to nine persons. Facilities are equipped with a bedroom, living room, dining area, bath, etc., and each resident is assigned household tasks to mitigate the symptoms of dementia. The goal is to provide an environment where residents can live in comfort.

Note: The personally borne expenses vary depending on the number of unit.

< Estimated Personally Borne Expenses >

Per month

	One Unit	Two Units or More
Nursing care level 1	¥24,410	¥24,024
Nursing care level 2	¥25,568	¥25,150
Nursing care level 3	¥26,307	¥25,921
Nursing care level 4	¥26,854	¥26,436
Nursing care level 5	¥27,401	¥26,950

+

Meal expenses	Room charge, maintenance fee and utility expenses	Expenses for everyday living, diapers, haircuts, etc.
---------------	---	---

Note: Estimates of personally borne expenses are calculated for those who pay 10% of insurance premiums as an example.

Those Approved for Assistance Levels 1 or 2

Communal Living Nursing Care for Those Suffering from Dementia

Those suffering from dementia can receive daily nursing care while living in a homelike environment. Staff members offer support and provide services designed to improve their everyday activities.

Notes:

- Those Approved for assistance level 1 are not covered for this service.
- The personally borne expenses vary depending on the number of unit.

< Estimated Personally Borne Expenses >

Per month

	One Unit	Two Units or More
Assistance level 2	¥24,281	¥23,895

+

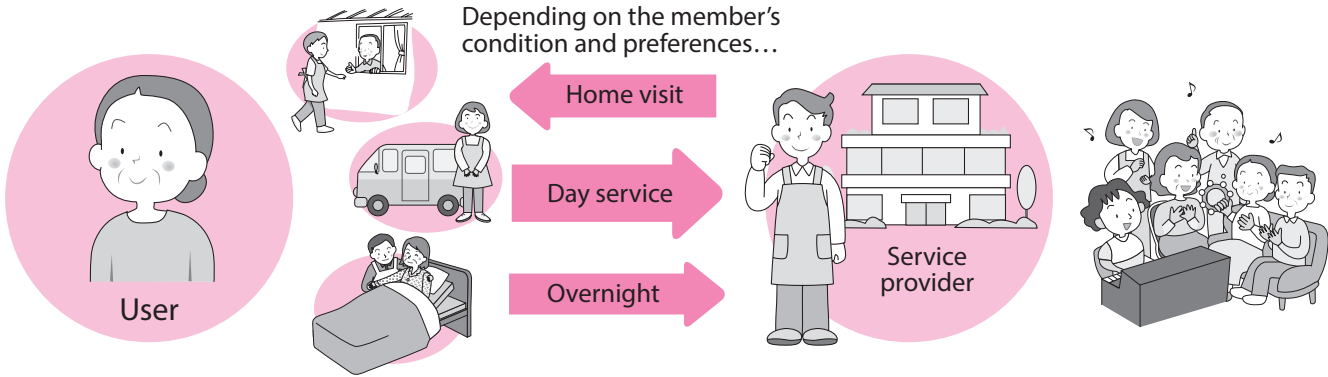
Meal expenses	Room charge, maintenance fee and utility expenses	Expenses for everyday living, diapers, haircuts, etc.
---------------	---	---



Those Approved for Nursing Care Levels 1–5

Small-Scale, Multifunctional Home Nursing Care

This service is mainly provided at nursing care facilities in the community where you are accustomed to living. You can visit or stay overnight at a facility and receive services. In some cases, staff members also visit your home.
 The home-visit and overnight service are provided by staff members who you are familiar with through day care. Monthly fees are fixed, and you can use only one facility. This service cannot be used with other community-based services or certain other home-visit service, such as home-visit nursing care (home help), outpatient nursing care (day services), or short-term stay living/medical nursing care (short-stay) at the same time.



< Estimated Personally Borne Expenses >

Per month

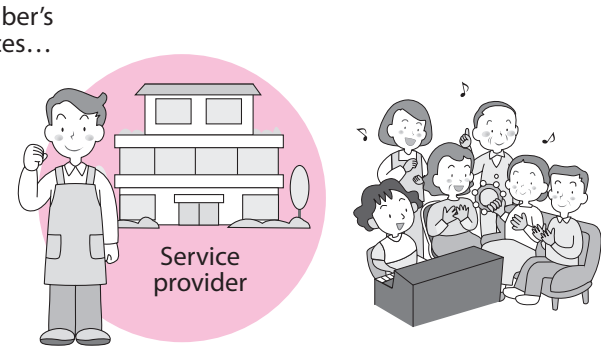
Nursing care level 1	¥ 11,229
Nursing care level 2	¥ 16,502
Nursing care level 3	¥ 24,004
Nursing care level 4	¥ 26,493
Nursing care level 5	¥ 29,212

+

- Meal expenses
- Overnight expenses
- Expenses for everyday living, etc.

Those Approved for Assistance Levels 1 or 2

Preventive Long-term Care Small-Scale, Multifunctional Home Nursing Care



< Estimated Personally Borne Expenses >

Per month

Assistance level 1	¥ 3,703
Assistance level 2	¥ 7,483

+

- Meal expenses
- Overnight expenses
- Expenses for everyday living, etc.

Services Available

Those Approved for Nursing Care Levels 1–5

Outpatient Nursing Care for Those Suffering from Dementia

The services including bathing and meals as well as physiotherapy and recreational activities in a homelike environment are available at a facility such as a community care plaza for those suffering from dementia.

< Estimated Personally Borne Expenses >

Over 7 hours and less than 9 hours per day

Nursing care level 1	¥ 1,072
Nursing care level 2	¥ 1,188
Nursing care level 3	¥ 1,305
Nursing care level 4	¥ 1,422
Nursing care level 5	¥ 1,539

+



Meal expenses

Expenses for everyday living, diapers

Those Approved for Assistance Levels 1 or 2

Preventive Long-term Care Outpatient Nursing Care for Those Suffering from Dementia

The services including bathing and meals as well as physiotherapy and recreational activities in a homelike environment are available at a facility such as a community care plaza for those suffering from dementia.

< Estimated Personally Borne Expenses >

Over 7 hours and less than 9 hours per day

Assistance level 1	¥ 927
Assistance level 2	¥ 1,036

+



Meal expenses

Expenses for everyday living, diapers

- ◇ Expenses are estimated for using outpatient nursing care provider dedicated to day care of dementia for more than 7 hours but less than 9 hours. (Transportation fees are included.)
- ◇ An additional fee of ¥55 per day is required if the bathing service is used.
- ◇ Other additional fees are required if other services such as for nutrition improvement and/or oral functioning are used.

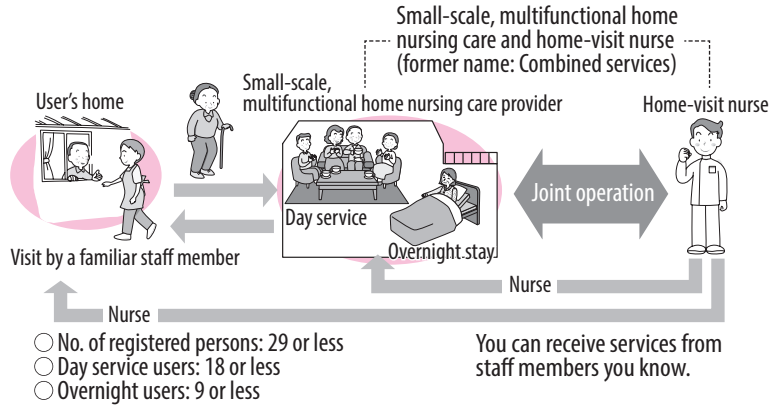
Note: Estimates of personally borne expenses are calculated for those who pay 10% of insurance premiums as an example.

Services Available

Those Approved for Nursing Care Levels 1–5
(Those Approved for Assistance Level 1 or 2 are not covered for the following services)

Small-scale, multifunctional home nursing care and home-visit (former name: Combined services)

Provider offers mainly the day care service, however, the home visit or the overnight service is also available on request basis as well as the nurse visit service. You generally can use only one service provider.

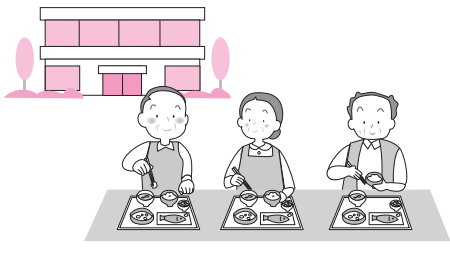


< Estimated Personally Borne Expenses >

Per month	
Nursing care level 1	¥ 13,427
Nursing care level 2	¥ 18,788
Nursing care level 3	¥ 26,411
Nursing care level 4	¥ 29,954
Nursing care level 5	¥ 33,882

Daily Nursing Care for Tenants at Specially Designated Community-based Facilities

Each of those facilities is operated on a small scale, with a capacity of 29 persons or less. It offers the services similar to daily nursing care at specially designated facilities (see page 19) for a small number of tenants at a facility such as a paid home for the elderly with nursing care services (specially designated facilities specializing in nursing care).



< Estimated Personally Borne Expenses >

Per month	
Nursing care level 1	¥ 17,142
Nursing care level 2	¥ 19,200
Nursing care level 3	¥ 21,419
Nursing care level 4	¥ 23,477
Nursing care level 5	¥ 25,664

Maintenance fee	Meal expenses
Expenses for everyday living, diapers, haircuts, etc.	

Those Approved for Nursing Care Levels 3–5 (in Principle) (Those approved for assistance Level 1 or 2 are not covered for the following)
For those approved for Nursing Care Levels 1 or 2, there is an exceptional admission program (see the next page).

Community Living Nursing Care for Tenants of Nursing Care Welfare Facilities for The Elderly

Small-scale special nursing homes for the elderly with a capacity of 29 persons or less offer services similar to a special nursing home for the elderly (see page 26).

< Estimated Personally Borne Expenses >

Per month	Shared Bed Room (Capacity: two or more persons)		Conventional Private Room (Room without joint living room)	Unit-type Private Room (Room with joint living room [the size of 8 tatami room or bigger])
	Until July 31, 2015	From August 1, 2015		
Nursing care level 1	¥ 19,103	¥ 17,592	¥ 17,592	¥ 20,100
Nursing care level 2	¥ 21,258	¥ 19,747	¥ 19,747	¥ 22,223
Nursing care level 3	¥ 23,445	¥ 21,934	¥ 21,934	¥ 24,506
Nursing care level 4	¥ 25,600	¥ 24,088	¥ 24,088	¥ 26,629
Nursing care level 5	¥ 27,690	¥ 26,179	¥ 26,179	¥ 28,751

+	+	+	+
Room Charge (¥11,100/month)	Room Charge (¥25,200/month)	Room Charge (¥34,500/month)	Room Charge (¥59,100/month)
+	+	+	+
Meal expenses (¥41,400/month)			
+	+	+	+
Expenses for everyday living, haircuts, etc.			



- ◇ Additional fees are required depending on the types of services the facility provides or if you use other optional services.
 - ◇ The cost of diaper is covered by the long-term care insurance.
- Notes:**
- Meal expenses and room charge are standard amounts set by the national government. For more information, please ask each facility.
 - Low income earners are eligible for a program to reduce or exempt expenses for meals and room charge (see page 32).

Note: Estimates of personally borne expenses are calculated for those who pay 10% of insurance premiums as an example.

Facility Service

There are three kinds of facility service, depending on the type of required nursing care.

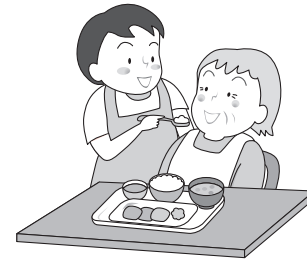
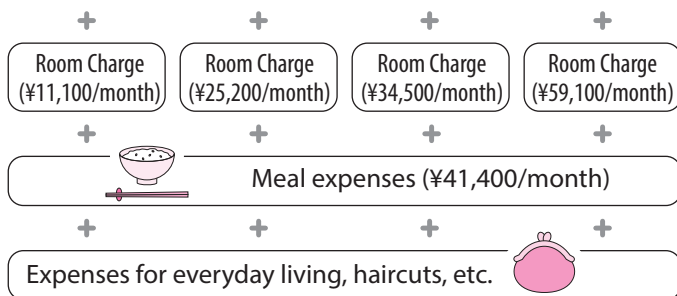
Those Approved for Nursing Care Levels 3-5 (in Principle) (Those approved for assistance Level 1 or 2 are not covered for the Following)
For those approved for nursing care levels 1 or 2, there is an exceptional admission program (see below).

Nursing Care Welfare Facilities for the Elderly (Special Nursing Homes for the Elderly)

These facilities offer nursing care services such as bathing, assistance in going to the bathroom, and meals, as well as assistance in everyday living, functional training, health maintenance and therapy.

< Estimated Personally Borne Expenses >

Per month	Shared Bed Room (Capacity: two or more persons)		Conventional Private Room (Room without joint living room)	Unit-type Private Room (Room with joint living room [the size of 8 tatami room or bigger])
	Until July 31, 2015	From August 1, 2015		
Nursing care level 1	¥ 19,103	¥ 17,592	¥ 17,592	¥ 20,100
Nursing care level 2	¥ 21,258	¥ 19,747	¥ 19,747	¥ 22,223
Nursing care level 3	¥ 23,445	¥ 21,934	¥ 21,934	¥ 24,506
Nursing care level 4	¥ 25,600	¥ 24,088	¥ 24,088	¥ 26,629
Nursing care level 5	¥ 27,690	¥ 26,179	¥ 26,179	¥ 28,751



- ◇ Additional fees are required depending on the types of services the facility provides or if you use other optional services.
 - ◇ The cost of diaper is covered by the long-term care insurance.
- Notes:**
- Meal expenses and room charge are standard amounts set by the national government. For more information, please ask each facility.
 - Low income earners are eligible for a program to reduce or exempt expenses for meals and room charge (see page 32).

Services Available

Exceptional admission program

From April 2015, special nursing homes for the elderly have become facilities for those with nursing care levels 3 or more. However, even for those with nursing care levels 1 or 2, admission can be allowed exceptionally.

- When an individual with dementia is having difficulty in handling everyday life in his/her own home due to frequent occurrences of symptoms or behaviors which disturb everyday living or difficulty in communicating.
- When an individual suffering from intellectual or mental disorders is having difficulty in handling everyday life in his/her own home due to frequent occurrences of symptoms or behaviors which disturb everyday living or difficulty in communication.
- When an individual is having difficulty in ensuring physical and mental security/safety due to a suspicion of severe abuses by his/her family, etc.
- When an individual is having difficulty in handling everyday life in his/her home when support from their family cannot be expected because he/she is single, or family members living together are aged or weak, as well as when the long-term care services or daily living support services from the community are insufficient.

If you are approved for nursing care levels 1 or 2, and wish to move in a special nursing home for the elderly, please file an application for admission by checking the appropriate box of exceptional admission requirements in the application form.

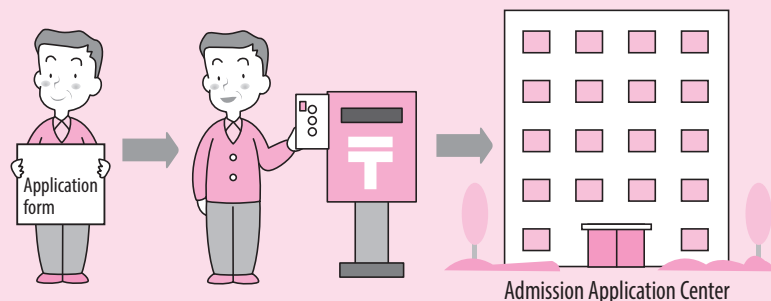
How to Enter a Nursing Care Welfare Facility for the Elderly (Special Nursing Home for the Elderly)

Applications are accepted at the institution application center.

Application forms are available at the Elderly and Disabled Support Division of your local ward office, community care plazas, special nursing homes for the elderly, and the Elderly Facilities Division of the Health and Social Welfare Bureau, please complete a form and mail to the address below.

To:

Special Nursing Home for the Elderly
Institution Application Center
Yume Ooka Office Tower 10F, 1-6-1
Kami-Ooka-nishi, Konan-ku 233-0002
Tel: 045-840-5817 Fax: 045-840-5816



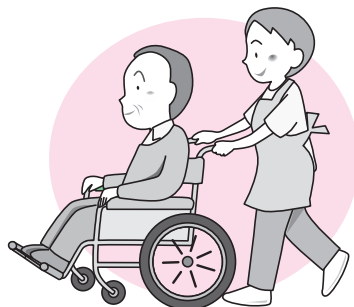
Note: Estimates of personally borne expenses are calculated for those who pay 10% of insurance premiums as an example.

Services Available

Those Approved for Nursing Care Levels 1–5
(Those Approved for Assistance Level 1 or 2 are not covered for the following)

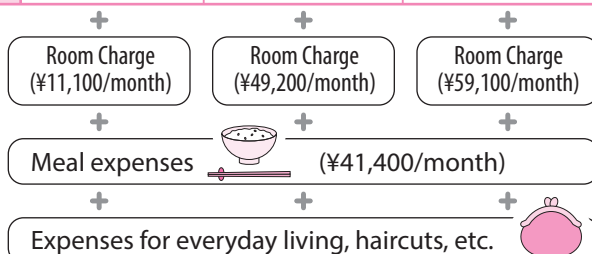
Nursing Care Health Facilities for the Elderly

These facilities offer physiotherapy to support everyday living functions and other assistance to lead the users to independent lives at home again. As the goal is users' independent living at home, periodic reviews are conducted to determine whether the users can return to their home. Depending on the nature of the illness, facilities will introduce an appropriate healthcare provider if hospital treatment is considered unnecessary.



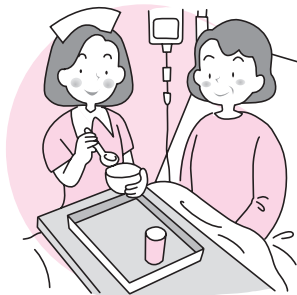
< Estimated Personally Borne Expenses >

Per month	Shared Bed Room (Capacity: two or more persons)	Conventional Private Room (Room without joint living room)	Unit-type Private Room (Room with joint living room [the size of 8 tatami room or bigger])
Nursing care level 1	¥ 24,699	¥ 22,352	¥ 24,892
Nursing care level 2	¥ 26,243	¥ 23,799	¥ 26,339
Nursing care level 3	¥ 28,205	¥ 25,761	¥ 28,333
Nursing care level 4	¥ 29,845	¥ 27,433	¥ 30,038
Nursing care level 5	¥ 31,549	¥ 29,073	¥ 31,678



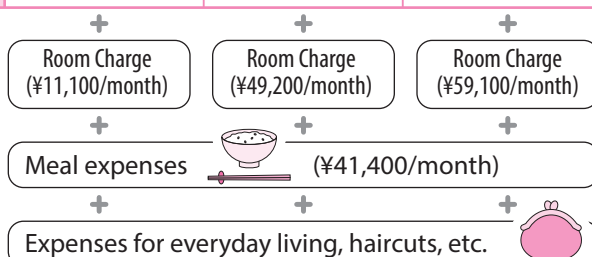
Nursing Care Medical Facilities

There are two types of nursing care medical facilities: convalescent facilities for recuperation and hospital wards for senile dementia patients. Convalescent facilities provide extended care for patients who are in stable condition but require long-term specialized treatments. Hospital wards offer health maintenance, nursing, functional training, and other medical treatments to patients suffering from senile dementia.



< Estimated Personally Borne Expenses >

Per month	Shared Bed Room (Capacity: two or more persons)	Conventional Private Room (Room without joint living room)	Unit-type Private Room (Room with joint living room [the size of 8 tatami room or bigger])
Nursing care level 1	¥ 23,960	¥ 20,615	¥ 24,667
Nursing care level 2	¥ 27,272	¥ 23,927	¥ 27,980
Nursing care level 3	¥ 34,444	¥ 31,099	¥ 35,151
Nursing care level 4	¥ 37,499	¥ 34,154	¥ 38,206
Nursing care level 5	¥ 40,233	¥ 36,888	¥ 40,940



- ◇ Additional fees are required depending on the types of services the facility provides and if any optional services are used.
- ◇ The cost of diaper is covered by the long-term care insurance.

Notes:

- Meal expenses and room charges are standard amounts set by the national government. For more information, please ask each facility.
- Low income earners are eligible for a program to reduce or exempt expenses for meals and room charge. (See page 32).

Application Procedure for a Nursing Care Medical Facility or Nursing Care Health Facility for the Elderly

Please complete and submit the application form given by each facility.

Consult with the facility that you wish to apply for.

Get the details of the services available



Application

Contract














Note: Estimates of personally borne expenses are calculated for those who pay 10% of insurance premiums as an example.

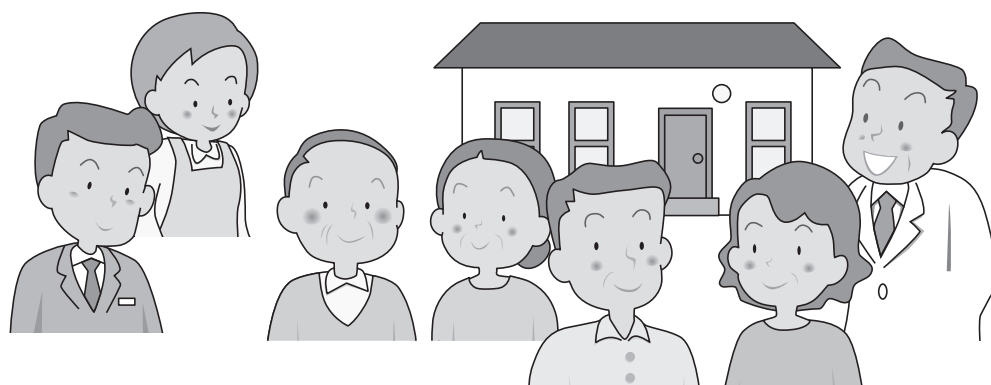
Personally Borne Expenses for Services

Your Cost is 10%* of Expenses for Long-term Care Insurance Services

In addition to the standard 10%* personally borne expense, you may also pay for room and meal. These fees are charged according to the service contract you sign and vary depending on the service provider.

If you use (1) In-home services (2) Community services (For those approved for assistance levels 1 or 2 and nursing care levels 1–5)			
Home-visit nursing care, Home-visit bathing care, Home-visit nurse, Home-visit physiotherapy, In-home health maintenance guidance, etc.	10% of the expenses for services		
Outpatient nursing care Outpatient physiotherapy, etc.	10% of the expenses for services	Meal expenses 	Expenses for everyday living 
Short-term stay nursing care (Short stay) Short-term stay medical nursing care	10% of the expenses for services	Room charge  Meal expenses 	Expenses for everyday living (such as for haircuts)* 
Small-scale, multifunctional home nursing care Communal living nursing care for those suffering from dementia, etc.	10% of the expenses for services	Room charge  Meal expenses 	Expenses for everyday living 
If you use (3) facility services [for those approved with nursing care levels 3 or more in the case of using nursing care welfare facilities for the elderly (special nursing homes for the elderly) or for those approved for nursing care levels 1–5 in the case of using other facility services]			
Nursing care welfare facilities for the elderly (special nursing homes for the elderly), nursing care health facilities for the elderly, nursing care medical facilities	10% of the expenses for services	Room charge  Meal expenses 	Expenses for everyday living (such as for haircuts)* 

※ There is no charges for diapers for short-stay or facility services.



You may have to pay other costs for special services.

If you use special services, you may have to pay other expenses in addition to the standard 10% personally borne expense with the insurance.

Example 1: Transportation fees are required for in-home services if you live outside the area of the service provider

Example 2: Additional fees are required for services not covered by the long-term care insurance or not included in your care plan (You may use these special services by signing a contract with the service provider for services not covered by the long-term care insurance and by paying the entire cost.)

* For those with an income above a certain level (e.g.: the insured person's total earnings is more than 1.6 million yen), the personally borne expense ratio will be raised to 20% from August 2015 (For more information, see page 29).

Personally Borne Expenses for Services

From August 2015, there will be a change in personally borne expenses for those with a high income.

Content

From August 1, 2015, the personally borne expense ratio will be raised to 20%, if a primary insured person (aged 65 or older) has an income above a certain level. However, not all expenses will be doubled due to the monthly cap set for monthly personally borne expenses (cf. high nursing care service, page 31).

Assessment on personally borne expense

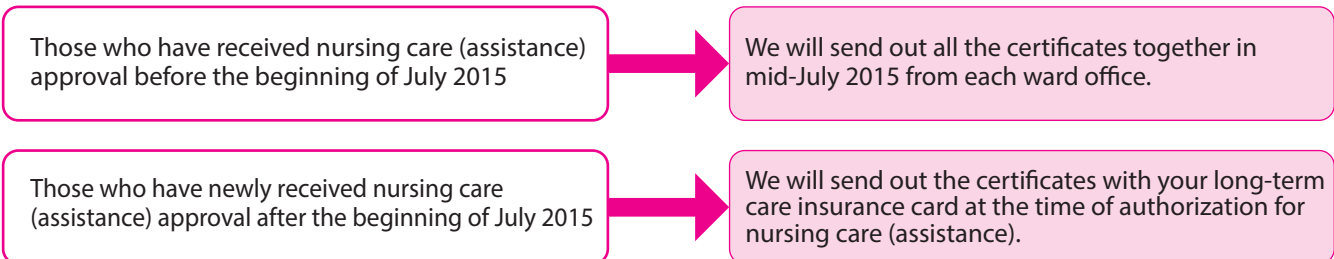
Ratio	Eligible person	Criteria
20%	Primary insured person (aged 65 or older)	The insured person's total earnings *1 is more than 1.6 million yen and he/she is the only person aged 65 or older in the household and the sum of his/her 'pension earnings + remaining total earnings*2, is more than 2.8 million yen (more than 3.46 million yen for households with multiple household members aged 65 or older)
10%	<p>If any of the following applies, the ratio will be 10 %.</p> <p>(1) The insured person is receiving public financial assistance for everyday living (2) The insured person is exempted from municipal tax (3) The insured person's total earnings is less than 1.6 million yen (4) The insured person's total earnings is more than 1.6 million yen and he/she is the only person aged 65 or older in the household and the sum of his/her 'pension earnings + remaining total earnings* is less than 2.8 million yen (less than 3.46 million yen for households with multiple household members aged 65 or older) (5) The insured person moved in special nursing homes for the elderly by previous measures (Those who have been in special nursing homes for the elderly due to municipal measures before April 1, 2000) (6) Secondary insured person (between 40 and 64 years of age)</p>	

*1 For details on total earnings, please refer to *4 of "Insurance Premiums" on page 5.

*2 Remaining total earnings refers to the amount left after deducting earnings related to public pension etc. (miscellaneous income) from total earnings.

Long-term Care Insurance Payment Ratio Certificate

From August 1, 2015, you will need to show your long-term care insurance payment ratio certificate along with your long-term care insurance card at the service facility that you are using.



The payment ratios

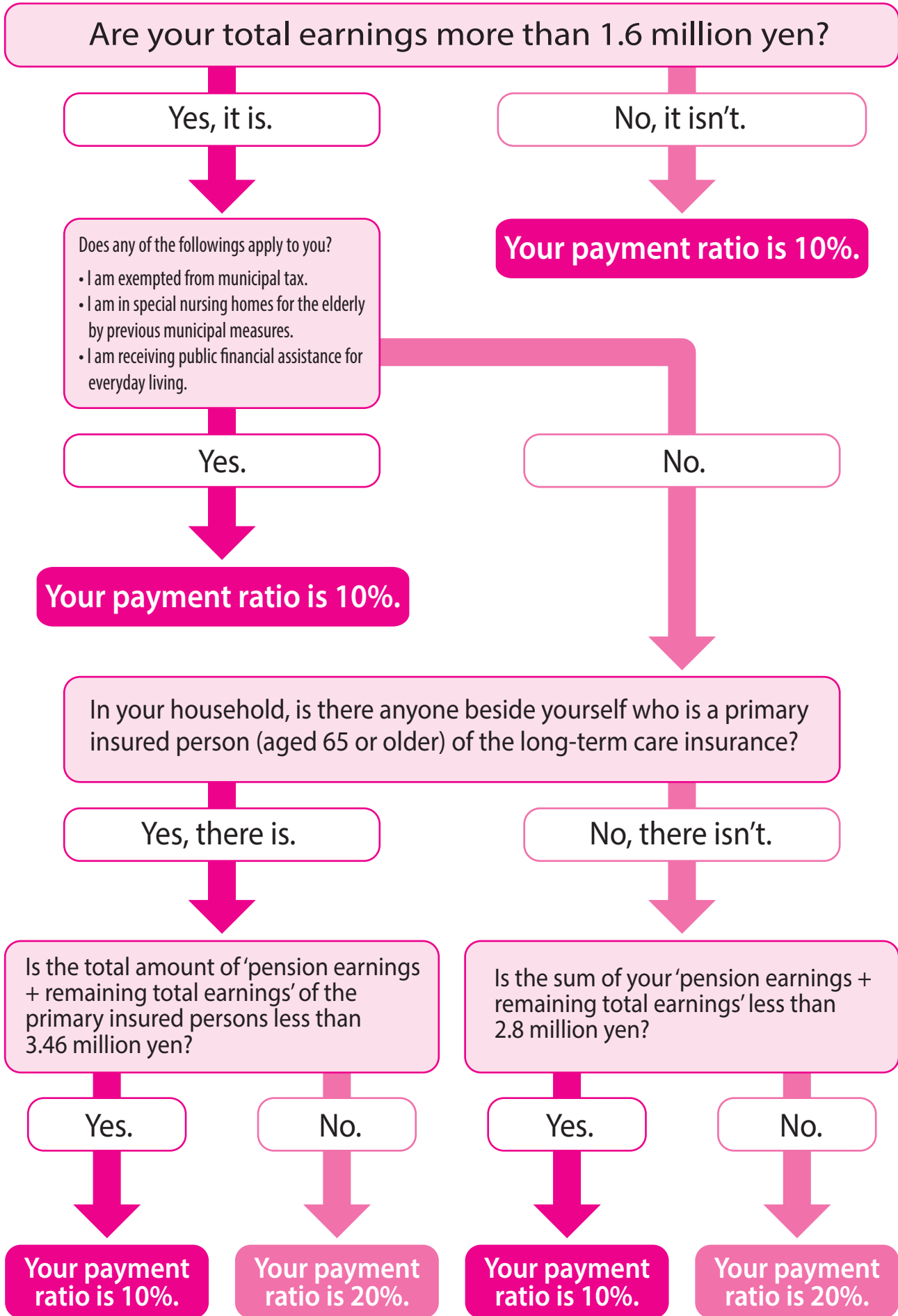
介護保険負担割合証	
交付年月日 平成XX年XX月XX日	
被 保 者	番 号 1 2 3 4 5 6 7 8 9 0
	住 所 123-4567 横浜市港区港町1-1 市庁舎8階 健康福祉局高齢健康福 祉部介護保険課
	氏 名 あいうえお かきくけこ
	生年月日 昭和10年11月12日
利用者の負担割合	適 用 期 間
X 割	開始年月日 平成XX年XX月XX日 終了年月日 平成XX年XX月XX日
X 割	開始年月日 平成XX年XX月XX日 終了年月日 平成XX年XX月XX日
保険者番号 並びに保険者 の名称及び印	X X X X X X 公印 横浜市

* This is just an example of the long-term care insurance payment ratio certificate. The actual certificate will not be the same.

Personally Borne Expenses for Services

We will assess each person's ratio of personally borne expenses on August 1st every year.

< Method of Assessment >



Personally Borne Expenses for Services

Personally Borne Expenses for Services

Reducing Personally Borne Expenses For High Nursing Care Services

Description

You can apply at your local ward office to receive reimbursements for expenses of high nursing care service, when your monthly amount of the personally born expenses exceeds the monthly limits (see chart below). "Personally borne expenses" refers to the 10% (or 20%) of the service fees covered by the long-term care insurance.

Such expenses are applicable to the nursing care (preventive long-term care) services, the facility services (excluding the fees for room and meals), and the community (preventive long-term care) services. This monthly limit does not apply to the personally borne expenses for the purchase of welfare equipment or home renovations.

Procedure

You must file an application at your local ward office to receive reimbursements for high nursing care service and/or those services designed to prevent the need for nursing care.

Pre-authorized payment is available which the refund will be automatically transferred to your bank account for any applicable service expenses once you set up the account when you apply for the benefit (reimbursement of high nursing care service expense).

- The limit of personally borne expense is calculated as a household. If you have more than two persons who are approved for nursing care or assistance in your household, you can combine the expenses for the calculation and if the total amount exceeds the designed limit, the fee of high nursing care service is reimbursed.

Calculation formula:

$$\frac{\text{Household personally borne expense total} - \text{The monthly limit for household personally borne expenses}}{\text{Household's entire personally borne expense}} \times \text{Applicant's personally borne expense}$$

Example 1: If only one person in the household is approved for nursing care or assistance

If an individual pays ¥30,000 in one month when his/her monthly limit is ¥24,600

Calculation method: $\text{Applicant's personally borne expenses} - \text{The monthly limit for personally borne expenses} = \text{High nursing care service expense benefit}$

$$¥30,000 - ¥24,600 = ¥5,400$$

Example 2: If two or more people in the household are approved for nursing care or assistance (to calculate as a household)

If both husband and wife belong to a level 3 household are exempted from municipal tax (the monthly limit for household personally borne expenses: ¥24,600), and the husband's expenses is ¥30,000 and the wife's expenses is ¥10,000

1 Husband's high nursing care service expense:

$$\{(\text{¥}30,000 + \text{¥}10,000) - \text{¥}24,600\} \times \frac{\text{¥}30,000}{\text{¥}30,000 + \text{¥}10,000} = \text{¥}11,550$$

2 Wife's high nursing care service expense:

$$\{(\text{¥}30,000 + \text{¥}10,000) - \text{¥}24,600\} \times \frac{\text{¥}10,000}{\text{¥}30,000 + \text{¥}10,000} = \text{¥}3,850$$

Personally Borne Expense Levels

Chart 1

Personally Borne Expense Level	Eligibility	Monthly Cap of Personally Borne Expenses by the Benefit for High Nursing Care Service	
		Expense Cap for Household	Expense Cap for Individual
Level 1	<ul style="list-style-type: none"> Those in households exempted from municipal tax and receiving a senior welfare pension Those receiving public financial assistance for everyday living 	¥ 15,000	¥ 15,000
Level 2	<ul style="list-style-type: none"> Those in households exempted from municipal tax and the total yearly income including public pension earnings and the total earnings is ¥800,000 or less. 	¥ 24,600	¥ 15,000
Level 3	<ul style="list-style-type: none"> Those in households exempted from municipal tax and who do not meet level 2 requirements 	¥ 24,600	¥ 24,600
Level 4	<ul style="list-style-type: none"> Those in households that pay municipal tax and who do not meet level 5 requirements 	¥ 37,200	¥ 37,200
Level 5*1	<ul style="list-style-type: none"> Those in households with taxable earnings of ¥1,450,000 or more*2 	¥ 44,400	¥ 44,400

*1 Scheduled to start from August 2015

*2 If your yearly income is less than ¥3,830,000 (less than ¥5,20,000 for multiple primary insured persons in the household), you will be categorized as level 4 by filing an application to the local ward office.

Personally Borne Expenses for Services

Reduction of Personally Borne Expenses for Room and Meal (Long-term Care Insurance Certification for Personally Borne Expense Cap)

Description

Generally you need to pay expenses on your own cost for the room and meals during your stay (long or short), however, the personally borne expense cap is set depending on the income level and those with low income can receive the service as well.

The levels are assessed according to household's and individual's income. (Chart 2)

Procedure

Apply at Your Local Ward Office

To use this service (called specially designated facility tenant nursing care service), you need to submit an application with your local ward office. You will receive your long-term care insurance certification for personally borne expense cap when your application was approved.

Show Your Certification to the Facility

Show the certification at the facility. The personally borne expenses for the room and meals will be reduced to the amount shown in Chart 2.

Eligible services

- Facility services (special nursing homes for the elderly, nursing care health facilities for the elderly, nursing care medical facilities)
- (Preventive long-term care) Short-term stay nursing care
- (Preventive long-term care) Short-term stay medical nursing care

Daily Cap for Personally Borne Expenses

Chart 2

Level	Eligibility	Personally Borne Expenses Cap		
		Room Charge	Meal Expenses	
Level 1	<ul style="list-style-type: none"> Those in households exempt from municipal tax*¹ and receiving a senior welfare pension Those receiving public financial assistance for everyday living 	Shared bed room	¥0	
		Conventional private room	(Special nursing homes or the elderly, etc.) ¥320 (Long-term care health facilities/Medical long-term care sanatoriums, etc.) ¥490	¥300
		Unit-type semiprivate room	¥490	
		Unit-type private room	¥820	
Level 2	<ul style="list-style-type: none"> Those in households *¹ exempt from municipal tax and the total yearly income, including public pension earnings and the total earnings, is ¥800,000 or less *² 	Shared bed room	¥370	
		Conventional private room	(Special nursing homes or the elderly, etc.) ¥420 (Long-term care health facilities/Medical long-term care sanatoriums, etc.) ¥490	¥390
		Unit-type semiprivate room	¥490	
		Unit-type private room	¥820	
Level 3	<ul style="list-style-type: none"> Those in households *¹ exempt from municipal tax and who do not meet level 2 requirements*² 	Shared bed room	¥370	
		Conventional private room	(Special nursing homes or the elderly, etc.) ¥820 (Long-term care health facilities/Medical long-term care sanatoriums, etc.) ¥1,310	¥650
		Unit-type semiprivate room	¥1,310	
		Unit-type private room	¥1,310	
Level 4	<ul style="list-style-type: none"> All others whom the abovementioned don't apply 	<ul style="list-style-type: none"> No limit in personally borne expenses for Level 4. Meal expenses and room charges vary according to the service contract with the service provider. 		

Standard Expense Rates Set by the National Government (Daily Amount)

Chart 3

Room Charge		Meal Expenses
Shared bed room	(Special nursing homes for the elderly, etc., until July 2015) ¥370	¥1,380
	(Special nursing homes for the elderly, etc., since August 2015) ¥840	
	(Long-term care health facilities/Medical long-term care sanatoriums, etc.) ¥370	
Conventional private room	(Special nursing homes for the elderly, etc.) ¥1,150	
	(Long-term care health facilities/Medical long-term care sanatoriums, etc.) ¥1,640	
	Unit-type semiprivate room ¥1,640	
Unit-type private room	¥1,970	

Personally Borne Expenses for Services

Personally Borne Expense Cap: Special Cases for Level 4 (Exceptional Reduction Program)

Your personal born expense cap will be reduced to level 3 by applying to the local ward office, if you are in a multi-person household*¹ and all the service users in the household have met all the requirements (see the chart blow) after the room charges and meal expenses have been paid.

Requirements for the Exceptional Reduction Program	Description of the Exceptional Reduction Program
<ol style="list-style-type: none"> If you are paying level 4 expenses for rooms and meals If the annual household *¹ income after deducting the personally borne expenses for facility use (estimated annual amount for the room and meals) is ¥800,000 or less If the total amount of household *¹ savings is ¥4,500,000 or less If there is no other assets that can be used than those for daily living If you are not behind in payments on their long-term care insurance premiums 	The personal born expense level 3 for room or/and meal expense will be applied until the requirement (2) on the left is no longer applicable.

*¹ Household: a household registered in Basic Resident Registers to which the insured person belongs (if the person has his/her spouse in another household, he/she is also included in this household after August 2015.)

*² From August 2015, the following requirements will be added.

- If your total amount of savings is ¥10,000,000 or less (If the individual has a spouse, their total amount of savings is ¥20,000,000 or less.)

Reimbursement for Differences in Expenses for Room and Meal

If you could not present your certification for personally borne expense cap for unavoidable reasons and your expenses exceed the limit defined in chart 2 but does not exceed the standard expense defined by the national government, you can apply for reimbursement of the difference amount between what you paid and your expense cap. For more information, please ask the Insurance and Pension Division of your local ward office.

Note: If you paid more than the standard expense defined by the national government (see chart 3), you will not be reimbursed.

In addition, please note that an application cannot be accepted when it passed more than two years after the payment date to the facility.

Required Documents When Applying for Reimbursement

Long-term care insurance card, receipt of room and meal expenses, personal seal (one that is used with a vermilion inkpad), and your bank account information for receiving the reimbursement

Personally Borne Expenses for Services

High Medical/Nursing Care Joint Expense Program

When the total personally borne expenses incurred for medical care insurances (such as National Health Insurance, social insurance from health insurance associations ["Employee health insurance"] and Latter-stage Elderly Health Insurance) and the long-term care insurance for a year is very expensive, your expense will be reimbursed for the amount exceeded the expense cap.

You must apply at your local ward office (you do not have to show receipts at the time of application) to join the program. Please ask the Insurance and Pension Division of your local ward office for more information.

Household Expense Cap Set for the High Medical/High Nursing Care Joint Expense Program

Total Expenses for 12 months from August 1 through July 31 of the following year

			Latter-Stage Elderly Health Insurance + Long-term Care Insurance	Employee Health Insurance or National Health Insurance + Long-term Care Insurance (Household with members aged between 70 and 74)	Employee Health Insurance or National Health Insurance + Long-term Care Insurance (Household with members aged 69 or younger)	
					From August 2014 to July 2015	From August 2015
Category of Expense Cap*	Active worker-level income earner (high-income earner)	Old proviso income over ¥9,010,000	¥670,000	¥670,000	¥1,760,000	¥2,120,000
		Old proviso income over ¥6,000,000 up to ¥9,010,000			¥1,350,000	¥1,410,000
	General	Old proviso income over ¥2,100,000 up to ¥6,000,000	¥560,000	¥560,000	¥670,000	
		Old proviso income ¥2,100,000 or less			¥630,000	¥600,000
	Exempt from Resident's Tax	Low-income earner II	¥310,000	¥310,000	¥340,000	
		Low-income earner I	¥190,000	¥190,000		

*The high cost expense as of July 31st of the fiscal year will be used to determine the category of expense cap.

Other Programs on Reduction of Personally Borne Expense

Long-term Care Service Personally Borne Expense Subsidy (an independent system of Yokohama City)

● Description

If your earnings and income meet certain requirements, the personally borne expenses (usually 10%) for in-home services or a group home for the elderly with dementia and the living expense for individual unit facilities (such as a special nursing homes for the elderly) covered by the long-term care insurance services are reduced.

● In-home Service Personally Borne Expenses Subsidy

< Eligible Services >

(Preventive long-term care services) Home-visit nursing care	(Preventive long-term care services) Short-term stay nursing care	(Preventive long-term care) Small-scale, multifunctional home nursing care
(Preventive long-term care services) Home-visit bathing care	(Preventive long-term care services) Short-term stay medical nursing care	Periodic rotation/ongoing home-visit nursing care
(Preventive long-term care services) Home-visit nurse	(Preventive long-term care services) Daily nursing care for tenants at specially designated facilities*	Small-scale, multifunctional home nursing care and home-visit nurse
(Preventive long-term care services) Home-visit physiotherapy	Daily nursing care for tenants at specially designated community-based facilities*	* Services with an asterisk (*) apply only to short-term use (short stay).
(Preventive long-term care services) Outpatient nursing care	(Preventive long-term care services) Communal living nursing care for those suffering from dementia*	
(Preventive long-term care services) Outpatient physiotherapy	Home-visit nursing care at night	
(Preventive long-term care services) Rental of care equipment	(Preventive long-term care services) Outpatient nursing care for those suffering from dementia	

< Subsidy Requirements and Subsidy Descriptions >

Subsidy Level		Level 1	Level 2	Level 3
Subsidy Requirements	Income Standards	Individuals with long-term care insurance premium level 1 except for those receiving public financial assistance for everyday living	Individuals exempted from municipal tax and the annual total earnings are ¥1,500,000 or less Note: In addition to the abovementioned requirements, a multi-person household need to add ¥500,000 per household member excluding the insured person.	Those who do not meet level 2 requirements
	Asset Standards	Individuals own financial assets (cash, savings, and securities) ¥3,500,000 or less (an additional ¥1,000,000 per household member excluding the insured person for multi-person households) residential property of 200 m ² or less and no other real estate properties.	Individuals whose total earnings, taxable pension earnings and other incomes are ¥800,000 or less in total.	
Subsidy Description		Personally borne expenses are reduced to 3% Furthermore, if the personally borne expense exceeds ¥4,500, the exceeded portion will be subsidized.	Personally borne expenses are reduced to 5% Furthermore, if the personally borne expense exceeds ¥7,500, the exceeded portion will be subsidized.	Personally borne expenses are reduced to 5% Furthermore, if the personally borne expense exceeds ¥12,300, the exceeded portion will be subsidized.

Personally Borne Expenses for Services

● Group Home Subsidy

Eligible Services (Preventive long-term care) Communal living nursing care for those suffering from dementia* * Services other than for short-term use (short stay) are eligible.

Subsidy Requirements and Subsidy Description

Subsidy Level		Level 1	Level 2	Level 3
Subsidy Requirements	Income Standards	Individuals with long-term care insurance premiums level 1 except for those receiving public financial assistance for everyday living	Individuals who are exempted from municipal tax and whose annual total earnings are ¥1,500,000 or less Note: In addition to the abovementioned requirements, multi-person households need to add ¥500,000 per household member excluding the insured person.	Those who do not meet level 2 requirements
	Asset Standards	Individuals own financial assets (cash, savings, and securities) are ¥3,500,000 or less (multi-person households need to add ¥1,000,000 or less per additional household member excluding the insured person), residential property of 200 m ² or less and no other real estate properties.		
	Other Requirements	- Individuals have lived in Yokohama City for three months or longer		- Individuals who are not legal dependents
Subsidy Description		Personally borne expenses are reduced to 5% Furthermore, if the personally borne expense exceeds ¥7,500, the exceeded portion will be subsidized.		Personally borne expenses are reduced to 5% Furthermore, if the personally borne expense exceeds ¥12,300, the exceeded portion will be subsidized.
Rent, meal and utility expenses are subsidized (maximum amount: ¥29,800/month).				

● Facility Living Expenses Subsidy

Eligible Services **Facility services:** [Nursing care welfare facilities for the elderly (special nursing homes for the elderly), community nursing care welfare facilities for the elderly, nursing care health facilities for the elderly, nursing care medical facilities], (Preventive long-term care Short-term stay nursing care, (Preventive long-term care) Short-term stay medical nursing care

Subsidy Requirements and Subsidy Descriptions

Subsidy Level		Level 1	Level 2
Subsidy Requirements	Income Standards	Individuals with long-term care insurance premiums level 1 and whose estimated annual income is ¥500,000 or less except for those receiving public financial assistance for everyday living Note: In addition to the abovementioned requirements, multi-person households need to add ¥500,000 per household member excluding the insured person.	Individuals exempted from municipal tax and whose annual total earnings are ¥500,000 or less
	Asset Standards	Individuals own financial assets (cash, savings, and securities) are ¥3,500,000 or less (multi-person households need to add ¥1,000,000 or less per additional household member excluding the insured person), residential property of 200 m ² or less and no other real estate properties.	
	Other Requirements	- Individuals who are approved for upper limits of personally borne expense in the long-term care insurance - Individuals who are not legal dependents	
Subsidy Description		Subsidy for unit-type private room expense: approx. ¥5,000/month (daily amount: ¥165)	

● Procedure

You must apply at your local ward office to receive a long-term care service personally borne expense subsidy (In-home service personally borne expense subsidy, group home subsidy, or facility living expense subsidy). When you are approved, you will receive a subsidy card.

Showing your subsidy card to service providers will allow you to use services at a reduced rate. For more information, please ask the Insurance and Pension Division of your local ward office.

If you wish to receive both a long-term care service personally borne expense subsidy and a personally borne expense reduction program offered by a social welfare corporation, please apply for both at the same time at your local ward office.

Personally Borne Expense Reduction Program Offered by Social Welfare Corporations

Social welfare corporations offer fee reduction programs for personally borne expenses for moving in to a special rest home for the elderly, home-visit and outpatient nursing care, and short-term stay nursing care. For more information, please ask the Elderly Facilities Division of the Health and Social Welfare Bureau (Tel: 045-671-3923).

Eligibility Requirements	Subsidy Description
<ul style="list-style-type: none"> Households exempt from municipal tax Income standard (Single household with an income of ¥1,500,000 or less) Asset standard (Single household with financial assets of ¥3,500,000 or less and no other real estate than residential property) 	Personally borne expenses (10% of expenses for room and meal) are reduced by 25%
<ul style="list-style-type: none"> Recipient of public financial assistance for everyday living 	Personally borne expenses for an individual room (room expense) in a special nursing home for the elderly are waived.

Long-term Care Insurance Subsidies for Atomic Bomb Victims

● Description

Those with an atomic bomb victim health handbook may be able to use some of the long-term care insurance services without any personally borne expenses. For more information, please call the Disease Prevention Division of the Kanagawa Prefecture government (Tel: 045-210-4907).

If You Are Involved in an Accident

● Inform Us Right Away If You Are Involved in an Accident Caused by a Third Party

If you have to use the long-term care insurance services due to injuries caused by a third party (offender), such as in a traffic accident or injury case, please notify us that it is an injury caused by a third party, since the method of calculating the personally borne expense for nursing care expenses will be different. (Note: Notification is not necessary if you do not use or intend to use the long-term care insurance services.)

Your notification must include documents such as a traffic accident record issued by the police. Please consult the Insurance and Pension Division of your local ward office as soon as possible.

● The Offender Will Pay Nursing Care Expenses

If nursing care is required due to injuries caused by a traffic accident, etc., the offender must pay the necessary nursing care fees unless the injured party has any faults. When the long-term care insurance services are used, Yokohama City will temporarily pay the insurance benefits for nursing care fees and file a claim with the offender for payment on behalf of the injured party.

● Be Careful With a Private Settlement

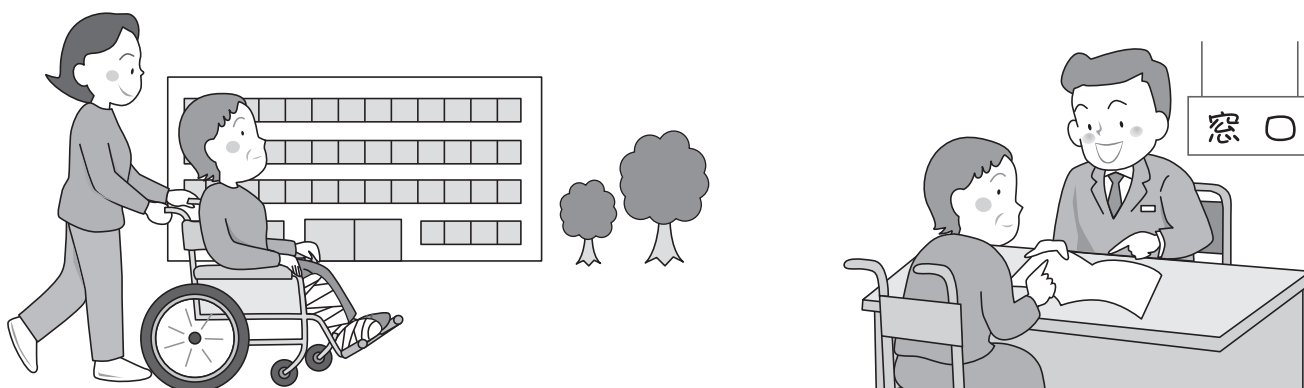
If a settlement is reached after private negotiations between the injured party and the offender, the settlement may precede over and the city cannot claim your expenses from the offender.

Regarding the services used after a private settlement is reached:

- (1) If Yokohama City has already paid the nursing care service fees to the provider, the city might ask restitution for the fees from the insured person (injured party) to avoid duplicate payments.
- (2) If Yokohama City has not yet paid the nursing care service fees to the provider and you receive the compensation from the offender, the city cannot make an insurance payment for the amount you received. The injured person must pay all nursing care expenses.

For those reasons, confirm the issues mentioned above and avoid any possible extra expenses on you if you choose to settle privately.

If you negotiate a settlement, please notify the Insurance and Pension Division of your local ward office in advance, and if a settlement is reached, please submit a copy of the settlement papers to the same office immediately.



Services of Promoting Health and Preventive Long-term Care for The Elderly

Yokohama City aims to become Japan's top city with the longest health life span* and promote health and prevent the needs for nursing care, so that the residents can lead an independent life as much as possible.

* Health life span means the period during which one can spend his/her daily lives without being restricted due to health problems.

● Genki Stations

Yokohama City encourages you to join group activities (Genki Stations) to maintain the health together with your neighbors in your walking distance community. Over 100 Genki Stations are offering various activities including muscle training, stretching, walking, and healthy mahjong showing the community culture. Let's join us and stay active and healthy together!



● Yokohama Senior Volunteer Points

The program offers volunteer opportunities for people aged 65 or older in order to earn points that can be used for donations or exchanged with money. (For more information, see page 45.)

● Offering Lectures for Promoting Health and Preventing Nurse Care

Yokohama City offers classes about how to prevent causes for requiring nursing care such as locomotive syndrome* or dementia, as well as learn the diet, nutrition, and oral health.

● Home Visits

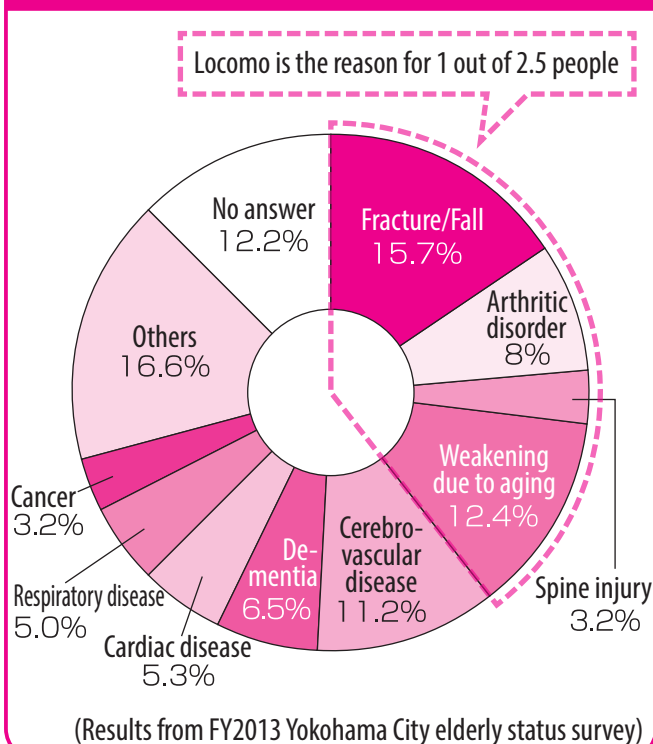
Public health nurses from the local ward office, nurses, oral hygienists and nutritionists can visit and give you advice on everyday living, if you find it difficult to go out for health reasons.

Do You Know "Locomo"?

* "Locomo" is an abbreviated name of "Locomotive Syndrome"

Locomotive syndrome is a physical state in which your ability to move such as "standing up, sitting down or walking" is deteriorated due to weak muscle from aging or disorders of the locomotive system including bone and joint diseases.

Do You Know the Causes for Requiring Nursing Care?



Things to Know about Preventing Locomo

- 1 Go see the doctor if you have symptoms such as a knee pain or a lumbar pain.
- 2 Keep working on a muscle training using "Hama-Tore" (Yoko"HAMA" - Training) along with walking and stretching. You can also see "Hama-Tore" videos from the website of Yokohama City.
- 3 Have healthy meals to improve bone and muscle strength.



Build muscles

Protein such as meat, fish and egg

Make bones strong

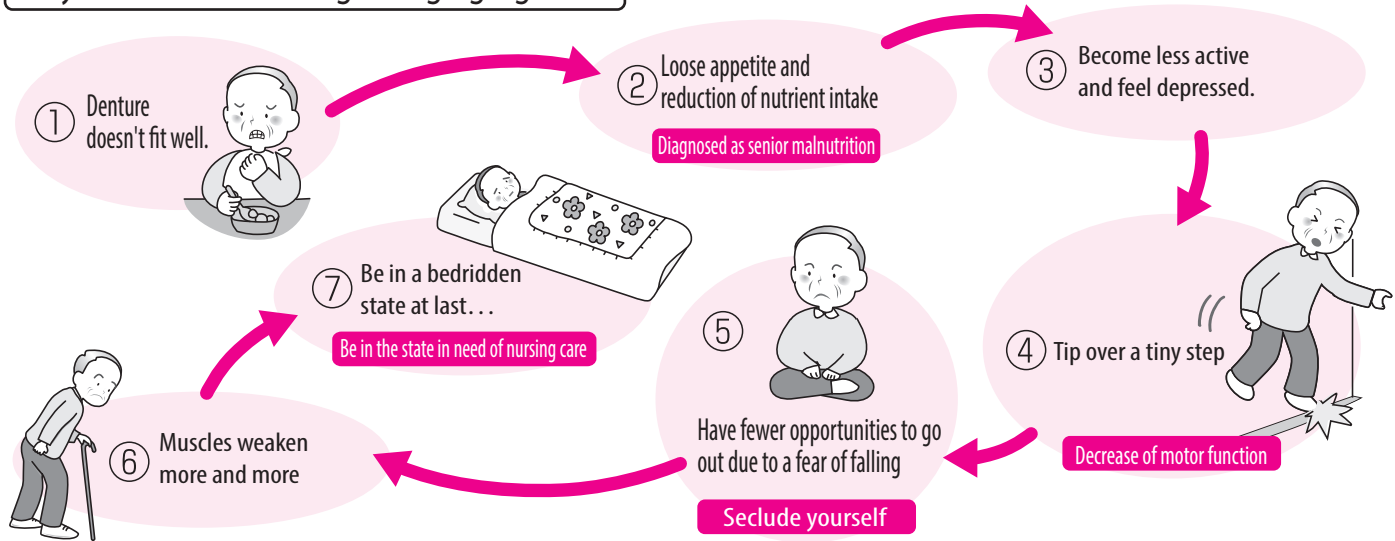
Dairy products such as dairy products containing calcium, vitamins D and K and seaweeds

Services of Promoting Health and Preventive Long-term Care for The Elderly

Signs You Should Watch

Accumulation of small familiar signs such as “My denture doesn’t fit well.” or “I stumble more often.” could eventually lead you to the intensive nursing care such as bedridden state. Be aware of those signs and take a prompt preventive action to stay healthy.

If you overlook and neglect aging signs...



Daily practice you can start

1

Build a strong body you can continue to walk!

Muscle strength lowers with aging, but walking by your own feet is what we all wish to continue to do so.

- Walk with a pedometer.
- Start physical exercises such as “Hama-Tore” that prevents locomotion in order to improve muscles to walk and a sense of balance.

2

Eat nutritious foods to gain a muscular strength, build up your physical strength and improve your immune system.

The more we get old, the less we tend to take proteins, because we prefer plain foods.

- Maintain a good meal routine (3 times a day) consisted of main dish (meat, fish, soybean products etc.) as well as side dishes (vegetables)
- Drink lots of water. (If you suffer from cardiac or renal disease, please consult your doctor)

3

Chew well and train your strength to swallow!

It is important to have good dental occlusion and enough strength to swallow.

- Continue a habit of tooth brushing and oral exercises.
- Take a dental examination to have your denture repaired or adjusted.

For Those Who Has 10 Counts or More

Your overall living functions are deteriorating. From today onwards, start “Hooray for Health!” life. A research shows that a lower rate that everyday living functions are hindered in people who participate in social life actively. Don’t be shy and join community activities such as Genki Stations.

Services Separated from Long-term Care Insurance

In addition to the long-term care insurance service, Yokohama City provides home-living support for the elderly. The city also offers support services for independent lives to those who do not qualify for the long-term care insurance. Please ask the Elderly and Disabled Support Division or your local comprehensive community support center/Community Care Plaza for more information.

Support for Elderly Residents Living in Own Home

Separated from the long-term care insurance services, some basic services are also provided according to your physical condition and your caregiver situation if you need help for living your own home.

"Peace of Mind" Telephone

A special alert device can be attached to the phone. You can call neighbors and emergency immediately even though you live alone. Note: The home must have a fixed-line telephone cable and telephone to have the device equipped.

In addition to your monthly telephone fee, you have to pay the alert device user's fee of ¥702 per month if you pay municipal tax.

Living Environment Renovations

Consultation services about home remodeling according to the physical condition and subsidies for the home remodeling expenses in accordance with the income conditions (the standard subsidy cap is ¥1,000,000) are available to those who are approved for assistance or nursing care and their needs are recognized. Personally borne expenses vary from zero, 10%, 25%, 50%, 75% to 100%, depending on the municipal tax amount of the household's principal income earner.

Notes: • Please be sure to consult with the Elderly and Disabled Support Division of your local ward office.

Subsidies are determined after we confirm the description of the construction.

• Applications for home renovation benefits by the long-term care insurance (max. ¥200,000) will take the priority.

Meal Service

We will deliver well-balanced, nutritional meals (one meal a day and up to five days a week) to those living alone with moderate needs for nursing care (those approved for nursing care levels 2 or above, some of those approved for nursing care level 1 as well as some of those approved for assistance levels 1 and 2) if they have difficulty to prepare their own meals and their needs are recognized and approved as a result of the coordination of food-related services. We can check on the recipient's wellbeing on delivery as well. The actual cost of meals determined by vendor must be paid by the service users. (no more than ¥700; however, therapeutic diets may exceed that amount).

Note: You must consult with a care manager or an integrated community support center/community care plaza in advance.

Adult Diaper Aid

Households who receives public financial assistance for everyday living or who exempt from municipal tax are provide with the adult diaper aid. We deliver diapers to those who are bedridden or suffered with dementia and his/her nursing care level is 1 to 5. Households who receives public financial assistance for everyday living needs to pay nothing, and households who exempts from municipal tax needs to pay 10% of the cost. Please note that there is a maximum limits defined according to the level of nursing care provided.

Home-visit Haircut Service

A home-visit haircut service (cut only) is available for elderly approved for nursing care levels 4 or 5 who live in home but have difficulty in going out to get their hair cut. The fee is ¥2,000 per visit, and this service can be used up to six times per year.

Transportation Service

The transportation service from home to medical or welfare facilities using a special vehicle is available for those who are around 65 years of age or older and have difficulty in using public transportation (including taxis) and are approved for nursing care or assistance. (Note: Confirmation will be required when those approved for assistance apply for the service). The fee will vary depending on the distance of the trips (¥300 for up to 2 km; ¥150 for each additional 1 km).

Inquiries: Social welfare council of your local ward

Independent Life Support

Services are subject to the elderly who have difficulty in leading independent lives but can do it with support from the people around them.

Short Stay with Daily Living Support

This service allows you to stay at an institution (such as a rest home for the elderly) for a short term and receive support for everyday living. It is available to the insured person who are roughly 65 years of age or older and living in Yokohama City but not approved for either nursing care or assistance and a) whose nursing caregiver is absent, b) who live alone and face obstacles in everyday living, or c) whose life or health may be in danger if they continue to live home unattended. The fee is ¥530 per day, which covers meals and accommodation.

- Notes:
- An additional fee of ¥194 each way is required if you use the service of transportation to and from a facility
 - Those in households who receive public financial assistance for everyday living pay only for meals and actual costs.
 - Personally borne expenses and additional fees of transportation service are calculated based on the unit of nursing care remuneration as of April 2014.

Home Visits

A public health nurse from the local ward office, nurse, nutritionist, or dental hygienist visits the home and offers advice concerning everyday life for those who are concerned about forgetfulness or their physical strength or may be suffering from depression.

Mobile Dental Clinic

Mobile dental clinic services (covered by health insurance) are available for elderly who are bedridden at home and have difficulty in going to a dentist. In addition, the Yokohama Dental Health and Medical Center provides home-visit dental clinic services (covered by health insurance) for severely physically and/or mentally disabled children/persons living at home or hospitalized/institutionalized patients as well.

Inquiries: Yokohama Dental Association, Tel: 045-681-1553

Support for the Elderly Suffering from Dementia

Health and Welfare Consultation for the Elderly Suffering from Senile Dementia (Forgetfulness Consultation)

A medical specialist, social worker, or public health nurse provides consultation services about health, medical, and/or welfare programs to those suffering from dementia and their family members, either by interview or by visiting the home.

Emergency Care for the Elderly Suffering from Dementia

To ensure safe everyday living and to lighten the family members' worries, emergency consultation and emergency temporary hospitalization at specialized healthcare providers are available for the elderly living at home who suffer from dementia if their condition is rapidly deteriorating.

Yokohama Dementia Call Center

Nursing care specialists in dementia offer telephone consultation services concerning various aspects including mental support to those who suffer from dementia as well as to their family members. The specialists will connect you to the appropriate support body such as a comprehensive community support center, nursing care service provider, or healthcare provider according to the subject.

Tel: 045-662-7833 Hours: Tuesdays, Thursdays, and Fridays, 10 a.m. to 4 p.m.
(open on national holidays; closed during the year-end/New Year holidays)

Yokohama City Medical Centers for the Treatment of Dementing Diseases

The centers offer differential diagnosis of dementing diseases, acute treatment for periphery symptoms and complications as well as consultations about specialized medical treatment in cooperation with health and medical centers or nursing care facilities.

- **General consultation office, Yokohama Comprehensive Care Continuum**
Tel: 045-475-0103 Hours: Monday through Friday, 8:45 a.m. to 5:30 p.m. (closed on national holidays, during the year-end/New Year holidays)
- **Medical welfare consultation office, Saiseikai Yokohamashi Tobu Hospital**
Tel: 045-576-3000 (Main phone number) Hours: Monday through Friday, 9 a.m. to 5 p.m. (closed on national holidays, during the year-end/New Year holidays)
- **Medical consultation office, Yokohama Maioka Hospital**
Tel: 045-822-2169 Hours: Monday through Saturday, 9 a.m. to 5 p.m. (closed on national holidays, during the year-end/New Year holidays)
- **Welfare and continuing nursing care consultation office, Yokohama City University Hospital**
Tel: 045-787-2852 Hours: Monday through Friday, 9 a.m. to 5 p.m. (closed on national holidays, during the year-end/New Year holidays)

Services Separated from the Long-term Care Insurance

Support for the Disabled

Individuals with disabilities and approved for the long-term care insurance services can also take an advantage from certain programs not covered by the long-term care insurance or can get the services which are more advanced than what the long-term care insurance offers.

Community Activity Centers for the Moderately Disabled

Community activity centers at local wards offer (1) physiotherapy classes and (2) activity center programs for moderately disabled members roughly between 40 and 64 years of age who are living at home and suffering from moderate disabilities due to the aftereffects of cerebrovascular disease, etc.

(1) Physiotherapy classes

On top of the actual physiotherapy treatment, these classes offer opportunities for those who have been recently discharged from the hospital to fit in the community.

(2) Activity center programs

Sports activities, creative activities, and friendly community gatherings are held for those who wish to join in social activities. Activities are held on weekdays.

Issue of Handbooks for the Disabled

The Handbook for the Physically Disabled, Handbook for Raising Handicapped Children (Ai-no-Techo) or Health and Welfare Handbook for the Mentally Disabled is issued depending on the type and level of disability. They allow people with disabilities to use services designated by the Act for Total Supports for Persons with Disabilities Act.

Services Related to the Act for Total Supports for Persons with Disabilities Act

Welfare services related to the Act for Total Supports for Persons with Disabilities Act are also available. Applicable In-home service programs include home help, mobile nursing care, short-term institutionalization, and group homes.

High Cost Welfare Service Benefit for the Disabled

If (1) an individual uses both of the long term care insurance and welfare services or (2) if there are multiple members with disabilities in one household, the service expense exceeded a certain amount will be reimbursed.

Other Support Programs

Garbage Disposal and Collection

Type	Household Garbage Disposal and Collection	Oversized Garbage Disposal and Collection
Description	We help to take out garbage out of your property or you may leave the garbage at the entrance for us to collect. Notes: • To confirm information necessary for household garbage collection, staff will visit your resident in advance. • If garbage is not placed outside of your house, staff may ring the doorbell to make sure if everything is okay.	We help to take out oversized garbage from your house. Notes: • It may take time to set everything up after you apply for the service. Also please note that it is not possible to reserve the exact date you would like for collection. • The following items may not be collected/removed: • Items that must be disassembled. • Items that require to remove other furniture. • Items that must be suspended with rope.
Eligibility	Those who live alone and have difficult to take garbage out to the collection station (a designated place for waste) or to get help from a family member or neighbor. Even if someone else lives with them, they are eligible if that other person cannot take household garbage to the collection station because he/she is also elderly or a child. (1) Those with a Handbook for the Physically Disabled (2) Those with an Ai-no-Techo (3) Those with a Health and Welfare Handbook for the Mentally Disabled (4) Those approved for nursing care or assistance (5) Those aged 65 or older and who have difficulty in taking out the garbage (6) Expecting mothers or injured persons who have received approval from the office director (only for oversized garbage) Note: If a family member (spouse or parents, child, or siblings including in-laws) lives in the same district or neighborhood, they may not be eligible for disposal and collection of oversized garbage.	

Inquiries: Resources and Waste Collection Office of the Resources and Waste Recycling Bureau of your local ward

Application: Hours: Monday through Saturday (including national holidays), 8 a.m. to 4:45 p.m.

Voting from Home by Mail

This program is applicable for the severely disabled or for nursing care level 5. To use the service, you need to receive a certificate for voting by mail in advance. Please ask the board of elections of your ward for more information.

Description You can vote from home with a mail-in ballot. You must apply for a mail-in ballot, attaching your certificate for voting by mail no later than four days before the election day.

Furthermore, in any of the following cases, you may use a proxy (a person with the right to vote) if you notified the board of elections that you authorized the person to vote on your behalf. (Mail-in ballot proxy voting program)

(1) Those with a Handbook for the Physically Disabled who have a limb-related disability or impaired vision of level 1.

(2) Those with a Handbook for Those with War Casualties who have a limb-related disability or impaired vision from special category level up to level 2.

Inquiries: Board of elections of your local ward

Utility Fees and Taxes Reduction

Medical Expense Deduction of Long-term Care Insurance Services for Income Tax and Resident's Tax (Municipal Tax/Prefecture Resident's Tax)

When medical expenses exceed the maximum amount in one year (¥100,000, or 5% of the annual income if the income for that year was up to ¥2,000,000), it is possible to deduct medical expenses from the income on your tax return. Some expenses occurred through the long-term care insurance can also be recognized as medical expense subjects.

Applicable Services

- (1) Services related to medical treatment [home-visit nurse, home-visit physiotherapy, outpatient physiotherapy, short-term stay medical nursing care, home health maintenance guidance, periodic rotation/ongoing home-visit nursing care (in the case of using home-visit nurse at an integrated nursing care service provider), Small-scale, multifunctional home nursing care and home-visit nurse]
- (2) Home services used together with services listed in (1) [physical nursing care among home-visit nursing care services, assistance for hospital/doctor's visits, home-visit bathing care, outpatient nursing care, short-term stay nursing care, periodic rotation/ongoing home-visit nursing care (in the case of not using home-visit nurse, or in the case of cooperative nursing care service providers), small-scale, multifunctional home nursing care]
- (3) Facility services (if you live in a special nursing home for the elderly, a nursing care health facility for the elderly, or a nursing care medical facility)
If the services have been provided already, the personally borne expenses paid at the time of service can be claimed as medical expense deductions. Please collect receipts for home service charges from the service provider or receipts for charges from the nursing care welfare facility for the elderly in order to prove the amount applicable for medical expense deductions. The receipts are required when completing procedures for medical expense deductions at the tax office.

Notes:

- When calculating the amount that can be claimed as a medical expense deduction, the amount you are reimbursed for high nursing care service or high medical/high nursing care joint expenses will be subtracted. Half of expense for any high nursing care service will be subtracted from personally borne expenses for moving in a special nursing home for the elderly.
- Even though a service is not originally eligible for the medical expense deduction, 10% of personally borne expense can be claimed as a medical expense if you receive a treatment such as sputum suctioning from a care worker, etc.

Inquiries: The tax office with jurisdiction over your neighborhood

Deduction from Income Tax and Resident's Tax (Municipal Tax/Prefecture Resident's Tax) for the Disabled Elderly

Besides those with a Handbook for the Physically Disabled, etc., those aged 65 or older for whom any of (1) through (7) below applies and who receive approval from the director of the Health and Welfare Center are eligible for a deduction.

Category	Deduction for the Disabled	Special Deduction for the Disabled
Eligibility	(1) Those with physical disabilities (levels 3 through 6) (2) Those suffering from dementia (mild to moderate) (3) Those with mental disabilities (mild to moderate)	(4) Those with physical disabilities (levels 1 or 2) (5) Those suffering from dementia (severe) (6) Those with mental disabilities (severe) (7) Those who have been bedridden for approximately six months or longer and have difficulty in handling everyday life, such as meals or going to the bathroom
Income Tax Deduction	¥270,000 from the income amount	¥400,000 from the income amount
Municipal Tax/Prefecture Resident's Tax Deduction	¥260,000 from the income amount	¥300,000 from the income amount

Note: If a spouse or dependent subjected to the deduction is a specially disabled person who lives with the taxpayer, taxpayer's spouse, or other family member who shares income and living expenses of the household, the deduction is ¥750,000 for income tax and ¥530,000 for resident's tax.

Inquiries: The tax office with jurisdiction over your neighborhood (regarding income tax) or the Municipal Tax Section of the Tax Division (regarding resident's tax), or the Elderly and Disabled Support Division (regarding authorization).

Tax Breaks for Barrier-Free Renovation

If those with disabilities approved for nursing care or assistance has renovated their home for barrier-free, they may be entitled to a reduction in their fixed property tax and income tax.

Reduction of fixed property tax:

The tax can be reduced if a certain amount of barrier-free renovations has been completed, and an application is filed with the ward office within three months after construction is finished. For more information, please read the flier distributed by the Tax Division of your local ward office.

Inquiries: Tax Division of your local ward office

Special deduction for income tax:

A special deduction for income tax may apply in some cases. For more information, please ask the tax office in your neighborhood.

Inquiries: Tax office in your neighborhood

Reduction/Exemption of Oversized Garbage Handling Fee

- (1) Households with a person aged 65 or older approved for nursing care levels 4 or 5
- (2) An elderly person aged 70 or older who lives alone and has difficulty in carrying oversized garbage by himself/herself and receives approval from the director of the Health and Welfare Center

Description of reduction/exemption: For each household, the oversized garbage handling fee is exempted for up to four items per fiscal year (April through March).

Inquiries: Oversized Garbage Center

Application: Hours: Monday through Saturday (including national holidays), 8:30 a.m. to 5 p.m.

Note: Centers are closed from December 31 through January 3.

Reduction/Exemption of Water and Sewerage Fee

Households with a family member with the nursing care levels 4 or 5 and who is receiving In-house care can receive a reduction on (basic) water and sewerage fees with applying to the water department. Note: This reduction/exemption applies only if the person approved for nursing care is receiving In-home services.

Inquiries: Customer Service Center, Water Department Tel: 045-847-6262 Fax: 045-848-4281

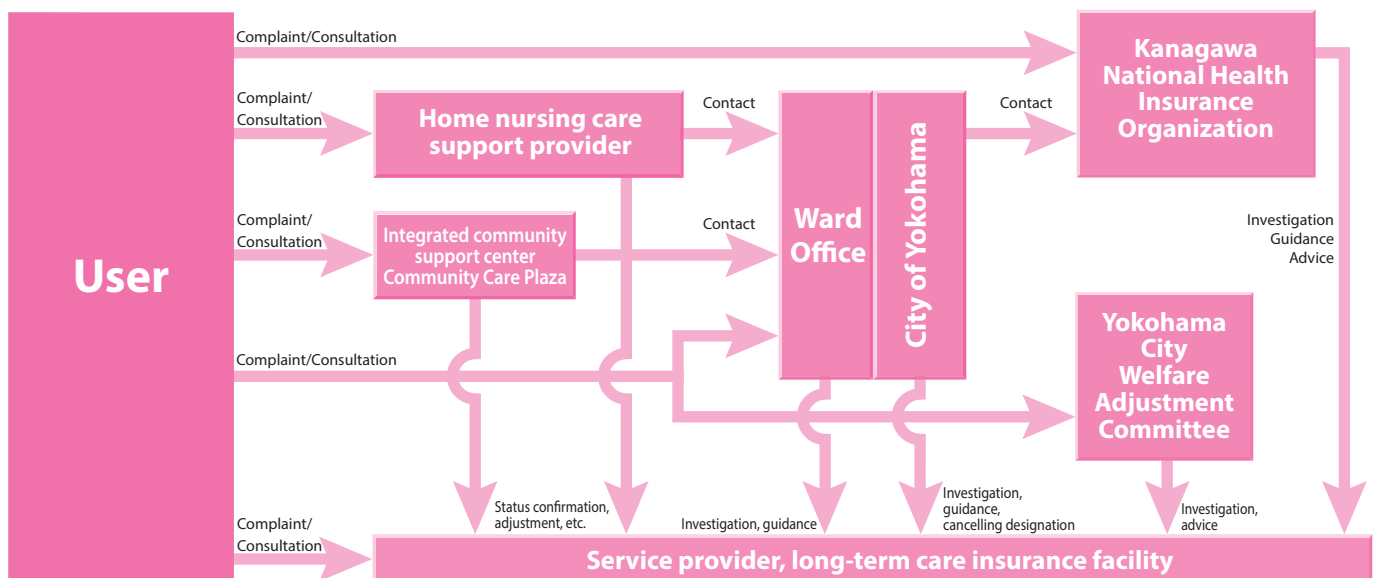
Where Can I File a Complaint?

If you have any requests or complaints regarding the services you are receiving, you can file a report explaining the situation to take an advice or file a complaint in order to request improvement measures.

1. Visit the Local Consultation Service Counter

- If you are not satisfied with what you are receiving from a service provider, we suggest that you first visit the service provider’s consultation service counter. The service provider is obliged to handle complaints faithfully.
- You may also bring your issue to the home nursing care support provider that organized your care plan. After confirming the facts, the home nursing care support provider can ask the service provider to improve services or may change your service provider.
- In addition, you may talk to your local integrated community support center/community care plaza or the Elderly and Disabled Support Division of your local ward office.

How Yokohama City Handles Complaints About Services



2. How to File a Complaint

- If the abovementioned methods do not solve the problem, you can file a complaint against the Kanagawa National Health Insurance Organization and have an investigation conducted or guidance provided in accordance with the law.

Inquiries:

Nursing Care Grievance Consultation Division, Kanagawa National Health Insurance Organization

Tel: 045-329-3447 Fax: 0570-033-110

Navi-Dial: 0570-022-110

- Yokohama City has established an independent third-party institution, the Yokohama City Welfare Adjustment Committee, to handle grievances from residents concerning the city’s health and welfare services. The committee carries out the necessary investigation and guidance/adjustments, and also promotes better health and welfare services.

Inquiries:

Yokohama City Welfare Adjustment Committee Office

(Consultation and Coordination Division, Health and Social Welfare Bureau)

Tel: 045-671-4045 Fax: 045-681-5457

Inquiries

■ Yokohama City Call Center *Information on Long-term Care Insurance*

Tel. 045-664-2525 8 a.m. to 9 p.m. 365 days

FAX 045-664-2828

e-mail callcenter@city.yokohama.jp

■ Elderly and Disabled Support Division at Local Ward Offices

Information on nursing care authorization, use of services

Ward	Telephone	FAX
Tsurumi	045-510-1770	045-510-1897
Kanagawa	045-411-7019	045-324-3702
Nishi	045-320-8491	045-290-3422
Naka	045-224-8163	045-222-7719
Minami	045-743-8184	045-714-7989
Konan	045-847-8495	045-845-9809
Hodogaya	045-334-6394	045-334-6393
Asahi	045-954-6061	045-955-2675
Isogo	045-750-2494	045-750-2540

Ward	Telephone	FAX
Kanazawa	045-788-7868	045-786-8872
Kohoku	045-540-2325	045-540-2396
Midori	045-930-2315	045-930-2310
Aoba	045-978-2479	045-978-2427
Tsuzuki	045-948-2306	045-948-2490
Totsuka	045-866-8452	045-881-1755
Sakae	045-894-8547	045-893-3083
Izumi	045-800-2436	045-800-2513
Seya	045-367-5714	045-364-2346

■ Insurance and Pension Division of Local Ward Offices

Regarding qualification and insurance premiums

Ward	Telephone	FAX
Tsurumi	045-510-1806	045-510-1898
Kanagawa	045-411-7124	045-322-1979
Nishi	045-320-8425	045-322-2183
Naka	045-224-8316	045-224-8309
Minami	045-743-8235	045-711-5180
Konan	045-847-8425	045-845-8413
Hodogaya	045-334-6335	045-334-6334
Asahi	045-954-6134	045-954-5784
Isogo	045-750-2425	045-750-2545

Ward	Telephone	FAX
Kanazawa	045-788-7835	045-788-0328
Kohoku	045-540-2349	045-540-2355
Midori	045-930-2343	045-930-2347
Aoba	045-978-2336	045-978-2417
Tsuzuki	045-948-2334	045-948-2339
Totsuka	045-866-8449	045-871-5809
Sakae	045-894-8425	045-895-0115
Izumi	045-800-2425	045-800-2512
Seya	045-367-5725	045-362-2420

■ Yokohama City Health and Social Welfare Bureau

Division	Telephone	FAX	
Long-term Care Insurance Division	045-671-4252	045-681-7789	Regarding general aspects of long-term care insurance system
	045-671-4256	045-681-7789	Regarding nursing care approval
	045-671-4253	045-681-7789	Regarding insured qualification for insurance
	045-671-4254	045-681-7789	Regarding insurance premiums
	045-671-4255	045-681-7789	Regarding insurance benefits
Nursing Care Services Guidance Division	045-671-3413	045-681-7789	Regarding the designation of or a change in home service providers
	045-671-3466	045-681-7789	Regarding the designation of, a change or maintenance in community service providers
	045-671-3414	045-681-7789	
	045-671-2356	045-681-7789	Regarding the supervision or instruction of home services or community services
Elderly Home Care Support Division	045-671-4129	045-681-7789	Regarding preventions for the needs for nursing care
Elderly Facilities Division	045-671-3923	045-641-6408	Regarding facility services
People with Disabilities Planning Division	045-671-3603	045-671-3566	Regarding those with disabilities

Kanagawa Welfare Information Community Website

<http://www.rakuraku.or.jp>

Welfare and Medical Service Agency Website (WAM Net)

<http://www.wam.go.jp/>

Yokohama City Health and Social Welfare Bureau Website (Information on Welfare for the Elderly)

<http://www.city.yokohama.lg.jp/kenko/kourei/>

Where Can I File a Complaint? / Inquiries

What Are Yokohama Senior Volunteer Points?



Mascot Health Houshi-kun

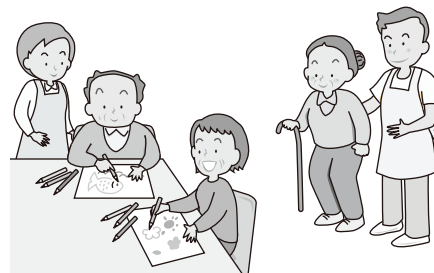
The program allows residents aged 65 or older to earn points by taking part in volunteer work at a nursing care facility or other locations. These points can either be exchanged for money or used to make a donation.

To participate in this program, volunteers must register, obtain a point card and take the training session.

Elderly persons CAN contribute with their knowledge and experiences.

- ★ Maintain health and prevent the needs for nursing care!
- ★ Participating in social activities and adding meaning to life!

(As of April 2015)
383 hosting facilities
10,951 registered volunteers



Eligible persons Yokohama City residents aged 65 or older (primary insured person of long-term care insurance) who have participated in a registered training session.

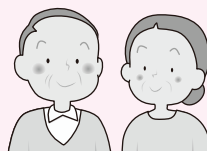
- Types of activities**
- Activities for the elderly performed at special nursing homes for the elderly, nursing care health facilities for the elderly, group homes, etc.
 - Activities performed at community care plazas
 - Child-raising support activities
 - Volunteer activities at hospitals
 - Volunteer activities at the center of support for the disabled

- Example of activities**
- Recreational activities, chatting with members and other events
 - Meal distribution/dining service at community care plazas and other facilities
 - Programs to prevent the needs for nursing care at the local ward office, etc.

Note: Only at facilities and hospitals participating the point service programs.

Voice of Volunteers

- Volunteering energizes us.
- Built a better relationship within the community.
- I feel like I am contributing to the community.
- I feel fulfilled.
- I feel encouraged because earned points prove a record of my activities.
- I feel happy to be able to make a donation.



- Point card will be issued to those who registered.
- You can earn 200 points from each volunteer activity (about 30 minutes or more of activity).
- When you earn 1,000 points, you can either exchange the points for money or make a donation. (Max. 200 points per day and 8,000 points per year for exchange.)

(As of April 2015)



- ★ Registration and training session is held about twice a month for those hoping to join the program. Please call for more information.

Inquiries: Yokohama Senior Volunteer Points Bureau
(Kanagawa Welfare Service Association)

(Available on weekdays, 9 a.m. – 6 p.m.)
Tel.: 045-671-0296 Fax: 045-671-0295