

Upper Limit for Patient-Borne Costs with Medical Expense Assistance for Specific Pediatric Chronic Diseases

(Unit: Japanese yen)

Divided by income levels	Approximate yearly income (household consisting of a married couple and one child)		Upper limit for patient-borne costs (patient bears: 20%, outpatient + hospitalization)					
			General rule			Already authorized payee (three-year transitional measures)		
			Regular	Serious disease*	Patients who use a ventilator or similar support	Regular	Patients with ongoing serious diseases	Patients who use a ventilator or similar support
I	Welfare, etc.		0			0		
II	Municipal tax exemption	Low income I (less than approximately 800,000 yen)	1,250		500	1,250	1,250	500
III		Low income II (less than approximately 2 million yen)	2,500			2,500		
IV		Regular income I (71,000 in municipal tax or less, less than approximately 4.3 million yen)	5,000	2,500		2,500		
V		Regular income II (251,000 in municipal tax or less, less than approximately 8.5 million yen)	10,000	5,000		5,000	2,500	
VI		Upper income (Greater than 251,000 yen in municipal tax, greater than approximately 8.5 million yen)	15,000	10,000		10,000		
	Food expenses during hospitalization		Half of the costs borne by patients			None of the costs borne by patient		

\*Serious diseases are defined as either: 1) requiring high-cost medical Expenses over the long term, where the total medical expenses exceed 50,000 yen per month for over six months of the year (for example, if the medical insurance bears 80% of the costs, patient-borne medical expenses of 10,000 yen per month), or 2) the disease meets the standards of an ongoing serious disease.

[Click here for the authorization standards for serious diseases and specific pediatric chronic disease.](#)

[Return to “About Medical Expense Assistance for Specific Pediatric Chronic Diseases”](#)

[> Return to the top of the page for the Upper Limit of Patient-Borne Costs of Medical Expense Assistance for Specific Pediatric Chronic Diseases](#)