

Social Welfare and Healthcare Systems: A Patient's Guide in Japan



Niigata University Medical and Dental Hospital
The 10th Edition, Revised in September 2026

Introduction

These “Social Welfare and Healthcare Systems: A Patient’s Guide in Japan” describe social welfare and healthcare systems for alleviating burden on HIV patients when they consult physicians at medical institutions and lead their daily lives.

There are various social welfare and healthcare systems in Japan, which may confuse you when trying to understand how they work or how you may use them. We have therefore compiled the Guidelines to facilitate your understanding.

Please note that, however, you may not use all of the Systems described here.

Besides, you are not obliged to use a System in any case. However, we hope that the Guidelines will create better environments for each one of you to live with various diseases.

If you want to know the details about a System you want to use, or you do not know how to use it, please feel free to consult with contact persons for the System or social workers at relevant medical institutions.

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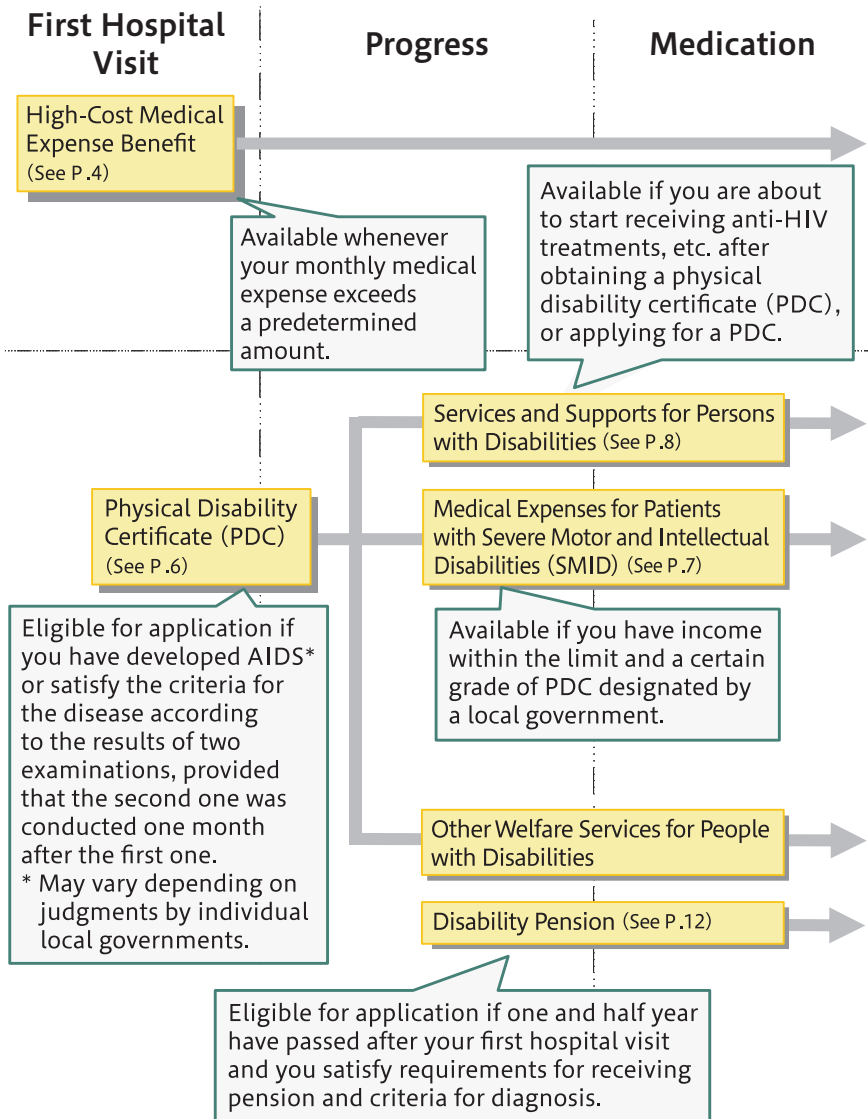
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Available Systems and Timing for Application



1 High-Cost Medical Expense Benefit

The benefit is given as a refund, in later days, to persons who paid medical expenses exceeding the predetermined upper limit for one month or one year (from August to July of the following year) at medical institutions or pharmacies.



Eligibility

- The target is out-of-pocket money paid for insurance-covered healthcare services from the 1st day to the last day of the same month.
- The annual upper limit is applied to out-of-pocket money paid during 12 months from August to July of the following year.
- Private room fees and meal costs during hospitalization are out of the scope.



Amount provided

- The amount exceeding the upper limit within the month is refunded.
- The upper limit varies depending on age and income.
- The refund is made about three months after the application.
- The amount exceeding the annual upper limit is refunded after the calculation for the year (from August to July of the following year) has been performed.

The upper limit for out-of-pocket money paid by people aged 70 or older

Classification by annual income	Monthly upper limit		When multiple cases are applicable	Annual upper limit
	Outpatients (per person)			
About 11.6 million yen or more	270,300 yen + (Medical expenses - 901,000) × 1%		140,100 yen	1.68 million yen
About 7.7 million to 11.6 million yen	179,100 yen + (Medical expenses - 597,000) × 1%		93,000 yen	1.11 million yen
About 3.7 million to 7.7 million yen	85,800 yen + (Medical expenses - 286,000) × 1%		44,400 yen	530,000 yen
Up to about 3.7 million yen	22,000 yen (216,000 yen annually)	61,500 yen	44,400 yen	530,000 yen*
Municipal tax-exempted households	11,000 yen (96,000 yen annually)	25,700 yen	24,600 yen	290,000 yen
Municipal tax-exempted households having annual income under the threshold limit	8,000 yen	15,700 yen	-	180,000 yen

* If a person is confirmed as having an annual income equivalent to up to about 2.0 million yen (health insurance: 150,000 yen or less; national health insurance / latter-stage elderly: under 280,000 yen), an annual upper limit of 410,000 yen is applied, and reimbursement will be made from August 2027.

The upper limit for out-of-pocket money paid by people aged 69 or younger

Classification by annual income	Monthly upper limit	When multiple cases are applicable	Annual upper limit
About 11.6 million yen or more	270,300 yen + (Medical expenses - 901,000) × 1%	140,100 yen	1.68 million yen
About 7.7 million to 11.6 million yen	179,100 yen + (Medical expenses - 597,000) × 1%	93,000 yen	1.11 million yen
About 3.7 million to 7.7 million yen	85,800 yen + (Medical expenses - 286,000) × 1%	44,400 yen	530,000 yen
Up to about 3.7 million yen	61,500 yen	44,400 yen	530,000 yen*
Municipal tax-exempted households	36,900 yen	24,600 yen	290,000 yen

* If a person is confirmed as having an annual income equivalent to up to about 2.0 million yen (health insurance: 150,000 yen or less; national health insurance: 860,000 yen or under), an annual upper limit of 410,000 yen is applied, and reimbursement will be made from August 2027.



How to use

Submit specified documents to the operator of health insurance you have subscribed for (National Federation of Health Insurance Societies (KENPOREN), Japan Health Insurance Association (Kyokai Kempo), Municipal National Health Insurance, Medical Care System for the Latter-Stage Elderly, Health Insurance Mutual Aid Association, etc.).

Important: Prior application of certificate of eligibility for limit on medical expenses or presentation of My Number health insurance card may relieve you from paying extra money above the monthly upper limit. The amount exceeding the annual upper limit is refunded from the operator of the health insurance you have subscribed for at a later date.



Note

- If you receive multiple examinations or your family members subscribing for the same health insurance visit medical institutions, etc., you can add those medical expenses per month and apply the sum as the household amount for the refund. (household totaling)
- If you paid high-cost medical expenses at least three times in the past 12 months, “multiple cases” are applied for the fourth time and after, and your out-of-pocket money is reduced further. (Multiple cases)
- Even if you do not reach the monthly upper limit, once your total out-of-pocket money for the year (from August to July of the following year) reaches the annual upper limit, further out-of-pocket money is unnecessary for that year. (Annual upper limit).

Classifications will change in August 2027

- Income classifications and upper limits for out-of-pocket money will change.
- Detailed tables are provided on the website (Social Welfare and Healthcare Systems: A Patient's Guide in Japan).

2 Physical Disability Certificate (PDC)

It is a certificate issued to persons with physical disabilities under the criteria specified in the Act on Welfare of Physically Disabled Persons.

The certificate is necessary for receiving welfare services to overcome handicaps due to disabilities in daily lives.



Eligibility

- Visual impairment
- Auditory/equilibration disorder
- Voice/language/masticatory disorder
- Orthopedic impairment
- Heart/kidney/respiratory dysfunction
- Bladder/rectal dysfunction
- Small intestine dysfunction
- HIV-related immune disorder
- Liver dysfunction



How to use

Submit specified documents to [a welfare service office or the department in charge at your municipality](#).

In general, the specified documents include the following:

- Application for issuing the physical disability certificate
- Medical certificate or written opinions by a designated physician
- Photograph (front-faced upper body, without cap/hat, 4 × 3 cm)



Note

As the scope of services available varies by municipality, please ask the contact person at your municipality for details.

In general, services are available for medical expense subsidies, supportive device provision, tax deduction, transportation fee discount, etc.

3 Subsidies for Medical Expenses for Patients with Severe Motor and Intellectual Disabilities (SMID)

Subsidies are granted for part of medical expenses shouldered by patients having a physical disability certificate.

➡ Eligibility

The scope varies by local government which stipulates different income requirements and disability grades for their physical disability certificates (PDC).

Please consult with your local government for the details of services and the possibility of concomitant use with “services and supports for persons with disabilities.”

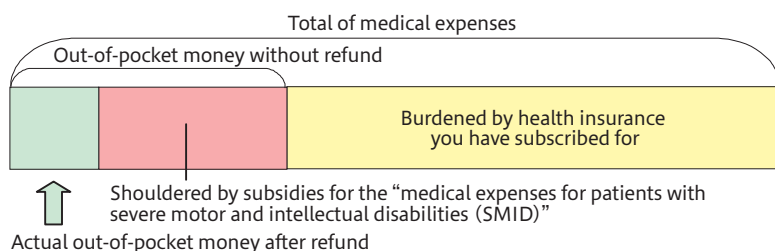
➡ How to use

Submit specified documents to [the department in charge at your municipality](#).

In general, the specified documents include the following:

- Application form
- Written consent for applicant income survey
- Physical disability certificate (PDC)
- Personal seal
- My Number health insurance card or eligibility confirmation card

Scheme for medical expense subsidies



4 Services and Supports for Persons with Disabilities

Subsidies are given to people aged 18 or older having a physical disability certificate, or those aged under 18 with physical disabilities, who receive treatments to remove or reduce such disabilities.



Eligibility

As for HIV patients, only treatments related to HIV infection, such as anti-HIV therapies, immunomodulation, complication prevention and treatment, are targeted.



How to use

Submit specified documents (application form, written opinions by a physician, My Number health insurance card, or eligibility confirmation card)* to the following :

- People aged 18 or older having a physical disability certificate (Rehabilitation healthcare): to [your municipality](#)
- Young people aged under 18 with physical disabilities or diseases to receive medical treatments** (Developmental healthcare): to [your municipality](#)

* Ask the contact of your municipality for the details of necessary documents.

** Those aged under 18 are not required to present a physical disability certificate.

If approved, a certificate for receiving “services and supports for persons with disabilities” and an “out-of-pocket money upper limit management sheet” are issued, then you may submit them to your medical institutions for subsidies.



Patients' out-of-pocket money

- In principle, patients are required to pay 10% of the total expenses. However, according to their household income (of family members subscribing for the same health insurance), the upper limit of out-of-pocket money per month is applied.
- Furthermore, those with immune disorders are classified as “severe patients requiring continuous support” and the upper limit of out-of-pocket money is applied regardless of their income. (See the table on the next page.)
- Meal costs during hospitalization (standard amount) are totally shouldered by patients, in general.

《The upper limit of out-of-pocket money for people with lower income and those classified as “severe patients requiring continuous support”》

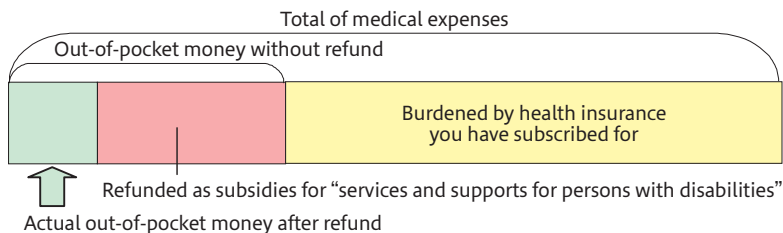
Lower income			Middle income		Higher income
Household on welfare	Municipal tax-exempted		Severe patients requiring continuous support		
	Patient's income of 800,000 yen or less	Patient's income of over 800,000 yen	Municipal tax (income rate) of less than 33,000 yen	Municipal tax (income rate) of at least 33,000 yen and less than 235,000 yen	Municipal tax (income rate) of 235,000 yen or more
0 yen	2,500 yen/month	5,000 yen/month	5,000 yen/month	10,000 yen/month	20,000 yen/month*

* Transitional measure until March 31, 2027.

! Note

- The subsidies are only available at medical institutions, dispensing pharmacies, and home-visit nursing care stations designated for services and supports for persons with disabilities.
- Eligibility lasts one year. If you want to continue using this scheme, application for that purpose is necessary. In such a case, written opinions by a physician may be required.

Scheme for medical expense subsidies



5 Certificate for Reduction of Meal Costs

Those exempted from paying the municipal tax are eligible for the reduction of meal costs during hospitalization (standard amount*).

* The standard amount is 550 yen per meal. However, it may differ in the case of long hospitalization.

➡ Eligibility

Classification		Out-of-pocket money per meal
General (persons other than those below)		550 yen
Patients with designated intractable diseases or specific pediatric chronic diseases (persons other than those below)		330 yen
Municipal tax-exempted households	Hospitalization does not exceed 90 days in the past 12 months	270 yen
	Hospitalization exceeds 90 days in the past 12 months	220 yen
Pension beneficiaries aged 70 or over with income lower than the specified standard and belonging to a municipal tax-exempted household		130 yen

➡ How to use

Apply for a “Certificate for Reduction of Meal Costs” at the contact desk of the operator of the health insurance you have subscribed for. If you present the issued certificate, you are eligible for the deduction as described above.

6 Hepatitis Treatment Special Promotion Project (Subsidies for Hepatitis Treatment Expenses)

The coinfection of HIV, Hepatitis B and Hepatitis C viruses are presenting challenges. We have a scheme to provide subsidies for Hepatitis treatments.



Eligibility

Hepatitis B

- Single-dose interferon or Peg-interferon
- Nucleoside analogue

Hepatitis C

- Single-dose interferon or Peg-interferon
- Concomitant use of interferon/Peg-interferon with ribavirin
- Interferon-free therapy

You need to satisfy the criteria for receiving subsidies for each treatment.



How to use

Submit specified documents to [a local health center in your area](#).

(Some municipalities ask you to submit them directly to the prefectural office.)

In general, the specified documents include the following:

- Application for issuing a certificate of Hepatitis treatments
- Medical certificate by a physician
(A copy of a residence certificate for all members in the household)
(Documents certifying annual municipal tax amounts for all members in the household)
- My Number health insurance card or eligibility confirmation card



Service users' out-of-pocket money

- Annual municipal tax amount of 235,000 yen or more: Up to 20,000 per month
- Annual municipal tax amount of less than 235,000 yen: Up to 10,000 per month

7 Disability Pension

It is to secure income of those who cannot work or have limitations in working due to physical or mental disabilities.

➡ Eligibility

Those who satisfy the following three requirements.

[First hospital visit day requirement]

Those who, on the first hospital visit day, (1) had prescribed for the National Pension System, (2) were 60 to 64 years old, and once had prescribed for the National Pension System, had residence in Japan, and had not claimed benefits from the Old-Age Basic Pension System, or (3) were less than 20 years old.

[Disability certification requirement]

Those classified as having Grade 1 or Grade 2 Disability on the day when disabilities are certified (1.5 years since the first hospital visit day, or when disabilities were fixed).

[Insurance fee payment requirement]

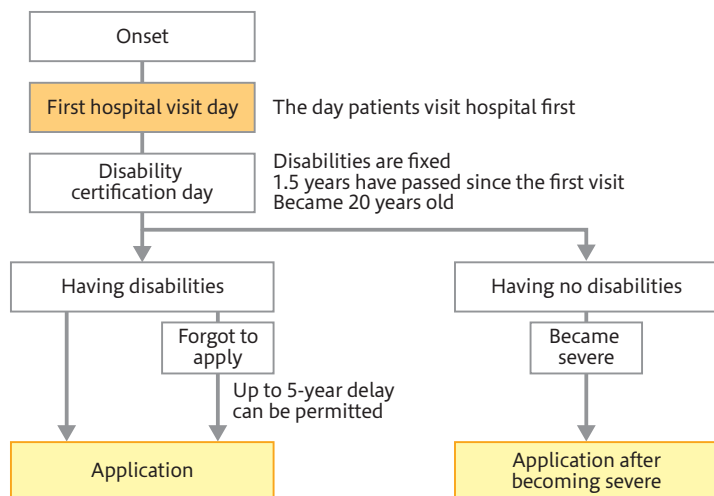
[Principle]

Those who, at the previous day of the first hospital visit day, had paid insurance fees for at least two thirds of the pension coverage period up to 2 months before the month in which the first hospital visit day falls, or had been exempted from the payment.

[Exception]

If the first hospital visit day was before March 31, 2036, those who had not failed in paying insurance fees for the recent 1 year up to 2 months before the month in which the first hospital visit day falls. This does not apply for those who were 65 years or older on the first hospital visit day.

Application for disability pension



➔ How to use

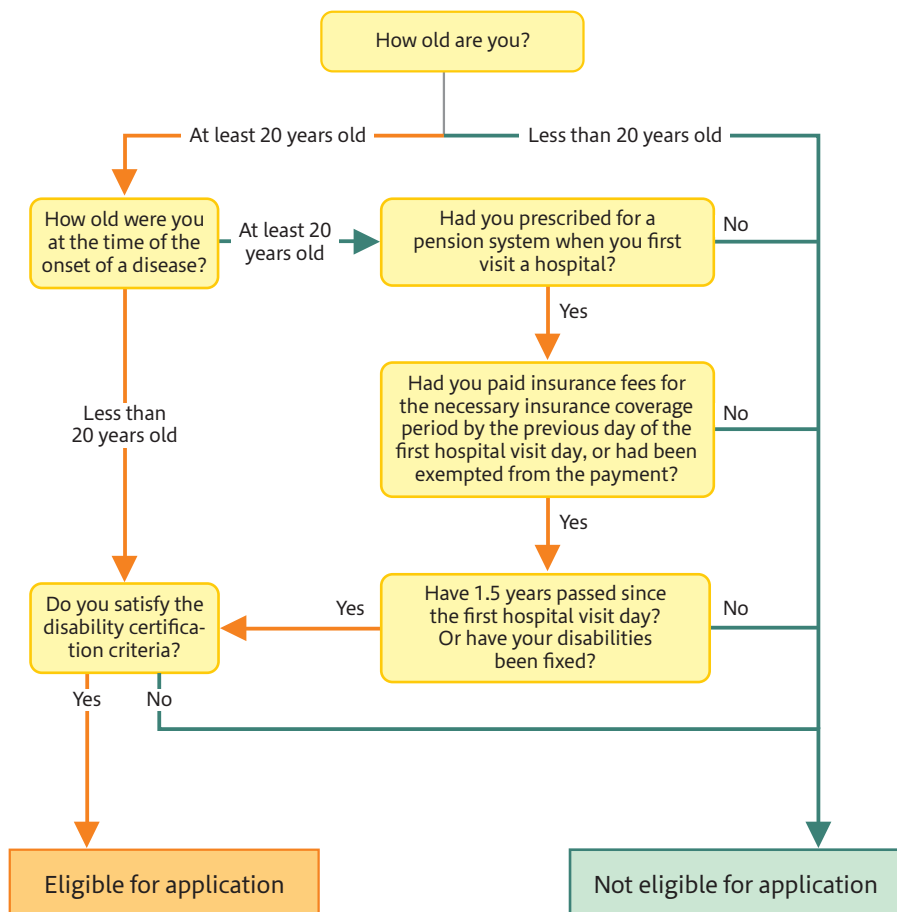
The contact for receiving applications varies by pension system you prescribed for (municipal office or pension office).

First, please consult with a pension office or a social worker at your family hospital.

! Note

“Disability classification” for disability pension is different from that specified in a physical disability certificate.

Flow chart for receiving disability pension



8 Sickness and Injury Allowance

It is to secure two thirds of the basic salary to those who have prescribed for the Social Insurance System and are working at companies and elsewhere when they become unable to work and receive no salary due to sickness or injury.

Eligibility

It is necessary to satisfy all of the following requirements:

- Receiving treatments due to sickness or injury
- Unable to work previously engaging in due to the treatments
- Absent from work for at least 3 days
- Receiving no salary, or the amount less than the sickness and injury allowance

If you are no longer an insured person because of retirement, etc., allowance may be paid under certain conditions, so please consult with the contact at your social insurance system.

Duration

Up to a combined total of 1 year 6 months starting from the 4th day of your consecutive leave, the allowance is paid according to the number of your leave days.

However, if you become eligible for disability pension due to the same sickness or injury, the allowance amount may be adjusted according to the pension amount.

How to use

Have your employer's certification and doctor's opinions written in the application form designated by your social insurance system, and then submit the form.

9 Public Assistance

It is to provide necessary assistance, according to their degree of impoverishment, to those who are impoverished despite all-out effort to utilize their assets and abilities, helping them to maintain the minimum standards of wholesome and cultured living and to facilitate their self-reliance.



Eligibility

- Those who are difficult to work, or to gain enough income due to unavoidable reasons, such as sickness
- Those who cannot gain the minimum cost of living (to maintain the minimum standards of wholesome and cultured living) stipulated in the Public Assistance Act, despite the use of their assets and other social systems, etc.



How to use

In principle, apply to [a municipal welfare office in your local area](#).



Note

The public assistance is certified in consideration of household, not individual. If the total of all household members' income is less than the minimum cost of living, the gap (insufficient amount to the minimum cost) is covered by the public assistance. The minimum cost of living varies by region and household member composition. Please ask the municipal welfare office in your local area for details.

10 Grant-in-Aid Program for Chronic Diseases (High-Cost Long-Term Care)

The upper limit of out-of-pocket money shouldered by those who are suffering hemophilia or HIV infection related to blood products (including secondary and tertiary infections) and subject to continuous, high-cost and long-term treatment is set at 10,000 yen per month.

No subsidy is provided to meal costs during hospitalization.

As for hemophilia, only those with hemophilia A and B and using coagulation factor concentrates are targeted.

How to use

Apply for the issuance of a Certificate of Grant-in-Aid Program for Chronic Diseases at [the contact of health insurance you have prescribed for](#).

If the certificate is issued, present it at the accounting desk of medical institutions.

In general, this limit is applicable starting in the first day of the month you apply for the certificate.

TOPIC



Getting employment

Many people, including those who are working, or thinking about getting or changing jobs, worry about their employment, if they suffer diseases: whether they should disclose their disease to their workplace, or how to secure their time for hospital visits during working.

Sometimes you may be able to solve these issues or alleviate burden by consulting with government's contacts, such as Hello Works (employment service centers) and vocational centers for persons with disabilities, as well as medical institutions you visit, patient/patient advocacy groups, and offices supporting the employment of persons with disabilities.

Another solution may be that you provide your workplace with information on HIV, its symptoms and support you need, with the help of medical institutions.

If you have obtained a physical disability certificate (PDC), you can get a job using the disabled person quota system. For fiscal year 2026, the quota system demands that 2.7% of all employees at private firms of certain scale should be disabled persons, 3.0% at national and public organizations, and 2.9% at prefectural boards of education. Although gradually, the employment of those infected with HIV using the quota system is also increasing.

11 Congenital Blood Coagulation Factor Card Project

Those suffering congenital blood coagulation factor disorder or HIV infection related to blood coagulation factor products are exempted from shouldering out-of-pocket money for the treatment and meal costs during hospitalization.

The service primarily targets person aged 20 years or older, but those aged under 20 suffering HIV infection related to blood coagulation factor products are also eligible.

→ How to use

Submit specified documents to a [public health center](#) or [prefectural office](#).

In general, the specified documents include the following:

- Application form for issuing a Congenital Blood Coagulation Factor Card
- Medical certificate by a physician*
- Certificate of Grant-in-Aid Program for Chronic Diseases
- My Number health insurance card or eligibility confirmation card

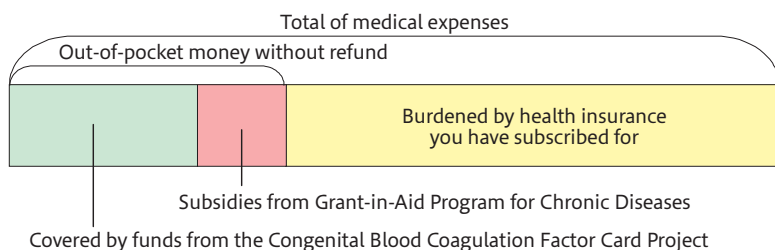
* Those with HIV infection related to blood coagulation factor products can substitute physician's medical certificate with the following:

- An excerpt from the record of settlement on the drug lawsuit
- Notifications from Pharmaceuticals and Medical Devices Agency (PMDA) of Japan, etc.

! Note

- The service is only available at designated medical institutions.
- It expires yearly and requires renewal applications.

Scheme for medical expense subsidies



12 Survey and Research Project

Those infected with HIV via blood products receive funds for healthcare management to prevent AIDS.

➡ Eligibility

Those who do not develop AIDS among the following:

- (1) Persons with HIV infection via blood products
- (2) Those with secondary infection (spouses or the like who got infected via persons described in (1))
- (3) Those with tertiary infection (children who got infected via birth from (2))

➡ How to use

Submit the specified documents to [Pharmaceuticals and Medical Devices Agency \(PMDA\) of Japan](#).

You need to present a health status report and a living conditions report for those eligible for the service within a specified timeframe once a year.

The procedures can be consigned to an agent.

➡ Amount provided

- (1) Persons with 200 or fewer CD4 lymphocytes per microliter: 57,100 yen per month
- (2) Other eligible persons: 41,100 yen per month

(Amount paid starting in April 2026)

! Note

PMDA also engages in relief activities for patients suffering AIDS triggered by whole blood products and blood component products manufactured by the Japan Red Cross Society.

13 Healthcare Support Project

Healthcare allowance for persons with symptoms are provided to those got infected with HIV via blood products, have developed AIDS and reached a settlement after lawsuit.

➞ Eligibility

Those satisfying both of the following requirements are eligible:

- (1) Those having developed AIDS after getting infected with HIV via blood coagulation factor products or secondary/tertiary infection
- (2) Those reaching a lawsuit settlement at Tokyo District Court or Osaka District Court on March 29, 1996 or the equivalent

➞ How to use

Submit the specified documents to [Pharmaceuticals and Medical Devices Agency \(PMDA\) of Japan](#). You also need to present a report on current situations once a year. The procedures can be consigned to an agent.

➞ Amount provided

150,000 yen per month



Drug-induced hemophilia patient handbook

In 2016, the Ministry of Health, Labour and Welfare (MHLW) created a handbook compiling major public services and permanent countermeasures for drug-induced hemophilia patients based on the lawsuit settlement, and has been distributing that ever since. The previous content was revised in January 2026, and a second edition has been published.

Please visit MHLW website for details.



14 Survey and Research Project for Improving QOL of Patients Infected with Hepatitis C via Congenital Disease Treatments

This project conducts surveys on daily lives of patients who got infected with Hepatitis C via the treatments of congenital blood coagulation factor disorder, and reviews on how to improve their quality of life (QOL) and provide necessary services.

Survey respondents are provided with rewards for cooperation.

Eligibility

Those satisfying all of the following requirements and responding to survey questions

- (1) Have congenital blood coagulation factor disorder
- (2) Got infected with Hepatitis C via the injection of blood coagulation factor products for a long period to treat congenital blood coagulation factor disorder
- (3) Chronic hepatitis C has progressed to develop liver cirrhosis or liver cancer. Or, undertook a liver transplant after developing liver cirrhosis or liver cancer, and are currently subject to regular follow-ups.

How to use

Submit specified documents to [Pharmaceuticals and Medical Devices Agency \(PMDA\)](#) of Japan.

The specified documents are obtained by calling [a contact shown below](#):

[Contact]

Division of Planning and Coordination
Office of Relief Services for Adverse Health Effects
Pharmaceuticals and Medical Devices Agency (PMDA)
Phone: 03-3506-9460

Amount provided as reward

Reward for cooperation in survey and research: 51,500 yen per month

15 Long-Term Care Insurance / Services and Supports for Persons with Disabilities Act

There are two kinds of long-term care services. One is covered by long-term care insurance and the other is provided under the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities (Services and Supports for Persons with Disabilities Act)

➞ Eligibility

Long-term care insurance

- All persons aged 65 years or older, and those aged 40 years or older and having specified diseases*

Services and Supports for Persons with Disabilities Act

- People issued with a physical disability certificate (PDC). Or those having intrac-table diseases, etc. and not covered by long-term care insurance.

➞ How to use

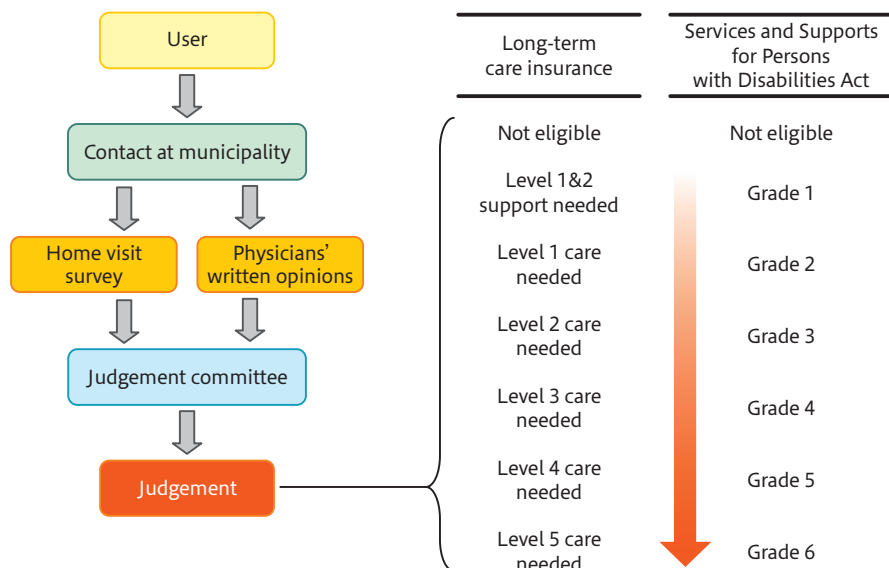
Apply to your municipality, which will then judge the level of long-term care needed. The general flow of the procedures is shown in the next page.

When the level is determined, you will choose services you want among those speci-fied according to the determined level. You can ask your municipality about organiza-tions which provide mediation, such as arranging services, etc. with specific service providers, for you.

You will be charged 10-30% of the service fees, depending on your income.

* Scope of specified diseases

(1) Cancer (limited to cases that have been determined to be incurable based on generally accepted medical knowledge), (2) rheumatoid arthritis, (3) amyotrophic lateral sclerosis (ALS), (4) ossification of posterior longitudinal ligament (OPLL), (5) osteoporosis with fracture, (6) presenile dementia, (7) progressive supranuclear palsy, corticobasal degeneration and Parkinson's disease, (8) spinocerebellar degeneration (SCD), (9) spinal canal stenosis, (10) progeria, (11) multiple system atrophy (MSA), (12) diabetic neuropathy (DN), diabetic nephropathy and diabetic retinopathy (DR), (13) cerebrovascular disease (CVD), (14) arteriosclerosis obliterans (ASO), (15) chronic obstructive pulmonary disease (COPD), (16) osteoarthritis (OA) with significant deformity of both knee joints or both hip joints.



Main services available with long-term care insurance or under the Services and Supports for Persons with Disabilities Act

	Service details	Long-term care insurance	Services and Supports for Persons with Disabilities Act
Home caregiver	Home caregivers visit recipients' home and provide care services, such as helping with bathing, toileting, and eating.	Available	Available
Short stay	Recipients can stay at long-term care facilities, etc. for a short period.	Available	Available
Home-visit bathing care	Services are offered to those who are difficult in bathing at home.	Available	Availability varies by municipality
Rental of welfare equipment	Equipment, such as wheelchairs and nursing bed, to assist recipients' self-reliance in daily lives at home, is rented.	Possibly limited depending on the level of care needed	Not available
Subsidies for the purchase of welfare equipment (for daily living)	Subsidies are granted for the purchase of welfare equipment, such as portable toilets and bathing assistance equipment.	Available	Possibly limited depending on the grade and degree of disabilities
Subsidies for repair and refurbishment of houses	Subsidies are granted for the reform and refurbishment of service users' house, including attaching handrails and eliminating steps.	Available	Availability varies by municipality

- In principle, the services are preferentially covered by long-term care insurance.
- Other than the above, various services are available with both of "long-term care insurance" and the "Services and Supports for Persons with Disabilities Act." Please consult with your municipality for details, such as eligibility, availability or monetary limits.

16 Home-Visit Nursing Care

If you need medical care at home, home-visit nursing care services by nurses are available.

The services are covered by either health insurance or long-term care insurance.

In principle, they are preferentially covered by long-term care insurance, but in the case of acquired immunodeficiency syndrome (AIDS), health insurance may take precedence.

Differences between health insurance and long-term care insurance

	Health insurance	Long-term care insurance
Out-of-pocket money	10–30% (This varies depending on age and income. Under the independence support medical care, the payment is 10%.*)	10–30% (This varies depending on age and income.)
Cost	Charged by hour	Charged by day
Frequency of visit	Up to 3 days per week (Everyday visit is possible, depending on disease and symptom)	Depends on the recipient's level of care needed
Transportation fee	Necessary	Unnecessary

* May vary by municipality



How to use

Your doctor's "written instruction" is necessary to use home-visit nursing care services.

When using these services covered by health insurance, service users must apply for the service directly to a service provider. In the case of long-term care insurance, you had better consult with your care manager, who will provide mediation.

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<https://www.med.niigata-u.ac.jp/ifc/tebiki/tebiki.html>

You can also download a PDF version
of the “Social Welfare and Healthcare
Systems: A Patient's Guide in Japan”
from the above website.



- The contents of this booklet are current as of August 2026.
- We appreciate the cooperation of related organizations in compiling this booklet.