2026

National Health Insurance Handbook

Japan's health insurance system is broadly divided into two programs: Employees' Health Insurance and National Health Insurance. The first type is offered through employers, while the second is based on the area in which you live. Every single registered resident of Japan must enroll in one of these two health insurance programs, even if you are not Japanese.

This handbook explains **how the National Health Insurance side works along with relevant procedures. It was created mainly as a resource for non-Japanese living in Japan.**

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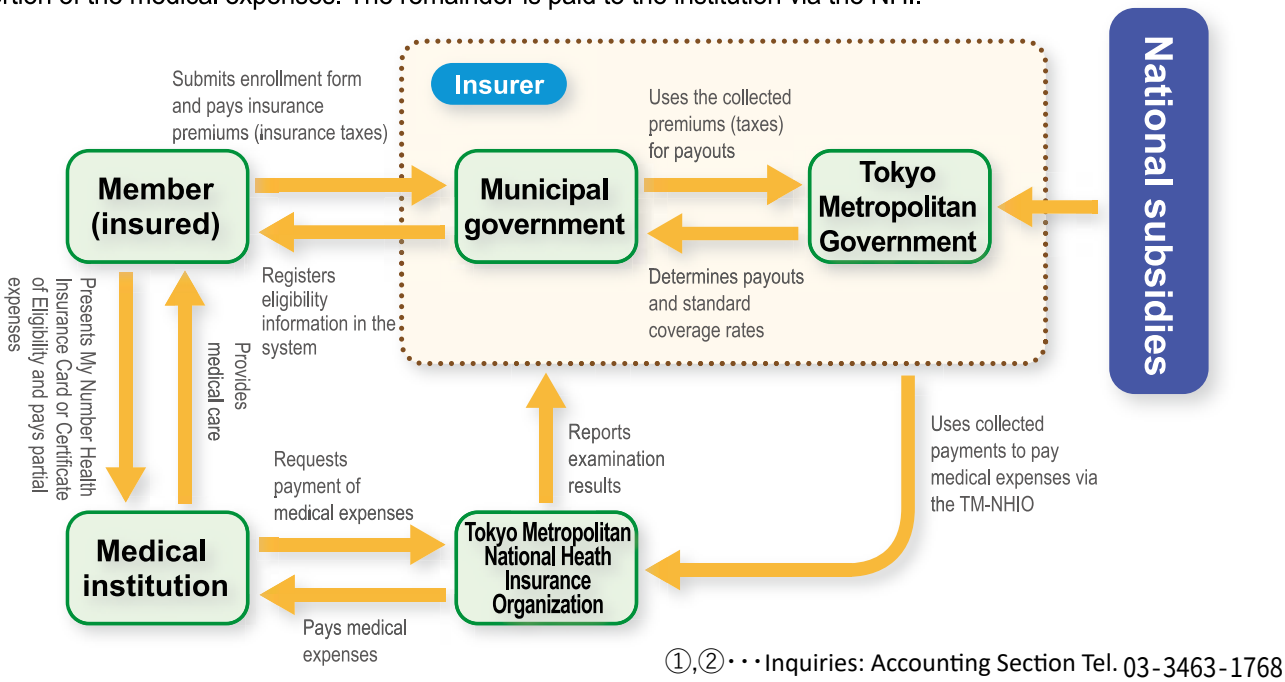
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1 The National Health Insurance (NHI) system

The purpose of the of the National Health Insurance System (NHI) is to ensure that everyone is free to receive medical treatment if they are ill or injured. Everyone who is insured (or enrolled) in the program pays an insurance premium (insurance tax) based on their income to create a collective fund that is used to share the burden of medical expenses. The head of every household is required to pay insurance premiums (insurance taxes) to the program. In exchange, every person who is enrolled in the NHI is eligible to receive medical benefits through the program should they get sick or injured.

2 How the NHI works

The NHI is run through the prefecture or municipality in which you live. These government bodies act as the insurers. Each municipal insurer handles the payment of medical expenses (insurance benefits) using funds acquired through the collection of insurance premiums (insurance taxes) from those enrolled in the NHI as well as through subsidies provided by the national government, the Tokyo Metropolitan Government, and other sources. When you visit a medical institution, you are eligible to receive medical treatment while bearing (paying) only a portion of the medical expenses. The remainder is paid to the institution via the NHI.



①,②･･･Inquiries: Accounting Section Tel. 03-3463-1768

3 My Number Health Insurance Card or Certificate of Eligibility

(1) Register to Use the My Number Health Insurance Certificate

The My Number Health Insurance Card or Certificate of Eligibility serves as proof that you are enrolled in NHI and you will need to present it to the medical institution in order to receive treatment. When you have already received your My Number Card, you can register it for use as a Health Insurance Certificate. If you do not have a My Number Card or have not registered your My Number Card for use as a Health Insurance Certificate, you will be issued a Certificate of Eligibility.

(2) Using a My Number Health Insurance Certificate



When receiving medical treatment at a medical institution, present your My Number Health Insurance Card or Certificate of Eligibility at the counter. The medical institution will confirm that you are enrolled in the National Health Insurance Plan with your My Number Health Insurance Card and will provide medical treatment covered by the insurance.

Note: There are two types of medical treatment: those covered by insurance and those not covered by insurance. If not covered by insurance, the patient is responsible for the full cost of the medical treatment.

(3) My Number Card Electronic Certificate (for user certification)

If the electronic certificate (for user certification) on your My Number Card expires, you may no longer be able to use your My Number Health Insurance Card. In that case follow procedures to the renewal procedures.

4 Applying for NHI

(1) Joining NHI

① Eligibility

Registered municipal residents who are not Japanese must still enroll in the NHI. Even those with an "official business" status of residence who wish to stay in the country more than three months must enroll in the NHI, even though they are exempt from filing a resident registration. Joining the NHI is mandatory and you may not opt out for personal reasons.

That said, the following persons may not enroll in the NHI.

❶ Those covered under Employees' Health Insurance or another Japanese public health insurance program (includes those enrolled as dependents)

❷ Those enrolled in the Medical Insurance Program for Older Senior Citizens*

*Seniors are transferred from the NHI to this program on the day they turn 75.

❸ Those receiving social assistance

❹ Those who have a "designated activities" status of residence and:

a. Are in Japan for the purpose of receiving medical treatment or for providing everyday assistance for someone who is engaged in applicable activities

b. Have a period of stay for less than a year and are in Japan for the purpose of sightseeing, recreation, or similar activities or are an accompanying spouse of such a person (18 or over)

Note that even if your period of stay is less than three months, you may be able to enroll in the NHI if either of the following apply and you present the necessary documentation.

- If your status of residence authorizes you to stay in Japan for more than three months as an "entertainer", "technical intern", "dependent", or for "designated activities" (excluding (1)①❹ above)*

*Designated activities are confirmed via the Certificate of Designation bound to your passport.

- Those who have enrolled in the NHI but whose resident registration was voided because their period of stay is less than three months upon renewing their status of residence or other documents

② Enrollment procedures

You must go through NHI enrollment procedures within 14 days should any of the following events occur. If you delay this process, you will still owe the insurance premiums (insurance taxes) you would have paid had you enrolled on time.

❶ When you move into the city (or enter the country)
Please enroll in the NHI at the same time that you apply for a resident card (resident registration).
❷ When you get a new status of residence that is longer than three months
❸ When you withdraw from another Japanese public health insurance program (e.g. lose your Employees' Health Insurance by leaving your job), including withdrawal due to a loss of dependent status
❹ When your child is born
❺ When you become ineligible to receive social assistance

(2) Withdrawing from the NHI

You must go through NHI cancellation procedures within 14 days should any of the following events occur.

❶ When you move out of the city (or leave the country)
Please submit a resident card transfer application.
Note: If you submit an overseas transfer application, your My Number Health Insurance Card or Certificate of Eligibility will become invalid the day after your departure date from the country. Note that if you keep your resident card active and do not file a transfer, you will continue to be responsible for insurance premium (insurance tax) payments.
❷ When you enroll in another Japanese public health insurance program (e.g. get Employees' Health Insurance through your job), including enrollment as a dependent
Note: If you do not go through cancellation procedures you will end up enrolled in two programs and will continue to be responsible for insurance premium (insurance tax) payments.
❸ When you are enrolled in the Medical Insurance Program for Older Senior Citizens
Note: You do not need to go through cancellation procedures in this case.
❹ Upon the death of the insured
❺ When you start receiving social assistance
❻ When you receive a "designated activities" resident status for the purpose of receiving medical treatment or for providing everyday assistance for someone who is engaged in applicable activities
❼ When you lose your status of residence (when your period of stay expires)

★Important

- NHI enrollment may not be canceled due to personal reasons such as high insurance premiums (insurance taxes) not visiting medical facilities.
- Even if you are enrolled in a private health insurance plan (including international student insurance, life insurance with medical benefits, or travel accident insurance, you still must remain enrolled in the NHI as well.

(3) Other required notifications

❶ When you move within the same municipality
❷ When your name or the head of household changes
❸ If you lose your Certificate of Eligibility
Note: If you have lost your My Number Health Insurance Card, please call the My Number General Toll-Free Number.

➡ **0120-95-0178 (Japanese support available)**
➡ **0120-0178-27 (Foreign language support available)**

(4) Required documentation

Required documents vary depending on the type of notification you are filing and the person filing it (visiting the service counter). Please inquire with the relevant service counter for details.

5 Insurance premiums (insurance taxes)

Insurance premiums (insurance taxes) are calculated based on the month that you enroll in the NHI. You become eligible to enroll in the NHI the moment you move into a city (enter the country) or withdraw from another Japanese public health insurance plan, so that is the moment from which your insurance premiums (insurance taxes) are calculated.

(1) How insurance premiums (insurance taxes) are calculated

Insurance premiums (insurance taxes) are calculated for each member and totaled on a per-household basis. This amount is then paid by the head of that household.

Your insurance premium (insurance taxes) are the sum of the following three parts:

Ⅰ Health insurance premiums (portion set aside for medical benefits)
Ⅱ Older senior citizen support premiums (portion set aside to help older senior citizens)
Ⅲ Nursing care premiums (portion set aside for nursing care) (only applies to members age 40–64)

Note that each category is set based on a per-household maximum levy (the maximum amount earned in a year) and is further divided into an **income-based** and **per-capita** based charge.

❶ **Income-based charge:** Calculated based on the income of household members (income x fee (tax rate))
❷ **Per-capita based charge:** Calculated according to the number of household members (per-capita amount x number of people). Applies to all members regardless of income.

Income-based charges are calculated based on former proviso income*.
*Gross income for the previous year minus a basic deduction (JPY 430,000)

Annual per-household insurance premiums (insurance taxes)

Ⅰ Health insurance premiums

April–the following March (Maximum levy: JPY 670,000)	=	❶Income-based charge: Total former proviso income for all household members × 7.51 %	+	❷Per-capita charge: JPY 47,600 × number of household members

Ⅱ Older senior citizen support premiums

April–the following March (Maximum levy: JPY 260,000)	=	❶Income-based charge: Total former proviso income for all household members × 2.80 %	+	❷Per-capita charge: JPY 17,600 × number of household members

Ⅲ Nursing care premiums

April–the following March (Maximum levy: JPY 170,000)	=	❶Income-based charge: Total former proviso income of all members age 40–64 × 2.43 %	+	❷Per-capita charge: JPY 17,800 × Number of members age 40–64

Note: Annual insurance premiums (insurance taxes) are calculated from April to March of the following year.

(2) Notice of insurance premiums (insurance taxes)

Insurance premiums (insurance taxes) are calculated for a full year (April through March of the following year) and then billed as 10 annual payments between June and the following March. So your premiums are calculated in June based on your income during the previous year, and you are notified of this total. If you enroll in the NHI in the middle of the fiscal year, notice of your insurance premiums (insurance taxes) will be sen during the month you apply or the following month. Note that if your insurance premiums (taxes) change (e.g. due to a change in the number of enrolled members or income), you will be notified of your new premiums shortly thereafter.

(3) Insurance premiums (insurance taxes) for those who enroll in or withdraw from the NHI mid-year

If you enroll in the NHI partway through the fiscal year, your insurance premiums (insurance taxes) will be calculated starting with the month you enroll. If you withdraw partway through the year, they will be calculated through the month prior to the month in which you withdraw.

Note that if you move overseas or return to your home country without going through NHI cancellation procedures, you may be required to pay any outstanding insurance premiums (insurance taxes) that you owe.

Calculation method for mid-year enrollment/withdrawal ▷ $\frac{\text{Number of enrolled months in the fiscal year}}{12} \times$ **Annual insurance premium (insurance taxes)**

6 Insurance premium (insurance tax) reduction and exemption programs

(1) Insurance premium (insurance tax) reduction program

① Reduction of per-capita based charge

If your household income for the previous year falls below a certain point, you can qualify for a reduction in the per-capita based charge. Note, however, that you must report the total income of all household members, including the head of household.

② Reduction due to involuntary unemployment

If you are covered by unemployment insurance and involuntarily lose your job due to company bankruptcy or layoffs, and you are not yet 65 years old, you can file to have your insurance premiums (insurance taxes) reduced. You will need to file a certificate or notification showing that you are eligible to collect unemployment insurance. You are eligible to continue receiving the reduction starting with the month in which the day following the day you lose your job falls through the end of the following fiscal year.

③ Reduction of per-capita premiums (insurance tax) for preschool children

The per-capita rate for preschool children (those insured on or before the first March 31 after reaching the age of six) will be reduced by 50%. No notification is required to receive the reduction.

④ Exemption from insurance premiums (insurance tax) for the period before and after childbirth

The insured person giving birth is exempted from the income tax rate and the per-capita tax rate for four months from the month before the expected month of childbirth (or the month of childbirth). To receive the exemption, a notification must be submitted.

Note: In the case of multiple pregnancies, an amount equivalent to 6 months' payment will beexempted from 3 months prior to the expected month of delivery (or the month of delivery).

Note: A birth is defined as a birth of 85 days (4 months) or more of gestation (including premature births, stillbirths, miscarriages and abortions).

(2) Insurance premium (insurance tax) exemption program

Under extraordinary circumstances of hardship (such as a natural disaster or serious illness), you may be able to apply for a reduction in or exemption from your health insurance premiums (insurance taxes). Note that the status of your entire household will be taken into consideration in order to determine eligibility.

③～⑥・・・Inquiries: Qualification Section Tel. 03-3463-1781

7 Payment methods

Insurance premiums (insurance taxes) are due on the last day of each month. If the last day of the month is a bank holiday, then they are due on the following business day. Payments are usually made using one of the following methods.

(1) Bank transfer

Bank transfer is the most convenient way to pay your insurance premiums (insurance taxes). You can set it up to have the amount automatically withdrawn from your savings account, and once it' s in place, the automatic payments will continue even into the next fiscal year.

(2) Payment slip

① Payments by cash

Please pay at a bank, credit union, Japan Post Bank/post office, convenience store, or ward/municipality office that handles payment by the payment due date indicated on the payment slip you will receive.

② Payment by electronic payment

Smartphone payment can be made by scanning the barcode on the payment slip using a smartphone application. Please check the website of your ward, city, town or village for compatible apps.

Note: Available payment forms must have barcodes printed on them.

Note: Receipts will not be issued. If you need a receipt or need a certificate of payment immediately after payment, please pay at the counter, financial institution, or convenience store of your municipality.

⑦・・・Inquiries: Collection Section Tel. 03-3463-1784

8 If you don't pay your premiums…

❶ **If you do not pay your insurance premiums (insurance taxes) by the deadline, you will be sent a reminder notice.** If your payment still is not received, you will be sent a written letter demanding payment. You may also receive a phone call or visit.

❷ If you do not pay even after receiving a reminder and/or warning without good cause and without consulting with us, **you are legally subject to an asset inquiry, which may result in garnishing measures*** **or other forcible collection measures**. Note that you will also be charged late fees based on the number of days you are in arrears.

*Garnishing: the seizure of bank savings or property under the law

❸ If you have not paid insurance premiums (insurance tax) for a long period of time, the medical expenses you pay at the counter of a medical institution will be fully covered by you (i.e. 100 percent; normally, only a partial payment (30 percent) is required).

❹ **Changes in status or period of residence may result in disqualification.**

(Created based on the Ministry of Justice's "Basic Plan for Immigration Services ")

★If having trouble you're paying, talk to us!

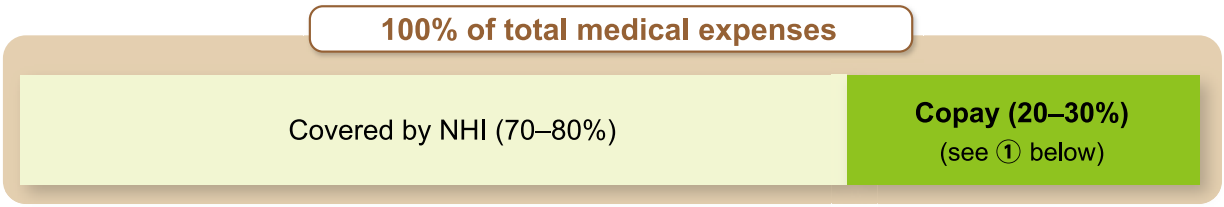
If you are finding it difficult to pay your insurance premiums (insurance taxes) due to unavoidable circumstances (such as a layoff or company bankruptcy), or if you are struggling to take care of payments that are already in arrears, speak with someone at the NHI payment counter at your local municipal office.

⑧・・・Inquiries: Collection Section Tel. 03-3463-1794

9 Benefits provided by NHI

(1) Medical benefits

If you get ill or injured, simply present your My Number Health Insurance Card or Certificate of Eligibility at the service desk of the medical institution and pay your copay to receive medical treatment. The remainder of your medical expenses will be paid by NHI.



① Copay percentages

Prior to first grade (up to age 6*1)	Age 6–69	Age 70–74
20%	30%	20% (30% for those with income of an active worker*2)

*1：The first March 31 after the day the child turns six
*2：Speak with an NHI representative for more information on the criteria used to determine copay rates.

② What is covered (Eligible for NHI benefits)

- Medical or dental care
- Medicines and medical supplies
- Treatments, surgeries, and other procedures
- In-home care or nursing visitation
- Hospitalization and nursing care

③ What is not covered

You cannot use the NHI for the following

- Physicals and comprehensive medical checkups
- Vaccines and immunizations
- Healthy pregnancy/normal delivery
  Note: See page 9 for information on lump-sum childbirth/parenting benefit
- Cosmetic procedures/orthodontics
- Work-related illnesses or injuries
  Note: These are covered by workers' compensation insurance.
- Illnesses or injuries sustained during criminal or malicious acts
- Illnesses or injuries sustained due to fighting or drunkenness

(2) Payment of medical expenses

If any of the following situations require you to pay all of your medical expenses out of pocket, you can apply to have your situation reviewed and be reimbursed for them (minus your copay) if you are approved. Inquire with your local NHI service counter for details on how to apply.

Note: You must apply within two years of the day following the date medical treatment was received. It takes about three months from the time you apply to the time you are paid.

- You need to get medical treatment without presenting your My Number Health Insurance Card or Certificate of eligibility due to an emergency or other unavoidable circumstances.
- You are forced to get treatment a medical institution that does not take insurance due to unavoidable circumstances (e.g. there is nowhere else to go). (Note that you are not eligible for reimbursement if you decide to use a medical institution that does not take insurance of your own volition.)
- A medical device was made (such as a corset or cast) that a physician deems medically necessary
- You receive treatment from a bonesetter for a bruise or sprain (not applicable to chronic back or shoulder issues)
- You receive physician-approved treatment from a massage therapist, acupuncturist, or moxibutionist
- You receive treatment at an overseas medical institution due to an emergency situation while you are traveling. (Note that you are not eligible for reimbursement if you travel overseas for the purpose of receiving medical treatment, and are limited to treatments covered by Japanese medical insurance.)

(3) Travel expenses

If illness or injury make it difficult for you to travel, but you still are taken to a medical institution for emergency treatment deemed necessary by a physician, you may be able to get reimbursed for the necessary travel expenses.

(4) Major medical fees

If you exceed your deductible (ceiling for out-of-pocket expenses) for medical expenses within the same month, you can apply for funds to cover the excess expenses under the “major medical fees” benefit.

① Ceiling for out-of-pocket expenses for major medical expenses 【Under 70 years of age】

Income category		Ceiling	Multiple*2
A	Former proviso income*1 Over JPY 9.01 million	JPY 270,300 + (Total medical expenses (100%) – 901,000) × 1%	JPY 140,100
B	Former proviso income*1 JPY 6.00–9.01 million	JPY 179,100 + (Total medical expenses (100%) – 597,000) × 1%	JPY 93,000
C	Former proviso income*1 JPY 2.10–6.00 million	JPY 85,800 + (Total medical expenses (100%) – 286,000) × 1%	JPY 44,400
D	Former proviso income*1 JPY 2.10 million or less	JPY 61,500	JPY 44,400
E	Households exempt from resident tax	JPY 36,900	JPY 24,600

【Age 70–74】

Income category		Ceiling		
		Outpatient care (per individual)	Per household (including inpatient)	Multiple*2
Income level of active workers III	Taxable income of JPY 6.90 million or more	JPY 270,300 + (Total medical expenses (100%) – JPY 901,000×1%		JPY 140,100
Income level of active workers II	Taxable income of JPY 3.80 to 6.90 million	JPY 179,100 + (Total medical expenses (100%) –JPY 597,000×1%		JPY 93,000
Income level of active workers II	Taxable income of JPY 1.45 to 3.80 million	JPY 85,800 + (Total medical expenses (100%) –JPY 286,000× 1%		JPY 44,400
General	Taxable income of less than JPY 1.45 million*3	JPY 22,000 (annual ceiling: JPY 216,000)	JPY 61,500	JPY 44,400
Households exempt from resident tax	Low-income earner II*4	JPY 11,000 (annual ceiling:JPY 96,000)	JPY 25,700	JPY 24,600
	Low-income earner I*5	JPY 8,000	JPY 15,700	

＊1：Former proviso income is gross income minus a basic deduction (JPY430,000). Households that have not reported their resident tax are placed in the “former proviso income of over JPY 9.01 million” category.
＊2：Ceiling moves to the “multiple” category starting with the fourth instance in which the ceiling for out-of-pocket expenses is reached within the past 12 months.
＊3：Also includes those with total household incomes less than JPY 5.2 million (or JPY 3.83 million for single-family households) or those with a total former proviso income of JPY 2.10 million or less.
＊4 Low-income earner II：Heads of household and NHI members belonging to households exempt from resident tax
＊5 Low-income earner I：Heads of household and NHI members belonging to households exempt from resident tax and that fall below a certain household income level

② Notes on calculations

- Calculations are per calendar month (from the first to the last day of the month)
- Calculations are per covered medical institution (and per category (inpatient/outpatient, medical/dental) within the same medical institution)
- Excludes expenses for meals, upgraded bed charges, or other expenses not covered during inpatient stays
- For those under 70 years of age, copayments will be combined only if the copayments are JPY 21,000 or more within the same month (the entire amount is totaled for those aged 70 or older).

③ How to apply

Households eligible for major medical expenses benefits will be sent an application form three to four months after the month in which treatment was received. The head of household should apply. Note that applications are valid only for two years from the first of the month following the month in which treatment was received, and can no longer be accepted after that.

(5) Issuance of ceiling authorization certificates

If you use your My Number Health Insurance Card and agree to allow access to your information, you will be exempted from paying more than the maximum copayment amount for high-cost medical care without applying for a ceiling authorization certificate.
Households exempt from resident tax whose hospitalization in the last 12 months exceeded 90 days need to apply separately if they wish to receive further reductions in meal and medical care expenses, etc. at the time of hospitalization.

(6) High-cost medical and nursing care benefits

If the combined total out-of-pocket expenses under medical insurance and nursing care insurance for one year exceeds a specified amount (the copayment limit amount) and the amount in excess is more than JPY 500, you are eligible for high-cost medical and nursing care benefits to cover the overage. The calculation period extends from August 1 to July 31 of the following year. If applicable, an application form will be sent to you and the head of household should apply.

(7) Lump-sum childbirth/parenting benefit

Members who have children are eligible for benefits. Stillbirths and miscarriages are also covered if they occur at least 85 days into the pregnancy. The amount of benefit is JPY 500,000 per child.

(8) Funeral expenses

If the insured dies, the family is eligible for a funeral expenses benefit of JPY 70,000 . Note that this benefit will not be paid if the funeral expenses are already being covered by another form of health or other insurance.

(9) Traffic accidents (injuries with a third party at fault)

Medical care for injuries due to the actions of a third party (e.g. traffic accidents) are covered under the NHI. Note, however, that you must contact the NHI benefits representative at your local municipality before visiting the medical facility in these cases.



⑨・・・Inquiries: Benefits Section Tel. 03-3463-1776

10 Specified health checkups/specific health guidance

(1) Specified health checkups

These checkups primarily look for insulin resistance in order to help prevent lifestyle diseases such as diabetes and high blood pressure. They are conducted every year and play an important role in helping you maintain good health.

① Eligibility

NHI members age 40 to 74 as of the end of the fiscal year

② How to get a checkup

Those eligible for the checkup will receive a voucher by mail. Contact your local NHI service counter for checkup periods, medical institutions offering the checkups, and other details.

③ What the checkup entails

Medical interview, physical measurements (height, weight, abdominal circumference), blood pressure measurement, blood test, and urine test. Note that you may be subject to other tests deemed necessary by a physician.

(2) Specific health guidance

If the results of your specified health checkup indicate that you are at high risk for lifestyle diseases, you will receive specific health guidance. This service gives you access to the advice and support of experts (physicians, nurses, nutritionists, etc.) who can help you make the lifestyle changes you need to stay healthy.

⑩・・・Inquiries: Accounting Section Tel. 03-3463-1768

11 Medical expense optimization

(1) Generic drugs

Generic drugs have the same quality, efficacy, and safety as brand-name drugs and require less development and research costs. The use of generic drugs reduces the cost of medicines for everyone, and at the same time, reduces the burden of insurance premiums for you and your next generation. First, consult your doctor or pharmacist.

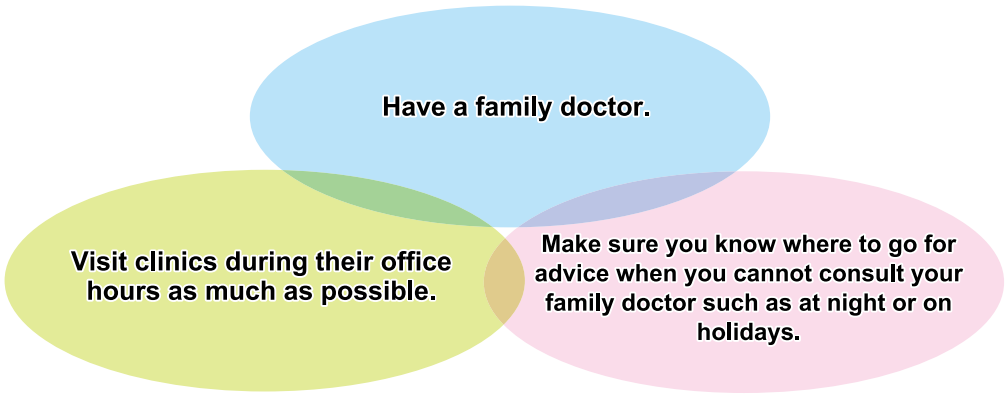
(2) Refill prescriptions

A refill prescription is a prescription that can be used up to three times within a certain period of time. Refill prescriptions can be received under the appropriate collaboration between a physician and a pharmacist when the physician determines that the patient's symptoms are stable. Consult your physician if you wish to receive a refill prescription.

⑪・・・Inquiries: Benefits Section Tel.03-3463-1776

12 How to get good medical care

To preserve our health care system so everyone can visit medical facilities with peace of mind, consider how to best use the medical system.



- Tokyo Fire Department Emergency Consultation Center
- Tokyo Metropolitan Children's Health Consultation Office (Pediatric Emergency Consultation)
- Tokyo Metropolitan Medical Information Service for Foreign Patients

National Health Insurance Section,
Residents' Department, Shibuya City Hall

1-1 Udagawa-cho, Shibuya-ku, Tokyo

☎03-3463-1768

Note: Please have a Japanese speaker make the inquiry for you.