Health insurance pays benefits in two forms: medical benefits and cash benefits.

Benefits split into two systems. **Medical benefits** pay for the treatment itself — mostly in kind, at the counter — and reach the insured and their dependents alike. **Cash benefits** are paid in cash; some replace earnings lost while unable to work. Within cash benefits, the **income-replacement benefits attach to the insured person only**: an 傷病手当金 or 出産手当金 is never paid to a dependent.

Before any of that, two gates: is this even a health-insurance matter, and can the person's coverage be **confirmed** at the counter at all?

健康保険の給付は大きく医療給付と現金給付に分かれる。現金給付のうち、傷病手当金・出産手当金は所得補填を目的とし、**被保険者本人のみ**に支給される（被扶養者には出ない）。その手前に「そもそも健保の話か」「資格確認ができるか」という二つの入口がある。

TWO GATES BEFORE BENEFITS · 給付の前に二つの入口

01 Health insurance, or 労災? そもそもどちらの制度か

Injury or illness **from work or commuting** goes to Industrial Accident Compensation Insurance, not health insurance (→ note 08). **Non-work-related** sickness and injury is a health-insurance matter. Use health insurance for a work injury and it is later transferred onto 労災.

02 Can coverage be confirmed? 資格確認ができるか

A **My Number Card is not, in itself, a health insurance card.** It works as one only once **registered** for that use — then called a マイナ保険証. Those without it are issued a **資格確認書** (Health Insurance Eligibility Confirmation Document) by the insurer. The old paper card stopped being newly issued in Dec 2024 and expired by Dec 2025; from then, one or the other is what confirms coverage.

HIGH-COST MEDICAL EXPENSES, IN THREE STEPS · 高額療養費の3段階

1 · 自己負担 YOU PAY YOUR SHARE
At the counter you pay your co-payment (30% for most).

▼

2 · 月額上限 A MONTHLY CEILING
A cap set by **age and income** limits what you bear in a calendar month.

▼

3 · 高額療養費 THE EXCESS IS REFUNDED
Eligible insured co-payments above the applicable ceiling are reimbursed as 高額療養費. Show a 限度額適用認定証 or マイナ保険証 in advance and the counter is capped from the start — no waiting for a refund.

THE TWO BENEFIT SYSTEMS · 給付の二系統

医療給付 / 現金給付

TREATMENT IN KIND, VERSUS CASH BENEFITS

INCOME-REPLACEMENT BENEFITS: INSURED PERSON ONLY

MEDICAL BENEFITS · 被扶養者にも及ぶ Treatment-related benefits, reaching the insured **and dependents**: 療養の給付 (care in kind), 療養費 (Medical Expenses — reimbursement where you paid in full), and 高額療養費 (the ceiling above).

- **CASH BENEFITS · 現金給付**
- **Income replacement — insured person only: 傷病手当金** (Injury and Sickness Allowance) — non-work-related sickness, from day 4 after 3 consecutive days off, about two-thirds of pay, up to 1.5 years; and **出産手当金** (Childbirth Allowance) around childbirth. **Neither is paid to a dependent.**
- **Other cash benefits: 出産育児一時金** (Lump-Sum Allowance for Childbirth and Childcare) and **埋葬料（費）** (Burial Charges) — a lump sum on childbirth; a payment on death. These reach the family and are *not* income replacement.

SELECTIVE TREATMENT — SPECIAL CHARGE FOR A LARGE-HOSPITAL VISIT WITHOUT REFERRAL · 選定療養 – 紹介状なしの大病院受診

The rule
Visit a large hospital **without a referral** and a special charge applies on top of the ordinary bill — a representative floor is around ¥7,000 at first visit (medical), less on return.

Why it costs extra
This 選定療養 charge is **outside insurance** — paid in full, with no 30% co-payment applied. It steers routine care to clinics and keeps large hospitals for referrals.

Who it applies to
Specified hospitals under the national referral system, including specified-function hospitals and certain 200+-bed regional / referral-focused hospitals. A referral letter avoids it.

The trap: "free at the counter" does not mean "an insurance benefit." Free or subsidised care for children, free cancer screening and the like are usually **local-government schemes** — funded and decided by the municipality, not paid by health insurance. Move to another city and they can change or vanish. Conversely, the 選定療養 surcharge is a cost that insurance deliberately does *not* cover. What you pay, and what insurance pays, are two different ledgers — and neither is read off the other.

窓口が無料でも保険給付とは限らない。子どもの医療費無料やがん検診無料は多くが自治体施策であり、健康保険の給付ではない（転居で変わりうる）。逆に選定療養に係る「特別の料金」は保険給付の対象外だが、通常の保険診療部分まで全額自己負担になるわけではない。

My Number Card ≠ auto health-insurance credential
カード自体は保険証ではない（要利用登録）

Work injury ≠ health insurance
業務・通勤災害は労災

Dependent ≠ income benefits
傷病・出産手当金は本人のみ

Free at counter ≠ insurance benefit
窓口無料＝保険給付とは限らない

FOR THE ENGINE

Model benefits as **two broad forms**: medical benefits and cash benefits. Within cash benefits, distinguish **income-replacement benefits** (insured person only) from **other cash benefits** such as childbirth and burial benefits. An income-replacement benefit must never resolve for a dependent — the dependent flag does not fund it. Gate access on **confirmation of coverage**, not on possession of a "card": a My Number Card qualifies only when registered, else a 資格確認書 does the same job.

High-cost benefit is a three-stage function — pay, then a ceiling keyed to age × income, then a refund of the excess — and an advance certificate collapses it to a capped counter. And keep a "free at the counter" value separate from "insurance benefit": the first can be a municipal scheme or an outside-insurance charge, sources health insurance neither pays nor reads.

労災 = Industrial Accident Compensation Insurance; 高額療養費 = High-Cost Medical Expenses (JLT). Benefit names follow the Health Insurance Act JLT translation — 傷病手当金 Injury and Sickness Allowance, 埋葬料（費）Burial Charges, 出産育児一時金 Lump-Sum Allowance for Childbirth and Childcare, 出産手当金 Childbirth Allowance. Co-payment rates, high-cost ceilings, and the 選定療養 surcharge change often, and figures here are representative and time-sensitive; local-government schemes differ by area. The dependent and Category III framework is in Note 09; work injuries are in Note 08. This note reflects the framework as of August 2026. General information, not legal advice. Key statutory terminology follows the Japanese Law Translation Database System (JLT).