



Message from the Chief Director

Nobuki Ando, Chief Director
Japan Health Insurance Association



My name is Nobuki Ando, and I am Chief Director of the Japan Health Insurance Association (Kyoukai Kenpo).

I would like to take this opportunity to express my sincere gratitude to all of our individual subscribers and employers for your continued understanding of and cooperation with our operations.

The Kyoukai Kenpo is the largest medical insurer in Japan, with about 40 million individual subscribers and 2.4 million business establishments. Its subscribers are mainly people who work at small and medium-sized enterprises (SMEs) and their families. It carries out various operations with the basic principle of “Promoting the health of all our subscribers, enabling them to receive high-quality and efficient medical care, and thus providing benefits to subscribers and employers.”

In Japan’s medical insurance system, the working-age population supports the elderly. However, the country is currently experiencing a rapidly aging population with a declining birth rate. All of Japan’s baby boomers will be 75 or older by 2025, while there is a continued decline of the working-age population that supports them.

Looking at the finances of the Kyoukai Kenpo, about 40% of its expenditures are currently contributions to cover medical and other expenses for the elderly, and this percentage is expected to increase further in the future. In addition, the financial situation does not allow for optimism, as the growth of medical expenses that comprise the Kyoukai Kenpo’s main expenditure has created a deficit structure that exceeds the growth of wages, which are the basis of insurance premiums that provide the main source of income.

Amidst this financial situation, the Kyoukai Kenpo will continue to implement measures based on the Action Plan for Strengthening Insurer Functions (Fifth Period), the three-year medium-term plan starting from FY2021, in order to curb the increase in insurance premium rates as much as possible.

Specifically, in addition to steadily carrying out operations such as the payment of benefits to subscribers and review of claims, the Kyoukai Kenpo will advance the promotion of specific health checkups and specific health guidance, measures to prevent serious illnesses, health services such as collaborative health services in which we work together with employers, and efforts to optimize medical expenses by promoting the use of generic drugs and disseminating information on how to take charge of your medical care well. We will also advance more than ever before initiatives for the health improvement of our subscribers, such as improving their health literacy from a young age.

As a part of these efforts, we have created a pamphlet introducing the initiatives of the Kyoukai Kenpo to help subscribers and employers apply for benefits and improve their health. We hope that you will read the pamphlet and find it useful.

The Kyoukai Kenpo will continue to steadily advance a variety of operations so that our subscribers can receive examinations at medical institutions with peace of mind and improve their health. Our executives and employees will work together to bring out positive outcomes and ensure that our many subscribers are happy about their decision to have joined the Kyoukai Kenpo.

Finally, the Kyoukai Kenpo offers workplace-based medical insurance, and it is extremely important to have the understanding and cooperation of employers for various application administrative procedures and employee health improvement. In addition, the efforts of each and every subscriber will lead to the optimization of medical expenses, which in turn will lead to stable insurance management.

I would like to ask for the continued cooperation and understanding of all subscribers and employers for the efforts of the Kyoukai Kenpo.

A Guidebook for Kyoukai Kenpo



See here for more information:
<https://www.kyoukaikenpo.or.jp>

Kyoukai Kenpo

Search

Or scan the following QR code:



At the beginning of each section, the following symbols are used to indicate whom the information introduced is for.



For insured persons (yourself)



For dependents (family members)



For employers

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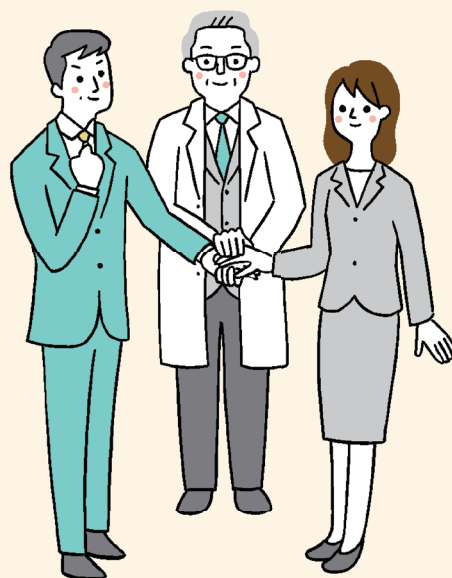
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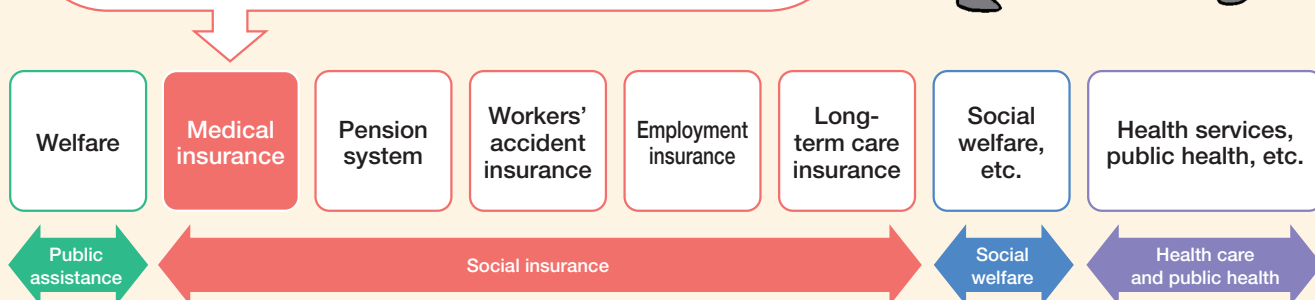
P.55 Insured persons with optional and continued coverage

[Universal medical care insurance system]

Medical insurance is one of the social security systems that aims for mutual support for the financial costs caused by sudden illness or injury.

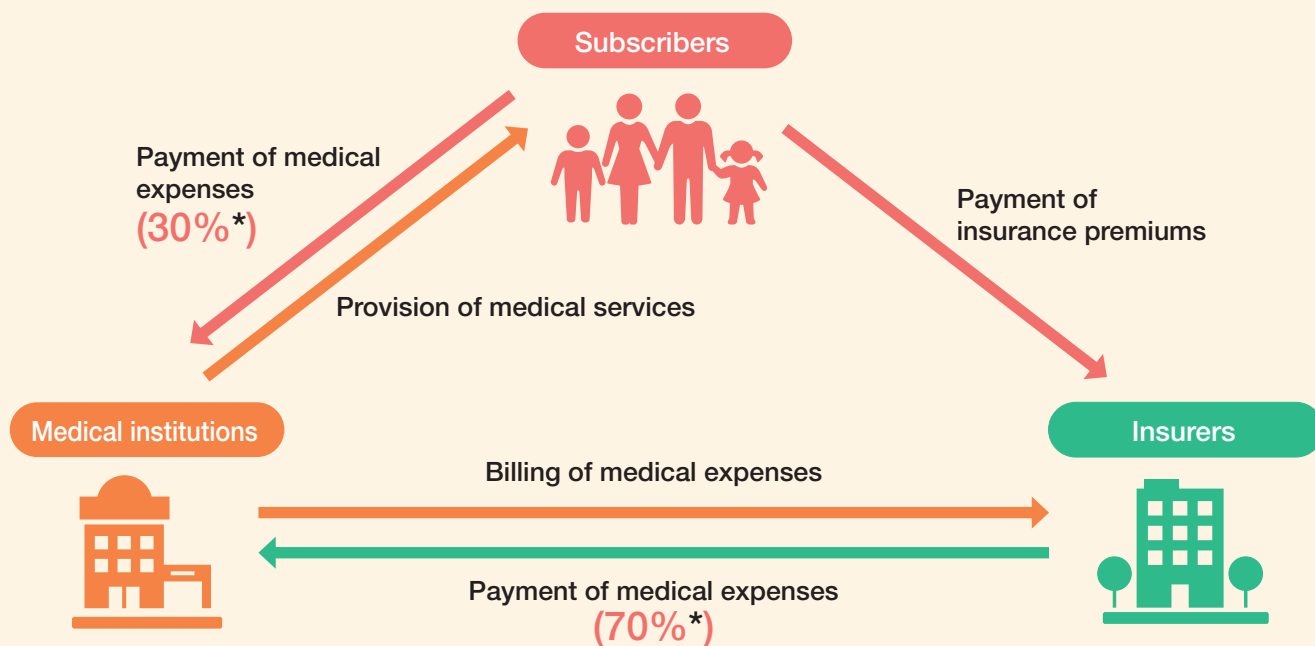


The universal medical care insurance system in which all citizens are covered by some kind of medical insurance and mutually support medical expenses



Structure of medical services provision

When you present your health insurance card to a medical institution (hospital or clinic), you can receive medical services by paying only **30% of the medical expenses (co-payment)**.



* The co-payment rate is set according to age and other factors, and may be 10% or 20%. The amount of medical expenses billed to the insurer by the medical institution would be 90% or 80% accordingly.
If the amount paid to a medical institution in the same month becomes so high that it exceeds the maximum amount of co-payment, the excess amount can be reimbursed as "high-cost medical expenses" at a later date by submitting an application. (See p. 44)

Classification of medical insurance

The medical insurance you subscribe to depends on your age, occupation, region, etc. The structure is designed so that the medical expenses of the elderly are supported by the working-age population.



Late-stage elderly medical care system

● Composition of funding sources for medical expenses for late-stage elderly people (FY2018)

Source: Created based on material from the 145th meeting of the Medical Insurance Subcommittee, Social Security Council, Ministry of Health, Labour and Welfare (MHLW)

Public expenditure (tax, etc.)
7.6 trillion yen
(46.3%)

Financial support
6.2 trillion yen
(38.0%)

Insurance premiums
1.2 trillion yen
(7.3%)

Co-payments
1.4 trillion yen
(8.4%)

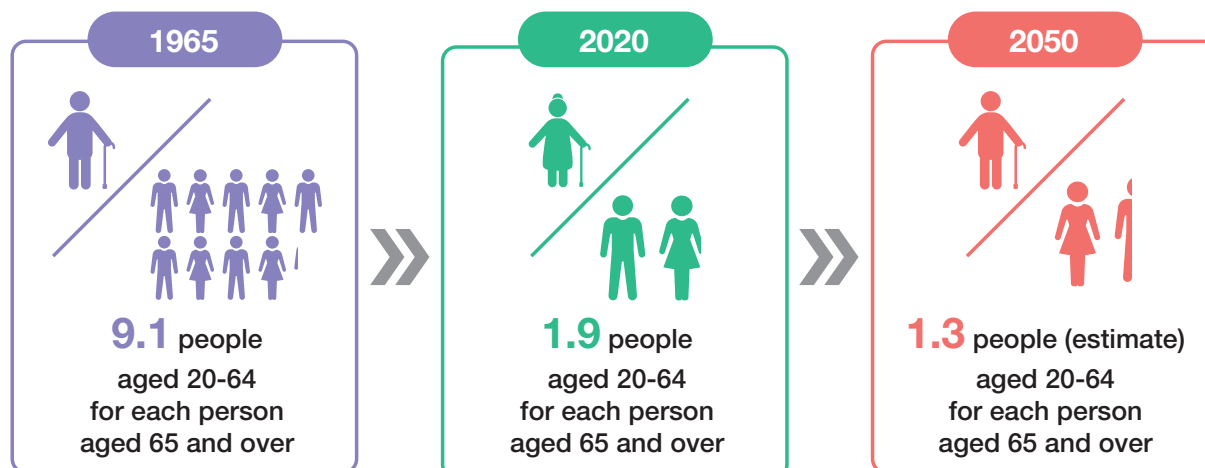
The working-age population provides financial support

Type of insurance	Japan National Health Insurance Association (Kyoukai Kenpo)	Health insurance societies	Mutual aid associations	National Health Insurance
Main subscribers	<p>Employees of SMEs and their families</p>	<p>Employees of large companies and their families</p>	<p>Public employees and their families</p>	<p>Self-employed persons Pensioners Non-regular employees Others</p>

Check

Effects of the low birth rate and aging population on medical insurance

Medical expenses will increase as the number of elderly people increases. In addition, as the number of working-age people supporting the elderly declines, the burden on the working-age population will increase.



Source: Created based on the "Population Projections for Japan (2017)" by the National Institute of Population and Social Security Research, and the population projections of the Ministry of Internal Affairs and Communications

Chapter 1

About the Kyoukai Kenpo





Outline of the Kyoukai Kenpo

Supporting the medical care and health of 40 million people nationwide

What is the Japan Health Insurance Association?

The Kyoukai Kenpo operates medical insurance aimed mainly at SMEs. Its mission is to provide peace of mind to enrolled employees and their families as the “last medical insurance provider for working people.”



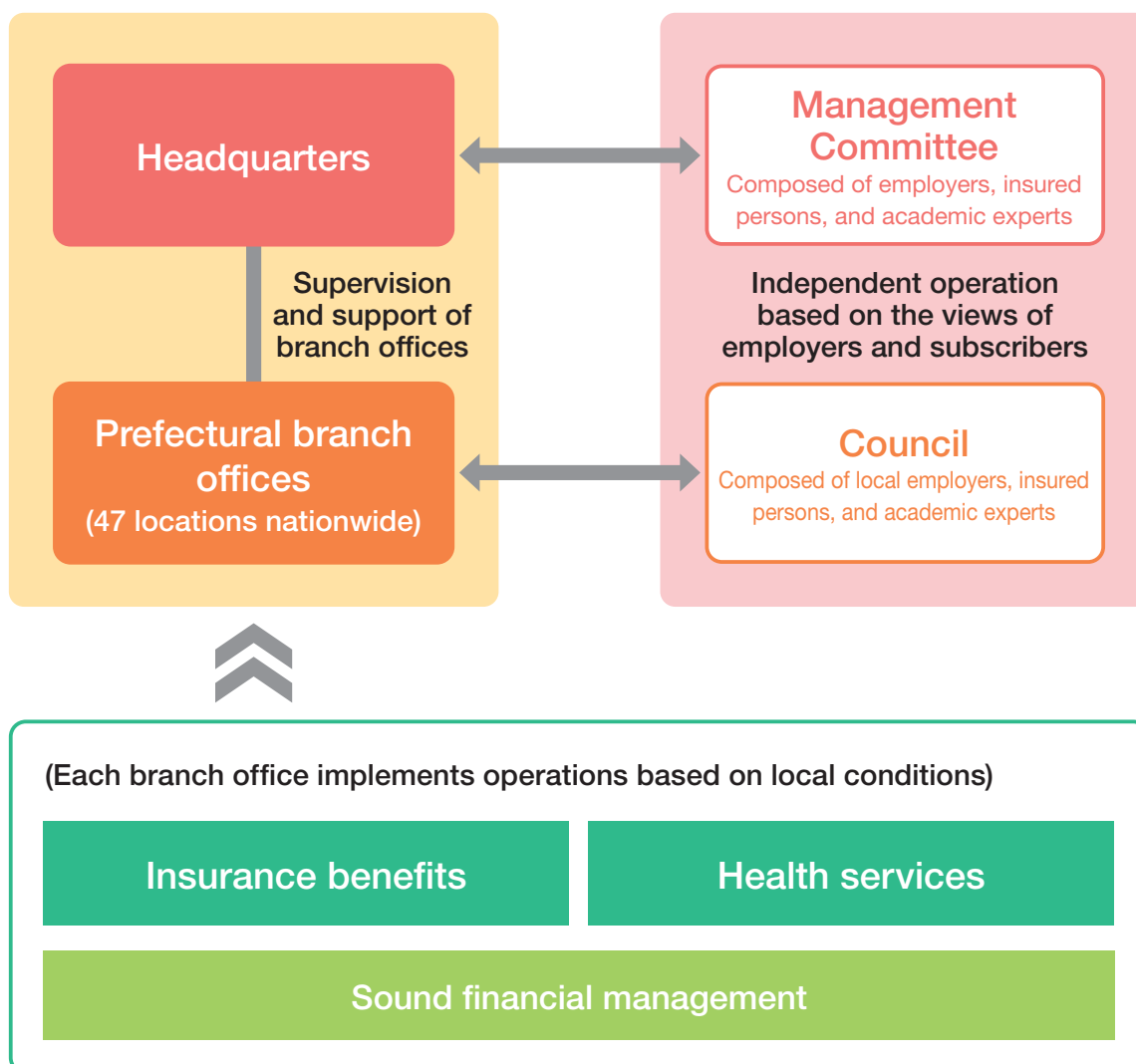
Basic mission

As an insurer, the Kyoukai Kenpo conducts health insurance operations and seamen's insurance operations to promote the health of our subscribers and enable them to receive high-quality and efficient medical care, and thus provide benefits to our subscribers and employers.



Management system of the Kyoukai Kenpo

There is a headquarters as well as branches in each of the 47 prefectures, and each branch office implements initiatives according to local conditions.

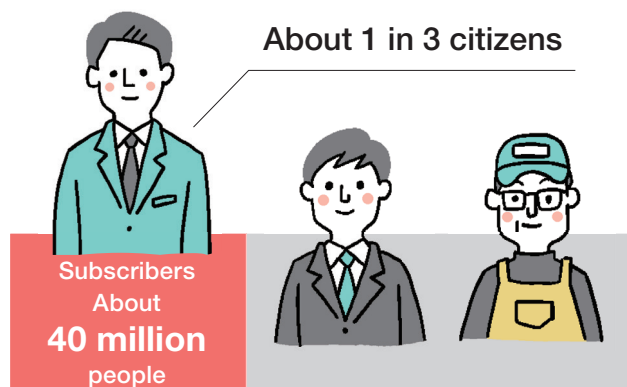




What are the characteristics of the Kyoukai Kenpo?

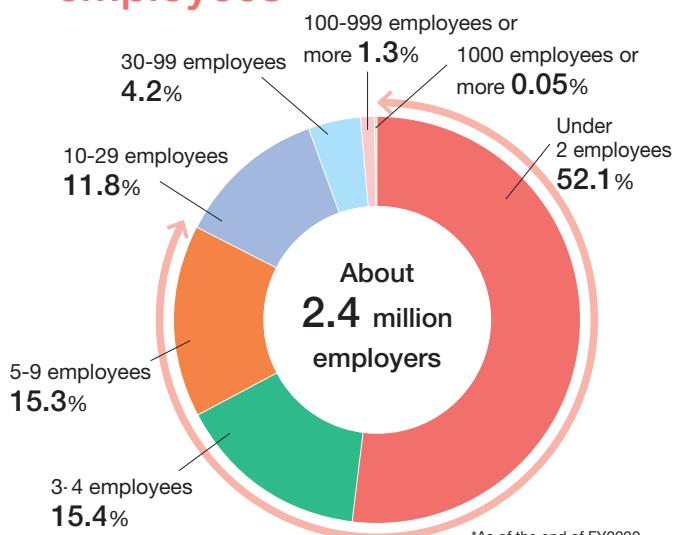
Characteristic 1

Japan's largest medical insurer, with about **40 million people**, or about one in three citizens, enrolled



Characteristic 2

About **80%** of subscriber employers are SMEs with **nine or fewer employees**



*As of the end of FY2020



What is the Kyoukai Kenpo working on?

If you're facing difficulties, apply!

Insurance benefits, from p. 36

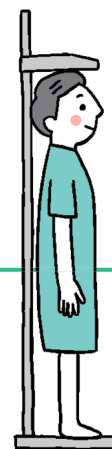
- Issuance and collection of health insurance cards
- Granting various benefits related to illness or injury
- Granting benefits related to childbirth
- Other activities



We support your healthy life!

Health services, from p. 14

- Health checkups and health guidance for the prevention of lifestyle diseases
- Recommendation of examinations for those who need medical treatment at a medical institution
- Improvement of health in the workplace in cooperation with employers
- Other activities



Let's learn! How to take charge of your medical care well

Sound financial management, from p. 30

- Promotion of the use of generic drugs
- Guidance on how to take charge of your medical care well
- Other activities





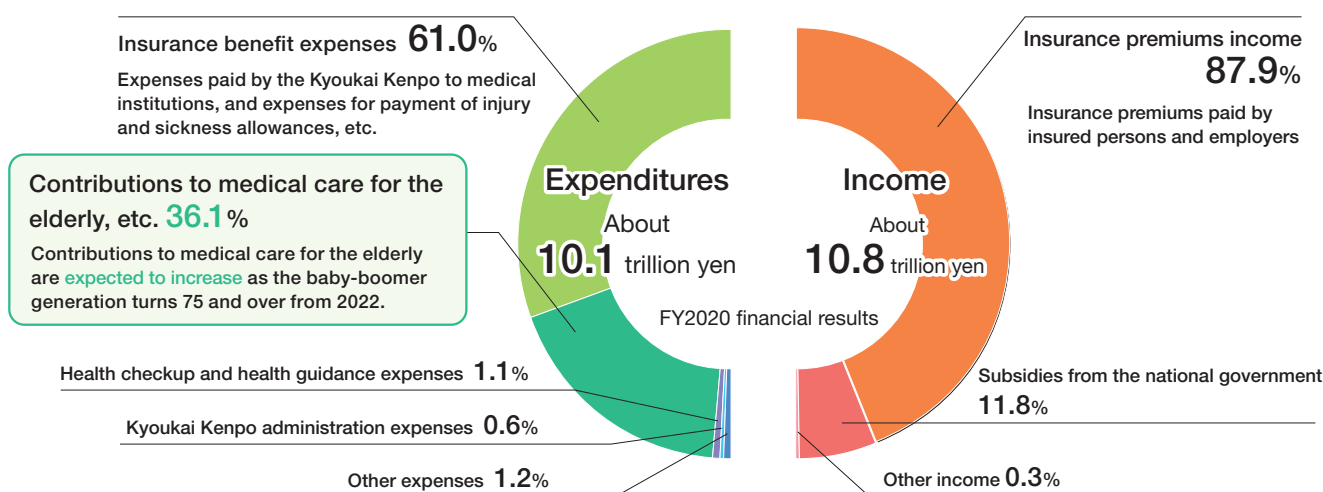
Financial situation of the Kyoukai Kenpo

The financial situation of the Kyoukai Kenpo does not allow for optimism

Financial structure of the Kyoukai Kenpo

The main source of income for the Kyoukai Kenpo is insurance premiums paid by insured persons and employers. In addition, about 60% of the expenditures are used for medical expenses when people receive examinations at medical institutions and various benefits.

On the other hand, about 40% is used for contributions to medical care for the elderly, which is a heavy burden.



How each 10,000 yen of your insurance premiums is used



Medical expenses for subscribers' examinations at hospitals, etc.
About **5,490** yen



Allowances when subscribers are absent from work due to illness and benefits when subscribers give birth
About **600** yen



Medical expenses (contributions) when elderly people receive examinations at hospitals, etc.
About **3,610** yen



Expenses for health checkups and health guidance for subscribers
About **120** yen



Office expenses of the Kyoukai Kenpo
About **180** yen

Key points of FY2020 financial results

Although the cost of insurance benefits decreased from the previous fiscal year, income from insurance premiums also decreased due to the worsening economic situation.

[Expenditures]

For the first time since the establishment of the Kyoukai Kenpo, insurance benefit expenses decreased from the previous fiscal year due to changes in the trend of medical institution examinations received by subscribers associated with the spread of COVID-19 infections.

[Income]

Income from insurance premiums decreased due to worsening economic conditions.

FY2020 financial results Medical portion

Income	10.765.0 trillion yen (-104.7 billion yen)
Expenditures	10.146.7 trillion yen (-183.1 billion yen)
Expenditure differences	618.3 billion yen (+78.4 billion yen)
Reserve funds	4.010.3 trillion yen (+618.3 billion yen)

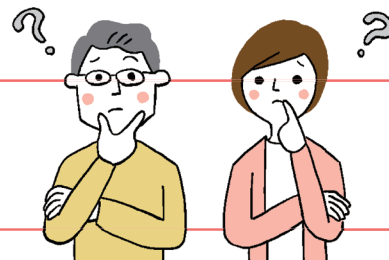
*Figures in parentheses are year-on-year comparisons.



As the decrease in expenditures was greater than the decrease in income, the difference between income and expenditure increased by 78.4 billion yen compared to the previous fiscal year.

Q

It seems that the financial results in recent years have remained in the black. Are the finances of the Kyoukai Kenpo secure?

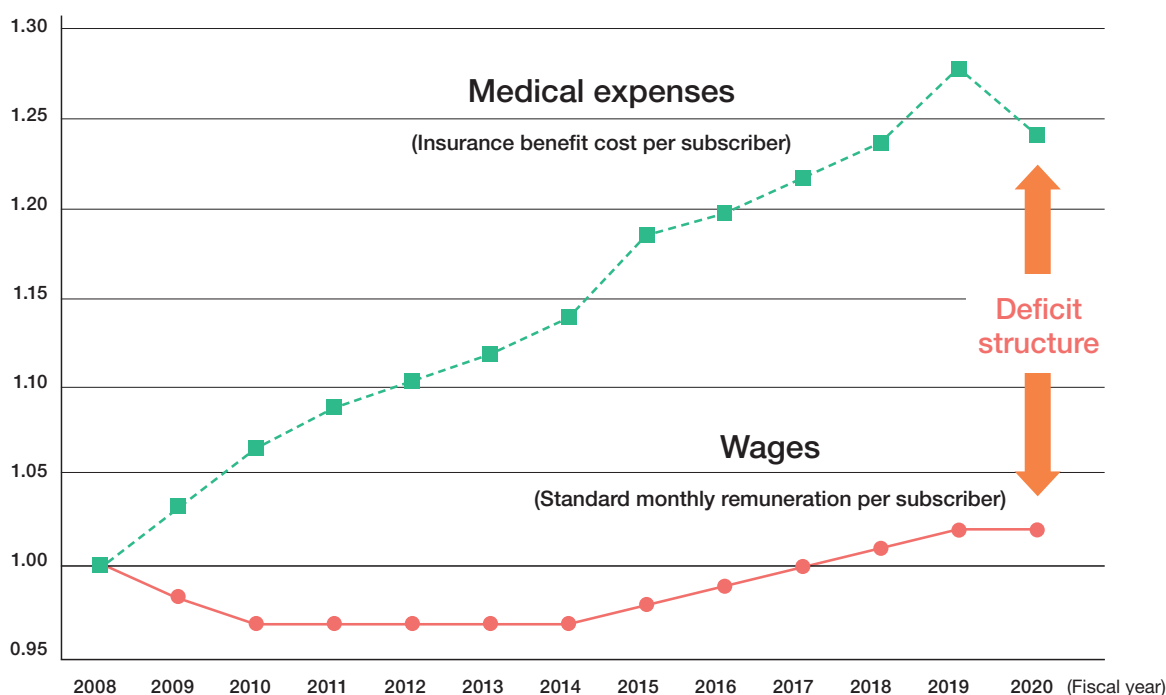


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The financial situation of the Kyoukai Kenpo **does not allow for optimism.**

- The Kyoukai Kenpo's finances are in a deficit structure in which the growth in medical expenses exceeds the growth in wages, which is the basis of insurance premiums.
- The outlook for future insurance premiums income is also uncertain due to the uncertain future of economic conditions.
- On the other hand, in terms of expenditures, insurance benefit expenses temporarily decreased due to the impact of changes in the trend of medical institution examinations received by Kyoukai Kenpo subscribers associated with the spread of COVID-19 infections, but are gradually returning to the level before the COVID-19 crisis.
- In addition, contributions to medical care for the elderly are expected to increase from FY2022 as the baby boomers begin to turn 75 years old and the number of late-stage elderly people increases.

○ Trends in medical costs and wage growth



*Numerical values represent an index with FY2008 as 1.

As approximately 80% of the subscriber employers are SMEs with nine or fewer employees, the finances of the Kyoukai Kenpo are easily affected by economic fluctuations, including the impact of COVID-19.

Moreover, in addition to the deficit structure in which the growth of medical expenses exceeds the growth of wages, the financial situation does not allow for optimism, given that contributions to medical care for the elderly will continue to increase.

In light of this situation, the Kyoukai Kenpo is looking to the future and further promoting the optimization of medical expenses, mainly through efforts to improve the health of its subscribers, while also setting insurance premium rates from a medium- to long-term perspective in order to ensure financial stability (in other words, to ensure the sustainability of the Kyoukai Kenpo).



Insurance premium rates of the Kyoukai Kenpo

Your efforts will be reflected in the insurance premium rates

What is the insurance premium rate for each prefecture?

The Kyoukai Kenpo sets a premium rate for each prefecture.

Insurance premium rates for each prefecture in FY2022



Different
by up to
1.49%

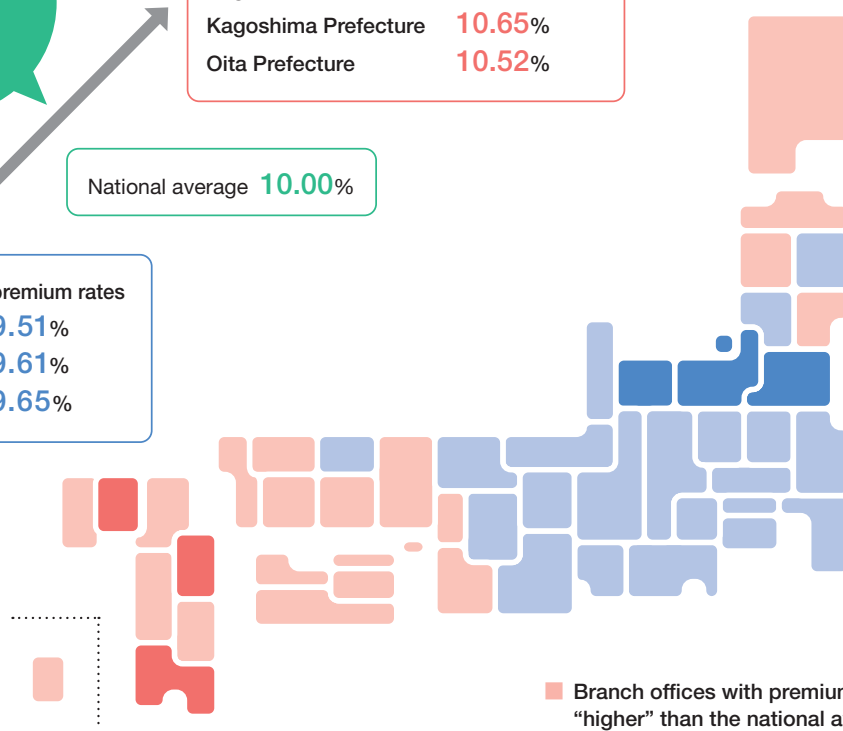
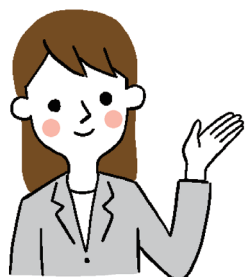
Branch offices with high premium rates

Saga Prefecture	11.00%
Kagoshima Prefecture	10.65%
Oita Prefecture	10.52%

National average **10.00%**

Branch offices with low premium rates

Niigata Prefecture	9.51%
Toyama Prefecture	9.61%
Fukushima Prefecture	9.65%



■ Branch offices with premium rates "higher" than the national average
■ Branch offices with premium rates "lower" than the national average

Hokkaido	10.39%
Aomori	10.03%
Iwate	9.91%
Miyagi	10.18%
Akita	10.27%
Yamagata	9.99%
Fukushima	9.65%
Ibaraki	9.77%
Tochigi	9.90%
Gunma	9.73%
Saitama	9.71%
Chiba	9.76%

Tokyo	9.81%
Kanagawa	9.85%
Niigata	9.51%
Toyama	9.61%
Ishikawa	9.89%
Fukui	9.96%
Yamanashi	9.66%
Nagano	9.67%
Gifu	9.82%
Shizuoka	9.75%
Aichi	9.93%
Mie	9.91%

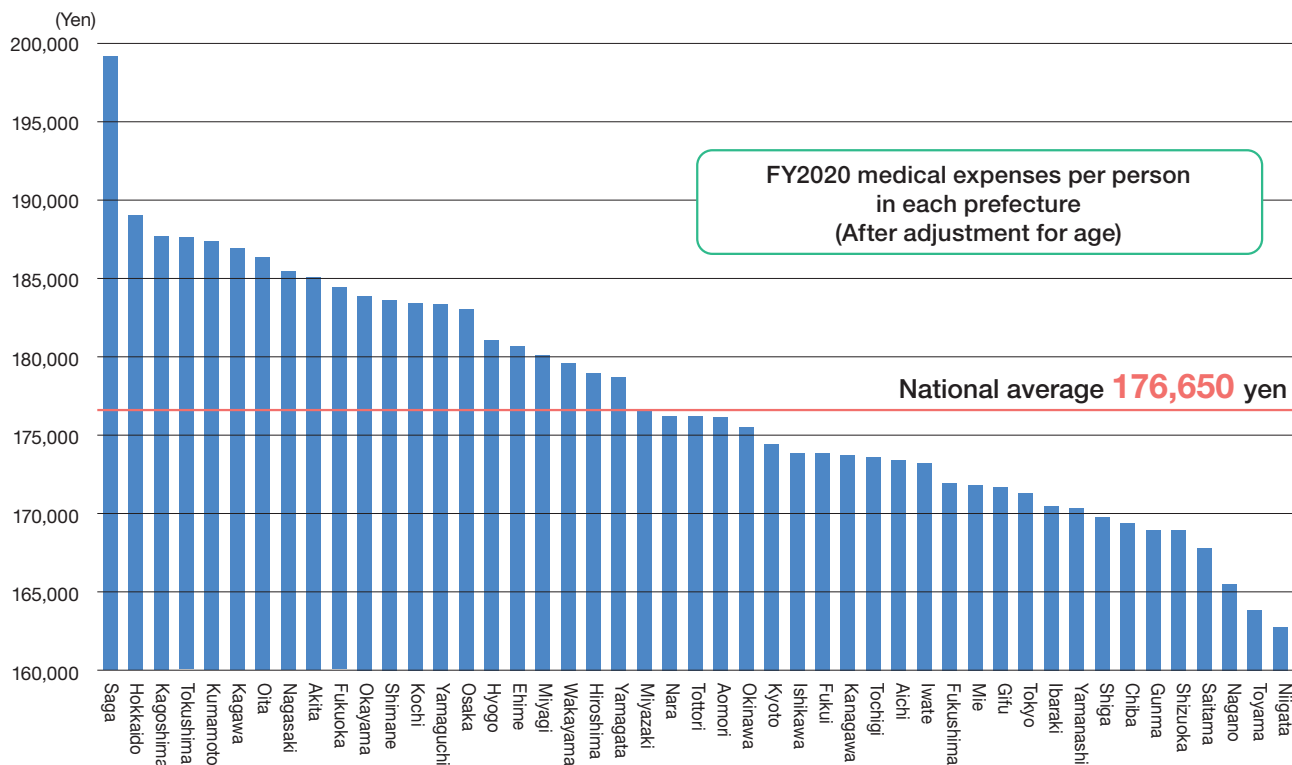
Shiga	9.83%
Kyoto	9.95%
Osaka	10.22%
Hyogo	10.13%
Nara	9.96%
Wakayama	10.18%
Tottori	9.94%
Shimane	10.35%
Okayama	10.25%
Hiroshima	10.09%
Yamaguchi	10.15%
Tokushima	10.43%

Kagawa	10.34%
Ehime	10.26%
Kochi	10.30%
Fukuoka	10.21%
Saga	11.00%
Nagasaki	10.47%
Kumamoto	10.45%
Oita	10.52%
Miyazaki	10.14%
Kagoshima	10.65%
Okinawa	10.09%



Why are there differences between the prefectures?

The insurance premium rate for each prefecture is **calculated based on the medical expenses per subscriber in the prefecture, after adjusting for differences in age composition and income levels in each prefecture.** If each person takes good care of his or her medical care, it will be possible to reduce the growth of medical expenses, which in turn will lead to curbing the growth of the insurance premium rate.



In response to the health issues of each branch office, the Kyoukai Kenpo will work on various operations, such as health improvement, to curb the growth of medical expenses.

Check

Incentive system

The Kyoukai Kenpo has an **incentive system to reflect the efforts of its subscribers and employers in the insurance premium rate.** Under this system, **branch offices are ranked based on five indicators, and the insurance premium rate is reduced for the branch offices with the highest rank.**

The health efforts of all subscribers and employers lead to the optimization of medical expenses.

The Kyoukai Kenpo will do all we can to support your efforts, so let's work together.



Five indicators

1

Implementation rate of specific health checkups, etc.

2

Implementation rate of specific health guidance

3

Rate of decrease in the number of people subject to specific health guidance

4

Rate of medical institution examinations received by patients requiring treatment

5

Rate of generic drug usage



Action Plan for Strengthening Insurer Functions (Fifth Period)

For the peace of mind and health of all subscribers and employers

The Kyoukai Kenpo has formulated the Action Plan for Strengthening Insurer Functions (Fifth Period) as a medium-term plan for the three-year period from FY2021 to FY2023.

The Kyoukai Kenpo supports
everyone's health by focusing on
six key points.

1

Promotion of health checkups and health guidance

Health checkups are conducted for the early detection of lifestyle diseases, including those of family members. Based on the results of the health checkups, public health nurses and other professionals carefully provide tailored health guidance to those who need to improve their lifestyles in order to prevent lifestyle diseases.

- [Goals]**
- To achieve a rate of health checkups implementation of 65% or higher
 - To achieve a rate of health guidance implementation of 35% or higher



4

Improvement of health literacy

In cooperation with local governments and other related organizations, we work to improve health literacy (knowledge and understanding of health) from a young age through health education (particularly physical activity, exercise, diet, and nutrition).



2

Prevention of worsening of lifestyle diseases and the like

People who need treatment for lifestyle diseases as a result of health checkups are directly sent a letter informing them to receive an examination at a medical institution as soon as possible. Through this, we strive to prevent worsening of illnesses such as diabetes and cardiovascular disease.

- [Goals]**
- To increase the percentage of people who received an examination at a medical institution within three months of receiving the informational letter to 13.1% or higher



5

Optimization of medical expenses

We aim to promote the optimization of medical expenses, which are increasing due to the aging of the population, and reduce as much as possible the burden of insurance premiums on everyone. To this end, in addition to health improvement efforts, we promote the use of generic drugs and educate people on how to take charge of their medical care well (such as refraining from making nonessential out-of-hours visits for examinations).

- [Goals]**
- To increase the percentage of generic drug use of the Kyoukai Kenpo to 80% or higher for all branch offices



3

Collaborative health

The Kyoukai Kenpo and employers work together for health improvement (collaborative health). We provide each employer with workplace clinical records so they can understand their health situation, and support health promotion at employers through health management declarations.

- [Goals]**
- To increase the number of offices with health management declarations to 70,000 or higher



6

Enhancement of services by improving efficiency

By further improving the efficiency of operations, we provide necessary services (injury and sickness allowances, childbirth benefits, etc.) to our subscribers in a prompt and reliable manner. In addition, we promote the use of the Eligibility Certificate for Ceiling-Amount Application, which reduces the cost burden paid at the counter of medical institutions.

- [Goals]**
- Payment of injury and sickness allowances, childbirth benefits, etc. to be made within 10 business days of receipt of application



Chapter 2

About health services





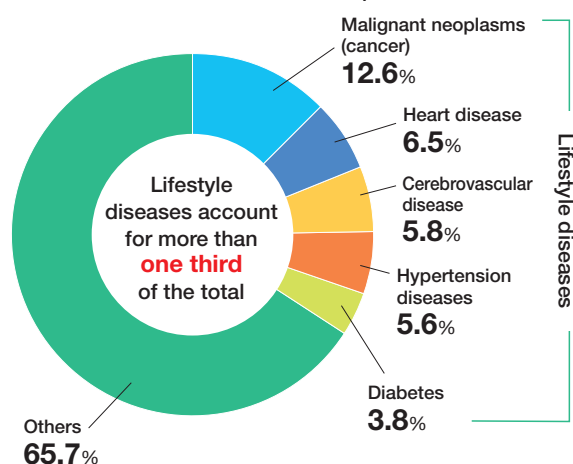
Background of health services (health checkups, health guidance, etc.)

Health improvement on a daily basis is important to maintain and improve health.

Do you know about lifestyle diseases?

Lifestyle diseases are not only greatly related to our health, but also have a significant impact on national medical expenses. Most of the diseases are caused by the prolonged build-up of unhealthy lifestyle habits such as inappropriate diets, lack of exercise, smoking, excessive drinking, etc., which leads to metabolic syndrome. Looking at the breakdown of national medical expenses shown in the figure on the right, lifestyle diseases account for about one third of the total. Differentiating by illness, malignant neoplasms (cancer) account for the largest share of about 3.9 trillion yen (12.6%), followed by heart disease at about 2.9 trillion yen (6.5%), and cerebrovascular disease at about 1.8 trillion yen (5.8%).

● Breakdown of national medical expenses



Metabolic syndrome is a condition in which visceral fat accumulates around the abdomen, causing hypertension, hyperglycemia, and dyslipidemia, making it easy to develop lifestyle diseases.

Source: Created based on the "Overview of National Medical Care Expenditure, FY2018," MHLW

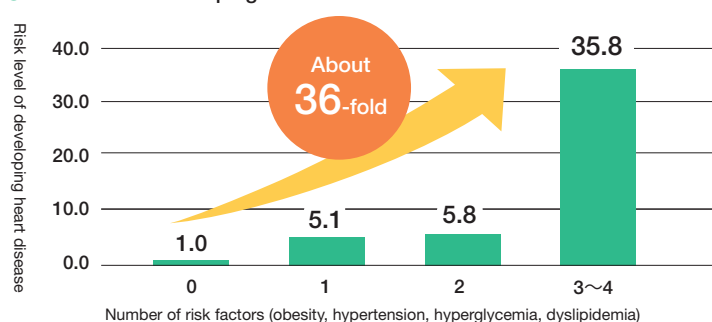


What happens if metabolic syndrome is left untreated?

If metabolic syndrome is left untreated, even if obesity, hypertension, hyperglycemia, and dyslipidemia are mild, the risks pile up, which causes arteriosclerosis and other issues to rapidly progress, and raises the risk of developing cerebrovascular disease, heart disease, and other diseases.

As shown in the figure below, the symptoms of lifestyle diseases worsen as the level of the disease increases, and it is considered difficult to return to the original healthy state.

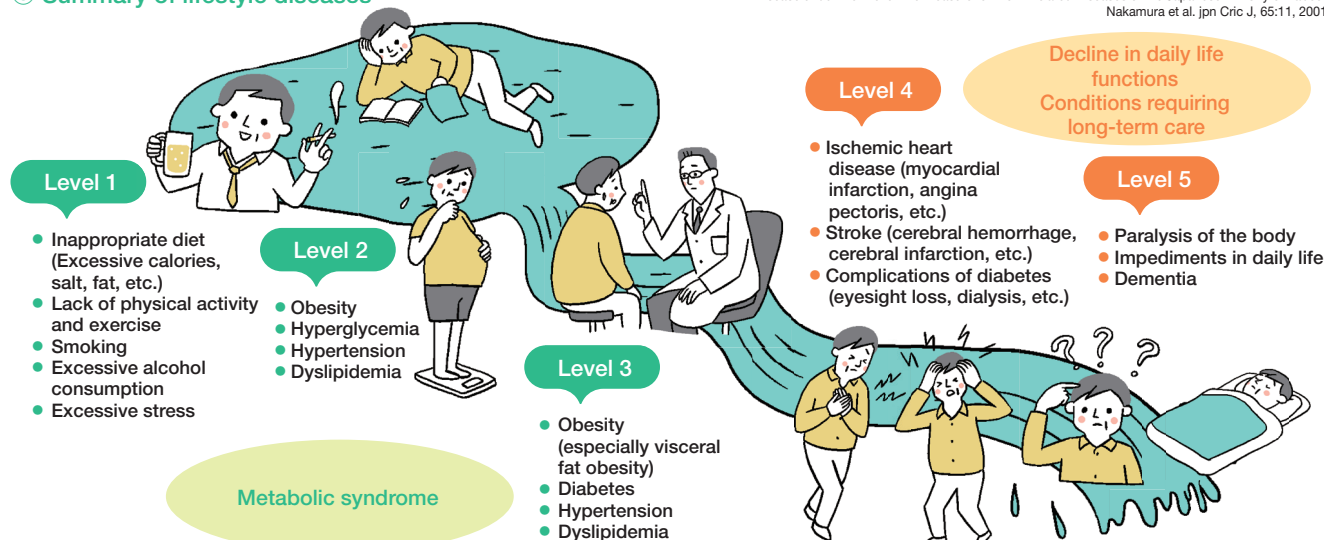
● Risk level of developing heart disease



Number of risk factors (obesity, hypertension, hyperglycemia, dyslipidemia)

Study by the Group of the Research for the Association between Host Origin and Atherosclerotic Disease under the Preventive Measure for Work-Related Diseases of the Japanese Ministry of Labour
Nakamura et al. Jpn Circ J, 65:11, 2001

Summary of lifestyle diseases



Source: Created based on "Summary of Lifestyle Diseases" by the MHLW



How can I prevent metabolic syndrome, a cause of lifestyle diseases?

Visceral fat accumulates due to various factors such as lack of exercise and inappropriate diet.

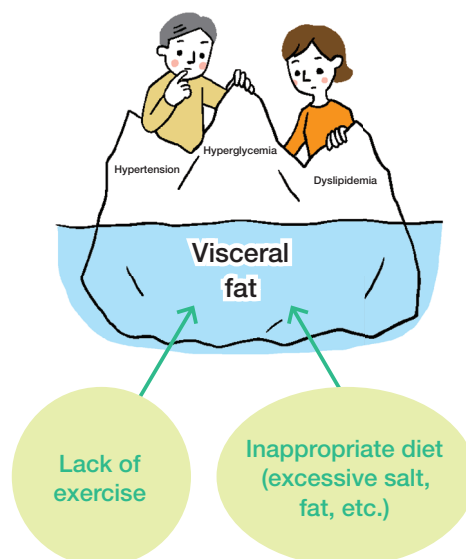
The accumulation of visceral fat is one of the major factors that cause hypertension, hyperglycemia, and dyslipidemia.

If the accumulation of visceral fat, hypertension, hyperglycemia, and dyslipidemia are compared to an iceberg, it would have multiple chunks (hypertension, hyperglycemia, and dyslipidemia) on the surface of the water formed from one large chunk (accumulation of visceral fat) under the surface of the water. Even if each chunk on the surface of the water is small, if the entire combined iceberg becomes large, it can cause cerebrovascular disease and heart disease.

Therefore, **even if you take medication to treat each chunk on the surface of the water (hypertension, hyperglycemia, and dyslipidemia), it will not fundamentally solve the problem as long as there is a large chunk under the water (accumulation of visceral fat).** What is important is to reduce the size of the large chunk hidden under the water, in other words, to reduce the accumulation of visceral fat.

In order to reduce visceral fat, it is vital to review your lifestyle, eat a well-balanced diet, get moderate exercise, and quit smoking.

● If metabolic syndrome is compared to an iceberg...



Background of health services
(health checkups, health guidance, etc.)



What should I do to avoid metabolic syndrome and lifestyle diseases?

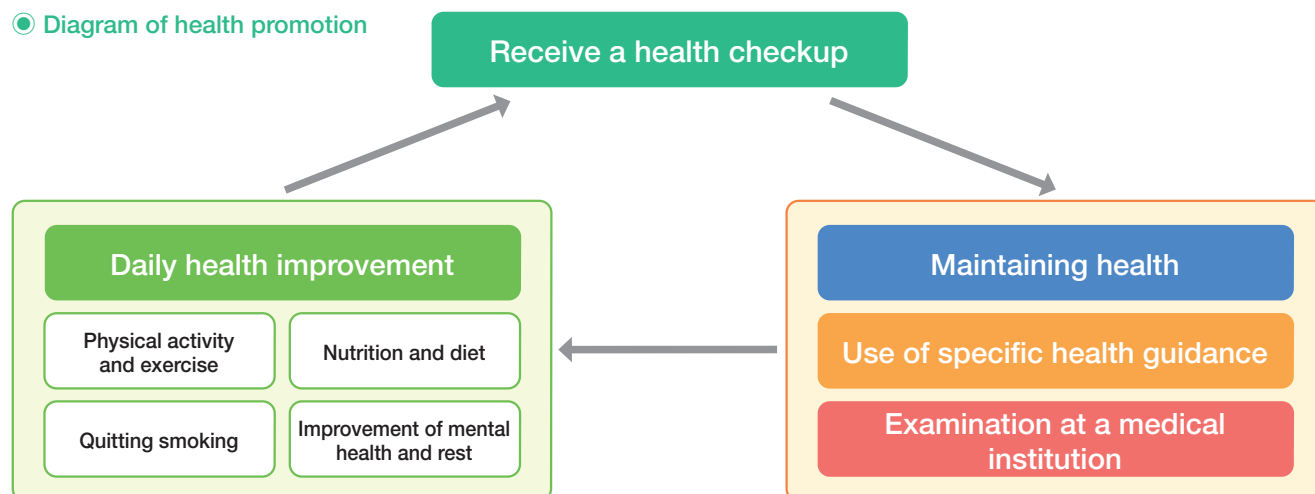
Please take the following three measures.

- ① **Make efforts to improve your health in your daily life, and have a health checkup every year to check your health conditions. (See p.19 and p.23)**
- ② **If you need to improve your lifestyle, please use the health support (specified health guidance). (See p. 25)**
- ③ **Those who need an examination at a medical institution should receive one. (See p. 28)**

Health checkups are only a means to detect the need for lifestyle improvement and diseases, and it is important to use specific health guidance based on the health checkup results and to receive an examination at a medical institution as soon as possible.

About 9.5 million (as of the end of FY2020) of the people aged 40 and over who are subscribers of the Kyoukai Kenpo have received health checkups, and about 300,000 (as of the end of FY2020) are using specified health guidance. In addition, about 470,000 people (as of the end of FY2019) who were diagnosed the need to receive an examination at a medical institution as a result of the health checkups have received one.

● Diagram of health promotion





Collaborative health

Protecting the health of employees through collaboration with employers

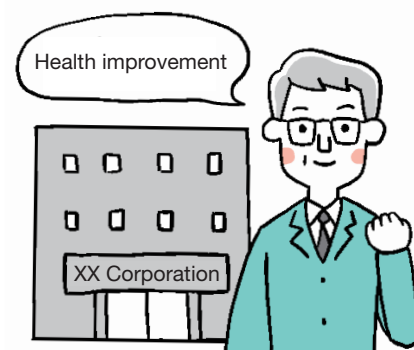
Why implement health improvement for the entire workplace?

In Japan's super-aged society, the risk of lifestyle diseases and other illnesses is increasing as the average age of employees rises, and there are concerns that poor health may reduce labor productivity.

Amidst this, there is now a greater need than ever before for employers as a whole to work on health improvement efforts to maintain and improve the health of their employees.

Health improvement efforts also have a variety of benefits for employers.

The Kyoukai Kenpo is actively promoting the "health management declarations," which encourage employers to declare their commitment to workplace health improvement and to make it known in their workplaces so that workplaces and the Kyoukai Kenpo can collaborate to solve health issues in the workplace.



"Improve the health and vitality of employees"

**"Recruit excellent human resources
and improve their retention rate"**

**"Increase organizational activities
and productivity"**

**"Improve the performance and value
of the company"**

Investing in maintaining and improving the health of employees is a great asset to employers.



What are health management declarations?

The foundation of health improvement is as follows: (1) receiving health checkups to monitor your health conditions, (2) using health support (specified health guidance) to review your lifestyle if you need to improve your lifestyle, and (3) receiving an examination at a medical institution to start treatment as soon as possible if you need treatment. Health management declarations have a structure in which employers make a declaration that they are working on improving health in the entire workplace, and the Kyoukai Kenpo provides support and follow-up for those efforts. They are an initiative (collaborative health) that aims to maintain and improve the health of subscribers (employees) through collaboration and cooperation between the Kyoukai Kenpo and employers.



What is declared?

Employers declare the following for working on health improvement.

- The "rate of health checkups" and the "rate of implementation of specific health guidance" are declared items.
- The declared items should be as focused and quantitative as possible (including numerical values).
 - ➡ You are requested to work on health improvement with specific goals, such as "increase the rate of health checkups to x%" or "increase the rate of implementation of specific health guidance to over x%."
- Choose one or more of the following areas for declaration items: "physical activity and exercise," "diet and nutrition," "tobacco," "alcohol," etc.
 - ➡ It is recommended that you choose an item that you can work on continuously with a sense of satisfaction that you can achieve it.



I'm worried that my workplace may not undertake these efforts by ourselves even if we make a declaration...

The Kyoukai Kenpo will firmly support you.

- We provide "workplace clinical records" that allow you to check the health conditions in your workplace.
- Public health nurses or certified dietitians provide health support (specific health guidance) and recommend medical examinations.
- Health improvement lectures, health seminars, and the like are held for employers to help them promote good health.

In order to effectively promote health improvement in the entire workplace, you should use the support of the Kyoukai Kenpo, examine the content of efforts, and work while using a PDCA cycle.



Where should we start?

- In order to help you grasp the health issues specific to your workplace, we provide workplace clinical records * that help you visualize the implementation rate of health checkups and specific health guidance at each workplace, as well as the results of health checkups and the daily diets and lifestyle habits of the subscribers, using numerical values, graphs, radar charts, etc. **First, you should grasp the health issues at your company.**

*Depending on the size of the workplace and other aspects, there are cases in which "health level clinical records" for each business category are provided.

事業所カルテ

令和3年10月現在の情報をもとに作成しています。

事業所名称	全国健康保険協会 様
業 態	社会保険・社会福祉・介護事業

1. 医療費等の状況

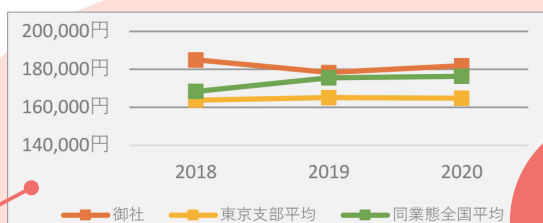
生活習慣病は、国民医療費にも大きな影響を与えており、その多くは、メタボリックシンドロームが原因であるといわれています。メタボリックシンドロームは、日常生活の中で適度な運動、バランスの取れた食生活、禁煙を実践することによって予防することができるものです。日常のちょっとした食習慣や運動習慣に普段から気を付けることの積み重ねが、健康づくりや健康寿命の延伸、医療費の適正化につながります。

1人当たり医療費

対象：全被保険者

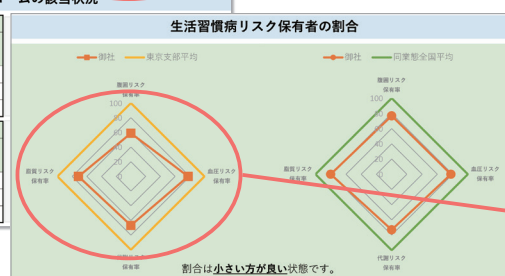
被保険者1人当たり医療費					
年度	御社	東京支部平均	同業態全国平均		
2018	185,040円	163,781円	168,379円		
2019	178,381円	165,168円	175,604円		
2020	181,902円	164,828円	176,370円		

メタボリックシンドロームの該当状況

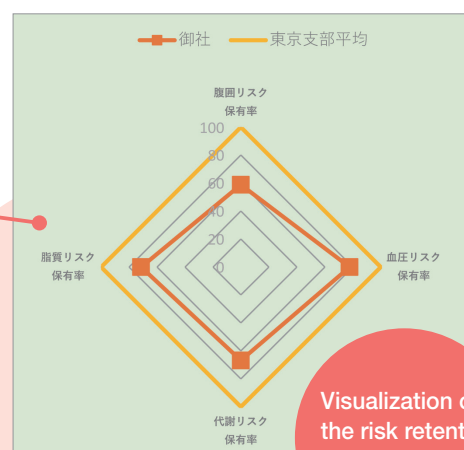


Visualization of changes in medical costs, etc. over time

メタボリックシンドロームの該当状況			
年度	御社	東京支部平均	同業態全国平均
2018	6.6%	14.5%	10.2%
2019	7.3%	13.7%	10.5%
2020	8.3%	14.5%	11.1%



生活習慣病リスク保有者の割合			
年度	御社	東京支部平均	同業態全国平均
2018	19.2%	36.4%	26.0%
2019	19.9%	34.9%	26.7%
2020	20.9%	35.6%	27.2%



Visualization of the risk retention rate of lifestyle diseases

Check

Inquiries about health management declarations and workplace clinical records

Applications for health management declarations and workplace clinical records are accepted at each branch office.

For details, please contact the branch office or visit the branch office's website.

*The content of the health management declarations and the workplace clinical records differs from branch to branch.

If you have any difficulties, such as not knowing where to start, please feel free to consult with us!



Checkups for prevention of lifestyle diseases [for all insured persons]

Don't forget to have one once per year!

Is a health checkup necessary?

In many cases, lifestyle diseases such as diabetes do not cause subjective symptoms in their early stages, and have already progressed by the time symptoms appear.

Having a health checkup **is a good opportunity to review your own lifestyle and make improvements. It can also lead to early detection of disease and early treatment.**



What are checkups for prevention of lifestyle diseases?

Checkups for prevention of lifestyle diseases are health checkups that insured persons (subscribers) can receive, including blood tests, urinalysis, and cancer screening, for the purpose of preventing the onset and severity of lifestyle diseases. A portion of the cost of the checkup is subsidized once per person during the fiscal year.

*You must be an insured person at the time of checkup. *If you will turn 75 in the current fiscal year, you need to complete the checkup by the day before your birthday.



What is examined in checkups for prevention of lifestyle diseases? (Part of general health checkups)

Item	Test content	Item	Test content
Blood pressure measurement	Measure blood pressure to check the condition of the circulatory system	Electrocardiogram	Check for heart diseases such as arrhythmia and angina pectoris
Urinalysis	Check for kidney and urinary tract conditions, diabetes, etc.	Chest x-ray	Check for lung and bronchial tube conditions
Fecal occult blood test	Check for bleeding from the colon	Gastric x-ray	Checking the conditions of the esophagus, stomach and duodenum
Blood test	Check for arteriosclerosis, conditions such as liver function, diabetes, gout, etc.		



What kind of health checkups can I receive?

Type of checkup	Test content	Eligible people	Co-payment amount
General checkup	Medical interview, medical examination, etc., body measurements, blood pressure measurement, urinalysis, fecal occult blood test, blood test, electrocardiogram, chest X-ray, gastric X-ray	People aged 35 to 74 years (until the day before your 75th birthday)	Up to 7,169 yen
	Fundoscopy (*only when the physician judges it necessary)		Up to 79 yen
Cervical cancer screening (Single checkup)	Medical interview and cytological examination	Women aged 20 to 38 years whose age is an even number	Up to 1,039 yen

Total amount of general checkup ▶ Up to **18,865** yen

Co-payment ▶ Up to **7,169** yen

Kyokai Kenpo subsidy ▶ Up to **11,696** yen

● Checkups that can be added to the general checkup (only available when combined as a set with a general checkup, not as a single checkup)

Type of checkup	Test content	Eligible people	Co-payment
Additional checkup	Urine sediment microscopic examination, hematological examination, biochemical examination, funduscopy, pulmonary function examination, abdominal ultrasound examination	People eligible for a general checkup at (1) 40 years of age or (2) 50 years of age	Up to 4,802 yen
Breast cancer screening	Medical interview, mammography, visual examination, palpation * Visual examination and palpation are performed at the discretion of the physician	Women eligible for a general checkup aged between 40 and 74 years and whose age is an even number	[Aged over 50] Up to 1,086 yen [Aged 40 to 48] Up to 1,686 yen
Cervical cancer screening	Medical interview, cytological examination	Women eligible for a general checkup aged between 36 and 74 years and whose age is an even number * Women aged 36 and 38 may receive cervical cancer screening separately as a single checkup	Up to 1,039 yen
Hepatitis virus test	HCV antibody test HBsAg test	People who have not been tested for hepatitis C virus in the past of those who are eligible for a general checkup	Up to 624 yen



Where can I receive a health checkup?

- You can receive a checkup at one of the health checkup institutions throughout Japan (about 3,500 institutions) with a contract with the Kyoukai Kenpo.
- Please check the Kyoukai Kenpo's website or contact your branch office for information on health checkup institutions throughout Japan where you can receive a checkup.



What is the process to receive a checkup?

1

Information on checkups for prevention of lifestyle diseases is sent to employers

Employers are sent information on checkups (for eligible employees, etc.) around April annually.

2

When employers receive the information, inform employees about receiving a checkup

Please do not forget to inform those who are eligible.

3

Eligible employees make an appointment at the health checkup institution they wish to visit

Applying to Kyoukai Kenpo is not needed.

4

Receive a checkup

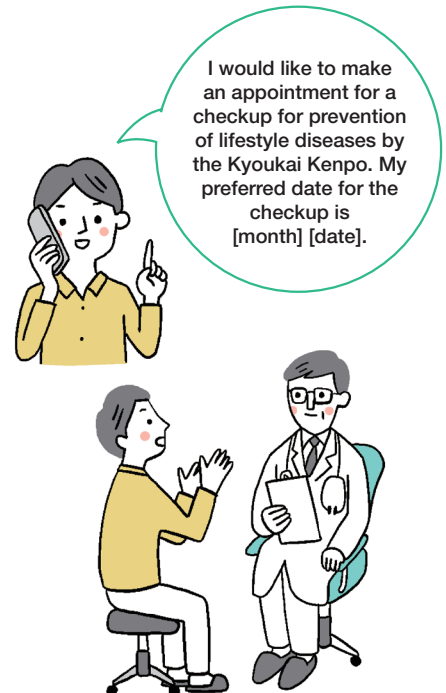
On the day of the checkup, be sure to bring one's own insurance card. Also, don't forget to bring the information from the checkup institution and the containers for testing if there are any.

5

Use health support (specific health guidance) or receive an examination at a medical institution

Those who are at risk of metabolic syndrome from the results of their checkup will be advised to use health support (specific health guidance) and work on improving their lifestyle. (See p. 25)

If the checkup results indicate a need for receiving treatment, it is recommended that the employee receives an examination at a medical institution quickly. For those who are judged to be in need of treatment but have not yet received an examination at a medical institution, the Kyoukai Kenpo will send them information. (See p. 28)



Request to employers

When you receive the information about checkups, please don't forget to remind the eligible employees to take the checkups.

Also, are there any employees who have not taken action on the results of their checkups? For those employees who need to improve their lifestyle based on their checkup results, please actively encourage them to use the health support (specific health guidance). (See p.25)

For those employees whose checkup results indicate that they need treatment, employers are requested to encourage them to receive an examination from a medical institution, and to make it possible for them to visit the medical institution during their working hours. (See p. 28)





Request for provision of data on results of periodic health checkups (employer health checkups)

Is it enough to conduct periodic health checkups ?

What is the provision of data on the results of employer health checkups?

In accordance with the Industrial Safety and Health Act, employers are required to conduct periodic health checkups (employer health checkups) for their employees. But is it enough to conduct periodic health checkups?

If you do not use the “checkups for prevention of lifestyle diseases” (see p. 19), please provide the data of the results of the employer health checkups. The following are the advantages of providing the data.

* It is required by law to provide the data of the results of employer health checkups to the Kyoukai Kenpo. Employers will not be held legal liability for providing personal information.



What are the advantages of providing data on the results of employer health examinations?

- It will enable employees to receive health support (specific health guidance) to improve the condition of metabolic syndrome by professional staff (public health nurses or dietitians, etc.) (See p.25)
- It makes it possible to reflect the data of the results of the employer health checkups in the workplace clinical records (see “workplace clinical records” on p. 18), which enables employers to better grasp the actual health level of their workplace.

Who is eligible to be provided with data on the results of employer health checkups?

- Subscribers of the Kyoukai Kenpo between 40-74 years old who have received an employer health checkup.

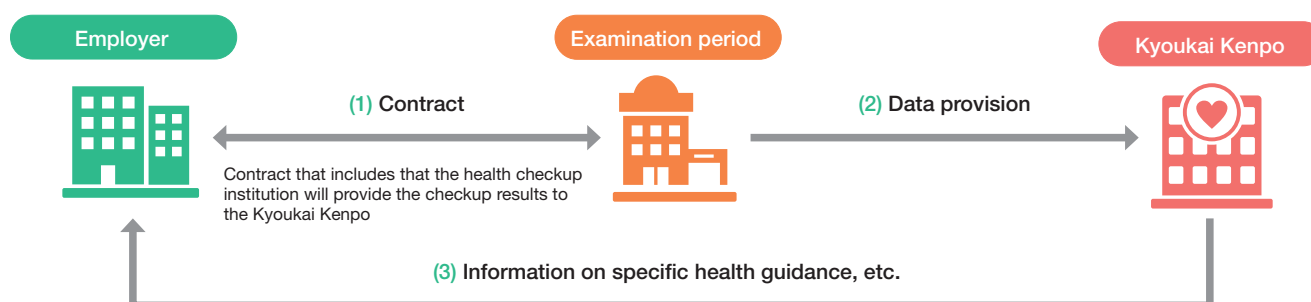
* People who will turn 75 in the current fiscal year who have completed the examination by the day before their birthday are eligible. *People who have received checkups for prevention of lifestyle diseases (see p. 19) do not need to provide data.

What is the method for providing data on the results of employer health checkups?

Employers are requested to conduct the following two points.

1. When applying to a checkup institution for employer health checkups, please make a contract that includes “the health checkup institution will submit the health checkup results to the Kyoukai Kenpo.”
2. Please explain to your employees that they should bring their insurance cards when they receive health checkups.

By agreeing in advance in the contract that the health checkup institution will provide the results of the employer health checkups to the Kyoukai Kenpo on behalf of the employer, the health checkup institution will provide the data on the health checkup results directly to the Kyoukai Kenpo without troubling the employer.



If your health checkup institution cannot comply, or if you have any questions, please contact your branch office.



Please consider using checkups for prevention of lifestyle diseases

The figure below compares the test items of periodic health checkups (employer health checkups) and checkups for prevention of lifestyle diseases (see p. 19) based on the Industrial Safety and Health Act.

The checkups for prevention of lifestyle diseases include all the test items of the employer health checkups. They also include cancer screening items (stomach and colon) to make it a full examination.

Please consider using the health checkups for prevention of lifestyle diseases to maintain and improve the health of your employees (35 years old and above).

Comparison of test items		Health checkups for prevention of lifestyle diseases	Employer health checkups
Examination	Medical interview	○	○
	Measurements	Height	□
		Weight	○
	Obesity index, standard weight	○	○
	Abdominal circumference	○	■※
	Chest auscultation and abdominal palpation	○	○
	Blood pressure (seated)	○	○
	Eyesight	○	○
	Hearing	○	○
Lipids	Total cholesterol	○	
	Neutral fat	○	■
	HDL-Cholesterol	○	■
	LDL-Cholesterol	▲	▲
	Non-HDL-cholesterol	▲	▲
Liver functions	AST (GOT)	○	■
	ALT (GPT)	○	■
	γ -GT (γ -GPT)	○	■
	ALP	○	
Metabolic system	Fasting blood glucose	▲	▲
	Casual blood glucose*	▲	▲
	Urinary glucose (semi-quantitative)	○	○
	Hemoglobin A1c	▲	▲
	Uric acid	○	
General blood	Hematocrit value	○	
	Hemoglobin	○	■
	Red blood cell count	○	■
	White blood cell count	○	
Kidney functions	Urine protein (semi-quantitative)	○	○
	Urine occult blood	○	
	Serum creatinine (including assessment of renal function by eGFR)	○	□
Cardiac function	12-lead electrocardiogram	○	■
Lungs	Chest X-ray	○	○
	Sputum examination		□
Fundoscopy		□	
Stomach	Gastric X-ray	○	
Colon	Occult blood	○	

○ Required field

▲ Any of the items are acceptable

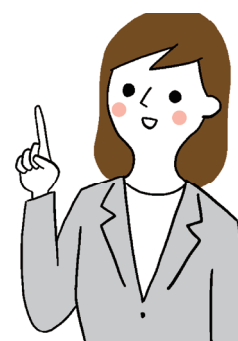
□ Item to be given based on the judgment of the physician

■ Required for people aged 35 and 40 or older, and optional for others based on the judgment of the physician

■※ ... Required for people aged 35 and 40 or older. However, it is optional based on the judgment of the physician for pregnant women and other women whose abdominal circumference is judged not to reflect the accumulation of visceral fat, people whose BMI is less than 20, and people who measure their own abdominal circumference and report the value (limited to those whose BMI is less than 22)

※ At least 3.5 hours after starting a meal

Request for provision of data on results of periodic health examinations (employer health examinations)





Specific health checkups [for dependents (family members) aged 40 and over]

Don't forget to have one once per year!

Specific health checkups (specific checkups) are important!

Specific checkups are sometimes called “metabolic checkups” because they focus on metabolic syndrome (see p. 15), but they do not only detect metabolic syndrome. The checkups also include items checking for hypertension, diabetes, dyslipidemia, kidney and liver diseases without obesity. By undergoing a checkup, you will have an opportunity to review your own lifestyle and work on improving it. It can also lead to early detection of diseases and early treatment.



What is a specific checkup?

Specific checkups are health checkups that dependents (family members) can receive for the purpose of preventing lifestyle diseases such as diabetes and dyslipidemia, which account for about 60% of deaths in Japan. The Kyoukai Kenpo subsidizes the cost of one checkup per person during the fiscal year.

*Must be a dependent at the time of checkup. *If you will turn 75 in the current fiscal year, you need to complete the checkup by the day before your birthday.



What is checked during a specific checkup? (Basic checkup)

Item	Test content
Body measurements	Measurement of height, weight, and abdominal circumference
Blood pressure measurement	Measure blood pressure to check the condition of the circulatory system
Blood lipid test	Measurement of neutral fat and good/bad cholesterol to check for atherosclerosis and dyslipidemia
Liver function test	Measurement of enzymes in liver cells to check liver function conditions, etc.
Blood glucose test	Measurement of fasting blood glucose or HbA1c, and casual blood glucose to check for diabetes, etc. (When measuring casual blood glucose, at least 3.5 hours must have passed since starting eating a meal)
Urinalysis	Examination of kidney and urinary tract conditions, diabetes, etc.



What kind of health checkup can I receive?

Type of health checkup	Test content	Eligible people	Kyoukai Kenpo subsidy
Basic health checkup	Examination, etc., medical interview, body measurements, blood pressure measurement, blood lipid test*, liver function test*, blood glucose test*, urinalysis	People aged 40-74 years old (up to the day before your 75th birthday)	Up to 7,150 yen
Detailed health checkup	Electrocardiogram, fundoscopy, anemia test*, serum creatinine test* (including evaluation of renal function by eGFR)	To be determined by a physician based on the checkup results, etc.	Up to 3,400 yen

*Tests are performed by drawing blood.

Amount subsidized by the Kyoukai Kenpo

Example: In the case that the basic health checkup cost is 8,000 yen (the examination cost varies depending on the checkup institution you visit)

Basic health checkup cost
▶ **8,000**yen

Co-payment ▶ **850**yen

Kyoukai Kenpo subsidy ▶ **7,150**yen

Check

How can I receive a cancer screening?

Cancer screenings are carried out by municipalities based on the Health Promotion Act and other regulations. Please check your municipality's website or public relations magazine, etc. for more information.



Where can I receive a health checkup?

- You can receive a health checkup at a health checkup institution throughout Japan (about 50,000 institutions).
- You can receive a health checkup near your home or workplace.
- In some cases, mass health checkups are carried out at shopping centers or community centers.
- For information on health checkup institutions throughout Japan, please check the Kyoukai Kenpo's website or contact your branch office.



What is the process to receive a health checkup?

1

Receive the health checkup ticket (set ticket)

Health checkup tickets (set tickets) are usually sent to the homes, etc. of insured persons around April every year.
*If you do not receive set tickets, please contact your branch office.

2

Check the symbols and numbers of your checkup ticket (set ticket) and your insurance card (see p. 37).

You cannot use a checkup ticket (set ticket) that does not match the symbols and numbers on your insurance card.
Please contact your branch office if they do not match.

3

Make an appointment at the health checkup institution

For mass health checkups, the appointment procedure may differ.

4

Receive the health checkup

On the day of the checkup, please do not forget to bring the following items.

- Health checkup ticket (set ticket)
- Insurance card
- Health checkup fee (co-payment)



5

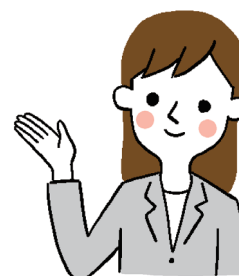
Use health support (specific health guidance)
Receive an examination at a medical institution

Please note that if you receive a health checkup by the Kyoukai Kenpo after you lose your status as a dependent due to employment, etc., you will be asked to pay back the checkup fee subsidized by the Kyoukai Kenpo at a later date.

Those who are found to be at risk of “metabolic syndrome” as a result of their health checkup are encouraged to use health support (specific health guidance) to work to improve their lifestyles. (See p. 25)

If your checkup results indicate that you need treatment, it is recommended that you receive an examination at a medical institution promptly.

In order to protect your own life from serious life-threatening diseases and to live your daily life to the fullest, please receive an examination at a medical institution right away.



Check

Request to employers

Employees are able to work with vigor, precisely because of the support of family members.

In order for employees to continue working with peace of mind, it is requested that you actively encourage your employees' family members to undergo health checkups as well.



Specific health guidance

Health support for the prevention of lifestyle diseases

What should I do after receiving a health checkup?

If you need to improve your lifestyle after this was confirmed by your checkup results, it is important to review your daily habits such as eating a well-balanced diet, moderate exercise, and quitting smoking.

If you need to improve your lifestyle, **public health nurses or dietitians, etc. will support you in your efforts to review your lifestyle, so please make use of the health support (specific health guidance).**

What is specific health guidance?

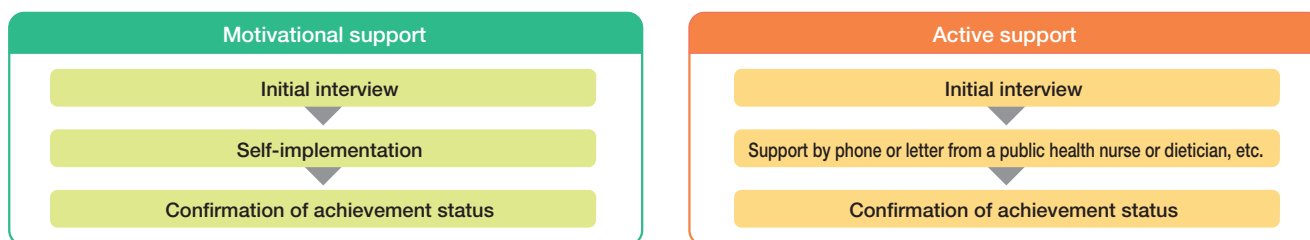
It is health support for people between the ages of 40 and 74 who are found to be at risk of “metabolic syndrome” as discovered at health checkups.

In the specific health guidance, **public health nurses or dietitians, etc. will support you** to understand the results of your health checkup, notice changes in your body, reflect on your lifestyle, and set and practice action goals to improve your lifestyle, **so that you can practice self-care (self-management) of your health.**

There are two types of specific health guidance: “motivational support” for people with relatively low risk of metabolic syndrome and “active support” for people with high risk.

If metabolic syndrome is left untreated, even if obesity, hypertension, hyperglycemia, and dyslipidemia are mild, the risks pile up, which causes arteriosclerosis and other issues to rapidly progress, and raises the risk of developing cerebrovascular disease, heart disease, and other diseases. (See p. 15)

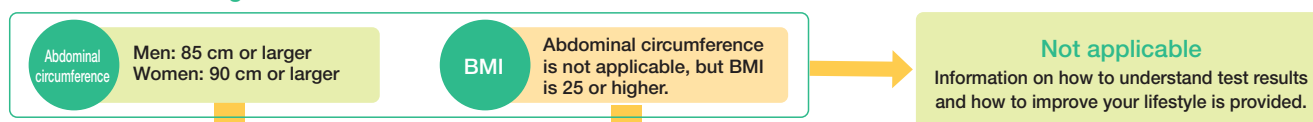
Diagram of specific health guidance



How are people eligible for motivational support and active support identified?

As shown in the flowchart below, visceral fat accumulation and the number of additional risks determine whether motivational or active support is provided.

STEP.1 Determining the risk of visceral fat accumulation



STEP.2 Determining the number of additional risks

Blood pressure	Systolic blood pressure (upper number) of 130 mmHg or higher, or diastolic blood pressure (lower number) of 85 mmHg or higher
Lipids	Neutral fat level of 150 mg/dL or higher, or HDL cholesterol level of less than 40 mg/dL
Blood sugar	Fasting blood glucose level (or casual blood glucose if necessary) of 100 mg/dL or higher, or HbA1c level of 5.6% (NGSP level) or higher
Smoking	A person to whom any one of the above three applies will be counted.

Number of applicable items → Eligible for specific health guidance → Number of applicable items





How can I receive specific health guidance?

The method of receiving specific health guidance differs for insured persons and dependents.

Insured persons	There are two ways to receive the guidance: “ 1 Information from the health checkup institution” and “ 2 Information from the Kyoukai Kenpo via the workplace”
Dependents	There are two ways to receive the guidance: “ 1 Information from the health checkup institution” and “ 3 Information from the Kyoukai Kenpo to the eligible dependent's home”

If you receive specific health guidance on the day of the health checkup

Insured persons and dependents

1 Information from the health checkup institution

In the case of health checkup institutions that provide specific health guidance on the day of health checkup, those who are eligible will receive information at the time of the health checkup.

* If you are not able to have an interview at the checkup institution on the day of your checkup, you can have an interview at a later date.



Interview at the health checkup institution

The amount differs for insured persons and dependents.

There is no charge for insured persons.

Dependents are responsible for the amount beyond the amount subsidized by the Kyoukai Kenpo.

- In the case of motivational support, there is a **subsidy** of up to 8,470 yen.
- In the case of active support, there is a **subsidy** of up to 25,120 yen.

If you are unable to receive specific health guidance on the day of the health checkup

Insured persons

2 Information from the Kyoukai Kenpo via the workplace

You will receive information from the Kyoukai Kenpo via the workplace.

* In some cases, information will be provided by a company contracted by the Kyoukai Kenpo.



Interview at your workplace

In addition to face-to-face meetings, interviews can also be conducted online.

Free of charge.

Dependents

3 Information from the Kyoukai Kenpo sent to your home

The Kyoukai Kenpo will send you the specific health guidance ticket along with a list of health checkup institutions and medical institutions where you can receive the specific health guidance.



Interview at an institution providing health guidance

The amount to be subsidized is the same amount as for the specific health guidance on the day of the health checkup.

Check

Request to employers

In order for employees to work vigorously, they above all need to be healthy. This is one of the essential factors for creating a cheerful atmosphere and comfortable workplace, as well as for improving the productivity of the workplace.

However, if people who should receive specific health guidance as a result of health checkups do not improve their lifestyle, they may develop serious life-threatening diseases.

Therefore, **when the information about the specific health guidance from the Kyoukai Kenpo arrives at your workplace, employers are requested to encourage those who should receive specific health guidance to take such action.**



What kind of health support can I receive?

STEP 1

Think about your goals and action plan

The initial interview will cover the following content in 20 to 30 minutes.

- Explanation in a careful and easy-to-understand manner that metabolic syndrome is a cause of lifestyle diseases, and that daily lifestyle habits affect the results of health checkups.
- Proposal of specific evidence-based efforts to improve your lifestyle based on your lifestyle and physical condition, and work together to develop a goal and action plan for your health.

Example: If your goal is to lose 3 kg in 3 months
In order to lose 1 kg, you need to reduce your consumption about 7,200 kilocalories. Therefore, in order to lose 1 kg in 30 days, you need to reduce your consumption by 240 kilocalories per day, or reduce your intake.

▼ Action plan to achieve the goal

You can achieve your goal with a combination of actions such as the following: cut the amount of rice to 2/3, walk briskly for 20 minutes, drink 350ml of beer instead of 500ml, and jog for 10 minutes.

STEP 2

Challenge for 3 to 6 months

You will be asked to put into practice the specific action plan you came up with in STEP 1. In the case of active support, a public health nurse or dietician will periodically follow up with you to see if your efforts are working. Also, if you have put a pause in taking action, he or she will work with you to come up with a new action plan so that you can continue.



STEP 3

GOAL!

There will be a check on whether you have achieved your goal, and you will receive advice on how to improve your health in the future.



Stories of people who actually received the specific health guidance

[Male in his 40s]

I worked three shifts and tended to have irregular meal times. During a health checkup, I was diagnosed as obese, with high blood sugar and liver dysfunction. When I felt that I needed to improve my lifestyle, I received information on specific health guidance through my workplace, so I decided to receive it. At the time of the first meeting, I had already lost 3 kg of my body weight by taking measures such as cutting back on sweetened beverages. The public health nurse encouraged me in my efforts.

The nurse also checked my lifestyle habits and worked with me to come up with new ideas that I could implement, such as starting to eat with vegetables first and reducing my main meals by half.

The public health nurse called me once a month and encouraged me to continue my efforts.

As a result, after six months, I lost about 8 kg of my body weight, and my blood sugar and liver functions were back to normal according to the results of my health checkup the following year.



Check

Check if your numbers have improved in your health checkup next year.

Even after the specific health guidance has been completed, it is important to continue to work on improving your lifestyle and to check if your numbers have improved in your health checkup results next year.



Recommendation of examinations for people not receiving treatment

You will be notified if you need to receive an examination at a medical institution promptly.

Is it necessary to receive an examination at a medical institution when there are no subjective symptoms?

Because lifestyle diseases progress gradually without subjective symptoms, if left untreated, arteriosclerosis, etc. will progress rapidly, increasing the risk of developing heart disease and other diseases.

If you are determined to need treatment as a result of your health checkup, it is recommended that you visit a medical institution.

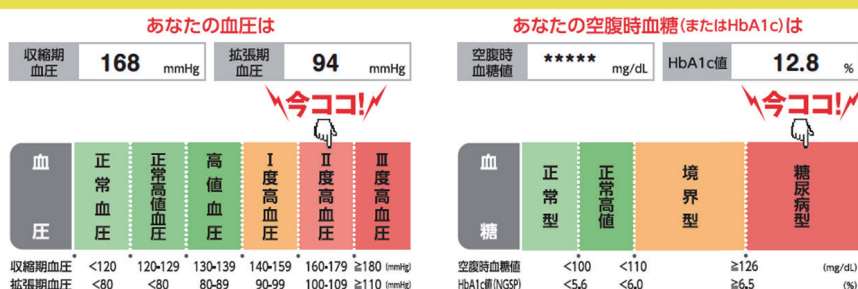
What is the notice for those who need to receive an examination at a medical institution?

The following information will be sent to your home if, during a health checkup, your blood pressure and blood glucose levels were high and you were judged to need to receive an examination at a medical institution, and if we are unable to confirm your visit. There are three types of information: blood pressure level only, blood glucose level only, and blood pressure level and blood glucose level.

If you do not visit a medical institution after that, the Kyoukai Kenpo or a contracted service provider may contact you.

● Recommendation for receiving an examination on blood pressure level and blood glucose level

あなたの健康を守るために、医療機関へ早めの受診をお勧めします。



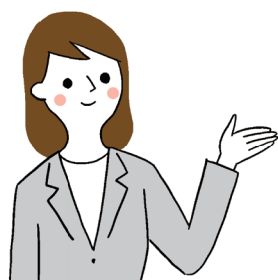
このままの状態を放置すると、動脈硬化が進行し、心疾患や脳血管疾患などの重大な病気を引き起こす危険性が高まり、健康的な生活を送ることが出来なくなる恐れがあります。

※この通知は2021年度の健診結果において、血圧または空腹時血糖(またはHbA1c)が「要治療」「要精密検査」と判断された方のうち、健診受診前月および健診受診月を含んだ健診受診後3か月以内に医療機関の受診が確認できなかった方にお送りしています。

なお、本状と行き違いで既に医療機関にご相談、受診されていたら失礼のほど何卒ご容赦ください。

※受診した健診機関により判定基準が異なる場合がありますので、ご了承ください。なお、受診の際は医師の診断の参考となりますので、「健診結果」またはこの通知をご持参ください。

※「連絡先のおたずね」にて、血圧または血糖についての医療機関への受診状況を記載のうえ、ご返送いただきお教えください。なお、いただいた個人情報は、協会けんぽの保健事業の目的以外には使用いたしません。また、連絡先のおたずねの返信がなかった場合は、今回送らせていただいたご住所へ再度ご案内をお送りするか、お勤め先へご連絡させていただく場合がございます。あらかじめご了承ください。



What are the criteria for receiving information?

Information will be sent to those who meet all the criteria from 1 to 3.

1. People who have undergone a health checkup for prevention of lifestyle diseases (see p. 19).
2. People who cannot be confirmed to have visited a medical institution in the month prior to the date of the checkup or within 3 months after the checkup (including the month of the checkup).
3. People who meet any one of the following criteria.

● Recommended criteria values for receiving an examination

Systolic blood pressure	Diastolic blood pressure	Fasting blood sugar	HbA1c
Over 160 mmHg	Over 100 mmHg	Over 126 mg /dL	Over 6.5 % (NGSP value)

Chapter 3:

About efforts to link medical insurance to the future





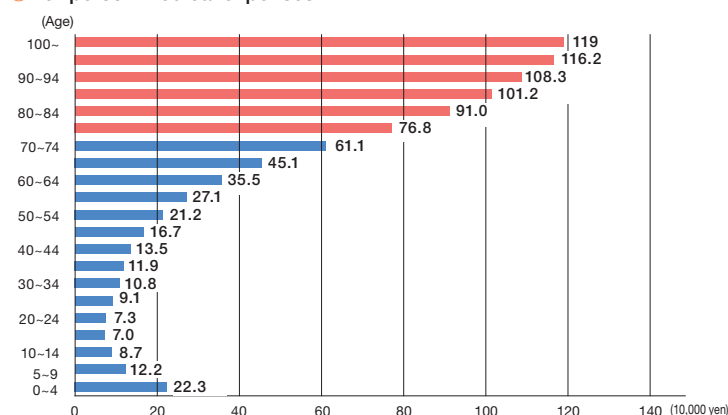
About efforts to link medical insurance to the future

Efforts to optimize medical expenses

Medical costs in Japan

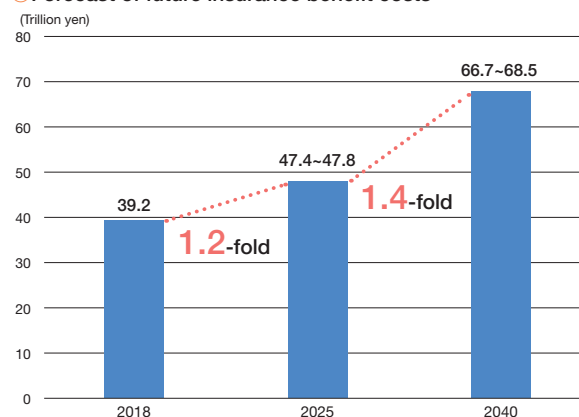
Per-person medical costs in Japan tend to increase with age. As all baby boomers will be 75 years old or older in 2025 and the population of people 65 years old or older will reach its peak in 2040, the national insurance benefit cost is expected to increase from 39.2 trillion yen in 2018 to 68.5 trillion yen in 2040. As for the finances of the Kyoukai Kenpo, the situation does not allow for optimism in the future, not only because contributions to medical care for the elderly are expected to increase in the future, but also because the deficit structure is such that the growth in medical expenses exceeds the growth in wages, which is the basis for insurance premiums (see p. 10). Even under these circumstances, we must maintain the medical insurance system and pass it on to the future.

Per-person medical expenses



Source: FY 2012 figures based on "Survey Report on Medical Benefits" (MHLW) and other materials

Forecast of future insurance benefit costs



Source: Created based on "Future Outlook for Social Security in 2040" (planning basis and economic baseline case) (May 2018) by the Cabinet Secretariat, Cabinet Office, Ministry of Finance, and MHLW

The Notice of Medical Expenses is sent to employers

The Kyoukai Kenpo issues the Notice of Medical Expenses once per year in order for its subscribers to check the medical expenses incurred for their own treatment, etc. and to raise awareness of the sound financial management of the Kyoukai Kenpo.

「医療費のお知らせ」の見方									
①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
診療を受けた方	診療年月	診療区分	日数	医療機関名等	医療費の総額(円)	基金けんぽからの支払い(円)	国等からの支払い(円)	加入者の支払い(円)	整理番号
健康 太郎 様	03	1	1	けんぽ総合病院	3,560	2,492		1,068	0304 1000000002 *
合計					3,560	2,492		1,068	1 / 2
								R3.1~R3.9の加入者の医療費の支払い額	1,068 円

① 医療機関等で診療を受けた年月です。

※医療費控除にご活用ください。

「医療費のお知らせ」は医療費控除の申告手続きに使用可能です。



確定申告をする際は、領収書の提出の代わりに、医療費控除の明細書の添付が必要です。

また、「医療費のお知らせ」を添付すると、医療費控除の明細書の記載を簡略化することができます。

ただし、「医療費のお知らせ」には、令和3年10月分から令和3年12月分の医療費の記載はされていないため、該当期間については医療機関等からの領収書に基づき、ご自身で医療費控除の明細書を作成し、確定申告書に添付する必要があります。

○ 確定申告（医療費控除）に関しては国税庁ホームページ又は管轄の税務署にてご確認ください。

申告書の作成は、国税庁ホームページの「確定申告書等作成コーナー」が便利です。

画面の案内に従って金額などを入力するだけで申告書が作成できます。また自動計算なので計算間違いもありません。詳しくは、国税庁ホームページをご覧ください。

○ 「医療費のお知らせ」に関しては協会けんぽへお問い合わせください。



Each person can do something

What is most important is for everyone to maintain a healthy lifestyle. Improving your health and preventing illness, noticing the signs of illness, and receiving early treatment before the illness becomes serious will help reduce medical costs. In addition, **reviewing the way you seek medical care when visiting a medical institution will help reduce your co-payments, which in turn will lead to the optimization of medical costs.**

- ☐ For early detection of diseases (see p. 19 and p. 23 for details)
- ☐ How to improve your lifestyle (see p. 25 for details)
- ☐ For early treatment (see p. 28 for details)

- ☐ How to take charge of your medical care
 - (1) Choose generic drugs (see p. 32 for details)
 - (2) Have a family doctor (see p. 33 for details)
 - (3) See a doctor during the daytime on weekdays (see p. 34 for details)

Choose generic drugs to reduce co-payments at medical institutions and pharmacies.

Drugs prescribed by medical institutions are divided into brand-name drugs and generic drugs.

The Kyoukai Kenpo promotes the use of generic drugs because they reduce the co-payments of its subscribers and also have an effect on the finances of the medical insurance.

Efficacy equivalent to that of brand-name drugs

Generic drugs contain the same amount of active ingredients as brand-name drugs, and are recognized by the government as having the same efficacy and safety.

Lower co-payments than brand-name drugs

Because generic drugs use the same active ingredients after the patent period of the original drugs have expired, the cost of development is reduced, making the cost of the drugs cheaper.

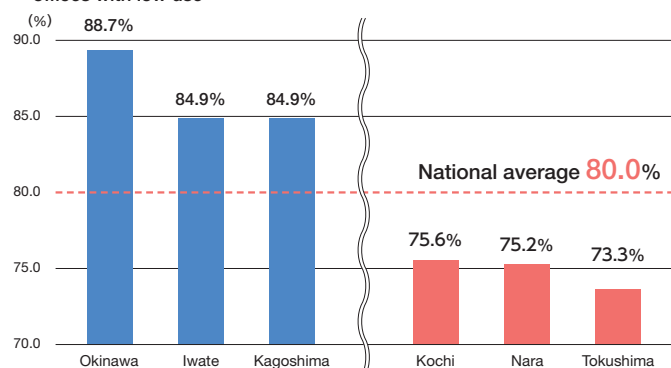


What is the level of use of generic drugs?

The percentage of generic drugs used via the Kyoukai Kenpo has been increasing year by year, and the nationwide usage level is about 80%. There is a difference in the usage rate among prefectures, with Okinawa having the highest usage rate and Tokushima having the lowest, with a difference of about 15%.

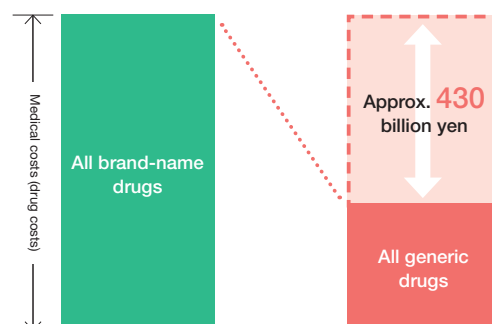
If all of the members of the Kyoukai Kenpo were to switch to generic drugs, it is expected that medical expenses would be optimized by about 430 billion yen.

- Three branch offices with high use of generic drugs and three branch offices with low use



*Estimated by the Kyoukai Kenpo as of July 2021

- Estimation when the percentage of generic drugs used is 100%



*FY2020 estimate by the Kyoukai Kenpo



What kind of initiatives does the Kyoukai Kenpo conduct?

For subscribers

Every fiscal year, the Kyoukai Kenpo notifies its subscribers of the amount of reduction in co-payment if they switch from brand-name drugs that they are taking to generic drugs. As a result of this notice, approximately one in four people have switched to generic drugs.

For municipalities and medical institutions

In order to further promote the use of generic drugs, we conduct educational activities in cooperation with municipalities, and provide medical institutions and pharmacies with information on the use of generic drugs at their institutions and in their communities.



ジェネリック医薬品をお使いいただくと
あなたのお薬代を減らすことができます！

令和●年●月 に処方されたお薬のうち、
以下の医薬品をジェネリック医薬品に変更した場合

お薬代の軽減可能額
1,430~

診療分で処方されたお薬(先発医薬品)		
医療機関/ 薬局	お薬名	お薬代 (前負担)
薬局	〇〇錠	1,690
	△△クリーム	600
	××点眼液	200
合 計		2,490

ジェネリック医薬品に 変更することで 軽減できるお薬代	
950~	
380~	
100~	
1,430~	

If you want a generic drug, try asking your doctor or pharmacist, "Can I change to a generic drug?"

There are increasing opportunities for patients to choose generic drugs upon request.

Conduct physician-pharmacist-patient communication to choose the right drug for you.

Have a family doctor !

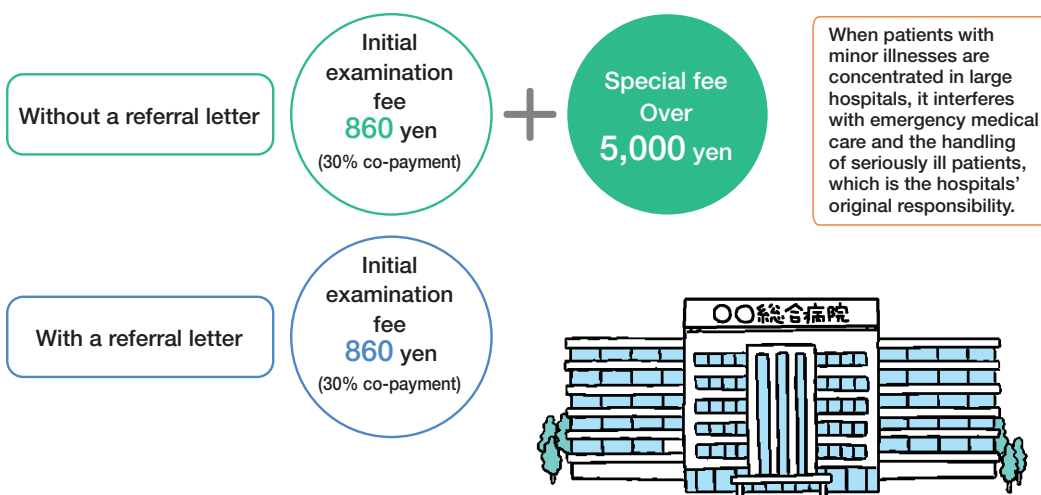
A “family doctor” is a doctor close to you who can conduct a diagnosis of non-serious illness and health management for you.

- Seeing the same doctor on a continuous basis enables you to receive treatment and advice based on the doctor's grasp and understanding of **your medical history, physical constitution, lifestyle, etc.**
- If you are diagnosed as needing detailed testing or advanced medical care, you can be assured that you will be **referred to an appropriate major hospital or specialist.**



If you suddenly visit a large hospital, you will be charged a special fee.

If you visit a university hospital or other large hospital without a referral letter, you will be charged a special fee of 5,000 yen or more in addition to the initial examination fee.



Doctor-hopping is hard on your body and your wallet

- Seeing multiple medical institutions for the same disease or injury is known as “doctor-hopping.”

- **Each time you visit a medical institution while doctor-hopping, you are charged an initial examination fee and fees for the same kind of testing, which increases the burden on your body and the cost of medical care.** It can also cause side effects and other issues due to the duplication or combination of multiple medications, since medications with the same effects are prescribed each time.



You should have a “family doctor” to whom you can convey your concerns and questions about your treatment.

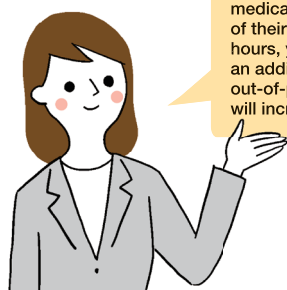
(If you have a 30% co-payment)	Three visits to the same medical institution	Doctor-hopping at three different medical institutions
First visit	Initial examination fee 860 yen + Test fee, etc.	Initial examination fee 860 yen + Test fee, etc.
Second visit	Re-examination fee 220 yen	Initial examination fee 860 yen + Test fee, etc.
Third visit	Re-examination fee 220 yen	Initial examination fee 860 yen + Test fee, etc.
Total of first visit and subsequent visits	Initial and re-examination fees 1,300 yen + Test fees, etc.	Initial examination fees 2,580 yen + Test fees, etc. x 3

See a doctor during the daytime on weekdays unless it is an emergency.



What are the consultation hours and co-payments at medical institutions?

Holidays and nighttime hours should be for serving urgent and critical patients and hospitalized patients. Visiting a doctor during these hours **not only increases your out-of-pocket expenses, but also places a burden on the medical staff and may deprive those who truly need treatment of the opportunity to receive it.** Unless it is unavoidable, be sure to see a doctor during their consultation hours.



In principle, if you visit a medical institution outside of their consultation hours, you will be charged an additional fee and your out-of-pocket expenses will increase.

(If you have a 30% co-payment)		Medical institution		Additional fee for outside consultation hours
		Initial examination fee	Re-examination fee	-
Additional fee for weekends	Sundays and holidays	+750 yen	+570 yen	Add 1.4 times the technical fee for dispensing
Additional fee for outside consultation hours	Generally before 8:00 a.m. and after 6:00 p.m., and before 8:00 a.m. and after 12:00 a.m. on Saturdays	+260 yen (+690 yen)*	+200 yen (+540 yen)*	Add the same amount as the technical fee for dispensing
Additional fee for late night hours	10 p.m. to 6 a.m.	+1,440 yen	+1,260 yen	Twice the amount of the technology fee for dispensing

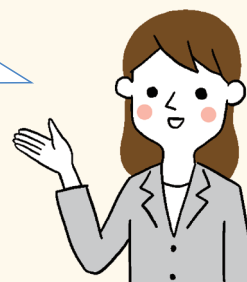
*The amounts in parentheses are the amounts for emergency hospitals, etc.

Check

Utilize the Pediatric Emergency Telephone Consultation Service

What is the Pediatric Emergency Telephone Consultation Service [#8000 Service]?

- It is a service that allows parents and guardians to consult with pediatricians and nurses by telephone when they are not sure how to deal with their child's symptoms on holidays or at night, and whether they should visit a hospital.
- With this service, **by dialing the short number #8000** that is the same nationwide, you will be automatically forwarded to the consultation service in your prefecture. You can receive advice from a pediatrician or nurse including how to deal with your child's symptoms and which hospital to visit.



1
Head injury, fever, vomiting, convulsions, etc.



2
Dial #8000




3
Receive advice from a doctor or nurse over the telephone

Source: About the Pediatric Emergency Telephone Consultation Service (#8000) on the MHLW website

Chapter 4:

About health
insurance
benefits, etc.





How to use your insurance card (1)

You need to show your insurance card when you visit a medical institution, etc.

What is an insurance card?

The “Health Insurance Card” (insurance card) is issued to each insured person and his or her dependents after the enrollment procedure, and must be shown when visiting a medical institution, etc.

From the age of 70, an “Elderly Insurance Certificate” is also required

The Elderly Insurance Certificate will be delivered to your workplace within the month of your 70th birthday. It is used together with the insurance card from the first day of the following month until the transition to the late-stage elderly medical care system (age 75).

* However, people born on the first day of the month will receive the card in the middle of the month prior to their 70th birthday, and must use it from their birthday.

Flow of issuing an insurance card

- 1 Application to the Processing Center of the Japan Pension Service
- 2 Review and input at the Processing Center is completed
- 3 It takes two weekdays from preparation to dispatch at the Kyoukai Kenpo
- 4 Arrival at your workplace mailbox

For example, if the review and input is completed at the Processing Center on Monday, the card will arrive at your workplace mailbox as early as Thursday.

The card will be delivered by specified registered mail. Please have a nameplate on the mailbox.

Health Insurance Cards (insurance cards)

Insurance cards issued from October 19, 2020



Please enter the code and number on your insurance card in the “symbol and number of insurance card” field of each application form

With the start of online eligibility verification, the format of insurance cards issued from October 19, 2020 has been changed to include the new branch number that identifies the individual. Insurance cards without the branch number will continue to be useable.

Please carefully store your insurance card!

1. Please check the information on the card when you receive it.
2. Please be sure to show your insurance card when you receive an examination.
3. Lending and borrowing of insurance cards is prohibited by law.
4. If there is any change in the information on the insurance card, please quickly report it.
5. If you lose or damage your insurance card, please report it and get it reissued.
6. If you resign or retire, please return the insurance cards of all insured persons and dependents.

* The insurance card will be sent to your workplace. If your workplace has moved, please complete the procedure for the change of location with the Japan Pension Service.



What happens after the date of loss of eligibility (the day after the date of retirement or resignation)?

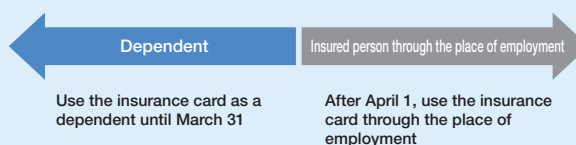
The insured person can use their insurance card until the day of retirement or resignation (the day before the date of loss of eligibility). If you lose your eligibility due to a decrease in the number of your working hours or days, you will not be able to use your insurance card after the “date of loss of eligibility.”

(Example) When an insured person retires or resigns on March 20



Period of enrollment in the Kyoukai Kenpo

(Example) When a dependent starts working on April 1



Date when the insurance card is no longer useable

Insured person	Dependent
<ol style="list-style-type: none"> 1. The day following the date when the insured person is no longer employed at the applicable employer (the day following the date of retirement or resignation, etc.) 2. The day of becoming insured under the late-stage elderly medical care system due to reasons such as turning 75 years old 3. The day after the date of death 	<ol style="list-style-type: none"> 1. The same day as the insured person loses eligibility 2. Date of removal from support due to employment, marriage, etc. 3. Date of becoming insured under the late-stage elderly medical care system due to reasons such as turning 75 years old 4. The day after the date of death



How to use an insurance card (2)

If you resign or retire



What should I do with my insurance card when I resign or retire?

- When an insured person resigns or retires, all the insurance cards and the Elderly Insurance Certificate(s) of the insured person and his/her family (dependents) should be returned to the employer.
- When a dependent person is no longer supported due to employment, marriage, etc., the dependent's insurance card and Elderly Insurance Certificate should be returned to the employer of the insured person.
- The employer should promptly collect the insurance card, etc., and submit it to the Processing Center (the pension office with jurisdiction) along with the Notice of Loss of Eligibility and the Notice of Change of Dependent. (*If it is not possible to attach it at the time of submission, please submit it along with a Notice of Inability to Retrieve Insured Person's Certificate)
- Be sure to collect the insurance card, etc. that cannot be attached to the Notice of Loss of Eligibility or Notice of Change of Dependent, and promptly return it to the Processing Center (pension office with jurisdiction) or the Kyoukai Kenpo.

Common misunderstandings after resignation or retirement

- I can probably use my insurance card until my new insurance card arrives
- I resigned/retired in the middle of the month, so I can use my insurance card until the end of the month
- The company hasn't said anything, so I can use my insurance card



Your insurance card cannot be used in all the cases

Please return your insurance card through the employer where you worked.

Check

If you use an ineligible insurance card, you will have to pay the entire amount

Please note that if you visit a medical institution, etc. after the date of loss of eligibility by presenting an ineligible insurance card, you will be responsible for the full amount of the medical expenses and will be asked to repay the medical expenses paid by Kyoukai Kenpo.

(Example) In the case that Mr. A receives medical care and treatment worth 10,000 yen (100%) after the date of loss of eligibility

- | | |
|------------------------|--|
| 1. Mr. A | ▶ If Mr. A receives medical treatment at a medical institution by presenting his insurance card, he will pay 3,000 yen (30%) as a partial payment. |
| 2. Medical institution | ▶ Claim of 7,000 yen to the Kyoukai Kenpo as the insurance portion. |
| 3. Kyoukai Kenpo | ▶ Payment of 7,000 yen (70%) to the medical institution because the presentation of the insurance card has been confirmed. |
| 4. Kyoukai Kenpo | ▶ Request for refund of the 7,000 yen paid to the medical institution (expenses that were not rightfully required to be paid) to Mr. A. |

Medical expenses that do not need to be borne by the Kyoukai Kenpo have been incurred.

If a person who has lost his/her health insurance status due to resignation/retirement, etc. visits a medical institution without returning his/her insurance card to the employer, the Kyoukai Kenpo will be responsible for medical expenses that do not rightfully need to be borne by the Kyoukai Kenpo, which may result in an extra premium rate. Please collect and return the insurance cards of people who have resigned/retired or who have been removed as dependents.

● To employers

We reconfirm the status of dependents.

Once a year, the Kyoukai Kenpo will reconfirm the status of dependents. This reconfirmation is very important for the optimization of insurance benefits, so we ask for your understanding and cooperation.

We sequentially send the "Dependents Status List" to employers, so please confirm whether the dependents on the list still meet the requirements for dependents. If you wish to delete a dependent, please fill out the prescribed items in the enclosed "Record of Dependent Status and Notice of Change (For Deletion)" and submit it along with the list, attaching the applicable person's insurance card.

[Reference]

Results of reconfirmation in FY2020

Persons no longer supported as dependents

.....About 69,000 people in Japan (as of the end of March 2021)

▼ Flow of reconfirmation of dependent status

- 1 The "Dependents Status List" is sent to the business office
- 2 Check the relevant person(s) and fill in the necessary information on the "Dependents Status List"
- 3 Return the "Dependents Status List" to the Kyoukai Kenpo
<If there is a person(s) who is no longer a dependent>
Submit the "Record of Dependent Status and Notice of Change" and the insurance card(s)



How to use an insurance card (3)

If you visit a medical institution for illness or injury

What changes when you show your insurance card?

When an insured person or his/her dependent gets sick or injured for reasons unrelated to work, they can receive medical treatment and medication by presenting their insurance card at medical institutions, etc., and paying the co-payment. The percentage of the co-payment is divided according to the patient's age, etc. If the patient is hospitalized, he or she must also pay the standard co-payment for meals.



Percentage of co-payment

Before compulsory education		20% co-payment
After entering compulsory education and under 70 years old		30% co-payment
70-75 years old (Excluding those who are eligible for late-stage elderly medical care)	General	20% co-payment
	Income-earners at the same level as the active workforce*	30% co-payment

* Income-earners at the same level as the active workforce means insured persons and dependents who have standard monthly remuneration above 280,000 yen. However, if the total annual income of an elderly insured person and dependents is less than 5.2 million yen (3.83 million yen if there are no dependents), the insured person is classified in the general category upon application.

Standard co-payment for meals during hospitalization

Category		Co-payment per meal
General (if none of the following apply)		460 yen
Households with low income*	Hospitalization up to 90 days	210 yen
	Hospitalization after 91 days	160 yen
Elderly beneficiaries aged 70 and over who belong to households exempt from municipal tax and whose income does not meet certain standards		100 yen

* If the insured person is exempt from municipal tax



What if I get sick or injured due to work?

As a general rule, illnesses and injuries caused by work-related accidents, disasters on the way to work, and the like are covered by workers' accident insurance and cannot be covered by health insurance.

*However, if the insured person is an executive at a corporation with less than five employees and is engaged in the same work as that of general employees, illness or injury resulting from that work is covered by health insurance.

Cases in which health insurance cannot be used (examples)

- Plastic surgery for cosmetic purposes
- Surgery for myopia
- Orthodontic treatment
- Preventive injections
- Periodic health checkups (*kenko shindan*) and comprehensive examinations (*ningen dokku*)
- Normal pregnancy and childbirth
- Abortion for financial reasons
- Treatments or medicines that are not covered by insurance (Advanced medical treatment, etc.)
- Illness or injury unrelated to the aims of health insurance

Check

Non-insured medical treatment that is allowed to be combined with insurance

Under the health insurance system, if you receive non-insured medical treatment that is not covered by insurance, you will be responsible for the full amount of medical expenses, including medical care that is covered by insurance. However, even in the case of receiving non-insured treatment, if the treatment is approved as "evaluation treatment," "patient-proposed healthcare services," or "treatment of patients' choice," the part of the treatment that is common to normal treatment (examination, tests, medication, hospitalization fees, etc.) is handled in the same way as general insurance treatment. The patient pays the co-payment, and the remaining amount is paid by the health insurance as a "special or specified medical care coverage."

Main items of evaluation treatment and treatment of patients' choice

- Advanced medical treatment
- Provision of a special environment for treatment
- Medical examination and treatment with an appointment / medical examination and treatment outside consultation hours
- First medical examination of a non-referred patient in a hospital with more than 200 beds
- Hospitalization for more than 180 days
- Differences in materials for anterior teeth



How to use an insurance card (4)

When visiting an osteopathic clinic, orthopedic clinic, etc.



Can I use my insurance card at places other than medical institutions?

Although the scope of health insurance coverage is limited, there are cases in which it may be used at osteopathic and orthopedic clinics where judo therapists provide treatment, and for acupuncture, moxibustion, massage, and the like. In principle, when using health insurance at these facilities, the patient must temporarily pay the full amount and then apply to receive benefits. However, registered practitioners are allowed to claim insurance benefits from the insurer on behalf of the patient. Therefore, by presenting your insurance card, you can receive treatment with only a co-payment in the same way as when you receive treatment at a medical institution.

Cases in which health insurance can be used in osteopathic and orthopedic clinics

*Health insurance cannot be used for stiff shoulders, massage for the purpose of relieving fatigue, etc.
*A doctor's consent is required for bone fractures and dislocations. (Except for emergency treatment)

Injuries that have a clear cause of injury and have not yet become chronic, such as the following:

- Bone fractures and dislocations
- Bruises
- Sprains
- Contusions (pulled muscles, etc.)

Cases in which health insurance can be used for acupuncture and massage

* A doctor's consent is required.

Cases of acupuncture and moxibustion

Mainly:

- Neuralgia
- Rheumatism
- Cervicobrachial syndrome
- Stiff shoulders

- Lower back pain
- Cervical sprain sequelae

* Chronic pain that is considered to be in the same category as neuralgia, rheumatism, etc. may also be covered.

In the case of massage

When there are symptoms such as muscle paralysis or joint contracture and it is deemed medically necessary



Check

Q&A on how to use an insurance card

Q₁

What should I do if I want to visit a medical institution soon after enrollment and have not yet received my insurance card?

A₁

Please go to the pension office and get a Certificate of Eligibility for Health Insurance, or use your My Number Card as your insurance card.

If you have paid the full amount of your medical expenses, you can file a claim for the medical care expenses, and you will be reimbursed at a later date for the amount you paid to the medical institution, etc. other than your co-payment.

Q₂

How can I use my My Number Card to receive an examination?

A₂

Please apply to be able to use your My Number Card as an insurance card through Mynaportal (an online service operated by the government), and present your My Number Card at the counter of a medical institution, etc. that supports online eligibility verification.*

* This service is not available at all medical institutions, etc., so please check with the medical institution, etc. that you want to visit beforehand.



Application for reissuance of health insurance cards

If you lose your insurance card

What should I do if I lose my insurance card?

If you lose or damage your health insurance card or Elderly Insurance Certificate, submit an “Application Form for Reissuance of Health Insurance Card” or “Application Form for Reissuance of Elderly Insurance Certificate” to receive a new one. When submitting the application, please attach your old insurance card if you have it.

For an example of how to fill out the Application Form for Reissuance of Health Insurance Card and Application Form for Reissuance of Elderly Insurance Certificate, see p. 3 of “How to fill out the application forms for the health insurance system”



Check

Q&A



Q I have lost my insurance card. I'm worried that it will be misused.



A If you have lost your insurance card and are worried that it will be misused, please **report the loss to the police**.



Notice of cause of injury

If you apply for benefits due to an injury

How do I receive benefits when I am injured?

When you apply for various benefits due to an injury, you must submit a “Notice of Cause of Injury.” If the illness/injury was caused by an act of a third party, you must submit a “Notice of Injury or Illness (Accident) Caused by a Third Party Act” as well. (See p. 42)

*If your illness or injury is caused by an accident at work or when commuting to work, you will not be eligible for health insurance benefits.



This is required when you apply for the following:

- Medical expenses (therapeutic orthotics)
- Medical expenses (advance payment for a third party, etc.)
- High-cost medical expenses
- Injury and sickness allowance
- Burial charges (expenses)
- Family burial charges

Must be submitted only when applying for the first time

For an example of how to fill out the “Notice of Cause of Injury,” see p. 8 of “How to fill out the application forms for the health insurance system”



Notice of injury or illness (accident) caused by a third party act

If you are injured in a traffic accident, etc.



What happens if I am injured in a traffic accident, etc.?

If you are injured due to the act of a third party, such as in a traffic accident, you can still receive medical treatment under your health insurance, as long as your injury was not caused by an accident at work (work injury) or when commuting to work. However, in this case, you will need to submit a "Notice of Injury or Illness (Accident) Caused by a Third Party Act."

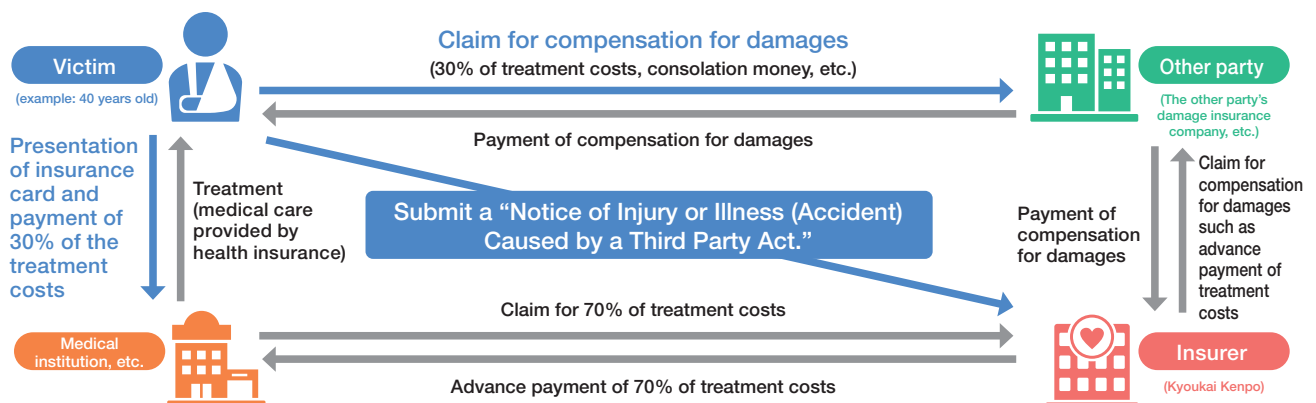
- Traffic accidents (accidents involving contact with a third party)
- Acts of violence
- If you are injured by the act of a third party, such as being bitten by another person's dog

If you receive a medical examination using your insurance card
Submit a "Notice of Injury or Illness (Accident) Caused by a Third Party Act."



What is the flow of health insurance benefits?

The Kyoukai Kenpo (health insurance) will temporarily pay the treatment costs that should be paid by the other party (perpetrator), and then claim compensation from the other party (perpetrator). For this reason, it is necessary to submit a "Notice of Injury or Illness (Accident) Caused by a Third Party Act."



Check

Necessary documents in case of traffic accidents, etc.

The following documents are required, including the "Notice of Injury or Illness (Accident) Caused by a Traffic Accident, Self-Inflicted Accident, or a Third Party (Other Party) Act."

(1) "Notice of Injury or Illness (Accident) Caused by a Traffic Accident, Self-Inflicted Accident, or a Third Party (Other Party) Act."

Basically, the insured person, etc. fills in the form, but if the other party (damage insurance company, etc.) can be asked to fill in the form, it can be done by the other party. Please fill in the form with reference to the traffic accident certificate.

(2) "Report on Cause of Injury (Notice of Cause of Injury)"

Please fill in as much detail as possible about the situation at the time of injury.

(3) "Report on Situations of Accident"

In the case of a traffic accident, this is an important document in determining the situation of the accident and the percentage of fault, so please provide as much detail as possible.

(4) "Letter of Commitment and Memorandum for Payment of Compensation for Damages"

This is a document to be filled out by the other party (perpetrator).

Depending on the situation of the accident, etc., you may not be able to receive cooperation for the signature. If this is the case, please write in the margin the reason why you cannot receive the signature.

(5) "Agreement"

When the Kyoukai Kenpo makes a claim for damages to the other party's insurance company, etc., a breakdown of medical expenses (copy of medical fee statement, etc.) is attached. Since personal information will be provided to the other party, the consent of the person concerned is required. In addition, this document asks for clarification of the Kyoukai Kenpo's acquisition of the right to claim for damages and a report on the progress of the settlement in the future.

(6) Other documents to be submitted

In the case of a traffic accident, please be sure to attach a "Traffic Accident Certificate" (issued by the Japan Safe Driving Center).

* In the case of an accident causing property damage, etc., a "Statement of Reasons for Not Being Able to Obtain a Personal Injury Certificate" is also required.

For an example of how to fill out a Notice of Injury or Illness (Accident) Caused by a Traffic Accident, Self-Inflicted Accident, or a Third Party (Other Party) Act," see p. 7 of "How to fill out the application forms for the health insurance system"



Eligibility Certificate for Ceiling-Amount Application

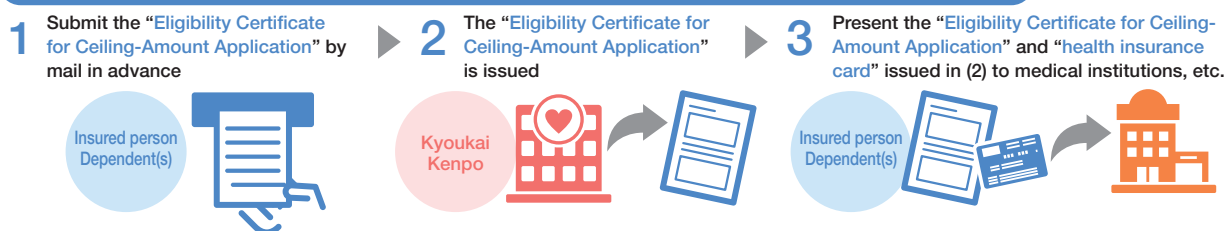
If your medical expenses are likely to be high due to hospitalization, etc.

What is the Eligibility Certificate for Ceiling-Amount Application?

Health insurance has a “high-cost medical expense benefit” (see p. 44) that allows you to be reimbursed at a later date for the excess amount above your co-payment limit (see p. 45) when you pay for high-cost medical expenses. However, even with this reimbursement, paying for expensive medical expenses can be a huge burden. Therefore, if you have to pay a large amount of money at the medical institution, you can apply for and receive an “Eligibility Certificate for Ceiling-Amount Application” in advance and present it at the counter of the medical institution. The amount you have to pay at the counter at each medical institution (per month) is limited to the legal co-payment limit.

If you are between 70 and 75 years old, your standard monthly remuneration is between 280,000 yen and 790,000 yen, and your Elderly Insurance Certificate covers 30% of costs, you are eligible to receive the Eligibility Certificate for Ceiling-Amount Application. For those whose standard monthly remuneration is 830,000 yen or more, and whose Elderly Insurance Certificate covers 20% of costs, the payment at the counter will be up to the co-payment limit if you present your insurance card and Elderly Insurance Certificate to medical institutions, etc.

How to submit the application for the Eligibility Certificate for Ceiling-Amount Application



● Period of validity

The period of validity is up to one year from the first day of the month of application (month when received) (or the date of eligibility acquisition if the application is received in the month in which the applicant enrolled in health insurance). This is the period of validity for people who reach the age of 70 during the application period, and insured persons with optional and continued coverage whose coverage period ends. Even if you wish for the period of validity to go into effect after the month of application receipt, **the period will be for one year from the first day of the month of receipt**, not one year from the desired effective date. [Example: Receipt of an application on November 25 with a request for a period of validity from December → Period of validity: November 1 - October 31 of the following year]

Note that the period of validity of the “Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability,” which is used by people who are exempt from municipal tax of insured persons, is from the first day of the month of application until the last day of July.

Cases in which an Application Form for Payment of High-Cost Medical Expenses is also required

In the following cases, even if you present the Eligibility Certificate for Ceiling-Amount Application, you also need to submit the Application Form for Payment of High-Cost Medical Expenses. (Please fill out the application form for what you present as well.)

1. Cases in which the applicant visits or is hospitalized at two or more medical institutions in one month and incurs high costs.
2. Cases of application of the co-payment limit before the reduction upon presentation of the relevant certificate, even when the co-payment limit is reduced from the fourth month due to the multiple application of high-cost medical expenses

* Insured persons who are exempt from municipal tax, please apply for the “Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability.” In this case, people who are between 70 and 75 years old also need to apply.

Check

The “Certificate of Medical Treatment for Specified Diseases” in the case of long-term treatment

If you are diagnosed with a disease that requires high medical expenses over a long period of time, such as dialysis or hemophilia, you can apply for and receive a “Certificate of Medical Treatment for Specified Diseases” and present it at the counter to have your monthly co-payment limit set to the following amounts for each medical institution (hospitalization, outpatient visits, and pharmacy). **The period of validity of the “Certificate of Medical Treatment for Specified Diseases” is the first day of the month of application (or the date of acquisition of eligibility if the application is made during the month of enrollment in health insurance).** Since it is not possible to apply the certificate retroactively, please apply as soon as possible.

Eligible diseases	Co-payment limit
1. Chronic renal failure that requires dialysis treatment	10,000 yen
2. Hemophilia	(However, with regard to (1), people under 70 years old and whose standard monthly remuneration is 530,000 yen or more as well as their dependents will have a maximum amount of 20,000 yen)
3. Acquired immunodeficiency syndrome (AIDS) for which antiviral drugs are administered	

For an example of how to fill out the Eligibility Certificate for Ceiling-Amount Application (for those who are not low-income earners), see p. 9 of “How to fill out the application forms for the health insurance system”

For an example of how to fill out the Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability (for low-income earners such as people who are exempt from municipal tax), please refer to p. 10 of “How to fill out the application forms for the health insurance system”

For an example of how to fill out the Application Form for Issuance of the Certificate of Medical Treatment for Specified Diseases (for people undergoing medical treatment for specified diseases), see p. 11 of “How to fill out the application forms for the health insurance system”



High-cost medical expenses

If you have to pay high-cost medical expenses due to sudden injury, hospitalization, etc.

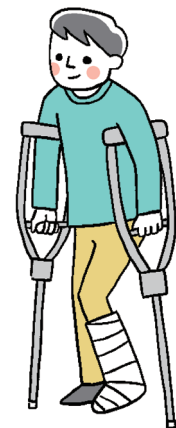
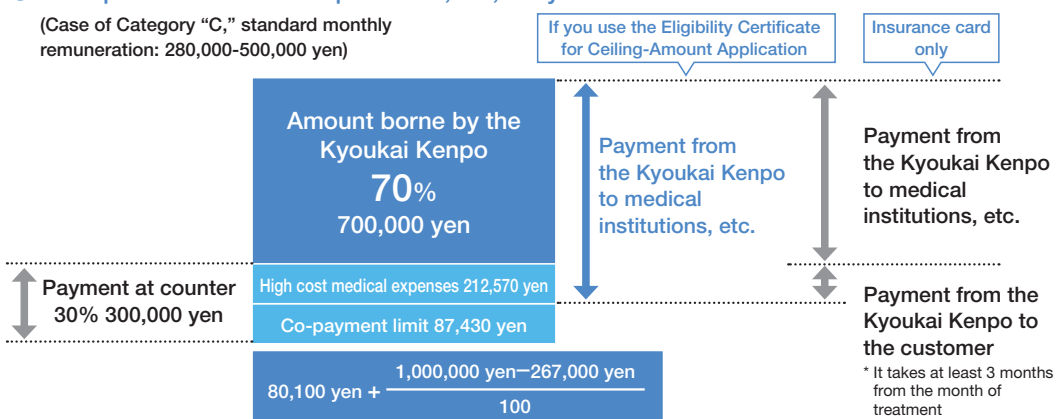
What are high-cost medical expenses?

When the amount of partial payment (co-payment) at a medical institution, etc. in the same month becomes so high that it exceeds the co-payment limit, the excess amount can be reimbursed as **“high-cost medical expenses”** at a later date upon application.

In order to receive the high-cost medical expenses benefit, **you need to submit an “Application Form for Payment of High-Cost Medical Expenses.”** If you know in advance that your medical expenses will be high, it is convenient to present the **“Eligibility Certificate for Ceiling-Amount Application”** on p. 43 to the medical institution.

● Example: Total medical expenses: 1,000,000 yen

(Case of Category “C,” standard monthly remuneration: 280,000-500,000 yen)



Application process



*If the month ends and new one begins, an application form is required for each month.
Example: Hospitalized from January 15 to February 15 → Applications are required for both January and February



What are the points to note when calculating the co-payment amount?

- Calculations are made on a monthly basis (from the 1st to the last day of the month)
For example, if a patient receives medical treatment from January 10 to February 10, there will be two claims, one from January 10 to January 31 and the other from February 1 to February 10, and each claim will be calculated separately.
- Calculation by patient ● Calculation by medical institution
- Calculation separated by medical institution and dental institution
- Calculation separated by inpatient and outpatient services
Inpatient and outpatient charges are calculated separately even at the same medical institution. The amount of outpatient prescriptions for outpatient visits is added to the total for hospital visits. If the date of the visit to the medical institution and the date of the dispensing at the pharmacy are different months, they will be calculated separately.
- Costs eligible for insurance are covered
The cost of meals, certain beds, and the like are not covered.

Calculation in the case of adding up medical treatment at multiple medical institutions, etc. and for other patients in the same household

People under 70 years old
Only people whose co-payment is 21,000 yen or more can be added up.

People between 70 and 75 years old
Everything can be added up.

Costs covered and not covered for high-cost medical expenses

Covered costs		Non-covered costs	
<ul style="list-style-type: none"> • Partial payment for medical treatment benefits • The amount equivalent to the co-payment for medical treatment expenses 	<ul style="list-style-type: none"> • The amount equivalent to the co-payment for medical expenses combined with treatment outside insurance coverage • Basic usage fee of medical expenses for home nursing 	<ul style="list-style-type: none"> • Standard amount of the payment of dietary treatment expenses for inpatients • Standard amount of the living support expenses for inpatients 	<ul style="list-style-type: none"> • Out of pocket amount for medical expenses combined with treatment outside insurance coverage • Non-insurance usage fee for home nursing

Check

About the co-payment limit (standard amount for reimbursement)

1. The co-payment limit varies depending on the age and income category of the insured person

● People under 70 years old (Table I)

Figures in < > indicate cases of multiple applications

Insured person's income category			Co-payment limit
A	Standard monthly remuneration	830,000 yen or more	252,600 yen+ (total medical expenses—842,000 yen) ×1% <140,100 yen>
B		530,000-790,000 yen	167,400 yen+ (total medical expenses—558,000 yen) ×1% <93,000 yen>
C		280,000-500,000 yen	80,100 yen+ (total medical expenses—267,000 yen) ×1% <44,400 yen>
D		Less than 260,000 yen	57,600 yen <44,400 yen>
E	*Low-income earners		35,400 yen <24,600 yen>

*If the insured person is exempt from municipal tax and does not fall under categories A or B

● People who are between 70 and 75 years old (Table II)

Figures in < > indicate cases of multiple applications

Insured person's income category			Co-payment limit	
			Per individual (outpatient)	Per household (including hospitalization)
Income at same level as current workforce	Standard monthly remuneration	830,000 yen or more	252,600 yen+ (total medical expenses—842,000 yen) ×1%<140,100 yen>	
		530,000-790,000 yen	167,400 yen+ (total medical expenses—558,000 yen) ×1%<93,000 yen>	
		280,000-500,000 yen	80,100 yen+ (total medical expenses—267,000 yen) ×1%<44,400 yen>	
General (standard monthly remuneration of 260,000 yen or less)			18,000 yen (annual limit: 144,000 yen)	57,600 yen <44,400 yen>
Low-income earners II * ¹			8,000 yen	24,600 yen
Low-income earners I * ²				15,000 yen

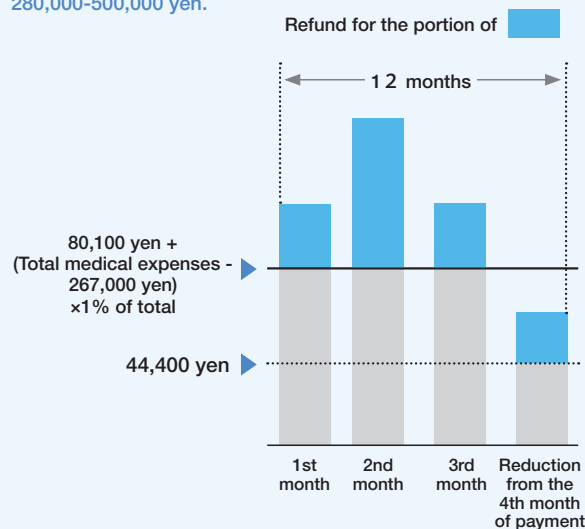
*1 Insured persons exempt from municipal tax who do not fall under the category of income-earners at the same level as the active workforce

*2 People who have no income after deducting necessary expenses and deductions from the income of the insured person and all his/her dependents, and who do not fall under the category of income-earners at the same level as the active workforce

2. Co-payment limit is reduced in the case of multiple applications

If a household has received payment of high-cost medical expenses for a total of three or more months in the last year prior to the month of application for high-cost medical expenses, the co-payment limit will be reduced from the fourth month.

Cases of standard monthly remuneration of 280,000-500,000 yen.



3. Cases of households with patients who are "people under 70 years old" and "people between the ages of 70 and 75"

(The highest allowance amount will be paid by comparing the following (1), (2), and (3))

- (1) For each individual subscriber between the ages of 70 and 75, the portion of the co-payment for in-patient visits that exceeds the co-payment limit amount shown in Table II will be refunded.
- (2) For subscribers between the ages of 70 and 75, the amount of outpatient and inpatient co-payments is totaled, and the portion that exceeds the co-payment limit per household shown in Table II will be refunded.
- (3) The "co-payment amount for each household between the ages of 70 and 75 that remains after the calculation in (2)" and the "co-payment amount for subscribers under 70 years old*" are added up, and the portion that exceeds the "co-payment limit shown in Table I" will be reimbursed.

*The co-payment amount over 21,000 yen only

For an example of how to fill out the "Application Form for Payment of High-Cost Medical Expenses," see p.17 of "How to fill out the application forms for the health insurance system."

What are “Expenses for High-Cost Medical Treatment Combined with Long-Term Care”?

This is a system for cases of a recipient of long-term care insurance in a household covered by health insurance, in which the total of the amount of partial contributions paid by the health insurance (excluding high-cost medical expenses) and the amount paid by the long-term care insurance user (excluding high-cost nursing care service expenses) during one year (from August 1 to July 31 of the following year) will be reimbursed for the portion that exceeds the standard amount for calculating the amount of combined long-term care expenses. However, this is limited to cases where the excess portion is higher than 501 yen.

If the total annual amount of the household's co-payment for medical care and nursing care exceeds the standard amount shown in the table below, the amount paid will be divided proportionally according to the ratio of the co-payment for both systems.

Standard amount for calculating the total amount combined with long-term care

● People under 70 years old

Income category of insured persons			Standard amount
A	Standard monthly remuneration	830,000 yen or more	2.12 million yen
B		530,000-790,000 yen	1.41 million yen
C		280,000-500,000 yen	670,000 yen
D		Less than 260,000 yen	600,000 yen
E	Low-income earners (exempt from municipal tax)		340,000 yen

● People between the ages of 70 and 75

Income category of insured persons		Standard amount
Standard monthly remuneration	For 830,000 yen or more, 30% of the cost burden will be borne with the Elderly Insurance Certificate (equivalent to active work force III)	2.12 million yen
	For 530,000-790,000 yen, 30% of the cost burden will be borne with the Elderly Insurance Certificate (equivalent to active work force II)	1.41 million yen
	For 280,000-500,000 yen, 30% of the cost burden will be borne with the Elderly Insurance Certificate (equivalent to active work force I)	670,000 yen
	For 260,000 yen or less (general income earner)	560,000 yen
Exempt from municipal tax	Low-income earners II	310,000 yen
	Low-income earners I	190,000 yen

For an example of how to fill out the Application Form for High-Cost Nursing Combined Medical Expenses and the Application Form for Issuance of a Co-Payment Certificate, see p. 19 of “How to fill out the application forms for the health insurance system.”

What are “annual high-cost medical expenses”?

For subscribers who are between the ages of 70 and 75, and whose income category is general (20% cost burden) or low-income, there is a limit of 144,000 yen per year on the total amount of co-payments for outpatient visits during one year (from August 1 of the previous year to July 31).

If your income category as of the base date (July 31 of each year) is general or low-income, the total amount of co-payments for outpatient treatment during the calculation period (August 1 of the previous year to July 31) that exceeds 144,000 yen for the month in which you were in the general or low-income category will be reimbursed as “annual high-cost medical expenses.”

Annual high-cost medical expenses are paid to each individual for the amount by which the co-payments for outpatient treatment exceeds the annual limit. The co-payments of the insured person and his/her dependents are not added together.

For an example of how to fill out the Application Form for Annual High-Cost Medical Expenses and Application Form for Issuance of a Co-Payment Certificate, see p. 20 of “How to fill out the application forms for the health insurance system.”





Medical expenses and overseas medical expenses

If you have paid the full co-payment of medical expenses and the manufacturing cost for therapeutic orthotics

What are medical expenses?

With health insurance, you can file a claim and receive reimbursement of medical expenses and overseas medical expenses later in cases such as if you are unable to present your insurance card due to unavoidable circumstances and you have to pay 100% of the health insurance portion of medical expenses (advance payment for a third party), if you have therapeutic orthotics made, or if you receive medical treatment for sudden illness or injury while traveling overseas.



Main cases in which you can receive reimbursement for medical expenses

1. If you are unable to present your insurance card due to unavoidable circumstances, and you have to pay 100% of the health insurance portion of medical expenses
2. If you mistakenly use the insurance card of health insurance you previously subscribed to, and later receive a refund for medical expenses
3. If a corset or other therapeutic orthotic is made and worn under the direction of a doctor
4. If fresh blood is purchased through a hospital and transfused
5. If you have received treatment of acupuncture, moxibustion, or massage with the approval of a doctor
6. If you receive medical treatment at a medical institution, etc. overseas (Injuries caused by work-related accidents are excluded. Cases of going abroad for the purpose of medical treatment are also excluded)
7. If you receive treatment from a judo therapist (osteopathic clinic or orthopedic clinic)

Judo therapists (osteopathic clinics or orthopedic clinics)

Cases in which health insurance can be used

Bone fractures, dislocation, sprains, bruises, pulled or torn muscles, etc., where the cause of injury is clear and the injury is not chronic (with the exception of emergency treatment, bone fractures and dislocation require a doctor's approval)

Cases in which health insurance cannot be used

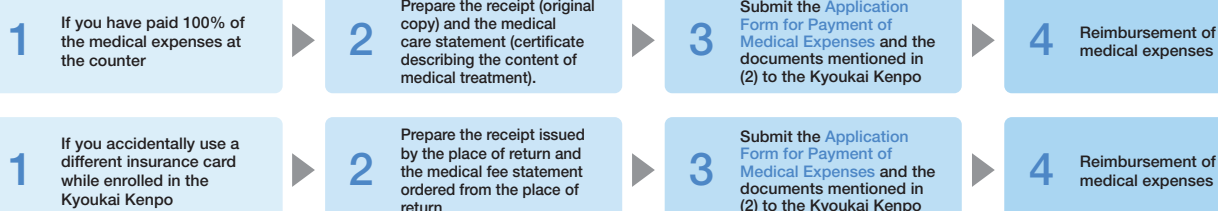
- Fatigue caused by daily life, mere stiffness in the shoulders, poor health, etc.
- Muscular fatigue caused by sports



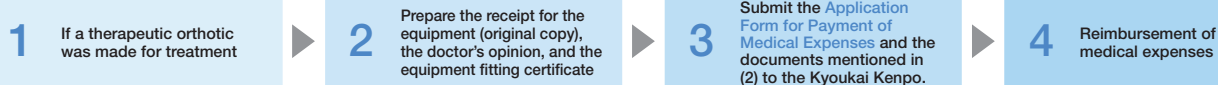
What is the procedure for reimbursement of medical expenses?

Medical expenses that have been paid are not fully reimbursed. Rather, the amount calculated based on the case of receiving treatment through insurance minus the amount equivalent to partial payment will be reimbursed. Expenses that are not covered by health insurance will be excluded.

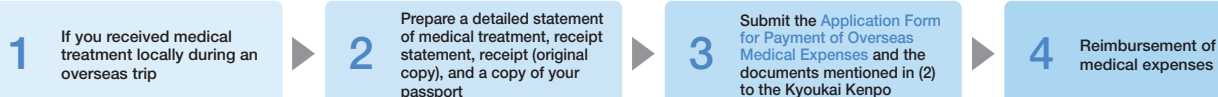
Advance payment for a third party. See p. 13 of "How to fill out the application forms for the health insurance system."



Therapeutic orthotic. See p. 14 of "How to fill out the application forms for the health insurance system."



Overseas medical treatment. See p. 15 of "How to fill out the application forms for the health insurance system."



● Attached documents required for application

Advance payment for a third party	If you receive out of pocket medical treatment	Original copies of receipts (receipt statements) (original copies of receipts proving the expenses incurred for medical treatment)
		Medical statement issued by the medical institution, etc. (a certificate stating the details of medical treatment)
	If you accidentally use a different insurance card (national health insurance, etc.) while enrolled in the Kyoukai Kenpo	Original copies of receipts issued by the municipality or other place of return
		Medical fee statements ordered from the municipality or other place of return (If the envelope is sealed, please attach the entire envelope without opening it)
Equipment	Original copies of the doctor's opinion and equipment fitting certificate	
	Original copy of the receipt (with a breakdown and the equipment maker's name written or stamped on it)	
	If there is no breakdown on the receipt, a copy of the document with the breakdown (such as a copy of the invoice)	
	In the case of orthopedic shoes	
Amblyopia in children, etc. Eyeglasses for treatment	Order for the manufacture of eyeglasses, etc. (results of eye examination, certificate from a doctor stating the name of the injury or illness*) *Name of injury/illness: Amblyopia, strabismus, or refractive correction after congenital cataract surgery in children	
	Examination report (if the results of the eye examination are not clearly indicated in the "Instructions for Eyeglasses, etc.," a copy of the results of the eye examination)	
	Original copies of receipts (with a breakdown)	
	If there is no breakdown on the receipt, a copy of the document with the breakdown (such as a copy of the invoice)	
Elastic garments, etc.	Original copy of the instructions for wearing elastic garments, etc.	
	Original receipts (with a breakdown)	
	If there is no breakdown on the receipt, a copy of the document with the breakdown (such as a copy of the invoice)	
Overseas medical expenses	Original copy of the medical statement prepared by an overseas doctor	
	Original copy of the overseas receipt statement	
	Original copy of the receipt	
	Japanese translation (include the translator's signature, address, and contact information)	
	A copy of your passport (the page that shows the photo of the overseas traveller and the page that shows the country entry and exit confirmation)	
	A letter of consent to refer to the medical institution, etc. that provided the medical treatment overseas	

Please note that original documents that you attached cannot be returned.

*Please keep copies of the documents in case you need them for other procedures, such as municipal procedures.



Injury and sickness allowance

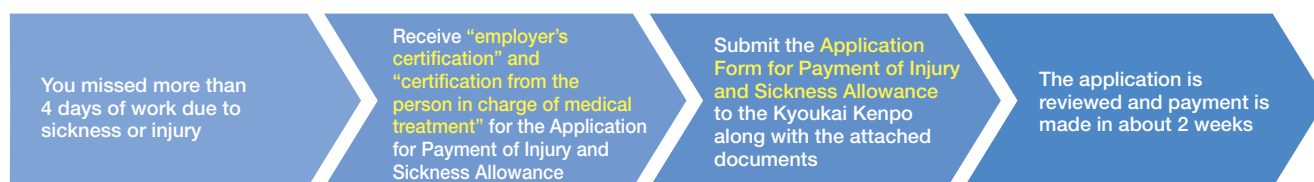
If you are absent from work for more than 4 days due to injury or sickness

What is injury and sickness allowance?

It is a benefit paid when an insured person is absent from work due to sickness or injury and cannot receive wages during the period. If you are unable to work for more than 4 days due to sickness or injury, please submit the "Application Form for Payment of Injury and Sickness Allowance" to the Kyoukai Kenpo with certification from your employer and the person in charge of your medical treatment (doctor, etc.).



Application process



*Except when there are deficiencies or matters to be investigated



What are the conditions for receiving the injury and sickness allowance?

The injury and sickness allowance is paid when all of the following conditions of 1 to 4 are met.

- The absence from work for medical treatment of a sickness or injury unrelated to work**
For employment injuries or injuries when commuting to work, please file a claim for worker's accident insurance.
- Unable to work at the job you had been employed at**
This will be determined based on the opinion of the person in charge of medical treatment (doctor, etc.).
- Unable to work for 4 days or more (including 3 consecutive days of absence)**
After taking 3 consecutive days off work to recuperate from a sickness or injury (waiting period*, see the figure on the right), payment will be made for the 4th and subsequent days that the employee was unable to work. The waiting period includes paid vacations, weekends, national holidays, and other legal holidays.
- No wages are paid for the period of absence (If any part of the salary is paid, such as an allowance, the amount will be reduced)**
If the wages are paid in full, the injury and sickness allowance will not be paid. However, if the daily amount of wages is less than the daily amount of the injury and sickness allowance, the difference will be paid.

The concept of the "3-day waiting period"

Image of not completing the waiting period

► **Payment cannot be received**

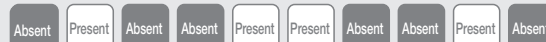
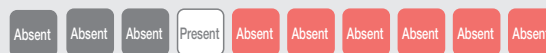


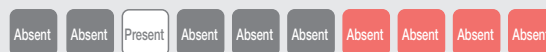
Image of completing the waiting period

► **Payment can be received**



Completion of waiting period

Payment of injury and sickness allowance



Completion of waiting period

Payment of injury and sickness allowance

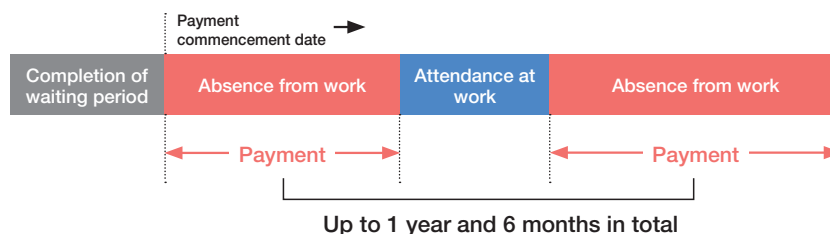
The waiting period includes paid leave, public holidays (Saturdays, Sundays, and national holidays), etc.



What is the period of payment for the injury and sickness allowance?

The injury and sickness allowance will be paid up to one year and six months for the total from the payment commencement date for the payment period (the actual payment period).

* If the payment commencement date is before July 1, 2020, the payment will be made for the period up to one year and six months from the payment commencement date when the conditions for receiving the payment are met.





* The payment commencement date refers to the date when the injury and sickness allowance is first paid.

If you have been insured for less than one year, the amount will be based on either the average amount after you became eligible or the average amount of all insured persons of the Kyoukai Kenpo, whichever is lower.

1. Payment commencement date for the injury and sickness allowance: February 15, 2021
2. Standard monthly remuneration
March to August 2020: 160,000 yen
September 2020 to February 2021: 180,000 yen
3. Average of the amounts in 2 and 3
 $(160,000 \text{ yen} \times 6 + 180,000 \text{ yen} \times 6) \div 12 = 170,000 \text{ yen}$
4. Amount equivalent to 1/30 of the amount in 3
 $170,000 \text{ yen} \div 30 \doteq 5,670 \text{ yen}$ (rounded to the nearest 10 yen)
5. Amount paid per day for the injury and sickness allowance
 $5,670 \text{ yen} \times 2/3 = 3,780 \text{ yen}$ (rounded to the nearest 1 yen)



The injury and sickness allowance is not paid for sickness or injury that occurred during the period of being an insured person with optional and continued coverage.

1. By the day before the date of loss of eligibility (the day of retirement, etc.), you must have been insured by the health insurance system for at least one year (excluding the period of optional and continued coverage) (including the period of enrolment in the Kyoukai Kenpo or a health insurance society, but not including national health insurance, etc.).
2. You must have been absent from work for at least 3 consecutive days by the day before the day you lost your eligibility (the day before your retirement date), and must have been absent from work on the day before the day you lost your eligibility (your retirement date, etc.).
3. You must not be receiving unemployment benefits (cannot be paid in combination, as unemployment benefits are provided to those who are able to work.)
4. You must continue to be unable to work due to the same injury or sickness for medical treatment after losing your eligibility
5. The period of inability to work must be continuous (intermittent receipt of the allowance is not possible)

Cases in which the amount of the injury and sickness allowance is adjusted

1. When wages or allowances are being paid
2. If a person is entitled to a disability pension or disability allowance for the same injury or sickness as the injury and sickness allowance
3. If a person is entitled to an old-age retirement pension after retirement
4. When a person is unable to work due to a sickness or injury outside of work while receiving compensation for absence from work from workers' accident compensation insurance
5. When a person is receiving a childbirth allowance

Less than the amount per day of the injury and sickness allowance

The difference in the amount per day will be calculated and the injury and sickness allowance will be paid.

The injury and sickness allowance will not be paid for that period.

Injury and sickness allowance



Childbirth allowance

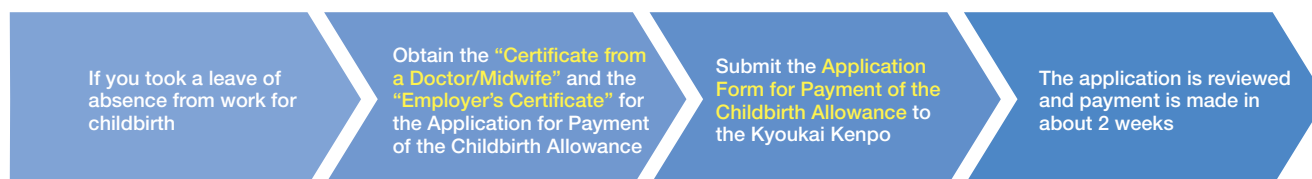
If you take a leave of absence from work for childbirth

What is the childbirth allowance?

The childbirth allowance is a benefit paid to an insured person who is absent from work due to childbirth and is unable to receive wages during the period. Please receive certification from your employer, doctor, etc. and submit the "Application Form for Payment of the Childbirth Allowance" to the Kyoukai Kenpo.



Application process



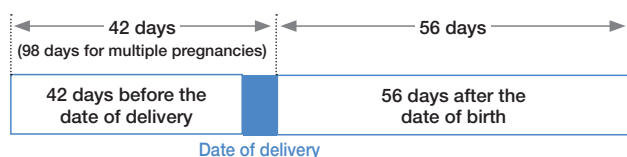
*Except when there are deficiencies or matters to be investigated



What is the claimable period?

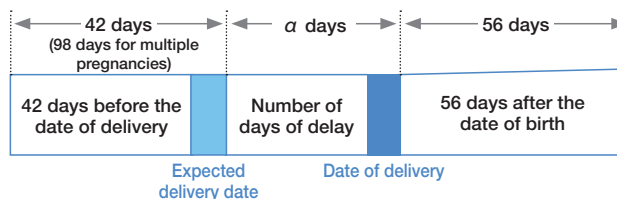
The claimable period is from "42 days (98 days in the case of multiple pregnancies) before the date of delivery (or the expected date of delivery if the delivery is after the expected date)" to "56 days after the date of delivery." The day of delivery is included in the period before the day of delivery. If the delivery is later than the expected date, the childbirth allowance will also be paid for the delayed period.

● Delivery on or before the expected delivery date



$$\text{Application period} = 42 \text{ days (98 days for multiple pregnancies)} + 56 \text{ days}$$

● In the case of delivery later than the expected delivery date



$$\text{Application period} = 42 \text{ days (98 days for multiple pregnancies)} + \alpha \text{ days} + 56 \text{ days}$$

How to calculate the amount of the childbirth allowance payment

$$\text{Total amount paid} = \left(\frac{1}{30} \text{ of the average of the standard monthly remuneration for the most recent year} \right) \times \frac{2}{3} \times \text{Number of days paid}$$

If you have been insured for less than one year, the amount will be based on either the average amount after you became eligible or the average amount of all insured persons of the Kyoukai Kenpo, whichever is lower.

Cases where you can receive the injury and sickness allowance

If the amount of the injury and sickness allowance is more than the amount of the childbirth allowance, you can receive the difference.

For an example of calculation, please refer to the amount of the injury and sickness allowance (p.50).



Can I receive the allowance even after I lose my eligibility due to retirement?

You can continue to receive the childbirth allowance after resignation only if all of the following conditions of 1 to 3 are met.

1. You must have been continuously insured for at least one year (excluding the period of voluntary continuous coverage*) by the day before the day you lost your eligibility (the day of retirement, etc.).
(Including the period of enrolment in the Kyoukai Kenpo or a health insurance society, but not including national health insurance, etc.).
2. You must not have gone to work on the day before the day you lost your eligibility (e.g., the day you retired).
3. The day before the date of disqualification (retirement date, etc.) must be during the period in which the childbirth allowance can be claimed.

*The childbirth allowance will not be paid to those insured on a voluntary basis, except in cases where it is paid as an allowance after the loss of eligibility.

For an example of how to fill out the Application Form for Payment of the Childbirth Allowance, see p. 24 of "How to fill out the application forms for the health insurance system."

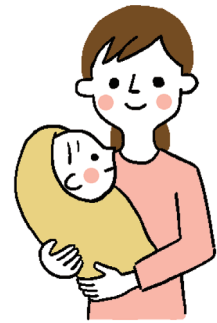


Lump-sum allowance for childbirth and childcare

If you give birth

What is the Lump-Sum Allowance for Childbirth and Childcare?

The Lump-Sum Allowance for Childbirth and Childcare is paid when an insured person gives birth. The Lump-Sum Allowance for Dependent's Childbirth and Childcare is paid when a dependent gives birth.

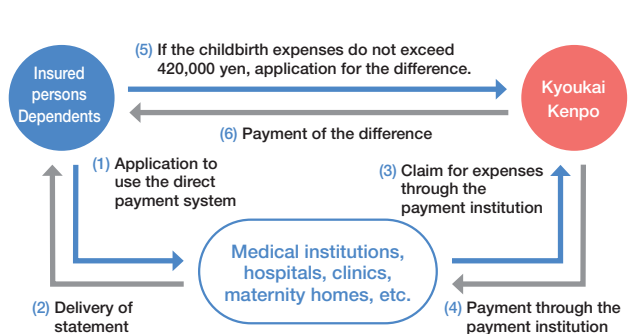


What is the payment method?

In order to allocate the Lump-Sum Allowance for Childbirth and Childcare for expenses related to childbirth, there is a system (direct payment system) in which the Kyoukai Kenpo pays the Lump-Sum Allowance for Childbirth and Childcare directly to medical institutions, etc. For people who do not wish to have the Lump-Sum Allowance for Childbirth and Childcare directly paid to the medical institution, etc., it is possible to use the method of having the Lump-Sum Allowance paid after the insured person applies to the Kyoukai Kenpo following the birth.

In regard to clinics and maternity homes for which notification has been provided to the Ministry of Health, Labour and Welfare (MHLW) in the case of facilities that are considered to have a large administrative burden or financial impact due to use of the payment method of the Lump-Sum Allowance for Childbirth and Childcare, the "receipt proxy" system can be used in which the medical institution, etc. receives the Lump-Sum Allowance for Childbirth and Childcare on behalf of the insured person.

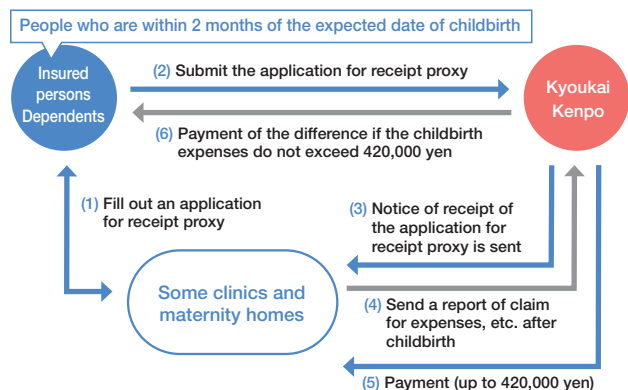
● Flow of the direct payment system



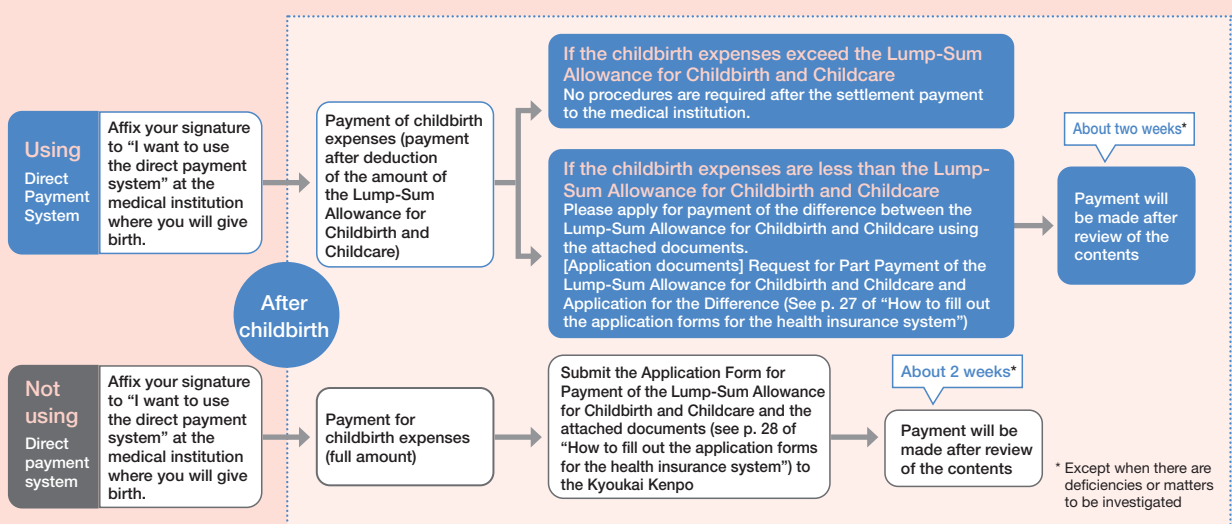
* If the childbirth expenses exceed 420,000 yen, the insured person, etc. will pay the difference to the medical institution, etc.

* If the childbirth expenses are less than 420,000 yen, the Kyoukai Kenpo will pay the difference to the insured person.

● Flow of the receipt proxy system



Procedures for the payment of the Lump-Sum Allowance for Childbirth and Childcare



* Except when there are deficiencies or matters to be investigated



What is the amounts of the Lump-Sum Allowance for Childbirth and Childcare and the Lump-Sum Allowance for Dependent's Childbirth and Childcare?

The amount of the Lump-Sum Allowance for Childbirth and Childcare and the Lump-Sum Allowance for Dependent's Childbirth and Childcare is 420,000 yen per child (408,000 yen* if the child is born at a medical institution, etc. that is not part of the Japan Obstetric Compensation System, or if the child is born in less than 22 weeks of pregnancy). In the case of multiple children, the amount will be paid for the number of fetuses.

Amount of the Lump-Sum Allowance for Childbirth and Childcare and the Lump-Sum Allowance for Dependent's Childbirth and Childcare

Childbirth at an institution that is part of the Japan Obstetric Compensation System* ¹ after 22 weeks of pregnancy* ²	420,000 yen
Childbirth at an institution that is part of the Japan Obstetric Compensation System at under 22 weeks of pregnancy	408,000 yen (*)
Childbirth at an institution that is not part of the Japan Obstetric Compensation System	



Births before December 31, 2021: 404,000 yen

*1 What is the Japan Obstetric Compensation System?	The Japan Obstetric Compensation System is a system that medical institutions, etc. are part of. It provides compensation for the financial burden of the baby and the family in the event that the baby is born at a participating institution and suffers from severe cerebral palsy for some reason during childbirth. If it is a covered childbirth, it will be clearly indicated on the receipt/statement.
*2 What is childbirth?	This refers to live birth (premature birth) after 85 days (4 months) of conception, stillbirth (miscarriage), and induced abortion.

Childbirth expenses when using the direct payment system

(If the baby is born after 22 weeks of pregnancy at an institution that is part of the Japan Obstetric Compensation System)

If the childbirth expenses exceed the amount of the Lump-Sum Allowance for Childbirth and Childcare

(Example) If the childbirth expenses are 500,000 yen

Childbirth expenses 500,000 yen	—	Lump-Sum Allowance for Childbirth and Childcare 420,000 yen	=	Amount to be paid to the medical institution 80,000 yen
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Payment of the outstanding amount at the counter of the medical institution

If the childbirth expenses are less than the amount of the Lump-Sum Allowance for Childbirth and Childcare

(Example) If the childbirth expenses are 400,000 yen

Lump-Sum Allowance for Childbirth and Childcare 420,000 yen	—	Lump-Sum Allowance for Childbirth and Childcare 420,000 yen	=	Difference in payment 20,000 yen
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Please apply to the Kyoukai Kenpo for payment of the difference (see p. 52)



What about childbirth by Cesarean section, etc. (covered by insurance)?

In the case of childbirth by cesarean section, etc., it is covered by health insurance. If you find that you will need high-cost healthcare services covered by health insurance for a Cesarean section, etc., please apply to the Kyoukai Kenpo for the "Eligibility Certificate for Ceiling-Amount" (see p. 43). If you use the Eligibility Certificate for Ceiling-Amount, you will be able to pay up to co-payment limit.



Can I receive the Lump-Sum Allowance even after I lose my eligibility due to resignation/retirement, etc.?

Insured persons can receive the Lump-Sum Allowance for Childbirth and Childcare even if they give birth after losing eligibility (not applicable for birth by a dependent), only if they meet the requirements of 1 and 2 below.

*This is limited to cases where you do not claim the Lump-Sum Allowance for Childbirth and Childcare with the health insurance you joined after you lost your eligibility.

1. You must have been an insured person for at least one year (excluding the period of being an insured person with optional and continued coverage) by the day before you lost your eligibility (the day you resigned/retired, etc.). (This includes the period of subscription to the Kyoukai Kenpo and health insurance society, but does not include national health insurance, etc.)
2. Birth takes place within 6 months of losing eligibility

If you use the direct payment system for the Lump-Sum Allowance for Childbirth and Childcare at a medical institution, etc., and there is a difference in the amount ⇒ See p. 27 of "How to fill out the application forms for the health insurance system" for an example of how to fill out the Request for Part Payment of the Lump-Sum Allowance for Childbirth and Childcare and Application for the Difference

If you did not use the direct payment system for the Lump-Sum Allowance for Childbirth and Childcare at a medical institution, etc. ⇒ See p. 28 of "How to fill out the application forms for the health insurance system" for an example of how to fill out the Application Form for Payment of the Lump-Sum Allowance for Childbirth and Childcare



Burial charges (expenses) and dependent's burial charges

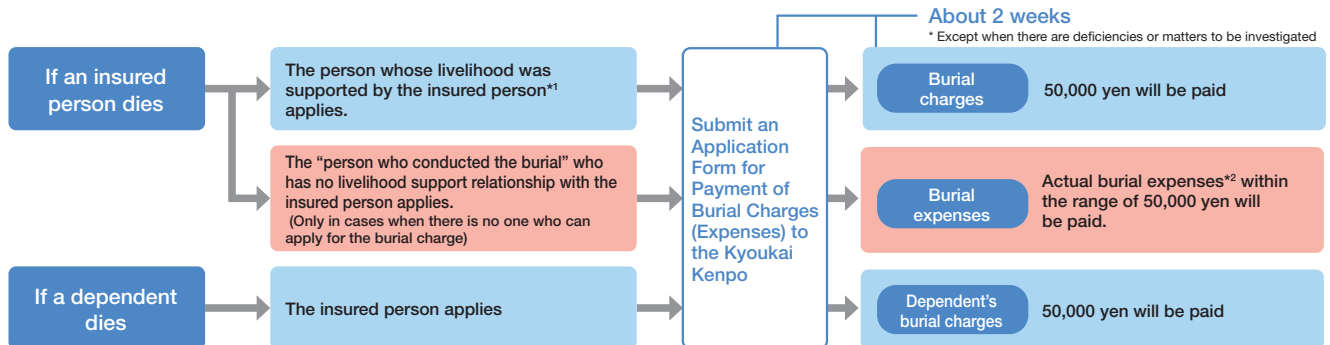
If you or your family member passes away



What are burial charges (expenses)?

When an insured person or dependent dies due to reasons other than work, burial charges (expenses) will be paid.

Depending on the "deceased person" and the "person who makes the application," payment is divided into "burial charges," "burial expenses," and "dependent's burial charges."



*1 Person whose livelihood was supported

If a portion of the person's living expenses was supported by the insured person, then it does not matter if the person is a blood relative or a bereaved relative under the Civil Code. It also does not matter whether the insured person is the head of the household or a member of the same household.

*2 Expenses actually required for burial

The actual costs of the hearse, coffin transportation, memorial offerings, cremation fee, priest's remuneration, etc.



What should I do with the insurance card?

When an insured person or dependent dies, please return their insurance card to the employer. The employer should submit the following notification to the Processing Center of the Japan Pension Service (the pension office with jurisdiction) with the returned insurance card.

Items to be submitted by employers to the Processing Center of the Japan Pension Service

If an insured person dies	(1) Insurance card (for the insured person and all dependents) (2) Notice of Loss of Eligibility as an Insured Person (the date of loss of status is the day after the date of death)
If a dependent dies	(1) Insurance card (for the deceased dependent) (2) Notice of change of dependent (the date of termination of support is the day after the date of death)

*The burial charges (expenses) will be paid after processing of the loss of eligibility and termination of dependency at the Japan Pension Service is completed.

Check

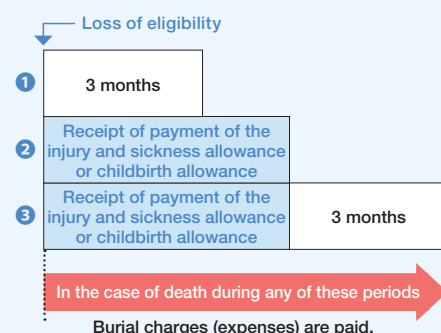
Payment may be made even after loss of eligibility

If an insured person dies after losing his/her eligibility and any of the following apply, burial charges or burial expenses will be paid.

*Only in cases in which the burial charges have not been claimed to the health insurance subscribed after loss of eligibility.

- When the insured person dies within 3 months of losing his/her eligibility
- When the insured person dies while receiving continued payment of the injury and sickness allowance or maternity allowance after losing eligibility
- When the insured person dies within 3 months after ceasing to receive the continued payment of benefits described in 2

In the case of 1, the length of the insured period prior to the loss of qualification of the deceased is not relevant. If a family member, who was a dependent, dies after loss of the status of the insured person, the dependent's burial charges will not be paid.



For an example of how to fill out the Application Form for Payment of Burial Charges (Expenses) and Dependent's Burial Charges, see p. 29 of "How to fill out the application forms for the health insurance system"

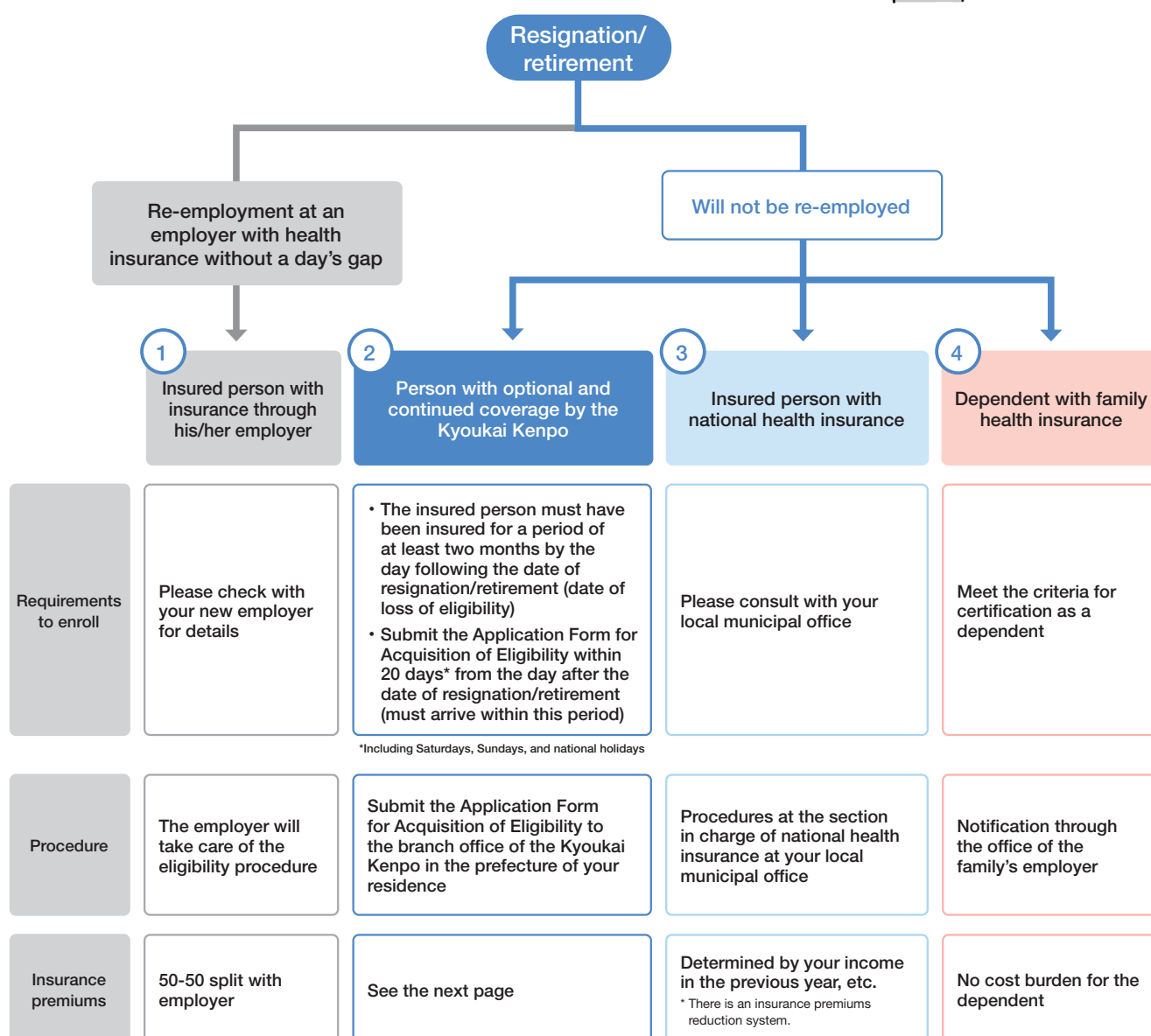


Insured persons with optional and continued coverage

If you want to continue enrollment in health insurance after resignation/retirement

What about health insurance after resignation/retirement?

If an insured person who is insured up to the age of 74 loses that status due to resignation/retirement or other reasons, the person is required to continue to be enrolled in some type of health insurance system. After resignation/retirement, the person will need to undergo the procedure to subscribe to health insurance under one of the following options, depending on the person's situation.



There is a system to reduce the national health insurance premiums for “insured persons subject to special exceptions”

There is a system to reduce national health insurance premiums for people who are unemployed due to bankruptcy, dismissal, etc. (people eligible for specified benefits and people who have left their jobs for specified reasons). Please confirm the details with your local municipal office.

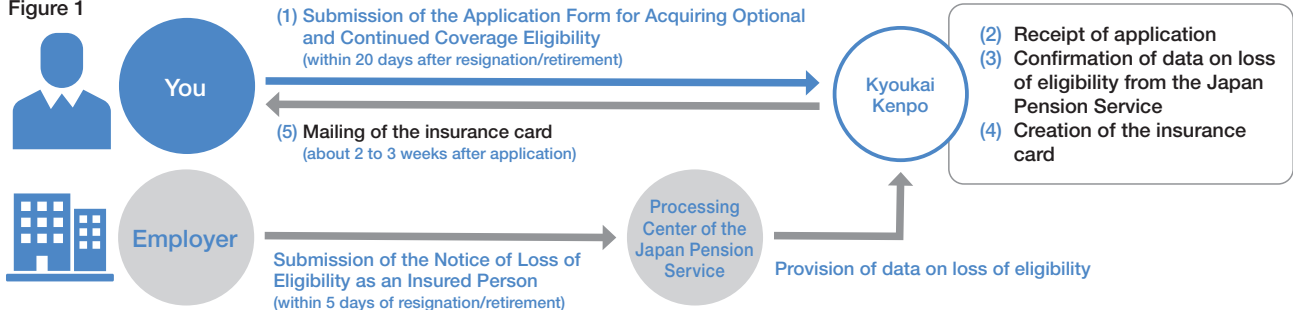


What is the process from application for optional and continued coverage to issuance of the insurance card?

Flow through issuance of the insurance card

After confirming the data on loss of eligibility provided by the Japan Pension Service, the insurance card for optional and continued coverage is issued

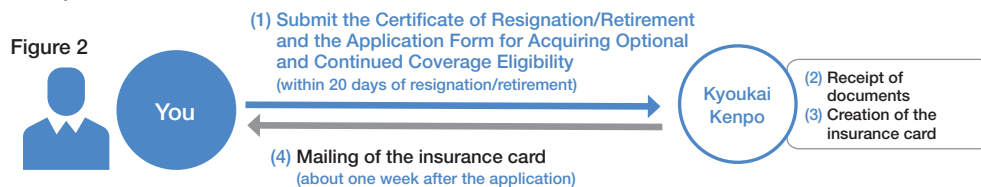
Figure 1



If you are in a hurry to receive your insurance card

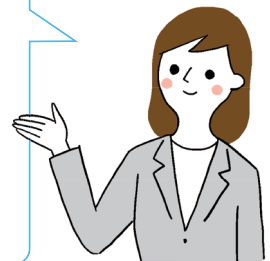
You can apply to the Kyoukai Kenpo by attaching your Certificate of Resignation/Retirement, etc. for issuance of an optional and continued coverage insurance card without waiting for provision of data on loss of eligibility from the Japan Pension Service.

Figure 2



* If there is a discrepancy between the Certificate of Resignation/Retirement, etc. prepared by the employer and the data on loss of eligibility provided by the Japan Pension Service, the eligibility record for optional and continued coverage will be corrected at a later date, and the insurance card will be replaced.

* If you do not submit a Certificate of Resignation/Retirement, your insurance card will be created after the Japan Pension Service confirms your loss of eligibility data (the process is the same as in Figure 1).



Check

About joining and losing eligibility

Joining

You can join for a maximum of two years. (You can join from the day after your resignation/retirement.)

Losing eligibility

If you are an insured person with optional and continued coverage, you will lose your eligibility only if you fall under one of the following conditions.

Loss of eligibility as an insured person with optional and continued coverage

1. If you fail to pay the insurance premiums by the due date
2. When two years have elapsed from the date of becoming an insured person with optional and continued coverage
3. When the insured person with optional and continued coverage dies
4. When the insured person becomes insured by a health insurance or mutual aid association due to employment, etc.
5. When a person becomes insured under the late-stage elderly medical care system for the elderly due to reasons such as turning 75 years old
6. If you wish to lose your eligibility

* In the cases of 4, 5, and 6, submission of a written request for loss of eligibility is required

◎Premiums per month

Standard monthly remuneration at the time of resignation/retirement

×

Health insurance premium rate by prefecture of residence

=

Premiums for optional and continued coverage

The maximum monthly salary registered by the employer is 300,000 yen (may be subject to revision)

Long-term care insurance premiums are added for those aged 40 to 64

All expenses paid by the person

* The premiums will be charged from the month in which the eligibility is acquired (one month)

For the first payment of premiums, a payment form is enclosed in the envelope sent with your insurance card, and you are required to pay by the deadline indicated on the form.

When premiums are sent by payment slip, the deadline for payment is the 10th of every month (or the next business day if the 10th falls on a Saturday, Sunday, or national holiday), and failure to pay by the deadline will result in loss of eligibility for optional and continued coverage.

Convenient account transfer and prepayment system (payment in advance)

In order to avoid forgetting to pay insurance premiums, it is convenient to use account transfer. In addition, there is a prepayment system (6 months or 12 months) that offers discounts on premiums.

◎ Health insurance benefits during optional and continued coverage

If you become a person with optional and continued coverage, in principle, you are entitled to the same insurance benefits as when you were employed (except for the injury and sickness allowance and maternity allowance).

For an example of how to fill out the Application Form for Acquiring Optional and Continued Coverage Eligibility, see p. 4 of "How to fill out the application forms for the health insurance system"

All application forms must be submitted by mail!



Depending on the documents, there are two places to submit them

Depending on the type of health insurance application, there are two different places to submit the documents. Necessary application forms can be downloaded and printed from the website. We ask for your cooperation in submitting them by mail.

Application forms to be submitted to the **Kyoukai Kenpo**

Application forms to be submitted to the **Japan Pension Service (Pension Office)**
(Electronic application is recommended)

The format of each application form is subject to change.

Please download the latest form from the website of the Kyoukai Kenpo or the Japan Pension Service.

<https://www.kyoukaikenpo.or.jp>

Kyoukai Kenpo

Search

<https://www.nenkin.go.jp>

Japan Pension Service

Search

