

1 Medical institutions

There are many different types of medical institutions in Japan that have different roles.

Clinics are for treatment of common illnesses and injuries, small- and medium-sized hospitals are for surgeries, inpatient care, and emergency care, and large hospitals are for treating emergency care patients with serious illnesses or patients requiring advanced medical care.

Although there are no restrictions for visiting medical institutions, for minor illnesses that do not require emergency care, it is best to visit your local clinic.

Present your health insurance card at the hospital or clinic. When you present your health insurance card, part of the medical expenses are covered. If you do not present your health insurance card or are not enrolled in a health insurance program, you must pay the full amount of your medical expenses out-of-pocket.

1-1 Types of medical institutions

The medical department is determined by the type of illness or injury. The following are examples of the types of illnesses and injuries for each department.

- Internal Medicine : Diagnosis of illnesses in the digestive system, respiratory system, cardiovascular system, urinary system, blood, endocrine system, nervous system, and other internal organs and non-surgical treatment using mostly medicine. Also diagnosis and treatment of general illnesses like common colds.
- Surgical Department: Treatment with a focus on surgery for cancer or illnesses of internal organs caused by trauma.
- Pediatrics : Treatment of illnesses in children.
- Orthopedic Surgery : Treatment of illnesses in motor-related organs such as bones, joints, muscles, and tendons and related illnesses in the nervous system.
- Ophthalmology : Treatment of eye-related illnesses.
- Dentistry : Treatment of tooth-related illnesses, orthodontics, and prosthodontics.
- Obstetrics : Treatment of conditions related to childbirth such as pregnancy, delivery, and neonatal care.

1-2 Finding a medical institution

You can search for medical institutions in PR brochures published by your local municipal government, on the Internet, or in Medical Care Functional Information Provision System provided on prefectural websites, for example. You can also consult your local municipal office or one of the over 380 medical safety support centers* located around Japan.

If you are not proficient at Japanese, you can consult your local municipal office or local International Exchange Association to see if there are any medical institutions that have interpreters. There are also incorporated NPOs you can consult in foreign languages.

*Established by cities and prefectures in cities with established health centers and special wards.

2 Medical insurance

Regardless of your nationality, anyone living in Japan can enroll in the public health insurance program and anyone can use health insurance anywhere at any time if they fall ill or are injured. The costs are shared by the whole country, reducing each patient's personal coverage of medical expenses, and the system ensures everyone equal opportunities for receiving high quality, advanced medical care.

When you present your health insurance card at the reception counter of the medical institution, you can receive medical care for which you only cover a set percentage.

If you are from a country that has entered a social security agreement with Japan that includes health insurance and have been issued a social security enrollment certificate from the Japanese government, you do not necessarily need to enroll in a health insurance system in Japan.

2-1 Health insurance

If you work at a company (office) where enrollment in health insurance is mandatory and one of the following from (1) to (3) apply, you must enroll in health insurance.

- (1) You are a full-time (permanent) employee, the representative of a corporation, or an executive officer
- (2) - Your regular working hours are at least 20 hours a week
 - You are expected to be employed for at least one year
 - Your salary is at least 88,000 yen a month
 - You are not a student
 - You work at a company with at least 501 employees

If you meet all of the above 5 requirements

- (3) If you work part-time and your hours are less than 30 hours a week but you work at least three-quarters the number of hours a week as a full-time (permanent) employee at your company (office)

(1) Insurance premiums

As a general rule, the company and the insured person (insurance subscriber) each pay half of the health insurance premiums. Dependents do not have to pay any premiums.

(2) Benefits

a. Copayment ratio for medical fees

The ratio of medical fees paid by the individual using insurance (the copayment ratio) is:

- 20% for children under 6 (prior to the start of compulsory education)
- 30% for individuals under 70 years of age
- 20% for individuals aged 70 to 74 (30% for those with income comparable to current workforce)

b. Medical expenses

If the insured person has just become employed and does not yet have an insurance card and so paid the full amount of expenses for treatment, for example to purchase a cast or other type of orthotic device, receive a massage or acupuncture as deemed necessary by a doctor, or receive medical treatment outside of Japan, they can submit a request to be reimbursed for the treatment fees minus a certain amount (copayment amount) if the request is accepted.

c. High-cost medical care expenses

This system covers the amount in excess of a fixed amount for one month for payments made at a medical institution or pharmacy (not including fees for meals or a bed incurring an extra fee). The upper payment limit for each month that is the insurance subscribers copayment amount varies depending on whether or not they are 70 or older and their income level.

d. Transfer expenses

If a patient was too sick or injured to move on their own and was transferred somewhere based on a temporary or urgent need specified by a doctor, the transfer expenses will be reimbursed in cash if the following conditions are met.

- the patient received appropriate treatment thanks to the transfer
- transfer was required because the patient was too sick or injured to move on their own
- transfer was urgent or otherwise unavoidable

e. Injury and illness benefits

If an insured person (subscriber) is unable to work due to illness or injury and is absent from work for three consecutive days, they will receive benefits for days they are absent from the fourth day and on.

The remuneration period can be a maximum of 18 months from the date of the start of remuneration.

f. Lump sum birth allowance

This is a system that gives women who are enrolled in health insurance (subscriber) or a dependent a payment after childbirth to reduce the financial burden of childbirth. As a rule, the amount is 420,000 yen per child.

g. Childbirth allowance

If an insured person enrolled in health insurance took a leave of absence from work for childbirth, they will receive a childbirth allowance for the duration they were absent within the period starting 42 days before birth (the due date) and ending 56 days after the date of birth (98 days for multiples).

h. Dependents' medical expenses

Dependents' medical expenses are paid to cover illnesses and injuries of dependents. The scope of payment, payment method, payment period, and other details are the same as remuneration for treatment for the insured person (subscriber).

2-2 National Health Insurance

Those who have completed resident registration, are not eligible for employees' health insurance, and are under age 75 must enroll in the National Health Insurance program.

With the exception of the following cases, foreign nationals are required to enroll in the National Health Insurance program.

- (1) The period of stay in Japan is no more than 3 months
 - *Even if your period of stay is no more than three months, if your status of residence is Entertainer, Technical Intern Training, Dependent, or Designated Activities (excluding cases (3) and (4) below) and you are qualified to stay longer than 3 months according to documents, you can enroll in health insurance.
- (2) Status of residence is Temporary Visitor
- (3) Status of residence is Designated Activities to perform activities to receive medical care or activities to provide regular daily care to that person
- (4) Status of residence is Designated Activities to perform tourism or recreational activities or similar activities
- (5) Status of residence is Diplomat
- (6) Illegal immigrant or other person without a status of residence
- (7) Someone who is from a country that has entered a social security agreement with Japan that includes health insurance and has been issued a social security enrollment certificate from the Japanese government

It is necessary to go through procedure for enrolling in National Health at your local municipal office. For details, please contact the municipal office.

When moving a city where you currently live to another city or enroll in another Japanese public health insurance program, you must go through a procedure to withdraw from the National Health Insurance program.

(1) Insurance premiums

The head of a household in which someone is enrolled in National Health Insurance must pay insurance premiums. Premiums are valuable revenue that supports the National Health Insurance program and each subscriber's premiums support the program.

The amount of premiums is determined based on the income of the person enrolled and varies by fiscal year and household. Premiums are calculated for each insurance subscriber, but the total is combined in each household and the head of the household is the person responsible for paying them. The same applies if the head of the household is enrolled in his or her workplace's health insurance program and only his or her family members are enrolled in the National Health Insurance program.

From the month that the National Health Insurance subscriber turns 40, long-term care insurance premiums are added on a monthly basis. The month after the month that you turn 40, you will receive a notification of the change in the amount of premiums from the municipal office.

The date you became eligible for National Health Insurance (enrollment date) is not the date that you notified the municipal office, but the date your enrollment actually begins (e.g. the day after retiring).

Even if you are late to notify the municipal office, you will be required to pay for each month back to your enrollment date.

There are systems in place for reduction and exemption of premiums based on income and/or living conditions. For details, please contact your local municipal office.

(2) Benefits

a. Medical care benefits (when visiting a hospital)

If you present your health insurance card when receiving treatment for an illness or injury at a hospital or other healthcare institution, you only have to pay part of the medical fees.

The ratio of fees you must pay to the hospital or other healthcare institution (copayment ratio) varies based on your age and income.

The ratio of medical fees paid by the individual using National Health Insurance (the copayment ratio) is:

- 20% for children under 6 (prior to the start of compulsory education)

- 30% for individuals under 70 years of age

- For individuals aged 70 to 75:

 - 10% if they do not have an income comparable to current workforce and were born before April 1, 1944

 - 20% if they do not have an income comparable to current workforce and were born on or after April 1, 1944

 - 30% if they have an income comparable to current workforce

 - *Individuals aged 75 or older are eligible for the Advanced Elderly Medical Service System.

b. Medical expenses

If the insured person has just become employed and does not yet have an insurance card and so paid the full amount for medical fees, for example to purchase a cast or other type of orthotic device, receive a massage, acupuncture, or judo manipulation therapy as deemed necessary by a doctor, or receive medical treatment outside of Japan, they can submit a request to be reimbursed for the medical expenses minus the copayment amount if the request is accepted.

c. High-cost medical care expenses

This system covers the amount in excess of a fixed amount for one month for payments made at a medical institution or pharmacy (not including fees for meals or a bed incurring an extra fee). The upper payment limit for each month that is the insurance subscribers copayment amount varies depending on whether or not they are 70 or older and their income

d. Transfer expenses

If a patient was too sick or injured to move on their own and was transferred somewhere based on a temporary or urgent need specified by a doctor, the transfer expenses will be reimbursed in cash.

e. Lump-sum allowance for childbirth

As a rule, women enrolled in the National Health Insurance program who give birth receive 420,000 yen. You can use the direct payment system in which the municipal government pays the lump-sum allowance for childbirth directly to the hospital so that the person enrolled in National Health Insurance only has to pay the hospital the amount for childbirth minus the allowance or a system in which lump-sum allowance for childbirth is paid directly to the medical institution where your child will be born if you specified the medical institution where your child will be born to receive the allowance on your behalf when submitting a request for the allowance at your local municipal office.

f. If you get in a traffic accident

Treatment costs if you are injured in a traffic accident caused by a third party's actions are normally paid by the person who is at fault, but you can also use your National Health Insurance to receive treatment. When using National Health Insurance to receive treatment, please inform your municipal office.

2-3 Medical care system for older people aged 75 and over

If you have completed resident registration and are aged 75 or older*, you must enroll in the Medical care system for older people aged 75 and over. In doing so, you leave the health insurance program in which you were previously enrolled (e.g. National Health Insurance, Health Insurance Society, Japan Health Insurance Association, or a mutual aid association).

*This includes those who are age 65 to 74 and are certified as having a specified disability.

With the exception of the following cases, foreign nationals are required to enroll in the Medical care system for older people aged 75 and over.

(1) The period of stay in Japan is no more than 3 months

*Even if your period of stay is no more than 3 months if your status of residence is Entertainer, Technical Intern Training, or Designated Activities (excluding cases (3) and (4) below) and you are qualified to stay longer than 3 months according to documents, you can enroll in health insurance.

(2) Status of residence is Temporary Visitor

(3) Status of residence is Designated Activities to perform activities to receive medical care or activities to provide regular daily care to that person

(4) Status of residence is Designated Activities to perform tourism or recreational activities or similar activities

(5) Status of residence is Diplomat

(6) Illegal immigrant or other person without a status of residence

(7) Someone who is from a country that has entered a social security agreement with Japan that includes health insurance and has been issued a social security enrollment certificate from the Japanese government

The procedure for enrolling in the Medical care system for older people aged 75 and over is completed at your local municipal office. For details, please visit your local municipal office.

If you move from your current municipality to a municipality in another prefecture, you must complete a procedure to leave the Medical care system for older people aged 75 and over.

(1) Insurance premiums

Premiums are calculated based on the expenditure required for payment of medical benefits, for example, and are the total of a per capita amount paid by all subscribers and an income-based amount paid according to the subscriber's income.

Those with low income, for example, have reduced premiums.

(2) Benefits

a. Medical care benefits (when visiting a hospital)

If you present your health insurance card when receiving treatment for an illness or injury at a hospital or other healthcare institution, you only have to pay part of the medical fees. The ratio of fees you must pay to the hospital or other healthcare institution (copayment ratio) is 10% (30% if you have an income comparable to current workforce).

b. Medical expenses

If the insured person has just enrolled in insurance and does not yet have an insurance card and so paid the full amount for medical fees, for example to purchase a cast or other type of orthotic device, receive a massage, acupuncture, or judo manipulation therapy as deemed necessary by a doctor, or receive medical treatment outside of Japan, they can submit a request to be reimbursed for the medical expenses minus the copayment amount if the request is accepted.

c. High-cost medical care expenses

This system covers the amount in excess of the maximum copayment amount for one month for payments made at a medical institution or pharmacy (not including fees for meals or a bed incurring an extra fee). The maximum copayment amount varies with income.

d. Transfer expenses

If you are too sick or injured to move on your own and were transferred somewhere based on an urgent and unavoidable need specified by a doctor, the transfer expenses will be reimbursed if the following conditions are met.

(1) You received appropriate treatment thanks to the transfer

(2) Transfer was required because you were too sick or injured to move on your own

(3) Transfer was urgent or otherwise unavoidable

e. If you get in a traffic accident

Treatment costs if you are injured in a traffic accident caused by a third party's actions are normally paid by the person who is at fault, but you can also use your insurance card to receive treatment. When using your insurance card to receive treatment, please notify your local municipal office.

3 Pharmacies

You can buy medicine at pharmacies and drugstores.

Medicine is sometimes used to treat illnesses and injuries, but you must be careful how you use them as they can have side effects.

If you have a question about some medicine, ask the pharmacist or registered sales clerk at the pharmacy or drugstore.

3-1 Pharmacies

Pharmacies dispense medicine based on a prescription from a doctor and you can buy prescription medicine there. You can also buy over-the-counter drugs that can be purchased without a prescription.

3-2 Drugstores

You can buy over-the-counter drugs at drugstores same as you would at pharmacies. However, drugstores do not usually accept prescriptions.