2015-2016

Handbook of Taiwan's National Health Insurance

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Chapter 1 National Health Insurance: Protecting Your Right to Health Care

When you fall ill, you should remember that the National Health Insurance (NHI) is there for you. It was launched on March 1, 1995 to safeguard the right to health care of all of the country's citizens.

What Is National Health Insurance?

The National Health Insurance program is compulsory for all citizens starting from birth. It is founded on the concept of mutual assistance and depends on the insured paying their premiums according to regulations. When people fall ill, the government uses the premiums it receives to help patients pay part of their medical and medication costs to contracted health care institutions. In this way, when we are ill, we can obtain appropriate medical care for a reasonable sum of money.

In other words, by paying your monthly National Health Insurance premiums on time, you are not only helping yourself but also are receiving help from other premium payers. When others become ill, they will also receive help from you.

Compulsory Enrollment

The National Health Insurance program is a compulsory social insurance program. By law, every Taiwanese citizen with official residency or foreign national living in Taiwan with an Alien Resident Certificate (ARC), regardless of age, gender, or employment status, must enroll in the program. Also, this insurance program lasts an entire lifetime. No one may arbitrarily withdraw, except for those who lose their insurance eligibility (such as people who give up their Taiwan citizenship, move abroad, let their Alien Resident Certificate expire, or a person who goes missing).

The National Health Insurance Card: Your Health Passport

When individuals enroll in the National Health Insurance program, they have to apply for a National Health Insurance Card. The card is proof that a person enrolls in National Health Insurance program, and it must be presented every time you visit a clinic or hospital. Please keep it carefully.

Chapter 2 How to Enroll in the National Health Insurance Program

Taiwanese Citizens Who Reside in Taiwan

Any Taiwanese citizen whose household is registered in Taiwan must enroll in the National Health Insurance program when their six-month residency has been established. Those who are employed in Taiwan are not subject to the six-month wait. Babies with Taiwanese citizenship, born in Taiwan, are enrolled in the program from the day they are born. The National Health Insurance program classifies the insured into six categories depending on their employment status. Individuals who are residents of Taiwan but are unemployed or in between jobs must remain enrolled based on their current status. They cannot interrupt their insurance coverage.

Enrolling in the Proper Category

If you are eligible to register in category 1 or 2, you cannot choose category 3. If you are eligible to register in category 3, you cannot choose category 4, and so on.

1. If you work for a company, the government or any other organization, you should be registered in the National Health

Insurance program through your employer (formally known as the “insurance registration organization”).

2. If you are the head of a company or corporation, you should form an insurance registration organization to enroll yourself, employees, and their family members in the National Health Insurance program.
3. If you belong to a union, or a farmers’ or fishermen's association, you should have your union or association register you in the National Health Insurance program. If you simultaneously belong to a union and a farmers' or fishermen's association, you should have the union register you.
4. If you are unemployed but are a legal dependent of an employed spouse or a direct blood relative, you should enroll through your spouse or relative's insurance registration organization (employer, union, etc.) as a dependent. If you qualify as a family dependent of two or more relatives, you should enroll through the closest blood relative.
5. If you are unemployed, and cannot enroll as a legal dependent of a relative (i.e., parents, spouses, or children), then the administrative office of the village, township, city or area where your household is registered is your insurance registration organization. Please enroll in the National Health Insurance program through that office.

If you reside abroad for more than two years without returning, your household registration will be automatically terminated, and you will no longer be eligible to participate in the National Health Insurance program. You will also be required to complete the necessary procedures to withdraw from the program. When you re-establish residency in Taiwan at a later date, you can apply for enrollment again.

Infants

Once newborns get a birth certificate, they legally become the dependent of their father or mother (whichever is employed; if both are employed, either may be selected) and should be enrolled in the National Health Insurance program through their father or mother's insurance registration organization. Taiwanese citizens born overseas can enroll in the program after they have established their household registration for a full six months.

Students

1. With No Occupation

Students who are not employed can enroll as a dependent through the parent of their choice. (For people 20 years of age or older to qualify as students, they must have proof of enrollment at a domestic public school, a private school registered and approved by education authorities or an accredited school overseas.) Those who cannot be a dependent of a parent can enroll as a dependent of their paternal or maternal grandparent. If that is not an option, then they should enroll in the National Health insurance program at their local village, township, city or area administrative office where they hold their household registration.

Insurance Renewal for Students Who Reach the Age of 20

Students who have reached the age of 20 and are unemployed or have no way to support themselves must still rely on their parents or grandparents to be covered under the National Health Insurance system. The insurance registration organization responsible for their enrollment must submit an "Insurance Renewal Application Form" by the end of the month in which they turn 20. This form, along with documentation proving they are students, should be submitted to the National Health Insurance Administration regional division where they are registered to extend their insurance coverage after they turn 20.

2. Employed Part-time

Students with steady jobs should be registered in the program through their employers.

3. Seasonally Employed

Full-time students who only work during summer and winter vacations for fewer than 3 months and return to school when classes resume do not need to change their enrollment statuses during the period of employment.

4. Vocational Training

Those students in vocational training programs who work at factories on a rotating basis can have the factories, if they are willing, continue to register them in the National Health Insurance program when they return to class.

The Employed

Those who are employed should enroll through their company, firm, or affiliated organization:

1. Company chairpersons/owners

They can serve as their own insurance registration unit. If they have other jobs, then they can be insured through their main employer.

2. Company employees with fixed employers

They are enrolled through their employers.

3. Those employed, but without a fixed employer

Individuals who are members of an occupational union or a farmers' or fishermen's association, or who are actively engaged in farming- or fishing-related jobs, should enroll in the National Health Insurance program through their occupational union, or farmers' or fishermen's association.

4. Individuals working two jobs at the same time

They should be registered in the program through their main employer (determined by the place at which more hours are worked; if hours worked are similar, and then income can be used as the deciding factor).

5. Individuals on unpaid leave

They can have their employers, if they are willing, continue to register them using their original income basis.

6. Parents on unpaid parental leave

Parents of newborn children who take unpaid parental leave under the "Gender Equality in Employment Act" can either continue to have their employers register them under their original income basis or be registered through their employed spouses.

The Unemployed

1. Individuals who are unemployed and qualify as dependents should be registered in the insurance program through

employed spouses or direct blood relatives.

2. If individuals cannot be enrolled through spouses or direct blood relatives, or have retired from government agencies, public or private schools, or public enterprises but want to register in the program independently, they should apply to do so at the administrative office in the village, township, city or area where their household is registered.
3. Veterans or dependents of deceased veterans can enroll in the program through the administrative office in the village, township, city or area where their household is registered.

Foreign Nationals from Hong Kong, Macau, China, or Other Countries who Reside in Taiwan

The National Health Insurance Act stipulates that foreign nationals who are legal residents of Taiwan (including those from Hong Kong, Macau and China) must either be registered in the National Health Insurance program by their employer starting the day they are employed or enroll in the National Health Insurance program upon living in Taiwan for 6 months (6 months of continuous residence in Taiwan or with one trip abroad not exceeding 30 days when the actual residency period of 6 months is reached after the days abroad have been deducted).

1. Foreign students

(1) Foreign students can apply to enroll in the program through their school.

(2) Those who receive permission from the National Immigration Agency under the Ministry of the Interior to extend their stay after graduation shall proceed to the district office of residence to extend their enrollment in the NHI program.

2. Those with fixed employers

Those with a steady job can register for the program through their employers.

3. Those who are unemployed but able to enroll as a dependent through a relative (i.e., parents, spouses, or children) could participate in the National Health Insurance program through a relative's insurance registration organization after six months continuous residence in Taiwan.

4. Those without a fixed employer or family members with whom dependency can be claimed, must, after six months of consecutive residence, enroll through the local administrative office where they reside.

5. Company chairpersons/owners

They must enroll in the program through their company after six months of consecutive residence.

Chapter 3 Special Circumstances

Loss of Insurance Eligibility

People are not allowed to participate in the National Health Insurance program and those already enrolled must withdraw from the program under the following circumstances:

1. They are missing for six months or more. If an individual is missing because of a natural disaster, coverage can be withdrawn from the day the disaster occurred.
2. They lose Taiwan citizenship, move overseas, or have an expired Alien Resident Certificate.

Re-registering when Coverage Is Interrupted

If your insurance coverage is interrupted as a result of a change in jobs or insurance category, you will be required to pay health care expenses out of your own pocket. The National Health Insurance Administration therefore suggests that you update your registration as quickly as possible. Here's how:

1. If your coverage has been cut off and you are an employee of a company or an organization, you should re-register in the National Health Insurance program through your employer.
2. If your coverage has been cut off and you are a member of a union, or farmers' or fishermen's association, you should re-

register in the National Health Insurance program through your union or association.

3. If your coverage has been cut off and you are unemployed but can be legally registered as a dependent of an employed relative, you should enroll in the National Health Insurance program though the insurance registration organization of your spouse or blood relative as a dependent.
4. If your coverage has been cut off and you are unemployed and cannot be treated as a dependent of a spouse or direct blood relative, please enroll in the National Health Insurance program through your village, township, city or area administrative office.

Resuming Insurance after an Extended Stay Abroad

Those who do not have a record of being insured under the NHI program in the two years prior to their return to Taiwan are entitled to get coverage under the NHI system six months after establishing their household registration.

1. Those who were abroad for less than two years are qualified for the National Health Insurance as long as they still have their household registration and must enroll in the National Health Insurance program according to the regulations.
2. Those who left Taiwan with cancelled household registration less than two years simply have to reestablish their household registration when they return to Taiwan in order to enroll back in the National Health Insurance program immediately.
3. Those who left Taiwan with cancelled household registration and had their National Health Insurance cancelled for more than two years, a re-establishment of their household registration for 6 months upon returning to Taiwan is required before being able to join the National Health Insurance program again.

What to Do If Going Abroad for More than Six Months

If you plan to go abroad for more than six months, you can either maintain your National Health insurance or suspend your coverage.

1. Continuing Coverage

No application needs to be submitted. As long as the insured continue paying their premiums while they are out of the country, they will be covered for emergency procedures or child delivery abroad but must apply for reimbursement for expenses they paid on their own. (To find out how, please see Chapter 12).

2. Suspending Coverage

(1) Those who decide to suspend their insurance coverage must submit an "Insurance Suspension Application Form" before going abroad. While outside the country, these individuals do not have to pay premiums but will also not be covered for medical care. You may file an online application to suspend NHI coverage by using your "citizen digital certificate" or NHI card through the NHIA's "Personal NHI Online Services" network.

(2) Suspending your coverage means you do not have to pay premiums while abroad, but upon returning to Taiwan, you must remember to restore your coverage from the day of your return. Restoring coverage will fulfill your obligation to enroll in the National Health Insurance program. If you have suspended coverage but left the country for fewer than six months, you must void the suspension and pay back premiums retroactively for the period from when coverage was halted to the time you return to the country.

(3) Those who suspend coverage during their time abroad can only suspend their insurance starting from the day of the application rather than making it retroactive to the day they left the country. This group of people also cannot apply retroactively to suspend their coverage after returning home or request a reimbursement of premiums paid while they lived abroad. We suggest, therefore, that you complete any appropriate insurance procedures before going overseas. Once you suspend coverage, you cannot restore coverage or request reimbursement of medical expenses while abroad. Only after returning to Taiwan and restoring coverage can you regain your right to health care.

(4) Those who have already suspended coverage for their time abroad and those who choose to suspend their coverage while abroad starting January 1, 2013 can only suspend their coverage again after they have returned to Taiwan and reinstated their coverage for three months.

Enrollment of Inmates

Inmates at correctional facilities (inmates serving prison sentences, students, people subject to punishment, defendants, persons undergoing rehabilitation, and juvenile inmates) have been given NHI coverage since January 1, 2013. As inmates in correctional facilities have restricted freedom while incarcerated, the location and method which they receive medical care must be restricted. Inmates should first receive medical treatment at clinics within the correctional facility. If there is a need for transfer, inmates may undergo the process to seek medical care under security.

Chapter 4 Premium Calculations

Sources of Funding

The National Health Insurance program is mainly financed by the premiums shared by the insured, employers and the government. The premiums received by the National Health Insurance Administration are used to help the insured pay for their health care expenses.

We want to emphasize that National Health Insurance premiums only go toward defraying actual medical expenses. Employee salaries and administrative costs associated with the National Health Insurance program itself are all paid for by the government and under no circumstances is premium revenue used to cover the costs of these items.

How Premiums Are Calculated

General Premium

National Health Insurance premiums for individuals in category 1, 2, and 3 are calculated based on the monthly income they report to the National Health Insurance Administration. The premiums of individuals in categories 4, 5, and 6 are based on the average premium of the people enrolled in category 1, 2, and 3.

The formulas used to calculate premiums are as follows:

Category 1		The insured	Salary basis x insurance premium rate x contribution ratio x (1+number of dependents)
		Insurance unit, government	Salary basis x insurance premium rate x contribution ratio x (1+number of dependents)
Categories 2 and 3		The insured	Salary basis x insurance premium rate x contribution ratio x (1+number of dependents)
		Government	Salary basis x insurance premium rate x contribution ratio x (actual number of the insured)
Category 6	Veterens, veterans' dependent household representatives	The insured	Average premium x contribution ratio x number of dependents
		Government	Average premium x contribution ratio x actual number of people insured
	Regional population	The insured	Average premium x contribution ratio x (1+number of dependents)
		Government	Average premium x contribution ratio x actual number of people insured

Notes:

1. Salary Basis: The amount on which premiums are calculated based on a payroll bracket table.
2. Insurance Premium Rate: 4.69% since January 1, 2016.
3. Contribution Ratio: Based on ratios set by National Health Insurance Act.

4. Number of Dependents: Maximum of three, even if actual number of dependents is higher.
5. Average Number of Dependents: Beginning January 1, 2016, the number of persons is announced as 0.61 person.
6. Beginning in January 2016, the average monthly premium for individuals in categories 4 and 5 will be NT$1,759. It is entirely subsidized by the government.
7. Since April 2010, the average premium for individuals in Category 6 has been NT$1,249, with 60% paid for by the individual(NT$749) and 40% by the government.

Premium Contribution Ratios under NHI System

Classification of the Insured			Contribution Ratio (%)		
			Insured	Registration Organization	Government
Category I	Civil servants, volunteer servicemen, public office holders	Insured and dependents	30	70	0
	Private school teachers	Insured and dependents	30	35	35
	Employees of public or private owned enterprises and organizations	Insured and dependents	30	60	10
	Employers Self-employed Independent professionals and technical specialists	Insured and dependents	100	0	0
Category II	Occupation union members Foreign crew members	Insured and dependents	60	0	40
Category III	Members of farmers', fishermen's and irrigation associations	Insured and dependents	30	0	70
Category IV	Military conscripts, alternative military service, military school students on scholarships, widows of deceased military personnel on pensions, inmates	Insured	0	0	100
Category V	Low-income households	Household members	0	0	100
Category VI	Veterans and their dependents	Insured	0	0	100
		Dependents	30	0	70
	Other individuals	Insured and dependents	60	0	40

Payroll Brackets on which Premiums Are Calculated

Bracket Income Differential	Income Tier	Salary Basis(Amount on which Premiums Calculated) (NT$)	Actual Monthly Salary (NT$)
Bracket 1 NT$900	1	20,008	Under 20,008
	2	20,100	20,009-20,100
	3	21,000	20,101-21,000
	4	21,900	21,001-21,900
	5	22,800	21,901-22,800
Bracket 2 NT$1,200	6	24,000	22,801-24,000
	7	25,200	24,001-25,200
	8	26,400	25,201-26,400
	9	27,600	26,401-27,600
	10	28,800	27,601-28,800
Bracket 3 NT$1,500	11	30,300	28,801-30,300
	12	31,800	30,301-31,800
	13	33,300	31,801-33,300
	14	34,800	33,301-34,800
	15	36,300	34,801-36,300
Bracket 4 NT$1,900	16	38,200	36,301-38,200
	17	40,100	38,201-40,100
	18	42,000	40,101-42,000
	19	43,900	42,001-43,900
	20	45,800	43,901-45,800
Bracket 5 NT$2,400	21	48,200	45,801-48,200
	22	50,600	48,201-50,600
	23	53,000	50,601-53,000
	24	55,400	53,001-55,400
	25	57,800	55,401-57,800

Bracket Income Differential	Income Tier	Salary Basis(Amount on which Premiums Calculated) (NT$)	Actual Monthly Salary (NT$)
Bracket 6 NT$3,000	26	60,800	57,801-60,800
	27	63,800	60,801-63,800
	28	66,800	63,801-66,800
	29	69,800	66,801-69,800
	30	72,800	69,801-72,800
Bracket 7 NT$3,700	31	76,500	72,801-76,500
	32	80,200	76,501-80,200
	33	83,900	80,201-83,900
	34	87,600	83,901-87,600
Bracket 8 NT$4,500	35	92,100	87,601-92,100
	36	96,600	92,101-96,600
	37	101,100	96,601-101,100
	38	105,600	101,101-105,600
	39	110,100	105,601-110,100
Bracket 9 NT$5,400	40	115,500	110,101-115,500
	41	120,900	115,501-120,900
	42	126,300	120,901-126,300
	43	131,700	126,301-131,700
	44	137,100	131,701-137,100
	45	142,500	137,101-142,500
	46	147,900	142,501-147,900
	47	150,000	147,901-150,000
Bracket 10 NT$6,400	48	156,400	150,001-156,400
	49	162,800	156,401-162,800
	50	169,200	162,801-169,200
	51	175,600	169,201-175,600
	52	182,000	Above 175,601

Note: Tiers 1-47 follow the wage classification table for monthly contributions into the labor pension fund.

Took effect on July 1, 2015

General Premium Calculation Principles

1. Premiums are calculated on a monthly basis. Therefore, the month you join the program, regardless of which day you enroll, the National Health Insurance Administration will collect a full month's premium from you.
2. For the month you transfer your insurance status (except for those persons transferring on the last day of the month), the insurance premium will be counted at new insurance registration organization (employer).
3. If you transfer your insurance status on the last day of the month, you still have to pay your insurance premium for the month through your original insurance registration organization (employer) because the effective day of transferring one's status is the first day of following month. Therefore, unless the original insurance registration organization (employer) noted that you did not receive a full month's pay for the month of the transfer, the effective day will still be the first day of the following month. For example, if you transfer to a new employer on November 30, it will only take effect on December 1, so you still have to pay your premium for the month of November through your original employer.

General Premium Calculation Examples

Example 1: Joe Smith works at company A and makes NT$35,000 per month. His wife is a full-time housewife, and his three children are still in school.

Calculation:

1.All members of Joe Smith's family should be enrolled in the health insurance program through company A. Though he has four dependents, he does not have to pay premiums for any

more than three dependents under existing NHI guidelines, so one dependent will be covered for free.

2. Based on Mr. Smith's salary, the monthly income used to calculate his premium is NT$36,300 (i.e. level 15 in the income bracket chart).

3. The amount Mr. Smith will pay from his own pocket for his health insurance premium is:

[NT$36,300 × 4.69% × 30%] (amount rounded) × (1 + 3) = NT$2,044

4. The amount company A will contribute to Mr. Smith's premium on a monthly basis is:

[(NT$36,300 × 4.69% × 60%) × (1 + 0.61)] (amount rounded) = NT$1,645

5. The amount the government will contribute to Mr. Smith's premium on a monthly basis is:

[(NT$36,300 × 4.69% × 10%) × (1 + 0.61)] (amount rounded) = NT$274

Note:

1. 0.61 in the calculation formula in steps 4 and 5 reflects the standard average number of dependents.
2. Insurance premium rate: 4.69% since January 1, 2016.

Example 2: John Doe and his wife are insured at the district office where their household registration is.

Calculation:

1. The amount John Doe will pay for his premium from his own pocket is:

[NT$1,249 × 60%] (amount rounded) × (1 + 1) = NT$1,498

2. The amount the government will contribute to John Doe's premium each month is:

[NT$1,249 × 40%] (amount rounded) × (1 + 1) = NT$1,000

Supplementary Premium Calculation Principles

In addition to the basic premium, the insured will be charged a 1.91% supplementary premium when receiving other types of income, including large bonuses, stock dividends, part-time job income, interest income, fees from professional practices, and rental income.

Supplementary premiums are withheld at the point at which the above-mentioned types of income are issued. All supplementary premium withholdings are collected from each individual payment rather than from the total amount of a series of payments over a particular time period. The formulas for calculating supplementary premiums are as follows.

Item	Description	Tax Code (First 2 digits)
Bonuses received during the year that exceed four times the insured's monthly salary basis	Any bonuses (such as year-end bonuses, festival allowances and dividends) not included in the calculation of the insured's registered income apply to this calculation. The portion of the total amount that exceeds four times the insured's monthly salary basis is subject to the supplementary premium.	50
Wage from part-time jobs	Any wages or salary paid for part-time work (from organizations other than the one through which the individual is enrolled in the NHI program)	50
Fees from professional practices	Fees paid to the insured for professional services (before deducting any necessary expenses or costs)	9A 9B
Dividends on stock holdings	Total dividends (stock and cash dividends) paid to shareholders of a company (net dividends + deductible tax)	54
Interest income	Interest earned on government bonds, corporate bonds, financial bonds, short-term bills, savings accounts and loans.	5A 5B 5C 52

Item	Description	Tax Code (First 2 digits)
Rental income	Rent paid to the insured (before deducting any necessary losses and expenses)	51

Supplementary Premium Calculation Examples

[Interest Income]

•Example: Mr. Fu has a few time deposit accounts at bank B. Three of them expired on June 20, 2016 and paid Mr. Fu NT$1,500, NT$25,000, and NT$1,800 in interest, respectively. How will bank B deduct Mr. Fu's supplementary premium?

•Calculation: Supplementary premium = [NT$25,000 × 1.91%] (amount rounded) = NT$478

•Note: Supplementary premiums are calculated based on the interest paid on each time deposit account, not the combined amount. Two of the accounts paid out less (NT$1,500 and NT$1,800) in interest than the minimum amount of the supplementary premiums are collected and are therefore exempt from the supplementary premium deduction. Bank B is required to pay the NHIA the NT$478 deducted from Mr. Fu's interest payment by July 31, 2016.

Supplementary premium rate:1.91% since January 1, 2016.

[Bonus]

•Example: Mr. Wang is a computer software engineer employed by company C. His monthly salary basis for health

insurance purposes is NT$150,000. He received a year-end bonus of NT$450,000 in February 2016 and then a profit-sharing bonus of NT$600,000 in October.

•Calculation: Supplementary premium = NT$450,000 × 1.91% = NT$8,595

•Explanation: Wang's bonus in February of NT$450,000 was

not more than four times the amount of his monthly salary basis (NT$600,000, or NT$150,000 × 4), so there was no need to deduct a supplementary premium. When he received the profit-sharing bonus of NT$600,000 in October, the cumulative bonuses came to a total of NT$1.05 million, which exceeded four times his monthly salary basis by NT$450,000 (NT$1.05 million – NT$600,000). As a result, when company C paid him the bonus in October, it was required to deduct the supplementary insurance premium of NT$8,595. The calculations are shown in detail in the following table:

Payment Date	Type of Bonus	(A) Monthly Salary Basis at Time Payment Made	(B=A×4) Four times the salary basis (B=Ax4)	(C) Amount paid
Feb. 01, 2016	Annual bonus	NT$150,000	NT$600,000	NT$450,000
Oct. 01, 2016	Profit-sharing bonus	NT$150,000	NT$600,000	NT$600,000
Sub total				

(D) Cumulative total of bonuses received	(E=D-B) Cumulative bonus amount exceeding 4 times the salary basis	(F) Amount on which supplementary premium should be collected Min (C,E)	(G=F*1.91%) Supplementary premium owed
NT$450,000	-NT$150,000	0	0
NT$1,050,000	NT$450,000	NT$450,000	NT$8,595
NT$1,050,000			NT$8,595

Note:Supplementary premium rate:1.91% since January 1, 2016

3. Types of Income Subject to Supplementary Premiums and the Lower and Upper Limits on which Premiums Collected[Note 1]

Type of income	Lower Limit	Upper Limit
Annual bonuses exceeding four times the insured's monthly salary basis	None	NT$10 million more than four times the salary basis for that month, received in a single payment
Wages from part-time jobs	Single payments equal to or above the national minimum wage	NT$10 million (received in one payment)
Fees from professional practices[Note 2]	NT$20,000 (received in one payment)[Note 3]	

Type of income	Lower Limit	Upper Limit
Stock dividend income[Note 2]	1. Those insured as employers or self-employed: single payments amounting to NT$20,000 higher than the salary basis registered to calculate insurance premiums[Note 3]. 2. Those not insured as employers or self-employed; single payments of at least NT$20,000[Note 3].	1. Those insured as employers or self-employed: single payments amounting to NT$10 million more than the salary basis registered to calculate insurance premiums. 2. Those not insured as employers or self-employed; single payments limited to NT$10 million.
Interest income[Note 2]	NT$20,000 (received in one payment)[Note 3].	NT$10 million (received in one payment)
Rental income[Note 2]	NT$20,000 (received in one payment) [Note 3]	NT$10 million (received in one payment)

Note:

1. When income subject to the supplementary premium exceeds the minimum threshold, the supplementary premium is calculated based on the full amount of income. If it exceeds the upper limit for income subject to the supplementary premium, then the upper limit amount is used to calculate the premium.
2. As of January 1, 2015, members of low and middle-income households, low- and middle-income seniors, disadvantaged children and adolescents receiving living subsidies, individuals with disabilities receiving living subsidies, individuals individuals subsidized due to special family circumstances, and individuals facing economic hardship in accordance with Article 100 of the National Health Insurance Act (NHI Act) are exempt from supplementary insurance premiums on fees from professional practices, dividend income, interest income, or rental income, provided single payments do not reach the statutory minimum wage (currently NT$20,008).
3. Adjustment since January 2016.

4. Supplementary Premium Exemptions

Individuals holding any of the following supporting documents can be declared exempt from having supplementary premiums deducted from various kinds of non-salary income.

Reasons for Exemption	Income Exempt from Supplementary Premium	Required Documents
Individuals not eligible to be covered under NHI program	All six categories of income normally subject to supplementary premiums.	After the individual tells the employer he/she is not eligible for the NHI program, confirmation of this by the employer with the NHIA
Insured individuals belonging to NHI Category 5 low-income households		A low-income household certificate issued by a social agency that was valid during the period the income was paid
Category 2 insured individuals	Salary paid by sources other than the unit that has enrolled the recipient in the NHI program	Proof of insurance or proof of payment issued by a union during the payment period.
Professionals and technicians in business for themselves or those who are self-employed and insured through a union (income from professional practices considered to be the salary basis).	Professional fees	A. For persons enrolled in the NHI program as a professional or technician, proof of insurance issued by the individual's insurance registration organization. B. For persons insured through a union, proof of insurance or proof of payment issued by the union. Documents must be valid for period during which income was paid.
Children and teenagers	Payments between January 1, 2013 and August 31, 2014 from an organization other than the insurance registration organization that are below the minimum wage.	Identity documents.
Individuals with disabilities whose labor insurance registered wage is below the minimum wage.		Disabilities handbook or proof and labor insurance proof approved and issued by the socioeconomic agency during the payment period.
College students, university undergraduate students, graduate students (master/doctorate) enrolled in Taiwan without a full-time job.		Registration form or student ID with the registration seal affixed and declaration specifying the individual has no full time job.

Reasons for Exemption	Income Exempt from Supplementary Premium	Required Documents
Low-income households	(1) Payments between January 1, 2013 and August 31, 2014 from an organization other than the insurance registration organization that are below the minimum wage. (2) If the payment period is after January 1, 2015 and single payments from income types listed below do not reach minimum wage: 1. Fees from professional practices 2. Dividend income 3. Interest income 4. Rental income	A low-income household certificate issued by a social agency that was valid during the period the income was paid
Individuals facing financial difficulties who meet the criteria outlined in Article 100 of the NHI Act		Documents offering proof of financial difficulties during the period payment received
Low-income senior citizens		Eligibility approval letter issued by a social administrative agency during the period of payment
Recipients of a disability living allowance		
Disadvantaged children and adolescents receiving living subsidies		
Subsidized indiivudlas due to special family circumstances	If the payment period is after January 1, 2015 and single payments from income types listed below do not reach minimum wage: 1. Fees from professional practices 2. Dividend income 3. Interest income 4. Rental income	

5. Employer Supplementary Insurance Premiums

[Total salary paid monthly by the insurance registration organization (employer) minus the total combined "salary basis" reported to the NHIA for the organization's employees] x 1.91%.

- No upper limit
- After the employer calculates this premium amount each month, it shall be paid along with the employer's general monthly insurance premium payment.

Chapter 5 Premium Collections

On the payment receipt sent to the insured or their insurance registration organization, there is a phone number of the person in charge. If you have any questions about how your premium was calculated, you can call the contact the person for help.

Premium Payments and Tax Deductibility

According to Article 17 of the Income Tax Act, when people file their income tax returns and choose to take itemized deductions rather than standard deductions, they can claim National Health Insurance premiums as an itemized deduction without limitation. Other insurance payments are also tax deductible up to a certain limit, so insurance payments can be deducted from taxable income in two categories:

1. National Health Insurance Premium Expenses

The total amount spent on National Health Insurance premiums by the individual taxpayer, his or her spouse and reported dependents can be listed as an itemized deduction, without any ceiling on the overall total. Thus, the more you pay in premiums, the more you can deduct from your taxable income and the less you'll have to pay in taxes.

2.Other Insurance Premium Expenses

Premiums paid for life insurance, personal injury insurance, national pension insurance, labor insurance, employment insurance, agricultural insurance, and military, public servant and teachers insurance can be listed as itemized deductions. However, there is a ceiling on how much is tax deductible per person per year.

How to Apply for NHI Premium Payment Proof

People enrolled in the NHI program can list both regular and supplementary premiums as deductions when filing their income taxes. These premiums are not subject to the maximum NT$24,000 in insurance premium deductions normally allowed. NHI premium data is currently available on the websites of national taxation bureaus for different areas. If taxpayers file their returns electronically, they do not have to submit separate proof of payment of the premiums claimed as deductions.

If you still require NHI payment information, you can obtain the necessary information in the following ways:

1. Proof of Payment of Regular NHI Premiums

   If you have registered for NHI coverage through your company or trade union (fishermen's association, farmers' association, irrigation association), please apply for proof of payment of NHI premiums with that organization.

2. Proof of Supplementary Insurance Premium Withholdings

   You may file an application with the unit that withheld supplementary insurance premiums. The NHIA compiles an accounting for each individual of the withholdings declared on their behalf. This information for the previous year is available to the public beginning in April. It is also provided to tax authorities and can be accessed at tax offices and used when listing deductions on a tax return.

3. If you have not obtained proof of NHI (including supplementary insurance premiums) premium payments by the end of April, you may apply for another receipt through one of the following methods most convenient to you during the tax declaration period in May.

(1) Use your citizen digital certificate on the income tax electronic computing and declaration software available at national taxation bureaus or the "online application and search" operations area on the NHIA website (or use the NHI card) to search and download.

(2) Bring your ID (original copy) and visit the national taxation bureau branch, revenue service, township (town, city, district) office, or the NHI business division; you may also contact the office to search and file an application.

(3) Use your citizen digital certificate at a multimedia information work station in convenience stores; you may also print proof of payment for the previous year (in conjunction with payment proof file transfer operations in January to March every year, printing services are not available during this period).

Premium Payment Methods

1. Those insured through their employers

Employers will directly withhold from employees' paychecks the amount the insured must contribute toward their insurance premium and pay it on their behalf to the National Health Insurance Administration.

2. Those insured through unions and farmers' and fishermen's associations

These individuals must pay the amount owed for the premiums directly to their insurance registration organization, which then is required to transfer the sum to the National Health Insurance Administration.

3. Those who are unemployed and are insured through local administrative offices

You can make payments at your convenience using the following methods:

(1) Bank transfer

You can go to a financial institution designated by the National Health Insurance Administration to set up an automatic transfer account from which monthly premiums will automatically be deducted.

(2) In person

You can take your insurance bill to any bank authorized by the National Health Insurance Administration to collect premiums and pay it there.

(3) Convenience stores

You can take your insurance bill to any 7-Eleven, Family Mart, Hi-Life or OK convenience store around the country and pay it there. (A processing fee will be charged and only payments of under NT$20,000 are accepted.)

(4) Automated Teller Machines (ATMs)

You can use an automated teller machine (ATM) with an automatic interbank money transfer label to pay premiums. Those transferring money from one bank to another will be charged a transaction fee.

(5) Paying Online

You can pay your premium using a cash card by following the instructions on the National Health Insurance Administration's website at http://www.nhi.gov.tw, the national pay website at http://ebill.ba.org.tw, or the Bank of Taiwan's website at https://ebank.bot.com.tw. Those making transfers from one bank to another will be charged a service fee.

(6) Mobile Payment

You can pay (subject to a handling fee) by entering your ID number and savings account number at the e-Bill website http://ebill.ba.org.tw

To save time and avoid being fined for late payment because you forget to pay your premium, we suggest that you use a designated savings account from which payments can be deducted and transferred automatically.

Setting up an Automatic Transfer Account

You can contact a financial institution that accepts payment for National Health Insurance premiums. Fill out a New (Cancellation) Agreement for Bank Transfers of National Health Insurance Premiums Bank Transfer (with the premium payment stub or copy of the receipt from the most recent month for reference) and bring your savings account passbook, account chop, and ID to arrange the automatic transfer of insurance premiums. Once you have completed the application process, your remiums will begin to be deducted from the designated account the following month.

What Happens If You Forget to Pay Your Premiums or Your Account Is Short of Funds? (Calculating Fines for Late Payment)

Once your application to have your premiums automatically deducted from your account officially takes effect, the authorized financial institution will debit your account on the 15th of each month. If your account lacks the necessary funds, financial institutions will no longer debit your account. Instead, the NHIA will send you the unsuccessful transfer payment slip and ask you to pay the amount owed through another channel. Therefore, please make sure that sufficient funds are in the account before the 15th of each month so that the automatic deduction can be made.

No matter how you choose to pay, if you pay your premiums after the grace period (the 15th of the month after the payment period) has expired, the NHIA will count the number of days payment was late (from the day following the expiry of the grace period – the 16th of the month after the payment period – to the day before the payment was made) and will charge a penalty of 0.1% of the amount owed per day. The penalty cannot exceed 15% of the premiums owed for insurance registration organizations and cannot exceed 5% of the amount owed for individuals.

Supplementary Insurance Premiums

Individual

Supplementary premiums rely on withholding funds at the source of income. Organizations paying people income in the six categories withhold the premium at the time of payment based on the supplementary premium rate. For example, for somebody who receives a lecture fee, the unit hiring the lecturer first deducts the supplementary premium based on the premium rate and then pays the balance owed to the speaker. Individuals who receive payment do not have to process anything.

If you have dividend income, the supplementary premium might not be automatically deducted because of the amount of the "imputation tax credit" companies distribute can change at the end of the year or there is no cash dividend from which to deduct premiums on stock dividends. In those cases, the individual will have to pay the supplementary premium on his or her own. If an individual has received the payment, but the organization did not deduct the supplementary premium, the NHIA will charge the recipient the amount in the following year. Once the individual receives the bill, he or she can pay it at any authorized financial institutions or at a convenience store or make the transfer using an ATM machine or online.

Employer

Employer supplementary premiums, based on the difference between the total monthly salary employers pay and the total salary basis they report to the NHIA for their employees, are paid by employers together with the regular health insurance premiums they owe every month, keeping employers' operational burdens to a minimum.

Chapter 6 Medical Services Reimbursed by the National Health Insurance Program

Outpatient and Referral Services

When you visit a doctor, the National Health Insurance Administration will cover most of your examination and medication costs. All you need to pay is a co-payment. (For details on basic outpatient co-payments and medication co-payments, please see Chapter 7)

1. Please visit a clinic first; get a referral to a hospital if necessary

(1) To ensure that each level of health care institution can provide patients with the most appropriate care, we suggest that you should seek outpatient treatment at a local clinic and stick to one doctor to get basic care. If a hospital stay or a further procedure or test is necessary, the clinic will refer you to a hospital.

(2) The benefit of doing this is twofold: you can develop a complete medical record at the clinic while receiving specialized medical care and you can avoid wasting money and time running around to different health care institutions.

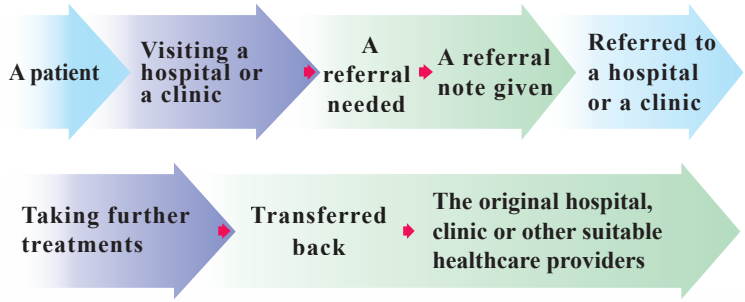
2. Visiting a hospital without a referral costs more

(1) Under the referral system that took effect on July 15, 2005, the basic outpatient co-payment at clinics was fixed at NT$50. If follow-up care is necessary, the clinic's doctor can refer the patient to a regional hospital or medical center. The first visit to a hospital within one month of an outpatient or emergency procedure or a hospital stay, or a new mother's first checkup within six weeks after being discharged from the hospital, are all treated as referral visits.

(2) If individuals go directly to district hospitals, regional hospitals or medical centers without a referral (except for dental care and traditional Chinese medicine therapy), the basic outpatient co-payment will be NT$30, NT$100, and NT$150 higher, respectively, than if they had a referral. There is no difference in the co-payment for medication if you bypass clinics and go directly to a hospital for a checkup.

How the Referral System Works

You only have to remember the following easy steps to get a referral without any problems and save time and effort.



Step 1: If you are not feeling well, visit a local clinic or family doctor and ask the attending physician for a preliminary diagnosis and suggested course of treatment.

Step 2: If you have to be hospitalized or need tests or surgery, the doctor will give you a referral note and refer you to a hospital for follow-up treatment, including date of visit, department, and registration assistance.

Step 3: Please visit the referral service counter or window at the designated hospital on the date of visit on the referral note and present your referral note for confirmation.

Step 4: Once a hospital agrees to accept the referral, it must -- within three days of an outpatient visit or within 14 days of the patient being hospitalized -- inform the patient's original clinic of the treatment given, any suggestions, or the "hospital discharge summary." The original clinic will be notified if the patient needs to remain in the hospital or if further treatment is needed.

Step 5: Patients who do not need to be further referred to a hospital or clinic for treatment but still require follow-up therapy should be referred back to their original clinic or hospital, or other suitable healthcare providers to continue their treatment.

Notes:

1. Regardless of whether the referral is from hospital to clinic, clinic to hospital or between same-class health care institutions, transfers out and transfers back are all considered to be referrals.
2. All contracted hospitals and clinics can issue referral notes and refer patients to any level of health care institution. A clinic, for example, can directly refer a patient to a medical center without

sending the patient first to a district hospital and then a regional hospital.

Co-payments for the Same Course of Treatment

Undergoing the special therapies listed below in response to a medical condition is considered following "the same course of treatment." Patients following the same course of treatment only have to pay the basic outpatient co-payment before their first outpatient visit and deduct one doctor visit from their allotted visits. Subsequent outpatient visits do not require co-payments and do not count against a patient's allotted visits. The only exceptions to this are patients undergoing western medicine physical therapies ("simple" or "simple to moderate" therapies) and traditional Chinese medicine therapies. They will be required to pay a co-payment of NT$50 for the second to the sixth outpatient visits related to the same course of treatment, but the visits will not be deducted from their allotted number. In all cases, patients must still present their NHI cards when receiving outpatient care for verifiction purposes.

1. Western Medicine: From the first day of treatment,

(1) Changing dressings within two days after being treated for a simple wound.

(2) Getting the same injections not more than 6 times within 30 days at a contracted clinic or hospital to treat a condition (chemotherapy excluded).

(3) Getting rehabilitation therapy not more than 6 times within 30 days.

(4) Light therapy for skin disease, electrical stimulation for urinary incontinence, pelvic muscle biofeedback training not more than 6 times within 30 days.

(5) Postoperative suture removal not more than 6 times within 30 days.

(6) Pulmonary rehabilitation therapy not more than 6 times within 30 days.

(7) Less than six rehabilitative therapy sessions for children under nine years of age before the end of the following month.

(8) Radiation treatment for cancer within 30 days.

(9) Hemodialysis within 30 days.

(10) Hyperbaric oxygen treatments within 30 days.

(11) Hyposensitization therapy within 30 days.

(12) Home care within 30 days.

(13) Psychiatric community rehabilitation sessions within 30 days.

(14) Psychiatric activity therapy, occupational therapy, or psychotherapy within 30 days.

2. Dental Care: From the first day of treatment,

(1) Tooth extraction and related therapy —not more than 6 times within 30 days.

(2) Operative dentistry in the same part of the mouth —not more than 6 times within 30 days.

(3) Therapeutic scaling — not more than 6 times within 30 days.

(4) Root canal in the same part of the mouth — 60 days constitutes one course of treatment.

3. Traditional Chinese medicine: From the first day of treatment,

(1) Six acupuncture sessions to treat the same condition within 30 days.

(2) Six dislocation rehabilitation therapy sessions to treat the same condition within 30 days.

(3) Six injury treatment sessions to treat the same condition

within 30 days.

Undergoing the special therapies listed below in response to a medical condition is considered following the "same course of treatment." Patients following the same course of treatment only have to pay the basic outpatient co-payment before their first outpatient visit and deduct one doctor visit from their allotted visits. Subsequent outpatient visits do not require co-payments and do not count against a patient's allotted visits.

The only exceptions to this are patients undergoing western medicine physical therapies ("simple" or "simple to moderate" therapies) and traditional Chinese medicine therapies. They will be required to pay a co-payment of NT$50 for the second to the sixth outpatient visits related to the same course of treatment, but the visits will not be deducted from their allotted number. In all cases, patients must present their National Health Insurance cards (NHI Cards) when getting outpatient care for verification.

Notes:

1. If the physician treating you for a condition provides treatments for other ailments during the same visit, it does not count against your total allotted visits.
2. If during a course of treatment your condition changes and the original treatment cannot be continued because the attending physician issues a new diagnosis, then subsequent treatments cannot be considered part of the "same course of treatment." The patient must follow the normal procedure associated with any checkup, namely registering, seeing a doctor, and paying for the visit.

Emergency Care

The National Health Insurance Administration covers most emergency care expenses, including treatment, physical examinations, lab tests, and medication costs. Patients only have

to pay an "emergency care co-payment". (For more details on emergency care co-payments, please see Chapter 7.)

Hospitalization

When an insured individual needs to be hospitalized, the National Health Insurance Administration will fully cover the cost of certain "NHI beds" (according to National Health Insurance guidelines) and most hospitalization expenses, please see Chapter 7 for details.

1. Hospital Room Fees

(1) "NHI beds" refer to those in a hospital room with three or more beds, or special beds, such as intensive care beds and isolation beds. If you stay in a room with only one or two beds, then you are required to pay the difference between the actual cost and the amount covered by the National Health Insurance program for a NHI bed.

(2) Ward fees are calculated beginning the day a patient is hospitalized but the day the patient is discharged is not included. In other words, the date of admittance rather than the date of discharge is used in the ward fee calculation.

2. Hospitalization Fees

(1) There is no arbitrary time limit on hospital stays. Length of hospital stays are determined by patients' needs. The National Health Insurance program will cover between 70% and 95% of your hospitalization expenses depending on the length of stay and whether your condition is acute or chronic. You will only be responsible for 5% to 30% of the cost of your hospitalization. (For more details on hospitalization co-payments, please see Chapter 7.)

(2) If a physician determines that you no longer need to be hospitalized, but you insist on continued inpatient care, you will be responsible for all additional hospitalization expenses.

(3) As for medication fees, some special medications are regulated and are only covered by the National Health Insurance program if a doctor determines that the medication is appropriate for the medical condition.

Home Health Care

Home health care is carried out in coordination between doctors and nurses. Services offered at patients' homes include: home visits, diagnosis and treatment, the provision of medical supplies, and nurse-supervised catheter and ostomy services for the respiratory, digestive and urinary systems. Other services include collecting tissue samples for testing and guiding family members and caregivers on how to help care for the patient.

How to Apply:

1. If a physician assesses that a hospital patient qualifies for home health care, the patient will be handed over to the hospital's home care department or transferred to another health care or nursing care institution that has a home care department.
2. If the patient has not been hospitalized, but the attending physician finds he or she meets the conditions required for home health care, the patient can apply directly for home health care with a health care or nursing care institution that has a home care department.

Patients Must Meet One of the Following Conditions to Qualify for Home Health Care

1. Patient is immobile and spends more than 50% of his or her waking hours either in bed or in a chair.
2. Patient has a clear need for medical or nursing services.
3. A chronic disease patient who has need for long-term nursing care or patient who needs follow-up nursing care after being discharged from the hospital.

Related National Health Insurance Regulations

1. Thirty days of home health care is considered as one course of treatment. Only the first visit of every month by a health care worker is deducted from the NHI Card's visit allotment.
2. In principle, home health care consists of two visits a month by a nurse and one visit every two months by a doctor.
3. The home health care patient's co-payment is 10% of the actual cost of each visit, except for those who qualify for exemption from co-payments.
4. Transportation costs incurred by health care workers traveling to the patient.

Hospice Care

The hospice and palliative care covered by the National Health Insurance program is divided into three categories: hospice care in a hospital, home hospice care (including community hospice care), and hospice shared care. Patients admitted include various patients with terminal stage cancer, patients with amyotrophic lateral sclerosis (ALS), and 8 types of critically ill patients. These 8 types of critically ill patients include patients with senile and presenile organic psychotic conditions, other cerebral degenerations, heart failure, chronic airway obstruction (uncategorized), other pulmonary disease, chronic liver disease and cirrhosis, acute renal failure (unspecified), and chronic renal failure and renal failure (unspecified).

Service Content

1. Hospice Care in Hospital

   As hospice beds are not available at all hospitals, you may visit the website at http://www.nhi.gov.tw/ for more information or call any National Health Insurance Administration regional division or liaison office to inquire which hospitals provide this before seeking medical attention at these locations directly. After a doctor's professional diagnosis which meets the

admittance conditions, the doctor will arrange for your stay at a hospice bed. A professionally trained team will offer a detailed explanation regarding precautions such as signing a hospice care agreement and refusing invasive medical procedures.

2. Home Hospice Care (Including Community Hospice Care)

   If you or your family member chooses to return home or go to a care facility closer to home to receive care, the National Health Insurance Administration also provides home hospice care. A team of medical professionals (Group A) will visit your home for visitation, regular diagnosis and treatment, and care relating to the psychological, social, and spirituality issues of terminally ill patients and their families. With the introduction of community-oriented home hospice care (Group B) in 2014, the norms for medical personnel involved in "community hospice care" were eased so that primary care physicians could participate in the program, enabling hospice care to be delivered into communities and on outlying islands. To better serve patients at home, medical facilities provide a 24 hour phone consultation service so you may call nursing staff to inquire about any questions you may have regarding care. Please visit the website at http://www.nhi.gov.tw/ to look up 24 hour consultation hotlines.

3. Hospice Shared Care

   As not every hospital has hospice beds and some patients who desire hospice and palliative care are unable to receive this care due to the limited amount of hospice beds, the National Health Insurance Administration began implementing the hospice shared care trial project in April 2011. This allows patients in acute care beds, ICU wards, respiratory care wards and emergency wards to also receive care jointly from medical professionals from their original medical team along with a hospice shared care medical team in the same hospital. The hospice shared care team provides hospice and palliative care

services while the original medical team continues to provide care services in hospital.

NHI Family Physician Integrated Care Project

5 or more primary care clinics in the same region cooperate with the regional hospital to form a community health care group which uses its combined strength to care for people in the community.

Service Content

1. Community health care groups set up 24-hour health care counseling hotlines that can immediately answer questions and offer uninterrupted, complete health care.
2. Providing health management and health education to teach members correct health knowledge and fortify disease screening, vaccinations, and improve self-care capabilities.
3. If a patient needs to be further examined or treated at a hospital or referred to another specialist, your family doctor will contact the partner hospital and help you transfer to its inpatient department. Your medical records will also be sent to the partner hospital. The hospital, in turn, will report the results of the examination and tests immediately back to the clinic. The family doctor's coordination helps you, the patient, "go to the right department and find the right specialist," and will also avoid unnecessary examinations and medications, reduce waiting time for a hospital bed and decrease the confusion you may experience while seeking health care at a major hospital.
4. Once your condition stabilizes, you may return to your original family physician's clinic to receive continued treatment.

How to Participate

The National Health Insurance Administration analyzes patient behavior from the previous year's data of the outpatient department (western medicine), lists qualified people and then match them to the clinic they visit most frequently, which will be

regarded as this patient's main healthcare provider. Once this clinic joins the project, the National Health Insurance Administration will provide the community health care clinic with a roster to provide comprehensive care services to the public.

If you would like to find out which clinics around your residence are part of the community health care group, please call NHI toll-free hotline at 0800-030-598 or inquire on the website at http://www.nhi.gov.tw/.

Reimbursement Plans that Improve Health Care Quality

Prevention is better than a cure. When most diseases first occur, if they are discovered at an early stage through screening and treated, chances for full recovery increase significantly. In addition, some patients with chronic or illnesses which require long term treatment can live normal lives if they take their medication according to their doctor's orders and control their condition properly.

Based on the concept of "purchasing health for the public," the National Health Insurance Administration has selected a few common diseases to be handled under the medical benefits improvement plan. The National Health Insurance Administration hopes that through appropriate incentives, medical institutions will be guided to provide patients with complete, continuous medical care. It also hopes that by making health care quality and efficiency the basis for payment, this scheme will become an innovative way to purchase health.

Service Content

Diseases currently covered under the "medical benefits improvement plan" include: diabetes, early stage chronic kidney disease, asthma, chronic hepatitis B and C carriers, breast cancer, schizophrenia, and etc. Hospitals reversed the previous situation of patients seeking out doctors to actively assisting patients through

disease management on a case basis. Treatment plans were planned with patients, with reminders for patients to take their medication on time, follow up on their condition, and reminders for subsequent clinic visits, etc.

How to Join

Simply visit the website at http://www.nhi.gov.tw/ for more information or call any National Health Insurance Administration regional division or liaison office to inquire about hospitals that are participating in the medial benefits improvement plan. You may then directly seek medical attention at these locations or visit after a referral.

If doctor diagnosis confirms that you are indeed suffering from a disease designated by the plan, a professional medical team will aid in controlling your condition by setting up a complete treatment plan without need for you to submit an application. As a reminder, to ensure complete treatment and subsequent follow up, it is best if you continue treatment at one hospital or clinic.

Chapter 7 How to Get Health Care

Bring Your NHI Card When Visiting a Doctor

Whether you are visiting a doctor, picking up medicine or having a test done, you can use your National Health Insurance card (NHI card) to obtain treatment under the National Health Insurance program. You will be required, however, to pay a registration fee and co-payment.

If you forget your NHI card when visiting a doctor, you must first pay all medical expenses out of your own pocket. But you can have the expenses, minus the required co-payment, refunded if you bring your NHI card to the health care institution where you were treated within 10 days of your doctor's visit.

Pick Up Your Prescription after Seeing a Doctor

Doctors are responsible for treating patients and deciding what medication they should take. Pharmacists then prepare the medication according to the doctor's prescription and remind patients how to take it.

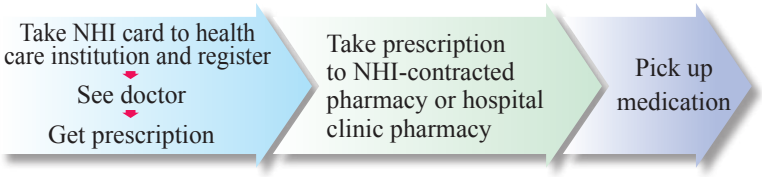
At the end of your visit with a doctor, the doctor may give you a prescription listing the types of medicine you need, dosages to be taken and how to use them. You should take the prescription slip within three days of the visit (after three days, the prescription

is no longer valid) to a NHI-contracted pharmacy to pick up your medicine. (If the hospital or clinic you visited has a qualified pharmacist, you can have your prescription filled by the health care institution's pharmacy on the spot.)

A prescription should include the following information:

1. The patient's name and age (or date of birth)
2. The diagnosis and physician's signature (or seal)
3. The name of the hospital or clinic and its address and telephone number
4. The name of the drug(s), its form (capsule, pill, liquid, etc.), unit dosage content, quantity, dosage, and usage instructions (i.e. how long or when to take the medication, and other medication precautions.)
5. The date the prescription was issued and its refill instructions (shows how many times the patient can refill the prescription and the number of days covered by each prescription).

Doctor Visit Flow Chart



Note:

Registration fees are administrative fees and vary depending on the health care institution based on a fee schedule approved by the Public Health Bureau of the county or city in which the institution is located. According to the National Health Insurance Act, registration fees are not covered by the NHI program and are not collected by the National Health Insurance Administration. If you have any questions regarding registration fees, please contact your local Public Health Bureau.

Regular Prescription Rules

When physicians prescribe medicine to a patient, they usually prescribe 7 days of medicine in principle. Based on physicians' assessments of their patients, they are allowed to prescribe up to seven days' worth of medicine, and if a patient is diagnosed with a chronic ailment, they can prescribe up to 30 days of medicine. (For more information on prescription refills for chronic patients, please see Chapter 9.)

If the pharmacy does not have a particular drug listed in the prescription, and the doctor did not specify that the specific drug has to be taken, the pharmacists can substitute another drug from another pharmaceutical company that is not more expensive and has the same composition, form and dosage. The substitute drug must also be covered under the National Health Insurance program.

Referral Regulations

If NHI-contracted hospitals and clinics are unable to provide complete treatment due to limitations such as personnel, equipment, or specialization, they should assist you with a referral to another medical facility with treatment capabilities. However, if your situation is critical, the contracted hospital or clinic should provide the appropriate emergency procedures before making the referral. In addition, if your condition stabilizes after referral treatment and you no longer need to continue treatment at the facility, the contracted facility should aid you in transferring back to your original facility or another appropriate contracted facility to receive continued follow up treatment.

If you meet the aforementioned criteria for referral, your family physician or contracted facility's referral counter will make appropriate referral arrangements for you. This includes date of visit,

treatment department, and registration assistance. You will not have to make graduated referrals from a small hospital to larger hospitals. Please communicate with your doctor about the doctor you wish to be referred to when your referral note is being issued. As the referral is made as a professional medical arrangement after communication by both parties, you must visit the specified contracted hospital, clinic, department listed on your referral note in order for doctors to provide you with the most appropriate medical care and for the western medicine clinic basic co-payment to be charged according to referral regulations.

If you are unable to seek medical care on the date of visit specified on your referral note due to outstanding circumstances, you can contact the referral counter at the contracted facility accepting your referral directly to arrange an alternate visit date. (Please refer to Chapter 6 on how to make referrals.)

Co-payments

When local residents covered under the National Health Insurance program visit a doctor, the system covers most of the medical expenses, but patients are required to pay a small portion of the cost, called a "co-payment." The main reason for requiring a co-payment is to remind the insured that medical resources are used to help people who are ill or injured and should not be wasted under any circumstance.

In general, outpatients must pay a basic outpatient co-payment and a medication co-payment. If an outpatient was given rehabilitation therapy or traditional Chinese medicine therapy, then there will be an outpatient rehabilitation (including traditional Chinese medicine traumatology) co-payment. If a patient is hospitalized, then he or she will have to pay an inpatient co-payment when discharged.

1. Basic Co-payments for Outpatient Visit under NHI System (NT$)

Institution Class	Basic Co-payments				
Type of Institution	Western Medicine Outpatient Care		Emergency Care	Dental Care	Traditional Chinese Medicine
	With referral	Without referral			
Medical Centers	210	360	450	50	50
Regional Hospitals	140	240	300	50	50
District Hospitals	50	80	150	50	50
Clinics	50	50	150	50	50

Notes:

1. Individuals classified as disabled pay co-payments of NT$50 for any medical care, regardless of the type of medical institutions they visit.
2. Patients who return for their first checkup after an outpatient or emergency procedure, or within 30 days after being discharged from the hospital, or within 42 days after giving birth, pay the same co-payment as if they were given a referral as long as they have a hospital certificate confirming the need for a follow-up visit.

2. Medication Co-payments under NHI System (NT$)

Drug cost per prescription	Co-payment per prescription	Drug cost per prescription	Co-payment per prescription
under 100	0	601~700	120
101~200	20	701~800	140
201~300	40	801~900	160
301~400	60	901~1,000	180
401~500	80	1,001 and above	200
501~600	100		

3. Rehabilitation and Traditional Chinese Medicine Co-payments

If you receive physical therapy or traditional Chinese medicine therapy for injuries (including traditional Chinese medicine traumatology) on an outpatient basis, the Co-payment for follow-up visits is uniformly NT$50 (except for “moderate to complicated” and “complicated” therapies).

4. Co-payments for Inpatient Care

If a patient is hospitalized in a NHI-contracted hospital, the inpatient co-payment -- the percentage of the overall cost of the stay to be covered by the patient -- depends on the type of the ward (acute or chronic) and length of stay, as shown in the following table:

Ward	Co-payment Rates			
	5%	10%	20%	30%
Acute	--	30 days or less	31-60 days	61 days or more
Chronic	30 days or less	31-90 days	91-180 days	181 days or more

Note:

Co-payments for multiple acute ward stays of fewer than 30 days and chronic ward stays of fewer than 180 days for the same ailment are capped, with the ceilings adjusted annually. For example, in the period from January 1, 2015 to December 31, 2015, caps on hospital stay co-payments for acute ward stays of a total of fewer than 30 days or chronic ward stays of fewer than 180 days have been set at NT$33,000 for a single hospital stay for a particular condition and at a cumulative NT$56,000 for the entire calendar year. Those who pay more than the established ceiling can apply for a reimbursement before the end of June of the following year. (Note: The National Health Insurance Administration shall announce the upper limit of the partial payment for the current year)

Applying for a refund

1. Patients should fill out an "Instructions for NHI Prepaid Medical Expense Refund Application Form" and prepare copies of their medical receipts and itemized expenses. These should be filed at the National Health Insurance office closest to the hospital where treatment was initially sought.
2. You can go to an NHIA office or the NHIA website to download an application form.

Who is Exempted from Paying Co-payments

1. Those Exempt from all Co-payments:

A. Individuals suffering from a catastrophic illness, or living and being treated in remote mountain areas or island regions, or women giving birth.

B. Outpatients or emergency care patients from outlying islands who have been referred to a health care facility on Taiwan.

C. Veterans who have the symbol for "veteran" on their NHI cards and their dependents.

D. Members of low-income households.

E. Children under three years of age.

F. Registered tuberculosis patients who receive treatment at specified contracted hospitals.

G. Patients with labor insurance who are being treated for occupational ailments.

H. Patients suffering from PCB (polychlorinated biphenyl) poisoning.

I. Centenarians.

J. Alternative servicemen who hold military service ID cards (including general alternative servicemen and alternative servicemen involved in first- and second-stage R&D).

2. Those Exempt from Co-payments on Prescribed medication:

A. Patients with chronic illness refill prescriptions. The National Health Insurance Administration has listed 100 diseases as chronic illnesses, including hypertension and diabetes.

B. Dental patients.

C. Patients receiving care for one of the ailments covered under the "per case payment" system.

3. Those Exempt from Physical Therapy Co-payments:

A. Patients undergoing "moderate to complicated" physical therapy, defined as undergoing three or more types of "moderate" therapy, such as electrical muscle stimulation and 13 other therapies, for a total of more than 50 minutes.

B. Patients undergoing "complicated" therapeutic treatment requiring specialized therapists, such as balance training and six other therapies. Limited to prescriptions issued by rehabilitation medicine specialists.

4. Regions Deficient in Medical Resources:

The co-payment amount of patients who receive clinic, emergency, or home care services in regions deficient in medical resources will be reduced by 20%. The National Health Insurance Administration will make annual announcements regarding regions determined to be deficient in medical resources.

Receipts, Itemized Medical Expenses, Medication Lists

When you visit a doctor or are discharged from a hospital, please remember to get a receipt from the hospital or clinic as well as an itemized list of medical expenses and an itemized list of medications prescribed.

1. Receipt

(1)The receipt should include "items covered by NHI" and "out-of-pocket expense items" along with the NHI Card treatment serial number. If you choose to itemize your deductions when filing personal income taxes, the receipt can be used as an itemized tax deduction. The NHI Card treatment serial number tracks a patient's number of outpatient visits for the year and prevents the NHI Card from being mistakenly used.

(2)Some clinics and hospitals combine the receipt and itemized list of medical expenses on one receipt, while others separate them.

2. Itemized List of Medical Expenses

(1)The itemized medical expense list for any doctor's visit or hospital stay should include out-of-pocket expenses (including the registration fee, co-payments and other expenses), total medical expenses, the amount to be covered by insurance, and itemized expenses (including the costs of examinations, treatment, medication and drug dispensing

services). If a patient has undergone physical therapy or traditional Chinese medicine traumatology therapy, the itemized list of medical expenses should include a list of therapies and total time involved.

(2)With this list, patients can check if the clinics or hospitals they visited collected co-payments correctly and see how much of the total bill was covered by the National Health Insurance program.

3. Medication Lists

(1) The medication list should include the patient's name and gender, the name of the drug(s), instructions for the drug's unit, amount, usage and dosage, the dispensing unit's (health care institution or pharmacy) name, address, and phone number, the dispenser's name, the date the drugs were dispensed (or received by the patient), and any drug-related warnings. This information shall be printed on the prescription packet in accordance with the Pharmaceutical Affairs Act. If information cannot be listed on the prescription packet, drug details shall be provided separately.

(2) The medication list can help patients clearly understand what drugs they are using and how to use them. It can also serve as a reference for physicians with different specialties when administering treatment for other ailments.

Doctors Should Notify Patients Beforehand of Out-of-pocket Expenses

Whenever a doctor wants to recommend a course of treatment that is not covered under the National Health Insurance program, the physician must first have the patient's approval before proceeding.

If you have any doubts or questions about items listed as "out-of-pocket items" and related expenses on your itemized bill, please ask the medical institution. You may request the health care provider to

check on the matter or call the NHIA's free service hotline at 0800-030-598. We have service agents who can speak English.

The following items are not covered under the National Health Insurance program, as per Article 51 of the National Health Insurance Act

1. Medical service items on which the expenses shall be borne by the government according to other laws or regulations.
2. Immunization and other medical services on which the expenses shall be borne by the government.
3. Treatment of drug addiction, cosmetic surgery, non-post-traumatic orthodontic treatment, preventative surgery, artificial reproduction, and sex conversion surgery.
4. Over-the-counter drugs and non-prescription drugs that should be used under the guidance of a physician.
5. Services provided by specially designated doctors, specially registered nurses and senior registered nurses.
6. Blood, except for blood transfusion necessary for emergent injury or illness according to the diagnosis by the doctor.
7. Human-subject clinical trials.
8. Hospital day care, except for psychiatric care.
9. Food, other than that provided through tube feeding, and balance billing on hospital rooms.
10. Transportation costs, registration fees, and costs of obtaining certificates or medical records.
11. Dentures, artificial eyes, glasses, hearing aids, wheelchairs, canes, and other equipment not required to actually treat the patient.
12. Other treatments and drugs officially announced by the relevant authorities as not being covered under the National Health Insurance system.

Partial Coverage of Special Medical Devices

1. The NHI program was expanded to include partial coverage of special devices to give patients more choices for treatment

The National Health Insurance program currently covers a number of technologically advanced devices and materials that provide clear health benefits. But many new, technologically advanced medical devices that provide better health benefits are far more expensive than the device they have been designed to replace. To ease the financial burden of patients who stand to benefit from such advanced devices and provide them with more choices, the NHI system covers the standard amount it would reimburse for similar more conventional devices and has patients cover the additional cost.

(1) Special-purpose Artificial Pacemakers

Special-purpose artificial pacemakers were listed on August 3, 1995 as items for which patients have to pay part of the cost. The artificial pacemaker (including electrode lead) currently covered by the NHI stimulates the heart through a faint electric current, which is used to correct the heart's rhythm, maintain heart function, and stimulate the heartbeat. Special-purpose artificial pacemakers feature better signal detection more in line with the functional needs of the heart and the long-term clinical needs of patients, but they also have contraindications. Careful evaluation by a specialist is needed to provide the best possible treatment and outcome.

If a special-purpose artificial pacemaker is to be used, the NHIA will pay the price of a regular artificial pacemaker for those who meet artificial pacemaker indications, with the difference for the more expensive device paid by the patient.

(2) Drug-coated or Speical Coating Stent

(A) This item was listed as one that would only be partially covered by the NHI program on December 1, 2006. General stents covered by the NHI are adequate for use. Drug-eluting stents are bare-metal stents coated with drugs that help prevent the arteries from narrowing again. They also have contraindications and side effects, however, so a specialist must carefully assess their use to provide the best treatment.

(B) If the "drug-coated or special coating stent" is to be used, the National Health Insurance program will cover the standard fee it would pay for the conventional bare-metal stent. The patient is required to cover the difference in the cost between the drug-eluting and bare-metal stents.

(3) Special artificial total hip joints: artificial ceramic hip joints and metal-on-metal artificial hip joints partially covered since January 1, 2007 and May 1, 2008

(A) The National Health Insurance Administration currently covers femoral components used in total hip replacements made of titanium or Co-Cr-Mo (cobalt-chromium-molybdenum) alloys. The National Health Insurance program also covers acetabular components, made of wear-resistant high density polyethylene (HMW-PE). If these inserts are used appropriately, patients should not have to undergo revision hip replacement surgery.

(B) If, however, to use an artificial ceramic hip joint or a metal-on-metal artificial hip joint, the National Health Insurance program will cover the cost of a conventional artificial hip replacement for those who qualify for such a procedure and the patient is required to cover the price difference between the ceramic or metal-on-metal and conventional hip prosthesis. It should be noted that the

newer artificial joints have contraindications and side effects, and a specialist should assess their use.

(4) Artificial Intraocular Lenses: partially covered since October 1, 2007

(A) The cost of a conventional artificial intraocular lens used on patients who qualify for cataracts surgery under National Health Insurance Administration's guidelines is fully covered under the National Health Insurance program. Conventional lenses are made of PMMA, silicon or acrylic and after being surgically implanted have excellent long-term stability. Some patients have indications justifying the use of more advanced special-function artificial intraocular lenses, but these devices have their indications and contraindications, so the use of the special material is not appropriate for all cataracts patients.

(B) If a patient meets the criteria for usage of an artificial intraocular lens, and wants to use an advanced artificial intraocular lens after consulting with a specialist, National Health Insurance program will cover the cost of a conventional lens, but the patient will be responsible to pay the difference.

(5) Bioprosthetic Heart Valves

Bioprosthetic heart valves have been included in the program where patients "pay the difference" for more expensive devices since June 1, 2014. Artificial heart valves currently used by the NHI program are adequate for the vast majority of patients. The new durable bioprosthetic heart valve is a kind of biological heart valve. Compared to traditional biological heart valves, this new device has advantages in terms of anti-calcification technology, biological tissue fixation, valve-frame materials, potential length of use and the design of the implant method. Bioprosthetic heart valves also have contraindications and side effects, however, and

a detailed assessment by a specialist must be made to ensure the best treatment.

If patients need artificial heart valve replacement surgery and opt for a more expensive bioprosthetic heart valves after consulting in detail with a physician, the NHIA will cover the amount of the traditional biological heart valve, and the balance will be paid by the patients themselves.

(6) Programmable Ventriculoperitoneal Shunt

This item was included among advanced devices that the NHI will partially cover on June 1, 2015. The standard ventriculoperitoneal shunt covered by the NHI drains excess fluid using constant pressure. It is effective for patients whose condition is stable, and satisfies the needs of most cases. For patients whose condition is unstable or worsening, however (such as hydrocephalus patients with normal pressure, trauma patients, pediatric patients, etc.), the drainage pressure needs to be adjusted at times. The new programmable ventriculoperitoneal shunt enables doctors to do that without having to install a new shunt. However, careful evaluation by a specialist is still needed to ensure the best treatment and outcome.

If a patient needs a ventriculoperitoneal shunt and decides to use the more advanced version after the physician explains it in detail, the NHIA will pay the price of a standard shunt and the extra amount for the advanced version will be paid by the patient.

2. To ensure that patients obtain adequate information, the NHIA stipulates that NHI-contracted medical institutions provide transparent and complete information when recommending to patients that they use more expensive medical devices and have patients sign letters of consent

For special devices that are only partially covered by the NHI system, health care providers recommending the devices must

engage in a two-stage notification procedure to make sure patients have enough information to make an informed decision.

First Stage

(1) The physician shall give a detailed description of the device to the patient or patient's family members two days before the operation (except in emergency situations) and fully explain the procedure. The physician and patient/family members then jointly sign two copies of the written description, one for the patient and one for the hospital's medical records.

(2) The description should include: the cost of the device to be used and its special features, the reason for using it, precautions that need to be taken, potential side effects, and a comparison with similar items covered fully by the NHI system.

Second Stage

(1) After the patient/family members obtain relevant medical information, the medical services provider will explain to them the additional costs involved and give them sufficient time for consideration. The said persons shall be required to jointly sign two consent forms, one for the patient/family, the other for the patient's medical records.

(2) Matters specified in the consent forms: name of the advanced device to be used, the item's code number, medical device permit number and unit price, the quantity to be used and the amount the patient will have to pay out of pocket.

The health care provider will issue a receipt to the patient/family members for their records with an accompanying list of the item's name, code number, and unit price, the quantity used, and the amount paid out of pocket by the patient/family members.

In accordance with provisions of the NHIA, the addition or cancellation of these partially covered advanced items or

changes in payment collection standards are to be entered in the NHIA's VPN (virtual private network) and announced on the NHIA's website. The public may search the NHIA's website for a comparison chart that shows how much respective health care providers charge for the same device. The public may also look up the medical device permit to search for the products' indications, contraindications, side effects, and precautions to follow.

Filing a Complaint

If you notice during a doctor's visit that a hospital has not displayed the information as per the above guidelines, you can file a complaint or report the problem in one of three ways:

1. By calling the toll-free number at 0800-030-598, where a service agent will take your call.
2. By sending an e-mail to the National Health Insurance Administration's Web site at http://www.nhi.gov.tw (The e-mail can be written in English.)
3. By filing a complaint in person at any National Health Insurance Administration regional division or liaison office.

Dispute Mediation Application

If an individual is not satisfied with a decision handed down by the NHIA in any of the areas listed below, he or she can submit an application for dispute mediation to the NHI Dispute Mediation Committee within 60 days of receipt of the NHIA's written decision:

1. The insured's qualifications and insurance procedure.
2. Approved items related to the insured's registered salary basis.
3. Insurance premiums, penalties and fines.
4. Insurance benefits.
5. Other items relating to insurance rights.

Contact information for the National Health Insurance Dispute

Mediation Committee is as follows:

Telephone: (02)8590-7222

Address: No. 488, Sec. 6, Zhongxiao E. Rd., Nangang District, Taipei City 115

Website: http://www.mohw.gov.tw/CHT/NHIDSB

Service Content			Telephone
Equity issues in dispute	Matters pertaining to insurance premium, supplementary insurance premium, insurance qualifications, insurance payment, issue of major injury/illness proof for the insured target and insured unit, matters pertaining to NHI contract for contract medical affairs service agencies, and other equity cases.		(02)8590-7222
Medical fee review items	Dispute review acceptance operations	(1) Written declaration part, dentists	(02)8590-7163
		(2) Media declaration part, prior review	(02)8590-7162

Chapter 8 NHI Card Functions, Renewals and Safekeeping

The National Health Insurance Administration adopted the use of an IC card for all individuals enrolled in the program beginning on January 1, 2004. The card generally carries a picture of the insured, making it unnecessary to bring your ID to a medical institution when seeking medical attention. The chip embedded in the card stores records of your last six medical visits, information on catastrophic illness, records of all important tests, and medication information, which will be helpful when patients see a doctor.

NHI Card Functions

1. Prescription and Examination Records

The NHI Card stores records of medication usage and past examinations for doctors to use as a reference when they treat a patient so that they don't duplicate prescriptions or tests. This helps safeguard patient safety, improve health care quality and reduce medical waste.

2. Treatment Records

The NHI Card serves as the authoritative record of treatment under the National Health Insurance program, recording all

doctor visits. When a patient receives health care, an allotted visit is normally deducted from the card, but if the attending physician enters on the card "clinic referral," "post surgery outpatient follow-up visit," or "hospitalization clinic follow-up visit," the subsequent visit is not deducted from the card total.

3. Catastrophic Illness Record

Records of a patient's catastrophic illness are directly entered into the NHI Card, enabling patients with such illnesses who present their NHI Card when getting care for the disease to be treated without having to pay a co-payment. Individuals covered by the National Health Insurance program who have applied for and received catastrophic illness certification can ask clinics or hospitals to update their NHI Cards if the cards do not include the catastrophic illness information. Cards can also be updated to include the catastrophic illness designation at any location where a card reader is available, such as any National Health Insurance Administration regional division or village, town, city or area administrative office.

4. Organ Donation or Palliative Care Registration Information

Individuals who are willing to donate organs can register with the ROC Organ Procurement Association or Taiwan Organ Registry and Sharing Center, and those who are willing to accept hospice care can register with the Taiwan Hospice Organization. Those organizations transfer the information to the Ministry of Health and Welfare, which then sends it to NHIA's database. That information can then be entered into the NHI Card when the card is updated, helping medical workers know immediately should the situation arise if patients are willing to donate their organs or agree to palliative care.

5.NHI Card Auditing Mechanism

If individuals are not enrolled in the National Health Insurance

program or have overdue premiums, any health care they receive will not be covered by the National Health Insurance program. Under these circumstances, once the six allotted visits on a NHI Card have been used, it cannot be updated until you re-register in the program or pay any overdue premiums.

6. Online Service Application and Registration through the NHI Card

The National Health Insurance Administration website has set up a "Personal NHI Online Services" network so the public may apply for various online insurance services using their "citizen digital certificate." Online services accessed by a "password-registered NHI card," which enables the public to apply for and use services online, were made available on February 4, 2015.

NHI Card Update

Please update your NHI card if the following situations occur:

1. Allotted Visits Are Used Up

Every time the information on the NHI Card is updated, the card can be used for six more doctor visits, but for patients who need more frequent checkups, the number of allotted visits can be increased to 18 for children under 6 and 12 for individuals 70 and over. Whenever the NHI Card is used to get care, one visit is automatically deducted from the card's allotment. When the NHI Card's allotted visits run out, it must be updated for patients to be able to continue receiving care.

2. NHI Card Is About to Expire

The NHI Card is valid for one year and must be updated annually before it expires. To help the insured remember the expiration date, the National Health Insurance Administration has designated each cardholder's birthday as his or her card's final day of validity. Cardholders must update their cards within 30 days before their birthday at a location where card

readers are installed or at health care institutions while getting a checkup.

3. Personal Information Needs to Be Changed

If your personal status changes to that of a member of a low-income household or unemployed veteran, you must update your NHI Card at any location where a card reader is available, such as a National Health Insurance Administration regional division or health care institutions, if you want to be exempt from co-payments.

4. Places Where NHI Card Can Be Updated

If you have used up the allotted number of visits, clinics or hospitals will use their NHI Card readers to automatically update your card (as long as your premium payments are up to date). You can also update your card on your own using NHI Card readers available at National Health Insurance Administration regional divisions, public information service counters at NHIA-affiliated outpatient centers, or village, town, city or area administrative offices.

Leakage of Personal Medical Information Through NHI Card

1. The NHI Card is designed with many security features to prevent counterfeiting, and its contents can only be read on dedicated card readers. These card readers can only be operated after having a "Security Authentication Module" card installed, and a strict authorization and mutual recognition system (such as doctors being required to use their "health professional cards" to access the information in the readers) has been adopted. Because access to the reader cards is tightly controlled, you do not have to worry about your private records leaking out.
2. You can also choose whether to open the NHI Card's

cryptographic functions (new card's default setting is password disabled). Once a password is set, even if there is a card reader and a security module, you must still enter the correct password in order to read the card's information.

3. The password can be set at any NHIA joint service center or liaison office or township (towns, cities, districts) government. Exclusive NHI card readers can be used to set, change or remove your password. If you forget your password, please call 0800-030-598 to remove the password setting.

NHI Card Maintenance

If the information shown on the NHI Card or its embedded chip is damaged, the NHI Card cannot be read by the card reader. Therefore, cardholders are asked to pay attention to the following:

1. Do not over-bend the card or scratch, poke or sit on the chip to avoid damaging it.
2. Do not wash or soak the card or use alcohol or a solvent to clean the chip, expose it to a sharp object, or to a highly acidic, alkaline or other corrosive environment.
3. Avoid directly exposing the chip to a power source, fire source, bright sunshine or high temperatures. Do not store the card near items with a magnetic field such as a television set or computer.

Is there an NHI Card expiry date?

The NHI card has a long shelf life. It does not have to be reissued even if one changes employers. Please keep it safe.

What If the NHI Card Is Damaged or Lost, or the Holder Wants to Change His/Her Name or Photo?

1. On-site Application and Claim

To apply for a new NHI card, please present your ID (original), one 2x2 photograph, and the NT$200 handling fee at any NHIA regional division. If you appoint a representative to apply for an

NHI card on-site, that person should present their ID and your ID to NHIA staff for verification.

NHI Card On-site Application and Claim Venue

Service location	Address	Nomor telepon
Headquarters	B1, No. 140, Sec. 3, Xinyi Rd., Da-an Dist., Taipei City (8:30-12:30, 13:30-17:30)	(02)2706-5866
Taipei Division	5F, No. 15-1, Gongyuan Rd., Zhongzheng Dist., Taipei City No. 7, Sec. 1, Zhongshan N. Rd., Zhongshan Dist., Taipei City. No. 11, Zhanqian N. Rd., Luodong Township, Yilan County	(02)2191-2006
Northern Division	No. 525, Sec. 3, Zhongshan E. Rd., Jhongli Dist., Taoyuan City No. 11-4, Jieshou Rd., Taoyuan Dist., Taoyuan City	(03)433-9111
Central Division	No. 66, Xizheng N. 1st Rd., Xitun Dist., Taichung City	(04)2258-3988
Southern Division	No. 96, Gongyuan Rd., Zhongxi Dist., Tainan City No. 395, Zhuangjing Rd., Douliou City, Yunlin County	(06)224-5678
Kaoping Division	No. 157, Jiouru 2nd Rd., Sanmin Dist., Kaohsiung City No. 259, Zhongzheng 4th Rd., Qianjin Dist., Kaohsiung City No. 63-40, Xiwenao, Xiwen Dist., Magong City, Penghu County No. 1518 Guangdong Rd., Pintung City, Pingtung County	(07)323-3123
Eastern Dvisiion	No. 36, Shuanyuan Rd., Hualien City, Hualien County No. 146, Sec. 3, Siwei Rd., Taitung City, Taitung County	(03)833-2111

Note:

Beginning in 2016, the National Health Insurance Administration's regional divisions, along with liaison offices in other counties and cities, will be able to furnish NHI cards on the spot, saving people

time. Check the National Health Insurance Administration website for details on the rollout of the service.

2. Post Office Collection

Please fill out the "NHI Card Claim Application Form", paste one 2x2 photograph on the front of the form, and paste a photocopy of the ID on the back of the form. Pass the form along with a handling fee of NT$200 to the post office clerk. You will receive your new NHI card after about seven working days. Please claim the "NHI Card Claim Application Form" at the post office or download ir from the National Health Insurance Administration website.

Opening hours and locations of post offices nationwide are available on the Chunghwa Post Co., Ltd. website: http://www.post.gov.tw

3. Internet Applications

For Internet applicants (limited to applications for re-issuing NHI cards due to damage, loss, or photograph replacement), please apply for the NHI card via one of the application platforms below:

Application Platform	Multi-network coverage credential platform	Personal NHI information network services	E. Sun Bank website
URL	https://eservice.nhi.gov.tw/nhiweb1/system/login.aspx	https://eservice.nhi.gov.tw/Personal1/System/Login.aspx	https://netbank.esunbank.com.tw/nhi/
Users	Unit credential and natural person certificate of assigned person	Natural person certificate or NHI card	E. Sun Bank chip ATM card
Applicants	All insured targets of the unit internal insurance	Natural person certificate or NHI card holder and family members	Chip ATM card holder

Note: For online applications, direct transfers can be made through

the online ATM. The bill can also be downloaded and paid at a convenience store or financial institution (a handling fee will be charged). For inquires on handling fees and online NHI card application procedures, please go to the NHIA website at http://www.nhi.gov.tw/

4. Application through Household Registration Office

If you lose your ID or want to change basic information (ID number, name, or date of birth), you can visit any household registration office nationwide to file an application for a new ID and a new NHI card. People may also file an application for an NHI card when applying for a new national ID card at the Household Registration Office. Once the service is paid for, your new NHI card should arrive within seven working days. For people who have not received their national ID card but wish to change the basic data on their NHI card, they can only apply for an NHI card without a photograph.

5. Application through Township (Town/City/District) Office

For a lost or damaged NHI card, people may apply for a new card at a nearby district office. Applicants may file applications by presenting their original ID and a CD containing a photo at the town (township, city, district) office. Once the service is paid for, your new card should arrive within about seven working days. If you have a representative apply for an NHI card on-site, that person should present their ID and your ID to NHIA staff for verification.

How to Dispose of Unusable NHI cards With a Normal Appearance, Without Tears or Bends?

1. Examine the chip part of the card and see if there are erosions, scratches, detachments, or protrusions. Please fill out the “NHI Card Claim Application From” and specify: Card replacement

due to unreadability by hospitals (not damaged) under "Other Reasons".

2. Send a copy of your national ID and one 2x2 photograph along with the old card to the National Health Insurance Administration or bring the original ID to the National Health Insurance regional divisions for processing.
3. If you have a representative apply for an NHI card on-site, that person should present their ID and your ID to NHIA staff for verification (for applicants under 14 years of age who do not have IDs, the original copy of their household certificate should be used instead).

You need to know:

1. When applying for a new card, a processing fee of NT$200 is required. Once the new card is ready, the National Health Insurance Administration will automatically cancel the old card.
2. When you apply for a new NHI Card, you can decide whether or not to put your picture on the new card. If you choose to put your picture on the card, you should attach one 2-inch photo of the upper front half of your body (no hats or glasses with tinted lenses allowed) taken within the past two months to the "NHI Card Application Form." If you do not put your picture on the card, you have to bring personal identification documents when you go to see a doctor.
3. If you have applied to replace a card and need to see a doctor while your new card is being processed, you can present your receipt for the NT$200 processing fee within 14 days of its issuance to any health care institution and fill out a "treatment exception registration" form to receive care covered by the National Health Insurance program.

Chapter 9 Care for Special Groups

Patients with Chronic Diseases (Refill Prescriptions)

If you are diagnosed by a doctor as suffering from a chronic illness as defined by the Ministry of Health and Welfare, and your condition is stable and can be controlled by medication taken regularly, the doctor will issue a "chronic illness refill prescription" that will save you money. To check on what constitutes a chronic disease, please see the NHIA website at http://www.nhi.gov.tw/.

The refill prescription is valid for 90 days and can be filled up to three times, with 30 days of medicine maximum per refill. The hospital, clinic or pharmacy must verify your NHI card every time you fill the prescription, but it will not deduct a doctor`s visit from the card`s allotted amount. When you get more than 28 days of medicine in the second and third refills in a "chronic illness refill prescription," you are also exempt from paying a co-payment for the medication.

Chronic disease patients who need to take medication over a long-term basis but cannot get to the doctor can authorize others to pick up medication on their behalf. The policy applies to patients who are immobilized or who will be out of the country for extended periods of time, such as deep-sea fishermen or workers

on other ships navigating international routes who have the necessary documentation. The person acting on the patient's behalf must see the original doctor and describe the patient's condition. If, based on the doctor's professional judgment, the patient's condition is clearly understood, the doctor can then decide to write a prescription, but only for the same medication as prescribed previously.

The refill prescription system can save patients a considerable amount of money, but it's up to the doctor to decide if you should receive a standard prescription or the refill prescription. Even if you suffer from a chronic disease as defined by the Ministry of Health and Welfare, if your condition is not stable and you need to get regular checkups at a clinic or hospital, you are not a suitable candidate for the "chronic illness refill prescription."

Guidelines on Using Refill Slip for Chronic Illness Prescription

1. To avoid running out of medicine, please be sure that you take your prescription to the clinic or hospital where you were originally diagnosed or a NHI-contracted pharmacy within 10 days of when your medication will run out to refill your prescription. You can have the prescription refilled further in advance before long holidays, such as the Chinese New Year holiday.
2. If there is no a NHI-contracted pharmacy in your neighborhood or you cannot get back to the original health care institution that issued the prescription, you can have the prescription filled at other NHI-contracted hospitals or a community health center.
3. If you plan to go abroad for over 2 months, work on a fishing vessel or international cruise vessel, or are a patient of a rare disease, present the related documents of proof or release in order to fill the total prescription amount for the chronic illness prescription. Total medication prescribed is limited to 90 days each time.

4. If you suffer any discomfort while taking any of the prescribed medicines, you should quickly return to the clinic or hospital that treated you originally with your prescription and discuss the situation with your physician. You must remember to inform the doctor of the medications prescribed so that he or she will not unwittingly prescribe the same medications and threaten your safety.
5. If you have lost your prescription refill slip, please return to the clinic or hospital that originally treated you for a new checkup. If you pick up the same prescription again after claiming medication, you will have to pay for it out of your own pocket.

Patients with Catastrophic Illnesses

If you are diagnosed by a physician as having a condition classified as a catastrophic illness by the Ministry of Health and Welfare, you can submit relevant information and apply for a catastrophic illness certificate. The application will be formally reviewed, and if approved, the information is entered into your NHI Card. Patients with catastrophic illness certification who get care for the illness or related conditions within the certificate's validity period do not need to pay a co-payment for outpatient or inpatient care.

Catastrophic illness patients must still follow normal treatment and payment procedures when seeking care for unrelated conditions.

For more information on catastrophic illness and how to apply for the certificate, please consult a National Health Insurance Administration regional division near you.

Patients with Occupational Injuries or Diseases

When you seek treatment at a NHI-contracted clinic or hospital for an occupational injury or disease, as long as you have labor insurance in addition to National Health Insurance, not only are you exempt from co-payments, half of your expenses for a

hospital stay of up to 30 days are covered by labor insurance.

Definition of Occupational Injury or Disease

1. Injuries sustained while on the job.
2. Occupational diseases shown on the labor insurance occupational diseases list or occupational diseases in different professions, workplaces or jobs later added to the labor insurance occupational diseases list.
3. Injuries sustained in an accident while traveling to or from work, but the time of the accident must be verified as being consistent with going to or getting off work and the patient must be cleared of having violated major traffic regulations.

Documents Needed to Get Care

1. Application letter for occupational disease (either a labor insurance occupational disease outpatient treatment request form or labor insurance occupational disease hospitalization application form).
2. NHI Card.

How to get the forms?

1. Application letter for occupational disease can be downloaded at the Bureau of Labor Insurance website. It is also available at their branch offices. After the organization through which the patient is insured affixes its seal, it can be used for medical purposes. See the Bureau of Labor Insurance website for details at http://www.bli.gov.tw.
2. The same "labor insurance occupational injury/disease treatment form" can only be used in the same clinic or hospital to treat the same injury/disease. A single form can be used six times.
3. Those seeking outpatient care without the "Labor insurance occupational injury/disease medical treatment form" can still be exempted from co-payments if the physician, whose qualifications are verified by the Ministry of Health and

Welfare or is employed at a medical center, diagnoses their condition as an occupational injury or disease.

What Happens If You Forgot to Bring the "Labor Insurance's Medical Treatment Form for Occupational Disease" when Seeing a Doctor and Paid the Co-payment Out-of-pocket?

1. If you present your "application letter for occupational disease" to the clinic or hospital where you were treated within 10 days of the outpatient visit or prior to being discharged, your co-payment will be refunded.
2. Patients who paid their co-payments out of pocket but failed to submit the labor insurance occupational disaster medical treatment form within 10 days from the day they were treated or before being discharged from the hospital have another way they can have the payment reimbursed. They can submit the following documents by mail to the Bureau of Labor Insurance within six months from the date when they were treated (or discharged, or within five years if special reasons exist):
   (1) "Labor insurance medical expense reimbursement form"
   (2) "Labor insurance occupational injury/disease outpatient or hospitalization form" (As mentioned above, the form is not needed if the refund application form has the seal of the insured unit).
   (3) The original copy of the medical expense receipt and expense details: In case the original copy of the receipt and expense details are lost or used for other purposes, the medical institution that originally supplied the said information should provide a duplicate copy with same text as the original and stamp it with their official seal.

(4) A certificate of diagnosis or other certifying documentation.

Note:

A "labor insurance medical expense reimbursement form" can be secured from the Bureau of Labor Insurance or its branch offices. It can also be downloaded at the Bureau of Labor Insurance website.

1. Bureau of Labor Insurance website: http: //www.bli.gov.tw/
2. Bureau of Labor Insurance Address: No.4, Section 1, Roosevelt Road, Taipei City 10013. Telephone: (02)2396-1266.

Patients with Rare Diseases

Rare diseases are classified as catastrophic illnesses. After a physician confirms the diagnosis and informs the Health Promotion Administration, the patient will be exempt from co-payment for treatments related to the disease. For orphan drugs and medicines for rare diseases, the National Health Insurance Administration reimburses these through specially earmarked funds, enabling patients with rare diseases to receive appropriate treatment.

Patients with rare diseases can seek care at NHI-contracted health care institutions, where the clinical physicians will provide treatment and issue a prescription based on the diagnosis and refer to the regulations covering the reimbursement of related medications.

If a needed drug has not yet to receive formal regulatory approval but the Ministry of Health and Welfare agrees to the drug's import (or manufacture) on a special-case basis and lists it under the "Rare Disease Control and Orphan Drug Act," it must be reviewed on a special-case basis by the National Health Insurance Administration before it can be used.

Chapter 10 Facilitating Access to Health Care for Disadvantaged Groups

Premium Subsidies for the Disadvantaged

Some people are entitled to government subsidies to pay their insurance premiums. Different segments of the population are eligible for different subsidy amounts, as explained below.

1. Those eligible to have their premiums fully subsidized:

(1) Low-income households.

(2) Children and adolescents under the age of 18 from low- and middle-income households.

(3) Citizens over 70 in low- to middle-income households.

(4) Indigenous citizens under 20 or 55 or older who are unemployed and are registered in the National Health Insurance program through their village, township, city, or area administrative offices.

(5) Indigenous citizens whose households are registered on Orchid Island and are registered in the National Health Insurance program as "local residents," (meaning they are unemployed), as "members of an occupational union or farmers' or fishermen's association," or as a "dependent".

(6) Individuals with severe or extreme physical or mental disabilities.

(7) The unemployed and those claimed as dependents when the unemployed individual lost his or her job (limited to those registered for National Health Insurance under Category 6 "Non-income Earning Individuals" or as dependents of those insured under categories 1, 2 and 3) will have their premiums subsidized during the time the jobless individual collects unemployment benefits or professional training stipends.

(8) People with household registrations in Tainan City, who are aged above 65 and suffer from mild or moderate disabilities.

(9) If an indigenous person has suspended NHI enrollment due to involuntary unemployment, unexpected financial difficulties in the family or other similar situations, the government shall subsidize the individual`s contribution to his or her premium up to the equivalent of three-months of payments per person per year when approved by the Indigenous People`s Commission of the Taipei City government, subject to the individual being aged between 20 and 55, having his or her household registered in Taipei City and having actually lived in Taipei City for more than six months.

(10) Seniors 65 and older whose household registration has been on an outlying island for more than a year.

2. Those eligible to have half of their premiums subsidized:

(1) Moderate low-income households complied with the Public Assistance Act.

(2) Individuals with moderate disabilities.

3. Those eligible to have one-quarter of their premiums subsidized:

Individuals with mild physical and mental disabilities.

4. Those in Category 6 eligible for a maximum subsidy of NT$749, since January 1, 2016:

(1) Elders above 65 years of age with household registrations in Taipei City, Taoyuan City, or Kaohsiung City (tax ratio not reaching 20%). For seniors 65 and older registered in Kaohsiung City for at least a year but who pay an income tax rate of 20% or higher, the maximum subsidy is currently NT$659.

(2) Indigenous people aged above 55 with household registrations in Taipei City and Taoyuan City. (and pay an income tax rate of less than 20%).

(3) Individuals aged between 65 and 69 from low- to middle-income families whose households have been registered in Hsinchu, Yilan, Taitung, Changhua, Yunlin or Hualien counties or New Taipei, Taoyuan, Chiayi, Hsinchu, Tainan or Taichung cities for more than a year.

(4) Individuals 100 years old or older whose household is registered in Taoyuan City.

(5) Individuals living in parts of Tainan City's An-nan District that were affected by petrochemical pollution (those whose households were registered in Siangong, Luer, Sihcao and other boroughs before June 30, 2005), and employees listed by the Ministry of Economic Affairs.

(6) Seniors 65 and older or indigenous people 55 or over whose household registration has been in Taichung City for at least one year (and pay an income tax rate of less than 5%).

(7) People with mild or moderate disabilities whose household registration has been in Kaohsiung City for at least one year (and pay an income tax rate of less than 20%).

(8) Seniors 65 and older or indigenous people 55 or older whose household registration has been in Keelung City for at least three years.

(9) Children 6 and under or people suffering from cancer living

in Penghu County.

Those listed above who qualify for government subsidies do not have to take the initiative to apply for the subsidies. The National Health Insurance Administration will directly reduce or waive premiums based on information received from related subsidizing agencies (such as local governments). Those who have questions regarding subsidy eligibility or those who believe they qualify for subsidies but have not seen their premiums reduced or waived can call the related subsidizing agencies for further information.

If You Are Unable to Pay Your Premiums or Co-payments

If you are unable to pay your Notional Health insurance premiums or co-payments because of temporary financial setbacks, you may be eligible for one of the following National Health Insurance financial assistance programs:

1. Relief Fund Loans

(1) Who's eligible: Anyone who meets the definition of suffering from economic hardship or extenuating financial circumstances as defined by the National Health Insurance guidelines and certified by their local village, township, city or area administrative office.

(2) How to apply: Please bring your ID card, personal chop, and certificate from a local administrative office certifying financial hardship or extenuating financial circumstances along with receipts or invoices of out-of-pocket medical expenses from hospitals or clinics to your National Health Insurance Administration Regional Division and submit these with an application for a relief loan (documents should also include the family household registration, financial hardship qualifications, and proof of your income and property in the most recent fiscal year). If you cannot apply in person, your agent will have to show his or her

national identity card and personal seal, and the agent must be an adult. Once the application has been approved, you will be required to pay back the loan as per the terms noted in the loan contract.

2. Referrals to Charitable Organizations for Help with Premiums

(1) Who's eligible: Those registered in the National Health Insurance program through their local administrative offices and who are unable to pay their premiums.

(2) How to apply: Please bring your household registration and the "poverty certificate" issued by your local borough chief (or a "certificate of diagnosis" from a hospital if a doctor has diagnosed that you cannot work) to your National Health Insurance Administration regional division and submit those documents with your application. If the application is approved, you can receive assistance in paying your premiums from charitable organizations.

3.Paying Premiums in Installments

(1) Who's eligible

A. People who do not qualify for relief fund loans but owe premiums (including late fees) of more than NT$2,000 and cannot pay it off in one lump sum because of financial difficulties or other extenuating circumstances. They should provide either a low-income certificate or a letter from the village or ward chief where their household is registered showing they cannot repay the amount in one lump sum and also include an explanation of their situation. Applications for paying overdue premiums in installments are considered by the NHIA on a case-by-case basis.

B. People whose overdue insurance premium cases have been handed over to the Administrative Enforcement Agency under the Ministry of Justice for collection. In

those cases, the staff of the Agency's branch office may decide to handle the case through installment payments.

(2) How to apply:

Please bring your ID card and personal chop to your local National Health Insurance Administration regional division or office and submit an installment plan application with payment of the first installment.(If you cannot apply in person, your agent will have to show his or her national identity card and personal seal, and the agent must be an adult.) If your overdue bills have already been referred to administrative proceedings, you need to get the approval of the administrative agency in charge of the case before applying for the installment payment plan. (For the telephone number and address of National Health Insurance Administration regional divisions, please see see appendix.)

Conditions denoting financial hardship or extenuating financial circumstances include:

1. Certificate from the local township (town, city and district) office showing that applicant is a member of a low-income household based on Social Assistance Act criteria.
2. National Health Insurance premiums cannot be paid because the household's main income earner is suffering one of the following circumstances:
   (1) Has died within the past two years.
   (2) Has been reported as missing for fewer than two years with a certificate showing that six months had passed since the police were notified.
   (3) Is physically or mentally disabled.
   (4) Is suffering from catastrophic injury or illness that requires long-term treatment and rehabilitation and cannot work.

(5) Has been pregnant for over six months or gave birth within the past two months.

(6) Began military service or alternative military service and still has more than six months of service time.

(7) Is serving a jail sentence, with more than six months left.

(8) Has been unemployed for more than six months.

3. National Health Insurance premiums cannot be paid because of one of the following household circumstances:

(1) Spouse or blood relative who lives in the same household is suffering from a catastrophic illness.

(2) Head of household is a single parent who must support non-adult children on his or her own.

(3) Grandparents left to support grandchildren on their own because of death of parents of grandchildren or death of son and remarriage of daughter-in-law.

If you need further information on regulation details, please enter the website at http: //www.nhi.gov.tw and click on Laws & Regulations and then "Regulations for Identifying the Underprivileged and the Destitute for National Health Insurance Purposes or call NHI toll-free hotline at 0800-030-598."

4. Health Care Protection Measures

(1) Who qualifies: Individuals unable to pay their National Health Insurance premiums who owe money to the National Health Insurance Administration can still receive health care under the National Health Insurance program if they are diagnosed by a doctor as requiring hospitalization, admittance to an emergency ward, or outpatient treatment for an acute chronic illness, and have a "poverty certificate" issued by either their local village or borough chief or the health care institution where they were diagnosed.

(2) How to apply: The applicant should bring a certificate from their ward chief showing an inability to pay the health care provider where they were treated. Alternatively, the health care provider can issue a poverty certificate for the patient after conducting the necessary checks, and the individual can receive treatment as an insured person.

With regard to overdue premiums, please seek assistance from a regional division of the National Health Insurance Administration to solve this problem.

Automatic Reactivation of Suspended NHI Card

In January 2013, following the implementation of second-generation NHI reforms, the National Health Insurance Administration, in accordance with the legislative intent of Article 37 of the amended National Health Insurance Act, began temporarily suspending the benefits (NHI card deactivation) of individuals who have the ability to pay their premiums but refuse to do so. It then guides them to pay their premiums as soon as possible. But for individuals unable to pay their NHI premiums, the handling of their overdue payments and their medical coverage is delinked – they will continue to receive medical benefits and their right to health care will remain protected. NHI card deactivation shall not apply to individuals who have applied to pay premiums in installments, individuals who are receiving government subsidies for insurance premiums, or individuals with special circumstances (such as pregnant women and individuals under 20 years of age who are receiving subsidies).The National Health Insurance Administration will strengthen counseling for individuals who have the ability to pay but still owe NHI premiums. For individuals who encounter sudden family or economic misfortune, the NHI card will be activated to protect their access to necessary medical care.

Reducing Co-payments for Specific Patients

1. To those with disability certificates, basic co-payment regardless of hospital grade will owe me NT$50, lower than that for the general public (NT$80 to NT$360).
2. Patients with catastrophic illness certification for cancer, chronic mental illness, kidney dialysis, rare diseases, and congenital disease are exempt from the co-payment for medical treatment of the disease. In addition, to ensure rights of patients of rare diseases, mandatory medications for rare diseases as announced by the Ministry of Health and Welfare will be paid for in full by the National Health Insurance program to alleviate the economic burden of medical treatment.

Giving Disadvantaged Groups a Break on Supplementary Premiums on Part-time Wages

Some people have no choice but to work odd jobs to make ends meet. To help these individuals and households, the NHIA stipulated that in the supplementary premium system's initial stage (from Jan. 1, 2013 to Aug. 31, 2014), a part-time wage payment (from an employer other than the organization through which the individual is enrolled in the NHI system) would only be subject to the supplementary premium if it reached the monthly minimum wage. Those eligible for this preferential treatment as listed in the original "Regulations Governing the Deduction and Payment of the Supplementary Insurance Premium" were: children and teenagers; low-income households; low-income senior citizens; people with disabilities who receive a living allowance or whose registered salary for labor insurance purposes is below the minimum wage; and students who do not work full time who meet the criteria for financial hardship stated in Article 100 of the National Health Insurance Act.

Even after this adjustment, there were still lower-income people who were unduly burdened by paying supplementary

premiums on part-time wage payments of NT$5,000 or more. The Ministry of Health and Welfare therefore amended the rules so that all people insured under the NHI system only pay supplementary premiums on part-time wage payments equal to or higher than the minimum wage, effective September 1, 2014.

As of January 1, 2015, members of low and middle-income households, low- and middle-income seniors, disadvantaged children and adolescents receiving living subsidies, individuals with disabilities receiving living subsidies, and individuals subsidized due to special family circumstances, and individuals with economic difficulties in accordance with Article 100 of the National Health Insurance Act are exempt from supplementary insurance premiums on fees from professional practices, dividend income, interest income, or rental income, provided single payments do not reach the statutory minimum wage (currently NT$20,008).

Improvement Project for Regions Deficient in Medical Resources

The National Health Insurance Administration has implemented an improvement project for regions deficient in medical resources to encourage doctors of Chinese medicine, Western medicine, and dentists to provide medical services in regions lacking medical resources with the spirit of serving the locality. This enhances the medical convenience for residents of remote regions.

Regarding the time and location of medical facilities which provide medical services to remote regions, please visit the website at http: //www.nhi.gov.tw/general public/NHI medical services/Improvements for regions deficient in medical resources or call any National Health Insurance Administration regional division or liaison office to inquire about medical facilities which provide medical services to remote regions and seek medical treatment at the nearest facility.

Chapter 11 NHI PharmaCloud System

What is the "NHI PharmaCloud System"?

Taiwan has a dense network of health care providers, and if people do not regularly seek care at a fixed facility, their medical records end up scattered across several different medical institutions. This can result in a patient taking double doses of the same medicine or medicines which should not be taken together. This can lead to overdoses or adverse drug interactions.

To enhance the public's medication quality and help physicians and pharmacists safeguard medication safety, the National Health Insurance Administration adopted cloud technology in July 2013 to set up the patient-centered "NHI PharmaCloud System." The system enables physicians at contracted medical services providers to search patients' medication records over the previous three months. The records contain the sources of the prescriptions and the diagnoses behind the prescriptions, the pharmacological effects of the drugs, the names of the drugs' ingredients, the drugs' names, specifications, and pharmaceutical NHI codes, drug usage and dosage instructions, patient treatment dates, chronic disease refill prescription drug claim dates, drug amounts, number of drug

administration days, and calculation of the number of days of medicine that should be left for each prescription.

Information in the NHI PharmaCloud System can be accessed by medical professionals authorized by NHI-contracted medical institutions after dual-card verification (i.e. the medical personnel's card and the patient's NHI card) through an exclusive card reader (containing a verification chip). Medical professionals shall also comply with regulatory restrictions and keep known patient information confidential when providing medical services.

Safeguarding Medication Safety through the "NHI PharmaCloud System"

As doctors examine patients, they will be able to find out through the "NHI PharmaCloud System" which drugs patients have recently used or are using. When issuing prescriptions, they will be able to see whether or not the medication taken has been repeatedly taken or whether there are drug interactions, thereby improving medication safety and quality. In addition, they will also take more initiative to care for patients, thus enhancing doctor-patient relationships. Patients can also take the initiative to remind the doctor or pharmacist when seeking attention to help them understand their recent medical information; accompanying family members may also remind the doctor to check the patient's past medical records. If both the doctor and the patient attach importance to medication safety, the doctor's prescription will be better informed, benefiting patients, physicians, and the NHI system.

As of July 31, 2015, all hospitals in Taiwan were connected to the NHI PharmaCloud System, and a total of 15,108 contracted medical institutions, including hospitals, clinics, pharmacies, and home care institutions, have conducted searches on the system.

Chapter 12 Reimbursement for Prepaid Medical Expenses

If you meet any of the following criteria, simply prepare the related documents and request reimbursement from any National Health Insurance Administration regional division or liaison office. The National Health Insurance Administration will reimburse your medical expenses according to audit results:

1. An emergency situation arose you could not get to a NHI-contracted clinic or hospital in time, so you had to seek emergency treatment at a non-NHI contracted clinic or hospital nearby. Or if you are abroad traveling or on business when an emergency, unexpected injury, illness, or deliver occurs and you had to visit a doctor at a local hospital or clinic.
2. You received medical attention at an NHI-contracted clinic or hospital during a period while payment was on hold, and you have finished paying the insurance premium and related fees incurred during that period.
3. You sought medical attention at an NHI-contracted clinic or hospital but had to pay your medical expenses up front due to reasons which cannot be attributed to you, and you did not receive a refund within the medical facility's refund period

(10 days within receiving treatment, not including holidays) or turn in your NHI Card and ID documents before being discharged from the hospital (reasons people may have to pay expenses through no fault of their own: receiving medical care in a county or city of non-residence; the NHIA is still checking premium payments; having a disease that was classified as a catastrophic illness only after being discharged from a hospital; or being from a low-income household, or a veteran, an individual with tuberculosis, or a disability certificate holder who fails to present the necessary identity documents at the time of treatment).

4. The co-payment stays in acute wards ward within 30 cumulative days or for chronic wards within 180 cumulative days in a whole year exceeding the legal limit.
5. You applied for catastrophic illness status while hospitalized but only received approval after being discharged, and a refund for co-payments paid out of pocket was not filed with the medication institution within the required deadline (within 10 days after treatment date, not including public holidays).

Application Deadline

1. Within six months months from the date of outpatient/emergency treatment or discharge. The date of outpatient or emergency treatment is counted as day number one. For hospitalized patients, the day after a patient is discharged is counted as day number one. For crewmen out to sea, six months are counted starting from the day they returned to the country.
2. During the period when benefits are temporarily suspended, patients must apply for reimbursement within 6 months after premiums are paid (medical expenses in the recent five years in arrears can be applied for).
3. Please be aware no matter the expenses are occurred at home or abroad, reimbursement cannot be applied exceeding the

dateline.

4. Before June 30 for individuals whose co-payment for hospitalization in a whole year exceeds the legal limit.
5. Patients who apply for catastrophic illness status while hospitalized and only receive approval after being discharged should file an application within six months after being discharged.

Documents Needed:

1. NHI Prepaid Medical Expense Refund Application Form. You can obtain an application form in any of the following ways
   (1) Go directly to a National Health Insurance Administration regional division in your area or contact the liaison office and pick up a form at a service counter.
   (2) Download the form from the National Health Insurance Administration regional division's English-language Website.
   (3) From the NHIA information website, log on the online application data and print the application form. URL: http://www.nhi.gov.tw/ general public / self-paid medical expense reimbursements / self-paid medical expense reimbursements from the online logon operating system.
2. Original copies of your medical expense receipts and an itemized statement of expenses

   If you have lost the original copy of your receipt or the statement of expenses, ask the health care institution that treated you to make copies and stamp them with their clinic or hospital chop. If it is difficult to stamp a photocopy of the receipt of medical treatment abroad, then it is not required to return to the hospital for stamping. In addition, regardless of the medical treatment at home or abroad, as long as the receipt provided is non-original, an "unable to provide original receipts of medical expenses statement" is required to be issued. The

reason why you are unable to provide the originals should also be noted on the copies.

3. If an application is filed by a legal representative or trustee, the applicant shall provide a signature and a copy of proof of identity.
4. A Diagnosis Certificate or Documentary Proof

   For individuals who seek medical attention outside the NHI implementation region (including foreign countries and China) or at non-NHI contracted clinics or hospitals, please obtain the following documents from the physician or hospital:

   (1) If you made an outpatient or emergency ward visit, please prepare a "certificate of diagnosis" (should specify the symptoms shown and name of the disease).

   (2) If you were hospitalized, in addition to the "certificate of diagnosis" (with symptoms and name of the disease specified), you must also obtain a "hospital discharge summary."

   (3) If the "certificate of diagnosis" or other documents are in a foreign language other than English, they must have a Chinese translation attached.
5. If you apply for reimbursement of out-of-pocket medical expenses incurred overseas, please also submit copies of documents proving exit and entry (usually copies of your passport with a photograph and Taiwan exit and entry stamps for the trip in question) or related documentation from your employer. If one has not yet entered the territory, one may appoint another to apply on one's behalf. Please attach a "power of attorney." (Can be downloaded from the NHIA's Chinese-language website: http://www.nhi.gov.tw/).
6. To apply for reimbursement of expenses for a hospital stay in China for five days (the 5 days exclude the date of: For

example: If hospitalized on January 1 and discharged on January 6, the number of hospitalization days is calculated as five days) or more, first have the itemized statement of expenses, the certificate of diagnosis or other related documents notarized at a notary public office in China. After returning to Taiwan, apply with the Straits Exchange Foundation to have the original copy of the notarized document(s) verified. For related information, please contact the Straits Exchange Foundation at 02-2533-5995 or consult its website at http: //www.sef.org.tw.

How to Apply

Please collect all documents above and file an application by mail or at the counter.

1. To apply for a refund of expenses incurred overseas, please file an application at the NHIA Regional Division at which you are insured.
2. To apply for a refund of expenses incurred within Taiwan, please file an application at the NHIA Regional Division covering the area where the care was received, or, if the care was received outside of where you reside, ask the regional division where you are insured to forward the request to the applicable regional division.

Reimbursement Caps

Claims for payment of medical expenses for outpatient, emergency or inpatient care incurred outside the jurisdiction of the National Health Insurance Administration (including overseas and in China) are processed the same way as when NHI-contracted health care institutions make payment claims. The applications are professionally evaluated based on the appropriateness of the treatment, and the scope of coverage and payment conditions are the same as for domestic care and must conform to related

National Health Insurance coverage regulations.

Reimbursements for out-of-pocket medical expenses are capped at the average cost for per outpatient visit, or per emergency care visit, or average cost of hospitalization per person per day at domestic medical centers paid by the National Health Insurance Administration in the previous quarter.

Contact NHIA

If you still have questions or suggestions related to any aspect of the National Health Insurance program, you can contact us in any of the following ways:

1. Call NHI toll-free number at 0800-030-598, where a service agent will be happy to help you.
2. Send your suggestions by e-mail to our suggestion box found on our Website at http: //www.nhi.gov.tw
3. Inquire directly at any National Health Insurance Administration regional division or liaison office.

Addresses and telephone numbers of the National Health Administration Regional Divisions that handle refunds

Business Group	Alamat	Contact	Lingkup daerah
Taipei Division	1F, No.15-1, Gongyuan Road, Zhongcheng District, Taipei City 10041	(02)2523-2388	Taipei City, New Taipei City, Yilan County, Keelung City, Kinmen County, Lianjiang County
Northern Division	No. 525, Sec. 3, Zhongshan East Rd., Chungli District, Taoyuan City 32005	(03)433-9111	Taoyuan City, Hsinchu City, Hsinchu County, Miaoli County
Central Division	No.66, Shizheng N. 1st Rd., Xitun District, Taichung City 40709	(04)2258-3988	Taichung City, Changhua County, Nantou County
Southern Division	No. 96, Gongyuan Rd., Zhongxi District, Tainan City 70006	(06)224-5678	Yunlin County, Chiayi City, Chiayi County, Tainan City
Kaoping Division	No. 157, Jiuru 2nd Rd., Sangmin Disitrict, Kaohsiung City 80706	(07)323-3123	Kaohsiung City, Pingtung County, Penghu County
Eastern Division	No. 36, Xuanquan Rd., Hualien City, Hualien County 97049	(03)833-2111	Hualien County, Taitung County

Chapter 13 Convenient NHI Services

To enhance administrative efficiency, the National Health Insurance Administration shall continue to provide various convenient, simplified services to the public to safeguard public health.

Interdepartmental Services

1. Applying for household registration of newborn baby and NHI card for the baby at the same time

If the parents of a newborn child declare at the hospital where the baby was delivered that the child should be insured under one of their names and agree to an NHI card without a photo for the baby, the baby can be enrolled in the NHI program at the same time the household registration is processed at a household registration office. The NHI card for the newborn child will be mailed to the permanent address or designated address of the child's parents within 7-10 working days.

Note:

The parent under whose name the newborn child is insured should be insured under Category 1, 2, 3, or 6.

2. "Household Registration Office Interdepartmental Notification NHI Card Information Platform"

For people who visit a household registration office because they have lost their national ID card, want to change their basic information on the ID card (name, date of birth, ID number, or indigenous people changing to their giving names), want to have an ID card re-issued due to a data entry error by household registration personnel or want to register a newborn child, they can apply for related changes to their NHI ID or for an NHI card without a photo for their baby. Once proof of payment has been received, the NHIA will produce the NHI card and get it to the applicants at their designated address within about seven working days.

Service Upgrade Services

1. "Form-free, Paper-free" Service

If your NHI card is lost or damaged or you want to change the name on the card, you can apply for an NHI card without filling out forms simply by bringing your national ID to a National Health Insurance Administration Regional Division counter. You simply need to confirm the information and provide a photo to complete the application.

2. Local Card Production Service

To provide services to people from outlying island areas or remote areas who cannot apply for an NHI Card in a timely way, the National Health Insurance Administration began in 2015 to set up on-site NHI card production and issuance operations in offices located in Penghu, Yunlin, Pingtung, Taitung, Yilan, and Taoyuan. The services enables local residents who need an NHI card urgently can apply for the card and claim it at the counter. In 2016, local card production services will be available at offices in 15 other cities and counties.

3. Trouble-free Application for "Catastrophic Illness Certificate"

(1) If a person is hospitalized, family members of individuals whose illness makes them eligible for a catastrophic illness certificate may apply for the certificate by submitting relevant documents to a National Health Insurance Administration Regional Division. After review and approval, qualified individuals will be entitled to partial exemptions of their medical expenses.

(2) In addition, individuals whose illness makes them eligible for a catastrophic illness certificate can also apply for one through the hospital online to the National Health Insurance Administration. This process can also be used to check the status of the application.

(3) The catastrophic illness certificate for cancer-related ailments is valid for five years. When the certificate expires, an application should be filed to renew it. The National Health Insurance Administration will ask medical and pharmaceutical experts to examine the application and determine if it complies with provisions for "requiring active or long-term care." If it does, a new catastrophic illness certificate will be issued.

(4) If Penghu residents who meet eligibility requirements for catastrophic illness status need to apply for "Transportation Subsidies for Penghu County Outlying Island Residents with Referrals for Medical Treatment in Taiwan," they should present their NHI Card, referral form, and transportation subsidy application form to the Penghu County Government Public Health Bureau or a health office in the county.(They do not have to apply for a catastrophic illness certificate from the National Health Insurance Administration).

Active Care of the Disadvantaged

1. Care for the Disadvantaged; Charitable Assistance

The National Health Insurance Administration Regional Divisions have set up "Charity Accounts." Individuals who meet poverty/illness/emergency criteria and are approved by the fund's review committee can apply for charitable subsidies for their NHI premiums. They need to provide proof of diagnosis, proof of economic hardship and other relevant documents.

2. NHI Premium Subsidy Plan for Foreign Spouses Prior to Household Registration

In conjunction with the undertakings of the social sections or civil sections of the town, township, city, or district offices, the National Health Insurance Administration will take the initiative to provide assistance and guidance and accept the cases of foreign spouses who qualify as "low-income or middle-income households" without the need for a household registration to make it easier for them to file applications at their respective town, township, city, and district offices.

Appendix

The List of the National Health Insurance Administration and its Regional Divisions

Office	Tel. Number	Address
Headquarters	(02)2706-5866	No. 140, Sec. 3, Xinyi Rd., Daan District, Taipei City (10634)
Taipei Division	(02)2191-2006	5th Fl., No. 15-1, Gongyuan Rd. Zhongzheng District, Taipei City (10041)
Keelung Liaison Office	(02)2191-2006	No. 95, Yiyi Rd., Keelung City (20241)
Yilan Liaison Office	(02)2191-2006	No. 11, Jhancian N. Rd., Luodong Town, Yilan County (26550)
Kinmen Liaison Office	(082)372-465	No. 65, Huandao Rd., Jincheng Town, Kinmen County (89350)
Lienchiang Liaison Office	(083)62-2368	No. 216, Fusing Village, Nangan Township, Lienchiang County (20941)
Northern Division	(03)433-9111	No. 525, Sec. 3, Zhongshan E. Rd., Zhongli District, Taoyuan City (32005)
Taoyuan Liaison Office	(03)433-9111	No. 11-4, Jieshou Rd., Taoyuan District, Taoyuan City (33062)
Hsinchu Liaison office	(03)433-9111	No. 3, Wuling Ed., North District, Hsinchu City (30054)
Jhubei Liaison Office	(03)433-9111	No. 9-12, Guangming 9th Rd., Jhubei City, Hsinchu County (30268)
Miaoli Liaison Office	(03)433-9111	No. 1146, JhongJheng Rd., Miaoli City, Miaoli County (36052)

Office	Tel. Number	Address
Central Division	(04)2258-3988	No. 66, Shihjheng North One Rd., Xitun District, Taichung City (40709)
Fongyuan Liaison Office	(04)2258-3988	No. 146, Ruei-an St., Fongyuan District, Taichung City (42041)
Shalu Liaison Office	(04)2258-3988	No. 16, Fulu St., Shalu District, Taichung City (43352)
Changhua Liaison Office	(04)2258-3988	3F, No. 369, Jhonghua W. Rd., Changhua City, Changhua County (50056)
Nantou Liaison Office	(04)2258-3988	No. 126, Jhongsing Rd., Caotun Town, Nantou County (54261)
Southern Division	(06)224-5678	No. 96, Gongyuan Rd., Jhongsi District, Tainan City (70006)
Sinying Liaison Office	(06)224-5678	No. 78, Dongsyue Rd., Sinying District, Tainan City (73064)

Office	Tel. Number	Address
Chiayi Liaison Office	(06)224-5678	No. 131, De-an Rd., West Dist., Chiayi City (60085)
Yunlin Liaison Office	(06)224-5678	No. 395, Jhuangjing Rd., Douliou City, Yunlin County (64043)
Kaoping Division	(07)323-3123	No. 157, Jiuru 2nd Rd., Sanmin District, Kaohsiung City (80706)
Zhongzheng Joint Services Center	(07)323-3123	1F, No.261, Zhongzheng 4th Rd., Qianjin Dist., Kaohsiung City 80147 (Inside the Labor Affairs Bureau of Kaohsiung City Government)
Gangshan Liaison Office	(07)323-3123	No. 1, Dayi 2nd Rd., Gangshan District, Kaohsiung City (82050) (Inside the Kaohsiung Armed Forced General Hospital Gangshan Branch)
Cishan Liaison Office	(07)323-3123	No. 60, Jhongsyue Rd., Cishan District, Kaohsiung City (84247) (Inside Chi-Shan Hospital)
Donggang Liaison Office	(07)323-3123	No. 210, Sec. 1, Jhongshan Rd., Donggang Town, Pingtung County (92842) (Inside Antai Tian-Sheng Memorial Hospital)
Penghu Liaison Office	(07)323-3123	No. 63-40 Siwun Ao, Siwun Li, Magong City, Penghu County (88050)
Eastern Division	(03)833-2111	No. 36, Syuanyuan Rd., Hualien City, Hualien County (97049)
Taitung Liaison Office	(03)833-2111	No. 146, Sec. 3, Siwei Rd., Taitung City, Taitung County (95049)

Toll Free Line: 0800-030-598

The information in this handbook is updated as of December, 2015. As regulations may change over time, please go to the website at http://www.nhi.gov.tw for the latest information.

This English handbook is for the service of translation. If there is any inconsistency with the laws and regulations, the laws and regulations shall prevail.

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