



kenpo Guide Book

2024

Health Insurance User's Guide

In principle, inquiries and procedures (applications, etc.)
are provided only in Japanese.



Mitsui Bussan Health Insurance Society

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Health Insurance

Quick reference for documents to submit

*Please submit the documents through the person in charge of health insurance at the office.
If you are a voluntarily and continuously insured person, please submit the documents directly.

- When the insurance certificate is lost

Immediately

Submit the Application for Reissue of Insurance Certificate and the Notification of Loss.

- When the insurance certificate is damaged

Immediately

Submit the Application for Reissue of Insurance Certificate together with the original insurance certificate

- When the number of dependents increases

Within 5 days

Submit the Notification of Dependent (Increase) with attached documents, if necessary.

- When the number of dependents decreases
- When the dependent turns 75 years old
- When a person between the ages of 65 and 74 received a certain certificate of disability

Each time

Submit the Notification of Dependent (Decrease) together with the insurance certificate of the person who became ineligible

- When there is any change or correction to the name of the insured person or the name of the dependent

As soon as possible

Submit the Notification of Change of Name of Insured Person or the Notification of Change of Name of Dependent together with the insurance certificate of the person whose name has been changed

- When the insured person is no longer eligible
- When the insured person turns 75 years old
- When a person between the ages of 65 and 74 received a certain certificate of disability

Within 5 days

The office will process the loss of eligibility
The insured person is required to return the insurance certificate to the office.

- When the address or bank account of a voluntarily and continuously insured person is changed

Within 5 days

Submit the Notification of Change of Address or Bank Account
(Notification is not required for persons other than a voluntarily and continuously insured person)

List of Main Insurance Benefits

All benefits must be due to reasons not covered by industrial accident compensation insurance.

Situation (benefit types)		Legal benefits (benefits stipulated by law) For the insured person (primary)
Sickness or injury	Received medical treatment due to sickness or injury	<p>(Medical care benefits) → P16 70% of the medical expense is paid when medical treatment covered by insurance is provided.</p> <p>(High-cost medical care expenses) → P18 When the amount of copayment paid at the counter exceeds a certain amount, the excess amount is paid (excluding meal fee).</p> <p>(Meal and living care expenses during hospitalization) → P17 The amount exceeding the specified expense per meal for the insured person is paid. The excess amount of the copayment for meal and housing expenses is paid for persons aged 65 or older admitted to a long-term care bed.</p> <p>(Home-visit nursing care expenses) → P16 70% of the standard cost is paid when a home care patient (excluding nursing care insurance recipients) receives home-visit nursing care under a doctor's direction.</p>
	The total medical expenses for a month in the same household become high	(Combined high-cost medical care expenses) → P19 When more than one member of the same household paid medical expenses of 21,000 yen or more per receipt in a single month at the counter, the amount exceeding the maximum copayment amount for high-cost medical care expenses when such partial copayment, etc. are totaled by the household is paid as a combined high-cost medical care expense.
	Copayments for both health insurance and nursing care insurance become high	(Combined high-cost nursing care expenses) → P21 When the annual total of the copayment of health insurance (excluding high-cost medical care expenses and fringe benefits) and the copayment of nursing care insurance exceeds a certain amount, an amount equivalent to the excess amount is paid upon request from the insured person.
	Received a highly advanced medical treatment or dental treatment involving expensive materials, etc.	(Medical expenses combined with treatment outside insurance coverage) → P22 70% is paid for the basic fee covered by insurance benefits even when receiving highly advanced medical treatment not covered by insurance at university hospitals, etc., or when receiving dental treatment that includes expensive materials.
	Advance payment	(Medical care expenses) → P24 70% of the standard costs for medical expenses, medical braces, corsets, etc. is paid when an insured person visits a doctor without using an insurance card for inevitable reasons.
	Cannot receive a salary for being absent from work for medical treatment due to sickness or injury	<p>(Injury and sickness allowance) → P26 Payment period 1 year and 6 months maximum. The first three days are a waiting period. Payment is made from the fourth day. Payment amount Payment amount per day of absence is two-thirds of one-thirtieth of the average of the monthly standard remuneration for the most recent 12 months prior to the starting date of the payment.</p>
Transfer	Patient is transferred	(Transfer expense) → P27 The amount calculated based on the standard.
Childbirth	After childbirth	(Lump-sum allowance for childbirth) → P28 500,000 JPY per child is paid, in principle, when an insured person gives birth.
	An insured person cannot receive a salary for being absent from work due to childbirth	(Maternity benefit) → P29 The payment amount per day of absence is two-thirds of one-thirtieth of the average of the monthly standard remuneration for the most recent 12 months prior to the starting date of the payment up to a period of 42 days before the date of delivery (98 days in the case of multiple pregnancies) and 56 days after the date of delivery (154 days in the case of multiple pregnancies). If the delivery was later than the expected date, the payment will also be made for the delayed days.
Death	Insured person has died	(Burial charges and expenses) → P30 50,000 JPY. When the insured person does not have any family members, up to 50,000 yen is paid for actual expenses for those who actually performed the burial.
After retirement	A female insured person gave birth after her retirement	Maternity benefit is paid if the insured person is receiving or eligible for maternity benefits upon retirement. A lump-sum allowance for childbirth is paid when the insured person gave birth within 6 months of retirement. → P31
	Cannot work due to sickness	The payment is continued to the insured person who is receiving or eligible to receive injury and sickness benefits when retiring (up to 1 year and 6 months from the start of payment). → P31
	Insured person has died	Burial charges and expenses are paid when an insured person died within 3 months after retirement or after eligibility for being a voluntarily and continuously insured person is lost, while receiving injury and sickness or maternity benefits, or within three months of the termination of such benefits. → P31

Legal benefits (benefits stipulated by law)
For dependent (family member)

(Dependent's medical care expenses) → P16

The contents are the same as the medical care benefits for the insured person, and 80% of the benefits are paid for those before compulsory education.

(High-cost medical care expenses) → P18

The contents are the same as the high-cost medical care expenses for the insured person.

(Dependent's medical care expenses) → P17

The contents are the same as the meal and living care expenses during hospitalization for the insured person.

(Home nursing care expenses) → P16

The contents are the same as the nursing care expenses for the insured person, and 80% of the standard costs are paid for those before compulsory education.

(Combined high-cost medical care expenses) → P19

The contents are the same as the combined high-cost medical care expenses for the insured person.

(Combined high-cost nursing care expenses) → P21

The contents are the same as the combined high-cost nursing care expenses for the insured person.

(Dependent's medical care expenses) → P22

The contents are the same as the medical expenses combined with treatment outside insurance coverage for the insured person, and 80% is paid for those before compulsory education.

(Secondary dependent's medical care expenses) → P24

The contents are the same as the medical care expenses for the insured person, and 80% of the standard costs are paid for those before compulsory education.

None

(Dependent's transfer expenses) → P27

The contents are the same as the transfer expenses for the insured person.

(The lump-sum allowance for childbirth and childcare of a family member) → P29

The contents are the same as the lump-sum allowance for childbirth and childcare.

None

(Dependent's burial charges) → P30

50,000 JPY

None

***Fringe benefits are paid in addition to the statutory benefits**

Fringe benefits (benefits provided by the Society)

For insured person (primary)

For dependent (family member)

(Partial payment reduction)

(Fringe benefits of dependent's medical care expenses)

The amount of 20,000 yen deducted from the copayment (excluding high-cost medical care expenses and meal fees) per receipt per month (rounded down to the nearest 1,000 yen) is paid.

None

(Fringe benefits of nursing care expenses)

(Fringe benefits of home nursing care expenses)

The amount of 20,000 yen deducted from the copayment (excluding high-cost medical care expenses) per receipt per month (rounded down to the nearest 1,000 yen) is paid.

(Fringe benefits of combined high-cost medical care expenses)

The amount of 20,000 yen deducted from the copayment per receipt (excluding combined high-cost medical care expenses and meal fees) (rounded down to the nearest 1,000 yen) is paid.

None

(Partial payment reduction)

(Fringe benefits of dependent's medical care expenses)

For only the insured portion, the amount of 20,000 yen deducted from the copayment (excluding high-cost medical care expenses and meal fees) per receipt per month (rounded down to the nearest 1,000 yen) is paid.

(Partial payment reduction)

(Fringe benefits of dependent's medical care expenses)

The amount of 20,000 yen deducted from the copayment (excluding high-cost medical care expenses and meal fees) per receipt per month (rounded down to the nearest 1,000 yen) is paid.

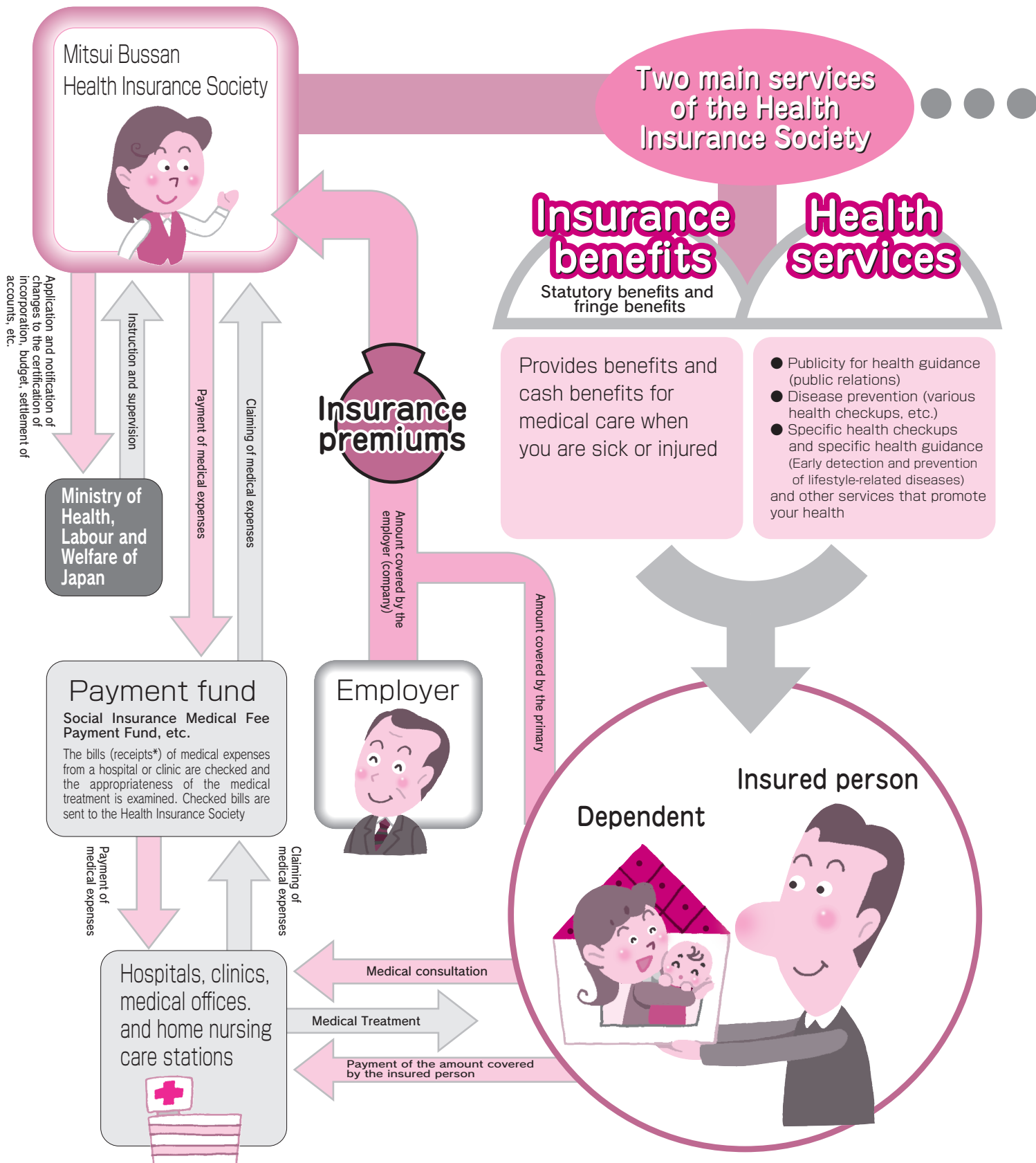
None

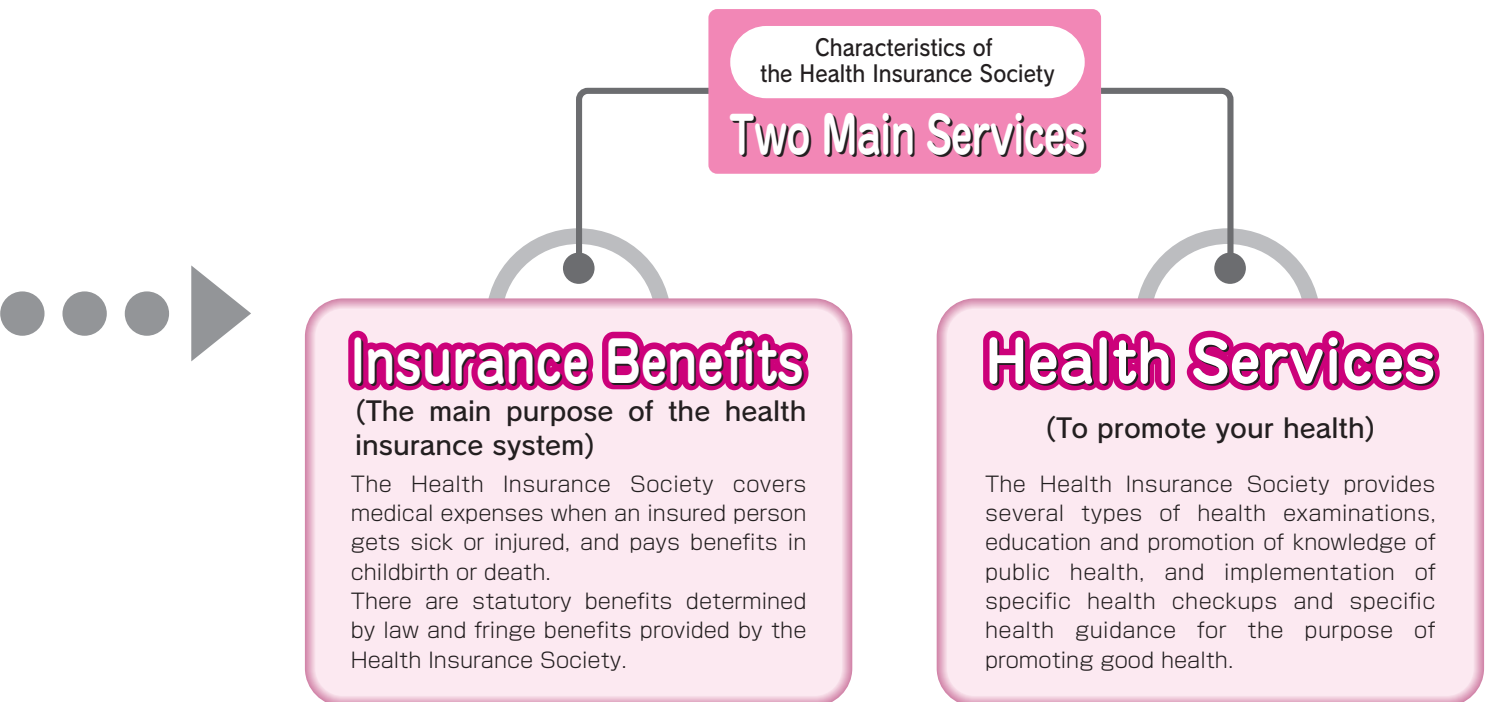
None

None

What is the Health Insurance System ?

We all have the possibility of getting sick or injured in our lives. Therefore, most of us are concerned about the cost of medical treatment and living expenses during such treatment. Such concern about unexpected expenses may also arise in the case of childbirth or death. The health insurance system is provided to prepare for such expenses by sharing insurance premiums in proportion to income, with the employer also contributing to the premiums.





Main financial resources of the Health Insurance Society

► Insurance premiums paid by insured persons and employers.
In addition, government subsidies and miscellaneous income.

Main ways insurance premiums are used

► Insurance benefit expenses including medical expenses and allowances, and payment of insurance premiums.
Other expenses include administrative costs and health service costs.

Organization and Management of the Society

Board of Society

This is a voting body that decides important matters such as the Society's constitution, service plan, budget, settlement of accounts, and disposition of assets. The Board of Society consists of members selected by employers and members elected by insured persons. The number of the selected members and the elected members is equal.

Board of Directors

The Board of Directors is the executive body that implements the decisions made by the Board of Society. The directors are the executives of the Society, half of whom are elected from the selected members and the other half are elected from the elected members.

Chairperson

The chairperson is elected by the directors from the selected directors. The chairperson is the highest executive of the management of the Society and represents the Society.

Auditors

Two auditors are elected. One auditor is elected from the selected members and another auditor is elected from the elected members. The auditors audit the adequacy of the management of the Society.

Standing Director

The standing director is selected from the directors by appointment of the chairperson. The standing director assists the chairperson and handles matters necessary for the daily management of the Society.

The fixed numbers of board members and directors of the Society are as described below.

Members of the Board of Society : 16 in total		Elected from the members of the Board of Society		Directors : 6 in total	
Selected members : 8	Elected members : 8			Selected directors : 3	Elected directors : 3

1

Persons Enrolling in Health Insurance Policies

Insured Person

(Primary)

Under the Health Insurance Act, all employees of companies and organizations are required to enroll in the health insurance policies.

You become insured from the day you enter the company, and lose your eligibility on the day of retirement or death, or the day you become a late-stage senior citizen (a person aged 75 or older, or aged 65 or older but under 75 with a certain disability).

(For more information on the voluntarily and continuously insured person, refer to 15. Health Insurance After Retirement on page 32.)

Enrollment procedure

The administration office will handle the enrollment procedures.

Persons who cannot be the insured person

Persons employed on a temporary basis for a fixed period of two months or less (if they continue to be employed beyond the fixed period, they become insured persons from that time).

Persons hired on a daily basis (those who continue to be employed for a period exceeding one month are insured).

Persons employed for seasonal work (4 months or less) or at an office for temporary service (6 months or less) (those who are expected to be employed continuously beyond the fixed period described on the left can be insured from the beginning).

Dependent

(Family members)

With the health insurance, family members who are dependents of the insured person and meet all of the conditions listed below can enroll in the health insurance policies with the insured person and receive insurance benefits.

Conditions for dependents

1. Persons under the age of 75. However, persons aged between 65 and 75 and who received certification of disability are excluded.
2. Persons living on the income of the insured person.
3. Insured person's relative within a certain degree of kinship (refer to "Table of relatives within the third degree of kinship" on page 7).

From May 2023, a dependent can remain as the dependent of an insured person (spouse, etc.) even when the dependent works exceeding the “annual income barrier” (annual income of 1.3 million JPY) if the dependent has “proof of a temporary increase in income” from the employer. Furthermore, when the annual income barrier of 1.06 million JPY is exceeded, the dependent can work without a reduction in net income even when social insurance premiums are paid. For more information, refer to the website shown below.

*Provision limited for two years

Support enhancement package for overcoming annual income barriers (Ministry of Health, Labour and Welfare of Japan)
https://www.mhlw.go.jp/stf/taiou_001_00002.html

4. Income range

- Annual income must be less than 1.3 million JPY (less than 1.8 million JPY for persons aged 60 or older and persons with disabilities).

(Annual income is not the income in the past, but is the estimated annual income at the time of becoming a dependent and after the date of certification.)

*When the dependent is receiving income from employment or other sources, it must be less than 108,333 JPY per month (149,999 JPY for persons aged 60 or older and persons with disabilities).

- When the dependent is living apart from the insured person, the amount of money sent to the dependent must be higher than the dependent's annual income (refer to page 8, When the dependent is living apart).
- If the dependent is living together with the insured person, the dependent's income must be less than half of the insured person's income.

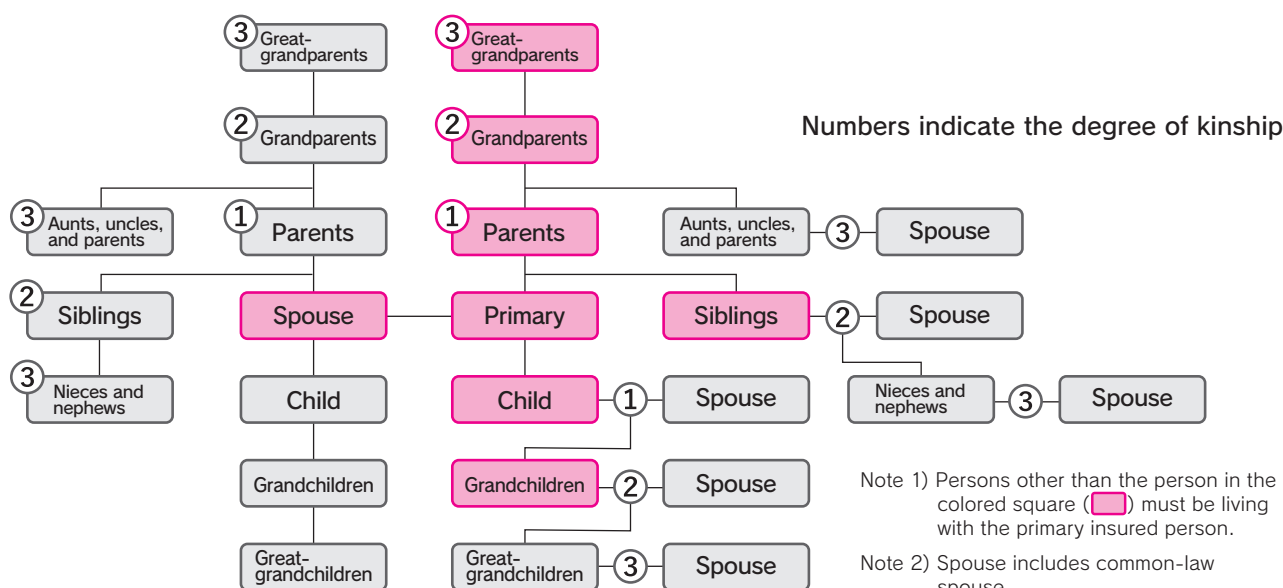
5. Must be residing in Japan*. However, exceptions are made for (1) to (5) described below.

- (1) Students studying abroad
- (2) Accompanying an insured person who is posted overseas
- (3) Temporarily traveling abroad for sightseeing, recreation, volunteer activities, or other purposes other than employment
- (4) The family status with the insured person was established while the insured person was posted overseas and deemed equivalent to (2)
- (5) In addition to those listed in (1) to (4), those who are deemed to have a basis of livelihood in Japan considering the purpose of travel and other circumstances.

*A person who came to Japan on a “medical-stay visa” or a person who came to Japan on a “long-stay visa for sightseeing or recreation (visa for a maximum of one year for the high-income class)” will not be certified as a dependent even if the person has a domicile in Japan.

A certification document is required when any of the above items (1) through (5) is applicable. (Refer to page 9 for the certification documents.)

Table of relatives in the third degree of kinship



1

Persons Enrolling in Health Insurance Policies



Notify change of dependents within 5 days

When you have a dependent when enrolling, submit the **Notification of Dependent (Increase)** via the person in charge at your office to be certified as a dependent. When the number of dependents increases due to marriage, childbirth, or other reasons after enrollment, submit the **Notification of Dependent (Increase)** within 5 days. When the number of dependents decreases due to the dependent reaching the age of 75, a certain disability certification for those aged between 65 and 74, employment, separation, death, or other reasons, submit the **Notification of Dependent (Decrease)** with the insurance certificate of the person who is no longer eligible on each occasion via the person in charge at your office.

*If it is determined that the dependent no longer meets the conditions as a result of the periodic eligibility check after the certification, the dependent will lose eligibility for coverage.

● Certain documents are required to be attached when applying for dependents

Attachment of documents may be required when applying for an increase in the number of dependents. Please consult with the person in charge of the health insurance administration at your office and contact the Health Insurance Society if you have further questions.

○When the dependent is living apart

Even if the certified dependent is living apart from the insured person, the dependent must be living on the insured person's income (the relationship with the primary financial provider must be recognized). To confirm the relationship objectively, handing over living expenses by hand is not allowed in principle.

[Example]

The income of the certified dependent is 0 JPY. Monthly living expenses (housing, food, etc.) are 150,000 JPY. The relationship with the primary financial provider cannot be recognized if the insured person is sending 70,000 JPY and the remaining 80,000 JPY is covered by savings of the certified dependent or supported by a person other than the insured person.

List of Attached Documents

When applying for an increase in the number of dependents, attach (1) Declaration of Relationship with the Primary Financial Provider (not required for children aged under 16 and for children who are students aged under 24) and (2) Certificate of Taxation/Exemption (not required for persons aged under 16 and students aged under 24) in addition to the documents listed in the table below,

			Relationship	Documents to be submitted	Separate residence permitted								Separate residence not permitted		Certificate Issuer
					Spouse	Child		Grandchildren, siblings		Blood relatives by marriage	Parents, grandparents, great-grandparents, etc.	Relatives in the third degree of kinship other than those listed on the left			
						Aged under 16	Student Aged 16 or older and under 24	Others	Aged under 16				Student Aged 16 or older and under 24	Others	
No income	Never been employed		Student identification card (copy)				○			○					School
	Retired, etc.	The waiting period of employment insurance, period of benefit restrictions	Certificate of eligibility (copy of both sides) ★ and written oath		○	○	○	○	○	○	○	○	○	○	Dependent's place of employment Hello Work
		During the extension of employment insurance benefits	Notification of extension of the eligible period, etc. or Letter of resignation 1 & 2 (copy) ★ or written oath		○	○	○	○	○	○	○	○	○	○	Dependent's place of employment
		Termination of employment insurance benefits	Certificate of eligibility (copy of both sides)		○	○	○	○	○	○	○	○	○	○	Hello Work
		Not enrolled in employment insurance	Certificate of uninsured in employment insurance (original) (description of date of resignation is required)		○	○	○	○	○	○	○	○	○	○	Dependent's place of employment
		Abandonment of receipt of employment insurance	Letter of resignation 1 & 2 (copy) ★ and written oath		○	○	○	○	○	○	○	○	○	○	Dependent's place of employment
With income	Part-time job		Contract of employment (copy) or detailed statement of salary for the last 3 months (copy)		○			○	○	○	○	○	○	Dependent's place of employment	
	Retired, etc.	Receiving employment insurance (basic allowance of less than 3,612 JPY per day)	Certificate of eligibility (copy of both sides)		○	○	○	○	○	○	○	○	○	○	Hello Work
		Receiving employment insurance (daily basic allowance of 3,612 JPY or more)		Not certifiable											
	Pension (public, company, or individual), retired allowance		Most recent notice of revision (copy) or notice of payment (copy)		○	○	○	○	○	○	○	○	○	○	Japan Pension Service, etc.
Others	Proof of relationship with the insured person		A certified copy of the resident registration (original and description of the relationship is required) or a certified copy of the family register (original)						○	○	○	○	○	○	Mayor of city, ward, town, or village
	When applying for a family member living apart from the insured person		Documents proving remittance				○	○	○	○	○	○	○	Not certifiable	
	When requested by the Health Insurance Society		Written oath		○	○	○	○	○	○	○	○	○	○	Prepared by the insured person

*If you are unable to attach the documents indicated by ★, please submit a copy of the document certifying the date of resignation as an alternative. However, for certification during the waiting period of employment insurance and during the period of benefit restrictions, make sure to submit the Certificate of Eligibility (copies of both sides) at a later date.

*For insured persons aged 60 or older or those who are physically disabled, replace the daily amount of employment insurance basic allowance of 3,612 JPY with "5,000 JPY."

*When the insured person's spouse is not a dependent, documents proving the spouse's income must be attached when applying for an increase in the number of dependents for the insured person's child.

*Submission of documents other than those listed above may be requested.

List of Documents to be Certified for the Exception to the Requirement to Reside in Japan

Reason for exception	Certifying documents
Students studying abroad	Copy of visa, student identification card, certificate of student status, certificate of admission, etc.
Persons accompanying an insured person posted overseas	Copy of visa, a written appointment for the overseas assignment, certificate of residence issued by an overseas public institution, etc.
Temporarily traveling abroad for sightseeing, recreation, volunteer activities, or other purposes other than employment	Copy of visa, a certificate from a volunteer dispatching organization, or written agreement to participate in volunteer activities, etc.
Persons whose status with the insured person was established while the insured person was posted overseas	Copy of documents proving birth, marriage, etc.
In addition to the reasons above, persons who are deemed to have a basis of livelihood in Japan considering the purpose of travel and other circumstances	Determined individually in consultation with the Health Insurance Bureau of the Ministry of Health, Labour and Welfare

2

Health Insurance Certificate

Persons who have enrolled in the insurance policy will receive a **Health Insurance Certificate**. With this certificate, **the insured person only needs to pay a portion of the medical fee for the necessary treatment** by presenting this insurance certificate at the counter of the insured medical institution when receiving medical treatment for sickness or injury.

The information on the insurance certificate cannot be corrected by the insured person except for the address column. If there are any changes in the information or dependents, please notify the Health Insurance Society immediately via the office.

Proper handling of the insurance certificate

- (1) **Check the description on the certificate**
After receiving the insurance certificate, make sure that there are no errors in the description on the certificate.
- (2) **Bring the insurance certificate when receiving treatment**
Present the insurance certificate at the counter when visiting a medical institution.
- (3) **Keep it with you**
Do not leave the insurance certificate at the medical institution and make sure to keep it with you.
- (4) **Reissue when lost or damaged**
Apply for reissue immediately if the insurance certificate is lost or damaged (report to the police station when it is lost).
- (5) **Do not lend or borrow an insurance certificate from others**
It is punishable by law.
- (6) **Do not forget to update your information**
If there are any changes in the description on the certificate (name change, etc.), notify the Health Insurance Society as soon as possible.
- (7) **Returning the insurance certificate**
If you have lost your eligibility (in the case of loss of eligibility of an insured person, the insurance certificate of the insured person and all the dependent family members of the insured person; in the case of a decrease in dependents, the insurance certificate for the subject person), please return the certificate to the office (or directly to the Health Insurance Society for a voluntarily and continuously insured person). **If you use the insurance certificate after losing eligibility, you will be requested to return the medical expenses for the amount used for relevant medical treatment.**

***From December 2, 2024, the issuance of new health insurance certificates will be terminated and replaced by the Individual Number Card as a Health Insurance Certificate that integrates the Individual Number Card and health insurance certificate. However, current health insurance certificates can be used for one year after the termination until December 1, 2025.**

Health Insurance Recipient Certificate for Seniors

People aged 70 or older and under 75 will receive a “Health Insurance Recipient Certificate for Seniors” from the Health Insurance Society that includes a description of the copayment ratio.

When visiting a medical institution, present both the Health Insurance Certificate and the Health Insurance Recipient Certificate for Seniors together.

There is no need to present the Health Insurance Recipient Certificate for Seniors when using the Individual Number Card as a Health Insurance Certificate.

► Health Insurance Recipient Certificate for Seniors ◀

健康保険高齢受給者証	
平成 年 月 日交付	
記号	番号
被保険者氏名	男女
生年月日	昭和 年 月 日
対象者氏名	男女
生年月日	昭和 年 月 日
住所	
発効年月日	平成 年 月 日
有効期限	平成 年 月 日
一部負担金	
所在地	□□□□□□□□□□
保険者番号	0 0 0 0 0 0 0 0
名称及び印	□□□□□□□□□□ Tel.00 (0000) 0000

3

How Premiums Are Determined

Insurance Premium Rate

Premiums are the sum of basic premiums and specific premiums (general premiums) including adjustable premiums.

Basic premiums are used when required to cover enrolled persons' medical benefits and health services. Specific premiums are used when required for payment and support funds for the medical care system for seniors, etc. Adjustable premiums are used when required for the financial adjustment project of the National Federation of Health Insurance Societies and are the expenses to be granted to the health insurance associations that have received high medical expenses or are in financial difficulties.

Premiums are determined by the premium rate, which is one-thousandth of the standard monthly remuneration and standard bonus amount. The insurance premium rate is between $\frac{30}{1000}$ and $\frac{130}{1000}$ and is determined by the board of association according to the financial condition of the health insurance association. In addition, the employer is allowed to increase its share between the insured person and employer within a certain range depending on the situation of the health insurance association.

Premium sharing ratio of the Mitsui Bussan Health Insurance Society (basic premiums + specific premiums)				
[Effective from the premiums for March 2024 (collected in April)]				
	● Employer's share	$\frac{39.70}{1000}$	● Insured person's share	$\frac{20.30}{1000}$
				Total $\frac{60.00}{1000}$
				(Including adjustable premiums)
General premiums				
Basic premiums	● Employer's share	$\frac{17.24}{1000}$	● Insured person's share	$\frac{8.82}{1000}$
				Total $\frac{26.06}{1000}$
Specific premiums	● Employer's share	$\frac{21.30}{1000}$	● Insured person's share	$\frac{10.89}{1000}$
				Total $\frac{32.19}{1000}$
Adjustable premiums				
	● Employer's share	$\frac{1.16}{1000}$	● Insured person's share	$\frac{0.59}{1000}$
				Total $\frac{1.75}{1000}$

● Payment for insurance premiums is exempted during maternity or childcare leave

During maternity leave before and after childbirth and childcare leave for taking care of a child under the age of 3, the insured person and the employer are exempted from paying insurance premiums. The period of exemption is from the month containing the day of commencement of the leave to the previous month of the month containing the day following the day of termination of the leave (refer to page 29). In addition, for short-term childcare leave, if an insured person takes childcare leave for two weeks or more within a month, the payment for the premiums of that month is exempted, and the payment for the premiums for bonuses is exempted if the insured person has taken childcare leave for more than one month.

● How to pay premiums

In principle, premiums are paid to the Health Insurance Society by deducting the previous month's premiums from the salary every month. Therefore, if an insured person stops working at a company on the last day of the month, the premiums for the previous month and the month in which the insured person stopped working will be deducted.

3

How Premiums Are Determined

Calculation Method for Premiums

The same premium rate multiplied by the monthly salary (standard monthly remuneration) and bonus, etc. (standard bonus amount) is collected as health insurance premiums each time the salary and bonus are paid.

Example ● Annual income of 5 million JPY, standard monthly remuneration of 300,000 JPY, and bonus of 700,000 JPY twice a year

When salary is received	Standard monthly remuneration 300,000 JPY	×	Premium rate 20.30/1000	=	Premium 6,090 JPY
+ plus					
When bonus is received	Standard bonus amount 700,000 JPY	×	Premium rate 20.30/1000	=	Premium 14,210 JPY

A total of 101,500 JPY/year is required to be paid for premiums.

*Nursing care premiums are collected separately for the secondary insured persons of nursing care insurance (aged 40 and older and under 65).

Standard Remuneration

Premiums are calculated by multiplying the insured person's income by the premium rate. The premium is calculated based on the amount of remuneration actually received by the insured person, which is applied to the standard amount of remuneration (standard remuneration).

The standard remuneration is divided into 50 grades between a **minimum of 58,000 JPY** and a **maximum of 1,390,000 JPY**. In addition to calculating premiums, the standard remuneration is used to calculate injury, sickness, maternity, and other benefits.

■ Scheduled decision

The standard remuneration is decided once a year on July 1, based on the remuneration paid in the three months of April, May, and June of the year, and is applied as the standard monthly remuneration between September of the year and August of the following year.

■ Revision as needed

Whenever there is a substantial change in salary due to base increase, promotion, or other reasons, and the standard monthly remuneration is changed by two or more grades, the standard monthly remuneration is revised accordingly.

■ Revision at the end of maternity leave, childcare leave, etc.

The standard monthly remuneration can be reviewed if the salary changes after returning to work after maternity or childcare leave, etc. In this case, the amount will be revised even if there is a difference of one grade.

*Special arrangements may be applied to rehired employees over the age of 60 due to retirement, etc. Please inquire for details.

Standard Monthly Remuneration

Standard Bonus Amount

The same payment as the monthly premium is required for bonuses paid three times a year* or less.

The basis for the calculation of bonus premiums is the amount of bonus paid rounded down to the nearest 1,000 JPY, which is called the Standard Bonus Amount.

The bonus amount subject to the premium collection is up to a total of 5.73 million JPY within the same fiscal year.

*Payment received four or more times a year is not a bonus but is added to the standard monthly remuneration as the Remuneration for Bonuses.

Monthly Insurance Premium Chart

Premium Rate of Mitsui Bussan Health Insurance Society				
*Effective from the premiums for March 2024 (collected in April) (premiums for April for insured persons who have voluntary continued)				
General premium rate	Insured person	$\frac{20.30}{1000}$	Employer	$\frac{39.70}{1000}$ Total $\frac{60.00}{1000}$
Nursing care premium rate	Insured person	$\frac{8.7}{1000}$	Employer	$\frac{8.7}{1000}$ Total $\frac{17.4}{1000}$

● Mitsui Bussan Health Insurance Society (including adjustable premiums)

Grade	Standard Remuneration		Monthly remuneration (JPY)		General premium monthly amount (JPY)			Nursing care premium (JPY)	
	Monthly amount (JPY)	Daily amount (JPY)	Or more	Under	Insured person*	Employer*	Total	Insured person and employer*	Total
					20.30/1,000	39.70/1,000	60.00/1,000		17.4/1,000
1	58,000	1,930	~	63,000	1,177	2,303	3,480	504.6	1,009
2	68,000	2,270	63,000 ~	73,000	1,380	2,700	4,080	591.6	1,183
3	78,000	2,600	73,000 ~	83,000	1,583	3,097	4,680	678.6	1,357
4	88,000	2,930	83,000 ~	93,000	1,786	3,494	5,280	765.6	1,531
5	98,000	3,270	93,000 ~	101,000	1,989	3,891	5,880	852.6	1,705
6	104,000	3,470	101,000 ~	107,000	2,111	4,129	6,240	904.8	1,809
7	110,000	3,670	107,000 ~	114,000	2,233	4,367	6,600	957.0	1,914
8	118,000	3,930	114,000 ~	122,000	2,395	4,685	7,080	1,026.6	2,053
9	126,000	4,200	122,000 ~	130,000	2,558	5,002	7,560	1,096.2	2,192
10	134,000	4,470	130,000 ~	138,000	2,720	5,320	8,040	1,165.8	2,331
11	142,000	4,730	138,000 ~	146,000	2,883	5,637	8,520	1,235.4	2,470
12	150,000	5,000	146,000 ~	155,000	3,045	5,955	9,000	1,305.0	2,610
13	160,000	5,330	155,000 ~	165,000	3,248	6,352	9,600	1,392.0	2,784
14	170,000	5,670	165,000 ~	175,000	3,451	6,749	10,200	1,479.0	2,958
15	180,000	6,000	175,000 ~	185,000	3,654	7,146	10,800	1,566.0	3,132
16	190,000	6,330	185,000 ~	195,000	3,857	7,543	11,400	1,653.0	3,306
17	200,000	6,670	195,000 ~	210,000	4,060	7,940	12,000	1,740.0	3,480
18	220,000	7,330	210,000 ~	230,000	4,466	8,734	13,200	1,914.0	3,828
19	240,000	8,000	230,000 ~	250,000	4,872	9,528	14,400	2,088.0	4,176
20	260,000	8,670	250,000 ~	270,000	5,278	10,322	15,600	2,262.0	4,524
21	280,000	9,330	270,000 ~	290,000	5,684	11,116	16,800	2,436.0	4,872
22	300,000	10,000	290,000 ~	310,000	6,090	11,910	18,000	2,610.0	5,220
23	320,000	10,670	310,000 ~	330,000	6,496	12,704	19,200	2,784.0	5,568
24	340,000	11,330	330,000 ~	350,000	6,902	13,498	20,400	2,958.0	5,916
25	360,000	12,000	350,000 ~	370,000	7,308	14,292	21,600	3,132.0	6,264
26	380,000	12,670	370,000 ~	395,000	7,714	15,086	22,800	3,306.0	6,612
27	410,000	13,670	395,000 ~	425,000	8,323	16,277	24,600	3,567.0	7,134
28	440,000	14,670	425,000 ~	455,000	8,932	17,468	26,400	3,828.0	7,656
29	470,000	15,670	455,000 ~	485,000	9,541	18,659	28,200	4,089.0	8,178
30	500,000	16,670	485,000 ~	515,000	10,150	19,850	30,000	4,350.0	8,700
31	530,000	17,670	515,000 ~	545,000	10,759	21,041	31,800	4,611.0	9,222
32	560,000	18,670	545,000 ~	575,000	11,368	22,232	33,600	4,872.0	9,744
33	590,000	19,670	575,000 ~	605,000	11,977	23,423	35,400	5,133.0	10,266
34	620,000	20,670	605,000 ~	635,000	12,586	24,614	37,200	5,394.0	10,788
35	650,000	21,670	635,000 ~	665,000	13,195	25,805	39,000	5,655.0	11,310
36	680,000	22,670	665,000 ~	695,000	13,804	26,996	40,800	5,916.0	11,832
37	710,000	23,670	695,000 ~	730,000	14,413	28,187	42,600	6,177.0	12,354
38	750,000	25,000	730,000 ~	770,000	15,225	29,775	45,000	6,525.0	13,050
39	790,000	26,330	770,000 ~	810,000	16,037	31,363	47,400	6,873.0	13,746
40	830,000	27,670	810,000 ~	855,000	16,849	32,951	49,800	7,221.0	14,442
41	880,000	29,330	855,000 ~	905,000	17,864	34,936	52,800	7,656.0	15,312
42	930,000	31,000	905,000 ~	955,000	18,879	36,921	55,800	8,091.0	16,182
43	980,000	32,670	955,000 ~	1,005,000	19,894	38,906	58,800	8,526.0	17,052
44	1,030,000	34,330	1,005,000 ~	1,055,000	20,909	40,891	61,800	8,961.0	17,922
45	1,090,000	36,330	1,055,000 ~	1,115,000	22,127	43,273	65,400	9,483.0	18,966
46	1,150,000	38,330	1,115,000 ~	1,175,000	23,345	45,655	69,000	10,005.0	20,010
47	1,210,000	40,330	1,175,000 ~	1,235,000	24,563	48,037	72,600	10,527.0	21,054
48	1,270,000	42,330	1,235,000 ~	1,295,000	25,781	50,419	76,200	11,049.0	22,098
49	1,330,000	44,330	1,295,000 ~	1,355,000	26,999	52,801	79,800	11,571.0	23,142
50	1,390,000	46,330	1,355,000 ~		28,217	55,183	83,400	12,093.0	24,186

(Note) In addition, premiums are also collected separately from bonuses and other payments.

*If there is a fraction less than one yen in the amount to be paid by the insured person, the amount is shown below.

- (1) The amount will be determined according to the special agreement between the employer and the insured person, if any.
- (2) Unless otherwise a special agreement is made, it will be determined in accordance with Article 3 (Calculation for Fraction of Payment of Obligations) of the Act on Currency Units and Issuance of Coins.
 - 1) When the employer deducts the insured person's portion from the wages, it shall be rounded down if the insured person's portion is less than 50 sen, and it shall be rounded up to one yen if it exceeds 50 sen.
 - 2) If the insured person pays the insured person's portion in cash to the employer, fractions of less than 50 sen are rounded down, and fractions of 50 sen or more are rounded up to one yen.

4

Insurance Benefits

Health insurance provides benefits in the event of sickness, injury, childbirth, or death of an insured person or family member (dependent). However, health insurance cannot be used for cases subject to industrial accident compensation insurance and there may be certain restrictions on benefits.

Health insurance benefits are divided into two major categories described below.

● Legal category

Statutory benefits

The scope, content, and payment requirements are stipulated in the Health Insurance Act.

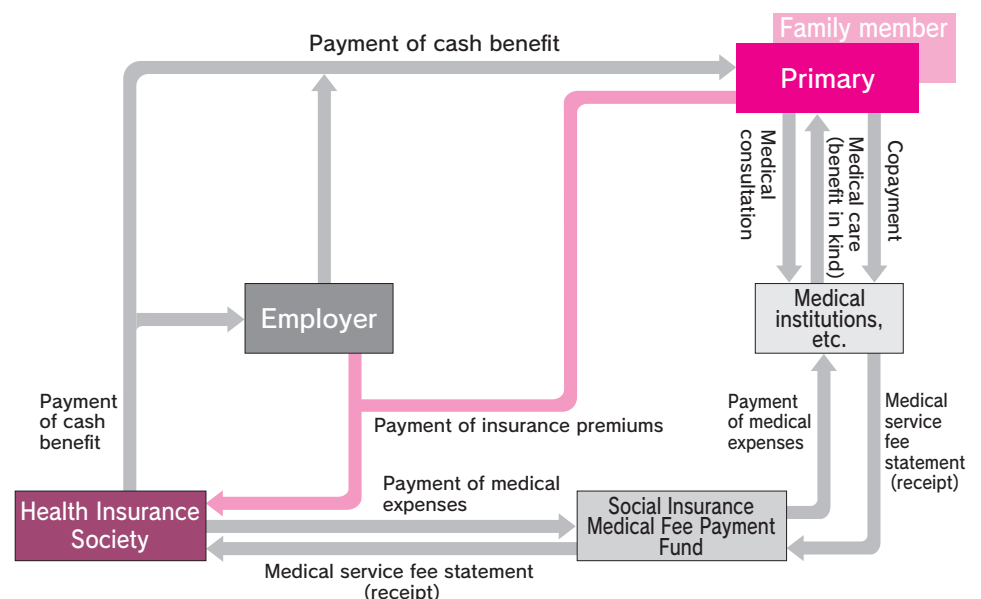
Fringe benefits

A voluntary benefit provided by the Mitsui Bussan Health Insurance Society as stipulated in the agreement and paid in addition to the statutory benefits.

■ Flow of Medical Expenses

When you receive medical treatment with your insurance certificate, the Health Insurance Society pays medical expenses, meal expenses, treatment expenses, and other expenses to the medical institution, and pays high-cost medical care expenses, additional benefits, and other benefits to you.

These payments are from the insurance premiums paid by insured persons and employers. This flow is illustrated in the diagram below.



● Category by type of payment

Benefits in kind

Benefits in kind include medical services, medicines, medical materials, and other **medical care provided as benefits in kind** when an insured person visits a doctor with the insurance certificate due to sickness or injury.

Cash benefits

Cash benefits include certain benefits paid by **cash** when an insured person is absent from work for a long term due to sickness or injury, or in the event of childbirth, death, etc.






Statute of Limitations for Insurance Benefits

Please note that insurance benefits will expire due to the statute of limitations according to the law if an insured person does not exercise the right to claim for two years after the right is earned. The starting date of the statute of limitations is described below.

Medical care expenses and second dependent's medical care expenses	The day after the day the expenses were paid
Injury and sickness allowance	The day after each day of absence from work
Transfer expenses, dependent's transfer expenses	The day after the day the expenses were paid
Lump-sum allowance for childbirth, lump-sum allowance for childbirth and childcare of family member	The day after the day of delivery
Maternity allowance	The day after each day of absence
Burial charges, dependent's burial charges	The day following the day of death
Burial expenses	The day following the day of burial
Fringe benefits	First day of the month following the day of medical treatment *However, it shall be the day following the date of payment when the copayment of medical expenses is paid after the month following the date of medical treatment

Limitations on Insurance Benefits

Payment of health insurance benefits may be limited in whole or in part in the cases described below.

<p>Willful criminal acts or willful accidents (sickness, injury, death, etc.)</p> <p>▼</p> <p>None of the benefits will be paid.</p> 	<p>Accidents caused by a quarrel, drunkenness, or gross misconduct</p> <p>▼</p> <p>Part or none of the benefits will be paid.</p> 	<p>Did not follow the medical guidance of a doctor or refused the guidance of the Health Insurance Society without a justifiable reason</p> <p>▼</p> <p>Part of the benefits will be paid.</p> 
<p>Received or attempted to receive insurance benefits by fraud or other wrongful acts</p> <p>▼</p> <p>The insured person may not receive the injury and sickness allowance or maternity allowance that should have been received in the future.</p> 	<p>The insured person is in jail or detention (except for those who are under pending trial)</p> <p>▼</p> <p>None of the benefits will be paid (except for burial charges). However, payments to dependents will not be restricted.</p> 	

5

In Case of Sickness, Injury, or Hospitalization When Receiving Nursing Care

Insurance benefits are the same for both the insured person and the dependent (except for those before compulsory education and those who are aged 70 or older and not receiving income comparable to the current workforce). In certain cases, the full amount of medical treatment is required to be covered and benefits are received at a later date.

● Benefits for the insured person and family members receiving medical treatment

Medical Care Benefits

(Primary)

When an insured person is sick or injured, the insured person can receive medical treatment with the payment of part of the medical expenses by presenting the insurance certificate at a hospital or clinic. This is called **Medical Care Benefits**.

Fringe benefits of Mitsui Bussan Health Insurance Society

■ Partial payment reduction

The amount of 20,000 JPY deducted from the copayment (excluding high-cost medical care expenses and meal fees) per receipt* per month is **automatically paid** (rounded down to the nearest 1,000 JPY).

Copayment by the insured person

The insured person pays 30% of the medical expenses (20% for those aged between 70 and 74 who are not receiving income comparable to the current workforce*). The remainder will be paid by the Health Insurance Society.

Dependent's Medical Care Expenses

(Family members)

When a dependent is sick or injured, the insured person can receive medical treatment with the payment of part of the medical expenses by presenting the insurance certificate at a hospital or clinic. This is called the **Dependent's Medical Care Expenses**.

Fringe benefits of Mitsui Bussan Health Insurance Society

■ Fringe benefits of dependent's medical care expenses

The amount of 20,000 yen deducted from the copayment (excluding high-cost medical care expenses and meal fees) per receipt* per month is **automatically paid** (rounded down to the nearest 1,000 yen).

Dependents' copayment

The dependent pays 30% of the medical expenses (20% for those before compulsory education, and 20% for those aged between 70 and 74 who are not receiving income comparable to the current workforce*). The remainder will be paid by the Health Insurance Society.

● Benefits for the insured person and family members receiving nursing care

Nursing Care Expenses

(Home nursing care expenses)

When a terminal cancer patient or a patient with an intractable disease requires medical care and assistance from a nurse or other health care professional at home, the patient can receive benefits for the (Home) Nursing Care Expenses by covering a portion of the cost. This is limited to cases approved by a doctor.

Fringe benefits of Mitsui Bussan Health Insurance Society

■ Fringe benefits of (home) nursing care expenses

The amount of 20,000 JPY deducted from the copayment (excluding high-cost medical care expenses and meal fee) per receipt* per month is **automatically paid** (rounded down to the nearest 1,000 JPY).

● Procedure ●

- 1 In principle, the patient applies to the patient's **family doctor** (or to the home nursing care station).
- 2 The doctor gives instructions to the local **home nursing care station** and receives a report.
- 3 The patient pays **30% of the basic fee to the home nursing care station** (20% for those before compulsory education, and 20% for those aged between 70 and 74 who are not receiving income comparable to the current workforce*) (the Health Insurance Society pays the remainder of the fees).

*Receipts are bills for medical expenses from hospitals and clinics, which are created (1) every month, (2) separately for inpatient and outpatient, and (3) separately for medical services and dental services even within the same medical institution.

*Persons receiving income comparable to the current workforce are, for salaried workers, those with monthly income (standard monthly remuneration) of 280,000 JPY or more, taxable income of 1.45 million JPY or more, and annual income of 5.2 million JPY or more for households headed by more than one elderly person, or 3.83 million JPY or more for households headed by a single elderly person.

● Benefits for hospitalization meals for the insured person and family members

Meal and Living Care Expenses During Hospitalization

(Dependent's medical care expenses)

<Covering meal expenses>

When hospitalized, the insured person and the dependent are required to pay 490 JPY per meal, in principle, as part of meal expenses. The remainder will be paid by the Health Insurance Society as meal and living care expenses during hospitalization (dependent's medical care expenses for family members). This copayment is not in the scope of fringe benefits or high-cost medical care expenses. For those in households exempt from municipal inhabitant tax (low-income earners), the copayment is reduced to 230 JPY per meal by applying in advance to the Health Insurance Society and receiving a Certificate of Eligibility for Maximum Copayment Amount & Standard Copayment Reduction.

Category	Copayment
General	490 JPY per meal* ¹
Low-income earner* ²	Short term 230 JPY per meal* ³
	Long term 180 JPY per meal

110 JPY per meal for low-income elderly beneficiaries who are hospitalized for long term and the income of the insured person and all dependents does not meet a certain standard.

*1...Those with a designated intractable disease and those who are receiving a medical subsidy may be charged 280 JPY

*2...Low-income earners are those who belong to households exempt from municipal inhabitant tax

*3...Short term refers to those who were hospitalized for up to 90 days in one year prior to application
Long term refers to those who were hospitalized for more than 90 days in one year prior to application

<Covering meal and living expenses>

Persons aged 65 or older who are hospitalized in a long-term care bed are **required** to cover 490 JPY per meal and 370 JPY per day for living expenses (utilities, water, and gas), in principle. The remainder will be paid by the Health Insurance Society as meal and living care expenses during hospitalization (dependent's medical care expenses for family members). The amount may be reduced for persons who have intractable diseases or other reasons that highly require inpatient care and persons with low income.

*The described copayment amount is the amount after the amendment effective from June 1, 2024.

● Notes on fringe benefits

Although fringe benefits are paid automatically, in principle, application procedures are required for the cases described below.

Insured person and family members

If the total amount of copayment (payment at medical institution + payment at pharmacy counter) exceeds 20,000 JPY per month

(rounded down to the nearest 1,000 JPY), a separate procedure is required.

*The total amount of copayment can only include the medicine fee paid to the pharmacy and the medical expenses at the medical institution that issued the prescription.



Submit the Application for Partial Payment Reduction and Fringe Benefits of Dependent's Medical Care Expenses together with the receipt (photocopy is not acceptable) to the Health Insurance Society.

*An application is not required for the medical treatment from April 2023 since the payment will be made automatically.

Family members aged under 6

If the copayment amount for a dependent aged under 6 exceeds 20,000 JPY per receipt* (rounded down to the nearest 1,000 JPY), a separate

procedure is required (refer to page 35 for reference).



Submit the Application for Fringe Benefits of Dependent's Medical Care Expenses together with the receipt (photocopy is not acceptable) to the Health Insurance Society.

6

When High Medical Expenses Are Incurred

High-cost medical care expenses

To reduce the expenses covered by patients, both insured persons and the dependents who have received medical treatment covered by insurance are entitled to receive High-cost Medical Care Expenses, in principle, when the amount paid over the counter exceeds a certain amount.

The amount of High-cost Medical Care Expenses is obtained by first determining the “maximum copayment amount” (refer to formulas below) and then subtracting the “amount paid over the counter” at the hospital.

The maximum copayment amount differs for patients aged under 70 and patients aged 70 or older.

● When aged under 70

How to calculate the maximum copayment amount

Standard monthly remuneration 830,000 JPY or more	252,600 JPY + (Medical expenses - 842,000 JPY) × 1% <4th time or more: 140,100 JPY>
Standard monthly remuneration 530,000 to 790,000 JPY	167,400 JPY + (Medical expenses - 558,000 JPY) × 1% <4th time or more: 93,000 JPY>
Standard monthly remuneration 280,000 to 500,000 JPY	80,100 JPY + (Medical expenses - 267,000 JPY) × 1% <4th time or more: 44,400 JPY>
Standard monthly remuneration 260,000 JPY or less	57,600 JPY <4th time or more: 44,400 JPY>
Low-income earner (exempt from municipal inhabitant tax)	35,400 JPY <4th time or more: 24,600 JPY>

*The copayment for meal fees during hospitalization is not covered.

*The amounts in < > are the copayment limits applicable from the fourth time when high-cost medical care expenses are paid three times or more in one year (the most recent 12 months) for the same household.

Calculation example

When total medical expenses are 1,000,000 JPY (300,000 JPY paid at the counter) per receipt in one month (refer to page 16) at the same insured medical institution for a person whose standard monthly remuneration is between 280,000 and 500,000 JPY

High-cost medical care (iii) = Amount paid over the counter (i) - Maximum copayment amount (ii)

(1) Calculation of the copayment (over the counter) amount:

Total medical expenses of 1,000,000 JPY per month × 30% for copayment = **300,000 JPY(i)**

(2) Calculation of maximum copayment amount:

80,100 JPY + (total medical expenses 1,000,000 JPY - 267,000 JPY) × 1% = **87,430 JPY(ii)**

(3) Calculation of high-cost medical care:

Copayment amount (i) 300,000 JPY - Copayment limit (ii) 87,430 JPY = **212,570 JPY(iii)**

Partial payment reduction (fringe benefits) (iv) = Copayment (limit) amount (ii) - 20,000 JPY

When high-cost medical care expenses are incurred, they are basically covered by fringe benefits (refer to page 3), which is the additional benefit system of the Society. Therefore, the final amount to be paid per receipt is described below.

(4) Calculation of partial payment reduction (fringe benefits):

Maximum copayment amount (ii) 87,430 JPY - 20,000 JPY (rounded down to the nearest 1,000 JPY) per receipt = **67,000 JPY(iv)**

Final cost

Maximum copayment amount (ii) 87,430 JPY - Partial payment reduction) (iv) 67,000 JPY = 20,430 JPY
Amount borne by Health Insurance Society: 1,000,000 JPY - 20,430 JPY = 979,570 JPY

As shown above, if medical expenses were 1,000,000 JPY per receipt at the same insured medical institution, a lump sum of 300,000 JPY needs to be paid at the counter of the medical institution. However, the Health Insurance Society will pay 279,570 JPY to the insured person and the actual individual burden will be **20,430 JPY**.

When the Certificate of Eligibility for Maximum Copayment Amount is used, only the amount in (ii) needs to be paid from the beginning.

Certificate of Eligibility for Maximum Copayment Amount

The maximum amount of copayment at the counter of a medical institution for a person aged under 70 can be limited to the Maximum Copayment Amount (refer to page 18) per receipt (refer to page 16). Use either (1) or (2) below when medical expenses are expected to be high and wish to limit the over-the-counter copayment to the maximum copayment amount.

(1) Use the Individual Number Card as a Health Insurance Certificate

Select "Provide the maximum copayment amount information" on the Individual Number Card reader screen of the medical institution, etc. In such a case, there is **no need to submit the Application for Certificate of Eligibility for Maximum Copayment Amount** to the Health Insurance Society.

*This cannot be used at a medical institution that does not have an online eligibility verification system or when the Individual Number is not registered at the Health Insurance Society.

(2) Use the Certificate of Eligibility for Maximum Copayment Amount

When not using (1), **submit the Application for Certificate of Eligibility for Maximum Copayment Amount for Health Insurance to the Health Insurance Society in advance** and present the issued Certificate of Eligibility for Maximum Copayment Amount to the medical institution, etc. (Submit the application well in advance since it requires about one week to receive the certificate after submitting the application.)

When either (1) or (2) above is not used, the medical institution will request the full amount of the copayment to be paid as a lump sum at the counter. This will later be reimbursed by the Health Insurance Society as a high-cost medical care expense.



When using (2), submit an Application for Certificate of Eligibility for Maximum Copayment Amount to the Health Insurance Society.

*The Certificate of Eligibility for Maximum Copayment Amount for Health Insurance can also be used for outpatients.

Combined High-cost Medical Care Expenses

If there were more than one copayment of 21,000 JPY or more in the same household in the same month, the total amount of each copayment is subject to the Combined High-Cost Medical Care Expense if it exceeds the copayment limit (refer to the table on page 18).

In addition, if a patient visits two or more insured medical institutions in the same month and the amount of each Over-the-Counter Copayment exceeds 21,000 JPY, the payment is also subject to the Combined High-cost Medical Care Cost. Similar to the High-cost Medical Care Expenses, the Maximum Copayment Amount is first determined, and then deducted from the Over-the-Counter Copayment.

Calculation example

When the total medical expense of the insured person was 1,000,000 JPY (300,000 JPY paid at the counter) per receipt in one month (refer to page 16) at the same insured medical institution for a person whose standard monthly remuneration is 280,000 to 500,000 JPY and the total medical expenses for the whole family was 200,000 JPY (60,000 JPY paid at the counter) per receipt in one month

Combined high-cost medical care expenses (iii) = Amount paid over the counter (i) - Maximum copayment amount (ii)

(1) Total copayment (over the counter):

Total medical expenses of one month (1,000,000 JPY + 200,000 JPY) × 30% for copayment = **360,000 JPY(i)**

(2) Calculation of maximum copayment amount:

80,100 JPY + (Total medical expenses 1,200,000 JPY - 267,000 JPY) × 1% = **89,430 JPY(ii)**

(3) Calculation of combined high-cost medical care expenses:

Copayment amount (i) 360,000 JPY - Maximum copayment amount (ii) 89,430 JPY = **270,570 JPY(iii)**

Fringe benefits of combined high-cost medical care expenses (fringe benefits) (iv) = Copayment (limit) amount (ii) - Number of receipts × 20,000 JPY

6

When High Medical Expenses Are Incurred

- (4) Calculation of fringe benefits of combined high-cost medical care expenses (fringe benefits):
Maximum copayment amount (ii) 89,430 JPY - 2 receipts × 20,000 JPY (rounded down to the nearest 1,000 JPY) ≈ **49,000 JPY**(iv)

Final cost

Maximum copayment amount (ii) 89,430 JPY - Fringe benefits of combined high-cost medical care expenses (iv) 49,000 JPY = **40,430 JPY**

Amount borne by Health Insurance Society: 1,200,000 JPY - 40,430 JPY = 1,159,570 JPY

When aged 70 or older

Maximum copayment amount

For outpatients, the maximum copayment amount is first applied on an individual basis and then summed on a household basis. If hospitalization is included, the maximum copayment amount per household will be applied even to a single person. When a person applicable to the categories [I] or [II] of income comparable to the current workforce wishes to pay only the maximum copayment amount at the hospital counter, the person needs to submit the Certificate of Eligibility for Maximum Copayment Amount. When medical expenses are expected to be high, the application for issuing a Certificate of Eligibility needs to be submitted to the Health Insurance Society in advance.

Application is not required for persons who do not apply to the categories [I] or [II] of income comparable to the current workforce since the Health Insurance Recipient Certificate for Seniors also serves as the Certificate of Eligibility for Maximum Copayment Amount.

Maximum Copayment Amount

		Individual (outpatient only)	Household (including hospitalization)
Standard monthly remuneration	830,000 JPY or more [Income comparable to current workforce III]	252,600 JPY + [(Medical expenses - 842,000 JPY) × 1%] (140,100 JPY*)	
	530,000 to 790,000 JPY [Income comparable to current workforce II]	167,400 JPY + [(Medical expenses - 558,000 JPY) × 1%] (93,000 JPY*)	
	280,000 to 500,000 JPY [Income comparable to the current workforce I]	80,100 JPY + [(Medical expenses - 267,000 JPY) × 1%] (44,400 JPY*)	
General		18,000 JPY (maximum 144,000 JPY per year)	57,600 JPY (44,400 JPY*)
Low-income earner II		8,000 JPY	24,600 JPY
Low-income earner I		8,000 JPY	15,000 JPY

*Low-income earner II...A person who belongs to a household exempt from inhabitant tax
Low-income earner I ...Insured person and all dependents whose pension income is less than 800,000 JPY

*Half of the above amounts will be applied to persons who reach the age of 75 in the middle of the month and are transferred to the late-stage medical care system for the elderly.

*When multiple items apply



The Health Insurance Society calculates and automatically pays the benefits based on the bills (receipts) submitted by medical institutions (the earliest payment is three months after the month when the treatment was received). However, fringe benefits may require separate procedures (refer to page 17). Contact the Health Insurance Society for more information on individual cases.

● Common items for patients aged under 70 and 70 or older

Maximum Copayment Amount for Renal Dialysis Patients and Hemophilia Patients

The maximum copayment amount for renal dialysis patients who need dialysis treatment is 10,000 JPY per receipt. However, for those whose monthly income (standard monthly remuneration) is 530,000 JPY or more (limited to those aged under 70), the amount is 20,000 JPY. The maximum copayment amount is 10,000 JPY per receipt only for hemophilia patients with factor VIII and IX disorders. To receive this arrangement, the Certificate of Treatment Received for Specified Diseases issued by the Society must be presented by an application from the insured person together with the Health Insurance Certificate at the counter of the medical institution.



Have the Application for the Certificate of Treatment Received for Specified Diseases certified by the doctor and submit it to the Health Insurance Society.

Combined High-cost Nursing Care Expenses

If a household subject to the calculation of high-cost medical care expenses has a nursing care insurance user and the total annual amount of the copayment amount of the health insurance and the copayment amount of the nursing care insurance exceeds the maximum amount, the amount equivalent to the excess amount will be paid by the health insurance upon receiving the claim from the insured person. This is intended to mitigate the burden where the copayment amount of medical care and nursing care becomes extremely high.

The combined expenses of high-cost medical care and high-cost nursing care are paid by both health insurance and nursing care insurance in proportion to the amount borne by the patient/user. The final copayment is calculated by excluding the amount of high-cost medical care expenses and fringe benefits.

■ Maximum copayment amount (Annual)

		Health Insurance + Nursing Care Insurance (Aged under 70)	Health Insurance + Nursing Care Insurance (Aged 70 to 74)
Standard Monthly Remuneration	830,000 JPY or more	2,120,000 JPY	2,120,000 JPY
	530,000 to 790,000 JPY	1,410,000 JPY	1,410,000 JPY
	280,000 to 500,000 JPY	670,000 JPY	670,000 JPY
	260,000 JPY or less	600,000 JPY	560,000 JPY
	Low-income earner II	340,000 JPY	310,000 JPY
	Low-income earner I		190,000 JPY

*The calculation period is from August to the end of July of the subsequent year (12 months).



7

Treatment Received by Paying the Difference

Medical Expenses Combined with Treatment Outside Insurance Coverage



In principle, 30% of medical expenses are paid by the patient, and the remaining 70% is covered by health insurance. However, if there is even a small amount of uninsured treatment involved, it is treated as expenses fully covered by the patient, including the portion that is normally covered by insurance.

However, in order to reduce the burden on patients, the combination of insured and uninsured medical treatment is permitted in exceptional cases for certain medical treatments in which among the medical expenses, the uninsured portion of the medical treatment (evaluation treatment, patient-requested treatment, and selective treatment) is paid by the patient and the portion of the treatment that is common to regular treatment (medical examination, tests, medication, hospitalization charges, etc.) is covered by insurance with the provision of insurance benefits. This is called medical expenses combined with treatment outside insurance coverage.

Medical expenses combined with treatment outside insurance coverage include Evaluation Treatment, such as highly advanced medical treatment and clinical trials of a new medicine that may eventually be covered by insurance; Patient-requested Treatment, which allows the use of unapproved medicine upon request of the patient coping with a difficult disease; and Selective Treatment, which is not subject to insurance coverage and leaves the choice to the patient, such as the use of hospital bed incurring an extra charge or special materials used for dental care.

Evaluation Treatment

- Advanced medical treatment
- Clinical trials for pharmaceuticals, medical equipment, regenerative medicine, and other products
- Use of pharmaceuticals, medical equipment, and regenerative medicine products after approval by the Pharmaceutical Affairs Law but before inclusion in the insurance scheme
- Off-label use of pharmaceuticals listed in the National Health Insurance drug price list (for which an application for partial change of dosage, administration, indication, or effect has been filed)
- Off-label use of medical equipment, regenerative medicine products, etc. covered by insurance (for which an application for partial change of purpose of use, indication, efficacy, etc. has been filed)

Patient-requested Treatment

*Only when a certain level of safety and efficacy is recognized

- Use of unapproved medicine
- Treatment that does not meet the criteria for conducting advanced medical treatment
- Receiving patient-requested treatment that has already been performed at a familiar medical institution, etc.

Selective treatment

- Special medical treatment environment (hospital bed incurring an extra charge)
- Dental gold alloys, etc.
- Full metal denture
- Appointment-based treatment
- After-hours treatment
- Initial and follow-up visits to major hospitals ^{Note 1}
- Instruction and management of dental caries in children
- Hospitalization for more than 180 days
- Medical treatment that exceeds the maximum number of treatments

Note 1: In October 2022, the "special fee" for visits to certain hospitals without a letter of introduction was revised. In principle, patients are required to pay a fixed fee, which is 7,000 JPY or more (5,000 JPY or more for dentists) for an initial visit and 3,000 JPY or more (1,900 JPY or more for dentists) for a follow-up visit.

*For the portion not covered by insurance including the hospital bed incurring an extra charge or dental material costs (ceramic, etc.), some offices may offer subsidies from mutual benefit associations, etc. Contact your company for details.

8

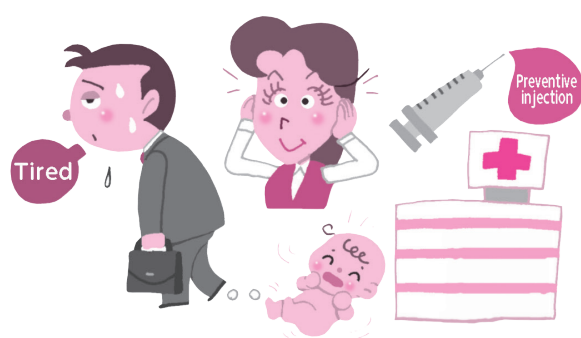
Medical Treatment Not Covered by Health Insurance

The medical treatments described below are not covered by health insurance. In the event of sickness or injury sustained on the job (at work or while commuting), **report promptly to the employer as it will be handled under industrial accident compensation insurance.**

Contact the Health Insurance Society when the work-related sickness or injury was not covered by industrial accident compensation insurance.

Medical treatment not covered by health insurance	Treatment covered as an exception (only as permitted by law)
Simple fatigue or malaise	In case of persistent fatigue and may be due to sickness
Plastic surgery for cosmetic purposes such as double eyelids	Strabismus or other conditions that interfere with work. Cleft lip and palate, plastic surgery for treatment due to injury, as well as body odor that causes significant discomfort to others, etc.
Congenital skin diseases such as spots, birthmarks, etc.	Symptoms that are treatable and require treatment
Highly advanced medical treatment under research	When receiving medical treatment at an insured medical institution using highly advanced medical technology specified by the Minister of Health, Labour and Welfare (evaluation treatment), or when receiving patient-requested treatment or selective treatment
Preventive injection	Measles, pertussis, tetanus, and rabies when there is a risk of the rapid spread of infection
Normal pregnancy and childbirth (separate benefits are provided, refer to page 28)	Abnormal delivery
Artificial termination of the pregnancy	Artificial termination of the pregnancy based on the Maternal Protection Act for non-economic reasons

*Health checkups and lifestyle disease tests are not covered by health insurance.



Other restrictions (refer to page 15)

All or part of the insurance benefits will be restricted in the cases described below.

- ◇ Sickness or injury caused by criminal acts, intentional or grossly negligent accidents, fights, drunkenness, drug use, or other acts of the insured person's own negligence
- ◇ Injuries caused by third parties such as traffic accidents
- ◇ Use of special drugs or special treatment methods

9

Advance Payment

Medical Care Expenses

(Secondary Dependent's Medical Care Expenses)

Medical treatment is covered by health insurance by presenting the insurance certificate. In principle. However, in the cases described below, the patient must first pay the full amount and then apply to the Health Insurance Society to receive benefits.

Such a system is called the **payment of medical care expenses**.

① Not carrying insurance certificate, etc.



② Corset and other therapeutic accessories



③ Judo therapist's fees



④ Acupuncture, moxibustion, and massage fees



⑤ When receiving medical treatment overseas



① When not carrying an insurance certificate, etc.

When you could not receive insured medical treatment due to unavoidable circumstances.

This situation includes when you paid for medical treatment due to lack of an insurance certificate, or when you are forced to visit a clinic that is not covered by insurance because of sudden sickness while on a trip.



Submit the Application for Fringe Benefits of Medical Care Expenses & Dependent's Medical Care Expenses to the Health Insurance Society together with the receipts* (photocopy not acceptable) showing details of medical expenses.

*If the receipts do not include a detailed statement of medical expenses, attach a separate receipt or have the medical institution fill out a Receipt and Statement of Medical Expenses (Domestic).



② Corset and other therapeutic accessories

If a corset, cast, or other therapeutic accessories are used, or if a child aged under 9 has glasses or other equipment made or purchased for the treatment of low vision, the Health Insurance Society will reimburse the expenses according to the standard cost upon application. The accessory or equipment must have been made based on a doctor's opinion.



Submit the Application for Fringe Benefits of Medical Care Expenses & Dependent's Medical Care Expenses together with the receipt (photocopy not acceptable) and doctor's consent (for eyeglass expenses, a prescription for eyeglasses, and a manufacturing instruction form) to the Health Insurance Society.

*Photographs of the orthopedic shoes must be attached to the application for orthopedic shoes.

③ Judo therapist's fees

Judo therapist treatment covered by health insurance is limited to the treatment of clearly traumatic bone fractures, dislocations, contusions, sprains, and contusions and does not include diseases caused by medical reasons (**health insurance will not cover massage treatment because of simple tiredness or stiff shoulders**).

Many judo therapists have an agreement with the (branch) director of the Regional Bureau of Health and Welfare (in the case of the Health Insurance Society, with the National Federation of Health Insurance Societies), and similar to general medical institutions, patients can receive medical treatment by simply presenting an insurance certificate at the initial visit and paying a partial fee at the counter. However, the remaining medical care expenses are billed to the Health Insurance Society, and the patient signs an Application for Payment of Medical Care Expenses, which serves as a letter of attorney. Make sure to check that the name of the injury or disease and the details of the treatment on the application form are correct before signing it.

④ Acupuncture, moxibustion, and massage fees

When you receive treatment from a massage therapist or acupuncturist with the consent of your health insurance doctor, you will receive benefits within a specified range, including the number of treatments, fees, and duration of the treatment.

*Since the Society introduced the payment delegation system on June 1, 2019, medical treatment can be received by simply presenting the insurance certificate and paying a portion of the payment at the counter, similar to a regular medical institution. However, the application form needs to be sent to the Health Insurance Society if you received treatment at a clinic that is not participating in the payment delegation system.



Submit the Application for Fringe Benefits of Medical Care Expenses & Dependent's Medical Care Expenses together with the doctor's written consent, receipts (photocopy not acceptable), and a detailed statement of the treatment to the Health Insurance Society.

⑤ When receiving medical treatment overseas

Only in unavoidable circumstances while traveling abroad, the amount of the medical treatment will be assessed in accordance with the insurance medical treatment standards in Japan.



Submit the Application for Fringe Benefits of Medical Care Expenses & Dependent's Medical Care Expenses together with the (1) Statement of Medical Treatment (overseas), (2) receipt (photocopy not acceptable), (3) copy of a document (passport, visa, etc.) confirming that the medical treatment was provided while traveling overseas (4) consent form for medical treatment details inquiry, and (5) Japanese translation of documents written in a foreign language (receipts, etc.) to the Health Insurance Society.

10

When Absent from Work due to Sickness

Injury and Sickness Allowance

Injury and sickness allowance will be paid when you are absent from work due to sickness or injury caused by reasons not covered by industrial accident compensation insurance and not receiving a salary.

Conditions for payment

The allowance will be paid when all of the conditions below are met.

1 Under medical treatment for sickness or injury

Recuperating at home is also acceptable.

2 Unable to work due to sickness or injury

3 Absent from work for 4 days or longer

The first three days are a waiting period. Payment is made from the fourth day.

4 Cannot receive any salary

However, if the salary received is less than the amount of the injury and sickness allowance, the difference is paid.

Payment period

Up to 1 year and 6 months (total of 1 year and 6 months after the start of payment)

If you receive a disability employee's pension (or disability allowance) for the same injury or illness, the injury and sickness allowance will not be paid (however, if the amount of the pension is less than the amount of the injury and sickness allowance, the difference will be paid).

*Refer to page 31 for more information on post-retirement benefits.

Payment amount

The payment amount per day is calculated by the formula below.

$$\left[\begin{array}{l} \text{Average of the monthly standard} \\ \text{remuneration for the most recent} \\ \text{12 months prior to the starting date} \\ \text{of the payment*} \end{array} \right] \div 30 \text{ days} \times 2/3$$

*The starting date of the payment is the date on which the allowance first began to be paid.



Receive a doctor's written opinion regarding the inability to work and proof from the employer regarding the period of absence from work and the salary paid during that period and submit them together with the Injury and Sickness Allowance Claim Form to the Health Insurance Society through the person in charge at the office.



11

Patient is Transferred

Transfer Expenses

(Dependent's transfer expenses)

Transfer expenses are paid when a doctor determines that hospitalization or transfer treatment is necessary and transportation is used due to difficulties in moving the patient.

Conditions for payment

- Appropriate medical treatment
- Medical condition is severe in that the patient cannot walk and has difficulty moving
- Urgent or other unavoidable circumstances

All of the above must be met. The decision of payment will be made strictly according to the interpretation of the law. Transfer expenses for personal reasons such as moving to a hospital near home for convenience in nursing care are not eligible.



Payment amount

The payment amount is limited to the amount actually paid, which is calculated based on the criteria described below.

- ① Calculated based on the most economical route to the hospital that can provide the necessary medical care according to the condition of the injury or sickness
- ② Calculated using the most economical transportation fare according to the condition of the injury or sickness
- ③ Transportation expenses for up to one accompanying doctor, nurse, etc. can be included only when the doctor determines it necessary



Submit the Application for Payment of Transfer Expenses with a doctor's proof and receipts to the Health Insurance Society.

12

After childbirth



Childbirth

Childbirth of insured person

Health insurance deems it as childbirth regardless of whether it is a premature birth, stillbirth, or abortion as long as it occurred after 4 months (85 days) of pregnancy. Normal childbirth is not covered by the medical benefits of health insurance (refer to page 16). However, abnormal deliveries are treated as illnesses.

Lump-sum allowance for childbirth

- 500,000 JPY for one child when the child was delivered at a medical institution enrolled in the Obstetric Compensation System (Including stillbirths limited to those after 22 weeks of gestation)
- For childbirths other than above, 488,000 JPY for one child

*The amounts described above are for childbirths after April 1, 2023.

For childbirths on or before March 31, 2023, 420,000 JPY (when the childbirth is not eligible for the addition of the Obstetric Compensation System, 408,000 JPY)



● When using the direct payment system

Before delivery, please sign a written agreement with the medical institution for using the direct payment system. When the costs are settled after delivery, please pay the difference to the medical institution if the delivery costs exceed the amount of the lump-sum allowance for childbirth. If the amount is less, the Health Insurance Society will pay the difference upon the insured person's request (the documents for the insurance claim will be sent as soon as the occurrence of the difference is confirmed).

● When using the proxy recipient system

Have a description of the medical institution where the delivery is expected entered in the Application for the Payment of Lump-sum Allowance for Childbirth, etc. <For proxy recipient>, attach a copy of the Maternal and Child Health Handbook or another document certifying the expected date of childbirth, and submit them to the Health Insurance Society.

Direct payment system and proxy recipient system

These are the systems in which the Health Insurance Society directly pays the expenses incurred for childbirth to the medical institution up to the amount of the lump-sum allowance for childbirth. They were established to reduce the burden at the counter. The medical institution will decide which system to be applied.

● When not using the above system

Have the Invoice for Lump-sum Allowance for Childbirth certified by the doctor or midwife, attach a copy of the receipt of childbirth expenses issued by the medical institution stating that the direct payment system was not used, (with a stamp attesting to this fact when the child was delivered at a medical institution enrolled in the Obstetric Compensation System), and submit them to the Health Insurance Society.

● When the child was delivered abroad

To the Invoice for Lump-sum Allowance for Childbirth, attach (1) the original birth certificate from the doctor or official institution and the translation, (2) a copy of documents that confirm the childbirth when staying abroad (passport, visa, etc.), and (3) a consent form for the inquiry of medical treatment details, and submit them to the Health Insurance Society.

Obstetric Compensation System

It is a system established by the Japanese Government with the main purpose of promptly compensating the financial burden of children with cerebral palsy who developed the disease in connection with childbirth and their families. A medical institution joins the system (insurance), pays the premium, and promises coverage for the person giving birth (the premium is covered by the additions to the lump-sum allowance for childbirth and childcare of 12,000 yen as described below, without any additional cost to the person giving birth).

*For details of the system including specific compensation details and conditions, please refer to the webpage of the Japan Council for Quality Health Care (<http://www.sanka-hp.jcqhc.or.jp/>).

*Although it is a system established by the government, not all obstetric institutions have joined the system. Therefore, compensation cannot be provided when an insured person develops a disease during delivery at an institution that has not joined the system.

Refer to the webpage of the Japan Council for Quality Health Care or directly confirm with the medical institution when examining the medical institution for childbirth.

Maternity benefit

When the person giving birth needs to be absent from work due to childbirth and **does not get paid from the workplace, the allowance is paid for the days not at work** during the period of 42 days before the date of delivery (98 days in the case of multiple pregnancies) and 56 days after the date of delivery (154 days in the case of multiple pregnancies), a total of 98 days to guarantee the livelihood during this period, **The amount of payment per day is two-thirds of one-thirtieth of the average of the monthly standard remuneration for the most recent 12 months prior to the starting date of the payment (refer to page 26 the Equation for Payment Amount).** If the date of delivery is later than expected, the payment will be made for that period also.

*Refer to page 31 for post-retirement benefits.



Have the Maternity Benefit Claim Form certified by the doctor or midwife, receive proofs of absence from the employer and salary payment during the absence, and submit them to the Health Insurance Society through the person in charge at the place of employment.

Exemption of insurance premiums

Payment of insurance premiums (for both the insured person and employer) is exempted during maternity and paternity leave (refer to page 11). The insurance qualification remains the same and all benefits are provided.

In addition, the standard monthly remuneration can be reviewed if the salary changes after returning to work after maternity or childcare leave, etc (refer to page 12).



Please request the employer.

Childbirth of a family member

The lump-sum allowance for childbirth and childcare of family member

The allowance is paid when a dependent gives birth. The benefits are the same as the lump-sum allowance for childbirth and childcare.



The procedure is the same as the lump-sum allowance for childbirth and childcare for an insured person.

13

Insured Person has Died

For Primary

Burial charges

When an insured person dies and a family member who shared the livelihood with the insured person buries the deceased, 50,000 JPY will be paid as burial charges.



Have the Burial Charges (Expenses) Claim Form certified by your employer and submit it to the Health Insurance Society through the person in charge at the office. If you are filing a claim after the death of a voluntarily and continuously insured person, attach a document that can prove the fact.

Burial expenses

If an insured person dies and has no family members who shared the livelihood with the insured person, the actual expenses (up to 50,000 JPY) will be paid as burial expenses to the person who actually performed the burial (such as a friend).



Have the Burial Charges Claim Form certified by the employer, attach receipts for burial expenses, and submit them to the Health Insurance Society through the person in charge at the office. If you are filing a claim after the death of a voluntarily and continuously insured person, attach a document that can prove the fact.

For Family Member

Family Burial Charges

When a dependent dies, the insured person will receive 50,000 JPY as family burial charges.



It is the same for the claim for burial charges by the primary.



14

Benefits for Injury, Sickness, and Childbirth after Retirement

Childbirth

If the insured person is receiving maternity benefits or is eligible to receive maternity benefits when leaving the company, the maternity benefits will continue to be paid until the expiration of the period. If the insured person gives birth within 6 months of leaving the company, a lump-sum allowance for childbirth will be paid. However, in this case, the insured person must have been insured for at least one year (excluding the period of being a voluntarily and continuously insured person). If you are dependent on your husband at the time of childbirth, you can choose between benefits as his dependent or benefits provided by the Society.



Maternity benefit:

Same as during employment. No proof from the employer is required.

Lump-sum allowance for childbirth:

If you choose to receive an allowance from the Society and use the direct payment system, you will need to submit a certificate of loss of eligibility to the medical institute. Contact us to issue the certificate.

Cannot work due to sickness

If the insured person was receiving an injury and sickness allowance since before retirement or is meeting the conditions for receiving such an allowance, and if the insured person is unable to work due to the sickness or injury, the insured person may continue to receive the injury and sickness allowance until the sickness or injury is cured. The maximum period of the allowance payment is one year and six months from the date the injury and sickness allowance payment has started. However, the insured person must have been insured for at least one year (excluding the period of being a voluntarily and continuously insured person).

An insured person who became unable to work after becoming a voluntarily and continuously insured person is not eligible to receive the injury and sickness allowance. In addition, those who are receiving superannuation benefits such as old-age employees' pensions may receive the difference if the amount of pension is less than the amount of the injury and sickness allowance.

*The amount of the allowance depends on the individual's employment status at the time of employment and other factors. Contact the Health Insurance Society if you have further questions.



Same as during employment. Proof of employer is not required.

However, a separate Explanation of Medical Treatment Status form must be submitted.

Insured person has died

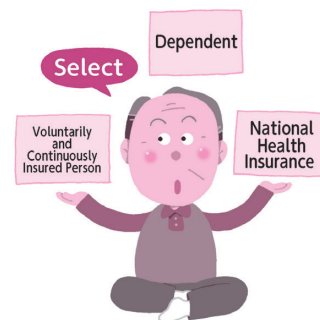
Burial charges and expenses are paid when an insured person died within 3 months after retirement or after eligibility for being a voluntarily and continuously insured person is lost, while receiving injury and sickness or maternity benefits, or within three months of the termination of such benefits (the insured person does not have to be insured for one year).



Same as when employed. Proof of employer is not required.

15

Health Insurance After Retirement



Voluntarily and Continuously Insured Person

Insured persons will lose their eligibility as insured persons on the following day after retirement. However, those who have been insured persons for two months or more continuously until the day of retirement may continue to be insured persons if they apply within 20 days of retirement. However, the maximum enrollment period is 2 years.

Insurance premiums

Full amount paid by the primary (including the employer's portion)

The monthly standard remuneration at the time of retirement is compared with the average monthly standard remuneration of insured persons in the Society, and the lower amount of the two is used as the basis for determining the monthly standard remuneration.

Dependent (family member)

The scope of dependents and the documents to be submitted are the same

as those for general insured persons.

Insurance benefits

The insured person pays 30% of the medical expenses including outpatient, inpatient, and home care treatments* (20% for those before compulsory education, and 20% for those aged between 70 and 74 who are not receiving income comparable to the current workforce*).

*Meal fees during hospitalization must be covered by the insured person.

*Refer to page 26 for the injury and sickness benefits and page 29 for the maternity benefits.

Due date for payment of insurance premiums

Insurance premiums for the current month must be paid between the 1st and 10th of the month or you will lose your status as a voluntarily and continuously insured person. The first payment of insurance premiums must be made at the time of enrollment. The insurance premiums can be paid monthly, semiannually in advance, or annually in advance.



Within 20 days of retirement, submit the Application of Eligibility for Voluntarily and Continuously Insured Person form (and Notification of Increase if dependents will be enrolled) directly to the Health Insurance Society and pay the insurance premiums.

Example) Date of retirement: March 31

→ First insurance premiums payment and application submission due date: April 20

*If the due date for the first insurance premiums payment and application submission is a regular holiday, the due date will be the next business day.

*If you miss the due date for payment of the first insurance premiums and submission of the application form, you will not be able to acquire the qualification. Make sure to apply well in advance.

When you lose eligibility

- When you are reemployed and become insured under another health insurance plan.
- When a voluntarily and continuously insured person dies.
- When the period of eligibility of a voluntarily and continuously insured person expires.
- When you fail to pay the insurance premiums by the due date.
- When you reach the age of 75 (or when you received certification of disability if you are between the ages of 65 and less than 75 and received certification of disability).
- In the case where the insured person wishes to cease to be a voluntarily and continuously insured person, the last day of the month in which the date of acceptance of the application arrives.

Do not forget to submit it!!

Please notify the Health Insurance Society as soon as possible of any change in your name, address, change in your dependents, or other notifiable information.

Enrollment in National Health Insurance

In Japan, every citizen is required to enroll in health insurance. Those who do not join other health insurance associations or those who did not (or could not) choose to join voluntarily and continuously insured person are required to enroll in the National Health Insurance.

The enrollment procedures are handled by the section in charge of the National Health Insurance of your local government. Contact the section for details.

Insurance premiums

Varies by the local government.

Dependent

There is no “dependent” status in the National Health Insurance and all family members are considered insured persons.

Insurance benefits

The insured person pays 30% of the medical expenses including outpatient, inpatient, and home care treatments* (20% for those before compulsory education, and 20% for those aged between 70 and 74 who are not receiving income comparable to the current workforce).

*Meal fees during hospitalization must be covered by the insured person.

Become a Dependent of the Health Insurance Association of a Family Member

If one of your family members is an insured person in another health insurance association and your livelihood is dependent on the income of the insured person, you will be a dependent of the health insurance association of which the family member is a member. However, to become dependent, the applicant must meet the criteria for certification by the health insurance association. For details, contact the health insurance association of which the family member is a member.

16

Sickness and Injury Caused by Acts of Third Parties

Health insurance is also available for sickness and injuries including traffic accidents caused by the acts of a third party.

However, in this case, the incident **must be reported to the Health Insurance Society**. Contact the police immediately and also contact the Health Insurance Society as soon as possible. Sending a notification is obligated by the Health Insurance Act.

Upon receipt of the report, the Health Insurance Society will subrogate the insured person or the dependent's right to be compensated for damages caused by the third party (the offender) and make a claim to the other party to compensate the cost of medical treatment to the extent that benefits have been paid.

Since a person who injured another person is liable for compensation by law, the Health Insurance Society will temporarily pay in advance the cost of medical treatment that the offender would normally have to bear, and then claim the cost back from the offender at a later date.

Therefore, the use of health insurance may not be available after the settlement.

In addition to traffic accidents, incidents such as injury by a falling object when passing by a construction site or when bitten by someone else's dog are included.

Medical treatment for injuries and sicknesses caused by third-party acts is not available at the Health Management Center of Mitsui & Co., Ltd. and the medical treatment room in the Osaka Office of Mitsui & Co., Ltd.



Attention

Legal issues may arise in the case of an accident caused by a third party. Therefore, make sure to contact the Health Insurance Society before making a settlement. Traffic accidents during work and while commuting are handled under the Industrial Accident Insurance Act. However, contact the person in charge at the office since it may be difficult to identify the coverage depending on your position.



Submit the Notification of Injury or Illness Caused by Action of Third Party, Accident Condition Report, and Signed Memorandum or Written Consent together with the medical certificate and proof of accident to the Health Insurance Society.

17

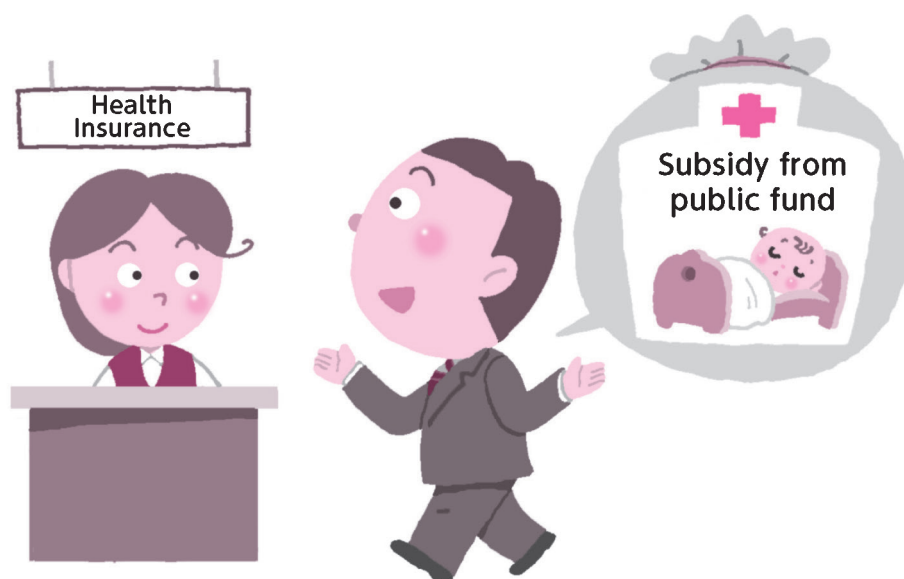
When Receiving Medical Expense Subsidies from Public Funds

There are systems in which the national government or local governments cover (subsidize) medical expenses as a public expense to prevent and treat specific diseases from a national standpoint or to improve the welfare of persons facing economic hardships. Part or all of the medical expenses will be covered by public funds for those who are applicable to such a system.

However, payment of double benefits will be made if a person receives insurance benefits from a health insurance program while receiving medical care at public expense. The Health Insurance Society is checking regularly to prevent the payment of double benefits. **Please contact the Health Insurance Society if you are receiving fringe benefits and other benefits while receiving a subsidy.**

The number of municipalities that subsidize medical expenses for children has increased significantly recently as part of their efforts to solve the declining birthrate. To prevent the double benefits described above, the Society has **suspended fringe benefits for family members under the age of 6**. The Health Insurance Society will provide the benefits upon application from the insured person when the local government does not provide subsidies. Refer to Notes on Fringe Benefits (page 17) if you are applicable. Thank you for your understanding.

*Contact the section in charge of your local government for details about the coverage (subsidy) of medical expenses paid by public funds.



Health Services of Mitsui Bussan Health Insurance Society

● Main changes from April 2024 ●

◎ Change in health screening (contracted medical examination institution)

◆ Difference in expenses when a gastric barium examination is changed to a gastroscopy will be covered by the Health Insurance Society (copayment is 0 JPY)

The Health Insurance Society will cover the difference in expenses when a gastric barium examination is changed to a gastroscopy to allow everyone to receive a gastroscopy examination. **Gastroscopy can be received without any copayment.** Refer to the Health Insurance webpage and Health Insurance User's Guide for details.

*Among contracted medical examination institutions, a copayment of 8,800 JPY will be required for a gastric barium examination and gastroscopy respectively at St. Luke's International Hospital.

◆ Sedatives used for gastroscopy can be covered by subsidy as an option

The use of sedatives for gastroscopy is added as an option eligible for subsidy.

There are five optional items eligible for subsidy. In addition, a maximum of 6,400 JPY per person can be covered by subsidy irrelevant to the amount of items (no change in the option maximum amount).

[Optional items eligible for subsidy]

- Lung cancer screening
- Colorectal cancer screening
- Brain checkup
- Helicobacter pylori test
- Sedatives for gastroscopy

◆ Transvaginal ultrasound examination is added to the Gynecological Examination Course (copayment is 0 JPY)

The transvaginal ultrasound examination is added to the Gynecological Examination Course to allow early detection of diseases specific to women. The transvaginal ultrasound examination can detect ovarian cancer and diseases of the uterus and ovaries such as fibroid, endometriosis, and ovarian cysts.

Name of the basic course	(Before change) Course details	(After change) Course details
Gynecological Examination Course A	Standard items of health screening + Breast cancer examination (mammography and ultrasound examination) + Cervical cancer examination	Standard items of health screening + Breast cancer examination (mammography and ultrasound examination) + Cervical cancer examination + Transvaginal ultrasound examination
Gynecological Examination Course B	Standard items of health screening + Breast cancer examination (ultrasound examination) + Cervical cancer examination	Standard items of health screening + Breast cancer examination (ultrasound examination) + Cervical cancer examination + Transvaginal ultrasound examination

◆ New contracted medical examination institutions were added

[New contracted institutions]

- Aiiiku Hospital (Minato-ku, Tokyo)
- Azabudai Clinic (Minato-ku, Tokyo)
- Osaka Namba Clinic (Osaka-shi, Osaka)

[Relocation]

- C'est La Vie Shinbashi Clinic: 3, 4F Shintora Yasuda Bldg., 4-3-1 Shinbashi, Minato-ku, Tokyo

◎ Gynecological examination for young persons (insured persons aged 34 or younger)

*Dependents are not eligible

From April 2024, insured persons aged 34 or younger can receive a subsidy for the gynecological examination for young persons (dependents are not eligible).

The gynecological examination focuses on items specific to women to discover abnormalities while they are asymptomatic and achieve disease prevention and early treatment.

Refer to the Health Insurance webpage and Health Insurance User's Guide for details.

1 Disease Prevention (Various Health Checkups, etc.)

Mitsui Bussan Health Insurance Society provides the health checkups described below to maintain and promote the health of all insured persons and dependents. Please take advantage of these checkups once a year to maintain your health, prevent disease, and detect sickness, if any, at an early stage.

● Health Screening

This medical checkup is for early detection and treatment of disease risks, which includes more examination items than the Statutory Medical Checkups conducted by offices and the Lifestyle-related Disease Checkups conducted by the Society. The Basic Course can be received **without any expense on the part of the person receiving the service.**

The service differs between the Society's contracted and non-contracted medical checkup facilities. Refer to pages 38 and onward for details on the use, requirements, and other details.

● Lifestyle-related Disease Checkup

This is a medical checkup slightly more simplified than the health screening that can be received **without expense** for family members who do not work at the office and retirees.

Refer to page 43 for the use, requirements, and other details.

Simplified Comparison Table of Health Screening and Lifestyle-related Disease Checkups

For details, refer to the corresponding page.

	Health Screening	Lifestyle-related Disease Checkup
Main Purpose	Comprehensive medical checkup	Lifestyle-related Disease Checkup
Applicable persons	Insured persons aged 35 or older Dependents aged 35 or older	Dependents aged 35 or older (no limitation of age for the spouse) Voluntarily and continuously insured person aged 35 or older
	Dependents and voluntarily and continuously insured persons aged 35 or older are required to choose either the health screening or the lifestyle-related disease checkup. The subsidy for the expense of the medical checkup is provided once a fiscal year by the Health Insurance Society (duplicate checkups for both health screening and lifestyle-related disease checkups are not allowed).	
General examination items	Physical measurement, medical examination, blood pressure, electrocardiogram, pulmonary function test, chest X-ray, upper gastrointestinal tract X-ray, abdominal ultrasound, blood test, eye examination, hearing test, urine examination, feces examination	Physical measurement, medical examination, blood pressure, electrocardiogram, chest X-ray, blood test, eye examination, hearing test, urine examination
Optional items <small>*Payment of some additional expenses may be required</small>	Gynecology (mammography, breast ultrasound, uterine cancer, transvaginal ultrasound), lung cancer, colorectal cancer, brain checkup, Helicobacter pylori test, sedatives for gastroscopy <small>*When receiving at contracted medical examination institutions</small>	Gynecology (mammography, breast ultrasound, clinical breast examination, uterine cancer)
Copayment amount	0 JPY or more *8,800 JPY for St. Luke's International Hospital Clinic	0 JPY
Medical checkup institution	Contracted or non-contracted medical institution	Japan Anti-Tuberculosis Association and its affiliated medical institutions
How to apply	Make an appointment at the medical institution in person	Call the Japan Anti-Tuberculosis Association



The Corporate Action to Promote Cancer Control is a national project promoted by the Ministry of Health, Labour and Welfare to aim for a cancer screening rate of over 50%, with the national and local governments as well as the public and private sectors working together. The Health Insurance Society is participating in this project as a promotion partner. We encourage you to receive screening for cancer prevention. (Reference: <http://www.gankenshin50.mhlw.go.jp/>)

Health Screening

This is a medical examination for insured persons and dependents aged 35 or older.

Applicable persons and conditions

Insured persons and dependents who will be aged 35 or older within this fiscal year.

Once during the fiscal year (from April to March of the following year) <Based on the date of the examination>

***Note that the health screening cannot be duplicated with the lifestyle-related disease checkup for dependents and voluntary and continuously insured persons aged 35 or older.**

Burden of expenses

- The health screening covered by the subsidy shall be the service specified as a health screening by the medical institution (refer to page 42) (the contents are based on the contract with the Health Insurance Society at contracted medical institutions).
- Secondary and additional examinations, as well as second and subsequent examinations within a fiscal year, are not covered by the subsidy.

Contracted Medical Examination Institutions

Basic course	Copayment	Contribution by Society	Optional items
Standard Course (one day)			
Gynecological Examination Course A (Standard Course + Mammography + Breast ultrasonography + Cervical cytology + Transvaginal ultrasound examination)	0 JPY <u>(8,800 JPY</u> when received at St. Luke's International Hospital	Fees not covered by copayment	Subsidies up to 6,400 JPY per person for a brain checkup, lung cancer screening, colorectal cancer screening, Helicobacter pylori test, and sedatives for gastroscopy regardless of the number of items (however, within the range of actual expenses).
Gynecological Examination Course B (Standard Course + Breast ultrasonography + Cervical cytology + Transvaginal ultrasound examination)			

*The difference in expenses when changed from gastric barium examination to gastroscopy will not be charged (copayment 0 JPY).

*Payment of the full amount of the additional examinations will be required to the person receiving the examinations when breast or uterine cancer screening other than those in the selected course is added.

*Optional items covered by the subsidy are limited to those that are included in the agreement with the Health Insurance Society (brain checkup, lung cancer screening, colorectal cancer screening, Helicobacter pylori test, and sedatives for gastroscopy). Make sure to confirm that the test is covered by the subsidy before making an appointment. When the optional item is not covered by the subsidy, the person receiving the examination will be required to cover the full amount of the optional item.

*Refer to "List of Contracted Medical Examination Institutions" for more information on the applicable medical examination institutions.

- Brain screening is an examination mainly of MRI and MRA examinations.
- Lung cancer screening is an examination using CT.
- In certain cases such as when tissue samples are taken during gastroscopy at the doctor's discretion, the examination may be switched to insurance medical treatment. As for the expenses, 30% of the insurance medical fee is to be paid by the patient and is not covered by the optional subsidy. Make sure to confirm with the medical examination institution when receiving the examination.
- In principle, colorectal cancer screening is an examination that uses an endoscope.
- The Helicobacter pylori test is a test to check for the presence of Helicobacter pylori, which causes stomach cancer.

*The subsidies are applicable for optional items only when they are applied at the same time as the health screening appointment. Receive the examination on the same day as the health screening. However, if the selected examination cannot be performed on the same day, the examination received in the same month or the following month will be eligible for the subsidy (in principle, if the examination is performed more than two months after the health screening, if the examination is performed in a different year, or if the examination is performed after the loss of eligibility, it will not be eligible for subsidy).

*Subsidies are not provided for receiving only the optional items. The subsidies are not provided if the optional items are performed at a different medical examination institution from the health screening institution. However, the subsidies can be provided if the optional examinations are performed at a different medical examination institution (affiliated institution, same organization, etc.) due to circumstances of the health screening institution such as lack of facilities. Refer to "List of Contracted Medical Examination Institutions" for details.

*PSA test is conducted as a standard item for men aged 50 or older.

● Non-contracted Medical Examination Institutions

Basic course	Copayment	Maximum contribution amount by Society	Optional items
One day (1)	0 JPY or more	53,600 JPY (tax included)	Various optional items are subsidized up to the maximum contribution amount by the Health Insurance Society shown on the left
One day (2)	0 JPY or more	57,200 JPY (tax included)	Subsidy of the maximum contribution amount by the Health Insurance Society shown on the left is provided only when both mammography and breast ultrasonography examinations are performed Other optional items are also subsidized up to the maximum contribution amount by the Health Insurance Society shown on the left

***The expenses for health examination (including optional items) over the maximum contribution amount by the Health Insurance Society must be covered by the person receiving the examination.**

*At least the items specified as Specific Health Checkups must be met, and the health examination must be conducted as a "health screening" by medical examination institutions.

(Requirements specified by the company are applicable to employees of Mitsui & Co. For details, refer to the website of the Health Care Office.)

*If you receive either a mammography or a breast ultrasonography examination, the subsidy will be paid at the maximum amount of (1) and not the maximum amount of (2).

*In order to receive the subsidy up to the maximum amount of (2), it is necessary to declare using the Health Screening Subsidy Application Form that you have received both mammography and breast ultrasonography examinations. If no declaration is made, the subsidy will be paid up to the maximum amount of (1).

*The subsidies are applicable for optional items only when they are applied at the same time as the health screening appointment. Receive the examination on the same day as the health screening. However, if the examination cannot be performed on the same day, only examinations performed in the same month or the following month will be eligible for subsidy. (In principle, it will not be subsidized if the examination takes place more than two months later, conducted in a different fiscal year, or after the loss of eligibility.)

How to use

● Contracted Medical Examination Institutions

(1) Make an appointment at the medical institution in person

■ Information to provide at the time of application

- Member identification of Mitsui Bussan Health Insurance Society (symbols <3 digits> and numbers <5 digits> of the insurance certificate).

- Request to receive the health screening of Standard Course or Gynecological Examination Course (A or B) under the contract of Health Insurance Society.

*When receiving the Gynecological Examination Course, inform the items of the gynecological examination.

- When receiving optional items covered by the subsidy, inform the name of the desired examination items.

■ Certain medical examination institutions accept reservations through websites created or commissioned by them.

- Similar to telephone appointments, appointments made via mepo or other websites created or commissioned by medical examination institutions do not confirm eligibility for examination. Please confirm the requirements for examination before proceeding.

- The Society is not responsible for any inquiries or issues related to mepo and other websites created or commissioned by medical examination institutions.

*mepo is a service managed by iMedical Inc.

For inquiries, contact iMedical (info_mepo@imedi.co.jp) or the medical examination institutions.

(2) Make sure to present your insurance certificate at the counter on the day of the examination.

(3) Pay the copayment at the counter of the medical examination institution on the day of the examination.

● Non-contracted Medical Examination Institutions

(1) Make an appointment at the medical institution in person

(2) Pay the full amount of the health examination expense at the counter of the medical examination institution on the day of the examination (advance payment)

(3) Submit the documents below to the Health Insurance Society

■ Health Screening Subsidy Application Form --- Enter the required information

■ Original Receipt --- Required for each person who has received a health screening (a group of receipts for multiple persons is not acceptable)

The name on the receipt is the name of the person who received the health screening and indicates that health screening was provided

■ Original or a copy of the Health Examination Result Sheet --- In the case of a copy, it must show the details, numerical values, and other information of the examination conducted (including the medical interview)

(4) The expenses will be totaled at the end of the month and the Health Insurance Society will pay the subsidy in the following month

*Submit the application within 3 months from the date of the examination.

◎ Output of documents related to health screening:

Webpage of the Health Insurance > List of Application Documents > Health Service

*If you are unable to access the Health Insurance webpage, contact the Health Insurance Society.

Health examination results

On the day of the health examination or a few days later (depending on the medical examination institution), the doctor in charge will explain your health condition and give instructions on how to take care of your daily life (diet, food preferences, exercise, rest, sleep, bathing, weight, etc.) based on the results. Later, a comprehensive evaluation will be mailed to the examinee along with the results of the health examination.

*The Health Insurance Society does not recommend any particular medical examination institution and non-contracted medical examination institutions can also be used.

List of Contracted Medical Examination Institutions

Contracted medical examination institutions are institutions that are contracted for the convenience of the Society's members. The Society does not intend to recommend members to receive medical examinations at specific medical examination institutions.

Only the contracted medical examination institutions where English support is available are listed

Online appointment

Website: Appointment systems of the medical examination institutions

Prefecture	Health checkup institution name	Address	Tel.	Hours	Dedicated reservation form
Tokyo	St. Luke's International Hospital Affiliated Clinic St. Luke's International Hospital Center for Preventive Medicine	3F and 4F St. Luke's Garden Tower, 8-1 Akashicho, Chuo-ku, Tokyo	03(5550)2400	※8:30 am - 4:30 pm except Sunday and national holidays	WEB
	Tokyo Midtown Clinic	6F Midtown Tower, 9-7-1 Akasaka, Minato-ku	03(5413)0081	※9:00 am - 5:00 pm reception hours (only weekdays)	
	Nihonbashi Muromachi Mitsui Tower Midtown Clinic	7F Nihonbashi Muromachi Mitsui Tower, 3-2-1 Nihonbashi Muromachi, Chuo-ku	03(3231)2068	※9:00 am - 5:00 pm reception hours (only weekdays)	
	Shin-Akasaka Clinic Aoyama	2F Hulin Aoyama Gaien Higashidori Bldg., 2-2-3 Aoyama, Minato-ku, Tokyo	03(5770)1250	Monday - Friday 8:40 am - 5:00 pm Saturday 8:40 am - 1:00 pm except Sundays and national holidays	
	Shin-Akasaka Clinic Ginza	5F Tolerance Ginza Bldg., 3-9-7 Ginza, Chuo-ku, Tokyo			
Kanagawa	Shin-Akasaka Clinic Yokohama	9F Daini Yasuda Bldg., 3-32-13 Tsuruyacho, Kanagawa-ku, Yokohama, Kanagawa			

(Note) Contracted medical examination institutions are subject to change.

● This list is as of April 2024. Details are subject to change due to review of contract details, etc.

Gynecological and Optional Examination Contracted Medical Examination Institutions

Only the contracted medical examination institutions where English support is available are listed

(JPY)

Prefecture	Health checkup institution name	Standard Course	Gynecological Examination Course			Cervical Cancer Examination		Gastroscopy	
			A		B	Cervical cytology	Transvaginal echography	Transoral	Transnasal
			Mammography	Breast ultrasound	Breast ultrasound				
Tokyo	St. Luke's International Hospital Center For Preventive Medicine	Standard examination items recommended by the medical examination institutions	○	○	○	○	○	○	-
	Tokyo Midtown Clinic		○	○	○	○	○	○	○
	Nihonbashi Muromachi Mitsui Tower Midtown Clinic		○	○	○	○	○	○	○
	Shin-Akasaka Clinic Aoyama		○	○	○	○	○ From June 1, 2024, excluding Monday	○	○
	Shin-Akasaka Clinic Ginza		○	○	○	○	-	○	○
Kanagawa	Shin-Akasaka Clinic Yokohama		○	○	○	○	-	○	○

(JPY)

Prefecture	Health checkup institution name	Optional items					
		Sedatives for gastroscopy	Lung cancer screening	Colorectal cancer screening		Brain checkup	Helicobacter pylori test
				Colon camera	Colon CT (3DCT)		
Tokyo	St. Luke's International Hospital Center For Preventive Medicine	5,500	13,200	33,000	33,000	36,300*	3,300
	Tokyo Midtown Clinic	7,700	19,800	-	-	38,500	2,200
	Nihonbashi Muromachi Mitsui Tower Midtown Clinic	7,700	19,800	44,000	-	38,500	2,200
	Shin-Akasaka Clinic Aoyama	3,300	13,200	-	-	34,650*	3,300
	Shin-Akasaka Clinic Ginza	3,300	13,200	-	-	34,650*	3,300
Kanagawa	Shin-Akasaka Clinic Yokohama	3,300	13,200	-	-	34,650*	3,300

○ mark: Institutions providing gynecological and optional examination * mark: Medical examinations will be provided at medical examination institutions different from the institutions providing health screening due to circumstances of the health screening institution such as lack of facilities. Contact the medical examination institution for more information.

● This list is as of April 2024. Details are subject to change due to review of contract details, etc.

Reference

General examination items of Health Screening

- | | | | |
|-------------------------|----------------------------|--|--------------------------------------|
| ● Physical measurements | ● Internal examination | ● Blood pressure and electrocardiogram | ● Eye examination |
| ● Hearing examination | ● Pulmonary function tests | ● Chest X-ray | ● Upper gastrointestinal tract X-ray |
| ● Abdominal ultrasound | ● Blood test | ● Urine examination | ● Feces examination |

*Excerpts from the webpage of the Japan Society of Ningen Dock and Preventive Medical Care

*The contents of the examination items may differ depending on the medical examination institution. Contact the medical examination institution for more information.

***Make sure that the medical examination meets at least the requirements below specified as the Specific Health Checkups.**

Specific Health Checkups

(Required examination)

- Physical measurement (height, weight, BMI, abdominal circumference)
- Blood pressure (systolic/diastolic)
- Biochemical test
 - ・ Triglycerides (TG) ・ HDL cholesterol ・ LDL cholesterol ・ GOT (AST) ・ GPT (ALT)
 - ・ Gamma-GTP (gamma-GT)
- Urine examination
 - ・ Urinary sugar ・ Urinary protein
- Medical interview
 - ・ Medication (blood glucose, blood pressure, lipids) ・ Smoking ・ Medical history
 - ・ Subjective symptoms ・ Objective symptoms ・ Doctor's diagnosis
- Blood lipid test
 - ・ If triglycerides are above 400 mg/dl or if blood is collected after a meal, non-HDL cholesterol is acceptable in place of LDL cholesterol.
- Blood glucose test
 - (1) or (2). However, if (1) or (2) cannot be measured due to unavoidable circumstances, (3) is acceptable.
 - (1) Fasting blood glucose (BS)
 - (2) Hb (glycohemoglobin) A1c (NGSP value)
 - (3) Casual blood glucose

(Items to be performed selectively based on the doctor's judgment)

- Hematology test
 - ・ Hematocrit (Ht) level ・ Hemoglobin level (hemoglobin content) ・ Red blood cell count
- Physiological test
 - ・ Serum creatinine test ・ Electrocardiogram ・ Fundus examination

Lifestyle-related Disease Checkup

This is a medical examination for dependents and voluntary and continuously insured persons aged 35 or older (no limitation of age for the spouse).

Applicable persons and conditions

Dependents and voluntary and continuously insured persons who will be aged 35 or older within this fiscal year (no limitation of age for the spouse)

Once during the fiscal year (from April to March of the following year)

<Based on the date of the examination>

***Note that it cannot be received with health screening for dependents and voluntary and continuously insured persons aged 35 or older.**



Inspection item and expense

One of the courses below can be received.

Course	Inspection item	Copayment	Contribution by Society
Standard Course	Lifestyle-related Disease Checkup	0 JPY	Entire medical examination expenses
Gynecological Examination A Course	Standard Course + Mammography + Cervical cytology		
Gynecological Examination B Course	Standard Course + Breast ultrasonography + Cervical cytology		
Gynecological Examination C Course	Standard Course + Cervical cytology		

*Lifestyle-related Disease Checkup is a **slightly simplified examination** compared to health screening.

Examination details) Medical examination, medical interview, physical measurement, blood pressure measurement, chest X-ray, urine examination, blood test (hematological and biochemical), vision test, fundus examination, electrocardiogram, and hearing test.

Some medical examination institutions may not be able to perform some of these tests due to facility limitations.

*Payment of the full amount of additional examinations will be required from the person receiving the examinations other than those listed in each course.

Medical examination institution

Japan Anti-Tuberculosis Association, its subsidiaries, and affiliated medical institutions

*Please refer to the Health Insurance website for the specific medical examination institutions and the courses available at each institution.

*If there is no affiliated medical examination institution near your home, please contact the Health Insurance Society.

How to use

Please apply by telephone or email as described below.

● Apply by telephone

- (1) Make an appointment by calling the Japan Anti-Tuberculosis Association Call Center: 03(3292)9292 (9:00 am -4:30 pm on weekdays)
- (2) Receive confirmation from the Japan Anti-Tuberculosis Association Call Center
- (3) Receive an appointment confirmation slip and medical questionnaire (sent by mail from the Japan Anti-Tuberculosis Association)
- (4) Receive medical checkup at the medical examination institution

● Apply by email

- (1) Select the institution and medical checkup course on the Health Insurance webpage
*It can also be checked on the Appointment Email Form.
- (2) Enter the necessary information in the Appointment Email Form and send it
- (3) Receive confirmation from the Japan Anti-Tuberculosis Association Call Center by telephone or email
- (4) Receive an appointment confirmation slip and medical questionnaire (sent by mail from the Japan Anti-Tuberculosis Association)
- (5) Receive medical checkup at the medical examination institution

Results of the medical checkup

On the day of the checkup or a few days later (depending on the medical examination institution), the doctor in charge will explain your health condition and give you daily lifestyle advice (diet, food preferences, exercise, rest, sleep, bathing, weight, etc.) based on this information. Later, an overall evaluation will be mailed to the examinee along with the results of the medical checkup.

Gynecological examination for young persons—●

This is a medical examination for insured females aged 34 or younger (dependents are not eligible).

Applicable persons and conditions

Insured females aged 34 or younger during this fiscal year

One examination during the fiscal year (from April to March of the following year) <Based on the date of the examination>

*Note that dependents are not eligible

Inspection item and expense

- Inspection items of Course A or Course B specified by the Health Insurance Society are covered by subsidy. The subsidies are not applicable for inspection of items not specified by the Health Insurance Society and inspection that do not satisfy the items specified by the Health Insurance Society.
- Secondary and additional examinations, as well as second and subsequent examinations within a fiscal year, are not covered by the subsidy.

●Contracted medical examination institution

One of the courses below can be received.

Course	Inspection item	Copayment amount	Contribution by the Health Insurance Society
Course A	Breast cancer examination (mammography, breast ultrasound) + Uterine cancer examination (cervical cytology, transvaginal ultrasound)	0 JPY	Entire medical examination expenses
Course B	Breast cancer examination (breast ultrasound) + Uterine cancer examination (cervical cytology, transvaginal ultrasound)		

For persons living or working in Tokyo or its suburbs, the medical examination can be received at the health checkup institutions listed below.

Health checkup institution name	Address	Telephone number
Aiiku Hospital	1-16-10 Shibaura, Minato-ku	0120-722-631
Ihc Omotesando	4-26-18 Jingumae, Shibuya-ku	0120-190-828
Ihc Kioicho	1-3 Kioicho, Chiyoda-ku	
Ihc Marunouchi	2-7-3 Marunouchi, Chiyoda-ku	
Ihc Yurakucho	2-7-1 Yurakucho, Chiyoda-ku	

(In the order of the Japanese alphabet)

Health Service

- **Non-contracted medical examination institutions** (For persons living or working in Tokyo or its suburbs, make sure to receive medical examinations at a contracted medical examination institution)

Inspection item	Copayment	Maximum contribution amount by the Health Insurance Society
Breast cancer examination (mammography, breast ultrasound) + Uterine cancer examination (cervical cytology, transvaginal ultrasound)	0 JPY to	28,600 JPY (tax included)
Breast cancer examination (breast ultrasound) + Uterine cancer examination (cervical cytology, transvaginal ultrasound)	0 JPY to	19,800 JPY (tax included)

*Only the actual expense will be covered by the Health Insurance Society when the health examination expense that was actually paid does not exceed the maximum contribution amount by the Health Insurance Society.

*When the health examination expense exceeds the maximum contribution amount by the Health Insurance Society, the exceeded amount must be covered by copayment.

*The uterine cancer examination includes cervical cytology and transvaginal ultrasound examination. (It will not be covered when only the cervical cytology or only the transvaginal ultrasound examination is received.)

*For breast cancer examination, it will not be covered when only mammography is received.

*When receiving the breast cancer examination and uterine cancer examination at two separate medical institutions, receive the two examinations within one month.

How to use

● **Contracted medical examination institution**

- The person receiving the examination makes an appointment directly to the health checkup institution.
 - Make sure to inform the member identification of Mitsui Bussan Health Insurance Society (symbols <3 digits> and numbers <5 digits> of the insurance certificate).
 - Inform the desired examination item of gynecology.
- Make sure to present the insurance certificate at the counter on the day of the examination.

● **Non-contracted medical examination institution**

- The person receiving the examination makes an appointment directly to the health checkup institution.
- Pay the full amount of the health examination expense at the counter of the medical examination institution on the day of the examination (advance payment).
- Submit the documents below to the Health Insurance Society.
 - Subsidy Application Form for Gynecological Examination for Young Persons...Enter required information
 - Original Receipt (a copy is not acceptable)
 - *The name of the receipt must be the name of the person who received the examination and it must indicate that a gynecological examination (breast cancer examination or uterine cancer examination is acceptable) was received
 - Original or a copy of the Health Examination Result Sheet...In the case of a copy, it must show the details, numerical values, and other information of the examination conducted
- The expenses will be totaled at the end of the month and the Health Insurance Society will pay the subsidy the following month
 - *Submit the application within three months from the date of the examination.

© Output of documents related to gynecological examination:

Webpage of the Health Insurance > List of Application Documents > Health Service

*If you are unable to access the webpage of the Health Insurance, contact the Health Insurance Society.

Subsidies for Influenza Vaccination Expenses

It is important to take preventive measures in advance against influenza that spreads every winter. In addition to gargling and washing hands, vaccination before the epidemic is effective in preventing serious symptoms.

The Health Insurance Society provides subsidies for influenza vaccinations for children aged under 13 who are said to have a high morbidity rate and are more likely to have serious symptoms.

Eligible persons and conditions

*Those who meet both (1) and (2) are eligible.

(1) Dependents aged under 13 as of March 31, 2025 (those born on or after April 1, 2012)

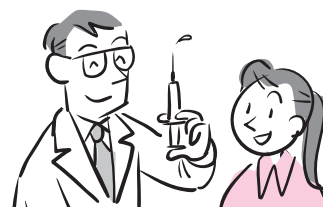
(2) Those who received an influenza vaccination at a medical institution between October 1, 2024 and January 31, 2025

*Those who are not eligible to receive the services of the Health Insurance Society on the date of vaccination are not eligible.

*Because it takes about 2 weeks for the vaccination to take effect, vaccination before the epidemic is effective in preventing serious symptoms.

Subsidies

- 1,000 JPY per person per vaccination (however, the actual expense when the amount is less than 1,000 JPY)
- Up to 2 times within a fiscal year



How to apply

(1) Fill out necessary items and seal the **Influenza Vaccination Subsidy Application Form**

→ The application form is available on the Health Insurance website

If you are unable to access the webpage, contact the Health Insurance Society

(2) Attach the **original receipt** to the application form and submit it to the Health Insurance Society

→ **The name of the person receiving the vaccination, the fact that the vaccination is for influenza vaccination expenses, and the date of the vaccination must be written on the receipt**

→ Prepare one receipt per person who received the vaccination

*Apply within 2 months from the date of vaccination.

<<Receipt sample>>

領収証		〇〇年10月15日
健保 花子 殿	金額	3,000円
インフルエンザ予防接種代として		
受診日:〇〇年〇〇月〇〇日 受診者:健保花子		
健保総合病院		印

*Receipts with formats different from the above sample are also acceptable as long as the required information is entered.

Others

- One application form is required for each child when applying for more than one child. However, a single application form is acceptable if applying for two applications at once.
- Receipts will not be returned. Keep a copy in advance if necessary.
- The influenza vaccination is effective when received before the influenza season. Please make an appointment as early as possible before medical institutions become overcrowded.

Dental and Oral Health Examination

The examination is free of charge.

Each office

Eligible persons: Insured persons Dates and details will be notified later through the office.

Smoking Cessation Treatment Subsidy System

As a countermeasure against cancer and lifestyle-related diseases, subsidies are provided to those who have successfully quit smoking through smoking cessation treatment covered by health insurance. Please take advantage of this system to maintain your health as well as the health of your family and others around you.

[Eligible persons] 1. Those who are eligible to receive the services of the Health Insurance Society during the period of smoking cessation treatment
2. Those who have undergone smoking cessation treatment covered by health insurance and have successfully quit smoking*

Those who have successfully quit smoking* are defined as those in (1) or (2) below.

(1) Those who have completed treatment after 5 visits during the treatment period (12 weeks)

(2) Those who are determined by a doctor to have completed treatment after less than 5 visits

[Subsidy amount] A subsidy of 20,000 JPY for smoking cessation treatment (start to finish) will be provided once per person.

However, if the copayment amount for smoking cessation treatment (start to finish) is less than 20,000 JPY, the actual expenses will be covered.

[How to claim the subsidy] Select the medical institution to receive the smoking cessation treatment and submit the Smoking Cessation Treatment Subsidy Application Form to the Health Insurance Society.

The Health Insurance Society will then send you the subsidy application form.

Submit the form attached with receipts and other documents within two months of completing smoking cessation treatment.

Please refer to the Insurance Society website for the application form and procedure details.

Lifestyle-related Disease Prevention Service

The Health Insurance Society provides the services described below to inhibit cancer and lifestyle-related diseases (arteriosclerosis, related cardiac and cerebrovascular diseases, etc.) and improve and maintain its members' quality of life.

● Lifestyle-related Disease Prevention Service

The FiNC App is provided to people who have received health examinations to enjoy improving their lifestyle habits.

Features of the app

○ Check the risk assessment of health examination results and changes in numerical values related to lifestyle-related diseases.

○ Check the lifestyle logs of exercise, weight, diet, sleep, etc. on a graph.

○ Check health information according to individual conditions.

The contents of the app will be updated, as necessary. Please take advantage of these features to improve your lifestyle.

*The user guide, IDs, and other information have been sent to those who are eligible.

*Contact the Health Insurance Society if you need the user guide to be resent to you.

2 Health consultation (open 24 hours a day, 7 days a week)

Everyone's Home Medicine (Mental and Physical Health Consultation)

*Everyone's Home Medicine is managed by Hokendohjin Frontier Inc.

Health consultation

The service offers consultation by phone and web about illness, childcare, physical problems, first aid for accidents, questions about medicine, mental health, care for the elderly, information about medical and welfare institutions, and any other health-related issues. Please feel free to use the service.

● Consultation is provided also by toll-free calls!

The health consultation is provided also by toll-free calls for those who do not have a smartphone or cannot download the app.

Toll-free call
0120-456-848

*Only available in Japanese.

*Calls are free of charge.

*For email consultation, please use the service from Everyone's Home Medicine.

*When accessing from abroad, download the Everyone's Home Medicine app, complete the member registration and group authentication, and use the "Reserve a Phone Consultation."

● Applicable persons

Insured persons and their family members (parents, etc.) and dependents.

*Counseling service (personal counseling session) is for insured persons and dependents.

● Physical consultation

- ◆ Consultation hours: 24 hours, 365 days
- ◆ Phone and email consultations with medical professionals
- ◆ Three-way call with specialist physician (physician, consultant, and counselor)
- ◆ Consultation by reservation (only through app)
- ◆ Contents of consultation: Feel free to consult about illness, symptoms, childcare, nursing care, medical institution information, and any other health concerns.

● Mental consultation

- ◆ Consultation hours: Weekdays 9:00 - 21:00, Saturdays 10:00 - 18:00, closed on Sundays, national holidays, and from January 1st to 3rd
- ◆ Phone and email consultations with psychology professionals
- ◆ Counseling service (free of charge for five personal counseling sessions per year)
- ◆ Counseling is offered at partner institutions nationwide according to the need.
- ◆ Consultation by reservation (only through the app)
- ◆ Contents of consultation: Feel free to consult about concerns at the workplace, private concerns, and any other mental health concerns.

● Is my privacy protected?

Contents of the consultation will not be informed to the Health Insurance Society or the company. Please use the service with peace of mind.

● What is the service cost?

The app, phone, and email consultations are free of charge. However, the personal counseling sessions are free of charge five times a year. The sessions will be provided at one's own expense from the sixth session.

*The app can be used free of charge. However, users are responsible for communication costs (packet charges) incurred when downloading and using the app.

What is Everyone's Home Medicine?

● Solve your problems and concerns through the consultation app

It provides services to search for reliable health and medical information, consult health specialists, and watch over your family's health. It is an app that offers solutions for health concerns that are worrisome in daily life but not serious enough to go to the hospital.

Use the QR code
below to download the app.

App Store

Google Play



3 Publicity for Health Guidance (Public Relations)

The Society publishes and distributes the items listed below for your convenience.

Guidebook Health Insurance User's Guide (PDF version)

This is a guidebook on health insurance.

Issuing the Notice of Medical Expenses and the Notice of Benefit Payment

Information on the medical expenses, cash benefits, subsidies, etc. provided to the insured persons and their family members is provided.

Establishment of the Webpage

Employees of Mitsui & Co. can connect from the link field on the top page of the intranet. Others can access it from <https://www.mbkkenpo.or.jp>. A password (the 8-digit number on your insurance certificate) is required to access the website.

The webpage contains (1) **Guidebook**, (2) **Information on health screening and other medical examinations**, (3) **Health consultation**, (4) **Application forms**, (5) **Notices**, (6) **Health information**, etc.



4 Other Services

The services described below for our members are provided by the National Federation of Health Insurance Societies*, to which our Society belongs.

*What is the National Federation of Health Insurance Societies?

The National Federation of Health Insurance Societies is a federation of about 1,400 health insurance associations in Japan, which aims to develop health insurance associations and achieve a sustainable health insurance system as a representative of health insurance associations. It manages the advancement of joint projects between health insurance associations, supporting of the management of health insurance associations, and other activities.

Shared-use Recreation Centers and Facilities

This is a service operated by the National Federation of Health Insurance Societies. There are a total of three shared-use recreation centers and facilities.

No subsidies are provided for this service since the fees have already been discounted.

1. Shared-use recreation facilities of the Health Insurance Society

Recreation facilities owned by health insurance associations that can be used by members of other health insurance associations.

2. Recreation facilities contracted by the Prefectural Federations of the National Federation of Health Insurance Societies

General accommodation facilities contracted by the Prefectural Federations of the National Federation of Health Insurance Societies that can be used by members as recreation facilities.

3. Other shared-use facilities of the Health Insurance Societies

Similar to recreation facilities, these are health service centers, sports fields, and other facilities owned by each health insurance association that can be used by members of other health insurance associations.

How to use

(1) Access the webpage of The National Federation of Health Insurance Societies

◆ Direct access (<http://hoken.kenporen.or.jp/>)

Access from the webpage of The National Federation of Health Insurance Societies > Information on Shared-use Recreation Facilities > Recreation Facilities, etc.

◆ Access from the webpage of the Health Insurance

Webpage of Mitsui Bussan Health Insurance > Other Information > Shared-use Recreation Centers and Facilities >

(2) Click on "Facility to Search"

(3) Enter "Mitsui Bussan" in the name of the Health Insurance Society that you belong and click "How to use"

*Application methods and conditions of use differ according to the service. Please check the terms and conditions carefully before using the service.

Seminars and Health Consultations

Organizer: Tokyo Federation of The National Federation of Health Insurance Societies

◆ Health care seminars ◆

Seminars on the prevention of metabolic syndrome closely related to lifestyle-related diseases, mental illnesses, and women's health issues are held.

◆ Health counseling ◆

Health consultations by public health nurses and others are held regularly every week. Consultation is provided on phone or by visiting the centers.

For details, refer to the Tokyo Federation of the National Federation of Health Insurance Societies webpage. (<http://www.kprt.jp/index.html>)

*Information about the above services is provided regularly on the website of the Health Insurance Society. Please refer to the website.

Data Health Plan

What is a Data Health Plan?

Japan has become one of the countries with the world's longest life expectancy thanks to the living environment and advances in medical science. However, the number of people requiring nursing care has been increasing along with the rapid advancement of population aging, which has become a social problem. The aim to control lifestyle-related diseases such as heart disease, cerebrovascular disease, and diabetes that are factors contributing to this social problem and to extend "healthy life expectancy" for people to live a long and healthy life is positioned as a national policy.

Therefore, health insurance associations and other related organizations are obliged to establish and implement a Data Health Plan, a disease prevention measure using medical and health examination data.

Data Health Plan of Mitsui Bussan Health Insurance Society (Main points)

[Objective]

Maintain and improve the quality of life and extend the healthy life expectancy of members (employees and their families)

Current Status of the Health Insurance Society

(1) Status of members

The ratio of males to females is almost 50-50. Males account for 70% of insured persons, and females account for 70% of dependents. Approximately 70% of the insured persons are employees of Mitsui & Co.

(2) Status of medical examinations

The medical examination rate is low among the dependents, and the targets of specific health guidance, which is provided to those at high risk of developing lifestyle-related diseases, are almost exclusively received by insured persons.

(3) Status of medical expenses

Neoplasm (cancer) and cardiovascular disease (lifestyle-related disease) account for a high percentage of overall health care costs other than infectious diseases, a group of diseases that are difficult to counteract (respiratory, gastrointestinal, etc.), and regular medical visits to clinics including dentists and dermatologists.

Measures to Address the Current Situation

- (1) Strengthen the collaboration with Mitsui & Co., which has a high percentage of members, since collaboration with members' offices is essential to implement health promotion measures for the members. In addition, strengthen cooperation with other offices after consulting with them.
- (2) As a Health Insurance Society, encourage dependents who have a low rate of medical examinations to receive medical examinations and cooperate with offices to increase the rate of medical examinations among insured persons.
- (3) Address against neoplasm (cancer) and cardiovascular disease (lifestyle-related disease).

Neoplasm (cancer)---Early detection and treatment are possible through health examination

- ◆ Add transvaginal ultrasound examination to the health screening and gynecological examination
- ◆ Include gastroscopy in the standard examination (the difference in expense covered by the Health Insurance Society)
- ◆ Provide gynecological examination for insured persons aged 34 or younger

Cardiovascular disease (lifestyle-related disease)

---Early prevention and improvement are possible through health guidance

- ◆ Further promote specific health guidance
- ◆ Provide countermeasures by analyzing abnormal blood glucose level



Services to Provide

The main services provided by the Health Insurance Society and their purposes are described below. Please actively use the Health Insurance Society's programs to help maintain and improve your quality of life.

◆ Disease Prevention Service

1. Health screening and other medical examinations

- Encourage members to receive medical examinations and increase the medical examination rate.
- Reduce the number of members who have not yet received medical examinations by recommending medical examinations to those who are eligible to receive a detailed fecal occult blood test.
- Effectively implement health screening by strengthening cooperation with medical examination institutions.

2. Specific health guidance

- Increase the examination rate by improving the environment for providing health screening.

3. Lifestyle-related disease prevention service

- Reduce the number of untreated patients and improve the health literacy of members by using the app to notify members at risk of lifestyle-related diseases and distribute health information.

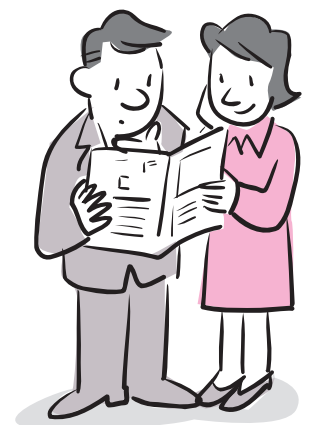
Other services: Influenza vaccination subsidy, dental and oral health examination, etc.

◆ Publicity for Health Guidance

Publication of newsletter, distribution of the Guide Book, management of the website, and issuing of the Notice of Medical Expense

Increase the awareness of the system and improve the health literacy of members by providing health counseling and other services.

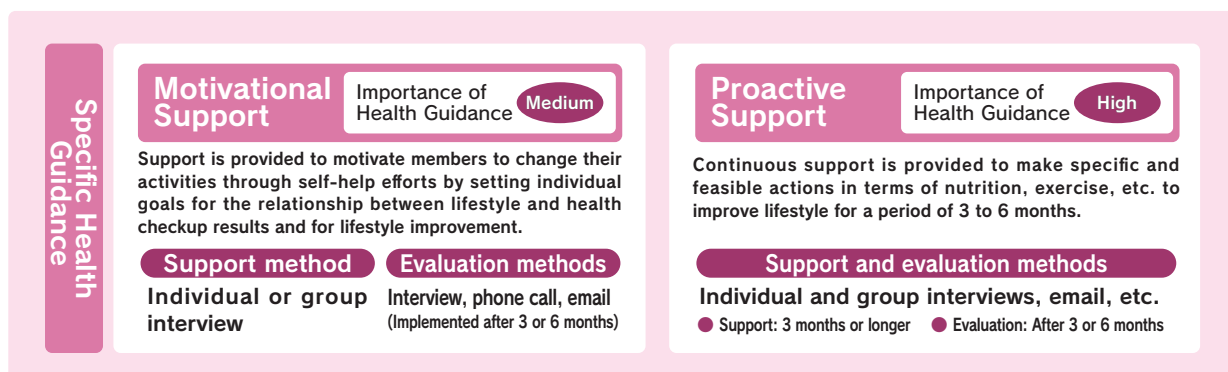
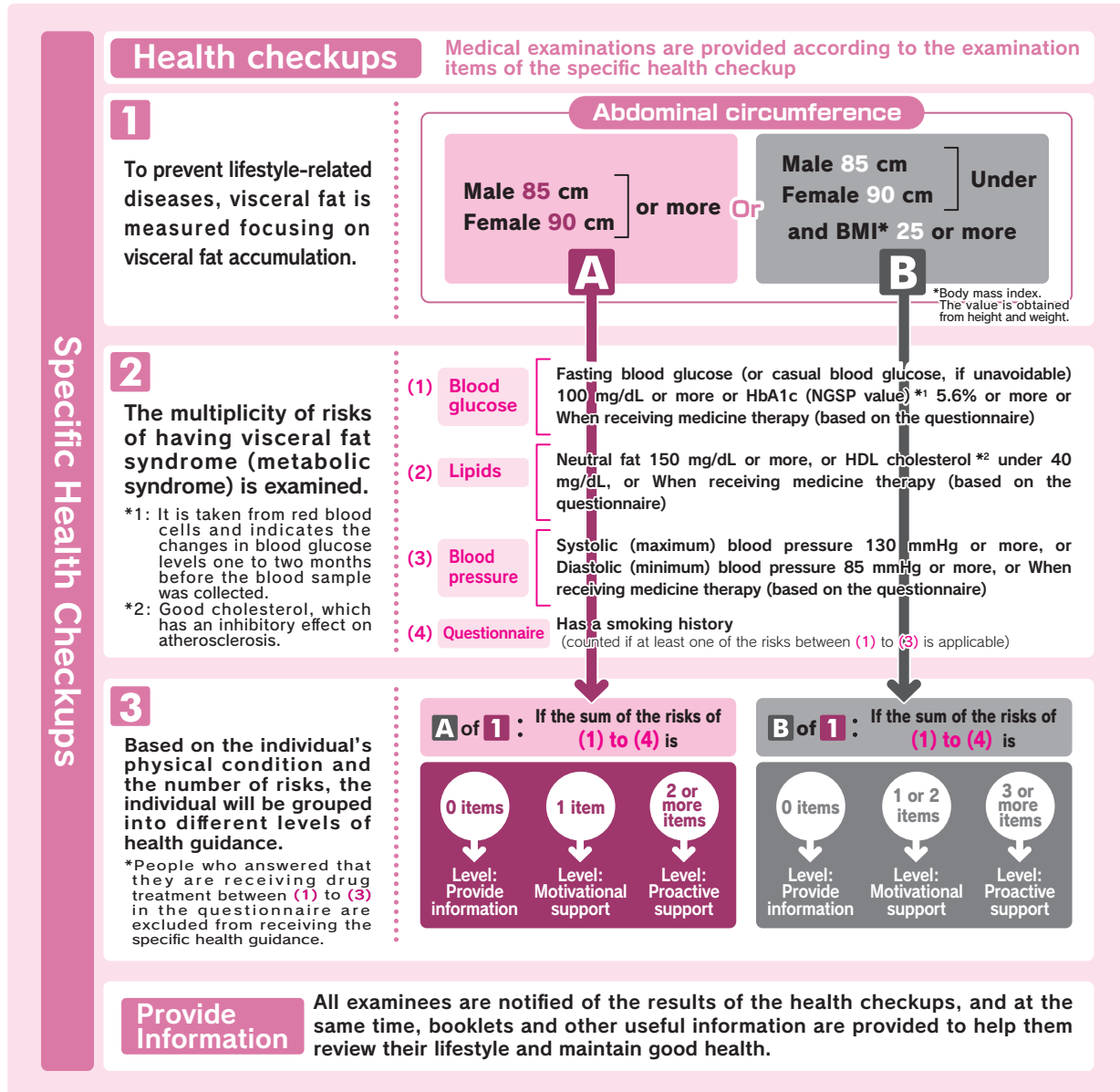
*Refer to the Health Insurance webpage for the details of the Data Health Plan.



Specific Health Checkups and Specific Health Guidance

By law, insurers (health insurance associations, etc.) are obligated to conduct "specific health checkups and specific health guidance" specifically for the prevention of lifestyle-related diseases for insured persons and dependents between the ages of 40 and 75. Mitsui Bussan Health Insurance Society will continue to promote specific health checkups and specific health guidance by extracting specific health checkup items from the results of the health screening and lifestyle-related disease checkups conducted as health services and the statutory health checkups conducted at offices. Those who are eligible for specific health guidance will be contacted by contracting health screening institutions or Health Insurance Society. Please actively receive guidance from them.

Procedure for Specific Health Checkups and Specific Health Guidance



Notice of Medical Expenses and Notice of Benefit Payment

Notice of Medical Expenses

The Health Insurance Society will distribute this notice once a year to inform you of the total amount of annual medical care expenses, the contribution by the Health Insurance Society, the amount of over-the-counter copayment, and other expenses paid when you visited medical institutions. Please use this information to know about the annual medical care expenses and to confirm the appropriateness of the received medical treatment. For example, it can be used to verify that the issued receipts and billed amounts by medical institutions are correct or check whether there was any duplicated or excessive medical examination. This notice can be used as an attachment to claim for the tax deduction of medical expenses from the year 2017. However, for uninsured treatments or those not reflected in notice due to the system, please continue to attach the original receipts as before when filing your tax return.

*If you have any questions about the deduction for medical expenses and the attached documents, please contact your local tax office.

Notice of Benefit Payment

The Notice of Medical Expenses and Notice of Benefit Payment are issued monthly and distributed to eligible persons to inform them of the decision on the payment of medical care expenses, subsidies for physical examinations, and other benefit amounts.

How to Read the Notice of Medical Expenses and Notice of Benefit Payment

The year, month, and number of days of the medical examination. The medical examination was received for 7 days in January of Reiwa 6 (2024).

*It is not a date!

The first letter of the medical category indicates medical, dental, or pharmacy and the last letter indicates inpatient or outpatient. The name of the medical institution where the medical examination was received is updated with the latest information. It may be left blank in rare cases.

The total amount of medical care expenses, the amount contributed by the health insurance association (amount paid to medical institutions, etc.), and the over-the-counter copayment amount by the person who received the medical examination are shown.

[Amount paid to the insured person]

■ Statutory benefits:

Benefits determined by the Health Insurance Act

■ Fringe benefits:

Benefits from Mitsui Bussan Health Insurance Society paid in addition to statutory benefits

■ Subsidies:

Subsidies for health screening visits, etc.

対象者名	受診年月 ／日数	診療区分／給付種別 医療機関名称	医療費のお知らせ			保険給付金決定通知		補給金③
			医療費総額	健保負担額	本人家族負担額	法定給付額①	付加給付額②	
三井 太郎	6 1 7	医社単本入 〇〇〇〇医院	200,000	140,000	60,000		40,000	
三井 花子	6 1 2	歯社単家外 △△△歯科クリニック	11,890	8,323	3,567			
三井 花子	6 1 1	調社単家外 □□薬局	4,890	3,423	1,467			
三井 太郎	6 2 1	柔整本外	3,065	2,145	920			
三井 太郎	6 2 1	人間ドック						32,642
三井 花子	6 1 0	家族出産育児一時金				420,000		

If you received a medical examination at an osteopathic clinic, the benefit will be paid directly to the delegated judo therapist.

The amount will be shown in this column for Notice of Medical Expenses.

The amount to be paid will be shown in this column for Notice of Benefit Payment. For high-cost medical care expenses and fringe benefits, the Notice of Medical Expenses column will also include information on the medical care expenses on which the benefits were based.

The copayment amount shown in this notice may be different from the amount actually paid. This indicates that medical care expenses may have been reduced or increased when the Social Insurance Medical Fee Payment Fund assessed the appropriateness of medical care expenses after payment was made at the medical institution. Since the Health Insurance Society cannot know all the details of the assessment of medical care expenses, please check your receipts and this notice, and if there is any discrepancy, please present your receipts to the medical institution where you received the medical examination and settle the payment (additional payment or refund).

Approaches for the Protection of Personal Information

The Act on the Protection of Personal Information (hereinafter referred to as the “Personal Information Protection Act”) was enacted in May 2003, and since April 2005, the Personal Information Protection Act imposes obligations on companies and health insurance associations (hereinafter referred to as “insurance associations”) when handling personal information. Mitsui Bussan Health Insurance Society (hereinafter referred to as “the Society”) is a “business handling personal information” as defined by the Act. Therefore, the Society is committed to the protection of personal information based on the principles described below.

“Personal information” means information about a living individual that can be used to identify the specific individual by name, date of birth, or other description contained in the information (including when the information can be easily compared with other information to identify the specific individual).

Insurance associations provide service according to the purpose stipulated by the Health Insurance Act for “the purpose to provide insurance benefits for sickness, injury, or death other than employment injuries (meaning employment injuries as provided for in Article 7, paragraph (1), item (i) of the Industrial Accident Compensation Insurance Act) or childbirth of a worker or a dependent thereof, thereby contributing to the stability of lives and the improvement of the welfare of the people.” In addition, the Health Insurance Act also stipulates that “an insurer must endeavor to provide services other than specified health checks, such as health education, health consulting, health checks, and other necessary services for the maintenance and promotion of insured persons’ and their dependents’ health.”

In this way, the Society not only pays medical expenses appropriately for the treatment of sickness and injury of insured persons and dependents (hereinafter referred to as “members”) but also subsidizes a portion of the expenses incurred in the event of childbirth or death. In addition, the Society provides health education, health counseling, health examinations, and other necessary services to maintain and improve the health of its members.

The personal information of members is indispensable for the Society to operate its business and provide services to the members. Therefore, the Society recognizes that the safe storage and handling of members’ personal information are crucial and therefore, it ensures that all directors, employees, and related parties involved in its activities are fully aware of the importance of such information. The Society is also committed to taking all possible measures to protect the personal information of its members and others by following the items listed on the following page.

Basic Policy on Personal Information Protection (Privacy Policy)

The Mitsui Bussan Health Insurance Society facilitates the following efforts in order to appropriately protect information about individual members (hereinafter referred to as “Personal Information”).

1. By introducing appropriate safety measures for the Personal Information of the members it has obtained, the Health Insurance Society endeavors to prevent any leakage, loss, or damage of or unauthorized access to the Personal Information of the members.
2. The Health Insurance Society will use Personal Information provided by the members solely for the purposes that are considered beneficial to the members such as for the maintenance and promotion of their health. The Health Insurance Society will use individual numbers within the range of use and solely for the specified purposes of use as stipulated in the Act on the Use of Numbers to Identify a Specific Individual in the Administrative Procedure.
3. The Health Insurance Society will not provide Personal Information of the members to a third party except when the prior consent (includes implied consent; the same shall apply hereinafter) of the relevant member has been obtained. Further, except as provided in the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures, the Health Insurance Society will not provide Personal Information that has the individual number of a certain member included in its content (“Specific Personal Information”) to a third party regardless of whether the prior consent of the relevant member has been obtained. However, the Health Insurance Society may provide Personal Information of a member that does not constitute Specific Personal Information to a third party when the situation falls under any of the following items without the prior consent of that member:
 - (1) when required by law
 - (2) when it is necessary for the protection of a person's life, body, or property and it is difficult to obtain the consent of the member
 - (3) when it is necessary for improving public health or promoting the sound growth of children and when it is difficult to obtain the consent of the member
 - (4) when it is necessary to cooperate with a government agency, a local government, or an individual, or entity entrusted by either a government agency or local government to execute services prescribed by law, and in which obtaining the consent of the member is likely to impede the execution of the relevant services
4. The Health Insurance Society conducts educational and awareness-raising activities regarding the protection of Personal Information targeted at its personnel, appoints a manager that handles Personal Information, and thereby endeavors to appropriately manage Personal Information.
5. If the Health Insurance Society contracts out its services to a third party, it will review and work on improving the handling of Personal Information to fully consider the protection of Personal Information. When entering into a service contract agreement, the Health Insurance Society will thoroughly examine the eligibility of the contractor and ensure that the content of the agreement fully considers the protection of Personal Information.
6. A member may notify the Health Insurance Society through its point of contact that he/she wishes to inquire about, correct, or otherwise make any request about his/her Personal Information, and then the Health Insurance Society will promptly address such request to the extent reasonable.
7. The Health Insurance Society complies with laws, regulations, and other codes related to the handling of the Personal Information of the members and continuously reviews and endeavors to improve this Personal Information protection policy.

Personal Information Held by Mitsui Bussan Health Insurance Society

Basic information (application, benefits, health services [specific health checkup, specified health guidance, health screening, lifestyle-related disease checkup, gynecological examination for young persons, etc.] and other information necessary for providing Health Insurance Society's services)

[Insured person]	[Dependent]
1. All members Insurer number and insured person's symbol/number Name Gender Date of birth Address Telephone number Office or address (department, employee number) Date of acquisition of eligibility Standard monthly remuneration (average monthly remuneration, actual salary) Individual Number Insured person branch number 2. Eligible persons only E-mail address Date of loss of eligibility (reason) Financial institution for bank transfer (account)	1. All members Insurer number and insured person's symbol/number Name Gender Date of birth Address Telephone number Relationship with the insured person Date of certification of dependent (reason) Individual Number Insured person branch number 2. Eligible persons only E-mail address Date of loss of eligibility (reason) Transfer bank account

(1) Information necessary for obtaining/losing/confirming eligibility, dependent certification, premium calculation, etc.

[Insured person] *1	[Dependent] *2	[Other supporters under duty]
1. All members Name change history Date of initial acquisition Date of collection of insured person certificate Standard bonus amount (actual bonus) Whether or not a dependent exists 2. Eligible persons only Moving in or out Name of the insurer after moving out Amount of premium paid Dependent information Eligibility of nursing care insurance for the insured person Date (reason) of exclusion from nursing care insurance coverage Date of (reason for) not being excluded from nursing care insurance Childcare leave start/end (expected) date Start/end (expected) date of maternity leave before and after childbirth Type of childbirth (single or multiple)	2. Eligible persons only Living together or living apart Occupation (name of school) Items stated in Resident Register Items stated in Family Register (abstract) Items stated in certificate of student status (student ID card) Items stated in pension notice Items stated in taxation (non-taxation) certificate Eligibility of dependents under the Income Tax Act Items stated in letter of resignation Items stated in the certificate of eligibility for employment insurance Items stated in withholding tax receipt Salary income Average monthly income Status of livelihood support Name of the insured before moving in Eligibility of nursing care insurance for the insured person Date (reason) of exclusion from nursing care insurance coverage Date of (reason for) not being excluded from nursing care insurance	2. Eligible persons only Relationship with the insured person Annual income Items stated in withholding tax receipt Items stated in taxation (non-taxation) certificate Status of livelihood support

(2) Information necessary to pay medical care expenses

[Insured person]	[Dependent]
Date of commencement of medical care benefits Date of wearing and details of therapeutic accessories Items stated in receipts of medical care expenses, etc. Name of judo therapist Name of the practitioner of anma massage, acupuncture, moxibustion, massage, etc. Date of treatment Amount of treatment fee Judo therapist's transfer bank account Transfer bank account of anma massage, acupuncture, moxibustion, or massage therapist Date of initial examination Medical treatment category Public fund number Benefit ratio Date of medical examination Prefecture number of medical institution the treatment was received Code of medical institution the treatment was received Address and name of medical institution the treatment was received Telephone number of the medical institution the treatment was received Department the treatment was received Name of the doctor in charge Official reason Name of sickness Date of commencement of medical treatment Outcome Actual number of days of treatment Details of medical treatment Other items stated in receipt Issuance/collection of Certificate of Eligibility for the Maximum Amount of Reimbursement Issuance/collection of elderly beneficiary certificates Overseas travel information	Date of commencement of medical care benefits Date of wearing and details of therapeutic accessories Items stated in receipts of medical care expenses, etc. Name of judo therapist Name of the practitioner of anma massage, acupuncture, moxibustion, massage, etc. Date of treatment Amount of treatment fee Judo therapist's transfer bank account Transfer bank account of anma massage, acupuncture, moxibustion, or massage therapist Date of initial examination Medical treatment category Public fund number Benefit ratio Date of medical examination Prefecture number of medical institution the treatment was received Code of medical institution the treatment was received Address and name of medical institution the treatment was received Telephone number of the medical institution the treatment was received Department the treatment was received Name of the doctor in charge Official reason Name of sickness Date of commencement of medical treatment Outcome Actual number of days of treatment Details of medical treatment Other items stated in receipt Issuance/collection of Certificate of Eligibility for the Maximum Amount of Reimbursement Amount of Reimbursement Issuance/collection of elderly beneficiary certificates Overseas travel information

(3) Information related to specific health checkup, specified health guidance, health screening, lifestyle-related disease checkup, and gynecological examination for young persons

Medical consultation expenses	Health checkup institution address	Medical history
Benefit type code by health checkup	Consultation/guidance details	Medical history of the family
Health checkup items not yet performed	Findings	Name of medical institution
Health checkup category name	Name of public health nurse or nurse	Health checkup results (data)
Date of health checkup	Record of emergency and regular medication purchases	
Health checkup institution name		

(4) Other information necessary to implement health services (dental examination, influenza vaccination subsidy, etc.)

Influenza prevention	Dental examination details	Accommodation information
Vaccination details	Information related to discontinued services	Information related to smoking

(5) Other information (sickness benefits, childbirth, benefits at death, etc.)

[Insured person]	
Benefit amount	Items stated in expected childbirth date certification of person subject to proxy recipient
Basic pension number	Childbirth expenses
Pension amount	Status of receipt as other insured persons and related information
Name of sickness	Information related to the election of members of the Board of Society and Board of Directors
Name of the medical institution that certified	
Information regarding the opinion of the doctor	
Period unable to work (or absence from work)	
Salary received during the period unable to work (or absence from work)	
Status of attendance at work during the period of unable to work (or absence from work)	
Date (expected) of childbirth	
Number of children born	
Name of the child	
Status of childbirth	
Date of death	
Cause of death (name of disease)	
Details stated in removal from family register	
Expenses required for burial	
Address, telephone number, and bank account of claimant	
Date of commencement of payment	
Wage information	
Date of sickness or injury	
Cause of sickness or injury, main symptoms, and summary of progress	
Expenses and methods of transfer	
Proxy recipient's medical institution	
Account information of financial institution used by proxy recipient's medical institution	
	[Dependent]
	Benefit amount
	Name of the medical institution that certified
	Date (expected) of childbirth
	Number of children born
	Name of the child
	Status of childbirth
	Date of death
	Cause of death (name of disease)
	Details stated in removal from family register
	Expenses required for burial
	Address, telephone number, and bank account of claimant
	Date of sickness or injury
	Cause of sickness or injury, main symptoms, and summary of progress
	Expenses and methods of transfer
	Proxy recipient's medical institution
	Account information of financial institution used by proxy recipient's medical institution
	Items stated in expected childbirth date certification of person subject to proxy recipient
	Childbirth expenses
	Status of receipt as other insured persons and related information

(6) Information on compensation for third-party damages (traffic accidents, etc.)

Victim's name	Name of enrolled mandatory vehicle liability insurance company
Daytime contact information of the insured person	Address of enrolled mandatory vehicle liability insurance company
Name of offender (guardian)	Telephone number of enrolled mandatory vehicle liability insurance company
Address of offender (guardian)	Name of policyholder of enrolled mandatory vehicle liability insurance
Telephone number of offender (guardian)	Address of policyholder of enrolled mandatory vehicle liability insurance
Workplace, address, and phone number of offender (guardian)	Telephone number of policyholder of enrolled mandatory vehicle liability insurance
Date of accident	Certificate number of enrolled mandatory vehicle liability insurance
Result of accident	Period of enrolled mandatory vehicle liability insurance
(immediate death, hospitalization, outpatient treatment)	Status of reimbursement of enrolled mandatory vehicle liability insurance
Occurred location	Name of person in charge of enrolled mandatory vehicle liability insurance
Type of accident	Name of enrolled voluntary insurance company
Whether caused by negligence or not	Address of enrolled voluntary insurance company
Whether the accident was reported to the police station or not	Telephone number of enrolled voluntary insurance company
Police station having jurisdiction	Name of policyholder of enrolled voluntary insurance company
Cause and circumstances of the accident	Address of policyholder of enrolled voluntary insurance company
Settlement status	Telephone number of policyholder of enrolled voluntary insurance company
Method of payment of medical expenses (health insurance or other)	Certificate number of enrolled voluntary insurance
Name of vehicle owner	Period of enrolled voluntary insurance
Address of vehicle owner	Name of person in charge of enrolled voluntary insurance company
Phone number of vehicle owner	
Vehicle type	
Registration and vehicle number	
Vehicle frame number	

Of the above, information with an Individual Number in the application and cash benefit information shall be treated as Specific Personal Information.

*1. The insured person in (1) includes those who have applied for eligibility and have been rejected.

*2. Dependent in (1) includes those who have applied for an increase of dependent and have been disapproved.

Purpose of use of personal information held by Mitsui Bussan Health Insurance Society

1. Purposes of use necessary for insurance benefits to insured persons, etc.
 - (1) [For internal use by the Health Insurance Society]
 - ・ Implementation of insurance benefits and additional benefits
 - ・ Claim for refund of insurance benefits and additional benefits
 - ・ Confirmation of the qualification of insured persons, certification of dependents, and management of issuing health insurance cards
 - ・ Administration of use stipulated in the Act on the Use of Numbers to Identify a Specific Individual in the Administrative Procedure
 - (2) [Provision of information to other employers, etc.]
 - ・ Payments to salary accounts (employers) for automatic payment of high-cost medical care and partial payment reductions, etc.
 - ・ Claim for compensation to non-life insurance companies, etc. for an action of a third party
 - ・ Joint ventures for high-cost medical benefits of the National Federation of Health Insurance Societies
 - ・ Provide information on the accruing of relevant cash benefits to third-party employers to deposit cash benefits (statutory and additional benefits) into the salary account of the relevant insured person
 - ・ Outsourcing punch entry and content review to employers to manage payment process for medical treatment expenses (judo therapist, etc.)
 - ・ Information sharing stipulated in the Act on the Use of Numbers to Identify a Specific Individual in the Administrative Procedure
2. Purpose of use necessary for the collection of insurance premiums, etc.
 - (1) [For internal use by the Health Insurance Society]
 - ・ Grasp the standard monthly remuneration and standard bonus amount
 - ・ Collection of insurance premiums
3. Purpose of use necessary for health services
 - (1) [For internal use by the Health Insurance Society]
 - ・ Health checkups, health guidance, and health counseling to maintain and improve health
 - ・ Implementation of specific health checkups and health guidance
 - (2) [Provision of information to other business operators, etc.]
 - ・ Management of the implementation of specific health checkups and health guidance and report to the government
 - ・ Outsourcing the implementation of specific health checkups and specific health guidance to business operators
 - ・ Outsourcing of medical checkups to medical institutions
 - ・ Provide employers with the results of medical examinations, stratified specific health guidance, and the status of health guidance as part of collaborative health (joint venture)
 - ・ Joint ventures hosted by the National Federation of Health Insurance Societies
 - ・ Commissioning and partnerships for the implementation of health services
 - ・ Outsourcing to business operators for the issuance of the Notice of Medical Expenses and the Notice of Benefit Payment Decision.
 - ・ Provide information on the accruing of relevant cash benefits to a third-party employer to deposit cash benefits related to health services into the salary account of the relevant insured person
 - ・ Provide information on the incurring of medical expenses, etc. to the third-party employer to send the Notice of Medical Expenses, the Notice of Benefit Payment Decision, and Generic Difference Notification to the insured person. In addition, provide information on the incurring of such medical expenses, etc. to a family member other than the person concerned who is a third party.
4. Purposes of use necessary for examination and payment of medical service fees
 - (1) [For internal use by the Health Insurance Society]
 - ・ Inspection and review of medical service fee statements (receipts) and other documents (including qualifications)
 - (2) [Provision of information to other business operators, etc.]
 - ・ Outsourcing of content inspection and review of receipts and other medical data
 - ・ Outsourcing of punch input and image capture processing for computerized processing of receipts and other medical data
 - ・ Collation of information including qualification between the Society and medical institutions/pharmacies and the Social Insurance Medical Fee Payment Fund for proper medical expense payment processing
 - ・ Provision of information on the incurring of the medical expenses and claim for reimbursement to the third-party employer and a family member other than the person concerned when a claim for reimbursement of medical expenses is incurred

- (3) [Providing information to the healthcare bill check and payment organization]
 - Providing member information for receipt-based fund transfer using the online eligibility verification system and other systems
 - Collation and provision of member information related to reexamination requests for receipt-based fund transfer using the online eligibility verification system and other systems
- 5. Purposes of use necessary for stabilizing Health Insurance Society operations
 - (1) [For internal use by the Health Insurance Society]
 - Analysis of medical expenses and sicknesses
 - (2) [Provision of information to other business operators, etc.]
 - Subcontracting to outside parties to conduct data processing and other activities related to analysis of medical expenses
 - Participation in medical expense analysis services by the headquarters of the National Federation of Health Insurance Societies
- 6. Specific Personal Information (Purposes of use in information sharing with other medical insurers or administrative agencies (hereinafter referred to as “other agencies”) as specified in Article 19, Item 7 of the Act on the Use of Numbers to Identify a Specific Individual in the Administrative Procedures
 - (1) [Receiving information from other agencies for the execution of Health Insurance Society administrative processing]
 - Information on benefits related to the administration of reviews for insurance benefits such as injury and sickness allowance and high-cost medical care expenses
 - Information on taxation and nontaxation status related to activities such as the determination of copayment categories for senior recipients
 - Information on eligibility with other agencies related to the administration of acquisition of eligibility as an insured person
 - Information on taxation and nontaxation status, certificates of residence, etc. related to the administration of dependent certification
 - (2) [Providing information by the Health Insurance Society for the execution of administrative processing by other agencies]
 - Information on insurance benefits provided by the Society in relation to the administration of benefits from other agencies, including high-cost medical care expenses and benefits related to childbirth or funerals
 - Information on acquisition of eligibility or dependent eligibility with the Society related to the administration of confirmation of eligibility by other agencies, including the acquisition of eligibility or dependent certification
- 7. Others
 - (1) [For internal use by the Health Insurance Society]
 - Issuance and sending of insurance premium payment certificate
 - Use as basic data for maintaining and improving operations related to the management and administration of the Health Insurance Society
 - Record related to the management and administration of the Health Insurance Society
 - Execution of appropriate accounting procedures
 - (2) [Provision of information to other business operators, etc.]
 - Inquiry or response for appropriate business operation (exchange of information between the Society and other insurers, medical institutions, pharmacies, and the Social Insurance Medical Fee Payment Fund)
 - Use in consulting or submitting filings with insurance companies, medical care institutions, and other parties when seeking compensation from third parties
 - Individual guidance by the Regional Bureau of Health, Labour and Welfare of the Ministry of Health, Labour and Welfare for insurance medical institutions, insurance pharmacies, insurance doctors, and insurance pharmacists in accordance with Articles 73 and 78 of the Health Insurance Act
 - In the event an injury is caused by a third-party act (traffic accident, etc.), the Society provides information about the accident and the details of medical treatment to the offender (including non-life insurance companies, etc., which may be a third party) in order to exercise the right to seek compensation that the Society has acquired through subrogation
 - When a member of the Board of Society is appointed or retires, information on the position, office, name, and date of appointment or retirement is provided to the website administrator to notify the members of the Society about the appointment or retirement.
 - Information is provided to employers for the issuance of the Notice of Benefit Payment
 - To send a Notice of Benefit Payment and a Notice or Inquiry of Treatment Details regarding judo therapy to the applicable insured person, the information on the fact of accrual of such benefits is provided to the third-party employer. In addition, information on the incurring of such benefits is provided to a family member other than the person concerned who is a third party.
- 8. Use of the online eligibility verification system and other systems
 - (1) [Providing information by the Health Insurance Society for the execution of administrative processing by other agencies]
 - Registering information related to eligibility and specific health checkup data for insured persons, etc.
 - (2) [Receiving information from other agencies for the execution of Health Insurance Society administrative processing]
 - Specific health checkup data

● Notice Pursuant to Articles 27, 33, and 40 of the Act on the Protection of Personal Information ●

Article 27 of the Act on the Protection of Personal Information (Provision to Third Parties, Outsourcing, and Joint Services)

The Society is managed according to the Health Insurance Act, its enforcement ordinance and regulation, the Health Insurance Society Service Management Standards and the Services Management Guidelines established by the Ministry of Health, Labour and Welfare, the regulatory authority, and the rules and regulations established by the Society in accordance with these regulations (hereinafter collectively referred to as the “Rules and Regulations”).

The Society’s approach to the Act on the Protection of Personal Information (hereinafter referred to as the “Personal Information Protection Act”) is described in Approaches for the Protection of Personal Information, Personal Information Held by Mitsui Bussan Health Insurance Society, and Purpose of Use of Personal Information Held by Mitsui Bussan Health Insurance Society. In addition to the above, items described below are related to the Provision to Third Parties, Joint Services, and Outsourcing, stipulated in Article 27 of the Personal Information Protection Act.

Regarding the items described below that apply to the provision of personal information to third parties, members of the Society may request the Society to obtain their explicit prior consent if there are items they do not agree with in the purposes of use of their personal information indicated by the Society. If members do not express this request, it is deemed that they have given their consent to the purposes of use announced by the Society. The members may change their consent or withhold consent to the provision of personal information to a third party at the member’s request.

[Provision of Personal Information to Third Parties]

In accordance with the provisions of Article 27 of the Personal Information Protection Act, the services of the Society in which personal information is provided to third parties are described below.

The provision of personal information to third parties that does not require the consent of the individual (e.g. required by law) in accordance with the provisions of Article 27 of the Act is not included. For voluntarily and continuously insured persons, the items regarding employers are not applicable.

(1) Payment of cash benefits (statutory benefits, fringe benefits, and health services):

The Society pays the Health Insurance Claims Review & Reimbursement Services directly based on the statements of medical fees (including statements of dispensing fees, hereinafter referred to as “receipt”) sent to the Society by medical institutions via Health Insurance Claims Review & Reimbursement Services. However, certain medical expenses are paid in cash by the Society to insured persons in accordance with the Rules and Regulations. These cash payments of medical expenses (part of legal benefits and fringe benefits) and benefits related to health services are determined by the Society in accordance with the Rules and Regulations or upon application by the respective insured person and are credited to the respective insured person’s payroll account via the respective employer.

Reason for this notice:

The Society provides information about the benefit payments to the employer, which is a third party. In accordance with the provisions of the Health Insurance Act, the above benefits cannot be paid to a dependent except in the event of the death of an insured person.

(2) Notice of Medical Expenses, Notice of Benefit Payment, Generic Difference Notification, Notice or Inquiry of Treatment Details Regarding Judo Therapy, and Reminders and Recommendations for Medical Examination Based on Health Checkup Results

When an insured person or a dependent of the Society falls under any of the items (i) through (v), the notices described below are distributed to the insured person (or the insured person's dependent if the subject of the notice is a dependent).

(i) Notice of medical expense

If a medical expense is incurred, an annual medical expense notice will be distributed once a year

(ii) Notice of benefit payment

When insurance benefits/health service related benefits are accrued, a notice will be distributed once a month

(iii) Generic difference notification

The estimated medicine copayment reduction amount is notified to certain members if generic medicines are used

(iv) Notice or Inquiry of Treatment Details regarding judo therapy

A notice or inquiry may be sent when treatment by a judo therapist is received

(v) Reminders and recommendations for medical examination based on the results of health checkups

(i) and (ii) include the amount of medical expenses and benefits the Society paid directly to the medical institution for the member to be aware of the “total amount” of medical expenses spent by the member. In addition, it is also intended to be used to detect fraudulent claims from medical institutions and as a substitute for receipts to be attached to medical expense deductions on tax returns.

(iii) is intended to provide information on the estimated copayment reduction for those currently taking medicines that can be switched to generic medicines, and to be used as reference material when considering the use of generic medicines.

(iv) is intended to inform about the correct use of health insurance certificates.

(v) is for the purpose of maintaining and promoting the health of Society members.

Reason for this notice:

The fact that medical expenses and other costs have been incurred may be provided to a third party such as the employer or a family member other than the individual concerned.

(3) Claim for refund of medical expense or health service fee:

To claim a refund of medical expenses and health service expenses in events such as when a person uses the Society's insured person certification to visit a medical institution, pharmacy, or health checkup institution after losing eligibility, the Society may approach the medical institution/pharmacy, health checkup institution, and the Health Insurance Claims Review & Reimbursement Services, which is the contact point for such medical institution/pharmacy, health checkup institution, and health insurance claims/reimbursement services to verify the details of such medical treatment including the status of reimbursement of medical expenses and may notify them of the ineligibility of the member.

In the event that a claim for refund of medical expense or health service fee is required to be made to an insured person or former insured person of the Society such as when the insured person used the Society's medical expense after losing the Society's eligibility, the Society will confirm the address, etc. of the relevant insured person with the respective office and notify the insured person collectively for each household via the employer or directly from the Society.

Reason for this notice:

Information regarding the member's eligibility and the fact that medical expenses have been incurred or claims for refund have been filed may be provided to third parties such as medical institutions, pharmacies, Health Insurance Claims Review & Reimbursement Services, employers, and family members other than the member.

(4) Eligibility check:

In certain events such as an insured person or a dependent of the Society forgets the health insurance certificate when visiting a medical institution, the Society may receive an inquiry from the medical institution, etc. regarding the eligibility information and respond to the inquiry.

Reason for this notice:

Information regarding the member's eligibility may be provided to a third-party medical institution, pharmacy, or health checkup institution.

(5) Measures to be taken in the event of injuries caused by third-party acts (traffic accidents, etc.):

Article 57 of the Health Insurance Act stipulates that the Health Insurance Society shall be subrogated to the right to claim reimbursement of medical expenses from the victim since the offender should bear the medical expenses incurred due to injuries caused by third-party acts. Based on this, the Health Insurance Society will file a claim for compensation against the offender (non-life insurance company, etc.). In such cases, the Society provides copies of receipts and other necessary documents to non-life insurance companies, etc. as a measure to protect the property of the Health Insurance Society, which is permitted under the Health Insurance Act.

Reason for this notice:

The fact that an accident has occurred and the details of medical treatment are to be provided to the offender (non-life insurance company, etc.) and family members other than the person concerned. The offender (non-life insurance company, etc.) and family members other than the person concerned may be third parties.

(6) Services related to health screening, lifestyle-related disease checkup, gynecological examination for young persons, specified health checkup, and specified health guidance:

In accordance with Article 150 of the Health Insurance Act and the Law Concerning the Security of Healthcare Treatment for Senior Citizens, the Society conducts health screening and other health checkup services for the purpose of maintaining and improving the health of Society members. However, since they are positioned as joint services with each office as described below, the provision of health examination results, etc. to respective offices and the receipt of health examination results from respective offices do not constitute the provision of personal information to a third party.

In addition, the provision of information on persons in concern to the Japan Anti-Tuberculosis Association and the receipt of health examination result sheets from the Association do not constitute the provision of personal information to a third party since the implementation of lifestyle-related disease checkups and recommendations for health examinations are based on a contract with the Association.

Similarly, as the provision of the specified health guidance is based on a contract with FitsPlus Inc., the provision of information on persons in concern to FitsPlus Inc. and the receipt of the guidance results from FitsPlus Inc. do not constitute the provision of personal information to a third party.

In addition, the health examination result forms of health screening and gynecological examination for young persons are provided to the examinee in person or it is received from a health checkup institution with which the Health Insurance Society has a contractual relationship. These cases do not fall under the category of provision of personal information to a third party.

However, in addition to the above, the Society may have no choice but to outsource simple processing work such as data input work to a contractor, etc., on the premise that they will comply with the protection of personal information.

Reason for this notice:

Health examination results, etc. may be provided to a third party in connection with outsourcing of processing work.

(7) Others:

- (i) The Society may contact the insured person's contact regarding insurance premiums, payment amounts, payment deadlines, etc. of a voluntarily and continuously insured person.
- (ii) Inquiries from family members other than the insured person regarding the contents of benefits may be answered to the inquirer for the convenience of the person in question.

Reason for this notice:

The above information may be provided to a third party, such as a family member.

[Joint Service]

In accordance with the provisions of Article 27 of the Personal Information Protection Act, the summary of the joint services of the Society is described below.

(1) Services related to health examination, etc.:

The purpose of the health screening and other services conducted by the Society is as described on the left. The Society has been jointly using health checkup data of health examination and other services since the fiscal year 2008 to perform services with applicable offices. Health checkup data is personal information and the Act on the Protection of Personal Information requires, in principle, the consent of the individual when providing personal information to a third party. However, Article 27, Paragraph 5, Item 3 of the Act stipulates that joint use with a specific person does not legally constitute a provision to a third party.

However, since the Act requires the publication of (i) the joint use, (ii) personal data items to be jointly used, (iii) the scope of joint users, (vi) the purpose of use of joint users, and (v) the name or designation of the person responsible of personal data management, the information is disclosed as below.

(i) Purpose of service:

In accordance with Article 150 of the Health Insurance Act and the Law Concerning the Security of Healthcare Treatment for Senior Citizens, the Society has decided to jointly provide health examination services, etc. with applicable offices to efficiently and effectively manage the health of insured persons.

(ii) Personal data to be jointly used

The results of the health examinations listed below are provided to the applicable offices that participated in the joint service.

- Internal medicine examination (interview and auscultation, investigation of medical history and work history, examination for subjective and objective symptoms)
- Physical measurements
Height, weight, abdominal circumference, obesity index, BMI
- Vision test, hearing test (conversation method or audiometer)
- Chest X-ray
- Pulmonary function measurement
- Sputum examination (tuberculosis or lung cancer screening)
- Blood pressure measurement
Systolic, diastolic
- Electrocardiogram (resting or with load)
- Urine examination
Protein, sugar, occult blood
- Serologic test
- Gastric fluoroscopy or gastric endoscopy
- Colonoscopy
- Abdominal ultrasonography (liver, gall bladder, spleen, pancreas, kidney, abdominal aorta)
- Liver function tests
GOT, GPT, γ -GTP, total protein, albumin, total bilirubin, LDH, cholinesterase, ALP, LAP, A/G, etc.
- Renal function tests
Creatinine, eGFR
- Blood lipid, uric acid test
Serum whole cholesterol, serum triglycerides (triglycerides), HDL-cholesterol, LDL-cholesterol, uric acid, etc.
- Blood glucose test (glucose metabolism)
Fasting blood glucose, urinary glucose, HbA1c, etc.
- Blood test (anemia test)
White blood cell, red blood cell, hemoglobin, Ht, platelet MCH, MCV, MCHC, neutrophil, eosinophil, basophil, monocyte, lymphocyte, etc.
- Uterine cancer examination (internal examination, ultrasound, cytology, for females only)
- Breast cancer examination (palpation, mammography, ultrasound, for females only)
- Intraocular pressure test
- Items related to the hierarchy of specified health guidance and the status of health guidance
- Other health examination items
- In addition to the above health examination notifications, the results of each item, overall judgment, and guidance items

*Items may differ depending on the health checkup (health screening, statutory health checkup).

(iii) Scope of persons handling personal data:

The Society: Person in charge of health service

*Contact the Society about the details of who is in charge at the Society

Office: In charge of health examinations, etc. in the office

*Contact the applicable office for the department and person in charge at the applicable office

(iv) Purpose of use of personal data and route of provision:

- Each applicable office will ensure the safety and health of workers in the workplace and promote the establishment of a comfortable work environment in accordance with the objectives of the Industrial Safety and Health Act. In addition, each office will work together at the office and with the Society to maintain and promote health for workers to lead healthy daily lives.

As for the specific use of medical examination data, the data will be stored in each department in charge and used for health management and health guidance for employees.

- In accordance with the purpose of Section 150 of the Health Insurance Act, the Society will make efforts to maintain and promote the health of insured persons in cooperation with each applicable office. As for the specific use of the medical examination data, the data will be stored in the Society's computer and used for the health management of the insured persons. In addition, specific health checkup data will be used to identify and provide specific health guidance to persons with metabolic syndrome and their pre-diabetic group.

(v) Person responsible for personal data management:

Society: Person responsible for handling personal information

Office: Person responsible for the personnel department, etc. of the office

*Contact the applicable office for the department in charge and the person responsible at the applicable office

(2) High-cost medical care subsidy service:

(i) Purpose of the service:

This service is jointly conducted by the National Federation of Health Insurance Societies (hereinafter referred to as "NFHIS") and the Health Insurance Society in accordance with Article 2 of the Supplementary Provisions of the Health Insurance Act. NFHIS will provide a portion of the cost of certain high-cost medical expenses incurred by the Society.

(ii) Personal data to be provided and to whom:

In order to perform the above procedures, the Society periodically sends the CSV information of the electronic receipt (in certain cases, image data of the paper receipt) and the Subsidy Application Summary Statement Data that records the patient's name, gender, primary or family member, inpatient or outpatient, treatment date, and receipt claim amount to the person in charge of the high-cost medical care of the High-Cost Medical Care Group of NFHIS.

(iii) Scope of persons handling personal data:

The scope of persons who handle personal data is the officials in charge of the Society, the person in charge of the high-cost medical care of the High-Cost Medical Care Group of NFHIS, and the data processing contractors (ICT Healthcare Promotion Department, Japan Productivity Center, and partner companies).

(iv) Purpose of use of personal data:

The purpose of the use of relevant personal data is as described below.

- To receive the subsidy, the Society submits CSV or image data containing this personal data to NFHIS in which NFHIS verifies that the data submitted by the Society is correct and that the subsidy will be properly issued.
- To analyze high-cost medical care expenses (basic data for press releases on trends in high-cost medical care expenses).

(v) Person responsible for personal data management:

Society: Person responsible for handling personal information

NFHIS: General Manager of Support of the Society

[Outsource]

The Society provides various services in accordance with the Health Insurance Act, its enforcement ordinance and regulation, the Health Insurance Society Service Management Standards, the Service Management Guidelines, and the rules and regulations established by the Society in accordance with these regulations. However, certain services are outsourced to outside contractors. Depending on the scope and content of the outsourced services, services described below are outsourced to these contractors after concluding outsourcing agreements that include prohibitions on use for other purposes, prohibition on provision to third parties, assurance of necessary security levels, and prohibition of sub-consignment without prior approval.

	Outsourcing details	Personal data handled
1	Punching of receipts, etc. (processing to import receipt information into the Society's business system, etc.)	Medical information such as basic information, receipt, etc.
2	Preparation and sending of Notice of Medical Expenses and Notice of Benefit Payment	Basic information, medical expenses, and other benefit accruals
3	Content examination and inspection of receipts, etc.	Basic information and medical information such as receipts
4	Implementation of specific health checkups and specific health guidance	Basic information and medical information such as medical examination results, and medical examination history
5	Implementation of health screening	Basic information and medical information such as health checkup results, and health checkup history
6	Implementation of lifestyle-related disease checkup	Basic information and medical information such as health checkup results, and health checkup history
7	Implementation of gynecological examination for young persons	Basic information and medical information such as health checkup results, and health checkup history
8	Lifestyle-related Disease Prevention Service	Basic information and medical information such as medical examination results, and medical examination history
9	Recommendation of receiving medical examination	Basic information
10	Implementation of dental examination	Basic information, dental health information such as medical examination results, and dental records/history
11	Creation, maintenance, and modification of the Society's webpage	Basic information of members of the Board of Society
12	Phone (online) health consultation	Basic information on eligible persons
13	Administration for claiming compensation for third-party actions (limited to cases where recovery is difficult)	Basic information, information on claiming compensation for third-party damages (traffic accidents, etc.), medical information such as receipts

(As of March 2024)

Article 33 of the Act on the Protection of Personal Information (Disclosure)

In accordance with the provisions of Article 33 of the Act on the Protection of Personal Information, the Society will disclose the retained personal data held by the Society without delay when requested to do so by the primary in accordance with a separately prescribed government ordinance as well as rules, regulations, and procedures established by the Society.

However, the Society may not disclose all or part of such retained personal data in the cases described below.

- (1) When there is a risk of harm to the life, body, property, or other rights or interests of the primary requesting the disclosure or a third party.
- (2) If complying with the request for disclosure may cause significant hindrance to the proper conduct of Society's business.
- (3) If complying with the request for disclosure would violate any other law or regulation.

In accordance with the provisions of Article 38 of the Act on the Protection of Personal Information, the Society may charge a fee for such disclosure.

In addition, please note that the disclosure of receipts will be conducted in accordance with the Society's procedures for the disclosure of statements of medical fees and other information.

Article 40 of the Act on the Protection of Personal Information (Handling of Complaints)

Complaints (consultation) to the Society in relation to the Act on the Protection of Personal Information are handled by the Society's Secretariat (located at JA Building (21F), 1-3-1 Otemachi, Chiyoda-ku, Tokyo; Tel: 03-3285-2931 *Only available in Japanese). Office hours are from 9:15 to 17:30 (except 11:45 to 12:45, Saturdays, Sundays, national holidays, and year-end and New Year holidays).

Contact Information for Inquiries

*Only available in Japanese

Details	Telephone number
Eligibility Eligibility of insured person, dependent certification, health insurance certificate, health insurance recipient certificate for seniors, voluntarily and continuously insured, insurance premium	03-3285-2934
Benefits Benefit payment Fringe benefits, high-cost medical care expenses, childbirth or burial related, injury and sickness allowance, therapeutic accessory expenses, overseas medical care expenses, insured person, medical care when not carrying insured person certificate, etc. Certificate of Eligibility for Maximum Copayment Amount Notice of medical expense Notice of benefit payment Related to judo therapist	03-3285-2935
Third-party acts including traffic accident	03-3285-2935
Health services Health Insurance User's Guide KENPO DAYORI Webpage Health screening and other medical examinations Subsidies for influenza vaccination expenses Specific health checkups and specific health guidance	03-3285-2932

The email address for inquiries is the same for all offices

Email address	MBK mail address
Kenpo@dg.mitsui.com	#Kenpo

The Mitsui & Co.'s in-house mail is delivered with the address code KENPO.

Webpage

For the employees of Mitsui & Co., the website is accessible from the **link field on the top page** of the intranet.

For others, it is accessible from <https://www.mbkkenpo.or.jp>.

Password : 8-digit number on the insurance certificate.

Health Insurance User's Guide

Mitsui Bussan Health Insurance Society

JA Building (21F), 1-3-1 Otemachi, Chiyoda-ku, Tokyo, 100-6821

● Issued April 2024

★ The contents of this Guide Book are subject to change during the fiscal year due to legal amendments and other reasons.
Illustration by Shogo Yamagata and Yoko Sekine