

An Overview of the Medical Care System for Older Senior Citizens

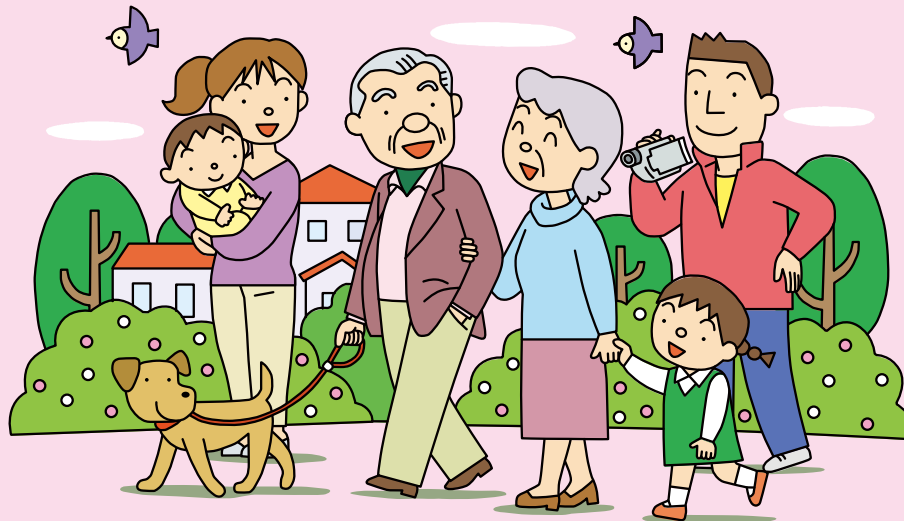


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What is the Medical Care System for Older Senior Citizens?

This is a medical care system for people 75 years old and up (65 years old and up for those with designated disabilities).

Who is eligible to enroll?

Residents of Tokyo who fall under one of the following categories are eligible:

① Seventy-five years old and up

You will be eligible from **the day of your seventy-fifth birthday**.

Once you turn seventy-five, you will be automatically switched from your previous medical insurance (National Health Insurance [NHI], other health insurance, mutual aid, etc.) to the Medical Care System for Older Senior Citizens. No procedures are necessary for enrollment.

② Between 65 and 74 years old with a designated disability

After you apply at the service window at your local municipal office, you will be eligible from **the day the Tokyo Metropolitan Association of Medical Care Services for Older Senior Citizens (hereinafter referred to as “the Association”) certifies that you have a designated disability**. Documents that explain your disability are required for the application.

Once you are certified and enrolled, please complete the necessary procedures to withdraw from your previous medical insurance.

Examples of documents that explain your disability	Level of designated disability
Physical disability certificate	Levels 1 to 3, and some of level 4*
Tokyo intellectual disability certificate (<i>Ai-no-Techo</i>)	Levels 1 and 2
Mental disability certificate	Levels 1 and 2
National Pension enrollment certificate	Disability pension levels 1 and 2

* “Some of level 4” refers to lower limb disability level 4-1 (lacking all toes on both feet), lower limb disability level 4-3 (lacking more than half a lower leg), lower limb disability level 4-4 (significant functional disability of one limb), and vocal/language dysfunction.

If you enrolled in the system after being certified for a disability, you may withdraw your application (i.e., withdraw from the Medical Care System for Older Senior Citizens) and join another medical insurance plan at any time until the day before your seventy-fifth birthday. However, **it is not possible to retroactively receive certification or withdraw from the system**.

Frequently asked questions



What happens to the coverage of a spouse 74 years old or younger when the insured member turns 75?



This will differ depending on the insurance system you were enrolled in previously, as follows:

Example 1

If both spouses were enrolled in NHI

⇒ The spouse will remain enrolled in NHI, so no procedures are necessary.

Example 2

If the individual is covered by company health insurance or other health insurance and the spouse is a dependent

⇒ The spouse will no longer be covered by the company health insurance or the like and **must enroll in NHI or the like.**

Please contact your local municipal office for information about enrolling in NHI.

Cases when notification is required

You must file a notification at the service window at your local municipal office in the following cases:

When enrolling	<ul style="list-style-type: none"> When you move into Tokyo from another municipality When you stop receiving public assistance When you are between 65 and 74 years old with a designated disability and wish to enroll. (Application required to certify that you have a designated disability.)
When withdrawing	<ul style="list-style-type: none"> When you move out of Tokyo When you start receiving public assistance When an enrolled member dies When you are receiving disability certification but no longer meet the conditions for the designated disability or withdraw your application for disability certification
Other	<ul style="list-style-type: none"> When you change addresses within Tokyo When your full name changes When your household composition changes

Note: You are required to write your individual number (My Number) in the documents when filing notifications (see page 25).

When moving out of Tokyo to enter a hospital or facility

When an insured member of the Association moves out of Tokyo due to hospitalization or to move into a care facility (such as a special nursing home for the elderly), he/she is eligible for the special address system and will continue to be insured by the Association. In addition, a person eligible for the special address system who moves out of Tokyo moves to another hospital or care facility is required to notify his/her original municipality in Tokyo (municipality before moving out of Tokyo).

When Receiving Treatment at Medical Institutions, Etc.

At the reception desk of the medical institution or pharmacy, please use one of the following methods to have your eligibility information confirmed.

Individual number cards and health insurance cards will be integrated from December 2, 2024. **Health insurance cards will no longer be issued after December 2, 2024.**

(1) Using the individual number insurance card

An individual number health insurance card is an **individual number card that has been registered for use as a health insurance card.**

Registration for use as a health insurance card can be done from Mynaportal, Seven Bank ATMs, or card readers with facial recognition installed at medical institutions and pharmacies.

How do I use the individual number health insurance card?

- (1) At the reception desk of the medical institution or pharmacy, use the card reader equipped with facial recognition to scan your individual number health insurance card.
- (2) Your eligibility information will be confirmed online using the electronic certificate contained in the IC chip of your individual number card.
- (3) Please check in by following the instructions on the screen.

How can I check my eligibility information on my individual number health insurance card?

- You can check your eligibility information by logging in to Mynaportal and opening the Health Insurance Certificate page.

Mynaportal



(URL : <https://myna.go.jp>)

- Also, the Association plans to send **an eligibility information notice** for checking eligibility information. We plan to send notices to **the following people who have an individual number health insurance card.**
 - Individuals newly acquiring eligibility after December 2, 2024
 - Individuals whose eligibility information has changed after December 2, 2024
 - Those whose paper health insurance cards can no longer be used after December 2, 2024
- If the reception desk at a medical institution or pharmacy cannot read your individual number health insurance card, you can receive treatment by presenting the above Mynaportal Eligibility Information Screen or eligibility information notice **together with your individual number health insurance card.**

● Contact information for individual number cards

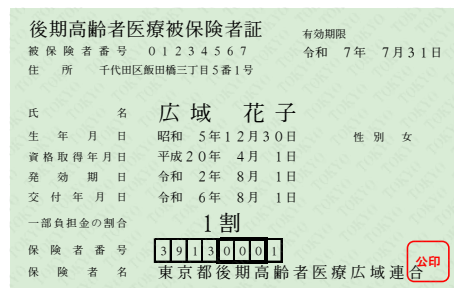
My Number General Toll-Free Line: ☎ 0120-0178-26

(Weekdays: 9:30 a.m. to 8:00 p.m.; Saturdays, Sundays and national holidays: 9:30 a.m. to 5:30 p.m.)

(2) Present your paper health insurance card (by July 31, 2025 at the latest)

Each insured member will be issued one health insurance card (issued until December 1, 2024).

The health insurance cards to be used from August 1, 2024 onwards will be malachite green (see image on right) and will expire on July 31, 2025 (valid for one year).



If you have a valid health insurance card as of December 1, 2024, you can use it after December 2 until the expiration date of the card (until July 31, 2025 at the latest).

However, if there are any changes to the information (address, personally borne expense rate, etc.) listed on the health insurance card, the card will no longer be valid.

(3) Present an eligibility certificate (from December 2, 2024)

From December 2, 2024, individuals who do not have either (1) an individual number health insurance card or (2) a valid paper health insurance card will be issued an eligibility certificate that lists their eligibility information, etc.

* The Association plans for the eligibility certificate to be a card (colored paper) similar to previous health insurance cards.

How do I apply for and have issued an eligibility certificate?

- The following individuals who do not have an individual number health insurance card will be issued an eligibility certificate without having to apply.
 - Individuals newly acquiring eligibility after December 2, 2024
 - Individuals whose eligibility information has changed after December 2, 2024
 - Those whose paper health insurance cards can no longer be used after December 2, 2024
- However, even for individuals who have an individual number health insurance card, the Association plans to issue an eligibility certificate in the following cases (application required):
 - Individuals who have lost or are currently updating their individual number card
 - Individuals who have difficulty using their individual number health insurance card to receive treatment; for example, individuals who must be accompanied by a third party (caregiver, etc.) for help in confirming eligibility

The Association plans to start accepting applications for issuance of an eligibility certificates from around autumn 2024.

The Association will announce on our website, etc., when we start accepting applications.

- The Association will send health insurance cards and eligibility certificates by simple registered mail or registered acceptance-recorded mail. The method of sending will vary depending on the municipality of residence.
- If you will be away from home for an extended period, or if you wish to have your card sent to a place other than your registered address, please contact your local municipal office.

If your health insurance card is damaged or lost

If your health insurance card is damaged or lost, you can have it reissued. Please complete reissuance procedures at your local municipal office.

You may be required to include your My Number when completing the procedures (see p. 25).

When your personally borne expense rate changes

The personally borne expense rate listed on your health insurance card (see p. 7) may change due to the periodic determination on August 1 each year, changes to your household's composition, income corrections, etc. When your personally borne expense rate changes, you will be sent a new health insurance card. Please be sure to return your old health insurance card to your local municipality(*).

When your personally borne expense rate changes after December 2, 2024

Since issuance of health insurance cards has ended, the Association plans to send an eligibility information notice (see p. 3) to **individuals who have an individual number health insurance card** or an eligibility certificate (see p. 4) to **persons who do not have an individual number health insurance card**.

Even after December 2, 2024, you must return* your old health insurance card or eligibility certificate.

If you continue to use your old card, you may have to pay the difference or apply for a refund at a later date.

* You do not have to return a health insurance card that has expired. Please dispose of the card yourself while being careful to protect your personal information.

Cases in which you may have to reimburse medical expenses

- If your personally borne expense rate changes (from 10 to 20%, from 10 to 30%, or from 20 to 30%) due to an income correction or the like, and if you use the old card with the different personally borne expense rate, or if such a case continues, you must pay the difference (10 or 20%) in medical expenses.
- If you lose eligibility because of you move out of Tokyo or the like but continue to use the card Tokyo issued, you will be required to pay the medical expenses that the Association paid to the medical institution, etc. (70%, 80% or 90%). After making this payment, however, you may be eligible to have your medical expenses reimbursed if you complete procedures with the regional association or the like that covers your current address.
- In such cases, the Association will send you a payment notice, so please pay by the indicated due date.

Certificate of personally borne expense ceiling

Issuance of certificate of personally borne expense ceiling and payment reduction

If you fall under the following income categories (see Table 1 “Monthly personally borne expense ceiling” on p. 12), you may apply to your local municipal office to receive the respective certificates. Presenting these certificates at medical institutions and the like will limit payments of insurance-covered medical expenses, etc. to the personally borne expense ceiling noted for each income category. Individuals in Category II and Category I will have their personally borne expenses for meals reduced during hospitalization (Tables 3 and 4 on p. 14).

By using your individual number health insurance card, you will be exempt from paying more than the limit even if you do not apply for or present the aforementioned certificates. Please be sure to use your individual number health insurance card.

No new certificates will be issued from December 2, 2024.

Income category	Issued certificate
Actively working level income, Category II and Category I (personally borne expense rate of 30%)	Certificate of personally borne expense ceiling
Category II and Category I (personally borne expense rate of 10%)	Certificate of personally borne expense ceiling and payment reduction (Certificate of payment reduction)

Issuance of special illness treatment certificate

You may apply to your municipal office to receive a special illness treatment certificate if you need to receive expensive treatment for a special illness continuously and for a long period. If you present this certificate at the medical institution, your personally borne expense ceiling for the special illness will be ¥10,000 per month per medical institution.

If you are certified for a special illness, you do not need to present your special illness treatment certificate at the reception desk if you agree to the provision of special illness certification information via your individual number health insurance card when receiving treatment.

[Eligible special illnesses]

- Some congenital blood clotting factor disorders, such as hemophilia
- Chronic kidney failure requiring dialysis
- HIV infections caused by the injection of blood coagulants (blood derivatives)

- Even if you had an equivalent certificate under your prior medical insurance system—such as for personally borne expense ceiling, payment reduction or special illness treatment—you must apply again when you enroll in Tokyo's Medical Care System for Older Senior Citizens.

- From December 2, 2024, individuals who are eligible for issuance of an eligibility certificate (p. 4) will be able to have the information from the above certificates listed on the eligibility certificate.

* Details will be posted on the website, etc., as soon as they are finalized.

Personally borne expense rate

You pay a portion of the total medical expenses as personally borne expense at the medical institution, etc. you use. The personally borne expense rate is determined based on income and other factors on August 1 each year. The personally borne expense rate from August 1, 2024 will be determined based on your taxable income for residents tax^{*1} for FY2024 (hereinafter referred to as “taxable income”).

Due to a revision of the law, a new personally borne expense rate of 20 percent is added to the system on October 1, 2022.

Criteria	Category	Personally borne expense rate
If any insured members in the same household have a taxable income of ¥1,450,000 or more	Actively working level income earner	30%
If both (1) and (2) below apply (1) An insured member in the same household has a taxable income of at least ¥280,000 but less than ¥1,450,000. (2) The sum of pension earnings ^{*2} + other total income ^{*3} is: - ¥2,000,000 or more for households with one insured member - ¥3,200,000 or more for households with two or more insured members	Income above a certain level	20%
If all insured members in the same household have taxable income of less than ¥280,000, or when the above (1) applies but (2) does not.	General income earner	10%

Note: The personally borne expense rate for households exempt from residents tax will be 10 percent regardless of the above.

^{*1}. Taxable income for residents tax is calculated by making various income deductions from gross income and the like. You can confirm the amount on the residents tax notice or the like your municipality sends you (indicated as “tax base” or “taxable income amount”).

The amount noted below shall be deducted from the head of household’s taxable income when determining the personally borne expense rate if: 1) the insured person was the head of the household as of December 31 of the previous year (January through July is considered the year before the last) and 2) there is a member in the same household under 19 years of age whose total income is ¥380,000 or less on the same date (if employment income is calculated, an additional ¥100,000 is deducted after the deduction of employment income; if the amount is less than 0 yen, the calculation is 0 yen).

- ¥330,000 per each household member under sixteen years old.
- ¥120,000 per each household member between 16 and 19 years old.

^{*2}. Pension earnings constitute the amount of public pensions before deductions for public pensions and the like are applied. They do not include survivors pensions or disability pensions.

^{*3}. “Other total income” is the amount remaining after deducting miscellaneous income related to public pensions from the total income (the amount after deducting employment income and another 100,000 yen for employment income; and the amount after special deductions for long-term [short-term] transfer income).

There are cases in which the insured member does not fall under the category of actively working level income earner (personally borne expense rate of 30 percent)

Even if your taxable income is ¥1,450,000 or more, you may not fall under the category of actively working level income earner (personally borne expense rate of 30 percent) if either of the following apply:

(1) The sum of “the income amount on which the levy is based” (see “Calculation of insurance premiums” on p. 19) of insured members born on or after January 2, 1945 and insured members in the same household is ¥2,100,000 or less (no application required).

(2) If you meet the earnings criteria in the table below, and if you are certified as eligible to use the standard amount of earnings (effective from the first of the month following the date you apply).

Note: In principle, you must apply for this. However, if the municipality you live in can confirm that you meet the earnings criteria in the table below, you do not need to apply. If it cannot be confirmed due to reasons such as the municipality in which you live and the municipality that levies residents tax are different, you will have to apply.

Number of insured members in the household	Earnings Criteria (earnings from January to December 2023)
One person	Less than ¥3,830,000 Note: Less than ¥5,200,000 if there is a person aged 70 to 74 in the same household who is enrolled in another medical insurance system (total income of that person and the insured member)
Two or more people	Total less than ¥5,200,000

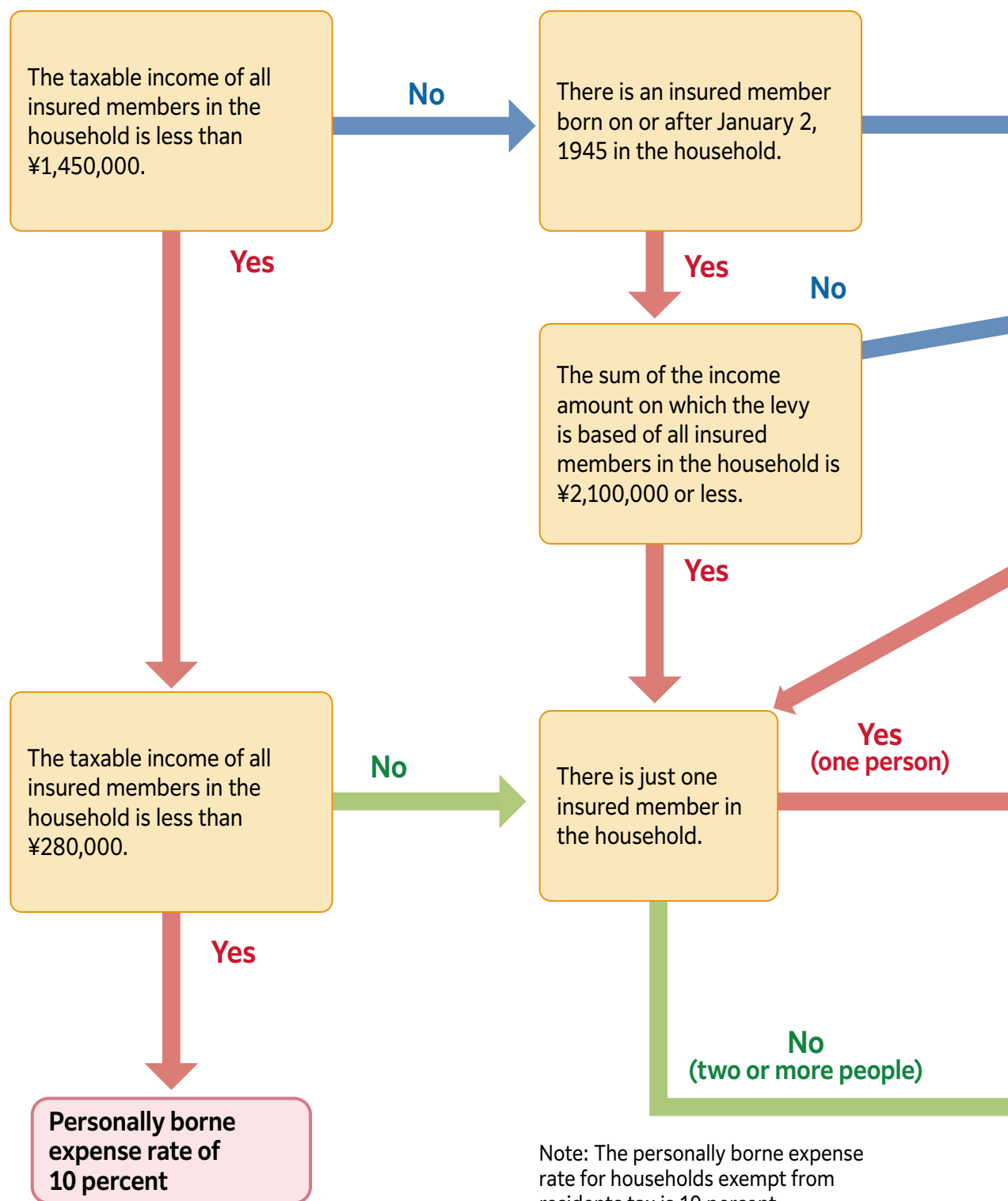
Notes:

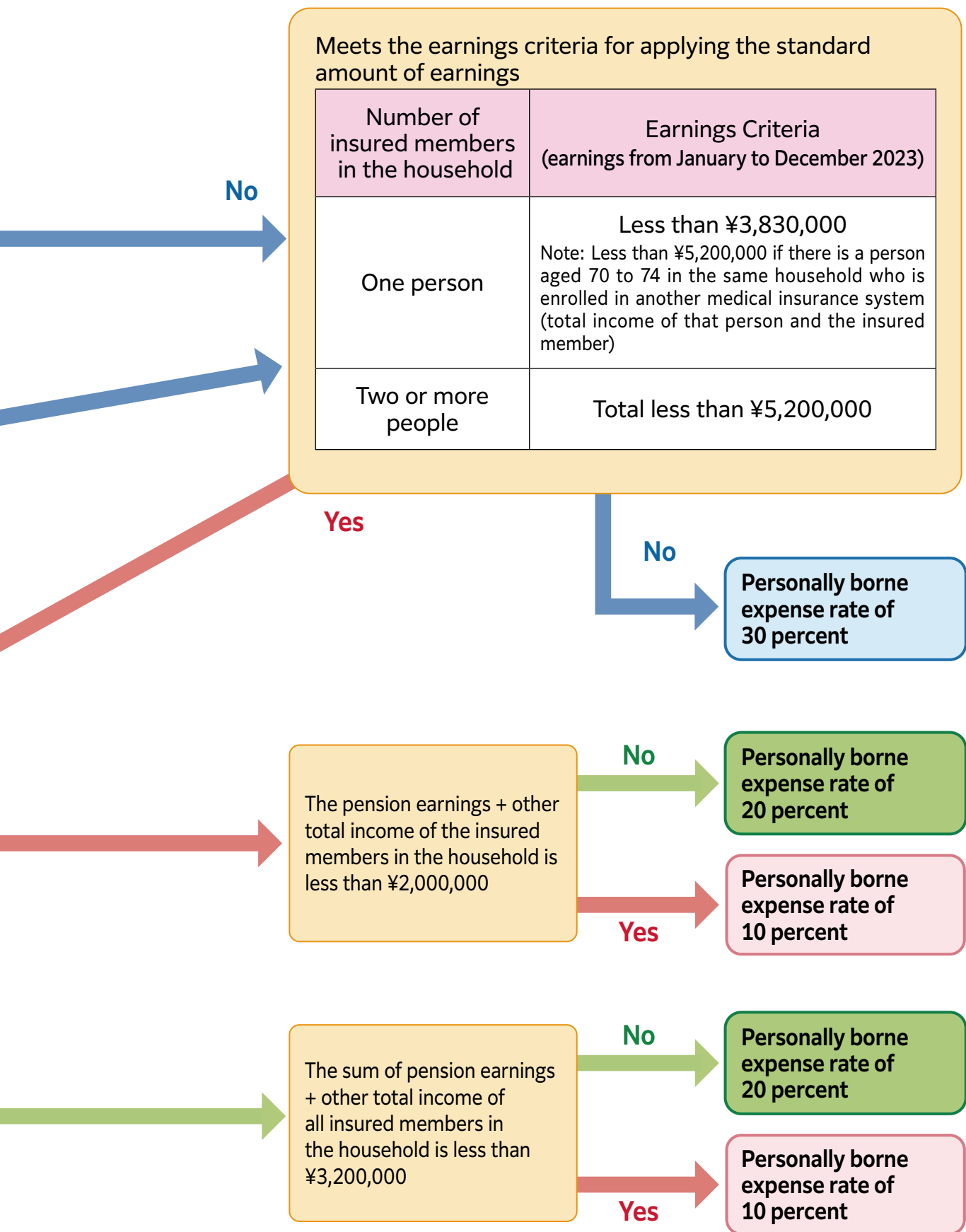
1. “Earnings” refers to the amount of earnings under the Income Tax Act (excluding the amount of earnings related to retirement income received in a lump sum), before deductions for necessary expenses, public pension deductions and the like (different from the amount of income).
2. Even if you file an income tax return for carry-forward deductions or for the aggregation of profit and loss from the transfer of land, buildings, listed stocks, etc., the earnings from the sale(s) are included in the earnings in the application for the standard amount of earnings. (Even if the income is ¥0 or negative, the amount of the sale(s) is treated as earnings.) However, this does not include dividend income from listed shares and the like and transfer income, if the individual has selected not to have to file a tax return.

Flow of determining the personally borne expense rate

*See pp. 7 and 8 for details about the decision criteria.

The personally borne expense rate will be decided after determining whether the insured member should pay the 30 percent rate, and then whether the insured member should pay a rate of 10 or 20 percent.





Ceiling of Personally Borne Medical Expenses

When your medical expenses exceed the ceiling amount (high medical expenses)

If the amount of personally borne expenses you pay from the first day of the month to the last exceeds the ceiling amount shown in Table 1 on the next page, you are only required to pay up to the ceiling amount. The Association will reimburse you for the amount exceeding this ceiling amount as high medical expenses. If you receive medical care at more than one hospital, clinic, pharmacy or the like, or if the household has more than one insured member, the amount of personally borne expenses will be totaled.

If you are eligible for reimbursement of high medical expenses, the Association will send you an application form four months after the month of medical treatment or later, even if you do not apply in advance. Please complete this application and submit it to your local municipal office.

The reimbursement will be transferred to the account you designated at the time of your initial application, so there is no need to apply again.

Notes:

1. You must include your individual number (My Number) when applying (see p. 25).
2. In general, the application deadline is two years from the first day of the month following the month you received medical treatment.

Reduction for people whose personally borne expense rate is 20 percent (consideration measures)

The maximum increase in personally borne expenses for outpatient care will be limited to ¥3,000 per month (from the first day of the month to the last) for three years from October 1, 2022, to September 30, 2025. (This does not mean the personally borne expenses paid at the medical institution counter will be ¥3,000.)

● Personally borne expenses paid at the medical institution counter (when consideration measures are applied)

The amount equals 10 percent of the medical expenses incurred plus the difference between 20 percent and 10 percent of those medical expenses (maximum amount: ¥3,000 per month).

Example: If you visit more than one medical institution three times within one month:

The personally borne expenses you pay at the counter will be reduced from ¥22,000 to ¥16,000. Of the ¥5,000 personally borne expense increase, ¥2,000 yen (*3 in the table) paid in excess of the maximum amount will be refunded at a later date as high medical expenses.

Examination date	Medical institution	Medical expenses			Consideration measures applied		
		Full amount	20 % (a) Personally borne expenses without consideration measures applied	10 % (b)	Difference (a-b)	Increase in personally borne expenses (c) Upper limit: ¥3,000	Personally borne expenses at counter (b+c)
April 1	Hospital A	¥50,000	¥10,000	¥5,000	¥5,000	¥3,000*1	¥8,000
April 2	Hospital A	¥40,000	¥8,000	¥4,000	¥4,000	¥0*2	¥4,000
April 3	Hospital B	¥20,000	¥4,000	¥2,000	¥2,000	¥2,000*3	¥4,000
Total		¥110,000	¥22,000	¥11,000	¥11,000	¥5,000	¥16,000

*1. Your personally borne expenses will only increase up to the upper limit.

*2. For two or more visits to the same medical institution, once the increase in monthly personally borne expenses reaches the upper limit, the personally borne expenses you pay at the counter thereafter will effectively be only 10 percent of the total amount.

*3. Since the upper limit of the increase in personally borne expenses applies to each medical institution, the increase in these expenses may exceed the upper limit if you visit more than one medical institution. However, the amount you pay in excess of the upper limit will be refunded at a later date as high medical care costs.

Table 1: Monthly personally borne expense ceiling

Personally borne expense rate	Income category		Outpatient + hospitalization	
	Outpatient (by individual)		Outpatient (by individual)	(by household)
30%	Actively working level income earner III Taxable income of ¥6,900,000 or more		¥252,600 + (100% of medical expenses – ¥842,000) x 1% <¥140,100 ^{*3} >	
	Actively working level income earner II Taxable income of ¥3,800,000 or more		¥167,400 + (100% of medical expenses – ¥558,000) x 1% <¥93,000 ^{*3} >	
	Actively working level income earner I Taxable income of ¥1,450,000 or more		¥80,100 + (100% of medical expenses – ¥267,000) x 1% <¥44,400 ^{*3} >	
20%	General II		¥6,000 + (full amount of medical expenses - ¥30,000) x 10 % or ¥18,000 (whichever is lower) (¥144,000 ^{*2})	¥57,600 <¥44,400 ^{*3} >
10%	General I		¥18,000 (¥144,000 ^{*2})	¥57,600 <¥44,400 ^{*3} >
	Exempt from residents tax, etc. ^{*1}	Category II	¥8,000	¥24,600
		Category I		¥15,000

^{*1}. Category II: Households exempt from residents tax that do not fall under Category I below

Category I: (1) Households exempt from residents tax in which all household members have zero income (public pension earnings are calculated by deducting ¥800,000, and employment income are calculated by deducting an additional ¥100,000 after deducting employment income); or (2) households exempt from residents tax and household member receives old-age welfare pensions

^{*2}. See “High medical expenses (annual outpatient total)” on p. 13.

^{*3}. If you have received reimbursements for high medical expenses three times in the past twelve months, the listed amount for your income category will become the ceiling from the fourth time onward (multiple-use patient). However, reimbursements for receiving “outpatient treatment (by individual)” are not counted in the number of times required to become a multiple-use patient. If insured members at the actively working level income earner level reach the “outpatient + hospitalization (by household)” ceiling through individual outpatient treatment only, however, it is counted in the number of times required to become a multiple-use patient. Treatments you received while enrolled under your prior medical insurance (Medical Care System for Older Senior Citizens of other prefectures, NHI, other health insurance, mutual aid) are not counted in the number of times required to become a multiple-use patient even if the treatment was countable under the prior medical insurance system.

Keep the following in mind

- Meal expenses during hospitalization and additional fees for special beds, etc. that insurance does not cover are not eligible for high medical expense reimbursement.
- The personally borne expense ceiling for the month in which you reach your seventy-fifth birthday (unless you were born on the first of the month) reflects two ceilings: that of your previous medical insurance and that of the Medical Care System for Older Senior Citizens. You will pay half the amount of each ceiling. (Personally borne expenses vary by individual.)

When annual medical expenses for outpatient treatment become expensive [High medical expenses (annual outpatient total)]

If the total personally borne expense for outpatient treatment (by individual) exceeds ¥144,000 for someone whose personally borne expense rate is 10 percent or 20 percent as of the base date (see “Notes” below) during the calculation period (August 1 of each year through July 31 of the following year), the excess amount will be reimbursed as high medical expenses (annual outpatient total).

- In principle, if you have previously applied for high medical expenses (per month) or annual outpatient total (per year), you do not have to apply.
- The Association will send an application form around February each year to individuals required to apply. Please submit the completed form to your local municipal office.

Notes:

1. In principle, the base date for the calculation period is July 31. However, if you lose qualification during the calculation period, the base date is the day before the date qualification was lost.
2. If you are reimbursed for high medical expenses (per month) during the calculation period, the reimbursement amount will be deducted to calculate the personally borne expense amount.
3. The amount of personally borne expenses for the months during the calculation period when the personally borne expense rate was 30 percent is excluded from the calculation.
4. You must include your individual number (My Number) when applying (see p. 25).

Joint personally borne expense ceiling for medical health insurance and nursing care insurance (High medical and nursing care joint expenses)

If the total amount of the personally borne expenses of the Medical Care System for Older Senior Citizens and the user fee of the long-term care insurance for one year (from August 1 to July 31 of the following year) in a household exceeds the personally borne expense ceiling shown in Table 2 below (expenses ¥500 or under are not reimbursed), you can apply to receive the excess amount. That will be paid by both the Medical Care System for Older Senior Citizens and long-term care insurance. The Association will send the application form to individuals expected to receive the reimbursement sometime in February or March each year.

Please submit the completed form to your local municipal office.

Note: You must include your individual number (My Number) to complete procedures (see p. 25).

Table 2: Annual personally borne expense ceiling (August to July of the following year)

Personally borne expense rate	Income category		Medical Care System for Older Senior Citizens + long-term care insurance
30%	Actively working level income earner III Taxable income of ¥6,900,000 or more		¥2,120,000
	Actively working level income earner II Taxable income of ¥3,800,000 or more		¥1,410,000
	Actively working level income earner I Taxable income of ¥1,450,000 or more		¥670,000
20%	General II		¥560,000
10%	General I		¥560,000
	Exempt from residents tax, etc.	Category II	¥310,000
		Category I	¥190,000

Meal expenses during hospitalization

(1) Meal expenses (per meal) during hospitalization while in a standard bed (beds other than long-term care beds, meaning hospital or clinic beds that are primarily for the hospitalization of patients requiring long-term recuperation)

Table 3 below shows the personally borne expenses for meals during hospitalization while in beds other than long-term care beds.

Table 3: Personally borne expenses for meals

Income category			Meal expenses (per meal)
Actively working level income and general I and II			¥490 ^{*1}
Exempt from residents tax, etc.	Category II	For hospitalization of 90 days or less of in the past 12 months	¥230
		For more than 90 days of hospitalization in the past 12 months (long-term hospitalization ^{*2})	¥180
	Category I		¥110

(2) Meal expenses (per meal) and living expenses (per day) during hospitalization in a long-term care bed

Table 4 below shows the personally borne meal and living expenses during hospitalization while in a long-term care bed.

Table 4: Personally borne meal and living expenses

Income category		Meal expenses (per meal)		Living expenses (per day)
		Low need for inpatient care ^{*3}	High need for inpatient care ^{*4}	
Actively working level income and general I and II		¥490 ^{*1, 5}	¥490 ^{*1, 5}	¥370
Exempt from residents tax, etc.	Category II	¥230	¥230 (¥180 for those who fall under long-term hospitalization ^{*2})	
	Category I	¥140	¥110	
	Recipients of old-age welfare pensions	¥110	¥110	¥0

^{*1}. For patients with designated intractable diseases, the fee will be ¥280 per meal. In addition, the living expenses are zero.

^{*2}. You must apply to be certified as a long-term hospitalization patient. If the number of days you are hospitalized during the period you were certified for a Category II reduction exceeds 90 days in the past 12 months, please apply at your local municipal office, submitting bills and receipts from medical institutions that shows the number of days you were hospitalized. (If you have been certified as Category II equivalent while enrolled in a different health insurance system, you may add the number of days of hospitalization during that period to the total.) If you have a certificate of payment reduction that lists the applicable dates of long-term hospitalization, you do not need to apply again.

Long-term hospitalization will apply from the first of the following month after the date you apply. The difference will be paid for the period between the application date and the end of the application month.

^{*3}. Individuals with a low need for inpatient care: includes people that do not have a high need for inpatient care.

^{*4}. Individuals with a high need for inpatient care: This includes people that require ventilators, IV nutrition, etc.

^{*5}. In some cases, the fee may be ¥450, depending on the facility standards of the insured medical institution and the like.

Reimbursement for Medical Expenses

In the following cases, if you have paid the full amount of medical expenses and the like, you can apply at your local municipal office to have the amount covered by insurance reimbursed.

Items required to apply (in all cases)

- Health insurance card
- Document to confirm your bank account

Note: You are required to provide your individual number for procedures 1 to 5 below (see p. 25).

1

When you are unable to present your health insurance card due to unavoidable circumstances, or when you receive medical treatment at a medical institution that does not provide treatment covered by insurance. Note: This is only for cases in which the Association recognizes that the circumstances were unavoidable.



Items required to apply

- A statement of medical expenses or equivalent document
- Receipt

2

After you receive treatment from a judo therapist for injuries such as a broken/fractured bone or dislocated joint (excluding receipt delegation, a payment method in which the patient pays his/her personally borne expense to the judo therapist, who claims the remaining amount from the insurer)

Notes:

1. Only for treatment covered by insurance
2. Only for treatment you received with a physician's consent
3. Treatment you received during hospitalization is not eligible for reimbursement



Items required to apply

- Receipt (listing details of treatment)

3

When you have received acupuncture, moxibustion, massage or similar treatments that a physician has deemed necessary and has consented to (excluding receipt delegation)

Note: Treatment you received during hospitalization is not eligible for reimbursement.



Items required to apply

- Receipt for the treatment fee
- Letter of consent from a physician

4

When you purchase therapeutic items such as a corset prepared by a prosthetist and orthotist (or pay for a blood transfusion) that a physician has deemed necessary

Note: Some ready-made therapeutic items may also be eligible.



Items required to apply

- Certificate of instructions for making and wearing therapeutic prosthetics
- For shoe-type orthotics, a photograph showing the overall view (including accessories, etc.)
- Receipts

5

When you receive treatment overseas under unavoidable circumstances, such as sudden illnesses and injuries while traveling abroad or while on overseas assignment

Notes: 1. Travel for the purpose of medical treatment is not covered.
2. Only for treatments covered by Japanese health insurance.



Items required to apply

- Statement of medical treatment
- Itemized receipts
- Japanese translations for these documents
- Consent form for the investigation
- Passport (or another document that provides proof of your travel if the period of travel cannot be verified through your passport)

Proper Way of Receiving Therapy from Judo Therapists

Please note that insurance covers treatment by judo therapists only when a physician or licensed judo therapist diagnoses or determines that certain conditions are satisfied.



Cases covered by insurance

- Acute bruises, sprains, muscle strains, broken/fractured bones and dislocated joints

Note: For broken/fractured bones and dislocated joints, the consent of a physician is required, except in emergencies.



Examples of cases not covered by insurance

Note: For the cases below, you have to pay all treatment costs.

- Simple stiff shoulders, muscle fatigue, pain due to aging
- Chronic disease such as the aftereffects of cerebropathy
- Long-term treatment that does not lessen symptoms
- When the same injury is being treated at a different hospital, clinic or other medical institution

Points to note when receiving treatment

- ◆ Medical health insurance only covers treatment for therapeutic purposes. You must accurately explain the cause of your injury (when, where and how you became injured, and your symptoms).
- ◆ Judo therapists are allowed to accept two payment methods: "reimbursement," meaning the patient pays all medical costs and later claims reimbursement at the appropriate service counter of his/her local municipal office; and "receipt delegation," meaning the patient pays his/her personally borne expense to the judo therapist, who claims the remaining amount from the insurer. When a judo therapist makes a patient-related insurance claim, he/she must check the details of the application for medical expense payment (cause of the injury, name of the injury, days of treatment, cost) and have the patient complete the representative recipient field (address, name, delegation date). If the patient cannot write due to a wrist injury or other reason, the judo therapist may write in the patient's stead, provided that the patient affixes his/her personal seal.
- ◆ When you receive treatment for a long period of time, your injury may be aggravated by medical factors. Consult with the judo therapist and receive an examination at a hospital or clinic.
- ◆ Please keep the receipts that your judo therapist issues (free of charge) in a safe place.

The Association may contact you to check the dates and details of treatment or other information. Thank you for your cooperation.

When Receiving Acupuncture, Moxibustion, Massage, Acupressure or Similar Treatments

Medical insurance will cover the procedure only if certain conditions are met, and your physician must provide written consent, so please consult your physician in advance.

When Transported under a Physician's Orders in an Emergency or Other Unavoidable Circumstances (transportation benefit)

This benefit covers the cost of transportation if the patient is seriously ill with limited mobility, must change hospitals under the orders of a physician, and the transfer is urgent and unavoidable. You can apply at your local municipal office. If your application is approved, you can receive this benefit.

Note: Transportation for examination purposes, at the request of the patient, for family reasons, for routine hospital visits from home, and at the time of discharge from the hospital are not covered because they are not considered emergencies.

► Benefit amount

Amount calculated based on the transportation cost of the most ordinary and economical route and means

Items required to apply

- Written statement from a physician outlining the need for transportation
- Receipt (that shows the route details)
- Health insurance card, etc.
- Document to confirm your bank account

Note: You are required to provide your individual number to complete procedures (see p. 25).

When an Enrolled Member Dies (funeral benefit)

The person who hosted the funeral can apply to the local municipal office to receive ¥50,000* as a funeral benefit.

Items required to apply*

- Receipts, etc. for the funeral expenses (must also be able to confirm that the applicant hosted the funeral)
- A document that confirms your account information (name of financial institution, name of branch, account number, and account holder name) of the financial institution the money is to be transferred to.

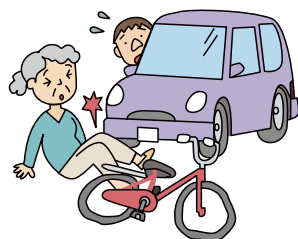
*The benefit amount and items required to apply may differ between municipalities. For more information, please contact the insured member's local municipal office.

If You Are Involved in a Traffic Accident

Medical expenses incurred when you visit a hospital to get injuries sustained in a traffic accident or the like treated are usually paid by the offending party (other party) in proportion to the percentage of fault. However, **you can also receive medical treatment using your health insurance card if you contact and file a notification with your local municipal office.**



The staff in charge at your local municipal office will tell you which documents are required for the notification. **As a rule, please file your notification within thirty days of the accident/incident.**



Note: In the case of a traffic accident, you will need a traffic accident certificate issued by the police (Japan Safe Driving Center), so always report an accident to the police as well.

After you file your notification, the Association will pay the medical expenses (excluding the personally borne expense amount) to the medical institution and later bill the offending party (the other party). **When receiving medical treatment, please inform the medical institution that your visit is due to an accident.**

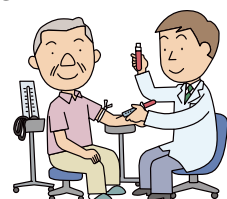
Note: Since an unfavorable settlement with the offending party (other party) may make it hard to claim insurance benefits, please contact the Association before you settle and be very careful about the details of the settlement.

Remember to undergo a health checkup once a year

Even if you are receiving outpatient care or believe you are in good health, please undergo a checkup once a year to detect and treat diseases early, which is one way to ensure a longer, healthier life.

- The personally borne expense for a health checkup is ¥500, and some municipality even offer health checkups for free.
- Please note that individuals who are institutionalized, etc. may be ineligible for health checkups.

For more information, please contact your local municipal office.



Insurance Premiums

Enrolled members pay insurance premiums—calculated as a percentage of the total medical expenses—so that the Association can allocate funds to pay for treatment that members receive for illness or injury. Insurance premiums are an important financial resource for supporting the Medical Care System for Older Senior Citizens.

Insurance premium rates are reviewed/revised every two years, and the rates are the same throughout Tokyo.

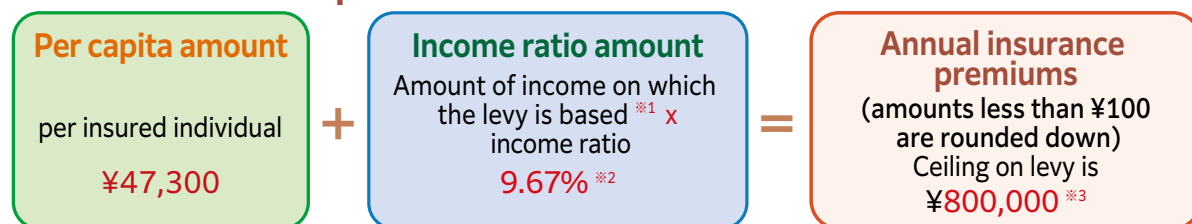
Note: Notices about insurance premiums are sent to enrolled members from their local municipal offices.

Calculation of insurance premiums

Each insured member pays insurance premiums. These premiums are the sum of the per capita amount plus the income ratio amount determined by the income the member earned during the previous year.

If you become eligible for the Medical Care System for Older Senior Citizens in the middle of the fiscal year or move from another prefecture, your insurance premiums will be calculated on a monthly basis from that month.

Annual insurance premiums for FY2024 and FY2025



- *1** “Amount of income on which the levy is based” refers to the basic deduction designated in the Local Tax Act (¥430,000 for residents whose total income is ¥24,000,000 or less) subtracted from the total of gross income earned during the previous year, forestry income, and income from the transfer of stocks or long- and short-term assets. (Carried-forward miscellaneous losses cannot be deducted.)
- *2** Due to measures to mitigate sudden changes, the income ratio for FY2024 will be 8.78% for individuals whose amount of income on which the levy is based is ¥580,000 or less, and 9.67% for individuals whose amount of income on which the levy is based exceeds ¥580,000. The income ratio for all insured individuals in FY2025 will be 9.67%.
- *3** For the following individuals, the ceiling on levy will be set at ¥730,000 for FY2024 only as the result of measures to mitigate sudden change.

 - (1) Individuals born before March 31, 1949
 - (2) Individuals who have been certified as disabled and are eligible to be insured (excluding individuals who have been certified as disabled and who, after turning 75 years of age on or after April 1, 2024, no longer reside within the area of the Association of Medical Care Services for Older Senior Citizens in which they were certified as disabled).

How to pay your insurance premiums

You pay your insurance premiums to your local municipal office, and can either make these payments through **special collection** or **regular collection**, as outlined below.

- **Special Collection (deducted from your public pension/pension from which Nursing Care insurance premiums are deducted)**

Members whose annual **public pension** is ¥180,000 or greater and the sum of the Nursing Care Insurance premiums and Medical Care System for Older Senior Citizens premiums is 50 percent or less of the amount of one payment of the public pension are eligible.

Example: How special collection premiums are collected

Tentative collection			Finalized collection		
April	June	August	October	December	February
Until your previous year's income is finalized, a tentatively calculated premium amount is collected based on your insurance premiums from the previous year.			After your previous year's income is determined, the amount of annual premiums is finalized, and the annual premium amount minus the tentative collection amount is collected in three installments.		

- **Regular collection (by payment slip or bank transfer)**

If you are ineligible for special collection, you will pay your premiums using **payment slips or via bank transfer**.

The number of installments differs depending on the municipality. For more information, please contact your local municipal office.

Note: If you become eligible for the Medical Care System for Older Senior Citizens or move from another municipality, your payment method will be via regular collection for a period.

Convenient payments via bank transfer

If you are using the special collection method or paying using payment slips, you can apply to pay through bank transfer. The designated account can belong to the insured member, head of household, spouse or the like.

Even if you were using bank transfers to pay your National Health Insurance premiums (tax), you must apply to use the bank transfer method in this system.

If you fall behind in your premium payments

If you still do not pay, you may be sent a health insurance card with a shorter validity period (short-term health insurance card), you may incur additional late fees, or your property may be seized.

Premium reduction and exemption

If you have incurred major losses due to a disaster or the like, or your income has significantly decreased due to the sudden suspension or closure of your business, unemployment, or long-term hospitalization, and you have used available assets (including savings) but are unable to pay your premiums, you may be able to apply for a premium reduction or exemption. Please consult with your local municipal office as soon as possible.

Insurance premium reduction

You may need to declare your income to receive a reduction.

Reduction of the Per Capita Amount

Your per capita amount of insurance premiums can be reduced depending on the total income of all members enrolled in the Medical Care System for Older Senior Citizens in your household and the head of the household.

Table 1

Households whose total income falls under the following categories	Reduction rate
¥430,000 + (total number of persons with salary income or public pension income -1) x ¥100,000 or less	70%
¥430,000 + (total number of persons with salary income or public pension income -1) x ¥100,000 + (¥295,000 x number of insured members) or less	50%
¥430,000 + (total number of persons with salary income or public pension income -1) x ¥100,000 + (¥545,000 x number of insured members) or less	20%

Notes:

1. For the public pension income of members sixty-five years old or older (as of January 1, 2024), the reduction assessment is made based on the income minus ¥150,000 (special deduction for senior citizens).
2. Even when the head of the household is not an enrolled member, his/her income is taken into consideration in the reduction assessment.
3. The reduction is determined based on the household situation as of April 1 of the relevant fiscal year (if you became qualified in Tokyo in the middle of the fiscal year, it is at the time of qualification).
4. "Total number of persons with salary income or public pension income" refers to the total number of insured members and the head of the household who have a public pension or other income exceeding ¥600,000 (for those under sixty-five years old) or exceeding ¥1,250,000 (for those sixty-five years old and older); or salaried income exceeding ¥550,000. This applies when the total number of persons is two or more.

Reduction of the income ratio amount (reduction unique to the Association)

The income ratio amount is reduced based on the amount of income of the insured member on which the levy is based (see p. 19).

Table 2

Amount of income on which the levy is based	Reduction rate
¥150,000 or less	50%
¥200,000 or less	25%

Reductions for former dependents

If you were enrolled in an employee insurance program—excluding the National Health Insurance and the National Health Insurance Union systems—the per capita reduction rate for your former dependents until the day before you enroll in the Medical Care System for Older Senior Citizens will be reduced by 50% until the month after two years have elapsed from the date of enrollment, and the income ratio amount is not charged for the time being.

Note: If you are also eligible for a reduction in the per capita amount due to low income (see Table 1 on p. 21), you are eligible for only one of the reductions at the higher reduction rate.

Example of annual insurance premium calculation

Single-person household with only pension earnings

Pension earning amount	¥1,500,000	¥1,700,000		¥2,000,000		¥2,500,000
① Income amount	¥400,000	¥600,000		¥900,000		¥1,400,000
② Amount of income on which the levy is based (① - ¥430,000)	¥0	¥170,000		¥470,000		¥970,000
③ Income ratio amount (② x Income ratio)	¥0	FY2024	FY2025	FY2024	FY2025	¥93,799
		¥11,194	¥12,329	¥41,266	¥45,449	
		(25% reduction)				
④ Reduction rate of per capita amount	70%	50%		20%		None
⑤ Per capita amount after reduction	¥14,190	¥23,650		¥37,840		¥47,300
Annual insurance premiums (③ + ⑤)	¥14,100	¥34,800	¥35,900	¥79,100	¥83,200	¥141,000

(Premium amounts are rounded down to the nearest ¥100 yen.)

Notes:

1. To determine if you qualify for the income ratio amount reduction, please compare the amount of “② Amount of income on which the levy is based” in the above chart with the amount in Table 2 on p. 21.
2. To determine if you qualify for the per capita amount reduction, please compare the amount of income after deducting ¥150,000 from “① Income amount” in the above chart with the amount in Table 1 on p. 21. (Please note that deductions are only available for public pension income.)
3. The income ratio for FY2024 is 8.78% for individuals whose “② Amount of income on which the levy is based” is ¥580,000 or less, and 9.67% for those whose “② Amount of income on which the levy is based” is more than ¥580,000. The income ratio for all insured individuals in FY2025 will be 9.67%.

Current Status of Medical Expenses

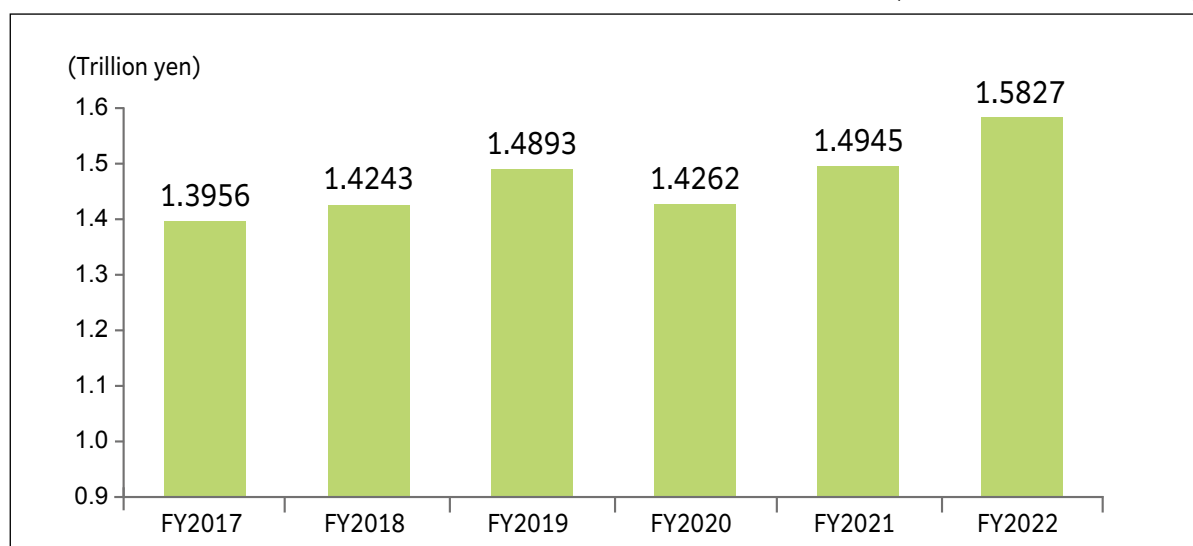
The Association's medical expenses are increasing due to an increase in the number of insured members.(See graph below.)

As medical expenses increase, the insurance premiums that you must pay also increase, as do the support payments that working people must pay. We ask you to improve your lifestyle habits and receive proper medical examinations to lower medical expenses.

Note: "Medical expenses" refers to the total amounts of personally borne expenses that insured members paid at medical institutions, etc. and the medical subsidies the Association issued to medical institutions, etc.

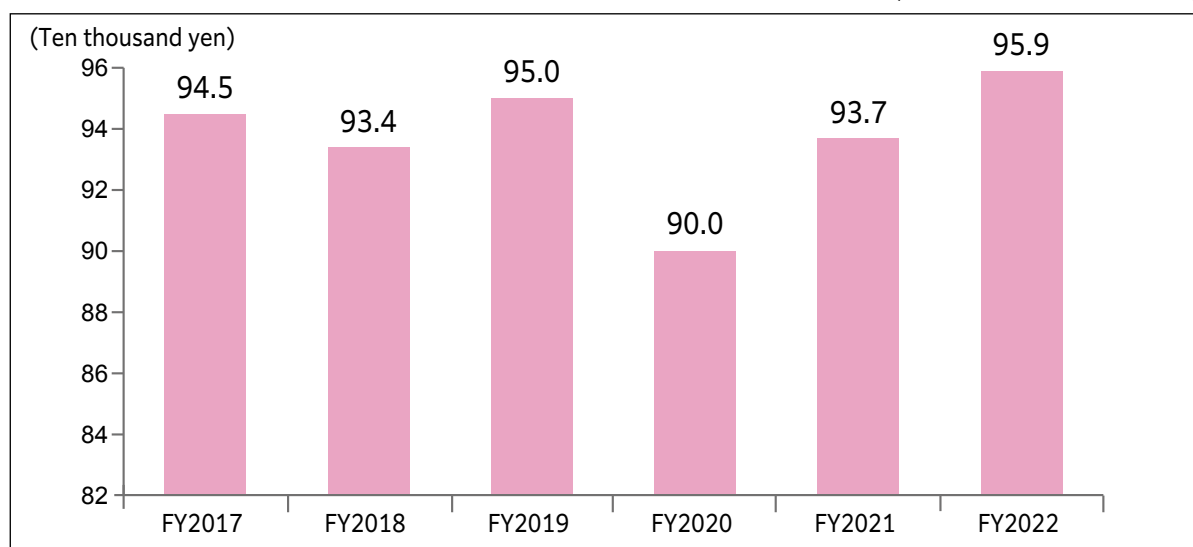
● Changes in medical expenses in the Tokyo Metropolitan Association of Medical Care Services for Older Senior Citizens

(Settlement amount)



● Changes in average medical expense per person in the Tokyo Metropolitan Association of Medical Care Services for Older Senior Citizens

(Settlement amount)



Use generic medicines

Generic medicines are certified as having the quality, beneficial effects and safety equivalent to those of the original name-brand products, and are generally offered at a lower price. That helps reduce the medication expenses patients pay and reduce overall medical expenses.

There is also a program that encourages people to switch to using generic medicine. Please consult your physician or pharmacist if you wish to try generic medicine.

Note: Generic substitutes are not available for all brand-name medicines. Depending on your treatment and the availability of the medication, it may not be possible to switch to a generic substitute.

Information regarding the reduction of medication expenses (generic medicine cost difference notification)

The Association sends generic medicine cost difference notifications to members when their personally borne expenses are expected to decrease by more than a certain amount if they switch their current brand-name medicine to a generic substitute.

Please attach a sticker to indicate your intention to use generic medicines

You can put this sticker on your health insurance card or prescription record to clearly indicate to the medical institution or pharmacy that you are seeking generic medicine. Please use it!

ジェネリック
医薬品を
希望します

I wish to use
generic medicine.

Notification of annual medical treatment record (medical expense notification)

The Association will inform members of their medical treatment record each year. Please use this record to become more conscious of your own health and medical care, and to confirm that the number of days of medical treatment and other details of your treatment are correct.

If you discover any incorrect information after reviewing your record, please directly contact the medical institution, etc. listed on the notification.

Operation of the Medical Care System for Older Senior Citizens

The Tokyo Metropolitan Association of Medical Care Services for Older Senior Citizens—which encompasses all municipalities in Tokyo—operates the Medical Care System for Older Senior Citizens.

Responsibilities of the Association

The Association operates the system by handling duties such as the authorization of insured members, determination of premium rates, and provision of medical benefits.

- Authorization of insured members
- Provision of insurance benefits
- Determination of premium rates
- Billing of insurance premiums
- Implementation of health checkup services (outsourced to municipalities)

Responsibilities of municipalities

Municipalities act as the service windows that handle procedures when members notify them of address changes, apply for benefits and the like. They also issue health insurance cards and collect insurance premiums

- Collecting insurance premiums and offering payment consultation
- Issuing health insurance cards, etc.
- Accepting various applications
- Receiving enrollment notifications when moving into a municipality, etc. and handle notifications of the loss of eligibility



Financing the Medical Care System for Older Senior Citizens

Medical expenses (excluding those borne by patients) are financed by insurance premiums that enrolled members pay (about 10 percent); public funds from the Japanese government, the Tokyo Metropolitan Government and municipal governments in Tokyo (about 50 percent); and support payments from other medical health insurance systems (about 40 percent from actively working generations).

You are required to provide your individual number for applications and notifications

Many procedures require you to provide your individual number. You must present personal ID (driver's license, passport, etc.) and a document to confirm your individual number (individual number card, etc.). For more information on procedures, please contact your local municipal office.

Questions about the system?

Contact the Association Call Center

If you have any questions about the system, please feel free to contact us. The hours are 8:30 a.m. to 5 p.m. (excluding Saturdays, Sundays, national holidays and the year-end/New Year's holidays).

Tel: 0570-086-519 Fax: 0570-086-075

Email: call@tokyo-kouikicenter.jp

Website: <https://www.tokyo-ikiiki.net/>

- Please call 03-3222-4496 if you are using a IP phone.
- Calls are recorded to ensure that we understand questions and requests accurately and to maintain and improve service quality.



Inquiries about insurance premiums payment methods and other subjects related to personal information

Please contact the service window in charge of the Medical Care System for Older Senior Citizens at your local municipal office (listed on the back cover).

In addition to this booklet (enlarged A4 size), "An Overview of the Medical Care System for Older Senior Citizens" is also available as a small booklet (B6 size) and in Braille and audio versions (Japanese only). Additionally, the Association PR newsletter *Tokyo Ikiiki Tsushin* is distributed as a newspaper insert every March and July. The latest edition is also available at the service window in charge at municipal offices. If you wish to obtain a copy, please contact the service window of your local municipal office or the Association's call center.

Beware of suspicious phone calls and visits!

Association employees and the staff of municipalities will never ask you to use an ATM to handle necessary procedures.

Please beware of anyone claiming to be a government official who tries to obtain your cash card or health insurance card information by claiming it is necessary for reimbursement procedures.

If you receive a suspicious phone call or are visited by someone suspicious, please contact your local police station, the Association or the service window in charge at your local municipal office.

Service windows in charge of the Medical Care System for Older Senior Citizens		
Municipality	Service window	Telephone number
Aogashima Village	General Affairs Section	04996-9-0111
Akishima City	Health Insurance and Pension Section	042-544-5111 (Ext.) 2174-2176
Akiruno City	Health Insurance and Pension Section	042-558-1111 (Ext.) 2428, 2429
Adachi City	Medical Care for Senior Citizens and Pension Section	03-3880-6041, 03-3880-5874
Arakawa City	NHI and Pension Section	03-3802-4148
Itabashi City	Medical Care System for Older Senior Citizens Section	03-3579-2327
Inagi City	Insurance and Pension Section	042-378-2111 (Ext.) 147, 148, 149
Edogawa City	Health Insurance Section	03-5662-1415
Ome City	Insurance and National Pension Division	0428-22-1111 (Ext.) 2117, 2118
Oshima Town	Residents Section	04992-2-1462
Ota City	National Health Insurance and National Pension Division	03-5744-1608
Ogasawara Village	Residents Section	04998-2-3113
Okutama Town	Residents Division	0428-83-2182
Katsushika City	National Health Insurance and Pension Section	03-5654-8212, 03-5654-8528
Kita City	National Health Insurance and Pension Section	03-3908-9069
Kiyose City	Health Insurance and Pension Division	042-492-5111 (Ext.) 1217, 1218
Kunitachi City	Insurance and Pension Section	042-576-2125
Kozushima Village	Welfare Division	04992-8-0011 (Ext.) 71
Koto City	Medical Insurance Division	03-3647-3166
Koganei City	Insurance and Pension Section	042-387-9834
Kokubunji City	Insurance and Pension Section	042-325-0111 (Ext.) 319
Kodaira City	Insurance and Pension Section	042-346-9538
Komae City	Insurance and Pension Section	03-3430-1111 (Ext.) 2287, 2288
Shinagawa City	National Health Insurance and Pension Section	03-5742-6736
Shibuya City	National Health Insurance Division	03-3463-1897
Shinjuku City	Elderly Health Division	03-5273-4562
Suginami City	National Health Insurance and Pension Section	03-5307-0651
Sumida City	National Health Insurance and Pension Division	03-5608-1111 (Ext.) 3217, 3242
Setagaya City	National Health Insurance and National Pension Division	03-5432-2390
Taito City	National Health Insurance Section	03-5246-1254
Tachikawa City	Insurance and Pension Section	042-523-2111 (Ext.) 1400, 1402, 1406
Tama City	Insurance and Pension Section	042-338-6807
Chuo City	Insurance and Pension Section	03-3546-5362
Chofu City	Insurance and Pension Section	042-481-7148
Chiyoda City	Insurance and Pension Division	03-5211-4206
Toshima City	Health Insurance for the Elderly, National Pension Section	03-3981-1332
Toshima Village	Residents Section	04992-9-0013
Nakano City	Medical Care for Older Senior Citizens Subsection	03-3228-8944
Nijima Village	Civil Affairs Section	04992-5-0243
Nishitokyo City	Insurance and Pension Section	042-460-9823
Nerima City	National Health Insurance and Pension Section	03-5984-4587, 03-5984-4588
Hachioji City	Insurance and Pension Section	042-620-7364
Hachijo Town	Residents Section	04996-2-1123
Hamura City	Citizen's Section	042-555-1111 (Ext.) 137, 138, 140
Higashikurume City	Insurance and Pension Section	042-470-7846
Higashimurayama City	Insurance and Pension Section	042-393-5111 (Ext.) 3517
Higashiyamato City	Health Insurance and Pension Division	042-563-2111 (Ext.) 1025-1028
Hino City	Insurance and Pension Section	042-514-8293
Hinode Town	Residents Section	042-588-4111
Hinohara Village	Residents Section	042-598-1011
Fuchu City	Insurance and Pension Section	042-335-4033
Fussa City	Insurance and Pension Section	042-551-1767
Bunkyo City	National Health Insurance and Pension Division	03-5803-1205
Machida City	Insurance and Pension Section	042-724-2144
Mikurajima Village	General Affairs Section	04994-8-2121
Mizuho Town	Residents Section	042-557-7578
Mitaka City	Health Insurance Section	0422-29-9219
Minato City	National Health Insurance and Pension Section	03-3578-2111 (Ext.) 2654-2659
Miyake Village	Villager Division	04994-5-0904
Musashino City	Health Insurance and Pension Section	0422-60-1913
Musashimurayama City	Insurance and Pension Section	042-565-1111 (Ext.) 135, 136
Meguro City	National Health Insurance and National Pension Division	03-5722-9838

Note: This pamphlet is based on laws and reference materials produced by the Ministry of Health, Labour and Welfare. Please note that this information is subject to change, depending on revisions in the system and other factors.