



The purpose of health insurance system of Japan is to reduce medical expenses incurred by the insured in case of injury or illness. All residents of Japan, regardless of nationality, must enroll in a public medical insurance plan. Medical insurance includes Employees' Health Insurance for workers and their dependents and National Health Insurance for the other people. Upon signing up for health insurance, an insurance card will be issued and you can get the medical treatment when you suffer from injury or illness by showing the card and paying part of the cost at the medical institution.

## Employees' Health Insurance (*Shakai kenkō hoken*)

Those who work as regular workers for company or organization with the Employees' Health Insurance system are insured to the plan regardless of the nationality of the workers. The employer carries out the necessary procedures

### 1 Insurance Premiums

The amounts of the Insurance Premiums are determined according to the worker's wages and the employee sharing the cost of contributions on a fifty to fifty basis. The employer deducts the insurance premium from the employee's salary.

### 2 Benefits

#### ● Medical Expenses (*iryō hi*)

When an insured person or a his/her family member under 70 years of age receives medical care at a medical institution, 70% of the medical expenses (or 80% for preschool children) will be paid by the insurance. For insured person or a his/her family member 70 years of age or over, but less than 75 years of age (except those who have been transferred to Latter-stage Medical Care System for the Elderly) 80% (or in some cases 90%), and 70% for those who earn income equivalent to that of actively working persons will be covered by the insurance. Furthermore, part of the expenses of hospital meal and home nursing care will also be paid by the insurance.



#### ● Expenses for Medical Treatment (*ryōyō hi*)

In case you paid the full amount of medical fee, in such cases when you had to receive medical treatment overseas or at an institution where medical insurance is not accepted, part of the amount you paid will be reimbursed at a later date if it is recognized by the insurer..

#### ● High-Cost Medical Expenses (*kōgaku ryōyō hi*)

In case the amount of personal payment during one month surpasses the fixed limit amount, the exceeded amount of expenses will be reimbursed upon request. If insured persons under 70 years of age show "Ceiling amount applied authorization certificate (of the medical cost)" together with the insurance card to the medical institution desks, the payments of one month (from the first day of the month to the end) will be reduced to the limited amounts.

#### ● Accident and Sickness Allowance (*shōbyō teatekin*)

When an insured person is absence from work without payment for more than 4 days including 3 consecutive days counting from the first day due to illness or injury unrelated to work, he/she will receive benefit from the fourth day of absences in the amount of "Average of each standard monthly salary from the previous 12 months prior to the day of receiving the benefit ÷ 30 days x Two-thirds" for each absent day (For a maximum 1 year and 6 months).



#### ● Lump-sum Allowance for Childbirth and Childcare (*shussan ikuji ichijikin*)

Lump-sum benefits will be paid when a baby is born. The benefit amount per child is ¥420,000 or ¥404,000 if the child is delivered at a childbirth facility is not enrolled in the "obstetric system of medical compensation" (*sanka iryō hoshō seido*).

#### ● Maternity Benefit (*shussan teatekin*)

This is payable when an insured person takes a leave of absence for a childbirth without wage during a maximum of 42 days prior to delivery and up to 56 days after the delivery, will receive benefit of "Average of each standard monthly salary of the 12 months prior to the day of receiving the benefit ÷ 30 days x Two-thirds" for each day of absence from work.



#### ● Funeral Expenses (*maisō hi or maiso ryo*)

Families will be paid 50,000 yen upon the death of an insured person himself or the dependent of the insured person. (In case of payment as funeral expenses, the actual expense needed for cremation will be paid within the limits of 50,000 yen.)

### 3 Health Checkup

- For employees: Medical examination for life style related disease prevention is provided for employee age 35 to 75. (Coverage is available)
- For dependents: Specific health checkup is provided for dependents age 40 to 74. (Coverage is available)

## Contact

### National Health Insurance Association, Aichi (*kyōkai kempo*)

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# 日本の医療保険制度



日本の医療保険制度は、病気やけがをしたときの医療費負担を軽減する目的で設けられています。日本に住む人は、国籍を問わず公的医療保険に加入しなければなりません。医療保険には、会社や事業所に勤める人および扶養家族が加入する健康保険と、それ以外の人を対象とする国民健康保険があります。加入すると被保険者証が交付され、病気などになったとき保険医療機関の窓口で提示すれば費用の一部を支払うだけで必要な治療が受けられます。

## 健康保険

健康保険の適用事業所で常時働く人であれば、国籍にかかわらず加入します。なお、手続きは事業主が行います。

### 1 保険料

給料の額に応じて決められ、事業主と加入者が50%ずつ負担します。事業主は加入者の給料から保険料を控除します。

### 2 給付内容

#### ● 医療費等

7歳未満の本人・家族が保険医療機関にかかった場合は、医療費の7割(義務教育就学前までの子どもの7割の場合は8割)が保険から支払われます。70歳以上75歳未満の本人・家族(後期高齢者医療制度に移行された人を除く)の場合は8割(一部9割)、現役並み所得者は7割が保険から支払われます。その他、入院時の食事療養費の一部、訪問看護に要する費用の一部なども支給されます。



#### ● 療養費

やむを得ず保険医療機関以外で診療を受けたときや、日本国外で医療を受けたときなど医療費の全額を負担した場合は保険者が承認すれば、一定部分が払い戻されます。

#### ● 高額療養費

1か月の自己負担額が一定額を超えたとき、請求により超えた分が払い戻されます。また、70歳未満の人が「限度額適用認定証」を保険証と併せて医療機関等の窓口で提示すると、1か月(1日から月末まで)の窓口での支払いが自己負担限度額までとなります。

#### ● 傷病手当金

加入者本人が業務外の病気やけがのため仕事を連続する3日間を含め4日以上休んで給料を受けられないときは、4日目から欠勤1日につき(支給開始日以前12か月間の各標準報酬月額を平均した額)÷30日×3分の2が受けられます。(最長1年6か月)



#### ● 出産育児一時金

子どもが産まれたときに支給されます。支給額は、1児ごとに42万円(「産科医療補償制度」に加入していない医療機関で出産した場合は40.4万円)です。

#### ● 出産手当金

加入者本人が出産のため仕事を休み、給料を受けられないときは、出産日以前42日から出産日後56日までの範囲内で欠勤1日につき(支給開始日以前12か月間の各標準報酬月額を平均した額)÷30日×3分の2が受けられます。



#### ● 埋葬料(費)

加入者本人が死亡したとき、または被扶養者が死亡したときは、5万円が支給されます。(埋葬費の場合は、5万円の範囲内で実際に埋葬に要した費用を支給)

### 3 健診

- 従業員様向け：35-74歳であれば、生活習慣病予防健診が受けられます。(補助あり)
- 扶養家族向け：40-74歳であれば、特定健診が受けられます。(補助あり)

裏面には、下記言語で同一内容を記載しています。

**英語**

協力：公益財団法人愛知県国際交流協会

