

National Health Insurance in Kanazawa

(Fiscal Year 2021)



Medical Insurance Section, Kanazawa City

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When to Submit a Notification

● Submit a notification within **14 days** of any of the changes below.

Enrolling in National Health Insurance	<input type="checkbox"/> When moving to Kanazawa from another municipality <input type="checkbox"/> When unenrolling from workplace health insurance <input type="checkbox"/> When you no longer qualify as a dependent for workplace health insurance <input type="checkbox"/> When a child has been born in your household <input type="checkbox"/> When you stop receiving public assistance
Unenrolling from National Health Insurance	<input type="checkbox"/> When moving from Kanazawa to another municipality <input type="checkbox"/> When enrolling in workplace health insurance <input type="checkbox"/> When you begin to qualify as a dependent for workplace health insurance <input type="checkbox"/> When a person enrolled in National Health Insurance dies <input type="checkbox"/> When you begin receiving public assistance
Other	<input type="checkbox"/> When there is a change to your address, householder, or name <input type="checkbox"/> When you have lost your insurance card, or it has become too dirty to use <input type="checkbox"/> When registering a residence for study purposes in a municipality outside Kanazawa

You Will Need Materials to Confirm Your Individual Number and Your Identity

Confirmation Documents for Individual Number (A)	Identification Documents (B)
Individual Number Card Your Individual Number notice card or a copy of your certificate of residence (juminhyo) showing your Individual Number.	One photo ID, such as Individual Number Card, driver's license or passport If you have no photo ID: two non-photo IDs, such as insurance card or long-term care insurance card

● Items Needed to Submit a Notification

Your personal seal, National Health Insurance card, Elderly Beneficiary card, certification of unenrollment date from workplace health insurance, workplace insurance card (when enrolled in workplace health insurance), and notice of decision to no longer receive public assistance (when no longer receiving public assistance)

● Direct bank account transfers are a convenient way to pay premiums. To set up direct transfers, bring your bank passbook and bank registration seal, or your ATM card, with you when enrolling.

● Notifications can be submitted to the Medical Insurance Section, the Citizens' Division, or Citizens' Centers.

● No notification is required when transferring to the latter-stage elderly health insurance system upon reaching the age of 75.

Premium Reductions and Exemptions

For households where income during the previous year falls below the income standard set forth by ordinances, there is a system to provide reduced premiums. Additionally, if it becomes difficult to pay premiums due to a disaster, there is a system to provide premium reductions or exemptions by application.

For households where a person enrolled in National Health Insurance is transferred to the latter-stage elderly health insurance system, if the household receives reduced premiums, the household can continue to receive the same reduction if the household's structure and income do not change.

If, as a result of a person enrolled in employees' insurance being transferred to the latter-stage elderly health insurance system, their dependent(s) (age 65–74) is/are enrolled in National Health Insurance, the new enrollee(s) in National Health Insurance, who would be required to pay premiums, may be eligible for a system to provide premium reductions upon application.

For households in which a person enrolled in National Health Insurance is transferred to the latter-stage elderly health insurance system and the remaining person enrolled in insurance becomes the only person in the household, the equal rates of Medicine and Elderly premium support for each household will be reduced by one half for the first five years after the transition, and by one quarter for the sixth to eighth years after the transition.

Individuals with a certificate of eligibility for employment insurance who have left their job due to bankruptcy, dismissal, or other reason(s) (and who are younger than 65 when leaving their job) may be eligible for reduced premiums for a set period of time, upon application at the Medical Insurance Section counter.

Regarding Premiums

Premiums are collected starting the month of enrollment (the date of unenrollment from workplace or other health insurance, or the date of loss of eligibility as a dependent). Mid-month enrollments will not be calculated on a pro rata basis.

【Regarding Late National Health Insurance Notification Submissions】

Late Notifications of Enrollment

If you are late to submit your notification after you were required to enroll in National Health Insurance, you will be required to pay retroactive premiums (up to two years' worth) dating back to when your previous insurance coverage expired.

Late Notifications of Unenrollment

If you are late to submit your notification after you become ineligible for National Health Insurance, you may accidentally use your health insurance card to receive medical treatment. If this happens, you will be required to later pay back any medical expenses that were covered by the city.

【Time Limit on Assessment Decisions (Premiums Calculations)】

Due to legal reform, assessment decisions can no longer be made beyond the date two years from the day following the first due date of the fiscal year, for premiums starting in fiscal year 2015. Please note that, if you are late to submit your notification to unenroll from National Health Insurance, or your declaration(s) for National Health Insurance premiums, you may no longer be eligible to receive a refund of excess National Health Insurance premiums paid.

Calculation of Premiums

Annual Household Premiums

Category	Medicine	Elderly Support	Nursing
(1) Income-Based Rate	7.62% of income set forth in former provision of all insurance members in household*1	2.58% of income set forth in former provision of all insurance members in household*1	2.32% of income set forth in former provision of all insurance members in household in category-2 nursing*1
(2) Equal Rate	21,480 yen per household	7,080 yen per household	6,000 yen per household
(3) Even Rate	24,000 yen per insurance member in household	10,320 yen per insurance member in household	11,880 yen per insurance member in household
(1) + (2) + (3) = Annual premium			

*1 Income set forth in former provision refers to the amount obtained by subtracting the basic deduction of 430,000 yen from total income, etc.

- Annual premium limits: 610,000 yen for Medicine, 190,000 yen for Elderly Support, and 160,000 yen for Nursing.
- For individuals being transferred to the latter-stage elderly health insurance system after reaching their 75th birthday, information on premiums will be provided separately. For households with multiple people enrolled in National Health Insurance, the sum of the premiums up through the month prior to the birth month of the person turning 75, and the annual premiums of other insured members of the household, shall be evenly adjusted for each month through the end of the applicable fiscal year.
- “Members of household in category-2 nursing” refers to individuals ages 40–64 who are enrolled in National Health Insurance.
- For People Turning 40 during the Fiscal Year
Nursing premiums will apply starting for the month that includes the day before your 40th birthday.
- For People Turning 65 during the Fiscal Year
Nursing premiums for up to the month preceding the day before your 65th birthday will be evenly adjusted for each month through the end of the relevant fiscal year.

Payment of Premiums

•The Householder Is Considered the Payment Obligor for Premiums

If a member of the household is enrolled in National Health Insurance, the payment obligor for premiums is the householder, regardless of whether the householder is enrolled in National Health Insurance.

•Notifications of Payment of Insurance

As a general rule, notifications are delivered by mail or through a local health committee member around the 20th of each month, following the month during which the notification is submitted. In addition, the premiums for the enrollment month are added to premiums for the following months, after the month during which the notification is submitted, with a payment due date of the end of the month. Payment services are available at designated financial institutions, convenience stores (not available at some convenience stores), your local payment association, or through a smartphone payment service. We recommend payment by money transfer from your bank account or Japan Post Bank account, which can be set up via the Kanazawa City website on a smartphone or computer.

•Premiums for People Moving In from outside Kanazawa

Until total income at the previous address is known, only the basic fee (on an equal and even basis) is calculated for the initial notifications of premiums. However, once total income at the previous address is known, you will be notified of your updated premiums.

The Due Date for Premium Payments Is the Last Day of the Month

•Pension Deductions for Premiums (Special Collection)

As a general rule, for premiums for households in which all individuals enrolled in National Health Insurance are 65–74 years old, the amount to be paid is deducted from the pension of the householder. By submitting an application form and registering a bank account for transfers, these pension deductions can be changed to bank account transfers.

【If Your Payments are Overdue】

- (1) There will be an overdue payment fee.
- (2) You may be subject to proceedings for collection of overdue payments.
- (3) Your insurance card may be returned to the government, and a certificate of qualification may be issued in its place.

In this event, you will be responsible for your full medical costs. However, this may not apply under special circumstances, such as disasters or when receiving medical care provided at government expense.

【Notification Submissions in the Event of a Traffic Accident】

In the event of an injury due to others' actions, such as traffic accidents, the individual who is primarily at fault will be required to pay for medical expenses. However, if circumstances require you to receive treatment covered under your own health insurance card, please submit a Report of Damage Due to the Actions of a Third Party.

【Undergoing Specified Medical Examinations (Individuals 40 or Older)】

An examination ticket is required; for details, contact the Health Policy Section. TEL: 076-220-2730(Health Checkup Hotline)

【Watch Out for Refund Fraud】

Recently, there have been more and more cases of suspicious phone calls, where callers might try to tell you to do something at an ATM to receive a reimbursement (refund) of medical costs, or they might try to get your personal information. If you receive a suspicious phone call like this, ignore the caller's instructions, and contact the Medical Insurance Section.

Elderly Beneficiary Card

The elderly beneficiary card is issued to individuals ages 70–74, for use until they turn 75. If you visit a medical institution, please present your elderly beneficiary card together with your insurance card.

National Insurance Benefits

Medical Care Benefits	Partial Contribution (Amount Paid at the Medical Institution Counter)		
	Type of Insurance Member	Out-of-Pocket Portion	Flat-Rate Payment
	Insurance members 70 or older (eligible for the Elderly Beneficiary Card)	20-30%	Standardized meal costs during hospitalization
	Insurance members from compulsory education age to 69 years of age	30%	
Insurance members not yet in compulsory education	20%		
High-Cost Medical Care Expenses	In the event that the partial contribution paid in a single month at hospitals, etc. is a large amount, the amount in excess of the ceiling amount will be refunded upon application. (Ceiling amount varies by household, based on age, income, etc.)		
Eligibility Certificate for Ceiling-Amount Application	By showing an Eligibility Certificate for Ceiling-Amount Application beforehand at the medical institution counter, partial contribution payments will be limited to the ceiling amount. This certificate is available by application for those who may need it.		
Eligibility Certificate for Reduction of the Standard Amount of Patient Liability	If you live in a household that is exempt from municipal tax and you are hospitalized, you can reduce your meal costs by showing your Certificate for Reduction beforehand. This certificate is available by application for those who may need it.		
Medical Care Expenses	If an insurance member pays the full amount for their medical treatment without having shown their insurance card, such as in the event of an emergency, or if a medical device such as a corset brace is built for an insurance member, or if an insurance member receives medical treatment overseas, the insurance member will be reimbursed upon application.		
Total High-Cost Long-Term Care and Medical Care Expenses	If total annual medical and nursing costs exceed the ceiling amount for out-of-pocket expenses, the amount in excess of the ceiling amount will be refunded upon application. (Ceiling amount varies by household, based on age, income, etc.)		
Lump-Sum Allowance for Childbirth and Nursing	When an insurance member gives birth, this allowance is given to the householder upon application. If you use the direct payment system through an arrangement with the medical institution, your out-of-pocket childbirth expenses to the medical institution will be reduced, due to direct payment to the medical institution.		
Funeral Expenses	When an insurance member dies, these benefits are paid to the person who performed the funeral, upon application.		