

Beware of “refund” fraud !



- ▲ An agent from the Wide-Area Association or municipal office will never request to operate an ATM machine for an applicant.
- ▲ Messages urging to “send via letter packs and cash courier service” are all fraud. Avoid sending anything at all costs.

For more details and inquiries:

Consult with the nearest municipal office or
with the **Fukuoka Prefecture Wide-Area
Association of Latter-Stage Elderly Healthcare**

Address : 4-1-27 Chiyo, Hakata Ward, Fukuoka City Postal Code: 812-0044
Website : <http://www.fukuoka-kouki.jp/>

**Consultation
hours**

Weekdays: 8:30 AM to 5:30 PM
(closed on Saturdays, Sundays and public holidays)

**Telephone
number**

092651-3111
*Kindly check the number when calling to avoid dialing the
wrong number.

FAX

092651-3901
*Transmissions by FAX are intended for those with language
or hearing disabilities.

(Some inquiries regarding payment procedures for insurance premiums, payment demand,
etc., may only be handled by the municipal office)

Fiscal Year 2018 Edition Guide to the Latter-Stage Elderly Healthcare System



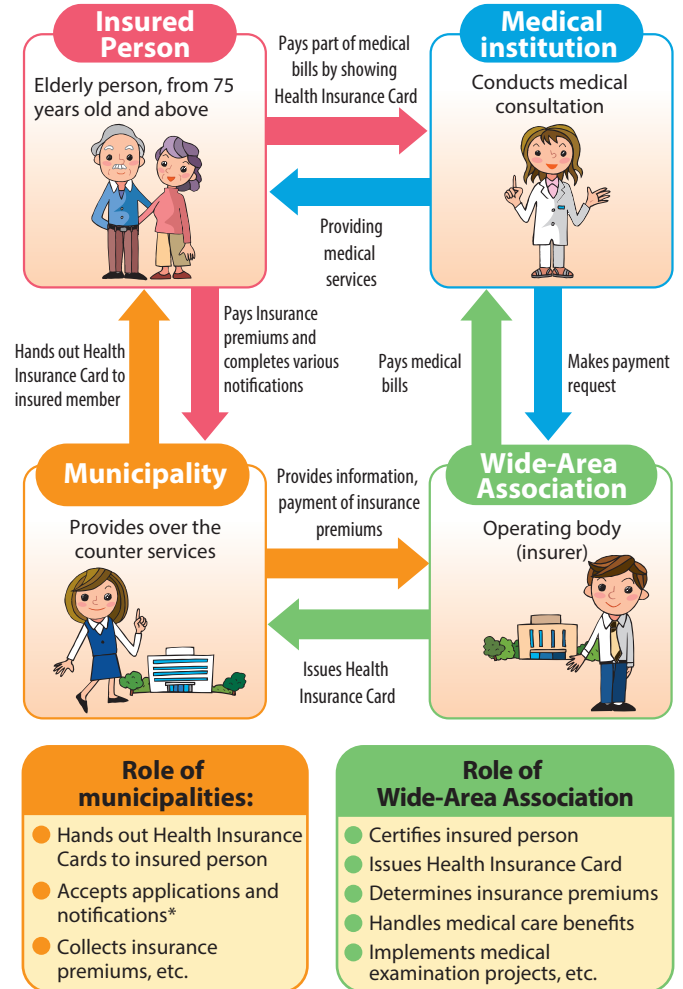
**Fukuoka Prefecture Wide-Area Association
of Latter-Stage Elderly Healthcare**

The Latter-Stage Elderly Healthcare System is a healthcare system managed by the “Wide-Area Association of Latter-Stage Elderly Healthcare” whose members include all municipalities by prefectures.

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Mechanism for the Latter-Stage Elderly Healthcare System



*Starting from January 2016, “My Number” (Individual Number) will be required when filling up procedures for the Latter-Stage Elderly Healthcare System.

Persons covered

- 75 years old and above
- Applicable from the 75th birthday
- 65 years old but not over 75 years old with specific disabilities* recognized by the Wide-Area Association via application
Applicable from the date of recognition by Wide-Area Association

* "Specific disabilities" refer to those with the following conditions or disabilities:

Level of disability	
Physical Disability Card	<ul style="list-style-type: none"> ● 1st Grade, 2nd Grade, 3rd Grade ● Part of 4th Grade
Mental Disability Health & Welfare Card	<ul style="list-style-type: none"> ● 1st Grade, 2nd Grade
Rehabilitation Card	<ul style="list-style-type: none"> ● A (Severity)
Disability Pension based on the National Pension Act, etc.	<ul style="list-style-type: none"> ● 1st Grade, 2nd Grade

An application for withdrawal may be done at any time in the future.

For those applicable, medical services provided via the National Health Insurance will now be transferred or handled under the Latter-Stage Elderly Healthcare System.

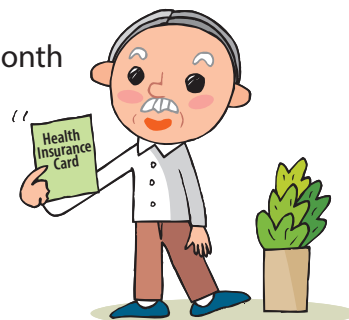
Dependents of those who enter the Latter-Stage Elderly Healthcare System will be required to apply for membership in the National Health Insurance Healthcare System.

Health Insurance Card

Each member of the Latter-Stage Elderly Healthcare System will be issued a Health Insurance Card.

In case of loss, damage, or when the card does not arrive, the bearer may request a re-issuance at the nearest municipal counter.

- Insurance cards are renewed on August 1st every year.
- It will be sent one month before turning 75 years old.



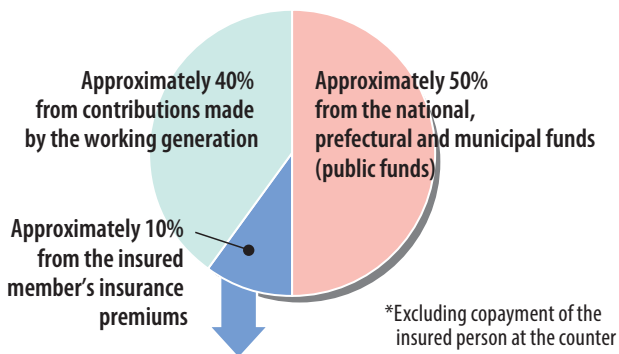
Instances where the Health Insurance Card cannot be used

- For procedures not related to sickness (i.e. complete medical checkup, preventive vaccination, etc.)
- Where other types of insurance can be used, in case of sickness or injuries at work (when covered by Workers' Accident Compensation Insurance, etc.)
- Where there is a limitation imposed on insurance benefits (due to intentional criminal acts, accidents and fights, injury and sickness due to drunkenness as well as refusal to answer questions from the Wide-Area Association)

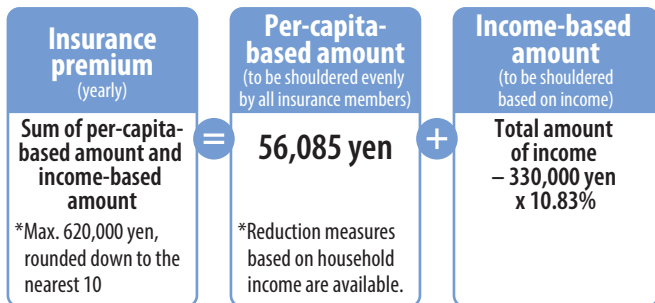
Mechanism for covering the cost of insurance premiums and medical expenses

From the amount of medical benefit costs, where the copayment is deducted from the total medical expenses, approximately 50% is shouldered from public expense (via taxes), 40% from the Latter-stage Elderly Support fund (insurance premiums from the working generation) and the remaining 10% from insurance premiums.

Co-payment structure of health care costs under the Latter-Stage Elderly Healthcare System



Calculation of individual insurance premiums (Fiscal Year 2018 / 2019)



Reduction measures for low-income earners

Per-capita-based amount

Reduction is made based on the household's income.

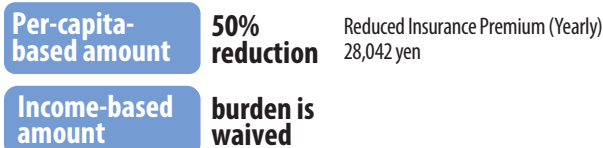
Reduction rate	Reduced Per-capita-based Amount	Total amount of income subject to reduction* of householder and insured persons in the same household
90% reduction	5,608 yen	"330,000 yen (basic reduction amount)" or less and "800,000 yen or less combined income from pension of all insured persons (no other income source)"
85% reduction	8,412 yen	"330,000 yen (basic reduction amount)" or less
50% reduction	28,042 yen	"330,000 yen (basic reduction amount) + 275,000 yen x number of insured persons" or less
20% reduction	44,868 yen	"330,000 yen (basic reduction amount) + 500,000 yen x number of insured persons" or less

*Basically, the amount of income subject to reduction is equivalent to the amount of gross income, with a partial exception in the calculation method.

Reduction measures for dependents

Those who were enrolled in the social insurance (Health Insurance Association, Health Insurance Society, Seamen's Insurance, Mutual Benefit Association, etc.) the day before qualifying for insurance, are covered.

*National Health Insurance and National Health Insurance Association are not covered.



*Those who fall upon 90% or 85% reduction in the chart above, 90% or 85% reduction will be given priority to these reduction measures.

Payment of insurance premiums

In principle, payment of insurance premiums (for those with a yearly pension of 180,000 yen or above) are made from one's pension (**special collection**). In the case of those who enroll in the middle of the fiscal year or had a change in address, normal collection will temporarily apply.

In case where insurance premiums are deducted from one's pension (special collection)

Persons covered

- Those with a yearly pension of 180,000 yen or above (wherein its sum total with Nursing Care Insurance premium does not exceed 1/2 of the pension amount)

*Since pensions that fall under special collection have a priority order, there are cases where even those having a yearly pension of 180,000 yen or above will not be covered for special collection.

Payment method

At the time pension payments are made, insurance premiums are deducted from one's pension.

Temporary Collection			Actual Collection		
April (1st stage)	June (2nd stage)	August (3rd stage)	October (4th stage)	December (5th stage)	February (6th stage)
A temporarily calculated insurance premium will be deducted until the previous year's income is determined (in principle, the same amount deducted in February will be deducted).			After the previous year's income is determined, the amount obtained by subtracting the temporary collection amount from the annual premium amount will be divided and deducted into the 3 stages.		

*Change of payment mode to bank account transfer is possible upon request. Application may be done at the counter of the municipal office where one resides.

For those whose pension is less than 180,000 yen or if the sum total with Nursing Care Insurance premium exceeds 1/2 of the pension amount, payment may be done individually by bank account transfer or via a payment slip at the municipal office where one resides (**regular collection**).

When paying by payment slip or bank account transfer (regular collection)

Persons covered

- Those whose annual pension is below 180,000 yen
- Sum total with Nursing Care Insurance premium exceeds 1/2 of the pension amount
- Those whose Nursing Care Insurance premium are not deducted from pension
- Those who enrolled in the middle of the fiscal year or had a change in address

Payment method

Payment is done by using the payment slip received from the municipal office where one resides, payable at the specified financial institution within the payment deadline. Payment may also be made through bank account transfer. For details, consult with the counter at the municipal office.

Those who are already paying Health Insurance premiums (tax) via bank account transfer need to apply again.

When failing to pay insurance premiums

Failing to pay insurance premiums without a valid reason will result in the issuance of a Health Insurance Card with a shorter validity period or replacing it with a "Certificate of Qualification", temporary suspension of benefits and other measures.

Consult with the counter at the municipal office when having difficulties in paying insurance premiums due to disasters, etc.

Exemption from or reduction of insurance premiums

An exemption or reduction in the amount of insurance premiums may be given upon application in the cases mentioned below.

For more details, contact the municipal office. (In principle, applications must be made within the fiscal year).

Nature of event	Criteria for exemption / reduction
Disaster	Damage from earthquake, wind and flood, fire, resulting in the loss of 25% of the insured person's* property
Decrease in income	In case of suspension/abolition of business operation, unemployment, etc., resulting in the loss of more than 30% of the insured person's* income compared to the previous year or if income falls below 3000,000 yen.
Welfare recipient	In case of receiving welfare benefits
Limitation on benefits	Unable to receive benefits due to imprisonment in a penal/criminal facility for a period of months.

*Insured persons includes the insured householder belonging to the same household as the insured individual as well as other insured persons.

When visiting a physician

The co-payment rate differs depending on the income segment. The income segment is determined depending on the fiscal year's (April to July = previous fiscal year) Residence Tax taxable income (income after various deductions). The decision may be reviewed if there are any changes or revisions on income, household composition, etc.

Co-payment Rate	Income Category									
30%	<p>Worker-equivalent income earners</p> <p>Insured persons with a Residence Tax taxable income of 1,450,000 yen and above* as well as insured individuals in the same household as the above.</p> <p>However, the co-payment may be reduced to 10% if covered by the following conditions and making the appropriate application at the counter of the municipal office.</p> <ul style="list-style-type: none"> • An insured persons in the same household with an income below 3,830,000 yen • Multiple insured individuals in the same household with a combined total income of less than 5,200,000 yen • An insured persons in the same household with an income of 3,830,000 yen or more, together with an individual aged 70 but below 75 years of age, with a combined total income of less than 5,200,000 yen <p>● From August 2018, the categories listed below will be applied.</p> <table border="1"> <tbody> <tr> <td>Worker Equivalent III</td> <td>Insured persons as well as insured individuals in the same household with a Residence Tax taxable income listed on the right</td> <td>6.9 million yen or more</td> </tr> <tr> <td>Worker Equivalent II</td> <td></td> <td>3.8 million or more, less than 6.9 million</td> </tr> <tr> <td>Worker Equivalent I</td> <td></td> <td>1.45 million or more, less than 3.8 million</td> </tr> </tbody> </table>	Worker Equivalent III	Insured persons as well as insured individuals in the same household with a Residence Tax taxable income listed on the right	6.9 million yen or more	Worker Equivalent II		3.8 million or more, less than 6.9 million	Worker Equivalent I		1.45 million or more, less than 3.8 million
	Worker Equivalent III	Insured persons as well as insured individuals in the same household with a Residence Tax taxable income listed on the right	6.9 million yen or more							
	Worker Equivalent II		3.8 million or more, less than 6.9 million							
	Worker Equivalent I		1.45 million or more, less than 3.8 million							
10%	<p>General</p> <p>Those who do not fall under the following: Worker-equivalent income earners, Category I, Category II</p>									
	<p>Category II</p> <p>Those who do not fall under Category I but belongs to a household where all members are exempt from Residence Tax</p>									
	<p>Category I</p> <p>Those who belong to a household where everyone is exempt from Residence Tax, with an income amounting to "zero" after deducting all necessary expenses from each household member's income (pension deduction amount is calculated at 800,000 yen)</p>									

*Even if the Residence Tax taxable income is 1,450,000 yen or more, if the combined gross income, minus 330,000 yen, of an insured member born since January 2, 1945 and another insurance member in the same household amounts to a total of 2,100,000 yen or below, the co-payment rate will be 10%.

Cost of meals during hospital confinement

The standard payable amount below is the co-payment amount.

Standard payable amount during hospital confinement

Income Category (refer to page 10)		Per meal costs
30% co-payment, General		460 yen*
Category II	Up to 90 days hospital confinement	210 yen
	Confinement of more than 90 days in the past year ★ Applicable to long-term confinement	160 yen
Category I		100 yen

*260 yen in some cases

- For those who fall under Category I and II, it is necessary to apply for “Application of Amount Limitation / Standard Burden Reduction Certificate” at the municipal office.
- ★ A separate application is necessary. As regards the number of days for hospital confinement covered for long-term confinement, it may include the days for other medical insurance used aside from the Latter-Stage Elderly Healthcare System. It is necessary to check with the counter at the municipal office for details.

When admitted to a medical treatment facility

Standard amount to bear for food and occupancy costs

Income Category (refer to page 10)	Cost per meal	Cost per day of stay
30% co-payment, General	460 yen (420 yen in some medical institutions)	370 yen
Category II	210 yen	370 yen
Category I	130 yen	370 yen
Recipient of Senior Welfare Pension	100 yen	0 yen

- For patients whose condition highly requires continued hospitalization for treatment and those recovering in the rehabilitation ward, the amount to bear will be the same as the standard amount for food during hospitalization. Cost per day of stay is 370 yen, or exempted for patients diagnosed with a specified intractable disease.

When medical expenses become too high

When the cost of medical treatment in one month (within one month) exceeds the specified limit (see page 13), the excess amount will be treated as “high medical costs”, and will be refunded.

The cost borne at the hospital counter at the time of hospitalization is set according to the ceiling amount for outpatient care + hospitalization per household. (Meal costs are not included.)

The costs borne at the hospital counter for outpatient treatment are set according to the ceiling amount for outpatient care (individual) for each medical institution.

- For those who fall under Category I and II, it is necessary to apply for “Application of Amount Limitation / Standard Burden Reduction Certificate”. After August 2018, in addition to Category I and II, those of Worker Equivalent I and II also need to apply for the “Application of Amount Limitation Certificate”. Please inquire your local municipal office.



Maximum co-payment amount (monthly)

I. Up to July 2018

Income Category	Outpatient (individual)	Outpatient + Hospitalization (household)
	Worker Equivalent Income Earners	57,600 yen
General	14,000 yen (Yearly Ceiling Amount*1 144,000 yen)	57,600 yen (Multiple Application*3 44,400 yen)
Category II	8,000 yen	24,600 yen
Category I		15,000 yen

II. From August 2018

Income Category	Outpatient (individual)	Outpatient + Hospitalization (household)
	Worker Equivalent III	252,600 yen + 1%*4 (Multiple Application*3 140,100 yen)
Worker Equivalent II	167,400 yen + 1%*5 (Multiple Application*3 93,000 yen)	
Worker Equivalent I	80,100 yen + 1%*2 (Multiple Application*3 44,400 yen)	
General	18,000 yen (Yearly Ceiling Amount*6 144,000 yen)	57,600 yen (Multiple Application*3 44,400 yen)
Category II	8,000 yen	24,600 yen
Category I	8,000 yen	15,000 yen

*1 Applies to medical treatment from August 2017 to July 2018.

*2 If medical expenses exceed 267,000 yen, 1% of the excess will be added.

*3 The ceiling amount for the fourth time or thereafter, in case where a household received payment for high medical costs within the past 12 months.

*4 If medical expenses exceed 842,000 yen, 1% of the excess will be added.

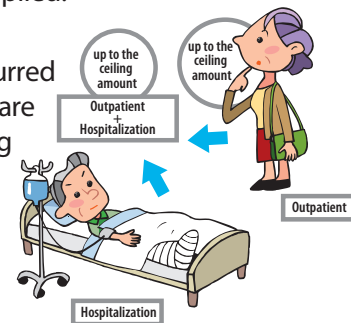
*5 If medical expenses exceed 558,000 yen, 1% of the excess will be added.

*6 Applies to medical treatment from August 2018 to July 2019.

- For the month corresponding to the 75th birthday (except for those whose birthday falls on the 1st day of the month), the co-payment ceiling amount for previous medical insurance and Latter-Stage Elderly Healthcare System will be 1/2 for each.

Calculation method for high medical costs

- When multiple latter-stage elderly individuals within the same household receive medical treatment, the costs may be combined without any distinction between hospitals, clinics or medical department.
- After applying the ceiling amount to outpatient (individual) treatment, outpatient + hospitalization (household) will be applied.
- Costs of meals, bed upgrade fees, etc., incurred during hospitalization are excluded when making the calculations.



Combined System for High Medical & Nursing Care Expense

In households with a Nursing Care Insurance beneficiary, that have incurred high medical costs, a combined calculation is made on the co-payment for Medical Insurance and Nursing Care Insurance, wherein the following limitation or ceiling is set with the excess costs paid or refunded as combined high medical & nursing care expense.

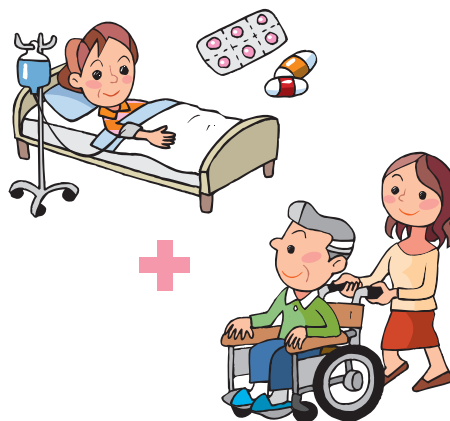
■ **Ceiling amount (yearly amount) using combined calculation**
(covering every year from August to July of the following year)

I. Up to July 2018

Income Category (refer to page 10)	Ceiling amount (limit)
Worker-equivalent income earners	670,000 yen
General	560,000 yen
Category II	310,000 yen
Category I	190,000 yen

II. From August 2018

Income Category (refer to page 10)	Ceiling amount (limit)
Worker Equivalent III	2,120,000 yen
Worker Equivalent II	1,410,000 yen
Worker Equivalent I	670,000 yen
General	560,000 yen
Category II	310,000 yen
Category I	190,000 yen

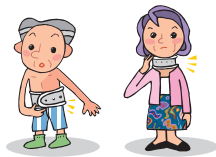


When a refund is given at a later time

In the following cases, the total medical costs will have to be shouldered by the insured person for the time being and upon making the necessary application at the municipal office and given an approval, a refund will be given at a later time minus the co-payment amount.

*Necessary documents will be required in making the application. Hence, it is recommended to make inquiries beforehand.

- For unavoidable reasons, the insured person forgets to bring a Health Insurance Card and went on to receive medical attention or in cases where the insured person gets medical attention at a medical institution that does not provide medical services using insurance.
- When the insured person receives treatment abroad for sudden illness (excluding travel for medical treatment purposes).
- Having prosthetics made such as medical corsets, etc., deemed necessary by a physician as part of treatment.
- Receiving acupuncture, massage and other treatment techniques deemed necessary by a physician.



*Transportation expenses will be supported or paid for, in case where a patient with difficulty in movement is transported to a medical institution upon the orders of a physician due to an emergency or other unavoidable reasons.

When an insured person dies

When an insured person dies, 30,000 yen will be provided as funeral expense support to the person who makes or carries out the funeral arrangements.

*There are necessary documents for application. Please inquire in advance.

When payment of medical bills at a medical institution becomes difficult due to a calamity or disaster (Reduction of co-payment amount)

In case where the householder of the household where the insured person belongs to, becomes financially unstable due to a disaster or other special circumstances in which income within the past one year has decreased and unable to pay temporarily for medical services received at medical institutions, a procedure can be applied for to help reduce the co-payment amount or extend the payment period. In applying for reduction, there are requirements or conditions for the reduction of Municipal Residence Tax, savings account balance, etc. The reduction period is within six months.

For more details, consult with the counter at the municipal office.

Getting involved in a traffic accident

By completing the necessary procedure or notification, it is possible to get medical treatment using the Latter-Stage Elderly Healthcare System even in the case of traffic accidents involving a third party resulting in injury or illness.

In this case, the Latter-Stage Elderly Medical Care takes care of the medical expenses for the time being and makes a request for payment to the party at fault. However, the Latter-Stage Elderly Medical Care may not apply in cases where the victim receives compensation for medical treatment costs or makes an amicable settlement with the third party (party at fault). Hence, it is best to consult first before making any arrangement or settlement with the third party.



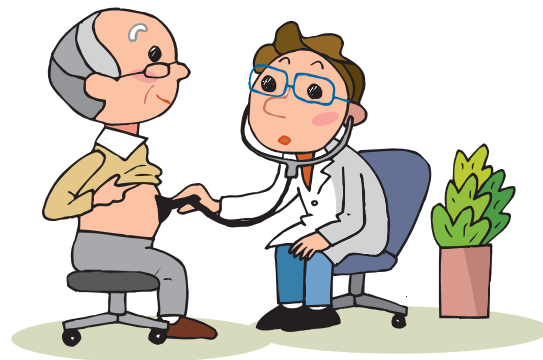
Make sure to make the necessary notifications at the appropriate counter

A "Notification of injury/illness by a third party" must be done at the specified counter of the municipal office, along with appropriate documents such as Traffic Accident Certificate, Health Insurance Card and personal stamp.

Certificate for Specific Disease Treatment

For patients with diseases specified by the Minister of Health, Labour and Welfare (specified types of congenital blood coagulation factor disorder, chronic renal failure which needs dialysis, acquired immunodeficiency syndrome administered anti-viral drugs) the ceiling amount of co-payment (monthly) is 10,000 yen per medical institution (hospitalization and outpatient treatment separate).

Please apply for the "Certificate for Specific Disease Treatment" at the specified counter of your local municipal office.

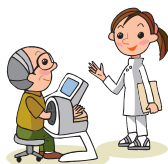


Let's get a health checkup once a year!

Health examinations are conducted in order to promote and maintain everyone's health through the prevention, early detection and treatment of life-style related diseases. A medical consultation form will be sent giving out details regarding checkup procedures, etc.

To request a reissuance of the medical consultation form due to loss, consult with the Wide-Area Association for assistance.

◆ Those who are already receiving medical examination for lifestyle-related diseases are not covered (lifestyle-related diseases are diseases such as diabetes, hypertension, dyslipidemia, etc., brought about by the accumulation of visceral fat in the body).



◆ The main items covered in a health checkup include body / blood pressure measurements, liver function / blood lipid / blood glucose tests, urinalysis, etc.

◆ Those who wish to undergo a health examination must call the medical institution for appointment. Contact the Wide-Area Association for assistance if unable to decide on which medical institution to go to for the health exam.

◆ Consult with the municipal office regarding cancer checkup.

◆ Medical consultation forms will be sent simultaneously at the end of April every year. (For those turning 75 years old, the forms are sent around the 10th of their birth month.)

Things to bring when going for checkup Health Insurance card, medical consultation form, co-payment of 500 yen, previous year's health checkup results (if available)

Do you know what generic products (generic drugs) are?

- A generic drug is developed after the patent on a brand name drug expires and is a medical product approved by the government containing the same active ingredients and efficacy as brand name drugs.
- The safety and quality of the product are maintained by a strict standard.
- Furthermore, since the amount of time and costs to develop the product has been significantly reduced, the price is cheaper compared to brand name drugs.
- Using generic drugs helps in reducing the patient's medicine costs. This also contributes to the insurance finance (public expense / working generation support funds).

*Consult your doctor or pharmacist for more details.

