

Fiscal Year 2022 Edition

# Guide to the Latter-Stage Elderly Healthcare System



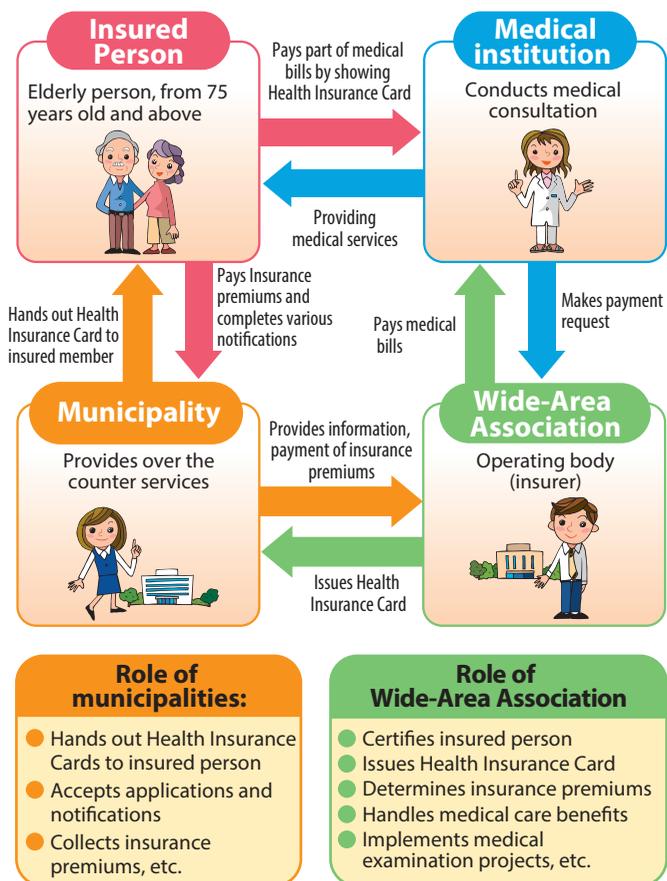
**Fukuoka Prefecture Wide-Area Association  
of Latter-Stage Elderly Healthcare  
Issued in March 2022**

## Table of Contents

Mechanism for the Latter-Stage Elderly Healthcare System .....	2
Persons covered .....	3
Health Insurance Card .....	4
Calculation method for insurance premiums .....	5
How to pay insurance premiums .....	7
<u>Regarding the change in copayment ratio for medical expenses at the counter</u> .....	10
When visiting a physician .....	11
Regarding the use of My Number Card with insurance card .....	13
When medical expenses become too high .....	14
Cost of meals during hospital confinement .....	18
High-Cost Medical Expense (outpatient yearly total).....	19
Combined System for High Medical & Nursing Care Expense .....	20
When a refund is given at a later time .....	21
When an insured person dies (funeral expenses) .....	22
When payment of medical bills at a medical institution becomes difficult due to a calamity or disaster .....	22
Notification of injury / illness caused by a third party .....	23
Introduction to the health insurance program .....	24
Let's get a health checkup once a year! .....	25
Let's get a dental health checkup!.....	26

# Mechanism for the Latter-Stage Elderly Healthcare System

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, where official duties are shared between the “municipalities (wards)”.



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

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 1 and October 1 this 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 be sent twice this year.**



Validity period is from August to September (light blue)

This will be sent around July.



Validity period is from October (pink)

This will be sent around September.

**The new insurance card will be sent from the municipal office where your residence is located.**

## 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 injury and sickness, intentional criminal acts, intentional accidents and fights, or drunkenness)

# Calculation method for insurance premiums

The Latter-Stage Elderly Healthcare insurance premiums amount is the total sum of the "per capita rate" that is levied equally on all insured persons and the "per income rate" levied according to income. The insurance premium rate will be reviewed every two years, and the insurance premium rate for fiscal year 2022 will change.

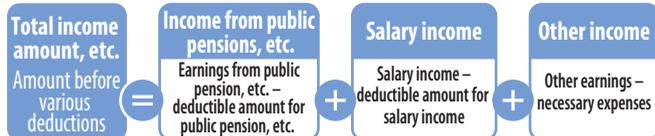


\*The maximum ceiling amount for the insurance premium is 660,000 yen.

\*There is a reduction in per capita rate for those with low income.

\*Although the basic deductible amount is 430,000 yen if the total income amount is 24,000,000 yen or less, it is different when it exceeds 24,000,000 yen.

## Calculation method for total income amount, etc.



\*Tax-exempt income (disability / bereaved family / old-age welfare pension, etc.) are not included in the total income amount.

\*Other earnings: earnings derived from business, real estate, stocks, etc.

### Calculation example (for single households with earnings of 2,000,000 yen from public pension)

[Total income amount, etc.] = earnings from public pension income, etc. – deductible amount for public pension, etc.

= 2,000,000 yen – 1,100,000 yen = 900,000 yen

[Per capita rate after reduction] = 45,148 yen (corresponding to 20% reduction from the next page)

\*20% reduced income requirement = 430,000 yen + 520,000 yen × 1 person = 950,000 yen or less

[Per income rate] = (total income amount - basic deduction amount) × 10.54%  
= (900,000 yen - 430,000 yen) × 10.54% = 49,538 yen

[Insurance premium] = 45,148 yen + 49,538 yen = 94,680 yen (rounded figure)

## Reduction measures for low-income earners

### Per-capita-based amount

Reduction will be done according to household income situation as of April 1st every year (at the time of subscription, in case of joining in the middle of the year).

Income requirements for target individuals (Total amount of income subject to reduction for the householder and insured persons in the same household)	Reduction ratio	Per capita rate after reduction (annual amount)
<u>430,000 yen (basic deductible amount) + 100,000 yen</u> × (number of salary earners, etc., – 1) or less	<b>70%</b>	<b>16,930yen</b>
<u>430,000 yen (basic deductible amount) + 285,000 yen</u> × number of insured persons + <u>100,000 yen</u> × (number of salary earners, etc., – 1) or less	<b>50%</b>	<b>28,217yen</b>
<u>430,000 yen (basic deductible amount) + 520,000 yen</u> × number of insured persons + <u>100,000 yen</u> × (number of salary earners, etc., – 1) or less	<b>20%</b>	<b>45,148yen</b>

\*The underlined formula is applied when the householder or insured person in the same household has income related to salary or public pension.

## Reduction measures for dependents

Applicable to those who were dependents under the social insurance the day before subscription.

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

**Per-capita-based amount**

**50% reduction**  
Reduced Insurance Premium (Yearly) 28,217 yen

**Income-based amount**

**burden is waived**

\*70% reduction will be given priority, for those with per capita rate that corresponds to 70% reduction.

\*The per capita rate reduction for those who were dependents is limited to two years after joining the system.

### 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.

# How to pay insurance premiums

In principle, payment of insurance premiums 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 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
- Those who offered to pay via bank account transfer, and those who are not subject to special collection

### 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", 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	When the insured person's* property is damaged to a certain extent due to earthquake, wind and flood, fire, etc.
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 3,100,000 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.

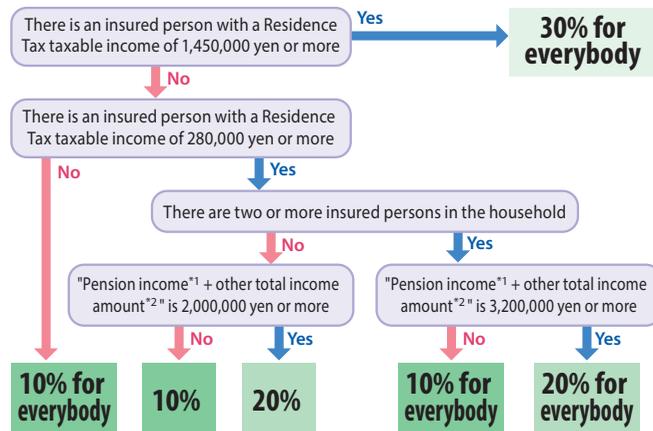


## Regarding the change in copayment ratio for medical expenses at the counter

● Starting from October 1, 2022, the copayment ratio at the counter will be changed to **20%** among those who currently bear 10% copayment who have a certain amount of income / earnings. (See page 12 for details)

● There are measures taken to reduce the burden in consideration to those who will shoulder 20% copayment at the counter. (Refer to page 17 for details.) **For medical treatments up to September 2025, the increase in the burden amount of outpatient medical care for one month will be limited to 3,000 yen, (medical expenses for hospitalization are not covered).**

● The copayment ratio at the counter is determined on a per household basis, based on the insured person's Residence Tax taxable income (income after various deductions), pension income\*<sup>1</sup>, etc., for that year (the previous year for April to July).



\*1 Pension income does not include survivor's pension or disability pension.

\*2 Other total income amount refers to the amount after deducting necessary expenses, salary income deduction, etc., from business income, salary income, etc.

# When visiting a physician

Co-payment ratio at the counter	Co-payment classification until September 2022
30%	<p><b>Worker equivalent III</b></p> <p>Those with an insured person in the same household with a Residence Tax taxable income of 6,900,000 yen or more</p>
	<p><b>Worker equivalent II</b></p> <p>Those with an insured person in the same household with a Residence Tax taxable income of 3,800,000 yen or more</p>
	<p><b>Worker equivalent I</b></p> <p>Those with an insured person in the same household with a Residence Tax taxable income of 1,450,000 yen or more</p>
	<p><b>Application of standard income amount</b></p> <p>Those classified as Worker equivalent I and II, who fall under any of the following, will have a copayment ratio of 10% at the counter by making the necessary application at the nearest municipal office.</p> <ul style="list-style-type: none"> <li>Multiple insured individuals in the same household, with a total income of less than 5,200,000 yen</li> <li>One insured person in the same household, with an income of less than 3,830,000 yen</li> <li>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.</li> </ul> <p>*If someone in household has a copayment ratio of 30%, the copayment ratio for all insured individuals in the same household will be 30%.</p>
10%	<p><b>General</b></p> <p>Those who do not fall under the following: "Worker-equivalent income earners", "Category I", "Category II"</p>
	<p><b>Category II</b></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><b>Category I</b></p> <p>Those who belong to a household where everyone is exempt from Residence Tax, and everyone in the household has "zero" income (deduction amount for public pension, etc., 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 430,000 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 at the counter will be 10%.

## A new copayment ratio has been established.

Starting from October 1, 2022, the copayment ratio at the counter will be changed to 20% among those who currently bear 10% copayment who have a certain amount of income / earnings. There is no change for those who bear 30% copayment.

Co-payment ratio at the counter	Co-payment classification from October 2022
30%	<p>There is no change in copayment ratio due to the revision in the system.</p> <p>*Please refer to the 30% column on the left table (page 11).</p>
20%	<p><b>General II</b></p> <p>Those with an insured person in the same household with a Residence Tax taxable income of 280,000 yen or more, and who fall under the following ① or ②:</p> <p>① The total amount of "pension income + other total income amount" is 2,000,000 yen for a single household</p> <p>② The total amount of "pension income + other total income amount" of all insured persons in multiple households is 3,200,000 yen or more.</p> <p>* Excluding those who bear 30% copayment</p>
	<p><b>General I</b></p> <p>Those who do not fall under the following: "Worker-equivalent income earners", "General II", "Category I", "Category II"</p>
10%	<p><b>Category II</b></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><b>Category I</b></p> <p>Those who belong to a household where everyone is exempt from Residence Tax, and everyone in the household has "zero" income (deduction amount for public pension, etc., 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 (refer to page 5), minus 430,000 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 at the counter will be 10%. The copayment could also be 20% after October 1, 2022. (No notification is required.)
- For a “worker-equivalent income earner” who was the householder on December 31 of the previous year, with household members under 19 years old with a combined total income of 380,000 yen or less, the amount obtained by multiplying the number of people under 16 years old by 330,000 yen and the number of people from 16 years old but not exceeding 19 years old by 120,000 yen, will be deducted from the Residence Tax taxable income. After October 1, 2022, it will also be applied on those who bear 20% copayment.
- “Earnings” refer to the amount derived from pension, salary, business earnings, etc. Furthermore, “Residence Tax taxable income” is the amount obtained by subtracting deductions from earnings such as necessary expenses (public pension deduction, salary income deduction, etc.), basic deduction, dependent deduction, social insurance deduction, etc. based on the Local Tax Law.

#### Regarding the use of My Number Card with insurance card

The My Number Card can be used as insurance card when visiting a medical institution. (Please confirm directly with the medical institution, etc., to make sure that it is supported.) In order to use it, registration must be made beforehand using Mynportal, etc. For more details, please contact the My Number General Toll-free Number.

**My Number General Toll-free Number**  
☎120-95-0178

(Weekdays, 9:30–20:00 Saturdays, Sundays & holidays, 9:30–17:30)

## When medical expenses become too high

When the cost of medical treatment in one month (within one month) exceeds the specified limit (see page 15), 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 Worker 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 (when using the My Number Card (refer to page 13), there is no need to show a Certificate of Ceiling Amount Application / Standard Burden Amount Reduction). **Please apply for the “Certificate for Ceiling Amount Application / Standard Burden Amount Reduction” and “Certificate of Ceiling Amount Application” at the municipal office where your residence is located. It will be applied from the first day of the application month.**



# 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 I・II	18,000 yen (Yearly Ceiling Amount*4 144,000 yen) <small>General II has measures for burden reduction (refer to page 17)</small>	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.

## Calculation method for high medical costs

- Even 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 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.

### This is what I want to know!

- 🗣️ Are meal expenses during hospitalization and medical treatment not covered by medical insurance included in the calculation?
- 📌 Expenses for meals, special bed fees during hospitalization, as well as treatments where medical insurance cannot be used (cosmetic surgery, thorough medical exams, over-the-counter drug purchases, etc.), are not included in the calculation.

### This is what I want to know!

- 🗣️ How do I apply for High Medical Costs?
- 📌 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. 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 and transfer will be made to said registered account.

## \*Consideration measures to reduce the burden (General II)

For those who have a 20% copayment burden at the counter, the increase in the amount of outpatient medical care burden for one month due to the increase in the burden ratio will be suppressed to 3,000 yen (medical expenses for hospitalization are not covered). It is scheduled to be carried out until September 2025 medical treatments.

If eligible, a refund will be given at a later date as High-cost Medical Expense. An application form will be sent by mail for those who need to do bank account registration procedures.

### Calculation method when consideration measures are applied

**Example:** When the total amount of outpatient medical expenses for one month is 90,000 yen

Burden at the counter (at 10%) <sup>①</sup>	9,000yen
Burden at the counter (at 20%) <sup>②</sup>	18,000yen
Amount of increase of burden at the counter <sup>③</sup> (②-①)	9,000yen
Ceiling (limit) for increase of burden at the counter <sup>④</sup>	3,000yen
Refund (③-④)	6,000yen

\* It may not match the actual payment amount due to round figure adjustments, etc.

## Certificate of Medical Treatment for Specific illness

By presenting a "Certificate of Medical Treatment for Specific illness" at the counter of a medical institution, the amount of copayment for each medical institution (by inpatient / outpatient) will be up to 10,000 yen per month. If eligible, please apply at the municipal office where your residence is located.

【Target specific diseases】

- Part of congenital blood coagulation factor disorders
- Chronic renal failure requiring dialysis
- Acquired Immunodeficiency Syndrome with antiviral administration

## 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 11-12)		Per meal costs
30% co-payment, General I • II		460 yen*1
Category II *2	Up to 90 days hospital confinement	210 yen
	Confinement of more than 90 days in the past year *3 Applicable to long-term confinement	160 yen
Category I *2		100 yen

\*1 260 yen in some cases

\*2 For those who fall under Category I and II, it is necessary to apply for issuance of "Certificate for Ceiling Amount Application / Standard Burden Amount Reduction" at the municipal office where your residence is located (When using the My Number Card as insurance card, it is not necessary to show the Certificate for Ceiling Amount Application / Standard Burden Amount Reduction).

\*3 A separate application is necessary. Please 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 11-12)	Cost per meal	Cost per day of stay
30% co-payment, General I • II	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 as mentioned during hospitalization. While living expense is set at 370 yen, patients with designated intractable disease are free of charge.

## High-Cost Medical Expense (outpatient yearly total)

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 last day of the target period, the total out-patient copayment for the insured person in general I, II or category I, II, for the month of the category mentioned 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-Cost Medical Expense (outpatient annual total)?

**A** Payment for High-Cost Medical Expense (outpatient annual total) will be transferred to the registered bank account as high-cost medical expenses. For those who have not registered their bank accounts or have changed their insurance status during the applicable period, an application guide will be sent by the Wide Area Association.

After receiving the above, please submit it to the specified location (municipality where you lived on the last day of the target period) listed on the guide.



## 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 11–12)	Ceiling amount (limit)
Worker Equivalent III	2,120,000 yen
Worker Equivalent II	1,410,000 yen
Worker Equivalent I	670,000 yen
General I • II	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 expected to receive payment 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, even though 100% copayment burden at the counter is necessary, upon making the necessary application at the municipal office and given an approval, the amount excluding the burden based on the insurance card's burden ratio at the counter will be paid at a later date as **medical treatment expenses**.

\*Necessary documents will be required in making the application. Please contact the municipal office for more details.

- 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 (does not cover planned hospital transfer) 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.

\*Necessary documents will be required in making the application. Please contact the municipal office for more details.

# 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.

\*Different measures may be taken in the event of a large-scale disaster.

# Report of injury or illness caused by the actions of a third party

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

When presenting an insurance card and receiving medical treatment due to :

- Traffic accident
- Being bitten by someone' s dog
- Food poisoning
- Accident at a nursing care facility, etc.
- Being involved in a Fight
- Injury due to defective public property, etc.

For more details regarding the items needed for notification, please contact the municipal office where your residence is located.



# Introduction to the health insurance program

Health insurance programs such as health promotion, frailty prevention, etc., are being implemented to enable everyone to lead an independent daily life for a long time.

(\*Frailty is a condition in which the mind and body are weakened by aging)

## ● Health programs implementation plan (Data health plan)

Plans are being formulated to implement effective and efficient health programs or services by utilizing data such as health checkups, medical information, etc.

## ● Health examination / Dental examination

See pages 25 and 26 for details.

## ● Health consultation

Target individuals are extracted based on the results of health examinations, etc., and health guidance is provided by telephone or visitation.

## ● Medication guidance through visitation

In cooperation with the Fukuoka Pharmaceutical Association, pharmacists will support medication management by visiting homes.

## ● Health and longevity lecture

Instructors are dispatched to health events held by municipalities.

## ● Healthy and longevity diary

Diary-style booklets encouraging health promotion practice are distributed at the municipal office counter.

# 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

However, those hospitalized for long periods and some admitted in facilities are excluded.

## ● Consultation period

April 2022 to March 2023 (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 (or My Number Card that has been registered for use as 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)

## Caution!

For cancer screening, please contact the municipal office where your residence is located.



# 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 born from April 1, 1946 to March 31, 1947, who will be turning 76 years of age this year

However, those hospitalized for long periods and some admitted in facilities are excluded.

Insured persons turning 77 years of age or above, who have never had a medical examination and wish to have a checkup may take the examination only until December 2022. Please contact the Wide Area Association.

## ● Consultation period

From June to December 2022

(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  
(or My Number Card that has been registered for use as health insurance card)
- ② Consultation form  
(Please fill out and submit to the dental clinic)
- ③ Copayment amount (300 yen)

# 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)



この印刷物は環境に配慮し、  
植物油インキを使用しています



この印刷物は、印刷用の紙へ  
リサイクルできます。