

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 public office where you live

____ — ____ — ____

Please fill in the telephone number of the municipality referring to the enclosed “Contact List for Inquiries and Application” if necessary.

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)



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植物油インキを使用しています



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Fiscal Year 2020 Edition Guide to the Latter-Stage Elderly Healthcare System



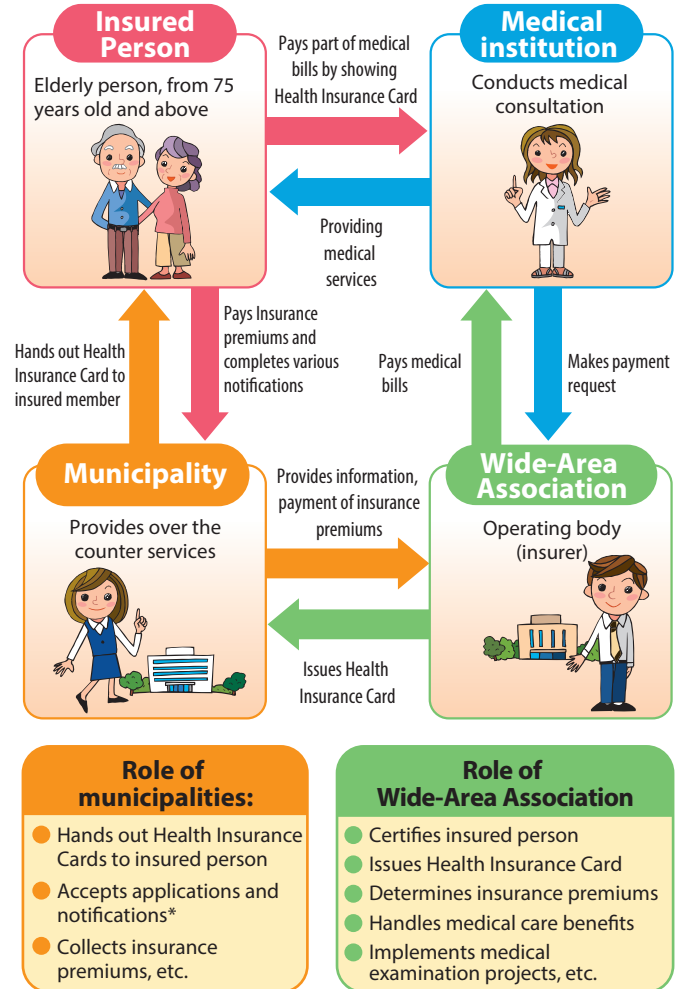
**Fukuoka Prefecture Wide-Area Association
of Latter-Stage Elderly Healthcare**
Issued in March 2020

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.

Those who are 65 years of age and above, with a Severe Disability Medical Certificate, are required to join the Latter-Stage Elderly Healthcare System.

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

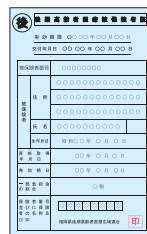
Dependents of those who enter the Latter-Stage Elderly Healthcare System will be required to apply for membership in the National Health Insurance Healthcare System.

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, a request for reissuance may be made at the municipal office where your residence is located.

- Insurance cards are renewed on August 1st every year.
- It will be sent one month before turning 75 years old.
- Be sure to present your insurance card at the counter when going to a medical institution for consultation.



The insurance card will change its color to light blue starting from August.

※The insurance card cannot be used after its expiration date. Please return it to the municipal office or destroy it yourself.

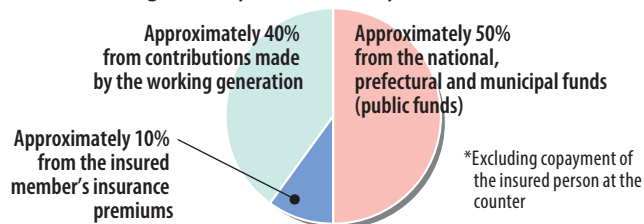
Instances where the Health Insurance Card cannot be used

- 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)

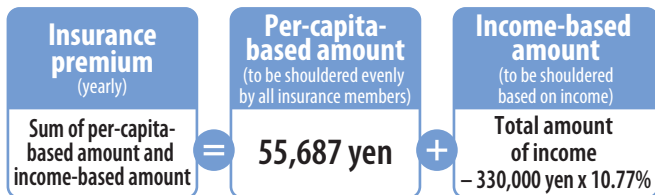
Mechanism for covering the cost of insurance premiums and medical expenses

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 2020 / 2021)



*The maximum ceiling amount for the insurance premium is 640,000 yen.

*The per capita amount may be reduced depending on the income of the household (status of household as of April 1, or at the time of subscription).

This is what I want to know!

Q What will happen to my premiums if I become a member of the Latter-Stage Elderly Healthcare System in the middle of the fiscal year?

A Insurance premiums will be calculated on a monthly basis from the month of subscription. When you lose your eligibility for the Latter-Stage Elderly Healthcare System in the middle of the fiscal year, insurance premiums will be calculated on a monthly basis up to the month prior to the month when eligibility was lost.

Reduction measures for low-income earners

Per-capita-based amount

Reduction is made based on the household's income.

Although the current system's 70% reduction (main rule) is being reduced further by special provision for those with an income requirement of 330,000 yen or less, this will gradually return to the original 70% reduction, in accordance with the expansion in the reduction of Nursing-care Insurance premiums as well as pensioner support benefits.

Income requirements for target individuals (Total amount of income subject to reduction for the householder and insured persons in the same household)	Reduction ratio (Annual amount of per-capita amount)	
	Main rule	Fiscal Year 2020
【85% reduction for fiscal year 2019】 330,000 yen or less		77.5% (12,529 yen)
【80% reduction for fiscal year 2019】 wherein, the amount of income derived from pension of all insured persons in the household is 800,000 yen or less, without any other kind of income.	70% (16,706 yen)	70% (16,706 yen)
330,000 + 285,000 yen x number of insured persons or less	50% (27,843 yen)	50% (27,843 yen)
330,000 + 520,000 yen x number of insured persons or less	20% (44,549 yen)	20% (44,549 yen)

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.

Per-capita-based amount

50% reduction

Reduced Insurance Premium (Yearly) 27,843 yen

Income-based amount

burden is waived

*Comparing the reduction measures taken for low-income earners and former dependents in the table above, the one with the higher reduction rate will be applied preferentially.

Due to revisions made in the system, the 50% reduction measures on the per capita amount of former dependents has been revised and limited to a period of 2 years after joining from fiscal year 2019.

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.

*The period for when deduction from pension starts differs for each municipality. Please contact the municipal office where your residence is located.

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

Premiums may be reduced in cases where payment becomes extremely difficult due to some special circumstances.

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 3,000,000 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%	Active earner equivalent III Any insured person in the same household with a Residence Tax taxable income of 6,900,000 yen or more
	Active earner equivalent II Any insured person in the same household with a Residence Tax taxable income of 3,800,000 yen or more
	Active earner equivalent I Any insured person in the same household with a Residence Tax taxable income of 1,450,000 yen or more
	Application of standard income amount Those classified as Active earner equivalent I and II, who fall under any of the following, will have a copayment ratio of 10% by making the necessary application at the nearest municipal office. <ul style="list-style-type: none"> Multiple insured individuals in the same household, with a total income of less than 5,200,000 yen One insured person in the same household, with an income of less than 3,830,000 yen One insured person in the same household, with an income of 3,830,000 yen or more, and living with an individual aged 70 but below 75 years old who is also earning, for a combined income of less than 5,200,000 yen. *If someone in household has a copayment ratio of 30%, the copayment ratio for all insured individuals in the same household will be 30%.
10%	General Those who do not fall under the following: Worker-equivalent income earners, Category I, Category II
	Category II Those who do not fall under Category I but belongs to a household where all members are exempt from Residence Tax
	Category I 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)

*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 burden amount for food expenses during hospitalization

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

● Patients who continue to require in-patient medical care, or who are hospitalized in a convalescent rehabilitation ward, and fall under Category I and II, will be charged the same amount as the standard burden amount for food expenses during hospitalization. While living expense is set at 370 yen, patients with designated intractable disease are free of charge.

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.

- Those who fall under Category I, II may present a "Certificate for ceiling amount application / Standard burden amount reduction", while those who fall under Active earner equivalent I and II may present a "Certificate of ceiling amount application" at the counter of a medical institution during medical consultation. By presenting the above certificates, the payment burden at the counter for each medical institution will be up to the copayment burden ceiling amount written on the next page (p-13). For more details, please contact the municipal office where your residence is located.



Maximum co-payment amount (monthly)

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

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

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

*3 If the total medical expenses exceed 267,000 yen, 1% will be added to the excess amount.

*4 It covers the medical treatment period from August every year up to July of the following year.

*5 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.

- 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.

*High medical costs (combined annual out-patient)

This system reduces the burden on those receiving long-term out-patient care throughout the year.

It covers the medical treatment period for one year, from August every year up to July of the following year. A refund will be given for the amount paid in excess of the yearly limit or ceiling amount, in cases where on the base date (last day of the target period), the total out-patient copayment for the insured person in general category or category I, II, for the month in general category or category I or II within the target period, amounts to 144,000 yen (yearly ceiling amount) or more.

This is what I want to know!

Q How do I apply for High Medical Costs?

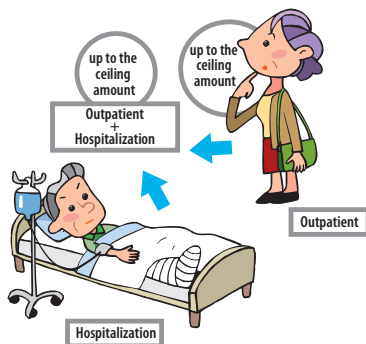
A A notification will be sent from the Wide-Area Association to those who are eligible to apply for high medical costs. Upon receiving the notice, please submit it to the designated address (municipal office where your residence is located) written on the document. Furthermore, once the application is made, details of the bank account specified for bank transfer will be registered so the applicant will not have to provide them next time.

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.
- For high medical costs (combined annual out-patient), calculation will be made on an individual basis after high medical costs are calculated.

This is what I want to know!

- Q** Are meal expenses during hospitalization and medical treatment not covered by medical insurance included in the calculation?
- A** Expenses for meals, cosmetic surgery, special bed fees, thorough medical exams, over-the-counter drug purchases, etc., are not included in the calculation. For more details, please contact the municipal office where your residence is located.



Combined System for High Medical & Nursing Care Expense

When there are individuals using the Nursing-care Insurance and Later-Stage Elderly Healthcare in the same household, the copayment amount paid by the insured person in the household for Nursing-care Insurance and medical insurance for one year are summed up, and the portion exceeding the following limit will be paid as High-cost Nursing Care Combined Medical Expenses.

Those eligible for both high medical costs (yearly out-patient total) and High-cost Nursing Care Combined Medical Expenses, must first make a payment application for high medical cost (yearly out-patient total).

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

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

This is what I want to know!

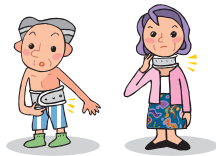
- Q** How can I apply for High-cost Nursing Care Combined Medical Expenses?
- A** An application form will be sent from the Wide-Area Association to those who are eligible to apply for High-cost Nursing Care Combined Medical Expenses. Upon receiving the document, please apply at the municipal office.

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, please send it to the municipal office where your residence is located as soon as possible. Expenses borne by the Wide Area Association will be charged by the association to the perpetrator at a later time. However, if the victim receives payment for medical expenses from the perpetrator or makes a settlement with said party, it may not be possible for the victim as well as the Wide Area Association to claim for treatment costs. Hence, be sure to make the necessary consultations first before making any settlements.

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.

This also includes those who are undergoing treatment for lifestyle-related diseases.

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

● Individuals eligible for consultation

All insured persons except those hospitalized for long periods and those admitted in facilities.

● Consultation period

April 2020 to March 2021
(excluding medical institution holidays)

● Medical institutions conducting the examination and health checkup items

Medical institutions designated by the Wide Area Organization
The main items in the health checkup includes physical measurement, blood pressure measurement, blood (fat) lipid test, liver function test, blood glucose test, urine test, etc.

Please call the medical institution conducting the health checkup to make a reservation before going for consultation. Contact the Wide Area Association for assistance, if unable to confirm which medical institution is conducting the health checkup.

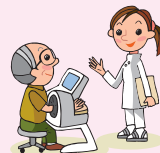
● Things to bring when going for consultation

- ① Health Insurance Card
- ② Consultation form
- ③ Copayment amount (500 yen)
- ④ Previous year's health checkup results (if available)

Consultation forms are sent out at around the later part of April each year. (For those turning 75 years of age, the forms will be sent at around the 10th of their birth month)

● Others

For cancer screening, please contact the municipal office for details.



Let's get a dental health checkup!

Dental health checkups are being conducted through the Wide Area Association to prevent oral dysfunction and diseases such as pneumonia, etc. For those who are eligible, a consultation ticket will be sent at around the later part of May. For those who did not receive the consultation ticket, please contact the Wide Area Association.

● Individuals eligible for consultation

Insured persons turning 76 years of age this year

*Except those hospitalized for long periods and those admitted in facilities

(Those born between April 1, 1944 and March 31, 1945)

Insured persons turning 77 years of age or above, who wish to undergo a dental health checkup may take the examination only until December 2020. Please contact the Wide Area Association for more details. However, those who have made dental consultations up to the previous year are excluded from taking the examination.

● Consultation period

From June to December 2020

(Excluding dental clinic holidays)

● Dental institutions conducting the examination and dental checkup items

Dental institutions designated by the Wide Area Organization (A list will be enclosed with the consultation ticket)

Questionnaire, teeth and gums health checkup, denture condition checkup, oral function checkup, etc.

● Things to bring when going for consultation

① Health Insurance Card

② Consultation form

(Please fill out and submit to the dental clinic)

③ Copayment amount (300 yen)

Do you know what generic drugs are?

- A generic drug is a pharmaceutical drug that is inexpensive, safe, effective, with the same quality and use the same active ingredients as the "original drug" whose patent period has expired.
- The medical costs per latter-stage elderly person in Fukuoka Prefecture ranks No.1 nationwide, and insurance premiums are also very high. It is advised to consult with a pharmacist about switching to generic drugs in order to reduce medication costs.

*We look forward to your support and cooperation.

