EMPLOYEES' HEALTH INSURANCE (EHI)

QUALIFICATION:

You are eligible for EHI if you work for a company or organization which has joined an EHI plan. You are also eligible if you work as a part-time worker at least more than three-fourths the hours of a full-time worker in a week. You will be qualified on the first day of your employment. If you become a policyholder, your dependents who fall within category (1) or (2) below will also be covered. If your dependent has an income, it must be less than ￥1,300,000 a year (less than ￥1,800,000 if he or she is disabled or over 60 years old). Foreign residents in Japan are also eligible if they satisfy these requirements.

(1) Dependents who need not be living with you to receive coverage: parents, grandparents, great-grandparents, spouse (even in a common-law marriage), children, grandchildren, younger siblings.

(2) Dependents who must be living with you to receive coverage: older siblings, uncles, aunts, nephews and nieces (and their spouses), spouses of younger siblings, your spouse's parents (even in a common-law marriage), stepchildren, great-grandchildren, and any other dependents related to you within three generations.

A CONTINUATION OF EHI COVERAGE:

After you leave your job, if you desire, you can continue to be a policyholder on the following conditions ①-④.

① You have been a policyholder for more than 2 months.

② You apply for a continuation of EHI coverage within 20 days of the termination of your employment.

③ The continuation of EHI coverage is up to 2 years (if you retired at 55 or over, you can extend your converge until you reach 60).

④ The premium will be approximately doubled because you will be responsible for the employer's portion.

ENROLLMENT:

Your employer is obliged to register you and your dependents within 5 days of the beginning of your employment. Being registered, you will receive a notification of membership and be issued a health insurance certificate (hoken-sho).

PREMIUMS:

The premium is calculated by multiplying the employee's standard monthly income (1) with the premium rate (2), and the employer and the employee split the cost of the premium, fifty-fifty. Your portion of the premium will be usually deducted automatically from your monthly paycheck, together with the premium of an employees' pension plan.

If a mother who is a policyholder is taking a child-care leave (to take care of a baby less than one year old) from work, she can apply for exemption for payment of the premium over a period of between the month where the day of her application belongs and the previous month to the month where the subsequent day of the day of termination of her child-care leave belongs.

INSURANCE BENEFITS:

			A policy-holder	A dependent	
Benefits in kind	Medical benefits	Illness and injury	(A) Medical Benefits (B) Special Medical Fees (C) Hospital Meals Fees (D) Home Visiting Nurse Services Fees	(A) Medical Expenses for family members (B) Special Medical Fees (C) Hospital Meals Fees (D) Home Visiting Nurse Services Fees for family members	--- when a policyholder or a dependent has treatment at a medical facility accepting insurance --- when a policyholder or a dependent has treatment at a medial facility that provides advanced medical treatment or has special treatment determined by the Minister of Health, Labor and Welfare --- when a policyholder or a dependent has hospital meals as an inpatient --- when a policyholder or a dependent receives home visiting nurse services
Benefits in cash	Medical benefits	Illness and injury	(E) Medical Expenses (F) High-cost Medical Fees	(E) Medical Expenses for family members (F) High-cost Medical Fees for family members	--- when a policyholder or a dependent has treatment at a medical facility not accepting insurance --- when a policyholder or a dependent has co-payments exceeding the fixed amount
	Compensation for a leave from work		(G) Sickness and Injury Allowance (H) Maternity Allowance		--- when a policyholder takes a leave from work due to illness or injury --- when a policyholder takes a maternity leave from work
	Childbirth		(I) Lump-Sum Maternity Subsidy ¥300,000	(I) Lump-Sum Maternity Subsidy for Spouse ¥300,000	--- when a policyholder or a dependent has a childbirth
	Death		(J) Funeral Allowance ; standard monthly income×1 (at least ¥100,000)	(J) Funeral Allowance for family members ¥100,000	--- when a policyholder or a dependent dies
	Transportation		(K) Transportation to Hospital	(K) Transportation to Hospital for family members	--- when a policyholder or a dependent is transferred to hospital in an urgent situation according to the doctor's judgment

(L) A Continuation of Benefits after Leaving Your Job

(A) Medical Benefits

Medical Benefits include the following items ①-⑤ provided by medical facilities accepting insurance, when the doctor judges that your disease requires treatment.

① medical examination
② medications or treating materials
③ operations and other medical treatments
④ nursing care services at home
⑤ nursing care services at hospitals or clinics

Notes: Medical Benefits do not usually cover injuries caused by someone else such as traffic accidents or fighting; you can apply for medical insurance at your local social insurance or EHI office. Other items not covered by Medical Benefits include work-related injuries or illnesses, self-inflicted injuries including suicide, general physical examination, human dry dock, immunizations, cosmetic surgery, and normal birth.

Your Own Expenses:

(1) As a policyholder, you pay 20 percent of the fee as your co-payment when you are treated at a medical facility which accepts your insurance.

(2) As a dependent, you pay 30 percent for outpatient and 20 percent for inpatient care of the fee as your co-payment when you are treated at a medical facility which accepts your insurance.

(3) For outpatient medications, whether a policyholder or a dependent, you bear an extra portion of the cost in addition to your co-payment. Please see “Medications Fees”, for details.

(B) Special Medical Fees

The cost of advanced medical treatment at medical facilities that are approved to provide advanced medical treatment is not covered by public health insurance; you bear the full cost. However, Special Medical Fees cover the fundamental portion of the treatment by 80 percent for a policyholder (for a dependent, 80 percent for inpatient and 70 percent for outpatient care).

If you have special services or treatment materials from choice (such as private rooms or golden caps for teeth) determined by the Minister of Health, Labor and Welfare, its fundamental portion is covered by Special Medial Fees.

Procedures:

Show your health insurance certificate at your medical facility, and pay your co-payment and the cost of the portion uncovered by your insurance.

Your Own Expenses:

You bear the cost of medical techniques, private rooms, dental materials, and the fundamental portion of the treatment (20 percent as a policyholder, and 20 percent for inpatient and 30 percent for outpatient care as a dependent).

(C) Hospital Meals Fees

As Hospital Meals Fees, the amount obtained by subtracting the standard cost burden of inpatients (See Table 1) from the cost calculated from the criterion determined by the Minister of Health, Labor and Welfare is covered by EHI.

Your Own Expenses:

You bear the fixed standard cost burden shown below.

Table 1	Standard cost burden (per
General households	¥780
Households with low income (exempted from municipal	¥650
Inpatients from the fourth month on	¥500
Old-age welfare pensioners	¥300

Notes: For the proof of a household with low income, "shikuchosonmin hikazei shomei" (a municipal tax exemption certificate) is necessary

(D) Home Visiting Nurse Services Fees

Home Visiting Nurse Services Fees will be paid when as a policyholder or a dependent you are allowed by your doctor to receive medical care or medical help from nurses or helpers sent from designated home visiting nurse service enterprises such as home visiting nurse stations, if you are a patient in the final stages of cancer or with an intractable disease, a serious handicap, or cerebrovascular defects in the early stages of your old age.

Your Own Expenses:

As your co-payment, you bear 20 percent as a policyholder or 30 percent as a dependent.

(E) Medical Expenses

In the following cases ①-⑧ which are not usually covered by “Medical Benefits (benefits in kind)” stated in (A) above, as a policyholder or a dependent you may be reimbursed 80 percent of the cost in cash, provided that the insurer permits it.

① When a medical facility that would accept your insurance is not available;

② When it is a medical emergency that causes you to seek care at a facility that would not accept your insurance;

③ When you are treated by a judo seifuku-shi, a masseur, an acupuncturist, or a practitioner of moxibustion according to your doctor’s direction, and when the insurer approves it;

④ When you are hospitalized by law such as Law on Infections Diseases;

⑤ When you pay the full cost because you can not prove your membership due to your employer’s failure to register you;

⑥ The following items should be included in Medical Benefits (benefits in kind) but in practice are covered by Medical Expenses;

fresh blood for blood transfusion, medical materials (artificial legs and arms, walking supplements), massage, etc.;

⑦ When you have treatment at a medical facility outside Japan; you can be reimbursed for the amount obtained by subtracting your co-payment from the medical fee covered by insurance. You temporarily pay the full fee, and later apply for reimbursement by submitting an application form along with the receipt or the statement of your diagnosis and treatment;

⑧ When you have treatment at a medical facility which accepts your insurance before the issue of the certificate or without bringing it with you.

Procedures:

Submit the form ryoyo-hi shikyu shinsei-sho (application for Medical Expenses) to your local social insurance or EHI office, along with a certificate and an itemized receipt.

Your Own Expenses:

You bear 20 percent as a policyholder or 20 percent for inpatient and 30 percent for outpatient care as a dependent, and an extra portion of the cost for outpatient medications.

(F) High-cost Medical Fees

When your co-payments for medical treatment exceed a monthly ceiling (¥63,600 for general households, ¥121,800 for households with high income, and ¥35,400 for households with low income) for one case, the insurer will reimburse the amount paid over this figure.

Note that if your monthly medical expenses (not your own expenses) exceed a specified figure (¥318,000 for general households and ¥609,000 for households with high income), 1% of the amount over this figure will be added to the monthly ceiling as your cost burden. Households with low income have no extra cost burden added to the monthly ceiling.

Here, “households with high income” and “households with low income” respectively refer to households with a policyholder’s standard monthly income of ¥560,000 or more, and households with income that is so low that municipal taxes are not required. “One case” refers to the co-payments of one policyholder or one dependent paid in one month (1st to the end of the month) at the same medical facility. In the same medical facility, medical and dental treatments are calculated separately, and inpatient and outpatient treatments are calculated separately. For inpatient, treatments received at separate departments are regarded as one case; for outpatient, they are calculated separately.

Note that the standard cost burden of Hospital Meals Fees are not covered.

Reduction From Co-payment of High-cost Medical Fees:

① If in the same month a household has two or more cases as co-payments each not less than

￥30,000 (for general households and households with high income) or each not less than ￥21,000 (for households with low income), and if the total exceeds ￥63,600 (for general households), ￥121,800 (for households with high income), and ￥35,400 (for households with low income), the insurer will reimburse the amount paid over this figure. Note that if your monthly medical expenses (not your own expenses) exceed a specified figure (￥318,000 for general households and ￥609,000 for households with high income), 1% of the amount over this figure will be added to the monthly ceiling as your cost burden.

② If a household is reimbursed for high cost treatment four or more times within 12 months, from the fourth time on, reimbursement will be for the amount paid over ￥37,200 (for general households), ￥70,800 (for households with high income), and ￥24,600 (for households with low income).

③ Maximum monthly co-payments will be no more than ￥10,000 for long-term, high-cost treatment, such as that for hemophilia and chronic diseases requiring dialysis, and the amount over this figure will be covered as benefits in kind. Prior issue of 'Health Insurance Certificate for Medical Treatment of Designated Diseases" (kenko-hoken tokutei shippei ryoyo juryo-sho) by the insurer (your local social insurance or EHI office) is necessary.

Procedures:

Submit the form "kogaku iryo-hi shikyu shinseisho" (application for High-cost Medical Fees) to the insurer (your local social insurance or EHI office), and you will receive reimbursement in a few months. Although some insures will reimburse you even without your request, in principle, you must be applied for it.

Loans for High-cost Medical Fees:

Interest-free loans for 80 percent of the expected reimbursement of the High-cost Medical Fees are available to help until reimbursement comes through. Submit (1) an application form for a loan, (2) a medical bill, (3) your health insurance certificate, (4) a signed acknowledgment of a debt, (5) an application form for reimbursement of High-cost Medical Fees and a letter of attorney to your local social insurance association (inside the social insurance office) or EHI office.

(G) Sickness and Injury Allowance

If as a policyholder you must be absent from work without pay, this allowance will be paid to cover your living expenses. You can receive a subsidy equivalent to 60 percent of the standard daily income for your income range for each day absent, starting from the fourth day. If you receive an income during your absence that amounts to less than the subsidy to which you are entitled, you may receive a subsidy of the difference. The subsidy covers a period up to 18 months.

Procedures:

Submit an application for Sickness and Injury Allowance with certification from you employer regarding your employment and salary, and a written statement of your doctor's recommendations to the insurer (your local social insurance or EHI office).

(H) Maternity Allowance

If as a mother and policyholder you are taking a leave of absence without pay from work, this allowance will be paid to cover your living expenses. You can receive a subsidy equivalent to 60 percent of the standard daily income for your income range for each day absent which covers a period of 42 days before your due date (98 days for multiple births) through 56 days after the childbirth.

"Childbirth" includes not only natural birth but also premature births, stillbirths, miscarriages, abortion, and abnormal birth if the pregnancy lasted 85 days or longer.

If you receive an income during your absence that amounts to less than the subsidy to which you are entitled, you may receive a subsidy of the difference.

Procedures:

Submit an application for Maternity Allowance with certification from you employer regarding your salary during your absence from work to the insurer (your local social insurance or EHI office).

(I) Lump-sum Maternity Subsidy

When as a policyholder or a spouse (a dependent) you have a childbirth, you can receive ¥300,000 for each baby.

"Childbirth" is defined same as in (H).

Even if the baby is born outside Japan, this can be awarded after you come back to Japan within 2 years after the childbirth as long as you have continued to pay the premium.

In the case of multiple births, the subsidy will be awarded for each baby. For example, in the case of twin babies, the amount doubles.

Procedures:

Submit an application for Lump-sum Maternity Subsidy to the insurer (your local social insurance or EHI office), along with the birth certificate.

(J) Funeral Allowance

If a policyholder dies and when you take care of the funeral as his or her dependent, you can apply for an amount equivalent to his or her standard monthly income (at least ¥100,000) for funeral expenses. If the person who is not his or her dependent takes care of it, the person can receive an allowance of up to ¥100,000 for funeral expenses.

If a dependent dies, ¥100,000 will be paid for Funeral Allowance for family members.

Procedures:

Applications are made at the insurer (your local social insurance or EHI office) with (a) a funeral bill, (b) the death certificate, and (c) the health insurance certificate of the deceased to receive Funeral Allowance, and further with (d) a receipt for the funeral expenses to receive Funeral Allowance for family members.

(K) Transportation to Hospital

If as a policyholder or a dependent you must be transported by car, etc. to a hospital, or transferred from one hospital to another in a situation that you are seriously ill or injured and it is a medical emergency, you can be reimbursed for the cost of that transportation. Reimbursement will be no more than the amount calculated based on the ordinary route and method.

Procedures:

Submit an application for Transportation with an itemized receipt to the insurer (your local social insurance or EHI office).

Your Own Expenses:

If the amount the patient paid exceeds the calculated amount, you bear the excess.

(L) A Continuation of Benefits after Leaving Your Job

If you have been an EHI policyholder for at least 1 year before leaving your job, you and your dependents may still receive EHI benefits even after you stop working. Whether you can be covered or not depends on when the case as the target of benefits occurs.

You will be covered for a period of 5 years from the day the medical benefits are started (usually the first visit at a medical facility) including the time period while you are in work.

Insurance Benefits	you (a policyholder)		your dependents	
	while you are in work	after you lose membership	while you are in work	after you lose membership
(a)Medical Benefits	○	×	○	×
(b) Medical Expenses	○	×	○	×
(c)High-cost Medical Fees	○	×	○	×
(d) Sickness and Injury Allowance	○	×	×	×
(e) Maternity Allowance	○	○(within 6 months)	×	×
(f)Lump-Sum Maternity Subsidy	○	○(within 6 months)	×	×

(g)Funeral Allowance	○	○*	×	×

* You are entitled to Funeral Allowance in the following cases ①-③ after you lose your membership:

① when you die while receiving (a) Medical Benefits, (b) Medical Expenses, (d) Sickness and Injury Allowance, or (e) Maternity Allowance

② when you die within 3 months of the termination of the continuation of (a) Medical Benefits, (b) Medical Expenses, (d) Sickness and Injury Allowance, or (e) Maternity Allowance

③when you die within 3 months of your loss of membership

Procedures:

(a) Submit “shikaku soushistu-go keizoku ryoyo jukyu todoke” (application for Continuation of Benefits) within 10 days of your loss of membership, and you will be issued "keizoku ryoyo shome-sho" (a certificate for continuing treatment of preexisting ailments).

(b) Same as while you are in work. See (E) above.

(c) Same as while you are in work. See (F) above.

(d) Submit a bill for Sickness and Injury Allowance with a written statement of your doctor’s recommendations. Certification from your employer is unnecessary.

(e) Submit a bill for Maternity Allowance with certification from your employer regarding your absence from work and salary, and a written statement of your doctor’s or midwife’s recommendations.

(f) Same as while you are in work. See (I) above.

(g) Submit a bill for the funeral expenses with the death certificate.