

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 : <https://www.fukuoka-kouki.jp/>

Consultation hours

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

Telephone number

092 - 651 - 3111
*Please have your **insured person number** ready when making an inquiry.
*Kindly check the number when calling to avoid dialing the wrong number.

FAX

092 - 651 - 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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Fiscal Year 2026 Edition Guide to the Latter-Stage Elderly Healthcare System



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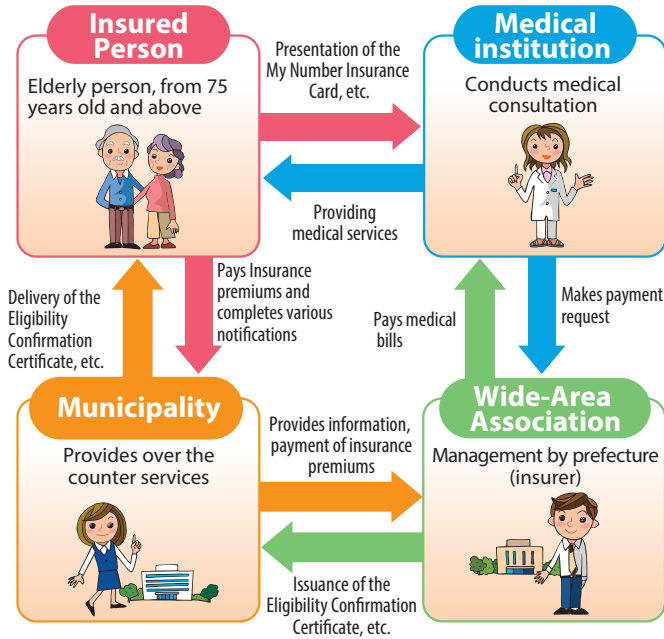
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**Fukuoka Prefecture Wide-Area Association
of Latter-Stage Elderly Healthcare**

Issued in March 2026

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)”.



- Role of municipalities:**
- Delivery of the Eligibility Confirmation Certificate, etc.
 - Accepts applications and notifications
 - Collects insurance premiums, etc.

- Role of Wide-Area Association**
- Certification of Insured Persons, etc.
 - Issuance of the Eligibility Confirmation Certificate, etc.
 - Determines insurance premiums
 - Handles medical care benefits
 - Implements medical examination projects, etc.

Persons covered (Insured person)

● **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 (This certification is one of the requirements for eligibility under the Fukuoka Prefecture Medical Expense Subsidy Program for Persons with Severe Disabilities). You may withdraw your application at any time in the future.

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

Level of disability	
Physical Disability Card	● 1st Grade, 2nd Grade, 3rd Grade
	● Part of 4th Grade
Mental Disability Health & Welfare Card	● 1st Grade, 2nd Grade
Rehabilitation Card	● A (Severity)
Disability Pension based on the National Pension Act, etc.	● 1st Grade, 2nd Grade

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.

Regarding the My Number Insurance Card, etc.

As of December 2, 2024, new issuance of the traditional insurance card has been discontinued, and the system has transitioned to one primarily based on the My Number Insurance Card.

Going forward, those who possess a My Number Insurance Card will be issued an “Eligibility Information Notice”(*), while those who do not possess a My Number Insurance Card will be issued an “Eligibility Confirmation Certificate”. If a person who has already registered their My Number Insurance Card for use as a health insurance card enrolls in the Latter-Stage Elderly Healthcare System, no additional registration is required.

- When visiting a medical institution, please present your My Number Insurance Card or your Eligibility Confirmation Certificate at the reception desk.

For Those Who Have a My Number Insurance Card

Those who possess a My Number Insurance Card will be issued an A4-size “Eligibility Information Notice” so that they can easily confirm their insured status, etc. (*)

* In consideration of the transition to the My Number Insurance Card, under the Latter-Stage Elderly Healthcare System, an “Eligibility Confirmation Certificate” will be issued to all enrollees, regardless of whether they possess a My Number Insurance Card, until July 31, 2026.

《Benefits of the My Number Insurance Card》

- You can receive more appropriate medical care based on your medication and consultation history.
- You will be exempt from payments exceeding the high-cost medical expense ceiling amount without the need for additional procedures.
- It can be utilized in emergency situations to facilitate appropriate first aid during transport and hospital selection, etc.

For Those Who Do Not Have a My Number Insurance Card

For the time being, those who do not possess a My Number Insurance Card will be issued a postcard-size “Eligibility Confirmation Certificate” individually, without the need for application.

Upon application, the Ceiling Amount Category, the Long-Term Hospitalization Applicable Date (see pages 10 and 14), and the Designated Disease Category (see page 12) may be printed on the “Eligibility Confirmation Certificate”.

*If you request that the Ceiling Amount Category, etc. be printed, an “Eligibility Confirmation Certificate” with this information included will be issued from the following fiscal year (updated on August 1) without the need for further application.

*For details regarding application for the printing of the Ceiling Amount Category, etc., please contact your municipal office.

- Updated on August 1 each year
- Delivered in the month prior to your 75th birthday

Regarding Application for Issuance of the “Eligibility Confirmation Certificate”

Even if you possess a My Number Insurance Card, an “Eligibility Confirmation Certificate” will continue to be issued on or after August 1, 2026, upon application to your municipal office, if you fall under any of the following:

- Those who have lost their My Number Card or are in the process of renewing it
- Those who have difficulty receiving medical care using the My Number Insurance Card, such as when a caregiver or other third party needs to accompany and assist a person requiring special consideration with identity verification, etc.

Regarding Registration of the My Number Card for Use as a Health Insurance Card

To register your My Number Card for use as a health insurance card, the following three methods are available:

- ① At the reception desk (card reader) of a medical institution or pharmacy
- ② Through “My Number Portal”
- ③ At a Seven Bank ATM

For details, please contact the My Number General Toll-Free Hotline.

My Number General Toll-Free Hotline ☎0120-95-0178
(Weekdays 9:30~20:00 Saturdays, Sundays, and national holidays 9:30~17:30)

How to Read the “Eligibility Confirmation Certificate”

① Expiration Date

This is the expiration date of the “Eligibility Confirmation Certificate”. A certificate that has passed its expiration date cannot be used.

② Copayment Ratio

This is the percentage of medical expenses you are required to pay at the reception desk of a medical institution, etc. It ranges from 10% to 30%, depending on the income status of the insured persons within the same household. (See page 6)

③ Optional Printed Information

By applying to have optional information printed, the following items will be included.

Ceiling Amount Category	Category of the copayment ceiling amount *This is determined according to the income status of the insured persons, etc. within the same household. (See page 6)
Long-Term Hospitalization Applicable Date	The date on which the reduction of the standard meal expense burden applies to those whose Ceiling Amount Category is “Category II”. *Notification of long-term hospitalization status is required. (See page 14)
Designated Disease Category	The category of designated disease is indicated by a code. (See page 12) *Separate notification is required in order to receive certification for a designated disease.

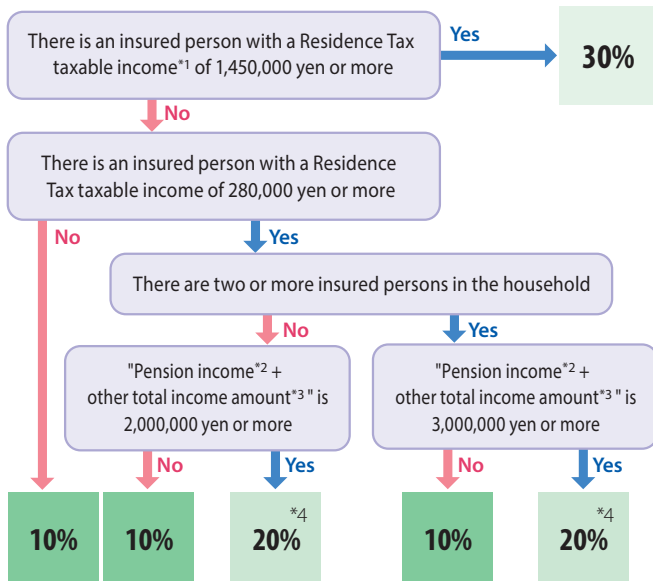
*Issuance of the “Certificate for Ceiling Amount Application” and the “Certificate for Ceiling Amount Application and Standard Burden Amount Reduction” has now been discontinued.

If your medical expenses become high, please use an “Eligibility Confirmation Certificate” with the Ceiling Amount Category printed on it, or your My Number Insurance Card.

Payment at hospitals, etc.

Co-payment ratio at the counter	Payment burden category
30%	Worker equivalent III Those with an insured person in the same household with a Residence Tax taxable income of 6,900,000 yen or more Worker equivalent II Those with an insured person in the same household with a Residence Tax taxable income of 3,800,000 yen or more Worker equivalent I Those with an insured person in the same household with a Residence Tax taxable income of 1,450,000 yen or more Application of standard income amount If any of the following applies among those who fall under Worker-equivalent income earners Category I and Category II, the copayment burden ratio at the counter will be 20% or 10%. A notification with instructions will be sent to those who need to apply. <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%.
	General II Those who have an insured person in the same household with a residence tax taxable income of 280,000 yen or more, who falls under the following ① or ②. ① There is only one insured person in the same household, and the total income amount of "pension income and other total income" totals 2 million yen or more ② There are multiple insured persons in the same household, and the total income amount of "pension income and other total income" of all insured persons totals 3.2 million yen or more *Excluding those who pay 30% burden.
	General I Those who do not fall under the following: “Worker-equivalent income earners”, “General II”, “Category 1”, “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 the entire household is exempt from residence tax and the income of all members of the household amounts to 0 yen (Calculated by subtracting 806,700 yen from public pension income and subtracting 100,000 yen from employment income.), or old-age welfare pension recipients (all members of the household are exempt from residence tax).

Regarding the determination of counter burden ratio



*1 Even if there is an insured person whose residence tax taxable income is 1,450,000 yen or more, If the total amount is less than 2.1 million yen "after deducting 430,000 yen from the total income" of insured persons born after January 2, 1945 and insured persons from the same household, please proceed to "No". For households exempt from resident tax, the tax will be 10%.

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

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

*4 If the head of household is subject to a 30% or 20% copayment ratio and, as of December 31 of the previous year, there is a household member under 19 years of age within the same household whose total income is 380,000 yen or less, the amount obtained by multiplying 330,000 yen by the number of household members under 16 years of age and 120,000 yen by the number of household members aged 16 to under 19 shall be deducted from the "residence tax taxable income" for determination.

If there is a change in the burden ratio

Due to changes in household composition, etc., the burden ratio may change midway through the fiscal year. The burden ratio may change retroactively due to amended income declarations, etc.

If there is a change, a new insurance card will be sent from the municipal office, and even if a visit is made at a medical institution before it arrives, the medical institution will be able to check the changed burden ratio online, so the patient may be billed based on the revised burden ratio.

If You Receive a Simplified Income Declaration Form

A Simplified Income Declaration Form will be sent to insured persons or members of the same household whose income status is unknown. If you receive a Simplified Income Declaration Form, please submit it promptly. Among those who have no income (or very little income), some may choose not to file a declaration on the grounds that "income tax (residence tax) will not be imposed even if no declaration is made"; however, in order to determine eligibility for reduction of insurance premiums under the Latter-Stage Elderly Healthcare System and to correctly calculate the copayment ceiling amount for high-cost medical expenses, a declaration stating that you have "no income" is required.

Possible Disadvantages if a Household Member with No Income Does Not File a Declaration

- You may not be eligible to receive reduction measures for insurance premiums under the Latter-Stage Elderly Healthcare System for low-income persons.
- The copayment ceiling amount for high-cost medical expenses may increase, resulting in higher payments at the reception desk of medical institutions.
- You may no longer be eligible to receive a reduction in meal expenses during hospitalization.

When medical expenses become too high

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

Those Who Have a “My Number Insurance Card”

When you use your “My Number Insurance Card” at the time of receiving medical care at a medical institution, etc., the amount you pay at the reception desk for each medical institution, etc. will be limited to the copayment ceiling amount shown on the next page.

Those Who Have an “Eligibility Confirmation Certificate”

When you present an “Eligibility Confirmation Certificate” with the Copayment Category printed on it at the time of receiving medical care at a medical institution, etc., the amount you pay at the reception desk for each medical institution, etc. will be limited to the copayment ceiling amount shown on the next page.

* For details regarding the “My Number Insurance Card”, the “Eligibility Confirmation Certificate”, etc., please refer to pages 3 to 5.

This is what I want to know!

How do I apply for High Medical Costs?

A A notification will be sent from the Wide-Area Association to those who are eligible for high-cost medical expenses. 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.

Maximum co-payment amount (monthly)

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

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

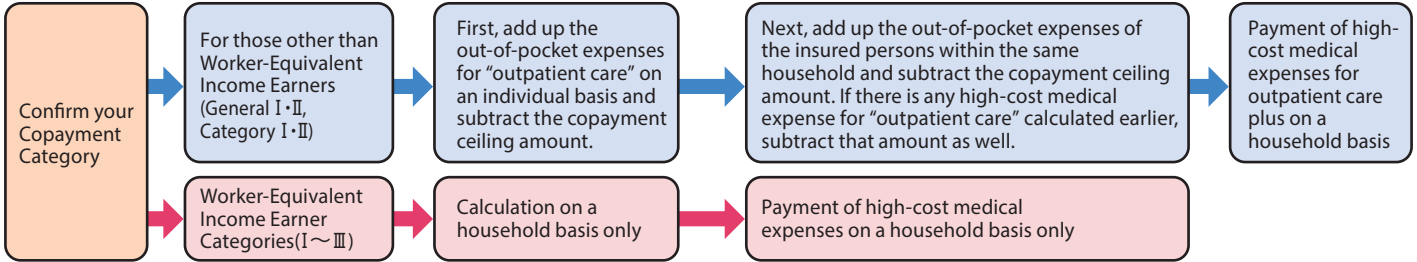
*2 If medical expenses exceed 558,000 yen, 1% of the excess will be added.

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

*4 This is the ceiling amount for the fourth time and thereafter, in case where the household received payment for high medical cost within the past 12 months.

*5 The ceiling amount for one year (Every year from August to July of the following year) is 144,000 yen.

How to Calculate High-Cost Medical Expenses



● In the month in which a person reaches 75 years of age (excluding those whose birthday falls on the first day of the month), because it spans two systems, the medical insurance prior to the birthday and the Latter-Stage Elderly Healthcare System, the individual copayment ceiling amount becomes one-half.

● Meals during hospitalization and expenses not covered by insurance (such as additional bed charges, cosmetic surgery, health checkups, and the purchase of over-the-counter medicines) are not included.

High-Cost Medical Expense (outpatient yearly total)

This system reduces the burden on those receiving outpatient treatment throughout the year. It covers the medical treatment period for one year from the August every year up to July of the following year. For those in General I/II or Category I/II as of July 31st, the total outpatient out-of-pocket expenses for the month while in the above category during the applicable period (on an individual basis, excluding high-cost medical expenses for each month) in excess of 144,000 yen will be paid.

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.

■ 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

Check your medical expense notification

Medical expense notifications are sent three times a year (July, November, and February). Please check the written contents and set aside if it will be used for medical expense deduction.

● Approximate mailing schedule

Month of medical treatment	Mailing period
December to March	Late July
April to July	Late November
August to November	Mid-February

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 6)	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*

* If there are multiple users of long-term care services within the same household, the amount is 310,000 yen.

* For inquiries regarding Long-Term Care Insurance, please contact your Long-Term Care Insurance insurer.

This is what I want to know!

🔵 How can I apply for High-cost Nursing Care Combined Medical Expenses?

🔴 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.

Meals and accommodation expense when hospitalized

The out-of-pocket expense amount is the standard burden amount shown below.

■ Standard burden amount for food expenses (per meal)

Due to revisions to the medical fee schedule, meal expenses will change starting in June 2026.

(Until May 2026)

Burden category (see page 6)	General hospital bed	Recuperation bed	
		People with high need for inpatient medical care	
Worker Equivalent I, II, III, General I, II	510 yen (some may be at 300 yen)	510 yen (some may be at 300 yen)	510 yen (470 yen at some medical institutions)
Category II *1	Hospitalization up to 90 days	240 yen	240 yen
	Applicable to long-term hospitalization of more than 90 days in the past one year *2	190 yen	
Category I *1		110 yen	140 yen
	Old age welfare pension recipient		110 yen

(From June 2026)

Burden category (see page 6)	General hospital bed	Recuperation bed	
		People with high need for inpatient medical care	
Worker Equivalent I, II, III, General I, II	550 yen (some may be at 330 yen)	550 yen (some may be at 330 yen)	550 yen (510 yen at some medical institutions)
Category II *1	Hospitalization up to 90 days	270 yen	270 yen
	Applicable to long-term hospitalization of more than 90 days in the past one year *2	220 yen	
Category I *1		130 yen	160 yen
	Old age welfare pension recipient		130 yen

*1 Persons in Category I or Category II are required to present a "Eligibility Confirmation Certificate" that indicates their payment category at the medical institution (if using the My Number Insurance Card, the above copayment amounts will apply without additional procedures).

*2 This requires a separate application, including for those currently using the My Number Insurance Card. For details, please contact your city (ward/town/village).

■ Standard burden amount for accommodation expenses (per day)

	General hospital bed	Recuperation bed (Until May 2026)	Recuperation bed (From June 2026)
Old age welfare pension recipient	/	0 yen	0 yen
Designated intractable disease patients, etc.		370 yen	430 yen
Persons other than the above			

When a refund is given at a later time

In the following cases, you must initially pay 100% of the medical expenses at the counter; however, if you apply to your city (ward/town/village) of residence and the application is approved, the amount excluding the portion corresponding to your copayment ratio under the My Number Insurance Card or the "Eligibility Confirmation Certificate" will be reimbursed later as **medical expenses**.

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

- When you receive medical treatment without presenting the My Number Insurance Card, etc. due to unavoidable reasons, or when you visit a medical institution that does not provide insured medical treatment.
- 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.
- When a person with difficulty traveling is transported to a medical institution under a physician's instruction due to an emergency or other unavoidable reason (planned transfers are excluded).

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.

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 involved by a third party resulting in injury or illness. **In this case, please notify the municipal office where your residence is located as soon as possible.** When applying for reimbursement of medical expenses, such as when a medical appliance has been made, the same procedures apply.

Medical expenses and other benefits paid by the Wide-Area Association will later be claimed by the Wide-Area Association from the person at fault.

However, please note that if you accept money from the person at fault without careful consideration or reach a private settlement verbally, both you and the Wide-Area Association may no longer be able to claim the medical expenses.

If no notification is filed, you may receive a written inquiry asking about the cause of the injury, based on information provided by the medical institution.

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.

Structure of Insurance Premiums

Due to the revision of the Child and Childcare Support Act, the “Child and Childcare Support Contribution” (hereinafter referred to as the “Child Portion”) has been included among the expenses subject to premium collection under the Act on Securing Medical Care for the Elderly.

From fiscal year 2026, the annual insurance premium will consist of the conventional medical insurance premium portion (hereinafter referred to as the “Medical Portion”) and the “Child Portion.” (See the next page.)


*The Insurance Premium Determination Notice will show the “Medical Portion” and the “Child Portion” separately.

About the Child and Childcare Support Contribution System

What is the Child and Childcare Support Contribution System?

The Child and Childcare Support Contribution System is a framework in which contributions are collected from all generations and businesses to support children and households raising children throughout society.

These contributions are used to promote measures against the declining birthrate by expanding benefits for child-rearing households, such as support benefits for pregnant women, increased benefit rates for post-childbirth leave, and benefits for reduced working hours during childcare.

<p>Contact Information: Children and Families Agency Call Center ☎0120-303-272 (Reception hours: Weekdays and Saturdays, 9:00 to 18:00)</p>	<p>Please visit the website of the Children and Families Agency. </p> 
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Regarding the Start of Collection

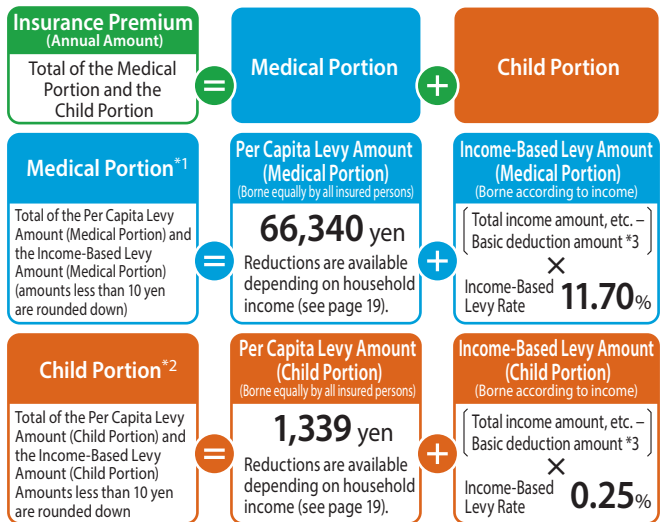
The contribution (“Child Portion”) will be collected together with the “Medical Portion” starting from fiscal year 2026.

The actual timing of the start of collection differs depending on the method of premium payment. Please confirm this in the Insurance Premium Determination Notice or other payment notices sent in July by your city (ward/town/village) of residence.

Method of Calculating Insurance Premiums (Fiscal Year 2026)

The annual insurance premium is the total of the “Medical Portion” and the “Child Portion.”

The amount of the “Medical Portion” and the “Child Portion” consists respectively of the total of the “Per Capita Levy Amount,” which is imposed equally on all insured persons, and the “Income-Based Levy Amount,” which is imposed according to income.

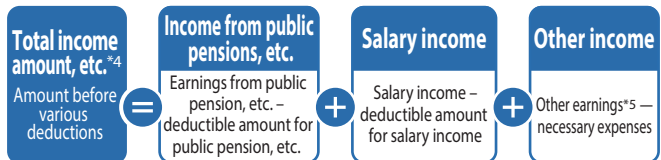


*1 The maximum levy amount for the “Medical Portion” is 850,000 yen.

*2 The maximum levy amount for the “Child Portion” is 21,000 yen.

*3 The basic deduction amount is 430,000 yen when the total income amount is 24,000,000 yen or less; it differs when the total income amount exceeds 24,000,000 yen.

Calculation method for total income amount, etc.



*4 Tax-exempt income (disability, survivors, old-age welfare pension, etc.) is not included in the total income amount. In addition, if a person has both employment income and pension income, the income adjustment deduction, which deducts up to 100,000 yen, will apply.

*5 Other income -- income from business, real estate, stocks, personal pensions, etc.

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). In fiscal year 2026, the 70% reduction (statutory rate) of the Per Capita Levy Amount (Medical Portion) will, as a special measure, be reduced by 72%.

Income requirements for target individuals (Total amount of income subject to reduction*2 for the household and insured persons in the same household*1)	Reduction Rate (Annual amount of the Per Capita Levy Amount after reduction)	
	Standard Reduction	Fiscal Year 2026
$\frac{430,000 \text{ yen (basic deductible amount)} + 100,000 \text{ yen}}{\times (\text{number of salary earners, etc.,} - 1)^*3}$ or less	70%	72% (Medical Portion 18,575 yen)
		70% (Child Portion 401 yen)
$\frac{430,000 \text{ yen (basic deductible amount)} + 310,000 \text{ yen}}{\times \text{number of insured persons} + 100,000 \text{ yen}}$ $\times (\text{number of salary earners, etc.,} - 1)^*3$ or less	50%	50% (Medical Portion 33,170 yen Child Portion 669 yen)
		20% (Medical Portion 53,072 yen Child Portion 1,071 yen)
$\frac{430,000 \text{ yen (basic deductible amount)} + 570,000 \text{ yen}}{\times \text{number of insured persons} + 100,000 \text{ yen}}$ $\times (\text{number of salary earners, etc.,} - 1)^*3$ or less	20%	

*1 If there is any person within the same household, among the insured persons and the head of household, whose income is unknown, no reduction will be applied.

*2 The "income amount subject to reduction" is basically the same amount as the total income amount, etc., but is calculated as follows for public pensions for those aged 65 and above: "Public pension income – Public pension deduction amount – Special deduction of 150,000 yen". In addition, deductions for full-time business owners and special deductions for separate capital gains are not applicable.

*3 The calculation formula indicated by the underlined portion applies when two or more persons among the insured persons or the head of household within the same household have employment income or public pension income. In addition, when calculating the "number of salary income earners, etc." in the underlined portion, the employment income deduction is calculated as 550,000 yen instead of 650,000 yen.

Reduction measures for dependents

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

* This includes persons aged 65 or older and under 75 who have been certified by the Wide-Area Association and are enrolled in the Latter-Stage Elderly Healthcare System. It also applies to dependents of persons who were voluntarily continuing their social insurance coverage. However, it does not apply to National Health Insurance or National Health Insurance Associations.

Income-Based Levy Amount No burden

Per Capita Levy Amount

50% Reduction (Limited to two years after enrollment in the system)

Insurance premium amount after the 50% reduction

(Annual amount) Medical Portion 33,170 yen Child Portion 669 yen

*For those eligible for the 70% (72%) reduction, the 70% (72%) reduction takes priority.

Example of Insurance Premium Calculation (Single-person household with public pension income of 2,200,000 yen)

*A simulation can be made on the website of the Wide-Area Association.

[Total income amount, etc.] = Public pension income – Public pension deduction amount (1,100,000 yen)
= 2,200,000 yen – 1,100,000 yen
= 1,100,000 yen ……①

<Determination of reduction for low-income persons> *See page 19

[Income amount subject to reduction] = Public pension income – Public pension deduction amount – Special deduction amount
= 2,200,000 yen – 1,100,000 yen – 150,000 yen
= 950,000 yen ……②

[Income requirement for 70% reduction] = 430,000 yen (basic deduction amount) + 100,000 yen X (number of salary income earners – 1)
= 430,000 yen + 100,000 yen X 0
= 430,000 yen ……③

Since ② > ③, the person does not qualify for the 70% reduction of the Per Capita Levy Amount.

[Income requirement for 50% reduction] = 430,000 yen (basic deduction amount) + 310,000 yen X number of insured persons + 100,000 yen X (number of salary income earners – 1)
= 430,000 yen + 310,000 yen X 1 + 100,000 yen X 0
= 740,000 yen ……④

Since ② > ④, the person does not qualify for the 50% reduction of the Per Capita Levy Amount.

[Income requirement for 20% reduction] = 430,000 yen (basic deduction amount) + 570,000 yen X number of insured persons + 100,000 yen X (number of salary income earners – 1)
= 430,000 yen + 570,000 yen X 1 + 100,000 yen X 0
= 1,000,000 yen ……⑤

Since ② ≤ ⑤, the person qualifies for the 20% reduction of the Per Capita Levy Amount.

[Per Capita Levy Amount (Medical Portion)] = 53,072 yen (amount after 20% reduction) ……⑥
*See page 19

[Income-Based Levy Amount (Medical Portion)] = (Total income amount, etc. – Basic deduction amount) X 11.70%
= (① – 430,000 yen) X 11.70%
= 78,390 yen ……⑦

[Medical Portion] = ⑥ + ⑦
= **131,460yen** (amounts less than 10 yen are rounded down) ……⑧

[Per Capita Levy Amount (Child Portion)] = 1,071 yen (amount after 20% reduction) ……⑨
*See page 19

[Income-Based Levy Amount (Child Portion)] = (Total income amount, etc. – Basic deduction amount) X 0.25%
= (① – 430,000 yen) X 0.25%
= 1,675 yen ……⑩

[Child Portion] = ⑨ + ⑩
= **2,740yen** (amounts less than 10 yen are rounded down) ……⑪

[Annual Insurance Premium] = Medical Portion + Child Portion
= ⑧ + ⑪
= **134,200yen**

How to pay insurance premiums

Payment methods include special collection (pension deduction) and normal collection (payment slip, etc.). Persons who newly enroll or have changes during the fiscal year will temporarily be subject to ordinary collection; however, in principle, special collection will 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.

Priority order by pension insurers	Priority by pension type
<ol style="list-style-type: none"> 1. Japan Pension Service 2. National Civil Servant Mutual Aid 3. Transition from Agriculture and Forestry 4. Promotion and Mutual Aid Corporation for Private School of Japan 5. Local Public Servant Mutual Aid 	<ol style="list-style-type: none"> 1. Old age/retirement pension 2. Disability Pension 3. Survivor's Pension <p>* If the pension type is the same, the basic pension takes priority.</p>

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. Furthermore, the timing or period at which deductions start from your pension differs depending on each municipality. For details, please contact the municipal office in your place of residence.

Those whose annual pension amount is less than 180,000 yen, or those whose total amount including nursing care insurance premiums exceeds one-half of the pension amount, will pay the amount to the municipal office of their place of residence through normal 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 newly joined during the fiscal year
- Those who have changed address
- Those who offered to pay via bank account transfer, and those who are not subject to special collection
- For persons whose insurer (municipality) for Long-Term Care Insurance and the Latter-Stage Elderly Healthcare System differs (e.g., special address exception)

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

If insurance premiums are delinquent without special reason, a notice regarding payment consultation will be sent. Please consult your city (ward/town/village) of residence.

* When having difficulties in paying the insurance premiums due to a disaster, etc., please contact the municipal office in your place of residence.

■ Exemption from or reduction of insurance premiums

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

Based on the application, a review will be conducted and a reduction or exemption of insurance premiums will be determined.

As a general rule, applications for insurance premium reduction or exemption must be made within the current fiscal year (for FY 2026, applications must be made by March 29, 2027).

For more information, please contact the municipal office in your place of residence.

Nature of event	Criteria for exemption / reduction
Disaster	When the insured person's*1 property is damaged to a certain extent due to earthquake, wind and flood, fire, etc.
Decrease*2 in income	① In case of suspension/abolition of business operation, unemployment, etc., resulting in the loss of more than 30% of the insured person's*1 income compared to the previous year or if income falls below 3,100,000 yen. ② If, as of the date of application, the total amount of deposits and savings held by the insured person, etc. *1 is 3,100,000 yen or less
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.

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

*2 At the time of application, an interview will be conducted to confirm asset status, living situation as well as request submission of bankbook copies (for the head of household and all insured persons).

Reduction or Exemption of Copayments

If the head of household to which the insured person belongs has, due to a disaster or other special circumstances within approximately the past year, temporarily become unable to make payments to medical institutions, a reduction of the amount payable at the reception desk or a deferment of payment may be approved upon application and examination. Please consult your city (ward/town/village) of residence.

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

Health Promotion

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 refers to a condition prior to requiring long-term care in which physical and mental vitality declines with age. Frailty can be prevented by noticing the signs early and reviewing daily lifestyle habits.

● Health examination / Dental examination

See next pages for details.

● Health consultation

Public health nurses and other counselors provide health consultations by telephone or home visits with the aim of supporting health management and health promotion. Persons who are subject to home visits will receive advance notification.

● Promoting proper medication administration

To provide an opportunity to review medication use, notifications are sent to persons taking multiple medications (a large number of medicines) or to persons receiving overlapping prescriptions (the same active ingredient prescribed by multiple medical institutions), encouraging them to consult their primary physician or regular pharmacy.

● Integrated implementation of health services and nursing care prevention for the elderly

Each city (ward/town/village) conducts health guidance and health education tailored to local health issues.

● 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

From April 2026 to March 2027

● 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 My Number Insurance Card or Eligibility Confirmation Certificate
 - 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.

Those who will turn 76 and 80 years old within this year can have a checkup once a year.

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 between April 1, 1946 and March 31, 1951 who will turn 76 and 80 years old this year

However, those who are in long-term hospitalization or in facilities such as special nursing homes, etc., are not eligible.

● Consultation period

Fiscal Year 2026, from June to the end of December
(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 My Number Insurance Card or Eligibility Confirmation Certificate
- ② Consultation form
(Please fill out and submit to the dental clinic)
- ③ Copayment amount (300 yen)